





DESCRIPTION OF Vital Desroches ON ENLISTMENT.

Apparent Age 22 years 6 months.  
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

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.)

Height 5 ft. 3 ins.

2 Vaccinations right arm

Chest measurement { Girth when fully expanded 33 1/2 ins.  
 Range of expansion 3 1/2 ins.

Complexion Medium

Eyes Blue

Hair Brown

Religious Denominations { Church of England  
 Presbyterian  
 Methodist  
 Baptist or Congregationalist  
 Other Protestants  
(Denomination to be stated.)  
 Roman Catholic R.C.  
 Jewish

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 \* fit for the Canadian Over-Seas Expeditionary Force.

Date April 9th 1915-

A. J. Rossell

Place Manxial

A. J. Rossell  
 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:—

CERTIFICATE OF OFFICER COMMANDING UNIT

Vital Desroches 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.

14 MAY 1915

J. A. J. J. J.

(Signature of Officer.)  
**Colonel**

Date 14 MAY 1915



8/5/18 MB  
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..... 1

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..... 1

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate.....

A.F.B 122-1 B 192-1

W. Cas card  
AX 11237-1  
AX 1181-1

M. F. W. 62.  
50m.-9-16.  
H. Q. 172-39-935.

Name DES RACHES VITAL  
Regt. No 61413 Rank Pte  
Corps 29<sup>th</sup> (I.C.) Batt.

Donald 13994

*Killed in Action 28-11-15*

*Cards*

*1 Index Removed 14/1/18  
1 Change of Address  
1 Casualty*



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



2-22  
23-23  
27-23  
3



2477



Number

61413

Rank

pte



Surname

DESROCHES

Christian Name

Vital

Units

22<sup>nd</sup> Bn Canad Theatre of War France

Date of Service

15-9-15

Remarks

Mrs. A. Desroches (m.)

Latest Address

Boulevard Point  
Sault au Réculet

Roll No.

B. Page 21798

P.Q.

200m.-2-21.M.

\*DUE TO SERVICE  
\*NOT DUE TO SERVICE

HOSPITAL AS AN ADMISSION

WHERE FROM)

AT

IN CATEGORY

INVALID

WHERE TO)

CONDITIONS DIAGNOSED

ADDRESS

HOSPITAL

STATION

\* CROSS OUT CONDITION NOT APPLICABLE.

DESP. FEB 10 1923  
REGN. NO. 18560

(OVER)

NAME *Desroches V.*

H. Q. FILE No. 649- ✓

REGT'L. No. *61413*

RANK AND CORPS

*Pvt. 22nd. Batt.*NO. *733*

CABLE

NO.

DATE

NATURE OF CASUALTY

FOLL.

*M. 2633 13-12-15**Killed in action Nov. 28<sup>th</sup>**B2090 A Rouen**11/12/15*

LIST No.

HOSPITAL

DATE OF  
ADMISSION

REMARKS

- |        |                         |                     |                     |
|--------|-------------------------|---------------------|---------------------|
| 25.    | V.A.D. Hosp. Robenden   | Sept 19-8-15        | Injury to foot.     |
| ✓ 31.  | Mil. H. Shorncliffe     | Discharged 25-8-15. | Fit for light duty. |
| 93 (2) | Deut St. Martin's Plain | 30-8-15             | C.D. G              |
| 93 (2) | " " " "                 | " 8-9-15            | Wid to Unit         |
| 99     | Ab. 2nd Batt rep.       | 23-11-15            | Killed in action.   |



Name Desroches V. Rank Pte.

Reg. No. 61413  
512G

Unit 22<sup>nd</sup> Batt.

R.L. 25-19-287.

