

# 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, etc. I, **DAZE, Joseph Romeo.**

Regimental number **15173380** Rank **Pte.** serving in the

**2nd Depot Battalion, 2nd Quebec Regiment,** Canadian Expeditionary Force,

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

Executor I appoint **Wil.**

whose address is

to be the executor of this my last will.

General gift I give to **Mr. Louis DAZE, (Father)**

whose address is **St. Vincent De Paul Co. Laval P.Q. Canada.**

all my property not disposed of above.

Date Dated at **Montreal, P.Q. Canada** this **23rd Sept. 1918.** 191

Signature **Daze Joseph Romeo.**  
*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 **Geo. Vincent.**

Signature **Jos. Blais.**

Address **Peel St. Bks.**

Address **Peel St. Bks.**

Occupation **Soldier.**

Occupation **Soldier.**

I hereby certify that this document is a true copy of an original document now in possession of this office.  
**J. B. Husband.**  
Director Military Estates.  
OCT 17 1918

FORM OF WILL  
OF INDIAN SOLDIERS

## INSTRUCTIONS

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### 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.

21-10-18

Deceased

DISCHARGE DOCUMENTS

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

4

Name **DAZE** JOSEPH. ROMEO

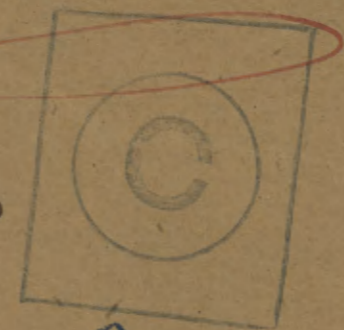
Regt. No. 3173.380 Rank Pte

Corps 9<sup>th</sup> Depot Div 2<sup>nd</sup> Div 2<sup>nd</sup> Bde 1<sup>st</sup> Regt

*Date Struck off Strength*

*8-10-18*

07690



- 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.....

*Doc S.F.H.10 - 1*  
*M.F.W. 113 - 1*  
*Dental Dist Sh 1*  
*A & B - 122 - 1*  
 M. F. W. 62.  
 50M-9-16.  
 H. Q. 1772-89-035.

*1 - 23*  
*1 - 23*



Original not available

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.

Unit, Regiment or Corps. 2nd Depo Bn. 2nd. Que Regt.

Regimental No. 3173380 Rank 1st Lt Name Waze Joseph Romeo

Enlisted (a) 23-9-18 Terms of Service (a) leaf man Service reckons from (a) 23-9-18

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) .....

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				
9-10-18	2d Que Regt.	S.O.S. Received. Died of Pneumonia.	Montreal	7 8-10-18	NO. 251

*D. Smith*  
Capt  
For Dep R.

(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.



# MEDICAL HISTORY SHEET.

*722 R*  
*L.M. 4-11-18*

1. Surname Daze Christian name Romeo
2. Number of report for service or claim for exemption according to Postmaster's Receipt or schedule
3. Consecutive number on schedule of men reporting for service (if he appears on it)
4. Address (including street and number if any)

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_, by the undersigned medical board sitting at \_\_\_\_\_

5. Age as stated 25 Years \_\_\_\_\_ Months. 6. Apparent age \_\_\_\_\_ Years \_\_\_\_\_ Month
7. Height \_\_\_\_\_ Feet \_\_\_\_\_ Inches. 8. Weight \_\_\_\_\_ Pounds.
9. Chest measurement { Minimum \_\_\_\_\_ Ins. Maximum \_\_\_\_\_ Ins. } 10. Complexion \_\_\_\_\_ { Eyes \_\_\_\_\_ Hair \_\_\_\_\_ }
11. Physical development { 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. \_\_\_\_\_ L. \_\_\_\_\_

(b) Hearing. R. \_\_\_\_\_ L. \_\_\_\_\_

\_\_\_\_\_  
President.

\_\_\_\_\_  
Member.

\_\_\_\_\_  
Member.

