

Unit C.A.M.C. Rank Capt. Name Morin.

## OFFICERS' DECLARATION PAPER

### CANADIAN OVER-SEAS EXPEDITIONARY FORCE

#### QUESTIONS TO BE ANSWERED BY OFFICER

[ANSWERS]

1. (a) What is your Surname? Morin.
- (b) What are your Christian Names? Joseph Ector Gaston.
2. (a) Where were you born? (State place and country) St. Hyacinth, P.Q.
- (b) What is your present address? 105 Rideau St., Ottawa.
3. What is the date of your birth? October 5, 1892.
4. What is (a) the name of your next-of-kin? Mr. Joseph Morin.
- (b) the address of your next-of-kin? Apartment Louise, McDonald St. Que.
- (c) the relationship of your next-of-kin? Father.
5. What is your profession or occupation? Physician.
6. What is your religion? Roman Catholic.
7. Are you willing to be vaccinated or re-vaccinated and inoculated? Yes.
8. To what Unit of the Active Militia do you belong? A.M.C.
9. State particulars of any former Military Service. -----
10. Are you willing to serve in the  
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? Yes.

The undersigned hereby declares that the above answers made by him to the above questions are true.

J. Morin.

(Signature of Officer)

Taken on strength (place) Ottawa.

(date) 8-10-18

[Signature]  
Lt. Col. A. M. O.  
A. D. M. S. M. D. No. 3  
(Signature of Commanding Officer.)

#### CERTIFICATE OF MEDICAL EXAMINATION

I have examined the above-named Officer in accordance with the Regulations for Army Medical Services.

I consider him\* fit for the CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Date Sept 19 1918

Place Ottawa.

\*Insert here "fit" or "unfit"

[Signature]  
Medical Officer. [Signature]

OFFICER'S DECLARATION PAPER

CANDIDATE FOR THE EXPEDITIONARY FORCE

QUESTIONS TO BE ANSWERED BY OFFICER

ANSWER

Name

Rank

Regiment

Service No.

Age

Height

Weight

ET

Qualification

Special Certificate

Remarks

Signature

Signature of Candidate

Date

Place

Signature of Officer

REPORT OF MEDICAL EXAMINATION

Name

Rank

Regiment

Service No.

