

Fourth M. D. First Depot Battalion First Quebec Regiment

Regtl. No. 3084436

E. L.

**PARTICULARS OF RECRUIT**  
DRAFTED UNDER MILITARY SERVICE ACT, 1917

0-56

(Class First)

*E*

1. Surname OLIVER

2. Christian name William John

3. Present address 168 First Ave, Verdun, Que.,

4. Military Service Act letter and number 101124 DC

5. Date of birth September 30th. 1890

6. Place of birth Montreal, P. Q.  
(town, township or county and country)

7. Married, widower or single Single

8. Religion Church of England

9. Trade or calling Silversmith

10. Name of next-of-kin OLIVER Marguerite

11. Relationship of next-of-kin Mother

12. Address of next-of-kin 168 First Ave, Verdun, Que., *Montreal*

13. Whether at present a member of the Active Militia No

14. Particulars of previous military or naval service, if any None ~~xxx~~ *WJ O*

15. Medical Examination under Military Service Act:—  
(a) Place Montreal P. Q. (b) Date October 1st. 1917 Category *A2*

**DECLARATION OF RECRUIT**

I, OLIVER William John, do solemnly declare that the above particulars refer to me, and are true.

*William John Oliver* (Signature of Recruit)

**DESCRIPTION ON CALLING UP**

Apparent age 27 yrs. 8 mths.

Height 5 ft 5 1/2 ins.

Chest measurement } fully expanded 32 ins.  
range of expansion 35 ins.

Complexion Fair

Eyes Brown

Hair Lt. Brown

Distinctive marks, and marks indicating congenital peculiarities or previous disease.  
Vision R. *W*  
" L. *W*  
Hearing R. *OK*  
" L. *OK*

*Major*  
for O.C. 1st Depot Bn. 1st Quebec Regiment.  
O. C. First Depot Btln.  
First Quebec Regt.

Place Montreal P. Q. Date May 15th. 1918.

*10  
15  
25*

1954

Бюро технической инвентаризации

№ 123456789

Имя: .....  
 Фамилия: .....  
 Служба: .....  
 Должность: .....  
 Подпись: .....  
 М.П.:

ОПИСАНИЕ ОБЪЕКТА

1. Назначение: .....  
 2. Материал: .....  
 3. Количество: .....

ОПИСАНИЕ РАБОТЫ

1. Проверка наличия объектов в натуре.
2. Проверка соответствия объектов документам.
3. Проверка правильности оформления документов.
4. Проверка правильности начисления амортизации.
5. Проверка правильности начисления износа.
6. Проверка правильности начисления налога на имущество.
7. Проверка правильности начисления налога на прибыль.
8. Проверка правильности начисления налога на добавленную стоимость.
9. Проверка правильности начисления налога на транспорт.
10. Проверка правильности начисления налога на землю.
11. Проверка правильности начисления налога на имущество физических лиц.
12. Проверка правильности начисления налога на доходы физических лиц.
13. Проверка правильности начисления налога на доходы организаций.
14. Проверка правильности начисления налога на прибыль организаций.
15. Проверка правильности начисления налога на имущество организаций.
16. Проверка правильности начисления налога на прибыль физических лиц.
17. Проверка правильности начисления налога на имущество физических лиц.
18. Проверка правильности начисления налога на прибыль физических лиц.
19. Проверка правильности начисления налога на имущество физических лиц.
20. Проверка правильности начисления налога на прибыль физических лиц.

РАЗРАБОТАНО В БЮРО ТЕХНИЧЕСКОЙ ИНВЕНТАРИЗАЦИИ  
 ПУБЛИЦИСТИЧЕСКОЕ ОТДЕЛЕНИЕ

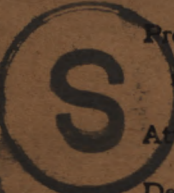
ОБЪЕКТ

MT  
24-12-18

DISCHARGE DOCUMENTS

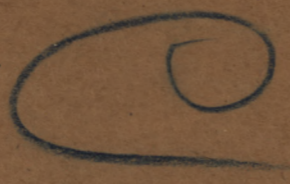
R. O. No. \_\_\_\_\_

H. Q. No. \_\_\_\_\_



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

2/3



Name OLIVER WILLIAM JOHN

Regt. No. 3084436 Rank Pte

Corps 1st Lt L. R.  
Deceased 20-10-18



C3737

7 3  
7 3  
9 2

Clinical Chart - 1  
MFB 445-1  
MFW 178-1  
MFW 62-2



MY  
9/2/21



20  
10  
18

NAME.

