

4 M.D. D p t B to l i e n R giment.

E.C

R gtl. No. D-3157100

PARTICULARS OF RECRUIT.
DRAFTED UNDER MILITARY SERVICE ACT, 1917.
(Class. One.)

1. Surname LAPIERRE
2. Christian Name Arthur
3. Present address 149 Blvd St Joseph East Montreal P. Que Canada
4. Military Service Act Letter and Number DC132328
5. Date of birth
6. Place of birth
7. Married, widower or single
8. Religion
9. Trade or calling
10. Name of next-of-kin
11. Relationship of next-of-kin
12. Address of next-of-kin
13. Whether at present a member of the active militia
14. Particulars of previous military or naval service, if any.
15. Medical Examination under Military Service Act :-
(a) Place Montreal P. Que. Canada. (b) Date 3-10-18 Category

DECLARATION OF RECRUIT

I, LAPIERRE Arthur, solemnly declare that the above particulars refer to me and are true.

Signature of recruit.

Description on calling up.

Apparent age yrs. hth.
Height ft. ins.
Chest measurement fully expanded ins.
range of expansion ins.
Complexion
Eyes
Hair

Handwritten signature of the commanding officer and official stamp: O.C. Commanding 2nd Depot Bn. 2nd Quebec Regt. B. 111 18-3-18

Place Montreal P. Que. Canada. D No. 133.

TRIPPLICATE

THE DEPT. OF THE QUEBEC BANK

TO THE ORDER OF THE QUEBEC BANK  
FOR THE ACCOUNT OF THE QUEBEC BANK

THE QUEBEC BANK  
1000 AVENUE DE LA MONTELLIÈRE  
MONTREAL, QUEBEC

AMOUNT OF THE CHECK  
IN WORDS AND FIGURES

THE QUEBEC BANK  
MONTREAL, QUEBEC

THE QUEBEC BANK  
MONTREAL, QUEBEC

THE QUEBEC BANK  
MONTREAL, QUEBEC

11-11-18

Deceased

DISCHARGE DOCUMENTS

R. O. No.....

H. Q. No.....



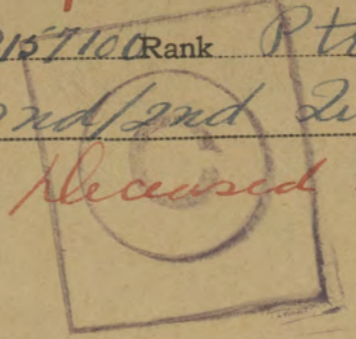
- Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- Attestation Papers..... 2
- Declaration of change of name.....
- Authority for special enlistments.....
- Documents of re-enlisted men.....
- Regimental Conduct Sheet.....
- Compulsory Stoppages.....
- Casualty Forms..... 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 Lapierre Arthur

