

Triplicate

~~A 16874~~

3



ATTESTATION PAPER.

No. 416874.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name? *Laliberté Coime*
 2. In what Town, Township or Parish, and in what Country were you born? *Lottiniere, Quebec.*
 3. What is the name of your next-of-kin? *E. Laliberté Mother.*
 4. What is the address of your next-of-kin? *2272 Notre Dame West*
 5. What is the date of your birth? *March 24, 1893.*
 6. What is your Trade or Calling? *Labor.*
 7. Are you married? *No*
 8. Are you willing to be vaccinated or re-vaccinated? *Yes*
 9. Do you now belong to the Active Militia? *No*
 10. Have you ever served in any Military Force? *3 years 65 Rgt.*
If so, state particulars of former Service.
 11. Do you understand the nature and terms of your engagement? *Yes*
 12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE? *Yes*
- L. Laliberté* (Signature of Man).
H. Charbonneau (Signature of Witness).



DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Coime Laliberté*, do solemnly declare that the above answers made by me to the above questions 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. Laliberté (Signature of Recruit)
H. Charbonneau (Signature of Witness)

Date.....191 .

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Coime Laliberté*, 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. Laliberté (Signature of Recruit)
H. Charbonneau (Signature of Witness)

Date.....191 .

MAR 6 1915

CERTIFICATE OF MAGISTRATE.

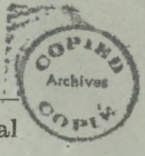
The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.
The above questions were then read to the Recruit in my presence.
I have taken care that he understands each question, and that his 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 **MONTREAL** this..... day of..... 191 .

E. Pelletier (Signature of Justice)

I certify that the above is a true copy of the Attestation of the above-named Recruit.

R. R. L. Steele (Approving Officer)

Description of Comte Saluste on Enlistment.



Apparent Age 21 years 11 months.
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

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.)

Height 5 ft. 4 1/4 ins.
 Chest measurement { Girth when fully expanded 34 1/4 ins.
 Range of expansion 4 1/4 ins.
 Complexion Medium
 Eyes Brown
 Hair Black

Religious denominations.
 Church of England.....
 Presbyterian.....
 Wesleyan.....
 Baptist or Congregationalist.....
 Other Protestants.....
 (Denomination to be stated.) RC
 Roman Catholic.....
 Jewish.....

2 Vaccinations right Arm
1 Birth mark under left breast



CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

I consider him* Fit for the Canadian Over-Seas Expeditionary Force.

Date 6th March 1915

Place Montreal

R. J. ...
A. M. S.
 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.

Comte Saluste 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.

Blanchard (Signature of Officer)

Date 6th March 1915

Solo

CEF. REGIMENTAL DOCUMENTS
WAR SERVICE RECORDS D.V.A.

