

REGIMENTAL DOCUMENTS

NAME

COTE AQUILAS

REGT. NO.

3155873

UNIT

2nd Dep B
2nd B. Regt

H. Q. FILE NO.

H

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DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
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FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)

REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)

COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)

MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)

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R. 149

plus card
from [unclear]

38116

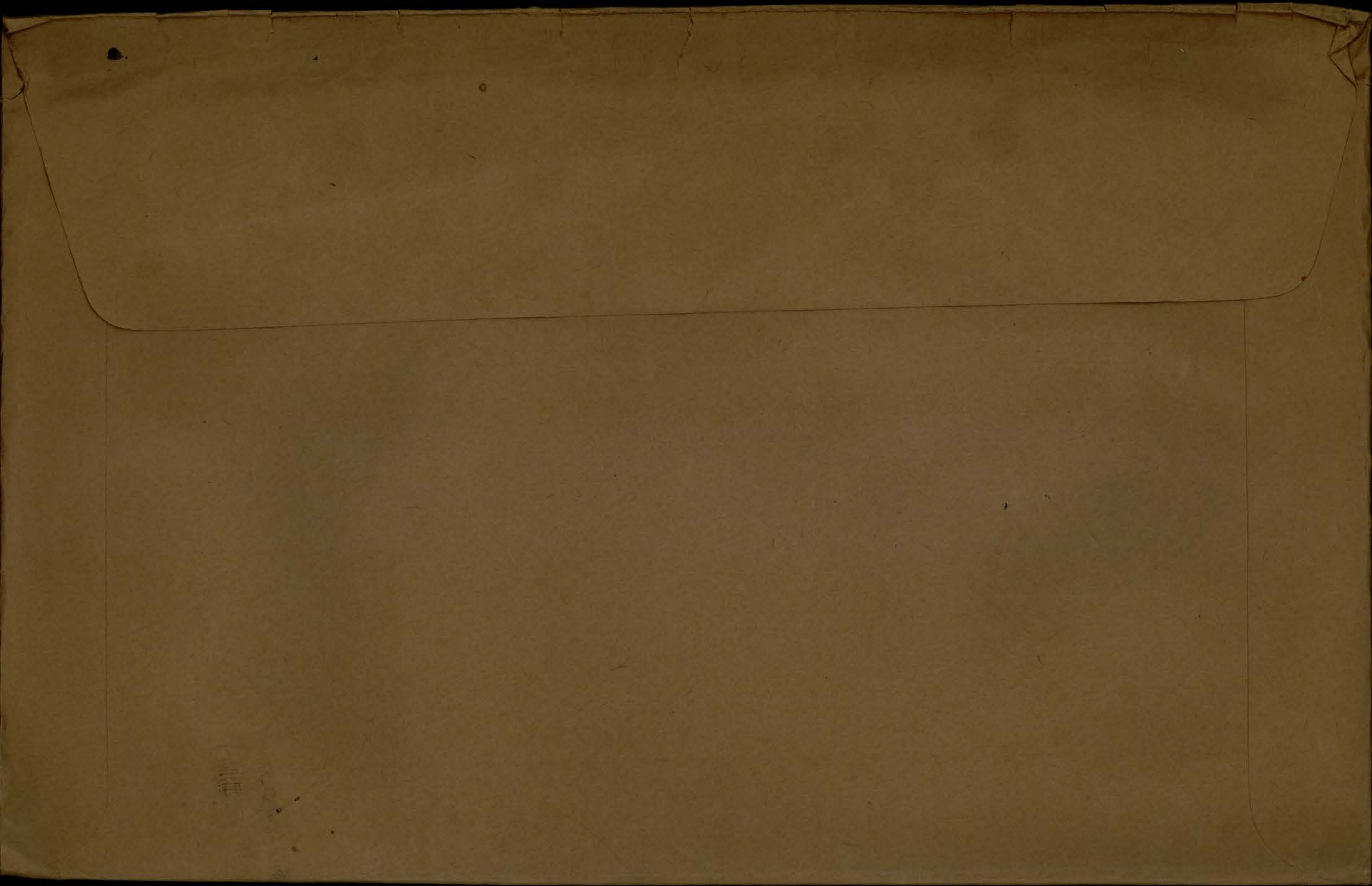
DEATH

DISCHARGE

DESERTION

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MX 14/7/20



PARTICULARS OF RECRUIT
DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class)

