

150TH

ORIGINAL ROYAL

PIÈCE D'ATTESTATION

No.

Folio

847910

CORPS EXPÉDITIONNAIRE CANADIEN D'OUTRE-MER

QUESTIONNAIRE REQUIS AVANT ATTESTATION

(RÉPONSES)

1. Quel est votre nom de famille?..... Labelle
- 1a. Quels sont vos noms de baptême?..... Hector
- 1b. Quelle est votre présente adresse?..... 2213 St. Urbain St. Mont.
2. En quelle ville, village ou paroisse, et en quel pays êtes-vous né?..... St. Rose, Que.
3. Quel est le nom de votre plus proche parent?..... Thibault Labelle
4. Quelle est l'adresse de votre plus proche parent?..... 2213 St. Urbain St.
- 4a. Quel est votre degré de parenté avec icelui?..... Father
5. Quelle est la date de votre naissance?..... Aug. 12th 1895
6. Quel est votre métier ou profession?..... Chapelier
7. Êtes-vous marié?..... No
8. Consentez-vous à être vacciné ou revacciné et inoculé?..... Yes
9. Faites-vous déjà partie de la Milice active?..... No
10. Avez-vous déjà fait du service militaire?..... No
(En ce cas, mentionner les états de service)
11. Comprenez-vous bien la nature et les termes de votre engagement?..... Yes
12. Consentez-vous à être attesté pour service dans le Corps Expéditionnaire Canadien d'outre-mer?..... Yes

MONTREAL
CANADA

DÉCLARATION REQUISE DU SUJET

Je, Hector Labelle, déclare solennellement que ce qui précède contient les réponses que j'ai faites au questionnaire ci-dessus, et que ces réponses sont véridiques, et que je consens à remplir les engagements que je prends maintenant, et je m'engage et consens à servir dans le **Corps Expéditionnaire Canadien d'outre-mer** et à être affecté à une arme quelconque dans le service de ce Corps pour le terme d'une année, ou pour la durée de la guerre actuellement engagée entre la Grande Bretagne et l'Allemagne si elle dure plus d'une année, et pour six mois après la conclusion de cette guerre dans le cas où Sa Majesté requerrait mes services d'autant, ou jusqu'à ce que je sois légalement libéré.

Hector Labelle (Signature de la Recrue)
Date Aug. 3rd 1916 A. Lavoie (Signature du Témoin)

SERMENT REQUIS DU SUJET

Je, Hector Labelle, prête le serment d'être fidèle et de donner mon entière allégeance à Sa Majesté le Roi George V, ses Héritiers et Successeurs, de me faire un devoir de défendre honnêtement et fidèlement la Personne, la Couronne et la Dignité de Sa Majesté, et de ses Héritiers et Successeurs contre tous ennemis, et d'obéir ponctuellement à tous les commandements de Sa Majesté, de ses Héritiers et Successeurs, ainsi que de tous Généraux et Officiers placés au-dessus de moi. Ainsi Dieu me soit en aide.

Hector Labelle (Signature de la Recrue)
Date Aug. 3rd 1916 A. Lavoie (Signature du Témoin)

CERTIFICAT DU MAGISTRAT

La Recrue ci-dessus nommée a été prévenue par moi que, s'il répondait faussement à aucune des questions ci-dessus, il serait passible des pénalités pourvues par la loi de l'Armée.

Les questions ci-dessus ont alors été lues à la Recrue en ma présence.

J'ai vu avec soin, à ce qu'il comprit chaque question, et à ce que les réponses à chacune fussent dûment inscrites telles que reçues, et la dite Recrue a fait et signé la déclaration et prêté le serment en ma présence, à Montreal ce 3rd jour de Aug. 1916

H. B. [Signature] (Signature du Juge).....

Signalement de Hector Labelle à l'Enrolement

Age apparent 21 ans mois.
(Déterminable d'après les instructions contenues dans les règlements
du Service Médical de l'Armée.

Signes distinctifs, et indices d'affections congé-
nitales ou de maladies antérieures.

