Kf 15-1-19

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

Attestation Papers.....

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. S. 710 1

M7W 2570 1

a7B 122 - 1

m. 7W 113 - 1

1 Orig Will

M. F. W. 62.
100m.—6-17.
H. Q. 1779—39—935.

~~DISCHARGE~~ DOCUMENTS

R. O. No.....

H. Q. No.....

10064

Name BELAIR EDOUARD

Regt. No. 3326545 Rank Pte.

Corps 2nd Dpo Bn. R.O.R.

Deceased 5-12-18

Mr Scott 28-9-20

~~Dec 2 2/9/21 AK~~

1

10 - 1

10 - 1

2 - 2

2nd. Depot Bn. E. O. R. Duplicate.

3 M. D. Depot Battalion Regiment

Regtl. No. 3326545

E.A. 18/8/18.

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class 1)

Deceased

1. Surname: Belair
2. Christian name: Edouard
3. Present address: Philomene, Que.
4. Military Service Act letter and number: 331933 SC.
   (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: November 22nd, 1894.
6. Place of birth (town, township or county and country): Philomene, Que.
7. Married, widower or single: Single
8. Religion: R.C.
9. Trade or calling: Farmer
10. Name of next-of-kin: Mrs. Jenny Belair,
11. Relationship of next-of-kin: Mother
12. Address of next-of-kin: Philomene, Que.
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: Ottawa Ont. (b) Date: 15-7-18 (c) Category: A.11.

DECLARATION OF RECRUIT

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

Ed Belair (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age: 23 yrs. 8 mths.

Height: 5 ft. 7 ins.

Chest measurement: fully expanded 37 ins.; range of expansion 2½ ins.

Complexion: Dark

Eyes: Blue

Hair: Brown

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

Scar R. shin
Scar L. shin

R. Mc Scott Major
2nd. Depot Bn. E. O. R.
O. C. Depot Btln.

Regt.

OTTAWA.

Place: Date: 13-7-18

M. F. W. 133.
500M.—5-18.
1772—39—1158.

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, Edouard Belair,

Regimental number 3326545 Rank Private. serving in the

2nd. Depot Bn. E. O. R. Canadian Expeditionary Force,

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

Executor I appoint Mr. Joseph Belair.

whose address is Philomene, Que.

to be the executor of this my last will.

General gift I give to Mr. Joseph Belair, (Father)

whose address is Philomene. Que.

all my property not disposed of above.

Date Dated at Ottawa, Ont. this 15th day of July. 1918, 191

Signature Edouard Belair
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 A. McHunter	Signature A. M. Borthwick
Address 2nd. Depot Bn. E. O. R.	Address 2nd. Depot Bn. E. O. R.
Occupation Soldier, C.E.F.	Occupation Soldier, C.E.F.

M. F. W. 82
120m-4-18
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.

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, Edouard Belair.

Regimental number 3326645 Rank Private. serving in the

2nd Depot Bn. E.O.R. Canadian Expeditionary Force,

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

Executor I appoint Mr. Joseph Belair.

whose address is Philomene, Que.

to be the executor of this my last will.

General gift I give to Mr. Joseph Belair, (Father)

whose address is Philomene, Que.

all my property not disposed of above.

Date Dated at Ottawa, Ont. this 15th day of July 191 8.

Signature Edward Belair.

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 A. M. Hunter.	Signature H.M. Borthwick.
Address 2nd Depot Bn.E.O.R.	Address 2nd Depot Bn. E.O.R.
Occupation Soldier,C.E.F.	Occupation Soldier, C.E.F.

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.

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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.

Report of death of a soldier to be forwarded to the Secretary Militia Council (Marked for Director of Records) Immediately after date of death.

Unit 2nd Depot Battalion, E.O.R.

Reg't No. #3326545 Rank Private

Name in Full Belair, Edouard.

Date and place of birth. November 22nd, 1894 Philomene, Que.

Enlisted when and where. 13-7-18. at Ottawa, Ont.

