

MOBILIZATION CENTRE M. D. 5

DUPLICATE

5th M. D. First Depot Battalion Second Quebec Regiment

Regtl. No. 3289503

22/10/18

PARTICULARS OF RECRUIT DRAFTED UNDER MILITARY SERVICE ACT, 1917



(Class One)

1. Surname Dunn

2. Christian name Antoine

3. Present address L'Ance au Griffon Gaspé Co. P. Q. Canada

4. Military Service Act letter and number 224226 EC
(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 25 March 1897

6. Place of birth For River Rivier au Renard Gaspé Co. P. Q. Canada
(town, township or county and country)

7. Married, widower or single Single

8. Religion Roman Catholic

9. Trade or calling Fisherman

10. Name of next-of-kin Albert Dunn

11. Relationship of next-of-kin Father

12. Address of next-of-kin For River Riviere au Renard Gaspé Co. P. Q. Canada

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

14. Particulars of previous military or naval service, if any None

15. Medical Examination under Military Service Act :—
(a) Place Quebec P. Q. (b) Date 20-7-18 (c) Category A-2

DECLARATION OF RECRUIT

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

Witness
[Signature]

Antoine X Dunn (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age 21 yrs. - mths.

Height 5 ft. 8 ins.

Chest measurement } fully expanded 37 ins.
range of expansion 3 ins.

Complexion Medium

Eyes Brown

Hair Black

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

Small left variocelle

M. S. A.

[Signature]
O. C. Captain
Depot Btm.
C. C. Mobilization Centre M. D. 5
Regt.

Place Quebec P. Q. Date 20-7-18.

Regiment _____ Depot Battalion _____ M. G. S. _____

PARTICULARS OF RECRUIT

ENLISTED UNDER MILITARY SERVICE ACT, 1917

(Class _____)

1. Surname _____

2. Christian name _____

3. Present address _____

4. Military service Act form number _____

5. Date of birth _____

6. Place of birth _____

7. Marital status _____

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 Army Medical Department _____

14. Particulars of previous military service, if any _____

15. Medical examination under Military Service Act _____

(a) Date _____ (b) Place _____

DECLARATION OF RECRUIT

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

(Signature of Recruit)

DESCRIPTION OF CALLING UP

Particulars	Remarks
1. Description of calling up	
2. Date of calling up	
3. Place of calling up	
4. Name of commanding officer	
5. Name of depot	
6. Name of regiment	
7. Name of corps	
8. Name of division	
9. Name of army	

Report made by _____

(Signature of Reporting Officer)


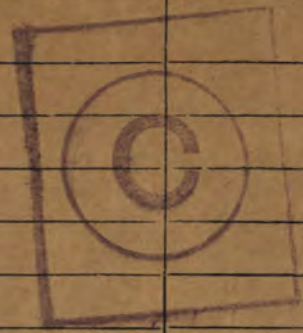
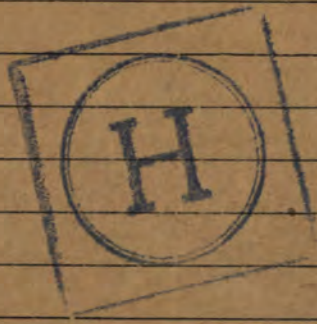
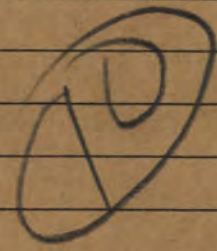
Place _____