Si le Médecin-Officier est d'avis que la Recrue a fait du service anté-
rieurement, il devra, à moins que l'engagé reconnaisse le fait,
ajouter une note à cet effet pour l'information de l'officier appro-
bateur.

Taille 5 pieds 1 1/2 pouces

Mesure de la poitrine { Tour de poitrine, à pleine expansion 31 1/2 pouces
Marge d'expansion 3 1/2 pouces

Teint..... Brown

Yeux..... Brown

Chevelure..... Brown

Anglican.....

Presbytérien.....

Méthodiste.....

Baptiste ou Congregationaliste.....

Catholique Romain..... Yes

Juif.....

Autres dénominations.....
(Indiquer laquelle)

CERTIFICAT D'EXAMEN MÉDICAL

Ayant examiné le sujet ci-haut nommé, je constate qu'il ne présente aucune des causes de rejet
spécifiées dans les règlements du Service Médical de l'Armée.

Il peut voir de chaque œil à la distance requise ; le cœur et les poumons sont sains ; il a le libre
usage de ses articulations et de ses membres, et il déclare n'être sujet à aucune syncope quelconque.

Je le considère* Fit pour le Corps Expéditionnaire Canadien d'outre-mer.

Date..... Aug. 3rd 1916

Lieu..... Montreal

* Insérer ici "valide" ou "non-valide".

NOTE.—Si le médecin-officier trouve le sujet impropre au service, il remplira le certificat ci-dessus dans les seuls cas où il y a eu atten-
tion et notera brièvement ci-dessous les causes d'invalidité:

Byrd. Lavare
Médecin-Officier.

CERTIFICAT DE L'OFFICIER COMMANDANT

Hector Labelle ayant été finalement approuvé
et examiné par moi ce jour, et le nom, l'âge, la date d'attestation et tous les autres détails réglementaires
ayant été notés, je certifie être satisfait de l'exactitude de cette attestation.

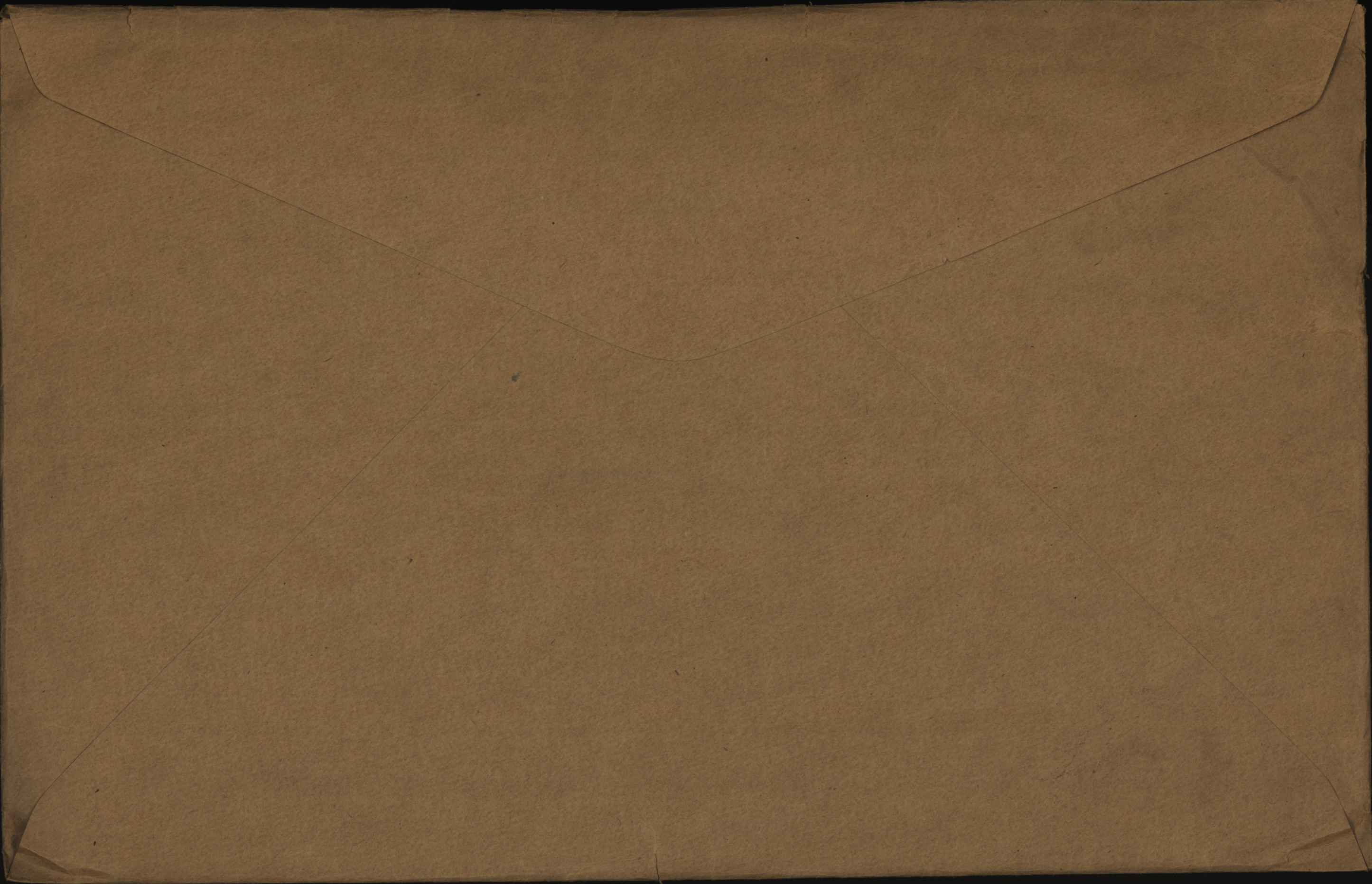
..... H. Berry (Signature de l'officier.)

