DS 14-2-19.

DECEASED.

~~DISCHARGE~~ DOCUMENTS

R. O. No. .....

H. Q. No. 649-C-26375.

05807

Name CANNON, LIONEL JOSEPH.

Regt. No. 3292073 Rank Pte

Corps 1st Depot Bn. 2nd Q.A.

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.....

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.....

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate.....

Dec. S. F. 10.
M.F.W 71 — 2
M.F.W 78 — 1
M.F.W 13 — 1

M. F. W. 62.
50M.—9-16.
H. Q. 1772—39—935.

20-1-21

17-C-928

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

Regtl. No 3292073

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class One)

MILITARY DISTRICT No 4 CENTRAL REGISTRY DEC 20 1918

1. Surname: Cannon
2. Christian name: Lionel Joseph
3. Present address: 5 Collins St. Quebec, P.Q. Canada.
4. Military Service Act letter and number: 232 112 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: May 14th, 1885
6. Place of birth: Arthabaskaville, Arthabaska Co. P.Q. Canada.
   (town, township or county and country)
7. Married, widower or single: Single
8. Religion: Roman Catholic
9. Trade or calling: Notary Public
10. Name of next-of-kin: Lawrence John Cannon
11. Relationship of next-of-kin: Father
12. Address of next-of-kin: 5 Collins St. Quebec, 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 (b) Date 4-9-18 (c) Category C 3

DECLARATION OF RECRUIT

I, Lionel Joseph Cannon, do solemnly declare that the above particulars refer to me, and are true.

Lionel Cannon (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age: 33 yrs. 4 mths.

Height: 5 ft. 3 ins.

Chest measurement: fully expanded 35 ins.; range of expansion 3 ins.

Complexion: Clear

Eyes: Brown

Hair: Brown

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

Tendency to flat feet.
Acnee Rasrice
Nasal Obstruction
Left side.

D.O. 248 - S - 4-9-18
DO 253 - 5th Clyr

O. C. 1st Depot Bn. 2nd Quebec Regt. Depot Btln. Regt.

Place Drill Hall Quebec Date 4-9-18.

M. F. W. 133.
50694.—5-18.
1772—39—1150

L.P.C.

passed to Est.

7-2-19

List 107

M.S.A. 15.

MILITARY SERVICE ACT, 1917. 3292073

MEDICAL HISTORY SHEET.

S. D. No.....

MILITARY DISTRICT No. 5 CENTRAL REGISTRY DEC 20 1918

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 CANNON Christian name LIONEL Jos.

2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule 232112 E

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

4. Address (including street and number, if any) 5 Collin St Quebec

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 4 day of Sept 1917, by the undersigned medical board sitting at Drill Hall Quebec

5. Age as stated 33 Years 4 Months. 6. Apparent age 33 Years — Months

7. Height 5' Feet 3 Inches. 8. Weight 131½ Pounds.

9. Chest measurement { Minimum 32 Ins. Maximum 35 Ins. 10. Complexion Clear { Eyes Brown Hair Brown

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

13. Number of vaccination marks { Right arm — Left arm 3 14. When vaccinated last Childhood

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

Tendency to flat feet — Arch raised

16. Slight defects but not sufficient to cause rejection Recal of adductors (left foot)

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

(Strike out disease admitted or suspected.)

Vision R 40 L 40

Hearing O.K.

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category C III

.....*President.*

Jacques Dodd Capt. .....*Member.* R. Brochu Capt. .....*Member.*

Signature of Man

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
		M.O.			M.O.
		M.O.			M.O.
		M.O.			M.O.

Joined 4 *day of* Sept *191*8 *at* Quebec

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

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, or the man becoming non-effective; the date and cause being stated on next page.

Surname Lawson Christian Name Fred G.

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital			Dates of Discharge from Hospital.			DISEASE.	Number of days in Hospital.	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Day	Month	Year	Day	Month	Year				

MOBILIZATION CENTRE M. D. 5
FORM OF WILL

17-6-970

SEE INSTRUCTIONS ON BACK

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

MILITARY TRUSTS M.D.5 CENTRAL REGISTRY DEC 23 1918

Name, &c. I, Lionel Joseph Cannon

Regimental number 3292073 Rank Private serving in the

1st Depot Battallion, 2nd Quebec Reg't. 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 Lawrence John Cannon, J.S.C. my father,

whose address is 5 Collins St, Quebec, P.Q. Canada.

all my property not disposed of above.

Date Dated at Drill Hall Quebec this 4th day of September 1918

Signature Lionel Cannon
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

1st WITNESS	2nd WITNESS
Signature Jos. Turnord L.C.	Signature Réal Blouin Pte
Address Drill Hall Quebec	Address Drill Hall Quebec
Occupation Clerk	Occupation Clerk

M. F. W. 82
120m-4-18
1772-39-983

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.

