

REC. FORESTRY COY

CORPS EXPÉDITIONNAIRE. CANADIEN D'OUTRE-MER

QUESTIONNAIRE REQUIS AVANT ATTESTATION

(RÉPONSES)

- 1. Quel est votre nom de famille?..... Marcil
- 1a. Quels sont vos noms de baptême?..... Joseph
- 1b. Quelle est votre présente adresse?..... 1425 St. Denis St. Montreal P.Q.
- 2. En quelle ville, village ou paroisse, et en quel pays êtes-vous né?..... Montreal P.Q.
- 3. Quel est le nom de votre plus proche parent?..... Louis Marcil
- 4. Quelle est l'adresse de votre plus proche parent?..... 1425 St. Denis St. Montreal P.Q.
- 4a. Quel est votre degré de parenté avec icelui?.... Father
- 5. Quelle est la date de votre naissance?..... Jan. 4th. 1878
- 6. Quel est votre métier ou profession?..... Painter
- 7. Êtes-vous marié?..... Widower
- 8. Consentez-vous à être vacciné ou revacciné et inoculé?..... Yes
- 9. Faites-vous déjà partie de la Milice active?..... No
- 10. Avez-vous déjà fait du service militaire?..... Yes Royal Canadian Regiment
(En ce cas, mentionner les états de service)
- 11. Comprenez-vous bien la nature et les termes de votre engagement?..... Yes
- 12. Consentez-vous à être attesté pour service dans le Corps Expéditionnaire Canadien d'outre-mer?..... Yes

DÉCLARATION REQUISE DU SUJET

Je, Joseph Marcil déclare solennellement que ce qui précède contient les réponses que j'ai faites au questionnaire ci-dessus, et que ces réponses sont véridiques, et que je consens à remplir les engagements que je prends maintenant, et je m'engage et consens à servir dans le Corps Expéditionnaire Canadien d'outre-mer et à être affecté à une arme quelconque dans le service de ce Corps pour le terme d'une année, ou pour la durée de la guerre actuellement engagée entre la Grande Bretagne et l'Allemagne si elle dure plus d'une année, et pour six mois après la conclusion de cette guerre dans le cas où Sa Majesté requerrait mes services d'autant, ou jusqu'à ce que je sois légalement libéré.

Joseph Marcil (Signature de la Recrue)
Date Jan. 16th. 1917. J. D. Lavoie (Signature du Témoin)

SERMENT REQUIS DU SUJET

Je, Joseph Marcil prête le serment d'être fidèle et de donner mon entière allégeance à Sa Majesté le Roi George V, ses Héritiers et Successeurs, de me faire un devoir de défendre honnêtement et fidèlement la Personne, la Couronne et la Dignité de Sa Majesté, et de ses Héritiers et Successeurs contre tous ennemis, et d'obéir ponctuellement à tous les commandements de Sa Majesté, de ses Héritiers et Successeurs, ainsi que de tous Généraux et Officiers placés au-dessus de moi. Ainsi Dieu me soit en aide.

Joseph Marcil (Signature de la Recrue)
Date Jan. 16th. 1917. J. D. Lavoie (Signature du Témoin)

CERTIFICAT DU MAGISTRAT

La Recrue ci-dessus nommée a été prévenue par moi que, s'il répondait faussement à aucune des questions ci-dessus, il serait passible des pénalités pourvues par la loi de l'Armée. Les questions ci-dessus ont alors été lues à la Recrue en ma présence.

J'ai vu avec soin, à ce qu'il comprît chaque question, et à ce que les réponses à chacune fussent dûment inscrites telles que reçues, et la dite Recrue a fait et signé la déclaration et prêté le serment en ma présence, à Montreal ce 16 jour de January 1917.

R. E. Hudson (Signature du Juge)

178/39

Signalement de Joseph Marcil à l'Enrolement

Age apparent 39 ans mois.
(Déterminable d'après les instructions contenues dans les règlements du Service Médical de l'Armée.)

Signes distinctifs, et indices d'affections congénitales ou de maladies antérieures.

Si le Médecin-Officier est d'avis que la Recrue a fait du service antérieurement, il devra, à moins que l'engagé reconnaisse le fait, ajouter une note à cet effet pour l'information de l'officier approbateur.

Taille 5 pieds 8 pouces

Mesure de la poitrine { Tour de poitrine, à pleine expansion 33 1/2 pouces
 { Marge d'expansion 2 1/2 pouces

Teint Brown

Yeux Blue

Chevelure Brown

Confession religieuse { Anglican
 { Presbytérien
 { Méthodiste
 { Baptiste ou Congregationaliste
 { Catholique Romain Yes
 { Juif
 { Autres dénominations
(Indiquer laquelle)

Stamps both arms

CERTIFICAT D'EXAMEN MÉDICAL

Ayant examiné le sujet ci-haut nommé, je constate qu'il ne présente aucune des causes de rejet spécifiées dans les règlements du Service Médical de l'Armée.

Il peut voir de chaque œil à la distance requise ; le cœur et les poumons sont sains ; il a le libre usage de ses articulations et de ses membres, et il déclare n'être sujet à aucune syncope quelconque.

