

Deceased
DISCHARGE DOCUMENTS

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

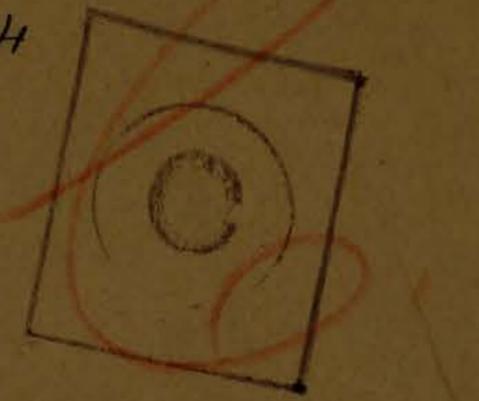


9906

- Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- Attestation Papers..... *PafA*
- 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.....
- 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 *NECESSARIES* Certificate..... *1*
- Inventory of Kit.....
- Last Pay Certificate.....

Name *BEGIN. OVIDE.*
 3086807
 Regt. No. Rank *Spr*
 Corps *1st Depo Bn 1st 2^d P. M. D. #4*

Deceased 2-12-18

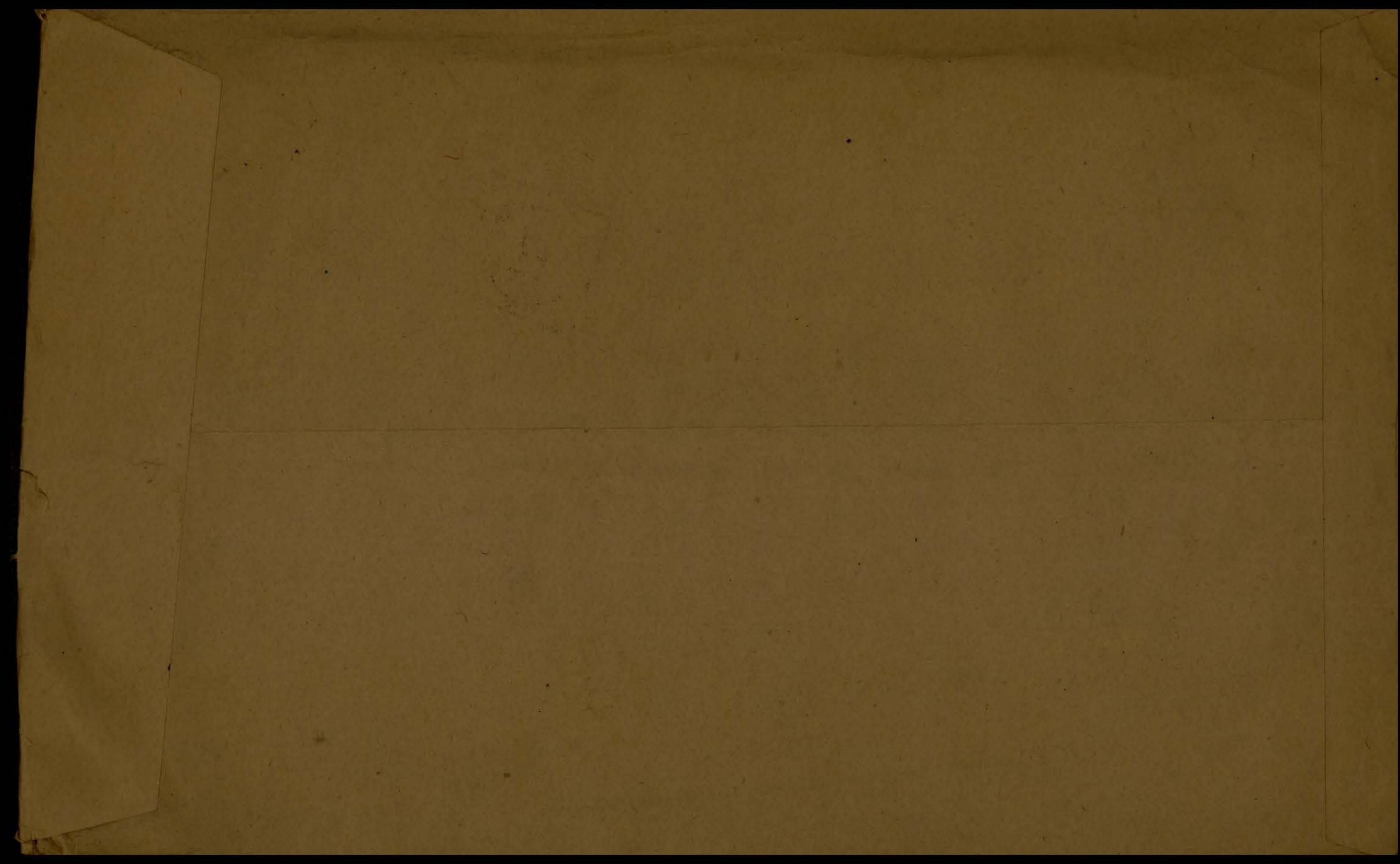


M. F. W. 143 1
M. F. B. 465 1

Copy of name / misc

M. X. 15-1-18 / R.R.

[Handwritten signature and scribbles]



Fourth M. D. First Depot Battalion First Quebec. Regiment

Regtl. No. 3086807

ORIGINAL

PARTICULARS OF RECRUIT
DRAFTED UNDER MILITARY SERVICE ACT, 1917

a.r.k. (Class First)

- 1. Surname BEGIN.
2. Christian name Ovide.
3. Present address Wootton, Richmond & Wolfe Que.
4. Military Service Act letter and number 212875 DC.
5. Date of birth May 22nd. 1896.
6. Place of birth Wotton, Richmond & Wolfe Que.
7. Married, widower or single Single.
8. Religion R.C.
9. Trade or calling Box Maker, & Blacksmith.
10. Name of next-of-kin Mrs. Alexandra Begin.
11. Relationship of next-of-kin Mother.
12. Address of next-of-kin St. Adrieu de Ham Que.
13. Whether at present a member of the Active Militia No.
14. Particulars of previous military or naval service, if any No. O. B.
15. Medical Examination under Military Service Act:—
(a) Place Montreal Que. (b) Date July 11th/18 (c) Category Fit B 2

