

26-10-18 Deceased

7117

DISCHARGE DOCUMENTS

R. O. No. ....

H. Q. No. ....

Proceedings of Court of Inquiry or on men reported Missing on Active Service.....

Attestation Papers..... 1 2

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.....

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..... 1

Name BEAUCHEMIN EMILE

Regt. No. 3161.634 Rank Pte

Corps 9<sup>th</sup> / 2<sup>nd</sup> / 2<sup>nd</sup> Que. Regt

Date of D.O.D. 9-10-18



15-6  
18-6  
32-7  
1

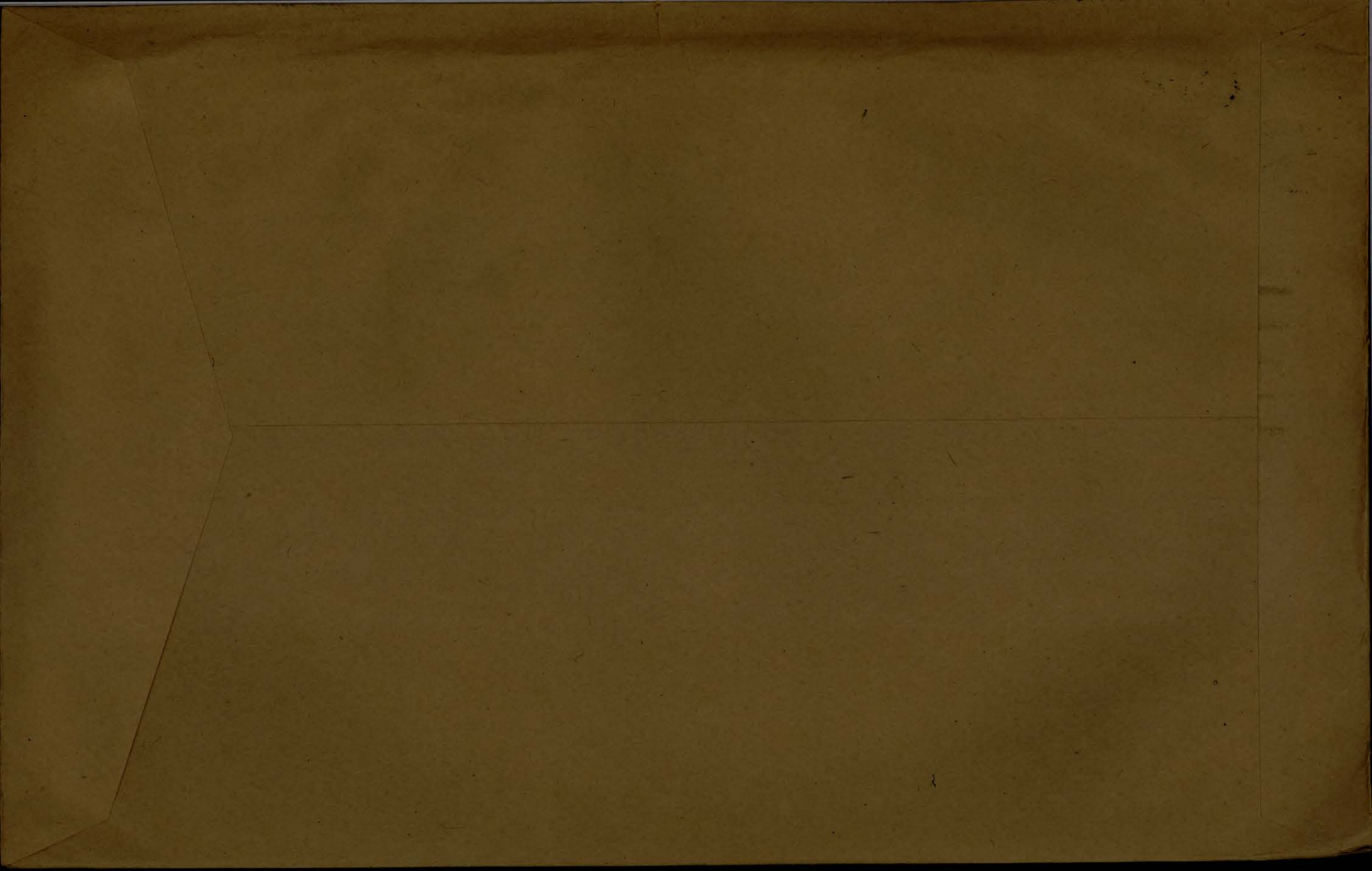
Doc. S.F. #10- 1  
No. 4 B- 465- 1  
No. 4 B- 122- 1  
No. 4 W- 113- 1

