

x AB.

M. D. Depot Battalion Regiment

Regtl. No. D-

Handwritten circled notes: "S 50", "50", "50"

PARTICULARS OF RECRUIT DRAFTED UNDER MILITARY SERVICE ACT, 1917

Handwritten number: 3167649

(Class ONE)

Handwritten number: 3167649-X

- 1. Surname HEBERT
2. Christian name Rosario
3. Present address Ste-Elisabeth de Warwick Co. Arthabaska P.Q. Canada.
4. Military Service Act letter and number 17699 DC.
5. Date of birth October. 14th. 1896.
6. Place of birth Ste-Elisabeth de Warwick Co. Arthabaska P.Q. Canada.
7. Married, widower or single Single Married.
8. Religion Roman Catholic.
9. Trade or calling Farmer.
10. Name of next-of-kin Mr. Delphis Hebert.
11. Relationship of next-of-kin Father.
12. Address of next-of-kin Ste-Elisabeth de Warwick Co. Arthabaska P.Q. Can.
13. Whether at present a member of the Active Militia No.
14. Particulars of previous military or naval service, if any Not.
15. Medical Examination under Military Service Act: (a) Place Montreal. P.Q. Can (b) Date July 18th. 1918 (c) Category 92

DECLARATION OF RECRUIT

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

Handwritten signature: Rosario Hebert (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age 21 yrs 9 mths. Height 5ft 5 ins. Chest measurement fully expanded 36 ins. range of expansion 2 ins. Complexion Medium. Eyes Brown. Hair Brown.

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

Handwritten signature: J. C. Commanding 2nd Depot Bn., 2nd Quebec Regt. Depot Btin.

Place Montreal. P.Q. Can. Date July 18th. 1918.



# PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT 1917

Class

1. Name	HEBERT
2. Christian name	ROBERT
3. Present address	17039 D.C.
4. Military service number	17039 D.C.
5. Date of birth	October, 1905
6. Place of birth	Sto. Elizabeth Co. Virginia
7. Marital status	Single
8. Religion	Episcopal
9. Trade or occupation	Farmer
10. Name of next of kin	Mr. William Hebert
11. Relationship to next of kin	Son
12. Address of next of kin	Sto. Elizabeth Co. Virginia
13. Whether a member of any of the following organizations	No
14. Particulars of previous military service	No
15. Medical examination under Military Service Act 1917	Fit
(a) Part -	Excellent

## DECLARATION OF RECRUIT

I, the undersigned, do hereby declare that the above particulars are true and correct.

Signature of Recruit: *HEBERT ROBERT*

(Signature of Recruit)

## DESCRIPTION ON CALLING UP

Appearance	5 ft 8 in
Height	5 ft 8 in
Weight	145 lbs
Complexion	Light
Build	Slender
Stature	Slender
Complexion	Light
Build	Slender
Stature	Slender

1 box thin  
log

Place: Richmond, Virginia, 1917



REGIMENTAL DOCUMENTS

NAME *Hebert. Rosario*

REGT. NO. *D-3167649*

UNIT *2/2 Que Regt*

H. Q. FILE NO.

*S*

**CONTENTS**

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505  
REFERENCE

NON-EFFECTIVE BY

- 54* ATTESTATION PAPER (M.F.W. 23, 133, or 51)
- 1* CASUALTY FORM (M.F.W. 54 or A.F.B. 103)
- 2* TRAINING HISTORY SHEET (M.F.W. 113)
- 2* 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)
- 2* MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)
- 2* 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)
- 1* PROCFEDINGS, 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)
- 2* 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)

