ORIGINAL

4th. M. D. First. Depot Battalion First Quebec. Regiment

Regtl. No. 3091188

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

JAK. (Class 1.)

1. Surname LEBRUN.
2. Christian name Xiste Emile.
3. Present address 290 Delisle St. Montreal.P.Q.
4. Military Service Act letter and number 90780 DC.
   (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 July 18th. 1892.
6. Place of birth North Adams. Mass. USA.
   (town, township or county and country)
7. Married, widower or single Single.
8. Religion R.C.
9. Trade or calling Packer.
10. Name of next-of-kin Xiste Lebrun.
11. Relationship of next-of-kin Father.
12. Address of next-of-kin 290 Delisle St. Montreal.P.Q.
13. Whether at present a member of the Active Militia No.
14. Particulars of previous military or naval service, if any None. xxxx X.E.L.
15. Medical Examination under Military Service Act :—
    (a) Place Montreal.P.Q. (b) Date Aug 14th.1918 (c) Category A

DECLARATION OF RECRUIT

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

Xiste Emile LeBrun (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age 26 yrs. 1 mths.

Height 5 ft. 4 ins.

Chest measurement: fully expanded 33 ins.; range of expansion 2 ins.

Complexion Pale.

Eyes Brown.

Hair Brown.

Distinctive marks, and marks indicating congential peculiarities or previous disease.

Eyes. R. 20 L. 20

Hearing. R. OK L. OK

Major.
A/O.C. 1st Depot Bn. 1st Quebec Regt.

O. C. First. Depot Btln.

First Quebec. Regt.

Place Montreal.P.Q. Date Aug 14th.1918.

M. F. W. 133.
500M.—5-18.
1772—39—1158.

REGIMENTAL DOCUMENTS

Pte NAME LEBRUN Xiste Emile REGT. NO. 3091188 UNIT 23rd Res Bn H. Q. FILE NO.

	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)					DEATH
1	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)					
	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
	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)					
1	DENTAL HISTORY SHEET (M.F.B. 465)					DISCHARGE
2	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					Category
	MEDICAL EXAMINATION (M.F.W. 129)				16800	Demob
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)					
2	Misc					
1	Form C.D.3					
	B122					
1	Final Pay Slip					

Deceased 16-6-58

Deceased 16 Jun 58

Number 309188 Rank Pte

Surname LEBRUN

Christian Name Juste Emile

Unit P.P. Theatre of War Eng.

Date of Service 16/9/18

Remarks Sent to

Latest Address ~~2321~~ 118 St Denis St
~~St Lambert~~ Montreal

Roll No. C Page 541 Que.

DESP OCT 9 1923
REGN. No. 8756

H. Q.

M. D. No. ~~X~~ 314

Surname LeBrun

Christian names Xiste Emile

T. O. S. Aug. 14th 1918

D. O. Pt. II 2/2 9 of 17-8-18

Regtl. No. 3091188 Rank Pte.

S. O. S. Dis 7-7 1919

Unit 1st Que. Regt. 1st Dpo. Bn. (123rd R.D.)

Reason Demob.

Auth D019 9 16-7-19 #45

Next of kin LeBrun Xiste Relationship Father

Address 290 Delisle St. Montreal P.Q.

Also notify:

BORN—Place U.S.A. North Adams Mass. Date July 18th 1892

ATTESTED—Place Montreal P.Q. Date Aug 14th 1918.

O/S 30-8-18 1411 3

R/C 407-1936 1 Pte. 65

W. 22—100M-7-18. 1772-39-839.

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 309188 (Rank) Private

Name (in full) LEBRUN. Xiste Emile. enlisted in

the 1st Depot Battalion 1st Quebec Regiment

CANADIAN EXPEDITIONARY FORCE at Montreal on the 14th

day of August 1918.

HE served in Quebec Regiment in England.

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 26 yrs 11 mos.

Height 5 ft 4 ins.

Complexion Pale.

Eyes Brown

Hair Brown

X. E. LeBrun

Signature of Soldier.

