

Leob

ORIGINAL.

ATTESTATION PAPER.

61488

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name?..... *LeFebvre Ernest*
2. In what Town, Township or Parish, and in what Country were you born?..... *Valleyfield Que.*
3. What is the name of your next-of-kin?..... *father Israel LeFebvre.*
4. What is the address of your next-of-kin?..... *Valleyfield Que.*
5. What is the date of your birth?..... *31st July 1891*
6. What is your Trade or Calling?..... *Labourer.*
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?.. *No.*
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement?..... *Yes.*
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE?..... *Yes.*

Ernest LeFebvre (Signature of Man).
G. Tetrault (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Ernest LeFebvre*, 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.

Date *Dec. 10th* 1914. *Ernest LeFebvre* (Signature of Recruit)
G. Tetrault (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Ernest LeFebvre*, 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.

Date *Dec. 10th* 1914. *Ernest LeFebvre* (Signature of Recruit)
G. Tetrault (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 *St. Johns* this *10th* day of *December* 1914.

[Signature] (Signature of Justice)

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

[Signature] (Approving Officer)
Colonel

REGIMENTAL DOCUMENTS

29 20-6-19

PTE NAME LEFEBVRE ERNEST

REGT. NO. 674 88

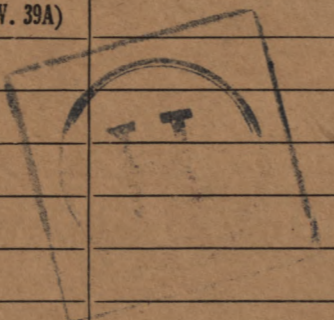
UNIT 22nd Bn H. Q. FILE NO.

S

H

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
TRAINING HISTORY SHEET (M.F.W. 113)					
1 FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
1 REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
1 COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
2 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
DENTAL HISTORY SHEET (M.F.B. 465)					Category
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					<i>Demob.</i>
1 MEDICAL EXAMINATION (M.F.W. 129)					
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)				18983	
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. 3225)					
1 COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
4 <i>Misc</i>					
1 <i>CB</i>					
1 <i>R149</i>					
2 <i>cas card</i>					
1 <i>M122</i>					
1 <i>Card</i>					
1 <i>Index</i>					

Made
Ret 29-12-19





PROMOTIONS, &c.	
EFFECTIVE DATE	AUTHORITY

REG'L. No. 61488 RANK Pte NAME Lefebvre Ernest
 IF IN PERMT. CORPS | UNIT 22nd In TRANSFERRED TO _____ DATE _____ AUTHORITY _____
 WHAT UNIT _____
 PERMANENT FORCE ALLOWANCES _____ TRANSFERRED TO _____ DATE _____ AUTHORITY _____
 PLACE OF ATTESTATION St John P.O. TRANSFERRED TO _____ DATE _____ AUTHORITY _____
 DATE OF ATTESTATION 10.12.17 TRANSFERRED TO _____ DATE _____ AUTHORITY _____

ASSIGNED PAY MONTHLY \$ 15⁰⁰ DATE EFFECTIVE _____
 PAYABLE TO L. Lefebvre. P.O. Box 282 Valleyfield P.O. RELATIONSHIP _____

HOSPITAL, &c.	
NAME OF HOSPITAL	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 _____
 ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE) _____
 ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE) _____

ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS	
2	3	4		1	2	3	4				CREDIT	DEBIT				
No.	DATE	No.	DATE	No.	DATE	No.	DATE									
								9351 150 -		243 51	9272					
884	20/4							262 ✓	262 ✓	15		20 24	105 48			
951	25/5							256 ✓	256 ✓	15		20 12	119 46			
011	10/6								85 ✓	15		28 52	128 94			
1054	20/7								436 ✓							
1068	30/6							255 ✓	436 ✓	1500		26 27	136 77			
									60 ✓	15		75	95 84			
1421	14/9							261 ✓	261 ✓	15		22 83	106 04			
1335	9-10							523 ✓	5 23 ✓	15		25 46	114 68			
								261 ✓		15		17 61	130 07			
								872 ✓				50 01	114 16			
								523 ✓								
								872 ✓								
								973 ✓	130							
								148 ✓		15		115 81	32 45			
								823 ✓	99 33 ✓	15		25 63	27 62			
								5478	3026	9933	16224	315	1540	67601	2762	

b.d. 8

14 days P. 1 730.13

CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
2	3	4	CREDIT				DEBIT				
026	973316324315		1540	67601	2762						
262			15		2546	3626			nil		
523			15		15	5426					
			15		1762	7074					
			15		2570	7804					
			15		15	9714					
			15		3195	9929					
267			15		3284	9945					
535											

LARS	CR.1	CR.2	PARTICULARS	DR.1	DR.2	DR.3	DR.4	BALANCE	DEFER- RED. PAY	SEP- ALLCE- ENG.
								1836		NIL
			AP				15	336		
			929 ¹⁹ / ₁₈	22 B ^m	446			110		
3410								3300		
			972 ¹³ / ₁₈	22 B ^m	357			2943		
			1029 ³ / ₁₈	" "	714			2229		
3410			1193 ³ / ₁₈	" "	178			2051		
					1695		15			

ME

* Strike out whichever is inapplicable.

