

ORIGINAL

4th. M. D. First Depot Battalion First Quebec Regiment

Regtl. No. 1030447

E. I.

PARTICULARS OF RECRUIT  
DRAFTED UNDER MILITARY SERVICE ACT, 1917

*2nd QR*

(Class n 1)

1. Surname LAUZON

2. Christian name Joseph Andre

3. Present address 355 Drolet St. Montreal. P. Q.

4. Military Service Act letter and number Never Registered (Defaulter)  
(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 July 10th. 1890.

6. Place of birth Montreal. P. Q.  
(town, township or county and country)

7. Married, widower or single Single

8. Religion R. C.

9. Trade or calling Laborer

10. Name of next-of-kin Delia LAUZON

11. Relationship of next-of-kin Mother

12. Address of next-of-kin 9 Villeneuve St. Montreal. P. Q.

13. Whether at present a member of the Active Militia No

14. Particulars of previous military or naval service, if any None *X J. L. His mark*

15. Medical Examination under Military Service Act:—  
(a) Place Montreal. P. Q. (b) Date Aug. 20th. 1918 (c) Category B<sup>2</sup>



*C. Beattie Witness*

DECLARATION OF RECRUIT

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

*His mark X Joseph Andre Lauzon* (Signature of Recruit)

*C. Beattie Witness*

DESCRIPTION ON CALLING UP

Apparent age 28 yrs. 1 mths.

Height 5' 1/4 ins.

Chest measurement } fully expanded 34 ins.  
range of expansion 2 ins.

Complexion Dark

Eyes Brown

Hair D. Brown

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

Eyes *lev L. 30*

Hearing *B. L.*

*A. H. McPherson* Major,  
A.C. 1st Depot Bn. 1st Quebec Regt.  
O. C. First Depot Btin.  
First Quebec Regt.

Place Montreal. P. Q. Date November 11th. 1917.

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class I)

1. Name of recruit: [Name]

2. Christian name: [Name]

3. Present address: [Address]

4. Military service Act class and number: [Class and Number]

5. Date of birth: [Date]

6. Place of birth: [Place]

7. Marital status: [Status]

8. Religion: [Religion]

9. Trade or profession: [Trade]

10. Name of employer: [Employer]

11. Reason for being called up: [Reason]

12. Address of next of kin: [Address]

13. Whether at present a member of the Armed Forces: [Yes/No]

14. Particulars of previous military or naval service: [Service]

15. Medical examination under Military Service Act: [Examination]

16. Name of doctor: [Doctor]

DECLARATION OF RECRUIT

I, [Name], do hereby declare that the above particulars are true and correct.

(Signature of Recruit)

DESCRIPTION ON CALLING UP

Age	[Age]
Height	[Height]
Weight	[Weight]
Complexion	[Complexion]
Build	[Build]
Complexion	[Complexion]
Build	[Build]

Signature of Recruit: [Signature]

Date: [Date]

Signature of Officer: [Signature]

Date: [Date]

Deceased

DISCHARGE DOCUMENTS

R. O. No. ....

H. Q. No. 6498-16568

1st Enl  
Proceedings of Court of Inquiry or on men reported Missing on Active Service  
3142  
2nd Enl  
3142  
2-5-20-1918

- 3 Attestation Papers.....
- Declaration of change of name.....
- Authority for special enlistments.....
- Documents of re-enlisted men.....
- / Regimental Conduct Sheet.....
- Compulsory Stoppages.....
- / Casualty Forms.....
- Proceedings on discharge.....
- Corps History Sheet.....
- Date and No. of Deposit Receipt for Purchase Money and Amount.....
- Parchment Certificate.....
- Medical Report for Invalids.....
- 2 Medical History Sheet.....
- Proceedings of Regt. Court Martial.....
- Copies of Convictions by Civil Power.....
- / Company Conduct Sheet.....
- Clothing Transfer Certificate.....
- Inventory of Kit.....
- Last Pay Certificate.....