Marks or Scars Scar

Varicocell operation left side

D. J. Fisher

Issuing Officer.

Lieutenant

Officer i/c Discharge Section, Dispersal Station "E"

Rank

Date of Discharge

Dispersal Station "E" JUL 7 1919 Military District No. 4

Date July 7 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.

DENTAL HISTORY SHEET "C" COY.

CANADIAN ARMY DENTAL CORPS

DISTRICT 4

NAME OF SOLDIER LEBRUN, Xiste Emile. RANK Private No. 3091188

REGIMENT 1st DEPOT BN. 1st QUEBEC REGT.

INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.

Only such entries to be made on this sheet as will show:

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge.

	Date		Amalgam	Temporary Filling (a) G.P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhœa	Synthetic Porcelain	Extracting	DENTURES U	DENTURES L	DENTURES P	Gold Clasp	Gold Filling	CROWNS Gold	CROWNS Porcelain	Bridge Work	OPERATOR	Military District	REMARKS
Condition on first Examination																							

M.F.B. 465.
200M.—6-18.
1772-39-980.
C

Form R 122.
2353—100M—9-12-16

Rank Name LEBRUN, Xiste Emile Reg'l No. 3091188

Unit 1st 3rd Dft. 1st. Bn 1st. QUEBEC If in perm. Corps, What Unit? Married or Single Single

Place and Date of Enlistment Aug 14/18 Montreal Place of Birth North Adams Mass

Name and Address, Next-of-Kin Xiste Le. Brun

290 Delisle St Montreal Relationship Father

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

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.			16,9,18 SATURNIA
21-9-18	23 Res	T.O.S	Bshott	16-9-18	DO# 264
21-11-18	-"-	S.O.S. to Q.R.D.	"	20.11.18	- 325 DO#583 p/22.11.18 Q RD
5.12.18	23rd R Bn.	TOS from Q.R.D.	"	4.12.18	DO 339 ~~DO 295. 3/6/12/18. OHD~~
25.6.19	"	SOS to Canada SL81	Ripon	26.6.19	DO 152
		To Canada		26.6.19	81-7-76.

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.					

P 820
12474—375M—13-2-18.

FRENSHAM

* Strike out whichever inapplicable.

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

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

NAME: LEBRUN, Xiste, Emile

NUMBER:– 209188

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
L.P.C. from Canada	1/9/18	Pte

UNIT AND TRANSFERS

ORIGINAL UNIT:– Draft No. 123 1/1 Inf Reg

DATE ACCOUNT FIRST OPENED:– 1.9.18

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			23 Res

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
~~8/5/19~~	~~#67~~	~~23 Res~~	~~7 79~~				
~~21/5/19~~	~~6644~~	~~do~~	~~9 73~~				
			17 52				

L.P.C. Credit Bal £ 143 97/2 d 31/5/19 Completed 29/5/19

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
L.P.C. from Canada	1	10		

PARTICULARS OF RENDERING NON-EFFECTIVE:– Trans to Canada 1/9/19 auth 11/R 9911 28/5/19 Repon to Repon to D 4

MONTH	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
21/8/18	Bal. from Canada								14 80	a/c agreed 22/11/18	
Sep	P P	33 ·							47 80		
				AR 6325 Desb Frensham 20-9-18	4 87				42 93		
		33 ·			4 87					15 ·	
Oct	Pte Pay	34 10		AR 7232 Frensham 3/10/18	4 87						
				AR 8161 " 21/10/18	38 93				33 23	30	
		34 10			43 80						
Nov	Pte Pay	33 –		AR 8951 Frensham 5/11/18	4 87						
				AR 6232 2 CCO 24/11/18	14 84						
				Q 4005-270 " 23/11/18	– 50				46 02	45	
Dec	PP	34 10		AR 2345 23 Res 20/12/18	19 47				70 65	60	
Jan	PP	34 10		— — — —	– –				94 75	3.75	
		101 20			39 68						
Feb	P.P.	30 80							125 55	90	
				AR 2543 23 Res 15/1/19	9 73				115 82		
				" 2688 " 24/1/19	7 30				108 52		
				" 2857 " 14/2/19	7 30				101 22		
				" 3001 " 27/2/19	7 30				93 92	2	
Mar	PP	34 10							128 02	7.05	
				AR 3163 23 Res 14/3/19	17 03				110 99		
		34 90			48 66						
Apr	P.P.	33		— —					143 99		
				AR 94 23 Res 10/4/19	9 73				134 26		
May	PP	34 10		— — — —					168 36		
				" 263 " 26/4/19	9 73				158 63		
				— — —					158 63		
	Int. on def pay to 31/5/19	2 81		— — —					161 44		
		699			1946						