1. Surname Cote
2. Christian name Aquilas
3. Present address 227 St Louis Montreal, Canada.
4. Military Service Act letter and number 13723 DC
5. Date of birth October 23rd 1893
6. Place of birth St Hilaire Que Canada.
7. Married, widower or single Single
8. Religion Roman Catholic
9. Trade or calling Carpenter
10. Name of next-of-kin Mr C. Cote
11. Relationship of next-of-kin Brother
12. Address of next-of-kin St Hilaire Village Que 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:—
(a) Place Montreal Canada (b) Date nov 28th 1917 (c) Category A"2"

ORIGINAL

DECLARATION OF RECRUIT

I, Aquilas Cote, do solemnly declare that the above particulars refer to me, and are true.

Aquilas Cote (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age 24 yrs. mths.
Height 5 ft. 7 ins.
Chest measurement } fully expanded 36 ins.
range of expansion 3 ins.
Complexion Dark
Eyes Brown
Hair Black

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

J. Daly - Superior Lt Col
O. C. 2nd Depot Btl.

Place Montreal Canada. Date January 14th 1918
2nd Quebec Rgt. Regt.

PARTICULARS OF RECRUIT
 DRAFTER (INDIA MILITARY SERVICE ACT, 1917)

(Class)

No.	Name	Age	Height	Complexion	Build	Education	Profession	Religion	Marital Status	Service
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DECLARATION OF RECRUIT

I, the undersigned, being the parent or guardian of the above-named recruit, do hereby declare that the above-named recruit is a fit and proper person to be recruited into the Indian Army, and that he is not disqualified from being recruited into the Indian Army by any law, regulation or order in force at the date of his recruitment.

DESCRIPTION ON CALLING UP

No.	Name	Age	Height	Complexion	Build	Education	Profession	Religion	Marital Status	Service
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I, the undersigned, being the parent or guardian of the above-named recruit, do hereby declare that the above-named recruit is a fit and proper person to be recruited into the Indian Army, and that he is not disqualified from being recruited into the Indian Army by any law, regulation or order in force at the date of his recruitment.

FORM OF WILL.

Name in full. I Acidas Cote

Regimental Number 3155813 serving in 10th Can Reserve Bn
of the Canadian Expeditionary Force do hereby revoke all former Wills
made by me and declare this to be my last Will.

Name & Address of person or persons to whom it is to go. I DEVISE and BEQUEATH all my real estate unto

[Redacted]

absolutely, and my personal estate I bequeath to

Name & Address of persons or person to receive personal estate (see Note 1.)
Mons A. Cote
St-Hilaire Village Cont. Rouvid
P.Q.
Canada

Fill in Date and Year. IN WITNESS WHEREOF I have hereunto set my hand this 14
day of March A.D. 1918.

Acidas Cote
(Signature)

Signed by the said Testator as his last Will and Testament, the same
having been read over and explained to him, in the presence of us both
present at the same time who at his request and in his presence and in
the presence of each other have subscribed our names as witnesses.

Name of Witness Lucien Rich
Address of Witness 10th Can Reserve Bn
Occupation of Witness S. Corporal
Name of Witness A. Maitre
Address of Witness PAYMASTER, 10TH. RES. BATT'N.
Occupation of Witness

N.B.—Personal Estate includes pay, effects, money in Bank, ~~insurance policy,~~
in fact everything except real Estate.

FORM OF WILL

REGISTERED.
WILLS SECTION
27 MAR 1918
ESTATES DEPARTMENT LONDON.

FORM OF WILL

I, Cote Aquilas (Name in full)
 Regimental Number 3155873 serving in 2nd Depot Bn. 2nd Quebec Rg .
 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

<u>Mr. C. Cote</u>	} Name and Address of person or persons to whom it is to go.
<u>St Hilaire Village Que Canada.</u>	

absolutely, and my personal estate I bequeath to

<u>Mr. C. Cote</u>	} Name and Address of person or persons to receive personal estate* (See note).
<u>St Hilaire Village Que, Canada.</u>	

NOTE

This space for the
appointment of
Executor if
necessary.

