1st DEPOT BN. 1st QUEBEC REG'T.

ORIGINAL

B.C.M.R.

B.6114

H.W.

ATTESTATION PAPER.

No. 3083903

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

	(ANSWERS.)
1. What is your surname?	DESMARAES
1a. What are your Christian names?	Alfred
1b. What is your present address?	10 Harwood St, Worcester, Mass. USA
2. In what Town, Township or Parish, and in what Country were you born?	St. John. N.B.
3. What is the name of your next-of kin?	Doctor Desmaraes
4. What is the address of your next-of-kin?	Harrisville, R.I. USA SUFFICIENT ADDRESS
4a. What is the relationship of your next-of-kin?	Brother
5. What is the date of your birth?	March 13th 1882
6. What is your Trade or Calling?	Shoemaker
7. Are you married?	Single
8. Are you willing to be vaccinated or re-vaccinated and inoculated?	Yes
9. Do you now belong to the Active Militia?	No
10. Have you ever served in any Military Force? If so, state particulars of former Service.	No xxxxxxx A. D.
11. Do you understand the nature and terms of your engagement?	Yes
12. Are you willing to be attested to serve in the Canadian Over-Seas Expeditionary Force?	Yes
13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit?	No
14. If so, what was the nature of the disability?	Not applicable
15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected?	No
16. If so, what was the reason?	Not applicable

MILITARY DISTRICT 18 FEB 16 1918

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, DESMARAES Alfred, do solemnly declare that the above are answers made by me to the above questions and that they are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the **Canadian Over-Seas Expeditionary Force**, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Alfred Desmarais (Signature of Recruit)

Date April 23rd 1918. 191 . Matthew Billington (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, DESMARAES Alfred, do make Oath, that I will be faithful and bear true Allegiance to His Majesty **King George the Fifth**, His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

Alfred Desmarais (Signature of Recruit)

Date April 23rd 1918. 191 . Matthew Billington (Signature of Witness)

CERTIFICATE OF MAGISTRATE.

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me, at Montreal P.Q. this 23rd day of April 1918. 191 .

W. Lovell (Capt) (Signature of Justice)

M. F. W. 23.
750 M.—1-17.
H. Q. 1772-39-841.

N.B.—ATTENTION IS DRAWN TO THE FACT THAT ANY PERSON MAKING A FALSE ANSWER TO ANY OF THE ABOVE QUESTIONS IS LIABLE TO A PENALTY OF SIX MONTHS' IMPRISONMENT.

Description of DESMARAIS Alfred on Enlistment.

Apparent Age 36 years 1 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 8 ins.

Chest measurement: Girth when fully expanded 38 ins.; Range of expansion 3 ins.

Complexion Dark

Eyes Brown

Hair Dark Brown

Religious denominations:
- Church of England
- Presbyterian
- Methodist
- Baptist or Congregationalist
- Roman Catholic XXXXXX
- Jewish
- Other denominations (Denomination to be stated.)

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

(Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer).

R. D. = no
L. D. = no
R. EAR
L. EAR

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

I consider him* ..... for the Canadian Over-Seas Expeditionary Force.

Date ..... 191 .

Place .....

MOBILIZATION CENTRE M. D. No. 4 APR 25 1918 MONTREAL P.Q.

Declared FIT by MEDICAL BOARD MOBILIZATION CENTRE M. D. No. 4

Medical Officer.

*Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

"A" for General Service

CERTIFICATE OF OFFICER COMMANDING UNIT.

DESMARAES Alfred having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

Major (Signature of Officer)
for O.C. 1st Depot Bn. 1st Quebec Regiment.

Date April 23rd 1918. 191 .

22-10-18
C.P.

S

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.....3.....

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 S.F.10 ———— 1
AFB 122 ———— 1
MFB 465 ———— 1
well — 1 bug

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

DISCHARGE DOCUMENTS

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

H

Name DESMARAIS, ALFRED

Regt. No. 3083903 Rank PTE

Corps 1ST DEP: BN: 1ST QUE: REGT:

13511

DECEASED

C

H

15 - 23
25 - 23
34 - 23
1

M. F. W. 54. (A. F. B. 103.)
500M.—9-16
H. Q. 1772-39-9-20.

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

C

Casualty Form—Active Service.

"C" COY.

Unit, Regiment or Corps 1st DEPOT BN. 1st QUEBEC REG'T.

M.J. 4/6/21 MJ

Regimental No. 3083903 Rank Private C. E. F. Name DESMARAIS Alfred

Enlisted (a) 23-4-18 Terms of Service (a) C.E.F. Service reckons from (a) 23-4-18

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) Shoemaker

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				
13-5-18	M.D.4	Transferred to 8th O/S Draft	Montreal MAY 15 1918		D.O. Part II, of MAY 15 1918
		T.O.S Emb Cas Coy	Halifax	25/5/18	
		Transferred to M.D. 4		13/8/18	
31/8/18	M.D6.	S.O.S. - dead.	Montreal	19/8/18.	