NUMBER 3091188 RANK Pte NAME LEBRUN · X.E.

1919	PARTICULARS	Cr. 1.	Cr. 2.	PARTICULARS	Dr. 1	Dr. 2	Dr. 3.	Dr. 4.	BALANCE	DEFERRED	SEPARATION
May	Bal fwd								16144	135	
June				AK461 23 Rec 12/5	719						
				664 " 22/5	973				14392		
				837 " 12/6	1947				12445		
					3639						
					3639						
				202 B Can 26/9							
				281 CRD							

M 227 16.3.43 16.7. 2.11.43 227

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

To Officer issuing Discharge Certificates
Hold for further physical examination.
.....M. O.
(name)

1. No. 3091188
2. Rank. Pte
3. Name. Lebrun Yves Emile
4. Unit. 28me RESERVE BATTN C.E.F. Quebec Regt.
5. Date of Discharge | 7-7-19 | Place Montreal.

6. Reason for Discharge DEMOBILIZATION
SERVICE IN FRANCE nil
NEXT OF KIN father
RELIGION R.C
CATEGORY B
7. Authority. OCCUPATION Packer (13)
R.O.1420. D.D.#4 D.O.Pt.II-1919
8. Proposed Residence after Discharge 2321 St Denis St
Montreal
P.Q

Received 16-6-18

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. [illegible] Montreal
July 7 19
X.E. Lebrun
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place Montreal
Date July 7 19

Signature [illegible]
(O.C. Discharging Unit.)

Officer i/c Discharge Section Military District No. 4
DISCHARGED JUIN 4 1919

M.F.B. 218a

(1184) Wt. /P53 5/19 25M (2) D.S.C.

23-7-18

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.....

Checked by No. 21

.....

Date. 15-6-19

Form D.M.S. 1394.
7004.—100M.—5/2/17.

PROCEEDINGS OF A MEDICAL BOARD.

Dated at Bramshott Sept-20- 1918

No 3091155 Rank Pte Name LEBRUN X. E.

Local Unit 23 R. Overseas Unit ——— Age 26

Examination held at Bramshott

DISABILITY.
Overseas—Local
(scratch one out).

h a d

PRESENT CONDITION.

This man enlisted Canada-1915
Went to camp Sept-1915-
Came to camp Could not — Camp
He stole his Could not — Camp
has a cold left — Heart — pulse 76
pain normal — Lungs
normal. Stole by Eyesight —
has cough. Should be
gradually hardened

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:—

Members { .....President.
2/Lt MacKenzie Capt C A M C
.....

APPROVED

Dated Bramshott 21/9/1918

For A.D.M.S.

"C" COY.

"C" COY.

M. F. W. 54. (A. F. B. 103.)
500M.—9-16
H. Q. 1772-39-920

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

Casualty Form—Active Service.

Unit, Regiment or Corps. 1st DEPOT BN. 1st QUEBEC REG'T.