**IMPORTANT
NOTE**

This must be signed
and Dated by
THE SOLDIER
HIMSELF.

this 14th day of January A.D. 1918
Cote Aquilas 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	<u>Jules A. Montagne</u>
Address of Witness	<u>Rue St Barracks Montreal</u>
Occupation of Witness	<u>Soldier</u>
Signature of Second Witness	<u>P. H. D'Amour</u>
Address of Witness	<u>Rue St Barracks</u>
Occupation of Witness	<u>Soldier</u>

10

FORM OF WILL

No. _____

Date _____

02

ORIGINAL

ORIGINAL

M.S.A. 15 F.

LOI DU SERVICE MILITAIRE

FEUILLE MÉDICALE

DC 13723

3155873

T 40 ✓
C 130

IMPORTANT.—Si le nom de l'homme n'apparaît pas sur la liste des hommes répondant à l'appel, ou s'il n'a pas fait une demande d'exemption ou une déclaration d'être prêt à répondre au service militaire ou, dans le cas où il aurait fait l'une ou l'autre, s'il en ignore le numéro, on l'informerait qu'il doit attacher la copie de cette feuille médicale (qu'on lui remettra) à la déclaration ou à la demande d'exemption qu'il pourra faire en s'adressant à n'importe quel maître de poste en Canada, ou envoyer lui-même après avoir marqué dessus le numéro du reçu qu'il a reçu du maître de poste, au Registraire ou au député Registraire de la Loi du Service Militaire. Dans tous les cas le double de cette feuille médicale sera envoyé par le Bureau Médical au Commandant du District à moins que ce dernier n'ait donné ordre de l'envoyer directement au Registraire ou au député Registraire.

- 1. Nom de famille Cote Nom de baptême Aquilas
- 2. Numéro de la réponse à l'appel ou de la demande d'exemption d'après le reçu du maître de poste ou la liste.....
- 3. Numéro consécutif de la liste des déclarations (s'il y apparait)..... 150
- 4. Adresse (y compris la rue et le numéro s'il en existe)..... 227 St Louis St St Lambert



Voici les renseignements exacts qui résultent de l'examen du sujet ci-dessus nommé, fait le 24 jour de Novembre 1917, par le bureau médical soussigné siégeant à St Lambert

- 5. Âge affirmé 24 ans 5 mois
- 6. Âge apparent 24 ans 5 mois
- 7. Hauteur 5 Pieds 7 pouces
- 8. Poids 134 livres
- 9. Mesure de poitrine { Minimum 33 pouces Maximum 36 pouces
- 10. Couleur { Yeux Brown Cheveux Black
- 11. Développement physique good { Bon Moyen Pauvre
- 12. Marques de vérole nil
- 13. Nombre de vaccinations { Bras droit 1 Bras gauche 1
- 14. Dernière vaccination Chila
- 15. Indices distinctives et indices de particularités congénitales ou de maladie antérieure.....

16. Défauts légers insuffisants pour l'exemption.....
Le sujet nie avoir souffert de { Rhumatisme Tuberculose Syphilis } Nous ne trouvons pas de preuve qu'il ait souffert de { Rhumatisme Tuberculose Syphilis }

R. D. =	<u>20</u>
L. D. =	<u>20</u>
R. EAR	<u>OK</u>
L. EAR	<u>OK</u>

Nous avons examiné le sujet ci-dessus nommé, conformément aux règlements pour les examens médicaux des F.E.C. et il est classé dans la catégorie A²

H. A. B. M. J. Président. M. J. L. M. Membre. M. J. L. M. Membre.

Date	Résultat	VACCINÉ	Date	Résultat	INNOCULATIONS, ANTI-TYPHOÏDES, ETC.
<u>14/1/17</u>	<u>FROM MEDICAL BOARD</u>	<u>Chila</u>	<u>14/1/17</u>	<u>T1/3</u>	<u>O.M.</u>
<u>NOV 30 1917</u>			<u>19/2/17</u>	<u>T1/3</u>	<u>O.M.</u>
<u>BOARD</u>			<u>26/2/17</u>	<u>T1/3</u>	<u>O.M.</u>

Enrôlé le 24 jour de Novembre 191 7 à St Lambert

Enrôlé	CORPS	No. dans le régiment	HABITUDES
<u>24 Nov 1917</u>	<u>2nd Depot Battalion</u>	<u>3155873</u>	<u>Dark</u>



EXAMINÉ OU REFUSÉ PAR UN BUREAU MÉDICALE		DATE	MALADIE	RÉSULTAT
<u>INSPECTING MEDICAL BOARD</u>	<u>FIT</u>	<u>FEB 5 1918</u>		<u>FIT</u>
<u>QUARTIER</u>	<u>MONTREAL, P. Q.</u>			<u>JAN 16 1918</u>

N. B. Il sera disposé de cette feuille conformément aux règlements du service médical de l'armée et le sujet devient inapte au service; la date et la cause seront indiquées au verso.