*18173*

**DEATH**

Category

**DISCHARGE**

Category

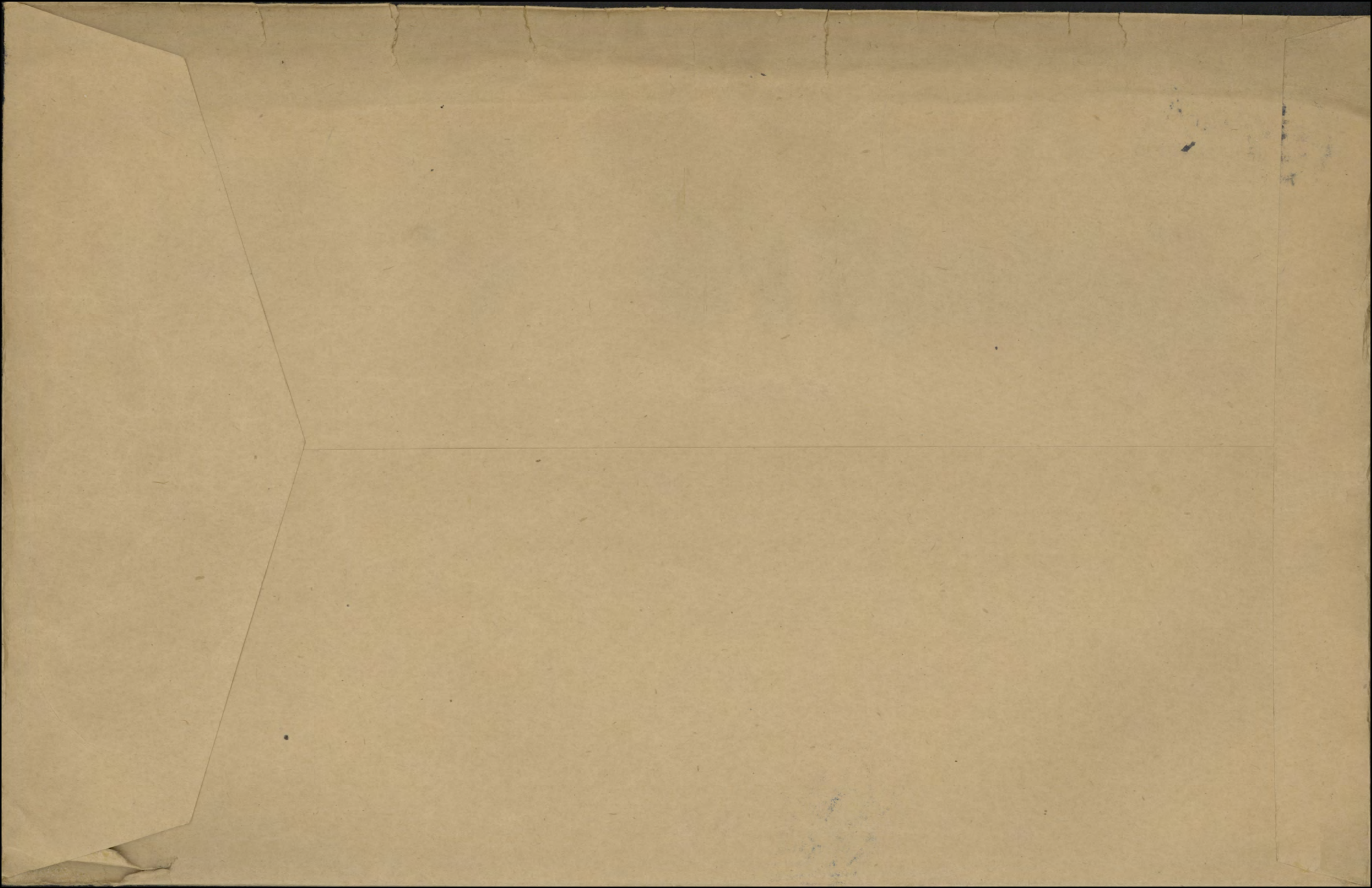
*Deceased*

**DESERTION**

*M.F.W. 71  
Will Coy.*

*H*





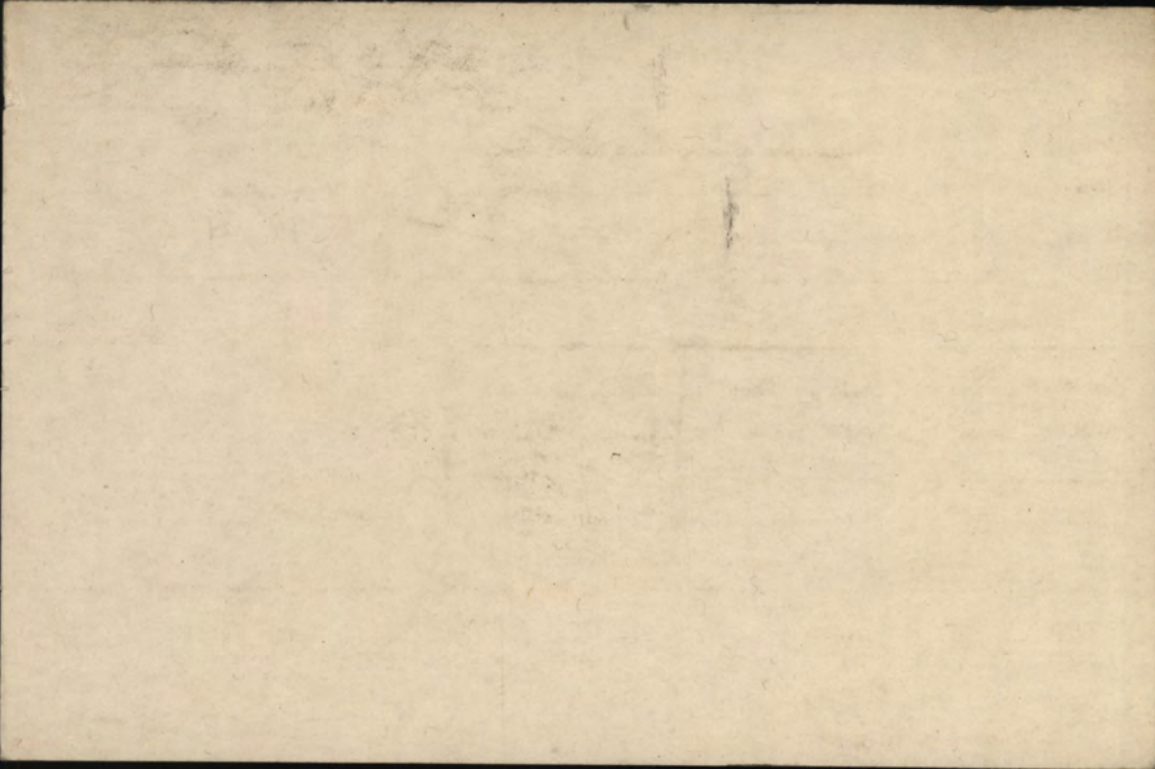


16  
19  
18

Surname Hebert H. Q. ....  
 Christian names Rosario M. D. No. 4  
 Regtl. No. 31671049 Rank Pte T. O. S. July 18<sup>th</sup> 1918  
 Unit 2nd Que. Regt 2nd Div. P.M. D. O. Pt. II 1918 of 18-7-18  
 Reason Deceased S. O. S. 16-10-18 19....  
 Auth. Pt. II No. 50 of 19-2-19  
2/2.A.R.

Next of kin Hebert, Delphis Relationship Father  
 Address Ste Elizabeth de Harwich Also notify:  
Asthdaska, Lu. P.Q.

BORN—Place Canada Ste Elizabeth P.Q. Date Oct. 14<sup>th</sup> 1896  
 ATTESTED—Place Montreal, P.Q. Date July 18<sup>th</sup> 1918  
 O/S..... R/C.....







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				



ORIGINAL

AB.

MILITARY SERVICE ACT, 1917. D-

MEDICAL HISTORY SHEET.

3167649

1. Surname HEBERT Christian name Rosario.  
 2. Number of report for service or claim for exemption according to Postmaster's Receipt or schedule 17699 DC.  
 3. Consecutive number on schedule of men reporting for service (if he appears on it) ----  
 4. Address (including street and number if any) Ste-Elisabeth de Warwick Co. Arthabaska P.Q.Can.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 24th day of July. 19 18, by the undersigned medical board sitting at Peel St. Barracks. Montreal. P.Q.Can.

