

2nd DEPOT, BN. 2nd QUEBEC REGT.

ATTESTATION PAPER.

No.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... LEVESQUE
- 1a. What are your Christian names?..... Georges
- 1b. What is your present address?..... St Vincent de Paul Co Naval P.Q. Can.
- 2. In what Town, Township or Parish, and in what Country were you born?..... St Anne des Monts Co Gaspé P.Q. Can.
- 3. What is the name of your next-of-kin?..... Mr Joseph LEVESQUE
- 4. What is the address of your next-of-kin?..... Fall, River MASS U.S.A.
- 4a. What is the relationship of your next-of-kin?..... Cousin
- 5. What is the date of your birth?..... June 15th 1885
- 6. What is your Trade or Calling?..... Laborer
- 7. Are you married?..... Single
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... Yes
- 9. Do you now belong to the Active Militia?..... No
- 10. Have you ever served in any Military Force?..... No  
If so, state particulars of former Service.
- 11. Do you understand the nature and terms of your engagement?..... No
- 12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE?..... Yes
- 13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit?..... No
- 14. If so, what was the nature of the disability?..... Nil
- 15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected?..... No
- 16. If so, what was the reason?..... Nil

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, LEVESQUE Georges....., do solemnly declare that the above are answers made by me to the above questions and that they are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the Canadian Over-Seas Expeditionary Force, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Georges Levesque Guermant (Signature of Recruit)

Date Sept 14th 1918

Yes Vincent (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

LEVESQUE Georges....., do make Oath, that I will be faithful and bear true Allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

Georges Levesque Guermant (Signature of Recruit)

Date Sept 14th 1918

Yes Vincent (Signature of Witness)

CERTIFICATE OF MAGISTRATE.

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath

before me, at Montreal P.Q. Can. this 14th day of Sept 1918

(Signature of Justice)

Description of LEVESQUE Georges on Enlistment.

Apparent Age 33 years 3 months.  
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

(Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer).

Height 5 ft 8 ins.

Chest measurement { Girth when fully expanded 36 ins.  
 Range of expansion 4 ins.

Complexion Brown

Eyes Brown

Hair Brown

Religious denominations.  
 Church of England.....  
 Presbyterian.....  
 Methodist.....  
 Baptist or Congregationalist.....  
 Roman Catholic Yes.....  
 Jewish.....  
 Other denominations.....  
 (Denomination to be stated.)

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

I consider him\* fit for the Canadian Over-Seas Expeditionary Force.

Date Sept 14th 1918 191 .

Place Montreal P. Can

[Signature]  
 Medical Officer.

\*Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

CERTIFICATE OF OFFICER COMMANDING UNIT.

LEVESQUE Georges having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

[Signature]  
 Commanding and Approving Officer (Signature of Officer)

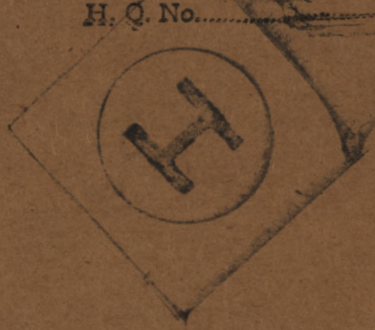
Date Sept 14th 1918 191 .

*Deceased*

**DISCHARGE DOCUMENTS**

R. O. No. ....

H. Q. No. ....



Name Levesque Georges

Regt. No. 3173197 Rank Pte

Corps 2nd/2nd Que Regt  
*Deceased 19-10-18*

*moniteur 20/12/20*  
*Mr. P. L. L.*  
*17-10-20*



24229

- Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- Attestation Papers..... *23*
- 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.....