Next of Kin Canada

Date	Movement	Place	Casualty	List No.	Notified N/KO.	W.O. List
19.8.15	V.A.D. Hosp. Rolvenden Kent		Injury to foot	25		
25.8.15	Ensl. Hosp. Sham (Disc to Lt Duties)		do	31		
30-8-15	Tent Hospt St. Martins Plain.	V.D.G.		93.		
8-9-15	Discharged.		do.	93.		
28-11-15	O.C. 22nd. Battn. Reports.				M	
	KILLED IN ACTION.			99.2633.		13-12
	BURIAL REPORT MADE OUT.					
	REGISTRATION OF GRAVE MADE OUT.					







*b/*  
NAME

*Desroches, Vital*

RANK & No.

*Pl.*

CORPS

*22<sup>nd</sup>*

ENLISTMENT, PLACE

*Montreal*

DATE

*April 9/15 S*

FORMER CORPS

*Nil*

COUNTRY OF BIRTH

*Canada, Montreal P. Q.*

NEXT OF KIN

*Desroches Mrs. (mother)*

ADDRESS OF NEXT OF KIN

*~~242 Parrot St. Montreal~~*

*1175 St. Andre Street*

*P. Q.*

DISCHARGE, PLACE

DATE

*Canada.*

*b/s 20-5-15, 89/6.*

*Sailed from Halifax Per. S.S.*

*Saxonia 20-5-15, 89/6. M. F. W. 22. 50 m. -15.*



REMARKS:



*A.A.G.*

649-D-868.

Desroches V. Pte. 61413-C.E.F. *22nd Bn.*

Medals

& Dec. (mother)

Mrs. A. Desroches,

~~1175 St. Andre St.~~

~~Montreal, P.Q.~~

*M* Boulevard Gouin  
Sault. au. Recollet  
P. & S. (mother) B.Q.

ditto

*(Ser. # 766055)*

Mem. Cross. (mother)

ditto

DESPATCHED *X1269*

*Elig. for star Pte 22nd Bn.*

*" V.M.*  
*" B.M.*

scroll Desp. *MIN 1 R 1000* Reqn. No *247190* JAN 26 1921

*Desp 18-11-20 (m) e 31429* 32187

Issue Desp. *1922* JAN 14 1922

*M3824*

*M.Y.*



P.A.

