

DISCHARGE DOCUMENTS

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

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

Attestation Papers..... 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..... 1

Corps History Sheet.....

Date and No. of Deposit Receipt for
Purchase Money and Amount.....

Swish
Forswear Certificate..... X 2

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.....

*M.S.W. 71-1
M.S.W. 465-1
M.S.W. 122-1
M.S.W. 143-1*

Copy paid

M. F. W. 62.
100m.-6-17.
H. Q. 1772-39-935.

M.X. 18-12-20



Name *BEAUDRY, GERMAIN,*
3165130
Regt. No. *3165130* Rank *Pte.*
Corps *2nd d. Bn. 2nd A.R.*
Deceased.



Box 558

4 M. D. Depot Battalion Regiment

Regtl. No. D-2

PARTICULARS OF RECRUIT DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class ONE.)

3165130

1. Surname BEAUDRY
2. Christian name Germain
3. Present address StPaul Co Joliette PQ Can
4. Military Service Act letter and number 27873 DC
5. Date of birth July 16th 1897
6. Place of birth StPaul Co Joliette PQ Can
7. Married, widower or single Single
8. Religion Roman Catholic
9. Trade or calling Farmer
10. Name of next-of-kin Mr Joseph Beaudry
11. Relationship of next-of-kin Brother
12. Address of next-of-kin StPaul Co Joliette Can
13. Whether at present a member of the Active Militia No Nil
14. Particulars of previous military or naval service, if any
15. Medical Examination under Military Service Act:— (a) Place Montreal PQ (b) Date 3-8-18 (c) Category 9

DECLARATION OF RECRUIT

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

Germain Beaudry (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age 21 yrs 1 mths.
Height 5 ft 2 1/2 ins.
Chest measurement fully expanded 37 ins. range of expansion 3 ins.
Complexion Brown
Eyes Grey Brown
Hair

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

Commanding 2nd Depot Bn., 2nd Quebec Reg't Depot Btin.

Place Montreal PQ Can Date 5-7-18

DEMOBILIZATION
CANADIAN EXPEDITIONARY FORCE
Discharge Certificate

This is to Certify that No. D-3165130 (Rank) Private

Name (in full) BEAUDRY Germain enlisted in
the 2nd Depot Bn/ 2nd Quebec Regiment

CANADIAN EXPEDITIONARY FORCE at Montreal, P. Que Canada on the 3rd
day of August 1918 19

HE served in Montreal P. Que Canada

and is now discharged from the service by reason of Deceased

Deceased

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

Age 21 7

Height 5 2½

Complexion Brown

Eyes Grey

Hair Brown

Marks or Scars Nil

Signature of Soldier

L. Lauvreaux

Issuing Officer

Major

2nd Lieutenant Colonel

Date of Discharge 17th October 1918

2nd/2nd Quebec Regt.

Appointment

Signed at Montreal P. Que Can this 17th day of October 1918 19

in Military District No. 4

File Reference No. _____

N.B.—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.

CANADIAN EXPEDITIONARY FORCE
Discharge Certificate

No. _____ (Rank) _____ Name _____

Unit _____

Address on Discharge _____

Character and Conduct _____

Former Occupation _____

Special Qualifications of Value in Civil Life _____

Medals and Decorations _____

Remarks _____

Signed at _____ this _____ day of _____ 19 _____

Name of Officer

Rank

Appointment



am Larace
Cap't.

On demobilization the particulars called for on the back of this certificate will not be collated.