Date..... Aug. 3rd 1916

Lieut. Col.
O.C. 150th Overseas Bn. C.E.F.

22
 20.9.19.

NAME Labell, Incomplete
Hector.



SURNAME.

Labelle.

CHRISTIAN NAMES

Hector

REGL. NO.

847910

RANK

pte.

UNIT

150th.

FORMER CORPS

nil.

NEXT OF KIN.

NAMES IN FULL

Labelle Fabien.

RELATIONSHIP TO SOLDIER

Father.

ADDRESS

*2213 St. Urbain St. Montreal
P.Q.*

COUNTRY OF BIRTH

Canada. Ste Rose. P.Q.

DATE

Aug. 12th 1895.

PLACE OF ATTESTATION

Montreal, P.Q.

DATE

Aug. 3rd. 1916.

0/S 23-9-16 548
5
L L 94504. M. & D. 6512

M. F. W. 22. 250M. -2-16. H. Q. 1772-39-339.

From Halifax Pex. S.S. Lapland 23-9-16

MARRIED

SINGLE

Yes.

WIDOWER

TRADE OR CALLING

Carpenter.

RELIGION

Roman Catholic.

DESCRIPTION.

APPARENT AGE

21 YEARS

MONTHS

HEIGHT

5 FEET

1½ INCHES

CHEST MEASUREMENT

31½ INCHES

EXPANSION

3 INCHES

COMPLEXION

Brown

EYES

Brown

HAIR

Brown.

DISTINGUISHING MARKS

Not stated.

MEDICAL EXAMINATION.

PLACE

Montreal, P.Q.

DATE

Aug. 3rd. 1916

Present Address: 2213 St. Urbain St. Montreal. P.Q.

Reg. No. 847910 Name Leabell, Jh
Rank Pte. Corps 150 Bn. Age 21 Service
Ledger No. 922 Serial No.

HOSPITALS**DATE****DIAGNOSIS**

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

REGT'L No 847910

NAME Labelle Hector.

H. Q. FILE No. 649-

RANK AND CORPS Pte. 22nd Bn. Norm 150

FOLLOWS

No. Bn.

CABLE

No.