5. Age as stated 21 Years 9 Months. 6. Apparent age. Years. Month  
 7. Height 5 Feet 5 Inches. 8. Weight 136 Pounds.

9. Chest measurement { Minimum 34 Ins. 10. Complexion Medium. { Eyes Brown.  
 { Maximum 31 Ins. { Hair Brown.

11. Physical development Good { Good Fair Poor 12. Smallpox marks

13. Number of vaccination marks { Right arm. 14. When vaccinated last Child  
 { Left arm 1

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

16. Slight defects but not sufficient to cause rejection Skin Disease on Back of neck for treatment

The man denies having had { Rheumatism, Tuberculosis, Nervous or Mental disorder. Epilepsy, Syphilis, Asthma. We find no evidence of past { Rheumatism, Tuberculosis, Nervous or Mental disorder. Epilepsy, Syphilis, Asthma

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category A<sup>2</sup>

17. (a) Vision. R. 40 L. 40  
 (b) Hearing. R. OK L. OK

Jabouers Capt President.

Rosario Hebert Capt. Member.

A. Ship Member.

Signature of Man Rosario Hebert

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
		M. O.			M. O.
		M. O.			M. O.
		M. O.			M. O.

Joined 24th. day of July. 19 18 at Montreal. P.Q.Can.

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>2nd DEPOT BN.</u>	<u>2nd QUEBEC REG'T.</u>		
Transferred to.....	<u>D-</u>	<u>81676</u>	<u>28.7.18.</u>	

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.

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







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

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

500M.—9-16

H. Q. 1772-39-920.

# Casualty Form—Active Service.

3167649 Unit, Regiment or Corps 2nd DEPOT BN. 2nd QUEBEC REGT.

Regimental No. D- Rank Pte Name HEBERT Rosario

C. E. F.

Enlisted (a) 18.7.18. Terms of Service (a) CEF. Service reckons from (a) 18.7.18.

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				
		S.O.S. deceased, as from 16-10-18 in Daily Order Part II No. 50, 19-2-19.			AM Lawrence copy

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







# FORM OF WILL

SEE INSTRUCTIONS ON BACK

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

Name, &c. I, HEBERT Rosario

Regimental number D-3167649 Rank Private. serving in the

2nd DEPOT BN. 2nd QUEBEC REGT. Canadian Expeditionary Force,

declare this to be my last will, revoking all previous wills, if any.

Executor I appoint Mrs. Yvonne Hebert (Wife)

whose address is Ste-Elisabeth de Warwick Co. Arthabaska P.Q.  
Canada.

to be the executor of this my last will.

General gift I give to Mrs. Yvonne Hebert (Wife)

whose address is Ste-Elisabeth de Warwick Co. Arthabaska P.Q. Can.

all my property not disposed of above

Date Dated at Montreal. P.Q. Canada. this July. 18th. 1918. 191...

Signature Rosario Hebert  
Signature of Soldier.

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

1ST WITNESS

2ND WITNESS

Witnesses

Signature

Signature

Address

Address

Occupation

Occupation



6178  
3-2-19

# INSTRUCTIONS

618  
319

## NAME

Give your first names and surname in full. Fill in correctly your rank, regimental number and the name of the unit to which you belong.

## EXECUTOR

Appoint as executor some responsible person, preferably a civilian, and if possible someone who is permanently resident in the Province where the property is situate. It is advisable that the person to whom you leave your property should be the executor. For instance, if you leave your property to your wife, you should ordinarily appoint her. One, two or more executors may be appointed, but the appointment of more than two is inconvenient.

## LIFE INSURANCE

If you do not wish to pass life insurance by the will this should be stated.

## SHARES

If you wish to give part of your property to one person and part to another, write in the blank space a gift of the property of which you want to dispose specially, and then complete the rest of the form. Thus, if you wanted to give your farm and implements to your sister, whose name was Mary Smith, and to leave the rest of your property to your mother, whose name was Elizabeth Smith, you would write into the form what appears in italics below.