MX  
3421

M. P. W. 62. 3  
50M-9-16  
H. Q. 1772-89-835

Disc. with - 1







M. D.

Depot Battalion

Regiment

2nd DEPOT BN 2nd QUEBEC REGT. Regtl. No. 3161634

**PARTICULARS OF RECRUIT**  
DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class One)

3161634

- Surname BEAUCHEMIN
- Christian name Emile
- Present address Nicolet Que. Canada
- Military Service Act letter and number 311882 D C
- Date of birth 6th February 1897
- Place of birth St. Monique, Que Canada  
(town, township or county and country)
- Married, widower or single Single
- Religion Roman Catholic
- Trade or calling Deputy Prototaire
- Name of next-of-kin Louis Beauchemin
- Relationship of next-of-kin Father
- Address of next-of-kin St. Monique Que Canada
- Whether at present a member of the Active Militia No
- Particulars of previous military or naval service, if any No
- Medical Examination under Military Service Act:—  
(a) Place Union Ave. (b) Date May 21st (c) Category A2



**DECLARATION OF RECRUIT**

I, Emile Beauchemin, do solemnly declare that the above particulars refer to me, and are true.

Witness

Emile Beauchemin (Signature of Recruit)

**DESCRIPTION ON CALLING UP**

Apparent age 20 yrs 4 mths.  
 Height 5 ft 9 1/2 ins.  
 Chest measurement } fully expanded 36 ins.  
                               } range of expansion 3 ins.  
 Complexion Brown  
 Eyes Blue  
 Hair Brown

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

R. D. =	<u>W W</u>
L. D. =	<u>W W</u>
R. EAR	<u>R</u>
L. EAR	<u>R</u>

[Signature]  
O. C. Depot Btln.  
2nd Quebec Regt.

Place Montreal Date May 22-5-18



# CANADIAN CONTINGENT EXPEDITIONARY FORCE

OVERSEAS COMPANY C. O. T. C.  
Laval University M. D. No. 4

## LAST PAY CERTIFICATE

No. 85

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25715c, C.E.F., 1916).

Regimental No. 3161634 Rank L/Corp. Name BEAUCHEMIN J.B. Emile

Corps O.S. Co. C.O.T.C. LAVAL who was died

On October 9th. 1918, to.....  
\*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from October 1st. 1918,  
to October 9th. 1918, the inclusive date of transfer or discharge.

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month.....			Bal. Cr. from prev. month.....	33.	50
Advances } No.....			Regt'l Pay..... 9 days at \$ 1. c00	9.	00
by } No.....			Field Allow. .... 9 days at \$ 0. c10		90
Assigned Pay and Sep'n Allee. No.....			Separation Allowances* (Monthly) .....		
Other charges .....			Other Allowances* .....		
Payment on transfer or discharge No.....			Other Credits*.....		
Balance Cr. (to be paid by the new unit).....	43.	40	Bal. Dr. (to be deducted by new unit).....		
Total.....	43.	40	Total.....	43.	40

\* Give particulars.

A monthly stoppage of \$ 20.00 (†) has ..... (‡) been paid on account of Assigned  
 { Pay for the month of September 1918 }  
 { and Sep'n Allee. for month of ..... 191... } (to) Assignee Mr. Louis Beauchemin  
 (Address) Ste-Monique. Co. Nicolet. Que.

(†) 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 May 22nd. 1918  
 (2) if married and if a Separation Allowance Card has been submitted.....  
 (3) cause of discharge Deceased authority D.O. Part II 146  
 (4) authority for transfer .....

NOTE.—Separation Allowance and Assigned pay Card and Index Card (M. F. W. 71) are to accompany the original Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay-list of the unit.

Date October 12th. 1918

Place Montreal

*J. Lafontaine*  
 Lieut. a/Paymaster  
 O/S Co. C. O. T. C. Paymaster.

N.B.—For purposes of transfer this form is to be made out in quadruplicate. Original copy to paymaster of new unit; duplicate to District Paymaster; triplicate to accompany the pay-list at the end of the month, and quadruplicate for retention as a record.  
 For purposes of discharge it is to be made out in triplicate. Original copy to accompany discharge papers; duplicate to accompany pay-list at the end of the month, and triplicate for retention as a record.  
 If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.