*Oliver William  
John*

RANK.

*Plt*

*U.S. Declared 20-10-1894  
06.33874-18-18 114.R 42*

REC. FILE.

*T. O. S. May 15-18*

No.

*3084436*

CORPS.

*1st Div Regt  
2nd Lt Co Bn*

*P.O. Part II No 133*

ENLISTMENT, PLACE.

*Montreal, P.Q.*

DATE.

*May 15<sup>th</sup> 1918.*

**BIRTH**  
DISCHARGE, PLACE.

*Canada, Montreal, P.Q.*

DATE.

*Sept 30<sup>th</sup> 1890*

REASON.

ADDRESS ON DISCHARGE.

DOCUMENTS.

NEXT OF KIN

*Oliver, Mrs. Marguerite*

RELATIONSHIP

*Mother*

ADDRESS

*168 First Ave, Verdun, P.Q.*

CHARGED OUT

RETURNED

CHARGED OUT

RETURNED

TO                      DATE                      BY

RECEIVED  
BY                      DATE

TO                      DATE                      BY

RECEIVED  
BY                      DATE



649-0-3771.

Oliver, Pte. Wm., No. 3084436, 1st Dep. Bn.

*1st Que Regt.*

M & Dr., Mother, Mrs. Margaret Oliver,  
331 Mance St.,  
Montreal, Que.

P & S., Mother, as above.

*(Ser. # 808198)*

M.C., Mother, as above.

*not elig. for star.*

*Mf.*

MAY 7 - 1921

Scroll Desp.

Requ. No.

*2. 41872*

APR 5 1922

Plaque Deso.

Requ. No.

*P 3426*

*M* 45342 FEB 15 1921

759



Reg. No. 308443C Name Oliver William

Rank Pte Corps 1/1 Coy Age 27 Service 6 4/12

Ledger No. 1238 2648 239 Serial No. ....

HOSPITALS

DATE

DIAGNOSIS

| HOSPITALS            | DATE     | DIAGNOSIS       |
|----------------------|----------|-----------------|
| Camp Valesties       |          | P.O.D. 9        |
| Special Camp Borden  | 96-9-18  | .. 2/ Pneumonia |
| bed bed <sup>3</sup> | 20-10-18 |                 |
|                      |          |                 |
|                      |          |                 |
|                      |          |                 |
|                      |          |                 |
|                      |          |                 |
|                      |          |                 |
|                      |          |                 |
|                      |          |                 |
|                      |          |                 |

HOSPITALS

DATE

DIAGNOSIS

M. F. W. 2553.  
75M.—9-19.  
1772-39-1332.

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

"C" COY.  
M. F. W. 54. (A. F. B. 193.  
500M.—9-16  
H. Q. 1772-39-920.

E

Casualty Form—Active Service.

1st DEPOT BN. 1st QUEBEC REG'T. 1

Unit, Regiment or Corps.....

*m.x.*  
*9/2/21/mj*

Regimental No.....3084436. Rank.....Private. Name.....OLIVER William John.....  
C. E. F.

Enlisted (a).....1595-18 Terms of Service (a).....C.E.F. Service reckons from (a).....15-5-18

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).....Silversmith

| 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 |   |       |      |   |

|          |      |  |          |          |  |
|----------|------|--|----------|----------|--|
| 4/12/18. | M D4 | Sgt. Deceased.<br>Atty Ch. of Inquiry<br>27/11/18. | Montreal | 20/10/18 | D.O. Part II<br><br><i>[Signature]</i><br>ADJT.<br>for D. C. 1st. Depot Bn. 1st Quebec Regiment. |
|----------|------|--|----------|----------|--|

(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<br>taken from Army Form B. 213,<br>Army Form A. 36, or other<br>official documents |
|--------|--------------------|---|-------|------|--|
| Date   | From whom received |   |       |      |  |
|        |                    |   |       |      |  |

OCT 23 1917

DC 101124  
368 B2

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 Oliver, Christian name William  
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) 168, First Ave., Verdun, Montreal.

The following are accurate particulars with regard to the above named man as ascertained by the 16 medical examination on the \_\_\_\_\_ day of \_\_\_\_\_ 1917, by the undersigned medical board sitting at OCT 1 1917

5. Age as stated 27 Years \_\_\_\_\_ Months \_\_\_\_\_  
6. Apparent age 27 Years \_\_\_\_\_ Months \_\_\_\_\_  
7. Height 5' Feet 5 1/2 Inches. 8. Weight 125 Pounds.

