

T. J. 26-19
 Proceedings of Court of Inquiry or on men
 reported Missing on Active Service.....
 Attestation Papers..... *1* *2*
 Declaration of change of name.....
 Authority for special enlistments.....
 Documents of re-enlisted men.....
 Regimental Conduct Sheet.....
 Compulsory Stoppages.....
 Casualty Forms..... *1*
 Proceedings on discharge..... *1*
 Corps History Sheet.....
 Date and No. of Deposit Receipt for
 Purchase Money and Amount.....
 Parchment Certificate.....
 Medical Report for Invalids.....
 Medical History Sheet..... *1*
 Proceedings of Regt. Court Martial.....
 Copies of Convictions by Civil Power.....
 Company Conduct Sheet.....
 Clothing Transfer Certificate.....
 Inventory of Kit.....
 Last Pay Certificate.....

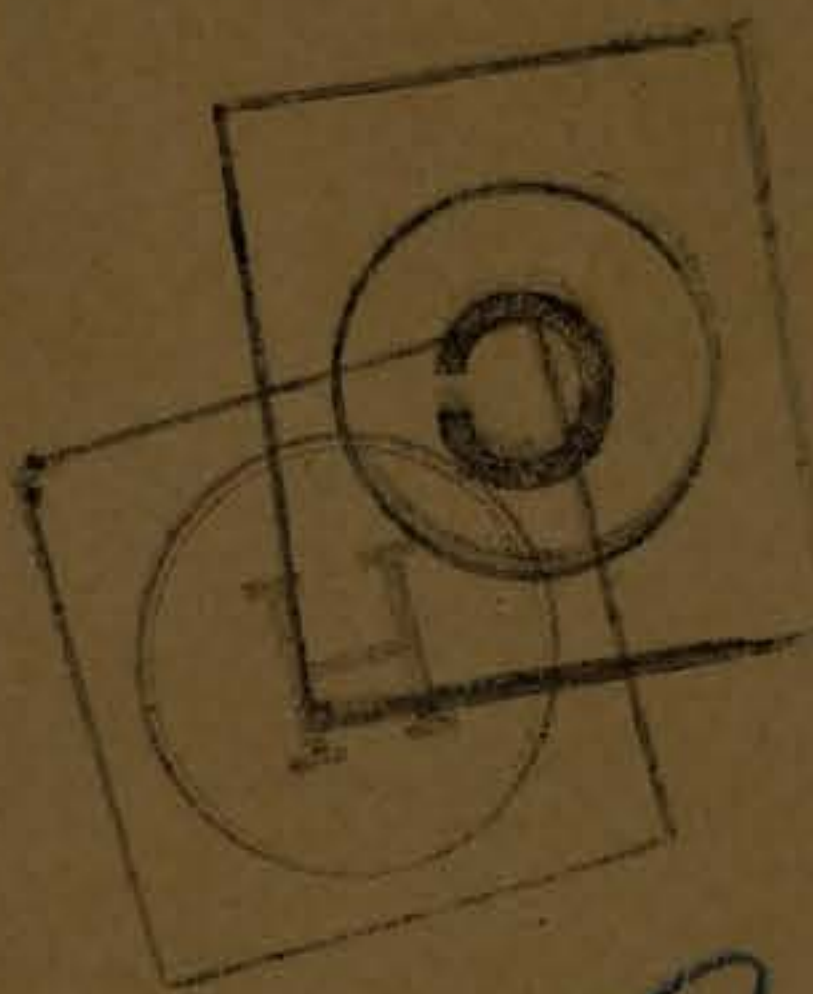
M 7 W 71 - 1
M 7 W 113 - 1
M 7 B 465 - 1
M 7 W 178 - 1