REGIMENTAL DOCUMENTS

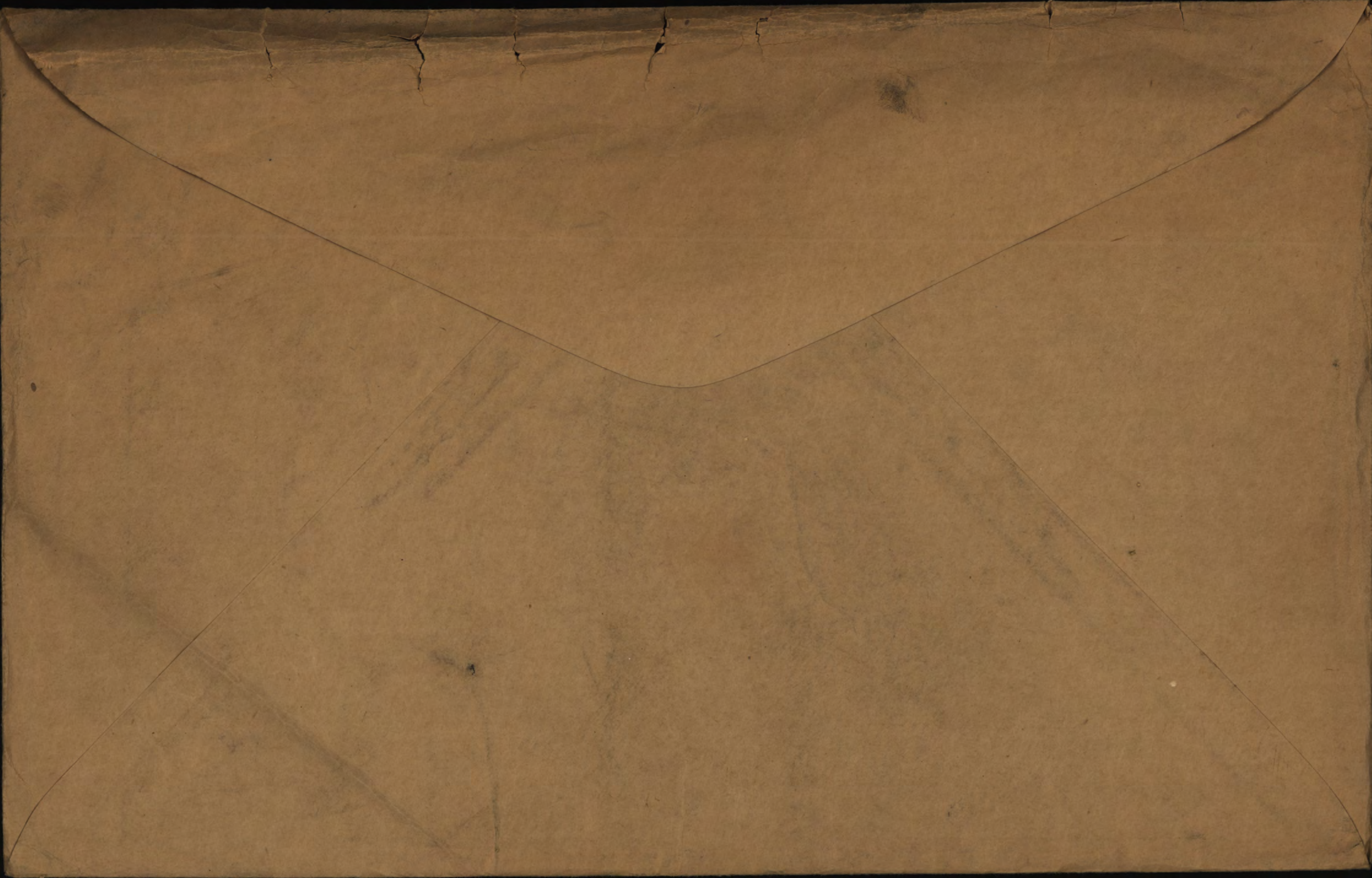
A.C. 19
12.6.19

NAME *Dunn Antoine*

(Pc) REGT. NO. *3289503* UNIT *1/2 Que. Regt.* H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
	ATTESTATION PAPER (M.F.W. 23, 133, or 51)				<p><i>300</i></p>	DEATH
	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
	TRAINING HISTORY SHEET (M.F.W. 113)					<i>Deceased</i>
	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					<i>17-14-19</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)					
<i>2</i>	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
<i>1</i>	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)					
	PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					
	LAST PAY CERTIFICATE (M.F.W. 44)					
<i>Doc. S.F. 10</i>	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)					
<i>1</i>	<i>Cert. Cur. Abs. W. P.</i>					
<i>1</i>	<i>With Copy</i>					
<i>1</i>	<i>in orig</i>					
						<i>19-18</i>
						<i>34-18</i>
						<i>29-19</i>
						<i>1</i>

M + 25-8-21



Surname

Dunn

Christian names

Antoine

Regtl. No.

