Original

ATTESTATION PAPER.

No. 1284679

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

		(ANSWERS.)
1.	What is your surname?	Lelarte
1a.	What are your Christian names?	Leon
1b.	What is your present address?	27. St-Real St- Quebec. P.Q.
2.	In what Town, Township or Parish, and in what Country were you born?	Montreal. P.Q.
3.	What is the name of your next-of kin?	Paul Lelarte. (Father)
4.	What is the address of your next-of-kin?	27. St-Real St.. Quebec P.Q
4a.	What is the relationship of your next-of-kin?	Father.
5.	What is the date of your birth?	25th October 1896.
6.	What is your Trade or Calling?	Soldier.
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?	Yes. 6.R.A. & 6. (Can Force)
10.	Have you ever served in any Military Force? If so, state particulars of former Service.	Yes. 9th Regt (1st M.) 4 years. C.O. 6. 2 yrs. 189 days. Still Serving.
11.	Do you understand the nature and terms of your engagement?	Yes
12.	Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE?	Yes
13.	Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit?	No
14.	If so, what was the nature of the disability?	-
15.	Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected?	No.
16.	If so, what was the reason?	-

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Leon Lelarte, 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.

L Lelarte (Signature of Recruit)

Date 22nd June 1918. Lieut Hodsocks (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Leon Lelarte, 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.

L Lelarte (Signature of Recruit)

Date 29th November 1918. J.H. Sutton Lieut. (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 Quebec P.Q., this 29th day of November 1918.

W. A. Lamard Mayor (Signature of Justice)

M. F. W. 23.
750 M.—1-17.
H. Q. 1772-39-841.

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.

No Pt. II No 152 d-20-11-18
No. 5 C. A. S. C. Service Co. C. E. F.

Description of Leon Letarte on Enlistment.

Apparent Age 22 years ..... months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height ..... 5 ft. 5½ ins.

Chest measurement.
- Girth when fully expanded ..... 35 ins.
- Range of expansion ..... 3 ins.

Complexion ..... Dark

Eyes ..... Blue

Hair ..... Brown

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

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

(Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer).

CERTIFICATE OF MEDICAL EXAMINATION.

Soldier

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 29th November 1918. D. V. Desrosiers Capt. St. Hilda

Place Quebec P.Q. .....
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.

Leon Letarte 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.

J. H. Sutton Lieut. (Signature of Officer)

Date 3rd December 1918

Comd'g. No. 5 C. A. S. C. Service Co. C. E. F.

M726-3-19

S

O. H. M. S.

407522

REGIMENTAL DOCUMENTS

PTE LETARTE LEON

REGT No. 1284679 UNIT #56 A.S.C. Service Co. C.E.F.

NON-EFFECTIVE BY.....CATEGORY. Demobilization

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UNIT INDEX CARD (M. F. W. 71 or 172) /

S.C.R. 127
Mic. 1

23243

CANADIAN FORCES
RECORDS CENTRE
PERS JACKET
ROOM

H

M. F. B. 270.
850M-5-18
H. Q. 1772-39-67

M. F. W. 71—500M.—6 18.
1772—39—961.

NAME LETARTE LEON

REGIMENTAL NO. 128479 RANK Private

ENLISTED AT Quebec P.Q. PROMOTIONS, &c. AND DATE

DATE 15 December 1915.

IF SERVED PREVIOUSLY, STATE UNIT, &c. 9th Regt. (AM). 4 years. C.P.A.S. 6 yrs. 189 days.

MARRIED, WIDOWER, OR SINGLE S.

NEXT OF KIN Paul Letarte RELATIONSHIP Father.

ADDRESS OF 27 St Real St, Quebec. P.Q.

ASSIGNMENT OF PAY $ - C. TO

ADDRESS

SEPARATION ALLOWANCE, ENTITLED OR NOT

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR

CASUALTIES, &c.

NATURE E.G. ABSENCE, PROMOTION, &c.	PART II. D. O. No.	PART II. D. O. Date	REMARKS IF IN HOSPITAL, NOTE NAME, &c.
Absorbed from C. D. A. D. C. into No. 3 Can. Res. Co. C. E. F.	152	20-11-18	R.O.C.E.F. 1918 & R.O. 1231 (1918)
Discharged in consequence of demobilization under A.O. 1420 (1c) with effect from 28-2-19			
A.O. Pt II No 54(2) d/28-2-19			
Civilian address on discharge			
27 St Real St. Quebec P.Q.			

