

M. D. Depot Battalion Regiment

Regtl. No. ^D

3164218

PARTICULARS OF RECRUIT
DRAFTED UNDER MILITARY SERVICE ACT, 1917
 One

(Class.....)

1. Surname..... COUTURIER

2. Christian name..... Hector

3. Present address..... St Joseph de Sorel/P.Q. Canada

4. Military Service Act letter and number..... 46112 DG
(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..... 21st July 1897

6. Place of birth..... St Thomas de Pierreville. .Q Canada
(town, township or county and country)

7. Married, widower or single..... ~~single~~ Married

8. Religion..... Roman Catholic

9. Trade or calling..... Moulder

10. Name of next-of-kin..... Mrs. Albertine COUTURIER

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

12. Address of next-of-kin..... 3402 Ontario 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..... BN11

15. Medical Examination under Military Service Act :—
 (a) Place..... Montreal.P.Q Can. (b) Date..... 27th June 1918 (c) Category..... A

DECLARATION OF RECRUIT

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

Couturier Hector (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age..... 20 yrs..... 10 mths. } Distinctive marks, and marks indicating congenital peculiarities or previous disease.

Height..... 5 ft. 5 ins. }

Chest measurement } fully expanded..... 40 ins. }
 range of expansion..... 3 ins. }

Complexion..... Brown

Eyes..... Brown

Hair..... Brown

[Signature]
 Q. C. Depot Btl. Regt.

Place..... Montreal.P.Q Canada Date..... 27th June 1918

PARTICULARS OF RECRUIT
DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class)

1. Name
2. Christian name
3. Present address
4. Military service Act letter and number
5. Date of birth
6. Place of birth
7. Marital status
8. Religion
9. Trade or calling
10. Name of employer
11. Relationship of next of kin
12. Address of next of kin
13. Number of previous number of the Act
14. Particulars previous military or naval service
15. Medical Examination under Military Service Act

DECLARATION OF RECRUIT

I, the undersigned, do hereby declare that the above particulars are true and correct.

DESCRIPTION ON CALLING UP

Apparatus	Height	Weight	Complexion	Build

Date

Signature

231018

Deceased

DISCHARGE DOCUMENTS

R. O. No.

H. Q. No.

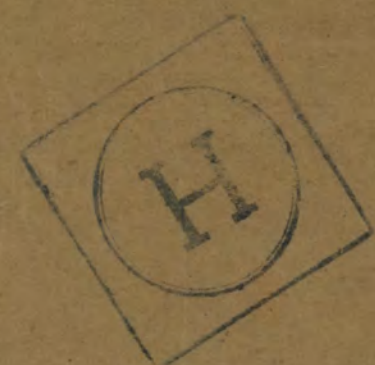
- Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- Attestation Papers..... 2
- Declaration of change of name.....
- Authority for special enlistments.....
- Documents of re-enlisted men.....
- Regimental Conduct Sheet.....
- Compulsory Stoppages.....
- Casualty Forms..... 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..... 2
- Proceedings of Regt. Court Martial.....
- Copies of Convictions by Civil Power.....
- Company Conduct Sheet.....
- Clothing Transfer Certificate.....
- Inventory of Kit.....
- Last Pay Certificate.....

Name COUTURIER, HECTOR,
 3164218
 Regt. No. _____ Rank Pte
 Corps 2nd Depot Bn. 2nd Que. Regt.