Regt. No. 3157100 Rank Pte

Corps 2nd/2nd Ave Regt

Deceased 11-10-18

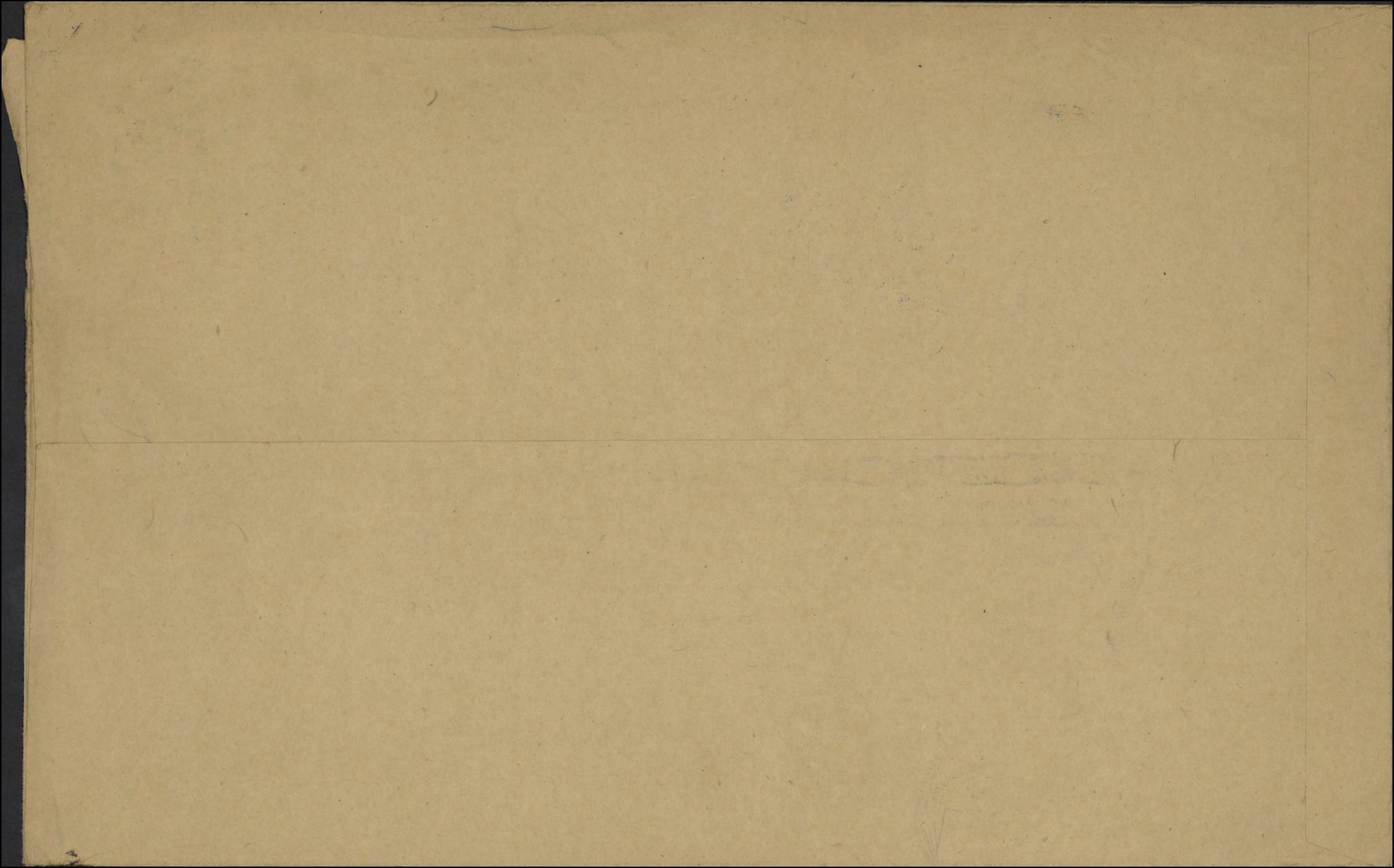


08573

loc 5710-1  
M7W178-1  
M7W113-1  
M7B465-1



8.13  
25.13  
27-13



11  
10  
18

H. Q. 649-S-16566

Surname Lapierre M. D. No. 4

Christian names Arthur T. O. S. March 18<sup>th</sup> 1918

Regtl. No. 3157100 Rank pte D. O. Pt. II 77 of .....

Unit 2nd Que Regt 2nd Hqs Bn S. O. S. .... 19.... Reason Adm. to Hosp 3-10-18.

Auth. no further information

Next of kin Lapierre A. Relationship Father

Address 1577 Cadieux St. Montreal Also notify: .....

PQ

BORN—Place .....

Date .....

ATTESTED—Place Montreal PQ Date Mar 18<sup>th</sup> 1918

O/S .....

R/C .....





# 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.

DEPT. MILITIA & DEFENCE  
OCT 27 1918  
CANADA

Name, &c. I, LAPIERRE Arthur

Regimental number D-3157100 Rank Private serving in the

2nd DEPOT BN. 2nd QUEBEC REG'T. Canadian Expeditionary Force,

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

Executor I appoint.....

whose address is.....

to be the executor of this my last will.

General gift I give to.....

whose address is.....

all my property not disposed of above.

Date Dated at..... this..... 191.....

Signature .....  
*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 2nd St Barracks, Montreal  
Que Canada

Address 2nd St Barracks, Montreal  
Que Canada

Occupation Soldier

Occupation Soldier

# FORM OF WILL

## INSTRUCTIONS

### 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.



B.C

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

M. F. W. 54. (A. F. B. 193.

500M.—9-16

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

# Casualty Form—Active Service.

2nd DEPOT BN. 2nd QUEBEC REGT.

Unit, Regiment or Corps .....

Regimental No. D-3157100 Rank Private Name LAPIERRE Arthur

C. E. F.

Enlisted (a) 18-3-18 Terms of Service (a) M.S.A. Service reckons from (a) 18-3-18

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		Rec rd 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				

(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.

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				

MEDICAL HISTORY SHEET.

1. Surname LAPIERRE Christian name Arthur  
 2. Number of report for service or claim for exemption according to Postmaster's Receipt or schedule 132328 DC  
 3. Consecutive number on schedule of men reporting for service (if he appears on it) Not Applicable  
 4. Address (including street and number if any) 149 Blvd St Joseph East Montreal P. Que Canada

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 3rd day of October 1918, by the undersigned medical board sitting at Peel St. Bks. Montreal P. Que. Canada.

5. Age as stated.....Years.....Months. 6. Apparent age.....Years.....Month  
 7. Height.....Feet.....Inches. 8. Weight.....Pounds.  
 9. Chest measurement { Minimum.....Ins. 10. Complexion..... { Eyes.....  
 { Maximum.....Ins. { Hair.....  
 11. Physical development ..... { Good  
 Fair  
 Poor 12. Smallpox marks .....  
 13. Number of vaccination marks { Right arm..... 14. When vaccinated last .....  
 { Left arm .....  
 15. Distinctive marks and marks indicating congenital peculiarities or previous disease .....  
 16. Slight defects but not sufficient to cause rejection .....  
 The man denies having had { Rheumatism, Epilepsy We find { Rheumatism Epilepsy  
 { Tuberculosis, Syphilis, no evidence { Tuberculosis, Syphilis  
 { Nervous or Mental disorder. Asthma. of past { 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  17.  
 (a) Vision. R..... L.....  
 (b) Hearing. R..... L.....  
 .....President.  
 .....Member. ....Member.