792

M

mx netd  $6 \frac{12}{20}$  rem from add



No. 61413

RANK

*Pte*

NAME

*Desroches Vital.*

T. O. S. 9-4-15

*apr foyles*

UNIT

*22<sup>nd</sup>*

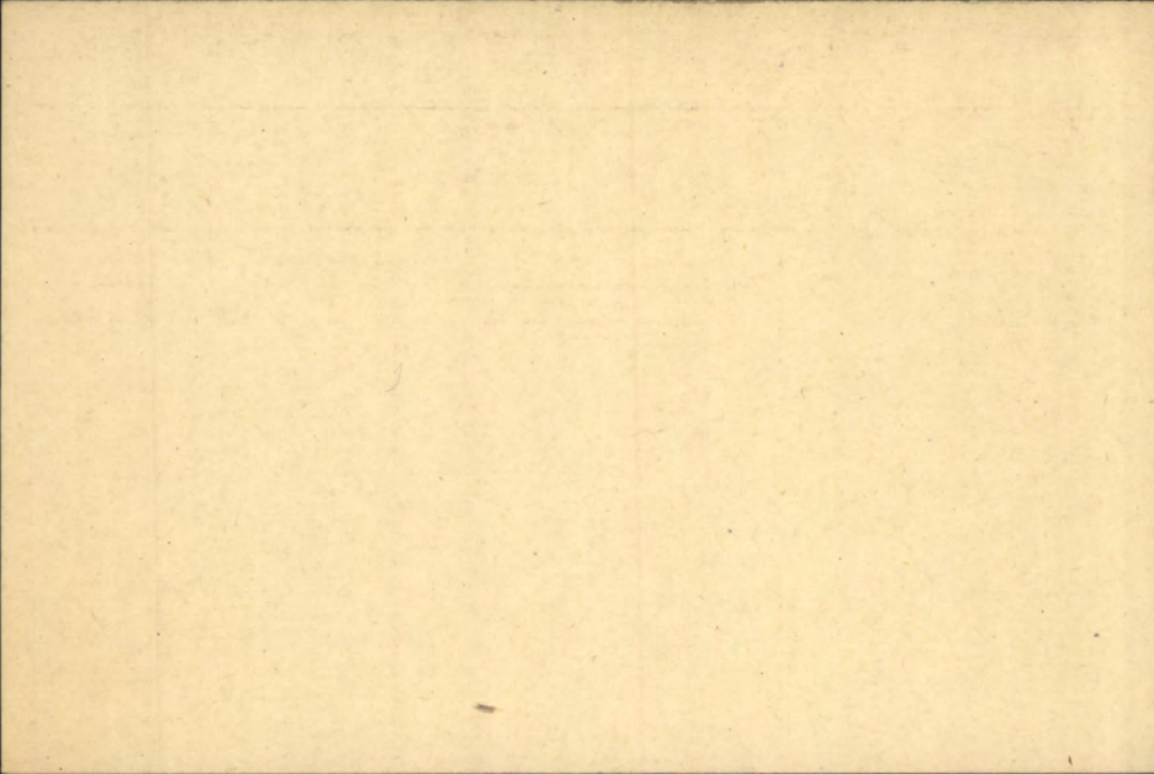
*Battalion French Canadian*

M. D. *4*

PAID		SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
FROM	TO		PARTICULARS	AUTHORITY
<i>1915</i> <i>apr 9</i>	<i>1915</i> <i>apr 31</i> <i>may</i> <i>juine</i>	<i>L</i> <i>L</i> <i>N</i>		

UNIT SAILED  
MAY 20 1915





MOORE BARRACKS, CANADIAN HOSPITAL, SHORNCLIFFE.

ADMITTING CARD.

Regt. No. 61413 A. & D. No. 3005  
Rank Pte  
Name Desrocher W. 3/12  
Corps 27 Batt<sup>n</sup> B. levis  
Religion R. C. Age 29  
M. H. Rec'd M. H. Requested 1. 8. 15 M. H. Ret'd 19. 8. 15  
Disease Injury to rt ankle  
Admitted 1. 8. 15  
Discharged  
Place in Hospital 12  
Transferred 19. 8. 15 Rolvendon  
Results



REMARKS:

Surname

Christian Name or Names

Reg. No.

Desroches. V.

61413.

Rank

Unit

Co.

Troop

Batty.

Pte.  
Hospital

27 Btn.

Date of Admission

Transferred

Cent. Mil. Shomcliffe

Hosp. 20. 8. 15.

St. Martin's Plaina Tents

Hosp. 30. 8. 15

Hosp.

Hosp.

Diagnosis

Inj. sh. foot.

(1) Later Diagnosis (if changed)

(2)  
(3)

Gonorr.

Additional Diagnoses, if more than one state present

DISPOSITION

Sanit

Date

8-9-15

REMARKS

W.R. 27. 8. 15.

Fit for light duty 25. 8. 15

" 4. 9. 15

" 6. 12. 15.

93(2)

O/C 22nd Batt. Reports

" 13. 12. 15 # 99.

Killed in Action  
28. 11. 15

A.M.D. 2 DEPT.  
Beh. of D.G.M.S. O.M.F.C. London.



EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

Rank \_\_\_\_\_ Name **DESROCHES Vital.** Reg'l No. **61413.** ✓  
 Unit **22nd Bn.** If in perm. Corps, )  
 What Unit? ) Married or Single **Single**

Place and Date of Enlistment **Montreal. Que. 9th April 1914** <sup>5</sup> Place of Birth **Montreal.**

Name and Address, Next-of-Kin **Mrs Desroches. 242 Panet. Montreal.**

Relationship **Mother.**

Assigned Pay Monthly \$ \_\_\_\_\_ Payable to \_\_\_\_\_

Relationship \_\_\_\_\_

Separation Allowance \$ \_\_\_\_\_ Payable to \_\_\_\_\_

Relationship \_\_\_\_\_

Discharge, Date and Place \_\_\_\_\_ Reason **Deceased.** Character \_\_\_\_\_

Report		Record of promotions, reductions, transfers, casualties, etc. during active service. The authority to be quoted in each case.	Place	Date	REMARKS Taken from Official Documents
Date	From whom received				
		Arrived in England per S.S. Saxonia		29-5-15.	
26.8.15.	W.O.	Adm. V.A.D. Hosp. Rolvenden	Kent.	19.8.15.	Injury to Foot. Cas. Rpt. #25.
30.8.15	O.C. 22 <sup>nd</sup>	Entered Hosp. (Leap. Stoppages)	East Sandling	30.8.15.	P.I.O. #259.
4-9-15	WV	Issued Strop	Shorncliffe	25-8-15	bas # 31 Fit for light duty
1-9-15	O.C. 22	Issd to Base boy	E Sandling	1-9-15	P20 #261
9-9-15	do	Issdga from Hosp	" "	8-9-15	" 268
9-9-15	do	Issd to B from Base	" "	9-9-15	" " 268
<b>19 SEP 1915</b>		Embarked for France.	Folkestone	15-9-15	Emb. memo #288
6.12.15	W.O.	Adm. to Tent Hospital	St Martin's Plain	30.8.15	Cas. Rpt. 93 "U.D.G."
6.12.15	"	Discharged to Unit.	" "	8.9.15	" " 93. "

*Handwritten in red:*  
 12/11/20 M.F.



Report		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place	Date	REMARKS Taken from Official Documents
Date	From whom received				
15.12.15	W.O	Killed in Action	France	<del>28.11.15</del> 28.11.15	Cas. Rep. 99. O.N.
11.12.15	O.C. 22 <sup>nd</sup>	Killed in Action	In the field	28.11.15	Pt II Ord #12 (2)



Rank \_\_\_\_\_ Name **DESROCHES Vital.** Reg'l No. **61413.**  
 Unit **22nd Bn** If in perm. Corps, }  
 What Unit? } Married or Single **Single**

Place and Date of Enlistment **Montreal. Que. 9th April 1914** Place of Birth **Montreal.**

Name and Address, Next-of-Kin **Mrs Desroches. 242 Panet. Montreal.**

Relationship **Mother.** *HK*

Assigned Pay Monthly \$ \_\_\_\_\_ Payable to \_\_\_\_\_

Relationship \_\_\_\_\_

Separation Allowance \$ \_\_\_\_\_ Payable to \_\_\_\_\_

Relationship \_\_\_\_\_

Discharge, Date and Place *Killed in action 11/15* Reason *Cas. List # 99* Character \_\_\_\_\_



Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.	
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date							
June 1	1915																	
	1-30	30	1.	30.	30	.10	3.	33			30.			30	15.			
1-7-15	31-7-15	31	1.	31.	31	.10	3.10	34.10			35			35	12.10			
									1.75						13.83			
															13.83			
1-8-15	31-8-15	31	1.	31	31	.10	3.10	34.10			34.07			34.07	13.86			
1-9-15	30-9-15	30	1.	30	30	.10	3	33			13.39			13.39	33.47			
1-10-15	31-10-15	31	1.	31	31	.10	3.10	34.10							67.57			
1/11/15	30/11/15	30	1.	30	20	.10	2	22			10.71			10.71	89.86			
														2.20	87.66			
															87.66			
															87.66			

*MS* Mch/16  
*WE* June/16

*Killed in action 11/15*  
*20 days overpaid*  
*in November 1915*  
*Q. R. L.*  
 Forwarded to Ottawa for settlement