Age

Height

Weight

ET

Qualification

Special Certificate

Remarks

Signature

Signature of Candidate

Date

Place

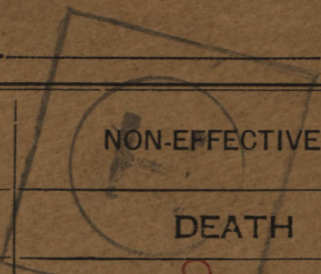
Signature of Officer

REGIMENTAL DOCUMENTS

NAME MORIN JOSEPH, HECTOR, GASTON REGT. NO. Capt. UNIT C.A.M.C. H. Q. FILE NO. \_\_\_\_\_

*213*  
*304-19*

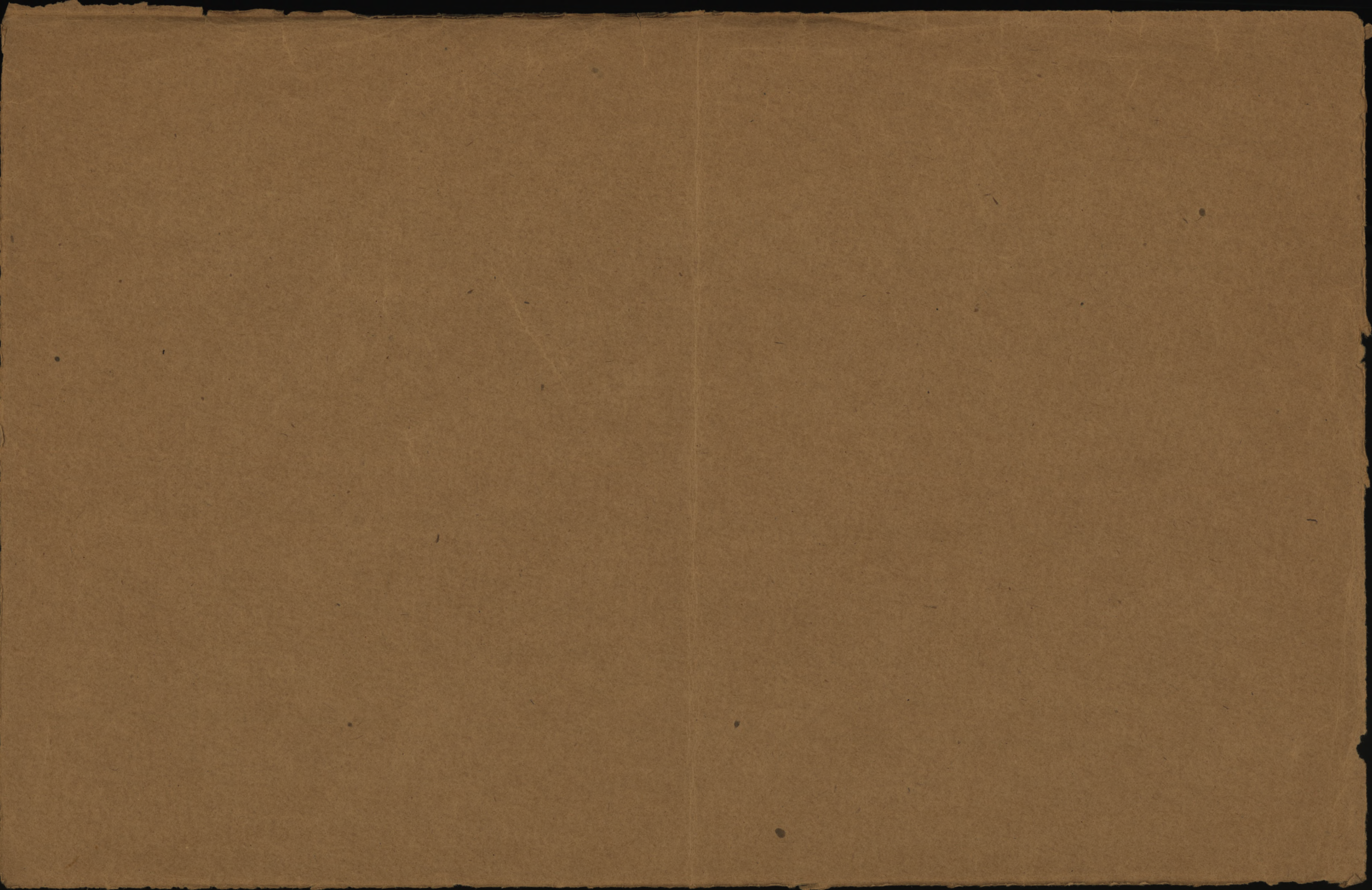
CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
1 ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
1 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category <i>Deceased</i>
TRAINING HISTORY SHEET (M.F.W. 113)					<i>150018</i>
FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
1 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
1 DENTAL HISTORY SHEET (M.F.B. 465)				32242	Category
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
MEDICAL EXAMINATION (M.F.W. 129)					
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)					DESERTION
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 PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1 <i>see SA 10</i>					
<i>10 card</i>					



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*1-14*

*Missmith*  
*14/3/4*

*25X*  
*14 1-21*



CAPT.

**I.D. number**  
**No. d'identification**

OPEN

MORIN

**Surname**  
**Nom de famille**

JOSEPH, HECTOR, GASTON

**Given names**  
**Prénoms**

**PERSONNEL RECORDS CENTRE**  
**CENTRE DES DOCUMENTS DU**  
**PERSONNEL**

**Location**  
**Lieu**

6373



(FRENCH CASE)

✓ MORIN, ✓ Jos. Hector Gaston, ✓ Capt. ✓ C.A.M.C. ✓ 3

MEDALS &  
DECORATIONS

(Father) Jos. Morin, Esq.,  
9 Place George V,  
Quebec, P.Q.

PLAQUE &  
SCROLL

Father, as above.

*Ser # 80.8118*  
MEMORIAL  
CROSS

(Mother) Mrs. Marie Louise Morin,  
9 Place George V,  
Quebec, P.Q.

*Canada only*  
*H*

*43889*

Serial Desq. APR 3 1922 Resn. No. 254557

Plague Desq. APR 8 1922 Resn. No. P 34804

6.42197 JAN 21 1921

*W*



LEDGER NO. 22-29

Joseph Victor G.  
SERIAL NO. 238853

REG. NUMBER..... NAME Morin G.

RANK Capt. CORPS C. A. M. C.

AGE 34 SERVICE

NAME OF HOSPITAL Ottawa Gen. PLACE Ottawa

DATE OF ADMISSION 7-10-18

DISEASE Broncho Pneumonia

TRANSFERRED TO OTHER HOSPITALS.....

OPERATION.....

DISCHARGED TO Died 15-10-18 IN CATEGORY.....

REMARKS:.....

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D 15/10/18

H. Q. 8777-1

Surname *Morin*

M. D. No. *H*  
*auth. H. Q. File no*

Christian names *Joseph A. G.*

T. O. S. 19

Regtl. No. Rank *Capt.*

D. O. Pt. II of

Unit *Came no 20 Fld Amb.*

S. O. S. 19

Reason

Auth.

