L.P.
30-10-18

Inc

~~DISCHARGE~~ DOCUMENTS

R. O. No.....

H. Q. No.....

Name BEAUGRAND JOSEPH

Regt. No 3384402 Rank

Corps 1st Depot Bn 23rd Quebec Regt

Deceased 9-10-18

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	
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	1
Inventory of Kit	1
Last Pay Certificate	

Proc Board Adjustment 7
Doc. S.F. 10-2
a F B 122-1
M H 113
Proceedings of well
M H B 303

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

7-7
22-7
26 7
1

Original

5th M. D. Third Depot Battalion Second Quebec Regiment

Regtl. No. 3384402

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class ONE.)

MILITARY DISTRICT No. 5 CENTRAL REGISTRY OCT 23 1918

1. Surname: Beaugrand
2. Christian name: Joseph
3. Present address: Thetford Mines Megantic Co. P.Q. Canada
4. Military Service Act letter and number: I98764 EC. Defaulter Group 3 Surr. 27/9/18.
   (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: September 29th 1890
6. Place of birth (town, township or county and country): Windsor Mills Richmond Co. P.Q. Canada
7. Married, widower or single: Single
8. Religion: Roman Catholic
9. Trade or calling: Minor
10. Name of next-of-kin: Adélaide Labrecque Beaugrand
11. Relationship of next-of-kin: Mother
12. Address of next-of-kin: Thetford Mines Megantic Co. P.Q. Canada
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 Drill Hall Quebec (b) Date September 28 1918 Category A2.

DECLARATION OF RECRUIT

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

Joseph Beaugrand (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age	28 yrs.	-- mths.
Height	5 ft.	3¼ ins.
Chest measurement	fully expanded	35 ins.
	range of expansion	3½ ins.
Complexion	Medium	
Eyes	Blue	
Hair	Brown	

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

Large moul inner side Right Thigh.

T. de la Fleurel C.
pro O. C. 3rd Depot Btln. Reinf
2nd Quebec Regt.

Place Drill Hall Quebec P.Q. Date September 28th 1918.

M. F. W. 133.
500M.—7-18.
1772—39—1158.

B.D. 44

Duplicate

5th M. D. Third Depot Battalion Second Quebec Regiment

Regtl. No. 338402

Remade 11-1-18

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class ONE.)

1. Surname: Beaugrand
2. Christian name: Joseph
3. Present address: Thetford Mines Megantic Co. P.Q. Canada
4. Military Service Act letter and number: 198764 EC. Defaulter Group 3 Surr. 27/9/18.
   (If man is defaulter, i.e., has not registered under Proclamation, this fact should be stated, together with date of apprehension, or surrender)
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6. Place of birth (town, township or county and country): Windsor Mills Richmond Co. P.Q. Canada
7. Married, widower or single: Single
8. Religion: Roman Catholic
9. Trade or calling: Minor
10. Name of next-of-kin: Adélaide Labrecque Beaugrand
11. Relationship of next-of-kin: Mother
12. Address of next-of-kin: Thetford Mines Megantic Co. P.Q. Canada
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: Drill Hall Quebec (b) Date: September 28 1918 (c) Category: A2.

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

Large moul inner side Right Thigh.

J. de la Fervenl/E. Chirs.
pro 3rd
2nd Lt. Quebec

O. C. Depot Btln.

Regt.

Place Drill Hall Quebec P.Q. Date September 28th 1918.

M. F. W. 133.
500M.—7-18.
1772—39—1158.

17-B-1505

* 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 * Committee of Adjustment

assembled at the DRILL HALL Quebec

on the 9th day of October 1918

by order of Lt.Col.P.A.Piuze O.C.1st/2nd Que.Rgt.,

for the purpose of inquiring into and reporting upon the amount and disposal of the property of the late No-3384402 Pte.BEAUGRAND Joseph 1st/2nd Que.Rgt.,

MILITARY DISTRICT No 5 CENTRAL REGISTRY OCT 10 1918

PRESIDENT.

Lieut.L.G.Talbot

MEMBERS.

