

NAME

BEAUDIN ALBERT

REGT. NO. 3289202

UNIT 1st/2nd Co. P. H. Q. FILE NO.

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DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

DEATH

Category

DECEASED

23-10-18

DISCHARGE

Category

DESERTION

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REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)

COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)

1 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)

1 DENTAL HISTORY SHEET (M.F.B. 465)

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PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)

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PARTICULARS OF CHARACTER (A.F.W. 3226)

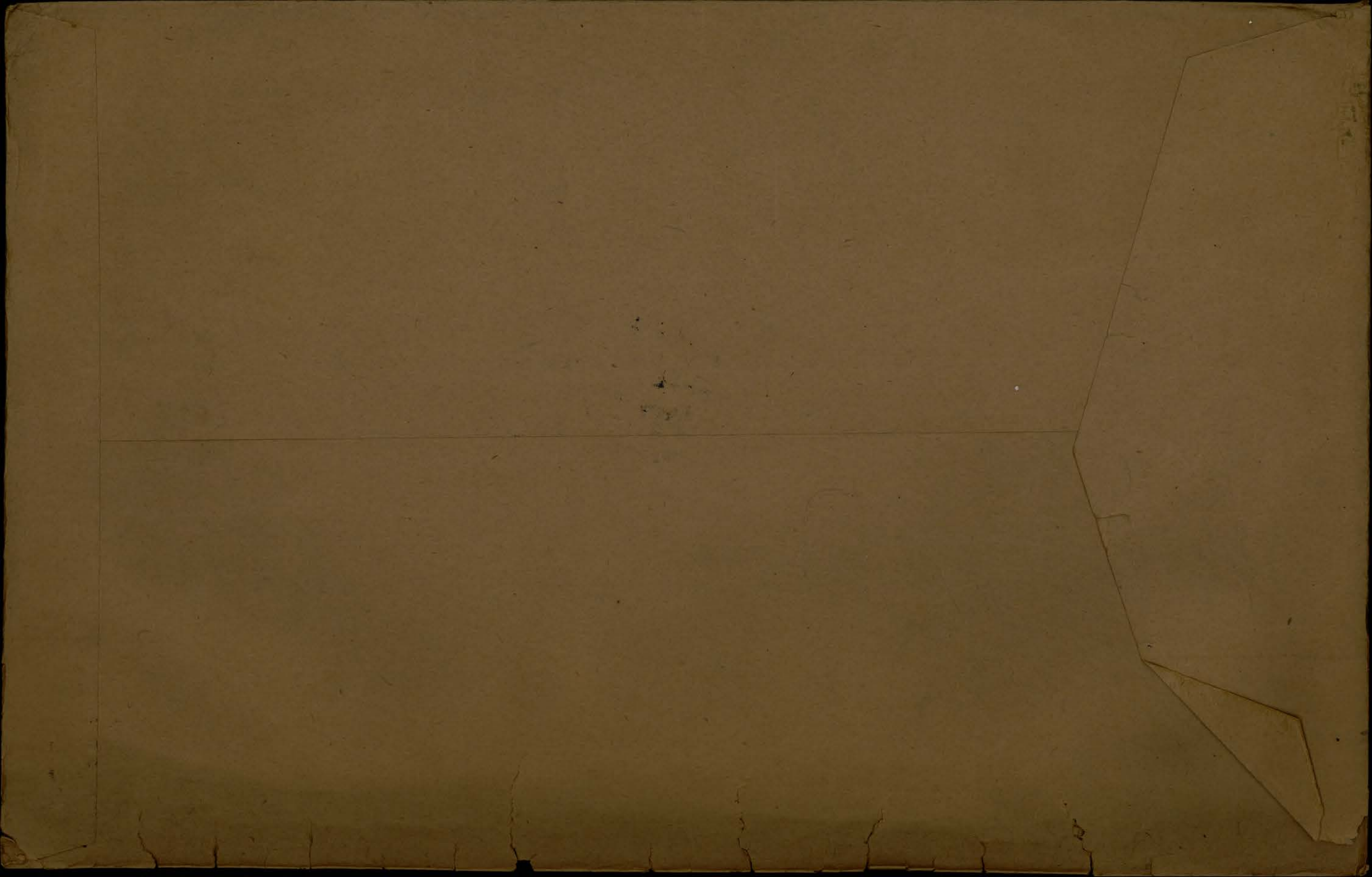
COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)

1 Doc. SF 10.

1 M.F. G. 565

2 M.F. W. 82

2-21



MOBILIZATION CENTRE M. D. 5

5th, M. D. 1st; Depot Battalion 2nd, Quebec Regiment

Regtl. No. 3259902

PARTICULARS OF RECRUIT DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class One)

1. Surname Beaudin

2. Christian name Albert

3. Present address New-Port South Gaspé Co P. Q. Canada

4. Military Service Act letter and number 225511 70
(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 24th December 1893

