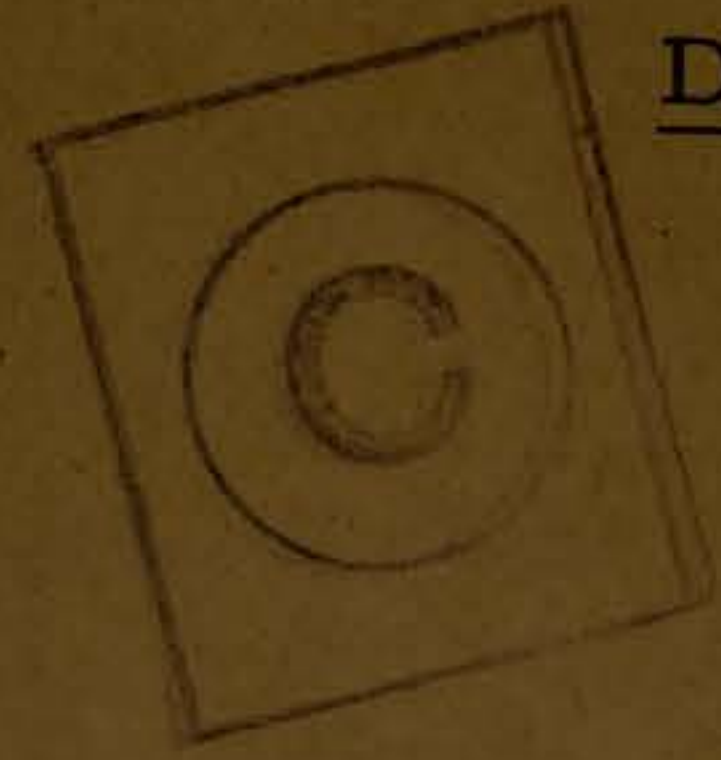


21-2-19aa

3

DISCHARGE DOCUMENTS

R. O. No. 6017
H. Q. No.



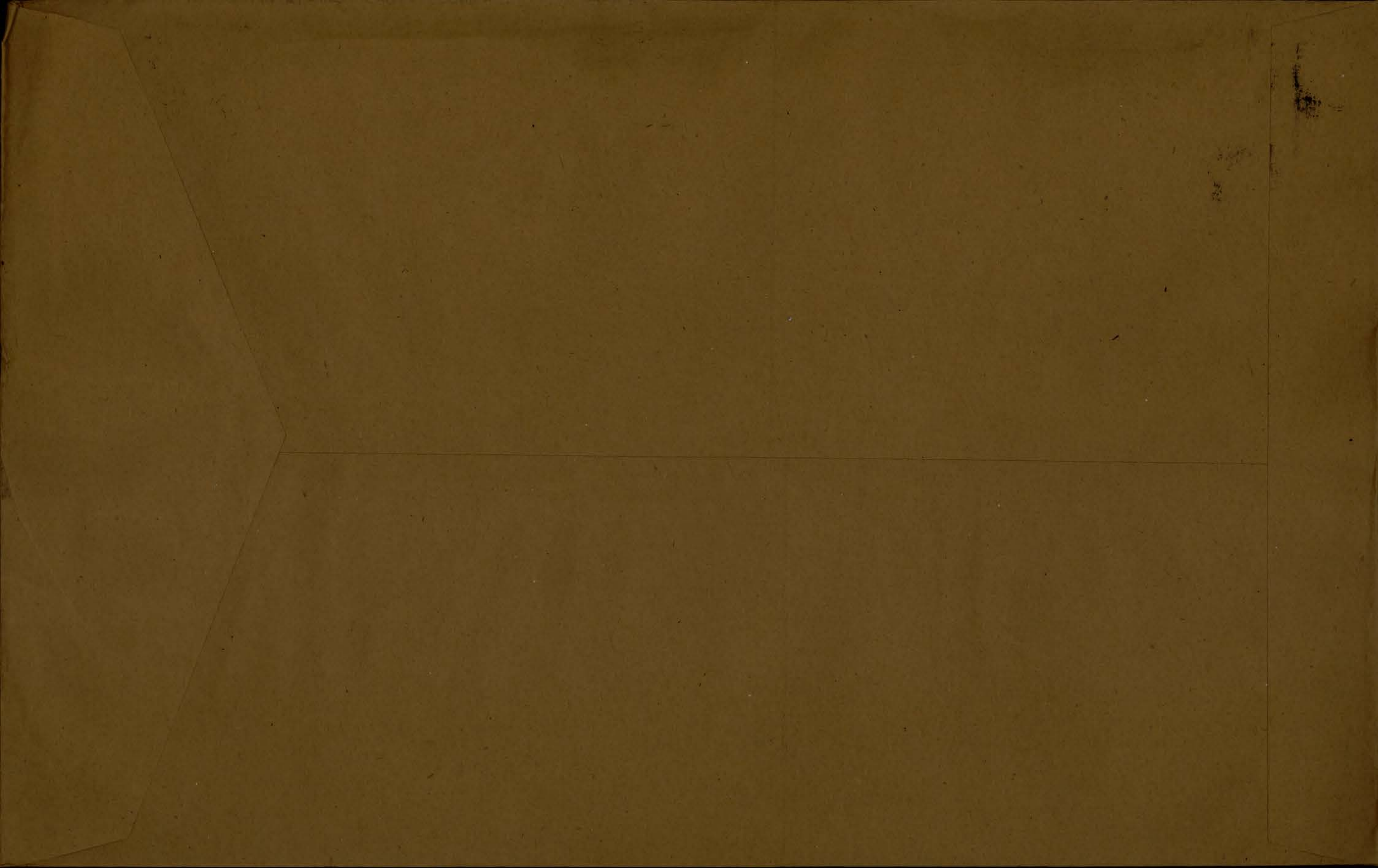
Name BARIL EUGENE
Regt. No. 3090615 Rank PTE
Corps 1st Dpt Bn 1st Am Regt

