

ORIGINAL

.....Mr. D..... Depot Battalion ..... Regiment.

2nd DEPOT BN. 2nd QUEBEC REG'T.

PARTICULARS OF RECRUIT.

Regt. No. ....

E.D. 4 Drafted under Military Service Act 1917

D-  
3173158  
3173158

Class ... Cno. ....

Surname ..... HAMEL .....

Christain Name ..... Willie .....

Present address ..... Waterloo, Co. Shefford, P. Q. Can. .....

Military Service Act letter and number ..... 56438 DC .....

If man is defaulter i.e has not register under Proclamation this fact should be stated together ith date of apprehension r surrender.

Date of birth ..... Jan 27th 1887 .....

Place of birth ..... Victoriaville Co D'Arthabaska .....

Married, widower or single ..... Married .....

Religion ..... Roman Catholic .....

Trade or calling ..... Painter .....

Name of next of kin ..... Mrs Oline HAMEL .....

Relationship of next of kin ..... Wife .....

Address of next of kin ..... Waterloo, Co. Shefford, P. Q. Can. .....

Whether at present a member of the Active Militia ..... Nil .....

Particulars of previous Military Or Naval Service, if any ..... Nil .....

Medical Examination Under Military Service Act ..... .....

(a) Place Montreal P. Q. Can ..... (b) Date Sept 17th 1918 ..... (c) category A<sup>2</sup> .....

DECLARATION OF RECRUIT

I HAMEL Willie ..... do solemnly declare the the particulars refer to me and are true .

*Willie Hamel*

.....Signature of recruit

Description on calling up.

Apparent age ..... 31 ..... Yrs 30 ..... Mth.

Height ..... 5 ft. 22 ..... ins.

Chest fully expanded ..... 33 ..... ins.

Measuremnt Range of expansion 3 ..... ins.

Complexion ..... FAIR .....

Eyes ..... Blue .....

Hair ..... Light Brown .....

*[Signature]*

Commanding 2nd Depot Bn. 2nd Quebec Reg't

Place ..... Montreal P. Q. Can ..... Date 13-9-18 ..... Depot Btl. Regt.



3123128  
10

Handwritten marks and scribbles in the upper middle section.

A

Handwritten scribbles and marks in the lower middle section.

Handwritten numbers: 25, 24, 23, 22

Large handwritten scribbles and marks at the bottom left.

Large handwritten scribbles and marks at the bottom right.



Jan 29-10-18

*Deceased*  
DISCHARGE DOCUMENTS

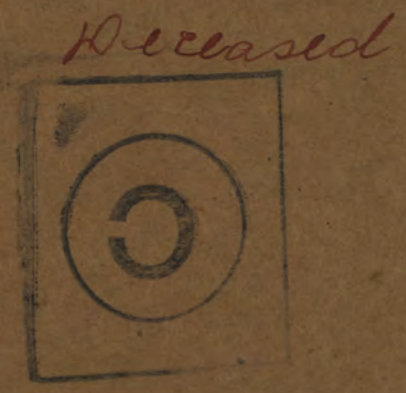
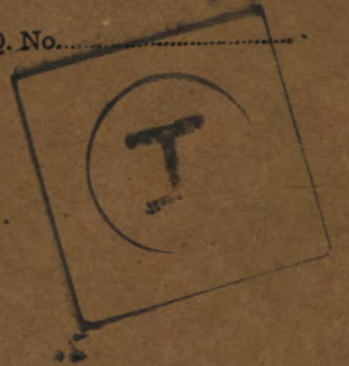
R. O. No. *H*

H. Q. No.

- Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- Attention 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 *HAMEL, WILLIE*  
 Regt. No. *317 3158* Rank *Pte*  
 Corps *2nd / 2nd Div Regt.*

