

2nd DEPOT BN. 2nd QUEBEC REGT.

3/7366

AL 4 M. D. Depot Battalion Regt. No. D 3173566

PARTICULARS OF RECRUIT DRAFTED UNDER MILITARY SERVICE ACT, 1917

ORIGINAL

(Class One)

1. Surname LEJOUR

2. Christian name Rene

3. Present address 62 Palm St Montreal.P.Q Canada
20459 DC

4. Military Service Act letter and number.....
(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 6th July 1895

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

7. Married, widower or single Single

8. Religion Roman Catholic

9. Trade or calling Electrician & Mechanic

10. Name of next-of-kin Mrs. Adele LEJOUR

11. Relationship of next-of-kin Mother

12. Address of next-of-kin 62 Palm St Montreal.P.Q Canada

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

14. Particulars of previous military or naval service, if any Nil

15. Medical Examination under Military Service Act :-
(a) Place Montreal.P.Q Canada (b) Date 4th Oct 1918 (c) Category A

DECLARATION OF RECRUIT

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

Rene Lejour (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age 23 yrs. 3 mths.

Height 5 ft. 35 ins.

Chest measurement } fully expanded 35 ins.
range of expansion 3 ins.

Complexion Medium

Eyes Blue

Hair Brown

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

[Signature]
Major,
2nd in Command, 2nd Depot Bn. 2nd Quebec Regt.
O. C. Depot Btln.
Regt.

Place Montreal.P.Q Canada Date 4th Oct 1918

DEPARTMENT OF DEFENSE
OFFICE OF THE SECRETARY OF DEFENSE

PARTICULARS OF RECRUIT

PREPARED UNDER MILITARY SERVICE ACT 1916

1916

1. Name of recruit: [Name]

2. Age: [Age]

3. Height: [Height]

4. Weight: [Weight]

5. Complexion: [Complexion]

6. Eyes: [Eyes]

7. Hair: [Hair]

8. Education: [Education]

9. Occupation: [Occupation]

10. Trade: [Trade]

11. Date of enlistment: [Date]

12. Name of recruiting officer: [Name]

13. Name of recruiting station: [Name]

14. Name of recruiting agent: [Name]

15. Name of recruiting sergeant: [Name]

16. Name of recruiting sergeant's assistant: [Name]

17. Name of recruiting sergeant's assistant's assistant: [Name]

18. Name of recruiting sergeant's assistant's assistant's assistant: [Name]

19. Name of recruiting sergeant's assistant's assistant's assistant's assistant: [Name]

20. Name of recruiting sergeant's assistant's assistant's assistant's assistant's assistant: [Name]

DECLARATION OF RECRUIT

I, the undersigned, do hereby declare that the above particulars are true and correct to the best of my knowledge and belief.

(Signature of Recruit)

DESCRIPTION OF CALLING UP

Particulars	Remarks
1. Name of recruit	[Name]
2. Age	[Age]
3. Height	[Height]
4. Weight	[Weight]
5. Complexion	[Complexion]
6. Eyes	[Eyes]
7. Hair	[Hair]
8. Education	[Education]
9. Occupation	[Occupation]
10. Trade	[Trade]
11. Date of enlistment	[Date]
12. Name of recruiting officer	[Name]
13. Name of recruiting station	[Name]
14. Name of recruiting agent	[Name]
15. Name of recruiting sergeant	[Name]
16. Name of recruiting sergeant's assistant	[Name]
17. Name of recruiting sergeant's assistant's assistant	[Name]
18. Name of recruiting sergeant's assistant's assistant's assistant	[Name]
19. Name of recruiting sergeant's assistant's assistant's assistant's assistant	[Name]
20. Name of recruiting sergeant's assistant's assistant's assistant's assistant's assistant	[Name]

Signature of Recruiting Officer: [Signature]

Date: [Date]

Name of Recruiting Station: [Name]

MADE IN CANADA

MADE IN CANADA

30-11-18

Proceedings of Court of Inquiry or on men reported Missing on Active Service.....

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.....

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.....

Dental #5 -

msw 113 -

Copies of papers of card - 1

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DISCHARGE DOCUMENTS

Name *LEJOUR RENE*

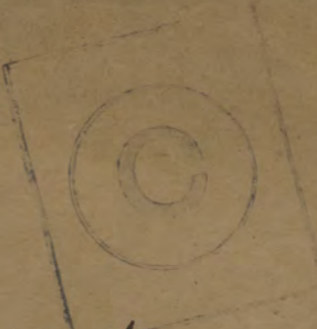
Regt. No. *3173566* Rank *Pte*

Corps *2nd Depot Bn 2nd Quebec Regt*

Deceased 14-10-18

R. O. No.

H. Q. No.



20630



MA 3/6/21

James J. Cole

CASE HISTORY SHEET.