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

Joined \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_ at \_\_\_\_\_

CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment  Transferred to _____	3173380		

*2/2 Quebec Regt.*

## EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT

Signature of Man

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





649-D-15170

H. Q. ....

M. D. No. 4

Surname <sup>D<sub>10</sub></sup> HazeT. O. S. Sept 23<sup>rd</sup> 1918

Christian names Joseph Romeo

D. O. Pt. II 267 of 25-9-18

Regtl. No. 317 B 360 Rank Pte

S. O. S. 8-10-18 19 4

Unit 2<sup>nd</sup> Que. Regt 2<sup>nd</sup> Dep. Bn

Reason Deceased

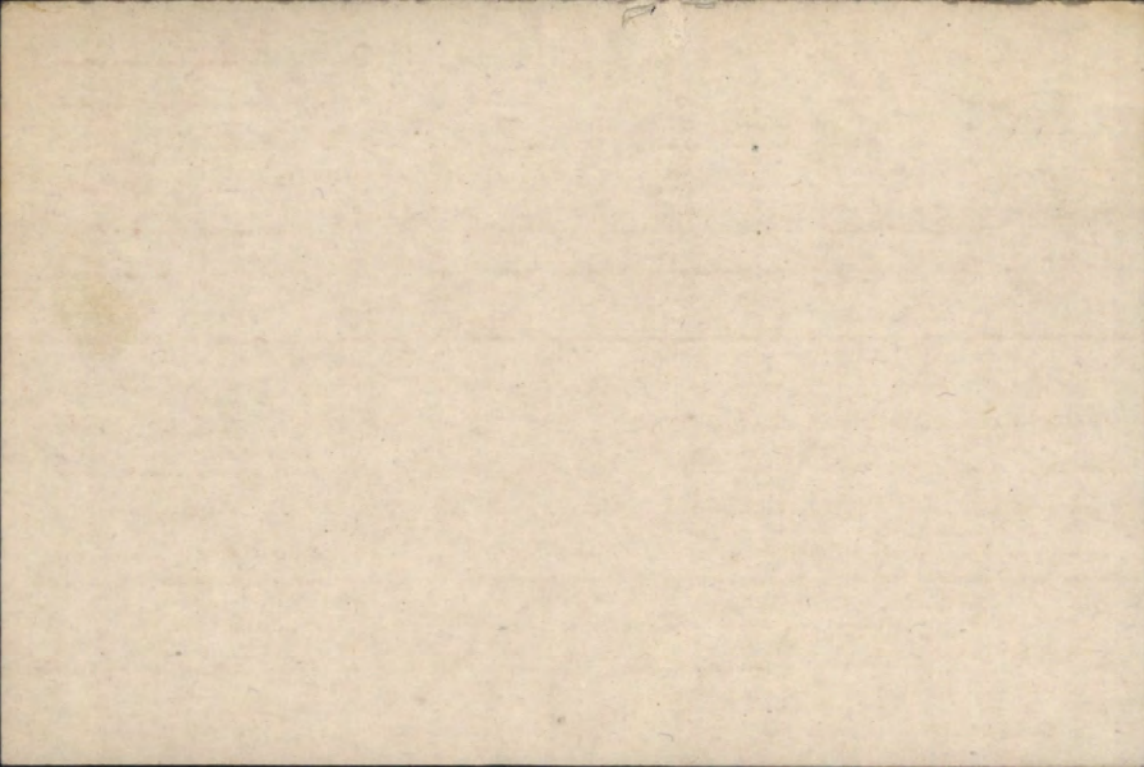
Auth. NA 281-2/2AR

Next of kin Haze, Louis Relationship Father

Address St Vincent de Paul, P.Q. Also notify:

BORN—Place Canada, St Vincent de Paul P.Q. Date Oct 23<sup>rd</sup> 1893ATTESTED—Place Montreal, P.Q. Date Sept 23<sup>rd</sup> 1918

O/S..... R/C.....



✓  
3173380

✓  
Pte.