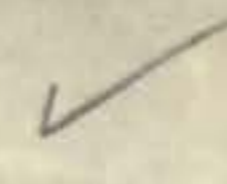
M. F. W. 44.







313 a



K.H.C.H. #3 "B"  
C.O.F.C. Laval <sup>Capt.</sup> ~~Beauchemin~~ <sup>Montreal</sup> BEAUCHEMIN, Emile  
# 3161634 5 mos. Service, 21 yrs.

Admission Sept. 30/18 Died 9-10-18

Influenza Origin Montreal

Sick from Sept. 29/18 in a.m. - H.A.K. pain in back, chills, fever, cough & expectoration.

Res. H. Typhoid F. - 13 yrs. ago, Smallpox - 7 yrs. ago  
7.102<sup>4</sup> - 90 - 22

Exam: Throat - clear, tongue, coated.

Lungs: Pneumonitis & Bronchitis; no dulcens, crepitations all over.

Heart sounds, clear & regular.

Abdomen - Negative.

Family H. 3 maternal uncles, 1 sister d. The

Oct. 2/18 99<sup>4</sup> - 82 - 18

" 5/18 Severe Bronchitis; patient weak.

" 6/18 Very weak. Mt. Basal Pneumonia

" 7/18 Weak. Heart sounds weak & rapid.

St. lungs consolidated. Hemoptysis.

" 8/18 Much congestion, both bases. Heart sounds, weak.

" 9/18 Double lobar pneumonia 101<sup>2</sup> - 132 - 60

Heart sounds, very weak.

Died 10.45 p.m.

A12041

J.H. Mason  
Capt. R.C.M.P.







# FEUILLE MÉDICALE

IMPORTANT.—Si le nom de l'homme n'apparaît pas sur la liste des hommes répondant à l'appel, ou s'il n'a pas fait une demande d'exemption ou une déclaration d'être prêt à répondre au service militaire ou, dans le cas où il aurait fait l'une ou l'autre, s'il en ignore le numéro, on l'informerait qu'il doit attacher la copie de cette feuille médicale (qu'on lui remettra) à la déclaration ou à la demande d'exemption qu'il pourra faire en s'adressant à n'importe quel maître de poste en Canada, ou envoyer lui-même après avoir marqué dessus le numéro du reçu qu'il a reçu du maître de poste, au Registraire ou au député Registraire de la Loi du Service Militaire. Dans tous les cas le double de cette feuille médicale sera envoyé par le Bureau Médical au Commandant du District à moins que ce dernier n'ait donné ordre de l'envoyer directement au Registraire ou Député Registraire.

1. Nom de famille..... Besard ..... Nom de baptême..... Emile .....  
2. Numéro de la réponse à l'appel ou de la demande d'exemption d'après le reçu du maître }  
de poste ou la liste..... } 311882 D.C.  
3. Numéro consécutif de la liste des déclarations (s'il y apparaît).....  
4. Adresse (y compris la rue et }  
le numéro s'il en existe)..... } Nicolet, Que. Canada

Voici les renseignements exacts qui résultent de l'examen du sujet ci-dessus nommé, fait le 20 1er  
jour de Mai 1918 par le bureau médical soussigné siégeant  
à 10 Union Avenue

5. Âge affirmé..... 20 ans..... 4 mois..... 6. Âge apparent..... 20 ans..... 4 mois.....  
7. Hauteur..... 5 Pieds..... 7 1/4 pouces..... 8. Poids..... 133 livres.....  
9. Mesure de poitrine { Minimum..... 33 .....pouces }  
Maximum..... 36 .....pouces } 10. Couleur..... brun } Yeux bleus  
Cheveux bruns  
11. Développement physique..... Grand } Bon }  
Moyen } 12. Marques de vérole..... —  
Pauvre }  
13. Nombre de vaccinations { Bras droit..... —  
Bras gauche..... 1 } 14. Dernière vaccination..... child  
15. Indices distinctives et indices de particularités congénitales ou de maladie antérieure.....