DATE

NATURE OF CASUALTY

FOLLOWS

M 5946 25-8-17 Adm. 3 Aust Gen Hosp., Abbeville
 52-2 Aug 16th/17 Gsw. left arm ✓

N. K.

Labelle Frabien (Father)

2213 St. Urbain St. Montreal P. Q.

G. D. 11/17 196-18 D. of W. ~~Canada~~ 4 Field Amb. Dep. June 14. 1918
 2-5 G. S. W. Perforation eyeballs, incisions,
 (A 243-1 18-6-18) face, head, shldrs, hands, leg, comp.
 Frac. Hand. ✓

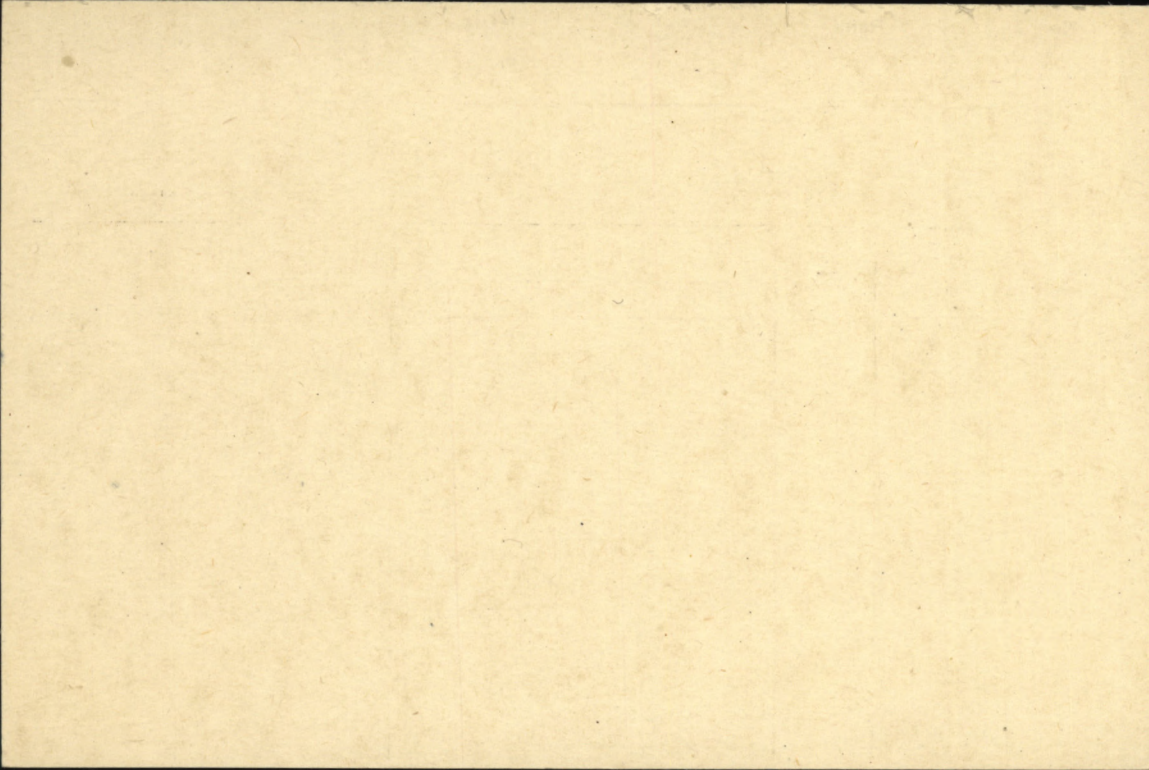
LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
A 471	No 26 Gen. Etaples	22-3-17.	Myalgia
A 482	No 6 Conv. Dep. Etaples	6-4-17.	P. U. O.
A 484	No 5 Conv. " Cayeux	7-4-17.	" " "
A 513	Discharged	11-5-17.	P. U. O.
A 593	3rd Aust. Gen., Abbeville	16-8-17	G. S. W. L. Arm
A 600	#5. Conv. Dep. Cayeux	22-8-17	G. S. W. L. Arm.
A 9 (2)	Discharged	2-9-17.	" " "

No. 847910 RANK *Pt*NAME *Labelle. H.*

T. O. S.

UNIT *150th. Battalion.*M. D. *6*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1916</i> <i>Aug 3</i> <i>Sept.</i>	<i>1916</i> <i>Aug 31</i>	<i>L</i> <i>r</i>	<i>o/s. pay list only.</i>	



Name LABELLE Hector Rank Pte.