04071



*21-10*

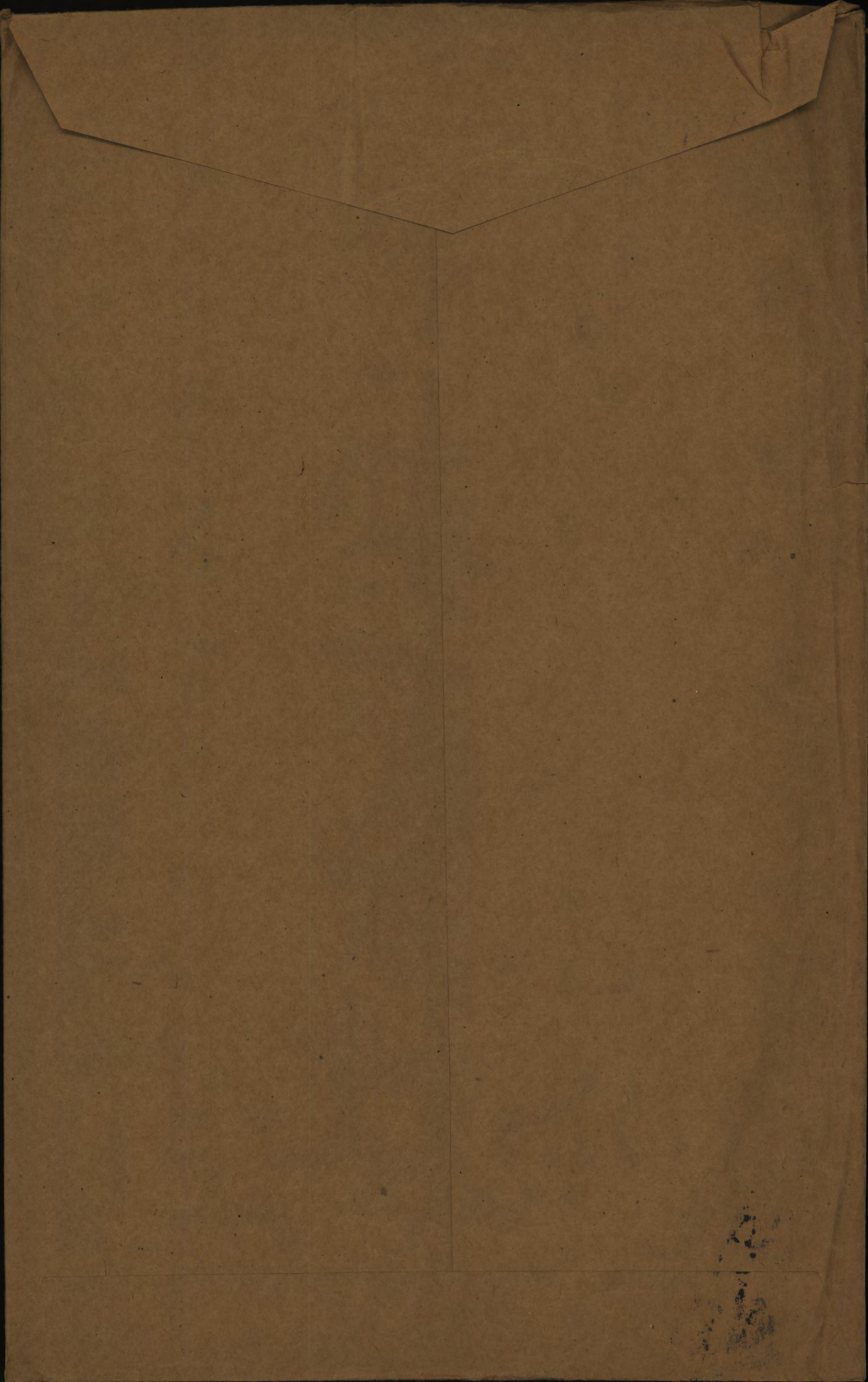
*MFB 113-1*  
*AFB 122-1*  
*MFB 465-1*

M. F. W. 62.  
 50M-9-16.  
 H. Q. 1772-39-935.

*MFB 26-2-21 ac*

*1*  
*2-15*  
*2-15*





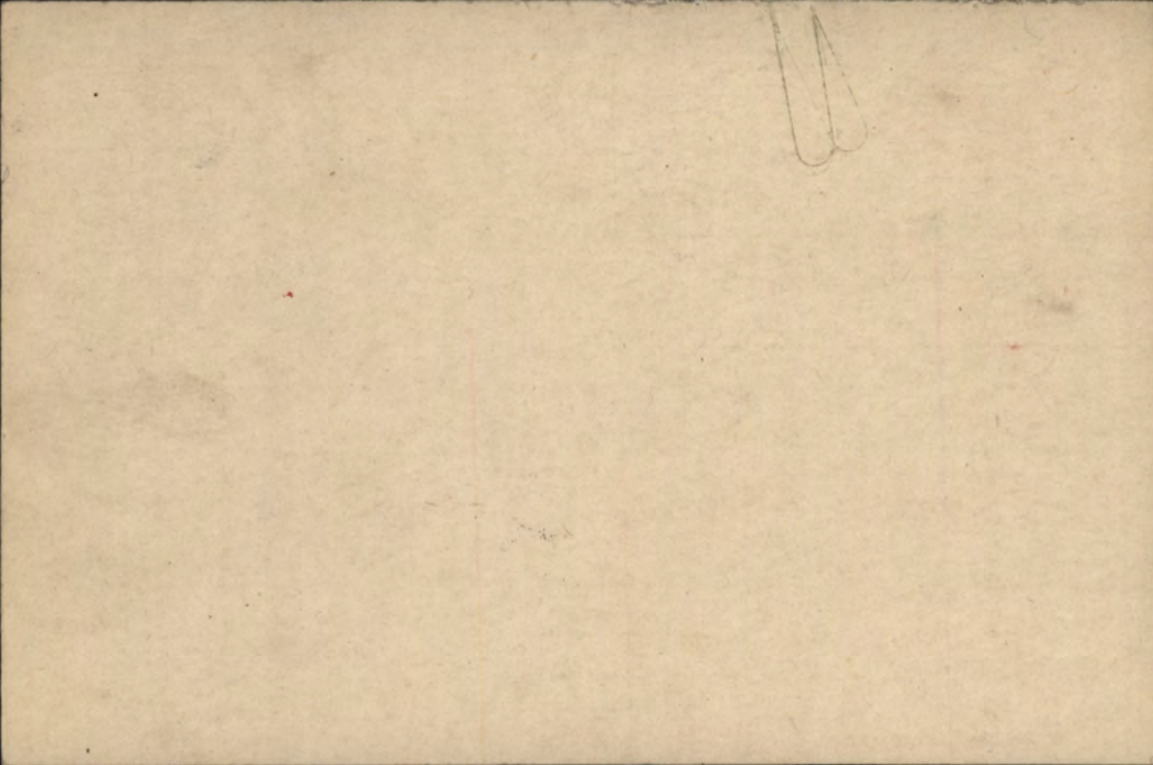


D  
13  
10  
14

Surname Hamel  
Christian names William  
Regtl. No. 3173158 Rank Pvt.  
Unit 2nd Que Regt.  
H. Q. ....  
M. D. No. ....  
T. O. S. .... 19...  
D. O. Pt. II. .... of ...  
S. O. S. 12th 14-10-1918  
Reason "Deceased"  
Auth. 120288 of 16-10-18  
2/2 G.R.

Next of kin Hamel Mrs. Olivia Relationship wife  
Address Waterloo P.O.  
Out  
Also notify: .....

BORN—Place Canada Victoriaville <sup>P.O.</sup> Date Jan 27th 1887  
ATTESTED—Place Montreal P.Q. Date Sept 17th 1918  
O/S..... R/C.....



LEDGER No.

161-351

SERIAL No.

638482

REG. NUMBER

3143158

NAME

Hamel, W.

RANK

The

CORPS

end depot

AGE

31

SERVICE

1/12 6

NAME OF HOSPITAL

Guards Emergency

PLACE

Montreal

DATE OF ADMISSION

11-10-18

DISEASE

Inf. Broncho Pneumonia

TRANSFERRED TO OTHER HOSPITALS

OPERATION

Died 13-10-18

DISCHARGED TO

IN CATEGORY

M. F. W. 2553.

50m.—6-18.  
1772-39-1332.

P. T. O.

REMARKS:.....

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.....

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17-8-21 251746  
Seron Desp. Reqn. No.

FEB 9 1922

Plague Desp. Reqn. No. P28998

Hamel, Wm., Pte. 3173158 2nd Que. Regt. 649-H-22181

Med. & Dec. (Widow) Mrs. Olina Hamel,  
Waterloo, P. Q.

Waterloo, Que. Box 122.  
10-5-21 HJ

P. & S. (Widow) Address as above.

See # 807380

Mem. Cross. (Widow) " " "

" " (Mother) Mrs. Alvina L'abee,  
Casier 19,  
Victoriaville, P. Q.

Canada only

(W) X-2149 13/5/21  
DESPATCHED.....

