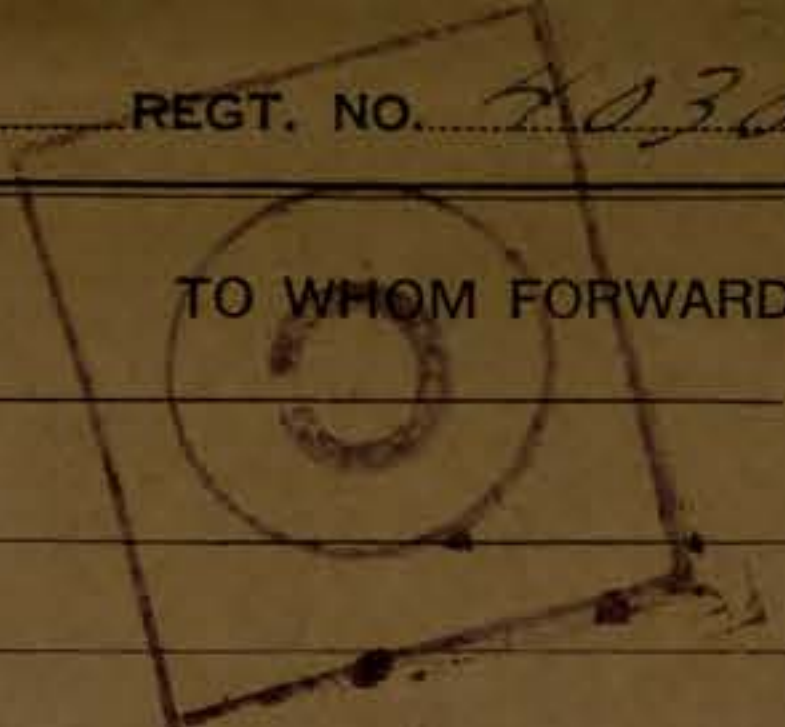
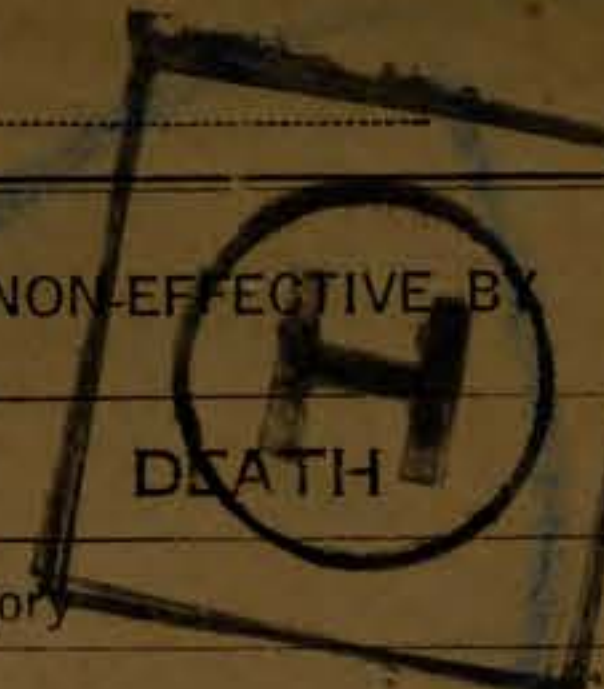
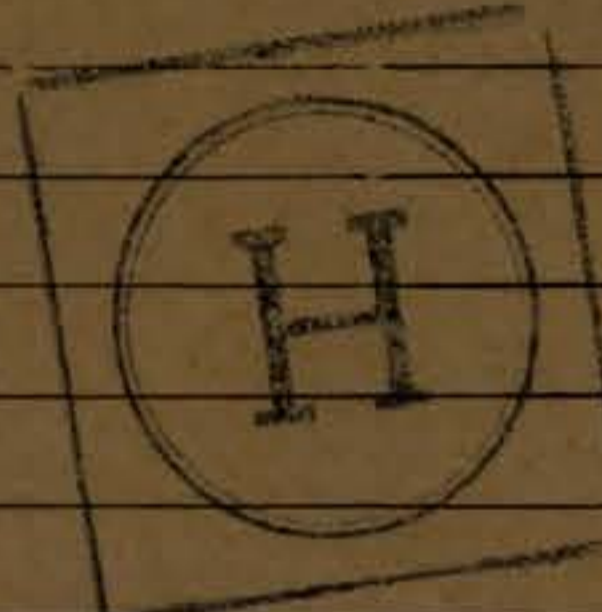


