

# MOBILIZATION CENTRE M. D. 5

Original

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

Regtl. No. 3289765

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

(Class ONE)

1. Surname **YOUNG**

2. Christian name **WILLIAM THOMAS**

3. Present address **Grand Cascapedia, Bonaventure Co. P. Q. Canada**

4. Military Service Act letter and number **158040 E. C.**  
(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 **August 9th 1895**

6. Place of birth **Grand Cascapedia, Bonaventure Co. P. Q. Canada**  
(town, township or county and country)

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

8. Religion **Presbyterian**

9. Trade or calling **Cook**

10. Name of next-of-kin **Mary Jane Barter Young**

11. Relationship of next-of-kin **Mother**

12. Address of next-of-kin **Grand Cascapedia, Bonaventure Co. P. Q. Canada**

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 **Drill Hall Quebec CANADA** (b) Date **20-7-18** (c) Category **A 2**

### DECLARATION OF RECRUIT

I, **WILLIAM THOMAS YOUNG**, do solemnly declare that the above particulars refer to me, and are true.

*William Thomas Young* (Signature of Recruit)

### DESCRIPTION ON CALLING UP

Apparent age	<b>22</b>	yrs.	<b>11</b>	mths.	} Distinctive marks, and marks indicating congenital peculiarities or previous disease.  <b>Scar over right ankle.</b>
Height	<b>5</b>	ft.	<b>9</b>	ins.	
Chest measurement	fully expanded		<b>35½</b>	ins.	
	range of expansion		<b>3</b>	ins.	
Complexion	<b>Medium</b>				
Eyes	<b>Brown</b>				
Hair	<b>Brown</b>				

# M. S. A.

*Jas Roche* Captain Depot Btin. C. C. Mobilization Centre M. D. 5 Regt.

Place **Quebec CANADA** Date **July 20th 1918**

908 20/7/18

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21719  
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- Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
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- Declaration of change of name.....
- Authority for special enlistments.....
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- Proceedings on discharge..... 1
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- Company Conduct Sheet.....
- Clothing Transfer Certificate.....
- Inventory of Kit.....
- Last Pay Certificate.....

a. J. B. 122 - 1  
 J. S. W. 113 - 1

# DISCHARGE DOCUMENTS



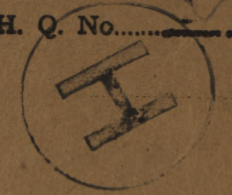
Name YOUNG, Wm. THOMAS.

Regt. No. 3289765 Rank Spr.

Corps ban. Engrs.

Deceased. (D.S. 23.12.18.)