M. F. W. 62.
 50m.-0-16.
 H. Q. 1772-30-935.

Deceased
DISCHARGE DOCUMENTS

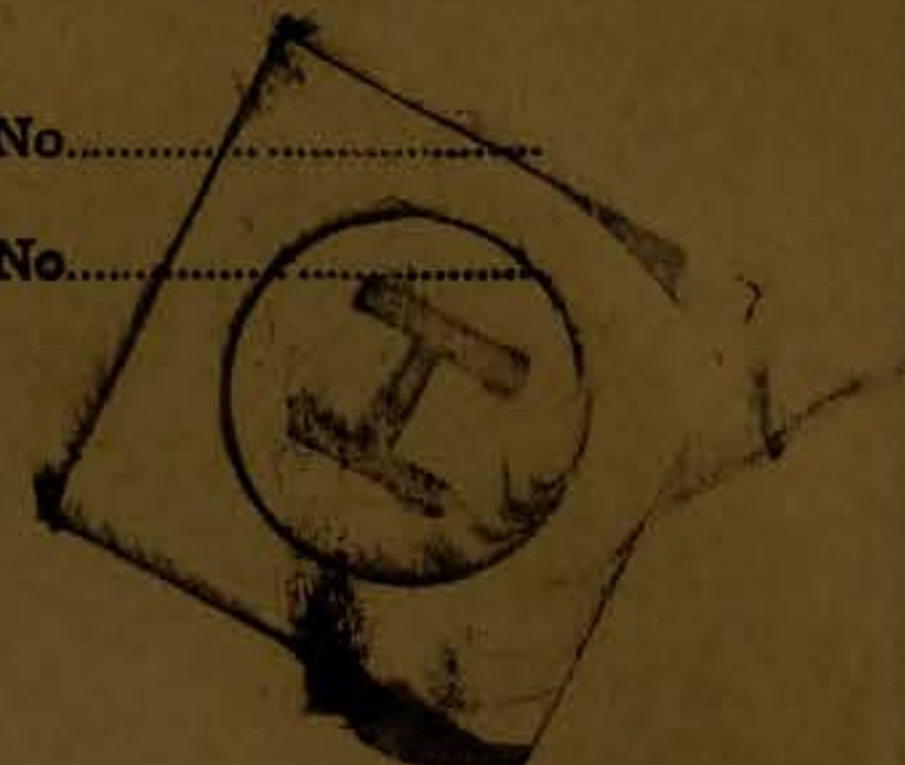
Name *BOUCHARD ABRAHAM*
 Regt. No. *3171142* Rank *Pte*
 Corps *2nd. Depot Bn. 2nd Am Regt. 29274*

Deceased



649. *B. 35295*

R. O. No.....
 H. Q. No.....



ORIGINAL

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

3171142

(Class ONE.)

1. Surname..... BOUCHARD

2. Christian name..... Abraham

3. Present address..... Stanhope Co Stanstead PQ Can
62058 DC

4. Military Service Act letter and number.....
(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..... March 14th 1893

6. Place of birth..... Stanhope Co Stanstead PQ Can
(town, township or county and country)

7. Married, widower or single..... Single

8. Religion..... Roman Catholic

9. Trade or calling..... Farmer

10. Name of next-of-kin..... Mr Victor Bouchard

11. Relationship of next-of-kin..... Father

12. Address of next-of-kin..... Stanhope Co Stanstead PQ Can
No

13. Whether at present a member of the Active Militia..... No

14. Particulars of previous military or naval service, if any..... Nil

15. Medical Examination under Military Service Act :—

(a) Place..... Montreal PQ (b) Date..... 3-8-18 (c) Category..... 92

DECLARATION OF RECRUIT

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

Abraham Bouchard (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age..... 25 yrs..... 3 mths.

Height..... 5 ft..... 5 1/2 ins.

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

Complexion..... Brown

Eyes..... Brown

Hair..... Brown

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

O. C.

Depot Btln.

Regt.

Place..... Montreal PQ CanDate..... 3-8-18

FORM OF WILL

SEE INSTRUCTIONS ON BACK

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

Name, etc. I, BOUCHARD, Abraham.

Regimental number 3171142 Rank Private. serving in the

2nd Depot Bn. 2nd Quebec Regt. Canadian Expeditionary Force,

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

Executor I appoint Mr. Victor Bouchard. Sufficient Address.

whose address is Stanhope Co. Stanstead, P.Q. Can.

to be the executor of this my last will.

General gift I give to Mr. Victor Bouchard. Sufficient Address.

whose address is Stanhope Co. Stanstead, P.Q. Can.

all my property not disposed of above.

Date Dated at Montreal, P.Q. Can. this 3-8-18. 191

Signature Abraham Bouchard.
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	2ND WITNESS
Witnesses	Signature <u>George Vincent.</u>	Signature <u>Geo. E. Teissigen.</u>
	Address <u>Peel St. Bks.</u>	Address <u>Peel St. Bks.</u>
	Occupation <u>Soldier.</u>	Occupation <u>Soldier.</u>

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.