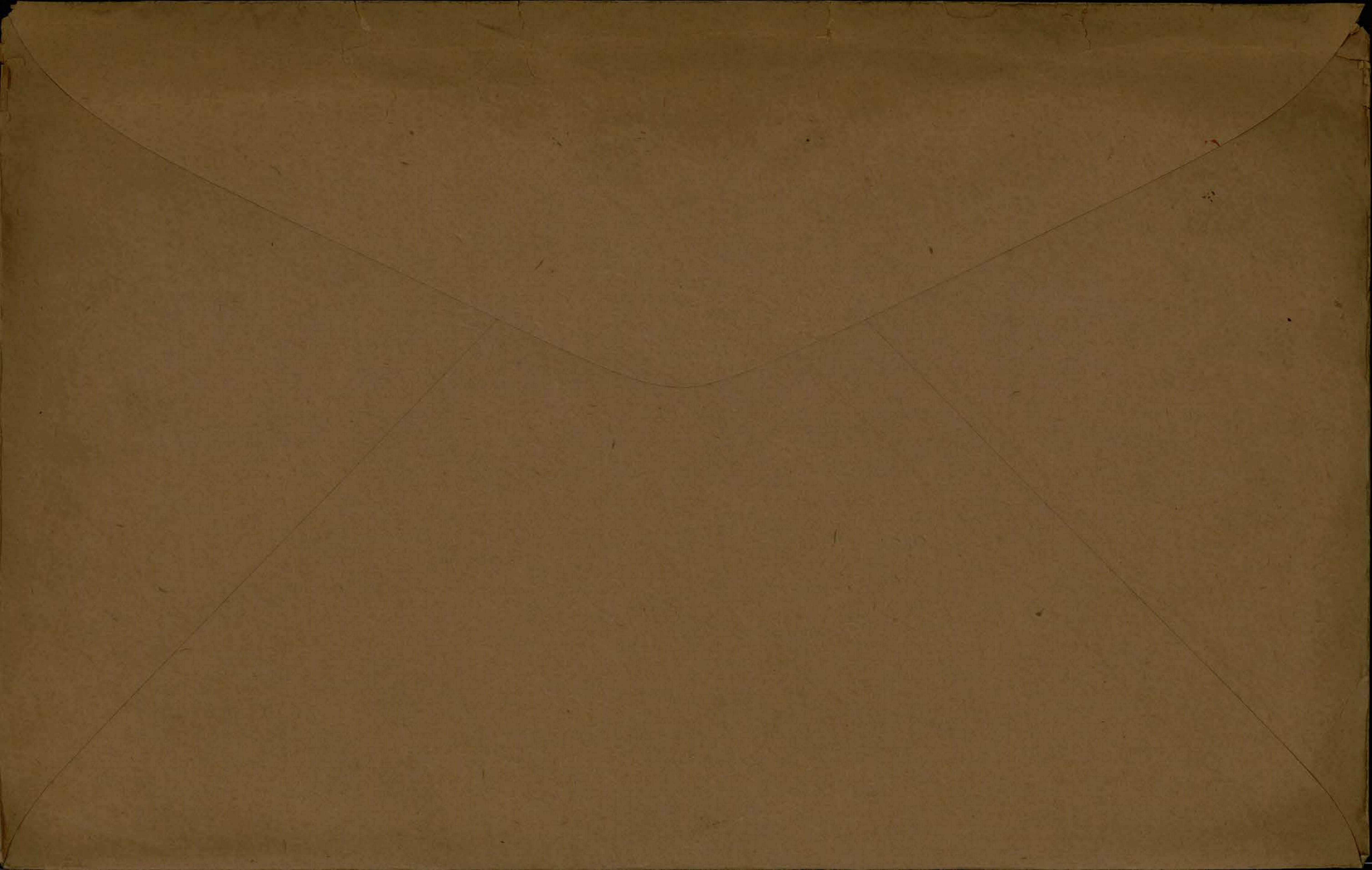
NAME **BLACK Thomas**

REGT. NO. **2030508** UNIT **1st AR**

H. Q. FILE NO.

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)						
CASUALTY FORM (M.F.W. 54 or A.F.B. 103)						Category
TRAINING HISTORY SHEET (M.F.W. 113)					<p><b>DISCHARGE</b></p> <p>Category</p>	
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)						
DENTAL HISTORY SHEET (M.F.B. 465)						
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)						
MEDICAL EXAMINATION (M.F.W. 123)						
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)					<p><b>DESERTION</b></p> <p>1</p> <p>10 5</p> <p>10 5</p> <p>2-5</p>	
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)						
<i>Drug will</i>						

*Handwritten initials*



# 1st Depot Bn. 1st Quebec Regiment

4th.

M. D.

Depot Battalion

Regiment

Regtl. No.

**4030508**

E. L.

## PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class 1)

1. Surname BLACK

2. Christian name Thomas

3. Present address 142 Canning St. Montreal. Que.

4. Military Service Act letter and number Defaulter (Never Registered) 6/9/18  
(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 December 6th, 1891.

6. Place of birth Montreal. Que.  
(town, township or county and country)

7. Married, widower or single Single

8. Religion R. C.

9. Trade or calling Laborer

10. Name of next-of-kin Christopher BLACK

11. Relationship of next-of-kin Father

12. Address of next-of-kin 142 Canning St. Montreal. Que.

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 Sept. 13th, 1918. (c) Category C<sup>3</sup>