9. Chest measurement { Minimum \_\_\_\_\_ Ins. Maximum \_\_\_\_\_ Ins. 10. Complexion Fresh Eyes Brown Hair Dk Brown

11. Physical development Good { Good Fair Poor 12. Smallpox marks None

13. Number of vaccination marks { Right arm \_\_\_\_\_ Left arm 2 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 { Rheumatism Tuberculosis Syphilis We find no evidence of past { Rheumatism Tuberculosis Syphilis (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

**FIT CATEGORY A-**

Declared **FIT** by MEDICAL BOARD MOBILIZATION CENTRE, M. D. #4

*J. de Montigny*  
President.

Signature of Man *William Oliver*

The copy of this document which is delivered to the man examined will be attached by him to the report for service or claim for exemption made by him to the 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.

Member. \_\_\_\_\_ Member.

| Date    | Result    | VACCINATIONS | Date        | Result | ANTI-TYPHOID INOCULATIONS, ETC. |
|---------|-----------|--------------|-------------|--------|---------------------------------|
| 10/7/18 | J. A. Key | M.O.         | MAY 16 1918 | 1120   | 1120                            |
|         |           | M.O.         | MAY 2 1918  | 1120   | 1120                            |
|         |           | M.O.         | 16/8/18     | 1120   | 1120                            |

Joined \_\_\_\_\_ day of \_\_\_\_\_ 191 at \_\_\_\_\_

| CORPS    | REG'TE NUMBER | HABITS           | DATE |
|----------|---------------|------------------|------|
| 1st DEPT | 3084436       | 1st QUEBEC REG'T |      |

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

| STATION | DATE | DISEASE | RESULT |
|---------|------|---------|--------|
|         |      |         |        |

Eyesight R. D. = 40 L. D. = 40  
Hearing R. Ear " L. " " L. " "

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.



*11/21/20  
M.A.  
B.P.C. 57595*

Register No. 00173

WAR SERVICE GRATUITY

A.P. File No. 013909-W-19

TO  
DEPENDENTS OF DECEASED SOLDIERS

Regt'l No. 3084436 Name William John Oliver  
(Christian Name) (Surname)  
Unit 1st Depot Rank Pte Date of enlistment .....  
Date of casualty 20-10-1918 B.P.C. File No. 57595-  
Was service performed overseas? Y No

DEPENDENT

Name Mrs Margaret Oliver Relationship W Mother  
Address 331 Manse Street  
Montreal Que

Amount of Special Pension Bonus \$ Nil Abstracted by J Maher

Eligible for Gratuity ..... \$ 90<sup>00</sup>  
Less amount of Special Pension Bonus paid ..... \$ Nil  
Less Debit Balance of S. A. or A.P. .... \$ .....

Total deductions \$ Nil

Balance due \$ 90<sup>00</sup>

Cheque No. 9 1900599 Date issued 16/8/20

Clerk J. Hebeurt

REMARKS :  
.....  
.....  
.....  
.....

Audited by  
Paul Howard  
Date 12-8-20

890

M.F.W. 2652  
25M-6-20.  
H.Q. 1772-89-1473

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name

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.

L.L. 53961—M. & D. 9721

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

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

Remarks:



# FORM OF WILL

I, OLIVER William John (Name in full)

Regimental Number 3084436 serving in 1st DEPOT BN. 1st QUEBEC REG'T,

of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

MILITIA DEPARTMENT  
DEC 29 1918  
H.Q. CANADA

I devise all my real estate unto

Nil

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

absolutely, and my personal estate I bequeath to

Mrs. OLIVER Marguerite  
ESTATES BRANCH 168 First Ave, Verdun, Que.,

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

JUL 5 1919

## MILITIA DEPT. NOTE

This space for the appointment of Executor if necessary.

