

MOBILIZATION CENTRE M. D. 5

29

5th M. D. Third Depot Battalion 2nd Quebec, Regiment

Regtl. No. 3381587

PARTICULARS OF RECRUIT DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class One)

REGISTRY OFFICE
1/2 QUEBEC REGT.
FEB 4 1919
1-4-335

1. Surname Guerette

2. Christian name Jules Joseph

3. Present address St. Louis du Ha Ha, Co Temiscouata P. Q., Canada,

4. Military Service Act letter and number 239981 E.C.
(If man is defaulter, i.e., has not registered under Proclamation, this fact should be stated, together with date of apprehension, or surrender)

5. Date of birth 3rd April, 1896,

6. Place of birth St. Louis du Ha Ha, Co Temiscouata P. Q., Canada,
(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 Ludgie Guerette,

11. Relationship of next-of-kin Father,

12. Address of next-of-kin St. Louis du Ha Ha, Co Temiscouata 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 Que (b) Date 21-8-18 (c) Category A.2.

DECLARATION OF RECRUIT

I, Jules Joseph Guerette, do solemnly declare that the above particulars refer to me, and are true.

Jules Joseph Guerette
(Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age.....	22	yrs.....	4	mths.	Distinctive marks, and marks indicating congenital peculiarities or previous disease.
Height.....	5	ft.....	4	ins.	
Chest measurement	fully expanded.....	35	ins.	Nil	
	range of expansion.....	2	ins.		
Complexion.....	Dark				
Eyes.....	Brown				
Hair.....	Brown				

P.H.S. 1.6.

M. S. A.

✓

J. O. C. 3rd Reg. of Quebec
Depot Btin. Regt.

Place Quebec, Que, Date August 23rd, 1918,

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1916

Class One

1. Name	Enoch
2. Christian name	Enoch
3. Present address	St. John's Co. Terminus, St. John's, Barbados
4. Military or civil rank and number	
5. Date of birth	1st April, 1900
6. Physical description	Single
7. Marital status	Single
8. Religion	Roman Catholic
9. Trade or calling	
10. Name of next of kin	Enoch
11. Relationship of next of kin	
12. Address of next of kin	St. John's Co. Terminus, St. John's, Barbados
13. Whether or not a member of the Armed Forces	
14. Particulars of any other military or naval service	
15. Particulars of any other military or naval service	
16. Particulars of any other military or naval service	
17. Particulars of any other military or naval service	
18. Particulars of any other military or naval service	
19. Particulars of any other military or naval service	
20. Particulars of any other military or naval service	

DECLARATION OF RECRUIT

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

Enoch Enock

(Signature of Recruit)

DESCRIPTION ON CALLING UP

1. Height	5 ft 6 in
2. Weight	120 lbs
3. Complexion	Dark
4. Eyes	Brown
5. Hair	Black
6. Feet	Size 7
7. Hands	Size 8
8. Fingers	Size 8
9. Teeth	Good
10. Hearing	Good
11. Vision	Good
12. Hearing	Good
13. Vision	Good
14. Hearing	Good
15. Vision	Good
16. Hearing	Good
17. Vision	Good
18. Hearing	Good
19. Vision	Good
20. Hearing	Good

Place of Issue: St. John's, Barbados

Date: 1st April, 1916

Regiment: 1st Barbados Regiment

REGIMENTAL DOCUMENTS

Pl
S
RH 14-3-19

NAME **GUERETTE JULES JOSEPH**

REGT. NO. **3381587**

UNIT **1st 2nd Q.R.** H. Q. FILE NO.

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

2 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)

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

COMPANY CONDUCT SHEET (M.F.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)

1 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)

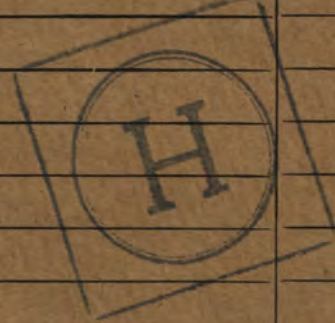
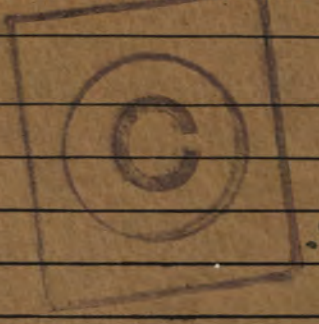
1 LAST PAY CERTIFICATE (M.F.W. 44)