Signature de l'homme Aquilas Cote

Send to Schedule by 449

Dft. 2nd Depot BN 2nd Que, REGT

LTR

Rank

Name

COTE, Aquilas

Reg'l No.

3155873

Unit

If in perm. Corps, }
What Unit? }

Married or Single

Single.

Place and Date of Enlistment

Montreal. Jan. 14th, 1918.

Place of Birth

St Hilaire Que.

Name and Address, Next-of-Kin

Mr C. Cote

St Hilaire Village

Que Canada

Relationship

Brother.

Assigned Pay Monthly \$

Payable to

Separation Allowance \$

Payable to

Relationship

Relationship

N/E R.B. No. 14031 28
File R.L. 25-C-5708 9/18
Category *Missing*

Discharge, Date and Place

Reason

Character

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place	Date.	REMARKS Taken from Official Documents
Date.	From whom received.				
			Arrived in England		4-3-18 S/3 SAXONIA
5-3-18	10 Res Bn	Y O S. <i>AM Bus 16-8-18</i>	Witley	11-3-18	<i>Do 54</i>
9-8-18	"	S.O.S. to 23 Res Bn	Bshatt	8-8-18	<i>Do 221 d/9.8.18 23 Res Bn</i>
9-8-18	23 Res Bn	Ses. to 14 th Bn ^{o/s}	"	8-8-18	<i>Do 187</i> <i>Do 99 d/15.8.18 of 14th Bn</i> <i>Do 221</i>
14-9-18	14 Bn	Missing after action	Field	2-9-18	<i>Do 4123</i>
18-9-18	-	<i>Previously reptd Missing after action now up & called up. Se Field.</i>		29-18	<i>Do 125.</i>
21-9-18	6A	<i>50 -</i>		29-18	<i>Do 325</i>



Casualty Form—Active Service.

Regiment or Corps Dpt 2nd Depot Bn 2nd Quebec Rgt
 Rank Pvt Surname Cote Christian Name Aguilas

Religion RC Age on Enlistment 24 years 2 months.

Enlisted (a) 28-11-17 Terms of Service (a) C.E.F. Service reckons from (a) 28-11-17 14/1/18

Date of promotion to present rank _____ Date of appointment to lance rank _____

Extended { } Re-engaged { } Qualification (b) Carpenter
 or Corps Trade and Rate _____

Signature of Officer. _____

Report		Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
			Embarked <u>Canada</u>	<u>18.2.18</u>	
			Disembarked <u>England</u>	<u>4.3.18</u> ✓	
<u>5-3-18</u>	<u>of 10th Res Bn</u>	<u>To S. on arrival from Canada</u>	<u>Witley</u>	<u>4.3.18</u>	<u>D.O.P. II 57</u> ✓
<u>9-8-18</u>	<u>of 10th Res Bn</u>	<u>S.O.S. on transfer to 23rd Res Bn</u>			
		<u>on proceeding overseas</u>	<u>B'sholt-</u>	<u>8-8-18</u>	<u>D.O.P. II 187</u>
			<u>Lead Asst Adj 10th Res Bn</u>		
<u>9-8-18</u>	<u>23rd Can Res Bn.</u>	<u>Taken on strength on Posting from 10th Res Bn</u>	<u>Bramshott</u>	<u>8-8-18</u>	<u>D Pt II O 221.</u>
<u>9-8-18</u>	<u>do.</u>	<u>Posted to 14th Bn.</u>	<u>do.</u>	<u>8-8-18</u>	<u>I. Pt II O. 221</u>

W.A. Chalmer Captain & Adjutant, 15501
 23rd, Canadian Reserve Battalion.

CERTIFIED CORRECT.
 17 AUG. 1918
 CAN. RECORDS, LONDON.

(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) Signaller, Shoeing-Smith, &c.

