

4 M. D. 2nd Depot Battalion 2nd Quebec Regiment
Regtl. No. 4035265

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class 1)

1. Surname Durocher
2. Christian name William
3. Present address 238 1/2 St Antoine St. Montreal, Que
4. Military Service Act letter and number Not Registered
5. Date of birth (unknown)
6. Place of birth Vankeek Hill, Que. Canada
(town, township or county and country)
7. Married, widower or single Married
8. Religion R. C.
9. Trade or calling Laborer
10. Name of next-of-kin Garry Durocher
11. Relationship of next-of-kin Wife
12. Address of next-of-kin 1180 Henri-Julien, Montreal, Que
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 Montreal, Que (b) Date 11-11-17 (c) Category A2

Mobilization Certificate
FEB 14 1918
MONTREAL, P. Q.

DECLARATION OF RECRUIT

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

William Durocher (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age 26 yrs mths.
Height 5 ft 8 ins.
Chest measurement } fully expanded 35 ins.
 } range of expansion 4 ins.
Complexion Fair
Eyes Blue
Hair Fair

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

R. D. = 20
L. D. = 20
R. EAR OK
L. EAR OK

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

Place Montreal, Que Date 11-11-17

PARTICULARS OF RECRUIT
DRAFTED UNDER MILITARY SERVICE ACT 1917

Class

1. Name

2. Residential address

3. Present address

4. Military service of last war and number

5. Date of birth

6. Place of birth

7. Marital status or age

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, Navy or Air Force

14. Particulars of previous military service

15. Medical examination under Military Service Act

16. Particulars of previous military service

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

1. Name of calling

2. Nature of calling

3. Hours of work

4. Season of year

5. Nature of occupation

6. Nature of occupation

7. Nature of occupation

8. Nature of occupation

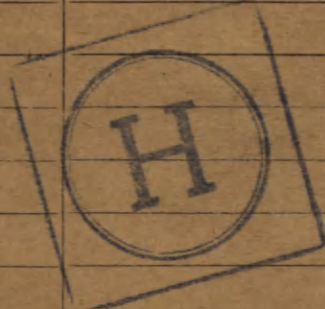
9. Nature of occupation

10. Nature of occupation

REGIMENTAL DOCUMENTS

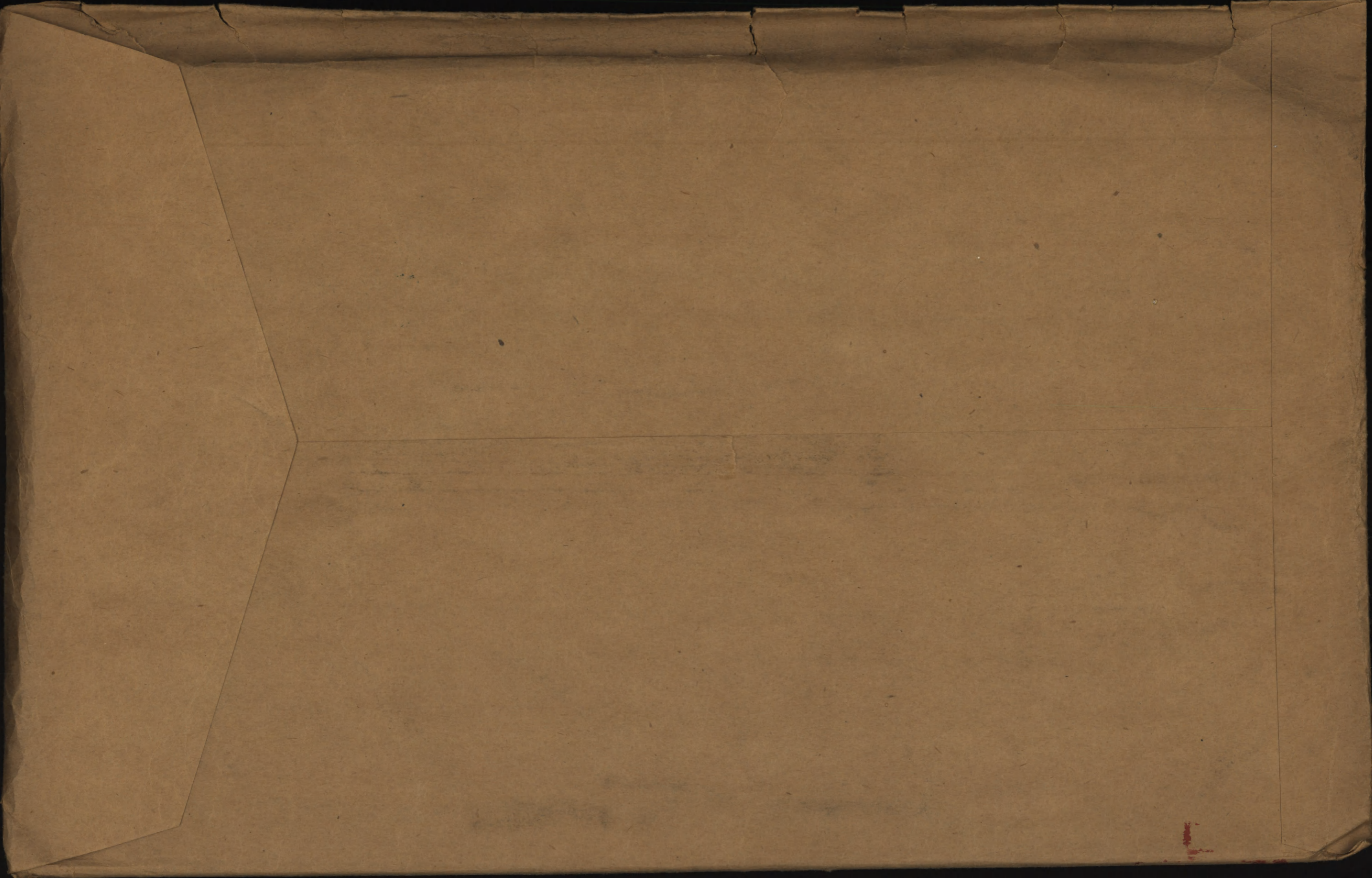
NAME DUBOCHER, WM. (Pvt.) REGT. NO. 4035265 UNIT 2nd Div 2nd Lt H. Q. FILE NO. _____

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
① ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
TRAINING HISTORY SHEET (M.F.W. 113)					
/ FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
/ REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
/ COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
// MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
/ DENTAL HISTORY SHEET (M.F.B. 465)				42216	Category
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					<i>Demob</i>
/ 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)					DESERTION
LAST PAY CERTIFICATE (M.F.W. 44)					
/ 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)					
/ C.A.D. G. 5009					11-18
/ M.F.W. 192					24-18
/ Casscard					34-18
2 2891237					1
Will filed 26-4-22					



Handwritten notes and scribbles in the top right area of the table, including dates like 9-22 and 4-22.

Handwritten initials 'M.L.' and a date '11-18' in the bottom left corner.



MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

41035265 = pk = J. Mocher
 No. Rank Surname
(Given name in full)

Unit or Corps DD4 Birthplace 2nd

(Examination of Officer or Other Rank (stripped) to be made by one Medical Officer.)

1. GENERAL DESCRIPTION:

Physique good Weight 135 lbs. Height 5-10 ft. Colour of Eyes Blue

Nutrition good

Pulse 76

Condition of arteries normal

Vision Rt. 20/20 Left 20/20

Hearing (conversational voice) Rt. 25 ft. Left 25 ft.

Identification marks, scars, or deformities.
 (Give cause and date of origin.)

tattoo
right arm

Opinion as to general health and physical condition good

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No"). (Subjective evidence may be sufficient in certain cases.)