H. Q.

M. D. No. 5

Surname Letarte

Christian names Leon.

Regtl. No. 284679 Rank Pvr.

Unit Ld. A. M. C.

T. O. S. June. 22nd 1918

D. O. Pt. II 152 of 2a-11-18

S. O. S. Dis 28-2-1919

Reason "Demob."

Auth. A.O. 59 of 25/2/19 5 D.

5

Next of kin Letarte, Raoul Relationship Father

Address 27 St. Real St. Quebec, P.Q.

Also notify:

BORN—Place Canada Montreal P.Q. Date Oct. 25th. 1896

ATTESTED—Place Quebec P.Q. Date Nov. 29th. 1918

O/S

R/C

W. 22—100M-7-18. 1772-39-839

LEDGER NO. 535 SERIAL NO. 235 44

REG. NUMBER 126467 NAME Le Tarte Leon

RANK Pte CORPS C A M C

AGE 21 SERVICE 3 years Canada.

NAME OF HOSPITAL Military PLACE Quebec

DATE OF ADMISSION 25-1-19

DISEASE Scabies

TRANSFERRED TO OTHER HOSPITALS

OPERATION

DISCHARGED TO 29-1-19 IN CATEGORY A II.

M. F. W. 2553.
50m.—6-18.
1772-39-1332.

P. T. O.

REMARKS:

Name in full (surname first)	Regimental No.	Rank	Unit to which now attached
1. Leon Lelarté	1284679	Pte	Nas Lasb Engrs

2. Married or Single? Single	Widowers with children will answer MARRIED Widowers without children will answer SINGLE —	3. Age 22.
4. To which dispersal area in Canada do you wish to go? Number —	To what particular place in dispersal area chosen? Quebec P.Q.	
5. What occupation do you propose to follow on your return to Canada? Motor Driver	Occupation Group No.	Trade or Occupation (per Index) —
6. What experience have you had in occupation mentioned? Years 2. Months .	7. What was your occupation prior to enlistment? Student.	
8. Were you a member of a Labour organization? No	(a) State name of organization —	(b) Place —

I hereby certify that I have answered the foregoing questions truthfully to the best of my knowledge and belief.

Signature Pte. Leon Lelarté

CAUTION.—Answers to questions will be checked against information on Attestation papers, and by other methods. Any soldier who answers questions incorrectly may forfeit any and all privileges affecting his early transportation to Canada that he otherwise might have had.

This questionnaire is published under the authority contained in an Act of Parliament assented to on the 24th of May, 1918, creating the Department of Soldiers' Civil Re-Establishment for the purpose of the re-establishment in civil life and activities of all persons who have served in the forces of His Majesty or of His Majesty's Allies in the present War.

DEPARTMENT OF SOLDIERS' CIVIL RE-ESTABLISHMENT, CANADA

WRITE PLAINLY — **DEMOBILIZATION QUESTIONNAIRE** — DO NOT FOLD

S. C. R. Form 127.

M.F.W. 44.
1133 (D.P.) 250M.-12-18.
1772-39-903.

M.D. 5
49

CANADIAN EXPEDITIONARY FORCE.

LAST PAY CERTIFICATE

Regimental No. 128679 Rank Private Name Ontario Leon.
(Surname first)

Unit No.5 Serv.Coy.C.A.S.C. Calif. who was* Discharged

On 28th.February 1919, to

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1st.Feb. to 28th.Feb. 1919. the inclusive date of transfer or discharge.

	Dr.	Cr.
Bal. Dr. or Cr. from prev. month		
Regimental Pay 28 days at $ 1 c.00		28.00
Field Allowance 28 days at $ c.10		2.80
Separation Allowance		
Clothing Allowance		35.00
Post Discharge Pay W.S.O. 3 years service		21.0.00
*Other Credits Deferred Pay		13.03
Advances	10.00	
Separation Allowance and Assigned Pay Cheque No.		
*Other Charges Kit stoppage	4.56	
W.S.O. to be paid in March & April at $70.00	140.00	
Balance on transfer or on discharge, cheque No.	134.27	
Total	288.83	288.83

*Give particulars.