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

Joined 18th day of March 1918 at Montreal P. Que. Canada.

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	2nd DEPOT BN. 2nd QUEBEC REGT.			
Transferred to.....		D-3157100		18-3-18

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT

Signature of Man

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



\* N.B.—This Form being applicable to any Board of Officers or Committee or Court of Inquiry, this blank to be filled in accordingly.

The signature of each Officer composing the Board, &c., should be attached to the end of the proceedings.

PROCEEDINGS of a \* Standing Medical Board.

assembled at THE MONTREAL GENERAL HOSPITAL.

on the 11th day of October 1918.

by order of The C.C. M.D. #4.

for the purpose of examining the Late Number? Pte. E. Lapiere,

Corps ? 3157100 - 2/2 QR

in accordance with Para #617 P. & A. Rgls. 1914.

RECEIVED  
OCT 19 1918  
CANADA

PRESIDENT.

Capt. R.E. Powell, A.M.C.

MEMBERS.

Capt. W.L. Barlow, A.M.C.

The Board having assembled pursuant to order, proceed to examine the Late Number? Pte. E. Lapiere, Corps ? and find:-

*Empyema*  
*Apr*

1. Complaints:- Pain in both sides of chest. Shortness of breath. Patient has been ill since Oct. 1/18 with chills, slight cough, headaches. On Oct. 7th he felt worse and went to bed.
2. Present condition:- Poorly developed and poorly nourished man appearing acutely ill. Temperature 104. P. 100. R. 48. Patient cyanosed, respiration rapid and laborious. Chest=Expansion almost nil. Right side lags. Muscles of neck brought into play. Examination showed consolidation of left lower lung and fluid in rt. lower lung.
3. Treatment= At 11 p.m. night of 9th, rt. side aspirated and 14 oz. of greysh turbid fluid removed, with some relief. On Oct. 19th resection of right eighth rib and about 8 oz. of pus removed. Patient became worse, and died at 2 a.m. the morning of Oct. 11th 1918.
4. Autopsy findings show:- Operation wound with a resection of a portion of the 8th rib. Drainage of the rt. Empyema. Left pleural cavity contained a greysh turbid fluid. Marked hyperaemia of both lungs, but no macroscopic evidence of Pneumonia. Cause of death being acute Toxaemia and double Empyema.

I concur in the findings of the Board of Medical Officers here recorded.

*W.L. Barlow*  
Lieut. Colonel  
C.C. M.D. S. Mil. District No. 4

Dated at Montreal, P.Q. Oct. 11th 1918.

M. F. B. 303.

100m.-4-16.  
H. Q. 1772-39-158.

*W.L. Barlow* Capt. Pres.  
*W.L. Barlow* Capt.

THE MONTREAL GENERAL HOSPITAL

11th day of October 1918.

The C.C. No. 14.

examining the late number 14, E. J. ...

Case ?

An account of the case, by ...

Capt. E. J. Powell, A.M.C.

Capt. E. J. Powell, A.M.C.

... the late number 14, E. J. ...

1. ...

2. ...

3. ...

4. ...

Original not available  
Fill in only.—Unit, Number, Rank and Name.

M. F. W. 54. (A. F. B. 109.)  
500M.—9-16  
H. Q. 1772-39-90.

# Casualty Form—Active Service.

Unit, Regiment or Corps ..... *2/2 Ave. Regt.*

Regimental No. *3157100* Rank *Pte* Name *Lapierre, Arthur*

Enlisted (a) *18.7.18* Terms of Service (a) *DoFR* Service reckons from (a) *18.3.18*

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				
<i>15.10.18</i>	<i>2/2 GR</i>	<i>Sos Deceased</i>	<i>Montreal</i>	<del><i>12.10.18</i></del> <i>11.10.18</i>	<i>DD 286 amended by after order #95 d/7-12-21 Issued by DoFR.</i>

*D. Guthrie*

*Capt for DoFR*

*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.

Casualty Form - Active Service

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Date	From whom received				





INSTRUCTIONS

1. The examination of the condition of a vessel's engine to be entered on this form shall be made by the commanding officer or a qualified person under his supervision.

2. On this line of report record of work to be done is not required.

3. Only such entries to be made on this sheet as will show:

1. Condition on examination on (in red)
2. Condition on leaving (in blue)
3. Condition on discharge

REVERSE SIDE OF SHEET  
CONDITION ON EXAMINATION  
CONDITION ON LEAVING  
CONDITION ON DISCHARGE

REVERSE SIDE OF SHEET  
CONDITION ON EXAMINATION  
CONDITION ON LEAVING  
CONDITION ON DISCHARGE