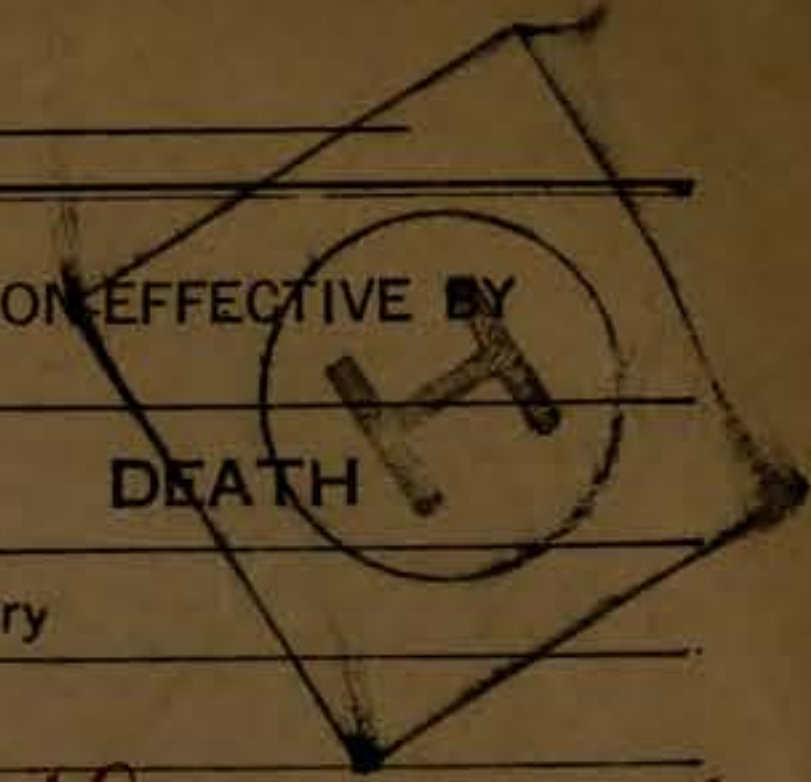


REGIMENTAL DOCUMENTS

AD. 13-5-19

NAME *Bourassa, Lucien Archille* REGT. NO. *3290830* UNIT *1st B2. Que Regt* FILE NO.



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DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505 REFERENCE