Cash found in effects *nil*

Statement  
 MAY 11 1916  
 Account rendered







Register No. DD 937

WAR SERVICE GRATUITY  
TO  
DEPENDENTS OF DECEASED SOLDIERS

A.P. File No. 4559-WP

Reg'tl No. 61413 Name Vital Desroches  
(Christian Name) (Surname)  
Unit 20 Bu. Rank Pte Date of enlistment.....  
Date of casualty Mar 28, 1918 B.P.C. File No. 15-9444  
Was service performed overseas? yes

DEPENDENT

Name Mrs. Alexina Desroches Relationship mother  
Address Boulevard Goyin  
Sault au Secollet  
P. 2

Amount of Special Pension Bonus \$ nil Abstracted by M. C. Puthier

Eligible for Gratuity not eligible \$ ✓  
Less amount of Special Pension Bonus paid..... \$.....  
Less Debit Balance of S. A. or A.P..... \$.....

Total deductions \$ ✓  
Balance due \$ ✓

Cheque No..... Date issued.....

*Noted 26/5/20  
D.D. 937*

REMARKS: No SA paid

Clerk A. H. Meol

Audited by  
Date .....

M.F.W. 2652  
25M-6-20.  
H.Q. 1772-30-1473







CERTIFIED CORRECT.

Canadian Record Office,  
Army Form B. 103.

Westminster House,

7, Millbank, S.W.

S.P.K.

Casualty Form—Active Service.

Regiment or Corps 22nd (L.C.) Battalion

Regimental No. 61413

Rank Private

Name Des Roches Vital

Enlisted (a) 9.4.15

Terms of Service (a) for war

Service reckons from (a) 9.4.15

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				
3 <sup>rd</sup> 15	O.C. Bn	Disembarked killed in action	Boulogne In the field	15 <sup>th</sup> 15 28 <sup>th</sup> 15	13213  C.Y. March  Lieutenant for Lt.Col.D.A.A.G

(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.

Surname Desroches

Christian Name Vital

Examined { on 9 day of April 1915  
 at Montreal  
 Birthplace { City or Town Montreal  
 County \_\_\_\_\_

Approved by R. Messier  
 Rank Capt Amc M.O.

Apparent age 27 yrs 6 mos.  
 Trade or occupation Watchman  
 Height 5 Feet 3 Inches.  
 Weight \_\_\_\_\_ Lbs.  
 Chest measurement { Minimum 33 inches ✓  
 Maximum expansion 37 inches  
 Physical development good  
 Small-Pox Marks \_\_\_\_\_

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Vaccination Marks { Arm Right Left  
 Number \_\_\_\_\_

Date	Result	VACCINATIONS.
<u>APR 24 '15</u>		<u>Examined</u> M.O.
		M.O.
		M.O.

When Vaccinated last \_\_\_\_\_  
 (a) Marks indicating congenital peculiarities or previous disease \_\_\_\_\_

(b) Slight defects but not sufficient to cause rejection \_\_\_\_\_

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
		M.O.
		M.O.
<u>APR 29 '15</u>		<u>Examined</u> M.O.