For example:—

*I give to my sister, Mary Smith, whose address is 154 William Street, Winnipeg, my homestead and farm implements.*

I give to.....my mother, Mrs. Eliz. Smith,.....  
whose address is.....250 Yonge Street, Toronto.....  
all my property not above disposed of.

## DATE

Do not forget to insert the date on which the will is signed.

## WITNESSES

Two witnesses are absolutely necessary. They and the soldier must all be present together when the three signatures are made. It is advisable that the witnesses should be persons permanently resident in Canada, and they must not receive any benefit from the will.





















H 1980

# Proceedings on Discharge.

AL

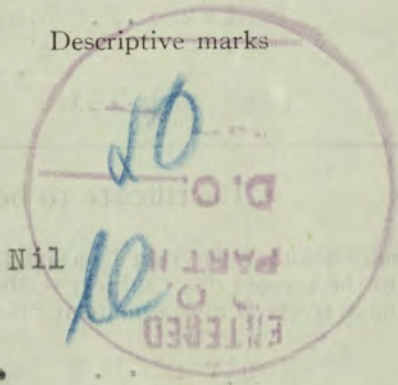
(When forwarded for confirmation these proceedings should be accompanied by the documents specified on fourth page.)

No.	D 3167649
Rank	Private
Surname.....	HEBERT
Christian name.....	Rosario
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company)	2nd Depot Bn 2nd Quebec Regt
Date of discharge	16th <del>Oct 1918</del> 1919 D.O. 2/2/ Quebec Regt
Place of discharge	Montreal.P.Q Canada

## 1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age..... 21 years 9 months.  
 Height..... 5 feet 5 inches.  
 Complexion Medium  
 Eyes Brown  
 Hair Brown  
 Trade Farmer  
 Intended place of residence } Ste Elizabeth De Warwick  
 (To be given as fully as } Co Arthabaska P.Q Canada.  
 practicable.)

Descriptive marks



2. The above-named man is discharged in consequence of DECEASED

Authority for discharge.....

N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.

3. Conduct and character while in the service have been, according to the records, etc.

N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.

4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

Farmer

M. F. B. 218.

200M.—5-18.  
H. Q. 1772-39-113.

Medical Documents  
 forwarded to  
 S. G. R. or B. P. C.  
 on  
 1/3/19

(OVER)



5. He is in possession of the following number of G. C. Badges

Nil

No reference to G. C. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations.....

Nil

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company, (*Squadron or Battery*), and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place)..... Montreal.P.Q Canada.

*[Signature]*  
Commanding Officer  
2/2/ Quebec Regt

(Date)..... 16th Oct 1918

Commanding

8. Certificate to be signed by the Soldier on Discharge

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page, and that I have received my permanent discharge certificate.

(Place)..... Montreal.P.Q Canada ..... (Signature of Soldier.)

(Date)..... 16th Oct 1918 ..... (Signature of Witness.)

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. Additional Certificate in the case of a Soldier who takes his discharge on his own request.

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

..... (Signature of Soldier.)

10. Statement of Service.

Service toward Engagement to.... (the date to which the Record of Service is completed).....years.....days.

88 Days

Total.....years.....days.

11. Confirmation of Discharge.

The discharge of the above-named man is hereby confirmed.

(Place)..... Montreal.P.Q Canada

(Signature)

*man Deceased*

Capt.

(Date)..... 16th Oct 1918

For Lieutenant Colonel  
2nd Depot Bn 2nd Quebec Regt



**Reservations referred to at Para. 8.**

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

RESERVATIONS ( NIL )

