

PARTICULARS OF RECRUIT DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class ONE.)

3171346

- 1. Surname FERLAND
2. Christian name Alphonse
3. Present address St Pierre Ile D'Orleans Co. Montmorency PQ Can
4. Military Service Act letter and number Never registered
5. Date of birth December 22 nd 1896
6. Place of birth St Pierre Ile Orleans Co Montmorency PQ Can
7. Married, widower or single Single
8. Religion Roman Catholic
9. Trade or calling Baker
10. Name of next-of-kin Mr Jean Ferland
11. Relationship of next-of-kin Father
12. Address of next-of-kin St Pierre Ile Orleans Co. Montmorency 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 PQ (b) Date 6-8-18 (c) Category A2

DECLARATION OF RECRUIT

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

(Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age 22 yrs 9 mths.
Height 5 ft 1 ins.
Chest measurement fully expanded 34 1/2 ins. range of expansion 3 1/2 ins.
Complexion Fair
Eyes Blue
Hair Fair

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

O.C. Depot Btln. Regt.

Place Montreal PQ Can Date 11-11-17

PARTICULARS OF RECRUIT

GRANTED UNDER MILITARY SERVICE ACT, 1817

Class

1. Name	
2. Christian name	
3. Place of birth	
4. Date of birth	
5. Trade or calling	
6. Name of next of kin	
7. Relationship of next of kin	
8. Whether or not in the service of the Government	
9. Particulars of other services in the military or naval service	
10. Medical Examination under Military Service Act	
11. Place of residence	

DECLARATION OF RECRUIT

I, the undersigned, do 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

Age	
Height	
Complexion	
Build	
Complexion	
Build	
Complexion	
Build	

(Signature of Officer)

(Signature of Recruit)

REGIMENTAL DOCUMENTS

NAME

Ferland Alphonse

REGT. NO.

3171346

UNIT

H. Q. FILE NO.

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

04892

DEATH

Category

DISCHARGE

Category

DESERTION

ATTESTATION PAPER (M.F.W. 23, 133, or 51)

CASUALTY FORM (M.F.W. 54 or A.F.B. 103)

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)

DENTAL HISTORY SHEET (M.F.B. 465)

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)

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)

