7157

DISCHARGE DOCUMENTS

R. O. No. .....

H. Q. No. 649-B-91074

Name Beauchesne Gaston

Regt. No. 3090759 Rank Pte

Corps 1/1 2. R.

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

Attestation Papers..... 1

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.....

Doc 5710-B
M 7-13 30 21
9 A B 122
Lang Well

M. X.
4-1-21.

M. F. W. 62.
50M.—9-16.
H. Q. 1772—39—935.

3 - 2
22 - 4.
26 4
1

ORIGINAL

4th. M. D. First Depot Battalion First Regiment

Regtl. No. 3090759

E.L.

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class 1)

1. Surname BEAUCHESNE
2. Christian name Gaston
3. Present address Beauharnois, Que.
4. Military Service Act letter and number 77771 D2
   (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 June 6th. 1892.
6. Place of birth Beauharnois
   (town, township or county and country)
7. Married, widower or single Single
8. Religion R. C.
9. Trade or calling Salesman
10. Name of next-of-kin BEAUCHESNE Napoleon
11. Relationship of next-of-kin Father
12. Address of next-of-kin Beauharnois, Que.
13. Whether at present a member of the Active Militia No
14. Particulars of previous military or naval service, if any None
15. Medical Examination under Military Service Act :—
    (a) Place Montreal, Que. (b) Date Aug. 26th. 1918 (c) Category A2

MOBILIZATION CENTRE M. D. No. 1 AUG 26 1918 MONTREAL, P. Q.

SUFFICIENT BASES

DECLARATION OF RECRUIT

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

Gaston Beauchesne (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age 26 yrs. 2 mths.

Height 5 ft. 6 ins.

Chest measurement: fully expanded 38 ins.; range of expansion 2 ins.

Complexion Med

Eyes Brown

Hair Brown

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

Eyes 20/20 20/20

Hearing OK OK

W. H. Kellogg Major,
A/O.C. 1st Depot Bn. 1st Quebec Regt.

O. C. First Depot Btln.

First Quebec Regt.

Place Montreal, Que. Date July 29th. 1918.

M. F. W. 133.
900M.—5-18.
1772—39—1158.

CASE HISTORY SHEET.

K.L.C.H. Hospital. BEAUCHESNE Gaston Station.

No. 3090759 Rank Pte Name Beauchesne G. Age 26

Unit 1/1 QR Completed years of service (Where and how long) 6 weeks.

Date of admission Oct 1st/18 Date of discharge Died Oct. 5/18

Diagnosis Influenza Place of origin Montreal

CONDITION ON ADMISSION AND PROGRESS OF CASE. Had been sick for 2 days with headache and fever. On admission looks very ill T 103 P 100 R 22. Face much flushed. Tongue heavily coated. Throat clear. Lungs clear on percussion but on auscultation a patch of fine moist rales at left base. Heart normal. Other systems normal.

Oct 3rd Patient very ill and cyanosed. T 103 P 96 R 20 Lungs full of moist rales of coarse type

Oct 5th Temp dropped by crisis this a.m. but general condition poor. Cyanosis extreme Resp 34 P 112. Lungs show some dulness at left base and small patch of blowing breathing

Oct 7. Temp again elevated. General condition worse Now being given Oxygen, Hypo Caff. gr IV. Strychnine gr 1/30 and Brandy ℥ss q.4.h. 2 each

Died in convulsion at 4 a.m. Oct 8/18

FAMILY HISTORY (Tuberculosis, mental or nervous diseases.) negative

TREATMENT (Especially any specific or special form.) Routine for Influenza. For pneumonia Hypo caff Cit gr IV q.4.h. Strychnine gr IV q.4.h. Brandy ℥ss q.4.h. Oxygen + Hypo Camphor oil

CONDITION ON DISCHARGE, (and disposal made of case.) Died at 4 a.m. Oct 8 in convulsion

Date Oct 8/18

[illegible] Medical Officer i/c case.

M. F. B. 313a.
200M.—5-18.
1772-39-439.

A 12039

INSTRUCTIONS

NAME

Give your first names and surname in full. Fill in correctly your rank, regimental number and the name of the unit to which you belong.

EXECUTOR

Appoint as executor some responsible person, preferably a civilian, and if possible someone who is permanently resident in the Province where the property is situate. It is advisable that the person to whom you leave your property should be the executor. For instance, if you leave your property to your wife, you should ordinarily appoint her. One, two or more executors may be appointed, but the appointment of more than two is inconvenient.

LIFE INSURANCE

If you do not wish to pass life insurance by the will this should be stated.

SHARES

If you wish to give part of your property to one person and part to another, write in the blank space a gift of the property of which you want to dispose specially, and then complete the rest of the form. Thus, if you wanted to give your farm and implements to your sister, whose name was Mary Smith, and to leave the rest of your property to your mother, whose name was Elizabeth Smith, you would write into the form what appears in italics below.