16. Défauts légers insuffisants pour l'exemption.....  
Le sujet nie avoir souffert de { Rhumatisme }  
Tuberculose } Nous ne trouvons pas de preuve qu'il ait souffert de { Rhumatisme }  
Syphilis } Syphilis }

(Rayez la maladie admise ou soupçonnée.)  
Nous avons examiné le sujet ci-dessus nommé, conformément aux règlements pour les examens médicaux des F.E.C. et il est classé dans la catégorie A<sup>2</sup>

Président.  
Membre Membre

Date	Résultat	VACCINÉ	Date	Résultat	INNOCULATIONS, ANTI-TYPHOÏDES, ETC.
<u>3/2/18</u>		<u>Leou Berintepois O.M.</u>	<u>7/6/18</u>		<u>Leou Berintepois O.M.</u>
		<u>O.M.</u>	<u>10/6/18</u>		<u>Leou Berintepois O.M.</u>
		<u>O.M.</u>	<u>20/6/18</u>		<u>Leou Berintepois O.M.</u>

Enrôlé le 20 1er jour de 2nd DEPT. DU 2nd QUÉBEC REGT. 1918 à.....

Enrôlé.....	CORPS	No. dans le régiment	HABITUDES	DATE
Transféré à.....		<u>D. 3161634</u>		

### EXAMINÉ OU REFUSÉ PAR UN BUREAU MÉDICAL.

QUARTIER	DATE	MALADIE	RÉSULTAT

N. B. Il sera disposé de cette feuille conformément aux règlements du service médical de l'armée, si le sujet devient inapte au service; la date et la cause seront indiquées au verso.

Signature de l'homme.....

Eyesight  
Hearing  
R.D.-29720  
L.D.-20720  
R. Ear  
L. Ear







\* N. B.—This Form being applicable to any Board of Officers or Committee or Court of Inquiry, this blank to be filled in accordingly.

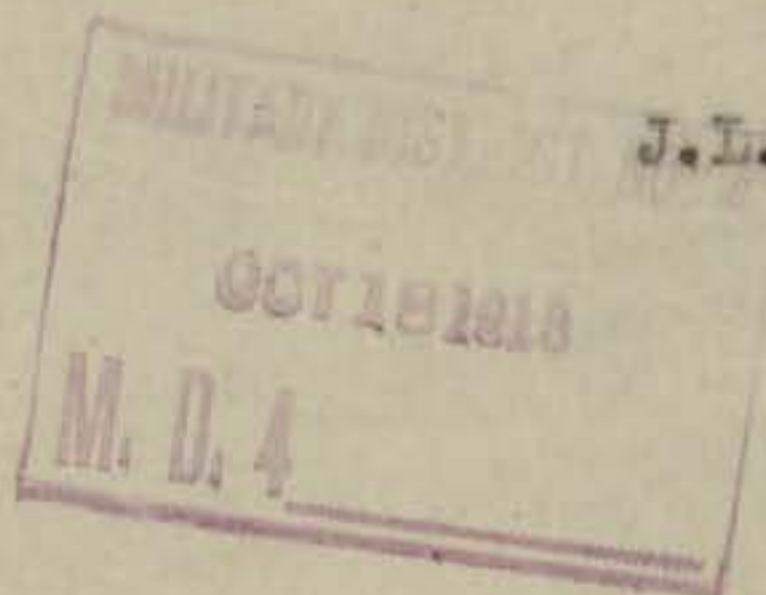
The signature of each Officer composing the Board, &c., should be attached to the end of the proceedings.

PROCEEDINGS of a \* Medical Board  
assembled at K.L.C.H. Montreal, Que.  
on the 15th, October 1918  
by order of A.D.M.S., M.D. No. 4.  
for the purpose of examining and reporting on  
the case of Spd. Carl Beauchemin, 3161634  
C.O.T.D. Laval

PRESIDENT.

D.G. Campbell, Capt. A.M.C.

MEMBERS.



J.L.D. Mason, Capt. A.M.C.

The Board having assembled pursuant to order, proceed to

examine the case of the above mentioned N.C.O. and establish the following facts:

Patient was admitted to Hospital Sept. 30th with a diagnosis of Influenza. He was obviously very sick with a severe tracheitis and Bronchitis, the lungs being full of rales. On October 6th definite evidence of pneumonia was present at the right base and the patient became very cyanosed. Oct. 9th pneumonia developed in the left side and the patient died same evening at 10.45 p.m.