Nervous System no Genito Urinary System no Cardio-Vascular System no

Special Senses no Integumentary System no Respiratory System no

Disturbance of mentality no Muscular System no Digestive System no

Osseous and Joint System no Any other general condition no

3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at (Overseas)

Date Signed M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

THIS SECTION FOR USE IN CANADA—

Examined at (Canada)

Date 17/3/15 - Signed A.E.V. [Signature] M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

(This space to be used, if necessary, in connection with Section 3, overleaf, only)

MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. 4035265 Rank Pvt Surname DUROCHER
 (Given name in full) William
 Unit or Corps 23rd Reg Birthplace Amelk Hill Ontario

(Examination of Officer or Other Rank (stripped) to be made by one Medical Officer.)

I. GENERAL DESCRIPTION:

Physique Good Weight 135 lbs. Height 5 ft. 10 in. Colour of Eyes Blue
 Nutrition Good
 Pulse 104
 Condition of arteries Good
 Vision Rt. 6/6 Left 6/6
 Hearing (conversational voice) Rt. 20 ft.
 Left 20 ft.

Identification marks, scars, or deformities.
 (Give cause and date of origin).
2 tato marks Indian,
scaph leaf, Clorped
hands. Right forearm.

Opinion as to general health and physical condition Good

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No") (Subjective evidence may be sufficient in certain cases.)

Nervous System No Genito Urinary System No Cardio-Vascular System No
 Special Senses No Integumentary System No Respiratory System No
 Disturbance of Mentality No Muscular System No Digestive System No
 Osseous and Joint System No Any other general condition No

3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

No

EXAMINATIONS

THIS SECTION FOR USE OVERSEAS—

Examined at Ripon, York (Overseas)

Date 10/4/19 Signed Walter B. ... M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature Walter B. ...

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

THIS SECTION FOR USE IN CANADA—

Examined at(Canada)

Date Signed M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature

(If not satisfied, M.F.B. 227 will be completed by a Medical Board.)

(This space to be used, if necessary, in connection with Section 3, overleaf, only.)

CR. Rank Name DUROCHER, William. ✓ Reg'l No. 4035265. ✓
 4th Dft. 2nd Ln QUE If in perm. Corps, }
What Unit? } Married or Single Married. ✓
 Place and Date of Enlistment Montreal, Nov. 11th. 1917. ✓ Place of Birth Vankleek Hill, Que. ✓
 Name and Address, Next-of-Kin Carry Durocher, ✓
 1180 Henri-Julien, Montreal, Canada. Relationship Wife. ✓

Assigned Pay Monthly \$ Payable to Relationship
 Separation Allowance \$ Payable to Relationship

N/E. R.B. No. ~~18509~~
 File R.L. 20739.
 Category _____
 O R CANADA

Discharge, Date and Place Reason 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		S/S GRAMPIAN		
16.4.18	10th Res	Taken on Strength	Perth Pt	24.18	D.O. 87 103 EW 24/4/18
19.8.18	23 Res	SOS from 12 Res Bn	---	18.8.18	DO #1952/19.8.18 10th P/A 231
19.8.18	---	SOS to 24 Bn O/Sea	---	18.8.18	P/A 231
10-1-19	24. Bn	Link. S.O.S. to Q.R.D.	Fla.	22.12.18	D.O. 3 of D.O. 13-16/19 Q.R.D. + 8032
3.2.19	Q.R.D.	SOS to 23th Res	Ripon	28-1-19	do 25 705 05/2/19 23rd Res
14.2.19	23rd Res	Lo St Rlyl 2 D 4	"	14-2.19	do 40 DO H. 4 MR. 15 2/19
3.3.19	4 MR	SOS to Canada MR 4	Rlyl Pt	22.2.19	-57

MX 114-22

FORM OF WILL

I, Durocher, William (Name in full)
Regimental Number 4035265 2nd Depot Bn. 2nd Quebec Regiment serving in

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

Lily Laura Rose Durocher
1180 Henri-Julien, Montreal, Que
Name and Address of person or persons to whom it is to go.

absolutely, and my personal estate I bequeath to

Lily Laura Rose Durocher
1180 Henri-Julien, Montreal, Que
Canada
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 20 day of February A.D. 1918
William Durocher Signature of Soldier.

*N.B. Personal estate includes pay, 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.

Signature of First Witness [Signature]
Address of Witness 1180 St Barrocks Montreal
Occupation of Witness Soldier
Signature of Second Witness [Signature]
Address of Witness 1180 St Barrocks
Occupation of Witness Soldier

THE TWO WITNESSES MUST SIGN HERE

FORM OF WILL

I, the undersigned, do hereby certify that the foregoing is a true and correct copy of the original of the will of the testator, as the same appears from the records of the probate court in and for the county of ... State of ...

Witness my hand and seal at the city of ... this ... day of ... 19...
Notary Public for the State of ...

NOTE

This will is subject to the provisions of the Act of March 22, 1907, relating to the wills of testators dying after the death of the testator.

THE STATE OF ...
COUNTY OF ...

Witness my hand and seal at the city of ... this ... day of ... 19...
Notary Public for the State of ...

Signature of Testator

Address of Testator

THE TWO

Witnesses

Signature of Witness

THE TWO

Address of Witness

Occupation of Witness

19...
19...
19...

in only.—Unit, Number, Rank and Name.

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

500M.—9-16
H. Q. 1772-39920.

Casualty Form—Active Service.

2nd DEPOT BN. 2nd QUEBEC REGT.

Unit, Regiment or Corps

Regimental No. 4035265

Rank Plt

Name Ruescher William

Enlisted (a) 11-11-17

Terms of Service (a) C. E. F.

Service reckons from (a) 11-11-17

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) Labour

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				
		Embarked	Canada	24/3/12	J. M. J. Grampian
		Arrives	England	3.4.18	
16/4/18		O.C. 10th Can. Res. Bn. T.O.S. on transfer from Canada	B. Skott	3/4/18	D. O. P. 11 87
19.8.18		C. 10th. Res. Bn. Transf. to 23rd Bn, C. E. F. B. Skott		18.8.18	D. P. 11. O. 195
		in proceeding overseas	Salardean		Ass-Adj. 10th. Can. Res. Battn.
19.8.18	23rd CAN. RES. BN.	TAKEN ON STRENGTH	do	18.8.18	R. P. H. O. No. 231
19.8.18	do	Passed to 24th Bn	do	18.8.18	do 231

(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.

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				
20.8.18	C. I. B. D.	T. O. S. 24 TILLEN ON ARRIVAL	FRANCE	20/8/18	DO. No. 87 4/918 N. R. A732
20.8.18	C. I. B. D.	S. O. S. TO C. R. C.	FIELD	23/8/18	N. R. D1354.
23.8.18	C. R. C.	T. O. S.	"	23.8.18	N. R. A1312
26.8.18	Q. C. R. C.	S. O. S. TO UNIT	"	26.8.18	N. P. B1318
30.8.18	UNIT	JOINED UNIT	"	27.8.18	B. 213
11.12.18	22. Gen	Bronchitis	22. General	11.12.18	N 1788
22.12.18	22. Gen	do	England	22.12.18	N 2080
10.12.18	32 CCS	do	32 CCS.	9.12.18	N 617
10.12.18	"	do	6 a 9m	9.12.18	
22.12.18	22 Home	INVALIDED Sick TO ENGLAND AND POSTED TO QUEBEC REGTL. DEPOT BRAMSHOTT. PER "A. T. <u>Jann Dreydel</u> "	ENGLAND	22/12/18	N 3083-6649. 20.3 of 1919
14.1.19	Q. R. D.	H. O. S. from 24th	Beckett.	4.1.19	DD. 13
5/2/19	28th CAN. RES. BN.	TAKEN ON STRENGTH	Ripon	28/1/19	Major for Lt-Col., A.A.G. Canadian Section G.H.Q. 3rd Echelon B.C.F. D.P. II. S. No 32

CANADIAN ARMY DENTAL CORPS, O.M.F.C.
DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) DUROCHER, W.
 REGIMENT 33rd RES BN RANK PTE No. 4035265
 Date of Examination in England 1 FEB 1919 Date of Examination in France _____

DIRECTIONS TO DENTAL OFFICERS

1. This form will be made out for each individual at the time of Demobilization in England or France.
2. Figures as per chart will be used to designate teeth concerned.
3. In reference to Partial Dentures the numbers of teeth thereon will be stated.



