

PARTICULARS OF RECRUIT
DRAFTED UNDER MILITARY SERVICE ACT, 1917

3170266

(Class ONE)

1. Surname FAUCHER
2. Christian name Albani
3. Present address St. Cesaire Co. St. Hyacinthe P.Q. Can.
4. Military Service Act letter and number 47685 DC
5. Date of birth August 20th 1896
6. Place of birth Marville, MASS U.S.A.
7. Married, widower or single Bingle
8. Religion Roman Catholic
9. Trade or calling Hotel Manager
10. Name of next-of-kin FAUCHER Josephat
11. Relationship of next-of-kin Father
12. Address of next-of-kin Longue Pointe, Montreal P.Q. 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 P.Q. Can (b) Date July 23th 1918 Category P 2

DECLARATION OF RECRUIT

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

Albani Faucher (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age 22 yrs. 11 mths.
Height 6 ft 2 ins.
Chest measurement fully expanded 38 ins.
range of expansion 2 ins.
Complexion Fair
Eyes Grey
Hair Fair

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

O. C. Depot Btin. Regt.

Place Montreal P.Q. Can Date July 23th 1918

PARTICULARS OF RECRUIT DRAFTED UNDER MILITARY SERVICE ACT 1917

Class

1. Name	
2. Christian name	
3. Present address	
4. Military service Act number and number of certificate of fitness	
5. Date of birth	
6. Place of birth	
7. Marital status	
8. Religion	
9. Trade or calling	
10. Name of employer	
11. Description of occupation	
12. Address of next of kin	
13. Name and address of the person to whom notice should be given in case of emergency	
14. Name of recruiting officer	
15. Date of recruitment under Military Service Act 1917	

DECLARATION OF RECRUIT

I, the undersigned, being the person named in the above particulars, do hereby declare that the particulars are true and correct to the best of my knowledge and belief.

Signature of Recruit

DESCRIPTION ON CALLING UP

1. Name	
2. Christian name	
3. Present address	
4. Military service Act number and number of certificate of fitness	
5. Date of birth	
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9. Trade or calling	
10. Name of employer	
11. Description of occupation	
12. Address of next of kin	
13. Name and address of the person to whom notice should be given in case of emergency	
14. Name of recruiting officer	
15. Date of recruitment under Military Service Act 1917	

Recruit's Signature

Recruiting Officer's Signature



L N 23 10-18

Deceased
DISCHARGE DOCUMENTS

R. O. No.

H. Q. No.



- Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- Attestation Papers..... *3*
- 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 *FAUCHER, ALBANI*

02351

Regt. No. *3170266* Rank *Pte*

Corps *2nd Depot Bn. 2nd Div. Regt.*

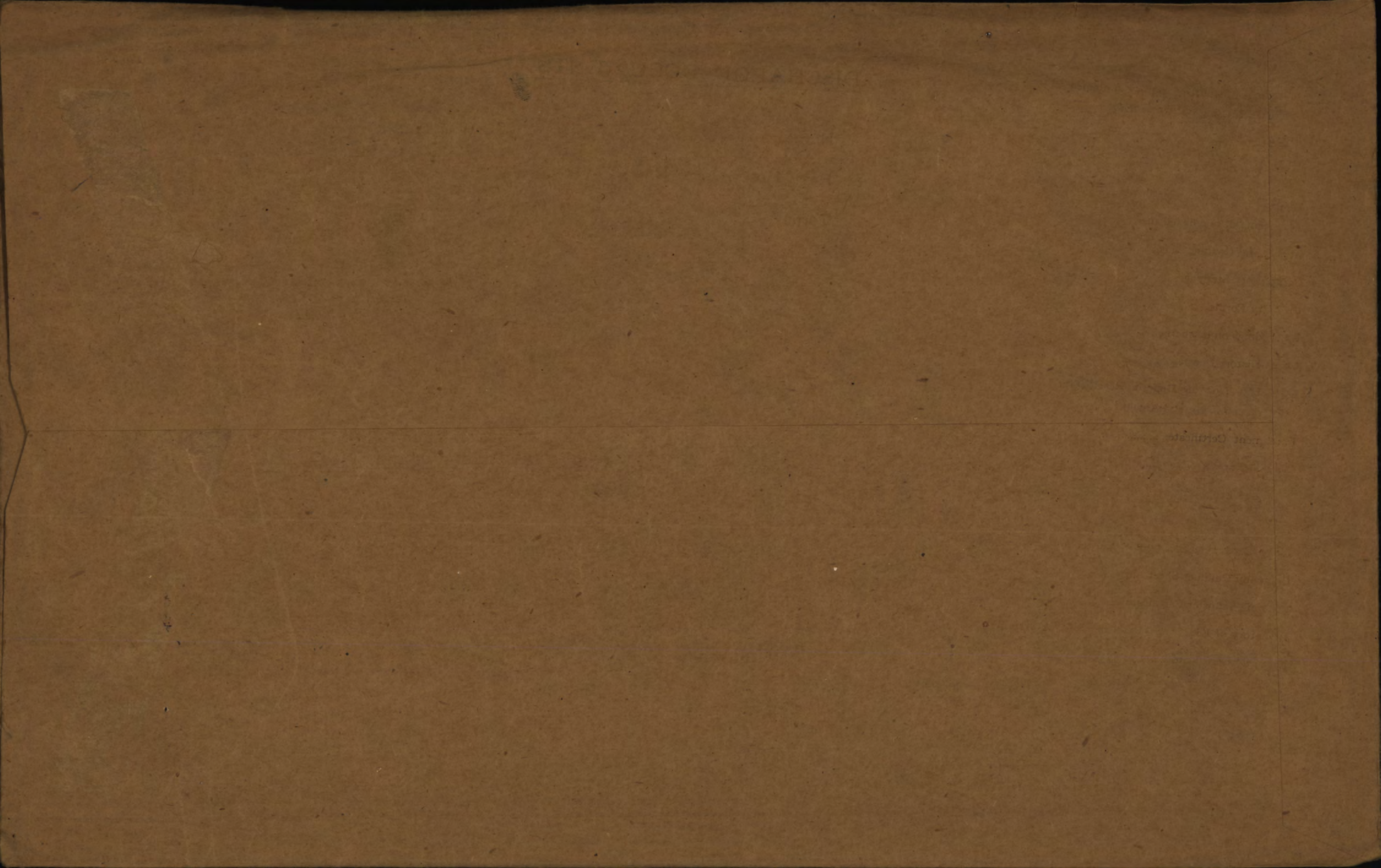
Deceased



M.F.B. 465-1
M.F. 10113-1
A.F.B. 122-1
copy - 1

2
2-28
2-28

M.A. 14412



CASE HISTORY SHEET.

K.L.C.H.#3 B

Depue Hospital.

Monroeville Station.

No. 3170266 Rank. Pte Name Faucher, Albin Age 22

Unit 2 D.B.2 Completed years of service Where and how long 2 1/2 mos.

Date of admission Sept 29/18 Date of discharge Oct 9/18

Diagnosis Influenza Place of origin Monroeville

CONDITION ON ADMISSION AND PROGRESS OF CASE.

Sick since a.m. Sept. 29/18 Headache general pains, chills, slight cough person. Hx

gonorrhoea - for some weeks 7.1027-108-27

Exam: Throat - clear

Lungs Bronchitis - slight, no dulness

Heart - Normal

Abdomen - Negative

G.U. Discharge only on passage of prostate.

FAMILY HISTORY.

(Tuberculosis, mental or nervous diseases.) 1 Maternal Aunt d. Flu 2 cousins - Flu

TREATMENT.

(Especially any specific or special form.) Oct. 1/18 1017-120-26 4/18 patch of dulness Rft Base coarse crepitations 5/18 Rt. Base - some as yesterday 6/18 worse Cyanosed Coffin IV hypo 7/18 wried

CONDITION ON DISCHARGE.

(and disposal made of case.) wried

Date Oct 7/18

J. McKeown, Capt. USMC Medical Officer i/c case.

1791



649-F-11240

Faucher, Albani., Pte. 3170266 2nd Que. Regt.

2nd. Dep. Bn

Med. & Dec. (Father) Mr. J. Faucher.
16 Cadillac St.,
Montreal. P. Q.

#4

P. & S. (Father) Address as above.

Serial # 807117

Mem. Cross. (Mother) Mrs. J. Faucher.