Demob'n.



- Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- Arrestation Papers..... 23
- Declaration of change of name.....
- Authority for special enlistments.....
- Documents of re-enlisted men.....
- Regimental Conduct Sheet.....
- Compulsory Stoppages.....
- Casualty Forms..... 1
- Proceedings on discharge..... 1
- Corps History Sheet.....
- Date and No. of Deposit Receipt for Purchase Money and Amount.....
- Parchment Certificate.....
- Medical Report for Invalids.....
- Medical History Sheet..... 1
- Proceedings of Regt. Court Martial.....
- Copies of Convictions by Civil Power.....
- Company Conduct Sheet.....
- Clothing Transfer Certificate.....
- Inventory of Kit.....
- Last Pay Certificate..... 2

M. F. B 465-1
A. F. B 122-1
M. F. W. 71-1



DUPLICATE

FOURTH

8-1-18

Firstb

First Quebec.

M. D.

Depot Battalion

Regiment

Regtl. No.

3090615

WR

PARTICULARS OF RECRUIT
DRAFTED UNDER MILITARY SERVICE ACT, 1917

A.R.K. (Class FIRST.)

1. Surname..... **BARIL.**

2. Christian name..... **Eugene .**

3. Present address..... **Iberville Que.**

4. Military Service Act letter and number..... **51192 DC.**
(If man is defaulter, i.e., has not registered under Proclamation, this fact should be stated, together with date of apprehension, or surrender)

5. Date of birth..... **October 22nd. 1896.**

6. Place of birth..... **Iberville Que.**
(town, township or county and country)

7. Married, widower or single..... **Single.**

8. Religion..... **R.C.**

9. Trade or calling..... **Farmer**

10. Name of next-of-kin..... **Alelard BARIL.**

11. Relationship of next-of-kin..... **Father**

12. Address of next-of-kin..... **Iberville Que.**

13. Whether at present a member of the Active Militia..... **No.**

14. Particulars of previous military or naval service, if any..... **No. X His mark**

15. Medical Examination under Military Service Act :—
(a) Place..... **Montreal Que.** (b) Date..... **August 26/18.** (c) Category.....

SUBMIT ADDRESS

E. P. Beattie
Witness

DECLARATION OF RECRUIT

I, **BARIL Eugene**, do solemnly declare that the above particulars refer to me, and are true.

His mark X Eugene Baril (Signature of Recruit)
Beattie (Witness)

DESCRIPTION ON CALLING UP

Apparent age..... **21** yrs..... **10** mths.

Height..... ft..... ins.

Chest measurement } fully expanded..... ins.
 } range of expansion..... ins.

Complexion..... **Fair.**

Eyes..... **Blue.**

Hair..... **Fair.**

Distinctive marks, and marks indicating congenial peculiarities or previous disease.
Vision R.....L.....
Hearing R.....L.....

[Signature]
Major,
A/O.C. 1st Depot Bn. 1st Quebec Regt.
O. C. **First** Depot Btltn.
First Quebec. Regt.

