

S

64 11-11-18

DISCHARGE DOCUMENTS

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

(H)

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



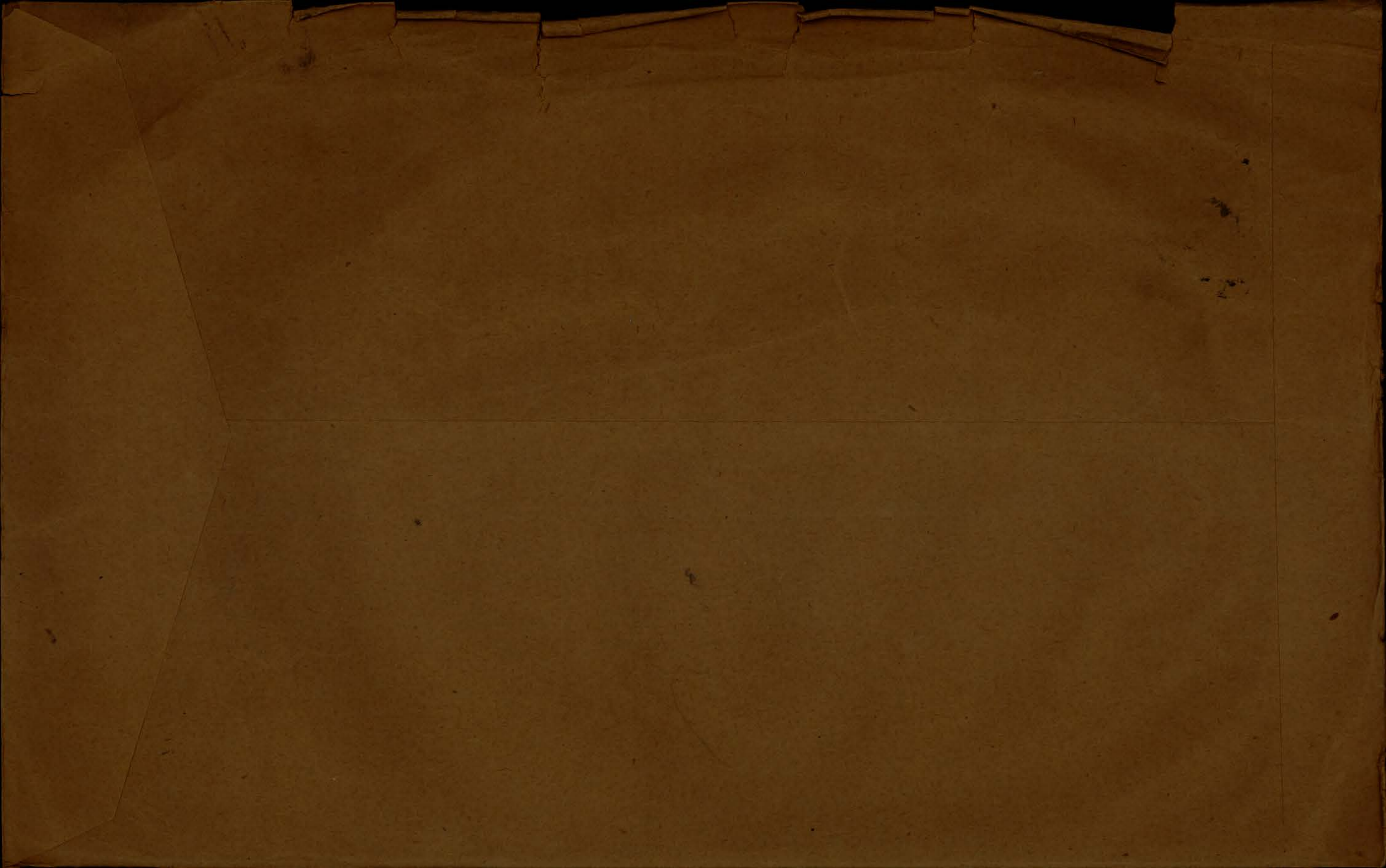
Name COLLIN, HERMAS.
 Regt. No. 3159717 Rank Pte
 Corps 4th Bu Can Gar's Regt.

29190

Deceased
29-10-18.