Reg. No. 847910

Unit 22nd. Battalion.

Next of Kin CANADA

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1917.						
22-3	26 GH Etaples		Myalgia	A471		
6-4	No.6 Conv. Depot Etaples		P.U.O	A482		
7-4	No.5 Conv Depot Cayeux		P.U.O	A484		
11-5	Discharged		do	A513		
16-8	3rd Aust.G.H.Abbeville		GSW.L.Arm	A593	M5946	25-8
22-8	No.5 Conv.Dpot. Cayeux.		do	A600		
2-9	Disch. to Base Dep. Etaples (HA. 13718)		"	P.9.		

[illegible]

a-7 E.
Smb

~~RP~~
R

Number... 847910 Rank... Pte

Surname... L. A. B. E. L. L. E.

Christian Name... Hector

Unit... 22nd Bn Can. Inf. Theatre of War. France

Date of Service... 29-11-16.....

Remarks.....

Latest Address... Gabriel Labelle (Father) ..

3167 St. Dominique St 2213 St. Urbain St. ...

Montreal 18th Montreal P.Q.

Roll No.

Page 5383

42538-1/2
SEP 27 1921

B. & W. Medals Rtd 10/21

R
DESP. APR 24 1922

REGN. NO 10963

Not elig. for 1914-15 star. H.Q. 649-L-8542

LABELLE, H. #847910. Pte. 22nd Bn.

Medal

Fabien Labelle, (Father),

~~2213 St. Urbain St.,~~

Montreal, P.Q.

3167 St. Dominique
St. $\frac{12}{5}$
22

Orders

Fabien Labelle, (Father),

Decorations

Address as above.

P. & S.

Serial No 767932

Memorial
Cross.

Nil.

11307

JAN 19 1921

Scroll Desp.

Reqn. No.

Plague Desp.

Reqn. No.

710965
P10579

OCT 6 1921

m.R.

Plaque ret'd 17-10-21

Plaque redesp. 26 4/22 E 364

P.L. 25. L. 2574

Reg. No. 847910

Unit 22nd Bn.

Next of Kin Fabien Labelle 2213 ST Urbain St Montreal. Can.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1918 14	b 4 b. F. G. <u>DIED OF WOUNDS</u>	S.W. Perforation eyeballs incisions face head ch low hands & Rt leg comp Frac R Hand		A 263	H77	31749

[illegible]

FORM OF WILL.

I. **Hector Labelle** (Name in full)

Regimental Number **847910** serving in **150th Overseas Battalion, C.E.F.** of the
the Overseas Military Forces of Canada, do hereby revoke all former Wills
by me made and declare this to be my last Will.
I bequeath all my real estate unto

)
) Name and Address
) of person or
) persons to whom
) it is to go.
)

absolutely, and my personal estate I bequeath to

RECORDS REGISTRY C.M.F. OF C.	
GREEN ARCADE HOUSE,	
OLD BAILEY LONDON, E.C. 4.	
R.L.	H. Fabien Labelle,
REF TO Q2A1	2213, St. Urbain St.
12 JUL 1918	(father) MONTREAL.
O/O A	L/R
FILE CHARGED	SINCE
TO	
ACTED ON	

)
) Name and Address
) of person or
) persons to receive
) personal estate.
) (See note).
)

In Witness whereof I have hereunto set my hand
this **23rd** day of **November** A.D. 191**6**.

Hector Labelle. Signature.

N.B. Personal estate includes pay, effects, money in bank, insurance policy, in fact everything except real estate.