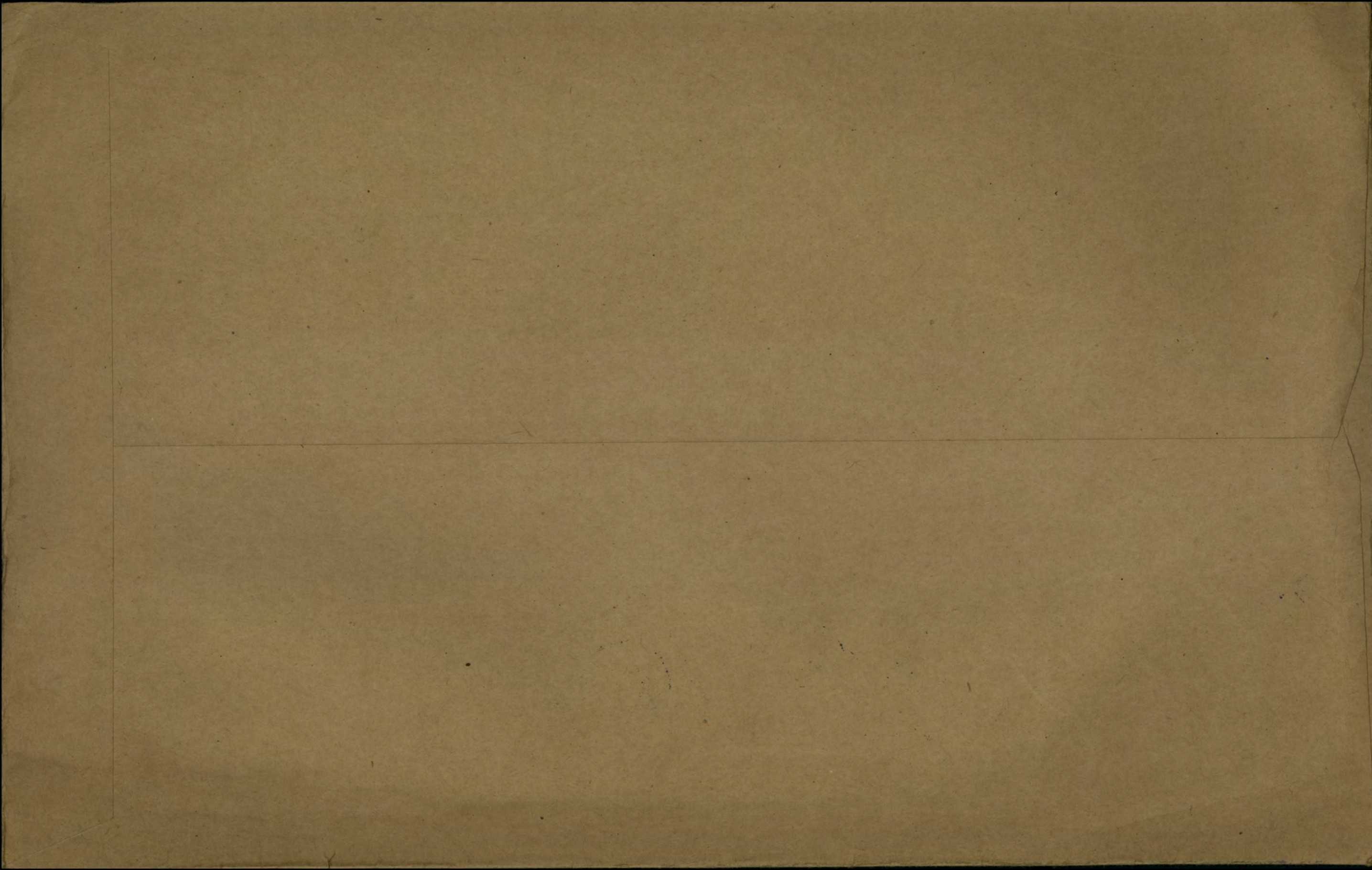
Name Lauson Joseph, ANDRE  
 " 243881  
 Regt. No. 4030447 Rank Pte  
 Corps 1st Inf Regt Bn 2nd Div Regt  
 (2) deceased 5-10-18 \* 12029  
 (1) deserter



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20/19

H. Q. 649. d-16568.

M. D. No. 4

Surname Lauzon

T. O. S. Nov 11th 19 17

Christian names Joseph Andre

D. O. Pt. II. 235 of 23-8-18

Regtl. No. 4030447 Rank Pte.

S. O. S. 5-10 19 18

Unit. 1st Que. Regt. 1st Depo. Bn.

Reason Deceased

Auth. 20.283 du-10-18-18/AM

Next of kin. Lauzon Mrs Delia

Relationship. Mother

Address. 9 Villeneuve St.  
Montreal P.Q.

Also notify:

BORN—Place Canada Montreal P.Q.