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

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

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

1 m 7 6 565



DEATH

Category

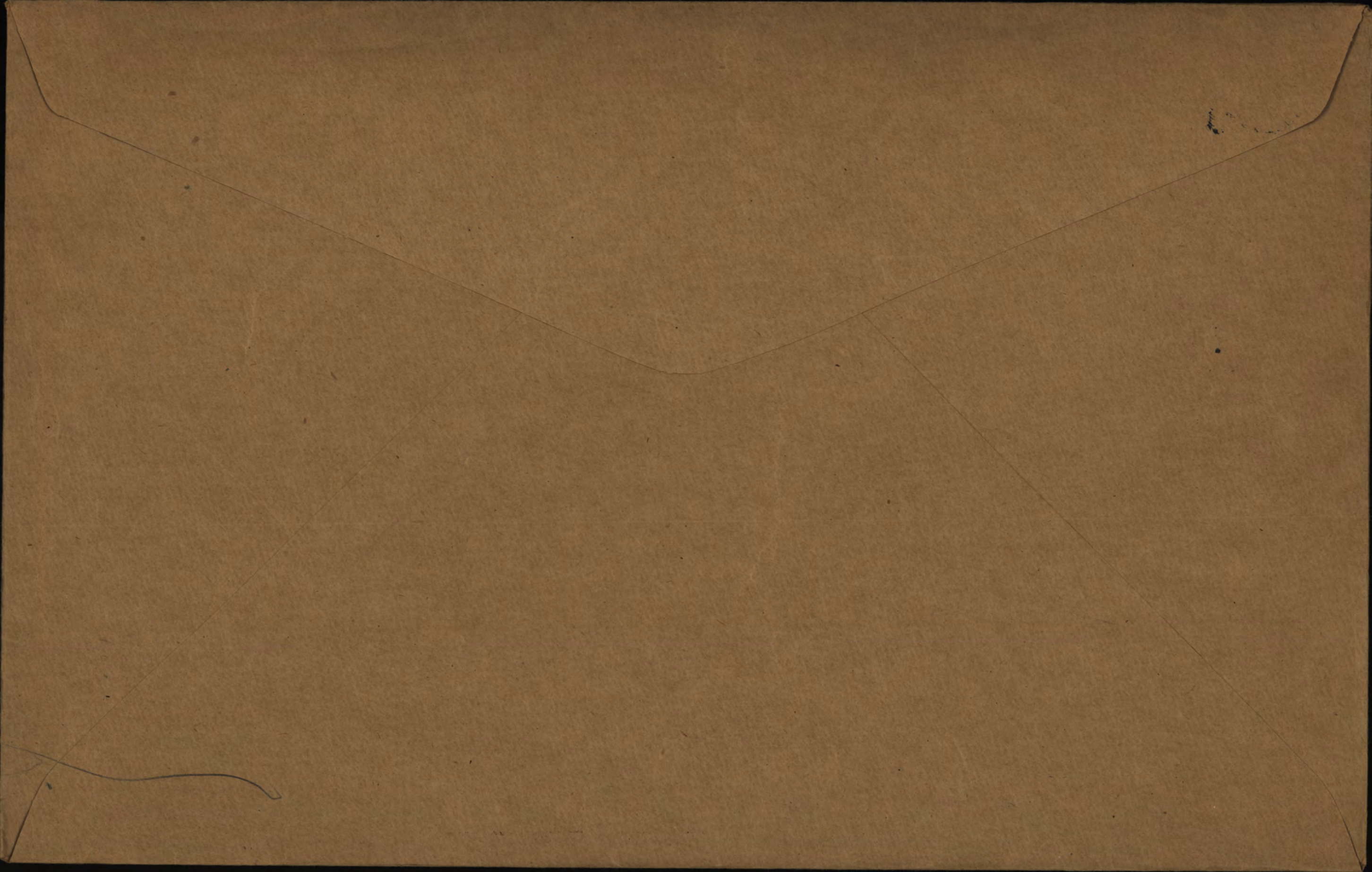
30728

DISCHARGE

Category

Demot.