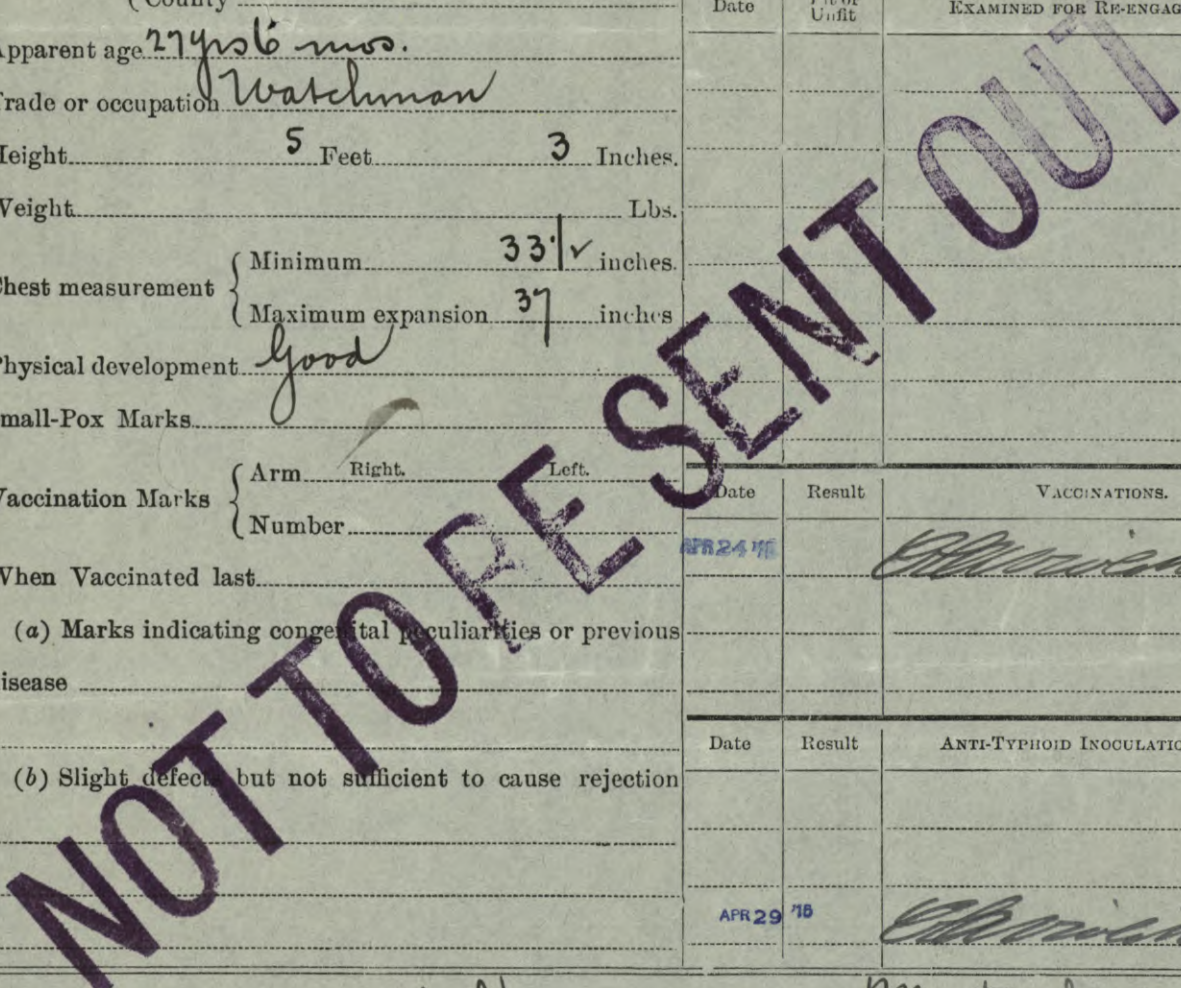
Enlisted on 9 day of April 1915 at Montreal

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>22nd I.C. Bn</u>	<u>61413</u>		
Transferred to.. ..				

### EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.

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.





Surname *P. Roches* Christian Name *Vital*

STATION.	Date of Arrival at the Station.	DATES OF						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.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
<i>Sent by Ristoro Line</i>		<i>30</i>	<i>8</i>	<i>15</i>	<i>8</i>	<i>9</i>	<i>15</i>	<i>Yonanka.</i>	<i>9</i>	<i>Apparently cured</i>	<i>J. Lafleur</i> <i>H. M. J. G. G. G.</i>