NON EFFECTIVE BY

DEATH

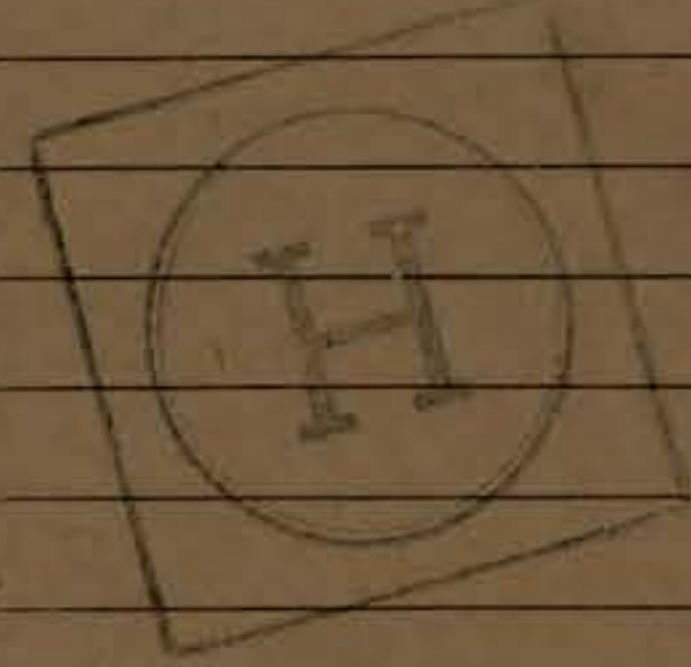
Category

*Deceased.*

DISCHARGE

Category

DESERTION



31006

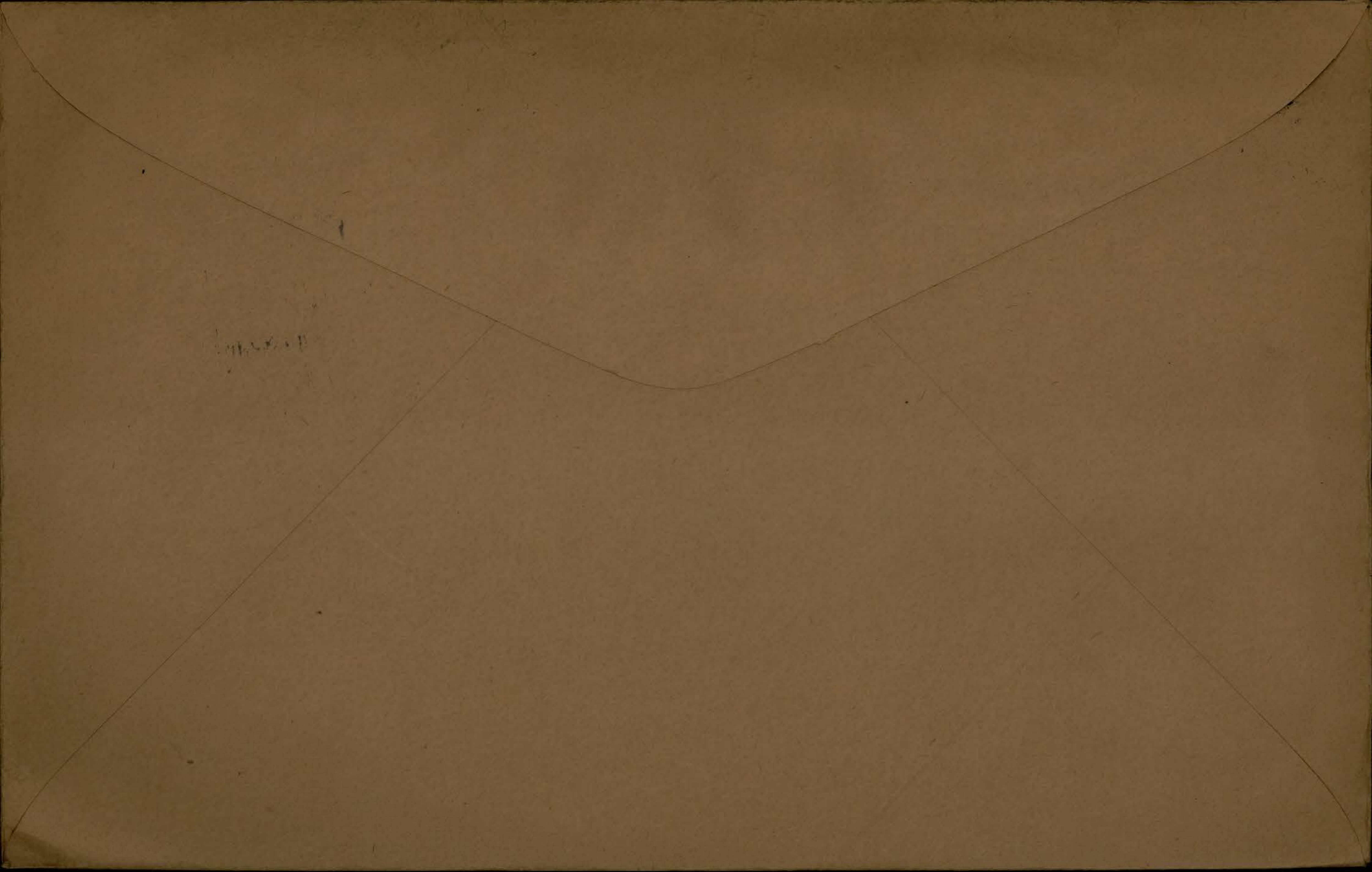
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- CASUALTY FORM (M.F.W. 54 or A.F.B. 103)
- TRAINING HISTORY SHEET (M.F.W. 113)
- FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)
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- COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)
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- TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)
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- 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)

1. *S.F. 10.*

1 *M.F.W. 160.*

1 *M.S.A. 15.*

*M-X 15-1-21 RR*



# MOBILIZATION CENTRE M. D. 5

5th. M. D. First Depot Battalion Second Quebec Regiment

DUPLICATE

Regtl. No. 5290830

*Pl 18-18  
3-18-18*

## PARTICULARS OF RECRUIT DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class ONE)

1. Surname..... Bourassa,
2. Christian name..... Lucien Archille,
3. Present address..... La Tuque, Champlain Co., P. C. Canada
4. Military Service Act letter and number..... 163746 EG
5. Date of birth..... July 18th. 1898
6. Place of birth..... St Jacques des Piles, Champlain Co., P. C. Can.  
(town, township or county and country)
7. Married, widower or single..... Married
8. Religion..... Roman Catholic
9. Trade or calling..... Caller
10. Name of next-of-kin..... Mrs. Ledia Guay Bourassa
11. Relationship of next-of-kin..... Wife,
12. Address of next-of-kin..... La Tuque, Champlain Co., P. C. Canada
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..... Drill Hall Quebec (b) Date..... 13.8.18 (c) Category..... A2

### DECLARATION OF RECRUIT

I, Lucien Archille Bourassa, do solemnly declare that the above particulars refer to me, and are true.

