

4.....M.D..... Depot Battalion..... Regiment

Regt. No. 45.....

PARTICULARS OF RECRUIT

Drafted under military Service Act 1917 (Class One.)

3172440

3172440 X

Surname MALLETT

Christian Name Omer

Present Address Chatauguay Co Chatauguay P.Q.C an

Military Service Act letter and Number 329779 DC

If man is defaulter L.C. has not registered under proclamation this fact should be stated together with date of apprehension or surrender.)

Date of birth Montreal P.Q.C

Place of birth Oct 6th 1887

Married Widower or single Married

Religion Roman Catholic

Trade or calling Blacksmith

Name of next of kin Mrs Leonie MALLETT

Relationship of next of kin Wife

Address of next of kin Chatauguay Co Chatauguay P.Q.C an

Whether at present a member of the Active Militia nil

Particulars of previous military or naval service if any nil

Medical Examination under Military Service Act

(a) Place Montreal P.Q. Can. (b) Date August 26th 1918 Category A2

DECLARATION OF RECRUIT

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

Omer Mallett Signature Of Recruit

DESCRIPTION OF CARPENTARY

Apparent age 31 Yrs 10 Mths

Height 5 Ft 4 Ins

Chest Fully expanded 33 Ins

Chest measurement Range expansion 2 Ins

Complexion Green

Eyes Brown

Hair Brown

Handwritten signature and stamp: Commanding 2nd Depot Bn. 2nd Quebec Regt.

Place Montreal P.Q. Can. Date August 24th 1918

ORIGINAL

2nd DEPOT BN. 2nd QUEBEC REGT.

X
11/15/18
11/15/18

RECEIVED
DEPT. OF DEFENSE
WASHINGTON, D.C.
NOV 15 1918

Faded, mostly illegible text, possibly a letter or report, with some faint markings and a large 'X' on the left side.

[Handwritten signature]

4
33
2

[Handwritten scribbles and markings]

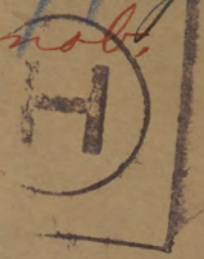
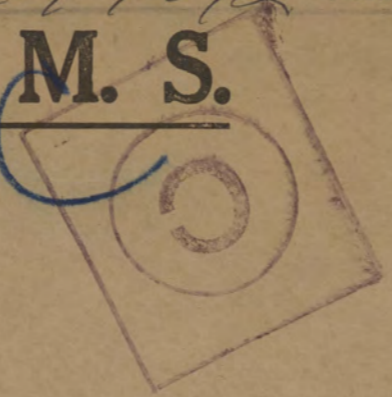
Hls 29/3/19
Demob.

PTE MALLETT OMER, 3172440, 2nd Depot Bn 2nd. Inf Regt.