3155873 *leave a*

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 of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
	C. B. D.	ARRIVED C. B. D.	FRANCE	9.8.18	N. R. D. 10/8/18 1303 PART II ORDERS No. 77 D. 2/9/18
	C. B. D.	LEFT C. B. D. FOR	<i>Leint</i>	13/9/18	N. R. D. 1303
	O. O. BN	ARRIVED <u>10</u> BN.	FIELD	15/8.18	B. 213 D. 1/8/18
31/8/18	<i>do</i>	<i>Missing after action</i>	<i>do</i>	29/18	B. 213 123/4/18
	<i>C. B. D. after</i>	<i>Previously missing now</i>	<i>Field</i>	29/18	<i>Final report USA. 15/2/13. 4/12/9/18</i> <i>Part II post 1918</i>
		<i>Went in action</i>			
		<i>W. Hunter</i>	<i>Leint for 1st Cavalry</i>		
			<i>Leint for 1st Cavalry</i>		

Cas. List.

Case No.	Description	Date	Amount
101
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111
112
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Surname

Christian Name or Names

Reg. No.

Boote
Rank

a.
Unit

3155873.

Pte

Que 14

Cas. List.

<i>17.9.18 a321-2</i>	<i>R. F. B. Miss after Action 2-9-18 R</i>
<i>21.9.18 a325</i>	<i>now rept. Killed in Action. 2-9-18 R</i>

A.M.D. 2 DEPT.
Beh. of D.G.M.S. D.M.F.C. London.

REGT'L. No. 3155873
 H. Q. FILE NO 649

NAME Cote, Aquilas

RANK AND CORPS Pte. 14th Bu Form, 2/29

FOLLOWS
 No. _____
 FOLLOWS

CABLE		NATURE OF CASUALTY
NO.	DATE	
n. of R. C. Cote, (Brother), St. Delaire Village P. Q. Also notify: Isidore Cote, (Brother) 141 Charbon St., Petit Bois, Chambly Co. P. Q. 30-8. H. 326. 3-4. H 334.		
	19-9-18.	Rept. miss. Sept. 2nd. 1918.
	22-9-18.	Prev. rept. miss now rept. K. in A. Sept. 2nd 1918.

LIST NO.