Place..... **Montreal Que.** Date..... **July 27th/18.**

Part II 208 27/7/18

Prepared by _____
 Checked by _____

CANADIAN EXPEDITIONARY FORCE.

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

LAST PAY CERTIFICATE

Regimental No...3090615.... Rank...Pte..... Name..Baril E.....
 (Surname first)
 Unit1/1st Quebec Regiment.....who was*S.O.S.....
 On5/2/19.....191....., to.....
 *Insert "discharged" or "transferred."

The following is a statement of the account of the above named from..1/2/19.....to5/2/19.....191...
 the inclusive date of transfer or discharge.

	Dr.	Cr.
Bal. Dr. or Cr. from prev. month.....		67 10
Regimental Pay.....5.....days at \$.1.00.c.....		5 00
Field Allowance.....5.....days at \$.10/c.....		50
Separation Allowance.....		
Clothing Allowance.....		
Post Discharge Pay.....		
*Other Credits		
Advances		
Separation Allowance and Assigned Pay Cheque No.....		
*Other ChargesC.L.Of.A.2/12/18.to.5/2/19.....	71 50	
Balance on transfer or on discharge, cheque No....5102.....	1 10	
Total	72 60	72 60

*Give particulars.

A monthly stoppage of \$.....(†) has.....(‡) been paid on account of
 Assigned Pay for the month of.....191..... }
 and Separation Allee. for month of.....191..... } (to) Assignee

(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 \$.....has been paid by Paymaster, Military District No.....

REMARKS:—

State (1) date of enlistment.....27/7/18.....married or single..Single.....
 (2) Separation Allowance, entitled or not..Not..... (3) Reason for discharge.....Demobilization.....
 (4) Authority for discharge or transfer...R.O.1357.....

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

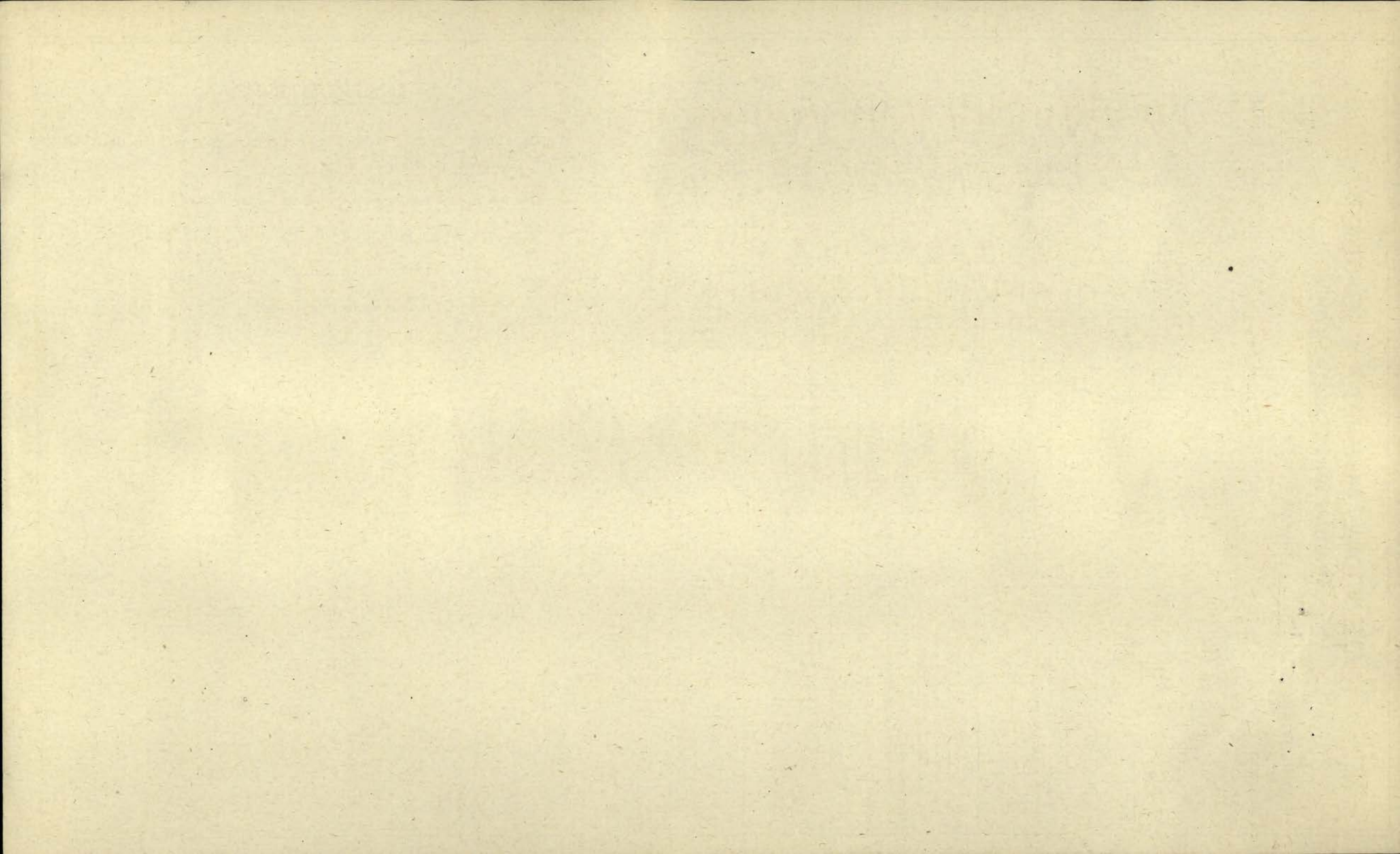
I have carefully examined this statement of account and find it to be a correct extract from the Pay Account of the officer or soldier.

