

REGIMENTAL DOCUMENTS

844
6

NAME GLICHE ARMAND RONALDO

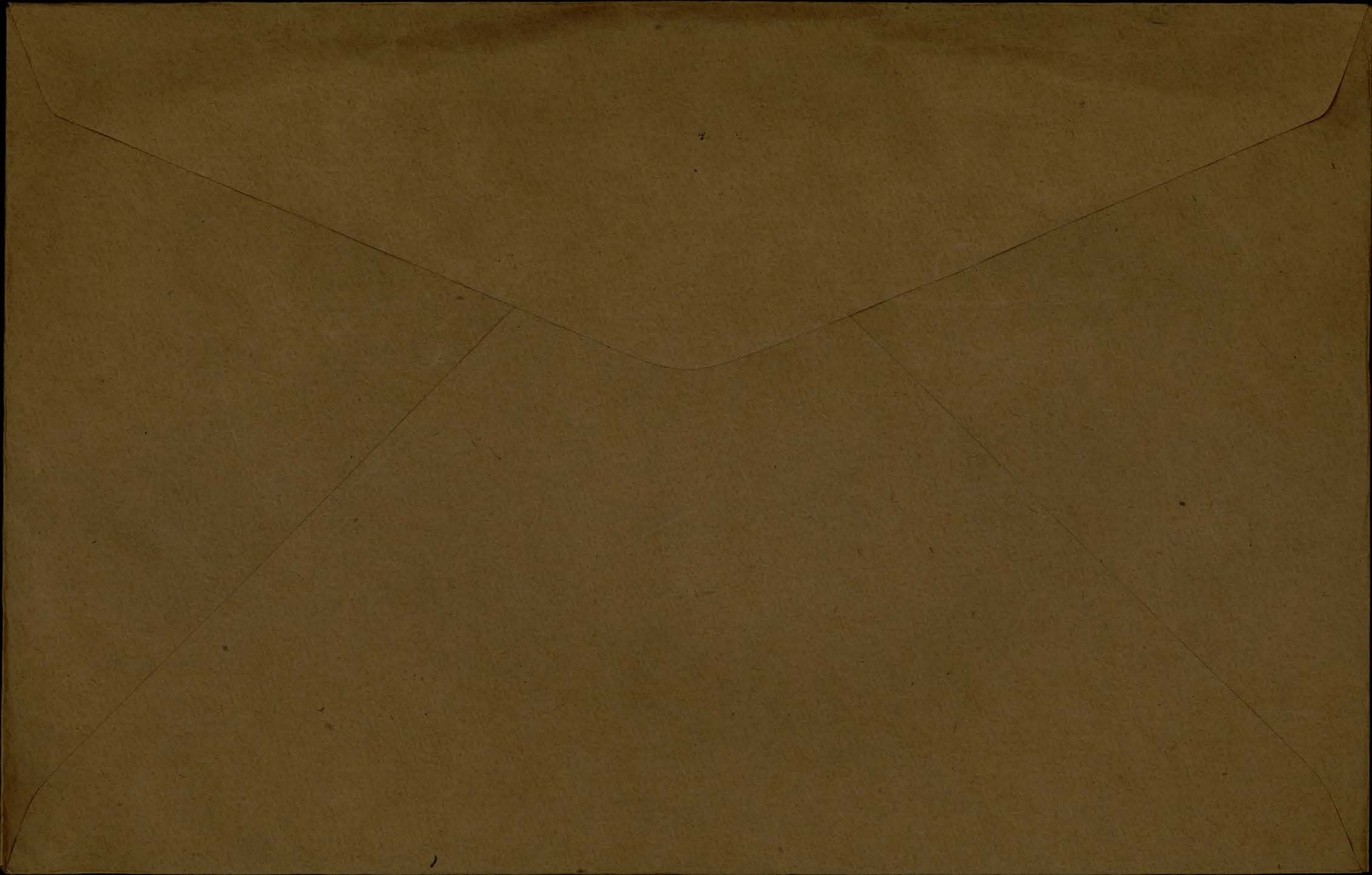
REGT. NO. 3087616

UNIT 1st Inf Bn 12th H. Q. FILE NO.



CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
22 ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
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/ MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
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MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
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PARTICULARS OF CHARACTER (A.F.W. 3226)					
/ COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					





4th. M. D. First Depot Battalion First Quebec Regiment

Regtl. No. 3087516

E. L. PARTICULARS OF RECRUIT DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class 1)

1. Surname CLICHE dit Jenneau (STET)
2. Christian name Armand Ronaldo
3. Present address Howick, Chateauguay Co. P. Q.
4. Military Service Act letter and number 300504 DC
5. Date of birth August 13th. 1897.
6. Place of birth Ste. Martine, Chateauguay Co. P. Q.
7. Married, widower or single Single
8. Religion R. C.
9. Trade or calling Farmer
10. Name of next-of-kin CLICHE dit Jenneau Jean Baptiste
11. Relationship of next-of-kin Father
12. Address of next-of-kin Howick, Chateauguay Co. P. Q.
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 Montreal, P. Q. (b) Date Aug. 16th. 1918 (c) Category A-B

DECLARATION OF RECRUIT

I, CLICHE dit Jenneau Armand, do solemnly declare that the above particulars refer to me, and are true.

Armand Ronaldo Cliche dit Jenneau (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age 21 yrs 0 mths. Height 5 ft 3 ins. Chest measurement fully expanded 36 ins. range of expansion 3 ins. Complexion Dark Eyes Brown Hair D. Brown Distinctive marks, and marks indicating congenital peculiarities or previous disease. Eyes R. 80 L. 80 Hearing R. OK L. OK

O. C. First Depot Btin. First Quebec Regt.

Place Montreal, P. Q. Date July 17th. 1918.

Handwritten red stamp: 1918-19

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, CLICHE dit Jenneau Armand Ronaldo
Regimental number 3087616 Rank Pvt serving in the
..... Canadian Expeditionary Force,
declare this to be my last will, revoking all previous wills, if any.

Executor I appoint CLICHE dit Jenneau Baptiste
whose address is.....
to be the executor of this my last will.

General gift I give to CLICHE dit Jenneau Baptiste
whose address is Howick, Chateauguay Co. P. Q.
all my property not disposed of above.

Date Dated at Montreal, P. Q. this 16th August 1918.

Signature Armand Ronaldo Cliche dit Jenneau
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>R. Guizy</u>	Signature <u>E. W. Lang</u>	
	Address <u>Guy St. Barracks. Mtl.</u>	Address <u>Guy St. Barracks. Mtl.</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.

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

1. Surname CLICHE dit Jenneau Christian name Armand Ronaldo
 2. Number of report for service or claim for exemption according to Postmaster's Receipt or schedule 300504 DC
 3. Consecutive number on schedule of men reporting for service (if he appears on it) _____
 4. Address (including street and number if any) Howick, Chateauguay Co. P. Q.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 16th. day of August, 1918. 19____, by the undersigned medical board sitting at Montreal, P. Q.

5. Age as stated 21 Years 0 Months. 6. Apparent age 21 Years 0 Month
 7. Height 5 Feet 3 Inches. 8. Weight 132 Pounds.
 9. Chest measurement { Minimum 33 Ins. 10. Complexion Dark { Eyes Brown
 { Maximum 36 Ins. { Hair D. Brown
 11. Physical development Good { Good
 { Fair
 { Poor 12. Smallpox marks _____
 13. Number of vaccination marks { Right arm _____
 { Left arm _____ 14. When vaccinated last _____
 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

FIT CATEGORY "A"
 17. (a) Vision. R. So L. So
 (b) Hearing. R. ob L. ob
J. A. Parry Capt President.
at Ship Member.
R. Fontaine Lt. 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 17th. day of July 1918. 19____ at Montreal, P. Q.

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment				
Transferred to	1st DEPOT BN. 1st QUEBEC REG'T.			
		3087616		

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.

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

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

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

500M.—9-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

1st DEPOT BN. 1st QUEBEC REGT.

Unit, Regiment or Corps.....

Regimental No. 3087616 Rank Private Name CLICHE, dit JENNEAU, Armand Ronaado
C. E. F.

Enlisted (a) 17-7-18 Terms of Service (a) C. E. F. Service reckons from (a) 17-7-18

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) 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				
<u>7-2-19</u>	<u>M. D. 4</u>	<u>S. O. S. with effect 3-2-19 = Court of Que. Regt. Inquiry 5-2-19 = "Death"</u>	<u>Montreal</u>	<u>3-2-19 25.11.18</u>	<u>D.O. part II # 38 amended by after order # 106 d/ 27-3-22</u>
		<u>W. R. Rubenstein Lieut ADJT.</u> for O. C. 1st. Depot Bn. 1st 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.]

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				

649-C-29140

3087616

Pte. Armand R. Cliche. CEF.,

*1st Q Regt.
1st Bn*

Note. Next of kin refuses to answer our correspondence.

