

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

M. D. Depot Battalion Regiment

Regtl. No. 3173489

E.D. 4

PARTICULARS OF RECRUIT DRAFTED UNDER MILITARY SERVICE ACT, 1917

TRIPPLICATE
ORIGINATE

(Class ONE)

1. Surname LEMONDE
2. Christian name George
3. Present address Ste Rosalie Co Begot P.Q. Can
4. Military Service Act letter and number 307700
(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 Nov 13th 1894
6. Place of birth Ste Rosalie Co Begot P.Q. Can
(town, township or county and country)
7. Married, widower or single Single
8. Religion Roman Catholic
9. Trade or calling Machinist
10. Name of next-of-kin M. Aime LEMONDE
11. Relationship of next-of-kin Father
12. Address of next-of-kin Ste Rosalie Co Begot P.Q. Can
13. Whether at present a member of the Active Militia Nil
14. Particulars of previous military or naval service, if any Nil
15. Medical Examination under Military Service Act :-
(a) Place Montreal P.Q. Can (b) Date Sept 30th 1918 (c) Category 92

DECLARATION OF RECRUIT

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

George Lemonde (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age 25 yrs. 7 mths. 10

Height 5 ft. 37 ins.

Chest measurement } fully expanded 37 ins.
range of expansion 4 ins.

Complexion Brown

Eyes Brown

Hair Brown

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

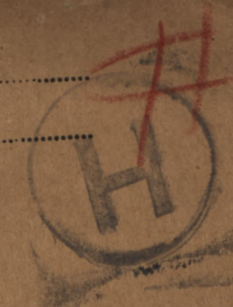
[Signature]
O.C. Commanding 2nd Depot Bn., 2nd Depot Btln. Regt.

Place Montreal P.Q. Can Date 25-7-18

Deceased
DISCHARGE DOCUMENTS

R. O. No.

H. Q. No.



- Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- Attestation Papers..... *38*
- 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 Lemond George