Doc S.F-10-1
MTW-67-2
201-21



3159717

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

CAL.

(Class **One**)

1. Surname..... **COLLIN**

2. Christian name..... **Hermas**

3. Present address..... **229 Fabre St. Montreal P.Q. Canada**

4. Military Service Act letter and number..... **90335 DC.**

5. Date of birth..... **February 11th 1897**

6. Place of birth..... **Montreal P.Q. Canada**
(town, township or county and country)

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

8. Religion..... **Roman Catholic**

9. Trade or calling..... **laborer**

10. Name of next-of-kin..... **Mrs. Rebecca Collin**

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

12. Address of next-of-kin..... **229 Fabre St. Montreal P.Q. 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:— **"B" Fit for Service Abroad (but not for General Service)**

(a) Place..... **Montreal P.Q.** (b) Date..... **May 7th. 1918** (c) Category.....

DECLARATION OF RECRUIT

I, **Hermas COLLIN**, do solemnly declare that the above particulars refer to me, and are true.

Hermas Collin

(Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age..... **21** yrs..... **2** mths.

Height..... **5** ft..... **5 1/2** ins.

Chest measurement } fully expanded..... **33** ins.

 } range of expansion..... **30** ins.

Complexion..... **Fair**

Eyes..... **Brown**

Hair..... **Reddish**

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

R. P. =	20
L. P. =	20
R. EAR	OK
L. EAR	OK

Bunion left foot & Physique

Henry Ferguson Lt.-Col.
Commanding 2nd Depot Bn., 2nd Q. Depot Btln.
Regt.

Place..... **Montreal P.Q.** Date..... **May 7th. 1918**

Reg. No. 3159717
Rank..... Pte
Name..... Collins, H.
Unit..... 4th Bn. Can. Gar. Regt.

Ex. Card Dec. 26-11-18
a.k.

This form, after completion, is to be attached to the documents of the ~~...~~ and filed in an envelope.

H.Q. File Reference.....
Date Struck Off Strength.. 29-10-18....
Reason..... Deceased.....
Military District..... M.W.H.....
Auth. Letter Ref. M.W.H, 22-6-2285, 21-11-18

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

Clerk's Initials... GA
Date..... 25-11-18

M.F.N. 2570 } Passed to Estates

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

Casualty Form—Active Service.

Unit, Regiment or Corps. *2 Depot Bn. 2 Q.R.*Regimental No. *3159717* Rank. *Pte.* Name. *Collin Hermas*Enlisted (a) *7.5.18.* Terms of Service (a) *C. E. F. 18 Months* Service reckons from (a) *7.5.18.*

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) *Labourer*

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				
<i>11. 6. 18.</i>	<i>464R.</i>	<i>SOS on trans from 2 Q.R.</i>	<i>Montreal</i>	<i>6. 6. 18.</i>	<i>No. 42.</i>
<i>1. 11. 18.</i>	<i>464R.</i>	<i>SOS deceased. Having died at 44 Army Hospital. 10. 10. 18.</i>	<i>do.</i>	<i>29. 10. 18.</i>	<i>No. 185.</i>

(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]

110 18
M.F.W.
of

Register No. D 6 1383

WAR SERVICE GRATUITY

A.P. File No. 03475-7-31

TO
DEPENDENTS OF DECEASED SOLDIERS

Reg't No. 315-9717 Name Thomas Collin
(Christian Name) (Surname)
Unit 4th C. G. R. Rank Ot Date of enlistment.....
Date of casualty 29-10-1918 B.P.C. File No. 55637
Was service performed overseas? No

DEPENDENT

Name Mrs P Collin Relationship Widow
Address 127 Brethouf St
Montreal P Q

Amount of Special Pension Bonus \$ 80 Abstracted by J Maher

Eligible for Gratuity \$ 90 00
Less amount of Special Pension Bonus paid..... \$ 80 00
Less Debit Balance of S. A. or A.P..... \$ ✓

Total deductions \$ 80 00
Balance due \$ 10 00

AUG 11 1920

Cheque No. 9-1899983 Date issued.....

Clerk W. Mitchell

REMARKS :
.....
.....
.....
.....