A monthly stoppage of $ Nil. (†) has Nil. (‡) been paid on account of

Assigned Pay for the month of Nil. 191
and Separation Allce. for month of Nil. 191 } (to) Assignee Nil.

(Address) Nil.

(†) Insert amount to be assigned, whether it has been paid or not. (‡) Insert "not" if amount has not been paid for period of account.

ON TRANSFER OF AN OFFICER.

Outfit Allowance of $ Nil. has been paid by Paymaster, Military District No. Nil.

REMARKS:—

State (1) date of enlistment 15-12-15 married or single S.

(2) Separation Allowance, entitled or not Not. (3) Reason for discharge Demobilization.

(4) Authority for discharge or transfer Routine Order No.1420 (1a)

NOTE.—S.A. & A.P. Card and Index Card (M.F.W. 71) are to accompany Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay Account of the officer or soldier.

Date 28th.February 1919.

Place Quebec.

Paymaster.

N.B.—(A) This form is to be used for all ranks (vide Article 122-130 and 141) Financial Instructions, C.E.F., 1916.
(B) For purposes of transfer it is to be made out in triplicate. Copies will be disposed of in accordance with instructions as laid down in Routine Order No. 1307, dated 12th Nov., 1918. Payment of the balance will not be made and the words "or on discharge cheque No." will be deleted.
(C) For purpose of discharge it is to be made out in duplicate. One copy to accompany discharge papers, and one copy for retention as a record. As payment of the balance will have been made, the words "on transfer or" will be deleted.
(D) If a man on discharge is entitled to Post Discharge Pay, Last Pay Certificates will be made out as in "C" with an additional copy to be forwarded to the District Paymaster.

CREDITS, ADVANCES, Etc.

Credits, Advances, Forfeitures, Issues on Repayment, etc., since issue of this L.P.C. are to be entered hereunder:

Date	Place	Cheque No. A.R. No. or Other Particulars.	AMOUNT		Signature of Officer Making Payment.
			Dr.	Cr.	
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....

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

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. 3 1784679 Rank Pte Surname Latarte
(Given name in full)
Leon

Unit or Corps C.A.S.C. C.E.F. Birthplace Quebec City

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

1. **GENERAL DESCRIPTION:**

Physique Good Weight 155 lbs. Height 5 ft. 5¼ in. Colour of Eyes Blue

Nutrition Good

Pulse 75

Condition of arteries Good

Vision Rt. 30 Left 30

Hearing (conversational voice) Rt. OK ft.

Left OK ft.

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

One vac mark left arm (Child)

Opinion as to general health and physical condition A2

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

Nervous System NO Genito Urinary System NO Cardio-Vascular System NO

Special Senses NO Integumentary System NO Respiratory System NO

Disturbance of mentality NO Muscular System NO Digestive System NO

Osseous and Joint System NO Any other general condition NO

3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

(If space is insufficient, continue on back of form.)

[OVER]

Address on discharge. 27 St Real St Quebec. P.Q.

EXAMINATIONS

THIS SECTION FOR USE OVERSEAS—

Examined at ....(Overseas)

Date ..... Signed .....M.O.

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

Signature .....

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

THIS SECTION FOR USE IN CANADA—

Examined at Quebec .....(Canada)

Date 28-2-19..... Signed .....M.O.

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

Signature .....

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

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

[OVER]

M.F.W. 129.
1033 (D.P.) 500M-11-18.
1772-89-1142.

Created in accordance with P.C. 795 of 12-7-18 & P.C. 1231 of 1918

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

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

Casualty Form—Active Service.

Unit, Regiment or Corps No. 5 C.A.S.C. Service Co. 667.

Regimental No. 1284679 Rank DRIVER Name LETARTE, LEON.

Enlisted (a) 15-12-15 Terms of Service (a) P.F. & C.E.F. (P.P. A&B) Service reckons from (a) 15th December 1915.

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) Teamster

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				
28-2-19.		Discharged in consequence of demobilization under P.O. 1420 (1c) with effect from 28-2-19 (A.O. of 11 No. 59 (2) d/28-2-19)	Quebec P.Q.	28/2/19.	Civilian address on discharge. 27 St Real St. Quebec P.Q. J.H. Sutton Lt. C.I. Comd'g. No. 5 C.A.S.C. Service Co. C.E.F.