Regt. No. 3173489 Rank Pte

Corps 2nd/2nd Que Regt

Deceased 17-10-18

21343

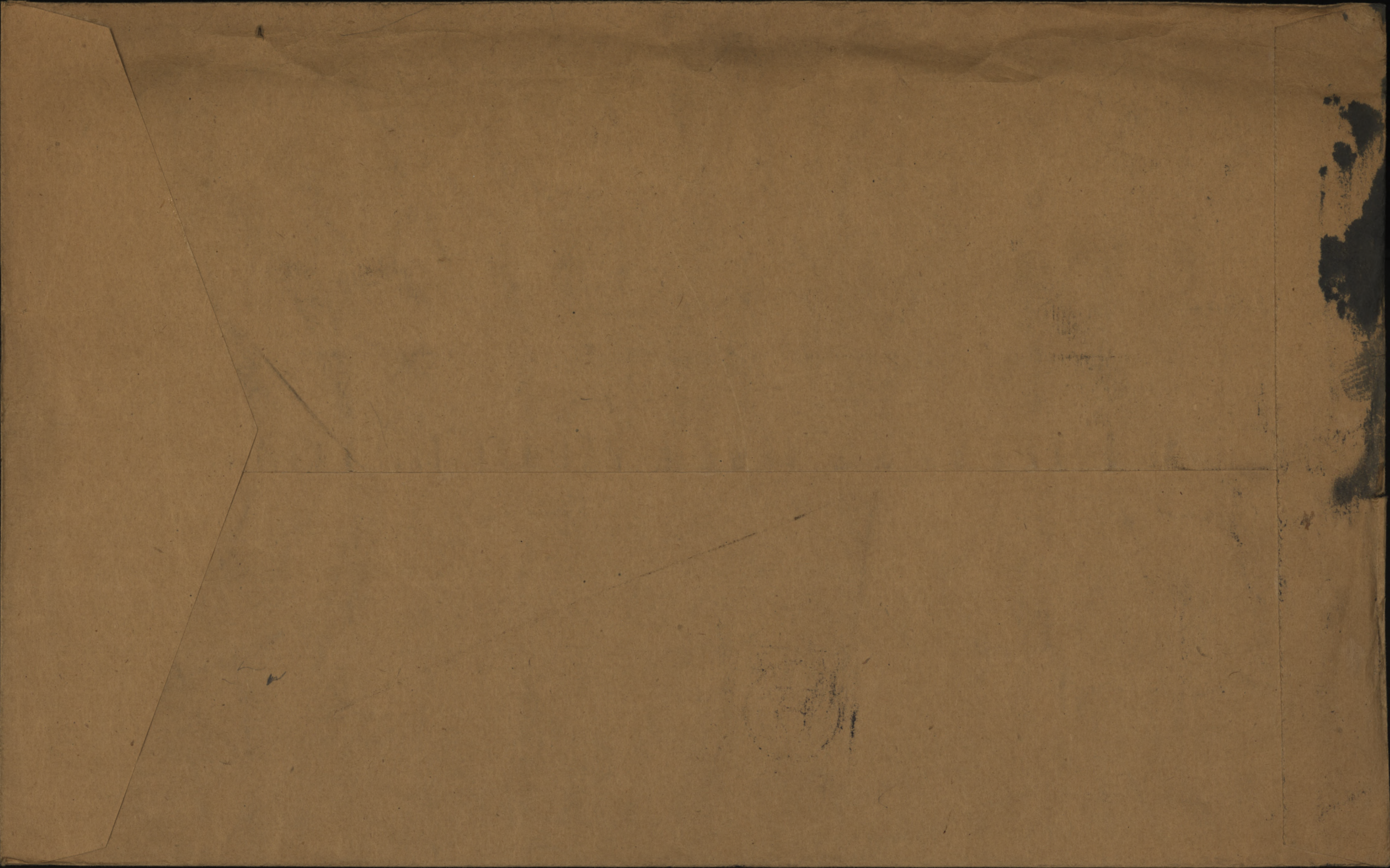
*Mr. Scott
5-10-20*



*Doc 710-1
M/W 178-1
M/W 113-1
M/B 465-1
Tom of Will
Index*

*Mix
20-6-21
RR-*

*1
2-3
2-3*



Lemondé, Geo., Pte. 3173489 2nd Que. Regt. 649-L-1681.

2nd Depot Bn.

Med. & Dec. (Father) Aime Lemondé, Esq.,
Ste Rosalie ~~Sainte Rosalie, Co.,~~
Co. Bagot. Bagot. P. Q.
P.Q. (16.11.21)

#4

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

Ser # 809780

Mem. Cross. (Mother) Mrs. Georgina L. Lemondé.

Address as above.

54736

Canada Only

L.P.P.

888

JUN 29 1921

M 50900

mem. x. redesp. 15-11-21-X2860

~~Phone Dept. Room No. 134706~~
APR - 7 1922
~~Speech Dept. Room No. 254474~~
APR 3 1922