GHV D-

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

ORIGINAL

1. Surname BEAUDRY Christian name Germain

2. Number of report for service or claim for exemption according to Postmaster's Receipt or schedule 27873 DC

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

4. Address (including street and number if any) St Paul Co Joliette PQ Can

0155130

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 3rd day of August 1918, by the undersigned medical board sitting at Peel st Bks Montreal P. Can

5. Age as stated 21 Years 1 Months. 6. Apparent age --- Years --- Month

7. Height 5 Feet 3 1/2 Inches. 8. Weight 142 Pounds.

9. Chest measurement (Minimum 37 Ins. Maximum 37 Ins.) 10. Complexion Brown (Eyes Grey 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 Scar left leg

16. Slight defects but not sufficient to cause rejection Right foot slightly flat

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

17. "A" Fit for General Service

(a) Vision. R. 80 L. 80

(b) Hearing. R. --- L. ---

Willems President.

Magnum Member. Alot Member.

Signature of Man Germain Beaudry

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>8/8/18</u>	<u>Good</u>	<u>Measles</u> M. O.	<u>8/8/18</u>	<u>Good</u>	<u>Measles</u> M. O.
		<u>Scarlet</u> M. O.	<u>13/8/18</u>	<u>Good</u>	<u>Measles</u> M. O.
		<u>Diphtheria</u> M. O.	<u>16/8/18</u>	<u>Good</u>	<u>Measles</u> M. O.

Joined 3rd day of August 1918 at Montreal PQ Can

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>2nd DEPOT B.T. 2nd QUEBEC REGT</u>	<u>D</u>		<u>3-8-18</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.

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

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, etc. I, BEAUDRY, Germain.

Regimental number D-3165130 Rank Private. serving in the

2nd Depot Bn. 2nd Quebec Reg't. Canadian Expeditionary Force,

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

Executor I appoint Mr. Joseph Beaudry.

whose address is St. Paul Co. Joliette P.Q. Can. Sufficient Address.

to be the executor of this my last will.

I hereby certify that this document is a true copy of an original document now in possession of this office.

FEB 26 1919

J. B. Hubbard Capt.
for Director Military Estates.

General gift I give to Mr. Joseph Beaudry.

whose address is St. Paul Co. Joliette, P.Q. Can. Sufficient Address.

all my property not disposed of above.

Date Dated at Montreal P.Q. Can. this 3-8-18. 191.....

Signature Germain Beaudry.
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

2ND WITNESS

Witnesses Signature George Vincent.

Signature Geo. E. Famalin.

Address Peel St. Bks.

Address Peel St. Bks.

Occupation Soldier.

Occupation Soldier.

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.

M-X-2
18-12-20

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

Casualty Form—Active Service.

2nd DEPOT BN. 2nd QUEBEC REGT.

GHV

Unit, Regiment or Corps.....

Regimental No..... Rank *Private* Name *BEAUDRY Germain*

C. E. F.

Enlisted (a)..... *3-8-18* Terms of Service (a)..... *CEF* Service reckons from (a)..... *3-8-18*

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)..... *German*

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				
<i>13/1/19</i>	<i>P.O.</i>	<i>P. Deceased</i>	<i>17/10/18</i>		<i>arr. Laurence cap. J.P.</i>
		<i>SO. 13</i>			

(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, Shoing Smith, etc., etc., also special qualifications in technical Corps duties.

NAME

Beaudry, Germain

REGIMENTAL NO.

3165130

RANK

Pte

ENLISTED AT

PROMOTIONS, &c.
AND DATE

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

Col. 20.12 Discharged

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR

Beaudry, Pte. Germain, #3165130, 2nd B.D. *2nd 2nd Regt*

M. & D. (Brother) Joseph Beaudry,

~~St. Paul,~~
~~Co. Joliette, P.Q.~~

L'Assomption
P.Q.

(28.3.22)

P. & S.

"

ditto.

See # 806026
Mem. C. Nil.