649-D-15170

✓ ✓ ✓  
DAZE, Joseph Romeo

✓  
2<sup>nd</sup> Depot Bn  
✓  
2nd Que.R. ✓

Medals & Dec. (Father)

✓  
Mr. Louis Daze,  
St. Vincent de Paul,  
Laval Co., P.Q.

P. & S. (Father)

✓  
Mr. Louis Daze,  
As above.

Memorial Cross (Mother)

✓  
Mrs. Louise Daze,  
Address as above.

*Canada Only*

MAY 4 - 1911  
Scroll Desp.

Reqn. No 2. 41125

NOV 28 1921  
Plague Desp.

Reqn No 13

R.R.

708000

*M*

47328

MAR 5 1921

1111

*RS*

LEDGER NO.

5985-408

SERIAL NO.

638355

REG. NUMBER

3143380

NAME

Euseo Pomes

RANK

Pte

CORPS

and As spot and I. U.

AGE

SERVICE

NAME OF HOSPITAL

Real St Bks Emergency

PLACE

Montreal

DATE OF ADMISSION

3-10-18

DISEASE

Influenza

TRANSFERRED TO OTHER HOSPITALS

Gawds Emergency 5-10-18 ✓

OPERATION

DISCHARGED TO

Died 4-10-18. 11:50 pm

IN CATEGORY

M. F. W. 2553.

50m - 6-18,  
1772-39-1334.

P. T. O.

REMARKS:.....

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3173300. Daze. Romeo Joseph

2nd Depot Bn 3rd Arty Regt









AL

FORM OF WILL

( SEE INSTRUCTION ON BACK )

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

Name I. DAZE Joseph Romeo  
3173380

Regimental number.....Rank.....Serving in the  
.....2nd Depot Bn. 2nd Quebec Regiment Canadian Expeditionary  
declare this to be my last will, revoking all previous wills if any.

MILITARY REFERENCE  
SEP 21 1918  
H.Q. CANADA

Executor I appoint..... Nil

whose address is .....  
to be the executor of my last will.

General Gift I give to Mr Louis DAZE ( Father )  
whose address is St Vincent De Paul Co Naval P.Q. Canada  
All my property not disposed of above.

Date Dated at Montreal P.Q. Canada 23rd Sept 1918

Signature Daze Joseph Romeo  
Signature of the soldier.

Signed & acknowledge by the testator as and for his last will in the presence of us both together 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.

Witnessed  
1st Witness  
Signature G. Vincent  
Address Mel St Q.  
L. Des  
Occupation  
Signature Jos. Blais  
Address 1 Ed St Q.  
L. Des  
Occupation

0100-16-10-1A

ans  
10/10/26

520-16-10-1A

317380

George Jones Jones

*[Faint, illegible handwriting]*

*[Faint, illegible handwriting]*

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

**2nd DEPOT BN. 2nd QUEBEC REGT.**

**Casualty Form—Active Service.**

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

500M.—9-16

H. Q. 1772-39-920.

AL

**317 3380** Unit, Regiment or Corps. ....

Regimental No. **D** Rank **Pte** Name **DAZE Joseph Romeo**  
C. E. F.

Enlisted (a) **23-9-18** Terms of Service (a) **C.E.F.** Service reckons from (a) **23-9-18**

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) **Baker**

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				
OCT 1918		Transferred to C.O.T.C. Laval. Auth. D.O.			<i>H. D. ...</i> Adjutant 2nd Depot Bn., 2nd Quebec Regt.

(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.

REPORT BY SGT QUEBEC REPT

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				

3173380

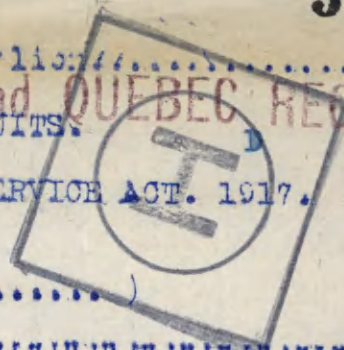
AL 4

2nd DEPOT BN, 2nd QUEBEC REG'T.  
PARTICULARS OF RECRUITS.