Deceased

40520

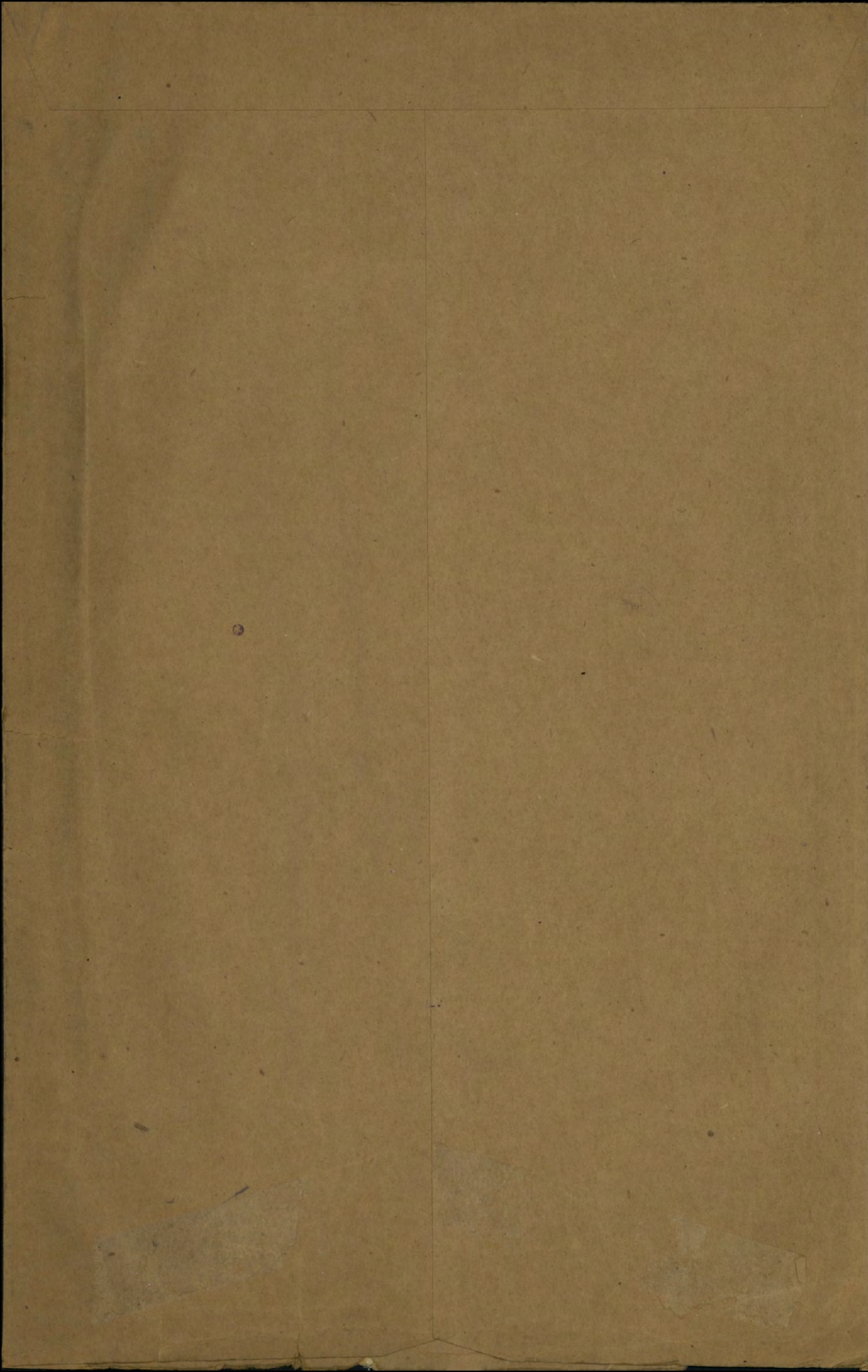
W 88
11-10-21



M 7 W 113-11
 a 7 B 122-1
 M 7 B 465-1

om x
 14-1-21
 ac

24-8
 14-88
 1
 1



MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET

ORIGINAL
3164218

1. Surname COUTURIER Christian name Hector
 2. Number of report for service or claim for exemption according to Postmaster's Receipt or schedule 46112 DC
 3. Consecutive number on schedule of men reporting for service (if he appears on it)
 4. Address (including street) and number if any) St Joseph de Sorel. P. Q. Canada

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 27th day of June 1918, 19....., by the undersigned medical board sitting at Peel St. Barracks Montreal. P. Q. Canada

5. Age as stated 21 Years. 10 Months. 6. Apparent age 21 Years. Month
 7. Height 5 Feet 5 Inches. 8. Weight 144 Pounds.
 9. Chest measurement (Minimum 37 Ins. Maximum 40 Ins. 10. Complexion Brown (Eyes Brown Hair 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, Tuberculosis, Nervous or Mental disorder, Epilepsy, Syphilis, Asthma, We find no evidence of past (Rheumatism, Tuberculosis, Nervous or Mental disorder, Epilepsy, Syphilis, 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

17. (a) Vision. R. 80 L. 60
 (b) Hearing. R. all L. all
A. Lindsay President.
Montebaur Member.

L. M. Lindsay Capt. Member.

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

Joined 27th day of June 1918 at Montreal. P. Q. Canada

Joined on enlistment	CORPS	REG'TL NUMBER	HABITS	DATE
Transferred to.....	<u>2nd DEPOT BN. 2nd QUEBEC REG'T.</u>	<u>3164218</u>		<u>27-6-18</u>

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.

Signature of Man

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

A1

3164218

Form only.—Unit, Number, Rank and name.