39893

not elig. for 1914-15 star

APR 29 1922

Reqn. No 240166

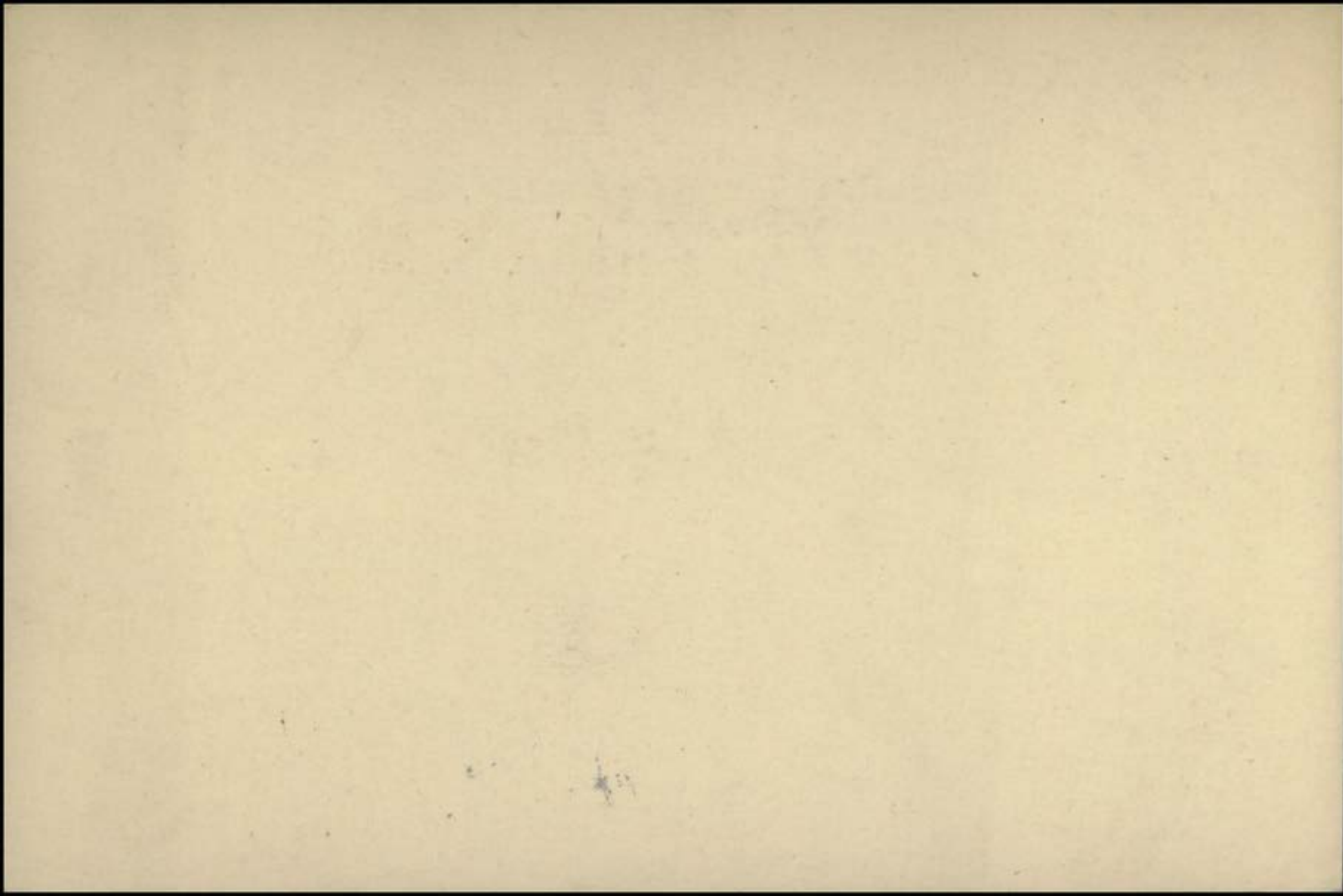
" " *J.M.* Scroll Desp.

FEB 11 1922

Reqn. No 229489

" " *B.W.M.* Plague Desp.

x



71.