Je le considère* Fit pour le Corps Expéditionnaire Canadien d'outre-mer.

Date January 16th 1917.

(Signature)
 Major
 Médecin-Officier.

Lieu Montreal P.Q.

* Insérer ici "valide" ou "non-valide".

NOTE.—Si le médecin-officier trouve le sujet impropre au service, il remplira le certificat ci-dessus dans les seuls cas où il y a eu attention et notera brièvement ci-dessous les causes d'invalidité:

CERTIFICAT DE L'OFFICIER COMMANDANT

..... Joseph Marcil ayant été finalement approuvé et examiné par moi ce jour, et le nom, l'âge, la date d'attestation et tous les autres détails réglementaires ayant été notés, je certifie être satisfait de l'exactitude de cette attestation.

..... *(Signature)* (Signature de l'officier.)
 Major

Date Jan. 16th 1917.

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

Attestation Papers..... 2

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..... 32

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

Clothing Transfer Certificate.....

Inventory of Kit..... 2

Last Pay Certificate.....

M. F. W. - 64-12

M. F. W. 72

DISCHARGE DOCUMENTS

Name

Marcil Joseph

Regt. No.

228308

Rank

Sgt.

Corps

H. C. Forestry Coy. C. E. S.

Medically Unfit

Dec 21

25-21

B.P.C. 18-6-21

Ret 28-11

W.S.P.

25-1-20

05847

Returned 8-5-19

K.C. D. 12-3-18

Part 12-3-18

29-7

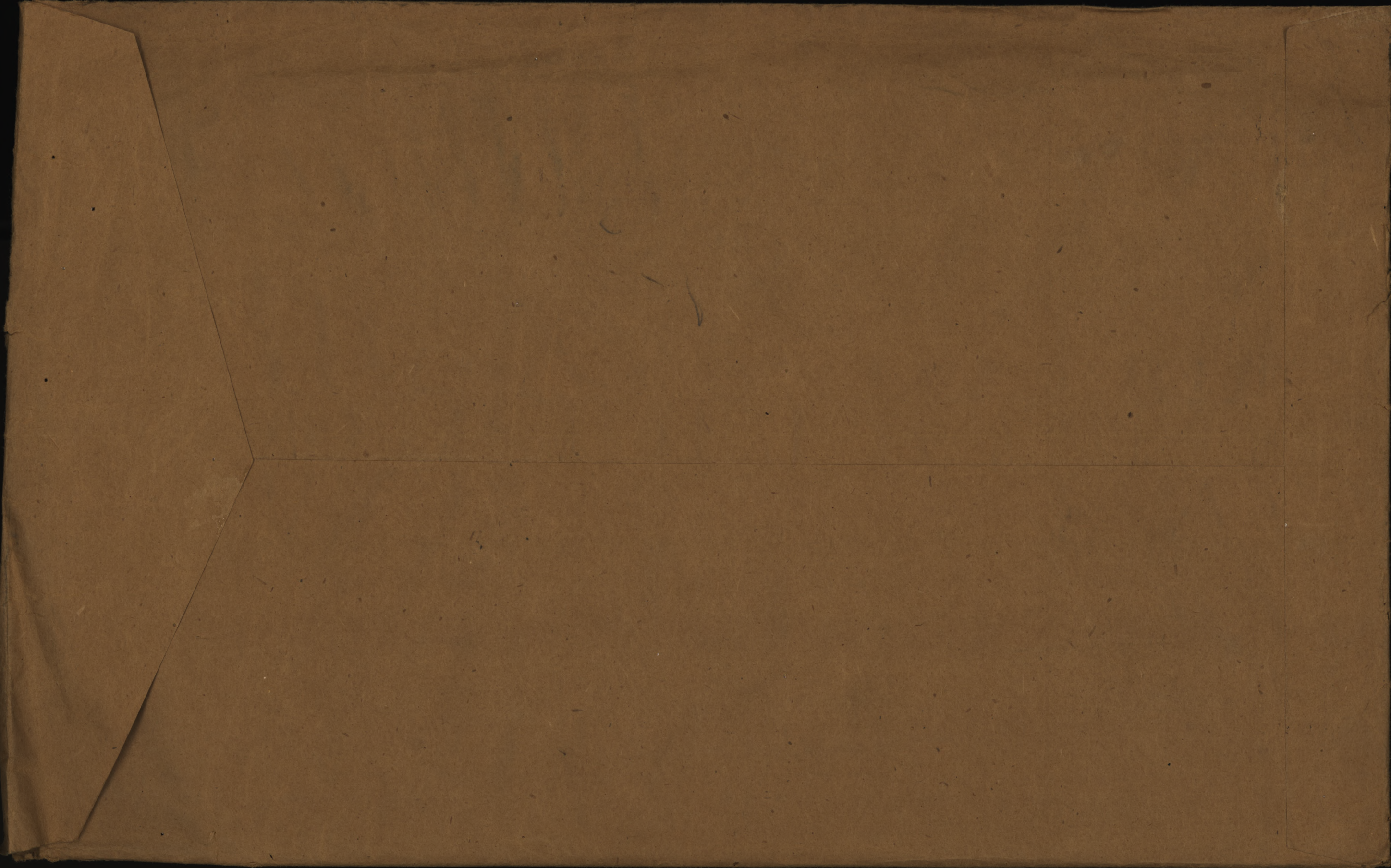
29-7

6-7



Handwritten signature and initials at the bottom right.

