

4

M. D.

Depot Battalion

Regiment

Regtl. No.

PARTICULARS OF RECRUIT
DRAFTED UNDER MILITARY SERVICE ACT, 1917

3169562

(Class ONE)

P 3169562-X

1. Surname DION
 2. Christian name Leon
 3. Present address St Leonard Co Nicolet PQ Can
 4. Military Service Act letter and number 334417 DC
(If man is defaulter, i.e., has not registered under Proclamation, this fact should be stated, together with date of apprehension, or surrender)
 5. Date of birth July 6th 1895
 6. Place of birth Ste Monique Co Nicolet PQ Can
(town, township or county and country)
 7. Married, widower or single Single
 8. Religion Roman Catholic
 9. Trade or calling Farmer
 10. Name of next-of-kin Mr Emmanuel Dion
 11. Relationship of next-of-kin Father
 12. Address of next-of-kin St Leonard Co Nicolet PQ Can
 13. Whether at present a member of the Active Militia No
 14. Particulars of previous military or naval service, if any Nil
 15. Medical Examination under Military Service Act :-
 (a) Place Montreal PQ (b) Date 29-7-18 (c) Category A

DION Leon DECLARATION OF RECRUIT

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

Leon Dion (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age 23 yrs. mths.
 Height 5 ft 3 1/2 ins.
 Chest measurement } fully expanded 34 ins.
 } range of expansion 3 ins.
 Complexion Med.
 Eyes Blue
 Hair Brown

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

[Signature]
T.t.-Col.
Commanding 2nd Depot Bn., 2nd Quebec Reg't,
O. C. Depot Btln.

Place Montreal PQ Can

Date 24-7-18

Regt.

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

H

(Class)

1. Name: _____

2. Christian name: _____

3. Present address: _____

4. Military Service Act letter and number: _____
(If man is detached, i.e. has not registered under the Act, this should be stated together with date of appointment or transfer.)

5. Date of birth: _____

6. Place of birth: _____
(Give township or county and country.)

7. Married, widower or single: _____

8. Religion: _____

9. Trade or calling: _____

10. Name of next-of-kin: _____

11. Relationship of next-of-kin: _____

12. Address of next-of-kin: _____

13. Whether at present a member of the Active Militia: _____

14. Particulars of previous military or naval service: _____

15. Medical examination under Military Service Act: _____

(a) Place of entry: _____ (b) Date: _____ (c) Category: _____

DECLARATION OR RECRUIT

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

(Signature of Recruit)

DESCRIPTION OF CALLING UP

Apparent age	_____ yrs	_____ mos
Height	_____ ins	_____ mos
Chest measurement	_____ ins	Distinctive marks and marks indicating congenital peculiarities or previous disease
	_____ ins	
Composition	_____ lbs	
Eyes	_____	
Hair	_____	

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class One)

1. Surname	DION		
2. Christian name	Leon		
3. Present address	St Leonard Co St Maurice P.Q Canada.		
4. Military Service Act letter and number	334417 DG		
	<small>(If man is defaulter, i.e., has not registered under Proclamation, this fact should be stated, together with date of apprehension, or surrender)</small>		
5. Date of birth	6th July 1895		
6. Place of birth	St Monique Co Nicolet P.Q Canada.		
	<small>(town, township or county and country)</small>		
7. Married, widower or single	Single		
8. Religion	Roman Catholic		
9. Trade or calling	Farmer		
10. Name of next-of-kin	Emmanuel DION		
11. Relationship of next-of-kin	Father		
12. Address of next-of-kin	St Leonard Co St Maurice P.Q Canada.		
13. Whether at present a member of the Active Militia	No.		
14. Particulars of previous military or naval service, if any	Nil.		
15. Medical Examination under Military Service Act:—			
(a) Place	Montreal P.Q Can	(b) Date	29-7-18
		(c) Category	A2

DECLARATION OF RECRUIT

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

Signed) DION Leon
 (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age	23	yrs.	--	mths.
Height	5	ft.	3½	ins.
Chest measurement	fully expanded	34	ins.	
	range of expansion	3	ins.	
Complexion	Medium			
Eyes	Blue			
Hair	Brown			

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

CERTIFIED TRUE COPY

MAR 20 1919

W. Lavall Cap't

Adjutant
2nd Depot Bn. 2nd Quebec Reg't.

Signed) E. P. MACHAV PAFINEAU Major.

O. C. 2/2/ Quebec Regt Depot Btl.

Regt.