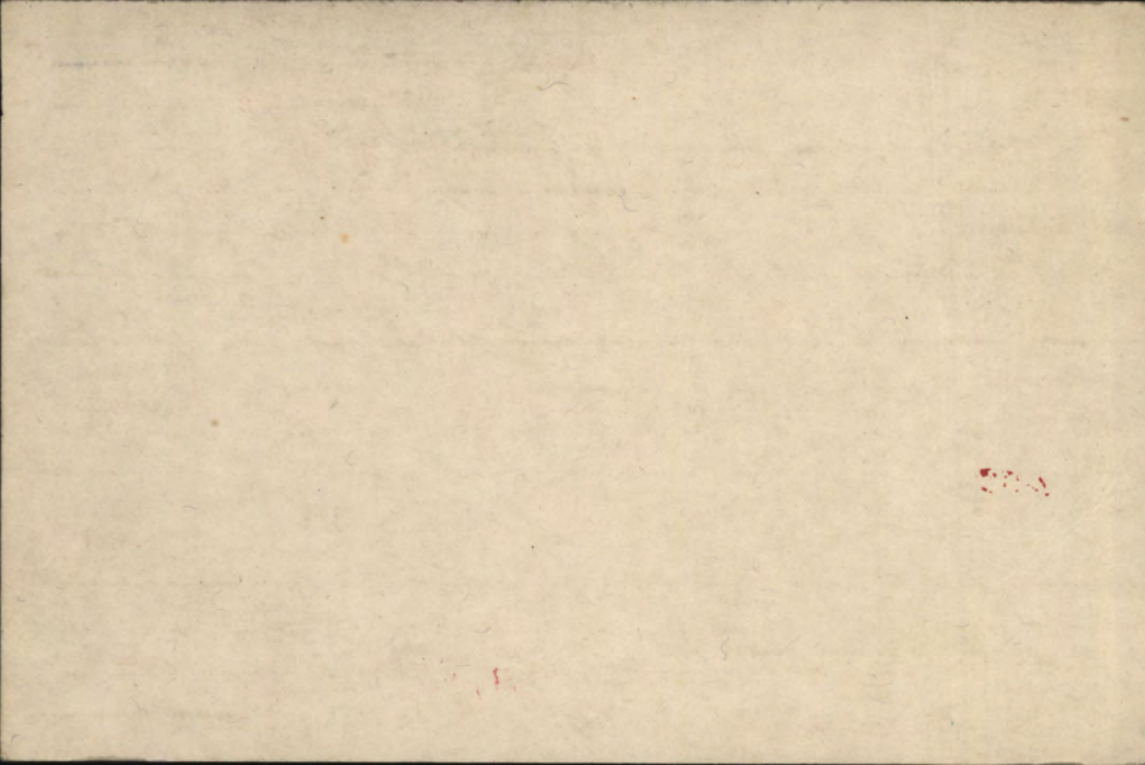
Date July 10th 1890

ATTESTED—Place Montreal P.Q.

Date Nov 11th 1917

O/S

R/C



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

M. F. W. 54. (A. F. B. 163.

500M.—9-16

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

## Casualty Form—Active Service.

Unit, Regiment or Corps. *1<sup>st</sup> Depot Bn. 1<sup>st</sup> Okechka Regt.*

Regimental No. *403 0447* Rank *Pte* Name *Laurzon, Joseph Andre*  
*U.S. defaulte* C. E. F.

Enlisted (a) *11-11-17* Terms of Service (a) *6. E. 7.* Service reckons from (a) *11-11-17*

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) *Labourer*

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>23-8-18</i>	<i>1/1 Q. R.</i>	<i>U.S. defaulte 11-11-17</i>	<i>Montreal</i>	<i>11-11-17</i>	<i>NO. 235</i>
<i>23-8-18</i>	<i>1/1 Q. R.</i>	<i>a.w. l. from 12.01 p.m. 11-11-17 to 9.00 a.m. 20-8-18 Forfeits 293 days P &amp; a</i>	<i>Montreal</i>	<i>20-8-18</i>	<i>NO. 235</i>
<i>11-10-18</i>	<i>1/1 Q. R.</i>	<i>S.O.S. with effect 5-10-18 b. of Inquiry 8-10-18</i> <i>Deceased</i>	<i>Montreal</i>	<i>5-10-18</i>	<i>NO. 284</i>

*W. Ritchie*  
 Capt. for N of R.

(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.

[P.T.O.]

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. 38, 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. 38, or other official documents
Date	From whom received				



# 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 29 1918  
H.Q. CANADA

Name, &c. I, LAUZON Joseph Andre

Regimental number 4030447 Rank pte serving in the

1st DEPOT BN. 1st QUEBEC REG'T. Canadian Expeditionary Force,

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

Executor I appoint NIL?

whose address is

to be the executor of this my last will.

General gift I give to Maria LAUZON (Sister)

whose address is 255 Drolet St. Montreal. P. Q.

all my property not disposed of above.

Date Dated at Montreal this 20 August 1918

Signature His Mark x Joseph Andre Lauzon  
Signature of Soldier  
C. Beattie witness

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 C. Beattie

Signature J. Heiney

Address Guy St. Barracks. Mtl.

Address Guy St. Barracks. Mtl.

