

Regtl. No. ~~328676~~
3286698 M.T.
17-H-66

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class **ONE**)



1. Surname..... **HADDOCK**

2. Christian name..... **ALVIN BLY**

3. Present address..... **Danville, Drumond Co. P. Q. Canada**

4. Military Service Act letter and number..... **309623 EC**
(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..... **12 September 1896**

6. Place of birth..... **Danville, Drumond Co. P. Q. Canada**
(town, township or county and country)

7. Married, widower or single..... **Single**

8. Religion..... **Methodist**

9. Trade or calling..... **Farmer**

10. Name of next-of-kin..... **Mrs Meira Mountain-Haddock**

11. Relationship of next-of-kin..... **Mother**

12. Address of next-of-kin..... **Danville, Drumond 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..... **None**

15. Medical Examination under Military Service Act :—
(a) Place..... **Quebec** (b) Date..... **26-6-18** (c) Category..... **A-2**

DECLARATION OF RECRUIT

I, **Alvin Bly Haddock**, do solemnly declare that the above particulars refer to me, and are true.

Alvin Bly Haddock (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age.....	21	yrs.....	8	mths.....	Distinctive marks, and marks indicating congenital peculiarities or previous disease. Functional murmur apex
Height.....	5	ft.....	6-	ins.....	
Chest measurement	fully expanded.....	38	ins.....		
	range of expansion.....	4	ins.....		
Complexion.....	Medium				
Eyes.....	Brown				
Hair.....	Brown				

P.A. 22
29/10/18
S. O. 2

Chas. Lawrence
O. C. **FIRST** Depot Btin.
SECOND QUEBEC Regt.

Place..... **Quebec P. Q.** Date..... **26-6-18.**

PARTICULARS OF RECRUIT
DRAFTED UNDER MILITARY SERVICE ACT 1917

Class ONE

1. Name

2. Surname

3. Address at date of draft

4. Occupation

5. Date of birth

6. Name of parent or guardian

7. Religion

8. Height

9. Complexion

10. Particulars of service

11. Remarks

12. Signature of person

13. Name of person

14. Address of person

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REGIMENTAL DOCUMENTS

NAME *Haddock, Alvin Bly*

(Pfc) REGT. NO. *3286691*

UNIT *1st/2nd Que Regt* H. Q. FILE NO.

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505 REFERENCE

NON-EFFECTIVE BY

32

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)

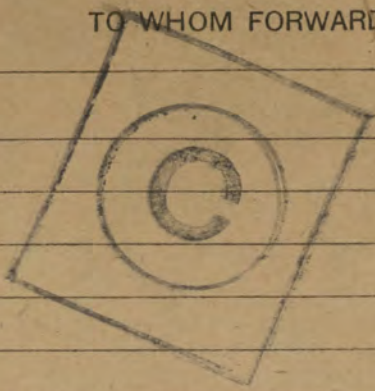
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)

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)