3280503

Rank

Pte

Unit

2nd Que Regt Lt. Ops. Am.

H. Q.

M. D. No.

T. O. S.

July 20 19 18

D. O. Pt.

1-11-18 put & after order 6/17/21

S. O. S.

Reason

Deceased

Auth.

AD 104-234-191/208

Next of kin

Dunn, Albert

Relationship

Father

Address

Fox River, Gaspé Co. P.Q.

Also notify:

BORN—Place

Canada, Fox River, P.Q.

Date

August 5th 1897

ATTESTED—Place

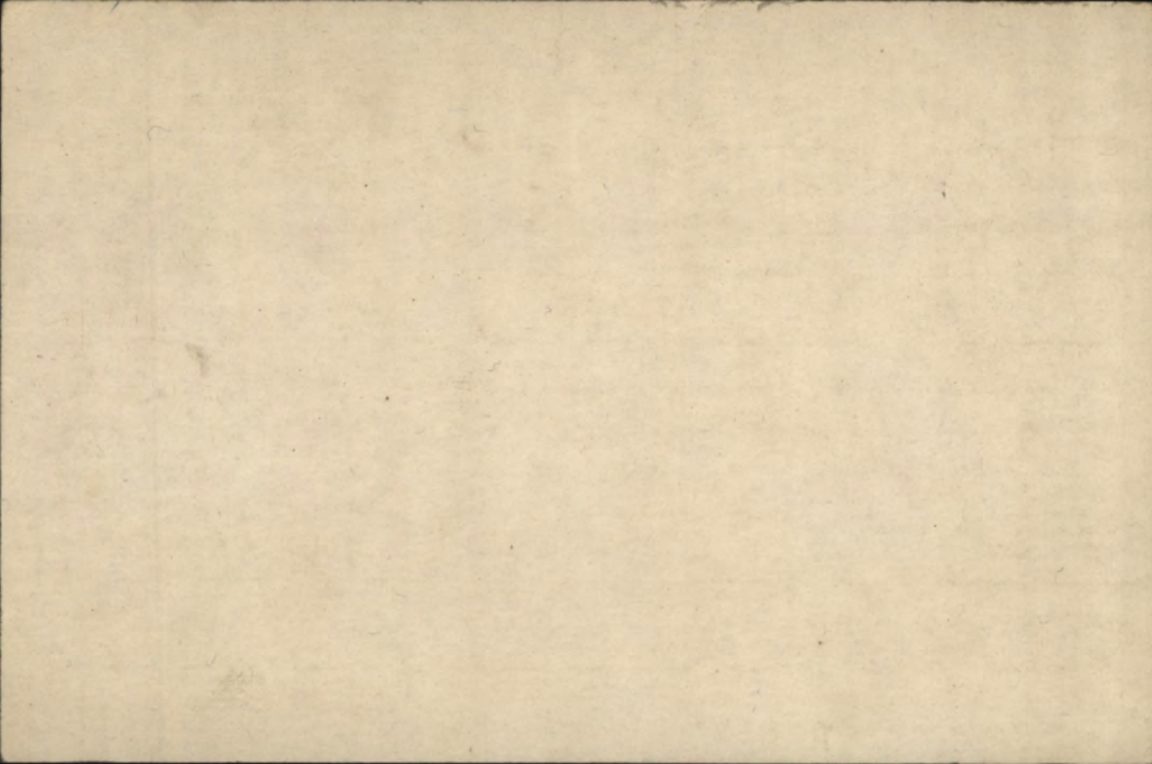
Quebec, P.Q.

Date

July 20th 1918

O/S

R/C



H. Q. 649-D-18540.

DUNN, Pte. Antoine, #3289503, 1st/2nd Que. Regt.

Med & D (Nil)

P & S (Nil) DIED ON HARVEST LEAVE.