CANADIAN ARMY DENTAL CORPS

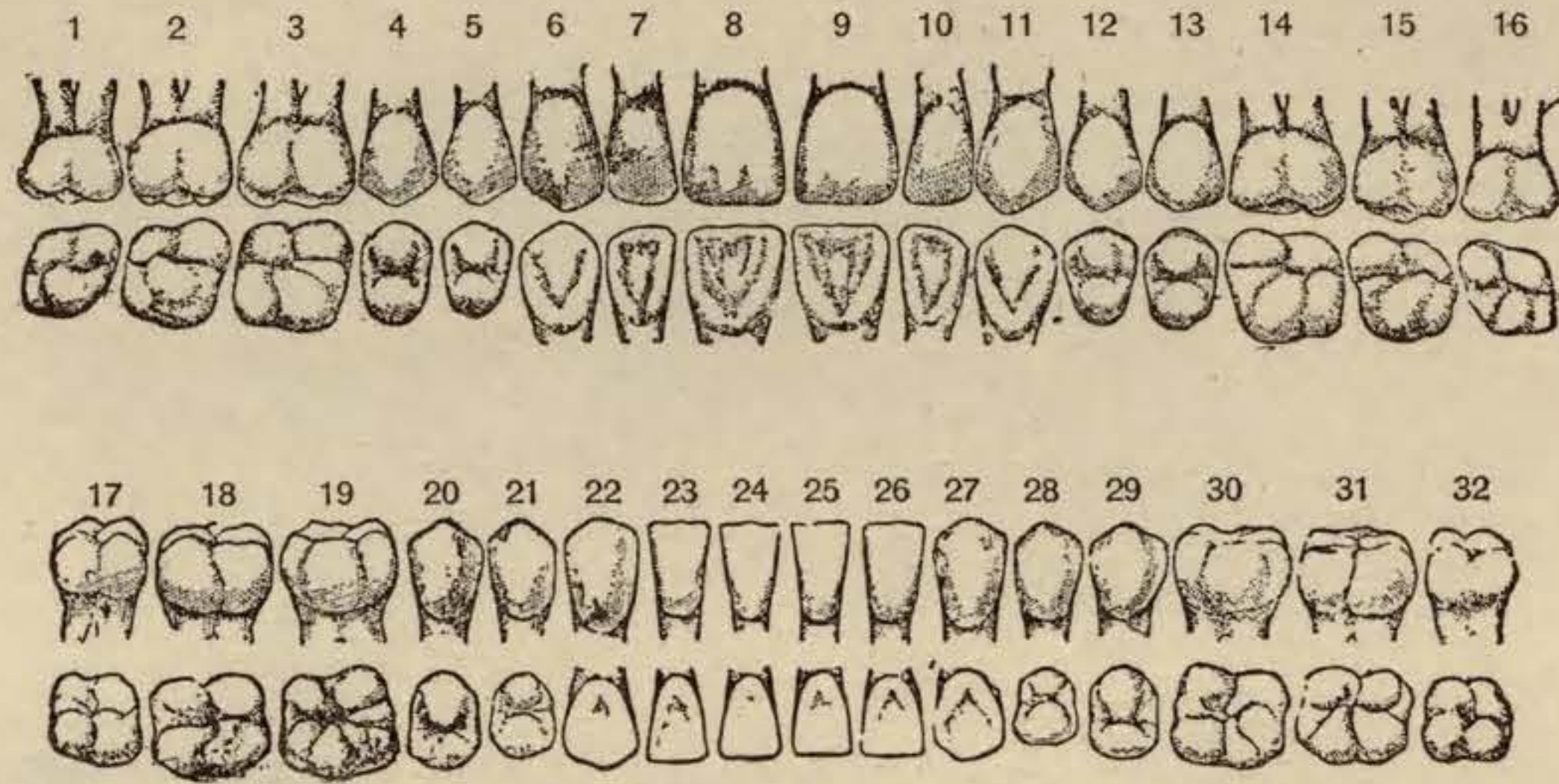
DISTRICT.

BOUCHARD Abraham

Private

No. D-

Д



1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge.

[illegible]

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

DUPLICATE

1. Surname.....Christian name.....
 2. Number of report for service or claim for exemption according to Postmaster's Receipt or schedule
 3. Consecutive number on schedule of men reporting for service (if he appears on it)
 4. Address (including street and number if any).....

BOUCHARD

Abraham

62058 DC

3171142

Stanhope Co Stanstead 2, Can

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 3rd day of August 1918, by the undersigned medical board sitting at Peel St Bks Montreal PQ, Can

5. Age as stated 23 Years 4 Months. 6. Apparent age Years Month
 7. Height 5 Feet 5 1/2 Inches. 8. Weight 139 Pounds.
 9. Chest measurement { Minimum 33 Ins. 10. Complexion Brown { Eyes Brown
 { Maximum 35 Ins. { Hair Brown
 11. Physical development Good { Good Fair Poor 12. Smallpox marks
 13. Number of vaccination marks { Right arm 1 14. When vaccinated last since
 { Left arm 1
 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, Epilepsy We find { Rheumatism Epilepsy
 { Tuberculosis, Syphilis, no evidence { Tuberculosis, Syphilis
 { Nervous or Mental disorder. Asthma. of past { Nervous or Mental disorder. 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

A2

17. 80 80
 (a) Vision. R. L.
 (b) Hearing. R. L.
 President.
 Member.
 Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
7/11/18		Ernest Chabot St M. O.	7/11/18		Ernest Chabot St M. O.
		M. O.			Ernest Chabot St M. O.
		M. O.			Ernest Chabot St M. O.