Handwritten notes in the bottom left corner.



SURNAME.

marcil

649-m-18036.D

CARD NO.

19-5-21 X

CHRISTIAN NAMES

Joseph

Sols. Div 31/7/17-4^{su}
FOLL

REGL. NO.

2228308

RANK

Sergt.

UNIT

Forestry Co. M. D. No 4.

FORMER CORPS

R. C. R.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

marcil, Louis

RELATIONSHIP TO SOLDIER

Father

ADDRESS

*1425 St. Denis St., Montreal
P. Q.*

COUNTRY OF BIRTH

Canada, Montreal P. Q.

DATE

Jan. 4th. 1878

PLACE OF ATTESTATION

Montreal P. Q.

DATE

Jan. 16th. 1917

MARRIED

SINGLE

WIDOWER

Yes

TRADE OR CALLING

Painter

RELIGION

Roman Catholic

DESCRIPTION.

APPARENT AGE

39

YEARS

MONTHS

HEIGHT

5'

FEET

8

INCHES

CHEST MEASUREMENT

33 1/2

INCHES

EXPANSION

2 1/2

INCHES

COMPLEXION

Brown

EYES

Blue

HAIR

Brown

DISTINGUISHING MARKS

Tattoo both arms.

MEDICAL EXAMINATION.

PLACE

Montreal P. Q.

DATE

Jan. 16th. 1917

Present address, 1425 St. Denis St., Montreal P. Q.

S.O.S. M. U. 31-7-17 ind 4.

649-M-18036

✓
✓
✓
✓ *Can. Inf. Coy.*
Marcil J. Ex-sgt. #2288308 C.E.F.

Meds. & Decs Father Mr. Louis Marcil
1425 St. Denis St.
Montreal, Que.

(Ser. #985463)
P & S. *SR*
Father Same as above.

Mem. Cross Mother Mrs. L. Marcil
1425 St. Denis St.
Montreal, Que.

Canada only.

not on List

55874

651572 30/8/21

1210

56266

49497

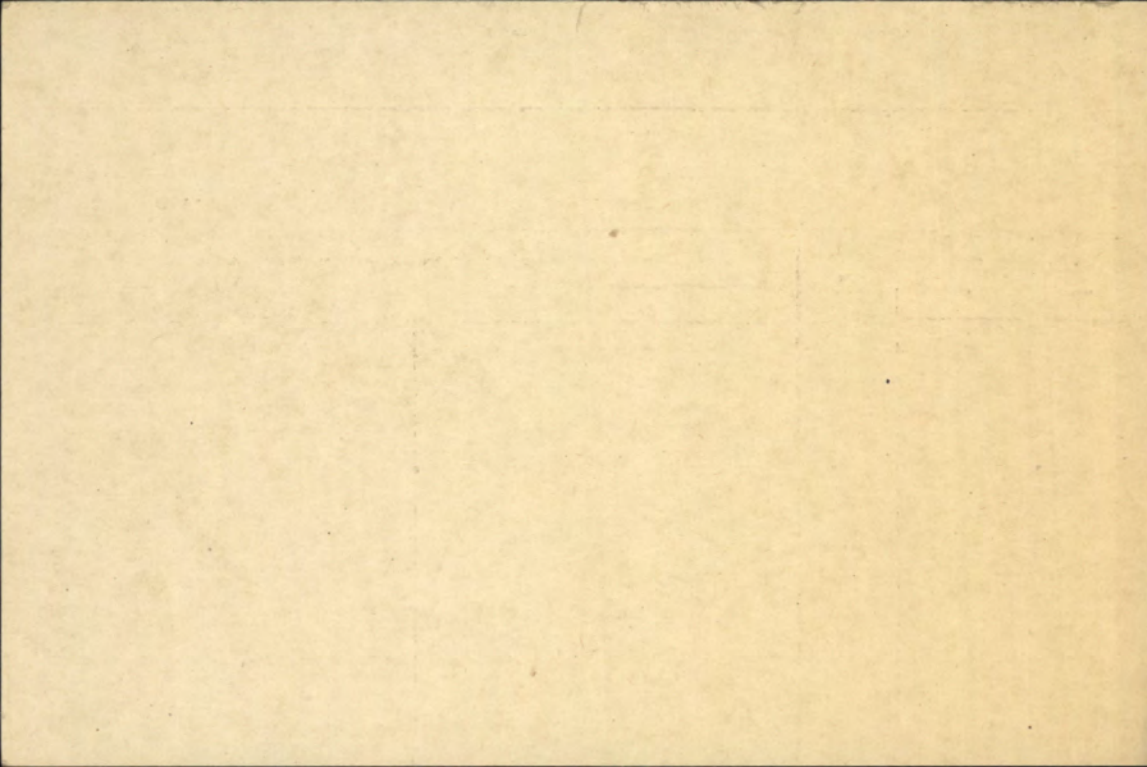
Serial 56266
MAY 31 1923
Reqn. No.

Plate Desq. 49497
MAY 27 1923
Reqn. No.