HOSPITAL

DATE OF
ADMISSION

REMARKS

1321	Rep from Base	Missing After Action	
1325 ^a	Prev. rept Missing	now rept D. in A. 2-9-18	

No. 3155873 RANK Pte

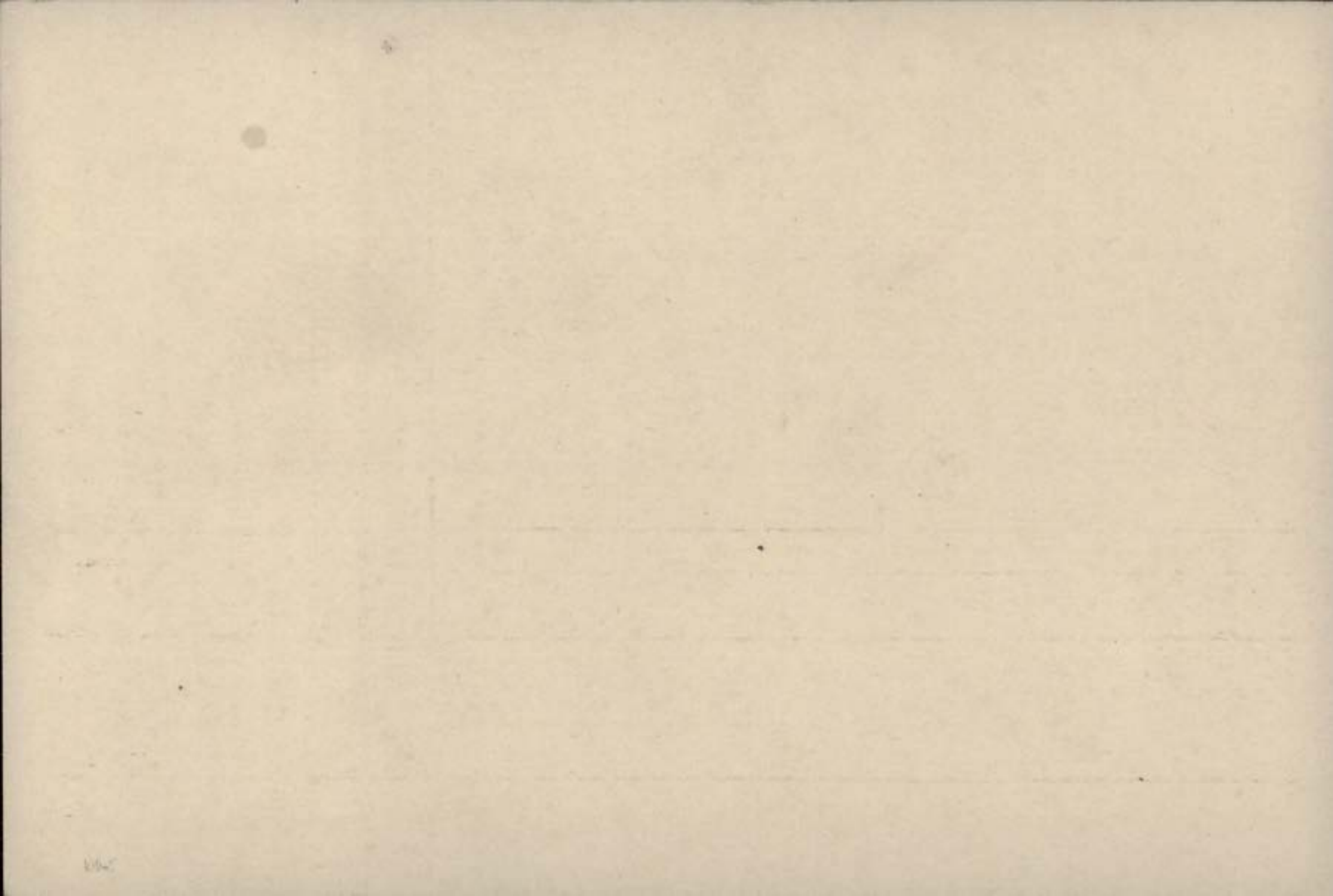
NAME Lote Aquilas,

T. O. S. M 118
All 15 of 15 118

UNIT 2nd Depot Battalion 2nd Quebec Regt

M. D. H,

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1918 Jan 14	1918 Jan 31	✓	Overseas 10-2-18	DD+160 of 10-2-18
Feb 1	Feb 15	✓		



Notelig. for 1914-15 star

FRENCH.

✓
Cote, Aquilas, Pte. #3155873, ✓

File No. 20535. ✓
T.E.C. *15520*

14th Bn.

Medals & Decs. Brother

Mr. C. Cote
St. Hilaire Village,
Que. Can.

P. & S. Brother

Serial No 765728

Mr. Nap. Cote,
St. Hilaire,
P.Q.

Mem. Cross,

Nil.