DECLARATION OF RECRUIT

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

Ovide Begin (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age 22 yrs 2 mths.
Height 5 ft 8 ins.
Chest measurement fully expanded 35 ins. range of expansion 3 ins.
Complexion Med.
Eyes Brown.
Hair Dark.
Distinctive marks, and marks indicating congenial peculiarities or previous disease.
Vision R...30 L...30
Hearing R...O.K. L...O.K.

Haswell Capt. O.C. First. Depot Btl. First Quebec. Regt.

Place Montreal Que. Date July 12th/18

PARTICULARS OF RECORD

GRANTED FOR MILITARY SERVICE ACC. 1917

Class

1. Name	
2. Residence	
3. Service	
4. Date of entry	
5. Date of discharge	
6. Rank at discharge	
7. Branch of service	
8. Date of birth	
9. Date of enlistment	
10. Date of discharge	
11. Date of discharge	
12. Date of discharge	
13. Date of discharge	
14. Date of discharge	
15. Date of discharge	
16. Date of discharge	
17. Date of discharge	

DECLARATION OF RECORD

I hereby certify that the above is a true and correct copy of the record of the service of the person named above, as shown to me by the proper authorities.

 Director of Pensions

DESCRIPTION ON CALLING BY

 Director of Pensions

 Director of Pensions

 Director of Pensions

 Director of Pensions

* 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 * Court of Inquiry,

assembled at B.T.D., St. Johns, Que.,

on the 4th of December 1918

by order of Lieut. Col. W.W. Melville, C.B.O.C.B.T.D.

for the purpose of reporting on the death of No
3086807, Spr. O. Begin.

PRESIDENT.

Lieut. N.S. Pickard, C.E.