Regimental No. 3091188 Rank Private C. E. F. Name LEBRUN Xiste Emile

Enlisted (a) 14-8-18 Terms of Service (a) C.E.F. Service reckons from (a) 14-8-18

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) Packer

Report Date	Report From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
		Embarked	Montreal	31.8.18	A.M.L.
		arrived	Liverpool	16.9.18	Saturnia
21.9.18	23rd. CAN. RES. BN.	TAKEN ON STRENGTH On arrival from Canada	Bshott	16.9.18	D.P. H. O. No. 264
21/11/18	23rd. CAN. RES. BN.	POSTED TO 1st. QUE. REG. DEPOT. Classified D1.	do	20/11/18	D.P. H. O. No. 325 W.W. Chalmers Capt for O.C. 23rd. Can. Res.
21-11-18	2nd C.C.D.	ttached to 2nd C.C.D.	Bramshott	20-11-18	Pt. II No. 276
DEC 1918 5/12/18	OC, 2ndCCD	Ceases to be attached to 2nd C.C.D. on return to 23rd Res. Bn. B'shott		4th DEC 1918	Pt. 2 D. O. No. 288 J. Carter Lieut for OC. 2nd CCD.
5/12/18	23rd. CAN. RES. BN.	TAKEN ON STRENGTH	do	4/12/18	D.P. H. O. No. 339

(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				
		23rd Can. D[illegible]-2.0 Res. Bn. No. 144 Struck off Strength on proceeding to Canada		10/6/19	
		Capt. & Adjt. 23rd Can. Res. Bn.			
		26th June 1919 Embarked S.S. Baltic Liverpool.			
		CAPTAIN & ADJUTANT, No. 16 TRANS. ATLANTIC, CONDUCTING STAFF, C, E, F.			
16-7-19	O/S	T.O.S.D.D.#4 Disp. Stn. "F"	Montreal.	26-6-19	D.O.Pt.II-197.
16-7-19		S.O.S.D.D.#4 Demob.	"	7-7-19	D.O.Pt.II-197.R.O.1420.
		E.O. Fletcher Lieutenant, a/ Assistant Adjutant, District Depot No. 4			

No CARD IN C: R B5

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.

STATION Ripon Yorks DATE March 19/1919

1. 1 (a) Unit 23rd Res (b) Regimental No. 3249188 (c) Rank Pte

(d) Surname LEBRUN (e) Christian name EMILE

(f) Home address 2321 St-Denis St Montreal P.Q.

(g) Next of Kin Mrs Xiste Lebrun (h) Relationship Father

(i) Address of Next of Kin 278 Champlain St Montreal P.Q.

2. Age last birthday Twenty-six Date of birth July 18/1892

3. Enlistment, or Appointment (if an Officer) (a) Place Montreal (b) Date Aug 14/1918

4. Personal description:

(a) Height 5'4" (b) Weight 118 (stripped) (c) Complexion dark

(d) Colour of hair brown (e) Colour of eyes brown (f) Identification marks, Scars, etc.

Scar varicocele jeration (left side) before enlistment

5. Former trade or occupation Machinist + packer

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
	—	217

	Periods	
	From	To
Canada	Aug 14/1918	Aug 31/1918
England	Sept 16/1918	To date
France or other theatres of War	—	—
~~England Sept 16/1918 to March 19/1919~~		

7. Original disease, or injury

Sprained Wrist Rt.

(a) Date of origin Oct 1918 (b) Place of origin England

(c) Cause A fall while at P.T.

M. F. B. 227.

300M.—8-18.
1772-39-117.

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.)

(Osteo-arthritis radio-scaphoid articulation) Partial loss of function right wrist. ~~marked weakness~~ (N.P.K.)

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.)

Objective. There is slight enlargement on dorsal surface of wrist, over carpal bones and extending up between distal ends of ulna & radius. There is tenderness on pressure over wrist joint, but marked tenderness over radio-scaphoid articulation. Extension of wrist joint is almost nil, possibly a few degrees. While flexion is about 70 degrees. Side movement in either direction is very slight accompanied by pain. Crepitations can be heard distinctly on flexion, adduction & abduction. circulation seems interfered with as hand is cold Hand-clasp is markedly diminished. (Radiograph shows slight osteo arthritis at articulating radius & scaphoid. no fracture 10-12-15.)