Date ..11th February 1919.....

Place ..Montreal, Canada.....

Baril
 CAPT. & PAYMASTER
 DISTRICT OFFICE, 1ST QUEBEC REGIMENT
 Paymaster.

N.B.—(A) This form is to be used for all ranks (vide Articles 122-120 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 purposes 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 Certificate will be made out as in "C" with an additional copy to be forwarded to the District Paymaster.



MEDICAL HISTORY SHEET.

1. Surname BARIL. Christian name Eugene
 2. Number of report for service or claim for exemption according to Postmaster's Receipt or schedule 51192 DC.
 3. Consecutive number on schedule of men reporting for service (if he appears on it)
 4. Address (including street and number if any) Iberville Que. Canada.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 26th day of August 1918, by the undersigned medical board sitting at Montreal Que.

5. Age as stated 21 Years 10 Months. 6. Apparent age 21 Years 10. Month

7. Height Feet Inches. 8. Weight Pounds.

9. Chest measurement { Minimum Ins. Maximum Ins. 10. Complexion Fair { Eyes Blue. Hair Fair.

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

13. Number of vaccination marks { Right arm Left arm 14. When vaccinated last

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

16. Slight defects but not sufficient to cause rejection

The man denies having had { Rheumatism, Tuberculosis, Nervous or Mental disorder. Epilepsy, Syphilis, Asthma. We find no evidence of past { Rheumatism, Tuberculosis, Nervous or Mental disorder. Epilepsy, Syphilis, Asthma

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

17. (a) Vision. R. 6 L. 6 (b) Hearing. R. 6 L. 6

Harvest
3/2/19.
 President.
 Member.
 Lieut. Member.

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

Joined 27th day of July 19 18 at Montreal Que.

STATION	DATE	DISEASE	RESULT
Joined on enlistment			
Transferred to			

1st DEPOT BN. 1st QUEBEC REG'T.
3090615

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT

Signature of Man

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

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

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

Casualty Form—Active Service.

Unit, Regiment or Corps. 1st DEPOT BN. 1st QUEBEC REG'T.Regimental No. 3090615 Rank Pte Name BARIL, EugeneEnlisted (a) 27-7-18 Terms of Service (a) C.E.F. Service reckons from (a) 27-7-18

Date of promotion to } present rank } Date of appointment } to lance rank } Numerical position on } roll of N. C. Os. }

Extended Re-engaged Qualification (b) Farmer.

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				
<u>5-2-19</u>	<u>M.O. 4</u>	<u>S.O.S. with effect 5-2-19. Authority Demobilization R.O. 1357-25-11-18</u>	<u>Montreal</u>	<u>5-2-19</u>	<u>D.O. part II #38</u>
		<u>W. Rubenstein Lieut ADJT.</u>			
		<u>for O. C. 1st Depot Bn, 1st Quebec Regiment.</u>			

(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.]

NAME *Baird Eugene*
REGIMENTAL NO. *3090615* RANK *4th*

ENLISTED AT _____ PROMOTIONS, &c.
DATE *27/7/18* AND DATE

IF SERVED PREVIOUSLY. STATE UNIT, &c.