ASSIGNED PAY.	ENGLAND OR CANADA.	SEPARATION ALLOWANCE.	ENGLAND OR CANADA.
EFFECTIVE DATE:-	<i>Not given</i>	EFFECTIVE DATE:-	
AMOUNT:-	<i>15⁰⁰</i>	AMOUNT:-	<i>Stop 1519</i>
NAME, ADDRESS, RELATIONSHIP & AUTHORITY		WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE	
<i>L. Lefebvre.</i>			
<i>P.O. Box 283.</i>			
<i>Valleyfield P.Q.</i>			

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY
<i>15/19/40</i>	<i>410</i>	<i>chgt. in app. to</i>	<i>48 67</i>			
<i>30/9/40</i>	<i>bal hpc</i>		<i>1 1/3</i>	<i>15/9</i>		

PARTICULARS OF RENDERING NON-EFFECTIVE:- *Trans ban 15/9 N*

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS
<i>1918</i>				
<i>Mar 31</i>	<i>Bal Ford.</i>			
<i>Apr</i>				<i>AR 42. 22 Ar</i>
				<i>AR ban</i>
				<i>AR 155 "</i>
	<i>PP</i>	<i>33</i>		
		<i>33</i>		
<i>MAY</i>				<i>AR ban</i>
				<i>AR 201 "</i>
	<i>PP</i>	<i>34 10</i>		
				<i>" 208 "</i>
		<i>34 10</i>		
<i>JUN</i>	<i>do</i>	<i>33</i>		<i>AR ban</i>
				<i>AR 270 "</i>
		<i>33</i>		
<i>JUL</i>	<i>do</i>	<i>34 10</i>		<i>ban AP</i>
				<i>AR 323 "</i>
				<i>" 444 "</i>
				<i>" 523 "</i>
		<i>34 10</i>		
<i>AUG</i>	<i>do</i>	<i>34 10</i>		<i>AR ban.</i>
				<i>AR 192 5th L. J. H.</i>
		<i>34 10</i>		
<i>SEP</i>	<i>do</i>	<i>33</i>		<i>AR. Can</i>
				<i>AR 439 do</i>
		<i>33</i>		
<i>OCT</i>		<i>34 10</i>		
	<i>PkP.</i>			<i>AR 808 562B.</i>
				<i>AR 1533 do</i>
		<i>34 10</i>		

NUMBER 61488

RANK P6

NAME LEFEBVRE H E.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4.
				Total				
Nov	PP	33						15
				AR 2247 22 B ~ 22/11/18	3	73		
				AR 2635 " 3/12/18	13	06		
Dec	PP	34	10					15
Jan	PP	34	10					15
								101 20
Feb	P.P.	30	80	AR 3026 5 CIB 24/12/18	7	79		16 79
				AR 4287 5 CIB 9/1/19	3	77		
				" 4518 " 15/1/19	111	89		
				" 5392 " 17/2/19	3	73		
				" 5890 " 25/2/19	3	73		
Mar	PP	34	10					15
				AR 6519 5 CIB 10/3/19	3	65		
								134 56
				AR 7235 5 CIB 21-3-19	3	65		
								64 90
APRIL	PP	33						138 21
				AR 440 J Wing CCC 10/4/19	48	67		30
				" 1799 " 28/4/19	9	73		15
								33
								58 40

So So Canada 10/3/19 SL 64 ORD m D 5

NAME **LEFEBVRE H E.**

PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
<i>Found</i>					96 00		
<i>app.</i>				15	114 00		
R 2247 22 B ~ 22/11/18	3 73						
R 2635 " 3/12/18	13 06				97 21		
<i>app.</i>				15	116 31		
<i>app.</i>				15	135 41		
	16 79			15			
R 3026 5 C1B 24/12/18	7 79				158 42		
<i>P</i>				15	143 42		
R 4287 5 C1B 9/1/19	3 77				139 65		
" 4518 " 15/1/19	111 89				27 76		
" 5392 " 17/2/19	3 73				24 03		
" 5890 " 25/2/19	3 73 ✓				20 30		
<i>AP</i>				15	39 40		
R 6519 5 C1B 10/3/19	3 65				36 75		
	134 56						
R 7235 5 C1B 21-3-19	3 65				32 10		
	138 21			30	32 10		
<i>AP</i>				15	50 10		
R 440 J Wing CCC 10 ⁴ /19	48 61 ✓				1 43		
<i>ENDORSED on LPC</i> 1799 " 28 ⁴ /19	9 73				8 30 ✓		
	5840			15			

10⁵/19 SL 64 ORD m D 5

SURNAME

CHRISTIAN NAME OR NAMES

FORM D.M.S. 1300.

REG. NO.

Le Febvre. E.

61488.

RANK

UNIT

Co.

TROOP

BATTY.

Pte
HOSPITAL

20ue 22.

DATE OF ADMISSION

6. 6. 7. Amb.

10.12.17

1. 12. 6am. Fld. Amb.

HOSP. 16-12-17

2.

HOSP.

3.

HOSP.

4.

HOSP.

DIAGNOSIS

D. C. T. Lt. Buttock

1

2

3

DISPOSITION

DATE

Since 18-12-17
REMARKS

61. 18.12.17 A84.
22-12-17 28
29-12-17 a 91

A.M.D. 2 DEPT.