M. F. W. 54. (A. F. B. 10s.

500M.—9-16

H. Q. 1772-39-9:0.

Casualty Form—Active Service.

Unit, Regiment or Corps 2nd DEPOT BN. 2nd QUEBEC REG'T.

Regimental No. D Rank Pte Name COUTURIER Hector

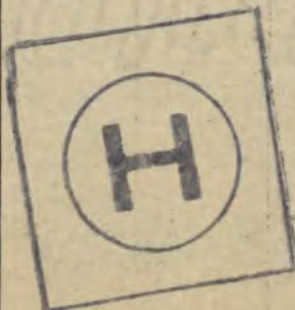
C. E. F.

Enlisted (a) 27-6-18 Terms of Service (a) C.E.F. Service reckons from (a) 27-6-18

Date of promotion to present rank } Date of appointment to lance rank } Numerical position on roll of N. C. Os. }

Extended Re-engaged Qualification MOULDER

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				
27. 6. 18.	2. Depot Balth 2. Que Regt.	M.S.A. men ordered to report. 27.6.18. T.O.S. as from this date & posted to N. Company. Para-5- T.O.S. 27.6.18. Reported 27.6.18.	Valcartier Camp.	24.6.18.	Pt DO. 148.
9. 10. 18	" "	S.O.S. 4.10.18. "Deceased" (Khaki. League. Hospital)	Montreal	4.10.18.	Pt DO. 281.



DN Y
14-1-2
ac

W. P. Sullivan

for S of R.

bapt.

1) 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. e.g. Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

FORM OF WILL

3164218

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, COUTURIER Hector

^D Regimental number..... Rank..... serving in the

2nd DEPOT BN. 2nd QUEBEC REGT. Canadian Expeditionary Force,

declare this to be my last will, revoking all previous wills, if any.

Executor I appoint Nil

whose address is.....

to be the executor of this my last will.

General gift I give to Wife.) COUTURIER Habertine

whose address is 1402 Ontario St Montreal.P.Q Canada

all my property not disposed of above.

Date Dated at 27 Juin this..... 1918

Signature Couturier Hector
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
Signature R. De Longis
Address 1402 Ontario St. Bks. Mont
Occupation Soldier

2ND WITNESS
Signature [Signature]
Address 1402 Ontario St. Bks. Mont
Occupation Soldier



9171-17-10-18

9/11/18
-5256

FORM OF WILL

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.

Register No. 06.1266

WAR SERVICE GRATUITY
TO
DEPENDENTS OF DECEASED SOLDIERS

A.P. File No. 3785-4-37

Regt'l No. 3164218 Name Victor H. Couturier
(Christian Name) (Surname)
Unit 2nd Que Regt Rank Pte Date of enlistment
Date of casualty 7.10.18 B.P.C. File No. 127606
Was service performed overseas? No.

DEPENDENT

Name Mrs Albertine G. Couturier Relationship Widow
Address 147 Prince St,
Coventry
P 2

Amount of Special Pension Bonus 80 Abstracted by M. Knox

Eligible for Gratuity \$ 180-90

Less amount of Special Pension Bonus paid \$ 80

Less Debit Balance of S. A. or A.P. \$

Total deductions \$ 80

Balance due \$ 100-10

Cheque No. 9.1903711 Date issued PEC 28 1920

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

Clerk B. G. [Signature]

Audited by
[Signature]
Date 27.12.20

28-12-20

M.F.W. 2652
25M-6-20,
H.Q. 1772-89-1473

Emm DB

B

24-12-20

"Ten"

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.

LL 53061—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. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		

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

Remarks:

LEDGER NO. 5420.-319.

SERIAL NO. ~~211613~~ ✓

REG. NUMBER 31.64218 NAME Coeururier \$

RANK *plc* CORPS 28 B 2

AGE 21 SERVICE 3/12

NAME OF HOSPITAL Khaki PLACE Montreal

DATE OF ADMISSION 29/9/18

DISEASE Influenza

TRANSFERRED TO OTHER HOSPITALS

Died 7/10/18

OPERATION

DISCHARGED TO IN CATEGORY

REMARKS:.....

.....

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.....

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2nd./2nd. Div Regt.✓ ✓ ✓
COUTURIER Pte. H. # 316⁴218 - C.E.F.Med & D (Widow) Mrs. Albertine Couturier
Sorel,
P. Q.

P & S (Widow) Address as above

Rec # 806845

Mem Cross (Widow) Address as above

Scroll Desp. *MAY 4 - 1917* Reqn. No. *2.41269**JAN 27 1922*
Plague Desp. Reqn. No. *2922*
*p. 37008**Canada only*

W 642018 JAN 21 1921

696

CARD NO. L

SURNAME.

