

Regtl. No. 3281923

PARTICULARS OF RECRUIT  
DRAFTED UNDER MILITARY SERVICE ACT;

REGISTRY OFFICE  
1/2 QUEBEC REGT.  
1917 JAN 23 1918  
1/2 Q. R. 1-9-186

(Class One)

- 1. Surname..... Gosselin
- 2. Christian name..... Elzear
- 3. Present address..... D'Israelie, Wolfe Co. P.Q. Canada.
- 4. Military Service Act letter and number..... 211735 E. C.
- 5. Date of birth..... January 7th. 1895
- 6. Place of birth..... D'Israeli. P.Q.  
(town, township or county and country)
- 7. Married, widower or single..... Single
- 8. Religion..... Roman Catholic
- 9. Trade or calling..... Farmer
- 10. Name of next-of-kin..... Napoleon Gosselin
- 11. Relationship of next-of-kin..... Father
- 12. Address of next-of-kin..... D'Israelie, Wolfe Co. P.Q. Canada.
- 13. Whether at present a member of the Active Militia..... No
- 14. Particulars of previous military or naval service, if any..... Nil
- 15. Medical Examination under Military Service Act:—  
(a) Place Drill Hall Quebec (b) Date..... 1-6-18 (c) Category..... A2

DECLARATION OF RECRUIT

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

*Elzear Gosselin* (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age..... 23 yrs..... 3 mths.  
 Height..... 5 ft..... 3 ins.  
 Chest measurement } fully expanded..... 36 ins.  
 } range of expansion..... 2-1/2 ins.  
 Complexion..... Medium  
 Eyes..... Blue  
 Hair..... Light

Distinctive marks, and marks indicating congenital peculiarities or previous disease.  
Scars on left knee

LT.-COL.  
O. C. 1st DEPOT BATTALION, 2nd QUEBEC REGIMENT

O. C. Depot Btlm.  
SECOND QUEBEC Regiment

Place Quebec Date May 31st. 1918

M.S.A.

29

# PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT 1916

(Class) One

1. Surname: Gosselin  
 2. Christian name: Max  
 3. Present address: 111 St. Louis St., Montreal, P.Q.  
 4. Military service Act number: 1000  
 5. Date of birth: 1895  
 6. Place of birth: Montreal, P.Q.  
 7. Marital status: Single  
 8. Religion: Roman Catholic  
 9. Trade or calling: Farmer  
 10. Name of next of kin: Napoleon Gosselin  
 11. Relationship of next of kin: Father  
 12. Address of next of kin: 111 St. Louis St., Montreal, P.Q.  
 13. Whether he has been a member of the Armed Forces: No  
 14. Particulars of any other military or naval service: None  
 15. Medical examination under Military Service Act: 1-8-16

## DECLARATION OF RECRUIT

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

*Max Gosselin*

## DESCRIPTION ON CALLING UP

Height	5' 8"
Weight	140 lbs
Complexion	Fair
Build	Slender
Complexion	Fair
Eyes	Blue
Hair	Light

~~Account~~

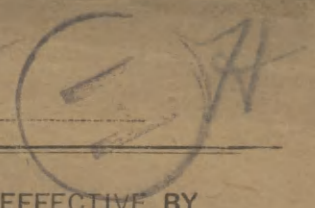
REGIMENTAL DOCUMENTS

Plc NAME **GOSSELIN FILZEAR**

REGT. NO. **3281923**

UNIT **1/2 B.R.**

H. Q. FILE NO.



**CONTENTS**

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505  
REFERENCE

NON-EFFECTIVE BY

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

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

**1** TRAINING HISTORY SHEET (M.F.W. 113)

**1** FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)

RECT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)

COMPANY CONDUCT SHEET (M.E.B. 263A or A.F.B. 121)

**1** MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)

**1** 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)

**1** LAST PAY CERTIFICATE (M.F.W. 44)

PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)

PARTICULARS OF CHARACTER (A.F.V. 3226)

COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)