No. 2228308 RANK *Sergt.*NAME *Marcel Joseph*T. O. S. 16-1-17. UNIT *French Canadian Forestry Company.*
(DD. 10 of 30 - 1-17.)

M. D. 4.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1917. Jan. 16.</i>	<i>1917. Jan. 31.</i>	<i>✓</i>	<i>Prom. Prov. Sergt. 16-1-17.</i>	<i>DD. 10 of 30 - 1-17.</i>
<i>Feb. Mar.</i>		<i>✓ ✓</i>		
<i>April 1</i>	<i>April 6</i>	<i>71.</i>	<i>Waiting at Montreal to be transferred.</i>	<i>April payroll.</i>



(9) Is your Father alive? Yes

If so, state name and address 1425 St Denis, Montreal, P.Q. Louis Marcel

(10) Is your Mother alive? Yes

If so, state name and address 1425 St Denis, Montreal, P.Q. Mrs Louis Marcel

(11) If your Mother is a widow -----

Are you her sole support, or not? Yes

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.

\$40.00 per month Father too old to work

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.

Yes

(15) Are you insured? NO

If so, in what Company? -----

Have you made arrangements for payment of your Insurance premium? -----

If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

L. E. Hudson Major
Officer Commanding.

Date 16th Janaury, 1917.

To be made out in duplicate.

H.Q. 54-21-23-53

PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

- (a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.
- (b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.
- (c) All questions, etc., must be answered.
- (d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.
- (e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

(1) Name of Overseas Unit which Soldier joins... F.C. FORESTRY COMPANY

(2) Regimental Number ~~55555555~~ 2228308

(3) Full Name of Soldier... Sergeant Joseph Marcil

(4) Place of Birth... Montreal, P.Q.

(5) Are you married, or not? ... No

(6) If married, state,
(a) Full name of your wife... No

(b) Present Postal Address... -----

(7) Are you a widower? ... Yes

(8) Have you any children? ... No

If so, give number of boys and girls... -----

Also their names and ages... -----

MEDICAL HISTORY SHEET 2228308

Surname Marcell Christian Name Joseph

Examined { on 16 day of Jan. 1917.
at Montre 1 P.Q.

Approved by D. Mac Piquet
Rank Major M.O.

Birthplace { City or Town Montreal
County P. Q.

Apparent age 39

Trade or occupation Painter

Height 5 feet 8 Inches

Weight 149 lbs.

Chest measurement { Minimum 31 inches
Maximum expansion 33 1/2 inches

Physical development Good

Small-pox Marks None

Vaccination Marks { Arm Right Left
Number 1

When Vaccinated last July 1917

(a) Marks indicating congenital peculiarities or previous disease None

(b) Slight defects but not sufficient to cause rejection

Date	Fit or Unfit	EXAMINED FOR ENGAGEMENT	M.O.
		INSPECTING MEDICAL BOARD M. D. No. 4 FIT <u>MAR 16 1917</u> Pres. <u>[Signature]</u> MONTREAL, P. Q.	
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.

Date	Result	VACCINATIONS	M.O.
<u>7/1/17</u>		<u>LHR Roberts Captaine</u>	M.O.
			M.O.
			M.O.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.	M.O.
<u>16/6/17</u>		<u>LHR Roberts Captaine</u>	M.O.
<u>27/2/17</u>		<u>LHR Roberts Captaine</u>	M.O.
<u>28/2/17</u>		<u>LHR Roberts</u>	M.O.

Enlisted on 16th. day of January 1917. at Montreal P.Q.

	CORPS	REG'L NUMBER	HABITS	DATE
Joined on enlistment	<u>CANADIAN FORESTRY COMPANY</u>	<u>2228308</u>		<u>January 16th, 1917</u>
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

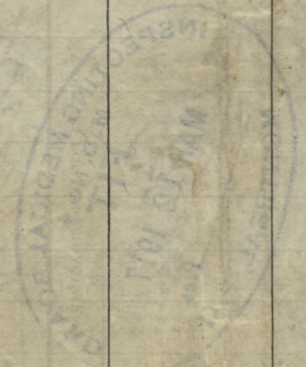
STATION	DATE	DISEASE	RESULT
<u>Montreal</u>	<u>3-4-17</u>	<u>arteriosclerosis</u>	
<u>Montreal</u>	<u>May 25, 1917.</u>	<u>Aortic insufficiency</u>	<u>Discharge</u>



N.B.—This sheet 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.

Surname Mercil Christian Name Joseph

STATION	Date of Arrival at the Station	DATES OF						DISEASE	Number of days in Hospital	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of Inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer
		Admission into Hospital			Discharge from Hospital						
		Day	Month	Year	Day	Month	Year				
Montreal Que,	G.N.C.H.	20	4	17	8	6	17	Aortic insufficiency	49	Discharged to M.O.1/c Clearing Station as medically unfit, pending discharge from Ottawa.	<i>[Signature]</i> M/O i/c G. N. C. H. and D. C. H.



Forestry Company ORIGINAL MEDICAL HISTORY SHEET 2228308

Surname Marcel Christian Name Joseph 12355-
CR77

Examined { on 16 day of Jan. 1917.
at Montreal P.Q.