LALIBERTE COME

416874
61703

41 BN

03999

DRUNKENNESS

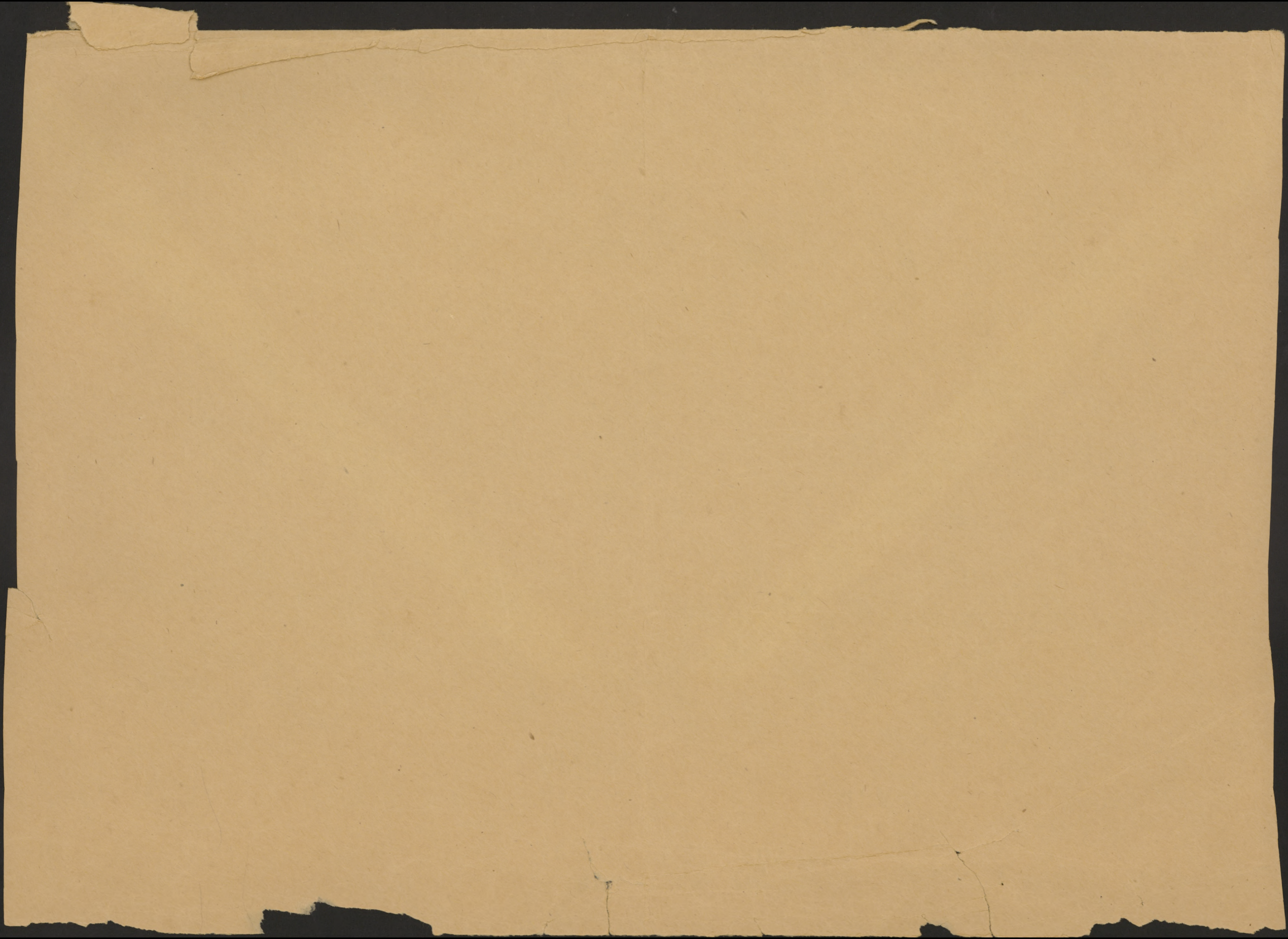


Box-5322

PUBLIC ARCHIVES
RECORDS CENTRE

CANADIAN FORCES
RECORDS CENTRE
PERS. PACKET
ROOM

416874



61703
416874

SIN/NAS

LALIBERTE

Surname/Nom

Come.

Given names/Prénoms

This File has been Microfiched

see: chief, Records Services

DECEASED 4-8-16

OPEN
ATIP

**CANADIAN FORCES
FORCES CANADIENNES**

**PERSONNEL RECORDS ENVELOPE
ENVELOPPE DES DOSSIERS DU PERSONNEL**

"CONTENTS CONFIDENTIAL" Box 5322
"CONTENU CONFIDENTIEL"

**COMPONENT
ÉLÉMENT**

C.E.F.

5302

Original ~~unavailable~~

BC

416874. Army Form B. 178.

To be used for recruits enlisting direct into the Regular Army only.
Army Form B. 178^A to be used for Special Reserve recruits and
Special Reservists enlisting into the Regular Army.

Laliberte

MEDICAL HISTORY of

Surname

Laliberte

Christian Name

Gene Pte

TABLE I.—GENERAL TABLE.

Birthplace ... Parish *St. Catherine* County *Que.*

Examined ... on *6* day of *March* 191*5*
at *Montreal, Que.*

Declared Age ... *21* years *11 mo.* days.

Trade or Occupation ...

Height ... *5* feet, *4 7/4* inches.

Weight ... lbs.

Chest Measurement { Girth when fully Expanded. *34 1/4* inches.

{ Range of Expansion *4 1/4* inches.

Physical Development ...

Vaccination Marks { Arm ... Right Left *2*
Number *2*

When Vaccinated ...

Vision ... { R.E.—V=
L.E.—V=

(a) Marks indicating congenital peculiarities or previous disease ... { (a) *Birthmark under left breast.*

(b) Slight defects but not sufficient to cause rejection ... { (b)

Approved by (Signature) *R. Tessier*
(Rank) *Capt. AmC.*
Medical Officer.