M

H

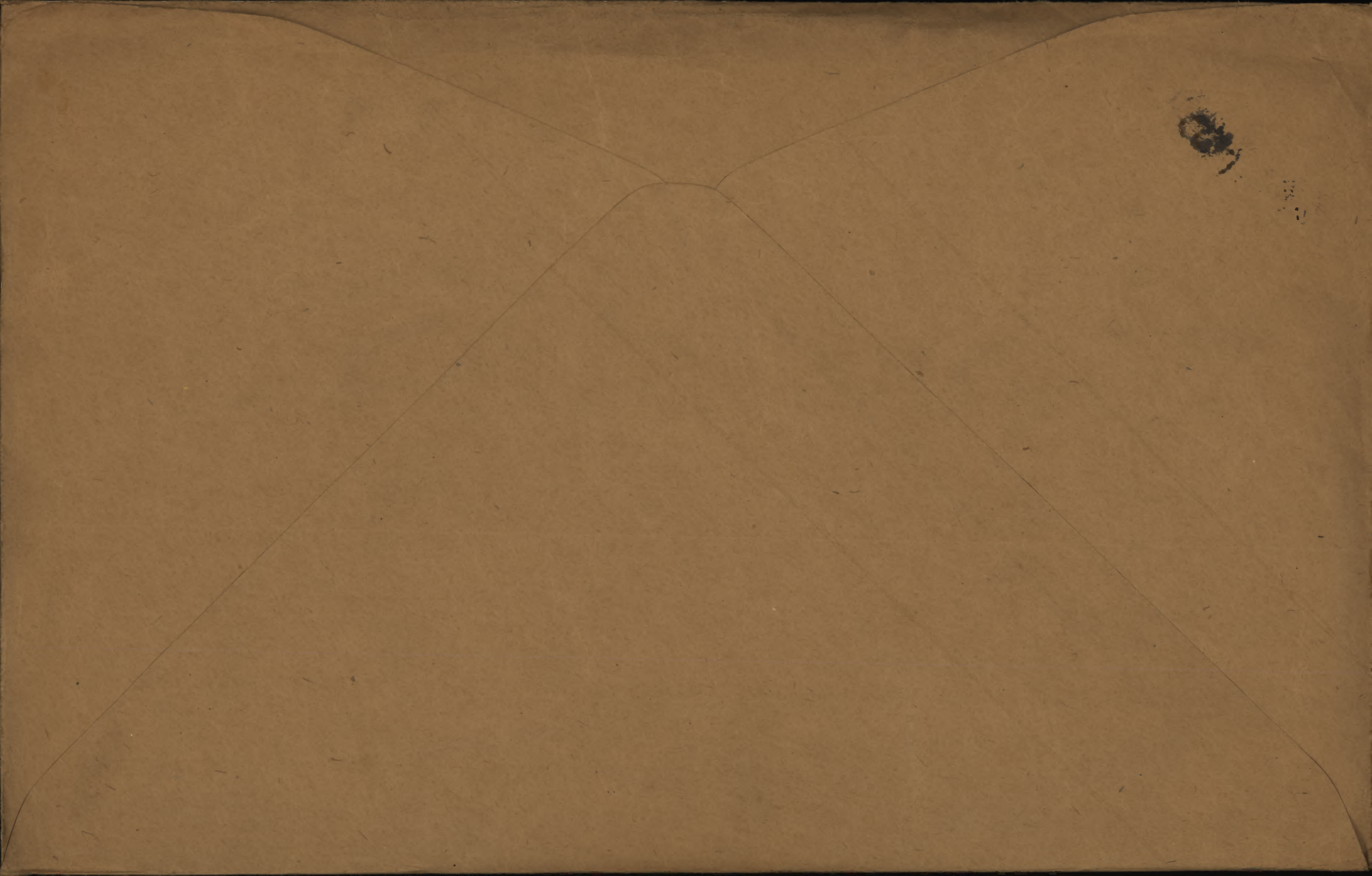
1

1

1

1. Ferland
2. Misc
1. 149
10. 7 2. 12 37
20 8 13 181
1. 258
1. Full Orig
1. Copy

1
16-18.
16-18.
3-18



FORM OF WILL

GHV

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, FERLAND Alphonse

3171540

Regimental number... D 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 Mr. Joseph Jean Ferland

St Pierre Ile Orleans Co Montmorency

whose address is.....PQ Can

to be the executor of this my last will.

General gift I give to Mr Jean Ferland

whose address is.....St Pierre Ile Orleans Co Montmorency

PQ Can

all my property not disposed of above.

Date Dated at Montreal PQ Can this 68-18 191...

Signature Alphonse Ferland
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 George Duval

Signature Emile Perron

Address 1st Bn

Address 1st Bn

Occupation Soldier

Occupation Soldier

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.

M&H

Number

3171346

Rank

Pte B

Surname

FERLAND

Christian Name

Alphonse

Units

A L

Theatre of War

England

Date of Service

16-9-18

D

Remarks

Jean Ferland Esq, (F.)

Latest Address

St. Pierre

Ile de 'Orleans

Roll No.

A Page 4604 Montmorency

P.Q.

ESP. 13 1923
REGN. N. 18824

ALPHONSE

F2318

Name FERLAND

Rank

Pte

Reg. No. 3171346

Unit 10 Res

Next of Kin

Canada

Mr Jean Ferland (Father),
 St. Pierre,
 Ile Orleans Co.
 Montserrat

(AG)
 Canada
 A.G.
 P. Q.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1918	No 12. Can. G.H.	Bramshott.				
1 11	Seriously ill	Canada	Influenza	C359	Q 697	4272
7 11	Died.		- do.	C364		4601
						4457
	Born Dec: 22 nd	1896				
	Rel: R. Co					
	H. S. Sams					