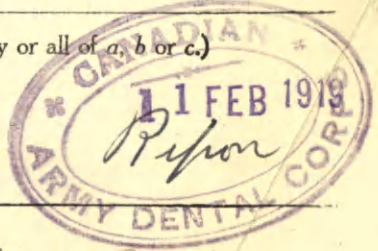
PRESENT DENTAL REQUIREMENTS

1. FILLINGS 24.
2. EXTRACTIONS _____
3. CROWNS _____
4. DENTURES
 - (a) Full Upper _____
 - (b) Part Upper _____
 - (c) Full Lower _____
 - (d) Part Lower _____

HAS HE EVER REFUSED DENTAL TREATMENT? No

HAS HE EVER RECEIVED DENTAL TREATMENT? (Reply by "Yes" where applicable to any or all of a, b or c.)

- (a) In Canada _____
- (b) In England yes.
- (c) In France yes.



Signature of Dental Officer R. P. ...

STATE OF NEW YORK
OFFICE OF THE COMMISSIONER OF LABOR

DORCHESTER
344 NEW BROAD ST
NEW YORK

Dear Sir:
I have the honor to acknowledge the receipt of your letter of the 10th inst. in relation to the above named establishment.
The same has been referred to the Bureau of Inspection and Investigation for their consideration.

Very truly,
Yours,
C. J. ...

CC
CJ
CJ

1/2

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT *4*

271319

NAME OF SOLDIER *Durocher W*

REGIMENT *24*

RANK *Plt.*

No. *4035265*



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	Pyrrhoxa	Synthetic Porcelain	Extracting	DENTURES			Gold Clasp	Gold Filling	CROWNS		Bridge Work	OPERATOR	Military District	REMARKS	
												U	L	P			Gold	Porcelain					
<i>Good max 17</i>	<i>10/19</i>																					<i>Amputee for discharge</i>	

W.D.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 4035265 (Rank) Private.

Name (in full) DUROCHER William. enlisted in

the 2nd. Depot Battalion, 2nd. Quebec Regiment.

CANADIAN EXPEDITIONARY FORCE at Montreal, Que. on the 11th.

day of November 19 17.

HE served in FRANCE

and is now discharged from the service by reason of Demobilization

THE DESCRIPTION OF THIS SOLDIER on the DATE below is as follows:—

Age 27 years 4 months

Height 5 feet 8 inches

Complexion Fair

Eyes Blue

Hair Fair

W Duracher
Signature of Soldier

Marks or Scars

Tattoo right arm.

A Fisher
Issuing Officer Lieutenant,
Officer i/c Discharge Section, District Depot No. 4.
Rank

Date of Discharge March 19th, 1919.

Appointment

Signed at Montreal, Que. this 19th. day of March 19 19.

in Military District No. 4

File Reference No. DD4 19-D-718

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Secretary, Militia Council, Ottawa, Canada.

CANADIAN EXPEDITIONARY FORCE
Discharge Certificate

No. (Rank) Name

Unit

Address on Discharge

Character and Conduct

Former Occupation

Special Qualifications of Value in Civil Life

Medals and Decorations

Remarks

Signed at this day of 19

Name of Officer

Rank

Appointment

On demobilization the
particulars called for on
the back of this cer-
tificate will not be com-
pleted.

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

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

500M.—9-16

H. Q. 1772-30-9-0.

Casualty Form—Active Service.

Unit, Regiment or Corps..... *Quebec Reg Depot*

Regimental No. *4035265* Rank *PRIVATE* Name *DURACHER William*
C. E. F.

Enlisted (a)..... Terms of Service (a)..... Service reckons from (a).....

Date of promotion to } Date of appointment } Numerical position on }
present rank } to lance rank } 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				
<i>10.7.19</i>	<i>Q.R.D.</i>	<i>Ceases to be shown on Command to C.O.D. Buxton and S.O.S. the Depot on Trans. to C.E.F. in Canada w/e 22.1.19</i>	<i>Witley</i>	<i>22.1.19</i>	<i>No. 159</i>
					<i>William Duracher</i> <i>for Dep R.</i>

MWB

(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, Shoing Smith, etc., etc., also special qualifications in technical Corps duties.

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

FRANCE
HOSPITAL.A. & D.
CARD

AT.....

A. & D. No. T1234 PL. OF ACTION.....RANK Pvt REG. NO. 4028268 UNIT 24th Inf SICK OR WOUNDED BNAME Duroches, W. AGE 27 RELIGION R.C.PLACE IN HOSPITAL K1DIAGNOSIS BronchitisADMITTED..... FROM Camp Mitchell Fort RptDISCHARGED 28 JAN 1919 TO SICK FURLOUGH

TRANSFERRED.....

SERVICE AT HOME 1612 IN FIELD.....RESULTS 7002/28-1-19.

(See Document Card for M.H. Sheet and other Documents.)

REMARKS.

WILLIS CAN GEN HOSPITAL
FAPLOW

~~28 21~~
SURNAME.

CHRISTIAN NAMES

REGL. No.

UNIT

FORMER CORPS

NAMES IN FULL

RELATIONSHIP TO SOLDIER

ADDRESS

COUNTRY OF BIRTH

PLACE OF ATTESTATION

NEXT OF KIN.

CHANGE OF ADDRESS

Durocher

William

4035265

RANK

Pte

2nd Que Regt

2nd Alp Bn

nil.

204 DP.

D.O. Part II No *47*

4. CARD NO.

503 demob 19.3.19

PO. 48 FOLL 20/3/19

*Wied 28-5-21
auth. L. G. 8-516-W-6*

T. O. S. *Feb. 16 1918*

Durocher Mrs. Carry
Wife

480 Henri Julien Ave, Montreal, P.Q.

1148 (L.A.A.P. 5/3/19)

224 a St. Martin St., Montreal P.Q. and Letter from L.H.P.

Canada Vancouver Hill, P.Q.

DATE *unkown.*

Montreal, P. Q.

DATE *Nov. 11th 1917.*

o/s. 25-3-18. 1133/3

PIC 1-3 19 276/95 Pte.

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

William

Name **DUROCHER** Rank **Pte**

Reg. No. 4035265

Unit **4th Bn**Next of Kin **Canada**

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1918						
11-12	22 Gen Hosp	Samers	Bronchitis	1400		6284-13
4-1-19	1915. G. Gen Hp	Taylor	do	1419		14454
28-1	discharged	do	do	1425		1390
7-2	23 Gen Hosp	Jan-10-57				
22-12	by cent ml Hosp	Chatham	Bronchitis		1435	5954
		Creations				

No. 4035265 RANK

Pte

NAME

Durocher William.