Beh of D.M.S. O.M.E.C. London.

EPITOME OF HOSPITAL TREATMENT

HOSPITAL

ADM.

1.

2.

3.

4.

5.

6.

7.

No 61488

RANK

Private

NAME

Lefebvre Ernest

T. O. S. 10-12-14

UNIT

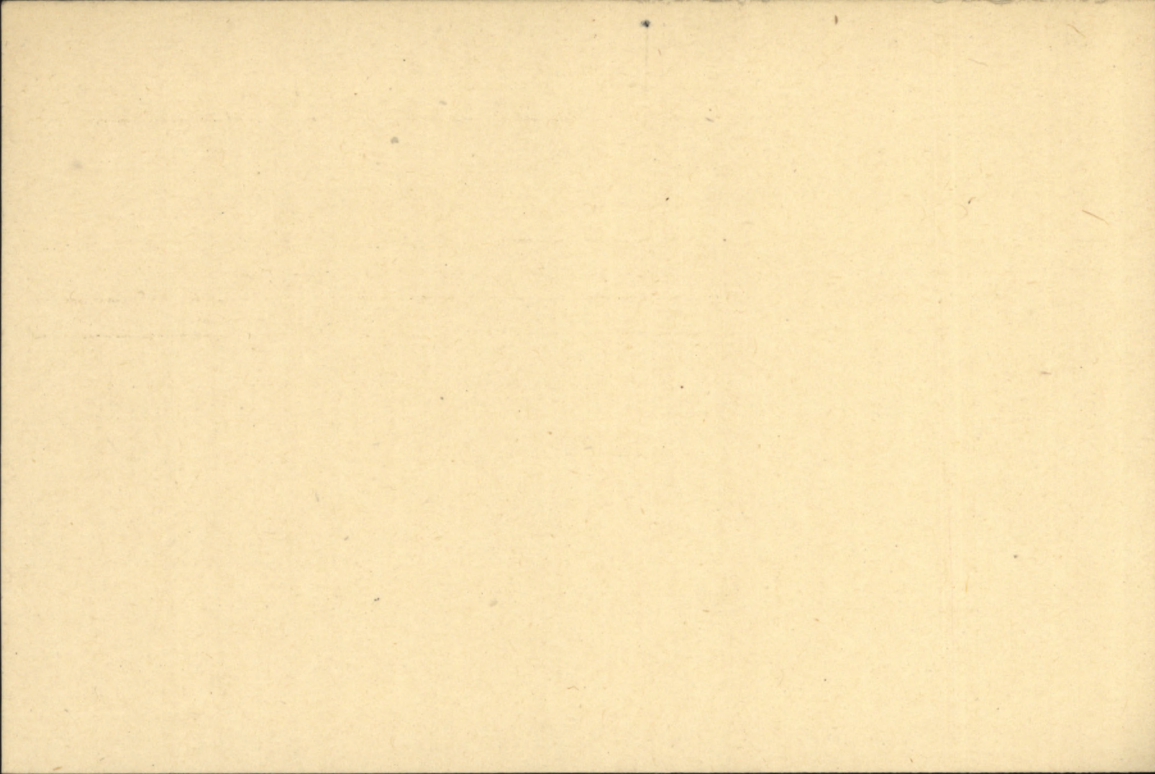
82nd Battalion. French Canadian

D 31. 11-12-14

M. D. 4

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1914 Dec 10	1914 Dec 31	-		
1915 Jan	1915 Feb	0%	2 days pay forfeited	5051- 7-1-15
Mar	Apr	"	7 "	- 84. 15-2-15-
May	June	"	fixed \$6 ⁰⁰	" 102 5-3-15
		"		
		"		

UNIT SAILED
MAY 20 1915



YCO
WAC
Number 614 88 Rank Pte

Surname LEFEBVRE

Christian Name Ernest

Unit 22ND Bn Can Inf Theatre of War France

Date of Service 15/9/15

Remarks 153 88 Laurent

Latest Address Valleyfield P. 9

Roll No. B Page 5428

B
X

92746859 coll AUG 26 1921

NAME *Lefebvre E.*
RANK AND CORPS *Pte 22nd Bn*

REGT'L. No. 61488

H. Q. FILE No 649

FOLLOWS

NO.

FOLLOWS

CABLE

No.

DATE

NATURE OF CASUALTY

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

2nd Jour.

A 88

No 12 Can. Old. Gmt.

16-12-17

I. G. T. L. Buttock.

NAME

Lefebvre C.

REGT'L No. *61488*

H. Q. FILE No. 649.

RANK AND CORPS

Pte. 22nd Bn. 2nd Que Regt.

FOLLOWS

No.

FOLLOWS

CABLE

NO.

DATE

NATURE OF CASUALTY

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

A84

M. Glan. Old. Amb.

10-12-17

J. C. J. L. Buddk.

A91

(12)
Dis. to Duty.

18/12/17

" " " " . 2nd Inc
Reg.

W. S. B. CLASS. A.

Army Form B. 103.
CERTIFIED CORRECT.

Canadian Record Office,
Westminster House,
7, Millbank, S.W.

Casualty Form—Active Service.