Q

Reg. No. <i>3171346</i>	Rank. <i>Plé</i>	Surname <i>Ferland</i>	Category.	Dentally Unfit.
Christian Names (1)		Christian Names (2)		Christian Names (3)
Date		Date		
Place of Enlistment: <i>Montreal</i>	Date of <i>11-11-17</i>	Taken on from <i>Canada</i>	Religion <i>R.C.</i>	Inoculations
Province: <i>P. Que.</i>	Age on <i>21-</i>	Date <i>17-9-18</i>	Vaccination	
On Command.....	Hospital.....		Permanent Cadre	Employed as
Date Proceeding		Date Admitted		Date taken on
Record of Overseas Service:			Profession or Trade (Civil) <i>Baker</i>	
Reason for Return:			Transferred or Posted to <i>Died</i> Date <i>7/11/18</i>	
Married or Single <i>Single</i>	LEAVE.			
Address of Next of Kin <i>Jean-Ferland, St-Pierre, St. Orleans Co. Montserrat P. Q. Can.</i>	No. of Pass Issued.	FROM.	TO.	Free Transportation.

649-F-11566

✓ FERLAND, Pte. A. No. 3171346

Aphouse

10th Can. Res. Bn.

Not elig. for 1914-1915 Star.

MEDALS

Father, Jean Ferland, Esq., *m* 8355
St. Pierre,
Isle de Orleans,
Montmorency, P.Q.

P. & S. Father, as above

(Serial no. 766504)

Scroll Desp. *JAN 14 1921* Reqn. No. *710083*

C. of S. NIL

Plaque Desp. *FEB 13 1921* Reqn. No. *P29537*

HS

OK

1866

1866

A. & D.
CARD

1012 Can Gen Hosp
 HOSPITAL.
 AT Bramshot
 A. & D. No. 9974 PL. OF ACTION
 RANK Pte REG. No. 3171346 UNIT 124th 2 Quebec 10th Rec SICK OR WOUNDED
 NAME Ferland, J. AGE 22 RELIGION RC
 PLACE IN HOSPITAL Ward 15
 DIAGNOSIS Influenza
 ADMITTED 29-10-18 FROM
 DISCHARGED TO
 TRANSFERRED
 SERVICE AT HOME 2 months IN FIELD
 RESULTS Died 7-11-18

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

REMARKS.

NAME

Ferland Alphonse

REGT'L. NO.

3171346

RANK AND CORPS

Pte. 1st Res Bn. form 2nd

H. Q. FILE NO. 649

FOLLOWS

NO.

FOLLOWS

CABLE

NO.

DATE

NATURE OF CASUALTY

Q697²⁻⁶

3-11-18

Serrill Mil. H. Bramshott Nov. 1

HL 6359

2-11-18

1918 Influenza

Moff. K.

Jean

Ferland Father

(6-8)

St. Pierre

De Orleans Co Montmorency Co

H 457

8-11-18

D. at mil. St. Bramshott Nov 7/18.

LIST NO.

HOSPITAL

DATE OF
ADMISSION

REMARKS

6364
126th Gen. Beauchamp
1-11-18
died Influenza

Surname

Christian Name or Names

Reg. No.

Farland.

~~FARLAND.~~

A.

3171346.

Rank

Unit

Pte.

Que. 10R.

Cas. List.

12.C.G.H.B' shott."Ser. Ill"1-11-18.

2-11-18.C359.

Influ'za. *aw.*

8. 11. 18. C364.

Pass. Ser Ill now

leied - 7. 11. 18.

A.M.D. 2 Dept.

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

Cas. List.

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, **FERLAND, Alphonse.**

Regimental number **25171346** 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 **Mr. ~~KIKK~~ Jean Ferland.**

whose address is **St. Pierre Ile Orleans Co. Montmorency, P.Q. Can.**

to be the executor of this my last will.

General gift I give to **Mr. Jean Ferland.**

whose address is **St. Pierre Ile Orleans Co. Montmorency P.Q. Can.**

all my property not disposed of above.

Date Dated at **Montreal, P.Q. Can.** this **68-18.** 191.....

Signature **Alphonse Ferland.**
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.

Witnesses
1st WITNESS
Signature **George Vincent**
Address **Peel St. Bks.**
Occupation **Soldier.**

2nd WITNESS
Signature **Emile Ferras.**
Address **Peels St. Bks.**
Occupation **Soldier**

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.