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

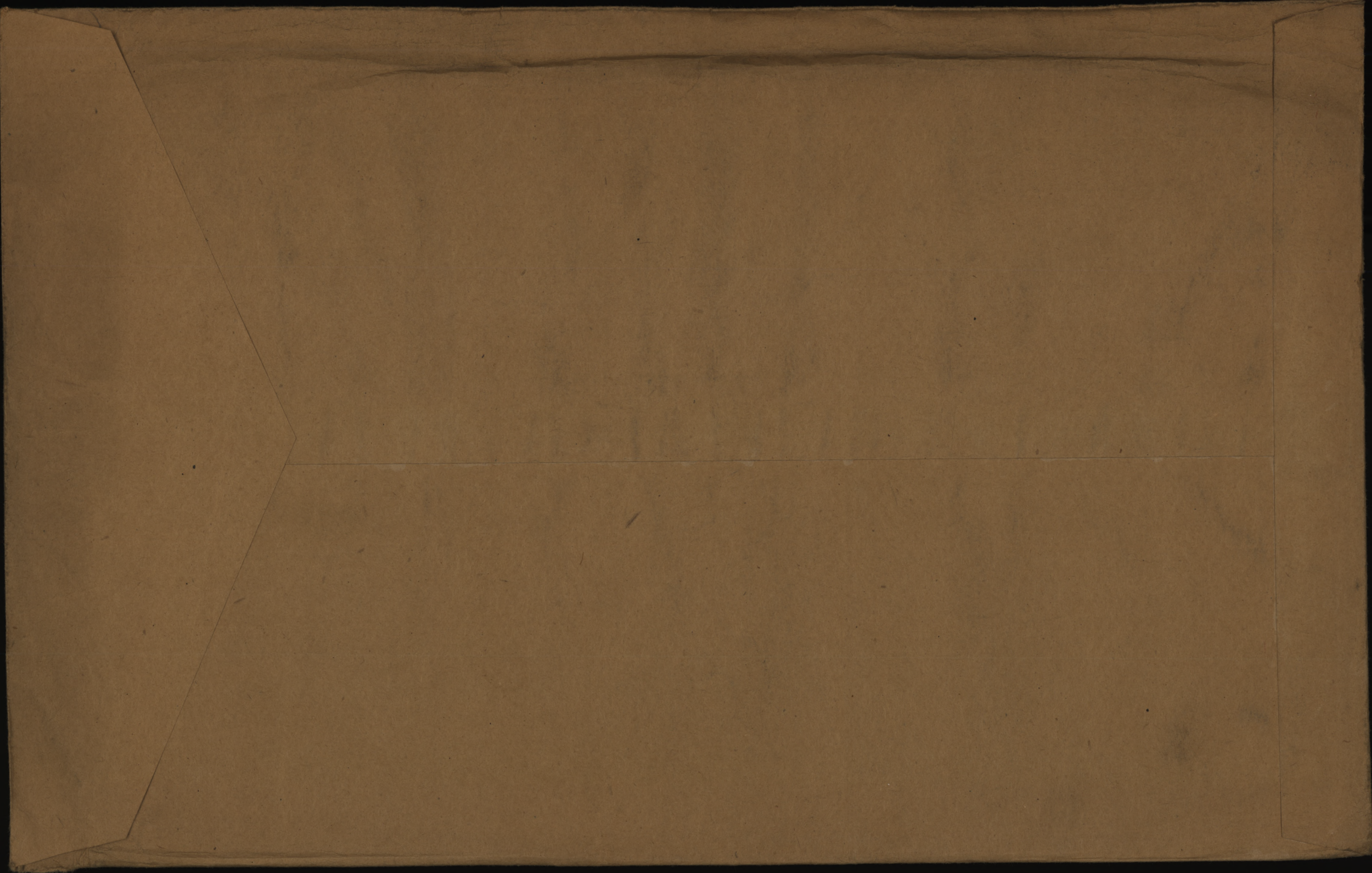


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H. Q. 649-Y-1516.

✓  
✓  
✓  
✓  
✓  
✓  
YOUNG, Spr. William T. #3289765, Can. Engrs.

Med & D (Brother) Mr. James Young,  
Grand Cascapedia, Que.

P & S (Mother) Mrs. Mary J. Young,  
Address as above.

*(Ser. # 808907)*

Mem Cross (Mother) Address as above.

MAY 1 1921

Scroll Desp. \_\_\_\_\_ Reqn. No. 48442 *242826*

*Canada only.*  
*mj.*

Plague Descrip. IAN 25 1922 *26640*



1086

~~M~~ 45870 FEB. 19 1921



123  
12  
18

Surname.....

*Young.*

Christian names.....

*William Thomas*

Regtl. No. *3259765*

Rank.....

*pte*

Unit.....

*2nd Que. Regt. 1st Lfco. Bn*

H. Q.....

M. D. No.....

*4. 20-7-18*  
*5. 20.0.21 29-7-18*  
*E.S.O.*

T. O. S.....

*July 20<sup>th</sup> 1918*

D. O. Pt. II.....

*231 of 19-8-18*

S. O. S.....

*23-12-1918*

Reason.....

*Deceased*

Auth.....

*A.O. 358 of 24/12/18*  
*Chas D.D.*

Next of kin.....

*Young, Mrs. Mary Jane*

Relationship.....

*Mother*

Address.....

*Grand Cascapedia  
Bonaventure Co. P.Q.*

Also notify:.....

BORN—Place.....

*Canada. Grand Cascapedia, P.Q.*

Date.....

*Aug. 9<sup>th</sup> 1895*

ATTESTED—Place.....