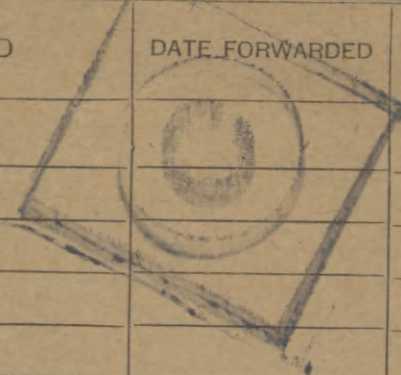
**1** MFB 259

**1** MFR 71

**1** MFB 565

**1** Doc. S. 7, 10

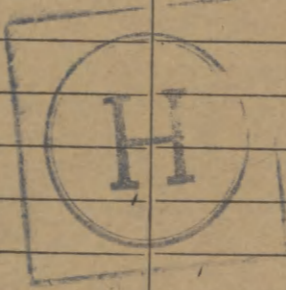
**1** MFR 82



**19948**

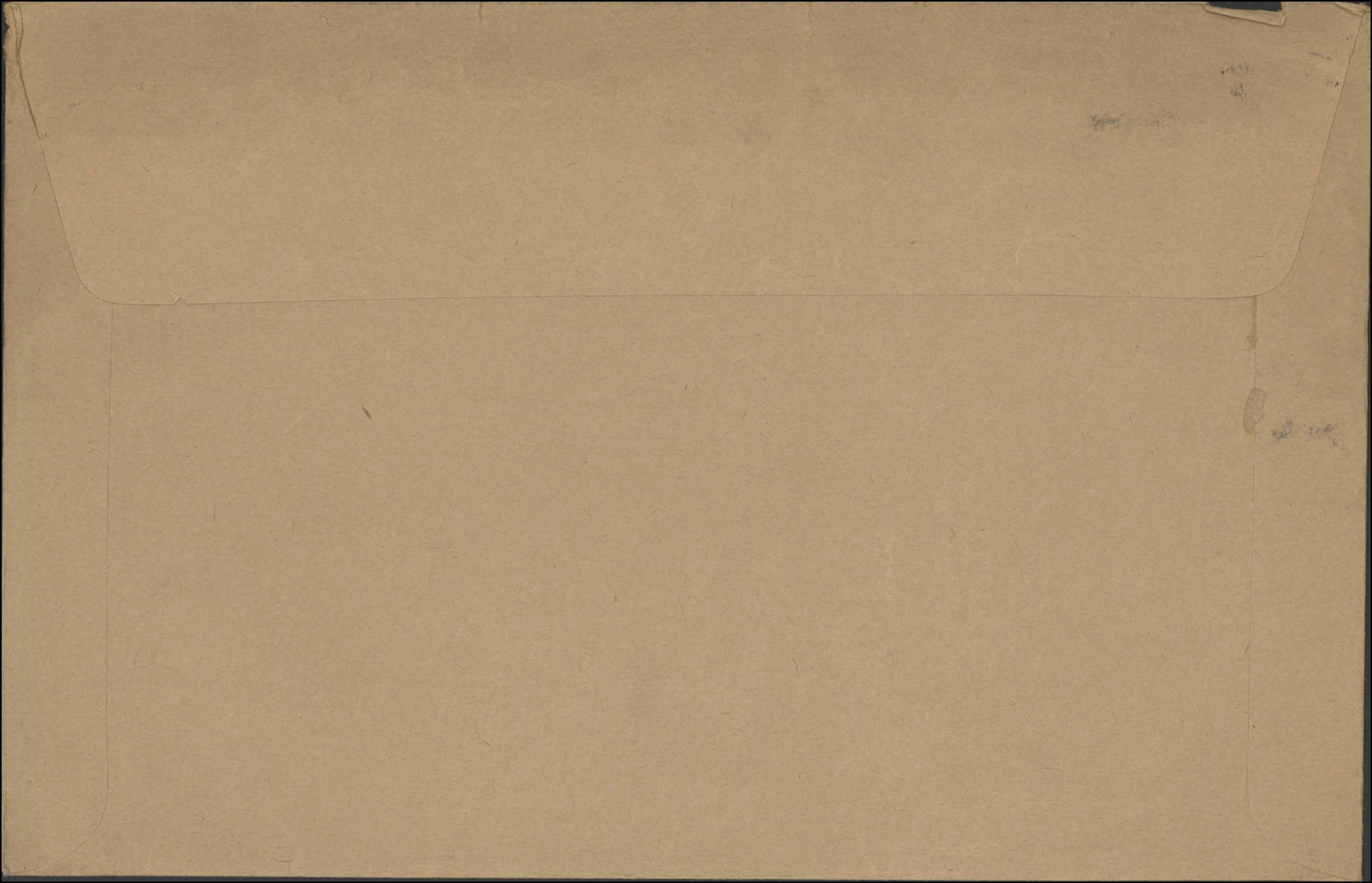
**DEATH**  
Category  
*Deceased*  
*14-11-18*

**DISCHARGE**  
Category



**DESERTION**  
~~*S.O.S.*~~

*M 4*  
*20-5-21*  
*9th H 3*



# FORM OF WILL

I, Elzear Gosselin (Name in full)

Regimental Number 3281923 serving in 1st Depot Bt. 2nd Quebec Regt.