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If you do not wish to pass life insurance by the will this should be stated.

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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.

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

GHV

Casualty Form—Active Service.

Unit, Regiment or Corps

2nd DEPOT BN. 2nd QUEBEC REGT.

Regimental No. D Rank Private Name FERLAND Alphonse

C. E. F.

Enlisted (a) 6-8-18 Terms of Service (a) 3 Yr Doftw Service reckons from (a) 6-8-18

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				
		Embarked <u>H.M.S. Saturnia Montreal</u>			
		Disembarked <u>England Liverpool</u>		<u>AUG 27 1918</u> <u>18-9-18</u>	<u>Doftw</u> <u>Doftw</u>
<u>30.9.18</u>	<u>O.C. 10th</u>	<u>Can. Res. Bn. T.O.S. on transfer from arriving from Canada</u>	<u>Behott</u>	<u>17.9.18</u>	<u>D.O.P. 231</u>
<u>11.11.18</u>	<u>C 10th Co. Bn.</u>	<u>S.O.S. Having died from (Influenza) at 77-12 Can Gen Hosp. Behott.</u>			
		<u>Auth Casualty List C 6 364</u>			
		<u>14/9.11.18</u>	<u>Behott</u>	<u>7.11.18</u>	<u>D.O.P. II 267</u>
			<u>Behott</u>		<u>Lieut. Asst. Adj. 10th Bn.</u>

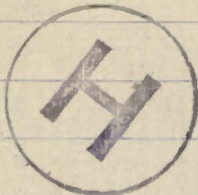
(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.

(b) e.g. Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

[P.T.O.]

Rank *124th, Dft. Bn* Name **FERLAND, Alphonse.** Reg'l No. **3171346**
 Unit *2nd. QUEBEC* If in perm. Corps } Married or Single *Single*
 What Unit? }
 Place and Date of Enlistment *Montreal Que 11th Nov 1917* Place of Birth *Montmorency Que*
 Name and Address, Next-of-Kin *Jean Ferland St Pierre*
St Orleans de Montmorency Que Relationship *Father*
 Assigned Pay Monthly \$ Payable to  Relationship
 Separation Allowance \$ Payable to Relationship

N/E R.B. No. *15167*
 File R.L. *8-7 2318*
 Category *Dies*



Discharge, Date and Place Reason Character

H. W. V. Id. - 9246-16

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.				
<i>6</i>					
		<i>Arrived in England.</i>		<i>16 9 18</i>	<i>Sault Ste Marie</i>
<i>20 9 18</i>	<i>IORES</i>	<i>T.O.S. FROM CANADA</i>	<i>BRSHOTT</i>	<i>17-9-18</i>	<i>90 223</i>
<i>8. 11. 18</i>	<i>---</i>	<i>Died. 12 Can G. Hpl</i>	<i>---</i>	<i>7. 11. 18</i>	<i>CHL 364 (Influenza)</i>
<i>11. 11. 18</i>	<i>---</i>	<i>--- + S.O.S</i>	<i>---</i>	<i>7. 11. 18</i>	<i>D.O 264</i>

FRENHAM

AUTHORITY
A.P. NON ROLL

* Strike out which is inapplicable.

ASSIGNED PAY	ENGLAND or CANADA.	SEPARATION ALLOWANCE.	ENGLAND or CANADA.
EFFECTIVE DATE: 1.9.18		EFFECTIVE DATE: -	
AMOUNT: 15 ⁰⁰		AMOUNT: -	

NAME: FERLAND Alphonse
NUMBER: 3171346.

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.

Jean Ferland (Father)
St Pierre de L'Isle Orleans
P.Q.

PARTICULARS OF RANK OR APPOINTMENT		
AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
L.P.C. from Canada	1.9.18	Pte

UNIT AND TRANSFERS

ORIGINAL UNIT: Draft No. 124 2-2 Que R
DATE ACCOUNT FIRST OPENED: 1.9.18

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S P O	UNIT TRANSFERRED TO
Died.	1-2-19	24-1-19	10 Res BN N.E.D.

