

4 M. D. Depot Battalion Regiment

Regtl. No. D. 3173216

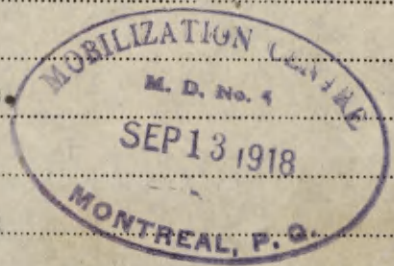
PARTICULARS OF RECRUIT DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class 1)

3173216

CANADIAN OFFICERS TRAINING CORPS CONTINGENT DE L'UNIVERSITE LAVAL

1. Surname.....GOSSELIN
2. Christian name.....Léopold
3. Present address.....2066 Clarke Montreal P Q Canada
4. Military Service Act letter and number.....DC 104268
5. Date of birth.....July 22th 1894
6. Place of birth.....Montreal P Q Canada
7. Married, widower or single.....Single
8. Religion.....Roman Catholic
9. Trade or calling.....Machinist
10. Name of next-of-kin.....GOSSELIN Louis
11. Relationship of next-of-kin.....Father
12. Address of next-of-kin.....2066 Clarke Montreal P Q Canada
13. Whether at present a member of the Active Militia.....Nil
14. Particulars of previous military or naval service, if any.....Nil
15. Medical Examination under Military Service Act :-
(a) Place.....Montreal (b) Date.....September 17th 1918 (c) Category.....A2



DECLARATION OF RECRUIT

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

Leopold Gosselin (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age.....24 yrs.....2 mths.
Height.....5 ft.....8 ins.
Chest measurement } fully expanded.....35 ins.
range of expansion.....3 ins.
Complexion.....Dark
Eyes.....Brown
Hair.....Black

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

R. D. = 60
L. D. = 200
B. EAR
L. EAR

Commanding 2nd Depot Bn., 2nd Quebec Reg't. O. C. Depot Btin.

Place Montreal Date September 16th 1918.

TARTICULARS OF RECRUIT

PREPARED UNDER MILITARY SERVICE ACT 1917

Form 1

REGIMENT

100th

2000 Ontario Street, Toronto, Canada

NO 100000

100th

Toronto, Canada

100th

100th

100th

100th

100th

2000 Ontario Street, Toronto, Canada

100th

100th

100th

100th

DECLARATION OF RECRUIT

100th

DECLARATION OF CALLING UP

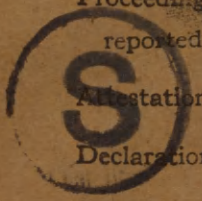
100th

100th

2-11-18 *deceased*

DISCHARGE DOCUMENTS

R. O. No. 34  
H. Q. No. 22 9 2201



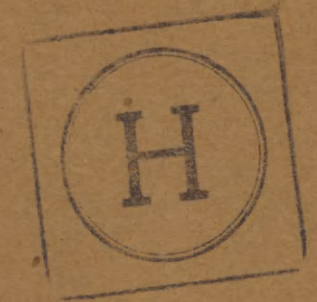
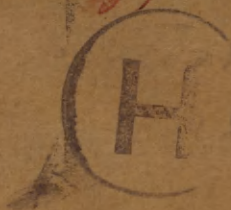
- Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- Attestation Papers..... 32
- Declaration of change of name.....
- Authority for special enlistments.....
- Documents of re-enlisted men.....
- Regimental Conduct Sheet .....
- Compulsory Stoppages.....
- Casualty Forms..... 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 GOSSEZIN, LEO  
 3173216  
 Regt. No. \_\_\_\_\_ Rank Pte  
 Corps 2nd / 9nd 2 R

*Deceased*

*Auth. Letter M. D. 4*

19415



*a 7 B 122-1*  
*m 7 W 113-1*  
*m 7 B 465-1*

*will left*  
*m x*  
*26 2 2)*  
*ac*

*12-24*  
*19-25*  
*34-25*



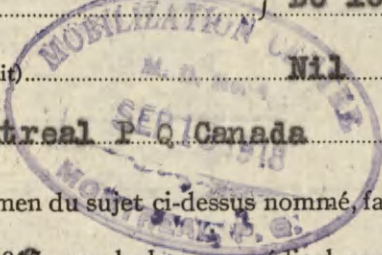
M.S.A. 15 F.