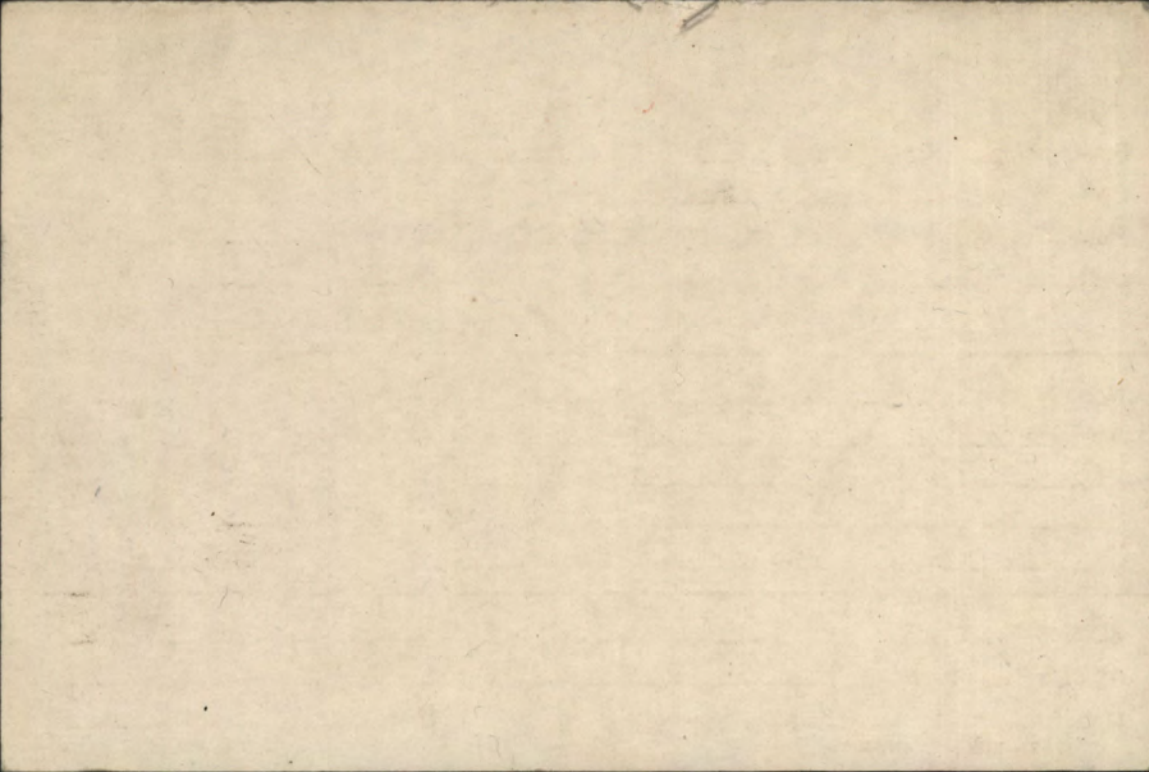
Mx utd 5-8-21 not called for.

17
9
18

Surname *Lemonde* H. Q.
 Christian names *George* M. D. No. *4*
 Regtl. No. *31734809* Rank *Pte* T. O. S. *Sept 30th 1918*
 Unit *2nd Que Regt 2nd Depo Bn* D. O. Pt. II *273 of 1/10/18*
 S. O. S. *17-10-1918*
 Reason *"Dec"*
 Auth. *10289 of 17-10-18 2/2 Q.R. M.D. 4*

Next of kin *Lemonde, Aime* Relationship *Father*
 Address *Ste. Rosalie, Bagot Co. P. Q.*
 Also notify:

BORN—Place *Canada, Ste. Rosalie P.Q.* Date *Nov. 13th 1894*
 ATTESTED—Place *Montreal, P.Q.* Date *July 25th 1918*
 O/S R/C



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

Casualty Form—Active Service.

Unit, Regiment or Corps. *2nd Depot Bn. 2nd Que Regt*

Regimental No. *3173489* Rank *Plt* Name *Lemond George*
C. E. F.

Enlisted (a) *25-7-18* Terms of Service (a) *Def. war.* Service reckons from (a) *25-7-18*

Date of promotion to } Date of appointment } Numerical position on }
 present rank } to lance rank } 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>17.10.18</i>	<i>2/24 Reg</i>	<i>S. o. S. "Deceased"</i>	<i>Frontier Rd.</i>	<i>17.10.18</i>	<i>Plt 15 Achr 289.</i>
					<i>Continued</i>
					<i>Capt for D/P R</i>

(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.]

CASE HISTORY SHEET.