Signed and acknowledged by the Testator as and for his last Will in the presence of us both present at the same time, who in his presence, at his request and in the presence of each other have hereunto subscribed our names as Witnesses.

Name of Witness **Albert Provost, Lieut.**
Address of Witness **150th Overseas Battalion C.E.F.**
Occupation of Witness
Name of Witness **J. O. Bamorton Cpl.**
Address of Witness **Paymaster**
150th Overseas Bn. C.E.F.
Occupation of Witness

I hereby certify the above to be a true copy of the original Will now on file in Estates Branch

Date **5th July, 1918.** **W. B. R. C. M. C.** Lieut.
For OFFICER I/C ESTATES.

NOTE Died of Wounds **14-6-18** - **375/1.**
Transferred **27-6-18**

REGISTERED
WILLS SECTION
10 JUL 1918
ESTATES, O.M.F.C., LONDON

FORM OF WILL

I, the undersigned, of the County of _____ State of _____ do hereby certify that the within and foregoing is a true and correct copy of the last will and testament of _____ deceased, as the same appears from the records of the _____ Court of _____ County, State of _____

Witness my hand and seal of office this _____ day of _____ 19____

Notary Public for the State of _____

(Name and Address of person or persons to receive person's estate. (See note.)

In witness whereof I have hereunto set my hand

this _____ day of _____ 19____

Signature.

I, the undersigned, do hereby certify that the within and foregoing is a true and correct copy of the last will and testament of _____ deceased, as the same appears from the records of the _____ Court of _____ County, State of _____

Witness my hand and seal of office this _____ day of _____ 19____

Notary Public for the State of _____

(Name of Witness

(Address of Witness

(Occupation of Witness

(Signature of Witness

(Description of Property

(Signature of Testator

(Signature of Witness

(Signature of Witness

(Signature of Witness

(Signature of Witness

(Signature of Witness

(Signature of Witness

(Signature of Witness

(Signature of Witness

J.P.

Rank

Name

LABELLE, Hector -

Reg'l No.

847910. -

Unit 150th Bn.

If in perm. Corps, }
What Unit? }

Married or Single Single. -

Place and Date of Enlistment Montreal. 3rd Aug. 1916. -

Place of Birth Ste. Rose. Que.

Name and Address, Next-of-Kin Fabien Labelle. -

2213 St. Urbain St. Montreal. Canada. -

Relationship Father. -

Assigned Pay Monthly \$

Payable to

N/E. R.B. No. 13026

Relationship

File R.L. 25-L 25-24

Separation Allowance \$

Payable to

Category D of W

Relationship

Discharge, Date and Place

Reason

Character

H. W. & V., Ltd.—7165-16.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS.	
Date.	From whom received.				Taken from Official Documents	
		Arrived in England S.S. Lapland		6-10-16		
28.11.16	150th Bn	Transf. to 22nd Bn	Bramshott	28.11.16	Pt II P.O. 232	
23-12-16	22nd "	2 O.S. from 150th "	Field	29.11.16	" 60	
30.3.17	—	Adm. 26 Gen Hqptl.	Elaples	22.3.17	G.L. 4471	Myalgia
16.4.17	—	Transf 6 Com. Hqptl	St.	6.4.17	" 482	P.V.O.
18.4.17	—	" 5. Com. Depot.	Cayeux	7.4.17	" 484	"
22-5-17	—	Dis 5 Com Depot	"	11-5-17	" 513	"
25.8.17	✓	Adm 3 Aust Gen Hqs	Aberville	16.8.17	" 593	GS to 4 arm
2.9.17	✓	Trans 5 Com Dep	Cayeux	22.8.17	" 600	—

A.F.B. 103 CHECKED

8 DEC 1916

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.					
12.9.17	2QR	Dis 5' on Depot	Cayenne	2.9.17	Sta. 9. Gdn Larn	
17.6.18	22 B ⁿ	Died of Wounds recd	9th Field	14.6.18	50 59	
18.6.18	—	Died of Wounds ^{in Action}	Field	14.6.18	~~50~~ 6 L. 243	

847910 Pte Labelle. H.

[illegible]

ASSIGNED
PAY

ENGLAND OR
CANADA.