Reg. No. 324203

Rank. Pte

Name. Cannon, L.

Unit. 1st D.B. & R.

This form, after completion, is to be attached to the documents of the m/n and filed in envelope.

H.Q. File Reference. 64/P C.26375

Date Struck off Strength. 31.10.18

Reason. Deceased

Military District. MD 5

with M4 2454

Clerk's Initials. RS

Date. 7.2.19

Doc.S.F.10.
500/11/18.

MOBILIZATION CENTRE M. D. 5

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

M. [illegible] W. 54. (A. F. B. 103.)
250M.—1-16.
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 1st Depot Battallion, 2nd Quebec Regiment

Regimental No. 3292073 Rank Private Name Cannon Lionel Joseph

Enlisted (a) 4-9-18 Terms of Service (a) Can. C. E. F. Exp. Force. Service reckons from (a) 4-9-18

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) Notary Public.

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				
X		S. O. S. on discease effect 31-10-18. B0219 decease			

DEC 26 1918
MILITARY DISTRICT No. 5 CENTRAL REGISTRY

S. O. No. .....

11-C-930

(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.

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				

CASUALTIES, &c.

NATURE E.G. ABSENCE, PROMOTION, &c.	PART II. D. O.		REMARKS IF IN HOSPITAL, NOTE NAME, &c.
	No.	DATE	
T.O.S.	136	4-9-18	
S.O.S	219.	31-10-18	Deceased.

M. F. W. 71—500M.—6 18.
1772—39—9dL.

NAME Cannon. Lionel Joseph.

REGIMENTAL NO. 3292073 RANK Pte

ENLISTED AT Drill Hall Quebec, P.Q. PROMOTIONS, &c. AND DATE

DATE

IF SERVED PREVIOUSLY, STATE UNIT, &c. None

MARRIED, WIDOWER, OR SINGLE Single

NEXT OF KIN L. J. Cannon. RELATIONSHIP Father

ADDRESS OF

ASSIGNMENT OF PAY $ C. TO

ADDRESS

SEPARATION ALLOWANCE, ENTITLED OR NOT

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR

A Co. "63" M. F. W. 71—500M.—5 18.
1772—39—961.

NAME Cannon Lionel Joseph

REGIMENTAL No. 3292073 RANK Pte. 17-C-920

ENLISTED AT Quebec P.Q. PROMOTIONS, &c. AND DATE

DATE April 9th. 1918

IF SERVED PREVIOUSLY, STATE UNIT, &c. None

MARRIED, WIDOWER, OR SINGLE Single

S. D. No.

NEXT OF KIN L. J. Cannon RELATIONSHIP Father

ADDRESS OF 5 Caelius St Quebec P.Q.

ASSIGNMENT OF PAY $ C. TO

ADDRESS

SEPARATION ALLOWANCE, ENTITLED OR NOT

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR

MILITIA DISTRICT No. 5 CENTRAL REGISTRY
DEC 26 1918

CASUALTIES, &c.

NATURE E.G. ABSENCE, PROMOTION, &c.	PART II. D. O.		REMARKS IF IN HOSPITAL, NOTE NAME, &c.
	NO.	DATE	
T. O. S.	136	4.9.18	
D. O. S.	219	31.10.18	Deceased

CANNON, L. J. 3292073 Pte. 5th BN

1st D.B. 2nd Q.R.

Medals & Decorations) Father, Hon. Mr. Justice Cannon
5 Collins St.,
QUEBEC, Que.

P.& S. Father as above.

Per # 806694

Mem. Cross. NIL

MAY 4 - 1921

Scroll Desp. _____ Reqn. No 241314

Canada only

SEP 12 1921

Plaque Desp. _____ Reqn. No 86624

H

31/10/18. D

H. Q. M

M. D. No. 5

Surname Cannon

T. O. S. Sept 4th 1918

Christian names Lionel Joseph

D. O. Pt. II 246 of 3-9-18

Regtl. No. 3 3 9 2 0 7 3 Rank Pte

S. O. S. this 31-10 1918

Unit 2nd Que Regt 1st Dep Bn

Reason Deceased

Auth. O.O. 219 of 3-12-18 3rd Bn C.E.F.

Next of kin Cannon, Lawrence J. Relationship Father

Address 5 Collins St Quebec, P.Q.

Also notify:

BORN—Place Canada, Outlaskaville P.Q. Date May 14th 1885

ATTESTED—Place Quebec, P.Q. Date Sept. 4th 1918

O/S

R/C

W. 22—100M 7-18. 1772-39-839.