

DECEASED
DISCHARGE DOCUMENTS

12355

R. O. No.

H. Q. No.

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.....

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.....

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate.....

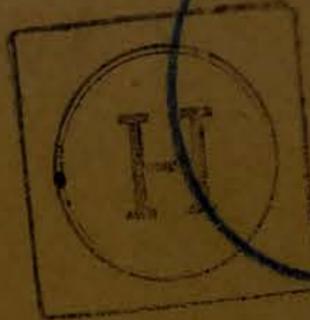
b. R. S.
A 7 B 122
M 2 W 113
D H S

Name *BELLEMAIRE GEORGES*

Regt. No. *3173146* Rank *Private*

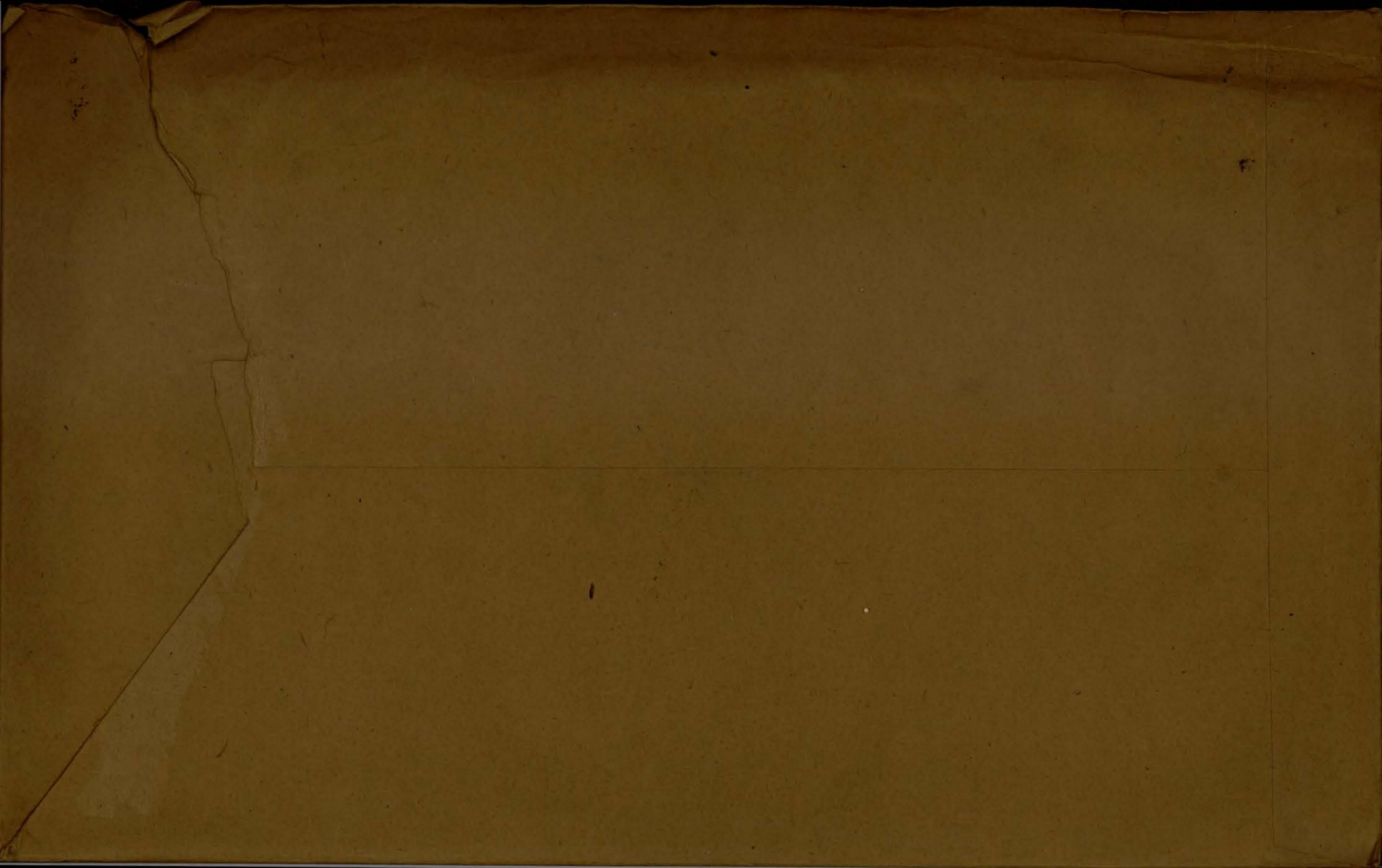
Corps *2nd Depot Bn 2nd Inf Regt*

Died 17/9/18



1307
629

1
13-8
20-8
28-8
1



CASE HISTORY SHEET.