Joined 3rd day of August 1918 at Montreal PQ, Can
 CORPS REG'TL NUMBER HABITS DATE
 Joined on enlistment
 Transferred to 2nd DEPOT BN. 2nd QUEBEC REGT. 3-8-18
 3171142

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 Abraham Bouchard

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

Surname

[illegible]

GHV

Casualty Form—Active Service.

3171143 Unit, Regiment or Corps.....2nd DEPOT BN. 2nd QUEBEC REGT.
Regimental No. D Rank Private Name BOUCHARD Abraham
C. E. F.
Enlisted (a) 3-8-18 Terms of Service (a) CEF Service reckons from (a) 3-8-18
Date of promotion to } Date of appointment } Numerical position on }
present rank } to lance rank } roll of N. C. Os. }
Extended Re-engaged Qualification (b) Farmer

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				
		<p>Resubmission.</p> <p>Deceased</p> <p>S.O.S. 8.10.18. D.O.</p>			<p><u>Arch Larose</u> Cap't.</p> <p>Adjutant 2nd Depot Bn. 2nd Quebec Reg't.</p>

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				

Surname *Bouchard* H. Q.
Christian names *Abraham* M. D. No. *4*
Regtl. No. *317 1141* Rank *Pte.* T. O. S. *Aug 3rd 1918*
Unit *2nd Que. Regt 2nd Dep Bn.* D. O. Pt. II *214* of *3-8-18*
S. O. S. *Dis 25-10-18*
Reason *Dec.*
Auth. *Do 27.7.27-1-19* *2/29R*

Next of kin *Bouchard Victor* Relationship *Father*
Address *Stanhope P.Q.* Also notify:
.....
.....
.....

BORN—Place *Canada, Stanhope P.Q.* Date *March 14th 1893*
ATTESTED—Place *Montreal P.Q.* Date *August 3rd 1918*
O/S. R/C.

NAME

Bouchard Abraham

REGIMENTAL NO.

3171142

RANK

Pte

ENLISTED AT

PROMOTIONS, &c.
AND DATE

DATE

IF SERVED PREVIOUSLY, STATE UNIT, &c.

MARRIED, WIDOWER, OR SINGLE

NEXT OF KIN

RELATIONSHIP

ADDRESS OF

ASSIGNMENT OF PAY \$

C.

TO

ADDRESS

SEPARATION ALLOWANCE, ENTITLED OR NOT

S.O.S. D.O. 29 Discharged

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form B. 263	Attestation Paper	Militia Form W. 23
Squadron } Battery } Company }	Conduct Sheet, " B. 263a	or Particulars of Recruit	" W. 133
Field Conduct Sheet	" W. 178	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	
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	(a) Proceedings on Discharge.	
Duplicate Discharge Certificate	" W. 39A	(b) Attestation.	
‡Form of Will	" W. 82	(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.

Proceedings on Discharge.

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

No.	D 3171142	
Rank	Private	
Surname	BOUCHARD	
Christian name	Abraham	
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.		
Corps (Squadron, Battery or Company)	2nd Depbt Bn 2nd Quebec Regt	
Date of discharge	25th Oct 1918 D.O. 2/2/ Quebec Regt	
Place of discharge	Montreal P.Q. Canada	
1.	DESCRIPTION AT THE TIME OF DISCHARGE.	
Age	25 years 3 months.	Descriptive marks Nil
Height	5 feet 5½ inches.	
Complexion	Brown	
Eyes	Brown	
Hair	Brown	
Trade	Farmer	
Intended place of residence	Stanhope Co Stanstead P.Q. Canada	
(To be given as fully as practicable.)		
2.	The above-named man is discharged in consequence of DECEASED <i>N.O. N.I. II 27</i>	
Authority for discharge.....		
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.		
3.	Conduct and character while in the service have been, according to the records, etc.	
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.		
4.	Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.) Farmer	

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 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 P.Q. Canada

Commanding Officer

(Date).....8th Oct 1918

Commanding 2/2 Quebec Regt
Coy "B"

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 P.Q. Canada.....(Signature of Soldier.)

(Date).....8th Oct 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.

66 Days

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

11. Confirmation of Discharge.

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

(Place).....Montreal P.Q. Canada

(Signature) [Signature] Capt.

(Date).....8th Oct 1918

For Lieutenant Colonel

2nd Depot Bn 2nd Quebec Regt

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.)

(RESERVATIONS (NIL))