Scroll Desp. 16.8.21 Reqn. Address as above Z 51725 55140

Plaque Desp. JAN 23 1922 Reqn. No. P 24247

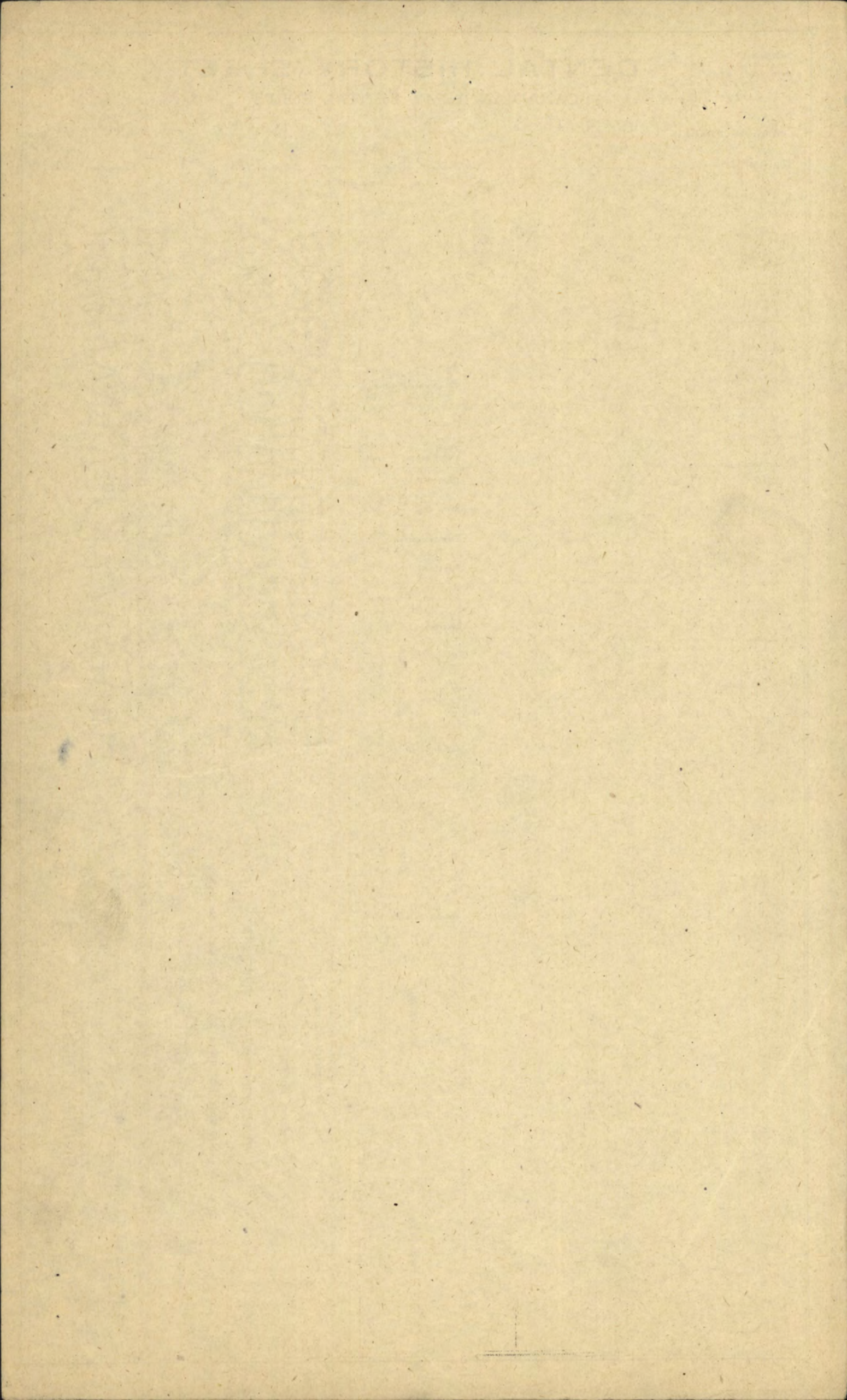
*Canada only
m.j.*

2

657146
26-7-21

1000

11



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

M. F. W. 54. (A. F. B. 19a)

500M.—9-16

H. Q. 1772-39-9.0.

Casualty Form—Active Service.

 Unit, Regiment or Corps 2nd DEPOT BN. 2nd QUEBEC REGT.