Regiment or Corps 22nd (F.C.) Battalion

Regimental No. 61488 Rank Private Name Lefebvre Ernest

Enlisted (a) 10.12.14 Terms of Service (a) For war Service reckons from (a) 10.12.14

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 ¹²/₁₆
5-1-17

22 Bn
Do

Disembarked
GRANTED 10 DAYS LEAVE
Back from leave

Home

15⁷⁵
22-12-16
1-1-17

B213 - Part II O. 3 of 13 1/2
B213 - DC. 212 of 14-1-17

27-1-17 22 Bn.

Sentenced to 14 days F.P. No.1, 24-1-17, for when on active service: (1) Contravention of D.R.O. 3013. (2) Conduct to the prejudice of good order and military discipline, viz: continuing to gallop horses after being ordered by an Officer (Lieut. Kerr) to stop that practise.

Field. 24-1-17.

A.F.B.2069.
Part II O.No.13 D/ 3-2-17.

10.12.17 6 Cdn. F.A.
10.12.17 4 " F.A.
18.12.17 12 C.F.A.
16.12.17 6 C.F.A.

12-12-16
Det. Pullcock L.
Do
Do
Do

To 6 Cdn. F.A.
To 6 " F.A.
To Duty
To C.C.P.C.

10.12.17 W3391 C1205
10.12.17 Do - C1223
18.12.17 Do C3110
16.12.17 Do C2630

(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				
16-12-17	2 C.L.A.	J.L.L. Bullock L. to	2 C.L.A.	16-12-17	W 3391 C 2900
29-12-17	22 Bn.	GRANTED 14 DAYS LEAVE	—	23 ¹² / ₇	B 213. P+II O. 3/1918
12-1-18	5 ^c	Returned from leave	Field	5-1-18	B 213.
24-1-19	5 ^c	GRANTED 14 DAYS LEAVE	Quinnam	22/1/19	B 213. P. II O. 9/19.
21-2-19	5 ^c	Returned from leave	Field	13-2-19	B 213.
Cdn. Embkn: Camp		Proceeded To England			NR. Pt. II O.
		S.O.S. "J" Wing, Canadian Corps Camp, Witley, on proceeding to Canada 10/5/1919, D.O. No. 18			<i>A. H. Manser</i> LIEUT. FOR LT COL. A.A.G.
		<i>G. H. Stetcher</i> for Officer Commanding.			
5-6-19	O/S	T.O.S. D.D.#4 Dis p. Stn. "F"	Montreal	10-5-19	D.O. PT. II #156
5-6-19		S.O.S. D.D.#4 Demob.	Montreal	19-5-19	D.O. PT. II #156 R.O. 1420
		<i>G. H. Stetcher</i> Lieutenant, Assistant Adjutant, District Depot No. 4.			

Rank

Name **LEFEBVRE Ernest**Reg'l No. **61488**Unit **22nd Bn.**If in perm. Corps,
What Unit?Married or Single **Single.**Place and Date of Enlistment **St John's P.Q. 10th Dec. 1914** Place of Birth **Valleyfield. Que.**Name and Address, Next-of-Kin **Isreal Lefebvre, Valleyfield. Que.**Relationship **Father.**

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

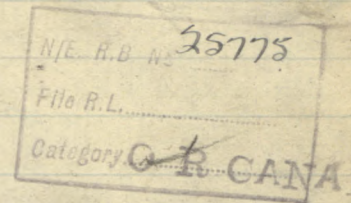
Relationship

Discharge, Date and Place

Reason

Character

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				
		Arrived in England per S.S. Saxonia		29-5-15	
28.8.15	OC. 22 nd	Transf from DC to Staff.	East Sandling	28.8.15	P.O. # 257
19-9-15		Embarked for France	Folkestone	15-9-15	Emb. Memo. 288
17-12-17	2 QR.	Adm 6 Can Field Amb	10 Fida	10-12-17	4 Lab 4 1st Lt Bull
20-12-17	—	" 12 Can " " "	"	16-12-17	— 88 —
23-12-17	✓	Dis to Duty " " "	"	18-12-17	— 91 —
		Proc, To Eng 6.4.19			
		22. Bn. DO 22 9,5,19			
		Proc to Canada		10-5-19	64-E-97
		T.O.S 9.4.19			
		J Wing CCC, DO 3/10,4,19			



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				
10.5.19	J. Winy	S.O. 5 to Canada DDFC 20016	Witley	10.5.19	Do. 18

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. 61488 Rank Pte Surname LEFEBVRE
(Given name in full)
 Unit or Corps 22nd Bn (Y Coy) Birthplace Beauharnois N.Z.

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

1. GENERAL DESCRIPTION:

Physique Good Weight 185 lbs. Height 5-10 in. Colour of Eyes Black
 Nutrition Good
 Pulse 70-80
 Condition of arteries OK
 Vision Rt. 6/12 Left 6/12
 Hearing (conversational voice) Rt. 20 ft. Left 20 ft.

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

Opinion as to general health and physical condition Good

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 Sytem 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 yes

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.

Nil

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at Whitby.....(Overseas)

Date ..9-4-19.....

Signed [Signature].....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 ..[Signature].....

