

4 M. D. Depot Battalion Regiment

Regtl. No. D-172497

PARTICULARS OF RECRUIT DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class ONE.)

1. Surname DUPONT
2. Christian name Adelard
3. Present address Bellerive Valleyfield Co Beauharnois PQ Can
4. Military Service Act letter and number Never registered
5. Date of birth April 26th 1894
6. Place of birth Bournierville Co PQ Can
7. Married, widower or single Single
8. Religion Roman Catholic
9. Trade or calling Laborer
10. Name of next-of-kin Mr Joseph Dupont
11. Relationship of next-of-kin Father
12. Address of next-of-kin Bellerive Valleyfield Co Beauharnois PQ
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 24-8-18 (c) Category B2

DECLARATION OF RECRUIT

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

Adelard Dupont (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age 24 yrs. 4 mths.
Height 5 ft. 3 ins.
Chest measurement fully expanded 35 ins. range of expansion 3 ins.
Complexion Brown
Eyes Brown
Hair Brown

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

Commanding 2nd Depot Bn., 2nd Quebec Reg't. Depot Btln.

Place Montreal PQ Can Date 11-11-17

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

Class

1. Name

2. Christian name

3. Present address

4. Military service number and number of the draft certificate

5. Date of birth

6. Place of birth

7. Married 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 present member of the Army or Navy

14. Particulars of his service if he has been in any of the forces

15. Medical examination number if he has been in any of the forces

(a) Place of birth (b) Date of birth (c) Date of entry into service

DECLARATION OF RECRUIT

I, the undersigned, do hereby declare that the above particulars are true and correct.

(Signature of Recruit)

DESCRIPTION OF CALLING UP

Apparatus	Weight	Material	Condition	Completion	Extra	Remarks

Place of birth

Date

M. S. No.

25-10-1897 deceased

DISCHARGE DOCUMENTS

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



- 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..... 1
- Proceedings of Regt. Court Martial.....
- Copies of Convictions by Civil Power.....
- Company Conduct Sheet.....
- Clothing Transfer Certificate.....
- Inventory of Kit.....
- Last Pay Certificate.....

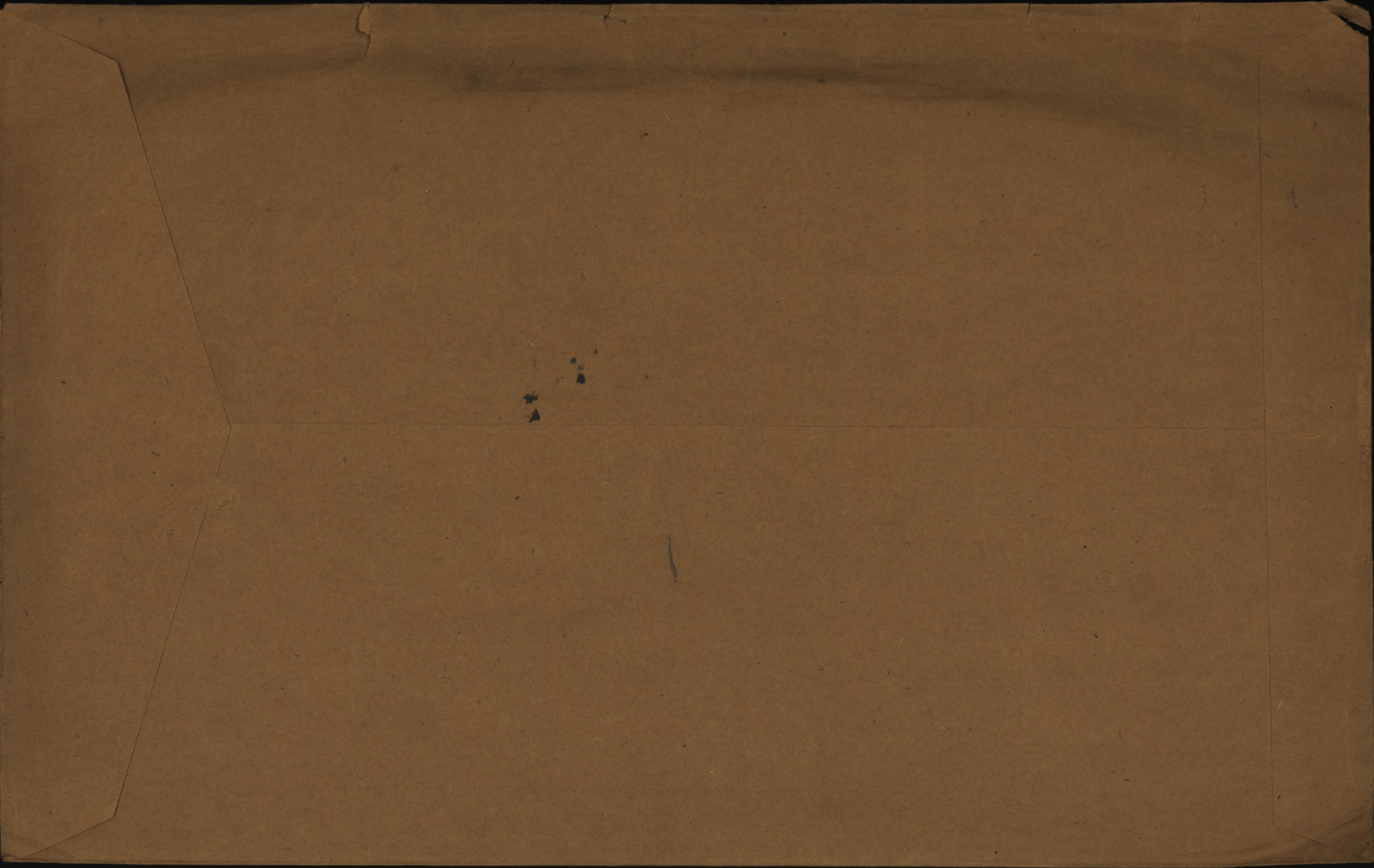
Name DUPONT, ADELARD
 Regt. No. 3172497 Rank Pte
 Corps 9th Depot Bn. 2nd Div. Regt 41230