(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				

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 188679. (Rank) Private.

Name (in full) Leon Letarte. enlisted in

the No. 3. Det. C.G.A.S.C.

CANADIAN EXPEDITIONARY FORCE at Quebec. P.Q. on the 15th

day of December 19 15

HE served in Canada.

and is now discharged from the service by reason of demobilization

under K.O. 1420. Para (c) Section (i) d/12-12-18.

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

Age 22 yrs 4 mths.

Height 5 ft 5 1/4 ins

Complexion dark

Eyes Blue.

Hair Brown.

Marks or Scars Nil

Pte. Leon Letarte
Signature of Soldier

Issuing Officer O.H. Sutton Lieut.
Rank
Comd'g. No. 5 C.A.S.C. Service Co. C.E.F.
Appointment

Date of Discharge February 28th 1919.

Signed at Quebec. P.Q. this 28th day of February 19 19

in Military District No. Five.

File Reference No. A.S.C. 5. 1-L.8.

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. W. 39a
200m.—2-18.
H.Q. 1772-39-882

No. 5
28-2-1919.
No. 5 C.A.S.C. Service Co. C.E.F.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. ..... (Rank) ..... Name .....

Unit .....

Address on Discharge .....

Character and Conduct .....

.....

Former Occupation .....

Special Qualifications of Value in Civil Life .....

.....

Medals and Decorations .....

.....

Remarks .....

.....

Signed at ..... this ..... day of 19

.....
Name of Officer

.....
Rank

.....
Appointment

On demobilization the particulars called for on the back of this certificate will not be completed.

Treated in accordance with K.O. 795 of 7/7/18

1284679

MEDICAL HISTORY SHEET.

Surname Letarte Christian Name Leon

Examined { on 29th day of November 1915. at Quebec P.Q.

Approved by A.M.S. D.R.I. Bisset Lieut. Rank M.O.

Birthplace { City or Town Montreal County Que.

Apparent age 22

Trade or occupation Soldier

Height 5 Feet 5 1/4 Inches.

Weight Lbs.

Chest measurement { Minimum 35 inches. Maximum expansion 3 inches.

Physical development

Small-Pox Marks

Vaccination Marks { Arm Right. Left. Number

When Vaccinated last 1916

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

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

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

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

Enlisted on 15th day of December 1915 at Quebec P.Q.

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	5th Case	1/5.94 1284679		
Absorbed into	5th Case			
Transferred to	Same Coy			
	C.E.			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Quebec	28/2/19	Sick	A/2 Mac D. Ford Capt. J.L. Lords Capt.
For discharge			

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

M. F. B. 313.

400m.—1-16.

H. Q. 1773-20-420.

Surname Delarue Christian Name Leon

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

VENEREAL DISEASE CASE-SHEET

(Gonorrhoea)

Reg. No. 594 Rank Pte Name Letarte Leo Unit C.A.S.C.

Diagnosis Gonorrhoea Admitted Sept 10th 18 Discharged Transferred to Duke 26/9/18

Medical Officer i/c Case Lt Lord

HISTORY.

No. of previous attacks one

Where and when acquired June 20 1918

Date and character of symptoms Duke

Discharge + burning sensation on micturition

DATE -Day of disease-	Smear	Urine	Urinalysis	Other Lab. Tests	Complications	Medicine	Irrigation	Operations
21/9/18	Positive	—	—	—	—	Argyrol 5% Sandlewood Oil ℞ xl v	Potass Permang 1/4000 Aprs 93d	None
Transferred to Duke for further Treatment Lt Lord A.M.S.								
5-11-18	Negative	clear	Negative	—	—	Protropin Salol	KMnO4 1/4000 Argyrol	
6-11-18	Discharged Cured fit for duty Cat. A II Lt Gabriel Lt.							

M. F. W. 101.
5m-5-18. M.
1772-39-1053.

87552

a2

CLINICAL CHART.

(To be pasted into Case Book opposite Patient's case.)