J. Fraser Capt
for O. C. 1st. Depot Bn, 1st Quebec Regiment.

J. D. Hunden
Lieut
Halifax Casualty Section No. 6 Dis Dpt
ADJT.

(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				

FORM OF WILL

I, DESMARAIS Alfred (Name in full)

Regimental Number 3083903 serving in 1st DEPOT BN. 1st QUEBEC REG'T.

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

Nil

Name and Address of person or persons to whom it is to go.

absolutely, and my personal estate I bequeath to

Miss. Emma Desmarais (Sister)
Harrisville, R. I.
U S A

Name and Address of person or persons to receive personal estate* (*See note*).

NOTE
This space for the appointment of Executor if necessary.

IMPORTANT NOTE
This must be signed and Dated by THE SOLDIER HIMSELF.

this 25 day of April A.D. 191 8

Alfred Desmarais Signature of Soldier.

*N.B. Personal estate includes pay, effects, money in bank, insurance policy, ~~XXXXXXXXXXXXXXXXXXXX~~ 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.

THE TWO WITNESSES MUST SIGN HERE

Signature of First Witness Benjamin Eyre

Address of Witness Guy St Barracks Montreal

Occupation of Witness Soldier

Signature of Second Witness Matthew Billington

Address of Witness Guy St Barracks Montreal

Occupation of Witness Soldier

M. F. W. 82.
300M.-12-16.
1772-39-983.

CASE HISTORY SHEET.

Category A II

No. 3083903 Rank Pte. Name Desmarais G. Age 36

Unit Cascb Completed years of service Where and how long } C 3/12

Date of admission 17.6.18 Date of discharge 8.7.18

Diagnosis Epilepsy Place of origin

CONDITION ON ADMISSION AND PROGRESS OF CASE

Came to hospital on account of having had "a fit". Was discht. from this ward (I) a few days ago and boarded Cat. C1. He has a large contusion over right side of frontal region and his tongue presents evidence of having been severely bitten. H.C.

Since ~~Ofta~~ admission has been seen by Mr. O. (Capt Henderson) in Surgery

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

TREATMENT

(Especially any specific or special form.)

Bromides

Boarded Cat. C

CONDITION ON DISCHARGE,

(and disposal made of case.)

unchanged

Date 7.7.18

J. C. Fowler Capt.

Medical Officer i/c case.

M. F. B. 313a.
50M.-11-17.
1772—39-439.

Station Hosp. G
20485

CLINICAL CHART.

(To be pasted into Case Book opposite Patient's Case.)

Bed 25

RC

Corps C.A.S.C. 6

Hospital Station

No. 3083903 Rank and Name Pte Desmarres Age 36 Service

Disease Epilepsy Date of Admission 17-6-18 Date of Discharge 8-7-18 Result unchanged Case Book Folio

Dates of Observation	17	18	19	20	21	22	23	24	25	26	27	28	29	1	2	3	4
Days of Disease																	
Temperature Fahrenheit (107°–97°)																	
Pulse per Minute	56	60	64	68	64	60	58	60	62	60	64	60	64	60	62	60	58
Respirations per Minute	18	18	14	20	16	18	20	20	20	20	20	20	18	20	20	20	18
Motions				1	1	1	1	1	1	1	1	1	1	1	1	1	1

Dates of Observation	64	70	70	72	70	72	76	70	76
Days of Disease									
Temperature Fahrenheit (107°–97°)									
Pulse per Minute	64	70	72	70	72	76	70	76	
Respirations per Minute	20	18	18	18	18	18	18	18	
Motions	1	1	1	1	1	1	1	1	

M. F. B. 288.

50M—11-16.
H. Q. 1772-39-5

Signature H. Chambers Lieut. In charge of case.

FORM OF WILL

I, DESMARAIS Alfred (Name in full)

Regimental Number 3083903 serving in 1st Depot Bn 1st Quebec Regt.

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

Nil

Name and Address of person or persons to whom it is to go.

absolutely, and my personal estate I bequeath to

Miss Emma Desmarais (Sister)
Harrisville, R. I.
U.S.A.

Name and Address of person or persons to receive personal estate* (*See note*).

NOTE
This space for the appointment of Executor if necessary.

IMPORTANT NOTE
This must be signed and Dated by THE SOLDIER HIMSELF.

this 25th day of April A.D. 1918

Alfred Desmarais Signature of Soldier.

*N.B. Personal estate includes ~~P.X. 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.