Enlisted ... at *Montreal*
on *6* day of *March* 191*5*

	Corps.	Regtl. No.
Joined on Enlistment ...	<i>41 Bn</i>	<i>A 16874</i>
Transferred to ...	<i>2 Coy</i>	<i>416874</i>

Became non-effective by

on _____ day of _____ 191 .

(Signature) _____

(Rank) _____

the Sick List in the Case of Warrant Officers treated in quarters.

er
rs
al

Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.

Signature of Medical Officer.

Recovered.

Jas Roberts Capt.

Rank

Name

LALIBERTE Come

Reg'l No.

A/16874

P-56

Unit

3rd
41st Bn.If in perm. Corps,
What Unit?

Married or Single

Single

Place and Date of Enlistment

Montreal 5th March 1915.

Place of Birth

Lotbiniere Que.

Name and Address, Next-of-Kin

Mrs. E Laliberte 2272 Notre Dame West City Montreal

Relationship

Mother

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

Discharge, Date and Place

3-8-16

Reason

Shot by Order of G.C.M.
h.h. AH34 22/8/16

Character

22/8/16

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date						
1915																	
July	31	31	1	31	31	10	3 10		34 10	266 343		32 50			32 50	1 60	
Aug	31	31	1	31	31	10	3 10	87 Exchange 34 10 160 36 57						12 10	12 10	24 47	4 days P.A. 130.189 3-2-16 7 1/2 P.A.
Sept	30	30	1	30	30	10	3		33	576		2 43			2 43	55 04	1st to 3rd Batt 30-9-15
11/0	31/10	31	1	31	31	10	3 10		34 10			7 08			7 08	82 06	
"	31/11	30	1	30	30		3		33			2 68			2 68	112 38	
11/2	31/12	31	1	31	31		3 10		34 10			21 97	2 50	24 12	132 36	2 day P.A. 130.189 3-2-16	
"	31/1	31		31	31		3 10		34 10			4 36	7 70	14 06	144 40	7 - 3/4 P.A. 4. 21/16	
1/2	29/2	29		29	29		2 90		31 90			8 72		8 72	167 58		
1/5	31/3	31		31	31		2 10		34 10			10 46		1 085	12 14	189 54	Home of Equip 130.117 2/16 AF 9982 2/11 23/16

Checked *Altonclagh*Statement of
DEC 2 1916
Account renderedCash found in
effects h. R.

Settled.