DESERTION

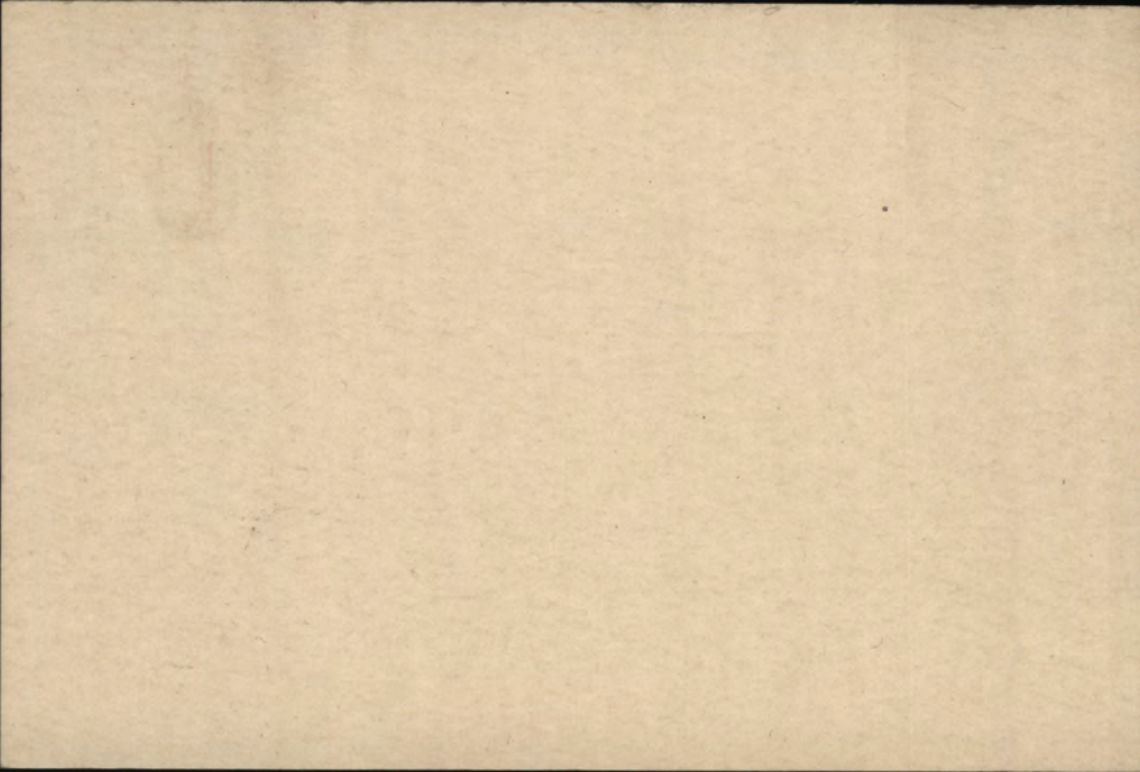


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Surname Guarrette H. Q.
Christian names Jules Joseph M. D. No. 2
Regtl. No. 3381 587 Rank Cte T. O. S. July 18th 1918
Unit 2nd Que Regt 3rd Dep Bn D. O. Pt. II 169 of 10-8-18
S. O. S. Dis 13-2-1919
Reason Demob.
Auth. loc.

Next of kin Guarrette Ludgic Relationship Father
Address St Louis du Ha Ha Also notify:
Jemiscouata Co. P.Q.

BORN—Place Canada St Louis du Ha Ha P.Q. Date Apr 3rd 1896
ATTESTED—Place Quebec, P.Q. Date Aug 23rd 1918
O/S R/C



1st DEPOT BATTALION, 2nd QUEBEC REGIMENT

Name in full: **GUERETTE Jules Joseph.** Rank: **Pte** No. **3281587**

Enlisted at: **Drill-Hall. Quebec Que.** Date: **21-8-18**

Married, Widower or Single: **Single.** Previous Unit: **3/2nd Q.R.**

Next-of-Kin and Address: **Guerette Ludgie. Father St Louis du Ha Ha Temiscouata**

Religion: **R.C.** Category: **A-2** Company: **S**

Occupation: **Farmer.**

Remarks:

CASUALTIES Extracts from Part II Orders

Nature of Casualty	D. O. Part II Number	Nature of Casualty	D. O. Part II Number
I.C.T. 12-12-18	546-1		
H.L.Ind.	346-1		
S.D. 14-2-19	45-1		
<i>X-510. 13-2-19</i>	<i>563</i>		

DEMOBILIZATION

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

REGISTRY OFFICE
 1/2 QUÉBEC REGT.
 FEB 25 1919
 1/2 Q. R.