Couturier.

CHRISTIAN NAMES

Hector

REGL. No.

3164218

RANK

Pte.

UNIT

*2nd Que. Regt. 2nd Dpo. Bn.*D.O. Part II No. *178*

FORMER CORPS

*27-6-15**Sos. Dec 7. 10-18.
Do 28. 9-10-18 2/20
T. O. S. June 27. 1918*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Couturier, Mrs. Albertine

RELATIONSHIP TO SOLDIER

wife

ADDRESS

*1402. Ontario St. Montreal,
P. Q.*

COUNTRY OF BIRTH

Canada St Thomas de Lourdes

DATE

July 21st 1894

PLACE OF ATTESTATION

Montreal, P. Q.

DATE

June 27th 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

SUPPLEMENTARY LEDGER SHEET.

PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING
DAILY RATE OF PAY AND ALLOWANCES

REGT. No 3164218 RANK Pte. NAME (IN FULL) COUTURIER, Victor Hector.

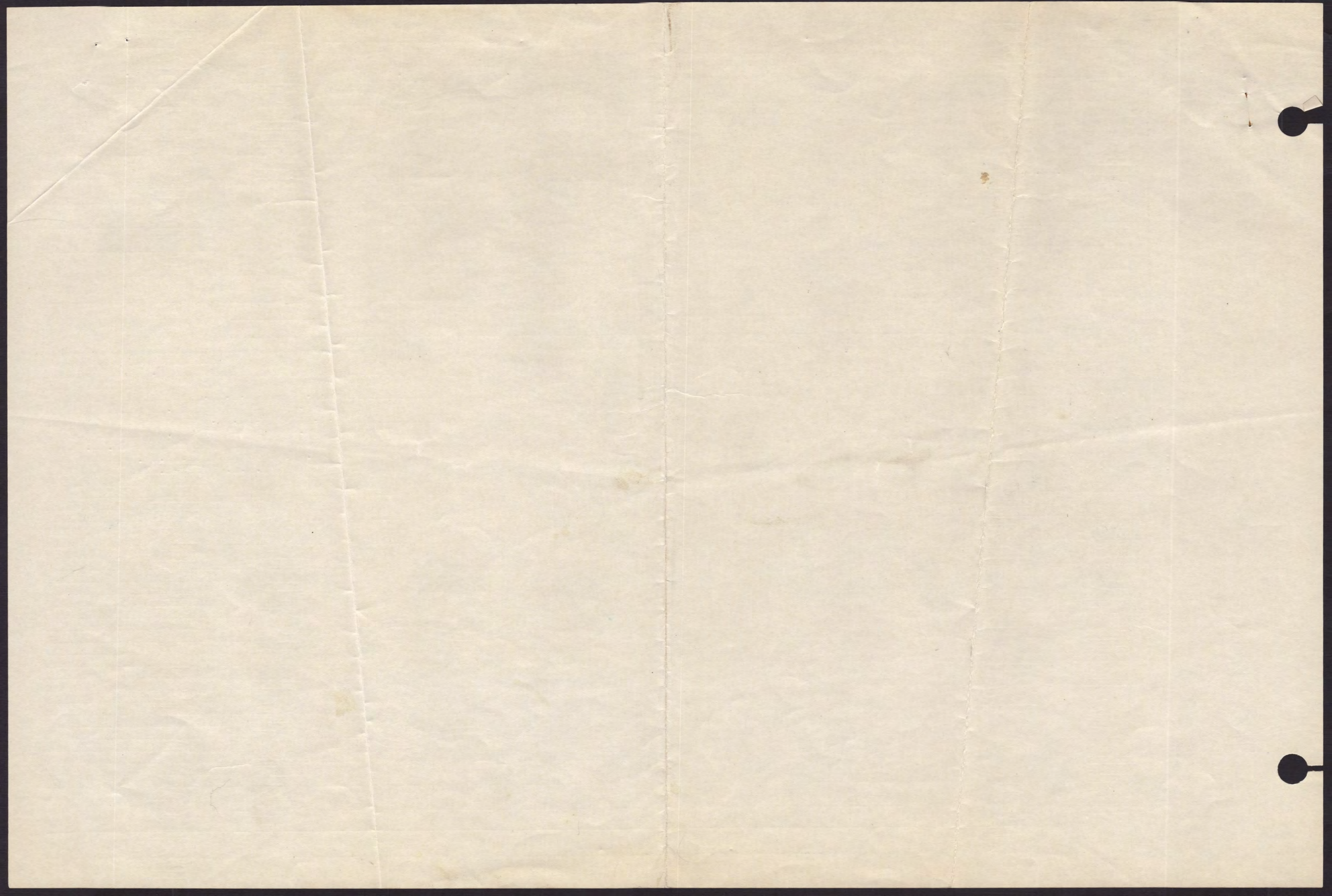
M. OR S.