Place Montreal P.Q Canada Date 24-7-18

PARTICULARS OF RECRUIT
DRAFTED UNDER MILITARY SERVICE ACT, 1917

Class

1. Name

2. Christian name

3. Eye colour

4. Height in feet and inches

5. Date of birth

6. Place of birth

7. Married, widow, or single

8. Religion

9. Trade or calling

10. Name of employer

11. Relationship of father to

12. Address of next of kin

13. Whether at present member of the A. V. C.

14. Particulars of previous military or naval service

15. Particulars of foreign or other military service

16. Particulars of other military or naval service

17. Particulars of other military or naval service

18. Particulars of other military or naval service

19. Particulars of other military or naval service

20. Particulars of other military or naval service

(Signature of Recruit)

DECLARATION OF RECRUIT

I do solemnly declare that the above particulars are true and correct to the best of my knowledge and belief.

(Signature of Recruit)

DESCRIPTION ON CALLING UP

Distinctive marks and marks indicating general peculiarities of appearance	Complexion	Build	Complexion	Build
	Complexion	Build	Complexion	Build
	Complexion	Build	Complexion	Build
	Complexion	Build	Complexion	Build
	Complexion	Build	Complexion	Build

Signature of Recruit

Signature of Officer

Date

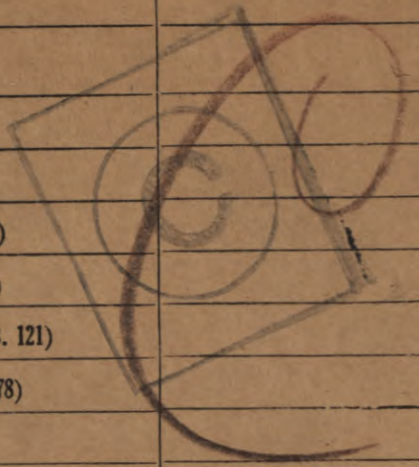
REGIMENTAL DOCUMENTS

NAME *Dion Leon*

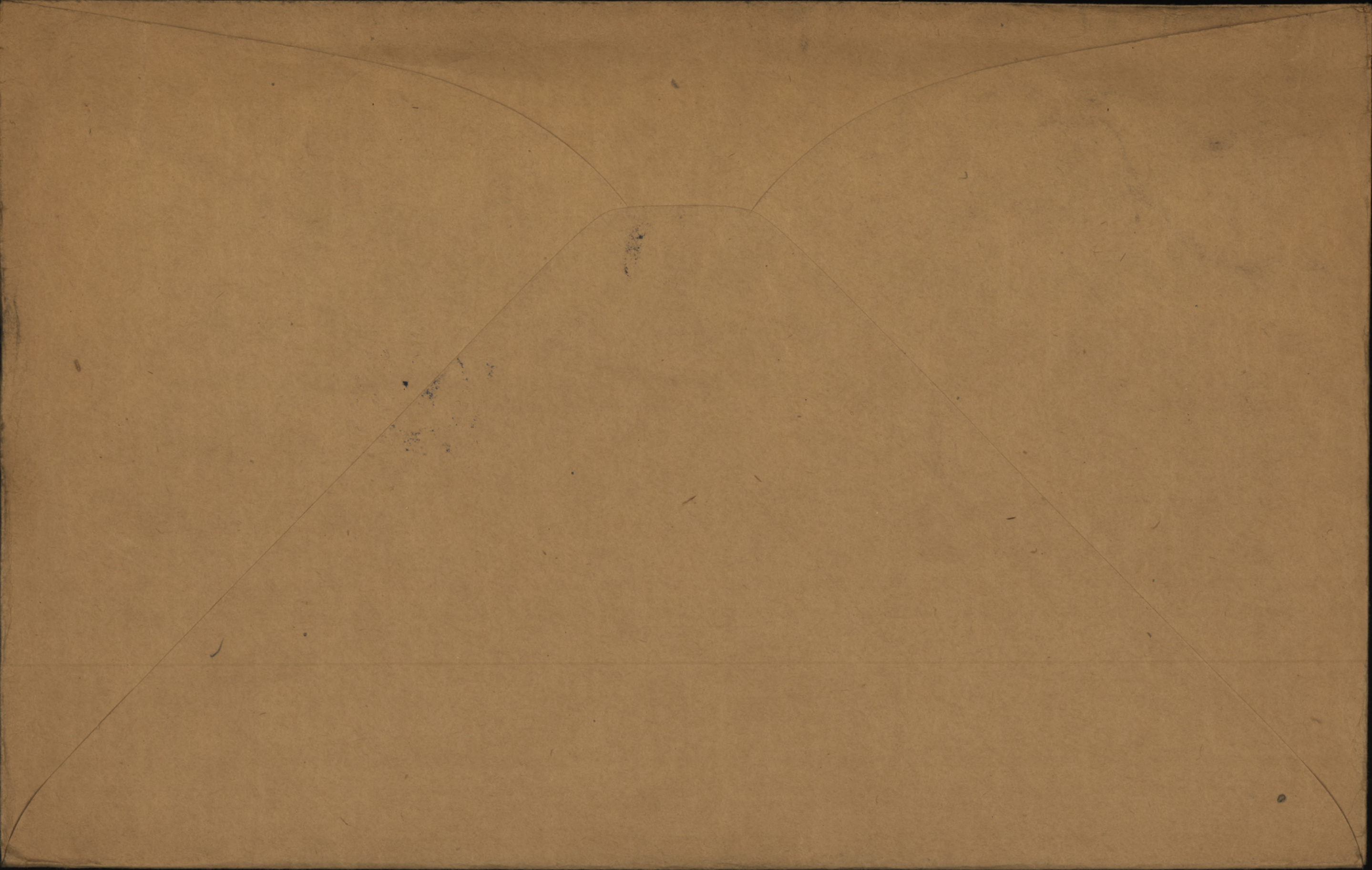
(Reg) REGT. NO. *D. 316 9562* UNIT *2nd Dep. Bn. 2nd O.R.* H. Q. FILE NO.