Audited by
Scott Howard
Date 11-9-20

\$10

DY 18

M.F.W. 2652
25M-6-20.
H.Q. 1772-39-1473

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name Surname Christian Name

Regimental Number Rank Address (in full)

Unit

Original Unit

District where paid

Date of Discharge

P. D. P. Filing Number

Rates:—Regimental pay \$ per diem; Field Allowance \$ per diem. Separation Allowance \$ per month.

L.L. 53961—M. & D. 9721

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Overpayments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. P	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		

M. F. W. 127
300M-1-19
1772-39-1140

Remarks.

MILITARY SERVICE ACT, 1917.

3159717

D-

ORIGINAL

CAN. 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 COLLIN Christian name Hermas
- 2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule 90335 DC.
- 3. Consecutive number on schedule of men reporting for service (if he appears on it) NIL.
- 4. Address (including street and number, if any) 229 Fabre St. Montreal P.Q. Canada

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 7th day of May 1918 by the undersigned medical board sitting at Montreal P.Q. Canada

- 5. Age as stated 21 Years 3 Months.
- 6. Apparent age _____ Years _____ Months
- 7. Height 5 Feet 5 1/2 Inches.
- 8. Weight 108 Pounds.
- 9. Chest measurement { Minimum 30 Ins. Maximum 33 Ins.
- 10. Complexion Fair { Eyes Brown Hair Reddish.
- 11. Physical development Good { Good Fair Poor
- 12. Smallpox marks _____
- 13. Number of vaccination marks { Right arm _____ Left arm 1
- 14. When vaccinated last Child
- 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 Tuberculosis Syphilis } We find no evidence of past { Rheumatism Tuberculosis Syphilis } Physique

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

17. (a) Vision R. 20 L. 20
(b) Hearing OR L. OR
"B" Fit for Service Abroad (but not for General Service)
President. L.P. Malcolm Cap

Admiral Capt Member. W. P. Malcolm Cap Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>11/5/18</u>		<u>2nd Quebec</u> M.O.	<u>11/5/18</u>		<u>2nd Quebec</u> M.O.
		M.O.	<u>19/7/18</u>		M.O.
		M.O.	<u>3/7/18</u>		M.O.

Joined 7th day of May 1918 at Montreal P.Q. Canada

CORPS	REGTE NUMBER	HABTS	DATE
<u>2nd DEPOT Btl 2nd QUEBEC REGT.</u>	<u>D 8159717</u>		<u>7-4-18</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.			
STATION	DATE	DISEASE	RESULT
			<u>NOV 6 1918</u> <u>M. D. 4</u>

Signature of Man Hermas Collin

CAL.

PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

- (a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.
- (b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.
- (c) All questions, etc., must be answered.
- (d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.
- (e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

2nd DEPOT BN. 2nd QUEBEC REG'T.

(1) Name of Overseas Unit which Soldier joins.....

(2) Regimental Number.....

D. 3159717

(3) Full Name of Soldier.....

Hermas COLLIN

(4) Place of Birth.....

Montreal P.Q. Canada

(5) Are you married, or not?.....

Yes.

(6) If married, state,
(a) Full name of your wife.....

Mrs. Rebecca Collin

(b) Present Postal Address.....

229 Fabre St. Montreal P.Q. Canada

(7) Are you a widower?.....

No.

(8) Have you any children?.....

Not applicable

If so, give number of boys and girls.....

Not applicable

Also their names and ages.....

Not applicable

(9) Is your Father alive? **Yes.** **Anselme X Collin**
If so, state name and address **77 Brebeuf St. Montreal P.Q. Canada**

(10) Is your Mother alive? **Yes.**
If so, state name and address **Mrs. Aurise Collin**
Same as above.

(11) If your Mother is a widow? **No.**
Are you her sole support, or not? **Not applicable**

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.
Not applicable

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.
Not applicable

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.
~~Not applicable~~ **Yes I will do so**

(15) Are you insured? **No.**
If so, in what Company? **Not applicable**
Have you made arrangements for payment of your Insurance premium? **Not applicable**
If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make. **Not applicable**

Alexandre Lt.-Col.
Commanding 2nd Depot Bn., 2nd Quebec Reg't.
Officer Commanding.