*Quebec, P.Q.*

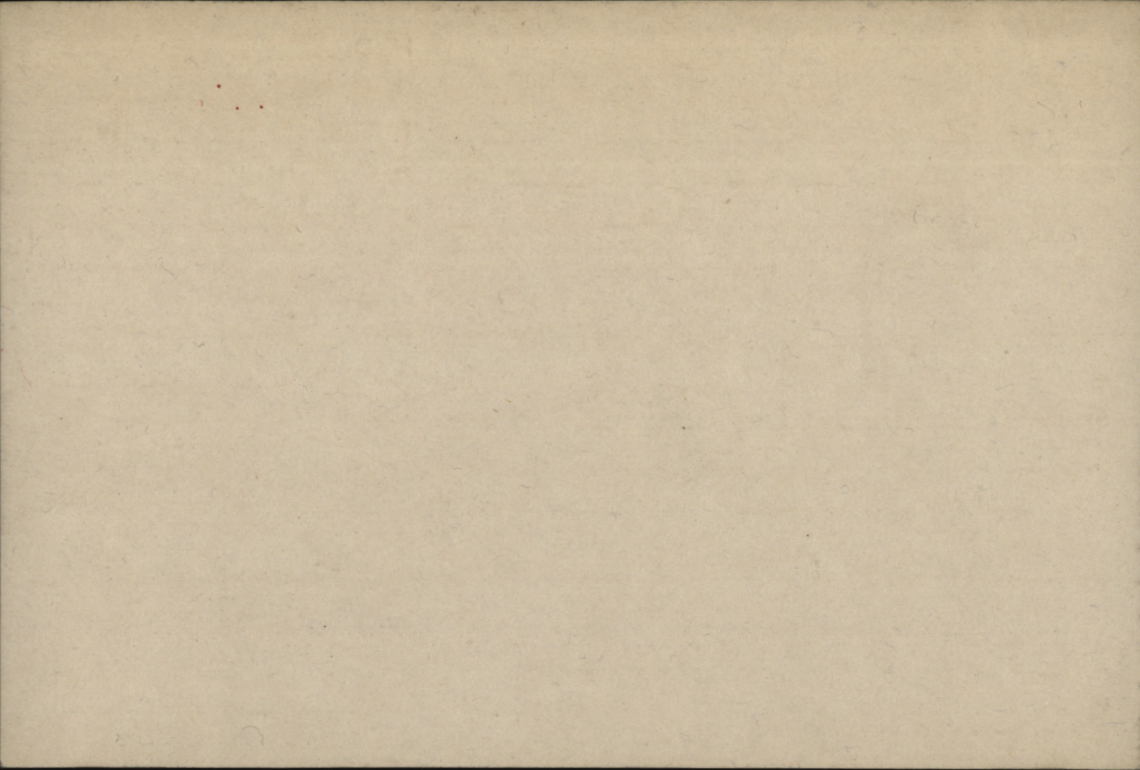
Date.....

*July 20<sup>th</sup> 1918*

O/S.....

R/C.....







LEDGER NO.

7104. -509.

SERIAL NO.

A 14754

REG. NUMBER

3289765

NAME

Young W

✓

RANK

Sapper

CORPS

6 E B.D.

AGE

23

SERVICE

6412

NAME OF HOSPITAL

Isolation Mil.

PLACE

St Johns A

DATE OF ADMISSION

26/11/18

DISEASE

Influenza & Pneumonia

TRANSFERRED TO OTHER HOSPITALS

Died. 23/12/18 10-21 P.M.

OPERATION

DISCHARGED TO

IN CATEGORY

M. F. W. 2553.

50m.-6-18.

1772-39-1332.

P. T. O.







# CASE HISTORY SHEET.

Isolation \_\_\_\_\_ Hospital. St. Johns, P.Q. Station. \_\_\_\_\_  
No. 3289765 Rank. Sapper Name. Young, W. Age. 23  
Unit C.E.T.D. Completed years of service <sup>Where and how long</sup> 4/12 in Canada  
Date of admission. 26-11-18 Date of discharge. Died 23-12-18  
Diagnosis. Influenza & Pneumonia Place of origin. St. Johns, P.Q.

## CONDITION ON ADMISSION AND PROGRESS OF CASE

Patient has had chilly feelings and been feeling sick for past three days. His eyes ache, and has slight cough, but little expectoration.

On examination lungs begative. no rales or areas of consolidation can be made out. No rash on body.

Heart. Negative.

Leucocyte Count. 10.000.

29-11-18. Patient does not keep his egg noggs down well. Lungs as before

No T.B. in sputum. 1-12-18 Signs of pneumonia at left apex anteriorly.

3-12-18. Is delerious but not violent, vomits egg noggs occasionally. Area of consolidation not spreading. 6-12-18. Much improved, feels better.

10-12-18. Lungs clear. 15-12-18. Feels and looks very sick. Respirations are laboured. Rales in right lung. Crepitations anteriorly both lungs. Lungs. left filling up and respirations became more laboured.