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

<u>Napoleon Gosselin (Father)</u>	} Name and Address of person or persons to whom it is to go.
<u>D'Israeli.</u>	
<u>Wolfe Co. P. Q. Canada.</u>	

absolutely, and my personal estate I bequeath to

<u>Napoleon Gosselin (Father)</u>	} Name and Address of person or persons to receive personal estate* (See note).
<u>D'Israeli</u>	
<u>Wolfe Co. P. Q. Canada.</u>	

NOTE ///

This space for the appointment of Executor if necessary. ///

///

IMPORTANT NOTE this 7 day of juin A.D. 1915

This must be signed and Dated by THE SOLDIER HIMSELF. Elzear Gosselin Signature of Soldier.

\*N.B. Personal estate includes p-y, 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 Antoine Cloutier

Address of Witness Drill Hall, Quebec, P.Q.

THE TWO WITNESSES Occupation of Witness Clerk

MUST SIGN HERE Signature of Second Witness [Signature]

Address of Witness Drill Hall, Quebec, P.Q.

Occupation of Witness Clerk.



In list 49

3281923

M.S.A. 15.

MILITARY SERVICE ACT, 1917.

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 Cosselin Christian name Shear  
 2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule. 211735  
 3. Consecutive number on schedule of men reporting for service (if he appears on it) \_\_\_\_\_  
 4. Address (including street and number, if any) W. Merrill P.Q.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 1 day of June 1917, by the undersigned medical board sitting at Brill Hall Quebec

5. Age as stated 23 Years 3 Months. 6. Apparent age 23 Years \_\_\_\_\_ Months  
 7. Height 5 Feet 3 Inches. 8. Weight 123 Pounds.  
 9. Chest measurement { Minimum 33 1/2 ins. Maximum 26 ins. 10. Complexion Medium { Eyes Blue Hair Light  
 11. Physical development. Good { Good Fair Poor 12. Smallpox marks \_\_\_\_\_

13. Number of vaccination marks { Right arm \_\_\_\_\_ Left arm 1 14. When vaccinated last childhood  
 15. Distinctive marks and marks indicating congenital peculiarities or previous disease Small scarse on left knee  
 16. Slight defects but not sufficient to cause rejection enlarged Rt Tonsil

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 A2 Eyes RT 10 Left 10 Hearing RT OK Left OK  
W. Farrell President.  
M. Mellin Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
			M.O.	<u>11/68</u>	M.O.
			M.O.		M.O.
			M.O.		M.O.

Joined \_\_\_\_\_ day of \_\_\_\_\_ 191 \_\_\_\_\_ at \_\_\_\_\_

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment		<u>3281923</u>		
Transferred to.....				

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.

Signature of Man W. Farrell

(27)





NAME **GOSSELIN Jos.Elzear**

REGIMENTAL NO. **3281923**

RANK **Private**

ENLISTED AT **Quebec**

PROMOTIONS, &c.  
AND DATE

DATE **1-5-18**

IF SERVED PREVIOUSLY. STATE UNIT. &c.

MARRIED, WIDOWER, OR SINGLE **Single**

NEXT OF KIN **GOSSELIN, Napoleon** RELATIONSHIP **Father**

ADDRESS OF **D'Israeli, Wolfe Co. P.Q.**

ASSIGNMENT OF PAY \$ **C.** TO

ADDRESS

SEPARATION ALLOWANCE. ENTITLED OR NOT

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR



Surname *Gosselin* H. Q. *✓*

Christian names *Edgar* M. D. No. *5*

Regtl. No. *3281923* Rank *Pte* T. O. S. *May 31 1918*

Unit *2nd Regt 1st Div 1918* D. O. Pt. II *1131 of 305/18*

Reason *Des. J.A. 1/2 P.R.*

Auth. *D.O. 275 12-8-18 1/2 P.R.*

Next of kin *Josephine Gosselin* Relationship *Father*

Address *Woolly Wolf Co, PA* Also notify:

BORN—Place *Canada, D'Israeli, P.Q.* Date *Jan 7th 1895*

ATTESTED—Place *Quebec, P.Q.* Date *May 31st 1918*

O/S..... R/C.....