Des. #807035

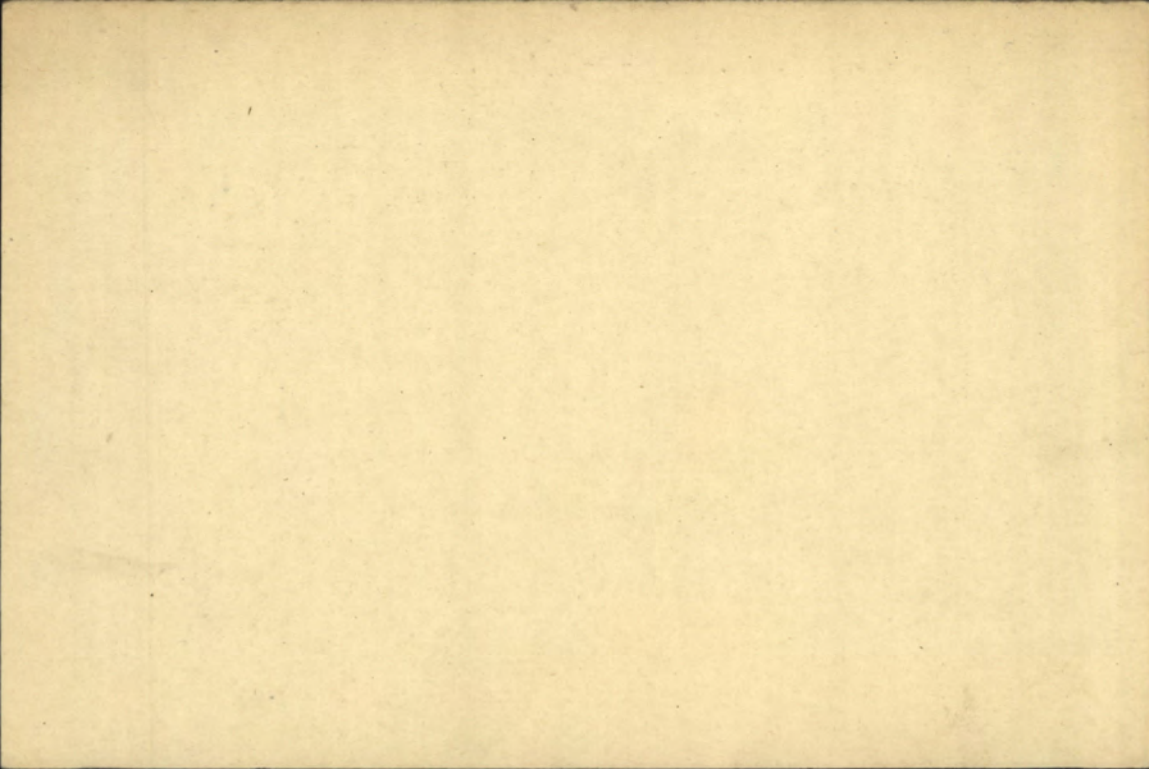
Mem Cross (Nil)

Canada only

050014

B-

ac



MOBILIZATION CENTRE M. D. 5

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

Casualty Form—Active Service

H. Q. 1000



Unit, Regiment or Corps. 1st Depot Battrn 2nd Quebec Regt

Regimental No. 3289503 Rank Pte Name Dunn Antoine
C. E. F.

Enlisted (a) 20-7-18 Terms of Service (a) C.E.F. Service reckons from (a) 20-7-18

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. 38, 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. 38, or other official documents
Date	From whom received				
		Struck off strength on account of death having died while on Leave (Influenza) D.O. Part II No. 104 appendix para. 5	Quebec	17.4.19. 1.11.18	auth after order 64 of 17/5/1 J. J. Scott

m x
25-2-21
ac

[Signature]
 LT-COL.
 1st DEPOT BATTALION, 2nd QUEBEC REGIMENT.



(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.

Mobilization Centre M. D. 5

FORM OF WILL 17-D-1290

SEE INSTRUCTIONS ON BACK

U. S. No. _____

If you do not specifically mention your life insurance it will be assumed to pass by this will.



Name, &c. I, Antoine Dunn

Regimental number 3289503 Rank _____ Pte _____ serving in the

1st Depot Battrn 2nd Quebec Regt Canadian Expeditionary Force,

declare this to be my last will, revoking all previous wills, if any.

Executor I appoint //////////

whose address is //////////

to be the executor of this my last will.

//////////

//////////

//////////

General gift I give to Albert Dunn my father

whose address is Riviere au Liniere Gaspé Co. P. Q. Canada

all my property not disposed of above.

