

PARTICULARS OF RECRUIT

Drafted under Military Service Act 1917

One

Class

DEMIERS

Sex

1. Surname

2. Christian Name 1034 Orleans St Montreal, P.Q. Canada

3. Present Address Never Registered

4. Military Service Act Letter and Number

If man is defaulter i.e. has not register under Proclamation this fact should be stated together with date of apprehension or surrender.

5. Date of birth 24th August 1896

6. Place of birth Onbury Co Prescott Ont PCanada

7. Married widower or single Single

8. Religion Roman Catholic

9. Trade or calling Laborer

10. Name of next of kin Mr. Pierre DE MIERS

11. Relationship of next of kin Father

12. Address of next of kin 1034 Orleans St Montreal, P.Q. Canada

13. Whether at present a member of the Active Militia No

Particulars of previous military or naval service if any Nil

14. Medical Examination under Military Service Act :-

(a) Place Montreal, P.Q. Canada

Date 24th August 1918

(c) Category G2

DEMIERS Rene

Declaration of recruit

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

Signature of recruit.

22

Description of calling up

Apparent age Yrs. Mths.

Height 5' 2" Ins.

Chest Fully expanded 24" Ins.

Measurement Range of expansion 1" Ins.

Complexion Medium

Hair Grey

Eyes Medium

Build Medium

Signature of commanding officer

O.C. Commanding 2nd Depot Bn. 2nd Quebec Regt.

11-11-17

Date

Montreal, P.Q. Canada

Place

Form 133.

RECEIVED BY THE DIRECTOR

REPLICATE

[Faint, illegible text and markings on lined paper, possibly bleed-through from the reverse side. Includes various lines of text and some handwritten marks.]

C.E.F.

DEMERS RENE

3172606

259 BN

10575

DIED 6-10-18





* N. B.—This Form being applicable to any Board of Officers or Committee or Court of Inquiry, this blank to be filled in accordingly.

The signature of each Officer composing the Board, &c., should be attached to the end of the proceedings.

PROCEEDINGS of a * Medical Board

assembled at K.L.C.H. Montreal, Que.

on the 9th October 1918

by order of A.D.M.S. M.D.No.4.

for the purpose of examining and reporting on

the case of Pte. Rene Demers, No.5172606

Siberian Regiment

PRESIDENT.

D.G. Campbell, Capt. A.M.C.

MEMBERS.

J.L.D. Mason, Capt. A.M.C.

The Board having assembled pursuant to order, proceed to examine the case of the above mentioned man and establish the following facts:

Patient was admitted to Hospital Sept. 30/18 with a diagnosis of Influenza. His general condition was bad with marked cyanosis due to diffuse Bronchitis. On Oct. 4th there was a definite area of pneumonia at the base of the right lung. He became steadily worse and died at 4 A.M. October 6, 1918.

MS

I concur in the findings of the Board of Medical Officers here recorded.

[Signature]
Lieut. Colonel,
A. D. M. S. Mil. District No. 4.

[Signature] D.G. Campbell Capt. A.M.C.
[Signature] J.L.D. Mason Capt. A.M.C.

6175-16-10-1A

PROCEEDINGS

of the
of the
of the
of the

PRESIDENT

MEMBERS

having assembled pursuant to order, proceed to

of the
of the
of the

LEDGER NO.

3892[✓]-167[✓]

SERIAL NO.

REG. NUMBER

3175606

NAME

Demers R

RANK

pvt

CORPS

C. S. E. 7

AGE

SERVICE

NAME OF HOSPITAL

Khaki League

PLACE

Montreal

DATE OF ADMISSION

29/9/18

DISEASE

Influenza (Pneumonia)

TRANSFERRED TO OTHER HOSPITALS

Died 6/10/18

OPERATION

DISCHARGED TO

IN CATEGORY

REMARKS:.....

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.....

D 6-10-18.

H. Q. 649-D-15228

Surname Demers

M. D. No. 4

Christian names Rene

T. O. S. Nov. 11th 1917

Regtl. No. 317 2606 Rank Pte

D. O. Pt. II 240 of 29-8-18

Unit 2nd Que Regt 2nd Ops Bn.

S. O. S. 19

Reason

Auth.

Next of kin Demers Pierre

Relationship Father

Address 1034 Orleans St, Montreal P.Q.

Also notify:

Cable 10-10-18.