MEDICAL CASE SHEET.\*

No. in Admission and Discharge Book. <u>3005</u> Year	Regimental No.	Rank.	Surname.	Christian Name.
	<u>61413</u>	<u>PT9</u>	<u>Desrocher</u>	<u>Vild</u>
	Unit.	Age.	Service.	
	<u>27<sup>th</sup> Bn.</u>	<u>29</u>	<u>3/12</u>	

Station and Date.	Disease
<u>M. D. H. H. H.</u> <u>Aug 3-15.</u> <u>Moore Barracks</u> <u>Shorncliffe</u>	<u>Injury to rt. ankle.</u> <u>Aug 1. pt. had ankle run over by bus. at Jolbustene.</u> <u>Exam - no fracture - not much swelling; pain a movement of ankle.</u> <u>Treatment - Hot Compresses.</u> <u>Aug 3 - doing nicely being rubbed with oil Eucalypti</u> <u>Aug 12. 15.</u> <u>may use ankle freely -</u> <u>Some stiffness &amp; complaint of pain on movement.</u> <u>Transferred to Convalescent Home</u> <u>Aug 19th</u> <u>J. J. Sherrett.</u> <u>Ralvenan</u>

\*The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.







~~Original not available~~

To be used for recruits enlisting direct into the Regular Army only.  
Army Form B. 178<sup>A</sup> to be used for Special Reserve recruits  
and Special Reservists enlisting into the Regular Army.

### MEDICAL HISTORY of

Surname Desrocher Christian Name D.

TABLE I.—GENERAL TABLE.

Birthplace ... Parish Montreal. County \_\_\_\_\_

Examined ... { on 9th. day of April 1915.  
at Montreal.

Declared Age ... 27. years 6 months. days.

Trade or Occupation ... Watchman.

Height ... 5. feet, 3. inches.

Weight ... \_\_\_\_\_ lbs.

Chest Measurement { Girth when fully Expanded. 37. inches.  
Range of Expansion 3½ inches.

Physical Development ... Good.

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

When Vaccinated ... \_\_\_\_\_

Vision ... { R.E.—V= \_\_\_\_\_  
L.E.—V= \_\_\_\_\_

(a) Marks indicating congenital peculiarities or previous disease ... { (a) \_\_\_\_\_

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

Approved by (Signature) R. Tessier,

(Rank) Capt. Medical Officer.

Enlisted ... { at Montreal.  
on 9th. day of April. 1915.

Joined on Enlistment ...	Corps.	Regtl. No.
	<u>27 Batt<sup>n</sup></u>	<u>61413</u>
Transferred to ...	<u>Bles'y</u>	

Became non-effective by \_\_\_\_\_

on \_\_\_\_\_ day of \_\_\_\_\_ 191 .

(Signature) \_\_\_\_\_

(Rank) \_\_\_\_\_



Table II.—Only for Admissions to Hospital or to the Sick List

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of days in Hospital	Remarks bearing use. In subsequent given in t
	Day	Month	Year	Day	Month	Year			
<i>M B E Hoyle</i>	<i>1</i>	<i>8</i>	<i>15</i>	<i>19</i>	<i>8</i>	<i>15</i>	<i>Injury Rt ankle.</i>	<i>79</i>	<i>2 years</i>
<i>Rolenden. V. A. P.</i>	<i>19</i>	<i>8</i>	<i>15</i>	<i>25</i>	<i>8</i>	<i>15</i>	<i>do.</i>	<i>6</i>	
Tent Hospital Risboro Lines.	<i>30.</i>	<i>8.</i>	<i>15.</i>	<i>8.</i>	<i>9.</i>	<i>15.</i>	<i>Gonorrhoea.</i>	<i>9.</i>	<i>Apparent</i>



List in the case of Warrant Officers treated in quarters.

marks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.

Signature of Medical Officer

inspired to convalescent home.

*[Handwritten signature]*

Depart on L. Duty.

*[Handwritten signature]*

parently cured.

J. Lafleur.

Duplicate Medical History Sheet  
posted to here.  
Medical Registrar  
Record Office.