SEPARATION
ALLOWANCE.

ENGLAND OR
CANADA.

EFFECTIVE
DATE:-

EFFECTIVE
DATE:-

NAME:- **Labelle Hector**

NUMBER:- **847910.**

AMOUNT:-

AMOUNT:-

PARTICULARS OF RANK OR APPOINTMENT

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.

AUTHORITY

DATE
EFFECTIVE

RANK OR APPOINTMENT

UNIT AND TRANSFERS

ORIGINAL UNIT:- **150 Bⁿ**

DATE ACCOUNT FIRST OPENED:- **1-9-16.**

AUTHORITY

DATE
EFFECTIVE

DATE LEDGER
SHEET T'S F D

UNIT TRANSFERRED TO

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

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY

PAY

F.A.

P.F.A.

SUBS'CE
ALL'CE

PARTICULARS OF RENDERING NON-EFFECTIVE:-

MONTH	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
1918											
Mar 31	Bal For'd								304 80	284 00	
Apr.				AR 25 22 B ⁿ 5/4/18	✓ 1 78				303 02		
				AR 67 " 15 18	✓ 4 46				298 56		
				AR 99 " 26/4	✓ 3 57				294 99		
	P.P.	33							327 99	269	
		33				9 81					
MAY	P.P.	34 10							362 09	284	
				7 days F.P. 12/5/18 20.50 22 B ⁿ	✓ 7 70				354 39		
				AR 222 22 B ⁿ 29/5	✓ 3 57				350 82		
		34 10			2 57	7 70					
JUN		35							383 82	299	
Sept	do	35							383 89		
	Can Note 8756 I 952 Can E	35	07						397 01	205 8 10.18	
	Int on Spd Pay	6/13/12	07						397 01	Can 397 01	
Oct-		13 12									
				DN 8749109 Bal Trans Ottawa	397 01				Nil		
					397 01						

Down 14

DEC 5 1918

Fill in Only.—Unit, Number, Rank and

Casualty Form—Active Service

Unit, Regiment or Corps **150th Overseas Bn. C.E.F.**

Regimental No. **847910** Rank **Pt** Name **Labille Hector**

Enlisted (a) **2-8-16** Terms of Service (a) **20 1/2 W** Service reckons from (a) **2-8-16**

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**

Date	From whom received	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.
11 DEC. 1916			Embarked Canada	Halifax	23-7-16	
			Disembarked England	Liverpool	6-10-16	
28/11/16	150th Bn		For service overseas with 22nd	Braunschweig	28/11/16	D.O. Part II NO A232/16-28/11/16 Lieut. ~~Labille~~
						O.C. 150th Overseas Bn. C.E.F.
29 1/16	CBD		Reinf from 150th Bn	Care Base Dep.	29 1/16	W.C. Pt 11 D. 60-8/23 12/16
1 12/16	"		Left CBD	DO	1 12/16	"
8 12/16	Old Bn		Joined Unit	Field -	4 12/16	B213 206-8/23 12/16
22 3/17	26 Genl		Myalgia adm	26 Genl	22 3/17	W 3034 - 226 -
25 3/17	2 C & A.		Genl Myalgia { adm	2 C & A.	18 3/17	} a 36 - W.C. 243 07 13 4/17
			{ transf.	42 C & A.	18 3/17	
24 3/17	42 C & A.		Myalgia { adm	DO	18 3/17	} a 36 - W.C. 243 07 13 4/17
			{ transf.	12 H Grain	19 3/17	

(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.]

Private Labelle H.