Hospital. St. Emergencey Montreal Station.
 No. 3173479 Rank PTG Name Demondé Age 23
 Unit 212 Completed years of service 1 week Canada Where and how long }
 Date of admission Oct 11/18 Date of discharge 17/10/18 Died
 Diagnosis Pneumonia Place of origin Montreal

CONDITION ON ADMISSION AND PROGRESS OF CASE

Complaints Back & day's cough, headache & sleep & prostration.
Attitude doubtful Expression dull Colour face flush Nutrition poor
 Temp. 102.2 Pulse 100 Resp. 30
Eyes:- Pupils equal React. normal
Ears no Nose hyperemic Mouth pink lips
Lymph. Sys. no
Resp. Sys. Crackles in lower lobe at left base for 3 h. & 2 mm on moist rales. When lobe was in contact scattered dry rales
Circ. Sys. no
C.N.S. K.K- + Kornig- 0 Babinski- 0 Ankle cl- 0

Abdomen no

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)
Oct 17/18 Father left as ill, came at base & died at home but behind & in care of mother

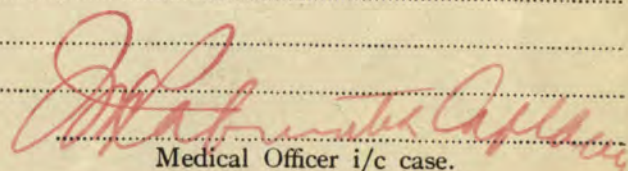
TREATMENT

(Especially any specific or special form.)
Oct 17/18 Operation negative (Aspirin 7 grains in P.H.)
10/18 Aspirin 7 grains 4 times a day at left base. Moisture at right base. deleirious

CONDITION ON DISCHARGE

(and disposal made of case.)

Date 17/10/18


 Medical Officer i/c case.

LIBRARY OF THE UNIVERSITY OF TORONTO

1875

2/20/18

2nd DEPOT BN. 2nd QUEBEC REG'T.
MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET. ORIGINAL

1. Surname **LEMONDE** Christian name **George**
2. Number of report for service or claim for exemption according to Postmaster's Receipt or schedule **3277 DC** **3173489**
3. Consecutive number on schedule of men reporting for service (if he appears on it)
4. Address (including street and number if any) **Ste Rosalie Co Bagot P.Q. Can**

The following accurate particulars with regard to the above named man as ascertained by the medical examination on the **30th** day of **Sept 1918** 19... by the undersigned medical board sitting at **Peel St Bks Montreal P.Q. Can**

5. Age as stated **23** Years **10** Months. 6. Apparent age _____ Years _____ Month
7. Height **5** Feet **7** Inches. 8. Weight **122** Pounds.
9. Chest measurement { Minimum **33** Ins. Maximum **37** Ins. 10. Complexion **Brown** { Eyes **Brown** Hair **Brown**
11. Physical development **Good** { 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 **None at base**
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

A2

17. (a) Vision **20/20** (b) Hearing **Normal**
H. Williams President.

at base
at base Member.

Signature of Man **George Lemonde**

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

Joined **30th** day of **Sept 1918** 19... at **Montreal P.Q. Can**

Joined on enlistment	CORPS	REG'TL NUMBER	HABITS	DATE
Transferred to	2nd DEPOT BN. 2nd QUEBEC REG'T.		D-	30-9-18

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT
			Discharged

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.

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, etc. I, LEMONDE, George.

Regimental number 5173489 Rank 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 Nil.

whose address is Nil.

to be the executor of this my last will.

General gift I give to My Father, M. Aime LEMONDE.

whose address is Ste. Rosalie Co., Bagot P.Q. Can.

all my property not disposed of above.

Date Dated at Montreal, P.Q. Can. this Sept. 30th 1918. 191

Signature George Lemonde.
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>D. E. Desmarars.</u>	Signature <u>E. Perras.</u>
	Address <u>Peel St. Bks.</u>	Address <u>Peel St. Bks.</u>
	Occupation <u>Soldier.</u>	Occupation <u>Soldier.</u>

I hereby certify that this document is a true copy of an original document now in possession of this office.
L.B. Husband, Esq.
Director Military Estates.
JAN 23 1919

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.