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

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS CE ALLICE
L.P.C. from Canada	1-	10		

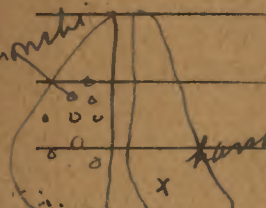
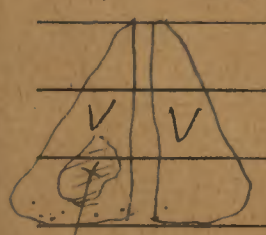
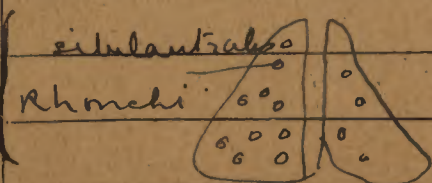
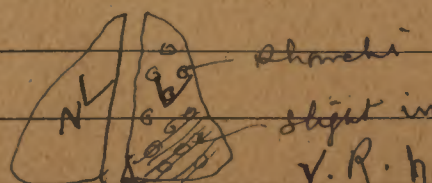
PARTICULARS OF RENDERING NON-EFFECTIVE -

MONTH	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
1918											
31.8	Bal. from Canada								22 50		
Sept	P.P.	33		Can. A.P.				15	40 50		
				Mr. Grant Frensham 19 Sep	4 87				35 63		
					4 87			15			
Oct		34 10		C.A.P.				15	54 73		
				A.P. 7+35. ✓ H.10.18.	4 87				49 86		
				• 8177 ✓ 21.10.18	34 07				15 79		
		34 10			38 31			15			
Nov		33		C.A.P.				15	33 79		NEC 4.3.19
Jan		34 10						45	8		CR 33 79
		33						15			

NON EFFECTIVE. ACT.

NON EFFECTIVE. ACT.

MEDICAL CASE SHEET.*

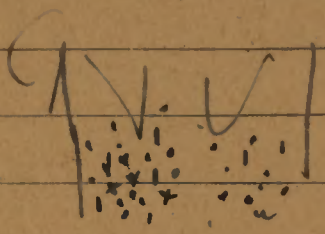
No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	3171346	Pte.	Terland	Alfonse
Year	Unit.	Age.	Service.	
1918	10th.	22	$\frac{2}{12}$	RC
Station and Date.	Disease			
12 C 9 H Bramshott 29-10-18	Influenza. Broncho Pneumonia Complaint - sore chest pain in back, pain in legs, cough, chills & fever. Personal History - baker, single, pneumonia right, May 1915. Sick two weeks. No other sickness. Present Illness - on 29-10-18 in morning paraded before M.O. with chills, pain in head, chest, back, cough. Has been coughing for two weeks, nose bleed this A.M. sputum copious and yellow. Says there was blood in sputum today. Present Condition - robust & well nourished, rather stupid, eyes heavy, bloodshot, face flushed. Tongue coated. Coughing. T101. P108R26 Respiratory System - expansion only fair but equal, expiration short. In front - coarse rhonchi Right lung. Left lung expiratory sound slightly harsh. Posteriorly no rales except very fine crepitant over left base. V.F. normal. V.R. diminished left lower half. No dullness. Right lung post gives repressed breathing. Sibilant rales & coarse rhonchi all over back. slight impairment - resonance right base. Left B.B. gone. Breath sounds - normal. 31-10-18 31-10-18 <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">  <p>Rhonchi</p> </div> <div style="text-align: center;">  <p>B.B.</p> </div> </div> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">  <p>Rhonchi</p> </div> <div style="text-align: center;">  <p>Rhonchi</p> </div> </div>			

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

2-11-15

Flushed dyspnoeic - loose cough
blood-pus expect - very sick

Temp 103 - P 120 R 44
lungs - no evident consolidation



Numerous moist rales
both bases - maximum
T.F. T.V.R. present
No Bronchophony or B.B.

Tx - Stimulation

Expectorant mixture & Inhalations
Whiskey 3i q.4.4
Anti Sept. serum daily.