THE TWO WITNESSES MUST SIGN HERE

Signature of First Witness Benjamin Eyre

Address of Witness Guy St., Barracks Montreal

Occupation of Witness Soldier

Signature of Second Witness Matthew Billington

Address of Witness Guy St Barracks Montreal

Occupation of Witness Soldier

M. F. W. 82.
300M.-12-16.
1772-39-983.

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

C. U. Norton. for

SEP 13 1918

for Director Military Estates.

CASE HISTORY SHEET.

No. 3083903 Rank Pte Name Desmarais Age 36

Unit 1st Inf Reg Completed years of service (Where and how long) 1/12

Date of admission 22/5/18 Date of discharge 19.6.18

Diagnosis Epilepsy Place of origin

CONDITION ON ADMISSION AND PROGRESS OF CASE

Patient admitted 22/5/18 with history of epileptic seizure previous afternoon. Says he got suddenly dizzy, became unconscious for unknown length of time. On recovery bit tongue which at present is red and swollen. Gives history of similar attacks 2-3 times before. No history of venereal. Says that no members of family have been affected with epilepsy.

Head - normal. Eyes some ophthalmos. Speech somewhat impaired but patient latter rationally. Tongue, end reddened and sore. Teeth in poor condition. Heart & lungs negative. Abdomen negative. Scar with dressing on on right upper eyelid Henderson

June 11. nothing novel of note to record since adm. that he is markedly impulsive & irascible.

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.) Negative

TREATMENT

(Especially any specific or special form.)

22/5/18. Mist. Stimulans.

CONDITION ON DISCHARGE,

(and disposal made of case.) apparently improved

Date 11.6.18

H. Churchey Capt RAMC
Medical Officer i/c case.

M. F. B. 313a.
50M.-11-17.
1772—39-439.

Station Hosp

20239

Ward II

CLINICAL CHART.

(To be pasted into Case Book opposite Patient's Case.)

Corps 1st Quebec

Hospital Station Halifax, N.S. R.C.

No. 3083903 Rank and Name Pte Des Marras. A. Age 36 Service 1 mo

Disease Observation y Epilepsy Date of Admission Date of Discharge 12-6-18 Result Improved Case Book Folio

Dates of Observation	May 22	23	24	25	26	27	28	29	30	31	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Days of Disease																															
Temperature Fahrenheit (107°–97°)																															
Pulse per Minute	72	60	70	64	80	64	60	72	64	64	72	72	72	76	76	70	84	78	72	80	82	74	84	78							
Respirations per Minute	18	16	18	20	20	20	20	20	14	20	20	20	20	20	20	18	18	19	18	18	16	18	20	18							
Motions		T	T		T	T		T	T	T	T	T	T	T	T		T	T	T				0	1							

Date Admitted (on)

M. F. B. 288.

50M—11-16.
H. Q. 1772-39-513.

Signature H. Schmiedeman In charge of case.

Case Cy. D.14.

MILITARY SERVICE ACT, 1917.

ORIGINAL "C" COY.

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.

MORTON, PHILLIPS & CO. MONTREAL P.Q. APR 25 1918 CENTRE

1. Surname DESMARAIS Christian name Alfred
2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule B. C. M. R.
3. Consecutive number on schedule of men reporting for service (if he appears on it)
4. Address (including street and number, if any) 10 Harwood Street, Worcester, Mass. USA

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 25th day of April 1918. 1917, by the undersigned medical board sitting at Montreal P.Q.

5. Age as stated 36 Years 1 Months. 6. Apparent age Years Months
7. Height 5 Feet 8 Inches. 8. Weight 138 Pounds.
9. Chest measurement Minimum 35 Ins. Maximum 38 Ins. 10. Complexion Dark Eyes Brown Hair D?Brown
11. Physical development Good (Good / Fair / Poor) 12. Smallpox marks Nil
13. Number of vaccination marks Right arm Left arm 1 14. When vaccinated last School
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 A2

17. (a) Vision R. 20/20 L. 20/20 (b) Hearing. R. OK L. OK

Williams Major President.
Member. Member.

Date	Result	Vaccinations	Date	Result	Anti-Typhoid Inoculations, Etc.
MAY 7 - 1918		J. A. Fairie Capt. M.O.	26-4-18		J. A. Fairie Capt. M.O.
		M.O.	30-4-18		J. A. Fairie Capt. M.O.
		M.O.	MAY 6 - 1918		A. Cheesman Lt. M.O.

Joined 23rd day of April 1918. 191 at Montreal P.Q.

	Corps	Reg'tl Number	Habits	Date
Joined on enlistment	1st DEPOT BN. 1st QUEBEC REG'T.	3083903		
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station	Date	Disease	Result
Montreal	13-5-18	Nil	A2 D. McPherson Lieut for Pres. Capt.

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.—10-17.
1772-39-439.

