98.
7/10/19.

REGIMENTAL DOCUMENTS

NAME BISSON, LOUIS REGT. NO. 2697712 UNIT 5 Bn C.G.R. H. Q. FILE NO. 20936

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	
1	ATTESTATION PAPER (M.F.W. 23, 133, or 51)					NON-EFFECTIVE BY
	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					DEATH
	TRAINING HISTORY SHEET (M.F.W. 113)					Category
	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
	REGT. CONDUCT SHEET (M.F.B. 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. 178)					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)					
	Reg Cert					
						1
						4-4
						4-4
						11-4

Pm X 19.2.21

W. 2088
100M-11-19
1272-3v-1477

Pl 29-10-18

Duplicate

2697712

ATTESTATION PAPER.

No.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

	(ANSWERS.)
1. What is your surname?	Bisson
1a. What are your Christian names?	Louis
1b. What is your present address?	318 Arago St. Quebec Que.
2. In what Town, Township or Parish, and in what Country were you born?	Quebec Que.
3. What is the name of your next-of kin?	Mrs Victoria Bisson
4. What is the address of your next-of-kin?	318 Arago St. Quebec Que.
4a. What is the relationship of your next-of-kin?	Wife
5. What is the date of your birth?	5th May 1896.
6. What is your Trade or Calling?	Labourer
7. Are you married?	Yes
8. Are you willing to be vaccinated or re-vaccinated and inoculated?	Yes
9. Do you now belong to the Active Militia?	Yes
10. Have you ever served in any Military Force? If so, state particulars of former Service.	8th Regt . Royal Rifles
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
13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit?	No
14. If so, what was the nature of the disability?	-
15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected?	no
16. If so, what was the reason?	-

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Louis Bisson, do solemnly declare that the above are answers made by me to the above questions and that they 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.

L Bisson (Signature of Recruit)

Date 17th May 1918. 191 . G McRuggs Sgt (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Louis Bisson, 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.

L Bisson (Signature of Recruit)

Date 17th May 1918. 191 . G McRuggs Sgt (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 Quebec Que. this 17th day of May 1918. 191 .

C G Drummond (Signature of Justice)

M. F. W. 23.
750 M.—1-17.
H. Q. 1772-39-841.

N.B.—ATTENTION IS DRAWN TO THE FACT THAT ANY PERSON MAKING A FALSE ANSWER TO ANY OF THE ABOVE QUESTIONS IS LIABLE TO A PENALTY OF SIX MONTHS' IMPRISONMENT.

DNX 19-2-21 dc

Description of T. Bisson on Enlistment.

Apparent Age 22 years ..... months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height ..... 5 ft. 7 ins.

Chest measurement: Girth when fully expanded ..... 33 ins.
Range of expansion ..... 3 ins.

Complexion fair
Eyes brown
Hair brown.

Religious denominations:
- Church of England .....
- Presbyterian .....
- Methodist .....
- Baptist or Congregationalist .....
- Roman Catholic ✓
- Jewish .....
- Other denominations ..... (Denomination to be stated.)

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).

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 May 1 1918 A. R. Farrell Capt

Place Quebec .....

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.

Louis Bisson ..... 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.

L. B. Gendron Lieut.-Col. (Signature of Officer)
O. C., 5th Battalion C. G. R.

Date May 12 1918.

FORM OF WILL

I, Louis Bisson (Name in full)

Regimental Number 2697712 serving in 5th Battalion C.G.R.,

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

Mrs L.Bisson
378 Arago, Quebec, P.Q.,

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

absolutely, and my personal estate I bequeath to

Mrs, L.Bisson
378 Arago, Quebec, P.Q.,

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 17 day of May A.D. 1918

L Bisson Signature of Soldier.

*N.B. Personal estate includes pay, effects, money in bank, insurance policy in act 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

Address of Witness

THE TWO WITNESSES MUST SIGN HERE

Occupation of Witness

Signature of Second Witness

Address of Witness

Occupation of Witness

M. F. W. 82.
300M.-12-16.
1772-39-983.

CASE [redacted] SHEET.

Hospital. Quebec Station.

No. Rank Private Name Bisson L. Age

Unit S.B.G.R. Completed years of service (Where and how long)

Date of admission 6.10.18 Date of discharge 7/10/18 died

Diagnosis Influenza Place of origin Quebec

CONDITION ON ADMISSION AND PROGRESS OF CASE

Patient was admitted vomiting bloody fluid and with bloody stools.