4-11-15

Toxic dyspnoeic agitated


lungs - Purulent Bronchitis - probably patchy
consolidation - extensive lung involvement.
no evident B.B. chest full of moist
rales some at bases heard close to
scope.

P. 100-116 R. 52 T. 102
B.P. 102/58

6-11-15 Condition worse.

7-11-15 10²⁵ AM. died

G. Haring
Capt. Cause



m. x.

20.4.20

H.G.



CLINICAL CHART.

(To be attached to Case Sheet.)

Corps 10th

Military Hospital No. 12 Con. Serv.

No. 3171346

Rank and Name Pte. Tierland A

Age 22

Service 7/12

Disease Influenza

Date of admission 29-10-18

Date of discharge 1.11.18

Result Died

Dates of Observation	Days of Disease																																					
	29		30				31				1 Nov				2		3		4				5		6		7											
Temperature Fahrenheit	Time																																					
	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.										
107°																																						
106°																																						
105°																																						
104°																																						
103°																																						
102°																																						
101°																																						
100°																																						
99°																																						
98°																																						
97°																																						
Pulse per Minute		108	160	100	100	104	102	104	112	110	112	110	104	104	120	96	96	84	92	44	104	108	108	108	120	128	134	120	138	134	130	144	132	120	96	120		
Respirations per Minute		26	24	26	26	26	26	28	28	28	28	28	28	32	32	32	32	40	44	44	52	52	48	48	40	40	48	48	36	52	52	48	44	32	36	36	36	
per 24		11		11																																		

Signature

[Handwritten Signature]

In charge of case.

CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B. 181.

Corps _____

No. _____

Rank and Name _____

Age _____

Military Hospital _____

Service _____

Disease _____

Date of admission _____

Date of discharge _____

Result _____

Dates of Observation	Time																											
	A.M.		P.M.		A.M.		P.M.		A.M.		P.M.		A.M.		P.M.		A.M.		P.M.		A.M.		P.M.		A.M.		P.M.	
Days of Disease																												
Temperature Fahrenheit																												
107°																												
106°																												
105°																												
104°																												
103°																												
102°																												
101°																												
100°																												
99°																												
98°																												
97°																												
Pulse per Minute																												
Respirations per Minute																												
Motions per 24 hours																												

Signature _____

In charge of case. _____

CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B. 181.

Corps 10th Reg.

Military Hospital No. 12 Con. Gen.

No. 3171344

Rank and Name Pte. Fierland A.

Age 22

Service 7/2

Disease Influenza

Date of admission 29-10-18

Date of discharge _____

Result _____

Dates of Observation																														
29 30 31																														
Days of Disease																														
Temperature Fahrenheit	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	
	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.
107°																														
106°																														
105°																														
104°																														
103°																														
102°																														
101°																														
100°																														
99°																														
98°																														
97°																														
Pulse per Minute																														
Respirations per Minute																														
24																														

CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B. 181.

Corps _____

No. _____

Rank and Name _____

Age _____

Military Hospital _____

Service _____

Disease _____

Date of admission _____

Date of discharge _____

Result _____

Dates of Observation																													
Days of Disease																													
Temperature Fahrenheit	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time
	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.
107°	.8	.6	.4	.2																									
106°	.8	.6	.4	.2																									
105°	.8	.6	.4	.2																									
104°	.8	.6	.4	.2																									
103°	.8	.6	.4	.2																									
102°	.8	.6	.4	.2																									
101°	.8	.6	.4	.2																									
100°	.8	.6	.4	.2																									
99°	.8	.6	.4	.2																									
98°	.8	.6	.4	.2																									
97°	.8	.6	.4	.2																									
	.8	.6	.4	.2																									
Pulse per Minute																													
Respirations per Minute																													
Motions per 24 hours																													

Signature _____

In charge of case. _____

ORIGINAL MILITARY SERVICE ACT, 1917. MEDICAL HISTORY SHEET.