MARRIED, WIDOWER, OR SINGLE

NEXT OF KIN _____ RELATIONSHIP _____

ADDRESS OF _____

ASSIGNMENT OF PAY \$ _____ C. TO _____

ADDRESS _____

SEPARATION ALLOWANCE, ENTITLED OR NOT

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR

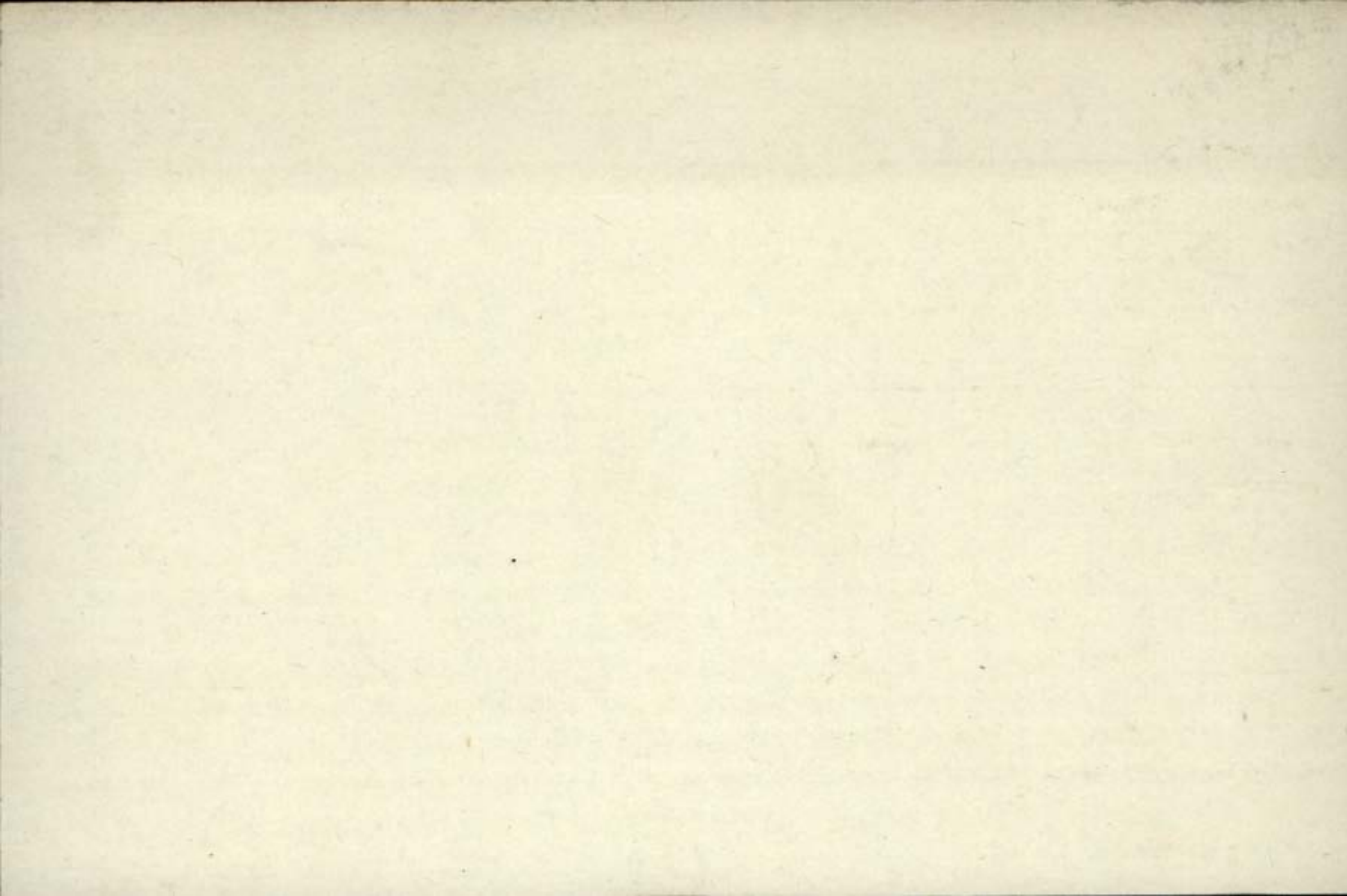
CASUALTIES, &C.