### DECLARATION OF RECRUIT

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

*Thomas Black*

(Signature of Recruit)

### DESCRIPTION ON CALLING UP

Apparent age 26 yrs. 10 mths.

Height 5 ft. 5 1/2 ins.

Chest measurement } fully expanded 35 1/2 ins.  
 range of expansion 2 1/2 ins.

Complexion Med

Eyes Brown

Hair D. Brown

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

Eyes R. 30 L. 30  
 Hearing R. 18 L. 18

*John A. McKeown*

for O.C. 1st Depot Bn. 1st Quebec Regiment  
 O. C. First Depot Btln.  
First Quebec Regt.

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

# CASE HISTORY SHEET.

MONTREAL GENERAL Hospital. Montreal. Station.

No. 4030508 Rank Pte. Name Thomas Black Age 26

Unit 1/1 Que. Regt Completed years of service 2 weeks in Canada. <sup>Where and how long</sup>

Date of admission 25-9-18 Date of discharge 27-9-18 (Died)

Diagnosis Pneumonia Place of origin Montreal, Sept. 25/18

CONDITION ON ADMISSION AND PROGRESS OF CASE. Patient was admitted to hospital on the afternoon of the 25th of Sept. 1918 with a temperature of 104, cough, pain in the chest and dyspnoea. Examination showed that he was suffering from an early diffuse Pneumonia involving both lungs. His condition rapidly grew worse and he died at 11.50 a.m. on the 27th of September 1918.

*M. O.*

Capt. A. M. O.

M. O. i/c Troops, M. G. H.

## FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

## TREATMENT

(Especially any specific or special form.)

## CONDITION ON DISCHARGE

(and disposal made of case.)