T. O. S.

11-11-17,

UNIT

2nd Depot Battalion 2nd Quebec Bgt

DCH 7 of 6-2-18

M. D. 11

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1917 NOON	1918. Feb 28 mar	✓ ✓	Overseas 21-3-18	20680. of 21-3-18



Number 403J-265 Rank Plc

Surname DUROCHER

Christian Name William

Units 24th Am Cav Inf Theatre of War France

Date of Service 18-8-18

Remarks Miss Lillian Laura Rose Duracher (Daughter)
~~7-2-20-18-19 2520 Centre St.~~

Latest Address 678 82^a Rivard St. Montreal P.Q.
~~178 Saint-Julien St.~~

Montreal P.Q.

Roll No. 2 Page 16427 82^a Rivard St

200m.-2-21.M. Montreal
FEB 6 1923

(This form to be filled in by all ranks on voyage to Canada.)

RANK

SURNAME

INITIALS

UNIT

Home address.....

(Street)

(City or Town)

(Province)

One person to be notified of arrival.....

Station in Military District to which a furlough warrant is required.....

Railway.....

Is your wife on board.....

Number of children on board.....

Signature.....

(Sgd.).....

Q-V-114 27-9-22

DESP. SEP 15 1922
REGN. No. 39144

B. & D. Peter 15-2-23

DESP. FEB 13 1923
REGN. No. 117077

S.O.S. 19-3-19. Remob. (4)

649-D-22385

DUROCHER, Wm. Pte. 4035265 (Widow) 24th Bn.

14/11/38

(Now) Mrs C. Ellard, 6022 Leplanck Ave. Montreal P.Q.

Medals & Decs: Daughter - Miss Lillian Laura Rose Durocher, c/o Mrs. C. Durocher, 2520 Cartier St., Montreal, P.Q.

822 Rivard St. Montreal 62/23

M

Plaque & Scroll: Widow - Mrs. Caroline, Durocher, Address as above.

(Ser. #985243)

(Widow) as above

Memorial Cross: Died 28-5-21.

Death due to Service with B.P.C.

not eligible for 14-15 stars
Eligible for V.M.
" " B.M.

58657

Reqn. No. 56979

Reqn. No. 49328

DESP. JUL 25 1925
REGN. NO. X.5520

m.x. recd 11.8.25

~~Man Released for re-employment~~
8/26

Handwritten: m. x. recd - 27-1-23 (Unclaimed)

53455 JAN 16 1928

DESP. NOV 14 38
REGN. NO. 545

*Name DUROCHER Wm. Rank Pte Regtl. No. 4035265
 Original unit 2nd Q.R. Present unit D.S.#4 M. or S. M Age Religion R.C. Fyle Depot. 19-D-718
 Ref. H.Q.
 Port, ship, and date of arrival Halifax N.S. "BELGIC" 2-3-19
 Next of kin (W) C Durocher. 1180 Henry Julian ST. Montreal Que.
 Address on leave
 Address on discharge
 Transportation issued Yes No Date Character on discharge
 Previous occupation Laborer Date and place of enlistment 11-11-17 Montreal Que.
 Diagnosis Date of Medical Boards

Date.	Remarks	Pt. 2 Order No.
8-3-19	T.O.S. from O-S 21-2-19 Posted to Cas. Coy. 4-3-19	
	Fur. W/S to 17-3-19	66-1

Date.

Remarks.

Pt. 2 Order No.

20-3-19

SCS Discharged RO 1420 Para u Demob

Eff. 19-5-19 Cat A

~~18~~ 79

Surname

Christian Name or Names

Reg. No.

DUROCHER

W.

4035265.

Rank

Unit

pte.

Q.24.

Cas. List.

22 Gen. Camiers.

11-12-18.

18-12-18. A400.

2. Bronchitis. MM

cancel B419¹
18. 1. 19

15 Gen. Taplow

4-1-19

31. 1. 19 B435²

Dis. 28. 1. 19

4-2-19. 3438¹

Cent. Mtg. G. Fort Pitt Chatham 22-12-18

" " "

sup. entry to B419¹

4-2-19 B438²

Note. Ref. B419 Cancel Entry.

A.M.D. 2 DEPT.

Bch of D.G.M.S. O.M.F.C. London

Cas. List.

Strike out whichever is inapplicable.

ASSIGNED PAY.	ENGLAND or CANADA.	SEPARATION ALLOWANCE.	ENGLAND or CANADA.	NAME: <i>LD</i>
EFFECTIVE DATE: <i>1/4/18</i>		EFFECTIVE DATE: <i>1/3/14</i>		NUMBER: <i>1</i>
AMOUNT: <i>1500 20/100</i>		AMOUNT: <i>1500 20/100</i>		PART: <i>1</i>
NAME, ADDRESS, RELATIONSHIP & AUTHORITY		WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.		AUTHORITY: <i>RPC</i>
<i>Mrs Carry Durocher W/R</i>				
<i>1189 Henri-Julien St.</i>				
<i>Montreal Que.</i>				
<i>Mrs</i>				
				ORIGINAL U
				DATE ACCO
				AUTHORI

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS | UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
<i>7/6/18</i>	<i>493</i>	<i>Brampton</i>	<i>£1. 4 87</i>				
<i>27/1/19</i>	<i>467</i>	<i>Luton</i>	<i>£8 38 93</i>				
<i>3/2/19</i>		<i>London</i>	<i>£2 9 73</i>				
<i>2/14/19</i>	<i>23</i>	<i>Reo</i>	<i>£2 9 73</i>				
		<i>RPC Bar 8.6.8</i>	<i>2/2/14</i>	<i>Chgo</i>	<i>10/2/14</i>		

PARTICULARS OF RENDERING NON-EFFECTIVE: *Bram to Canad. 1/3/19 Auct RN.*

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR.
<i>3/13/18</i>	<i>Balance from leave</i>				
<i>Apr</i>	<i>P.M.A.</i>	<i>33 00</i>		<i>Can AP</i>	
				<i>AR 5 10th Reo Bn 9/4/18</i>	<i>4</i>
				<i>" 139 - " 24.4.18</i>	<i>4</i>
		<i>33</i>			<i>9</i>
<i>May</i>	<i>P + A</i>	<i>34 10</i>		<i>Can AP</i>	
				<i>AR 256 10 Reo Bn 15/5/18</i>	<i>4</i>
				<i>" 394 " 26/5/18</i>	<i>4</i>
		<i>34 10</i>			<i>9</i>
<i>June</i>	<i>P + A</i>	<i>33</i>		<i>Can AP</i>	
				<i>AR 605 M36 " 3-5-18</i>	<i>1</i>
				<i>AR 621 " 26.6.18</i>	<i>7</i>
		<i>33</i>			<i>8</i>
<i>July</i>	<i>P + A</i>	<i>34 10</i>		<i>Can AP</i>	
				<i>AR 776 " 15/7/18</i>	<i>29</i>
				<i>" 904 " 26/7/18</i>	<i>4</i>
		<i>34 10</i>			<i>34</i>
<i>Aug</i>	<i>P + A</i>	<i>34 10</i>		<i>Can AP</i>	
				<i>AR 1060 " 15/8/18</i>	<i>7</i>
		<i>34 10</i>			<i>7</i>
<i>Sept</i>	<i>P.P.</i>	<i>33</i>		<i>Can AP</i>	
				<i>AR 370.5 Inf Bde 3/9/18</i>	<i>7</i>
				<i>" 1842.66 HQ Det 19/9/18</i>	<i>3</i>
		<i>33</i>			<i>10</i>
<i>Oct</i>	<i>P.P.</i>	<i>34 10</i>		<i>Can AP</i>	
				<i>Apr 1010 10/10/18 24 M</i>	<i>3</i>
				<i>AP. wchd upl to Det Incl</i>	
				<i>at 5th aucty of file</i>	<i>3</i>
				<i>AR 433 26/10/18 24 M</i>	<i>7</i>
		<i>34 10</i>		<i>Can 7 M</i>	

Can 7 M

ENGLAND or CANADA.