*Ac-19
14-5*

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
5 ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
7 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
1 TRAINING HISTORY SHEET (M.F.W. 113)					<i>Died 25-10-18</i>
2 FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)				<i>17379</i>	
REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
2 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
2 DENTAL HISTORY SHEET (M.F.B. 465)					Category
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
MEDICAL EXAMINATION (M.F.W. 129)					
TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
1 PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
1 DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
1 LAST PAY CERTIFICATE (M.F.W. 44)					
2 PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
PARTICULARS OF CHARACTER (A.F.W. 3226)					
COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1 <i>Cert. of Death</i>					
1 <i>M. F. W. 71</i>					
2 <i>M. F. W. 82</i>					
					<i>24-30</i>
					<i>24-30</i>
					<i>30-30</i>



*mx
1/21*



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

Casualty Form—Active Service.

Unit, Regiment or Corps. *2nd DEPOT BN. 2nd QUEBEC REG'T.*Regimental No. *D* Rank *Private* Name *DION Leon*

C. E. F.

Enlisted (a) *29-7-18* Terms of Service (a) *CEF* Service reckons from (a) *29-7-18*

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) *Armer*

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				
29-1-19		S.O.S. as deserter D.O. 67	Montreal Que	19-2-19	<i>am Larose</i> <i>ad 19/2</i>
31-3-19		S.O.S. as deserter cancelled. D.O. 90	Montreal. Que	31-3-19	
25-10-18		S.O.S. deceased D.O. 88	Montreal. Que	29-3-19	<i>am Larose</i> <i>ad 19/2</i>

(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.]

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

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

500M.—9-16

H. Q. 1772-39-9-0.

Casualty Form—Active Service.

2nd DEPOT BR. 2nd QUEBEC REGT.

M.X.
10/2/18
for file

AL

Unit, Regiment or Corps.....

Regimental No. D 3169562 Rank Pte Name DION Leon

Enlisted (a) 24-7-18 Terms of Service (a) M.S.A Service reckons from (a) 24-7-18

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) Farmer

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				
<i>27/10/18</i>		<i>A.O.S. Deceased</i>			
		<i>and Lance Corporal</i>			
		<i>ad 2/2</i>			

(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.]

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				

CANADIAN EXPEDITIONARY FORCE.

M.F.W. 44
154 (D.P.) 150M-2-19.
1772-89-903.

LAST PAY CERTIFICATE

Regimental No. 3169562 Rank Private Name DION, Leoh.
(Surname first)
Unit 2nd Depot Bn., 2nd Quebec Regt. who was S.O.S. Deserter
On 23-2-19. 191....., to.....
*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 3-2-19 to 23-2-19. 191...
the inclusive date of transfer or discharge.

	Dr.	Cr.
Bal. Dr. or Cr. from prev. month.....		35.05
Regimental Pay..... <u>21</u> days at \$ <u>1.00</u> c.....		21.00
Field Allowance..... <u>21</u> days at \$ <u>0.10</u> c.....		2.10
Separation Allowance.....		
Clothing Allowance.....		
Post Discharge Pay.....		
*Other Credits.....		
Advances.....		
Separation Allowance and Assigned Pay Cheque No.....		
*Other Charges..... <u>Forf. 21 days</u>	23.10	
..... <u>Overcredited 31 days</u>	34.10	
Balance on transfer or on discharge, cheque No.....	95.	
Total.....	58.15	58.15

*Give particulars.

A monthly stoppage of \$..... (†) has..... (‡) been paid on account of
Assigned Pay for the month of..... 191..... }
and Separation Allee. for month of..... 191..... } (to) Assignee.....
(Address).....
(†) Insert amount to be assigned, whether it has been paid or not. (‡) Insert "not" if amount has not been paid for period of account.

ON TRANSFER OF AN OFFICER.

Outfit Allowance of \$..... has been paid by Paymaster, Military District No.....