Date Dated at Quebec P. Q. this 20-7-18. 1911

Signature Antoine X Dunn
Signature of Testator.

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
Witnesses Signature [Signature]
Address Drill Hall Quebec P. Q.
Occupation Clerk

2nd WITNESS
Witnesses Signature [Signature]
Address Drill Hall Quebec P. Q.
Occupation Clerk

4

4

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.

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, Antoine Dunn.

Regimental number 3289503 Rank Pte. serving in the

1st. Depot Battn. 2nd Quebec Regt. Canadian Expeditionary Force,

declare this to be my last will, revoking all previous wills, if any.

Executor

I appoint //////////

whose address is //////////

to be the executor of this my last will.

//////////

//////////

General gift

I give to Albert Dunn. my father.

whose address is Riviere au Liniere, Gaspé Co. P.Q. Canada.

all my property not disposed of above.

Date

Dated at Quebec. P.Q. this 20-7-18. 191.....

Signature

His
Antoine X Dunn.
Mark. 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 P.P. Tromblay. Pte.

Signature J.P. Boucher. Pte.

Address Drill Hall, Quebec, P.Q.

Address Drill Hall, Quebec, P.Q.

Occupation Clerk.

Occupation Clerk.

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.

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT *J*

NAME OF SOLDIER *Thomson Antaine*

REGIMENT

RANK

No. *3289503*



INSTRUCTIONS

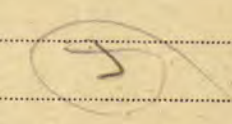


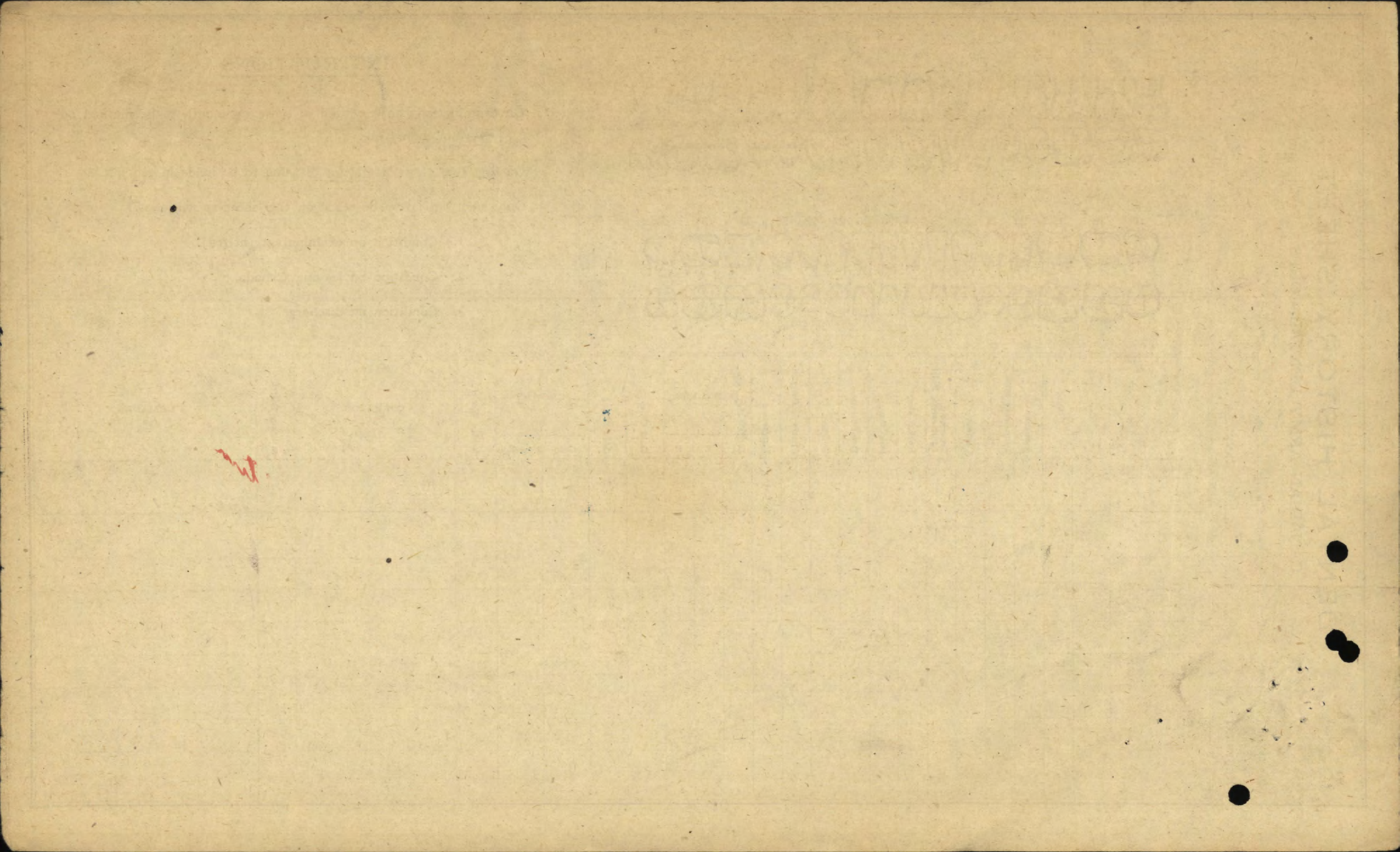
1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.