50111

D



M  
W

47198

MAR 4 1921

1110

47199

MAR 4 1921

N

WX Ret'd 15/3/21 Better Direction.



na  
at

Register No. OP/1332

WAR SERVICE GRATUITY  
TO  
DEPENDENTS OF DECEASED SOLDIERS

A.P. File No. 7819-W-33

Regt'l No. 3173158 Name William Hamel  
(Christian Name) (Surname)  
Unit 2 Que Regt Rank Pte Date of enlistment 14-9-18  
Date of casualty 13-10-18 B.P.C. File No. 63735  
Was service performed overseas? no

DEPENDENT

Name Mrs. Oline Hamel Relationship Widow  
Address Waterloo  
Que

M.F.W. 2652  
25M-6-20  
H.Q. 1772-39-1473

JK  
20.12.20

Amount of Special Pension Bonus \$ 80 Abstracted by A Parlow

Eligible for Gratuity ..... \$ 180 90

Less amount of Special Pension Bonus paid ..... \$ 80

Less Debit Balance of S. A. or A.P. .... \$

Total deductions \$ 80 "Gen"  
Balance due \$ 100 10 "Due Hundred"

Cheque No. 91903701 ✓ Date issued 21/12 JK

REMARKS :  
.....  
.....  
.....  
.....

Clerk B. Frank

Audited by [Signature]  
Date 20/12/20

\$1000  
DY134  
30-12-20







9/20/18

MILITARY SERVICE ACT, 1917.

ORIGINAL

MEDICAL HISTORY SHEET.

1. Surname HAMEL Christian name Willie  
 2. Number of report for service or claim for exemption according to Postmaster's Receipt or schedule 56438 DG  
 3. Consecutive number on schedule of men reporting for service (if he appears on it) .....  
 4. Address (including street and number if any) Waterloo. Co Shefford P. Q. Can

3173158

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 17th day of Sept 1918 19  , by the undersigned medical board sitting at Peel St Bks Montreal P. Q. Can

5. Age as stated 31 Years 10 Months. 6. Apparent age..... Years..... Month  
 7. Height 5 Feet 2 1/2 Inches. 8. Weight 110 Pounds.  
 9. Chest measurement { Minimum 30 Ins. 10. Complexion Fair { Eyes Blue  
 { Maximum 33 Ins. { Hair Light Brown  
 11. Physical development Good { Good Fair Poor 12. Smallpox marks.....  
 13. Number of vaccination marks { Right arm 1 14. When vaccinated last Child  
 { Left arm 1  
 15. Distinctive marks and marks indicating congenital peculiarities or previous disease.....

Signature of Man  
*H. J. Miller*

16. Slight defects but not sufficient to cause rejection.....  
 The man denies having had { Rheumatism, Epilepsy, We find no evidence of past { Rheumatism, Epilepsy, Syphilis, Tuberculosis, Syphilis, Nervous or Mental disorder, Asthma, Nervous or Mental disorder, 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. 30/30 L. OK  
 (b) Hearing. R. OK L. OK  
*H. J. Miller* President.  
*M. R. Riddell* Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>18/9/18</u>		<u>Ernest Chabot H. M. O.</u>	<u>18/9/18</u>		<u>Ernest Chabot H. M. O.</u>
		<u>M. O.</u>	<u>23/9/18</u>		<u>Ernest Chabot H. M. O.</u>
		<u>M. O.</u>			<u>M. O.</u>

Joined 17th day of Sept 1918 19   at Montreal P. Q. Can

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment				
Transferred to		<u>3173158</u>		<u>17-9-18</u>
	<u>2nd DEPOT BN. 2nd QUEBEC REGT.</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT

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











TEETH XRAY HISTORY SHEET

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_

ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

AGE: \_\_\_\_\_

SEX: \_\_\_\_\_

ETHNICITY: \_\_\_\_\_

RELIGION: \_\_\_\_\_

EDUCATION: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

SMOKING: \_\_\_\_\_

ALCOHOL: \_\_\_\_\_

DIET: \_\_\_\_\_

EXERCISE: \_\_\_\_\_

STRESS: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

CHRONIC DISEASES: \_\_\_\_\_

PREVIOUS DENTAL WORK: \_\_\_\_\_

OTHER: \_\_\_\_\_



EXAMINER: \_\_\_\_\_

DATE OF EXAM: \_\_\_\_\_

CLINICAL FINDINGS: \_\_\_\_\_

RECOMMENDATIONS: \_\_\_\_\_

DATE OF NEXT VISIT: \_\_\_\_\_

INITIALS: \_\_\_\_\_

REMARKS: \_\_\_\_\_

EMERGENCY



Original Not Available

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

M. F. W. 54. (A. F. B. 10s.

500M.—9-18

H. Q. 1772-39-9:0.

## Casualty Form—Active Service.

Unit, Regiment or Corps

2nd Depot Bn. 2nd Ave. Regt.