REMARKS:— On furl.
State (1) date of enlistment..... 24-6-18..... married or single.....
(2) Separation Allowance, entitled or not..... (3) Reason for discharge..... S.O.S. Deserter
(4) Authority for discharge or transfer..... Court of Inquiry S.O.S. under R.O. 1357.....

NOTE.—S.A. & A.P. Card and Index Card (M.F.W. 71) are to accompany Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay Account of the officer, or soldier.

Date 8-3-19.
Place Montreal, Que.

P. Broseau
Lieut. Paymaster.

- N.B.—(A) This form is to be used for all ranks (vide Article 122-130 and 141) Financial Instructions, C.E.F., 1916.
(B) For purposes of transfer it is to be made out in triplicate. Copies will be disposed of in accordance with instructions as laid down in Routine Order No. 1307, dated 12th Nov., 1918. Payment of the balance will not be made and the words "or on discharge cheque No." will be deleted.
(C) For purpose of discharge it is to be made out in duplicate. One copy to accompany discharge papers, and one copy for retention as a record. As payment of the balance will have been made, the words "on transfer or" will be deleted.
(D) If a man on discharge is entitled to Post Discharge Pay, Last Pay Certificates will be made out as in "C" with an additional copy to be forwarded to the District Paymaster.

GHV

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, &c. I, DION Leon 3169562
Regimental number D Rank Private serving in the

2nd DEPOT BN. 2nd QUEBEC REGT. Canadian Expeditionary Force,
declare this to be my last will, revoking all previous wills, if any.

Executor I appoint Mr Emmanuel Dion
whose address is St Leonard Co Nicolet PQ Can
to be the executor of this my last will.

General gift I give to Mr Emmanuel Dion
whose address is St Leonard Co Nicolet PQ Can
all my property not disposed of above.

Date Dated at Montreal PQ Can this 29--7-18 191

Signature Leon Dion
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	<u>George Diment</u>	Signature	<u>G H Beaudin</u>
Address	<u>Colst BL</u>	Address	<u>Puil W</u>
Occupation	<u>Soldier</u>	Occupation	<u>Soldier</u>

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.

ORIGINAL

* 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 * C O U R T O F I N Q U I R Y

assembled at Peel Street Barracks, Montreal P. Q.

on the 29th day of March 1919-

by order of O.C. 2nd. Depot Bn, 2nd. Quebec Regiment

for the purpose of inquiring into and reporting upon the death of 3169562 Pte. DION, Léon.

PRESIDENT.

T. A. Reeb, Major

2nd. Depot Bn, 2nd. Quebec Regt.

MEMBERS.

Capt. J. E. Lalime.

2nd. Depot Bn, 2nd. Quebec Regt.

Capt. Geo. Guimond.

2nd. Depot Bn, 2nd. Quebec Regt.

The C O U R T having assembled pursuant to order, proceed to take evidence:

1st Witness:
(Documentary)

Attached burial certificate in three copies, duly certified, to the effect that Pte. DION, Léon No: 3169562 was buried in the cemetery of the Parish of St-Léonard, on 26th. day of October 1918.

2nd Witness:
(Documentary)

Attached death certificate signed by J. Alex. Dugré M.D, duly certified, in triplicate, to the effect that No: 3169562 Pte. DION, Léon died on the 25th of October 1918 victim of Influenza Epidemic.

3rd Witness:

Capt. J. E. Lalime Quartermaster 2nd. Depot Bn, 2nd. Que. Regiment, being duly warned, gives evidence as follows: No: 3160562 Pte. DION, Léon has never been issued with any kit or uniform. His deficiency of kit is therefore "NIL".

J. E. Lalime
.....Capt.
Quartermaster 2.2. Que. Regt.

FINDING:

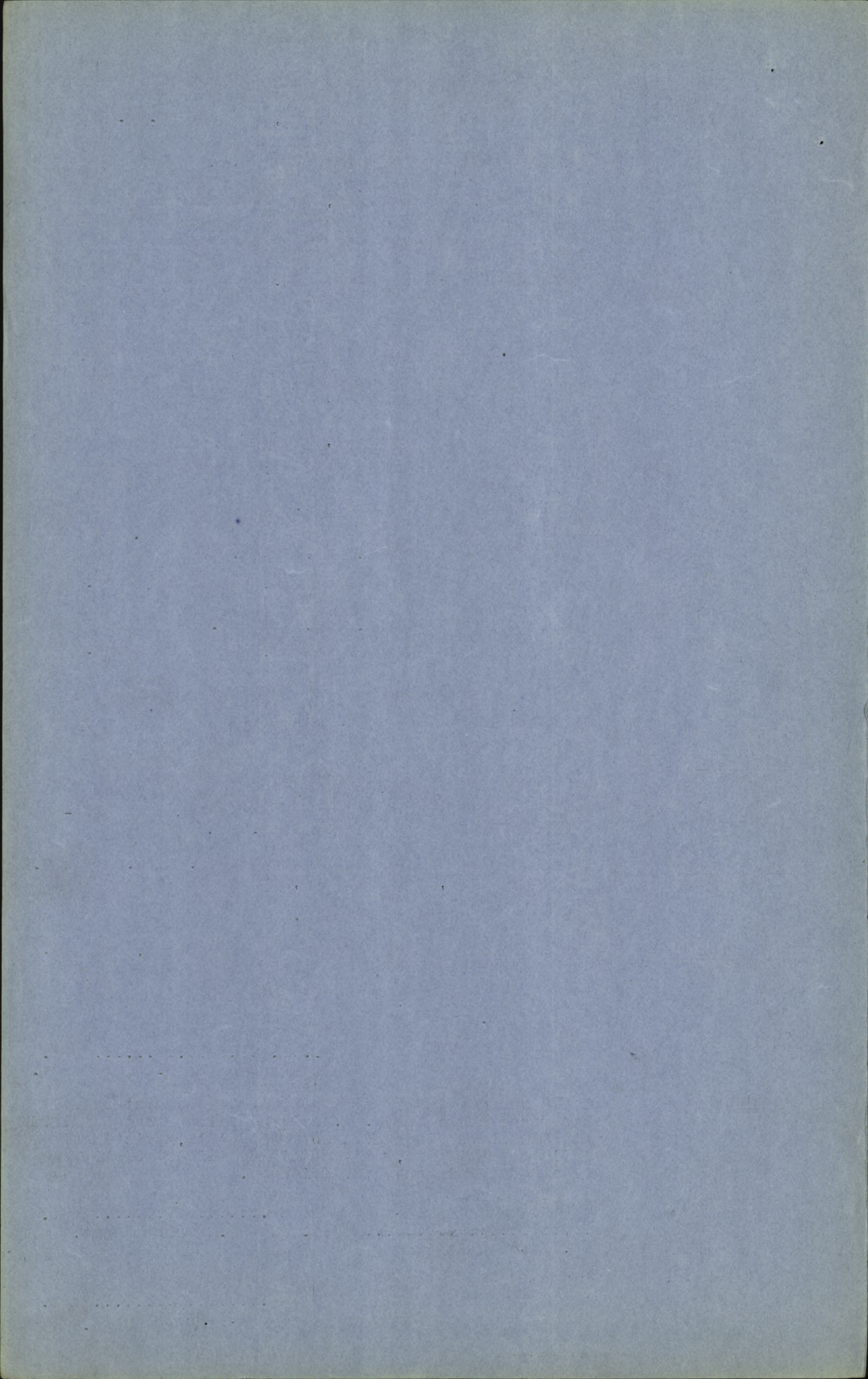
The C O U R T having examined the above documentary evidence and heard the Q. M.'s evidence, finds that No: 3169562 Pte. DION, Léon died on October 25th. 1918, a victim of Influenza Epidemic, and that his deficiency of kit is as stated in the Q.M.'s evidence.

T. A. Reeb
.....Major.
2.2. Quebec Regiment

J. E. Lalime
.....Capt.
2.2. Quebec Regt.

Approved,
G. R. Leclerc
.....Lieut.-Col.

Geo. Guimond
.....Capt.
2.2. Quebec Regt.



NAME

Dion LEON.

REGIMENTAL NO.

3169562

RANK

Private

ENLISTED AT

PROMOTIONS, &c.
AND DATE

DATE

IF SERVED PREVIOUSLY. STATE UNIT, &c.

MARRIED, WIDOWER, OR SINGLE

NEXT OF KIN

RELATIONSHIP

ADDRESS OF

ASSIGNMENT OF PAY \$

C.

TO

ADDRESS

S.O.S. D.O. 101-Discharged

SEPARATION ALLOWANCE, ENTITLED OR NOT

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR

SURNAME.

Dion

4.

CARD NO.

S.O.S. Dis. Adverted -

CHRISTIAN NAMES

Leon

*Amended by D.O. 7/10
2102 February 23rd 1910
FOLL
Auth: D.O. 6 Vol 2/1910
D.O. 67 Cancelled by D.O. 9000
D.O. 2000*

REGL. NO. *3169562*

RANK *Plé.*

T. O. S. July 24 1918

UNIT *2nd Que. Regt. 2nd Dps. Bn.*

FORMER CORPS

*505 deceased 25-10-18
D.O. 82 29/3/14 2/20/17*

Part II No *204*

14-7-18

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Dion, Emmanuel

RELATIONSHIP TO SOLDIER

father

ADDRESS

St Leonard, P.I.

COUNTRY OF BIRTH

Canada, Ste Monique, P.I.

DATE

July 6th 1895

PLACE OF ATTESTATION

Montreal, P.I.