Only such entries to be made on this sheet as will show:

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge.

Condition on first Examination	Date	Amalgam	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhoea	Synthetic Porcelain	Extracting	DENTURES			Gold Clasp	Gold Filling	CROWNS		Bridge Work	OPERATOR	Military District	REMARKS
												U	L	P			Gold	Porcelain				
	<i>July 23, 1918</i>										<i>1/3</i>								<i>B. L. ...</i>	<i>1</i>	<i>low 30</i>	





LOI DU SERVICE MILITAIRE
FEUILLE MÉDICALE

list-90

3289 503

20

(2)

Signature de l'homme

IMPORTANT.—Si le nom de l'homme n'apparaît pas sur la liste des hommes répondant à l'appel, ou s'il n'a pas fait une demande d'exemption ou une déclaration d'être prêt à répondre au service militaire ou, dans le cas où il aurait fait l'une ou l'autre, s'il en ignore le numéro, on l'informerait qu'il doit attacher la copie de cette feuille médicale (qu'on lui remettra) à la déclaration ou à la demande d'exemption qu'il pourra faire en s'adressant à n'importe quel maître de poste en Canada, ou envoyer lui-même après avoir marqué dessus le numéro du reçu qu'il a reçu du maître de poste, au Registraire ou au député Registraire de la Loi du Service Militaire. Dans tous les cas le double de cette feuille médicale sera envoyé par le Bureau Médical au Commandant du District à moins que ce dernier n'ait donné ordre de l'envoyer directement au Registraire ou Député Registraire.

- 1. Nom de famille..... *Dunn* Nom de baptême..... *Antoine*
- 2. Numéro de la réponse à l'appel ou de la demande d'exemption d'après le reçu du maître de poste ou la liste..... } *224236*
- 3. Numéro consécutif de la liste des déclarations (s'il y apparaît).....
- 4. Adresse (y compris la rue et le numéro s'il en existe)..... } *L. Ance. Griffon & Gauthier*

Voici les renseignements exacts qui résultent de l'examen du sujet ci-dessus nommé, fait le *20* jour de *July* 1917, par le bureau médical soussigné siégeant à *Drill Hall 2nd.*

- 5. Âge affirmé..... *21* ans..... mois.....
- 6. Âge apparent..... *21* ans..... mois.....
- 7. Hauteur..... *5* Pieds..... *8* pouces.....
- 8. Poids..... *146* livres.....
- 9. Mesure de poitrine { Minimum..... *34*pouces
Maximum..... *37*pouces
- 10. Couleur..... *Medium* { Yeux..... *Brown*
Cheveux..... *Black*
- 11. Développement physique..... *Fair* { Bon
Moyen
Pauvre
- 12. Marques de vérole.....
- 13. Nombre de vaccinations { Bras droit.....
Bras gauche.....
- 14. Dernière vaccination.....
- 15. Indices distinctives et indices de particularités congénitales ou de maladie antérieure..... *Small left*