Regimental No.

3173158

Rank

Pte

Name

Hamel J. Hillie

C. F. F.

Enlisted (a)

13/9/18

Terms of Service (a)

DoF. W.

Service reckons from (a)

13/9/18

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				
16/10/18	2/2 Ave.	S.O.S. Deceased.	Montreal	14/10/18.	Pt II DO. 288.
8.3.22.	2/2 Q.R.	Pt II DO # 288, a/16-10-18. should read: - S.O.S. Deceased. 13-10-18. and not as therein stated.	Issued by OVRK.	13-10-18.	after Order # 117. (649-14-22 18/1) auth.

D. Hillie

Capt. for DoF. W.

(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.







2nd DEPOT BN. 2nd QUEBEC REG'T.

FORM OF WILL

( SEE INSTRUCTION ON BACK )

If you do not specially mention your life insurance it will be assumed to pass by this will.

I. ~~HAMEL~~ Willie .....

WENT  
TO  
PRESENCE  
OCT 23 1918  
CANADA

Regimental number....3173158.....Rank...Pte.....Serving in the

.....2nd Depot Bn. 2nd Quebec Regiment Canadian Expeditionary  
declare this to be my last will, revoking all previous wills if any.

Executor I appoint.....Nil.....

whose address is ...Nil.....

to be the executor of my last will.

General Gift I give to My Wife Mrs. Oline HAMEL.....

whose address is Waterloo Co Shefford P. Q. Can.....  
All my property not disposed of above.

Date Dated at Montreal P. Q. Can Sept 17th 1918 191.....

Signature Willie Hamel  
Signature of the soldier.

Signed & acknowledge by the testator as and for his last will in the presence of us both together at the same time who at his request in his presence and in the presence of other have hereunto subscribed our names as witnesses.

1st Witness

Witnesses

Signature J. Champlain Signature J. Lussier

Address Real St. Bks Address Real St. Bks

Occupation Soldier Occupation Soldier



2nd DEPT OF BR 2nd QUEBEC REGT

1863

RECEIVED

PAID TO THE ORDER OF

X

*Wm. L. ...*

*Wm. L. ...*

*Wm. L. ...*



# CASE HISTORY SHEET.

Hospital. Guards Emergency Station. Montreal  
 No. 3173158 Rank Pte. Name Hamel W Age 31  
 Unit 1/2 Quebec Completed years of service 1/2 Where and how long Canada.  
 Date of admission 11 Oct 1918 Date of discharge 13/10/18 Died  
 Diagnosis (Inf) Broncho Pneumonia Place of origin Montreal

## CONDITION ON ADMISSION AND PROGRESS OF CASE

Complaints Shortness Breath, cough, pain in chest, pain all over. - 4 days

### Where contracted?

Attitude Active Expression Anxious Colour Cyanosis Nutrition Good  
 Temp. 100.3 Pulse 104 Resp. 32  
 Eyes: - Pupils equal-dilated React. active  
 Ears neg. Nose - neg. Mouth Tongue dry, dry  
 Lymph. Sys. Spleen not palpable, otherwise neg.  
 Resp. Sys.

(L) sided - Broncho-pneumonia - Base. (R) Dided - neg. so far - (L) sided pleurisy (diaphragmatic) dyspnoea marked cyanosed.

Circ. Sys. Circulation poor - Cyanosis marked  
pulse poor leucum to none.  
 C.N.S. K.K- + Kornig- 0 Babinski- 0 Ankle cl- 0

Abdomen Pain in upper left quadrant

## FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

Oct 12/18 Epistaxis

## TREATMENT

(Especially any specific or special form.)

Stimulants.

## CONDITION ON DISCHARGE

(and disposal made of case.)

Date.....

A. Barlow  
Medical Officer i/