MS

*D. Campbell, Capt.*  
*J.L.D. Mason, Capt.*



OCT 24 1918

3 1-24-10-18

RECEIVED

RECEIVED

RECEIVED

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*[Small handwritten marks]*



# DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

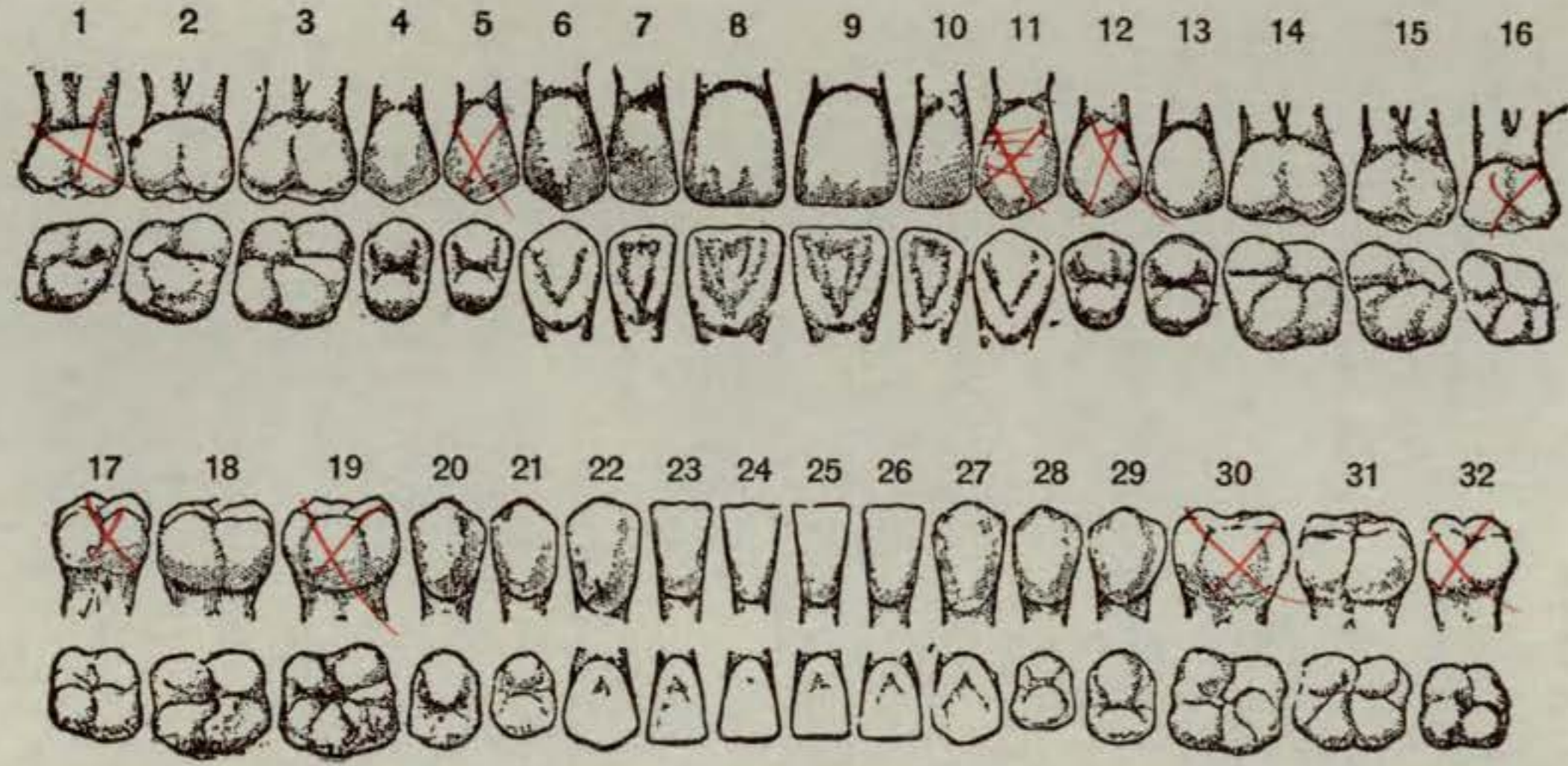
DISTRICT *25*

NAME OF SOLDIER *B. L. ...*

REGIMENT *C. O. F. B. ...*

RANK *Pte*

No. *316635*



## INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.

Only such entries to be made on this sheet as will show :

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge.

Condition on first Examination	Date	Amalgam	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhœa	Synthetic Porcelain	Extracting	Dentures			Gold Clasp	Gold Filling	Crowns		Bridge Work	OPERATOR	Military Dist.	REMARKS
												U	L	P			Gold	Porcelain				
	<i>July 3/1918</i>										<i>15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32</i>							<i>P. J. ...</i>	<i>22</i>	<i>Car 16, 17, 8, 11, 13, 14, 15, 18</i>		







# FORM OF WILL.

2nd DEPOT BN. 2nd QUEBEC REGT.  
MILITARY OFFICE  
OCT 23 1918  
CANADA

I, Jean-Baptiste Emile Beauchemin, (Name in full)

Regimental Number 3161634 serving in \_\_\_\_\_

of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

I bequeath all my real estate unto

My father Louis Beauchemin,  
Sainte-Monique de Nicolet, Qué.