Deceased



m 70113-1
 a 7B 1221
 m 7B 465-1

1-6
 1-6

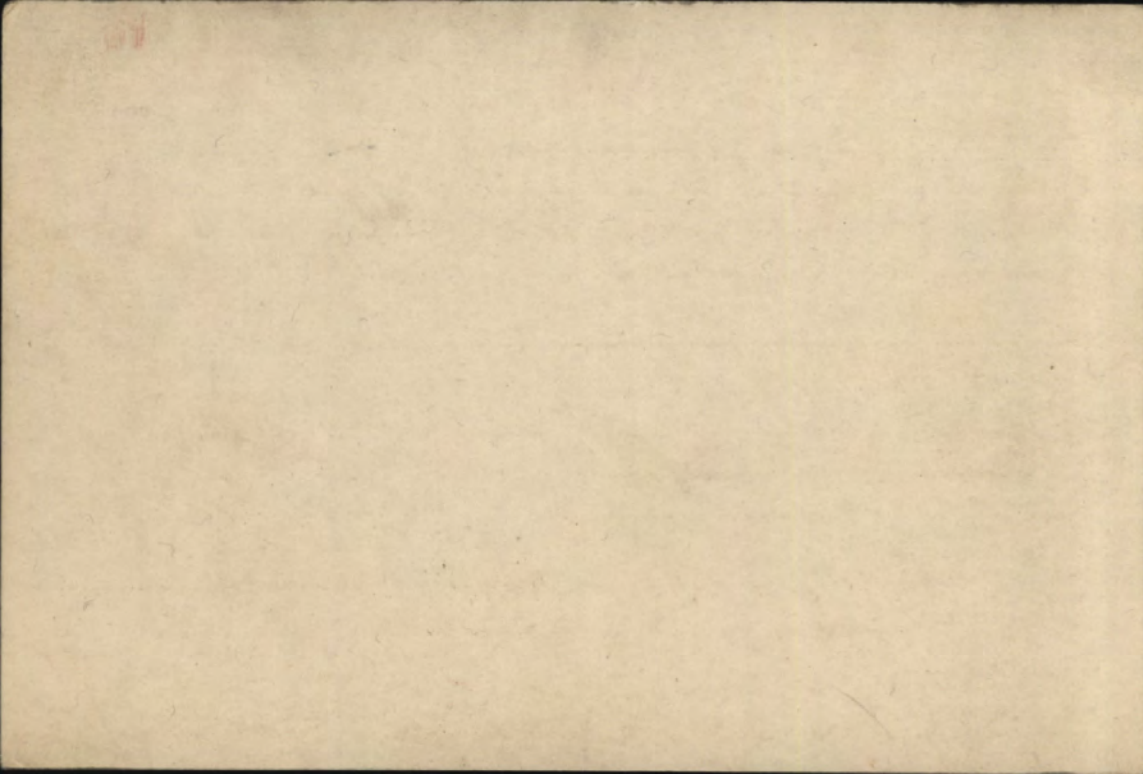




Surname Dupont M. D. No. 4
 Christian names Adelard T. O. S. Nov. 11th 1917
 Regtl. No. 3172497 Rank Pte. D. O. Pt. IP 38 of 27-8-18
 Unit 2nd Que. Regt. 2nd Dep. Bn. S. O. S. 1917 Reason
 Auth.