14-12-18. Patient growing weak and commencing cyanosis. 23-12-18. Lungs filling up, pulse weak. Died 10.21 P.M.

FAMILY HISTORY. Negative.

(Tuberculosis, mental or nervous diseases.)

TREATMENT. Sponges p.r.n. Mouth wash, ice bag to head.

(Especially any specific or special form.) Strychnine gr. 1/30 q.4.h. Egg noggs and brandy 1/2 oz.

b.i.d. Morphine grs 1/4. atropine 1/150 q.4.h.

CONDITION ON DISCHARGE. Died at 10.21 p.m. 23-12-18

(and disposal made of case.)

Date. 23-12-18

(Sgd.) K. Grant, Capt. A.M.C.  
Medical Officer i/c case.



CASE NO. 1000

1000

1000







CLINICAL CHART

Case

Diagnosis

Date of Admission

Room and Ward

Physician

101

102

103

104

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# CLINICAL CHART.

Corps Can. Eng.

Hospital Station St. John's Ave

No. 3289765 Rank and Name Young, W. Sapper Age 23 Service \_\_\_\_\_

Disease Influenza Date of Admission 26-11-18 Date of Discharge 23/12/18 Result cured Serial No. A. & D. Book \_\_\_\_\_

Dates of Observation	6		7		8		9		10		11		12		13		14		15		16		17		18		19		20		21		22	
	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME		
Days of Disease	11		12		13		14		15		16		17		18		19		20		21		22		23		24		25		26		27	
Temperature Fahrenheit	4	8	4	8	4	8	4	8	4	8	4	8	4	8	4	8	4	8	4	8	4	8	4	8	4	8	4	8	4	8	4	8	4	8
107°	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..		
106°	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..		
105°	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..		
104°	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..		
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102°	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..		
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100°	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..		
99°	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..		
98°	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..		
97°	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..		
Pulse per Minute	58	60	66	64	66	66	66	66	66	66	66	66	66	66	66	66	66	66	66	66	66	66	66	66	66	66	66	66	66	66	66	66		
Respirations per Minute	33	28	22	26	24	24	24	24	24	24	24	24	24	24	24	24	24	24	24	24	24	24	24	24	24	24	24	24	24	24	24	24		
Motions		1			0	1	0		0		0		0		0		0		0		0		0		0		0		0		0			

Signature H. Grant Cash In charge of case.



CLINICAL CHART

Case

Diagnosis

Date of Admission

Date of Discharge

Admission No.

107

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Hospital Station

Sex

Age

Dr. M. & D. Book

Date of Discharge

Result



# CLINICAL CHART.

Corps Car: Enq.

Hospital Station St John's 2nd

No. 3289765 Rank and Name Young W. Sapper

Age 23 Service 4/12

Disease Influenza Date of Admission 26-11-18 Date of Discharge 23/12/18 Result dead Serial No. A. & D. Book \_\_\_\_\_

Dates of Observation	Nov. 26		27		28		29		30		Dec 1		2		3		4		5		6	
	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm
Temperature Fahrenheit	12.4	8.8	12.4	8.8	12.4	8.8	12.4	8.8	12.4	8.8	12.4	8.8	12.4	8.8	12.4	8.8	12.4	8.8	12.4	8.8	12.4	8.8
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98°	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
97°	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Pulse per Minute		78	90	70	86	94	86	90	84	88	70	80	86	90	76	80	60	72	60	68	90	60
Respirations per Minute		18	20	20	24	24	22	26	24	24	20	22	24	26	26	30	32	24	26	20	28	32
Motions		0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1	0	1	0	1

Sponge

Sponge

Signature K. Grant capt

In charge of case.







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, &c. I, WILLIAM THOMAS YOUNG

Regimental number 3289765 Rank Private serving in the

1st. DEPOT BATTALION, 2nd. QUEBEC REGIMENT Canadian Expeditionary Force,

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

Executor I appoint James Young (Brother)

whose address is Grand Cascapedia, Bonaventure Co. P. Q. Canada

to be the executor of this my last will.



General gift I give to James Young (Brother)

whose address is Grand Cascapedia, Bonaventure Co. P. Q. Canada

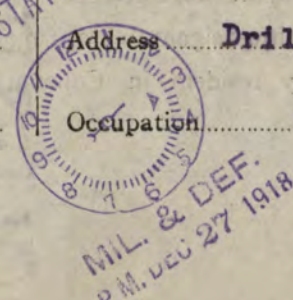
all my property not disposed of above.