Drummond Military Conv. Hospital. Montreal Station.
 No. 3173146 Rank Pto. Name BELLEMEERE Age 30
 Unit 2/2 Q.R. Completed years of service C. 4 days. Where and how long
 Date of admission Sept. 14, 1918 Date of discharge Died, 17-9-18
 Diagnosis Cystitis and a terminal Peritonitis. Place of origin Canada.

CONDITION ON ADMISSION AND PROGRESS OF CASE

Complains of pain all over.
H.P.I. Was examined at revision board and sent here as he was not feeling well. On Saturday, (14-9-18) had involuntary bowel movements. Has had attacks similar before but not with as much pain. About last 10 yrs. has had trouble urinating, some pain in performing the act and slow to start. No blood nor smell. Since last May he has been in the habit of catheterizing himself at intervals. Has never vomited. Coughing continually. Has had piles for about 2 yrs. but didn't bother him much. Pleurisy in May.
P.C.:
14-9-18: Temp. 97 3/4 Pulse, 80. R. 20. No tenderness or rigidity in abdomen. Chest clear. No cough. Slight icteroid tinge to conjunctivae. No pain over bladder.
15-9-18: Had pain in abdomen and involuntary micturition.
16-9-18: Has had involuntary micturition and defecation during the day, great pain over bladder region and some rigidity of abdomen. Complains of pain and being unable to rest in any one position for any length of time.
Examination: Patient has flushed face and feels feverish. Pupils are sluggish. Lips show sordes, tongue very coated, teeth dirty.
Heart: not enlarged. First sound at apex. Pulse 112, regular. Low volume, low tension. V.C., n.P.
Lungs: Respirations rapid (50 p.m.) and shallow. Expansion equal & free. Breath sounds somewhat harsh, few rales and rub in left base in axillary line.
Abdomen, as above.
Glandular:
Voco-Integ.: Keeps left leg somewhat flexed and complains of pain in calf which has disappeared. Red marks below right knee, cause unknown.
FAMILY HISTORY G.U. System: Complains of pain over bladder and left kidney. Has history of frequent catheterization for some time. Has now incontinence. Urinalysis (16-9-18) shows trace albumen, leucocytes.
Gastro Intestinal: Teeth and throat dirty. Incontinence of faeces. Rectal exam., anus very papulous, prostate not enlarged. Soft faecal mass felt about one finger's length inside. No pain or tenderness complained of.

TREATMENT

(Especially any specific or special form.)

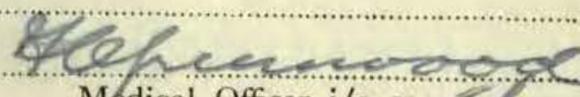
16-9-18: 8.15 P.M.: Patient complaining of much pain over bladder. Says the 1/4 gr. hypo Morphine was of no benefit. Temperature 97, pulse 120.

CONDITION ON DISCHARGE

(and disposal made of case.)

17-9-18: Patient expired at 1.55 A.M.

Date Sept. 17, 1918.


 Medical Officer i/c case.

DUPLICATE

3173146

MEDICAL HISTORY SHEET.

1. Surname BELLEMARE Christian name Georges
 2. Number of report for service or claim for exemption according to Postmaster's Receipt or schedule 102761
 3. Consecutive number on schedule of men reporting for service (if he appears on it)
 4. Address (including street and number if any) 58 Lacasse St Montreal P.Q. Can

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 15th day of Sept 1918, 19....., by the undersigned medical board sitting at Peel St Barrack Montreal P.Q. Can

5. Age as stated 10 Years 9 Months. 6. Apparent age Years Month
 7. Height 5 Feet 9 Inches. 8. Weight 125 Pounds.
 9. Chest measurement { Minimum 50 Ins. Maximum 33 Ins. 10. Complexion Brown { Eyes Hair Brown
 11. Physical development Good { Good Fair Poor 12. Smallpox marks None { Eyes Hair Black
 13. Number of vaccination marks { Right arm Left arm 14. When vaccinated last Child
 15. Distinctive marks and marks indicating congenital peculiarities or previous disease

16. Slight defects but not sufficient to cause rejection Bleeding Gums
 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 C2
 17. (a) Vision. 40 R. 40 L. (b) Hearing. R. L.
 Signature of Man Georges Bellemare
 Member. [Signature] President. [Signature] Member. [Signature]

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
		M. O.			M. O.
		M. O.			M. O.
		M. O.			M. O.