Next of kin Dupont Joseph Relationship Father
 Address Bellefleur, Valleyfield, W. I. Also notify:

BORN—Place Canada, Fournierville, P. Q. Date Apr. 26th 1894
 ATTESTED—Place Montreal, P. Q. Date Nov. 11th 1917
 O/S R/C



LEDGER NO.

3938 - 193.

SERIAL NO.

638376.

REG. NUMBER

3172497

NAME

Dupont A.

RANK

Pte

CORPS

2/6 2. R.

AGE

SERVICE

NAME OF HOSPITAL

G. G. E. H.

PLACE

Montreal

DATE OF ADMISSION

6-10-18'

DISEASE

Influenza - (Pneumonia)

TRANSFERRED TO OTHER HOSPITALS

Died 12-10-18'

OPERATION

DISCHARGED TO

IN CATEGORY

M. F. W. 2553.

50m. - 6-18.
1772-39-1334

P. T. O.

REMARKS:.....

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649-D-15224

FRENCH

Unit 94 11/10/18

✓
DUPONT, Adélarde ✓

✓
(Pte) No. 3172497 ✓

2nd Alpo. Que. Rgt.

Medals and Decorations (Father) Joseph Dupont, Esq
Valleyfield, Que
Co. Beauharnois,

Plaques and Scroll (Father) Joseph Dupont, Esq.,
address as above.

Rec # 807037

MAY 4 - 1918 Regn. No. *2-14/375*

Scroll Desp.

87259

Memorial Cross. (Mother) Madame ~~Recd. No.~~ Dupont,
address as above.

Canada only

75

-13-

M 47072 MAR 3 1921

796

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.

MILITIA & RESERVE
OCT 20 1918
H.Q. CANADA

Name, &c. I, DUPONT Adolard

Regimental number 317 2497 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.....

whose address is.....

to be the executor of this my last will.

General gift I give to..... Mr Joseph Dupont

whose address is..... Bellerive Valleyfield Co

all my property not disposed of above. Beauharnois PQ Can

Date Dated at Montreal PQ Can this 24-8-18 191.....

Signature Adolard Dupont
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 Leo Paul Robillard

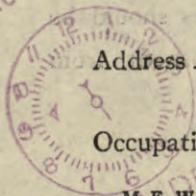
Signature GHB

Address Paul St. Plus

Address Paul St

Occupation Solam

Occupation Solam



M. F. W. 82
120m-4-18
1772-39-983
MIL. A.M. 00 DEF. 1918

22-10-18
-6599

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.

2726.R.

GHV

MILITARY SERVICE ACT, 1917.

ORIGINAL

MEDICAL HISTORY SHEET 3172497

1. Surname..... **DUPONT** Christian name..... **Adelard**
 2. Number of report for service or claim for exemption according to Postmaster's Receipt or schedule..... } **Never registered**
 3. Consecutive number on schedule of men reporting for service (if he appears on it)..... } **-----**
 4. Address (including street and number if any)..... } **Bellerive Co Beauharnois P. Can**

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the **24th** day of **August 1918**, by the undersigned medical board sitting at **Peel st Bks Montreal P. Can**

5. Age as stated **24** Years **4** Months. 6. Apparent age..... Years..... Month.....
 7. Height..... Feet..... **3** Inches. 8. Weight..... **28** Pounds.
 9. Chest measurement { Minimum..... **32** Ins. 10. Complexion..... **Brown** { Eyes..... **Brown**
 { Maximum..... **35** 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.....

16. Slight defects but not sufficient to cause rejection.....
 The man denies having had { Rheumatism, Epilepsy Syphilis We find no evidence of past { Rheumatism Tuberculosis Epilepsy Syphilis Nervous or Mental disorder. Asthma. { Nervous or Mental disorder. 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

B²

17. (a) Vision. R..... L.....
 (b) Hearing. R..... L.....

Amblyopia convex lens
W. Leung Esq. President.
Member. *Member.*

Signature of Man **Adelard Dupont**

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
		M. O.			M. O.
		M. O.			M. O.
		M. O.			M. O.

Joined **24th** day of **August** 19 **18** **Montreal P. Can**

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment		D		24-8-18
Transferred to.....	2nd DEPOT 3172497 QUEBEC REG'T.			

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.