Corps A.S.C. Hospital Station Valcartier

No. 594 Rank and Name Pte. Lefarte. Leo. Age 20 Service 3 yrs.

Disease Gonorrhoea. Date of Admission 10/9/18 Date of Discharge 26/9/18 Result Transferred to Duty Case Book Folio

Dates of Observation																																
Days of Disease																																
Temperature Fahrenheit	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.
107°	8 6 4 2																															
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98°	8 6 4 2																															
97°	8 6 4 2																															
	8 6																															
Pulse per Minute																																

Signature Leo Lefarte In charge of case.

BELFAST LEDGER

MADE IN CANADA

MEDICAL CASE-HISTORY SHEET.

Hospital Military Station Kumbia

No. W/594 Rank Private Name Estate Leo Age 21

Unit C.A.S.C. Service 2 2 years

Date of Admission 5-1-18 Date of Discharge 25-1-18

Diagnosis Urethritis

Date of Origin Jan 4th 1918 Place of Origin Beaucoup Junction

CAUSE OF ILLNESS OR INJURY: Infection from sexual connection.

HISTORY OF PRESENT ILLNESS OR INJURY.
(Is Illness or Injury result of Service?) First noticed discharge from penis on Jan 4. 1918 - 2 days after connection

CONDITION ON ADMISSION.

Local - Purpose creamy discharge

General - good

TREATMENT.

Urethroscopic Irrigation. - Local

Irrigating Sol used.

CONDITION ON DISCHARGE FROM HOSPITAL. Microscopic Urinalysis negative for gonococci. Fit to return to duty Category A II

J.A. Key Capt.
Medical Officer i/c Case.

Date 25-1-18

M. F. B. 313a.
30M—9-16.
39-139.

CC
33308

CLINICAL CHART.

(To be pasted into Case Book opposite Patient's case.)

Corps C.A.R.C. Hospital Station Lumley

No. M/5 94 Rank and Name Lt. Letarte. Leo Age 21 Service 2 years

Disease Urethritis Date of Admission 5-1-18 Date of Discharge 25-1-18 Result Case Book Folio

Dates of Observation																																
Days of Disease																																
Temperature Fahrenheit	TIME a.m.	p.m.	TIME a.m.	p.m.	TIME a.m.	p.m.	TIME a.m.	p.m.	TIME a.m.	p.m.	TIME a.m.	p.m.	TIME a.m.	p.m.	TIME a.m.	p.m.	TIME a.m.	p.m.	TIME a.m.	p.m.	TIME a.m.	p.m.	TIME a.m.	p.m.	TIME a.m.	p.m.	TIME a.m.	p.m.	TIME a.m.	p.m.	TIME a.m.	p.m.	TIME a.m.	p.m.
107°	8 6 4 2																															
106°	8 6 4 2																															
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99°	8 6 4 2																															
98°	8 6 4 2																															
97°	8 6 4 2																															
	8 6																															
Pulse per Minute																																
Respirations per Minute																																
Motions																																

M. F. B. 288.

50m.—7-16.
H. Q. 1772-39-513.

Signature J. A. Key Capt. In charge of case.

A II

MEDICAL HISTORY OF

Surname Letaste Christian Name Leon

Examined { on 14th day of Dec 1915 / at Quebec

Birthplace { City or Town Montreal / County Quebec

Apparent Age 19

Trade or Occupation Driver

Height 5' Feet 5 1/4 Inches

Weight 135' Lbs.

Chest measurement { Minimum 35' Inches. / Maximum expansion 3 Inches.

Physical Development Good

Small-Pox Marks None

Vaccination Marks { Arm Right. Left. one / Number 2

When Vaccinated last Childhood

(a) Marks indicating congenital peculiarities or previous disease None

(b) Slight defects but not sufficient to cause rejection None

Approved by

(Sgd) H Lavoie

(Rank) Capt

Medical Officer.

16-4-18 A II G.A. Brown Capt

Examined for re-engagement

day of 191

*Considered

(Signature)

Medical Officer.

*If unfit, state disability.

Re-vaccinated on day of 191

Arm Number

Result

(Signature)

Medical Officer.

Enlisted on 15th day of December 1915 at Quebec PQ.