MEMBERS.

Lieut. R.A. Semple, C.E.

Lieut. M.S. Nelson, C.E.

The Court having assembled pursuant to order, proceed to
take evidence.

1st. Witness

Capt. K. Grant, B.T.D., St. Johns,
Que. having been duly sworn gives evidence as
follows;

At the Engineer Training Depot,
St. Johns, Que. on Nov. 27th 1918, No 308-
6807 Spr. O. Begin was admitted to Isolation
Hospital suffering with Influenza and was
acutely sick.

On Nov. 30th 1918 he developed
Broncho Pneumonia (left) and from that date
gradually grew worse, the Pneumonia spreading
and Cyanosis increasing and at 6-10 p.m. on
Dec. 2nd. 1918 he died. Cause of death, primary,
Influenza, immediate Broncho Pneumonia.

K. Grant *cert.* C.A.M.C.
M.O., I/C Isolation Hospital,
St. Johns, Que.

2nd. Witness

Lieut. C.B. Daubney, C.E., Assistant Adjutant, E.T.D. St. Johns, Que. having been duly sworn gives evidence as follows:-

No 3086807, Spr. O. Begin, was taken on the strength of the Engineer Training Depot, St. Johns, on July 15th 1918, having been duly attested on July 12th 1918.

Having been notified of his death at the Isolation Hospital, St. Johns, Que. on Dec. 2nd 1918, No 3086807, Spr. O. Begin was struck off strenght in Daily Orders; No 337.

C.B. Daubney

.....Lieut....C.E.
Assté Adjutant, E.T.D.

3rd. Witness

Capt. L. Pettigrow, C.E., Paymaster, E.T.D., St. Johns, Que. having been duly sworn states as follows

At the Engineer Training Depot, St. Johns Que. the following is a statement of the account of No 3086807, Spr. O. Begin,

Dr.	Cr.	
	Bal. for'd	\$ 46.20
Cr. Balance	Pay Dec. 1-31st.	54.10
\$ 80.30		<u>80.30</u>
<u>80.30</u>		

L. Pettigrow

.....Capt. C.E.
Paymaster, E.T.D.

DECLARATION

The Court having heard the above evidence find that No 3086807, Spr. O. Begin died at the Isolation Hospital, St. Johns, Que. on Dec. 2nd 1918 from Brncho Pneumonia.

APPROVED,

Wm. Leckie
Lieut. Col. C.E.
O.C. Engineer Training Depot.

President.....

W.S. Pickard
.....Lieut. C.E.

Members.

R.A. Lempe
.....Lieut. C.E.

M. Stuart-Holmes
.....Lieut. C.E.

FORM OF WILL

I, BEGIN, Ovide (Name in full)

Regimental Number 3086807 serving in 1st DEPOT BN. 1st QUEBEC REG'T.

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

I devise all my real estate unto

Mr. Gedeon Begin Brother
Mr. Albert Begin Brother
Miss Aurore Begin Sister,
Miss Marie Ann Begin Sister.

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

absolutely, and my personal estate I bequeath to

Mr. Gedeon Begin Brother,
Mr. Albert Begin Brother,
Miss Aurore Begin Sister
Miss Marie Ann Begin Sister.

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

NOTE

This space for the
appointment of
Executor if
necessary.

IMPORTANT NOTE

this 12 day of July A.D. 1918

This must be signed
and Dated by
THE SOLDIER
HIMSELF.

Ovide Begin 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 Lucien Collette

Address of Witness Guy St., Barrocks Montreal,

THE TWO
WITNESSES Occupation of Witness Soldier

MUST
SIGN HERE Signature of Second Witness Harold Dawson,

Address of Witness Guy St., Barracks Montreal,

Occupation of Witness Soldier.