DATE

July 24th 1918

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

649-D-18473.

✓ Dion Leon ✓ #3169562 ✓ Pte., C.E.F. *2nd Spco Bn 2nd Div Regt.*

NO AWARDS DUE

#4

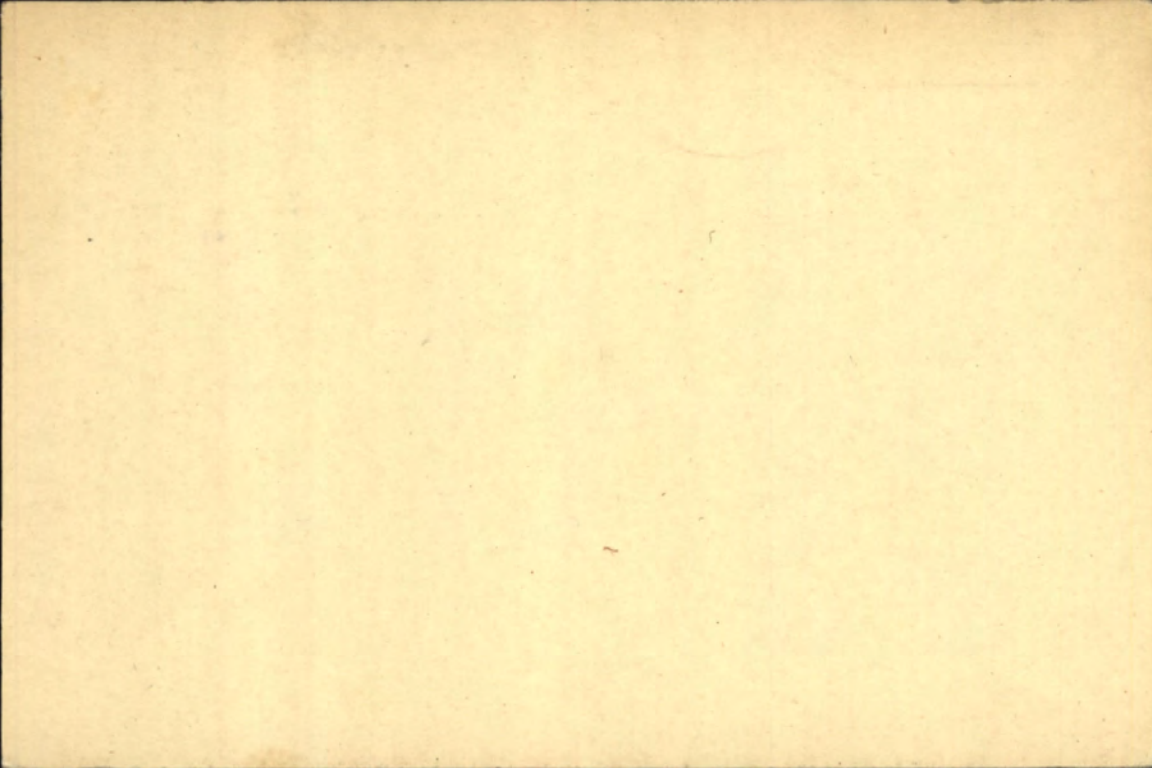
P & S

ser # 806993

48021

*not elig. for star.
" " " V.M.
" " " B.W.M.
m.f.*

-B-



MILITARY SERVICE ACT, 1917.
 GHV
MEDICAL HISTORY SHEET.

ORIGINAL
 D-

1. Surname..... DION Christian name..... Leon
 2. Number of report for service or claim for exemption according to Postmaster's Receipt or schedule 334417 DC
 3. Consecutive number on schedule of men reporting for service (if he appears on it) ----
 4. Address (including street) and number if any) St. Leonard Co. StMaurice P.Q. Can

3169562

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 29th day of July 1918 19....., by the undersigned medical board sitting at Peel st. Bks Montreal P.Q. Can

5. Age as stated 23 Years 3 1/2 Months. 6. Apparent age _____ Years _____ Month
 7. Height 5 Feet 3 1/2 Inches. 8. Weight 117 Pounds.
 9. Chest measurement { Minimum 31 Ins. 10. Complexion Hed { Eyes Blue
 { Maximum 34 Ins. { Hair Brown
 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 _____

Signature of Man
Leon Dion

16. Slight defects but not sufficient to cause rejection Jewelry with it with
 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

"A" Fit for General Service
 (a) Vision. R. 30 L. 40
 (b) Hearing. R. OK L. OK

L.M. Lindsay Capt Member. Chabot Capt President. Chabot Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>9/8/18</u>	<u>Ernest Chabot St.</u>	<u>M. O.</u>	<u>30/7/18</u>	<u>Ernest Chabot St.</u>	<u>M. O.</u>
		<u>M. O.</u>			<u>M. O.</u>
		<u>M. O.</u>			<u>M. O.</u>

Joined 29th day of July 19 18 at Montreal P.Q. Can

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment		<u>D</u>		<u>29-7-18</u>
Transferred to	<u>2nd DEPOT BN. 2nd QUEBEC REGT.</u>			
		<u>3169562</u>		

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.