Subjective: Soldier states hand is almost useless. States he has no strength in hand and pain in wrist is almost continual exaggerated by trying to use hand. On trying to lift any weight he has sharp pain in wrist, radiating to elbow. Hand & wrist aches & throbs when left hanging by side for a short time.

(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).)

Soldier recd injury to wrist at Frensham Pond while doing P.T. Oct 1915. He was leap-frogging and fell on wrist. He states wrist began to swell and following morning was very badly swollen and painful swelling subsided in a couple of days but pain & soreness remained. He was sent for X-Ray 10-12-15. which showed No fracture but Osteo-arthritis at articulation of radius & scaphoid. pain & soreness have remained & are present to date.

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*).)

States health was good before enlistment and has had no sickness since enlistment. First injured on ist.

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

Varicocele operation scar left. Slight scar left index finger, palmar side

11.—(*a*) Did the disabling condition have its origin before enlistment? No

(*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.) N.A.

12. Was the disability caused, or aggravated; (*a*) by intemperance, or improper conduct; or (*b*) by unreasonable refusal to accept treatment? 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? six months

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

Nil.

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? (If not, briefly state why) yes but not properly on account of loss of function right hand & wrist.

17. Recommendations B II

M R Kerr Lieut C.A.M.C.

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 X.E. LeBrun 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

X.E. LeBrun Pte Rank.

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.

STANDING MEDICAL BOARD
M. D. No. 4,
MONTREAL.
JUL 7 1919

Yes.

19. Is the invalid fit for

(a) General service,	(Category A)	~~(Yes or No.)~~	B1
(b) Service abroad, not general service,	(" B)	(Yes or ~~No.~~)	
(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
Auth. A.I.Telegram 90831 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.

Thos Lyon Major *President.*

PLACE Ripon — LOH Wilson Capt. — Members

DATE 20/3/19

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 E Shaw Dic
Assistant Director of Medical Services.
CAPTAIN, C.A.M.C.,
For A.D.M.S., CANADIAN TROOPS,
RIPON CAMP, YORKS.
DATE 20/3/19.

APPROVED BY .....
Director-General of Medical Services.
DATE.....

C.A.D.C. 5009A

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) LEBRUN X.E.

REGIMENT 23. RES. BN. RANK P.T.E. No. 319188

Date of Examination in England 26-5-19 | 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 —

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 —

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

Signature of Dental Officer J. A. LeBlanc Capt.

"C" COY.

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

1. Surname LEBRUN Christian name Xiste Emile.

2. Number of report for service or claim for exemption according to Postmaster's Receipt or schedule 90780 DC.

3. Consecutive number on schedule of men reporting for service (if he appears on it)

4. Address (including street and number if any) 290 Delisle St. Montreal.P.Q.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 14th day of Aug 1918. 19....., by the undersigned medical board sitting at Montreal.P.Q.

5. Age as stated 26 Years 1 Months. 6. Apparent age 26 Years 1 Month

7. Height 5 Feet 4 Inches. 8. Weight 118 Pounds.

9. Chest measurement { Minimum 31 Ins. / Maximum 33 Ins. } 10. Complexion Pale. { Eyes Brown. / Hair Brown. }

11. Physical development Good { Good / Fair / Poor } 12. Smallpox marks

13. Number of vaccination marks { Right arm / Left arm 1 } 14. When vaccinated last Nil

15. Distinctive marks and marks indicating congenital peculiarities or previous disease

4-12-18. A 2nd Lieut operation Varicocele 3 weeks ago. Maj Cane.

16. Slight defects but not sufficient to cause rejection

The man denies having had { Rheumatism, Tuberculosis, Nervous or Mental disorder. } { Epilepsy, Syphilis, Asthma. }

We find no evidence of past { Rheumatism, Tuberculosis, Nervous or Mental disorder. } { Epilepsy, Syphilis, Asthma }

(Strike out disease admitted or suspected)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category FIT CATEGORY "A-"

17.
(a) Vision. R. 20 L. 20
(b) Hearing. R. N L. N

J. A. Paris Capt President.

R Fontaine Lt Member. A Bishop Member.