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

THIS SECTION FOR USE IN CANADA—

Examined at(Canada)

Date

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

[Signature]

War Service
Boys
Class "A"

CANADIAN EXPEDITIONARY FORCE War Service Badge
Class "A" No.

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 61488 (Rank) Pte

Name (in full) Ernest Lefebvre enlisted in
the 22nd Bn

CANADIAN EXPEDITIONARY FORCE at Montreal on the 10th
day of December 1914

HE served in England & France (22nd Bn. Inf. Bn.)

Demobilization.

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

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

Age 27

Height 5-10

Complexion Dark

Eyes Black

Hair Black

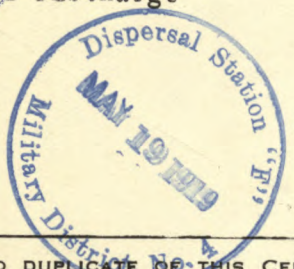
E. Lefebvre

Signature of Soldier.

Marks or Scars

Nil

Date of Discharge



Issuing Officer.

[Signature] Lieutenant
Officer in Charge, Discharge Section, Dispersal Station

Rank

Date May 19 1919

NB.- 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.

UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY

Handwritten notes at top right corner.

Handwritten text in the upper section of the form, including a date and a signature.

Handwritten text in the middle section of the form, possibly describing the specimen or the collector.

Handwritten text in the lower section of the form, including a date and a signature.

Handwritten text at the bottom of the page, possibly a footer or additional notes.

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

DIRECTIONS TO DENTAL OFFICERS

NAME OF SOLDIER (Block Letters) LEFEBVRE F
 REGIMENT 22nd. Bn. J. Wing RANK Pte. No. 61488
 Date of Examination in England 9/4/19 Date of Examination in France _____

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

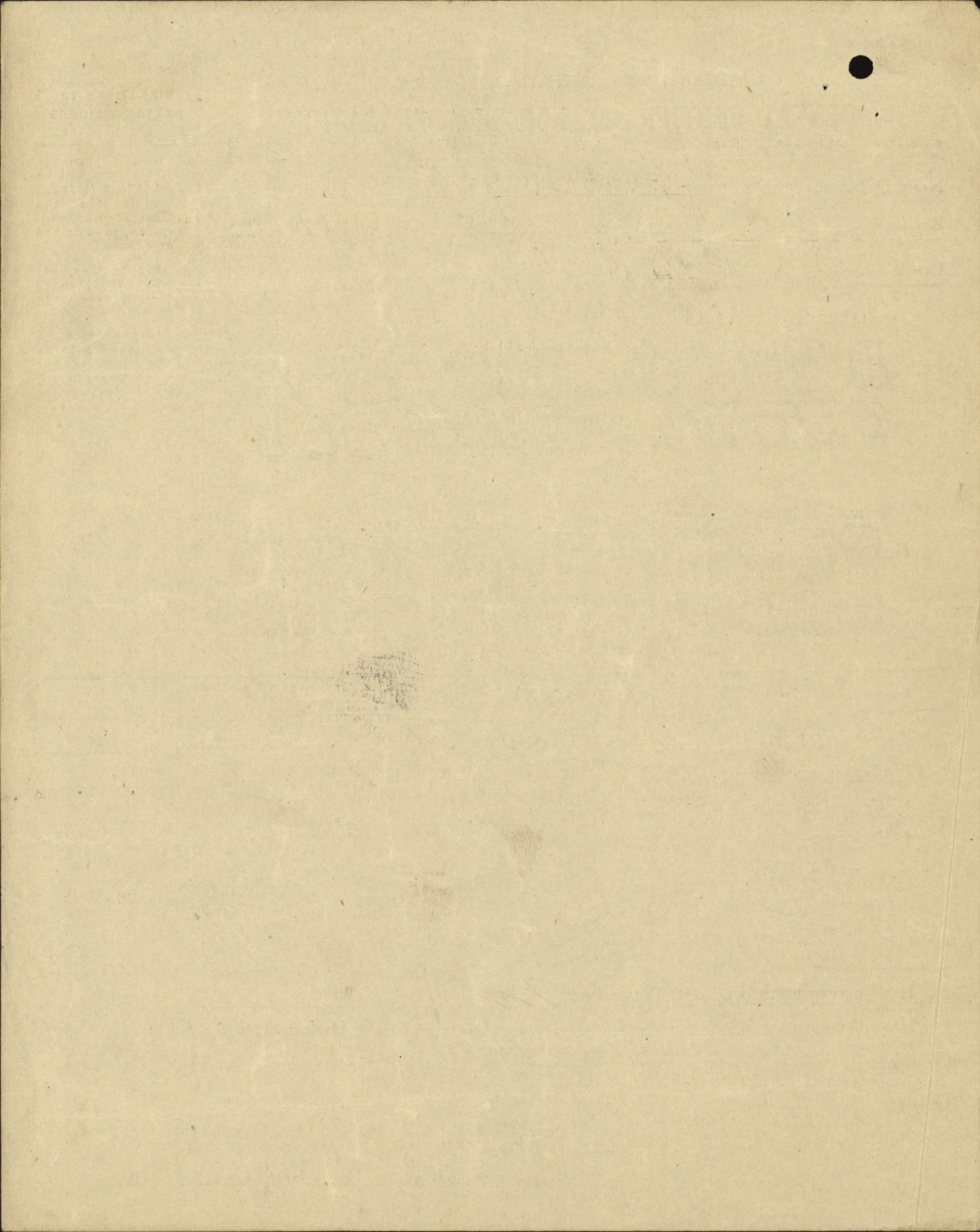
1. FILLINGS 9, 18, 20, 23, 31
2. EXTRACTIONS _____
3. CROWNS _____
4. DENTURES
 - (a) Full Upper _____
 - (b) Part Upper _____
 - (c) Full Lower _____
 - (d) Part Lower _____

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 _____
 (c) In France _____

Signature of Dental Officer [Signature]

[Handwritten signature]
 A. T. D. C. - Lieut. Col.



MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

To Whom *Israel Lefebvre*
 Address *P. O. Box 282*
Valleyfield
P.Q.

By Whom Assigned *Lefebvre E.*
 Regtl. No. *61488.*
 Rank *Pte.*
 Corps *22nd Battaⁿ.*

SPECIAL REMITTANCE

Rate *\$60.^{00/100}*

Sched 165. *14/8/76* **PAYMENTS**

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	<u>1915</u>			
Feb.				
March				
April				
May				
June				
July				
Aug.	<i>1916</i>	<i>J. 15287</i>	<i>60 -</i>	<i>Also an acct. in current ledger.</i>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				



1942

Rank

Name **LEFEBVRE Ernest**Reg'l No. **61488**Unit **22nd Bn.**If in perm. Corps,
What Unit?Married or Single **Single.**Place and Date of Enlistment **St John's P.Q. 10th Dec. 1914** Place of Birth **Valleyfield. Que.**Name and Address, Next-of-Kin **Isreal Lefebvre, Valleyfield. Que.**Relationship **Father.**Assigned Pay Monthly \$ **15⁰⁰**Payable to **J. Lefebvre, P.O. Box 282, Valleyfield - P.Q.**

Relationship

Separation Allowance \$

Payable to

Relationship

Discharge, Date and Place

Reason

Character

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																
June 1	30	30	1.	30.	30	.10	3.		33.		1250	15.		2750	550		
1-7-15	31-7-15	31	1.	31.	31	.10	3 10		34 10		15.	15		30	960		
									93	73					10	33	
															10	33	
1-8-15	31-8-15	31	1.	31	31	.10	3 10		34 10		1217	15		27 17	1726		
1-9-15	30-9-15	30	1.	30	30	.10	3 -		33 -		1338	15		28 38	2188		
1-10-15	31-10-15	31	1.	31	31	.10	3 10		34 10		524	15		2024	3574		
1/11/15	30/11/15	30	1.	30	30	.10	3 -		33 -		1428	15		2928	3946		
1/12/15	31/1-15	31	1.	31	31	.10	3 10		34 10		262	15		1762	6594		
1/1/16	31/1/16	31	1.	31	31	.10	3 10		34 10		524	15		2024	6980		
1/2/16	29/2/16	29	1	29	29	.10	2 90		31 90		785	15		2285	7885		
1/3/16	31/3/16	31	1.	31	31	.10	3 10		34 10		523	15		2023	9272		

305 00

30 50

93 336 23

9351 150 00

24351 92.42

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

To Whom *J. LeFebvre*
Address *Valleyfield*
P.O. Box 282 *Que*

By Whom Assigned *LeFebvre E.*
Regtl. No. *61488*
Rank *Pte*
Corps *DCo 22nd Mattrn*

Rate *\$15.00* **MAY - 1 1915**

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apr.				
May				
June		<i>K 3601</i>	<i>15-</i>	
July		<i>A. 4899</i>	<i>30-</i>	<i>may cheque included.</i>
Aug.		<i>O 6144</i>	<i>15-</i>	
Sept.		<i>Q 6581</i>	<i>15-</i>	<i>P</i>
Oct.		<i>R 8428</i>	<i>15-</i>	
Nov.		<i>T 8271</i>	<i>15-</i>	
Dec.		<i>U 9861</i>	<i>15-</i>	
Jan.	1916	<i>W 9611</i>	<i>15-</i>	
Feb.		<i>X 13105</i>	<i>15-</i>	
March		<i>Z 16406</i>	<i>15-</i>	

See also account ledger in account file 11.2.17



06145 cm called Redye

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

M. F. W. 12a.
 60m.—12-15.
 1772—39—319.

Sheet No. 2.

J. Lefebvre

PAYMENTS.

61488

Name of Soldier

Lefebvre, G.