I hereby certify that this document is a true copy of an original deposited in my possession for this purpose.
J.B. Husband
for
DEC 21 1918

1875
 1876
 1877
 1878
 1879
 1880
 1881
 1882
 1883
 1884
 1885
 1886
 1887
 1888
 1889
 1890
 1891
 1892
 1893
 1894
 1895
 1896
 1897
 1898
 1899
 1900

1901
 1902
 1903
 1904
 1905
 1906
 1907
 1908
 1909
 1910
 1911
 1912
 1913
 1914
 1915
 1916
 1917
 1918
 1919
 1920

1921
 1922
 1923
 1924
 1925
 1926
 1927
 1928
 1929
 1930
 1931
 1932
 1933
 1934
 1935
 1936
 1937
 1938
 1939
 1940

1941
 1942
 1943
 1944
 1945
 1946
 1947
 1948
 1949
 1950
 1951
 1952
 1953
 1954
 1955
 1956
 1957
 1958
 1959
 1960

1961
 1962
 1963
 1964
 1965
 1966
 1967
 1968
 1969
 1970
 1971
 1972
 1973
 1974
 1975
 1976
 1977
 1978
 1979
 1980

1981
 1982
 1983
 1984
 1985
 1986
 1987
 1988
 1989
 1990
 1991
 1992
 1993
 1994
 1995
 1996
 1997
 1998
 1999
 2000

2001
 2002
 2003
 2004
 2005
 2006
 2007
 2008
 2009
 2010
 2011
 2012
 2013
 2014
 2015
 2016
 2017
 2018
 2019
 2020

2021
 2022
 2023
 2024
 2025
 2026
 2027
 2028
 2029
 2030
 2031
 2032
 2033
 2034
 2035
 2036
 2037
 2038
 2039
 2040

THE GREAT EASTERN LIFE ASSURANCE CO. OF NEW YORK

NEW YORK, N. Y., 1900

THE GREAT EASTERN LIFE ASSURANCE CO. OF NEW YORK

.....

THE GREAT EASTERN LIFE ASSURANCE CO. OF NEW YORK

THE GREAT EASTERN LIFE ASSURANCE CO. OF NEW YORK

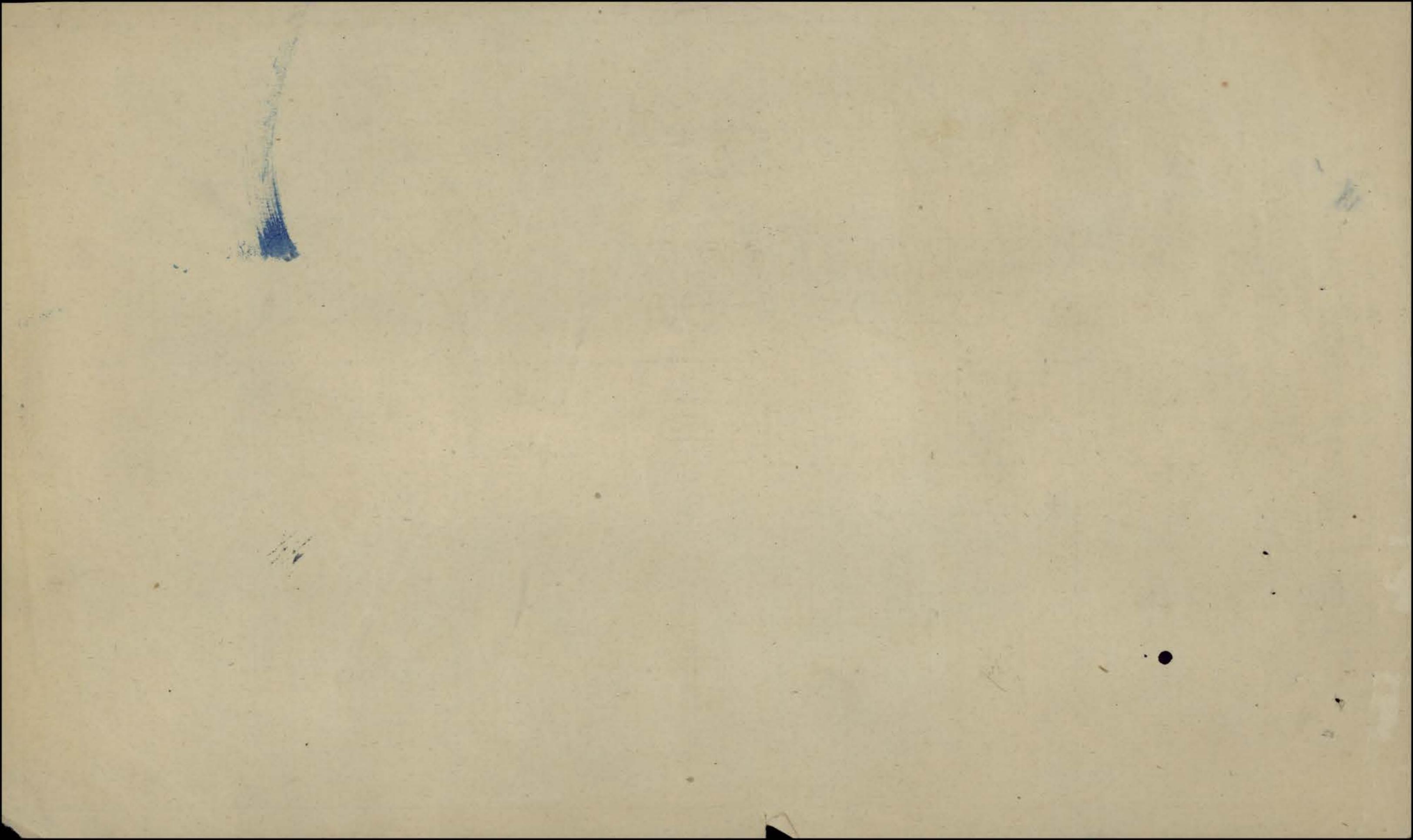
THE GREAT EASTERN LIFE ASSURANCE CO. OF NEW YORK