Date

Medical Officer i/c case

6 9/33/5

CASE HISTORY SHEET

FORM OF WILL

DEPT. MILITARY & DEFENSE  
OCT 10 1918  
H.C. CANADA

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, **BLACK Thomas**  
**4030508**  
Regimental number Rank **PW** serving in the

**1st DEPOT BN. 1st QUEBEC REG'T.** Canadian Expeditionary Force,

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

Executor I appoint **NIL**  
whose address is  
to be the executor of this my last will.

General gift I give to **Christopher BLACK**  
whose address is **142 Canning St. Montreal. Que.**

all my property not disposed of above.

Date Dated at **Montreal** this **12<sup>th</sup> September** 191**8**

Signature **Thomas Black**  
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.

1st WITNESS  
Witnesses Signature **[Signature]**  
Address **Guy St. Barracks. Mtl.**  
Occupation **Soldier**

2nd WITNESS  
Witnesses Signature **[Signature]**  
Address **Guy St. Barracks. Mtl.**  
Occupation **Soldier**

8175-10-00-1A

FORM OF WILL

10/10/18  
425

# 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.

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

M. F. W. 54. (A. F. B. 103.

500M.—9-16

H. Q. 1772-39-9 0.

# Casualty Form—Active Service.

Unit, Regiment or Corps. *1 Depot Bn 1 Que Regt*

Regimental No. *4030808* Rank *Plt* Name *Black Thomas*  
C. E. F.

Enlisted (a) *11-11-17* Terms of Service (a) *D.F.W.* Service reckons from (a) *11-11-17*

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				
<i>16-9-18</i>	<i>1/1 Que Regt - T.O.S.</i>	<i>Desameter</i>	<i>Montreal</i>	<i>11-11-17</i>	<i>Plt II D.O 259</i>
<i>3/10/18</i>	<i>" S.O.S.</i>	<i>Desameter</i>	<i>"</i>	<i>27-9-18</i>	<i>Plt II D.O 276</i>



*W. Guthrie*  
*for D.O.R.*

*Yew*

(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.]