SEPARATION ALLOWANCE.

NAME: *Durocher, William*

1/18
50020
100
1/3/14

EFFECTIVE DATE:-
AMOUNT:-

NUMBER:- *4035265*
PARTICULARS OF RANK OR APPOINTMENT

RELATIONSHIP & AUTHORITY { WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

AUTHORITY DATE EFFECTIVE RANK OR APPOINTMENT

Durocher W/R
Alma St.
Real Que.

RRC Can
Plc

UNIT AND TRANSFERS

ORIGINAL UNIT: *HRD. 212 Que Reg*
DATE ACCOUNT FIRST OPENED: *1/4/18*

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S'P'D	UNIT TRANSFERRED TO
<i>87.</i>	<i>27/8/18</i>	<i>1.9.18</i>	<i>20.9.18 24th Bn.</i>

ACTIVE SERVICE PAY-BOOKS { UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
<i>Parliament</i>	<i>£1. 4 87</i>				
<i>London</i>	<i>£8 38 93</i>				
<i>London</i>	<i>£2 9 73</i>				
<i>London</i>	<i>£2 9 73</i>				
<i>Dr 8.6.8</i>	<i>21/2/14</i>			<i>Chgo</i>	<i>10/2/14</i>

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
<i>RRC Can</i>	<i>1.</i>	<i>.10</i>		

OF RENDERING NON-EFFECTIVE: *Trans to Canada 1/3/19 Auct RR. 2015 9/2/19 Repn & Repn No 4*

PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
<i>Balance from leave</i>								<i>1665</i>		
<i>3300</i>			<i>Can AP</i>				<i>1500</i>	<i>1665</i>		
			<i>AR 5 10th Res Bn 9/4/18</i>	<i>487</i>				<i>3465</i>		
			<i>" 139 - " 24.4.18</i>	<i>487</i>				<i>2491</i>		
<i>33</i>				<i>974</i>			<i>15</i>			
			<i>Can A.P.</i>				<i>15</i>	<i>991</i>		
<i>P & A</i>	<i>3410</i>		<i>AR 256 10 Res Bn 15/3/18</i>	<i>487</i>				<i>3914</i>		
			<i>" 394 " 26/5/18</i>	<i>487</i>				<i>3427</i>		
	<i>3410</i>			<i>974</i>			<i>15</i>			
<i>P & A</i>	<i>33</i>		<i>Can A.P.</i>				<i>15</i>	<i>5227</i>		
			<i>AR 621 " 3-5-18</i>	<i>149</i>				<i>5078</i>		
			<i>AR 621 " 26.6.18</i>	<i>730</i>				<i>4348</i>		
	<i>33</i>			<i>879</i>			<i>15</i>			
<i>P & A</i>	<i>3410</i>		<i>Can A.P.</i>				<i>15</i>	<i>6258</i>		
			<i>AR 776 " 15/7/18</i>	<i>2920</i>				<i>3328</i>		
			<i>" 904 " 26/7/18</i>	<i>487</i>				<i>2851</i>		
	<i>3410</i>			<i>3407</i>			<i>15</i>			
<i>P & A</i>	<i>3410</i>		<i>Can A.P.</i>				<i>15</i>	<i>4761</i>		
			<i>AR 1060 " 15/8/18</i>	<i>730</i>				<i>4031</i>		
	<i>3410</i>			<i>730</i>			<i>15</i>			
<i>P & A</i>	<i>33</i>		<i>Can A.P.</i>				<i>15</i>	<i>5831</i>		
			<i>AR 370.5 Inf Bde 3/9/18</i>	<i>714</i>				<i>5117</i>		
			<i>" 1842.66 HQ Det 19/9/18</i>	<i>357</i>				<i>4760</i>		
	<i>33</i>			<i>1071</i>			<i>15</i>			
<i>P & A</i>	<i>3410</i>		<i>Can A.P.</i>				<i>15</i>	<i>6670</i>		
			<i>AR 1010 10/10/18 24th</i>	<i>373</i>				<i>6297</i>		
			<i>AR 4433 26/10/18 24th</i>	<i>373</i>				<i>2797</i>		
	<i>3410</i>		<i>Can A.P.</i>	<i>740</i>			<i>50</i>	<i>2424</i>		

NUMBER 4035265 RANK

W

NAME

DUROCHER W.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFER
Sept									24 24	-
Oct	Mrs Form								37 24	
Nov	PP	33		bal				20	20 45	
				ay 270 29/1/18 7 Cal Imp Co	16 79					
Dec	PP	34 10		bal	16 79			20	34 55	
Jan	PP	34 10		bal				20	48 65	
		101 20			16 79			60		
Feb				ay 4307 4/1/19 15 C Gen Shop	4 87				43 78	
	PP	30 50		bal				20	54 58	
				ay 4673 27/1/19 ✓	38 93				15 65	
				AF 1828 ¹¹ + 2028 ^{31/1/18} Mul Shop Chalkham	- 85				14 80	
				CP 23467 3/2/19 London	9 73				5 07	
	5F 28/1/19 to 7/1/19 No 32 5/1/19 28 Pa to dep	7 30			-				12 37	
				ay 2775 8/2/19 23 Pa	9 73				2 64	
		38 10		ay 1575 20/2/18 KP 2nd	2 43				. 21	
					66 54			20		

CP Cauder 22/2/19 ay 23 24 Pa

W

AS
DA

PK

NAME DUROCHER W.

1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
							24 24	-	-
		bal				20	37 24		
		ayr 270 29/1/18 7 Labing Co	16 79				20 45		
10		bal				20	34 55		
10		bal				20	48 65		
20			16 79			60			
		ayr 4307 4/1/19 15 C Gen Hrp	4 87				43 78		
50		bal				20	54 58		
		ayr 4673 27/1/19 ✓	38 93				15 65		
		AF 1878 # 21038 3/1/18 Mul Hrp Chatham	- 85				14 80		
		LP 23467 3/2/19 Lmtr	9 73				5 07		
30			-				12 37		
		ayr 2775 8/2/19 23 Pa	9 73				2 64		
10		ayr 1575 20/2/18 KP Mland	64 11				21		
			66 54			20			

54.58
 2.68

PK Canada 27/1/19 8/10 23 24 Pa

PK
 [Signature]

CANADIAN
 ASSIGNED PAY AUDITED
 PK
 D Beach
 AUDIT CLERK
 DATE 4-6-19

This space to be for numbers.

79

WAR SERVICE BADGE

Class "A" No. 248692 ISSUED

Proceedings on Discharge.

6/4/38

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

No.	4035265
Rank	Pte.
Surname	DUROCHER
Christian name	William
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company)	2nd Depot Bn. 2nd. Que. Regt.
Date of discharge	March 19, 1919.
Place of discharge	Montreal, Que.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

	Descriptive marks
Age.....27 years.....4 months.	
Height.....5 feet.....8 inches.	Tattoo right arm.
Complexion Fair	
Eyes Blue	
Hair Fair	
Trade Laborer	
Intended place of residence	1180 Henri Julien St.
(To be given as fully as practicable.)	Montreal,

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

R.O.1420 Para (C) Cat. A. Demob.

Authority for discharge.....

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.

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

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.)

M. F. B. 218.

200M.—5-18.

H. Q. 1772-39-113.

(OVER)

Handwritten notes: (auth. 27/3/22) BPC dated 2/23/28

Handwritten note: amk. 3-4-19

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

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

6. Medals and Decorations.....

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).....

(Date).....

Commanding.....

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, and that I have received my permanent discharge certificate.

(Place) Montreal, Que. W Duracher (Signature of Soldier.)