O. H. M. S.

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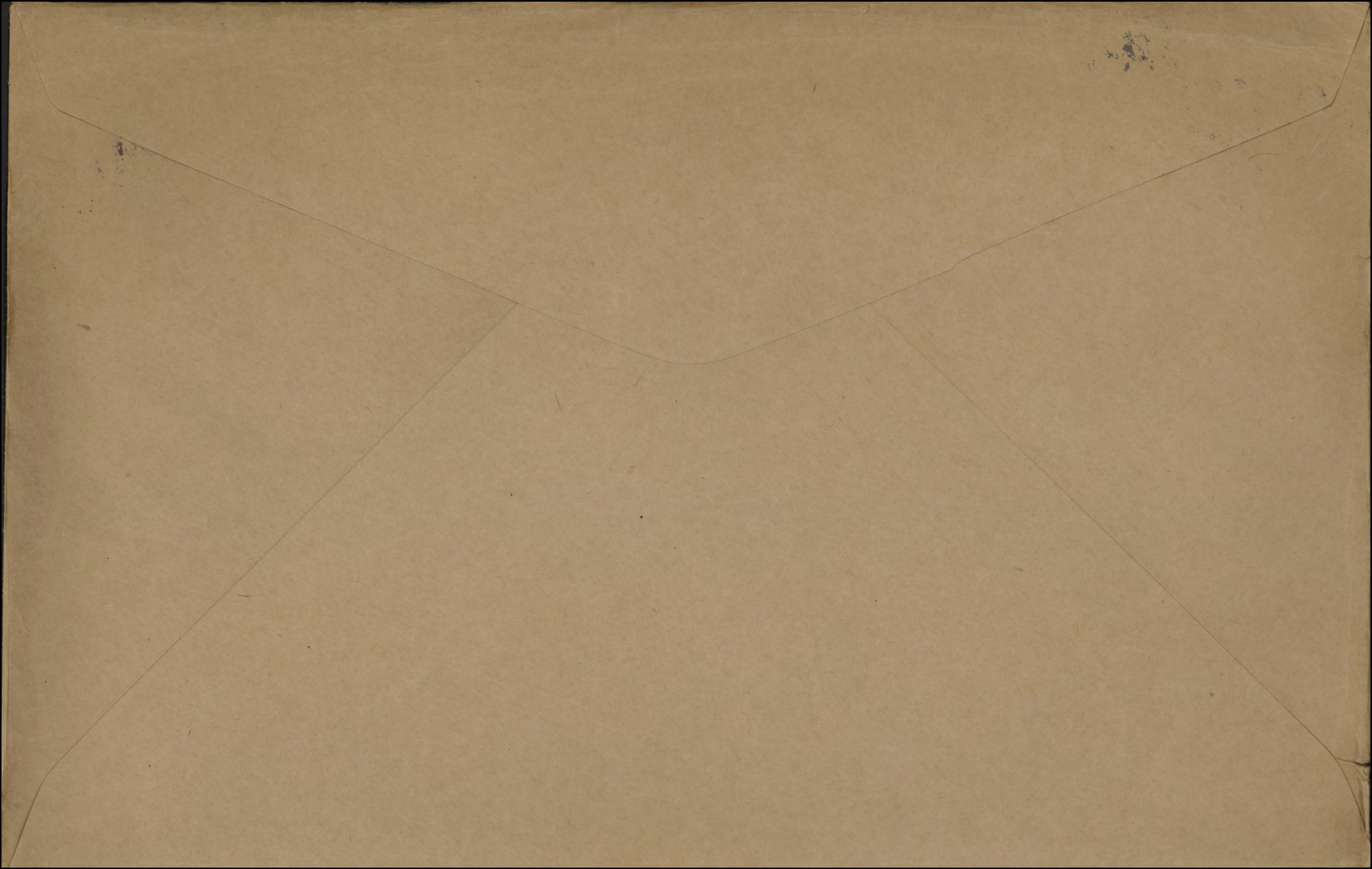
- ATTESTATION FORM (M. F. W. 23, 133 or 51) *2/1*
- CASUALTY FORM (M. F. W. 54 or A. F. B. 103) */*
- TRAINING HISTORY SHEET (M. F. W. 113) */*
- FIELD CONDUCT SHEET (M. F. W. 178 or A. F. B. 122) */*
- REGT. CONDUCT SHEET (M. F. B. 203 or A. F. B. 121)
- COMPANY CONDUCT SHEET (M. F. B. 263 A or A. F. B. 121)
- MEDICAL HISTORY SHEET (M. F. B. 213 or A. F. B. 178) */*
- DENTAL HISTORY SHEET (M. F. B. 455) */*
- MEDICAL EXAMINATION (M. F. B. 227 or A. F. B. 179)
- MEDICAL EXAMINATION (M. F. W. 129)



C3340

- TRANSFER CLOTHING STATEMENT (M. F. W. 97, or D. O. S. 2)
- PROCEEDINGS, COURT OF INQUIRY (M. F. B. 303 or A. F. A. 2)
- DECLARATION, COURT OF INQUIRY (M. F. B. 259 or A. F. B. 115)
- LAST PAY CERTIFICATE (M. F. W. 44) */*
- PROCEEDINGS ON DISCHARGE (M. F. W. 218 or A. F. B. 268) */*
- PARTICULARS OF CHARACTER (A. F. W. 3226)
- COPY OF PATRIOTIC DISCHARGE CERTIFICATE (M. F. W. 39A)
- DENTAL CERTIFICATE ON DISCHARGE (C. A. I. C. 5001)
- UNIT INDEX CARD (M. F. W. 71 or 117) */*