649-G-19198.

Gosselin, Elz. <sup>ear</sup>Pte. 3281923-C.E.F. 1<sup>st</sup> Depo Bn 2<sup>nd</sup> Q Regt.

Medals  
& Dec.

# 5

P. & S.

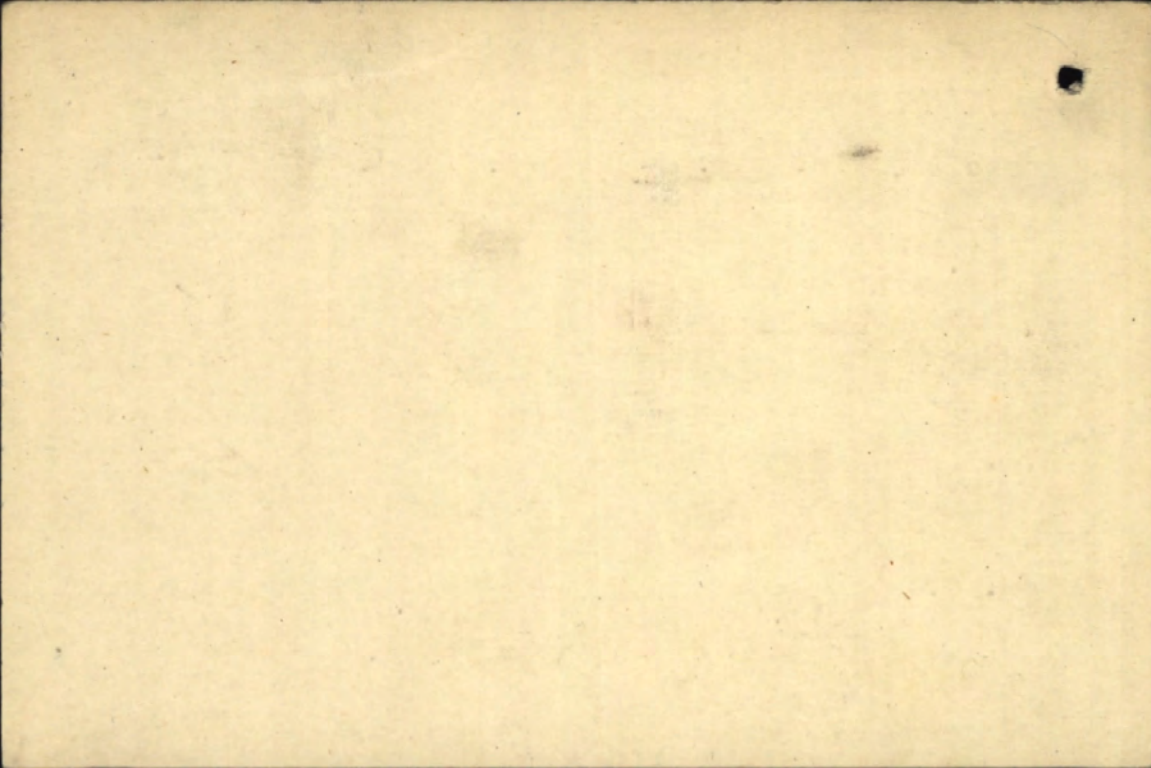
53899

Mem. C.

Note.

Died while on leave. 14.11.18

Canada only



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

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

500M.—97

H. Q. 1772-3

# Casualty Form—Active Service.

Unit, Regiment or Corps. 1st DEPOT BATTALION 2nd. QUEBEC REGIMENT

Regimental No. 3281923 Rank Private Name Elsear Gosselin

C. E. F.

Enlisted (a) 1-6-18 Terms of Service (a) Can. Exp. Force Service reckons from (a) 1-6-18

Date of promotion to present rank } Date of appointment to lance rank } Numerical position on roll of N. C. Os. }

Extended. Re-engaged. Qualification (b) Farmer

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 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				
13-1-20		S.O.S. on account of death with effect 14-10-18. whilst on Leave D.O. 104 para 13		13-1-20	

*[Signature]*  
Lt-Colonel.  
A.A. & Q.M.G. M.D. 5.

(25)

(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.

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				