L. L. Job 89002.—Req. 6213

D. Co. 22nd Batt

Month.	Year.	Cheque No.	Amt.	Remarks.
				<i>#1500</i>
April	1916	<i>Y410</i>	<i>15</i>	
May		<i>Z3320</i>	<i>15</i>	
June		<i>A3847</i>	<i>15</i>	
July		<i>210390</i>	<i>15</i>	
Aug.		<i>A12535</i>	<i>15</i>	
Sept.		<i>W18220</i>	<i>15</i>	
Oct.		<i>W23407</i>	<i>15</i>	
Nov.		<i>Z27055</i>	<i>15</i>	
Dec.		<i>S.29962</i>	<i>15</i>	
Jan.	1917	<i>A41540</i>	<i>15</i>	
Feb.		<i>A46527</i>	<i>15</i>	
March		<i>O46998</i>	<i>15</i>	
April		<i>Q3142</i>	<i>15</i>	<i>15-B.</i>
May		<i>Q945</i>	<i>15</i>	
June		<i>P15780</i>	<i>15</i>	<i>Mc</i>
July		<i>Q23188</i>	<i>15</i>	<i>B.</i>
Aug.		<i>C21253</i>	<i>15</i>	
Sept.		<i>T37643</i>	<i>15</i>	<i>6</i>
Oct.		<i>B43100</i>	<i>15</i>	
Nov.		<i>V49196</i>	<i>15</i>	
Dec.		<i>N58399</i>	<i>15</i>	
Jan.	1918			
Feb.			<i>480</i>	
March				
April				
May				
June				
July				

L

WAG

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier _____

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

War Service
Badge
"Class # 1" No 248262



O. G. - 3.
S. A. - E
5-9-40.

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

1. No. 61488

2. Rank. Pte

3. Name. Ernest LeFebvre

4. Unit. 22nd Bn

5. Date of Discharge 19-5-19. Place ~~Amherst~~ Valleyfield, Que

6. Reason for Discharge. Demobilization

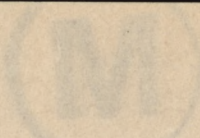
7. Authority. D.D.#4 R.O. 1420 D.O.Pt.II#156.

8. Proposed Residence after Discharge. Valleyfield P.Q.

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. B39 Montreal
MAY 19 1919
E. LeFebvre
Signature of Soldier.

10. CONFIRMATION.
The discharge of the above named man is hereby confirmed.
Place Montreal
Date MAY 19 1919
[Signature]
Signature Lieutenant
(O. C. Discharging Unit.)

Star
9/11/19
M.R.



PROCEEDINGS ON DISCHARGE

Demobilization

1. Name of the person	[Faint handwritten text]
2. Service number	[Faint handwritten text]
3. Date of discharge	[Faint handwritten text]
4. Place of discharge	[Faint handwritten text]
5. Name of the commanding officer	[Faint handwritten text]
6. Name of the medical officer	[Faint handwritten text]
7. Name of the chaplain	[Faint handwritten text]
8. Name of the judge advocate	[Faint handwritten text]
9. Name of the clerk	[Faint handwritten text]
10. Name of the stenographer	[Faint handwritten text]
11. Name of the interpreter	[Faint handwritten text]
12. Name of the stenographer	[Faint handwritten text]
13. Name of the stenographer	[Faint handwritten text]
14. Name of the stenographer	[Faint handwritten text]
15. Name of the stenographer	[Faint handwritten text]
16. Name of the stenographer	[Faint handwritten text]
17. Name of the stenographer	[Faint handwritten text]
18. Name of the stenographer	[Faint handwritten text]
19. Name of the stenographer	[Faint handwritten text]
20. Name of the stenographer	[Faint handwritten text]
21. Name of the stenographer	[Faint handwritten text]
22. Name of the stenographer	[Faint handwritten text]
23. Name of the stenographer	[Faint handwritten text]
24. Name of the stenographer	[Faint handwritten text]
25. Name of the stenographer	[Faint handwritten text]
26. Name of the stenographer	[Faint handwritten text]
27. Name of the stenographer	[Faint handwritten text]

WITNESSES

I hereby certify that the above is a true and correct copy of the proceedings on discharge.

[Faint handwritten signature]

MAY 1919

Signature of [Faint]

CONFIRMATION

The signature of the above named person is hereby confirmed.

[Faint handwritten signature]

MAY 1919

[Faint handwritten text]

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 Statement Q.M.G. Form (D.O.S. 2), and Clothing)
12. Last Pay Certificate (P. 851). *877*
13. Pay Book (A.B.64).
14. War Service Gratuity (Form M.F.W, 2595),
15. Sundry Documents.

Group..... *B*

Checked by No..... *[Signature]*

Date..... **6 MAY 1919**

Lefebvre 20 ✓
MEDICAL HISTORY SHEET.

Surname Lefebvre Christian Name Ernest

Examined { on 10 day of Dec 1914
 at St. Johns P.Q.
 Birthplace { City or Town Valleyfield
 County P.Q.

Approved by N.A. Sabourin
 Rank Se. Col. 9mc M.O.

Apparent age 23 yrs 4 mos
 Trade or occupation Laborer
 Height 5 Feet 10 Inches.
 Weight _____ Lbs.
 Chest measurement { Minimum 36 inches.
 Maximum expansion 39 inches.
 Physical development good
 Small-Pox Marks _____

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

Vaccination Marks { Arm Right Left
 Number _____

Date	Result	VACCINATIONS.
<u>MAY 5 '15</u>		<u>[Signature]</u> M.O.
		M.O.
		M.O.

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

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>FEB 23 '15</u>		<u>[Signature]</u> M.O.
		M.O.
		M.O.

Enlisted on 10 day of Dec 1914 at Montreal

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>22d S.I. Bn</u>	<u>61488</u>		
Transferred to.. ..				