Scroll Desp. JAN 6 1921

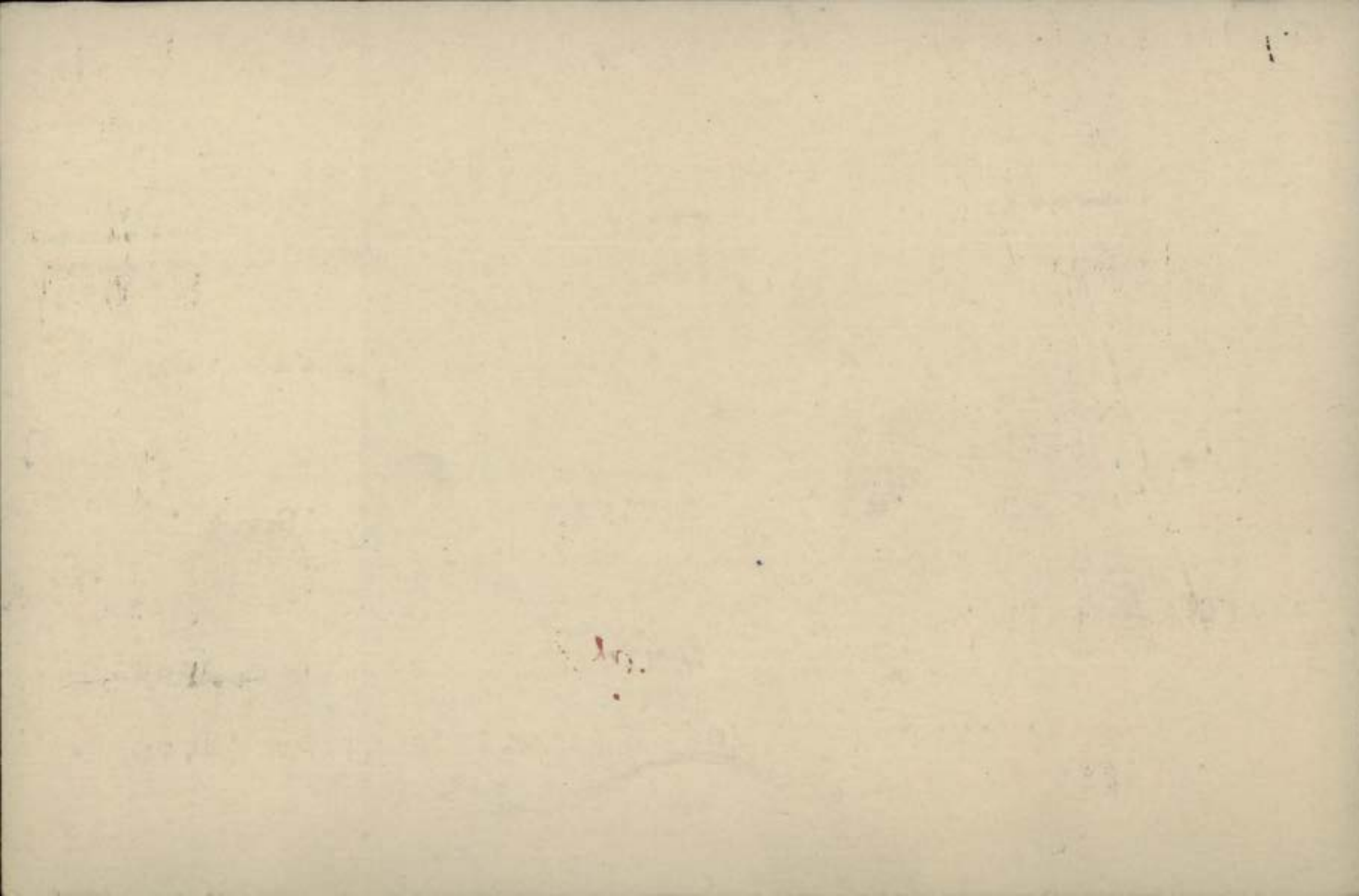
Reqa. No. *78014*

Plaque D. APR 26 1922

Reqn. No. *834231*

mp

O.P.



200m
3 Jan

Number *3155873*

Rank *Plt*

13

Surname *COTE*

Christian Name *Aquilas*

Units *14th Battalion* Theatre of War *France*

Date of Service *7-8-18*

Remarks *Brother Mr. C. Cote*

Latest Address *St. Hilain Village
Que. Can.*

Roll No. *B. Page 22281*

TOTAL SERVICE WHERE AND HOW LONG DATE AND PLACE OF O...

DISEASE OR INJURY

OPERATIONS.....

RESULT OF OPERATIONS.....

(A) DATE OF ARRIVAL AT HOSPITAL AS AN ADMISSION.....

(B) AS A TRANSFER (STATE WHERE FROM).....
NAME OF HOSPITAL

DATE OF DISCHARGE TO UNIT..... IN CA

DATE OF DISCHARGE AS AN INVALID.....

DATE OF DEATH.....

DATE OF TRANSFER (STATE WHERE TO).....
NAME OF HOSPITAL

OTHER INDEPENDENT CONDITIONS DIAGNOSED.....

NEXT OF KIN..... ADDRESS.....