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

absolutely, and my personal estate I bequeath to

My father Louis Beauchemin,  
Sainte Monique de Nicolet, Qué.

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

**IMPORTANT NOTE**

This must be Signed and Dated by THE SOLDIER HIMSELF.

this 22nd day of May A. D. 1918

J. B. E. Beauchemin Signature of Soldier.

\*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.

Signature of First Witness Leo Lavier  
Address of Witness 344 Mont-Royal Est, Montréal P. Q.  
Occupation of Witness Student.

Signature of Second Witness Henri Maria  
Address of Witness 19 Durocher, Montréal P. Q.  
Occupation of Witness Notary Public.

THE TWO WITNESSES

MUST SIGN HERE





561-24-10-16

FORM OF AIR

10103

10103

10103



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

M. F. W. 54. (A. F. B. 103.

500M.—9-16

H. Q. 1772-39-920.

# Casualty Form—Active Service.

2nd DEPOT BN. 2nd QUEBEC REGT.

Unit, Regiment or Corps .....

Regimental No. 3161634 Rank Pte Name Jean-Baptiste Emile Beauchemin

C. E. F.

Enlisted (a) 23/5/18 Terms of Service (a) C.E.F. Service reckons from (a) 23/5/18

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) .....

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				
		Trans. to C.O.M.C. Laval	Montreal	22, 5, 18	

(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.







D. 9/10/18

H. Q. ....

M. D. No. 4

Surname *Bauchemin*

T. O. S. *May 22nd 1918*

Christian names *Emile*

D. O. Pt. II 145 of 23-5-18

Regtl. No. *3161634*

Rank *Pte*

S. O. S. *9/10/1918*

Unit *2nd Que Regt 2nd Dep Bn*

Reason *Deceased*

Auth *D.O. 146 of 12/10/18 of Col  
C.O.S.E. Label*

Next of kin *Bauchemin Louis*

Relationship *Father*

Address *St. Monique, P.Q.*

Also notify:

BORN—Place *Canada, St. Monique, P.Q.*

Date *Feb 6th 1897*

ATTESTED—Place *Montreal, P.Q.*

Date *May 22nd 1918*

O/S

R/C







Sig on a P. Emile Beauchemin 649-B-31174 *Nte.*

Beauchemin, <sup>3</sup>E.J.B. 3161634 2nd Bn. *2<sup>nd</sup> Que Regt.*

Med. & Dec. (Father) L. Beauchemin, Esq.,  
Sainte-Monique,  
Co. Nicolet, P.Q.

P. & S.

"

L. Beauchemin, Esc.,  
address as above.

Mem. Cross (Mother)

Mrs. A. Beauchemin,  
address as above.

Scroll *MAY* Disp. 4 - ~~1871~~ Regn. No. 241154 ⊗

*Canada only*

Plaque Disp. 28 7/2 Regn. No. 143479 6

*H*



663

*M* 6.40603 JAN 11 1921

Plaque ret. 1-8-22



SURNAME.

*Beauschemin*

CHRISTIAN NAMES

*Emile*

REGL. No.

*310-822-7*

RANK

*Pte.*

UNIT

*2nd. Que. Regt. 2nd Depo. Rec.*

*T. O. S. April 17 1918*  
*D.O. Part III No. 107.*

FORMER CORPS

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

RELATIONSHIP TO SOLDIER

ADDRESS

*E. U. R. 16-6-6*  
*16-6-6*

COUNTRY OF BIRTH

DATE

PLACE OF ATTESTATION

DATE



MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

RELIGION

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE

DATE



LEDGER NO. <sup>✓</sup>3916 - <sup>✓</sup>173

SERIAL NO. A12041 ✓

REG. NUMBER <sup>63</sup>3161364. NAME Beauchemin. E

RANK Pte. CORPS C. O. T. C. Laval.

AGE..... SERVICE.....

NAME OF HOSPITAL K. L. G. H. PLACE Montreal.

DATE OF ADMISSION 30-9-18.

DISEASE Influenza (Pneumonia)

TRANSFERRED TO OTHER HOSPITALS.....

Died 9-10-18.

OPERATION.....

DISCHARGED TO..... IN CATEGORY.....