DRAFTED UNDER MILITARY SERVICE ACT, 1917.

ORIGINAL  
3173380

(Class .....



- 1. Surname..... DAZE  
Joseph Romeo
- 2. Christian Name .....
- 3. Present Address ..... 355b DeLanaudiere st Montreal PQ Can
- 4. Military Service Act letter and number..... 104558 DC  
( if any is a defaulter i.e. has not registered under proclamation, this fact should be stated together with date of apprehension, or surrender)
- 5. Date of Birth ..... 23rd October 1893
- 6. Place of birth..... St Vincent de Paul Co Laval P.Q Canada
- 7. Married or Single..... Single
- 8. Religion..... Roman Catholic
- 9. Trade or calling..... Baker
- 10. Name of next of kin..... Mr. Louis DAZE
- 11. Relationship of next of kin..... Father
- 12. Address of next of kin..... St Vincent de Paul Co Laval P.Q Canada
- 13. Whether at present a member of the Active Militia..... No
- 14. Particulars of previous military service..... Nil
- 15. Medical examination under Military Service Act.  
Montreal P.Q Canada 23rd Sept 1918

SUFFICIENT ADDRESS

(a) Place..... (b) Date..... (c) Category.....

DECLARATION OF INDIGNE.

I, DAZE Joseph Romeo, do hereby declare that the above particulars refer to me, and are true.

*Signature: Daze Joseph Romeo*

DESCRIPTION OF APPEARANCE.

Apparent age ..... 25 Yrs 11 mths.      Distinctive marks and peculiarities of previous service.....

Height..... 5 Ft 4 Ins.

Chest ( Fully expanded 34 Ins  
Measurement range of expansion 3 Ins.

Complexion..... Clear..... Eyes..... Blue

Hair..... Brunum

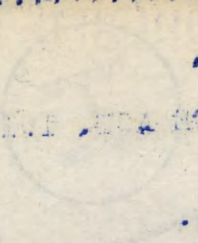
Montreal P.Q Canada 23rd Sept 1918

Signature: *Hubert G. Penner*  
Commanding 2nd Depot Bn, 2nd Quebec Reg't

317380

ORIGINAL  
317380

THE NATIONAL BUREAU OF INVESTIGATION  
U. S. DEPARTMENT OF JUSTICE



*James Earl Ray*

89

*James Earl Ray*

1968



MEDICAL HISTORY SHEET. ORIGINAL

AL

1. Surname DAZE Christian name Joseph Rene **317 3380**  
 2. Number of report for service or claim for exemption according to Postmaster's Receipt or schedule 104558 DC  
 3. Consecutive number on schedule of men reporting for service (if he appears on it) .....  
 4. Address (including street and number if any) 355b De Lanaudiere 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 23rd day of Sept 1918, 19....., by the undersigned medical board sitting at Peel St Bks Montreal.P.Q Canada

5. Age as stated 25 Years 11 Months. 6. Apparent age..... Years..... Month  
 7. Height 5 Feet 4 Inches. 8. Weight 125 Pounds.  
 9. Chest measurement { Minimum 31 Ins. 10. Complexion Clear { Eyes Blue  
 { Maximum 34 Ins. { Hair N Medium  
 11. Physical development Good { Good Fair Poor 12. Smallpox marks.....  
 13. Number of vaccination marks { Right arm — 14. When vaccinated last Child  
 { Left arm —

15. Distinctive marks and marks indicating congenital peculiarities or previous disease.....  
 16. Slight defects but not sufficient to cause rejection T.D.G. Hospital at once

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. 30 30 L. 30 30  
 (b) Hearing. R. OK L. OK  
William [Signature] President.  
[Signature] Member.

Signature of Man Day Joseph Rene

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

Joined 23rd day of Sept 1918 19..... at Montreal.P.Q Canada

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>2nd DEPOT BN. 2nd QUEBEC REG'T.</u>	<u>317 3380</u>		<u>23-9-18</u>
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, 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.