00573

DEATH

Category

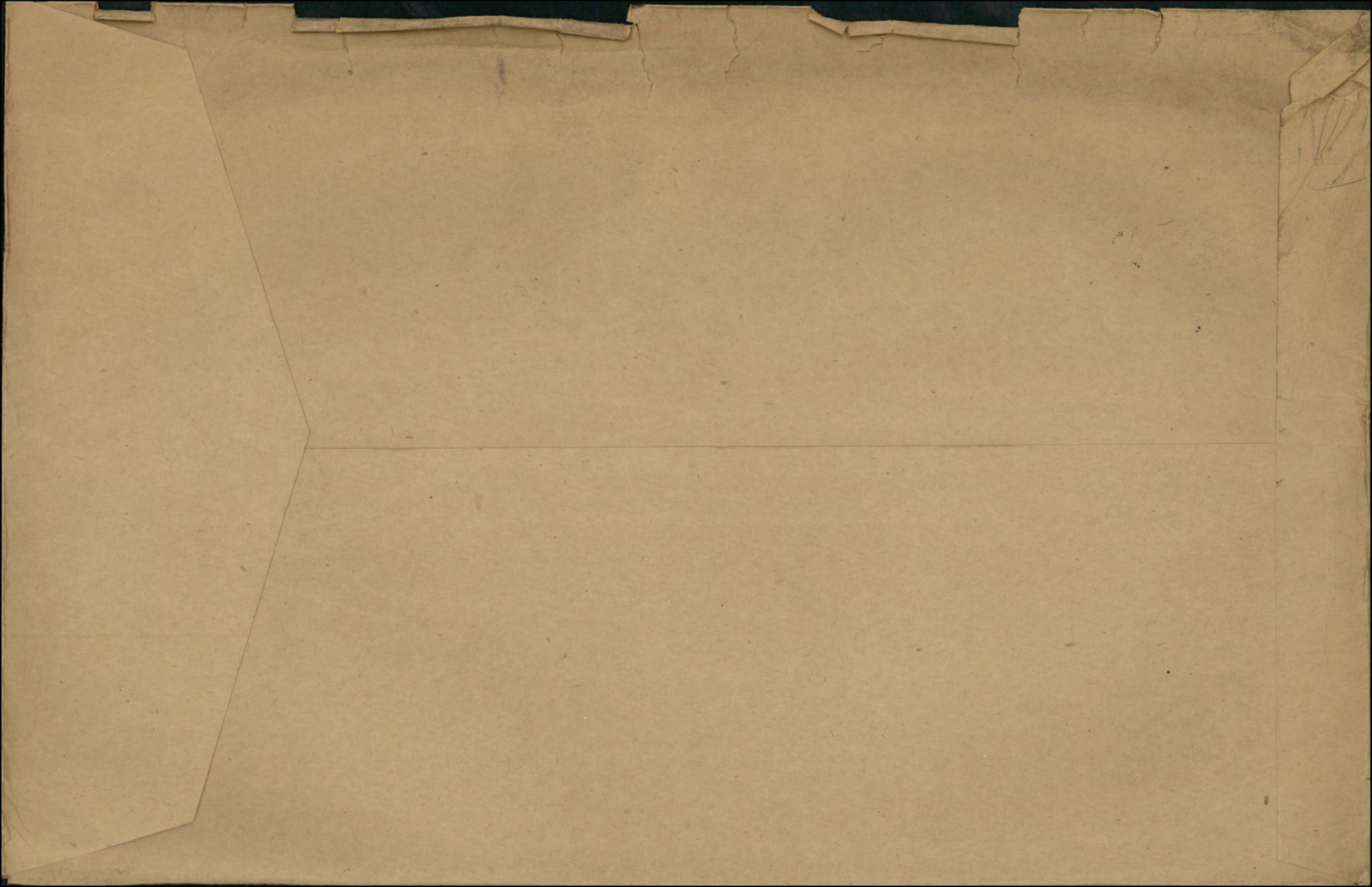
DISCHARGE

Category

Demob'd

DESERTION





649-H-19790.

Haddock A.B. Pte. #3286690-C.E.F. *1st. Dpt Bu 2nd Div*

Medals
& Dec.

P.&S.

Mem. C. (died while on leave).

5
54210

Canada only.
m.f.