DUPLICATE
3171346

1. Surname FERLAND Christian name Alphonse
 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) St Pierre Ile Orleans Co Montmorency Pq Can

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 6th day of August 1918, by the undersigned medical board sitting at Peel St Bks Montreal Pq Can

5. Age as stated 22 Years 9 Months. 6. Apparent age ----- Years ----- Month
 7. Height 5 Feet 10 Inches. 8. Weight 118 Pounds.
 9. Chest measurement { Minimum 31 Ins. Maximum 34 1/2 Ins. 10. Complexion Fair { Eyes Blue Hair Fair
 11. Physical development Good { Good Fair Poor 12. Smallpox marks -----
 13. Number of vaccination marks { Right arm 1 Left arm 1 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. 20/30 L. OK
 (b) Hearing. R. OK L. OK

Magnum Member. Hullmans President. W. C. D. D. D. Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>9/8/18</u>	<u>-----</u>	<u>Quart. Chabot St</u> M. O.	<u>9/8/18</u>	<u>-----</u>	<u>Quart. Chabot St</u> M. O.
<u>-----</u>	<u>-----</u>	<u>-----</u> M. O.	<u>13/8/18</u>	<u>-----</u>	<u>Quart. Chabot St</u> M. O.
<u>-----</u>	<u>-----</u>	<u>-----</u> M. O.	<u>11/11</u>	<u>-----</u>	<u>Quart. Chabot St</u> M. O.

Joined 6th day of August 1918 at Montreal Pq Can

Joined on enlistment	CORPS	REG'TL NUMBER	HABITS	DATE
	<u>2nd DEPOT BN.</u>	<u>2nd QUEBEC REG'T.</u>		<u>6-8-18</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT

Signature of Man Alphonse Ferland

If raised in category, record category in a square. The M. O. will initial and date.

Alphonse

Christian Name

FERLAND

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				
No 12 CAN. GENERAL HOSPITAL.		29	10	18	7	11	18	Influenza Broncho- Pneumonia	10	Onset 29/10/18 Adm. 103. Patch for consolidation left lower lobe. Later - no blowing breathing but spreading Purulent Bronchitis. Became very depressed & jaundiced. Rec'd in all 85 cc anti Spleen serum Died 10 ²⁵ AM. 7-11-18	G. Ham Capt

Date of Enlistment 6-8-18.

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

F. 6867 Sept-31-1918

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

15.00			
-------	--	--	--

11L1073
SIX

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.				
Rank	Promoted	Reverted	Discharge	
Soldier's Name				
Battalion	2nd Depot Bn 2nd Quebec Regt. Draft-124.			
Beneficiary				
Relationship				
Address				

Name			
Address			
Change of Address			
1	MR. JEAN FERLAND,		
2	ST. PIERRE DE L'ISLE,		
	ORLEANS, P.Q.	15	15.00
3	% 3171346 PTE ALPHONSE FERLAND		
	FIFTEEN DOLLARS		
4			

Date	Cheque No.	Amount S/A	Amount A/P	Total	
Sept	44072		15	15	L
Oct	51078		15	15	L
Nov	59417		15	15	L
			45	45	L

REMARKS
file
EFFX Paid 9/6/19.

KILLED IN ACTION
 DIED OF WOUNDS DATE 7-11-18
 C. L. No. 359 pl. 5 DATE 12-11-18
 M. R. O. TO DESTROY RENDERED
 B. P. C. FORM 1 & 8. F. X. COMPLETED ON FILE
 5871-A-7.
 Date 16-11-18

m 0 19793 - 16-11-18

M. F. W. 128.
400M. 6-17-172 88-1131
L. L. 2230-M. & D. 7893.

AUTHORITY M. D-5-13-1
 FOR NEW ACCT. 16-9-18

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch **S**

~~CANCELLED~~

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

--	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No. _____

Rank _____ Promoted _____ Reverted _____ Discharge _____

Soldier's Name _____

Battalion _____

Beneficiary _____

Relationship _____

Address _____

Name _____

Address _____

Change of Address _____

1 _____

2 _____

3 _____

4 _____

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
------	------------	------------	------------	-------	---------

M. F. W. 128.
40066-417-4772 30-114
L. L. 2320-M. & D. 7893.

AUTHORITY
FOR
NEW ACCT.