Surname *Beaudry* H. Q.
 Christian names *Germain* M. D. No. *4* *
 Regtl. No. *316 51 30* Rank *Pte* T. O. S. *July 5 1918*
 Unit *Ind Que Regt Ind Depo Bu* D. O. Pt. II *186 of 5 7-18*
 Reason *Dis 17-10-1819*
 Auth. *D.O. 13 of 13-1-19 2/2 QR*

Next of kin *Beaudry Joseph* Relationship *Brother*
 Address *St Paul T. Q.* Also notify:

BORN—Place *Canada, St Paul T. Q.* Date *July 16th 1897*
 ATTESTED—Place *Montreal T. Q.* Date *July 5th 1918*
 O/S..... R/C.....

75

List of Discharge Documents.

Reg. Conduct Sheet, Militia form B. 263.	Attestation Paper, Militia Form B. 235.
Squadron } Battery } Conduct Sheet, " B. 263a. Company }	Proceedings on Discharge " B. 218.
Copies of Convictions, by C. P. in MS.	In the case of recruits who are rejected on final approval, the discharge documents will consist of (a) Proceedings on Discharge. (b) Attestation. (c) Medical History Sheet (in the event of such having been prepared.)
Med. Hist. Sheet, Militia Form B. 313	
Medical Report for Invalid* " B. 227.	
Statement of Man's Account on Transfer and Last Pay Certificate, " D. 877.	

*Only if discharged "Medically unfit."

N. B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.

This space to be for numbers

Proceedings on Discharge.

AL

(When forwarded for confirmation these proceedings should be accompanied by the documents specified on fourth page).

No.	D 3165130	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> MILITARY DISTRICT No. 4 JAN 21 1919 M. D. X </div>
Rank	Private	
Surname	BEAUDRY	
Christian Name	Germain	
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.		
Corps (Squadron, Battery or Company)	2nd Depot Bn 2nd Quebec Regt	
Date of Discharge	17th Oct 1918 D.).	2/2/ Quebec Regt
Place of Discharge	Montreal. P.Q. Canada	
1. DESCRIPTION AT THE TIME OF DISCHARGE.		
Age	21 years 7 months.	<div style="border: 2px dashed black; padding: 10px; width: 100px; height: 100px; margin: auto;"> </div>
Height	5 feet 2 1/2 inches.	
Complexion	Brown	
Eyes	Grey	
Hair	Brown	
Trade	Farmer	
Intended place of residence	St Paul Co Joliette	
(To be given as fully as practicable.)	P.Q. Canada	
2. The above-named man is discharged in consequence of DECEASED		
DECEASED N.O. # 13		
N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.		
3. Conduct and character while in the service have been, according to the records, etc.		
N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.		
4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)		
Farmer		

M. F. B. 218.

100M-1-17.
H. Q. 1772-39-113.

(OVER)

11-2-19
res.

5. He is in possession of the following number of G. C. Badges:

Nil

No reference to G. C. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations.....

Nil

To be copied by the Commanding Officer on to the Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company. (Squadron or Battery), and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place) 17th Oct 1918

(Date) Montreal.P.Q Canada

Commanding Officer
22/ Quebec Regt
Joy " B "

8. Certificate to be signed by the Soldier on Discharge

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page.

(Place) Montreal.P.Q Canada (Signature of Soldier.)

(Date) 17th Oct 1918 (Signature of Witness.)

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. Additional Certificate in the case of a Soldier who takes his discharge on his own request.

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

(Signature of Soldier.)

10. Statement of Service.

Service toward Engagement to.....(the date to which the Record of Service is completed).....years.....days.

75 Days

Total.....years.....days.

11. Confirmation of Discharge.

The discharge of the above-named man is hereby confirmed.

(Place) Montreal.P.Q Canada

(Date) 17th Oct 1918

(Signature) Major.

For Lieut Colonel

2nd Depot Bn 2nd Quebec Regt

Reservations referred to at Para. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

RESERVATIONS (NIL)

(OVER)