Died at St Martin's 25/11/18

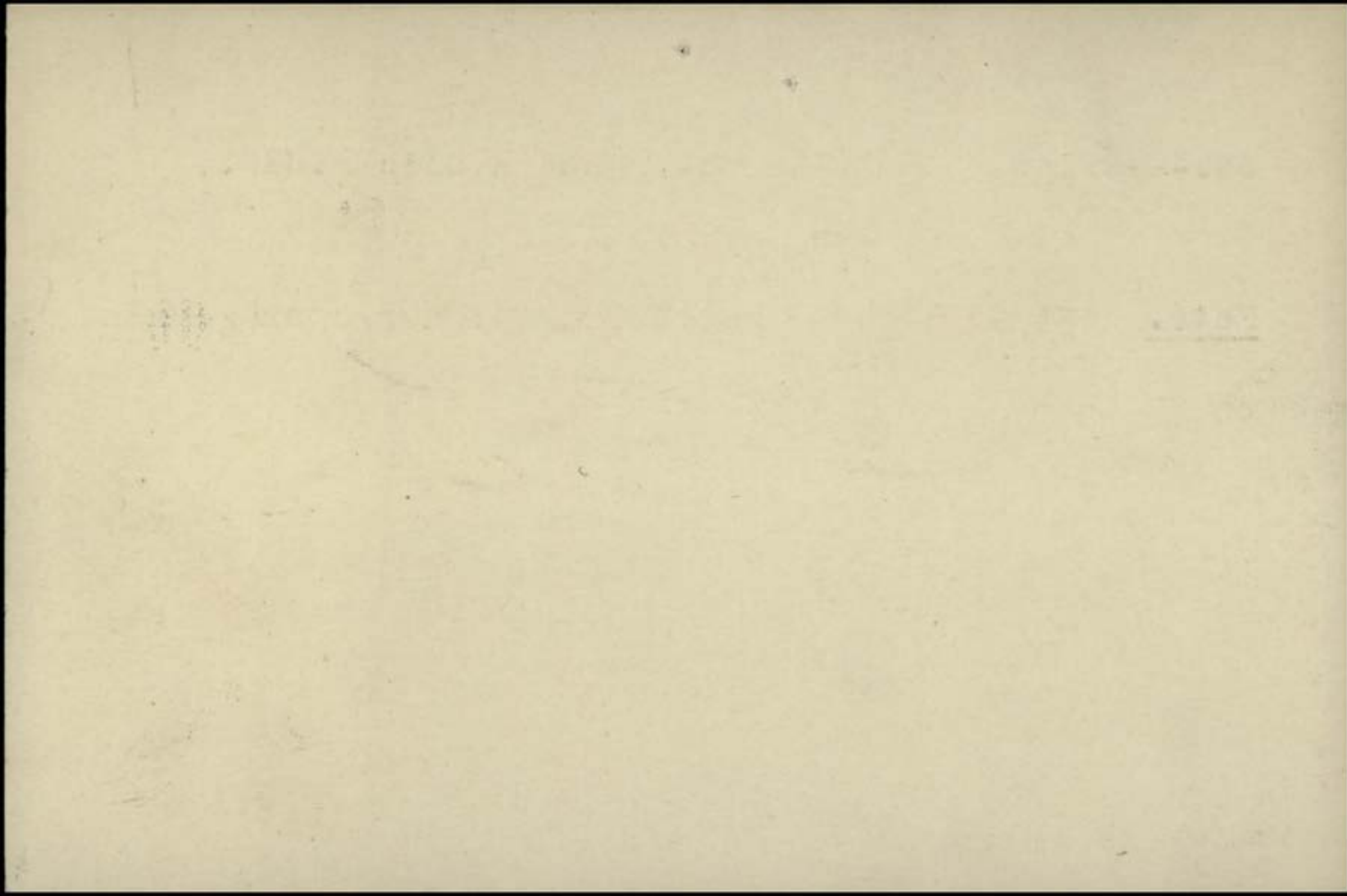
*Pr S Inf.
Ser # 806782.*

#4

53365

Canada only.

No Docs



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Surname *Cliche* H. Q.
Christian names *Armand Ronaldo* M. D. No. *4*
Regtl. No. *3087616* Rank *Pte* T. O. S. *July 14th 1918*
Unit *1st Que Regt 1st Depo Bn* D. O. Pt. II *198* of *17/7/18*
S. O. S. *Dis 3521 1918*
Reason *Deceased*
Auth. *0038 of 7-2-19* *I.P.R.*

Next of kin *Cliche, Jean Baptiste* Relationship *Father*
Address *Dorwick*
P.O.
Also notify:

BORN—Place *Canada, Ste Martine P.Q.* Date *Aug 13th 1897*
ATTESTED—Place *Montreal P.Q.* Date *July 17th 1918*
O/S R/C