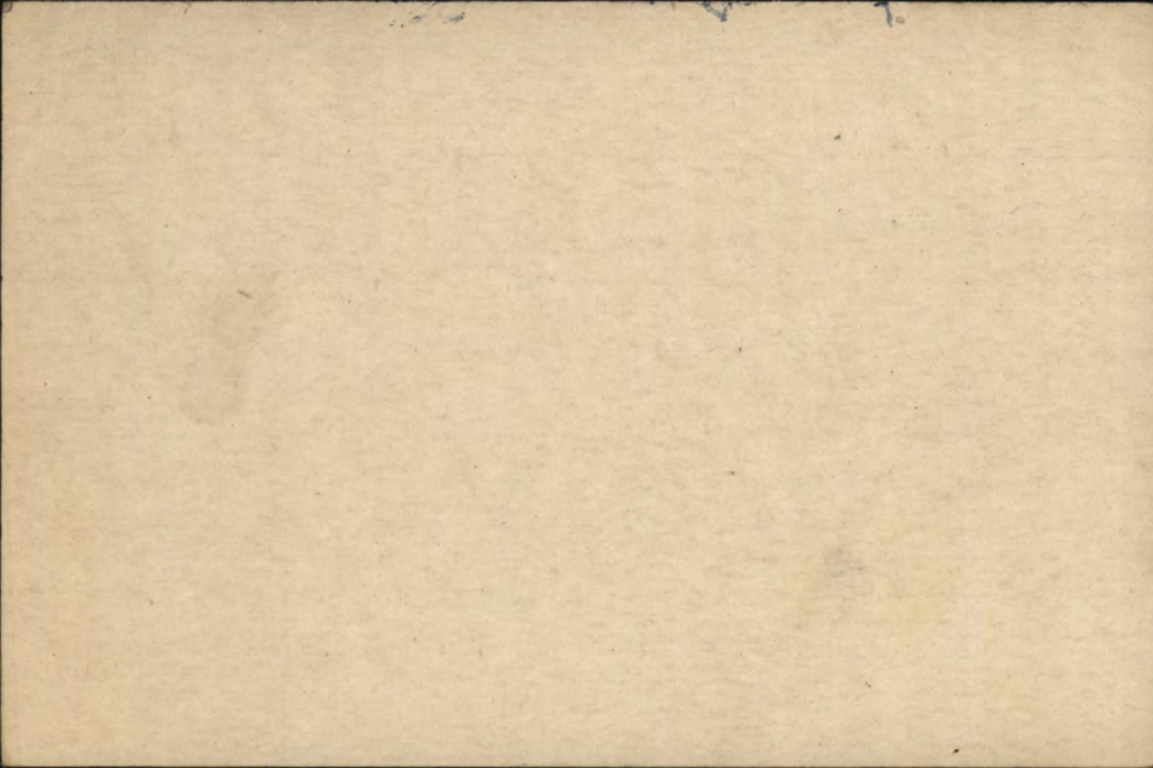
1870
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Surname Haddock H. Q.
Christian names Alvin, Bly M. D. No. 5
Regtl. No. 3286691 Rank Pte T. O. S. June 27th 1918
Unit 2nd Que Regt 1st Dep Bn D. O. Pt. II 231 of 19-8-18
Reason dec. S. O. S. 22-4 19 18
Auth. Do. 231-19-8-18/2
Para. 297-1918

Next of kin Haddock Mrs M. M Relationship Mother
Address Danville, Also notify:
Drummond Co,
P. Q.

BORN—Place Canada Danville P. Q. Date Sept 12th 1896
ATTESTED—Place Quebec, P. Q. Date June 26th 1918
O/S R/C



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

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

350M.—5-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

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

Regimental No. 32866 Rank Pte Name Alvin Ely Haddock

C. E. F.

Enlisted (a) 26-6-18 Terms of Service (a) C.E.F. Service reckons from (a) 26-6-18

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				
		<p>Demobilization</p> <p>S.O.S. on return to records of Registrar.</p> <p>Part II Orders No. <u>2814</u> - Date, <u>19-8-18</u></p> <p>Discharged under authority of P.C. 3051, of 11-12-18.</p>			<p>no entry in Daily order 231</p> <p>26-6-18</p>
19.8.18	1/2 QR	Sos Drowned	Quebec	22-7-18	<p><i>[Signature]</i> Major, M.S.A.D.C., M.D. 5. fit 4 order 297 HQ 649-H-19790</p> <p><i>[Signature]</i></p> <p>for page</p>

(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.