*10 OC 5710-1*  
*M7 W113-1*  
*M7 B445-1*

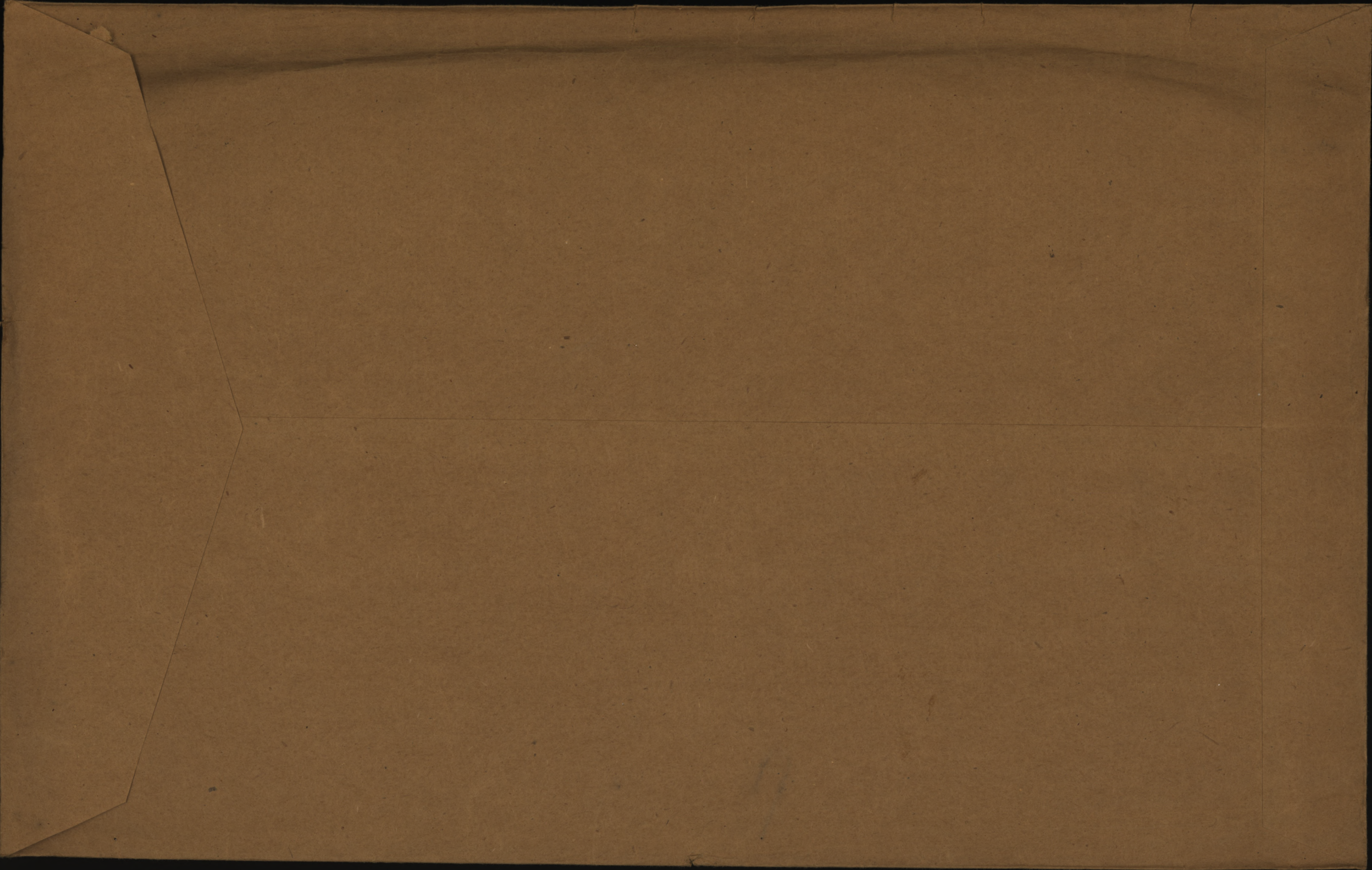
*form of well*

M. F. W. 62.  
50M.-9-16.  
H. Q. 1772-30-235.

*MW*  
*1/1/21*



*1*  
*2-4*  
*2-4*



Levesque, G., Pte. 3173197 2nd Dpt. Bn. 649-L-16785

*2nd Act Regt. #4*

Med. & Dec. (Cousin) Joseph Levesque, Esq.,

Desp. ~~18.8.21~~ *25782* 377 Nashua Street,  
Fall River, Mass.,

Reg. No. ~~71922~~ *71922* U. S. A.  
*P23931*

P. & S. (Father) Alexis Levesque, Esq.,

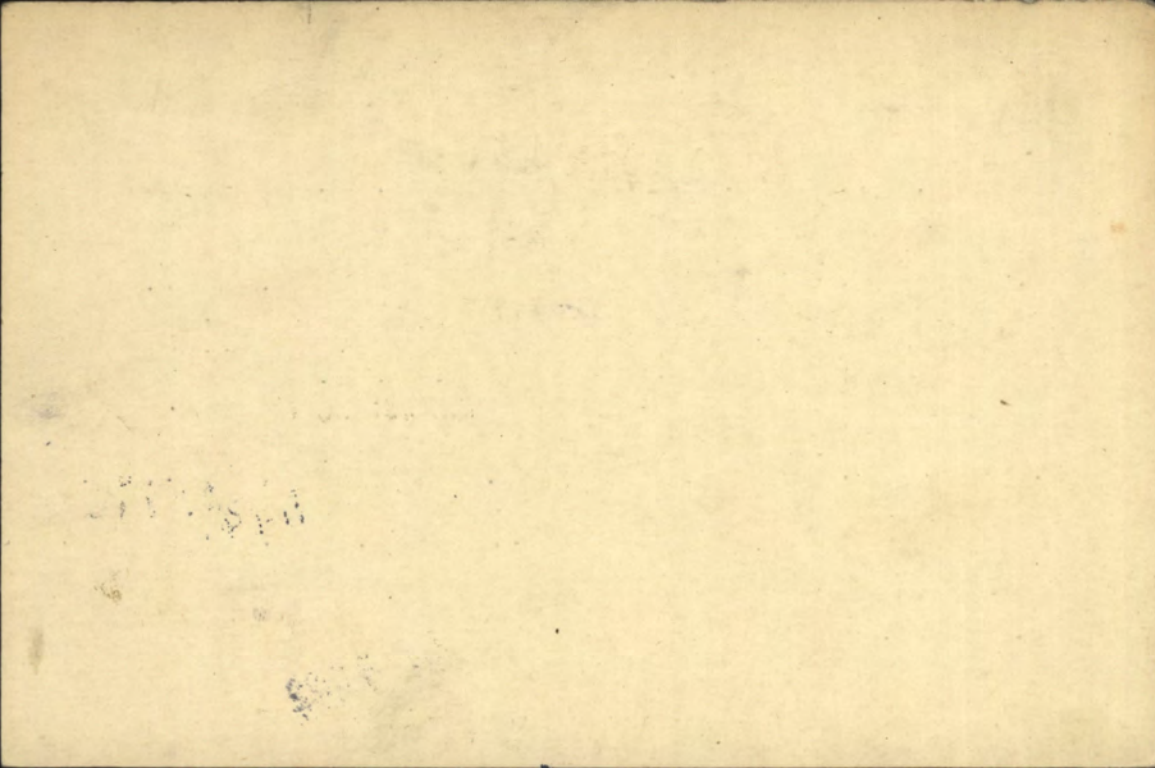
St. Anne des Monts,  
Co., Gaspé, Que.

*Sur # 807790*

Mem. Cross. (NIL)

54476

*Canada only.*



13  
17  
18

H. Q. 649-L-16785

Surname *Levesque*

M. D. No. *PH*

Christian names *George*

T. O. S. *Sept 14th 1918*

Regtl. No. *3173197*

Rank *Cpl*

D. O. Pt. II *208* of *10918*

Unit *2nd Que Regt 2nd Inf Brn*

S. O. S. *dis 19-10-1918*

Reason *"deceased"*

Auth. *293 of 21-10-18 2/2 Q R m d*

Next of kin *Levesque Joseph*

Relationship *Cousin*

Address *Hall River, Mass, U.S.A.*

Also notify:

*Telegram undelivered*

BORN—Place *Canada, St. Anne des Monts*

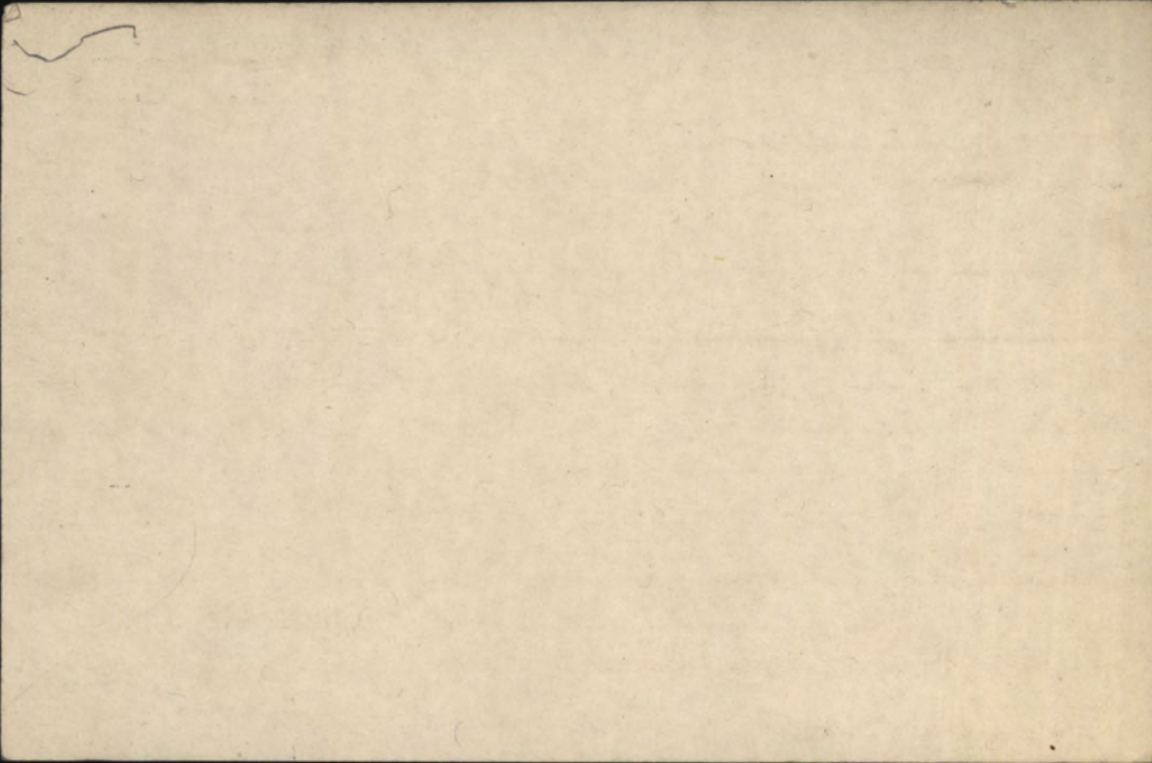
Date *P.Q. June 15th 1885*

ATTESTED—Place *Montreal P.Q.*

Date *Sept 14th 1918*

O/S

R/C





LEDGER NO.

152-349

SERIAL NO.

638500

REG. NUMBER

3143194

NAME

Leresque J.

RANK

The

CORPS

2nd S. Post 2nd Div

AGE

33

SERVICE

126

NAME OF HOSPITAL

Guards Emergency

PLACE

Montreal

DATE OF ADMISSION

13-10-18

DISEASE

(Pneumonia) Flu.

TRANSFERRED TO OTHER HOSPITALS

OPERATION

~~DISCHARGED TO~~

Died 19-10-18

IN CATEGORY

M. F. W. 2553.

50m-6-18.  
1772-33-1332.

P. T. O.

REMARKS:.....

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

## Casualty Form—Active Service.

Unit, Regiment or Corps.....