Signature of Man.

Date	Result	Vaccinations		Date	Result	Anti-Typhoid Inoculations, Etc.	
19/8/18		G.H.C.	M. O.	19/8/18		G.H.C.	M. O.
			M. O.	AUG 23 1918		G.H.C.	M. O.
			M. O.	26/8/18		A.E. Thorne Capt	M. O.

Joined 14th day of Aug 1918 19..... at Montreal.P.Q.

	Corps	Reg'tl Number	Habits	Date
Joined on enlistment	1st DEPOT BN. 1st QUEBEC REG'T.	3091188		
Transferred to				

If raised in category, record category in a square. The M. O. will initial and date.

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station	Date	Disease	Result
Montreal	29/8/18	nil	a2
Brampton Hosp	25/9/18	P.U.O.	Dr Sylvester Gen
Brampton	14/10/18	Acto arthritis	B.T. Major C.A.M.C.
Ripon	20/3/19	Acto arthritis Rt knee Radio Scapho-Astra	B.T.O. Major C.A.M.C.

N.B.—This sheet is 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.
300M—4-18.
1772-39-139.

Surname LEBRUN Christian Name Xiste Emile

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				

PART I. A.F.B. 179 Canada (Revised 1918). 40266 10/8/18 D.343

Reserved for M.H.C.

Regt. No. 309488 Rank P/E Surname LE Braun Christian Name Victor Emile

Unit or Corps—(a) Overseas from United Kingdom —(b) in United Kingdom 23rd R. B.

Born at—Town Limoges County or Province U-S-A Country America

Date of Birth—Day 18th Month July Year 1892 Age 27 yrs. 0 months.

Joined at Montreal Date 14th Aug. 1918

Former trade or occupation Packer

Permanent Marks or any peculiarity that will serve for future identification :—

None

Height—feet 5 inches 4 Colour of eyes Black

Signature of Soldier (*for identification purposes*) X. E. LeBrun

Medical Report

☞ *Read carefully the instructions on last page of this form.*

1. DISABILITY.

Group the disabilities, placing those resulting from separate causes in separate groups.

Disabilities Group (*a*) Osteo Arthritis R. Wrist

Disabilities Group (*b*) nil

Disabilities Group (*c*) nil

2. CAUSE OF DISABILITY

		Place of origin.	Date of origin.
(*i.*) As to Group (*a*) above.	Accident	England	1918
(*ii.*) As to Group (*b*) above.	—	—	—
(*iii.*) As to Group (*c*) above.	—	—	—

3. Is the disability due to disease contracted or injuries received prior to Active Service ? no

(*i.*) As to Group (*a*) above ? no If yes, has Active Service aggravated it ? no

(*ii.*) As to Group (*b*) above ? no If yes, has Active Service aggravated it ? no

(*iii.*) As to Group (*c*) above ? no If yes, has Active Service aggravated it ? no

4. Is the disability due to disease contracted or injuries received while on Active Service ? yes

(*i.*) As to Group (*a*) above ? yes

(*ii.*) As to Group (*b*) above ? no

(*iii.*) As to Group (*c*) above ? no

PART I. (continued).

5. MEDICAL HISTORY. Man states - Enlisted in August 1918 Came to England in September 1918. While in training at Shorncliffe Camps England during the P.T exercise he fell to the ground whilst lying & forging and hurt his right wrist the wrist became very painful but he could not move it. He was treated and although the swelleness went down still the wrist remained weak He claims he can not lift his rifle and do any training on a/c of pain and a kind of dead feeling in the wrist He had to be taken off parades on that account. W.H.S. no entries

6. PRESENT CONDITION. Man seems well built and well nourished looks well. The wrist seems normal in appearance but there is limitation of movements of the wrist especially of the extention of the dorsal part of the hand on the forearm also he complains of pain in the wrist if the wrist movements are forced on.