Occupation Soldier

Occupation Soldier

# 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.

\* 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 \* Medical Board

assembled at K.L.C.H. Montreal, Que.

on the 9th October 1918

by order of A.D.M.S., M.D.No.4.

for the purpose of examining and reporting on

the case of Pte. Joseph Lauson,

No. 4030447, 2/2 Q.R.

PRESIDENT.

D.G. Campbell, Capt. A.M.C.

MEMBERS.

J.L.D. Mason, Capt. A.M.C.

The Board having assembled pursuant to order, proceed to

examine the case of the above mentioned man and establish the following facts:

The patient was admitted to Hospital Sept. 29/18 with a diagnosis of Influenza. On Oct. 5th definite evidence of Lobar Pneumonia at the base of the right lung was present and patient died as a result at 6 P.M. October 5, 1918.

MS

*D. Campbell Capt. A.M.C.*  
*J.L.D. Mason, Capt. A.M.C.*

APPROVED,

*[Signature]*  
Lieut. Colonel,  
A. D. M. S., Mil. District No. 4.

1875-1876  
1876-1877  
1877-1878

MEMBERS

MEMBERS

MEMBERS

MEMBERS

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MEMBERS

C. 740

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

1. Surname LAUZON Christian name Joseph Andre  
 2. Number of report for service or claim for exemption according to Postmaster's Receipt or schedule Never Registered  
 3. Consecutive number on schedule of men reporting for service (if he appears on it) .....  
 4. Address (including street and number if any) 255 Drolet St. Montreal. P. Q.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 20th day of August 1918, by the undersigned medical board sitting at Montreal, P. Q.

5. Age as stated 28 Years 1 Months 1 Day 28 Apparent age 28 Years 1 Month

7. Height 5 Feet 1 Inches 8. Weight 105 Pounds.

9. Chest measurement { Minimum 32 Ins. Maximum 34 Ins. 10. Complexion Dark { Eyes Brown Hair D. Brown

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

13. Number of vaccination marks { Right arm ..... 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  
 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

**B<sup>2</sup>**

17. (a) Vision. R. hypermetropia 30/40 L. 30/40  
 (b) Hearing. R. OK L. OK

Robert Meunier Capt. Member. R. D. Scott - Capt. President. P. Fontaine Lt. Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>9/9/18</u>		<u>1st Schussman</u>	<u>9/9/18</u>	<u>1 A B</u>	<u>Q A B</u>
			<u>13-1-18</u>	<u>2</u>	<u>Q A B</u>
			<u>16-7-18</u>	<u>3</u>	<u>Q A B</u>

Joined 11th day of November 1917 at Montreal. P. Q.

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment				
Transferred to		<u>1st DEPOT BN. 1st QUEBEC REG'T.</u>		
		<u>4030447</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

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



CASE HISTORY SHEET.

K.L.C.H. # "B" Hospital. Montreal Station.  
No. 4030447 Rank Pte. Name Lawson Jos. Age 28  
Unit 2 D.D.2. Completed years of service Where and how long } 1 month  
Date of admission Sept. 29/18 Date of discharge  
Diagnosis Influenza Place of origin Montreal

CONDITION ON ADMISSION AND PROGRESS OF CASE.

Sick since Sept. 28/18 - Hk, general pains, chill, cough & expectoration very weak  
Throat. Lues - 2 yrs. ago  
7.10.23 - 98-20  
Throat severe pharyngitis, tongue coated  
Lungs severe bronchitis, tracheitis - no dulness; numerous coarse rales all over.  
Heart - sounds clear, regular.  
Abdomen - negative.

FAMILY HISTORY.

(Tuberculosis, mental or nervous diseases.) Negative

TREATMENT.

(Especially any specific or special form.)  
Oct. 1/18 103° - 128 - 30 Oct. 3/18 No better.  
.. 4 abdominal pain; exam - negative  
.. 5/8 Patch of consolidation at right base (examined).  
.. Died 6 p.m.

CONDITION ON DISCHARGE.

(and disposal made of case.) Died

Date Oct. 6/18  
Medical Officer i/c case J. D. Moore

CASE HISTORY SHEET

1. Name of patient: \_\_\_\_\_  
2. Date of admission: \_\_\_\_\_  
3. Referring physician: \_\_\_\_\_  
4. Presenting complaint: \_\_\_\_\_  
5. History of present illness: \_\_\_\_\_  
6. Past medical history: \_\_\_\_\_  
7. Family history: \_\_\_\_\_  
8. Social history: \_\_\_\_\_  
9. Physical examination: \_\_\_\_\_  
10. Laboratory and diagnostic studies: \_\_\_\_\_  
11. Treatment: \_\_\_\_\_  
12. Course of illness: \_\_\_\_\_  
13. Discharge status: \_\_\_\_\_  
14. Follow-up: \_\_\_\_\_

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