Regimental No. XXX Rank PTE Name LEVESQUE GeorgesEnlisted (a) Volunteer Terms of Service (a) C.E.F. Service reckons from (a) 14-9-18

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) Laborer

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				
21-10-18	2/2 <sup>nd</sup> Que Regt.	SOS. Deceased	Montreal	19-10-18	29.10.293

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

[P.T.O.]



MEDICAL HISTORY SHEET

Georges

3173197

- 1. Surname LEVESQUE Christian name.....
- 2. Number of report for service or claim for exemption according to Postmaster's Receipt or schedule ..... Volunteer
- 3. Consecutive number on schedule of men reporting for service (if he appears on it) .....
- 4. Address (including street) and number if any..... St Vincent de Paul Viaval P.Q. Can

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 14th day of Sept. 1918 19... by the undersigned medical board sitting at Peel St Barracks Montreal P.Q. Can

- 5. Age as stated 33 Years 3 Months. 6. Apparent age..... Years..... Month.....
- 7. Height 5 Feet 32 Inches. 8. Weight 141 Pounds.
- 9. Chest measurement (Minimum 32 Ins. Maximum 36 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.....) 14. When vaccinated last.....
- 15. Distinctive marks and marks indicating congenital peculiarities or previous disease.....

16. Slight defects but not sufficient to cause rejection Bruit 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)

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. 40 L. 40
- Hullhausner President.  
Robt. Lupt Member.

J Kaufman Capt Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>14/9/18</u>		<u>Ernest Chabot M.O.</u>	<u>14/9/18</u>		<u>Ernest Chabot M.O.</u>
		M.O.	<u>17/9/18</u>		<u>Ernest Chabot M.O.</u>
		M.O.			M.O.

Joined 14th day of Sept. 1918 19... at Montreal P.Q. Can

CORPS	REG'TL NUMBER	HABITS	DATE
	<u>3173197</u>	<u>De</u>	<u>14-9-18</u>
<u>2nd DEPOT BN. 2nd QUEBEC REG'T.</u>			

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 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.



# CASE HISTORY SHEET.

Hospital: Guarús Emergency Station: Montreal  
 No. 3173197 Rank: Pte Name: Duesque Age: 33  
 Unit: 2/2 Completed years of service: 1 month Where and how long: Canada  
 Date of admission: Oct 13/18 Date of discharge: 19/10/18 Died: Yes  
 Diagnosis: Pneumonia Place of origin: Montreal

CONDITION ON ADMISSION AND PROGRESS OF CASE

Complaints Cough & pleurisy 7 days.  
No chills, no ph. symptoms

Where contracted?  
 Attitude d-d Expression laqueur Colour of conjunctivae Nutrition f  
 Temp. 103.2 Pulse 110 Resp. 32

Eyes:- Pupils equal React. well

Ears neg Nose neg Mouth sores

Lymph. Sys. neg

Resp. Sys. One right base for 1 h. in deep inspiration  
numerous moist rales as elevated. RR  
retard blowing technique. At a few times  
are a few moist rales. RR as usual.

Circ. Sys. neg

C.N.S. K.K- + Kornig- 0 Babinski- 0 Ankle cl- 0

Abdomen neg above

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)  
Oct 19/18. Several months on both sides in front of the head

17/17. Came with both boys up to 7th mt. &  
healed later, for time.

TREATMENT

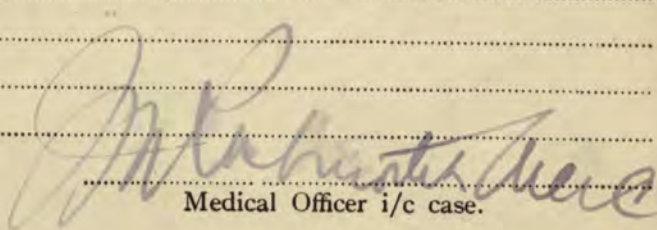
(Especially any specific or special form)

Oct 19/18. 2/2

CONDITION ON DISCHARGE

(and disposal made of case.)

Date: 19/10/18

  
 Medical Officer i/c case.

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