NATURE E.G. ABSENCE, PROMOTION, &C.	PART II. D. O.		REMARKS IF IN HOSPITAL, NOTE NAME, &C.
	No.	DATE	
TOS. 27.7.18	208		
AWL 27.7.18	211		
AWL 27 ⁷ / ₈ = 24 ⁹ / ₈	238	26.8.18	29 days Tra
LQA 25 ⁸ / ₈ = 30 ⁹ / ₈	238		
LQA 30 ⁹ / ₈ = 31 ⁰ / ₈	268		
LQA 31 ⁰ / ₈ = 11 ¹ / ₈	301		
LQA 11 ¹ / ₈ = 2 ² / ₈	313		
LQA 2 ² / ₈ = 5 ² / ₁₉	38	7-2-19	
SOS 5.2.19	38	7-2-19	Demob.

Surname *Baril* H. Q.
Christian names *Coussens* M. D. No. *H.*
Regtl. No. *3890615* Rank *Cpl.* T. O. S. *July 27 1918*
Unit *1st. Que. Regt. 1st. Depo. Bn.* D. O. Pt. II *208* of *277-18*
Reason *Memob* S. O. S. *Wia 5-2-1919*
Auth. *10038 of 7-2-19 J.R.*

Next of kin *Baril Deland* Relationship *Father*
Address *Hersville, P.Q.* Also notify:

BORN—Place *Canada, Hersville, P.Q.* Date *March 1896*
ATTESTED—Place *Montreal, P.Q.* Date *July 27th 1918*
O/S _____ R/C *W.C.*



Procedure on discharging from the C.E.F., Soldiers called up under the Military Service Act, 1917, who, on Demobilization, were on unexpired Leave of Absence without pay.

P.C. 2865 of Nov. 20, 1918.

THIS FORM MUST BE RETURNED INTACT AND NO PART DESTROYED.

Montreal, P. Que.,

Jan 28th. 1919.

19

TO:—

Regimental No. 3090615

Pte. Eugene Barril

Iberville, Que.



1. You are directed to report on or before February 5th. 1919 for the purpose of being discharged from the Canadian Expeditionary Force.

2. This will be carried out by your reporting in person to your Depot at Montreal.

3. OR, as an alternative, you may execute, before a Notary Public, Commissioner of Oaths or Justice of the Peace, the release hereunder and forward same, on or before the said date, in the envelope enclosed for that purpose, together with the unused Transportation Certificate. A receipt for the release will be returned to you and will be equivalent to a Certificate of Discharge.

4. Should you fail to report in person or forward the release mentioned, within the time aforesaid, you will be declared a deserter and be subject to Military Law.

M. J. Suberstein
Rank

1st Depot Bn. 1st Que. Regt.

RELEASE

Know all men by these presents that I, the undersigned, having sustained no disability from injuries received or illness contracted on Active Service or Duty, do hereby release, discharge and forever acquit His Majesty the King, in the right of his Government of Canada, of and from all rights of compensation, claims and demands which I have or may have for or in respect of any disability arising from injuries received or illness contracted on Active Service or on duty in or connected with the Military Forces of Canada.

WITNESS my hand and seal this 27th day of February 1919.

Signed, sealed and delivered in the presence of

Frederick J. G. G. G.
Notary Public, Commissioner for Oaths or Justice of the Peace.
Regt. No. 3090615
Unit 1st Depot Bn. 1st Que. Regt.



M.F.B. 218B (Demob.)
1077-D.P.-40M-11-18
1772-89-178



NOT TO BE FILLED IN BY THE SOLDIER.

Receipt for M.F.B. 218B (Demob.)

Having received release, pursuant to Notice of Order to report for discharge, Number **3090615**

Name **Pte. Eugene BARRIL** of the **1st** Depot

Battalion **1st Quebec** Regiment is hereby struck off the strength of the Canadian Expeditionary Force.

W. R. Rubenstein
lieut Rank

Authority Part II. Order

No. **38**

For the O.C. **1st** Depot Bn. **1st** Regt.

M.F.B. 218B (Demob.) DATED AT **Montreal, Canada** this **Fifth** day of **February**, 191**9**.

LIST OF DISCHARGE DOCUMENTS.

Particulars of Recruit	M.F.W. 133
Field Conduct Sheet	M.F.W. 178 or A.F.B. 122
Casualty Form	M.F.W. 54 or A.F.B. 103
Last Pay Certificate	M.F.W. 44
Certificate that Missing Documents are Unobtainable.	
Medical History Sheet	M.F.B. 313 or A.F.B. 178
Proceedings of Medical Board	M.F.B. 227
Dental History Sheet	M.F.B. 465
Medical Report	M.F.W. 129
Regimental Conduct Sheet	M.F.B. 263
Company Conduct Sheet	M.F.B. 263a