Joined 13th day of Sept 1918, 19... at Montreal P.Q. Can

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>2nd DEPOT BN. 2nd QUEBEC REG'T.</u>	<u>3173146</u>		<u>13-9-18</u>
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT

FORM OF WILL

(SEE INSTRUCTION ON BACK)

If you do not specially mention your life insurance it will be assumed to pass by this will.

Name . I. BELLEMARE Georges
do Pte

Regimental number 3173146 Rank.....Serving in the
.....2nd Depot Bn. 2nd Quebec Regiment Canadian Expeditionary
declare this to be my last will, revoking all previous wills if any.

nil

Executor I appoint.....
nil

whose address is
to be the executor of my last will.

General Gift I give to My Mother Mrs Clara BELLEMARE
58 Lacasse St Montreal P.Q.Can
whose address is
All my property not disposed of above.

Date Dated at Montreal P.Q.Can Sept 13th 1918
This.....191.....

Signature *Georges Bellemare*
Signature of the soldier.

Signed & acknowledge by the testator as and for his last will in the presence of us both together 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

Witnesses

Signature *Paul P... D. E...*
Address *Paul St Bks* Address *Paul St Bks*
Occupation *Soldier* Occupation *Soldier*

8/16/38
E
E

6175-28-9-18

[Faint, illegible handwriting]

[Faint, illegible handwriting]

Copy of Form of Will.

If you do not specially mention your life insurance it will be assumed to pass by this will.

Name. I... Bellemare Georges.....

Do Pte.

Regimental number 3173146..... Rank..... serving in the
..... 2nd Depot Bn. "nd. Quebec Regiment Canadian Expeditionary
declare this to be my last will, revoking all previous wills if any.

Executor I appoint..... nil.....

whose address is..... nil.....

to be the executor of my last will.

General Gift. I give to ... My Mother Mrs. Clara Bellemare.....

whose address is... 58. Lacasse St. Montreal. P. Q. Can......

All my property not disposed of above.

Date. Dated at... Montreal P. Q. Can. This Sept. 13th. 1918.....

Signature. GEORGE BELLEMARE.....
Signature of the soldier.

Signed & acknowledge by the testator as and for his last will in the presence of us both together 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

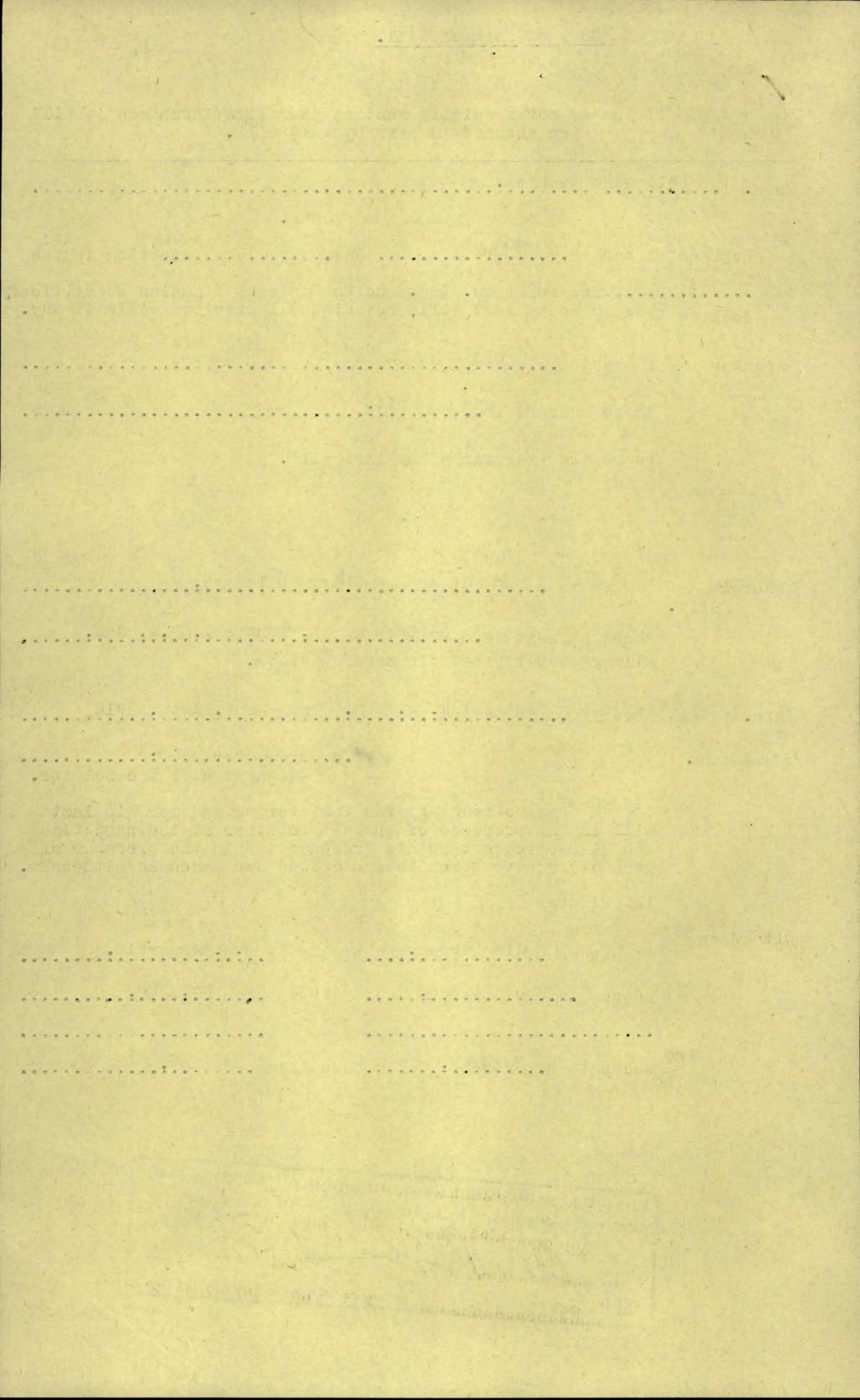
Witnesses

Signature Emile Perras..... Signature D. E. Desmarais.....

Address... Peel St. Bks...... Address Peel St. Bks......

Occupation... Soldier..... Occupation Soldier.....

I hereby certify that this document is a true copy of an original document now in possession of this office.
L. B. Husband Lt
SEP 25 1918 for Director Military Estates



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

M. F. W. 54. (A. F. B. 10s)

500M.—9-16

H. Q. 1772-39-9 0.

EP

Casualty Form—Active Service.

2nd DEPOT BN. 2nd QUEBEC REGT.

mt
28/12/18

3173146

Unit, Regiment or Corps.

Regimental No. D* Rank PTE Name BELLEMARE Georges
C. E. F.

Enlisted (a) 13-9-18 Terms of Service (a) C.E.F. Service reckons from (a) 13-9-18

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) Merchant

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.]

17
h/j

H. Q. 649-B-30331

M. D. No. 4

T. O. S. Sept. 13th 1918

D. O. Pt. II 2574 of 12-9-18

S. O. S. Dia 17/9/18 19

Reason Deceased

Auth Do. 259 of 17/9/18 2/2 QR

Surname Bellemare

Christian names George

Regtl. No. 3173146 Rank Pte

Unit 2nd Que Regt 2nd Wagon Bn

Next of kin Bellemare Mrs. Clara

Relationship Mother

Address 58 Lacasse St. Montreal P.Q.

Also notify:

BORN—Place Canada, Yamachiche P.Q.

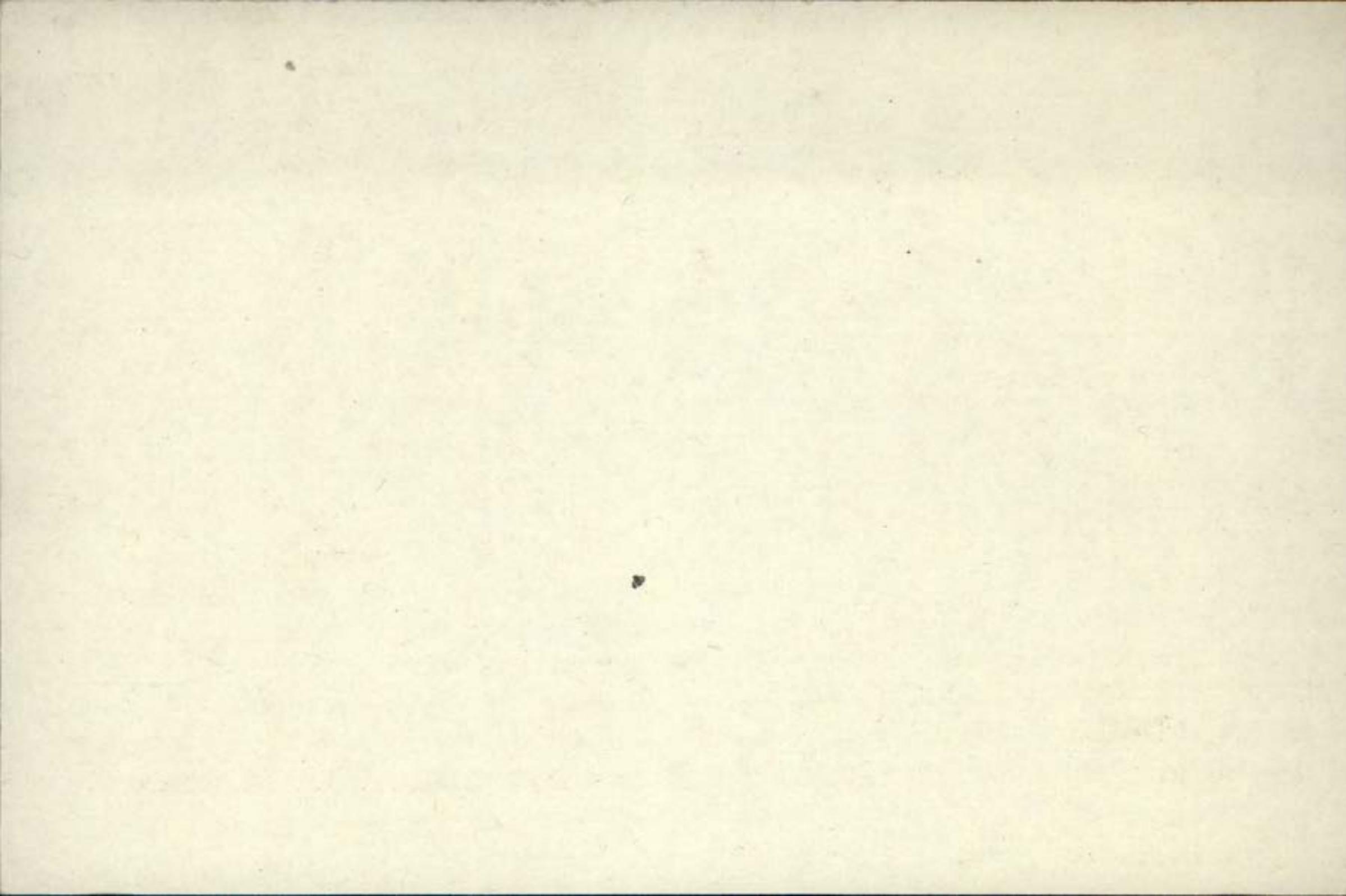
Date Jan. 3rd 1888

ATTESTED—Place Montreal P.Q.

Date Sept. 13th 1918

O/S

R/C



✓ ✓ ✓ ✓ ✓ ✓
Bellemare, Pte. Geo., #3173146, 2nd D. Bn.

M. & D. (Mother) Mrs. Clara L. Bellemare,
58 rue Lacasse, St. Henri,
Montreal, P.Q.

P & S. ditto.
Serial 806474
Mem. C. ditto.

Scroll Desp. 4/8/21 Requ. No. 251659

Plague Desp. DEC 8 1921 Regn. No. 19876

40172

B.

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not " " V.M.
not " " B.W.M.
m.f.*

W 6-38620

DEC 28 1920

S. }
A. }

Separation Allowance and Assigned Pay

CANADIAN EXPEDITIONARY FORCE

A. }
P. }

1. Name in full (Surname first).....
2. Rank and Regimental Number.....
3. No. of Battalion or Corps.....
4. Date of Enlistment.....
5. Full name of Wife..... or
Widowed Mother..... to
Children's Guardian.....
6. Address.....
7. State ages of Children : Girls under 17..... Boys under 16.....
8. With whom do your Children reside?.....
9. Amount of Assigned Pay..... 10. Name of Assignee.....
11. Address.....

3173146

13-9-18

13-9-18

Edmund Leaper 102761

12. From what date is Assigned Pay effective?.....
13. Date of Marriage?.....
14. Date Marriage Certificate examined by Paymaster.....
15. Have you made a previous Claim for Separation Allowance? Give particulars.....

16. Is Separation Allowance being paid on your Account to any person?.....
17. Were you at the time of enlistment an employee of the Local or Dominion Government? In what capacity, and in what place?.....
18. Will you be in receipt of a salary as such, while serving? If so paid, how much per month?.....
19. Name of Corps prior to enlistment in the C.E.F.
 I hereby certify that the above is a true statement.

.....
 Signature of officer forwarding this application,

.....
Name of Soldier.

Unit.....

Date.....

S. A. Paid by..... From..... To.....

Paid by..... From..... To.....

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form B. 263
Squadron } Battery } Company }	Conduct Sheet, " B. 263a
or	
Field Conduct Sheet	" W. 178
Copies of Convictions, by C. P.	in MS.
Med. Hist. Sheet,	Militia form B. 313
Casualty Form	" W. 54
Medical Report for Invalid§	" B. 227
Dental History Sheet	" B. 465
Last Pay Certificate	" W. 44
Duplicate Discharge Certificate	" W. 39A
‡Form of Will	" W. 82

Attestation Paper	Militia Form W. 23
or	
Particulars of Recruit	" W. 133
Proceedings on Discharge	" B. 218

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.

§Only if discharged "Medically unfit."
‡Only if man has not been overseas.

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Officer Commanding.

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.

MILITARY DEFENCE
SEP 23 1918
H.C. CANADA

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

No.	D-3173146	
Rank	Private	
Surname	BELLEMARE	
Christian name	Georges	
<small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>		
Corps (Squadron, Battery or Company)	2nd Depot Bn, 2nd Quebec Regiment.	
Date of discharge	September 17th 1918 (D.O. 259 2/2 Quebec Regiment)	
Place of discharge	Montreal, Que, Canada.	
1. DESCRIPTION AT THE TIME OF DISCHARGE.		
Age..... 30..... years..... 9..... months.	Descriptive marks	
Height..... 5..... feet..... 9..... inches.	Nil	
Complexion	Brown	
Eyes	Brown	
Hair	Black	
Trade	Merchant Ladies	
Intended place of residence	58 Lacasse St. Montreal, Que.	
(To be given as fully as practicable.)	Canada.	
2. The above-named man is discharged in consequence of deceased		
Authority for discharge.....		
<small>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.</small>		
3. Conduct and character while in the service have been, according to the records, etc.		
<small>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.</small>		
4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)		

M. F. B. 218.

200M.—5-18.
H. Q. 1772-39-113.

(OVER)

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 purchase 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) Montreal, Que.

L. Lavoieau Major
Lieut-Colonel
Commanding 2/2 Quebec Regiment

(Date) September 19th 1918

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, and that I have received my permanent discharge certificate.

(Place) Montreal, Que. (Signature of Soldier.)

(Date) September 19th 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.

(4Days)

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

11. Confirmation of Discharge.

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

(Place) Montreal, Que

(Signature) *L. Lavoieau Major*
Lieut-Colonel

(Date) September 19th 1918 O.C. 2nd Depot Bn, 2nd Quebec Regiment.

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.)

List of Discharge Documents.

1. Discharge Certificate	1
2. Certificate of Service	1
3. Certificate of Discharge	1
4. Certificate of Character	1
5. Certificate of Pay	1
6. Certificate of Clothing	1
7. Certificate of Allowances	1
8. Certificate of Medical History	1
9. Certificate of Medical Examination	1
10. Certificate of Medical Treatment	1
11. Certificate of Medical Opinions	1
12. Certificate of Medical Reports	1
13. Certificate of Medical Certificates	1
14. Certificate of Medical Orders	1
15. Certificate of Medical Prescriptions	1
16. Certificate of Medical Notes	1
17. Certificate of Medical Records	1
18. Certificate of Medical Statistics	1
19. Certificate of Medical Analyses	1
20. Certificate of Medical Examinations	1
21. Certificate of Medical Treatments	1
22. Certificate of Medical Operations	1
23. Certificate of Medical Instruments	1
24. Certificate of Medical Appliances	1
25. Certificate of Medical Apparatus	1
26. Certificate of Medical Apparatus	1
27. Certificate of Medical Apparatus	1
28. Certificate of Medical Apparatus	1
29. Certificate of Medical Apparatus	1
30. Certificate of Medical Apparatus	1