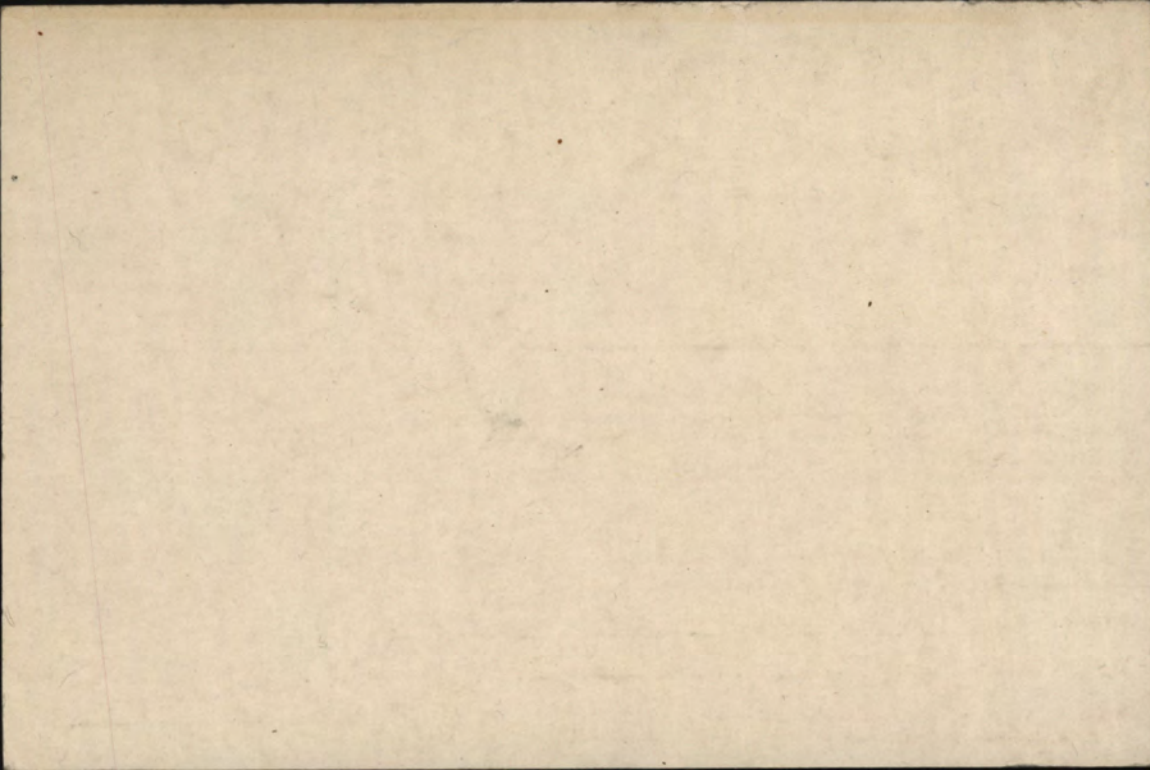




Surname *Mallette*
Christian names *Omer*
Regtl. No. *3172440* Rank *Pte*
Unit *2nd Que. Regt 2nd Depo Bn.*
H. Q.
M. D. No. *4*
T. O. S. *Aug 24th* 1918
D. O. Pt. *239* of *28-8-18*
S. O. S. *Wia 30-1-19* 19...
Reason *Widow*
Auth. *2032 of 1-2-19 2/29 R*

Next of kin *Mallette Mrs Leonie* Relationship *wife*
Address *Chatauguay*
Chatauguay Co., P.Q.
Also notify:

BORN—Place *Canada Montreal P.Q.* Date *Oct. 6th 1887*
ATTESTED—Place *Montreal P.Q.* Date *Aug 26th 1918*
O/S..... R/C.....



NAME

Mallette Omes

REGIMENTAL NO.

3172440

RANK

Ot

ENLISTED AT

PROMOTIONS, &c.
AND DATE

DATE

IF SERVED PREVIOUSLY. STATE UNIT. &c.

MARRIED, WIDOWER, OR SINGLE

NEXT OF KIN

RELATIONSHIP

ADDRESS OF

ASSIGNMENT OF PAY \$

C.

TO

ADDRESS

SEPARATION ALLOWANCE, ENTITLED OR NOT

S. O. S. D. O. 32 discharged

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR

Surname *Mallette* H. Q.
 Christian names *Omer* M. D. No. *H.*
 Regtl. No. *317244* Rank *Cte* T. O. S. *Aug. 23rd 1918*
 Unit *2nd Que. Regt. 2nd Dep. Bn.* D. O. Pt. II *235 of 24-8-18*
 S. O. S. 19
 Reason
 Auth.

