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 P5173380 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 Nil.

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.

I hereby certify that this document is a true copy of an original document now in possesion of this office

OCT 17 1918

G. S. Hartland

for Director Military Estates.

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	2nd WITNESS
Signature Geo. Vincent.	Signature Jos. Blais.
Address Peel St. Bks.	Address Peel St. Bks.
Occupation Soldier.	Occupation Soldier.

M.F.W.82
100m-6-18
1772-39-983

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.

21-10-18 Deceased.

DISCHARGE DOCUMENTS

R. O. No. .....

H. Q. No. .....

Name DAZE JOSEPH ROMEO

Regt. No. 3173380 Rank Pte

Corps 2nd Depot Bn 2nd Que 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..... 1

Proceedings on discharge.....

Corps History Sheet.....

Date and No. of Deposit Receipt for Purchase Money and Amount.....

Parchment Certificate.....

Medical Report for Invalids..... 1

Medical History Sheet..... 1

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 List Sh 1
A.F.B - 122 - 1
(orig Form)
1 copy

M. F. W. 62.
50M.—9-16.
H. Q. 1772—39—935.

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 Dpo Bn. 2nd. Que Regt.

Regimental No. 3173380 Rank Pte Name Daze Joseph Romeo

Enlisted (a) 23-9-18 Terms of Service (a) C. E. F. Dof War 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	2/2 Que Regt.	S.O.S. Deceased. Died of Pneumonia.	Montreal	7-10-18	Nil. 287

D. Ruddick
Capt
For DofR.

(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				

MILITARY SERVICE ACT, 1917. TEMPORARY

MEDICAL HISTORY SHEET.

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.*

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.....*day of*.....*19*.....*at* .....

	Corps	Reg'tl Number	Habits	Date
Joined on enlistment		3173380		
Transferred to.....	2/2 Quebec Rgt.			

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

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.

M. F. B. 313.
300M —4-18.
1772-39-439.

Surname Diaz Christian Name ROMEO

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital			Dates of Discharge from Hospital.			DISEASE.	Number of days in Hospital.	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Day	Month	Year	Day	Month	Year				
Guards Emergency Hospital	5/10/18	5	10	18	7	10	18	Influenza	2	Died 11.58 PM 7/10/18 Bronchio Pneumonia	[illegible]

649-D-15170

L

D 8/10/18

H. Q.

M. D. No. 4

Surname Hazel

T. O. S. Sept 23rd 1918

Christian names Joseph Romeo

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

Regtl. No. 317 B3 K0 Rank Pte

S. O. S. 8.10.18 1918 H

Unit 2nd Que. Regt 2nd Dep. Bn.

Reason Deceased

Auth. HQ281-7/20 R

Next of kin Hazel, Louis

Relationship Father

Address St Vincent de Paul, P.Q.

Also notify:

BORN—Place Canada, St Vincent de Paul P.Q. Date Oct 23rd 1893

ATTESTED—Place Montreal P.Q. Date Sept 23rd, 1918

O/S

R/C

W. 22—100M 7-18. 1772-39-839.

649-D-15170

2nd Depot Bn

3173380 Pte. DAZE, Joseph Romeo 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.

Per # 806929

Memorial Cross (Mother) Mrs. Louise Daze,
Address as above.

MAY 4 - 1921

Scroll Desp. 50 Reqn. No 2. 41125

P18387

Canada Only

NOV 28 1921

Plague Desp. Reqn. No 13

R.R.

No Bars

LEDGER NO. 5985-408 SERIAL NO. L 38355

REG. NUMBER 3143380 NAME Rose Romeo

RANK Pte CORPS 2nd Bn 1st 2nd Que

AGE SERVICE

NAME OF HOSPITAL Reid St Bks Emergency PLACE Montreal

DATE OF ADMISSION 3-10-18

DISEASE Influenza

TRANSFERRED TO OTHER HOSPITALS Garrison Emergency 5-10-18

OPERATION

~~DISCHARGED TO~~ Died 7-10-18. 11.50 pm IN CATEGORY

M. F. W. 2553.
50m.—6-18.
1772-39-1334.

P. T. O.

REMARKS:

3173380. Daze. Romeo Joseph
2nd Depot Bn 5th Quebec Regt

2nd DEPOT BN. 2nd QUEBEC 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 D Rank Pte Serving in the

2nd Depot Bn.2nd Quebec Regiment Canadian Expeditionary

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 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 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 ea other have hereunto subscribed our names as witnesses.

Witnesses

1st Witness

Signature Geo Vincent Signature Jos Blais

Address 1 Elat St Hks Adress 1 Elat St Hks

Soldier Soldier

Occupation Occupation

2nd DEPOT BN. 2nd QUEBEC REGT.

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

M. F. W. 54. (A. F. B. 103.
500M.—9-16
H. Q. 1772-39-920.

AL

Casualty Form—Active Service.

3173380 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.			H. Adjutant Lieut. 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.

[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				

3173380

AL 4 ..... M.D. ..... Depot B. Strlic ..... Regi

2nd DEPOT BN. 2nd QUEBEC REGT.

PARTICULARS OF RECRUITS.

DRAFTED UNDER MILITARY SERVICE ACT. 1917.

ORIGINAL 3173380

(Class .....)

1. Surname ..... DAZE
2. Christian Name ..... Joseph Romeo
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 skin ..... Mr. Louis DAZE
11. Relationship of next of skin ..... Father
12. Address of next of skin ..... 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.
    (a) Place ..... Montreal.P.Q Canada (b) Date ..... 23rd Sept 1918 (c) Category ..... A

DECLARATION OF RECRUIT.

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

Daze Joseph Romeo
SIGNATURE OF RECRUIT.

DESCRIPTION OF RECRUIT.

Apparent age ..... 25 Yrs. 11 mths.

Height ..... 5 Ft 4 Ins.

Chest Measurement { Fully expanded 34 Ins. / range of expansion 3 Ins.

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

Hair ..... Medium

Distinctive marks and marks indicative of abnormal peculiarities or physical defects

Montreal.P.Q Canada 23rd Sept 1918
PLACE ..... Date .....

Commanding 2nd Depot Bn., 2nd Quebec Reg't.

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

ORIGINAL

AL

3173380

1. Surname DAZE Christian name Joseph Rome

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 Le 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 Mohtreal.P.Q Canada

5. Age as stated 25 Years 11 Months. 6. Apparent age Years Month

7. Height 5 Feet 4 Inches. 8. Weight 122 Pounds.

9. Chest measurement { Minimum 31 Ins. Maximum 34 Ins. 10. Complexion Clear { Eyes Blue Hair N Medium

11. Physical development Good { Good Fair Poor 12. Smallpox marks

13. Number of vaccination marks { Right arm — Left arm 1 14. When vaccinated last Chicd

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

16. Slight defects but not sufficient to cause rejection V.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 A2

17. (a) Vision. R. 30 L. 30

(b) Hearing. R. OK L.

President.

Member. Member

Signature of Man Daze Joseph Rome

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	2nd DEPOT BN.	3173380	2nd QUEBEC REG'T.	23-9-18
Transferred to				

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

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.

M. F. B. 313.
300M —4-18.
1772-39-439.

Surname DAZE Christian Name Joseph Romeo

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital			Dates of Discharge from Hospital.			DISEASE.	Number of days in Hospital.	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Day	Month	Year	Day	Month	Year				