295

29 50

87 303 37

90 15

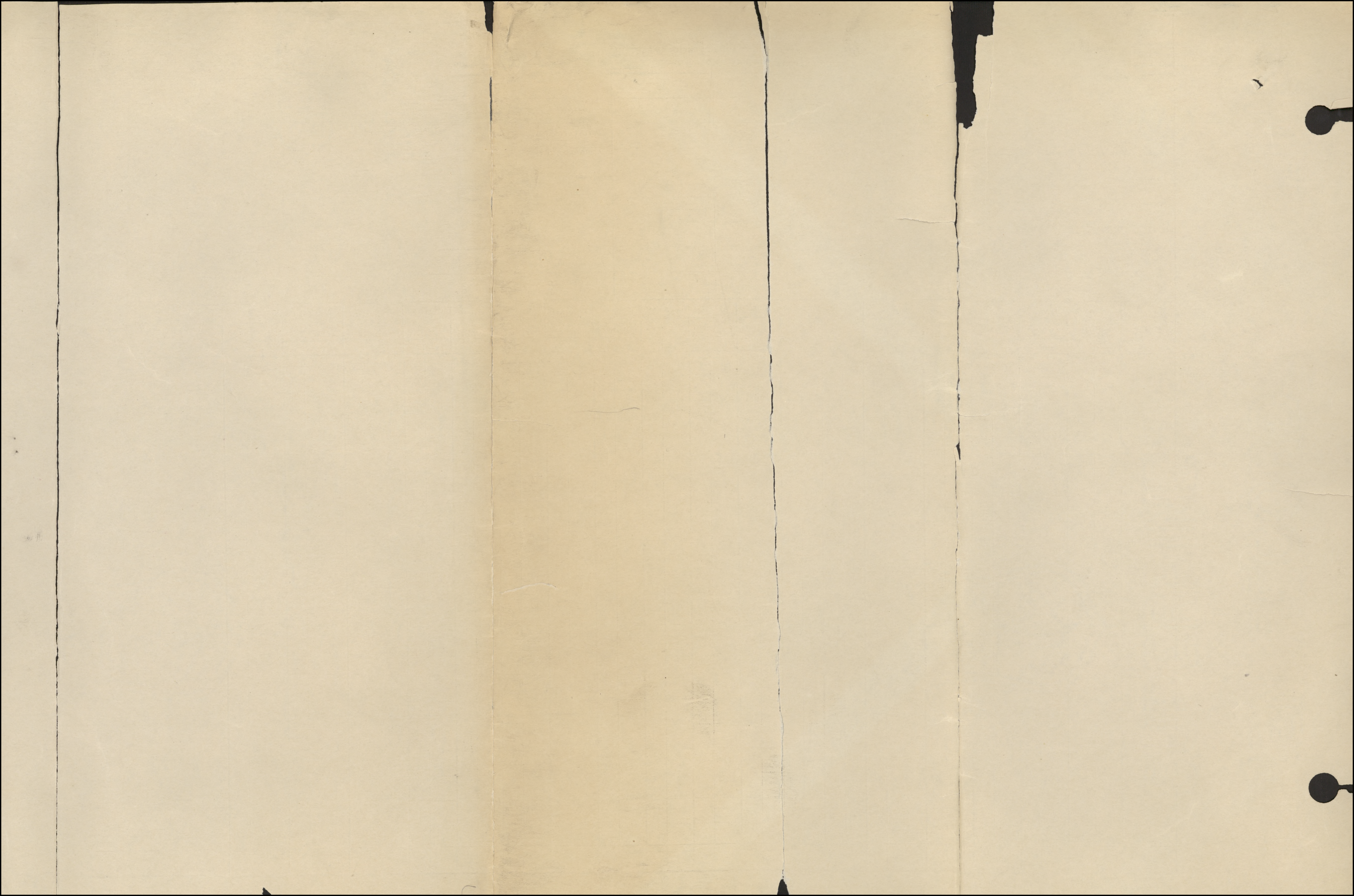
2368 11383 189 54

M. OR S. PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING DAILY RATE OF PAY AND ALLOWANCES REGT. No *416874* RANK *Pte* NAME (IN FULL) *Zaliberte Conae*

NEXT OF KIN	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F.	PLACE OF ATTESTATION	TRANSFERRED TO	DATE	AUTHORITY
ADDRESS									
IS SEPARATION ALLOWANCE PAID?	DATE EFFECTIVE								
TO WHOM PAID	RELATIONSHIP								
ADDRESS									

MONTH	PAY AND F.A.		OTHER CREDITS		TOTAL CREDITS	ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY		REGIMENTAL CHARGES		OTHER CHARGES		TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS		
	NO. OF DAYS	RATE	AMOUNT			COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3	NO.	DATE	NO.	DATE	NO.	DATE	NO.	DATE	\$	C.		\$	C.
			\$	C.																				
				<i>10 -</i>					<i>10 -</i>													<i>10 -</i>	<i>649-4-745</i>	
																						<i>15 Credits</i>		
																						<i>Cl. Charges</i>		

BALANCE FROM PREVIOUS ACCOUNT



SPECIAL REMITTANCE

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTSM. F. W. 12.
15m.-3-16.
H. Q. 1772-39-819.To Whom *Mrs C. Laliberte*
Address *2272 Notre Dame St
Montreal*By Whom Assigned *Laliberte, C.*
Regtl. No. *416 874.*
Rank *Pte*
Corps *3rd. Battr.*Rate *\$25.⁰⁰/₁₀₀**Sched 101**26/5-16*

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June		<i>1916 K 8326</i>	<i>25-</i>	
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				



1950

MARRIED OR SINGLE *S.*

PLACE OF BIRTH *Canada*

NAME AND ADDRESS OF NEXT OF KIN *Mrs E. Laliberte*

2272 Notre Dame West, Montreal Que

RELATIONSHIP OF NEXT OF KIN *Mother*

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY \$

EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY
<i>Shot by order by Lt. Col. 3/8/16</i>	<i>62a.434</i>	

ADMISSIONS TO HOSPITAL. &c.

DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS							
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT					1		2		3			
			\$	C.			\$	C.			\$	C.				No.	DATE	No.	DATE	No.	DATE		
<i>April 30</i>	<i>30</i>	<i>1</i>	<i>30</i>		<i>30</i>	<i>10</i>	<i>3</i>								<i>303</i>								
<i>May 31</i>	<i>31</i>	<i>1</i>	<i>31</i>		<i>31</i>	<i>10</i>	<i>3</i>	<i>10</i>							<i>33</i>	<i>845</i>	<i>11-4-16</i>						
<i>June 30</i>	<i>30</i>	<i>1</i>	<i>30</i>		<i>30</i>	<i>10</i>	<i>3</i>								<i>34</i>	<i>10</i>	<i>870</i>	<i>12/5</i>					
<i>July 31</i>	<i>31</i>	<i>1</i>	<i>31</i>		<i>31</i>	<i>10</i>	<i>3</i>	<i>10</i>							<i>33</i>		<i>952</i>	<i>16/6</i>					
<i>Aug 31</i>	<i>31</i>	<i>1</i>	<i>31</i>		<i>31</i>	<i>10</i>	<i>3</i>	<i>10</i>							<i>34</i>	<i>10</i>	<i>933</i>	<i>19/6</i>					
<i>Aug 3</i>	<i>3</i>	<i>1</i>	<i>3</i>		<i>3</i>	<i>10</i>	<i>30</i>								<i>3</i>	<i>30</i>	<i>999</i>	<i>3/7</i>					

Checked *Stoneleigh* *7.10.16*

NE Feb 17

Statement of
DEC 2 1916
Account rendered

Cash paid in effects *H.R.*

EFFECTIVE DATE		AUTHORITY
3/8/16	LA 434	2/1/16

REG'L No. *A/16844* RANK *Private* NAME *Laliberte, Come.*
 IF IN PERMT. CORPS WHAT UNIT *3rd Bn* TRANSFERRED TO *N.E. Branch* DATE *4.8.16* AUTHORITY *C.L.A. 434:226*

PERMANENT FORCE ALLOWANCES TRANSFERRED TO _____ DATE _____ AUTHORITY _____

PLACE OF ATTESTATION *Montreal* TRANSFERRED TO _____ DATE _____ AUTHORITY _____

DATE OF ATTESTATION *5th March 1915* TRANSFERRED TO _____ DATE _____ AUTHORITY _____

ASSIGNED PAY MONTHLY \$ *nil* DATE EFFECTIVE _____

PAYABLE TO _____ RELATIONSHIP _____

ASSIGNED PAY MONTHLY \$ _____ DATE EFFECTIVE _____

PAYABLE TO _____ RELATIONSHIP _____

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) _____ EFFECTIVE _____ REASON _____

DISCHARGE DATE AND PLACE _____ REASON AND AUTHORITY *4.8.16 C.L.A. 434 22.8.16*

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE) *17.10.16* Eff. *4.8.16*

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE) _____



ACQUITTANCE ROLLS					
2		3		4	
No.	DATE	No.	DATE	No.	DATE

CASH PAYMENTS					ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
1	2	3	4	CREDIT				DEBIT				
							11383	18954				
	<i>5 23.</i>						<i>5 23.</i>	<i>217 31</i>				
		<i>RR 113.</i>				<i>25 -</i>	<i>30 11</i>	<i>221 30</i>				
			<i>2 53-</i>			<i>- 75-</i>						
			<i>4 26</i>			<i>- 18</i>	<i>7 74.</i>	<i>246 56</i>				<i>Loss of Kit RT B 2069.27 4.16</i>
		<i>RR 133.</i>		<i>2 61</i>		<i>19 47.</i>	<i>22 08.</i>	<i>258 58</i>				<i>Incont. waiting reg. 31</i>
<i>162</i>	<i>16/6</i>											<i>7.7.16 Paid 25.7.16 B. 347</i>
<i>133</i>	<i>19/6</i>											<i>Sentenced to be shot</i>
<i>299</i>	<i>3/7.</i>											<i>" " carried out</i>
							<i>30 80</i>	<i>30 80</i>				<i>450 am. 4.8.16</i>
												<i>overpaid 28 days @ 10</i>
												<i>Transferred to N.E. Branch</i>
												<i>17.10.16 4/8/16</i>
												<i>Shot 4/16 C.L.A. 434 22</i>
												<i>Ottawa for Sett 4/1/17</i>

Bal Trans N.E. Branch
231 08

Loss of Kit RT B 2069.27 4.16
Incont. waiting reg. 31
7.7.16 Paid 25.7.16 B. 347
Sentenced to be shot
" " carried out
450 am. 4.8.16
overpaid 28 days @ 10
Transferred to N.E. Branch
17.10.16 4/8/16
Shot 4/16 C.L.A. 434 22
Ottawa for Sett 4/1/17

SURNAME.