*paper sent for*

Next of kin *Morin Joseph*

Relationship *Father*

Address *Apt 3015*

Also notify:

*McDonald St*

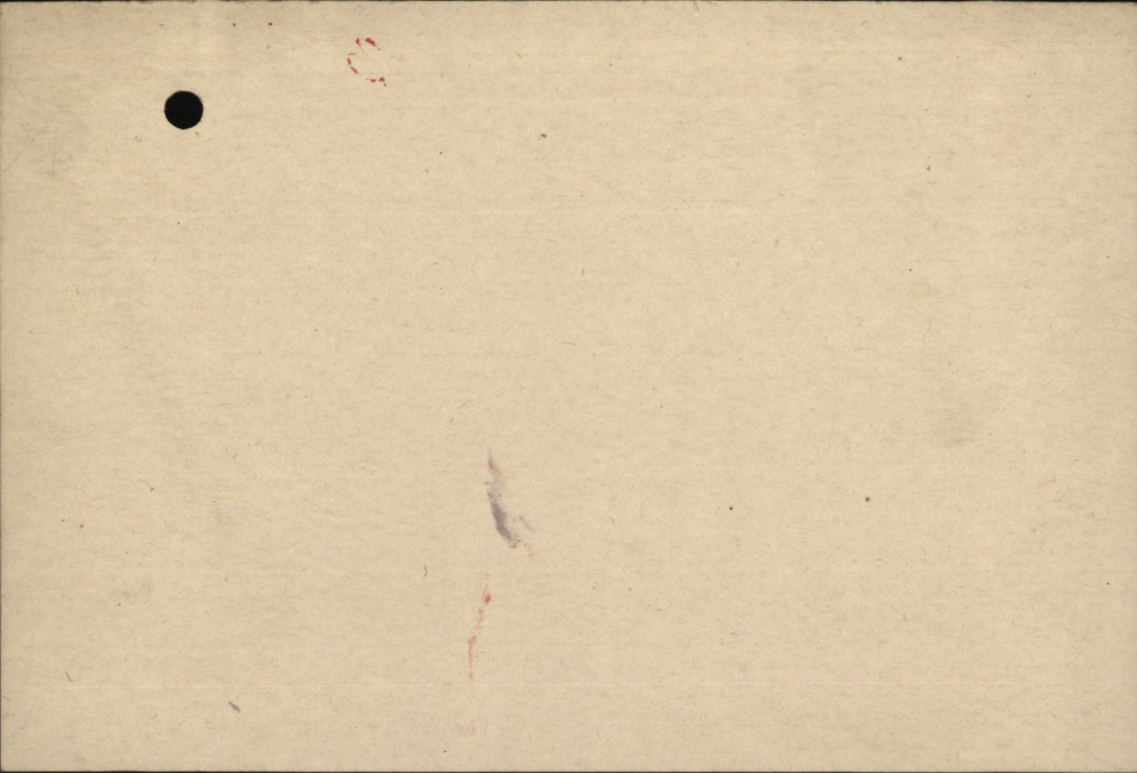
*Rue P. R.*

*auth. H. Q. File*

BORN—Place Date

ATTESTED—Place Date

O/S R/C



MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar.

- 1. Surname Morin Christian name Joseph Hector Gaston
2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule
3. Consecutive number on schedule of men reporting for service (if he appears on it)
4. Address (including street and number, if any) 105 Rideau St., Ottawa.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 17th day of November 1917, by the undersigned medical board sitting at Buckingham, Que.

- 5. Age as stated 23 Years 1 Months
6. Apparent age 23 Years 1 Months
7. Height 5 Feet 5 1/2 Inches
8. Weight 152 Pounds
9. Chest measurement (Minimum 32 Ins. Maximum 35 Ins.)
10. Complexion dark
11. Physical development good
12. Smallpox marks none

- 13. Number of vaccination marks (Right arm 0 Left arm 1)
14. When vaccinated last 1905

15. Distinctive marks and marks indicating congenital peculiarities or previous disease large brown hairy mole anterior of middle right arm.

16. Slight defects but not sufficient to cause rejection none.
The man denies having had Rheumatism Tuberculosis Syphilis We find no evidence of past Rheumatism Tuberculosis Syphilis

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category AIT Eyes R D/40 L D/20 L D/120 with glasses R D/20 Hearing---normal.
President. Hearing---normal.
Member. Member.

Table with columns: Date, Result, VACCINATIONS, Date, Result, ANTI-TYPHOID INOCULATIONS, ETC. Rows show M.O. results.

Joined day of 191 at

Table with columns: CORPS, REG'TL NUMBER, HABITS, DATE. Includes 'Joined on enlistment' and 'Transferred to'.