Next of kin Relationship
 Address Also notify:

BORN—Place Date
 ATTESTED—Place Date
 O/S R/C



EP

M. F. W. 54. (A. F. B. 103.

500M.-9-16

H. Q. 1772-39-920.

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

Casualty Form—Active Service.

Unit, Regiment or Corps.

2nd DEPOT BN. 2nd QUEBEC REGT.

Regimental No. ^{D*} Rank ^{Pte} Name MALLETTE OmerEnlisted (a) 24-8-18 Terms of Service (a) C.E.F. Service reckons from (a) 26-8-18

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) Blacksmith

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				
		S.O.S D.O.1-2-1919 Demobilization under R.O.1328-para-9 Procedure R.O.1357-para-2- R.O.882 Farmers Leave			<i>am Laras</i> <i>ed 9/2</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.]

CANADIAN EXPEDITIONARY FORCE.

M.F.W. 44.
1188 (D.P.) 250M.-12-18.
1772-89-908.

LAST PAY CERTIFICATE

Regimental No. 3172440 Rank Private Name MALLETTE, Omer.
(Surname first)
Unit 2nd Depot Bn 2nd Quebec Regt. who was* S.O.S. Discharged.
On 30-1-19 191... to -
*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from nil to nil 191...
the inclusive date of transfer or discharge.

	Dr.	Cr.
Bal. Dr. or Cr. from prev. month		3.30
Regimental Pay..... days at \$.....c.		
Field Allowance..... days at \$.....c.		
Separation Allowance		
Clothing Allowance		
Post Discharge Pay		
*Other Credits		
Advances		
Separation Allowance and Assigned Pay Cheque No.		
*Other Charges		
Balance on transfer or on discharge, cheque No. 4458	3.30	
Total	3.30	3.30

*Give particulars.

A monthly stoppage of \$..... (†) has..... (‡) been paid on account of
Assigned Pay for the month of.....191..... }
and Separation Allee. for month of.....191..... } (to) Assignee
(Address)
(†) Insert amount to be assigned, whether it has been paid or not. (‡) Insert "not" if amount has not been paid for period of account.

ON TRANSFER OF AN OFFICER.

Outfit Allowance of \$.....has been paid by Paymaster, Military District No.

REMARKS:—

State (1) date of enlistment 24-8-18 married or single =
(2) Separation Allowance, entitled or not (3) Reason for discharge Farmer's Leave.
(4) Authority for discharge or transfer D.O. 32 - R.O 1328.

NOTE.—S.A. & A.P. Card and Index Card (M.F.W. 71) are to accompany Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay Account of the officer or soldier.

Date 25-2-19.
Place Montreal, Que.

P. Brossseau Lieut.
Paymaster.

- N.B.—(A) This form is to be used for all ranks (vide Article 122-130 and 141) Financial Instructions, C.E.F., 1918.
- (B) For purposes of transfer it is to be made out in triplicate. Copies will be disposed of in accordance with instructions as laid down in Routine Order No. 1207, dated 12th Nov., 1918. Payment of the balance will not be made and the words "on discharge cheque No." will be deleted.
- (C) For purpose of discharge it is to be made out in duplicate. One copy to accompany discharge papers, and one copy for retention as a record. As payment of the balance will have been made, the words "on transfer or" will be deleted.
- (D) If a man on discharge is entitled to Post Discharge Pay, Last Pay Certificates will be made out as in "C" with an additional copy to be forwarded to the District Paymaster.

ORIGINAL

MEDICAL HISTORY SHEET.

1. Surname MALLETTE Christian name Omer
 2. Number of report for service or claim for exemption according to Postmaster's Receipt or schedule 339779 D C
 3. Consecutive number on schedule of men reporting for service (if he appears on it) 3172440
 4. Address (including street and number if any) Chatauguay Co Chatauguay P. Can

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 26th day of August 1918, by the undersigned medical board sitting at Peel St Barracks Montreal P.Q. Can

5. Age as stated 31 Years 10 Months. 6. Apparent age _____ Years _____ Month
 7. Height 5 Feet 4 Inches. 8. Weight 117 Pounds.
 9. Chest measurement (Minimum 31 Ins. Maximum 33 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 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 (Strike out disease admitted or suspected)
 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

A²

17. (a) Vision. R. 60 60 L. 60 60
 (b) Hearing. R. OK L. OK

New Riddick President.
A. E. C. O. C. P. Member.