.....

THE GREAT EASTERN LIFE ASSURANCE CO. OF NEW YORK

THE GREAT EASTERN LIFE ASSURANCE CO. OF NEW YORK

THE GREAT EASTERN LIFE ASSURANCE CO. OF NEW YORK



CASE HISTORY SHEET.

ROYAL VICTORIA HOSPITAL Hospital. MONTRÉAL P.Q. Station.

No. 3086807 Rank Sapper Name Ovide Begin. Age 22

Unit C.E.T.D. Completed years of service 0/2½ }
Where and how long

Date of admission 30th August 1918 Date of discharge 30th October 1918

Diagnosis Otitis Media Rt. Place of origin

CONDITION ON ADMISSION AND PROGRESS OF CASE Patient states right ear has been troubling him for a long time, discharging at times.

On admission right ear was discharging quite freely.

X-ray of mastoids - Negative.

Aural polypus removed from right ear

Ear syringed with Bichlor. T.i.d.

Gtts 76 T.i.d.

FAMILY HISTORY Negative.

(Tuberculosis, mental or nervous diseases.)

TREATMENT See above.

(Especially any specific or special form.)

CONDITION ON DISCHARGE Cured. Fit for duty.

(and disposal made of case.) To be sent to 4th. Can. Cav. Regt to await transfer to his own Unit (C.E.T.D.)

Date 30th October 1918

W. H. Hustle
Medical Officer i/c case.

CASE HISTORY REPORT

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

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

500M.—9-16
H. Q. 1773-39-9'0.

Casualty Form—Active Service.