# LOI DU SERVICE MILITAIRE FEUILLE MÉDICALE

**ORIGINAL**  
B173216

**IMPORTANT.**—Si le nom de l'homme n'apparaît pas sur la liste des hommes répondant à l'appel, ou s'il n'a pas fait une demande d'exemption ou une déclaration d'être prêt à répondre au service militaire ou, dans le cas où il aurait fait l'une ou l'autre, s'il en ignore le numéro, on l'informerait qu'il doit attacher la copie de cette feuille médicale (qu'on lui remettra) à la déclaration ou à la demande d'exemption qu'il pourra faire en s'adressant à n'importe quel maître de poste en Canada, ou envoyer lui-même après avoir marqué dessus le numéro du reçu qu'il a reçu du maître de poste, au Registraire ou au député Registraire de la Loi du Service Militaire. Dans tous les cas le double de cette feuille médicale sera envoyé par le Bureau Médical au Commandant du District à moins que ce dernier n'ait donné ordre de l'envoyer directement au Registraire ou Député Registraire.

- Nom de famille... **GOSSELIN** ..... Nom de baptême... **Léopold** .....
- Numéro de la réponse à l'appel ou de la demande d'exemption d'après le reçu du maître de poste ou la liste... **DC 104268** .....
- Numéro consécutif de la liste des déclarations (s'il y apparaît)... **Nil** .....
- Adresse (y compris la rue et le numéro s'il en existe)... **2066 Clarke Montreal P.Q. Canada** .....



Voici les renseignements exacts qui résultent de l'examen du sujet ci-dessus nommé, fait le **12eme** jour de **Septembre** 19**18**, par le bureau médical soussigné siégeant à **Montreal P.Q. Canada**.

- Âge affirmé... **24** ans **2** mois.
- Âge apparent... **24** ans **2** mois.
- Hauteur... **5** Pieds **8 1/2** pouces.
- Poids... **131** livres.
- Mesure de poitrine { Minimum... **31** pouces  
Maximum... **33 1/2** pouces
- Couleur... **Dark** { Yeux **Brown**  
Cheveux **Black**
- Développement physique... **Good** { Bon  
Moyen  
Pauvre
- Marques de vérole... **le hilet**
- Nombre de vaccinations { Bras droit...  
Bras gauche... **2**
- Dernière vaccination... **le hilet**
- Indices distinctives et indices de particularités congénitales ou de maladie antérieure .....

16. Défauts légers insuffisants pour l'exemption...  
Le sujet nie avoir souffert de { Rhumatisme  
Tuberculose  
Syphilis } Nous ne trouvons pas de preuve qu'il ait souffert de { Rhumatisme  
Tuberculose  
Syphilis }  
(Rayez la maladie admise ou soupçonnée.)

Nous avons examiné le sujet ci-dessus nommé, conformément aux règlements pour les examens médicaux des F.E.C. et il est classé dans la catégorie

**A<sup>2</sup>**

R. D. = 60  
L. D. = 200  
R. EAR 8K  
L. EAR 8K

*J. B. Gosselin* Capt. Président.  
*Ph. P. Gosselin* Membre  
*Henri Gosselin* Membre

Date	Résultat	VACCINÉ	Date	Résultat	INNOCULATIONS, ANTI-TYPHOÏDES, ETC.
		O.M.			O.M.
		O.M.			O.M.
		O.M.			O.M.

Enrôlé le **12eme** jour de **Septembre** 19**18** à **Montreal P.Q. Canada**.

Enrôlé	CORPS	No. dans le régiment	HABITUDES	DATE
Transféré à	<b>2nd DEPOT BN.</b>	<b>317 216</b>	<b>2nd QUEBEC REG'T.</b>	

EXAMINÉ OU REFUSÉ PAR UN BUREAU MÉDICALE.