For example:—

I give to my sister, Mary Smith, whose address is 154 William Street, Winnipeg, my homestead and farm implements.

I give to.....*my mother, Mrs. Eliz. Smith,*.....

whose address is.....*250 Yonge Street, Toronto,*.....

all my property not above disposed of.

DATE

Do not forget to insert the date on which the will is signed.

WITNESSES

Two witnesses are absolutely necessary. They and the soldier must all be present together when the three signatures are made. It is advisable that the witnesses should be persons permanently resident in Canada, and they must not receive any benefit from the will.

FORM OF WILL

SEE INSTRUCTIONS ON BACK

If you do not specifically mention your life insurance it will be assumed to pass by this will.

Name, &c. I, BEAUCHESNE Gaston

Regimental number 3090759 Rank Pte serving in the

1st DEPOT BN. 1st QUEBEC REG'T Canadian Expeditionary Force,

declare this to be my last will, revoking all previous wills, if any.

Executor I appoint

whose address is

to be the executor of this my last will.

General gift I give to Napoleon BEAUCHESNE

whose address is Becancourt, Que.

all my property not disposed of above.

Date Dated at Montreal this 26 August 1918

Signature Gaston Beauchesne

Signature of Soldier.

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

Witnesses

1st WITNESS	2nd WITNESS
Signature E. Beatte	Signature J. Kemp
Address Guy St., Barracks, Ptl.	Address Guy St., Barracks, Ptl.
Occupation Soldier	Occupation soldier

M. F. W. 82
120m-4-18
1772-39-983

Reg. No. 3090789

Rank Pte

Name Beauchesne, Gaston

Unit 1/1 Q.R.

This form to be completed and filed with

the M/N ..... documents.

H.Q. File Reference 649-B-31074

Date struck off strength 8-10-18

Reason Deceased

Military District 4

Clerk's Initials [illegible]

Date 1-11-18

Doc.S.F.10.

H

Register No. D81375

WAR SERVICE GRATUITY
TO
DEPENDENTS OF DECEASED SOLDIERS

A.P. File No. 1144-G-29.

Regt'l No. 3090759 Name Gaston (Christian Name) Beauchesne (Surname)

Unit 1st Dpo Bn 1st Inf Regt Rank Pte Date of enlistment

Date of casualty 8-10-18 B.P.C. File No. 81248

Was service performed overseas ? yes

DEPENDENT

Name Napoleon Beauchesne Relationship Father

Address Becancour

P.Q.

Amount of Special Pension Bonus $ nil Abstracted by E.L. Apensie

M.F.W. 2652
25M—6-20.
H.Q. 1772—39-1473

Eligible for Gratuity $

Less amount of Special Pension Bonus paid $

Less Debit Balance of S. A. or A.P. $

Total deductions $

Balance due $

Cheque No. Date issued

Clerk W. Mitchell

REMARKS: Not eligible under P.C. 1486
No S.A. paid

Audited by

Date

Forwd 18/8/20

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name

Surname Christian Name

Regimental Number Rank

Unit

Original Unit

District where paid

Date of Discharge

P. D. P. Filing Number

Address (in full)

Rates:—Regimental pay $ per diem; Field Allowance $ per diem. Separation Allowance $ per month.

L.L. 53961—M. & D. 9721

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Overpayments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		

Remarks:

M. F. W. 127
300M-1-19
1772-39-1140

M.F.B. 465.
200M.—9-18—
1772-39-050.

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

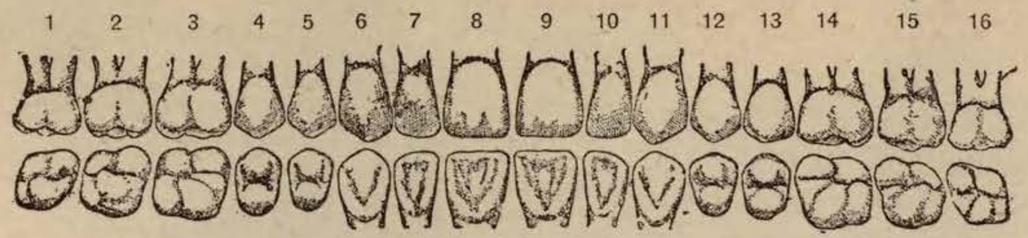
District 4

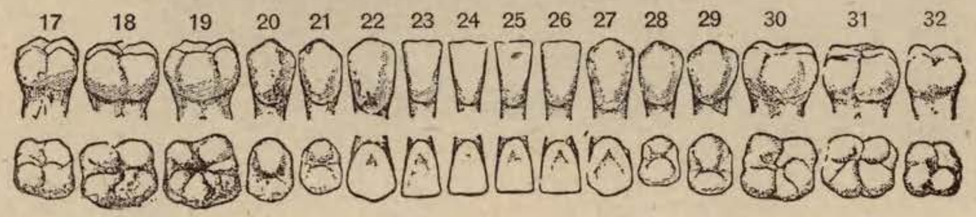
Name of Soldier BEAUCHESNE, Gaston.