Laliberte,

CARD NO.

CHRISTIAN NAMES

None

FOLL.

REGL. No.

703.

RANK

UNIT

22 nd.

Bn.

FORMER CORPS

Nil.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Laliberte, Joseph.

RELATIONSHIP TO SOLDIER

Brother

ADDRESS

*49 St Marys St. Montreal
P. Q.*

COUNTRY OF BIRTH

Canada, L'olbiniere P. Q.

DATE

Feb 24th 1894

PLACE OF ATTESTATION

Montreal. P. Q.

DATE

Oct 24th 1914

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

Labourer.

RELIGION

Roman Catholic

DESCRIPTION.

APPARENT AGE

20

YEARS

9.

MONTHS

HEIGHT

5-

FEET

4 1/2

INCHES

CHEST MEASUREMENT

33

INCHES

EXPANSION

3.

INCHES

COMPLEXION

Black

EYES

Black

HAIR

Brown.

DISTINGUISHING MARKS

Nil.

MEDICAL EXAMINATION.

PLACE

Montreal. P. Q.

DATE

Oct 24th 1914.

No. 46874 RANK *pte*

NAME *Laliberte Come*

T. O. S.

UNIT

41st Bu. (Montreal Det)

M. D. *5*

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PAID
FROM

PAID
TO

SIG
OR
REC'T

PARTICULARS

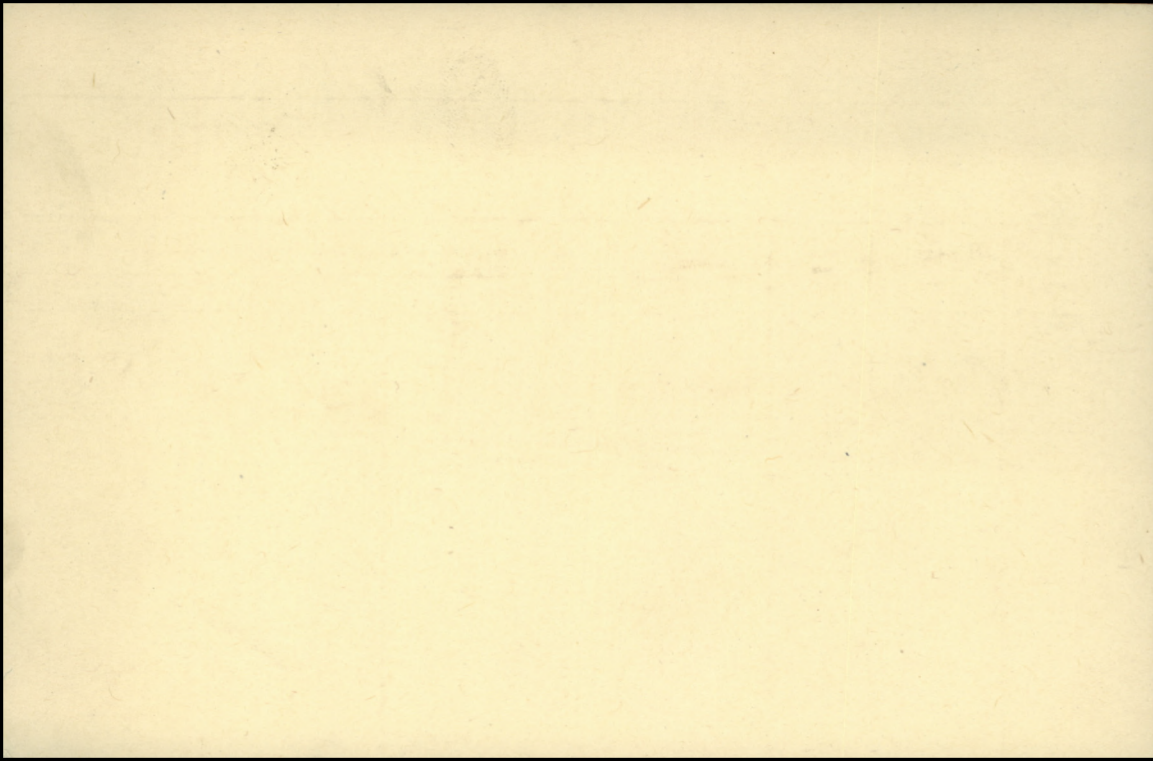
AUTHORITY

<i>1915</i>	<i>1915</i>	
<i>Mar. 6</i>	<i>Mar. 13</i>	<i>✓</i>
<i>" 14</i>	<i>" 31</i>	<i>✓</i>
<i>April</i>		<i>✓</i>
<i>May</i>		<i>✓</i>
<i>June</i>		<i>✓</i>