6. Place of birth New-Port South Gaspé Co, P. Q. Canada
(town, township or county and country)

7. Married, widower or single Single

8. Religion Roman Catholic

9. Trade or calling Farmer and Government employee

10. Name of next-of-kin Albert Beaudin

11. Relationship of next-of-kin Father

12. Address of next-of-kin Pointe aux Maguareaux Gaspé Co, P. Q. Can.

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

14. Particulars of previous military or naval service, if any Nil

15. Medical Examination under Military Service Act :—
(a) Place Quebec Que. (b) Date 25-7-18 (c) Category A-2

DECLARATION OF RECRUIT

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

Albert Beaudin (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age	<u>24</u>	yrs.	<u>8</u>	mths.	Distinctive marks, and marks indicating congenital peculiarities or previous disease. <u>Right thigh due to old fracture</u> <u>Compensation Scoliosis</u>
Height	<u>5</u>	ft.	<u>2½</u>	ins.	
Chest measurement	fully expanded	<u>35½</u>	ins.		
	range of expansion	<u>2½</u>	ins.		
Complexion	<u>Dark</u>				
Eyes	<u>Brown</u>				
Hair	<u>Brown</u>				

M. S. A.

[Signature]
O. C. Mobilization Centre M. D. 5 Depot Btin.

Regt.

Place Drill Hall Que Date 23rd July 1918

No Blime

List 92

O. IN C. No. 1

M.S.A. 15

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET. 32 89902

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar.

- 1. Surname Beaudin Christian name Albert
- 2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule 225511EC
- 3. Consecutive number on schedule of men reporting for service (if he appears on it) _____
- 4. Address (including street and number, if any) New York South St Gaspé

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 25 day of July 1917, by the undersigned medical board sitting at Quebec

- 5. Age as stated 24 Years 8 Months.
- 6. Apparent age 24 Years _____ Months
- 7. Height 5 Feet 2 1/4 Inches.
- 8. Weight 125 Pounds.
- 9. Chest measurement { Minimum 32 Ins. Maximum 35 1/2 Ins.
- 10. Complexion Ward { Eyes Brown Hair Brown
- 11. Physical development Good { Good Fair Poor
- 12. Smallpox marks _____

- 13. Number of vaccination marks { Right arm _____ Left arm 1
- 14. When vaccinated last Child
- 15. Distinctive marks and marks indicating congenital peculiarities or previous disease 3/4" shortening
rupt thigh due to old fracture tilting of pelvis
Compensatory scoliosis
- 16. Slight defects but not sufficient to cause rejection _____

The man denies having had { Rheumatism Tuberculosis Syphilis We find no evidence of past { Rheumatism Tuberculosis Syphilis (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

Warrant R 20 430
Hearing

J. Vaillancourt Capt. President.
H. W. ... Lt. Member.

Signature of Man

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>26-7-18</u>		<u>W. H. Helliwell</u> M.O.	<u>26-7-18</u>		<u>W. H. Helliwell</u> M.O.
		M.O.			M.O.
		M.O.			M.O.

Joined 25 day of July 1918 at Quebec

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment				<u>25/7/18</u>
Transferred to.....				

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.

MOBILIZATION CENTRE M. D. 5

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, Beaudin Albert

Regimental number 3289902 Rank Private serving in the

1st Depot Batt. 2nd Quebec Regt. 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 Albert Beaudin (father)

whose address is Pointe Aux Maquefeaux Gaspé Co. P. Q. Canada

all my property not disposed of above.

Date Dated at Drill Hall Que. this 25th July 1918

Signature Albert Beaudin
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.

1ST WITNESS
Witnesses Signature U. Proulx Pt.
Address Drill Hall Que
Occupation Clerk

2ND WITNESS
Witnesses Signature Asph. Chabot Pt.
Address Drill Hall Que
Occupation Clerk

COLLECTION CENTRE M. B. S.
FORM OF WILL

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.

MOBILIZATION CENTRE M. D. 5

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.

Unit, Regiment or Corps 1st Depot Batt 2nd Quebec Regt.

Regimental No. 3289902 Rank Private Name Beaudin Albert
C. E. F.

Enlisted (a) 23-7-18 Terms of Service (a) Can. Expt. Force Service reckons from (a) 25-7-18

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 and Government Employee

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				
		Died of Influenza while on Conditional Leave, is hereby S.O.S.	Quebec	24.2.19. 23-10-18.	

1st DEPOT BATTALION 2nd QUEBEC REGIMENT.
Adjutant,
Lawrence Officer i/c R. & S.



(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]

Beaudin, A., Pte. 3289902 1st D. Bn. 649-B-29273

✓ 2nd Q.R.

Med. & Dec. (Father) Albert Beaudin, Esq.,
NewPort Centre,
Gaspé Co., Que.