Regiment 1st Quebec R.O.P.

Rank Private

No. 309059





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.

	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 District	REMARKS
													U	L	P			Gold	Porcelain				
Condition on first Examination																							

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

1. Surname BEAUCHESNE Christian name Gaston

2. Number of report for service or claim for exemption according to Postmaster's Receipt or schedule 71771 D2

3. Consecutive number on schedule of men reporting for service (if he appears on it)

4. Address (including street and number if any) 71771 D2 Beauneourt, Que.

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 19....., by the undersigned medical board sitting at Montreal, Que.

MOBILIZATION CENTRE M. D. No. 1 AUG 26 1918 MONTREAL P.Q.

5. Age as stated 26 Years 2 Months. 6. Apparent age 26 Years 2 Month

7. Height 6 Feet 1 Inches. 8. Weight 169 Pounds.

9. Chest measurement { Minimum 36 Ins. Maximum 38 Ins.

10. Complexion Med. { Eyes Brown Hair Brown

11. Physical development good { Good Fair Poor

12. Smallpox marks

13. Number of vaccination marks { Right arm Left arm 2

14. When vaccinated last Child

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

(Strike out disease admitted or suspected)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category A2

17.

(a) Vision. R. 20 L. 20

(b) Hearing. R. ok L. ok

R.R. Scott Capt. President.

Robert Muir Capt. Member. R. Fontaine Lt. Member.

Signature of Man

Date	Result	Vaccinations	Date	Result	Anti-Typhoid Inoculations, Etc.
SEP 6	1918	G. H. Stevenson M. O.	SEP 6	1918 TAB I	M. O.
		M. O.	SEP 13 1918		M. O.
		M. O.	SEP 18 1918		M. O.

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

Joined 29th. *day of* July 1918. *19* *at* Montreal, Que.

	Corps	Reg'tl Number	Habits	Date
Joined on enlistment				
Transferred to	1st DEPOT BN. 1st QUEBEC REG'T.	3090759		

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station	Date	Disease	Result

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.

M. F. B. 313.

300M—4-18.

1772-39-139.

Surname ..... Christian Name ..... Gaston

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital			Dates of Discharge from Hospital.			DISEASE.	Number of days in Hospital.	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Day	Month	Year	Day	Month	Year				
K.L.C.H.		1	10	18	8	10	18	Influenza with Pneumonia	8	Died at 4 am Oct 8/18	D Campbell Capt

M.X
4-1-21
RR

M. F. W. 54. (A. F. B. 103.
500M.—9-16
H. Q. 1772-39-920.

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. 3090759 Rank Pte Name BEAUCHESNE, Gaston.
C. E. F.

Enlisted (a) 29-7-18 Terms of Service (a) C.E.F. Service reckons from (a) 29-7-18

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) Salesman

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				
12/10/18.	M.D. 4	S.O.S. Deceased. Asty Ch. of Inquiry 9/10/18.	Montreal	8/10/18.	D.O. Part II 284. J. B. Fraser major ADJT. for O. C. 1st. Depot Bn. 1st Quebec Regiment

(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				

D 8/10/18.
Pneumonia
Montreal

H. Q. .....
M. D. No. 4
T. O. S. July 29th 1918
D. O. Pt. II 2441 of 29-7-18
S. O. S. 8/10/ 1918 4
Reason Deceased
Auth. D.O. 284 of 11/10/18 1/2 R.

Surname Beauchesne,
Christian names Gaston
Regtl. No. 3091759 Rank Pte.
Unit 1st Quebec Regt. 1st Depot Bde.

Next of kin Beauchesne Napoleon Relationship Father
Address Becancourt, P.Q.
Also notify: .....

BORN—Place Canada Becancourt P.Q. Date June 4th 1892
ATTESTED—Place Montreal P.Q. Date July 29th 1918
O/S .....
R/C .....

W. 22—100M-7-18. 1772-39-839.

649-B-31074. 3090759 Pte. Gaston Beauchesne. CEF.,
1st Depot Bn. 1st Que Regt.

Medals & Dec. (Father) Napoleon Beauchesne, Esq
Becancourt, P.Q.,

Placque & Scroll. (Father) Same as above.
(Ser. # 806450.)

Memorial Cross. (Mother) Mrs. Napoleon Beauchesne,
Address as above.

French

Scroll Desp MAY 4 - 1921 Regn. No 241155

Canada only.
Not Eligible for Victory Desp 25/2 Regn No 143450
Not E.. .. .. B.W.M.

R.R.