Birthplace { City or Town Montreal
County P. Q.

Approved by [Signature]
Rank Major M.O.

Apparent age 39

Trade or occupation Painter

Height 5 feet 5 1/2 Inches

Weight 149 lbs.

Chest measurement { Minimum 31 inches
Maximum expansion 33 1/2 inches

Physical development Good

Small-pox Marks None

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT	M.O.
		<u>[Stamp: INSPECTING MEDICAL BOARD MONTREAL, P. Q.]</u>	
		<u>[Signature]</u>	M.O.
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.

Vaccination Marks { Arm Right Left
Number 1

When Vaccinated last lately lately 7/13/17

(a) Marks indicating congenital peculiarities or previous disease None

Date	Result	VACCINATIONS	M.O.
<u>7/13/17</u>		<u>L.H.R. Roberts Capt. Amc.</u>	M.O.
			M.O.
			M.O.

(b) Slight defects but not sufficient to cause rejection

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.	M.O.
<u>16/2/17</u>		<u>L.H.R. Roberts Capt. Amc.</u>	M.O.
<u>22/2/17</u>		<u>L.H.R. Roberts Capt. Amc.</u>	M.O.
<u>28/2/17</u>		<u>L.H.R. Roberts</u>	M.O.

Enlisted on 16th. day of January 1917. at Montreal P.Q.

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>FRENCH CANADIAN FORESTRY COMPANY</u>	<u>2228308</u>		<u>January 16th 1917</u>
Transferred to				

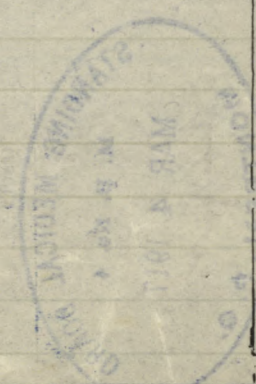
EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT
<u>Montreal</u>	<u>5-4-17</u>	<u>aortic disease</u>	<u>[Stamp: STANDING MEDICAL BOARD M. D. No. 4 MAR 4 1917 unper MONTREAL, P. Q.]</u>
<u>Montreal.</u>	<u>May 25, 1917.</u>	<u>Aortic insufficiency</u>	<u>Discharge</u>

N.B.—This sheet 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.

Surname Marcel Christian Name Joseph

STATION	Date of Arrival at the Station	DATES OF						DISEASE	Number of days in Hospital	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer
		Admission - into Hospital			Discharge from Hospital						
		Day	Month	Year	Day	Month	Year				
Montreal Que.	G.N.C.H.	20	4	17	8	6	17	Aortic Insufficiency	49	Discharged to M.O.1/c Clearing Station as medically unfit, pending discharge from Ottawa	<i>[Signature]</i> M/O i/c G. N. C. H. and D. C. H.



FORM OF WILL.

I, Marcil Joseph (Name in full)
Regimental Number 2228308 serving in F. S. Forestry Co'y
of the Canadian Expeditionary Force, do hereby revoke all former Wills by me
made and declare this to be my last Will.

I bequeath all my real estate unto

Louis Marcil
1427 St Denis
Montreal

Name and Address
of person or
persons to whom
it is to go.

absolutely, and my personal estate I bequeath to

Marcil Louis
1427 St Denis
Montreal
Canada

Name and Address
of person or
persons to receive
personal estate*
(See note).

**IMPORTANT
NOTE**
This must be Signed
and Dated by
THE SOLDIER
HIMSELF.

this 5th day of March A. D. 1917

for Marcil Sgt Signature of Soldier.

*N.B.—Personal estate includes pay, effects, money in bank, insurance policy, in fact everything except real estate.

Signed and acknowledged by the Testator as and for his last Will in the presence
of us both present at the same time, who in his presence, at his request, and in
the presence of each other have hereunto subscribed our names as Witnesses.

Signature of First Witness J. A. Lavoie Sgt.

Address of Witness Juliette P. L.

**THE TWO
WITNESSES
MUST
SIGN HERE**

Occupation of Witness Bookkeeper

Signature of Second Witness A. Ethier

Address of Witness 187 Fullum Montreal

Occupation of Witness Bank Clerk

FORM OF WILL

I, _____ of the County of _____ Province of _____ do hereby declare that I am of sound mind and memory and I hereby declare that I am not under any duress, compulsion or undue influence of any person and that I am not insane, idiotic, blind, deaf, dumb or otherwise incapable of making a will.

I hereby declare that I am not married, and I have no wife living, and I have no children, and I have no issue, and I have no other persons claiming to be my heirs, and I have no other persons claiming to be my next of kin, and I have no other persons claiming to be my legal representatives.

I hereby declare that I have no other persons claiming to be my heirs, and I have no other persons claiming to be my next of kin, and I have no other persons claiming to be my legal representatives.

I hereby declare that I have no other persons claiming to be my heirs, and I have no other persons claiming to be my next of kin, and I have no other persons claiming to be my legal representatives.

I hereby declare that I have no other persons claiming to be my heirs, and I have no other persons claiming to be my next of kin, and I have no other persons claiming to be my legal representatives.