X Ray report taken 10-12-18 states slight Osteo-Arthritis at articulation of radius an Scaphoid. No fracture could be seen. Heart normal - lungs: Respiration rude. Other systems normal. Nervous system. Urinary system, circulatory system. digestive organs all normal

signed G.R. Royal Capt

7. OPERATION. (i.) Was one performed? no (ii.) If so, state what. N.A.

(iii.) Was one advised and declined? N.A

NOTE.—Loss of teeth on or immediately after Active Service should be attributed thereto, unless there is evidence to the contrary.

8. (i.) Is there loss or decay of teeth attributable to Active Service? yes

(ii.) If so, describe. N.A

9. DO YOU RECOMMEND:—

(a) Fit for duty? (*state category*) yes B II

(b) Invalid to Canada? no

(c) Discharge from the Service as permanently unfit? no

Date of Report 7-1-1919 Signed Leonard Watt
Officer in medical charge of case.

Station Brankshott

I have satisfied myself of the general accuracy of the above Report, and concur therein *except

(Officer i/c Hospital / S.M.O. Brigade) Strike out one of these

Dated at Station, on 191

*Delete if inapplicable.

PART II. PART III

Proceedings of a Medical Board on the Soldier mentioned in Part I.

10. Is the diasbility fully described in Part I. (1)? Yes
If not, describe it.

11. Is the cause of the disability fully described in Part I. (2)? Yes -
If not, describe it.

12. From the medical information now adduced, was the disability caused or aggravated by :—
(a) Negligence of the Soldier { Caused? No / Aggravated? No }
(b) Misconduct of the Soldier { Caused? No / Aggravated? No }

13. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour?
(Estimate at none, 5%, 10%, 15%, 20%, etc.) nil

14. THE DISABILITY DUE TO SERVICE.—*(See Part I. (3). Aggravation on Active Service of a disability existing previous to joining is to be included in this estimate.)*
What part of the entire disability estimated next above (13) is due to causes arising during Active Service?
(Estimate at none, 1/10, 2/10, 3/10, etc., or all.) nil

15. Permanency of the Disability due to Service estimated next above in (14).
(i.) Is it permanent? nil
(ii.) If not permanent, what is its probable minimum duration (*in months*)?

16. If an operation was advised and declined, do you consider the refusal to have been unreasonable? —

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

18. REMARKS:— Boarded under authority A.G. Telegram 9083 dated 11/11/18

19. RECOMMENDATION:—
(a) Fit for duty? (*state category*) Yes B1
(b) Invalid to Canada? No
(c) Discharge from Service as permanently unfit? No

Date of Board 17 JAN 1919

Signatures of the Board { W.H. Walton MAJOR C.A.M.C. President. / W H Wrlem Capt }

Station Bramshott.

Approved Sykes Major, D.A.D.M.S. for A.D.M.S.,

A.D.M.S.

Dated at Canadian Troops, Bramshott Camp Bramshott, Station 17 JAN 1919 191

PART III.

Statement of the Soldier

(This is to be completed only in the case of the Soldier taking his ~~Discharge to England.~~)
(Sections 1, 2, 5, and 6 are to be read to the Soldier.)

I, the undersigned..X. E. LeBrun.....have heard the description of my disability read, and am satisfied ~~(or not satisfied)~~ with it. (If dissatisfied, statement should follow.) I ~~complain in addition~~ of :—

X. E. LeBrun
Signature of Soldier examined.

Instructions to Medical Officers

Question 1.—State the disability in terms of a diagnosis, that is, a diagnosis of the existing condition as distinguished from the disease or injury which caused it. It should be noted that in medical cases the disability may be the actual disease; for example, Tubercle of Lung, Chronic Bronchitis, Myalgia, Gastric conditions and so forth. (Follow the nomenclature as laid down in the "List of Diseases" of 1915, and amended by A. C. I. No. 1587 of 1917.)