Date Dated at Drill Hall Quebec this July 20th 1918

Signature William Thomas Young 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.

Witnesses Signature 1st WITNESS 2nd WITNESS Address Drill Hall Quebec Occupation Clerk Clerk





# 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.



# 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, William Thomas Young

Regimental number 3289765 Rank Private serving in the

1st DEPOT BATTALION, 2nd QUEBEC REGIMENT Canadian Expeditionary Force,

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

Executor I appoint James Young (Brother)

whose address is Grand Cascapedia, Bonaventure Co. P.Q. Canada.

to be the executor of this my last will.

I hereby certify that this document is a true copy of original document now in possession of this office.  
*L. B. Hubbard*  
Director Military Estates.  
DEC 28 1918

General gift I give to James Young (Brother)

whose address is Grand Cascapedia, Bonaventure Co. P.Q. Canada

all my property not disposed of above.

Date Dated at Drill Hall Quebec this July 20th 1918

Signature William Thomas Young  
*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 J. W. Turcotte Pte.  
Address Drill Hall Quebec  
Occupation Clerk

2ND WITNESS  
Signature Antoine Cloutier Pte  
Address Drill Hall Quebec  
Occupation Clerk



FORM OF WILL

## INSTRUCTIONS

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### 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

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all my property not above disposed of.

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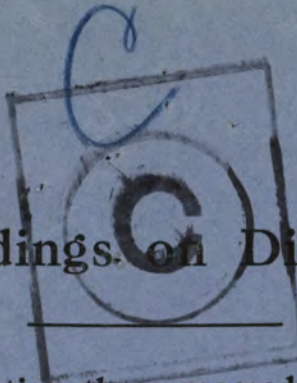








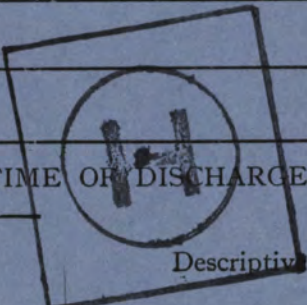
This space to be for numbers.



22-1

# Proceedings on Discharge.

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

No. 3289765	
Rank Sapper	
Name YOUNG, William Thomas <small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company) Canadian Engineers	
Date of Discharge December 23rd. 1918.	
Place of Discharge St. Johns, P.Q.	
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age.....23.....years.....4.....months. Height.....5.....feet.....9.....inches. Complexion medium Eyes brown Hair brown. Trade Cook Intended place of residence } Grand Cascapedia, (To be given as fully as } Bonaventure Co. P.Q. practicable.) } Canada.	 Descriptive Marks scar over right ankle.
2. The above-named man is discharged in consequence of Death	
<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>	
<small>To be in the hand writing of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.</small>	3. Conduct and character while in the service have been, according to the records, etc.  Good.
	<small>N. B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company:</small>
<small>To be in the hand writing of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.</small>	4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)  Cook,

M. F. B. 218.

100m.—6-16.

H. Q. 1772-39-113

*Med. docs. filed to B of P. C.*

*13/1/19*

(OVER)

*1.1.19  
R.S.*



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) St Johns RA

(Date) 23/12/18

L.P. Daubney Lieut  
for Lt. Colonel C. R.  
O. C. Engineer Training Depot.

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) St Johns RA (Signature of Soldier.)

(Date) 23/12/18 (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.

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

11. Confirmation of Discharge.

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

(Place) St Johns RA

(Date) 23/12/18

(Signature) L.P. Daubney Lieut.  
for Lt. Colonel C. R.  
O. C. Engineer Training Depot.



**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.)

N I L .



## List of Discharge Documents.

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<p>Reg. Conduct Sheet, Militia form B. 263.</p> <p>Squadron }          Battery } Conduct Sheet, " B. 263a.          Company }</p> <p>Copies of Convictions, by C. P. in MS.</p> <p>Med. Hist. Sheet, Militia Form B. 313</p> <p>Medical Report for Invalid* " B. 227.</p> <p>Statement of Man's Account on          Transfer and Last Pay Certificate, " D. 877.</p> <p>*Only if discharged "Medically unfit."</p>	<p>Attestation Paper, Militia Form B. 235.</p> <p>Proceedings on Discharge " B. 218.</p> <p style="text-align: center;">In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p>(a) Proceedings on Discharge.</p> <p>(b) Attestation.</p> <p>(c) Medical History Sheet (in the event of such having been prepared.)</p>
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*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.*