I hereby declare that I have no other persons claiming to be my heirs, and I have no other persons claiming to be my next of kin, and I have no other persons claiming to be my legal representatives.

I hereby declare that I have no other persons claiming to be my heirs, and I have no other persons claiming to be my next of kin, and I have no other persons claiming to be my legal representatives.

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name *Marcel Joseph*
Surname Christian Name

Regimental Number

Rank

Address (in full)

Unit

Original Unit

District where paid

Date of Discharge

P. D. P. Filing Number

Rates:—Regimental pay \$ per diem; Field Allowance \$ per diem. Separation Allowance \$ per month.

LL 53981--M. & D. 9721

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Overpayments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		

M. F. W. 127
 300M-1-19
 1772-39-1140

Remarks: *No Record of P.P.P.*

File No. 11816-J-12.

WAR SERVICE GRATUITY.

Register No. M-2075.

Reg. No. 2228308 Sgt.
Name Marcil Joseph
Address 1425 St. Denis St.
Montreal
P.Q.

Lv 30-1-29.
Dependent Mrs J. Marcil

Address Same.

Pay Soldier \$ 280.00

Pay Dependent \$ 120.00

Basault - Ullett

Days ¹⁵³ ~~122~~ Rate 100 Due ^{500.00} ~~400.00~~

Less P.D.P. credited

Less further Dr. Bal. or overpayment.

Clerk RM 11/3/20

Net ~~400.00~~
500.00

*Amended
Basault - Ullett
RM 29/4/20
RM 118
20-3-20
RM 112
15-5-20*

Date	Ck. Order	Ck. No.	Amount	Remarks	Date	Ck. Order	Ck. No.	Amount
1 10/3/20	54937	1816425	280 00		1	54938	1816426	120 00
2 5/5/20	56599	1564970	70 00		2 5/5/20	56800	1564971	30 00
3					3			
4					4			
5					5			
6					6			

GEN'L AUDITOR
Posting checked by
[Signature]
Date 11/21/20

*RM
30/20*

O.K. BGR. Pay from 16-1-17 to 31-7-17.

MILITIA AND DEFENCE

M. F. W. 11.
50m.—6-16.
H. Q. 1774-39-513.

SEPARATION ALLOWANCE

Name *Mrs. Marie Marcil*

Name of Soldier *Marcil Jos.*

Address *1425 St. Denis
Montreal
Que*

Regtl. No. *2228308*

Rank *Sgt.*

Corps *256th. Bu.*

Relation to Soldier }
wife, child or mother } *W. Mother*

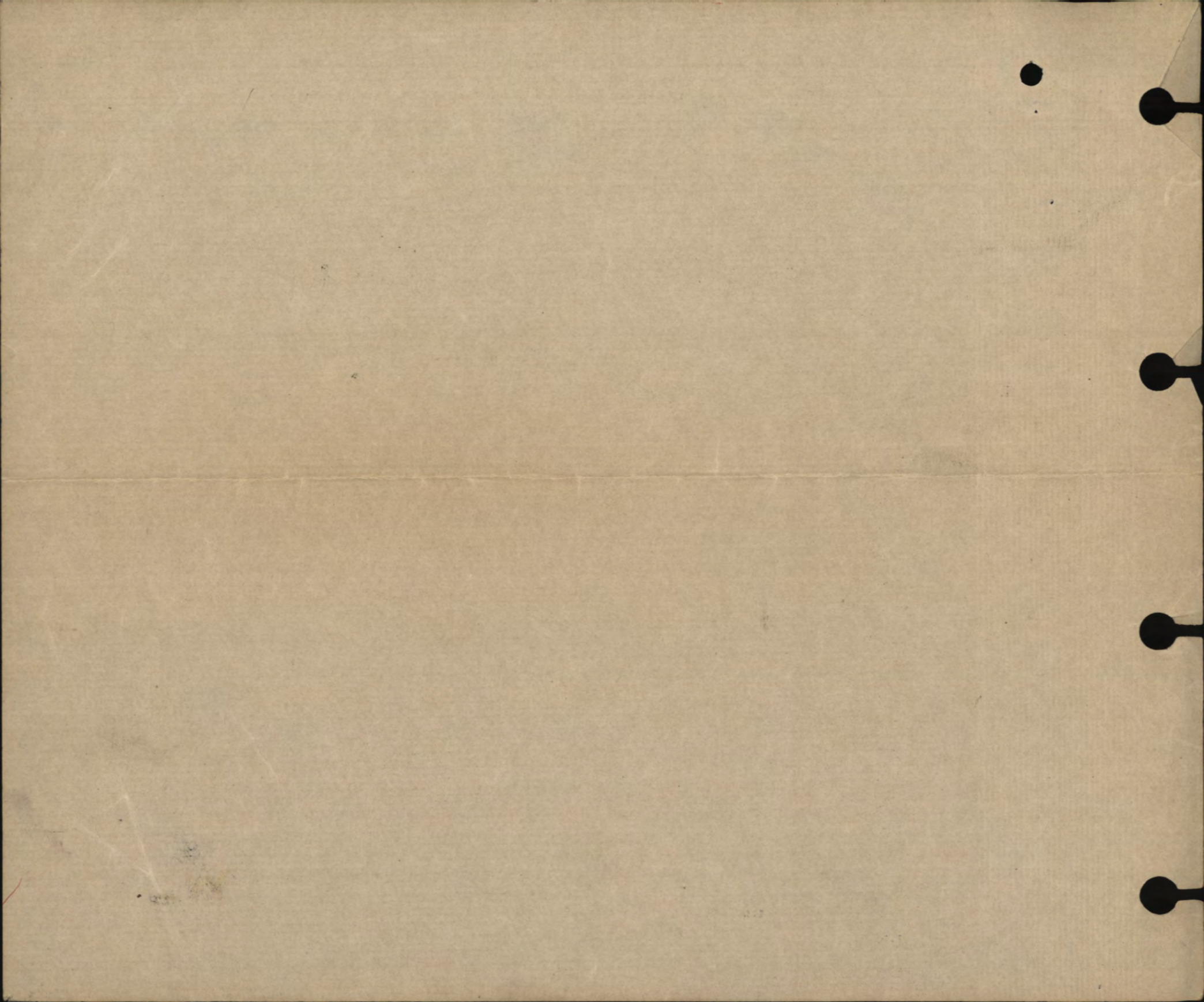
To what Corps belonging }
when called out }