This is to Certify that No. 3381587 (Rank) Pte.
 Name (in full) Jules Joseph Guerette enlisted in
 the 1st/ 2nd Quebec Regt.
 CANADIAN EXPEDITIONARY FORCE at QUEBEC, QUE. on the 21st
 day of August, 1918. 19

HE served in Canada....
 and is now discharged from the service by reason of **DEMOBILIZATION**
P.O. 1337. of 25-11-18. P.C. 2865. D.D. Part II 45-1156

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

Age 22 years 9 months
 Height 5 feet 4 inches
 Complexion Dark
 Eyes Brown
 Hair Brown

Marks or Scars

Jules Guerette
 Signature of Soldier

nil
[Signature] LT.-COL.
 1st DEPOT BATTALION, 2nd QUEBEC REGIMENT
 Issuing Officer

Date of Discharge FEB 13 1919 Rank _____
 Appointment _____

Signed at QUEBEC, QUE. this FEB 13 1919 day of _____ 19

in Military District No. 5

File Reference No. 1-G-335.

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

On demobilization the particulars called for on the back of this certificate will not be completed.

.....
Name of Officer

.....
Rank

.....
Appointment

MOBILIZATION CENTRE M. D. 5

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

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

350ml.—5-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps Third Depot Battrn, 2nd Quebec Reg't

Regimental No. 3381587 Rank Private Name E, E, F, Guerette Jules Joseph

C. E. F.

Enlisted (a) 12-7-18 Terms of Service (a) C, E, F, Service reckons from (a) 21-8-18

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) Farmer,

Date	Report From whom received	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
		<p>DEMOBILIZATION</p> <p>R.O.1357. of 25-11-18. P.C.2865. D.O.part.11.No.45. <i>J.B.</i> Quebec Que.</p>		<p>FEB 13 1919</p>	
<div style="border: 2px solid black; padding: 10px; margin: 0 auto; width: 80%;"> <p style="text-align: center; margin: 0;">1st DEPOT BATTALION 2nd QUEBEC REGIMENT.</p> <p style="text-align: center; margin: 0;"><i>J. Guerette</i> Adjutant.</p> <p style="text-align: center; margin: 0;">Officier i/c R. & S.</p> </div>					

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

3.011 3112
SERIAL FORM A-36

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 EXPEDITIONARY FORCE.

M.F.W. 44.
1133 (D.P. 250M-12-18.
1772-89-908.

LAST PAY CERTIFICATE

M. D. 5

Regimental No. 3381587 Rank..... Pte..... Name Guerette Jules 26
(Surname first)
Unit 1st/2nd. Que. Regt. who was* Discharged..
On 13-2-19 191....., to.....
*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1-2-19..... to 13-2-19..... 191...
the inclusive date of transfer or discharge.

	Dr.	Cr.
Bal. Dr. or Cr. from prev. month.....		180.40
Regimental Pay..... <u>13</u> days at \$..... <u>1.00</u>		13.00
Field Allowance..... <u>13</u> days at \$..... c.....		1.30
Separation Allowance.....		
Clothing Allowance.....		
Post Discharge Pay.....		
*Other Credits		
Advances		
Separation Allowance and Assigned Pay Cheque No.....		
*Other Charges <u>176 ds H.</u>	193.60	
Balance on transfer or on discharge, cheque No. <u>4534</u>	1.10	
Total	<u>194.70</u>	<u>194.70</u>

*Give particulars.

A monthly stoppage of \$..... NIL..... (†) has..... (‡) been paid on account of
Assigned Pay for the month of..... 191..... }
and Separation Allee. for month of..... 191..... } (to) Assignee

(Address)

(†) Insert amount to be assigned, whether it has been paid or not. (‡) Insert "not" if amount has not been paid for period of account.

ON TRANSFER OF AN OFFICER.

Outfit Allowance of \$..... has been paid by Paymaster, Military District No.....

REMARKS:—

State (1) date of enlistment..... 21-8-18..... married or single Single.....
(2) Separation Allowance, entitled or not..... NIL..... (3) Reason for discharge..... Demobilization.....
(4) Authority for discharge or transfer..... B.O. 45 of 14-2-19 Amendment.....
16058-3

NOTE.—S.A. & A.P. Card and Index Card (M.F.W. 71) are to accompany Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay Account of the officer or soldier.