P. & S. (NIL)
(Ser. # 806452)

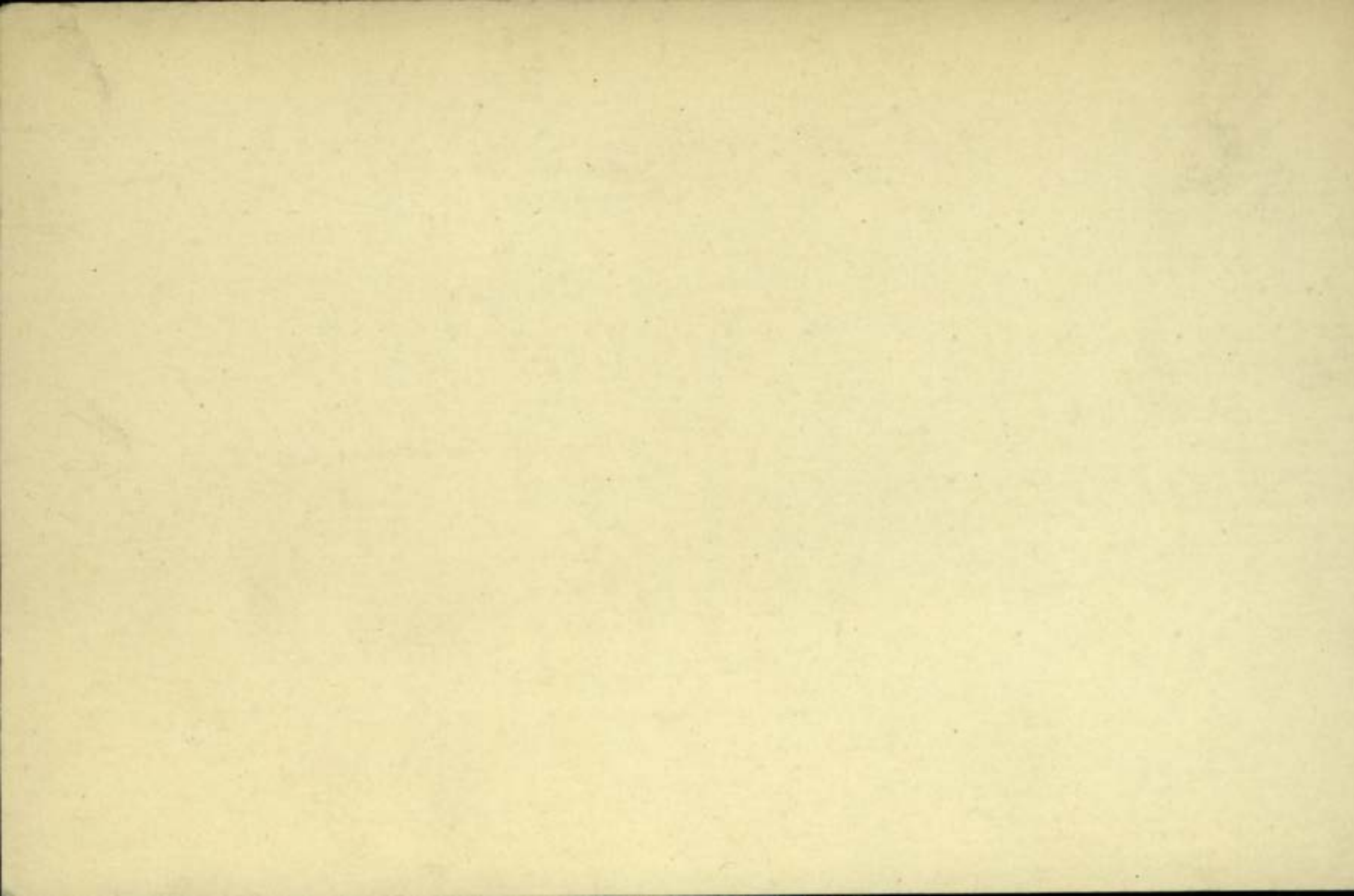
Mem. Cross. (NIL)

Canada only.

Medals from causes other than
military service.

49871

B-



1st DEPOT BATTALION, 2nd QUEBEC REGIMENT

Name in full: BEAUDIN Albert Rank: Pte No. 3289902

Enlisted at: QUEBEC QUE. Date: 23-7-18

Married, Widower or Single: Single Previous Unit: None

Next-of-Kin and Address: Albert Beaudin (father)
Pointe aux Maquereaux Co. Gaspé P.Q.

Religion: R. C. Category: A-2 Company: "N"

Occupation: Farmer and Government employee

Remarks:

CASUALTIES: Extracts from Part II Orders

Nature of Casualty	D. O. Part II Number:	Nature of Casualty:	D. O. Part II Number:
S.I.	23-7-18	231-167-84	
I.C.T.	25-7-18	231-193-98	
C.L.	3-8-18	231-263-127	
C.L.	2-11-18	306	
S.D.	24--2-19	78	

m

Surname *Beaudin* H. Q.
 Christian names *Albert* M. D. No. *5*
 Regtl. No. *3289903* Rank *Pte* T. O. S. *July 23rd 1918*
 Unit *2nd Que. Regt 1st Hqs Co Bn* D. O. Pt. II. *231* of *19-8-18*
 S. O. S. *23-10-189*
 Reason *Deceased*
 Auth.

Next of kin..... Relationship.....
 Address..... Also notify:.....

BORN—Place..... Date.....
 ATTESTED—Place..... Date.....
 O/S R/C.....