*200
200*

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

ACCOUNT CLOSED
DATE..... PER *W-*



OK BGR. Pay from 16-1-17 to 31-7-17

MILITIA AND DEFENCE

M. F. W. 11a.
50m.-6.16.
1772-39-818.

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2. Mrs. Marie Marcil W. Mother Name of Soldier Marcil Jos.
PAYMENTS.

L. L. Job 4503.-Req. 6832.

Sgt. 2228308 256 R. Pen.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
12 Jan.	1917			
25 Feb.				
March				
April				
May				
June				
July		A 7526	162	
Aug.		X	X	
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

Dis 31/7/17 R.O.L. 3/8/17 Emor 8/17
Mailed 30/7/17
Pay from 16-1-17 to 31-7-17 and close acct
Soldier to be dis 31-7-17. see Ruing BofR
file 11816-9-12-



ACCOUNT CLOSED
DATE.....PER. W

MILITIA AND DEFENCE
SEPARATION ALLOWANCE
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier _____

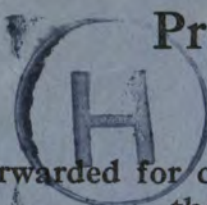
PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

This space to be for numbers.

160
2/4/28
3
DEPT. MILITIA & DEFENCE
JUL 24 1917

Proceedings on Discharge.



(When forwarded for confirmation these proceedings should be accompanied by the documents specified on fourth page.)

H. J.
M. D. 4
JUL 20 1917
MILITARY DISTRICT No. CANADA.

No.	2228308
Rank	Sergeant
Name	Marcil, Joseph
<small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company)	F.C. Forestry Co
Date of Discharge	31'7.17
Place of Discharge	Montreal, Que.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age..... 39 years..... 6 months.	Descriptive Marks Tattoo marks on both arms.
Height..... 5 feet..... 8 inches.	
Complexion Brown	
Eyes Blue	
Hair Brown	
Trade Painter	
Intended place of residence } (To be given as fully as practicable.)	

2. The above-named man is discharged in consequence of **Medical unfitness**
due to Aortic insufficiency. H.Q. Authority dated July 9th, 1917. (4D 22-M-827)

N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.

3. Conduct and character while in the service have been, according to the records, etc.

N. B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company:

4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

Ke D
12-1-20
an
ERR
27/7/17
34
(OVER)

5. He is in possession of the following number of G. C. Badges:

No reference to G. C. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations.....

Three horizontal dashed lines for listing medals and decorations.

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company. (Squadron or Battery), and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place).....

(Date)..... Commanding

8. Certificate to be signed by the Soldier on Discharge

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page.

(Place) Montreal, que. Sgt J. J. J. (Signature of Soldier.)

(Date) 31.7.17 (Signature of Witness.)

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. Additional Certificate in the case of a Soldier who takes his discharge on his own request.

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

.....(Signature of Soldier.)

10. Statement of Service.

Service toward Engagement to.....(the date to which the Record of Service is completed).....years.....days.

Total.....7 years.....180 days.

11. Confirmation of Discharge.

The discharge of the above-named man is hereby confirmed.

(Place) Montreal, que.

(Signature) A. C. Hall

(Date) JUL 14 1917

MAJOR



O. C. "A" Unit Military Hospitals Commissions Command.

Reservations referred to at Para. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

No reservations.

Sgt. Jos Marcil

1/6/2
1/19/27

List of Discharge Documents.

Reg. Conduct Sheet, Militia form B. 263.	Attestation Paper, Militia Form B. 235.
Squadron } Battery } Conduct Sheet, " B. 263a. Company }	Proceedings on Discharge " B. 218.
Copies of Convictions, by C. P. in MS.	<p>In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p>(a) Proceedings on Discharge.</p> <p>(b) Attestation.</p> <p>(c) Medical History Sheet (in the event of such having been prepared.)</p>
Med. Hist. Sheet, Militia Form B. 313	
Medical Report for Invalid* " B. 227.	
Statement of Man's Account on Transfer and Last Pay Certificate, " D. 877.	
*Only if discharged "Medically unfit."	