ENTERED
D. O.
PART II

88

Proceedings on Discharge

(When forwarded for confirmation these proceedings should be accompanied by the documents specified on fourth page).

No.	D 3169562
Rank	Private
Surname	DION
Christian Name	Leon
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company)	2nd Depot Bn 2nd Quebec Regt.
Date of Discharge	25th Oct 1918 D.O. 2/2/ Quebec Regt.
Place of Discharge	Montreal P.Q Canada.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age	23 years -- months.	Descriptive Marks
Height	5 feet 3 1/2 inches.	
Complexion	Medium	
Eyes	Blue	
Hair	Brown	
Trade	Farmer	Nil
Intended place of residence (To be given as fully as practicable.)	St Leonard Co St Maurice P.Q Canada	

EASED
25/10/18

2. The above-named man is discharged in consequence of **DECEASED**

N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.

3. Conduct and character while in the service have been, according to the records, etc.

N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.

4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

Farmer

To be in the hand writing of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.

M. F. B. 218.

100M.—1-17.
H. Q. 1772-39-113.

(OVER)

5. He is in possession of the following number of G. C. Badges:

Nil

No reference to G. C. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations.....

Nil

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company. (Squadron or Battery), and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place) Montreal.P.Q Canada.

Commanding Officer
2/2/ Quebec Regiment.
Commanding Coy " B "

(Date) 25th Oct 1918

8. Certificate to be signed by the Soldier on Discharge

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page.

(Place) Montreal.P.Q Canada. (Signature of Soldier.)

(Date) 25th Oct 1918 (Signature of Witness.)

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. Additional Certificate in the case of a Soldier who takes his discharge on his own request.

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

(Signature of Soldier.)

10. Statement of Service.

Service toward Engagement to..... (the date to which the Record of Service is completed).....years.....days.

90 Days

Total.....years.....days.

11. Confirmation of Discharge.

The discharge of the above-named man is hereby confirmed.

(Place) Montreal.P.Q Canada.

(Date) 25th Oct 1918

(Signature) Capt.
For Lieutenant Colonel.

Reservations referred to at Para. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

List of Discharge Documents.

(NIL) RESERVATIONS

<p>Arrestation Paper Military Form B. 252</p>	<p>Reg. Conductor Sheet Military Form B. 262</p>
<p>Proceedings on Discharge B. 218</p> <p>In the case of recruits who are rejected on final approval, the discharge documents will consist of:</p> <p>(a) Proceedings on Discharge</p> <p>(b) Arrestation</p> <p>(c) Medical History Sheet (in the event such having been prepared)</p>	<p>Squadron Battery Company Conductor Sheet B. 262a</p> <p>Copies of Convictions by C. P. in MS.</p> <p>Med. Hist. Sheet Military Form B. 212</p> <p>Medical Report for Invalid B. 227</p> <p>Statement of Man's Account on Transfer and Last Pay Certificate D. 877</p> <p>"Only if discharged 'Medically unfit'."</p>

N.B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.

Reservations referred to at Para. 8.
(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

List of Discharge Documents.

<p>Reg. Conduct Sheet, Militia form B. 263.</p> <p>Squadron } Battery } Conduct Sheet, " B. 263a. Company }</p> <p>Copies of Convictions, by C. P. in MS.</p> <p>Med. Hist. Sheet, Militia Form B. 313</p> <p>Medical Report for Invalid* " B. 227.</p> <p>Statement of Man's Account on Transfer and Last Pay Certificate, " D. 877.</p> <p>*Only if discharged "Medically unfit."</p>	<p>Attestation Paper, Militia Form B. 235.</p> <p>Proceedings on Discharge " B. 218.</p> <hr/> <p style="text-align: center;">In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p>(a) Proceedings on Discharge.</p> <p>(b) Attestation.</p> <p>(c) Medical History Sheet (in the event of such having been prepared.)</p>
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N. B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.

Additional Certificate in the case of a Soldier who takes his discharge on his own request.

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

Statement of Service.

Service toward Engagement to (the date to which the Record of Service is computed) years and

days

Confirmation of Discharge.

The discharge of the above-named man is hereby confirmed.

Witness my hand and seal this _____ day of _____ 1918.

1918 Oct 1918

(Signature)

For Lieutenant Colonel

CERTIFICAT DE DÉCÈS
CERTIFICATE OF DEATH

Nom (officiel) de la municipalité (civile)
où le décès a eu lieu:
Official name of the (civil) municipality
in which death has taken place:

Comté de }
County of }

Nom et prénom
du défunt.
Name and surname
of deceased.