Lieut.J.D.Lavergne

Lieut.T.de la Perelle

The Committee having assembled pursuant to order, proceed to take evidence as follows:-

1st Witness

Capt.L.Lambert Pay Master 1st/2nd Quebec Rgt., being duly sworn gives evidence as follows:-

On the 9th day of October 1918 the account of the late No-3384402 Pte.BEAUGRAND Joseph 1st/2nd Quebec Regiment, stood as follows:-

Dr		Cr	
		Reg.Pay 12 days at 1.00	12.00
Balance Cr.	13.20	Field Al.12 days at .10	1.20
TOTAL	13.20	TOTAL	13.20

Deceased was struck off the strength on the 9th day of October 1918.

2nd Witness

Capt. J.A. Mc Callum Quarter Master 1st/2nd Quebec Regiment being duly sworn gives evidence as follows:-

On the 9th day of October 1918 I issued the following articles of clothing for the purpose of clothing the body of the late No-3384402 Pte. BEAUGRAND Joseph 1st/2nd Quebec Regiment,

Badges	Cap	prs	1	.03
"	INF		1	.06
"	Collar		1	.03
"	Shoulder		1	.10
Drawers	Winter		1	1.18
Shirts	Winter		1	1.18
Shirts	Flannel		1	2.25
Socks	Worstef		1	.36
Caps	Forage		1	1.18
Jacket	Serge Drab		1	5.14
Trousers	"	"	1	4.79
		TOTAL		16.30

3rd Witness

Lieut. J.E.M. Samson 1st/2nd Quebec Regiment being duly sworn gives evidence as follows:-

I was Orderly Officer at the DRILL HALL Quebec on the 9th day of October 1918. At about 9.00AM on this date I was informed that No-3384402 Pte. BEAUGRAND Joseph was dead I at once reported the matter to the Adjutant and took charge of the deceased man's effects which they were as follows:-

1	Raincoat	2	Bonexs Cigarette (Gold Crest)
1	Box matches	1	Navy Bleu suit (Pants & Coat)
1	Pr. Braces	1	Pr. Drawers Wollen
1	Undershirt Wol.	1	Red Sweater
1	pr. Boots		.20 cash and 3 coins in pants' pocket
1	Gold Watch and $32.60		

The whole of these articles I handed over to the Adjutant.

M.S.A. 15 F.

LOI DU SERVICE MILITAIRE

FEUILLE MÉDICALE

IMPORTANT.—Si le nom de l'homme n'apparait 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'informera 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 ..... Nom de baptême .....
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 .....
3. Numéro consécutif de la liste des déclarations (s'il y apparait) .....
4. Adresse (y compris la rue et le numéro s'il en existe) .....

Voici les renseignements exacts qui résultent de l'examen du sujet ci-dessus nommé, fait le ..... jour de ..... 1917, par le bureau médical soussigné siégeant à .....

5. Âge affirmé ..... ans ..... mois.
6. Âge apparent ..... ans ..... mois.
7. Hauteur ..... Pieds ..... pouces.
8. Poids ..... livres.
9. Mesure de poitrine { Minimum ..... pouces / Maximum ..... pouces
10. Couleur ..... { Yeux ..... / Cheveux .....
11. Développement physique ..... { Bon / Moyen / Pauvre
12. Marques de vérole .....
13. Nombre de vaccinations { Bras droit ..... / Bras gauche .....
14. Dernière vaccination .....
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 / Syphilis — Nous ne trouvons pas de preuve qu'il ait souffert de { Rhumatisme / Tuberculose / 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 [ ]

..... *Président.*

..... *Membre* ..... *Membre*

Date	Résultat	Vacciné	Date	Résultat	Innoculations, Anti-Typhoïdes, Etc.
		O.M.			O.M.
		O.M.			O.M.
		O.M.			O.M.

Enrôlé le ..... *jour de* ..... *191* ..... *à* .....

	Corps	No. dans le régiment	Habitudes	Date
Enrôlé				
Transféré à				

EXAMINÉ OU REFUSÉ PAR UN BUREAU MÉDICAL.

Quartier	Date	Maladie	Resultat

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 .....

Nom de famille ..... Nom de baptême .....