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment,	C.A.S.C.	1594		
Transferred to.....				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Quebec	27/5/15	Nil	Category A. II
Quebec	28/2/19	Nil	[illegible] Capt W.H. Russell Capt A/2 Inspr. Med. Serv. J.L. Lavoie Capt
For discharge			

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

Mil. Form B. 313.

5m-8-12.
H. Q. 1772—39—439.

Surname Lestanki Christian Name Leon

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day.	Month.	Year.	Dates of Discharge from Hospital. Day.	Month.	Year.	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.
Quebec M.H.		5	1	18	25	1	18	Urethritis	21	Mucl Urinalysis neg on disch	J.A. Key Capt.
Quebec M.H.	11/9/18	11	9	18	12	9	18	Urethritis	2	Transferred to Valcartier	J.E. Perkins
Valcartier		12	9	18	26	9	18	Urethritis	17	Transferred to Hospital	E.C. Brown Lt
Beauport		26	9	18	6	11	18	Gonorrhoea	42	Smear + urinalysis after 8 P.M. neg. on Discharge. Cat A II	J.C. Gobeil Lt.
Quebec		25	1	19	29	1	19	Scabies		Ft - to his unit - A II	J. Desjardins Asst.

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT 5

NAME OF SOLDIER Letarte, Leon

No. 5. C.A.S.C. Service Co. C.E.F. No. 1284679

REGIMENT ~~C.A.S.C.~~ RANK ~~Pte.~~ Private

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 Dist.	REMARKS
Condition on first Examination	Oct 13/18	1/2.									5 1.16 17.30.31					1/4.				H.S. Forter Capt.	#5	Refused treatment. Can. 13 L. L.
	Feb. 28/1919	1/2		1/4							5 1.16. 17.30.32									J.R. Farmer Capt	#5	Can. 13.

M.P.B. 466
2,000 1-19
1172-39 640

FASTFLEDGED BIRTH

MADE IN CANADA

CERTIFICATE OF SERVICE

(Issued following loss of Permanent Discharge Certificate M.F.W. 39)

This is to Certify that No. 1284679 (Rank) Private

(Name in full) LETARTE, Leon

Enlisted in No. 5 Service Coy. C.A.S.C.

Canadian Expeditionary Force, on the 22nd day

of June 19 18. (Served from 15-12-15 with C.P.A.S.C.)

He served in CANADA

with the No. 5 Service Coy. C.A.S.C.

and was discharged at Quebec, P.Q.

on the 28th day of February 19 19.

by reason of DEMOBILIZATION

His conduct and character while in the Service were Good

Medals and Decorations, etc. NIL

Officer i/c Records
A. G. Branch
FEB 24 1943
Nat. Defence Hqrs.
Ottawa - Canada

Description on Discharge

Age 22 Years

Height 5' 5½"

Complexion Dark

Eyes Blue

Hair Brown

H.Q. 649-L-19426

(W.E.L. Coleman), Lt.-Col.,
Officer i/c Records,
for Adjutant-General

Ottawa 24th day of February 19 43

NOTE—This Certificate of Service if lost will not be replaced.

M.F.W. 39d.
5M—3-41 (9726)
H.Q. 1772-39-882

26

- REPLACEMENT APPROVED -

Class C Badge No. 121272

Date 2-3-43.

Secretary, Awards Board

This space to be for numbers.

Proceedings on Discharge.

(When forwarded for confirmation these proceedings should be accompanied by the documents specified on fourth page.)

No. 128479

Rank Private.

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

Corps (Squadron, Battery or Company) No. 5. C.A.S.C. Service Co. C.E.F.

Date of Discharge February 28th 1919.

Place of Discharge Quebec P.Q.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 23 years 4 months.
Height 5' feet 5 1/4 inches.
Complexion Dark
Eyes Blue.
Hair Brown.
Trade Motor Driver.
Intended place of residence (To be given as fully as practicable.) 27 St-Real St. Quebec P.Q.

Descriptive Marks

- N.S. -

2. The above-named man is discharged in consequence of Demobilization under A.O. 1420. Para (c) Section (1) d/17-12-18.

N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.

3. Conduct and character while in the service have been, according to the records, etc.

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

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

M. F. B. 218.
15m.—10-15.
H. Q. 1772-39-113.

(OVER)

17.3.19

Promoted Sergt. 21/3/19

5. He is in possession of the following number of G. C. Badges:

No reference to G. C Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations.....