lepl. fr. 10-4-10
Reduced to ranks. 24-5-15
O/S 17-6-15

April Paylist
L.O. 64 of 24-5-15
20.85 of 18-6-15.

UNIT SAILED
OCT 18 1915



No. 61708

RANK

Pte

NAME

Laliberte Come

T. O. S. 24-10-17

now paylist

UNIT

22nd Battalion - (French Canadian)

M. D. 4

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1914 Oct 24	.914 Oct 31	-		
	now Dec	-		
1915	1915	-		
	Jan	o/x	Fined \$6.00	# 80 60 18-1-15-
	Feb	N	Fined \$2.00	" 49 4-1-15-
			Fined \$6.00	" 73 2-2-15-
Mar 1	Mar 3	o/x	Dischgd 1-3-15	to #73 2-2-15- " 98 3-3-15-

UNIT SAILED

MAY 20 1915

a/c closed by payment o/x



Elig. for 1914-15 Star Pt, 3rd. Bn.

649-L-745.

Laliberte C. Pte. #416874- 3rd. (form. 41st) Bn.

mother's P.



Medals
& Dec.

(mother) Mrs. E. Laliberte,
220 Therien St.,
Montreal, P.Q.

10333

P. & S.

(mother) See above.

(Serial no. 787687)

MAR 4 - 1921

Scroll Desp. Reqn. No. 2.35376

Memorial Cross. (mother) See above.

Marriage Desp. & (Not married)

P 10887

*Check spelling of name
list shows ~~Laliberte~~
Desp. JUN 23 1920 612960*

*245
4620*

mp

M

420

11/24

11/24

T

SAD. HE. $\frac{7}{12}$
20

13

Number. 416874. Rank . . . Pte

Surname. LALIBERTE.

Christian Name. Come

Unit. 3rd Can. Inf. Theatre of War. France

Date of Service. 6-9-15 D

Remarks.



Latest Address . . . Mrs. E. Laliberte (m)

. 220. Therien St.

Montreal
P.Q.

Roll No. B Page 4467

g 21337 Disp

MAY 1 8 1921



Surname *Laliberte* Christian Name or Name *C.* Reg. No. *487*
 Rank *Pl* Unit *3rd Batt.* Co. Troop Batty.
 Hospital *No 2, C. F. A* Date of Admission

Transferred *No 1, C. F. A.* Hosp. *30-10-15*

No 23 Gen Hosp Chapl Hosp. *13-12-15*

Hosp.

Hosp.

Diagnosis *Concussion*
 (1) *G.S. W. Hides Head*
 Later Diagnosis (if changed)
 (2) ~~*Killed in Action*~~
 (3) *487*

Additional Diagnoses: if more than one state present

DISPOSITION *Base Details Camp.* Date
Can. Base Depot reports *8.1.16*
"Taken on Strength" *11.1.16*
 REMARKS *Rejoin date* *15.1.16*

C.L. 13.11.15 208.
GA 20-12-15 237
" 13.1.16 255
" 18.1.16 259
" 24.1.16 264
~~*14.8.16 A430*~~

Cancel entry 14.8.16
A430



EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

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

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

Casualty Form—Active Service.

Unit, Regiment or Corps. 22 Bn
 Regimental No. 61703 Rank. Pte Name. Salbete Come
 Enlisted (a) 24-10-14 Terms of Service (a) DoFwar Service reckons from (a) 24-10-14
 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).

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				
29-3-15	22 Bn	SOS Drunkeness	St Johns P	3-3-15	HQ 16-1-25 vol 8.
					Chyler, S...
					for DoFR

(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.
 (b) e.g. Signaller, Shoing Smith, etc. etc., also special qualifications in technical Corps duties.

Casualty Form—Active Service.

Temporary

416874

Regiment or Corps 23rd Res Batt. C. E. F.