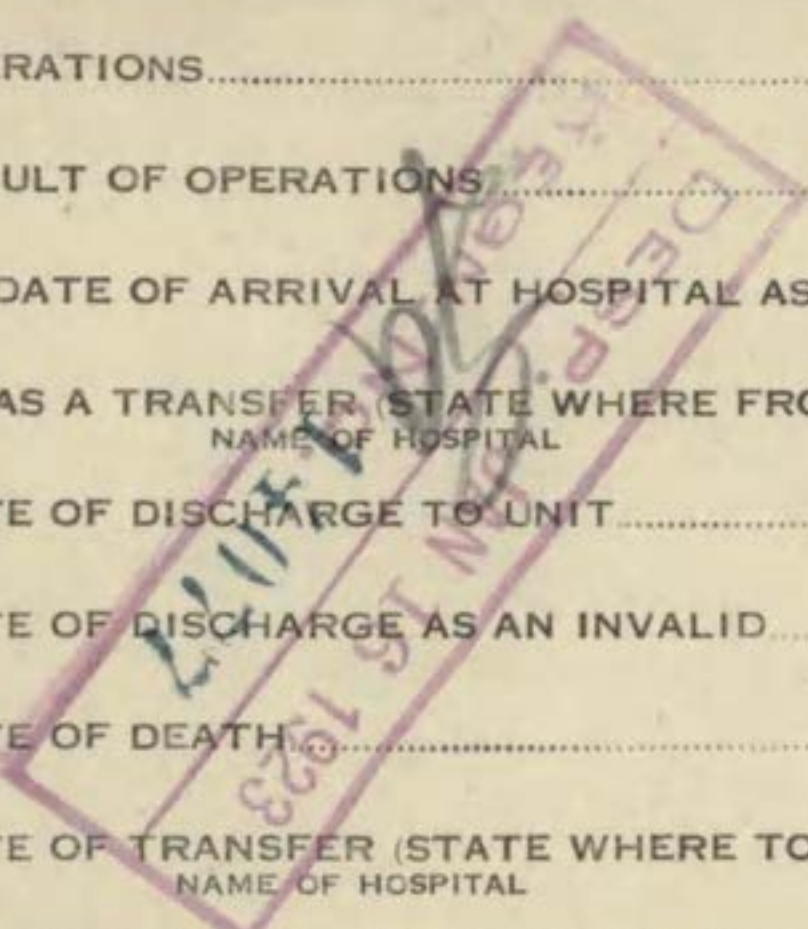
..... HOSPITAL.....

* CROSS O

M. F. W. 142.

1772-39-1171.

50m.-2-19.



* Strike out whichever inapplicable

ASSIGNED PAY	ENGLAND OR CANADA.	SEPARATION ALLOWANCE.	ENGLAND OR CANADA.
EFFECTIVE DATE:-		EFFECTIVE DATE:-	
AMOUNT:-		AMOUNT:-	

NAME:- COXE Aguilas

NUMBER:- 3155873

NAME, ADDRESS, RELATIONSHIP & AUTHORITY { WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT	
		<u>Plt</u>	
UNIT AND TRANSFERS			
ORIGINAL UNIT:- <u>2 Dep. Pm</u>			
DATE ACCOUNT FIRST OPENED - <u>16.2.18</u>			
AUTHORITY	DATE EFFECTIVE	DATE LEGER SHEET T'FO	UNIT TRANSFERRED TO
<u>99</u>	<u>15.8.18</u>	<u>1.9.18</u>	<u>2 Pm</u>
		<u>20.9.18</u>	<u>14th Pm</u>
	<u>1/10/18</u>	<u>2/10/18</u>	<u>No E 'D'</u>

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS { UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	P.F.A.	P.F.A.	SUBS. CE ALL. CE
	<u>1</u>		<u>10</u>	

PAY BOOK CHECKED.
Date: 21-11-18
By: [Signature]
No. BRANCH.

PARTICULARS OF RENDERING NON-EFFECTIVE:-

MONTH	PARTICULARS	Cr 1	Cr 2	PARTICULARS	Dr 1	Dr 2	Dr 3	Dr 4	BALANCE	DEFERRED	SEPARATION
31.3.18	Bal fwd								5560	2250	
Apr	PP	33		AR 41-10 Res. 12.4.18	487				8373	3750	
				✓ 131 ✓ 24/4/18	487				7886		
					974						
May				✓ 213 ✓ 15/5/18	487				7399		
				✓ 324 ✓ 23/5/18	2920				4479		
									7889	5250	
				✓ 386 ✓ 26/5/18	487				7402		
					3894						
JUN				AR 484 ✓ 13/6/18	487				6915		
				✓ 614 ✓ 26/6/18	487				10215	67	
					974				9728		
July	PP			ad. 766 ✓ 15/7/18	730				8998		
				✓ 894 ✓ 26/7/18	730				12408	82	
					730				11678		
					1460						
Aug				AR 1000 ✓ 10/8/18	487				14601		
				PN AR 508 30.1.18. 24/8/18	357				14244	97	
					844						
SEP	P.P.								17544		
	br. 8.10244 - back in effect			7.10.18					17571	112	
Jan	Let in Dep Pay								17956	17956	

NON EFFECTIVE. ACT.