Date **May 7th. 1918**

FORM OF WILL

DEPT
MILITIA & DEFENCE
NOV 14 1918
H.Q.
CANADA

I, **Hermas CPLLIN** (Name in full)

Regimental Number **D. 3159717** serving in **2nd DEPUT BN. 2nd QUEBEC REGT.**

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

N I L .

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

absolutely, and my personal estate I bequeath to

Mrs. Rebecca Collin (Wife)

229 Fabre St.

Montreal P.Q. Canada

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 **7th** day of **May** A.D. 191**8**

Hermas Collin Signature of Soldier.

*N.B. Personal estate includes ~~property, 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

Address of Witness

THE TWO
WITNESSES

Occupation of Witness

MUST
SIGN HERE

Signature of Second Witness

Address of Witness

Occupation of Witness

ESTATES
MIL & DEF
A.M. NOV 15 1918

FORM OF WILL

(Name in full)

J. Robert Collins

Residing at

of the County of ... State of ...

do hereby make this my last Will

I have caused my last will and testament to be written in the following manner

Name and Address

W. I. I.

of the County of ... State of ...

do hereby make this my last Will

I have caused my last will and testament to be written in the following manner

Name and Address

of the County of ... State of ...

do hereby make this my last Will

I have caused my last will and testament to be written in the following manner

Name and Address

of the County of ... State of ...

do hereby make this my last Will

I have caused my last will and testament to be written in the following manner

Name and Address

of the County of ... State of ...

do hereby make this my last Will

I have caused my last will and testament to be written in the following manner

Name and Address

of the County of ... State of ...

do hereby make this my last Will

I have caused my last will and testament to be written in the following manner

Name and Address

of the County of ... State of ...

do hereby make this my last Will

I have caused my last will and testament to be written in the following manner

Name and Address

of the County of ... State of ...

do hereby make this my last Will

I have caused my last will and testament to be written in the following manner

Name and Address

of the County of ... State of ...

do hereby make this my last Will

I have caused my last will and testament to be written in the following manner

Name and Address

of the County of ... State of ...

do hereby make this my last Will

I have caused my last will and testament to be written in the following manner

Name and Address

of the County of ... State of ...

do hereby make this my last Will

I have caused my last will and testament to be written in the following manner

Name and Address

of the County of ... State of ...

do hereby make this my last Will

D 28/12/16

649-C-25784.

4. CARD NO. 4

SURNAME. *Collin*

CHRISTIAN NAMES *Hermas.*

REGL. No. *315-9717*

RANK *Cte.*

UNIT ~~*2nd. Lve. Regt. 2nd. Dps. Br.*~~ *4th C.Y.R.*

FORMER CORPS *Nil*

S.O. 8 Dec 29-11 8. 4
FOLL.
NO. 185 of 1-11-18

T. O. S. *May 7.. 1918.*

D.O. Part II No *127.*

NEXT OF KIN.

NAMES IN FULL *Collin Mrs. Rebecca.*

RELATIONSHIP TO SOLDIER *Wife.*

ADDRESS *229 Sabre St.,
Montreal, P. Q.*

CHANGE OF ADDRESS

COUNTRY OF BIRTH *Canada, Montreal, P. Q.*

DATE *Feb. 11, 1897*

PLACE OF ATTESTATION *Montreal, P. Q.*

DATE *May 7, 1918.*

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

RELIGION

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE

DATE

H.Q. 649-C-25784.

Collins, Pte. H., #3159717, 4th Bn. C.P.R.

M. & D.	(Widow)	Mrs. Rebecca Collin, 127 Breboeuf St., Montreal, P.Q.
P. & S.	"	Ditto.
Mem. C.	"	Ditto.
" "	(Mother)	Mrs. Orise Collin, 77 Breboeuf St., Montreal, P.Q.

Canada only
H

44957

W M

W. C. 42893
W. C. 42894

JAN 26 1921

JAN 26 1921

1028

No. 3159717 RANK

Pte

NAME

Callin Hermas,

T. O. S.

7-5-18,

UNIT

2nd Depot Battalion 2nd Quebec Regt,

May Paylist,

M. D. *4,*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1918 May 7</i>	<i>1918 May 31</i>	<i>✓</i>		