Date 13-2-19
Place Quebec P.Q.

[Signature]
Lieut
1st/2nd. Que. Regt. Paymaster.

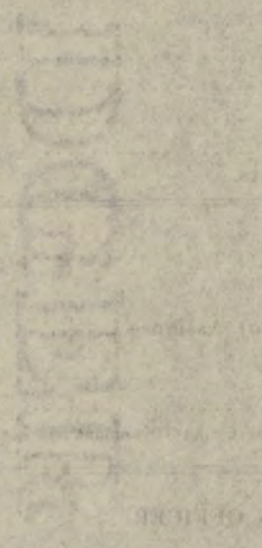
- N.B.—(A) This form is to be used for all ranks (vide Article 122-130 and 141) Financial Instructions, C.E.F., 1916.
(B) For purposes of transfer it is to be made out in triplicate. Copies will be disposed of in accordance with instructions as laid down in Routine Order No. 1307, dated 12th Nov., 1918. Payment of the balance will not be made and the words "or on discharge cheque No." will be deleted.
(C) For purposes of discharge it is to be made out in duplicate. One copy to accompany discharge papers, and one copy for retention as a record. record. As payment of the balance will have been made, the words "on transfer or" will be deleted.
(D) If a man on discharge is entitled to Post Discharge Pay, Last Pay Certificate will be made out as in "C" with an additional copy to be forwarded to the District Paymaster.

CREDITS, ADVANCES, Etc.

Credits, Advances, Forfeitures, Issues on Repayment, etc., since issue of this L.P.C. are to be entered hereunder:

Date	Place	Cheque No. A.R. No. or Other Particulars.	AMOUNT		Signature of Officer Making Payment.
			Dr.	Cr.	

BY THE ORDER OF THE OFFICER IN CHARGE



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. 3381587 Rank Pte Surname Guerette
(Given name in full)
Jules
 Unit or Corps 1/20uebec Regt Birthplace St Louis du Ha Ha

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

1. GENERAL DESCRIPTION:

Physique Good Weight 130 lbs. Height 5' 4" in. Colour of Eyes Brown
 Nutrition Good
 Pulse 70
 Condition of arteries Good
 Vision Rt. OK Left OK
 Hearing (conversational voice) Rt. OK ft.
 Left OK ft.

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

 Vaccination mark left arm

Opinion as to general health and physical condition Very 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 Sytem 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 ^{Quebec} (Canada)

Date ^{13/2/19} Signed *Lea Delap* 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 *Subs. Guérin*

(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.)

[OVER]

hist 83

338/587

LOI DU SERVICE MILITAIRE

FEUILLE MÉDICALE

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.

- 1. Nom de famille..... *Guérette* Nom de baptême..... *Jules*
- 2. Numéro de la réponse à l'appel ou de la demande d'exemption d'après le reçu du maître de poste ou la liste..... *239981 E.C.*
- 3. Numéro consécutif de la liste des déclarations (s'il y apparaît).....
- 4. Adresse (y compris la rue et le numéro s'il en existe)..... *Horis du boulevard Transcanadien*

Voici les renseignements exacts qui résultent de l'examen du sujet ci-dessus nommé, fait le *21* jour de *August* 1917, par le bureau médical soussigné siégeant à *Quebec*

- 5. Âge affirmé..... *22* ans..... mois.....
- 6. Âge apparent..... *22* ans..... mois.....
- 7. Hauteur..... *5* Pieds..... *4* pouces.....
- 8. Poids..... *120* livres.....
- 9. Mesure de poitrine { Minimum..... *23* pouces
Maximum..... *35* pouces
- 10. Couleur..... *Dark* { Yeux..... *Brown*
Cheveux..... *Brown*
- 11. Développement physique..... *good* { Bon
Moyen 12. Marques de vérole.....
Pauvre
- 13. Nombre de vaccinations { Bras droit.....
Bras gauche.....
- 14. Dernière vaccination..... *Childhood*
- 15. Indices distinctives et indices de particularités congénitales ou de maladie antérieure

16. Défauts légers insuffisants pour l'exemption..... Nous ne trouvons pas de preuve qu'il ait souffert de { Rhumatisme
Tuberculose
Syphilis

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 *4*

H. W. K. B. G. P. O. R.
Président.
Membre *Membre*

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

Enrôlé le *21* jour de *June* 191*8* à *Quebec*

Enrôlé	CORPS	No. dans le régiment	HABITUDES	DATE
Transféré à.....				