...s, reductions, transfers, during active service, as re- Army Form B. 213, Army Form 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.
6 ⁴ / ₁₇	26 Gen'l	P. U. O.	Adm	26 Gen'l	6 ⁴ / ₁₇	W 3034-241.
6 ⁴ / ₁₇	6 Cons Dep	P. U. O.	Adm	6 Cons Dep	6 ⁴ / ₁₇	W 3034-242.
7 ⁴ / ₁₇	5 ⁰⁰ -	5 ⁰⁰ -	To	5 Cons Dep.	7 ⁴ / ₁₇	W 3034-244.
7 ⁴ / ₁₇	5 Cons Dep.	5 ⁰⁰ -	Adm	5 ⁰⁰ -	7 ⁴ / ₁₇	W 3034-243.
13 ⁵ -	C.B.S.	arrived (class a)		Can. S. Dep.	11 ⁵ / ₁₇	nk
9 ⁶ / ₁₇	22 ⁰⁰ Sn.	Joined Unit		Field	7 ⁶ / ₁₇	B213. S.S. 268-29 ⁶ / ₁₇
17 ⁸ / ₁₇	5 ⁰⁰ -	wounded		5 ⁰⁰ -	15 ⁸ / ₁₇	649-X. S. 16-18434- S.S. 180.
22 ⁸ / ₁₇	3 ⁰⁰ Gen	S. S. H. 1 arm	adm	3 Aus Genl	22 ⁸ / ₁₇	W 3034/
5 ⁰⁰ -	5 ⁰⁰ Cons. Dep.	5 ⁰⁰ -	Adm.	5 ⁰⁰ -	22 ⁸ / ₁₇	5 ⁰⁰ - 4390.
3-9-17	26.03.17	Taken on strength	"	W. 26. 28. Sep.	3-9-17	nk.
26/9/17	2 C. I. B. D.	Left for C.C. Rein. C.		Field	26/9/17	nk
27-9-17	C. C. Rein. C.	Arrived.	5 ⁰⁰ -	5 ⁰⁰ -	27-9-17	5 ⁰⁰ -
9-11-17	C. C. P. C.	Despatched to		22nd Bn	9-11-17	5 ⁰⁰ /34.
28-11-17	O. C. 22	JOINED UNIT.		Field	17-11-17	B213
22-12-17	5 ⁰⁰ -	GRANTED 14 DAYS LEAVE.			18-12-17	B213. P. T. H. O. 142/1917.
12-1-18	5 ⁰⁰ -	Returned from leave		Field	3-1-18	B213

150TH

MEDICAL HISTORY SHEET.

Surname Labelle Christian Name Rector

Examined { on 3rd day of Aug. 1916
at Montreal

Birthplace { City or Town St. Rose
County Que.

Apparent age 21

Trade or occupation Carpenter

Height 5 Feet 1 1/2 Inches.

Weight 117 1/2 Lbs.

Chest measurement { Minimum 31 1/2 inches.
Maximum expansion 34 1/2 inches.

Physical development Good

Small-Pox Marks none

Vaccination Marks { A r m. Right. Left.
Number 1911

When Vaccinated last 1911

(a) Marks indicating congenital peculiarities or previous disease none

(b) Slight defects but not sufficient to cause rejection

Approved by C. H. M. M. M.

Rank 1st M.O.

Date.	Fit or Unfit.	EXAMINED FOR RE-ENGAGEMENT.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date.	Result.	VACCINATIONS.
<u>2/8/16</u>	<u>CC</u>	<u>Cooker Capt</u> M.O.
		M.O.
		M.O.

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
<u>4/10/16</u>	<u>1/2 cc</u>	<u>TAB CC</u> M.O.
<u>2/10/16</u>	<u>cc</u>	<u>TAB CC</u> M.O.
<u>1917</u>	<u>10/13</u>	<u>Rd. 1. 6. 42. 15</u> M.O.

Enlisted on 3rd day of Aug. 1916 at Montreal

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>150th</u>	<u>847910</u>		
Transferred to	<u>22nd. Bn</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.

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

Christian Name.

Christian Name *Lee*

STATION.	Date of Arrival at the Station.	DATES OF						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.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
Valcartier Camp Hospital		SEP 4	1916		SEP 18	1916	Indigestion	15	FIA -		<i>Ph. B. Pearce</i> Major, U. C. A. M. C. Training Depot No. 4.