QUARTIER	DATE	MALADIE	RESULTAT

CANADIAN OFFICERS TRAINING CORPS  
CONTINGENT DE L'UNIVERSITE LAVAL

Signature de l'homme... *Léopold Gosselin*



FORM OF WILL.

3173216

DEPT. OF MILITARY DEFENCE  
OCT 24 1918  
CANADA

CANADIAN OFFICERS TRAINING COURSE  
CONTINGENT DE L'UNIVERSITE LAVAL

I, GOSSELIN Léopold (Name in full)

Regimental Number D serving in P T E

of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

I bequeath all my real estate unto

GOSSELIN Louis Father  
2066 Clarke Montreal P Q Canada

Name and Address of person or persons to whom it is to go.

absolutely, and my personal estate I bequeath to

GOSSELIN Louis Father  
2066 Clarke Montreal P Q Canada

Name and Address of person or persons to receive personal estate\* (See note).

**IMPORTANT NOTE**  
This must be Signed and Dated by THE SOLDIER HIMSELF.

this Twelfth day of September A. D. 1918  
Léopold Gosselin 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.

THE TWO WITNESSES MUST SIGN HERE

Signature of First Witness Louis George Rogré  
Address of Witness 23 Jeanne Mance Montreal  
Occupation of Witness Soldier  
Signature of Second Witness [Signature]  
Address of Witness 23 Jeanne Mance  
Occupation of Witness Soldier