(Date) March 19, 1919. S. M. Sadler (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.

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

11. Confirmation of Discharge.

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

(Place) Montreal, Que.....

(Signature) J. Fisher

Officer i/d Discharge Section, District Depot No. 4.

(Date) March 19, 1919.....

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.)

NO RESERVATIONS

W. Duran

<p>Minuta Form W. 23 Attestation Paper Particulars of Record Proceedings on Discharge W. 138 H. 218</p>	<p>Minuta form B. 103 B. 203 W. 178 in 118 Minuta form B. 111 W. 24 H. 227 B. 103 W. 44 W. 104 W. 81</p>	<p>Reg. Conductor Sheet Squadron Battery Company or Field Conductor Sheet Copies of Instructions by C. P. Med. Hist. Sheet Casualty Form Medical Report for Invalids Dental History Sheet Last Pay Certificate Duplicate Discharge Certificate Form of Will Copy of discharged "Medically unfit" Copy if man has not been overseas</p>
--	--	---

I hereby certify that the following documents are unobtainable:

Officer Commanding

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 style="text-align: center;">or</p> <p>Field Conduct Sheet " W. 178</p> <p>Copies of Convictions, by C. P. in MS.</p> <p>Med. Hist. Sheet, Militia form B. 313</p> <p>Casualty Form " W. 54</p> <p>Medical Report for Invalid§ " B. 227</p> <p>Dental History Sheet " B. 465</p> <p>Last Pay Certificate " W. 44</p> <p>Duplicate Discharge Certificate " W. 39A</p> <p>‡Form of Will " W. 82</p> <p>§Only if discharged "Medically unfit." ‡Only if man has not been overseas.</p>	<p>Attestation Paper Militia Form W. 23 or Particulars of Recruit " W. 133</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 style="text-align: center;">(a) Proceedings on Discharge.</p> <p style="text-align: center;">(b) Attestation.</p> <p style="text-align: center;">(c) Medical History Sheet.</p>
--	---

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Officer Commanding.

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.

Date of Enlistment 11/11/17.

MILITIA AND DEFENCE

8560

Date of Assignment

15-2-18 date of marriage Separation and Assigned Pay Branch
OVERSEAS CONTINGENTS

Apr. 1st 1918.

RATE OF SEPARATION ALLOWANCE

25	30	12 1/2	
----	----	--------	--

PC. 2753
no 36288

RATE OF ASSIGNMENT

20			
----	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

No. 4035265
 Rank Pte Promoted Reverted Discharge
 Soldier's Name William Durocher
 Battalion 2nd Depot Bn 2nd Que Regt, Dft. 4.
 Beneficiary Mrs. Carry Durocher
 Relationship wife
 Address

PARTICULARS OF ASSIGNMENT

Name
 Address 1178 Henri Julien St
 Change of Address
 1
 2 MRS. CARRY DUROCHER,
 1178 HENRI JULIEN ST.,
 MONTREAL, QUE. 20 20.00
 3 4035265 PTE WILLIAM DUROCHER
 TWENTY DOLLARS
 4

M. J. W. 2554 30/18

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
Apr.	Y 9222		20	20	L
May	Q 12386		20	20	L
June	K 23307		20	20	L
July	O 59222		20	20	T
Aug.	K 37940		20	20	T
Aug.	K 4261	163		163	SA
Sept.	R 41798	25	20	45	T
Oct	Q 52052	25	20	45	T
Nov	K 60216	25	20	45	T
Dec	N 63084	45	20	65	T
Jan	O 45524	30	20	50	T
Feb	S 41642	30	20	50	L
Mar	J 99029	30	20	50	L
		373	240.		

M. R. O. 4655 rec'd. 7-8-18

K 4261 mailed 7-8-18.

MRO-69897-act 28-2-19

MRO 74946-M.O.H

AUTHORITY FOR NEW ACCT.

M. F. W. 128.
40M. 6-7-17231-114
L. L. 2230-M. & D. 1504.

.....A/c Closed 31-3-19
 Ret'd per Belgie
 Date: 2-19. F.X. 7-2-19
 Clerk: N. L. Leuyer

AUDITED.

DATE
 AUDIT CLERK
 CANADIAN
 ASSIGNED PAY AUDITED

AUTHORITY FOR NEW ACCT. V.R.
 M.D. L. B. 2
 W. Shipley 23/4/18.

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

--	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.

Name

Rank

Promoted

Reverted

Discharge

Address

Soldier's Name

Change of Address

Battalion

1

Beneficiary

2

Relationship

2

3

Address

4

Date

Cheque
No.

Amount
S/A

Amount
A/P

Total

REMARKS

M. F. W. 123.
400M-17-1772 39-1141
L. L. 22320-M. & D. 7993.

PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING DAILY RATE OF PAY AND ALLOWANCES

M. OR S. *W* REGT. No. *4035265* RANK *Plt* NAME (IN FULL) *DURAOCHER, William*
 NEXT OF KIN RELATIONSHIP *Wife* ORIGINAL UNIT C.E.F. *2nd DR.* IF IN P.F. WHAT UNIT?
 ADDRESS *T.O.S.* PLACE OF ATTESTATION *Montreal* TRANSFERRED TO *St Relfie* DATE *1/3/19* AUTHORITY *Travis*
 DATE OF ATTESTATION *11-11-17* TRANSFERRED TO DATE DATE AUTHORITY
 IS SEPARATION ALLOWANCE PAID? *Yes* DATE EFFECTIVE *1-4-19* ASSIGNED PAY, \$ *20.00* DATE EFFECTIVE *1-4-19*
 TO WHOM PAID *Mrs. W. Duracher* RELATIONSHIP *Wife* ANY CHANGE IN ASSIGNEE OR ADDRESS
 ADDRESS *1175 Henri Julien*
 STOP PAYMENT FORM RENDERED, DATE *Montreal, Que* EFFECTIVE *11-78/79*
 DISCHARGED *Montreal* PLACE DATE REASON *19/3/19* AUTHORITY *104.19.2718* IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F. A.		OTHER CREDITS		TOTAL CREDITS		ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY		REGI-MENTAL CHARGES		OTHER CHARGES		TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS		
	NO. OF DAYS	RATE	AMOUNT	CREDITS	CREDITS	CREDITS	COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3	\$	C.	\$	C.	\$	C.	\$	C.	DEBIT	CREDIT			
Balance from previous account																									
March 1919	19	1.10	20.90	11.20	35	67.10							66.12	19						70.98	7.00	78.98			4/15/19 to 17/3/19 20.66/2 S.A.L.P.C. 70.85 25/2/19 8089 overpaid near 20
			Other Credits	W. S. C.	S. A.	Total	War Service Gratuity			Other Charges	W. S. G.	S. A.	Total	Balance Soldier Dependant											
194.9			280.00	120.00		400.00							70.00	30.00	100.00	210.00	90.00							1-2 Pay 204	
195.19													70.00	30.00	100.00	140.00	60.00							233211 233212	
196.19													70.00	30.00	100.00	70.00	30.00							304948 304949	
													70.00	30.00	100.00									910380 910381	
																								<i>Final</i>	

Casualty Form—Active Service

Regiment or Corps *23rd Can Res Bn*

Rank *Pte* Surname *Durocker* Christian Name *William*

Religion Age on Enlistment years months

Enlisted (a) Terms of Service (a) Service reckons from (a)