<p>Reg. Conduct Sheet</p>	<p>W. 178</p>	<p>Field Conduct Sheet</p>
<p>Medical Report for Injuries</p>	<p>W. 179</p>	<p>Medical Report for Injuries</p>
<p>Medical History Sheet</p>	<p>W. 180</p>	<p>Medical History Sheet</p>
<p>Reg. Pay Certificate</p>	<p>W. 181</p>	<p>Reg. Pay Certificate</p>
<p>Employer's Certificate</p>	<p>W. 182</p>	<p>Employer's Certificate</p>
<p>Form of Will</p>	<p>W. 183</p>	<p>Form of Will</p>
<p>Copy of Discharge</p>	<p>W. 184</p>	<p>Copy of Discharge</p>
<p>Copy of Discharge</p>	<p>W. 185</p>	<p>Copy of Discharge</p>
<p>Copy of Discharge</p>	<p>W. 186</p>	<p>Copy of Discharge</p>
<p>Copy of Discharge</p>	<p>W. 187</p>	<p>Copy of Discharge</p>
<p>Copy of Discharge</p>	<p>W. 188</p>	<p>Copy of Discharge</p>
<p>Copy of Discharge</p>	<p>W. 189</p>	<p>Copy of Discharge</p>
<p>Copy of Discharge</p>	<p>W. 190</p>	<p>Copy of Discharge</p>
<p>Copy of Discharge</p>	<p>W. 191</p>	<p>Copy of Discharge</p>



## List of Discharge Documents.

<p>Reg. Conduct Sheet, Militia form B. 263</p> <p>Squadron }          Battery } Conduct Sheet, " B. 263a          Company }</p> <p style="text-align: center;">or</p> <p>Field Conduct Sheet " W. 178</p> <p>Copies of Convictions, by C. P. in MS.</p> <p>Med. Hist. Sheet, Militia form B. 313</p> <p>Casualty Form " W. 54</p> <p>Medical Report for Invalid§ " B. 227</p> <p>Dental History Sheet " B. 465</p> <p>Last Pay Certificate " W. 44</p> <p>Duplicate Discharge Certificate " W. 39A</p> <p>‡Form of Will " W. 82</p> <p>§Only if discharged "Medically unfit."</p> <p>‡Only if man has not been overseas.</p>	<p>Attestation Paper Militia Form W. 23          or          Particulars of Recruit " W. 133</p> <p>Proceedings on Discharge " B. 218</p> <hr/> <p style="text-align: center;">In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p style="text-align: center;">(a) Proceedings on Discharge.</p> <p style="text-align: center;">(b) Attestation.</p> <p style="text-align: center;">(c) Medical History Sheet.</p>
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Documents not accompanying this form should be crossed out.

*I hereby certify that the following documents are unobtainable.*

*Officer Commanding.*

*N.B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.*



MILITARY SERVICE ACT, 1917. D-  
**MEDICAL HISTORY SHEET.**

DUPLICATE

1. Surname HEBERT Christian name Rosario.  
 2. Number of report for service or claim for exemption according to Postmaster's Receipt or schedule 17699 DC. 8167649  
 3. Consecutive number on schedule of men reporting for service (if he appears on it) ----  
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 9. Chest measurement (Minimum 34 Ins. Maximum 36 Ins. 10. Complexion Medium. { Eyes Brown. Hair Brown.  
 11. Physical development Good { Good Fair Poor 12. Smallpox marks Child  
 13. Number of vaccination marks { Right arm 1 Left arm 1 14. When vaccinated last Child  
 15. Distinctive marks and marks indicating congenital peculiarities or previous disease -----

16. Slight defects but not sufficient to cause rejection Skin Disease on Back of neck for Treatment.  
 The man denies having had { Rheumatism, Tuberculosis, Nervous or Mental disorder. Epilepsy, Syphilis, Asthma. We find no evidence of past { Rheumatism, Tuberculosis, Nervous or Mental disorder. Epilepsy, Syphilis, 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

17. (a) Vision. R. 40 L. 40  
 (b) Hearing. R. OK L. OK  
J. A. Deneys Capt President.  
A. Ship Member.

W. A. Deneys Capt. Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
		M. O.			M. O.
		M. O.			M. O.
		M. O.			M. O.

Joined 24th day of July 19 18 at Montreal, P. Q. Can.

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment				
Transferred to	<u>2nd DEPOT BN. 2nd QUEBEC REG'T.</u>			
	<u>D-</u>			<u>28.7.18.</u>

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 Rosario Hebert

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