### IMPORTANT NOTE

This must be signed and Dated by THE SOLDIER HIMSELF.

this 15 day of May A.D. 1918

William John Oliver 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 E. Howard

Address of Witness Guy Street Barracks Montreal

THE TWO WITNESSES

Occupation of Witness Soldier

MUST SIGN HERE

Signature of Second Witness [Signature]

Address of Witness Guy Street Barracks Montreal

Occupation of Witness Soldier

1885

AMOUNT PAID TO

1885

RECEIVED OF

1885

1885

1885

1885

1885

1885

1885

RECEIVED OF

1885

1885

885



DENTAL HISTORY SHEET

CANADIAN DENTAL ASSOCIATION

DATE: \_\_\_\_\_

|                    |                               |                        |                     |               |              |
|--------------------|-------------------------------|------------------------|---------------------|---------------|--------------|
| 1. Name            | 2. Age                        | 3. Sex                 | 4. Occupation       | 5. Address    | 6. Telephone |
| 7. Chief Complaint | 8. History of Present Illness | 9. Past Dental History | 10. Medical History | 11. Allergies | 12. Habits   |
| 13. Examination    | 14. Radiographs               | 15. Treatment Plan     | 16. Consent         | 17. Signature | 18. Date     |

INSTRUCTIONS

1. Complete this sheet for every patient.
2. Use the space provided for a brief history of the patient's dental and medical conditions.
3. Indicate the condition of each tooth on the diagram.
4. Describe the treatment planned for each tooth.
5. Obtain the patient's signature and date.

PRINTED IN CANADA





368 B2

VENEREAL DISEASE CASE-SHEET

(Gonorrhoea)

Reg. No. 3084436 Rank Pte Name Oliver, W. J. Unit 11, O.R.

Diagnosis gonorrhoea Admitted 18/8/18 Discharged 24/9/18

Medical Officer i/c Case E. P. Brown Lt.

HISTORY.

No. of previous attacks none

Where and when acquired

Date and character of symptoms

| DATE<br>-Day of disease-  | Smear    | Urine | Urinalysis | Other<br>Lab. Tests | Complications | Medicine   | Irrigation | Operations |
|---|----------|-------|------------|---------------------|---------------|--|------------|------------|
| Sept. 20/18   | Positive |       |            |                     |               | Urotropin 1st. January<br>Salol. 1-500<br>Bismuth 1-250<br>Oil 1-100 |            |            |
| <p>Transferred to Portland for further treatment.</p> <p>E. P. Brown Lt</p> |          |       |            |                     |               |  |            |            |





368 B-2

(Certified True Copy)

MILITARY SERVICE ACT, 1917.

ORIGINAL

MEDICAL HISTORY SHEET.

329

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 OLIVER Christian name William
- 2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule 101124 DC
- 3. Consecutive number on schedule of men reporting for service (if he appears on it) \_\_\_\_\_
- 4. Address (including street and number, if any) 168 First Ave, Verdun. MONTREAL Que.,

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 1st. day of October 1917. 1917, by the undersigned medical board sitting at Montreal, P. Q.

5. Age as stated 27 Years \_\_\_\_\_ Months. 6. Apparent age 27 Years \_\_\_\_\_ Months

7. Height 5 Feet 5-1/2 Inches. 8. Weight 122 Pounds.

9. Chest measurement { Minimum 32 Ins. Maximum 35 Ins. 10. Complexion Fresh { Eyes Brown Hair Dk. Brown

11. Physical development Good { Good Fair Poor 12. Smallpox marks None

13. Number of vaccination marks { Right arm \_\_\_\_\_ Left arm 2 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 { Rheumatism Tuberculosis Syphilis We find no evidence of past { Rheumatism Tuberculosis Syphilis (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 (Mobilization Centre M. D. No. 4 )

17. (a) Vision R. 40 L. 40 (b) Hearing. R. O. K. L. O. K.

F. deMartigny Lt. Col. President.

Signature of Man

Member. Member.

| Date            | Result           | VACCINATIONS | Date               | Result       | ANTI-TYPHOID INOCULATIONS, ETC. |
|-----------------|------------------|--------------|--------------------|--------------|---------------------------------|
| <u>10/10/18</u> | <u>J. A. Key</u> | M.O.         | <u>MAY 16 1918</u> | <u>twice</u> | <u>twice</u>                    |
|                 |                  | M.O.         | <u>MAY 22 1918</u> | <u>twice</u> | <u>twice</u>                    |
|                 |                  | M.O.         | <u>16/8/18</u>     | <u>twice</u> | <u>twice</u>                    |

Joined 15<sup>th</sup> day of May 1918 at \_\_\_\_\_

| CORPS                                  | REG'TL NUMBER  | HABITS | DATE |
|--|----------------|--------|------|
| <u>1st DEPOT BN. 1st QUEBEC REG'T.</u> | <u>3084436</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.

