

12-11-18

Deceased
DISCHARGE DOCUMENTS

R. O. No.

H. Q. No.



Proceedings of Court of Inquiry or on men reported Missing on Active Service.....

Attestation Papers..... 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.....

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.....

Name BROWN, ALVIN.

Regt. No. 3258-314 Rank Pte

42662

Corps 1st Depol. Bn. H. B. Regt.

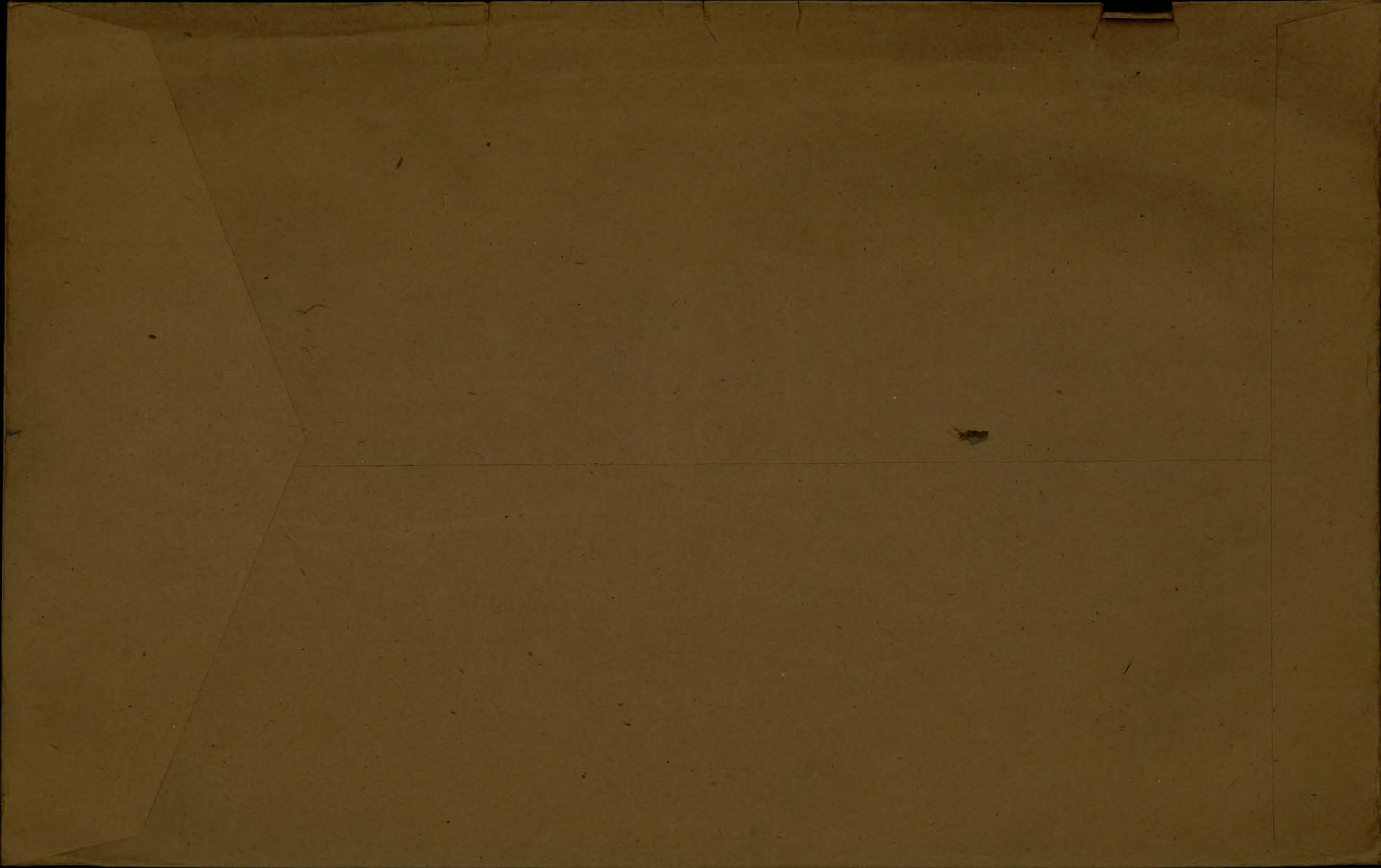
S.O.S. 15-10-18
M.D.7.



Doc J.F.#10-1
M I W 113-1
A I O 122-1

1800 will





10.
Cmtd.
5-2-18

ATTESTATION PAPER.

No. 3258314

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname? Brown,
- 1a. What are your Christian names? Alvin
- 1b. What is your present address? New Richmond, P.Q.
- 2. In what Town, Township or Parish, and in what Country were you born? New Richmond, P.Q.
- 3. What is the name of your next-of-kin? Mrs. Susan Brown
- 4. What is the address of your next-of-kin? New Richmond, P.Q.
- 4a. What is the relationship of your next-of-kin? Mother
- 5. What is the date of your birth? Mar. 19th, 1893.
- 6. What is your Trade or Calling? Laborer
- 7. Are you married? Single
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated? Yes
- 9. Do you now belong to the Active Militia? No
- 10. Have you ever served in any Military Force? No
If so, state particulars of former Service.
- 11. Do you understand the nature and terms of your engagement? Yes
- 12. Are you willing to be attested to serve in the } Yes
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }
- 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? Nil
- 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? Nil

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Alvin Brown, 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.