Date of promotion to present rank Date of appointment to lance rank

Extended { } Re-engaged { } Qualification (b)
or Corps Trade and rate

Occupation Signature of Officer

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B 213, Army Form A. 34, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 34, or other official documents.
Date	From whom received				
		Embarked ...			
		Disembarked ..			
<i>14-8-19</i>	<i>23rd Can Res Bn.</i>	<i>Having proceeded to Camp, Rm/1 for return to Canada, in S.O.B. on transfer from the C.M.F.C. to the C.M.F. in Canada.</i>	<i>Home</i>	<i>1-3-19</i>	<i>DPO 10.40</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) Signaller, Shoeless-Smith, & Co. W. 2537-12207 10000 7117 GERRARD C. P. & S. Ltd. FORMS R.142 5/1953

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A. 86, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.86, or other official documents.
Date	From whom received				
14-2-19	S.O.S.	G.C.C. Kinmel Park for return to Canada Part II Order No.			
22/2/19	S.O.S.	G.C.C. Kinmel Park on Embarking for Canada Part II Order No.			
					Lieut. Officer i/c Records No. 4 M.D. Concentration Wing.
		I I L V F I H r t 23/19 I I I H F X M A R I 2 J O I I M T * D E L L G I C *			
20-3-19	S.O.S.	Demab.	DDY	19-3-19 - DD/99	

[Signature]
 Lieutenant,
 Officer i/c Discharge Section, District Depot No. 4.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank	Surname.	Christian Name.
	4035265	Pte	Durocher	Am'
Year	Unit	Age	Service.	
	24 th Can.	27	18 months	
Station and Date.	Disease	Sheet no 2		
		<p>Alimentary system - normal - Except for nausea in AM. This passes off rapidly.</p> <p>Heart neg.</p> <p>Lungs - Show scattered bronchial rales. No impairment of expansion, resonance or V. F. or T. F. Breath sounds are little harsh over areas shown in accompanying diagram.</p> <p>D. U. System - Urinates normally. There is a scar at site of chancre which he burned with nitric acid.</p> <p>Urine + 1030 - acid, slight turbid, amber mixed w/ slt.</p> <p>Glandular System - Palpable glands on both groins - small. Testes glands palpable.</p> <p><u>Nervous system</u></p> <p>Has constant frontal headache.</p> <p>Plantar response is flexion.</p> <p>Patellar reflex. Normal.</p> <p>Achilles " normal</p> <p>Abdominal normal.</p> <p>Cremasteric normal.</p> <p>Joints are normal.</p> <p>Has pains in calf muscles especially left. Muscles of left arm ache also.</p> <p>B.P. 130 - 100.</p>		

P.T.O.

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

Durocher sheet no 2

Station
and Date.

9-1-19

Blood. Red cells 5 400 000

W. C. 15.280.

Poly. 54%

E. Mono 8%

S. Mono 36%

Eosin. 2%

15-1-19.

Wasserman Neg.

Date 10.1.19

Ward R1

Name Dunrobin

Regtl. No. 4235215

Unit 24 Para

URINALYSIS.

Quantity in 24 hours _____ Sp. Gr. 1.020 Reaction acid

Consistence slightly turbid Colour Amber Sediment None

CHEMICAL.

Albumin approx. Nil Sugar Nil Urea _____

Remarks _____

MICROSCOPICAL.

Casts _____

Fus _____

Blood _____

Other Elements _____

Handwritten signature/initials

Crsailby Capt
Pathologist.

1865

1865

1865

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28-1-19 Discharged to S. Furler

Forms
I. 1237
12

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
1234	4035265	Private	Durocher	Wm.
Year	Unit	Age	Service.	
	24th Can.	27	18 months	
Station and Date.	Disease			
Saplow 8.1.19	Bronchitis. Extract from field card. 22 General 11-12-18.			
	Complains of sore throat - coughs pain in back - can't sleep. Scattered moist rales throughout chest no changed voice. Pirouance fair. Heart neg raising a good deal of phlegm.			
9.1.19	Now complains of rattling chest on inspiration Pains in left arm & leg muscles which burse is severe enough to interfere with sleep. Often at night he has pain in left side over lower ribs anteriorly. Pains in back between shoulders. Nauseated in A.M. on awakening. six weeks duration. Head aches mostly all the time pain is localized to frontal region. Urinate normally. Complains of shortness of breath on extra exertion but this is not marked he is able to walk moderately. The pain in the side burse is aggravated by walking fast. Also his legs become weak.			
	<u>Previous illnesses</u> Had a chancre on foreskin 14 years ago			

* The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.
(6363) W2944/P138 2,950,000 1/18 McA & W Ltd Forms/I. 1237/13 (E2349) [P.T.O.]

Durocher 11

Station
and Date.

Was treated immediately 7 shots of 606.
+ mercury once a week for about a year.
No gonorrhoea.

Otherwise has always been healthy.

Family History - negative.

Present illness -

Commenced five months ago &
rattle in chest + soon his back began to
ache between shoulders + pain in appearance
in left side over lower ribs + head
began to ache - constant. Pains worse
at night, interfering & sleep.

The pains in arms + legs commenced 7 months
ago + becoming worse. Now there is little
pain in right leg too. These symptoms
have gradually become worse. Some days
they are very bad. He says his left
arm is almost useless. Is now seated on
a wheelchair in am. He never vomits.

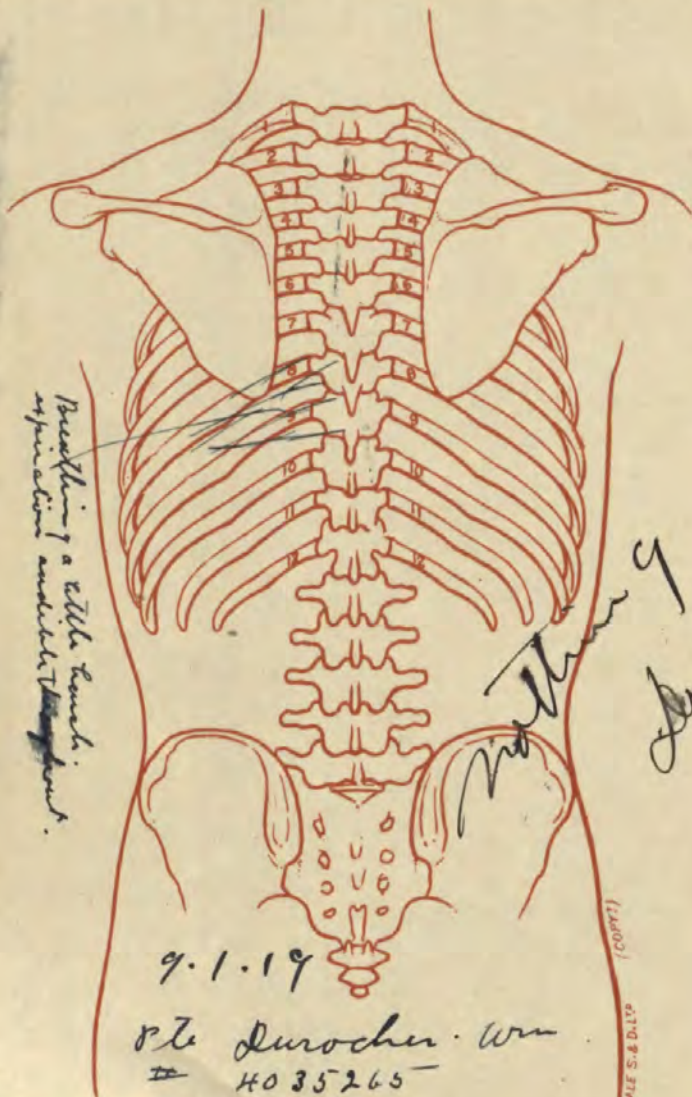
Present Condition General appearance is good
Is a little thin. Usual weight 135 Present weight
1

Eyes react normally.

Hearing is good.