Hospital.

No. 3173566 Rank Pvt. Name Reynolds R.

Unit 2/2 Completed years of service 2 1/2 Where and how long

Date of admission Oct 10 1918 Date of discharge 14-10-18

Diagnosis Pneumonia Place of origin

CONDITION ON ADMISSION AND PROGRESS OF CASE

Complaints Sore Eyes, nose, throat, husky voice
very sore chest, cough, expectoration (bloody)
S. saw

Attitude any position Expression anxious Colour normal Nutrition g
Temp. 103 Pulse 112 Resp. 32
Eyes: Pupils Equal React. active
Ears neg Nose Choriz Mouth Very dirty throat
Lym. h. Sys. neg
Resp. Sys. Diffuse broncho pneumonia both lungs
9/19/18 Pulse very rapid + weak

Circ. Sys. Pulse rapid full ^{strong} good. Heart normal.

G.N.S. K.K. normal Kornig- 0 Babinski- 0 Ankle cl- 0

ABDOMEN leg

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

TREATMENT Routine milk diet.

(Especially any specific or special form)

CONDITION ON DISCHARGE

(and disposal made of case.)

Date

[Signature]
Medical Officer i/c case.

638494

BASE HISTORY

720R

MEDICAL HISTORY SHEET.

AL LEJOUR

Rene

- 1. Surname..... Christian name.....
- 2. Number of report for service or claim for exemption according to Postmaster's Receipt or schedule 20459 DC 3173566
- 3. Consecutive number on schedule of men reporting for service (if he appears on it)
- 4. Address (including street) and number if any).... 62 Palm St Montreal.P.Q Canada

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 4th Oct 1918 day of 19... by the undersigned medical board sitting at Peel St Bks Montreal.P.Q Canada

- 5. Age as stated..... Years..... Months.....
- 6. Apparent age..... Years..... Month.....
- 7. Height..... 5- Feet..... Inches.....
- 8. Weight..... 118 Pounds.....
- 9. Chest measurement { Minimum 32 Ins. Maximum 35 Ins. } 10. Complexion..... Medium { Eyes Blue Hair Brown }
- 11. Physical development..... Good { Good Fair Poor }
- 12. Smallpox marks.....
- 13. Number of vaccination marks { Right arm 1 Left arm } 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

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

Member. *Williams* President. *ac* Member.

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

Joined..... 4th day of Oct 1918 19... at Montreal.P.Q Canada

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	2nd DEPOT BN.	2nd QUEBEC		DEC-10-18
Transferred to.....		D		
		3173566		