Alvin Brown (Signature of Recruit)

Date May 8 1918 J.A. Dudson (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Alvin Brown, 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.

Alvin Brown (Signature of Recruit)

Date May 8 1918 J.A. Dudson (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 St John AB this 8th day of May 1918

J.A. Dudson (Signature of Justice)

D.O. 131
8-5-18

D.O. 131
8-5-18

Description of Alvin Brown on Enlistment.

Apparent Age 35 years 2 months.
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

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).

Height 5 ft. 9 ins.

Chest measurement { Girth when fully expanded 37 ins.
 Range of expansion 2 ins.

Complexion Medium

Eyes Brown

Hair Brown

Religious denominations, { Church of England Yes
 Presbyterian
 Methodist
 Baptist or Congregationalist
 Roman Catholic
 Jewish
 Other denominations
 (Denomination to be stated.)

1 scar right shin.

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 Sept 17th 1918: E. T. Kennedy Capt

Place Sussex NB 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.

Alvin Brown 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.

B. Smith Major (Signature of Officer)

Date Sept 17th 1918

FORM OF WILL

I, Alvin Brown (Name in full)

Regimental Number 3258314 serving in 1st DEPOT BN. N. B.

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

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

absolutely, and my personal estate I bequeath to

Mrs. Susan Brown,
New Richmond,
Bonaventure Co., 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 9 day of May A.D. 1918

Alvin Brown Signature of Soldier.

*N.B. Personal estate includes pay, effects, money in bank, insurance policy, in fact 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 S. H. Archibald

Address of Witness St. John N.B.

THE TWO WITNESSES

Occupation of Witness Clerk

MUST SIGN HERE

Signature of Second Witness W. A. Blue

Address of Witness St. John N.B.

Occupation of Witness Soldier



FORM OF WILL

I, ALVA BROWN, of the County of ... State of ... do hereby certify that the foregoing is a true and correct copy of the original of the ... Will of the above named person, and that the same is a true and correct copy of the original of the ... Will of the above named person.

I, ... of the County of ... State of ... do hereby certify that the foregoing is a true and correct copy of the original of the ... Will of the above named person, and that the same is a true and correct copy of the original of the ... Will of the above named person.

I, ... of the County of ... State of ... do hereby certify that the foregoing is a true and correct copy of the original of the ... Will of the above named person, and that the same is a true and correct copy of the original of the ... Will of the above named person.

I, ... of the County of ... State of ... do hereby certify that the foregoing is a true and correct copy of the original of the ... Will of the above named person, and that the same is a true and correct copy of the original of the ... Will of the above named person.

3258314

D. E. Fulton

MILITARY SERVICE ACT, 1917.

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 on 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 Brown Christian name Albin
- 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)..... New Richmond, Quebec.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 8 day of May 1917, by the undersigned medical board sitting at..... H. J. Johnson M.D.

- 5. Age as stated 35 years 4 months. 6. Apparent age 35 years..... months
- 7. Height 5 feet 9 inches. 8. Weight 170 pounds.
- 9. Chest measurement { Minimum 34 ins. Maximum 37 ins. 10. Complexion rudd. { Eyes Brown Hair Brown
- 11. Physical development good { Good Fair Poor 12. Smallpox marks nil
- 13. Number of vaccination marks { Right arm nil Left arm .. 14. When vaccinated last.....
- 15. Distinctive marks and marks indicating congenital peculiarities or previous disease.....

Copy to Medical of Military Authority

Signature of Man Albin Brown

16. Slight defects but not sufficient to cause rejection.....
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 2

- 17. (a) Vision R. 20 L. 30
- (b) Hearing. R. normal

W. H. Hagen President.
A. G. Hagen Member. The Surgeon Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>18/5/18</u>	<u>Observed</u>	<u>M.O.</u>	<u>18/5/18</u>	<u>Observed</u>	<u>M.O.</u>
		<u>M.O.</u>			<u>M.O.</u>
		<u>M.O.</u>			<u>M.O.</u>

Joined..... day of..... 1917 at.....

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment				
Transferred to.....				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT
<u>Suway NB</u>	<u>June 20/18</u>	<u>syphilis</u>	<u>W.A.R. Capt J.M.S. Lt.</u>

649-B-31996

Libel Impl 7-15-18-18.

✓ BROWN, A. (Pte) No. 3258314 *✓*

1st Dpo. Bn.

1
N.B. Regt.

Medals and Decorations (Mother) Mrs. Susan Brown,
New Richmond, Que

Plaques and Scroll (Father) James Brown, Esq.,
address as above.

Per # 805932

Scroll Desp. MAY 3 - 1921 Reqn. No. 2440F45

Memorial Cross. (Mother) Mrs. S. Brown, JUN 9 1922

Plaque Desp address as above. *Per No. p39655*

Canada only.
ns.

