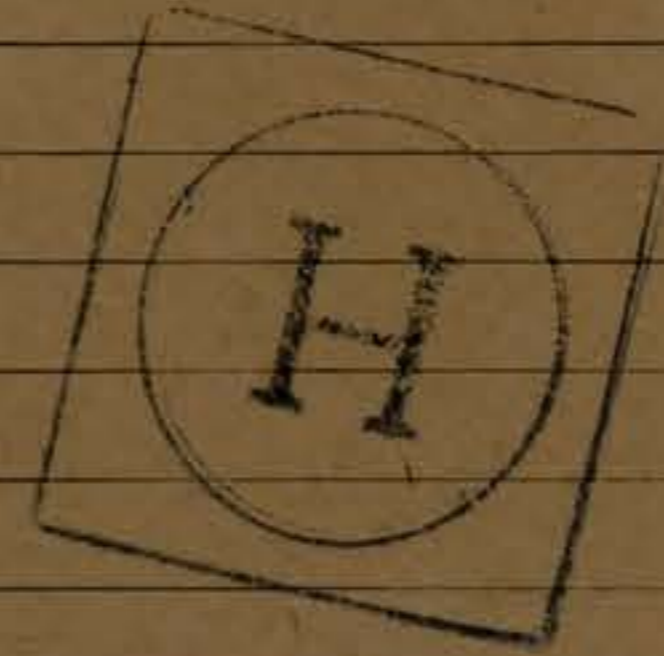


C.E.F. REGIMENTAL DOCUMENTS

NAME **BELLEMARE CHARLES** REGT. No. **3159317** UNIT **2 DP. BN** H. Q. FILE No. **12343**



CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
ATTESTATION PAPER (M.F.W. 23, 133 or 51)					DEATH
CASUALTY FORM (M.F.W. 54 or A.F.B. 103)		DIED 19-10-18			CATEGORY
TRAINING HISTORY SHEET (M.F.W. 113)					
FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
REGT. CONDUCT SHEET (M.B.W. 263 or A.F.B. 120)					
COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 173)					DISCHARGE
DENTAL HISTORY SHEET (M.F.B. 465)					CATEGORY
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
MEDICAL EXAMINATION (M.F.W. 129)					
TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
LAST PAY CERTIFICATE (M.F.W. 44)					
PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
PARTICULARS OF CHARACTER (A.F.W. 3226)					
COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
CARDS					
PAY-SHEETS					



M.F.W. 2589
20M-4-46 (9113)
H.Q. 1772-39-1377

Lx

E.C. 4 M.D. Dpt Battalion R giment. 2nd DEPOT BN. 2nd QUEBEC REGT.

R gtl. No. D-3159317

PARTICULARS OF RECRUIT. DRAFTED UNDER MILITARY SERVICE ACT, 1917. (Class. On:.)

1. Surname BELLEMARE
2. Christian Name Charles
3. Present address Yamachiche Co. St Maurice P. Que. Canada.
4. Military Service Act letter and Number 73365 DC
5. Date of birth December 27th 1893
6. Place of birth Yamachiche Co. St Maurice P. Que. Canada.
7. Married, widower or single Single
8. Religion Roman Catholic
9. Trade or calling Merchant
10. Name of next-of-kin Hespard BELLEMARE
11. Relationship of next-of-kin Father
12. Address of next-of-kin Yamachiche Co. St Maurice P. Que. Canada.
13. Whether at present a member of the active militia No
14. Particulars of previous military or naval service, if any None
15. Medical Examination under military Service Act :-
(a) Place Montreal P. Que. Canada. (b) Date 11-10-18

DECLARATION OF RECRUIT

I, BELLEMARE Charles, solemnly declare that the above particulars refer to me and are true. Charles Bellemare Signature of recruit

Description on calling up.

Apparent age 24 yrs 10 months
Height 5 ft 11/2 inch
Chest measurement fully expanded 34 inch
range of expansion 3 inch
Complexion Medium

Eyes Brown
Hair Black

Signature of Commanding Officer: J.C.
Commanding 2nd Depot Bn., 2nd Quebec Regt.
Dpt. Battalion R. Regt.

Place Montreal P. Que. Canada.
D. No. 4-5-18

MEDICAL HISTORY SHEET.