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 Rene Lejour

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

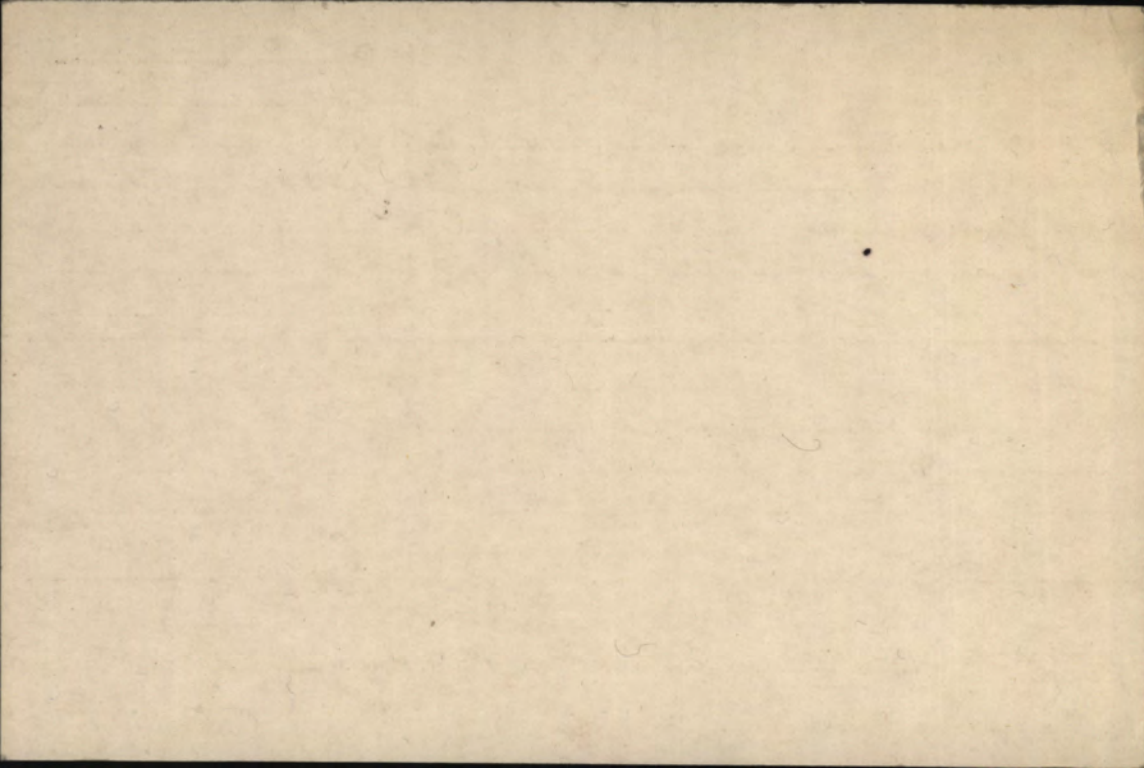


ml

Surname..... *Lejour*.....
 Christian names..... *Rene*.....
 Regtl. No. *3173566*..... Rank *Pte.*.....
 Unit *2nd Que. Regt 1st Dep. Bn.*.....
 H. Q.....
 M. D. No. *4*.....
 T. O. S. *Oct. 4th 1918*.....
 D. O. Pt. II *27.5 of 310/18*.....
 S. O. S. *14-10-1918*.....
 Reason *"deceased"*.....
 Auth. *100287/15-10-18 2/2 QR. MD4*.....

Next of kin *Lejour Mrs Adele*..... Relationship *Mother*.....
 Address *122 Palm St Montreal P.Q.*..... Also notify:.....

BORN—Place *Canada Montreal P.Q.* Date *July 29th 1895*.....
 ATTESTED—Place *Montreal P.Q.* Date *Oct 14th 1918*.....
 O/S..... R/C.....



e ✓ ✓ ✓ ✓ *2nd. Q. R. B. W.*
Lejour, Rene., Pte. 3173566 2nd Q.R. 649-L-17007

Med. & Dec. (Mother) Mrs. Adele Lejour, # 4
62 Palm St.,
Montreal. P. Q.

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

Mem. Cross. (Mother) " "

54431

Canada only.
mt.

M 50657 JUN 17 1921

880

AL

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.

DATE
MONTREAL & PROVINCE
NOV - 6 1918
H.Q.
CANADA

Name, &c. I. LEJOUR Rene
Regimental number D Rank 3173566 Pte 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.....
whose address is..... Nil
to be the executor of this my last will.

General gift I give to..... Mrs Adele LEJOUR (Mother)
whose address is..... 62 Palm St Montreal.P.Q Canada
all my property not disposed of above.

Date Dated at Montreal.P.Q Canada this 4th Oct 1918 191...

Signature Rene Lejour
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 <u>J. Demarais</u>	Signature <u>P. Ferras</u>
	Address <u>Chef St Pkrs Montreal, P.Q. Canada</u>	Address <u>Que St Pkrs Montreal, P.Q. Canada</u>
	Occupation <u>Soldier</u>	Occupation <u>Soldier</u>

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.

WAR SERVICE GRATUITY

TO

DEPENDENTS OF DECEASED SOLDIERS

Register No. *DL 611*

A.P. File No. *10858-R16*

Regt'l No. *31735-66* Name *Rene Lefour Lejour*
(Christian Name) (Surname)
 Unit *2nd Reg. Que.* Rank *Pte.* Date of enlistment
 Date of casualty *13-10-18* B.P.C. File No. *86229*
 Was service performed overseas? *Yes.*

DEPENDENT

Name *Mrs. Adele Lefour* Relationship *M. mother*
 Address *64 Ave. Palm*
St. Henri, Montreal
Que.

Amount of Special Pension Bonus \$ *Nil* Abstracted by *R. S. Baird*

Eligible for Gratuity *Not Eligible* \$ *✓*
 Less amount of Special Pension Bonus paid \$
 Less Debit Balance of S. A. or A.P. \$

Total deductions \$ *✓*

Balance due \$

Cheque No. Date issued

REMARKS: *No. SA. paid*

Clerk *ATMiel*

Audited by
 Date

M.F.W. 2652
 25M-6-20,
 H.Q. 1772-89-1473

na med
ma.
P
Lefour
Lejour

10.9.27.