NEXT OF KIN	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F.	IF IN P.F. WHAT UNIT?	(BLOCK LETTERS SURNAME FIRST)
ADDRESS					PLACE OF ATTESTATION	TRANSFERRED TO	DATE AUTHORITY
IS SEPARATION ALLOWANCE PAID?	DATE EFFECTIVE				DATE OF ATTESTATION	TRANSFERRED TO	DATE AUTHORITY
TO WHOM PAID	RELATIONSHIP				ASSIGNED PAY \$	DATE EFFECTIVE	
ADDRESS					PAYABLE TO	RELATIONSHIP	ANY CHANGE IN ASSIGNEE OR ADDRESS
					ADDRESS		
					STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE	EFFECTIVE	
					DISCHARGED	PLACE DATE REASON	AUTHORITY IF ENTITLED TO POST DISCHARGE PAY

2nd Line Regt
MND4
27.6.18
mil.
MND4 *7.10.18* *Direct.*

BALANCE FROM PREVIOUS ACCOUNT

MONTH	PAY AND F.A.		OTHER CREDITS			TOTAL CREDITS			ACQUITTANCE ROLLS						CASH PAYMENTS						ASSIGNED PAY	REGI-MENTAL CHARGES	OTHER CHARGES	TOTAL DEBITS			BALANCE			PARTICULARS OR REMARKS			
	NO. OF DAYS	RATE	AMOUNT		\$	C.	\$	C.	COL. NO. 1			COL. NO. 2			COL. NO. 3			\$	C.	\$				C.	\$	C.	\$	C.	\$		C.	\$	C.
			\$	C.					DATE	NO.	DATE	NO.	DATE	NO.	DATE	NO.	DATE																
3-1-21			90.00		90.00															90.00						90.00							mil Cheque No. 46333 Separation Allowance 27.6.18 to 31.8.18. @ \$25.00 per month \$53.00 1.9.18 to 7.10.18. @ \$30.00 per month 37.00 Amount due \$90.00. Auth. P.A.B. ruling 21.12.20. See File No. A.P. 3789-V-7.
30-3-21			293.00		293.00														293.00						293.00							- Cheque no 46490 Sep. Allow. 8.10.18 to 31.7.19 @ \$300.00 per month = 293.00 Auth. P.A.B. ruling 2.3.21 See File A.P. 3789-V-7	



MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET. DUPLICATE

1. Surname..... **COUTURIER** Christian name..... **Hector**
 2. Number of report for service or claim for exemption according to Postmaster's)
 Receipt or schedule **46112 DC** **3164218**
 3. Consecutive number on schedule of men reporting for service (if he appears)
 on it)
 4. Address (including street) **St Joseph de Sorel, P.Q. Canada**
 and number if any).....

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the **27th** day of **June 1918** 19....., by the undersigned medical board sitting at **Peel St Barracks Montreal, P.Q. Canada**

KLOA

5. Age as stated..... **21** Years..... **10** Months..... 6. Apparent age..... **21** Years..... Month
 7. Height..... **5** Feet..... **5** Inches..... 8. Weight..... **144** Pounds.
 9. Chest measurement (Minimum **37** Ins. 10. Complexion **Brown** (Eyes..... **Brown**
 Maximum **40** Ins. (Hair..... **Brown**.
 11. Physical development **Good** (Good Fair Poor 12. Smallpox marks
 13. Number of vaccination marks (Right arm..... 14. When vaccinated last
 Left arm
 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 of past (Tuberculosis, Syphilis
 Nervous or Mental disorder, Asthma. (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

17. "A" Fit for General Service

(a) Vision. R..... **80 60**
 (b) Hearing. R..... **OK**

Signature of Man

L.M. Lindsay Capt Member.

Member.

W. Steyer President.
Morebaum Member.

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

Joined..... **27th** day of **June 1918** 19..... at **Montreal, P.Q. Canada**

Joined on enlistment	CORPS	REG'TL NUMBER	HABITS	DATE
		2nd DEPOT BN. 2nd QUEBEC REGT.		20-6-18
Transferred to.....		3164218		

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT

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

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.