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				

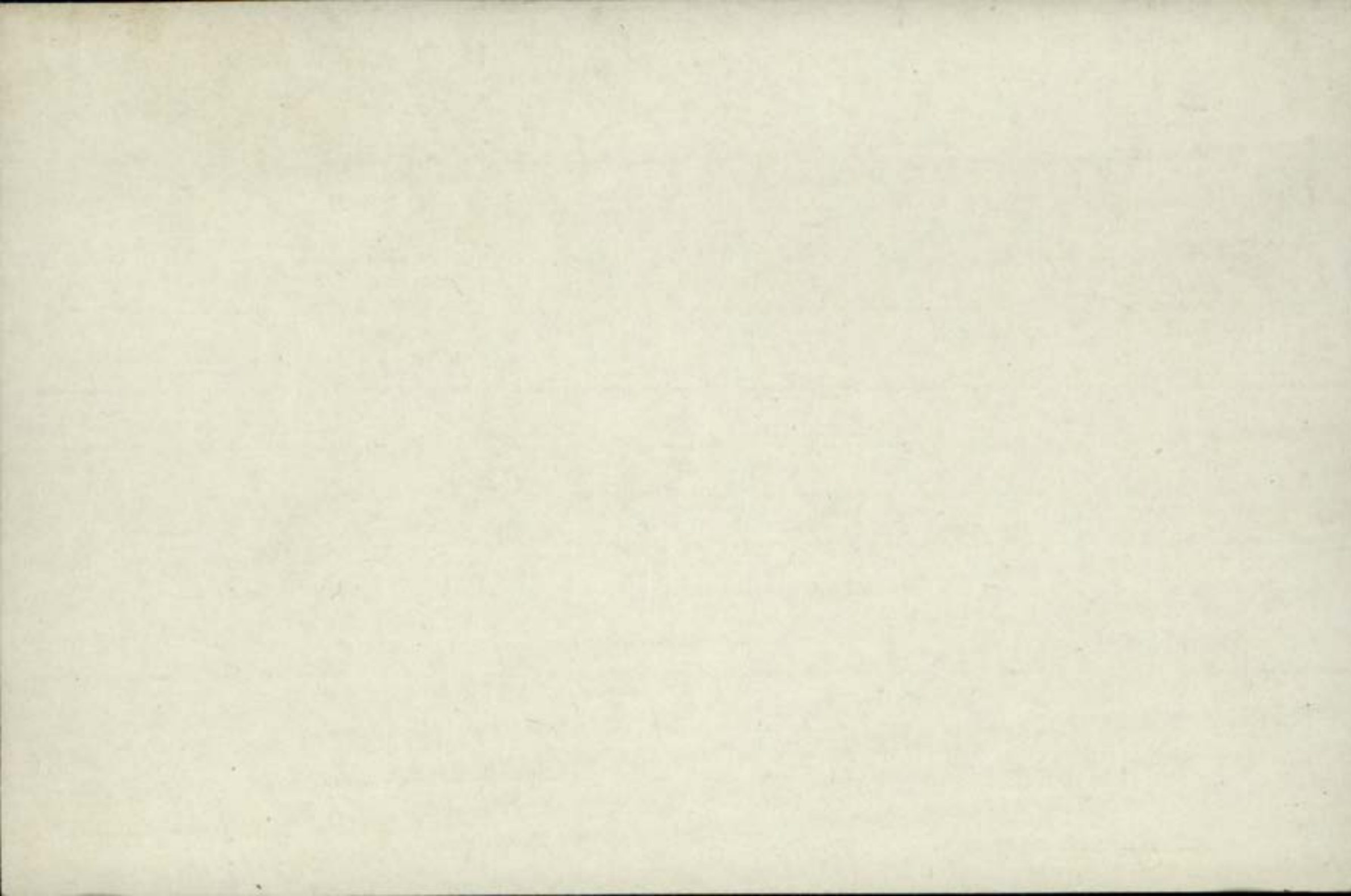


D

Surname *Black* .....  
 Christian names *Thomas* .....  
 Regtl. No. *4030508* ..... Rank *Pte.* .....  
 Unit *1st Queer Regt. 1st Depo. Bu.* .....  
 H. Q. ....  
 M. D. No. *4* .....  
 T. O. S. *Nov. 11<sup>th</sup> 1917* .....  
 D. O. Pt. *1259* of *16-9-18* .....  
 S. O. S. *Dis 27-9-18* 19 .....  
 Reason *"Deceased"* .....  
 Auth. *D.O. 27693-10-18* .....  
*1119R*

Next of kin *Black Christopher* Relationship *Father* .....  
 Address *142 Canby St.* .....  
*Montreal, P.Q.* .....  
 Also notify: .....

BORN—Place *Canada, Montreal, P.Q.* Date *Dec. 6<sup>th</sup> 1891* .....  
 ATTESTED—Place *Montreal, P.Q.* Date *Nov. 11<sup>th</sup> 1917* .....  
 O/S ..... R/C .....



BLACK. T. <sup>Thomas</sup> (Pte) #4030508, 1st D. Bn. Q.R. 649-B-30871.

MEDALS & DECORATIONS. Unable to locate next of kin.

PLAQUES & SCROLLS. Unable to locate next of kin.