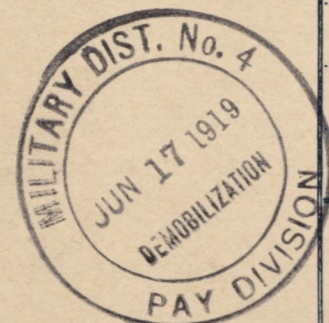
EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

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.

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

M. OR S. *[Blank]* REGT. No. *61488* RANK *Pte* NAME (IN FULL) *Lefebvre E*
 NEXT OF KIN *[Blank]* RELATIONSHIP *[Blank]* ORIGINAL UNIT C.E.F. *22nd Bn* IF IN P.F. WHAT UNIT? *[Blank]* (BLOCK LETTERS SURNAME FIRST)
 ADDRESS *[Blank]* PLACE OF ATTESTATION *[Blank]* TRANSFERRED TO *[Blank]* DATE *[Blank]* AUTHORITY *[Blank]*
 IS SEPARATION ALLOWANCE PAID? *Nil* DATE EFFECTIVE *[Blank]* ASSIGNED PAY \$ *15.00* DATE EFFECTIVE *1/6/19*
 TO WHOM PAID *[Blank]* RELATIONSHIP *[Blank]* PAYABLE TO *E. Lefebvre* RELATIONSHIP *[Blank]* ANY CHANGE IN ASSIGNEE OR ADDRESS *[Blank]*
 ADDRESS *[Blank]* ADDRESS *7.0 Box 382 Valleyfield P.Q.* *Hochelaga Bank*
 STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE *[Blank]* EFFECTIVE *[Blank]*
 DISCHARGED *Montreal* PLACE *[Blank]* DATE *19/1/19* REASON *Demob* AUTHORITY *J.O.V.P.S.B.* IF ENTITLED TO POST DISCHARGE PAY *[Blank]*



MONTH	PAY AND F.A.		OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGI-MENTAL 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	DEBIT	
			\$ 35.00	\$ 35.00									\$ 8.30	\$ 8.30	\$ 8.30		<i>Olympic</i>
<i>11/1/19</i>	<i>25</i>	<i>110</i>	<i>27.50</i>	<i>70.00</i>				<i>487</i>	<i>500</i>	<i>9933</i>	<i>1500</i>		<i>6.60</i>	<i>180.80</i>	<i>6.60</i>		<i>21170.00</i>
			Other Credits	W. S. C. S. A.	Total	War Service Gratuity				Other Charges	W. S. G. S. A.	Total	Soldier Dependant				<i>35.00</i>
			<i>420</i>		<i>420</i>						<i>70</i>	<i>70</i>	<i>350</i>				<i>830</i>
<i>23-6-19</i>											<i>70</i>	<i>70</i>	<i>272.52</i>				<i>917789</i>
<i>19/4/19</i>											<i>70</i>	<i>70</i>	<i>202.52</i>				<i>1070588</i>
<i>19.8.19</i>											<i>70</i>	<i>70</i>	<i>132.52</i>				<i>1280901</i>
<i>19.9.19</i>											<i>62.52</i>	<i>62.52</i>	<i>70.00</i>				<i>1534001</i>
<i>19.10.19</i>											<i>40</i>	<i>40</i>					<i>16241301</i>
												<i>420</i>					

90111

1911

11

11

11



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

L

4424

May 1/15

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

15			
----	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

No. *61488*
 Rank *Ple* Promoted Reverted Discharge
 Soldier's Name *E. Lefebvre*
 Battalion *22 Battn. (D Co)*
 Beneficiary
 Relationship
 Address

PARTICULARS OF ASSIGNMENT

Name *J. Lefebvre*
 Address *Box 282, Valleyfield, Que*
 Change of Address
 1
 2
 3
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>1917</i>					<i>10853.8.23</i>
<i>Dec-31</i>	<i>—</i>		<i>480</i>	<i>480</i>	
<i>Jan T</i>	<i>69878</i>		<i>15</i>	<i>15</i>	<i>9 See also acct. in Spec. Rem. Ledger</i>
<i>Feb F</i>	<i>71763</i>		<i>15</i>	<i>15</i>	
<i>Mar J</i>	<i>92583</i>		<i>15</i>	<i>15</i>	
<i>Apr K</i>	<i>16142</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>May L</i>	<i>16410</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>June H</i>	<i>21318</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>July P</i>	<i>33327</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>Aug J</i>	<i>38019</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>Sept M</i>	<i>41608</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>Oct P</i>	<i>53368</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>Nov J</i>	<i>58690</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>Dec O</i>	<i>66921</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>Jan P</i>	<i>72143</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>Feb K</i>	<i>81777</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>Mar J</i>	<i>83455</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>Apr J</i>	<i>1984</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>May N</i>	<i>8019</i>		<i>15</i>	<i>15</i>	<i>✓</i>
			<i>735</i>	<i>735</i>	<i>m R. 0109258</i>

M. F. W. 128
 400M-6-17-1772-89-1141
 L. L. 22220-M. & D. 1906.

m 05
 A/c Closed *31.5.18*
 Ret'd per *Olympic*
 Date *16.5.19* M.F.W. 187 *23.5.19*
 Closed *Hamilton*

AUDITED