Surname DESMARAES Christian Name Alfred

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				
Halifax Hosp		17	6	18	8	7	18	Epilepsy	21	(Re) admitted to hospital (after a short absence) on recovering from a fit in mess hospital. Since entry to this hospital on this last occasion his absence on sequence by M.O.	J. H. Cheshire Surgeon

MEDICAL HISTORY SHEET.

Surname Des Marais A Christian Name A

Examined { on ..... day of ..... 191 ..... at .....

Birthplace { City or Town ..... County .....

Apparent age .....

Trade or occupation .....

Height ..... Feet ..... Inches.

Weight ..... Lbs.

Chest measurement { Minimum ..... inches. Maximum expansion ..... inches.

Physical development .....

Small-Pox Marks .....

Vaccination Marks { Arm ..... Right. ..... Left. Number .....

When Vaccinated last .....

(a) Marks indicating congenital peculiarities or previous disease .....

(b) Slight defects but not sufficient to cause rejection .....

Approved by .....

Rank ..... M.O.

Date	Fit or Unfit	Examined for Re-engagement.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	Vaccinations.
		M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
		M.O.
		M.O.
		M.O.

Enlisted on ..... *day of* ..... *191* ..... *at* .....

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	1st Quebec Regt	3083903		
Transferred to..				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Halifax	10/6/18	Epilepsy (?)	Category C I
HPM	5/8/18	Epilepsy	Cat E.

N. B.—This sheet 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.

100M.—5-15.
H. Q. 1772-39-439.

Surname: [illegible] Christian Name: [illegible]

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Dates of Discharge from Hospital. Day	Month	Year	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.
Station Hosp.		22	5	18	12	6	18	Epilepsy (?)	28	This man has been in hospital about three weeks having had a fit prior to entry. No seizure has shown itself since coming to hospital but he has been markedly irritable and irascible. Phys. & ment. negative.	H. Chambers Capt RAMC
~~Mil Hosp~~		9	8	18	10	8	18	Epilepsy	2	Brought to hospital 9.8.18 because of having had "a fit". There does not appear to have any obvious reason for sending this man to hospital every time he has a seizure inasmuch as he has been bounded and bound offence July 10.18 Cot E. Anchor H. Service	J. H. Chambers Capt RAMC

Desmarais, Alfred., Pte. 3083903 1st Depo Bn 1st Dnc. Regt. 649-D-14295

Med. & Dec. (Sister) Miss Emma Desmarais,
Irving Ave.,
Pascoag, Rhode Island.
U. S. A.

P. & S. (Brother) P. Desmarais, M.D.,
Irving Ave.,
Pascoag, Rhode Island.
U. S. A.

Der F' 806964

Scroll Desp. 16.8.24 Rem. No. 251697

Mem. Cross. (NIL) NOV 29 1922 P18398

Plague Desp. Rem No. 544400

Canada only
M.J.

L.

SURNAME. Desmarais.

CHRISTIAN NAMES Alfred.

REGL. No. 3083903. RANK Pte

UNIT 1st Que Regt 1st Depot Bn

FORMER CORPS Nil.

4 CARD No. K

FOLL. B.O.D.N.S 19-8-18 4 Decual

D.O.235 - 23-8-18 H+DP.

T. O. Sapr. 23 1918

D.O. Part II No 117

NEXT OF KIN.

NAMES IN FULL Desmarais Dr.

RELATIONSHIP TO SOLDIER Brother

ADDRESS Harrisville, R.I. U.S.A.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada. St. Johns, P.Q. DATE Mar. 13th 1882.

PLACE OF ATTESTATION Montreal, P.Q. DATE Apr. 23rd 1918.

L. L. 26989 M. & D. 8191. M. F. W. 22. 1000M.-8-17. H. Q. 1772-39-339.

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

13. 20239
20721

REG. NO. 3083903 NAME (SURNAME FIRST) Desmarras

RANK Pte. CORPS 21-2. R.

AGE 36 SERVICE 1/2 C.

NAME OF HOSPITAL Station PLACE Halifax

DATE OF ADMISSION 29-5-18 9. 8. 18

DISEASE Epilepsy (2) Epilepsy

DISCHARGE 12-6-18 12. 8. 18

OPERATION

DISCHARGED TO DUTY ?

TRANSFERRED TO

DISCHARGED BY MEDICAL BOARD

100M—9-17—H.Q. 1211-8-30.

REMARKS

No. 3083903 RANK Pte NAME Desmarais A

T. O. S. 23-4-18 UNIT 1st Depot Bn 1st Inf Regt.
(D.O. 117 of 27-4-18

M. D. 4

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1918 Apr 23	1918 May 31	M	Trans o/s 15-5-18	D.O. 135 of 15-5-18