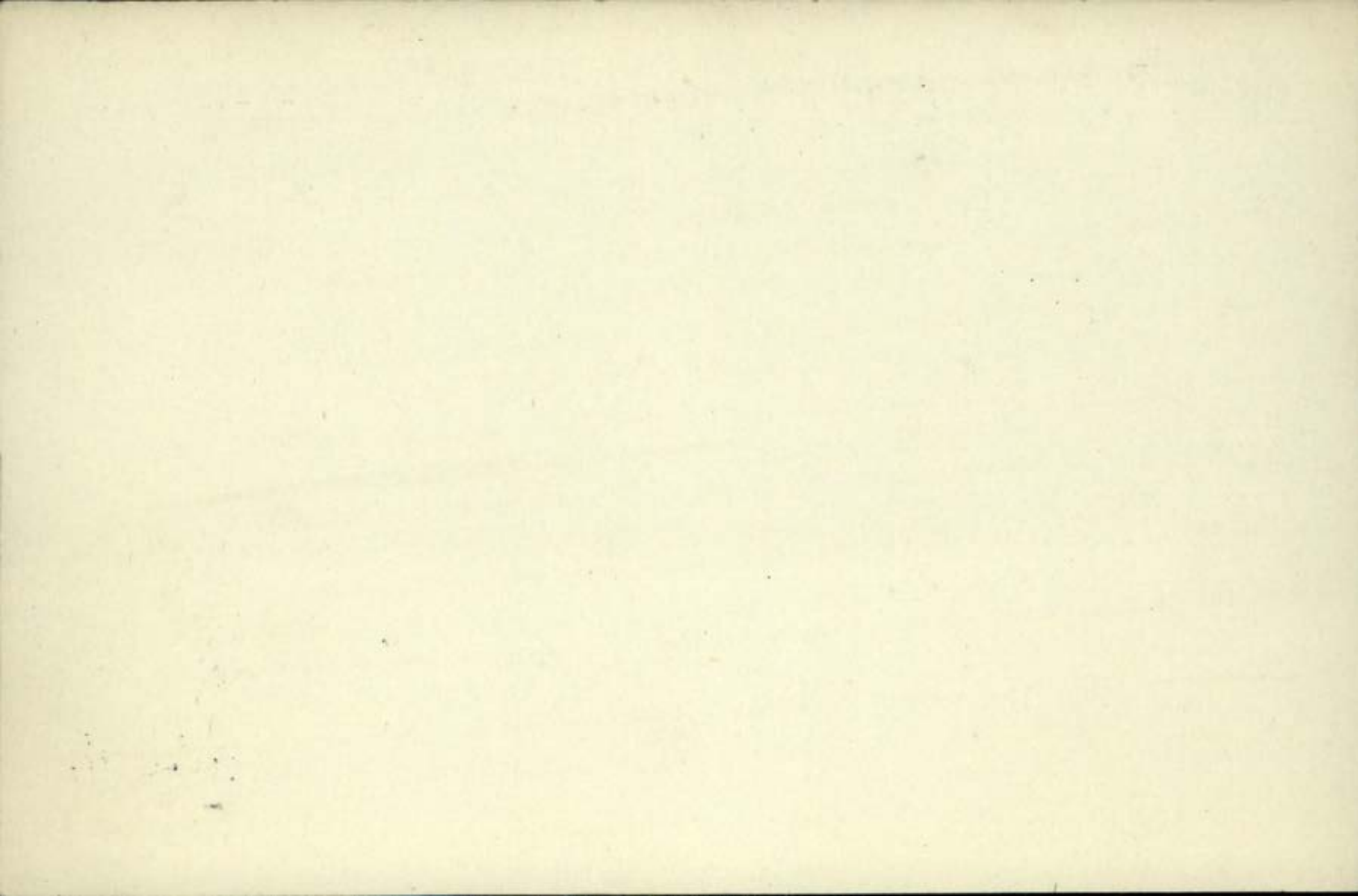
*Ser # 806513 -*

MEMORIAL CROSS. Unable to locate next of kin.

*#4*

*Canada only.  
m.j.*

*A* 58401



LEDGER NO.

229-437

SERIAL NO.

638335

REG. NUMBER

4030598

NAME

Black Thomas 21

RANK

Plt

CORPS

1st Depot 1st Que

AGE

26

SERVICE

NAME OF HOSPITAL

General

PLACE

Montreal

DATE OF ADMISSION

25-9-18

DISEASE

Pneumonia

TRANSFERRED TO OTHER HOSPITALS

OPERATION

DISCHARGED TO

Died 24-9-18 11:50 AM

IN CATEGORY

REMARKS:.....

.....

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