Canadian Engineers

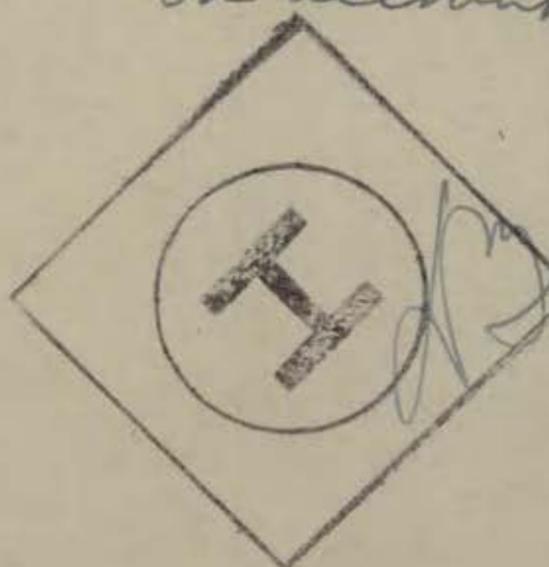
Unit, Regiment or Corps.....

Regimental No. 3086807 Rank Sapper Name Begin Cwide
C. E. F.

Enlisted (a) 12.7.18 Terms of Service (a)..... Service reckons from (a) 12.7.18

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) Box Maker & Blacksmith

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				
		Transf ^d to can. Eng. St. Johns P. Q. 12.7.18 #198			
		Discharged on account of death		December 2 nd 1918.	D.O. 337.
					Mustering Capt C.E. adpt. Engineer Training Depot. St Johns P. Q.

(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. [P.T.O.]

Reg. No. *#3086807*
Rank. *Spr*
Name. *Begin, Arvid*
Unit. *Can. Eng.*

This form, after completion, is to be attached to the documents of the m/n and filed in envelope.

H.Q. File Reference.....
Date Struck Off Strength. *2-12-18*
Reason. *Deceased*
Military District. *MD 4*

Auth. Letter. MD 4. 22-B-3316. d. 24¹²/18.

Doc. S. F. 10.
500/11/18.

Clerk's Initials. *RS*
Date. *31-12-18*

LEDGER No. 9315

2751

SERIAL No. B13896

REG. No. 3086807 NAME Begin, O.

RANK Spr CORPS C.E.T.D. AGE 22 SERVICE 3/12

HOSPITALS

(1) DATE OF ADMISSION

1 Isol St Johns Que

23-8-18
27-11-18

2

3

DIAGNOSIS ⁽¹⁾ Influenza (+ Pneumonia) ⁽²⁾

TRANSFERRED TO Montreal 30-8-18 Died 2-12-18 ⁽¹⁾ Trans to Base

DISPOSITION Died 2-12-18 6.10 pm CATEGORY _____

M.F.W. 2553.
1126-D.P.-50M-12-18.
1772-39-1332.

✓ *Spr* ✓
Begin, ~~Ete.~~ Ovide, #3086807, C.E.F. H.Q. 649-B-32584. *Can Engo.*

M. & D. (Brother) Gedeon Begin,
9d ruelle Houle,
Sherbrooke-Est, P.Q.

P. & S. "
(*Ser. # 806464.*)
Mem. C. Nil.

Ditto.