QUARTIER	Date de l'arrivée au quartier	Dates de l'Admission à l'hôpital			Dates de Sortie de l'hôpital			MALADIE	Nombre de jours à l'Hôpital	Remarques sur la nature de la maladie; comment contractée; légère ou violente; si complètement guérie; s'il y a eu traitement particulier; dans les cas de maladies vénériennes, mentionnez la maladie originaire et si le mercure a été administré. Si c'est un accident, dites s'il est arrivé en devoir et si une enquête a été faite. Date et détails de fourniture de fausses dents et autres articles de chirurgie. Détails d'innoculations prophylatiques.	Signature de l'officier médical
		Jour	Mois	An	Jour	Mois	An				

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, Joseph Beaugrand

Regimental number 3384402 Rank Private serving in the

3rd Depot Bn. 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 Adélaide Labrecque Beaugrand (Mother)

whose address is Thetford Mines Megantic Co., P. Q. Canada,

all my property not disposed of above.

Date Dated at Drill Hall, Quebec, P. Q this 27th. day of September 1918

Signature (Sgd) Joseph Beaugrand

Signature of Soldier.

ESTATES
MIL. & DEF.
AUG 29

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 Pte. Réné Blouin	Signature Pte. Antoine Cloutier
	Address Drill Hall, Quebec, P.Q	Address Drill Hall, Quebec, P.Q.
	Occupation Clerk	Occupation Clerk

M. F. W. 82
100m-6-18
1772-39-983

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.

FINDING

The Committee having heard the witnesses and considered the documentary evidence find that the property and effects as mentioned in the attached list ar left, by virtue of his attached WILL signed by the deceased to his Mother Mrs. Adelaide Labrecque BEAUGRAND residing at Thetford Mines Megantic Co. P.Q. Canada. The Committee also find that the late No-3384402 Pte. BEAUGRAND Joseph died clear of all debts and further more recommand that the cost of the clothing issued for the purpose of clothing the body of deceased and the funeral expenses be charged to the public.

This man is therefore struck off strenght on account of decease with effect from 9-10-18.

5 D. No.

DATED AT THE DRILL HALL this 9th day of October 1918. Quebec Que.

MILITARY DISTRICT No. 5 CENTRAL REGISTRY OCT 10 1918

PRESIDENT

L G Talbot Lieut.,
1st/2nd Quebec Regt.,

MEMBERS

J Blewett Lieut.,
1st/2nd Quebec Rgt.,

C. Fowler Lieut.,
1st/2nd Quebec Rgt.,

RECOMMANDED AND FORWARDED

V R Williams Lieut.Col.
O.C.1st/2nd Quebec Regiment.,

MOBILIZATION CENTRE M. D. 5

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

M. F. W. 54. (A. F. B. 103.)
350m.—5-16
H. Q. 1772-39-9/0.

Casualty Form—Active Service.

Unit, Regiment or Corps 3rd Depot Battalion 2nd Quebec Regiment

Regimental No. 3384402 Rank Private C. E. F. Name Beaugrand, Joseph

Enlisted (a) 26/7/18. Terms of Service (a) Can. Exp. Forces. Service reckons from (a) 27/9/18.

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) Minor.

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				

(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.

OCT 23 1918
MILITARY PENSIONS & RELIEF FUND
CENTRAL REGISTRY
DISTRICT No. 3

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				

649-B-30923

1st Dpo. Bn 2nd Inf. Rgt

Beaugrand

Beaurgrand, Joseph No. 3384402 Pte. C.E.F.

Med. and Dec.	Mother	Mrs. A. Beaurgrand, 50 Rue St. Thomas, Thetford Mines P.Q.
P. and S.	Mother	Same as above.
(Ser. # 806453.)		
Memorial Cross	Mother	" " "

MAY 4 - 1921

Scroll Desp. _____ Reqn. No 241156

Plague Desp 21/2 Reqn. No 620 147451

Canada Only

ac

638224

DEC 23 1920

922

LEDGER NO. 4198.251 SERIAL NO.

REG. NUMBER 3284402 NAME Beaugrand

RANK Pte CORPS

AGE SERVICE

NAME OF HOSPITAL Drill Hall PLACE Quebec

DATE OF ADMISSION

DISEASE Influenza.

TRANSFERRED TO OTHER HOSPITALS Deid 9-10-18

OPERATION

DISCHARGED TO IN CATEGORY

M. F. W. 2553.
50m —6-18.
1772-33-1332.

P. T. O.

REMARKS: