

61334
I.D. number
No. d'identification

BELVAL
Surname
Nom de famille

ARTHUR
Given names
Prénoms

NATIONAL PERSONNEL RECORDS CENTRE
CENTRE NATIONAL DES DOCUMENTS
DU PERSONNEL

PERSONNEL RECORDS ENVELOPE
ENVELOPPE DES DOSSIERS DU PERSONNEL

Location
Lieu

634

«CONTENTS CONFIDENTIAL»
«CONTENU CONFIDENTIEL»



- 3/8/18
- Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
 - Attestation Papers..... *2 B*
 - Declaration of change of name.....
 - Authority for special enlistments.....
 - Documents of re-enlisted men.....
 - Regimental Conduct Sheet.....
 - Compulsory Stoppages.....
 - Casualty Forms.....
 - Proceedings on discharge..... *2*
 - 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.....

M. F. W. 82 - *1*
 M. F. W. 67 - *2*
 M. F. W. 39 - *1*

DISCHARGE DOCUMENTS

Name *Belval Arthur*
 Regt. No. *61384* Rank *Pte*
61424
 Corps *Depot Bn. 2nd Q. R.*

12723
 R. O. No.....
 H. Q. No.....
 Recd. 13.1.18
 1056
 d/ 30-10-19
 213

Med un fit

*Cards. 1. Part II Orders.
 1. Casualty*

700M
 CANADIAN NATIONAL RECORDS CENTRE
 PERS JACKET
 1-18
 2-18

Box
 402507

Box
 634

ATTESTATION PAPER.

No: 424

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

- 1. What is your name? *Belval Arthur*
- 2. In what Town, Township or Parish, and in what Country were you born? *North Adams Mass*
- 3. What is the name of your next-of-kin? *wife Mrs A. Belval*
- 4. What is the address of your next-of-kin? *20 Sanguinet.*
- 5. What is the date of your birth? *30 May 1880*
- 6. What is your Trade or Calling? *Boatman*
- 7. Are you married? *yes*
- 8. Are you willing to be vaccinated or re-vaccinated? *yes*
- 9. Do you now belong to the Active Militia? *no*
- 10. Have you ever served in any Military Force? *no*
If so, state particulars of former Service.
- 11. Do you understand the nature and terms of your engagement? *yes*
- 12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE? *yes*

A. Belval (Signature of Man).

J. A. Subault (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Arthur Belval*, do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the Canadian Over-Seas Expeditionary Force, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Arthur Belval (Signature of Recruit)

Date *Oct 22* 1914. *J. A. Subault* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Arthur Belval*, do make Oath, that I will be faithful and bear true Allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

Arthur Belval (Signature of Recruit)

Date *Oct 22* 1914. *J. A. Subault* (Signature of Witness)

CERTIFICATE OF MAGISTRATE.

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me, at *North Adams* this *22* day of *Oct* 1914.

J. A. Subault (Signature of Justice)

I certify that the above is a true copy of the Attestation of the above-named Recruit.

J. A. Subault Colonel (Approving Officer)

Discharged
Adm. 48-26/115
H.Q. 16-15-1914

X124

Description of Arthur Belval on Enlistment.

Apparent Age 34 years months.
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

Distinctive marks, and marks indicating congenital peculiarities or previous disease.
 (Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer).

Height 5 ft. 8 3/4 ins.

Chest measurement { Girth when fully expanded 39 ins.
 Range of expansion 4 ins.

Complexion dark

Eyes Brown

Hair Brown

- Religious denominations.
- Church of England.....
 - Presbyterian.....
 - Wesleyan.....
 - Baptist or Congregationalist.....
 - Other Protestants.....
 (Denomination to be stated.)
 - Roman Catholic..... R.C.
 - Jewish.....

Tattoo on left arm initials A. B. E.

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

I consider him* fit for the Canadian Over-Seas Expeditionary Force.

Date Oct 22nd 1914.

Place Montreal

Arthur Myrland
 Medical Officer.

*Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

CERTIFICATE OF OFFICER COMMANDING UNIT.

Arthur Belval having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

NOV 27 1914

Date 1914.

J. M. Gendron
 (Signature of Officer)
 Colonel

2nd DEPOT BN. 2nd QUEBEC REGT.

4 M. D. 2nd Depot Battalion 2nd Quebec Regiment

Regtl. No. D*61334

PARTICULARS OF RECRUIT DRAFTED UNDER MILITARY SERVICE ACT, 1917

ORIGINAL

(Class 1)

1. Surname.....	Belval.....		
2. Christian name.....	Arthur.....		
3. Present address.....	20 Sanguinet St., Montreal, Que.		Sub. Add. <u>111</u>
4. Military Service Act letter and number.....		
5. Date of birth.....	30 May 1890.....		
6. Place of birth..... <small>(town, township or county and country)</small>	North Adams, Mass. U.S.A.....		
7. Married, widower or single.....	Married.....		
8. Religion.....	R. C.....		
9. Trade or calling.....	Laborer.....		
10. Name of next-of-kin.....	Emilia Belval.....		
11. Relationship of next-of-kin.....	Wife.....		
12. Address of next-of-kin.....	20 Sanguinet St., Montreal, Que.		Sub. Add. <u>111</u>
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, Que.	(b) Date.....	(c) Category..... <u>A2</u>



DECLARATION OF RECRUIT

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

Arthur Belval (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age.....	37	yrs.....	9	mths.....
Height.....	5	ft.....	3	ins.....
Chest measurement } fully expanded.....	}	}	31	ins.....
			range of expansion.....	2
Complexion.....	Clear.....			
Eyes.....	Brown.....			
Hair.....	Brown.....			

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

R. D. =	40
L. D. =	40
R. EAR	
L. EAR	OT

Major
2nd in Command, 2nd Depot Bn. 2nd Quebec Regt.
O. C. 2nd Depot Bn. 2nd Quebec Regt.

Place Montreal, Que. Date Nov. 11th 1917

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT 1917

ORIGINAL

DECLARATION OF RECRUIT

DESCRIPTION OF CALLING UP

Rank	Service No.	Regiment	Company	Platoon	Section
Private	12345	1st Battalion	A	1st	1st
Private	6789	2nd Battalion	B	2nd	2nd
Private	1011	3rd Battalion	C	3rd	3rd
Private	1213	4th Battalion	D	4th	4th
Private	1415	5th Battalion	E	5th	5th

Signature of Recruit: _____
 Signature of Officer: _____
 Date: _____

CASE HISTORY SHEET.

No. 41334 Rank *Plt* Name *Belval A* Age *38*

Unit *2nd Quebec* Completed years of service *2 weeks in Canada* Where and how long

Date of admission *FEB 26 1918* Date of discharge *24 Oct 1914 (deserted)*

Diagnosis *Tuberculosis pulmonary* Place of origin *Montreal*

CONDITION ON ADMISSION AND PROGRESS OF CASE

Cough & expectoration Exam of chest reveals involvement of both apices of lung with Tuberculosis they confirm evening rise of temperature 99.4 sputum contains many tubercle bacilli

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

negative

TREATMENT

(Especially any specific or special form.)

rest - cough sedatives

CONDITION ON DISCHARGE

(and disposal made of case.)

no change - to unit 227 for discharge as unfit

Date *12. 3. 18*

Blaney

Medical Officer in charge Case 1 M.C. M. O. 1/6 Troops, M. C. H. 30075

CASE HISTORY SHEET

[Faint, illegible handwritten text, likely bleed-through from the reverse side of the page]

FORM OF WILL

I, Arthur Belval (Name in full)

Regimental Number 61334 serving in 2nd Depot Bn 2nd Quebec Regt
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

Mme Emilia Belval
20 Sanguinette Street Montreal
Canada

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

absolutely, and my personal estate I bequeath to

Mme Emilia Belval
20 Sanguinette Montreal
Canada

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 must be signed
and Dated by
THE SOLDIER
HIMSELF.

this 16 day of fevrier A.D. 191 8

Arthur Belval 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 Gustave Guenette

Address of Witness 48 Amherst st

THE TWO
WITNESSES

Occupation of Witness Amherst Soldier

MUST
SIGN HERE

Signature of Second Witness Philippe Guenette

Address of Witness 156 Metcalfe St Montreal

Occupation of Witness Soldier

PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

- (a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.
- (b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.
- (c) All questions, etc., must be answered.
- (d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.
- (e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

(1) Name of Overseas Unit which Soldier joins 2nd Depot Bn. 2nd Quebec Regiment

(2) Regimental Number 6 1334

(3) Full Name of Soldier Belval, Arthur

(4) Place of Birth North Adams, Mass. U. S. A.

(5) Are you married, or not? Yes

(6) If married, state,
(a) Full name of your wife Amelia Belval,

(b) Present Postal Address 20 Sanguinet St. Montreal, Que

(7) Are you a widower? NO

(8) Have you any children? YES

If so, give number of boys and girls 1 boy, Etienne Belval,

Also their names and ages.....

(9) Is your Father alive?.....NO.....

If so, state name and address.....NIL.....

(10) Is your Mother alive?.....NO.....

If so, state name and address.....NIL.....

(11) If your Mother is a widow.....NIL.....

Are you her sole support, or not?.....

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.

NIL

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.

NIL

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.

YES

(15) Are you insured?.....NO.....

If so, in what Company?.....NIL.....

Have you made arrangements for payment of your Insurance premium.....NIL.....

If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

Ernest J. Poirer
Major
Lieut.-Colonel
Comd'g. 2nd Depot Bn. 2nd Quebec Reg't.
Officer Commanding.

Date.....Montreal, Que.....November 11th 1917

PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

- (a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.
- (b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.
- (c) All questions, etc., must be answered.
- (d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.
- (e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

(1) Name of Overseas Unit which Soldier joins 2nd Depot Bn. 2nd Quebec Regiment

(2) Regimental Number 61334

(3) Full Name of Soldier Belval, Arthur

(4) Place of Birth North Adams, Mass. U. S. A.

(5) Are you married, or not? Yes

(6) If married, state,
(a) Full name of your wife Amelia Belval,

(b) Present Postal Address 20 Sanguinet St. Montreal, Que

(7) Are you a widower? NO

(8) Have you any children? YES

If so, give number of boys and girls 1 boy, Etienne Belval,

Also their names and ages

(9) Is your Father alive?..... **NO**

If so, state name and address..... **NIL**

(10) Is your Mother alive?..... **NO**

If so, state name and address..... **NIL**

(11) If your Mother is a widow..... **NIL**

Are you her sole support, or not?.....

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.

NIL

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.

NIL

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.

YES

(15) Are you insured?..... **NO**

If so, in what Company?..... **NIL**

Have you made arrangements for payment of your Insurance premium..... **NIL**

If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

Edmond Desjardins
Major
Lieut-Colonel
.....
Cmd'g. 2nd Depot Bn. 2nd Quebec Regt.
Officer Commanding.

Date Montreal, Que November 11th 1917

CANADIAN CONTINGENT EXPEDITIONARY FORCE

No 1 Paylist for May.

LAST PAY CERTIFICATE

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25715c, C.E.F., 1916).

Regimental No. **61334** Rank **Private** Name **Arthur BELVAL**

Corps **2nd. Depot Bn. 2nd. Quebec Regt.** who was* **Discharged by D.O. 147 -**

On **May. 27th. 1917.** 191....., to.....
 *Insert "discharged" or "transferred."

The following is a statement of the account of the above named from **May. 1st.** 191.....
 o. **May. 27th.** 191....., the inclusive date of transfer or discharge.

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month.....			Bal. Cr. from prev. month. (April).....	14	60
Advances by Cheques } No.....			Regt'l Pay 27 days at \$.....	27	00
} No.....			Field Allow. 27 days at \$.....	2	70
Assigned Pay and Sep'n Allee. No.....			Separation Allowances* (Monthly).....		
Other charges.....			Other Allowances*.....		
Payment on transfer or discharge No.....	54	30	Other Credits* Clothing	10	00
Balance Cr. (to be paid by the new unit).....			Bal. Dr. (to be deducted by new unit).....		
Total.....	54	30	Total.....	54	30

* Give particulars.

A monthly stoppage of \$..... (†) has..... (‡) been paid on account of Assigned
 { Pay for the month of..... 191..... }
 { and Sep'n Allee. for month of..... 191..... } (to) Assignee.....
 (Address).....

(†) Insert amount to be assigned, whether it has been paid or not.
 (‡) Insert "not" if amount has not been paid for period of account.

On Transfer of an Officer

Outfit Allowance of \$..... has been paid by Paymaster, Military District No.....

REMARKS:—

- State (1) date of enlistment..... **February. 25th. 1918.**
- (2) if married and if a Separation Allowance Card has been submitted.....
- (3) cause of discharge... **Medically unfit**..... authority... **AAG-MD4-22-B-890**
- (4) authority for transfer.....

NOTE.—Separation Allowance and Assigned pay Card and Index Card (M. F. W. 71) are to accompany the original Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay-list of the unit.

Date. **June. 13th. 1918.**

Place. **Montreal P.Q.**

J. G. Picardault
 Capt.
 Paymaster.

N.B.—For purposes of transfer this form is to be made out in quadruplicate. Original copy to paymaster of new unit; duplicate to District Paymaster; triplicate to accompany the pay-list at the end of the month, and quadruplicate for retention as a record.

For purposes of discharge it is to be made out in triplicate. Original copy to accompany discharge papers; duplicate to accompany pay-list at the end of the month, and triplicate for retention as a record.

If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.

M. F. W. 44. **A.M.-May* June. 13th. 1918. at 2.00 P.M.**

10 00

10 00

Original not available
 Fill in only.—Unit, Number, Rank and Name.

500
 H. Q. 17

Casualty Form—Active Service.

Unit, Regiment or Corps 22nd Battalion

Regimental No. 61424 Rank pte Name Belval, Arthur
C. E. F.

Enlisted (a) 25-10-14 Terms of Service (a) 19 of war Service reckons from (a) 25-10-14

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) ..

Date	Report From whom received	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
<u>29-3-15</u>	<u>22nd Bn.</u>	<u>S.O.S. Deserter</u>	<u>St. John's Que</u>	<u>20-3-15</u>	<u>Done</u> <u>H.O. 16-1-25</u> <u>Vol 8.</u> <u>D.O. # 113 d/20-3-15</u> <u>W. Puthrie</u> <u>Capt</u>

(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.]

Casualty Form - Active Service

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				

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 Depo Bn 2nd Que Regt.

Regimental No. 61334 Rank Pte Name Belval Arthur

Enlisted (a) 25-2-18 Terms of Service (a) Wof war Service reckons from (a) 25-2-18

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				
28-2-18	2/2 Que Regt.	T.O.S. and posted to "A" Coy. Auth M.D. 4. 22-13-890	Montreal	25-2-18	1000. 5-9
27-5-18	do	S.O.S. med. transfer Auth. a. G. 22-13-890.	do	27-5-18	1000. 147

Arthur Belval

Capt. For Wof 19.

(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.

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				

30075

T. B. OR INSANE CASE

REG. No. 41334 UNIT 2nd Quebec NAME Belval, A M. D. No. 4
(SURNAME FIRST)

AGE 38. SERVICE 2/52. DIAGNOSIS Tuberculosis, Pulmonary.

INSTITUTION Montreal General Hosp. STATION Montreal Que. 26-2-18.

CONDITION ON ADMISSION Cough, expectoration. Exam of Chest reveals intermittent of both apices of lungs with Tuberculosis

FAMILY HISTORY Negative

DISCHARGE OR TRANSFER TO Out. 12-3-18.

CONDITION ON DISPOSAL OF CASE No change to unit. "Unfit"

SURNAME.

Belval.

4. CARD NO.

CHRISTIAN NAMES

Arthur.

*S.O.S. Dis 27/5/18. H
P.O. 147-7-27/5/18.*

REGL. NO.

*61444
61334*

RANK

pte

Feb. 28. 1918

UNIT

2nd Que. Regt. 2nd Depo. B.W.

D.O. Part II No. *59*

FORMER CORPS

nil.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Belval, Mrs. Emilia

RELATIONSHIP TO SOLDIER

wife

ADDRESS

20 Sanguinet St. Montreal P.Q.

COUNTRY OF BIRTH

U.S.A. North Adams, Mass.

DATE

May 30th 1890

PLACE OF ATTESTATION

Montreal P.Q.

DATE

Nov. 11th 1917.

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

No. 61424.

RANK *Pte*

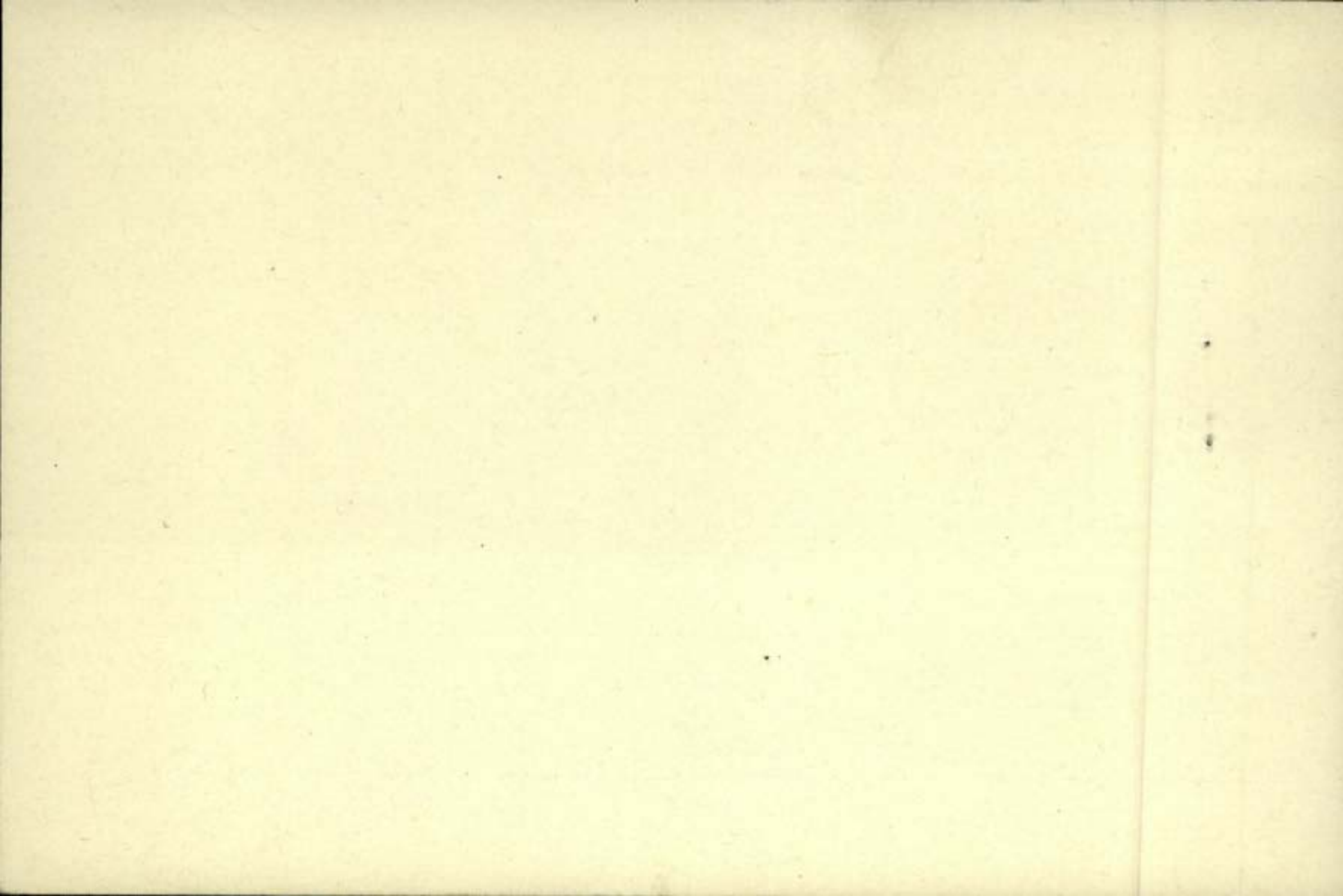
NAME *Belval Arthur*

T. O. S. 22/10/14.
Nov payroll

UNIT *22nd Battalion. (French Canadian)*

M. D. *4*

PAID FROM	PAID TO	SIG OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1914</i> <i>Oct 22</i>	<i>1914</i> <i>Oct 31</i>	<i>✓</i>		
	<i>Nov</i>	<i>✓</i>		
	<i>Dec</i>	<i>✓</i>		
<i>1915</i> <i>Jan</i>	<i>1915</i> <i>Feb</i>	<i>✓</i>		
		<i>of.</i>	<i>forfeits 1 days pay</i>	<i>RD 89 20-2-14</i>
<i>Mar 1</i>	<i>Mar 14.</i>	<i>of</i>	<i>See December</i>	<i>RD 113 20-3-14</i>
			<i>ifc closed by charge of.</i>	UNIT SAILED MAY 20 1915



No. 61334 RANK Pte

NAME Belval, Arthur.

T. O. S. 25-2-18.

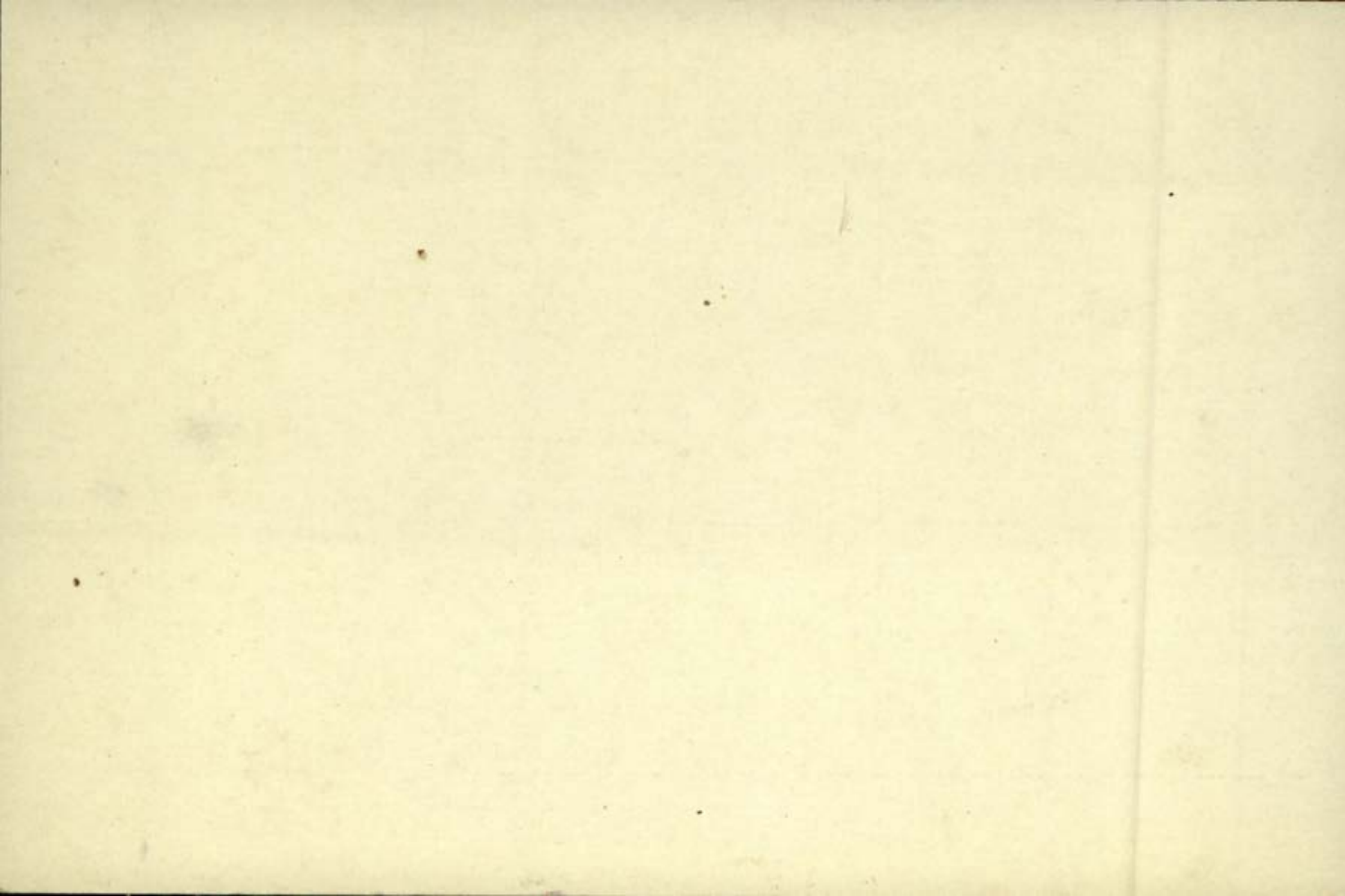
UNIT

2nd Depot Battalion 2nd Quebec Regt.

DD 59 of 28 2-18.

M. D. H.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1918	1918,			
Feb 25	Mar 31	✓		
Apr 1	Apr 21	✓		
Apr 22	Apr 30	✓		
May 1	May 27	✓	struck off strength	DD 147. May Paylist
			a/c not closed n	



Belval, Arthur, Pte. 61424 2nd Bn. 16-B-194.

Med. & Dec. (NIL)

P. & S. (NIL)

Mem. Cross. (NIL)

(DESERTER)

#4

53649

Canada only

no doco.



Reg. No. ⁶41334 Name *Belval, Arthur*
Rank *Pt* Corps *2nd Quebec* Age *38* Service *S 5/12*
Ledger No. Serial No. *30075-30274*

HOSPITALS	DATE	DIAGNOSIS
<i>General - Montreal</i>	<i>26-2-18</i>	<i>Pulmonary Tuberculosis c</i>
<i>"St. to unit" unit</i>	<i>12-3-18</i>	
<i>Grey Dress Conv Home Mont.</i>	<i>1-7-18</i>	<i>P. B. c.</i>
<i>Princess Royal Edward Institute</i>	<i>4-7-18</i>	

HOSPITALS

DATE

DIAGNOSIS

M. F. W. 2553.
50M-6-19.
1772-39-1332.

List of Discharge Documents.

Reg. Conduct Sheet, Militia form B. 263.	Attestation Paper, Militia Form B. 235.
Squadron } Battery } Company } Conduct Sheet, " B. 263a.	Proceedings on Discharge " B. 218.
Copies of Convictions, by C. P. in MS.	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 (in the event of such having been prepared.)
Med. Hist. Sheet, Militia Form B. 313	
Medical Report for Invalid* " B. 227.	
Statement of Man's Account on Transfer and Last Pay Certificate, " D. 877.	

*Only if discharged "Medically unfit."

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.

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

No.	61534
Rank	Private
Surname	Belval
Christian Name	Arthur
<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	May 27th. 1918 (D.O. 147 2/2nd Que Reg't.)
Place of Discharge	Montreal, Que
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age.....37..... years.....9..... months.	Descriptive Marks
Height 5..... feet.....3..... inches.	
Complexion	Clear
Eyes	Brown
Hair	Brown
Trade	Laborer
Intended place of residence	20 Sanguinet Street Montreal, Que
(To be given as fully as practicable.)	Canada
2. The above-named man is discharged in consequence of being medically unfit. (Auth. AAG.MD4 22-B-890)	
<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. <i>Indifferent</i>	
<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.

100M.—1-17.
H. Q. 1772-39-113.

(OVER)

To be in the handwriting of the Commanding Officer, who will himself make the entries on the character certificate and initial them.

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 parchment 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

MacKay-Papineau
Lieut-Colonel,
Commanding 2/2nd Quebec Regiment

(Date) May 28th. 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.

(Place) Montreal, Que

(Signature of Soldier.)

(Date) May 28th. 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.

(101 Days)

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

11. Confirmation of Discharge.

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

(Place) Montreal, Que

MacKay-Papineau
Lieut-Colonel,
O.C. 2nd Depot Bn. 2nd Quebec Regiment.

(Date) May 28th. 1918

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.

Medical History Sheet (to be attached to the discharge certificate)	Medical History Sheet (to be attached to the discharge certificate)	Medical History Sheet (to be attached to the discharge certificate)
Statement of Medical Account on Discharge	Statement of Medical Account on Discharge	Statement of Medical Account on Discharge
Medical History Sheet (to be attached to the discharge certificate)	Medical History Sheet (to be attached to the discharge certificate)	Medical History Sheet (to be attached to the discharge certificate)
Statement of Medical Account on Discharge	Statement of Medical Account on Discharge	Statement of Medical Account on Discharge
Medical History Sheet (to be attached to the discharge certificate)	Medical History Sheet (to be attached to the discharge certificate)	Medical History Sheet (to be attached to the discharge certificate)
Statement of Medical Account on Discharge	Statement of Medical Account on Discharge	Statement of Medical Account on Discharge

N.B. - In the case of a man discharged by purchase, the date and number of Excess Pay Receipt with amount of same is to be noted hereon.