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company. (*Squadron or Battery*), and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place)..... .....

(Date)..... *Commanding* .....

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

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

(Place) Quebec, P.Q. Leon Letarte *(Signature of Soldier.)*

(Date) February 28th 1919 W L Lamond *(Signature of Witness.)*

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. **Additional Certificate in the case of a Soldier who takes his discharge on his own request.**

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

..... *(Signature of Soldier.)*

10. **Statement of Service.**

Service toward Engagement to.....(the date to which the Record of Service is completed).....years.....days.

Total.....years.....days.

11. **Confirmation of Discharge.**

The discharge of the above-named man is hereby confirmed.

(Place) Quebec PQ

(Date) February 28. 1919 (Signature) J H Sutton Lieut

Recruiting No. 5 C.M.R. Depot Co. D. E. F.

Reservations referred to at Para. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

None Leon. Lebarbe

(OVER)

List of Discharge Documents.

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

*Only if discharged "Medically unfit."

Attestation Paper,	Militia Form B. 235.
Proceedings on Discharge	" B. 218.

In the case of recruits who are rejected on final approval, the discharge documents will consist of

(a) Proceedings on Discharge.

(b) Attestation.

(c) Medical History Sheet (in the event of such having been prepared.)

N. B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.

AUDITOR | PAYMASTER

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

M. OR S. S. REGT. NO. 1284679 RANK Pte. NAME (IN FULL) Letarte Leon. (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN Mr. Letarte Paul. RELATIONSHIP Father.
ADDRESS 27 St. Real Str. Quebec.
IS SEPARATION ALLOWANCE PAID? DATE EFFECTIVE
TO WHOM PAID RELATIONSHIP
ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY
	1919	

ORIGINAL UNIT C.E.F. C.A.S.C. IF IN P.F. WHAT UNIT?
PLACE OF ATTESTATION Quebec. TRANSFERRED TO DATE AUTHORITY
DATE OF ATTESTATION 15-12-15 TRANSFERRED TO DATE AUTHORITY
ASSIGNED PAY $ DATE EFFECTIVE
PAYABLE TO RELATIONSHIP ANY CHANGE IN ASSIGNEE OR ADDRESS
ADDRESS
STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE EFFECTIVE

DISCHARGED PLACE Quebec. DATE 28-2-19 REASON Demobilization. R.O. 1420 (1c) AUTHORITY IF ENTITLED TO POST DISCHARGE PAY

1661

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.			TOTAL CREDITS $	TOTAL CREDITS C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	ACQUITTANCE ROLLS COL. NO. 1 DATE	ACQUITTANCE ROLLS COL. NO. 2 NO.	ACQUITTANCE ROLLS COL. NO. 2 DATE	ACQUITTANCE ROLLS COL. NO. 3 NO.	ACQUITTANCE ROLLS COL. NO. 3 DATE	CASH PAYMENTS COL. NO. 1 $	CASH PAYMENTS COL. NO. 1 C.	CASH PAYMENTS COL. NO. 2 $	CASH PAYMENTS COL. NO. 2 C.	CASH PAYMENTS COL. NO. 3 $	CASH PAYMENTS COL. NO. 3 C.	ASSIGNED PAY $	ASSIGNED PAY C.	REGIMENTAL CHARGES $	REGIMENTAL CHARGES C.	OTHER CHARGES $	OTHER CHARGES C.			TOTAL DEBITS $	TOTAL DEBITS C.	BALANCE DEBIT $	BALANCE DEBIT C.	BALANCE CREDIT $	BALANCE CREDIT C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT																																						Transferred from March Pay List 1919.
																	War Service Gratuity.															70	00	✓		70	00	✓
May.					70	00	✓		70	00	✓				6780	S.D.					70	00	✓										70	00	✓				2nd payment S.S.R.
9									70	00	✓																						70	00				Stating he was away from Pte. Assump. Lav. Observ. Dept. we have not seen Capt. Lagueux the S.S.R. form of Pte. Letarte and we made the 3rd. payment.

100M-1-19.—L. L. 53962-M. & D. 9723.
M. F. W. 2596.
1772-39-1390.