16. Défauts légers insuffisants pour l'exemption..... *nil*
Le sujet nie avoir souffert de { Rhumatisme
Tuberculose
Syphilis } Nous ne trouvons pas de preuve qu'il ait souffert de { Rhumatisme
Tuberculose
Syphilis }

(Rayez la maladie admise ou soupçonnée.)
Nous avons examiné le sujet ci-dessus nommé, conformément aux règlements pour les examens médicaux des F.E.C. et il est classé dans la catégorie **AH**

AR Farrell Capt. Président.
JJ Gibson Capt. Membre

Date	Résultat	VACCINÉ	Date	Résultat	INNOCULATIONS, ANTI-TYPHOÏDES, ETC.
<i>22-7-18</i>		<i>Stellwell</i> O.M.	<i>22-7-18</i>		<i>Stellwell</i> O.M.
		O.M.			O.M.
		O.M.			O.M.

Enrôlé le..... jour de..... 191..... à.....

CORPS	No. dans le régiment	HABITUDES	DATE
Enrôlé.....			
Transféré à.....			

EXAMINÉ OU REFUSÉ PAR UN BUREAU MÉDICALE.

QUARTIER	DATE	MALADIE	RÉSULTAT
<i>(2)</i>			<i>(19)</i>

MOBILIZATION CENTRE M. D. 5
CANADIAN EXPEDITIONARY FORCE

28

CERTIFICATE OF LEAVE OF ABSENCE WITHOUT PAY.

(In duplicate) *ny*

THIS is to certify that No. 3289503 Rank Private

Name in full Dunn Antoine

228226

REGISTRY OFFICE
1/2 Q. R. REG. DIST.
FD-326
FEB 8 1918
1/2 Q. R.

having been drafted under the Military Service Act, 1917, and taken on the strength of the 1st. Dep. Bat. 2nd. Quebec Reg

has, subject to the conditions undernoted, been granted conditional leave of absence without pay until August 26th. 1918 only, Cat. A-2

The address to which any notice requiring me to perform any military duty may be sent is L'Anse aux Griffons, Gaspé Co., P.Q. Canada

and I understand that I am to report to the Officer Commanding Military District at on the first day of January, April, July and October in each year, my occupation and address and whether the conditions of my leave are still in force, and that I am also to notify such officer of any change of address in the interval between the dates mentioned. I understand clearly that if I fail in giving notice, I shall be liable as an absentee without leave.

S. V. P. ADRESSE TOUJOURS CORRIGEE

Witness: *J. P. Bouché*

Lis Antoine x Dunn
(Signature of man)

"This Certificate was granted at Drill Hall, Quebec this 26th day of July 1918 on the following grounds* until August 26th. 1918 only, Cat. A-2

RECEIVED
M. D. 5
M. D. 5

(Sec. 1, par. a, R.O. 589)

M. Munnick

Officer Commanding.

* Statement for grounds for Grant of Leave to correspond with statement in Proceedings on Grant of Leave of Absence without pay (M.S.A. 62), unless Leave is granted on Medical grounds, in which case the following will be inserted:

"Until men in Category "C", "D", or "E", (as the case may be) are ordered to report for duty, or re-examination."

J.P.

DESCRIPTION ON GRANT OF LEAVE

(To identify the holder of this certificate)

Age.....21.....yrs.....-.....months at date of grant of leave

Height.....5.....ft.....8.....inches

Complexion.....Medium.....

Eyes.....Brown.....

Hair and how brushed.....Black and parted right side.....

Moustache, colour and description.....Clean shaven.....

General appearance.....Fair.....

Distinguishing marks such as moles, tattoo marks, etc.....

.....Small left varicocelle.....

Character while in the service.....



Certified to be correct description.

[Handwritten signature]

MAJOR
O.C. D. C. MOBILIZATION CENTRE M. D. S.

To be signed by the soldier.

I hereby acknowledge that I have received all the pay, allowances and clothing to which I have become entitled up to the present date.

Dated.....July 26th.....1918.....191

[Handwritten signature]
his
mark
[Handwritten signature]

died.

1-11-18

Carose not stated