Age: 23 ans

Sexe: Masculin

Nationalité }
Nationality }

Religion: Catholique

Marié, veuf ou célibataire }
Married, widowed or single }

Profession }
or Calling }

Date du décès }
Date of death }

Durée de la maladie }
Duration of illness }

Cause de
la mort }
Cause of
death }

Primaire }
Primary }

Immédiate: }
Immediate: }

Je, soussigné, certifie que l'état ci-dessus est exact.
I, undersigned, certify that the above statement is correct.

Donné à }
Dated at }

Dans le cas où ce certificat ne serait pas
signé par un médecin, dites si c'est par
ce qu'aucun médecin n'a été appelé, et à
quelle distance le défunt se trouvait,
pendant sa dernière maladie, du domi-
cile du médecin le plus rapproché.

Should this certificate not be signed by a
physician, state if it is because no physi-
cian has been in attendance, and at what
distance from the residence of the near-
est physician the deceased resided during
his last illness.

Signature of the undersigned physician
M. D.

EXTRAIT DE LA "LOI D'HYGIENE PUBLIQUE DE QUEBEC"

" Tout médecin qui a donné ses soins professionnels pendant la dernière maladie d'une personne décédée, doit, sous sa signature, certifier le décès et la cause du décès de cette personne.

" S'il devient impossible d'obtenir le certificat du médecin traitant ou si aucun médecin n'a été appelé, le certificat doit être signé par le coroner ou par un juge de paix, lorsque la personne décédée a résidé, pendant sa dernière maladie, à une distance moindre que cinq milles du médecin le plus rapproché; mais si cette distance est de cinq milles et plus, le certificat peut être signé par le coroner ou par un juge de paix ou par un ministre de la religion ou par deux personnes dignes de foi qui attestent, au meilleur de leur connaissance et de leur opinion, la cause du décès.

" Tel certificat ou un récépissé de tel certificat donné par l'autorité municipale est exigé par la personne préposée par le Code Civil à l'enregistrement des actes de l'état civil et doit lui être remis avant qu'elle puisse présider à l'inhumation ou en accorder le permis.

" Si le cimetière où doit être inhumé le cadavre n'est pas celui qui est à l'usage du lieu où la personne est décédée, le certificat de décès est remis au secrétaire-trésorier de la municipalité du point de départ, ou à toute autre personne préposée à cet effet par le conseil municipal, qui donne en échange un permis de transport, d'après formule approuvée par le Conseil d'hygiène. Ce permis de transport est accepté, à l'égal du certificat, par la personne qui préside subséquentement à l'inhumation. Aucun permis n'est donné si les prescriptions des règlements du Conseil d'hygiène, concernant le transport des cadavres, ne sont pas exécutées.

" Le premier jour juridique de chaque mois, la personne préposée à l'enregistrement des actes de l'état civil, transmet au Conseil d'hygiène de la Province les certificats reçus par elle pendant le mois précédent.

" En temps d'épidémie, le Conseil d'hygiène de la Province peut requérir l'envoi de ces certificats plus souvent qu'une fois par mois.

" Les certificats sont détruits immédiatement après la compilation des statistiques.

EXTRACT FROM THE "QUEBEC PUBLIC HEALTH ACT"

" Every physician, who has been called upon to give professional services during the last sickness of any deceased person, shall, under his hand, certify to the death and cause of death of such person.

" If it is impossible to obtain the certificate of the attending physician or if no physician has been called in, the certificate shall be signed by the coroner, or by a justice of the peace, whenever the deceased resided during his last illness less than five miles from the nearest physician; but if such distance is five miles or more, the certificate may be signed by such coroner or justice or by a clergyman, or by two credible persons, who shall state, to the best of their knowledge and belief, the cause of death.

" Such certificate, or a receipt for such certificate given by the municipal authority, shall be required by the person entrusted by the Civil Code with the registration of acts of civil status and must be delivered to him before he can proceed to the interment or grant the burial permit.

" If the cemetery wherein the body is to be buried is not that in use for the place where the death occurred, the certificate of death is given to the secretary-treasurer of the municipality of the place whence the body is taken, or to any other person appointed for that purpose by the municipal council, who shall give in exchange a transport permit according to the form approved by the Board of Health. Such transport permit shall be accepted as equivalent to the certificate by the person who afterwards officiates at the burial. No permit shall be given unless the requirements of the by-laws of the Board of Health, respecting the transportation of corpses, have been carried out.

" On the first juridical day in every month, the person entrusted with the registration of acts of civil status, shall forward to the Board of Health of the Province the certificates received by him during the preceding month.

" During epidemics, the Board of Health of the Province may require such certificates be sent oftener than once a month.

" The certificates shall be destroyed immediately after the compilation of the statistics."