ST.

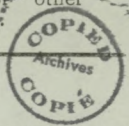
Regimental No. A 16874 Rank Pte Name Lauberté Lorne

Enlisted (a) 5.3.15 Terms of Service (a) _____ Service reckons from (a) 5.3.15.

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) _____

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				
7-9-15	3. GBA.	Draft for	3 RD CANADIAN INF. BATTALION	7-9-15	K. 4-4-3.
19.9.15	3rd. Bn.	Joined	Unit	18-9-15.	B. 213.
31/10/15.	O.C. No. 2. C.F. Amb.	Concussion	To No. 1. C.F. A.	29/10/15	C.A. 36.
7/11/15	O.C. 3rd. Bn.	Rejoined.	Unit	8/11/15.	B. 213.
12/12/15	O.C. 2. F. Amb.	R. Grenade	Adm. 2. F. Amb.	11/12/15	C.A. 36.
13/12/15	O.C. 8. "C.E.F."	"	" To. P. C. F. S.	11/12/15	D.C.S. 253. C.A. 36. No. 4565. D.C.S. 253.
13/12/15.	O.C. 23. Gen'l.	"	" To. 22. Train	12/12/15	
8-1-16.	Dr.	G.S. 21. L. side, head.	Adm. 23. General.	13/12/15.	U. 3034. No. 163.
11-1-16.	O.C. Com. B. Depot.	Taken in strength	To Base Details	8-1-16.	W. 3034. No. 188.
17-1-16	Do	Left to join Unit (as prisoner)	Class. C.A. Field	11-1-16.	Norm. Roll. 11-1-16
23-1-16.	O.C. 3rd. Bn.	Rejoined	Unit	15/1/16	Can. Sec. 101/B.D./3/187.
				17-1-16.	Norm Roll - 6-1-16 Can Sec 101/B.D./3/191 D.C.S. 274. B. 213. S.L.D. 279.

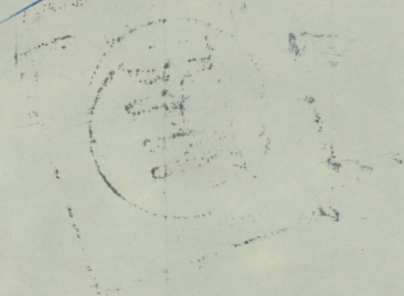


(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered. (b) e.g., Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties. [P.T.O.]

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				
15-1-16	Co. Can Pass	Sentenced to 7 days F.P. No 1 Depat. for "When on active service 1 Being out of Bounds 2 Being in town without a pass 3 Being improperly dressed. Can Pass Depat 15-1-16			B 2069 - 15-1-16
27.2.16.	Co. 5th Bn.	Stoppage of 3 shillings & Six Pence for loss of Lute Helmet		not stated	P. 213. Part II. Order No. 11. of 7.2.16.
6.8.16.	Co. 5th Bn.	Killed in action (Cancelled by Pt. II - 33; 21.8.16)		4-8-16.	P. 213. DC. 407. Pt. II. O'G. 019. 32. of 14.8.16



LIEUT.
 FOR LT COL.
 A.A.G.



A 16874

B Coy Original

MEDICAL HISTORY SHEET.

Surname Kaliberte Christian Name Comé

Examined { on 6th day of March 1915
at Montreal
Birthplace { City or Town Notre-Dame
County "

Approved by A. Gauthier
Rank Capt M.O.

Apparent age 21 y. 11 months
Trade or occupation Laborer
Height 5 Feet 4 1/4 Inches.
Weight _____ Lbs.
Chest measurement { Minimum 30 inches.
Maximum expansion 34 1/4 inches.

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



Physical development _____ M.O.
Small-Pox Marks 1 Birth mark under left breast M.O.
Vaccination Marks { Arm Right X Left _____
Number two (2)

Date	Result	VACCINATIONS.
		M.O.
		M.O.
		M.O.

When Vaccinated last _____ M.O.
(a) Marks indicating congenital peculiarities or previous disease _____ M.O.
(b) Slight defects but not sufficient to cause rejection _____ M.O.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
		M.O.
		M.O.
		M.O.

Enlisted on 6th day of March 1915 at Montreal

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment		A 16874 <u>416874</u>		
Transferred to.. ..	<u>23rd Reserve Batta</u> <u>C.E.F.</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.