*Lucien Archille Bourassa*  
(Signature of Recruit)

### DESCRIPTION ON CALLING UP

|  |   |  |
|--|---|--|
| Apparent age..... <u>26</u> yrs..... mths.                 | } Distinctive marks, and marks indicating congenital peculiarities or previous disease. | } <u>History of injury to Right foot</u> |
| Height..... <u>5</u> ft..... <u>3 1/2</u> ins.             |   |  |
| Chest measurement } fully expanded..... <u>43 1/2</u> ins. |   |  |
|  |   |  |
| Complexion..... <u>Clear</u>                               |   |  |
| Eyes..... <u>Brown</u>                                     |   |  |
| Hair..... <u>Brown</u>                                     |   |  |

# M. S. A.

*Edmund Pelletier Lt*  
for O. C. MAJOR Depot Btln.  
O. C. MOBILIZATION CENTRE M. D. 5,  
Regt.

Place..... Quebec Date..... August 7th. 1918.

List 100

MILITARY SERVICE ACT, 1917.

3290830

MEDICAL HISTORY SHEET.

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make in application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar.

1. Surname Bourassa Christian name Lucien

2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule. E.C. 163746

3. Consecutive number on schedule of men reporting for service (if he appears on it)

4. Address (including street and number, if any) La Tuque St Champlain

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 13 day of Aug 1917, by the undersigned medical board sitting at Hotel de Ville

5. Age as stated 26 Years — Months. 6. Apparent age 26 Years — Months

7. Height 5 Feet 3 1/4 Inches. 8. Weight 186 Pounds.

9. Chest measurement { Minimum 38 Ins. Maximum 41 1/2 Ins. 10. Complexion Clear { Eyes Brown Hair Brown

11. Physical development Good { Good Fair Poor 12. Smallpox marks

13. Number of vaccination marks { Right arm Left arm 14. When vaccinated last Childhood

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

16. Slight defects but not sufficient to cause rejection History of injury to Rt Foot.

The man denies having had { Rheumatism Tuberculosis Syphilis We find no evidence of past { Rheumatism Tuberculosis Syphilis (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

A II

Insidious R330 = L330 Hearing O.K.

President. Member. Member.

Table with columns: Date, Result, VACCINATIONS, Date, Result, ANTI-TYPHOID INOCULATIONS, ETC. Includes handwritten entries for 14-5-18 and M.O.

Joined 13 day of August 1918 at La Tuque

Table with columns: CORPS, REG'TL NUMBER, HABITS, DATE. Includes handwritten entry for 13-8-18.

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Table with columns: 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



# 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, **Lucien Archille Bourassa.**

Regimental number **3290830** Rank **Private.** serving in the

**1st. Depot Btln. 2nd Quebec Regiment.** Canadian Expeditionary Force,

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

Executor I appoint **|||||**

whose address is **|||||**

to be the executor of this my last will.

General gift I give to **Mrs. Ledia Guay Bourassa (Wife)**

whose address is **La Tuque, Champlain Co., P.Q. Can.**

all my property not disposed of above.

Date Dated at **Quebec** this **August 13th** 191 **8**

Signature **Lucien Archille Bourassa.**  
*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 <b>Antoine Cloutier, Pte.</b>      | Signature <b>J.V. Fortin.</b>           |
|           | Address <b>Drill Hall, Quebec, P.Q. Can.</b> | Address <b>Drill Hall, Quebec, P.Q.</b> |
|           | Occupation <b>Clerk.</b>                     | Occupation <b>Clerk.</b>                |

# 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.

# MOBILIZATION CENTRE M. D. 5

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

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

50001-9-16  
72-39-920.

## Casualty Form—Active Service.

Unit, Regiment or Corps. 1st. Depot Bn 2nd. Quebec Regiment

Regimental No. 3290830 Rank Private Name BOURASSA Lucien Achille  
C. E. F.

Enlisted (a) 7/8/18 Terms of Service (a) Can. Exp. Force Service reckons from (a) August 13th. 1918

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) Culler

| 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 |   |        |                                  |   |
|        |                    | Struck off strength on account of death while on Leave (Influenza) D.O. Part II No. 104 Appendix para. 8  | Quebec | <del>24.4.19.</del><br>16-10-18. |   |

*[Signature]*  
..... LT.-COL.  
Q. C. 1st DEPOT BATTALION, 2nd QUEBEC REGIMENT.

(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.]