Signature of Man Omer Mallette

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

Joined 26th day of August 1918 at Montreal P.Q. Can

Joined on enlistment	CORPS	REG'TL NUMBER	HABITS	DATE
Transferred to		<u>2nd DEPOT BN. 2nd QUEBEC REG'T.</u>	<u>d</u>	<u>26-8 18</u>
				<u>3172440</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.

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

R.O.882-Farmer's Leave

Procédure à suivre au sujet du licenciement des soldats des troupes expéditionnaires canadiennes, appelés sous la Loi du Service Militaire, 1917, qui à l'époque de la démobilisation étaient encore en congé sans solde,



CETTE FORMULE DOIT ÊTRE RETOURNÉE INTACTE ET AUCUNE PARTIE NE DEVRA ÊTRE DÉTRUITE

Montreal esernes peel

26 janvier 1919

4/16

A-

Numéro matricule 3172440

Soldat Omer Mallette

Chateauguay Co. Chateauguay

P.Q.



Numéro Matricule.

3172440

Numéro de Série.

329779

1. Ordre vous est donné de vous présenter le ou avant 1^{er} février-1919 afin d'être licencié des troupes expéditionnaires canadiennes.
2. Vous mettrez cet ordre à exécution en vous présentant personnellement à votre dépôt à Vous trouverez ci-inclus le moyen de transport pour vous rendre à ce dépôt; les moyens de transport pour le retour vous seront fournis après votre libération.
3. OU, d'autre part, vous pouvez remplir en présence d'un notaire public, d'un commissaire de la cour supérieure ou d'un juge de paix, la formule de renoncement ci-dessous, et l'expédier dans l'enveloppe incluse à cette fin, le, ou avant le jour indiqué, ainsi que le certificat de transport non utilisé. Vous trouverez un accusé de l'équivalent d'un certificat de licenciement.
4. Dans le cas où vous ne vous présenteriez pas vous-même, ou vous n'enverriez pas la formule de renoncement ci-dessous dans le temps spécifié, vous serez déclaré déserteur et sujet à la Loi Militaire.

Am. Larose
 Grade
général 2nd
 Pour l'O. C. Bn. dépôt Regt.

RENONCEMENT

Il est par les présentes porté à la connaissance de tous que, Je, le soussigné, n'ayant pas été frappé d'incapacité, par suite de blessures reçues ou de maladies contractées en service actif ou en devoir, dispense, décharge et acquitte par la présente, Sa Majesté le Roi, représentée par le Gouvernement du Canada, de et pour tous droits de compensation réclamation et demande, lesquels j'ai ou je peux avoir pour et au sujet d'incapacités provenant de blessures reçues ou de maladies contractées en service actif ou en devoir, dans et en rapport avec les forces militaires du Canada.

SOUS mon seing et sceau ce *treizième* jour de *juin* 1919

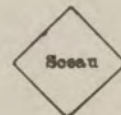
Signé, scellé et donné en présence de

Misail Phaneuf *Omer Mallette*

Notaire public, commissaire de la cour supérieure ou juge de paix.

No. Matricule 3172440

Bataillon 2/2 R. de Q.



M.P.
(D)

NE DOIT PAS ÊTRE REMPLI PAR LE SOLDAT

Reçu pour F. M. B. 218C (Démobilisation)

Ayant reçu la formule de renoncement conformément à un avis de se présenter pour le licenciement. numéro

3172440

Omer MALLETT

.....Nom..... duBataillon

2ieme

2ieme

dépôt.....Régiment est, par le présent rayé des cadres des troupes expéditionnaires canadiennes.

am Lague
.....
Cap.....Grade

Autorité: "Part II Orders"

D.O. 72

No.....

Pour l'O. C. *Inf*.....Bn. dépôt.....Regt. *2e*

M.F.B. 218C
(Demob.)

Fait à Montreal ce lier jour de Fevrier 1919

2nd DEPUT
ORDERLY
2nd O

4/16

Numéro
Matricule
317

Numéro d
Série.
329