N. B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.

MEDICAL HISTORY OF AN INVALID.

1. Station. **Montreal** 8. General remarks on his:—
 2. Regiment or Corps. **F. C. Forestry Bn.** (a) Conduct.
 3. Regimental No. and Rank. **2228308 Sergeant** (b) Habits.
 4. Name. **Joseph Marcell** (c) Temperance.
 5. Age last Birthday. **39** (For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)
 6. Enlisted on **Jan. 16th, 1917.**
 at **Montreal**
 7. Former trade or occupation. **Painter.** Date. **May 23rd, 1917.**

9. Service. Years. --- Days. **127**

PERIODS

	PERIODS	
	From	To
F. C. Forestry Battalion	Jan. 16, 1917.	May 23, 1917.
Royal Can. Regiment from	1906 to	1909
(matricule No. was then 8260)	and from 1912	to 1916

10. (a) Disease or disability. **Aortic insufficiency.**
 (b) Date of origin. **No doubt prior to enlistment.**
 (c) Place of origin. **Unknown.**
 (d) Cause. **Unknown.**

11. Present condition. (Most Important.) **General condition fair. Invalid has chest poorly developed. Complains of**
 (To include full description of present disabling condition or conditions, and of the immediate and direct cause of incapacity, i.e., debility, breathlessness on exertion, necessity of treatment by rest, etc.)

constriction at heart region with palpitations and rush of blood in head. He is also very short of breath at times, even at rest.
Examination: lungs negative. Heart: soft systolic murmur at base of heart on the right side and at the second beat. Apex of heart beats in 6th interspace in line with nipple. Pulse weak. Blood pressure with Sahli mercury instrument is systolic 120, diastolic 40. Urine is normal.

12. (a) Is the disability the result of service or climate? **No, but aggravated by service.**
 (b) Has it been aggravated by intemperance, vice or misconduct? **No.**

MEDICAL HISTORY OF AN INVALID.

13. (a) For purpose of Identification. (Here a full description of wounds, scars, deformities, etc., is to be given.)

Tattoo marks on both arms.

(b) In case of wounds, or other injuries, state whether sustained on or off duty. If not received in action was a Court of Inquiry held?

Not applicable.

(c) In the event of the disability being attributed to exposure on duty, state clearly the nature of such exposure, and whether it was exceptional or otherwise.

Not applicable.

14. Treatment. **In Grey Huns Convalescent Home, Canada.**

15. If the disabling condition had its origin before enlistment, has it been aggravated by service, and to what extent?

- 1. Yes.
- 2. Yes.
- 3. 50%.

16. What is the probable duration of the disability or of each disabling condition, if more than one contributes?

Permanent.

17. To what extent will it prevent his earning a full livelihood in the general labour market? Please state in fractions. When more than one disabling condition is present, the extent of the disability due to each should be stated.

1/2.

18. State if for discharge on account of unfitness for Service.

Yes, medically unfit.

Alchabotcaptain
 Medical Officer by whom the case is brought forward.

OPINION OF THE MEDICAL BOARD.

Does the Board concur with the preceding report? If not, give differing opinion.

10. Yes.

11. Yes.

12. Yes.

15. Yes.
(a) Yes. (b) Yes. (c) Yes.

16. Yes.

17. Yes.

18. Is he unfit for Military Service. Yes.

Recommendations : The Board having met and examined Sergeant J. Marcell, #2228308, F. C. Forestry Battalion, C. E.F., concurs with the above report and recommends that he be discharged as medically unfit with 1/2 disability - permanent. Class "E".

Signatures :—

A. G. Jones
President.

Albert Prevost
A. H. Hadden
Members.

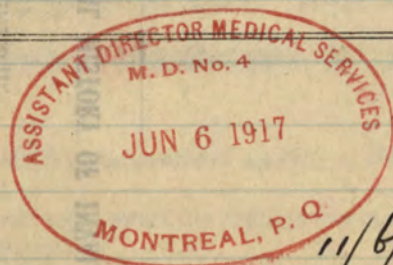
Station. Montreal, Que.

Date. May 25th, 1917.

Date.

Approved.

Date.



W. E. Wilson
Asst. Director of Medical Services

H. Maccharen Capt
Director-General of Medical Services.

11/6/17

OPINION OF THE MEDICAL BOARD

(At Station or Hospital where finally disposed of.)

Station and Hospital } Arrived from }

Date _____

Index No.	If under treatment.		Disease.	How fully disposed of.	Date of Discharge, &c.
	From	From			
Date					

Summary of Causes of invaliding, or remarks as to remand to Regiment, Station or Depôt.

Date of final Medical Board or decision. }

Administrative Medical Officer.

DETAILED MEDICAL HISTORY OF INVALID.

Militia Form B. 227.
 300m, 8.16
 H. Q. 1772-88-117.

Station _____
 Corps _____
 Regimental No. _____ Rank _____
 Name _____
 Disability _____
 Date _____
 Hospital or Station transferred to for final disposal. }
 Date of final disposal }
 How finally disposed of }

The original Report is invariably to accompany the discharge documents of Invalids.