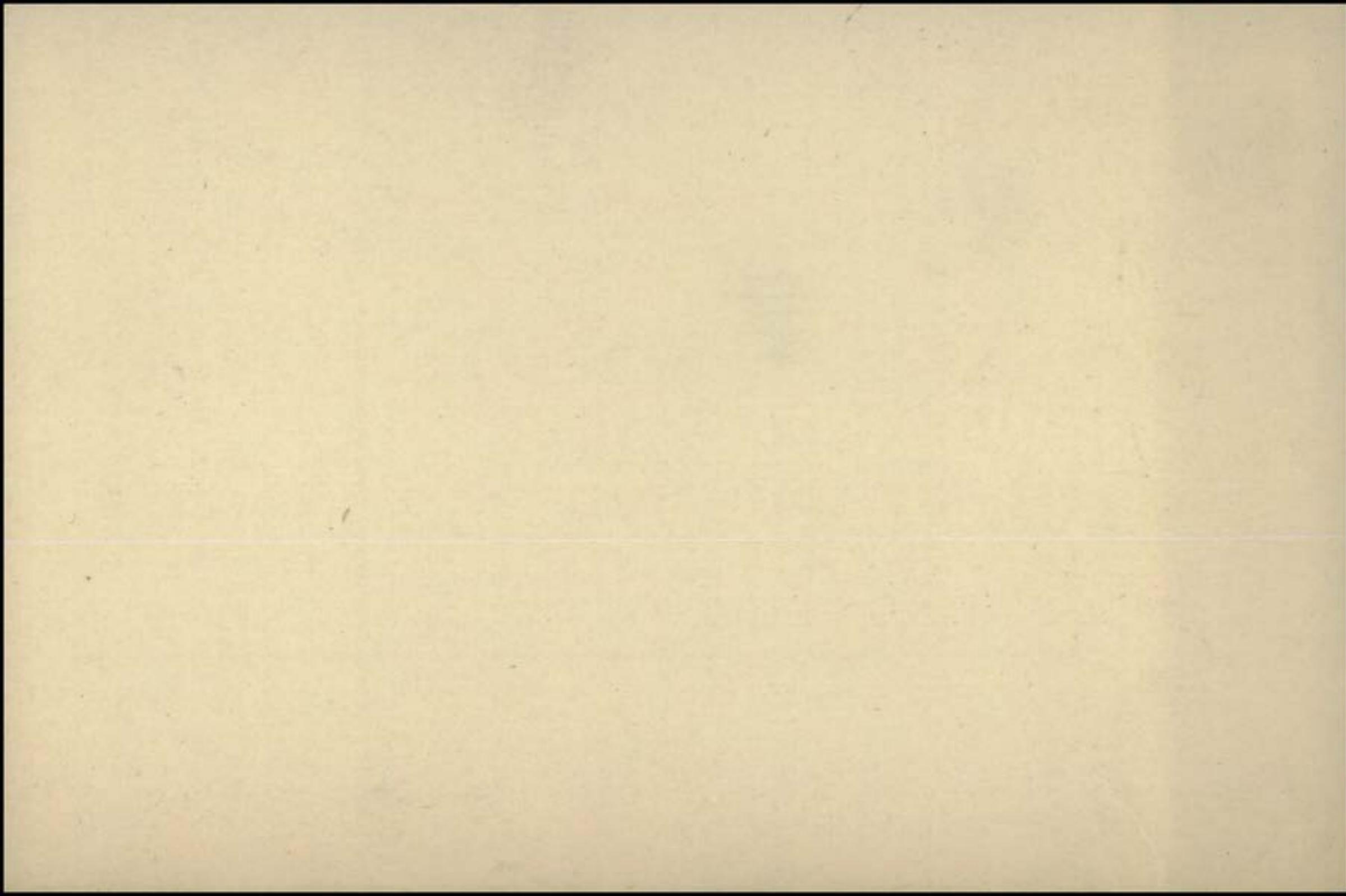
Canada Only

MAY 4 - 1921

scroll Desp. Reqn. No. 2141164

Plague Desp. DEC 8 1921 Reqn. No. 19871.





6/12/18

Surname

Begin

Christian names

Orvide

Regtl. No.

3086807

Rank

Pvt

Unit

1st Que Regt 1st Depo Bn

H. Q.

M. D. No.

4

T. O. S.

July 12th 1918

D. O. Pt. II

194 of 16/7/18

S. O. S.

Dis 2/12/18

Reason

Dec.

Auth.

D. 1.337. 3/12/18
Surg. J. D.

Next of kin

Begin Mrs. Alexandra

Relationship

Mother

Address

St. Adrien de Ham P.Q.

Also notify:

St. Alcidede Ham. P.Q.

BORN—Place

Canada, Watton, P.Q.

Date

May 22nd 1896

ATTESTED—Place

Montreal P.Q.

Date

July 12th 1918

O/S

R/C

ms. F. N. 2570

passed to Est.

5. 2. 19.

3086807

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

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.

M. John

1. Surname BEGIN Christian name Ovide
 2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule 212875 BC.
 3. Consecutive number on schedule of men reporting for service (if he appears on it) _____
 4. Address (including street and number, if any) Wotton, Richmond & Wolfe, Que.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 11th day of July 1918. 1917, by the undersigned medical board sitting at Montreal, P.Q.