 Regimental No. 3170266 Rank Pte Name FAUCHER ~~Albani~~

 Enlisted (a) 23-7-18 Terms of Service (a) C.E.F. Service reckons from (a) 23-7-18

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) Hotel Manager

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				

(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				

Orig. Not available
 Fill in only.—Unit, Number, Rank and Name.

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

500M.—9-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps. *2 Sepol Bn 2 Que Regt.*

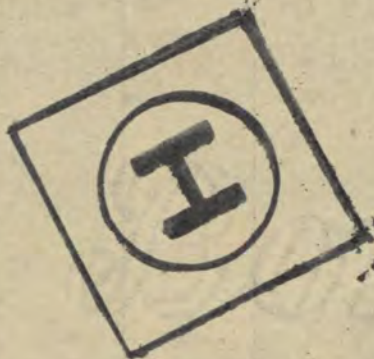
Regimental No. *3170266* Rank *Pte* Name *Faucher, A*

Enlisted (a) *23. 7. 18* Terms of Service (a) *667* C. E. F. Service reckons from (a) *23. 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).

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>9. 10. 18</i>	<i>2/2 Que</i>	<i>SOS Deceased</i>	<i>Montreal</i>	<i>8.10.18</i>	<i>50.281</i>



G. Faucher
for [unclear]

com

(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. [P.T.O]

Casualty Report - 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				

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. XXXX FAUCHER Albani

101 PT
MILITIA & DEFENCE
OCT 17 1918
H.C.
CANADA

Regimental number D-3170260 Rank Private serving in the

2nd DEPOT BN. 2nd QUEBEC REG'T. Canadian Expeditionary Force,

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

Executor I appoint Nil

whose address is Nil

to be the executor of this my last will.

General gift I give to My Father Mr. FAUCHER Josephat

whose address is Longue Pointe Montreal P.Q. Can

all my property not disposed of above.

Date Dated at Montreal P.Q. Can this July 23th 1918 191...

Signature A. Albani Faucher
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
Witnesses Signature Emile Ferras
Address Rue St. Barthelemy
Occupation Soldier

2ND WITNESS
Signature Emile Janguais
Address Rue St. Barthelemy
Occupation Soldier

6 175-17-10-2A

FORM OF WILL

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.

820181
bma

MILITARY SERVICE ACT, 1917.
MEDICAL HISTORY SHEET.

DUPLICATE

3170260

1. Surname GAUCHER Christian name Albani
 2. Number of report for service or claim for exemption according to Postmaster's Receipt or schedule #7685 DC
 3. Consecutive number on schedule of men reporting for service (if he appears or it)
 4. Address (including street and number if any)

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 23th day of July 1918, 19....., by the undersigned medical board sitting at Peel St Barracks Montreal P. Q. Can

5. Age as stated 22 Years 11 Months 6 Days
 6. Apparent age 136 Years Grey Month
 7. Height 5 Feet 2 Inches
 8. Weight Fair G Pounds
 9. Chest measurement (Minimum 33 Ins. Maximum 35 Ins.)
 10. Complexion Good (Eyes..... Hair.....)
 11. Physical development Good (Good Fair Poor) 12. Smallpox marks
 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

16. Slight defects but not sufficient to cause rejection
 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 A²
 17. (a) Vision R. 60 L. 60
 (b) Hearing R. OK L. OK
Robinson Capt. Member. Devere Capt. President.

Signature of Man at Home Devere

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>11/8/18</u>		<u>Equest Chabot H.</u> M. O.	<u>10/8/18</u>		<u>Equest Chabot H.</u> M. O.
		M. O.	<u>12/9/18</u>		<u>Equest Chabot H.</u> M. O.
		M. O.	<u>18/8/18</u>		<u>Equest Chabot H.</u> M. O.

Joined 23th day of July 1918 at Montreal P. Q. can

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>2nd DEPOT BN. 2nd QUEBEC REG'T.</u>			
Transferred to.....		<u>3170260</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.

Christian Name

Surname

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				
Barrack Hosp		27	8	18	29	9	18	Gonorrhoea & Influenza	2	Transferred to another hospital for Influenza	<i>[Signature]</i> Capt. A.M.C.
K.R.A.	Medical	29	9	18	7	10	18	Influenza & Pneumonia	9	Died of Pneumonia	<i>[Signature]</i> M.O. i/c Barrack Hospital, GUY ST.