# FORM OF WILL

Name of Testator

Stock and Bond Number

of the National Bank, which the Testator hereby revokes all former Wills by me

I hereby make this to be my Last Will

I hereby make the following

to be my Executors

Persons to whom

it is to go

to be my Executors

Name and Address

of each of

my Executors

to be my Executors

Witness

Name and Address

of each of

my Witnesses

Name and Address

of each of

my Witnesses

Name and Address

of each of

my Witnesses

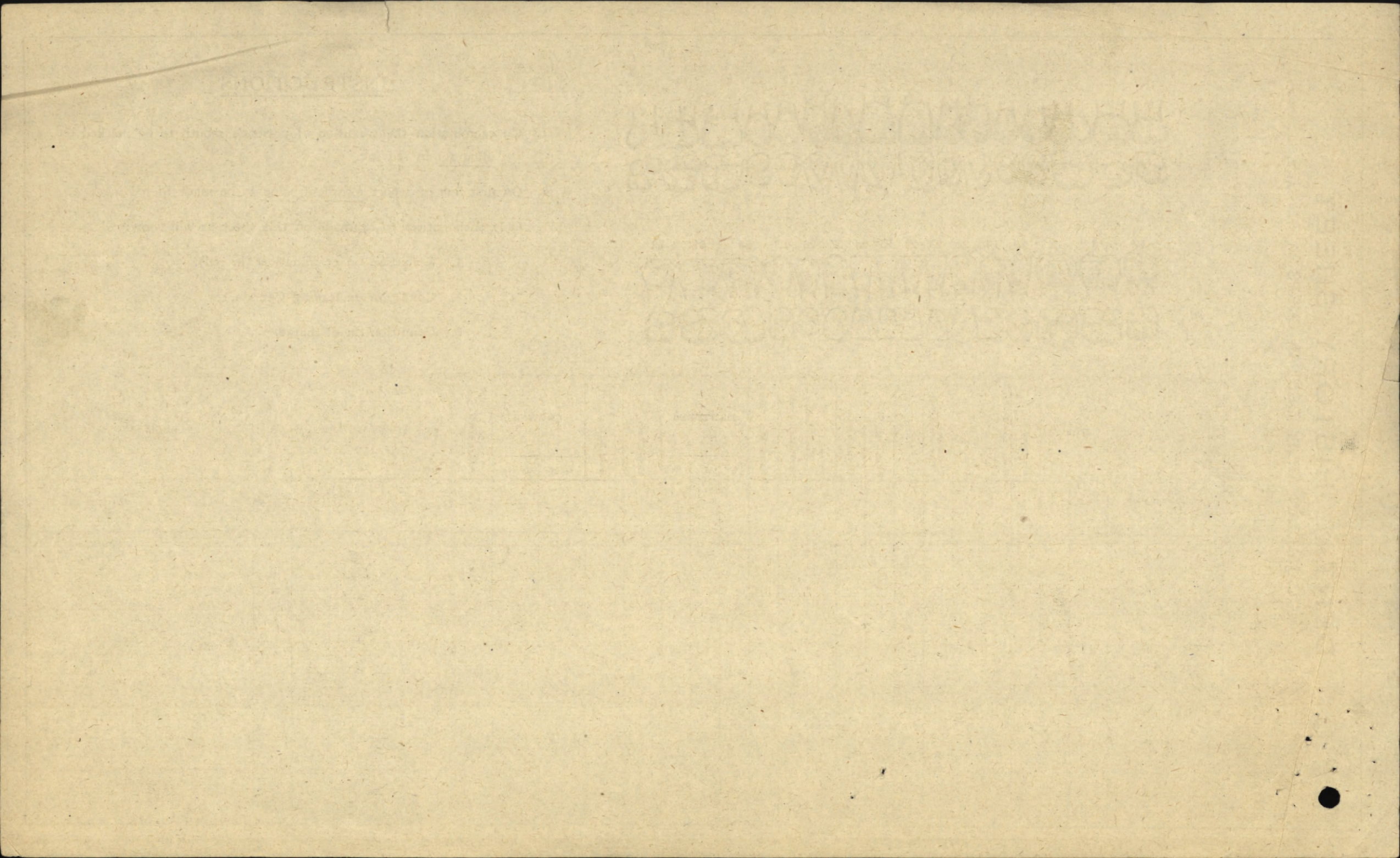
Name and Address

of each of

my Witnesses







LGG

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

M. F. W. 54., (A. F. B.)

350M.—5-16.  
H. Q. 1772-39-920.

Casualty Form—Active Service

CANADIAN OFFICERS TRAINING CORPS

3173 216

Unit, Regiment or Corps..... CONTINGENT DE L'UNIVERSITE LAV. 1.....

Regimental No. D..... Rank P.T.E..... Name..... GOSSELIN Léopold.....

C. E. F.

Enlisted (a) 12/9/18 Terms of Service (a)..... C.E.F. Service reckons from (a)..... 12/9/18.....

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) Machinist.....

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>Transferred to C.O. I.C. unit A.O. 1631</i>		<i>SEP 27 1918</i>	<i>H. Desautels Adjutant 2nd Depot Bn., 2nd Quebec Reg't.</i>

*M X  
26-2-21  
ac.*

(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.]

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				

649-G-15068

*2 1/2 ind. Q R*

<sup>b</sup>  
3173213

*✓*  
Pte.

*✓*  
GOSSELIN, Leopold

*✓*  
C.E.F.

*3173216*

Medals & Dec. (Father)

L. Gosselin Esq.  
2066 Clarke St.,  
Montreal, P.Q.

P & S.

(Father)

L. Gosselin Esq.  
Address as above

*(Ser. # 807301.)*

Memorial Cross (Mother)

Mrs. L. Gosselin  
Address as above

*Canada only*

Scroll Desp. MAY 3 - 1911 Reqn. No 2-41000 <sup>5011000</sup>

Plaque Desp. FEB 9 1922 Reqn. No p289773

*ac*

M 47200

MAR 4 1921

1110

837  
1921

✓ 100-140  
 LEDGER NO. ....

SERIAL NO. ....

REG. NUMBER *3170216.* NAME *Gasselin, P.*

RANK *MC* CORPS *B. O. T. C., Caval.*

AGE ..... SERVICE .....

NAME OF HOSPITAL ..... PLACE *M. S. No. 4*

DATE OF ADMISSION .....

DISEASE *Pneumonia*

TRANSFERRED TO OTHER HOSPITALS .....

*Died, 12. 10. 18.*

OPERATION .....

DISCHARGED TO ..... IN CATEGORY .....

REMARKS:.....

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