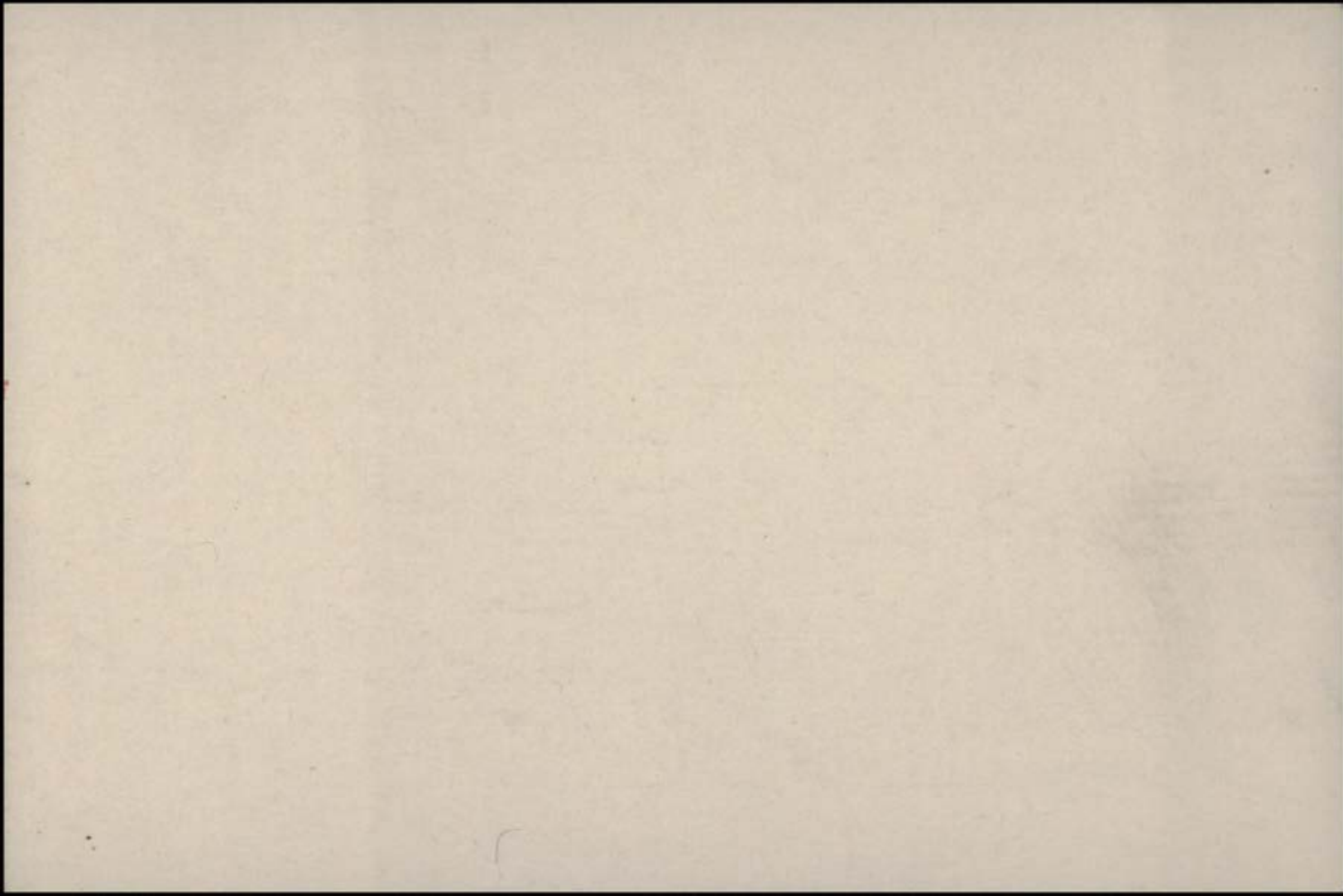




Surname *Bourassa* H. Q. ....  
Christian names *Lucien Achille* M. D. No. *5* .....  
Regtl. No. *329830* Rank *Pvt* T. O. S. *Aug. 7th 1918* .....  
Unit *2nd Div. Regt. 1st Sp. Bn.* D. O. Pt. II *231 of 19/8/18* .....  
Reason *Deed Influenza* S. O. S. *16-10 1918* .....  
Auth. *P.O. 104 of 264-19* 1st Depo. Br. 2<sup>nd</sup> Div. Rept

Next of kin *Bourassa Mrs. Ledia* Relationship *Wife* .....  
Address *La Tuque* Also notify: .....  
*Chaplain Co. P.D.*

BORN—Place *Canada Quebec* Date *July 12th 1892* .....  
ATTESTED—Place *Quebec P.D.* Date *Aug 2th 1918* .....  
O/S ..... R/C .....



H.Q. 649-B-36479.

✓ ✓ ✓ ✓ ✓ ✓ ✓  
BOURASSA, Pte. L. A., #3290830, 1st/2nd Que. Regt.

M. & D. (Widow) Mrs. Lydia G. Bourassa,  
La Tuque, Champlain Co., P.Q.

P. & S. " Ditto.

(Ser. # 806555.)

Mem. C. " Ditto.

" " (Mother) Mrs. Virginia Bourassa,  
St. Rock, Mekinae, P.Q.

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W/M

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M. 42108

Mem. X Ret'd 9-5-60