BORN—Place Canada Hawkesbury

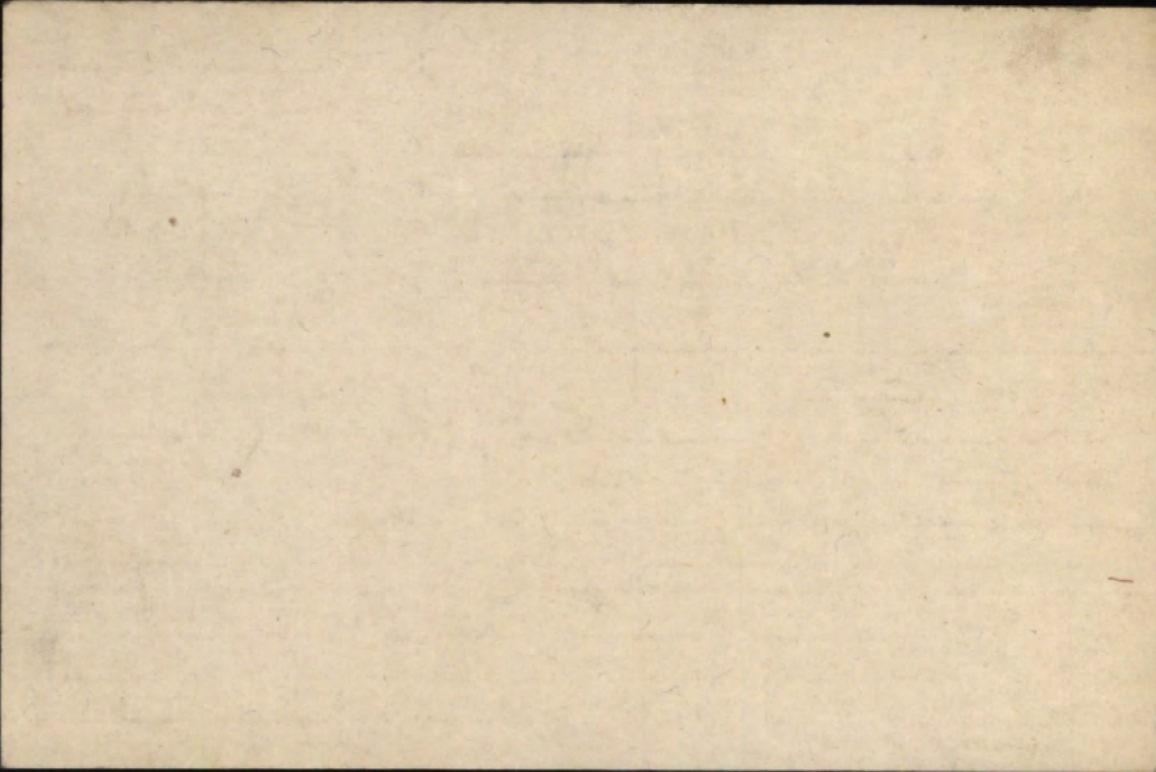
Date Aug 24th 1896

ATTESTED—Place Montreal P.Q.

Date Nov 11th 1917

O/S

R/C



AL

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

M. F. W. 54. (A. F. B. 103.)

350M.—5-16

H. Q. 1772-39-930.

Casualty Form—Active Service.

8172606 Unit, Regiment or Corps. 2nd DEPOT BN., 2nd QUEBEC REG'T.
 Pte DEMERS Rene
 Regimental No. Rank Name
 C. E. F.
 Enlisted (a) 11-11-17 Terms of Service (a) C.E.F. Service reckons from (a) 11-11-17
 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) Laborer

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				
		Transferred to French-Canadian Company, Siberian Expeditionary Force. Authority D.O. 1631	Montreal.	SEP 5 1918	<i>W. LaRose</i> Capt. Adjutant 2nd Depot Bn., 2nd Quebec Reg't.
Oct. 6/18.		Deceased Sunday Oct. 6/18. at the "Kaki League Convalescent Home" 128 McTavish Street, Montreal, Que.	Montreal	6-10-18	<i>W. LaRose</i> Captain, O.C. "C" Coy. 259th Bn. C.S. EF

(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, Shoehing Smith, etc., etc., also special qualifications in technical Corps duties.

[P.T.O.]

Casualty Form Active Service

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 *Non-official*

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 Dumers Christian name Rene
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..... 1917, by the undersigned medical board sitting at.....

5. Age as stated..... Years..... Months.
6. Apparent age..... Years..... Months
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 Syphilis } We find no evidence of past { Rheumatism Tuberculosis Syphilis }
(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.*

Signature of Man

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..... 191..... at.....

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	C. S. E. F.	3175606		
Transferred to.....				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT
<div style="border: 2px solid red; padding: 5px; color: red;"> MILITARY DISTRICT No. 4 OCT 30 1918 </div>			

N. B.—This sheet is to be disposed of in accordance with instructions in the Regulations for Army Medical Service, or the man becoming non-effective; the date and cause being stated on next page.