EXAMINÉ OU REFUSÉ PAR UN BUREAU MÉDICALE.

QUARTIER	DATE	MALADIE	RESULTAT
<i>Quebec For despatch</i>	<i>13/2/18</i>	<i>nil. a. r.</i>	<i>Healthy No. 10. 10th Post</i>

N. B. Il sera disposé de cette feuille conformément aux règlements du service médical de l'armée, si le sujet devient inapte au service; la date et la cause seront indiquées au verso.

Signature de l'homme..... *Jules Guérette*

SHORT FORM.
PROCEEDINGS ON DISCHARGE.
 (Demobilization.)

REGISTRY OFFICE
 1/2 QUEBEC REGT.
 FEB 25 1919
 1/2 Q. R. 1-G 275

1. No. 3381587

2. Rank. Private

3. Name. Jules Joseph Guerette

4. Unit. 1st/ 2nd Quebec Regt.

5. Date of Discharge FEB 13 1919 Place QUEBEC, QUE.

6. Reason for Discharge **DEMOBILIZATION**

[Handwritten signature]

[Circular stamp]

7. Authority. R.O. 1357. of 25-11-18. P.C. 2865. *100 Part II 15-11-19*

8. Proposed Residence after Discharge.....

St. Louis du Ha Ha

Temiscouata Co. Que.

9. **CERTIFICATE TO BE SIGNED BY SOLDIER.**

I hereby acknowledge that at the undernoted place and date I received my discharge Certificate

M. F. W.? 39

Jules Guerette

Signature of Soldier.

10. **CONFIRMATION.**

The discharge of the above named man is hereby confirmed.

QUEBEC, QUE.

Place.....

Date FEB 13 1919

Signature *[Signature]* LT-COL
 1st DEPOT BATTALION, 2nd QUEBEC REGIMENT
 (O. C. Discharging Unit.)

[Handwritten notes in red: Jules Guerette 15-11-19 802]

RIGHT FORM
 PROCEEDINGS ON DISCHARGE
 (Demobilization)

1.	No.	
2.	Rank	
3.	Name	
4.	Unit	
5.	Date of Discharge	
6.	Reason for Discharge	
7.	Authority	
8.	Proposed conditions after discharge	
9.	<p style="text-align: center;">CERTIFICATE TO BE SIGNED BY SOLDIER</p> <p>I hereby acknowledge that at the undersigned place and date I received my discharge Certificate</p> <p>At F. W. S.</p> <p>Signature of Soldier</p>	
10.	<p style="text-align: center;">CONFIRMATION</p> <p>The discharge of the above named man is hereby confirmed.</p> <p>Place</p> <p>Date</p> <p>Signature</p> <p style="text-align: right;">(O. C. Discharging Unit)</p>	

LIST OF DISCHARGE DOCUMENTS

Attestation Paper, Triphlicate	Medical Form W. 33
or Testimonials of Records	Medical Form W. 133
Field Conduct Sheet	Medical Form W. 138 or A. 133. 133
Casualty Form	Medical Form W. 34 or A. 133. 103
Last Pay Certificate	Medical Form W. 34
Certificates that missing documents are substituted	
Medical History Sheet	Medical Form R. 113 or A. 133. 113
Proceedings of Medical Board	M. P. B. 221, A. P. B. 113 or A. P. A. 43
Dental History Sheet	Medical Form R. 113
Medical Report	M. P. W. 133 or M. M. 133
Regimental Conduct Sheet	Medical Form R. 113
Company Conduct Sheet	Medical Form R. 113

LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate.....	Militia Form W. 23
or Particulars of Recruit.....	Militia Form W. 133
Field Conduct Sheet.....	Militia Form W. 178 or A.F.B. 122
Casualty Form.....	Militia Form W. 54 or A.F.B. 103
Last Pay Certificate.....	Militia Form W. 44
Certificate that missing documents are unobtainable.....	
Medical History Sheet.....	Militia Form B. 313 or A.F.B. 178
Proceedings of Medical Board.....	M.F.B. 227, A.F.B. 179 or A.F.A. 45
Dental History Sheet.....	Militia Form B. 465
Medical Report.....	M. F. W. 129 or D. M. S. 1375
Regimental Conduct Sheet.....	Militia Form B. 263
Company Conduct Sheet.....	Militia Form B. 263a