1. Surname BELLEMAIRE Christian name Charles
 2. Number of report for service or claim for exemption according to Postmaster's Receipt or schedule 73365 DC
 3. Consecutive number on schedule of men reporting for service (if he appears on it) Not Applicable
 4. Address (including street) and number if any) Stamachiche Co. St Maurice P. Que. Canada.

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

5. Age as stated 24 Years 10 Months. 6. Apparent age 24 Years 10 Month
 7. Height 5 Feet 1 1/2 Inches. 8. Weight 146 Pounds.
 9. Chest measurement { Minimum 31 Ins. 10. Complexion Medium { Eyes Brown
 { Maximum 34 Ins. { Hair Black
 11. Physical development Good { Good Fair Poor 12. Smallpox marks Yes
 13. Number of vaccination marks { Right arm on 14. When vaccinated last childhood
 { Left arm on
 15. Distinctive marks and marks indicating congenital peculiarities or previous disease

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

17. (a) Vision. R. no L. no
 (b) Hearing. R. no L. no
Chilleaux Maple
 President.
O'Leary Member. Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>12/10/18</u>		<u>E. Lalumet</u> M. O.	<u>12/10/18</u>		<u>E. Lalumet</u> M. O.
		M. O.	<u>15/10/18</u>		<u>E. Lalumet</u> M. O.
		M. O.			M. O.

Joined 4th day of May 1918 at Montreal P. Que. Canada.

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment		<u>D-3159317</u>		<u>4-5-18</u>
Transferred to	<u>2nd DEPOT BN. 2nd QUEBEC REG'T</u>			

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.

Signature of Man Charles Bellemaire

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

PROCEEDINGS OF A MEDICAL BOARD

Assembled at Drummond Military Convalescent Hospital.

On the 2nd of November 1918

By Order of O.C. M.D.#4

For the purpose of establishing the Cause of Death of the late

Number 3159317 Name Bellemare C. Pte Unit 2/2 Q.R.

According to Para No. 17 P&A Reg. 1914

President

Lieut. Col. A. Lorne C. Gilday D.S.O. C.A.M.C.

Members

Capt. I. M. Rabinowitch C.A.M.C.

Lieut. C. A. Bourdon C.A.M.C.

The Board having established pursuant to Order, proceed to:-

Examine the facts relating to the death of the late Number 3159317

Name Bellemare C. and find:-

- 1- That he was admitted to the Guards Emergency Hospital on.
18th of October 1918.
- 2- He was found to be suffering from Influenza.
- 3- That it was complicated by the development of Broncho-Pneumonia
- 4- That despite all treatment he died on the 19th of October 1918
of Toxaemia and Pneumonia.

I concur in the findings of the Board
of Medical Officers here recorded.

[Signature]

Major for Lieut. Colonel,
A. D. M. S. Mil. District No. 4

A. Lorne C. Gilday
Lieut. Col.

I. M. Rabinowitch Capt. Comm.
C. A. Bourdon Lt.

held at the University of Michigan Medical School

on the 10th of November 1919

at 10:30 A.M.

For the purpose of establishing the cause of death of the late

James H. Hays, M.D., who died on the 10th of October 1919

according to the report of the coroner.

President

Dr. J. H. Hays, M.D., University of Michigan

Members

Dr. J. H. Hays, M.D., University of Michigan

Dr. J. H. Hays, M.D., University of Michigan

The Board having considered the report of the coroner

concerning the death of the late James H. Hays, M.D.

and the findings of the coroner:

1- That he was afflicted with the acute infectious disease

known as influenza.

2- He was found to be suffering from influenza.

3- That it was established by the development of pneumonia

4- That despite all treatment he died on the 10th of October 1919

of pneumonia and influenza.

I certify that the above is a true and correct copy of the proceedings of the Board.

James H. Hays, M.D.
University of Michigan

INSTRUCTIONS

1. To determine the number of subjects to be included in the study, the investigator should refer to the instructions on the back of this form.
2. The investigator should refer to the instructions on the back of this form to determine the number of subjects to be included in the study.
3. The investigator should refer to the instructions on the back of this form to determine the number of subjects to be included in the study.
4. The investigator should refer to the instructions on the back of this form to determine the number of subjects to be included in the study.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES
NATIONAL INSTITUTE OF ENVIRONMENTAL HEALTH SCIENCES
RESEARCH TRIANGLE PARK, NORTH CAROLINA 27709

my own

Register No. *D. B 1644*

WAR SERVICE GRATUITY
TO

A.P. File No.