Question 2.—The cause of the disability when known should be stated and care should be taken to establish as correctly as possible the place and date of origin. This is important in view of the relationship of Questions 3 and 4 to Question 5.

Questions 3 and 4.—*NOTE*—By Active Service is meant Service with the Colours in Canada, the United Kingdom or elsewhere during the present war, (since the 4th August, 1914.)

Question 5.—MEDICAL HISTORY.—State concisely the essential points of the history of the case as supported by documentary evidence. If further evidence is considered necessary to complete the Medical History, the same not being supported by documents, this should be obtained by questioning the soldier, but should be distinctly shown as "Patient's Statement." It is considered advisable that these latter statements be grouped apart from the evidence supported by documents available to the Medical Officer.

Extracts should be made from all entries on the Medical History Sheet.

If answers to Nos. 2, 3 or 4 show that the Soldier is suffering from some condition which pre-existed enlistment, it is advisable that these answers be substantiated as far as possible by statements obtained from the Soldier showing history of previous illness or injury.

Question 6.—PRESENT CONDITION.—As this question is primarily intended for the Medical Officer's report, in answering show clearly the condition of the Soldier at the time of examination.

It is directed that the objective and subjective matter be arranged in separate groups. The objective matter is considered to be the more important, in that it consists of a statement of the Medical Officer's actual finding.

Specialists' reports bearing on the PRESENT CONDITION should be attached.

In addition to description of the disability, a report on "all systems" is required in order that the whole when completed may be a true pen portrait of the Soldier's condition.

The Medical Officer in charge of the case will fill out pages 1 and 2 of this Form. The original must be wholly in the handwriting of the Medical Officer. The copies may be typewritten but must be signed by the Medical Officer who must be responsible that these are true copies of the original.

Finally the D. C. Hospital or S. M. O. or an Officer delegated for such duty by the A. D. M. S. is required to sign a certificate at the bottom of page 2, which reads as follows :—

"I have satisfied myself of the general accuracy of this report and concur therewith, except....."

This is a most important part of the paper and one to which the attention of the Officers concerned should be frequently drawn as it is by such strict supervision that the accuracy and good results of Medical Board work can be assured.

ENTRIES OF RECATEGORIZATION

Date	Station	Category	Signature of M. O.	Date	Station	Category	Signature of M. O.

AUDITOR | PAYMASTER

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

M. OR S. | REGT. No. 3091186 | RANK Pte | NAME (IN FULL) Lebrun X. Emile (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? Nil | DATE EFFECTIVE

TO WHOM PAID | RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY
S.O.S.	26/6/19	S.O. 197/3218 Para 90

ORIGINAL UNIT C.E.F. 10 Bn Regt | IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION 14/8/18 | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY $ | DATE EFFECTIVE

PAYABLE TO Nil | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS W.S.S. Royal Bank of Canada Hochelaga & Rachel Sts Montreal

ADDRESS

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED PLACE Montreal | DATE 7/7/19 | REASON Demob | AUTHORITY S.O. 197/3218 | IF ENTITLED TO POST DISCHARGE PAY

LITARY DIST. No. 4 JUL 30 1919 DEMOBILIZATION

BALANCE FROM PREVIOUS ACCOUNT

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.		C.	TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.		C.	TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
1/6/19							134	45	134	45																								134	45	Pattie Capt Lewis 3 00 Lewis 3 00 Lewis 2 20 00 Khaqui 8/7/19 - 11/7/19
11/7/19	141	1 10	45	10	70	00			150	10	Boat from	106340	487	500	26468												440				378	95	440	104	15	
									27455																											
			Other Credits		W.	S.	C.	S.	A.	Total	War Service Gratuity															Other Charges		W.	S.	G.	S.	A.	Total	Balance Soldier Dependant			
					210				210																		70						70	140			
																											440						440	1356			
7/9/19																											70						70	65	60		
7/9/19																											65	60					65	60			
																															210						

1270088 2
1524543 3

Dental