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799

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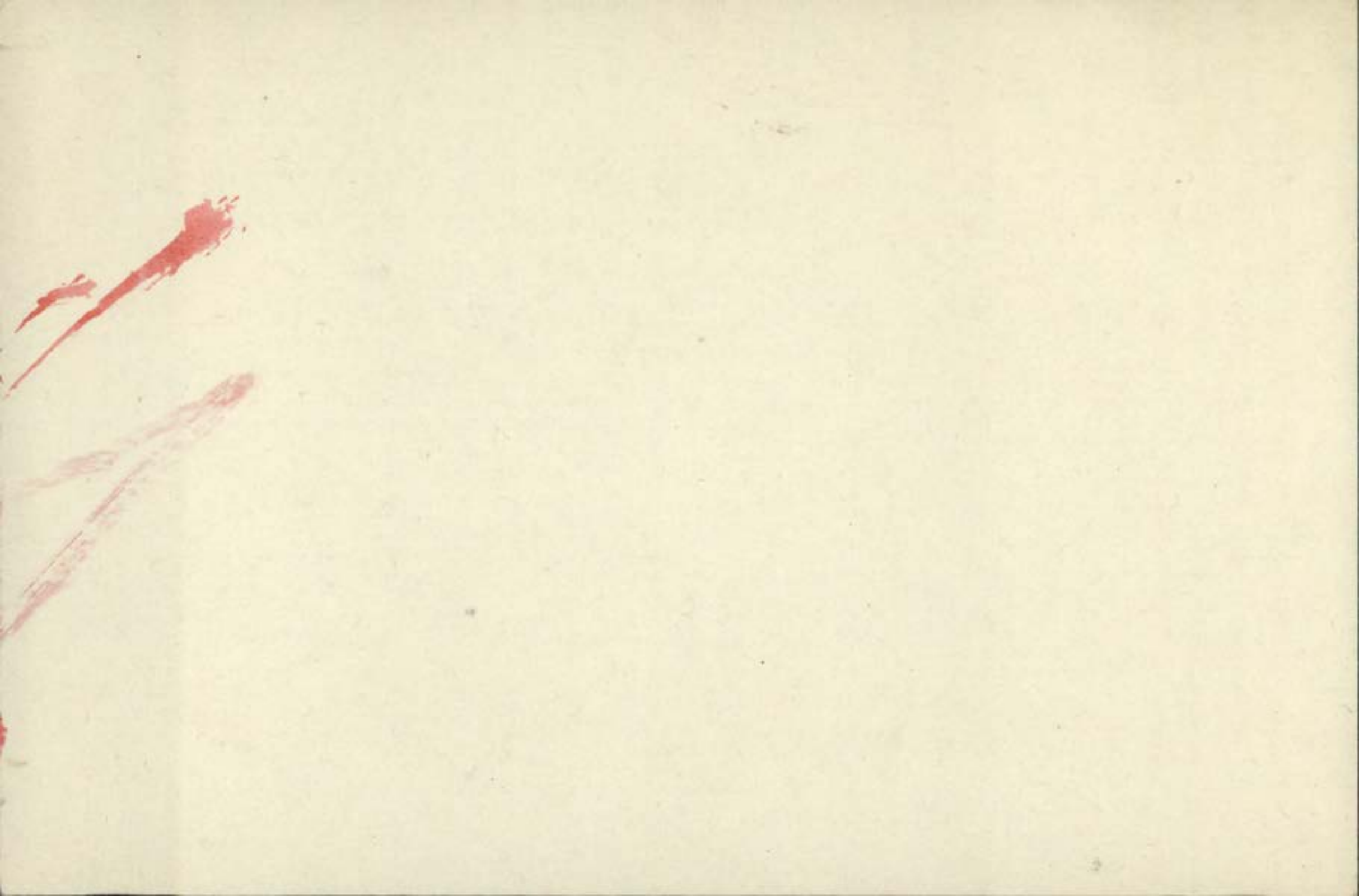
47247

MAR 5 1921

Surname Brown H. Q.
 Christian names Alvin M. D. No. 7
 Regtl. No. 325-5314 Rank Pte T. O. S. May 8th 1918
 Unit N.B. Regt 1st Dps Bn D. O. P. II 1311 of
 S. O. S. 15-10-1918
 Reason Deceased
 Auth. D.O. Pt II 288 of 15-10-18
of 1/n B.R.

Next of kin Brown Mrs Susan Relationship Mother
 Address New Richmond P.Q.
 Also notify:

BORN—Place Canada New Richmond P.Q. Date Mar 19th 1883
 ATTESTED—Place St John's N.B. Date May 8th 1918
 O/S R/C



LEDGER NO.....

SERIAL NO. *36698.*

REG. NUMBER *325831H* NAME *Brown A.*

RANK *Pte* CORPS *1st Depot Btm*

AGE..... SERVICE *Military* PLACE *St Johns NB*

NAME OF HOSPITAL..... DATE OF ADMISSION *20-6-18*

DISEASE *Syphilis*

TRANSFERRED TO OTHER HOSPITALS.....

OPERATION.....

DISCHARGED TO *Duty 10-9-18* IN CATEGORY.....

REMARKS:.....

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