DEPENDENTS OF DECEASED SOLDIERS

Reg't No. *315-9317* Name *Charles Bellemare*
(Christian Name) (Surname)

Unit *2nd Depat* Rank *Oste* Date of enlistment.....

Date of casualty *19-10-1918* B.P.C. File No. *625-76*

Was service performed overseas? *No*

DEPENDENT

Name *Mrs Albertine Bellemare* Relationship *W Mother*

Address *Yamachiche*
Q Q

Amount of Special Pension Bonus \$ *nil* Abstracted by *J Maher*

Eligible for Gratuity *nil*

Less amount of Special Pension Bonus paid..... \$.....

Less Debit Balance of S. A. or A.P..... \$.....

Total deductions \$ *nil*

Balance due \$ *nil*

Cheque No..... Date issued.....

REMARKS: *Not Eligible*
no SPA paid

Clerk *A. Audin*

Audited by
Date

M.F.W. 2652
25M-6-20.
H.Q. 1772-80-1473

Noted
11/18/20
De 1/8

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name Surname Christian Name

Regimental Number Rank Address (in full)

Unit

Original Unit

District where paid

Date of Discharge

P. D. P. Filing Number

Rates:—Regimental pay \$ per diem; Field Allowance \$ per diem. Separation Allowance \$ per month.

L.L. 53961—M. & D. 9721

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Overpayments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		

M. F. W. 127
300M-1-19
1772-39-1140

Remarks:

E.C

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

2nd DEPOT BN 2nd QUEBEC REG'T

Casualty Form—Active Service.

M. F. W. 54. (A. F. B. 103.)
 500M.—9-16
 H. Q. 1772-39-920.

Unit, Regiment or Corps.

Regimental No. D-3159317 Rank Private Name BELLEMARE Charles

Enlisted (a) 4-5-18 Terms of Service (a) M.S.A. Service reckons from (a) 4-5-18

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) Merchant



Report		Rec rd 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				
21-10-18	2/2 nd Que Regt	G.O.S. "Deceased."	Montreal	19-10-18	D.O. Pr II 293. D. H. ... Capt for Dept

(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.]



LEDGER NO. *3966 - 222*

SERIAL NO.

REG. NUMBER *3159 317* NAME *Bellemeire C*

RANK *plc* CORPS *2/2 A.R*

AGE SERVICE

NAME OF HOSPITAL *Gren. Gds. Em.* PLACE *Montreal*

DATE OF ADMISSION *2/10/18*

DISEASE *Influenza (Pneumonia)*

TRANSFERRED TO OTHER HOSPITALS

Died 19/10/18

OPERATION

DISCHARGED TO IN CATEGORY

REMARKS:.....

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✓ BELLEMARE, Pte. Chas., #3159317, 2nd Battalion.

✓ Depot 649-B-31354
2nd Que Regt.

M. & D. (Mother) Mrs. Albertine Bellemare,
c/o Rev. P. A. Bellemare,
Batiscan, Champlain Co., P.Q.

P. & S. Serial 906473 ditto.

Mem. C. 31/8/21 ditto.

Scroll Desp. ~~SEP 9 1921~~ Reqn. No. Z52355

Plague Desp. ~~SEP 8 1921~~ Reqn. No. E936
~~19875~~

P.R. For corr. 16/1/22

39358

Canada only
not eligible for V.M.
not E. " " B.W.M.

B.

R.R.

MX
G 38045

DEC 22 1920

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CARD NO.

SURNAME. *Bellemare*

CHRISTIAN NAMES *Charles*

REGL. NO. *3159317* RANK *Pte.*

UNIT *2nd. Que. Regt. 2nd. Wpo. Bn.*

FORMER CORPS

S.O.S. Dis 19/10/18 4
D.O. 2935 PL 21-10-18
"Deserter" 2/2 QR

T.O.S. May 4 1918.
D.O. Part II No 124.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL *Bellemare Gaspard.*

RELATIONSHIP TO SOLDIER *Father.*

ADDRESS *Yamachiche Co. St Maurice, P.Q.*

COUNTRY OF BIRTH *Canada Yamachiche, P.Q.*

DATE *Dec. 27th 1893.*

PLACE OF ATTESTATION *Montreal, P.Q.*

DATE *May 4th 1918.*

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

RELIGION

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE

DATE