5. Age as stated 22 Years 2 Months. 6. Apparent age 22 Years 2 Months
 7. Height 5 Feet 8 Inches. 8. Weight 136 Pounds.
 9. Chest measurement { Minimum 37 Ins. Maximum 35 Ins. 10. Complexion Med. { Eyes Brown. Hair Dark.
 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 _____

Signature of Man Begin Ovide

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 FIT
 17. (a) Vision R. 30 L. 30
 (b) Hearing. R. OK

R. B. Melcalum President.
R. Fontaine Member. Ernest Chabot Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
1917/18			1917/18		
		M.O.			M.O.
		M.O.	3.8.18		Ch. Merick Lum. M.O.
		M.O.	16.8.18		Ch. H. D. M.O.

Joined 12th day of July 1918. 191 at Montreal, P.Q.

Corps	Reg'tl Number	Habits	Date
<u>1st Depot Bn. 1st Quebec Reg't.</u>	<u>3086807</u>		

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station	Date	Disease	Result
<u>ST. JOHNS, P.Q.</u>	<u>JUL 19 1918</u>	<u>jaundice based on</u>	<u>BT</u>
<u>ST. JOHNS, P.Q.</u>	<u>AUG 19 1918</u>		

Christian Name

Surname

STATION.	Date of Arrival at the Station.	DATES OF						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.
		Admission into Hospital			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
St Johns		30	8	18	30	8	18	Chr. Inf. Middle Ear	1	T. Base for treatment	<i>[Signature]</i> S. S. MILITARY HOSPITAL
ROYAL VICTORIA HOSPITAL, MONTREAL	AUG 30 1918	30	10	18			Otitis Media Rt.	60	Aural Polypus removed from rt ear. Ears syringed. Gtts #6 T.I.D. Cured. Fit for Duty.	<i>[Signature]</i> S. S. MILITARY HOSPITAL	
St Johns		27	11	18	2	12	18	Influenza + Pneumonia	6	DIED 6-10 P.M.	<i>[Signature]</i> S. S. MILITARY HOSPITAL

Ovide.

Christian Name

Surname

BEGIN

CASE HISTORY SHEET.

Isolation _____ Hospital St. Johns, P.Q. Station _____
 No. 3086807 Rank Sapper Name Begin, O. Age 22
 Unit C.E.T.D. Completed years of service 3/12 ^{Where and how long} in Canada
 Date of admission 27-11-18 Date of discharge 2-12-18 (Died)
 Diagnosis Influenza & Pneumonia Place of origin St. Johns, P.Q.

CONDITION ON ADMISSION AND PROGRESS OF CASE

Patient has been feeling sick for three days. He complains of pain in chest, also feeling sore all over, has some cough but no expectoration also a severe headache and feeling chilly.
 On examination patient looks acutely sick and inclined to be erratic. Tongue is coated and tender. There is no sign of rash on body. Lungs. there are rales throughout right lung and indistinctness of a small area of consolidation at right base posteriorly. Right lung clear.
 Heart. No murmurs but action is irregular. Pulse irregular and not of good quality.
 29-11-18. Patient is improving, no rales, pulse better, lungs as before.
 30-11-18. Patient not improving, area of consolidation extending.
 1-12-18. Breathing laboured and condition worse.
 2-12-18. Area of consolidation spreading, lungs filling up, breathing very laboured. Died at 6.10 P.M.

FAMILY HISTORY Negative.

(Tuberculosis, mental or nervous diseases.)

TREATMENT Sponges p.r.n. Ice bag to head. Mouth wash, force fluids.
 (Especially any specific or special form.) Heroin p.t.n. grs. 1/12 Strychnine grs. 1/30 q.4.h.

CONDITION ON DISCHARGE, Died 6.10 P.M.

(and disposal made of case.)

Date 28-11-18 (Sgd) K. Grant, Capt. A.M.C.
 Medical Officer i/c case.