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

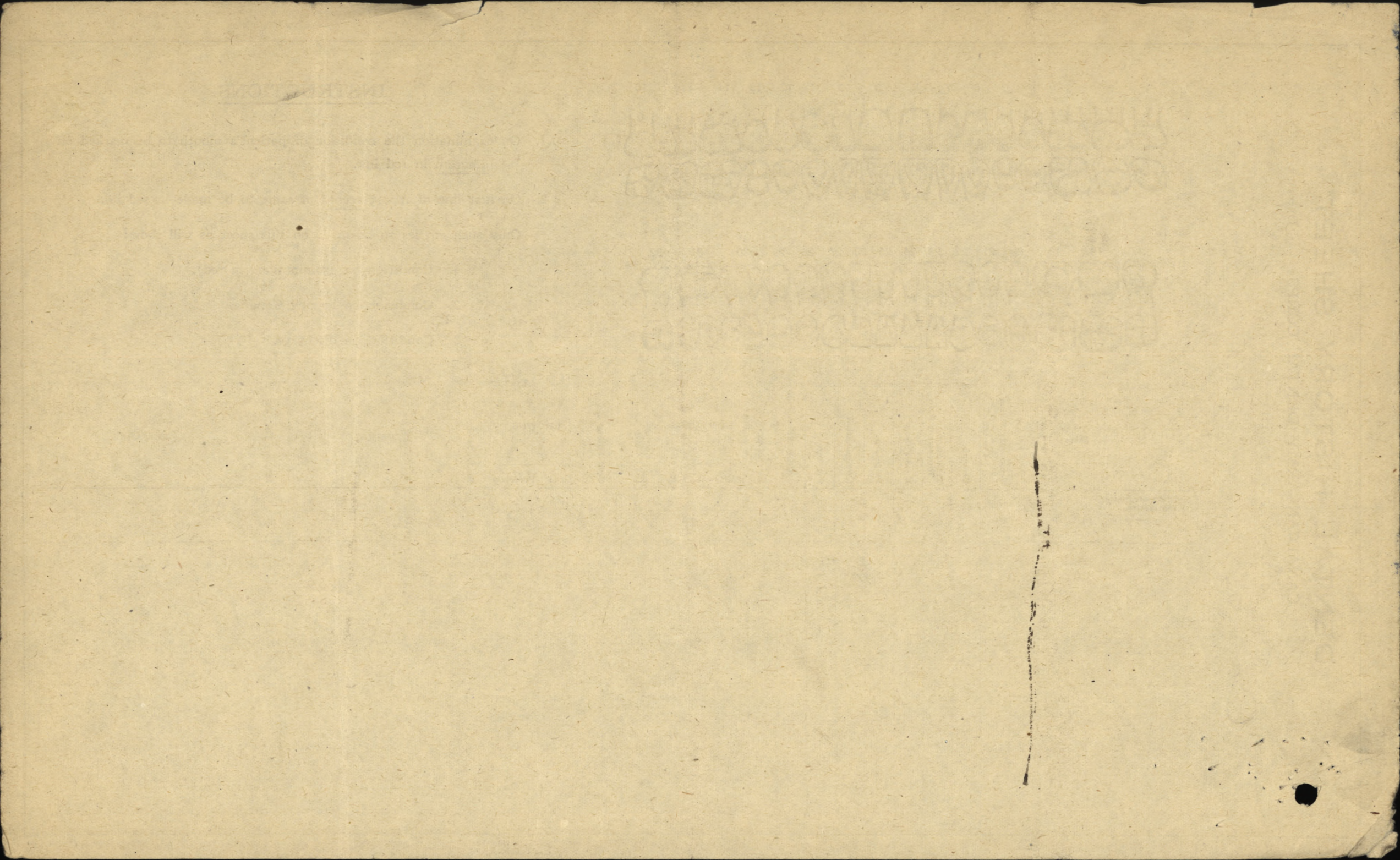
Table with columns: STATION, DATE, DISEASE, RESULT.

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: 105 Rideau St., Ottawa









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

M. F. W. 54. (A. F. L. 109.)

500M.—9-16

H. Q. 1772-39-9.0.

# Casualty Form—Active Service.

Unit, Regiment or Corps *6 a. m. c., C. E. F.*

Regimental No. *2* Rank *Capt.* Name *Morin, Joseph Hector Gaston*  
C. E. F.

Enlisted (a) *21* Terms of Service (a) Service reckons from (a)

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)

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>11/4/19.</i>	<i>Ottawa</i>	<i>Detailled for duty under the A. S. M. S. S.O.S. (deceased.)</i>	<i>M. D 3</i> <i>Ottawa</i>	<i>14/1/17.</i> <i>18/10/18</i>	<i>Auth. R.D. 1808 d/19/3/19.</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.]

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				