Mucous membrane. There is a small white patch
on roof of mouth on right side + the
whole area of roof is whitish. He wears a
dental plate. The membrane on the inner side
of 1st club is pearly along line of articulation
of teeth.

Dr. Roach 11



Breathing a little rough:
 separation and ribs through

M. Th. 9
 10

9.1.19

St. Rocher. Am
 # 4035265

(COPY?)

PALE S. & D. LYO

100

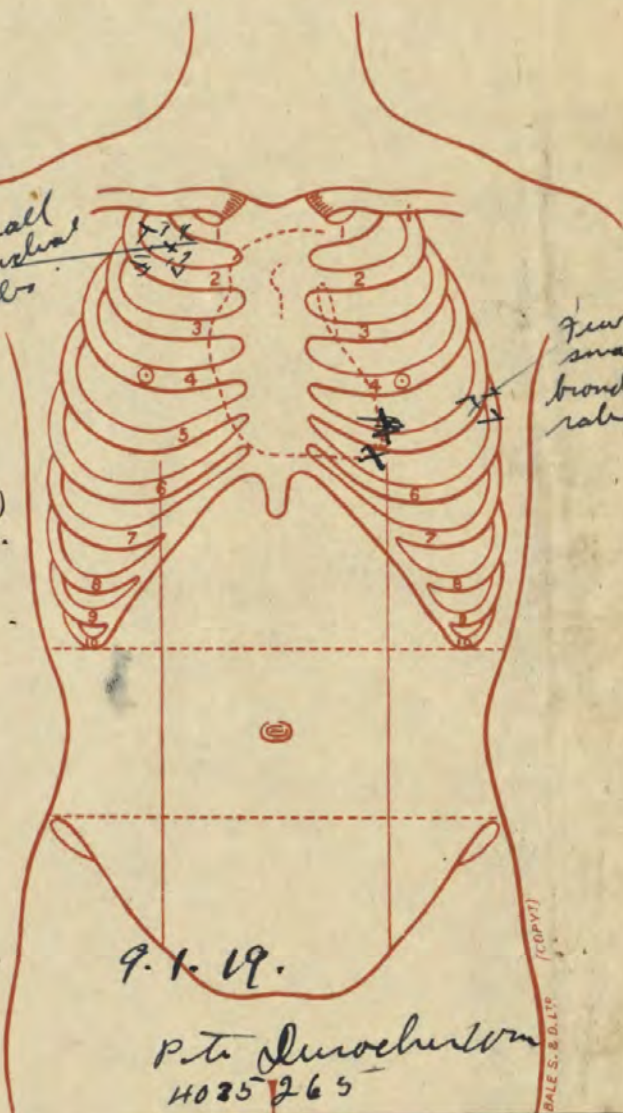
Handwritten notes on the right margin, possibly describing the specimen or the drawing.

PI. 1. 1
Handwritten text at the bottom of the page, possibly a plate or figure number.

Small
bronchial
rals

Few
small
bronchial
rals

white
fat



9. 1. 19.

P. to Hutchinson
4035 265

BALE S. & D. L^{rs} (COPY)

at the level of the ...



1871-1872

Dr. J. W. ...
1871-1872

PATHOLOGICAL LABORATORY.

Lab. No. 2374^a

Date 15-1-19 Ward K1 Bed

Name Durocher Regt. No. 4035265 Unit 24 Can

Report on the examination of Blood

Wassermann Reaction - Negative

C. S. Sibly Capt
Pathologist.

J. G. P.

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PATHOLOGICAL LABORATORY. Lab. No. 2324

Date: 10-1-19 Ward: K1 Bed:

Name: Durocher Regt. No. 4035265 Unit: 24 Can

Report of an examination of: Blood

Polymorphs 40%

Large Monos. 1%

Small " 58%

Binoculars 1%

100%

Red Cells 5,500,000
White " 23,400

C. S. Saily Capt.
Pathologist.

Faint, illegible text on a piece of aged, yellowed paper. The text is mostly obscured by bleed-through from the reverse side of the page. There are several dark spots and smudges on the paper, particularly in the upper right and middle right areas. A large, faint blue scribble or signature is visible in the lower left quadrant.

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

- 1. Surname DUROCHER Christian name William
2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule.
3. Consecutive number on schedule of men reporting for service (if he appears) on it.
4. Address (including street and number, if any).

2 JAN. 1919

AN. 1919

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the day of 1917, by the undersigned medical board sitting at Montreal, Que Canada

- 5. Age as stated 26 Years Months. 6. Apparent age 26 Years Months.
7. Height 5 Feet Inches. 8. Weight 8 Pounds.
9. Chest measurement { Minimum 31 Ins. Maximum 34 Ins.
10. Complexion Fair. Eyes Blue. Hair Fair.
11. Physical development. { Good Fair Poor
12. Smallpox marks none.
13. Number of vaccination marks { Right arm 1 Left arm
14. When vaccinated last child
15. Distinctive marks and marks indicating congenital peculiarities or previous disease none

Signature of Man (vertical text)

Signature of Man (vertical text)

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

A

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

President: J. McKenney Capt. Member: W. Egge Capt. Member: W. Hunter Lieut.

Table with columns: Date, Result, VACCINATIONS, Date, Result, ANTI-TYPHOID INOCULATIONS, ETC. Includes entries for 19/3/18 and 19/5/18.

Joined 11th day of November 1917 at Montreal, Que Canada

Table with columns: CORPS, REG'TL NUMBER, HABITS, DATE. Includes Depot Bn. 2nd Quebec Regt and Reg'tl Number 4035265.

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

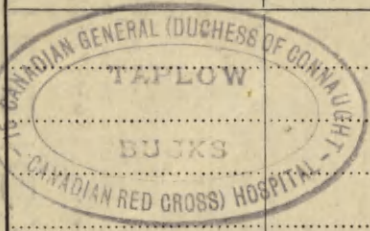
Table with columns: STATION, DATE, DISEASE, RESULT. Includes station Montreal, date 17/1/18, disease FIT, result FIT.

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.

CANADIAN (vertical stamp)

Handwritten notes and signatures at the bottom of the page.

Christian Name William
Surname DUROCHER

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				
		31	19	28	1	19	neurasthenia.	26	<p>Complains of indefinite pains in muscles in left arm & leg, back & left side over lower ribs & feet narrated in story. Headache considerably. Urinates normally slight dyspnea. Gives history of chancre 14 years ago. Wassermann neg. Blood count normal. Chest normal spleen normal heart normal Digestive tract OK. Urin neg. B.P. normal. 125/80. General appearance good</p>	<p>J.P. Pritchard Capt. R.C.M.C.</p>	

Regtl. No. Rank and Name 4035265 Durocher Corps 24 Cans

Disease..... Hospital.....

To Officer i/c Laboratory. Ward.....

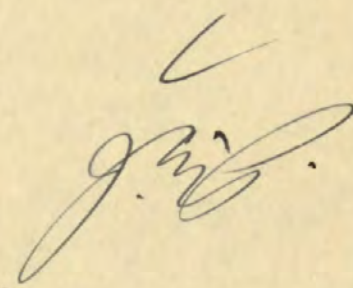
Please carry out an examination of the accompanying specimen of.....
with special regard to.....

Date..... O. i/c..... Ward.....

LABORATORY REPORT.

Blood. Red Cells - 5,400,000
White Cells - 15,280

Polymorphs - 54%
Large Monos - 8%
Small - 36%
Eosinophiles 2%



9-1-19

Date of Examination.....

W.3212. 50M-4-4-18.

CV. Baily Capt C.A.M.C.

O. i/c Laboratory.

1911

Hospital

Laboratory

of the

of the

1911

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LABORATORY REPORT

of the Laboratory

of the Laboratory