Dead .. Date 5-12-18 Buried . Date 7--12-18.

Place Riviere Joseph, Que. Place St.Capetan Cemetary (Lac Castor)

Cause of death Unknown

Whether he leaves a will or not. If so any where deposited. Yes, Attached herewith.

Statement as to existence of any personal effects. Nil.(having died at home)

Latest particulars as to next of kin. Mr. Jos. Belair, Father. Philomene, Que.

I hereby certify that next of kin and District Headquarters have been informed. (Strike out next of kin if not informed.)

Sec. Militia Council
Forwarded please.

G.O.C. M.D.

Date

Officer Commanding

Date 30-12-18.

M.F.W. 2570

Written as see
H.S. 9-1-19.

Original not available

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 2nd Dep Bn E O R.

Regimental No. 3326545 Rank Pte Name Belair Edward.

Enlisted (a) 13.7.18 Terms of Service (a) C. E. F. D of W Service reckons from (a) 13.7.18.

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) .....

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				
11.12.18	2nd E O R.	S. of S. Deceased.	Ottawa	5.11.18.	D.O Pr II 345.

D. Smithie
Capt for D of R.

(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				

649-B-33256

H. Q.

M. D. No. 3

Surname Belair

T. O. S. July 13th 19 18

Christian names Edward

D. O. Pt. II 148 of 17-7-18

Regtl. No. 3326545 Rank Pte.

S. O. S. Dis 5-11-18 19

Unit East Ont. Regt. 2nd Dpo. Bn.

Reason Dec

Auth. D.O. 345 of 11-12-18 2/E.O.R

Next of kin Belair, Mrs Jenny

Relationship Mother.

Address Philemow, P.Q.

Also notify:

BORN—Place Canada, Philemow, P.Q. Date Nov. 22nd 1894.

ATTESTED—Place Ottawa, Ont. Date July 13th 1918.

O/S

R/C

W. 22—75M-5-18. 1772-39 839.

2nd Dpo. Bn. E.O.R.

649-B-33256. 3326545 Pte.Edouard Belair.CEF.

Note. Died on harvest leave.

53411

Cancelled

Pr S.
Ser# 806465

Canada only
mf.

No does.

, m H 2570

, m H 87

passed to Est.

13-1-19

MILITARY SERVICE ACT, 1917.

2ND DEPOT BN. E.O.R.

Original.

MEDICAL HISTORY SHEET.

3326545

1. Surname: Belair — Christian name: Edouard

2. Number of report for service or claim for exemption according to Postmaster's Receipt or schedule: 331933 SC.

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

4. Address (including street and number if any): Philomene, Que.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 13th day of July 1918, by the undersigned medical board sitting at Ottawa Ont

5. Age as stated: 23 Years 8 Months. 6. Apparent age: Years Month

7. Height: 5 Feet 7 Inches. 8. Weight: 135 Pounds.

9. Chest measurement: Minimum 34½ Ins. Maximum 37 Ins. 10. Complexion: Dark Eyes: Blue Hair: Brown

11. Physical development: good. (Good / Fair / Poor) 12. Smallpox marks: none

13. Number of vaccination marks: Right arm 0 Left arm 0 14. When vaccinated last: never

15. Distinctive marks and marks indicating congenital peculiarities or previous disease: scar right shin & one on left shin

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 A1

17. (a) Vision. R. 6/6 L. 6/6

(b) Hearing. R. N L. N

C. Laulau Capt President.

J. Nelson Capt Member.

J. Belair

Signature of Man

Date	Result	Vaccinations	Date	Result	Anti-Typhoid Inoculations, Etc.
		M. O.			M. O.
		M. O.			M. O.
		M. O.			M. O.

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

Joined 13th day of July 1918 at Ottawa Ont.

	Corps	Reg'tl Number	Habits	Date
Joined on enlistment	2ND DEPOT BN. E.O.R.	3326545		13-7-18
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.

M. F. B. 313.

300M.—4-18.
1772-39-439.

Surname Belair Christian Name

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				