7/10/18 Temp 104 - Pulse 124 Resp 48.
Patient is delirious - breathing is laboured
skin is dusky - tongue dry and black.
There are areas of dullness in both bases behind with large mucous rales over the bases.
Patient had large stool, liquid & died suddenly during visit of MO

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

TREATMENT

(Especially any specific or special form.)

Hypo - Strych sulph gr 1/30 q 2 hr
Brandy 3ss q 2 hr
Hypo - Morphia sulph gr 1/4 Atropine 1/150
Stat

CONDITION ON DISCHARGE,

(and disposal made of case.) Died 4.30 p.m. 7/10/18

Date 7/10/18

E A Robertson
Medical Officer i/c case.

M. F. B. 313a.
200M. 5-18.
1772-39-439.

A 12023

Register No. DB 1123

WAR SERVICE GRATUITY
TO
DEPENDENTS OF DECEASED SOLDIERS

A.P. File No. 153-L.13

Regt'l No. 2697712 Name Louis (Christian Name) Bisson (Surname)

Unit 5th C.M.R. Rank Pte Date of enlistment

Date of casualty Oct 7, 1918 B.P.C. File No. 53904

Was service performed overseas? Yes

DEPENDENT

Name Mrs. V. Williamson (Bisson) Relationship W. Widow

Address 281 Avenue St.
St Sauveur
Quebec P.Q.

Latest Address

Amount of Special Pension Bonus $ 80 Abstracted by

M.F.W. 2652
25M—6-20.
H.Q. 1772—39-1473

Eligible for Gratuity $ 90 00

Less amount of Special Pension Bonus paid $ 80 00

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

Total deductions $ 80 00

Balance due $ 10 00

Cheque No. S.1900426 Date issued 14/8/20

Clerk W. Mitchell

REMARKS: R. O. Form on file shows served in Canada Only

Audited by J. Kent

Date 13/8/20

10 00 ok

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		

Remarks:

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

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

M. F. W. 54. (A. F. B. 103.)
350M.—5-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 5 C. G. R

Regimental No. 2697712 Rank Pte Name Bisson Louis

Enlisted (a) 17-5-18 Terms of Service (a) C. E. F. D. F. W. Service reckons from (a) 17-5-18

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) .....

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				
Oct 1918	5 C.G.R	S.O.S ~~Deceased~~ "Deceased"	Quebec	7-10-18	Auth Oct pay list.
					W. Pulleine 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				

LEDGER NO. 42147.246 SERIAL NO. A 12023

REG. NUMBER 8/949. NAME L. Bisson

RANK Pte CORPS 5th C.G.R.

AGE — SERVICE —

NAME OF HOSPITAL Military PLACE Quebec

DATE OF ADMISSION 6-10-18

DISEASE Influenza

TRANSFERRED TO OTHER HOSPITALS Died 7-10-18

OPERATION

DISCHARGED TO IN CATEGORY

M. F. W. 2553.
50m.—6-18.
1772-39-1332.

P. T. O.

REMARKS:

649-B-30975.

BISSON, Pte. Louis, #2697712, 5th Bn. C. G.R.

M. & D. (Wife) Mrs. F. Marticotte,
119 Hermine St.,
St. Souveur, Que.

P. & S. (Wife) Same as above.
(Ser. # 806510)

Mem. C. (Wife) Same as above.

Mem. C. (Mother) Mrs. Olivier Bisson,
179 rue Victoria,
Quebec.

Canada only

CLINICAL CHART.

(To be pasted into Case Book opposite Patient's Case.)

Corps 5 C.G.R. Hospital Station Quebec

No. Rank and Name Private Bisson L. Age Service Dr Robertson

Disease Influenza Date of Admission Oct 6/18 Date of Discharge 7/10/18 Result Decd Case Book Folio

Dates of Observation	Oct 6	7	8	9	10	11	12	13	14	15	16	17	18	19	20																
Days of Disease																															
Temperature Fahrenheit	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.	TIME a.m. p.m.

Pulse per Minute	112	140																													
Respirations per Minute	24	40																													
Motions	1																														

M. F. B. 288.

50M—11-16.
H. Q. 1772-39-513.

Signature E A Robertson In charge of case.

STORY

11