LOI DU SERVICE MILITAIRE *List 71*
FEUILLE MÉDICALE *328669*



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 *Haddock* Nom de baptême *Alvin Blaine*
- 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 *209623*
- 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) *Danville Drummond*

Voici les renseignements exacts qui résultent de l'examen du sujet ci-dessus nommé, fait le *26* jour de *juin* 191*8* par le bureau médical soussigné siégeant à *Quebec*

- 5. Âge affirmé *21* ans *8* mois. 6. Âge apparent *21* ans *8* mois.
- 7. Hauteur *5* Pieds.....pouces. 8. Poids *1*.....livres.
- 9. Mesure de poitrine { Minimum *34*.....pouces 10. Couleur..... { Yeux *Brown* Maximum *38 1/2*.....pouces { Cheveux *Brown*
- 11. Développement physique *Good* { Bon 12. Marques de vérole..... { Moyen { Pauvre
- 13. Nombre de vaccinations { Bras droit..... 14. Dernière vaccination *Childhood* { Bras gauche *me*
- 15. Indices distinctives et indices de particularités congénitales ou de maladie antérieure *none app.*

Signature de l'homme *Alvin Blaine Haddock*

16. Défauts légers insuffisants pour l'exemption... Le sujet ne 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 *Normal* *R 20/20 L 20/20*

A. M. Sami Capt. Président. *W. H. P. M. Membre* *Membre*

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


Enrôlé le *26th* jour de *June* 191*8* à *Quebec*

CORPS	No. dans le régiment	HABITUDES	DATE
			<i>26-6-18</i>

EXAMINÉ OU REFUSÉ PAR UN BUREAU MÉDICAL.			
QUARTIER	DATE	MALADIE	RESULTAT

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

SHORT FORM.
 PROCEEDINGS ON DISCHARGE.
 (Demobilization.)

1. No.	S.C. 209623	Regt. I. No 328669/
2. Rank	Private	
3. Name	Haddock Alvin Bluf	
4. Unit	1st Depot Battalion 2nd Quebec Regt. I.	
5. Date of Discharge	22-7-18.	Place Quebec
6. Reason for Discharge	Demobilization Deceased (Drowned) S.O.S. on return to records of Registrar 26.6.18 Part II Order No. 231-5 Date 19-8-18 Discharged under authority P.C. 5051, of 11-12	
7. Authority		
8. Proposed Residence after Discharge		
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. ? <div style="text-align: right;">Signature of Soldier.</div>	
10.	CONFIRMATION. The discharge of the above named man is hereby confirmed. Place..... Date <div style="text-align: right;">Signature..... (O. C. Discharging Unit.)</div>	

LIST OF DISCHARGE DOCUMENTS

Admission Paper, Hospital	Form W 23
Statement of Health	Form W 24
Medical History Sheet	Form W 25
Physician's Report	Form W 26
Discharge Summary	Form W 27
Physician's Certificate	Form W 28
Physician's Certificate (revised)	Form W 29
Medical History Sheet	Form W 30
Physician's Report	Form W 31
Discharge Summary	Form W 32
Physician's Certificate	Form W 33



ADDITIONAL DISCHARGE DOCUMENTS

Physician's Certificate	Form W 34
Medical History Sheet	Form W 35
Physician's Report	Form W 36
Discharge Summary	Form W 37
Physician's Certificate	Form W 38
Medical History Sheet	Form W 39
Physician's Report	Form W 40
Discharge Summary	Form W 41
Physician's Certificate	Form W 42
Medical History Sheet	Form W 43
Physician's Report	Form W 44
Discharge Summary	Form W 45
Physician's Certificate	Form W 46
Medical History Sheet	Form W 47
Physician's Report	Form W 48
Discharge Summary	Form W 49
Physician's Certificate	Form W 50

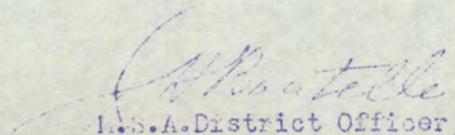
LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate.....	Militia Form W. 23
or Particulars of Recruit..... <i>2</i>	Militia Form W. 133
Field Conduct Sheet..... <i>1</i>	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..... <i>1</i>	
Medical History Sheet..... <i>1</i>	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
<i>Training History Sheet 2</i>	<i>Dr. F. W. 113-</i>

To/
The D.R.O. N.D.5.

MISSING DOCUMENTS.

This is to certify that all the documents, as specified on M.F.B. 218a are not obtainable, as these missing were never made out by the Mobilisation Centre.


Major,
M.S.A. District Officer, N.D. No. 5.

