

**PARTICULARS OF RECRUIT**

DRAFTED UNDER MILITARY SERVICE ACT, 1917

*Lmd*  
13-12-18

(Class One)

1. Surname Pearson  
 2. Christian name William  
 3. Present address Compton Station, Compton Co. P.Q. Canada.  
187 528 E.C.  
 4. Military Service Act letter and number  
(If man is defaulter, i.e., has not registered under Proclamation, this fact should be stated, together with date of apprehension, or surrender)  
 5. Date of birth Feb. 8th. 1893  
 6. Place of birth Sherbrooke, P.Q. Canada.  
(town, township or county and country)  
 7. Married, widower or single Single  
 8. Religion Presbyterian  
 9. Trade or calling Farmer  
 10. Name of next-of-kin Charles Pearson  
 11. Relationship of next-of-kin Father  
 12. Address of next-of-kin Sherbrooke, P.Q. Canada.  
 13. Whether at present a member of the Active Militia No  
 14. Particulars of previous military or naval service, if any None  
 15. Medical Examination under Military Service Act:—  
 (a) Place Sherbrooke (b) Date 29-10-17 (c) Category A 2

**DECLARATION OF RECRUIT**

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

*William Pearson*

(Signature of Recruit)

**DESCRIPTION ON CALLING UP**

Apparent age 24 yrs. 8 mths.  
 Height 5 ft. 4 1/2 ins.  
 Chest measurement } fully expanded 37 ins.  
 } range of expansion 3 1/2 ins.  
 Complexion Medium  
 Eyes Blue  
 Hair Dk. Brown.

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

**Dental low Arches .**

*[Signature]*

O. C. Depot Btin.  
 1st Depot Bt. 2nd Quebec Rgt. Regt.

Place Drill Hall Quebec Date 30th - 9-18 .

PARTICULARS OF RECRUIT  
DRAWN UNDER MILITARY SERVICE ACT, 1917

Name

Rank

Regiment

Service No.

Age

Height

Complexion

Build

Education

Religion

Marital Status

Place of Birth

Place of Residence

Occupation

Family Name

Parents' Names

Address

Signature

Date

DECLARATION OF RECRUIT

DESCRIPTION OF FAILURE OF

12-11-18

Deceased

DISCHARGE DOCUMENTS

R. O. No.....  
H. Q. No.....

Name **PEARSON, WILLIAM**

Regt. No. **3293199** Rank **Pvt**

Corps **1st Depot Bn. 2nd Que Regt-**

**S.O.S. 18-10-18**

**M.D.O**

- 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.....

A & B - 122-1  
M & W 113-1

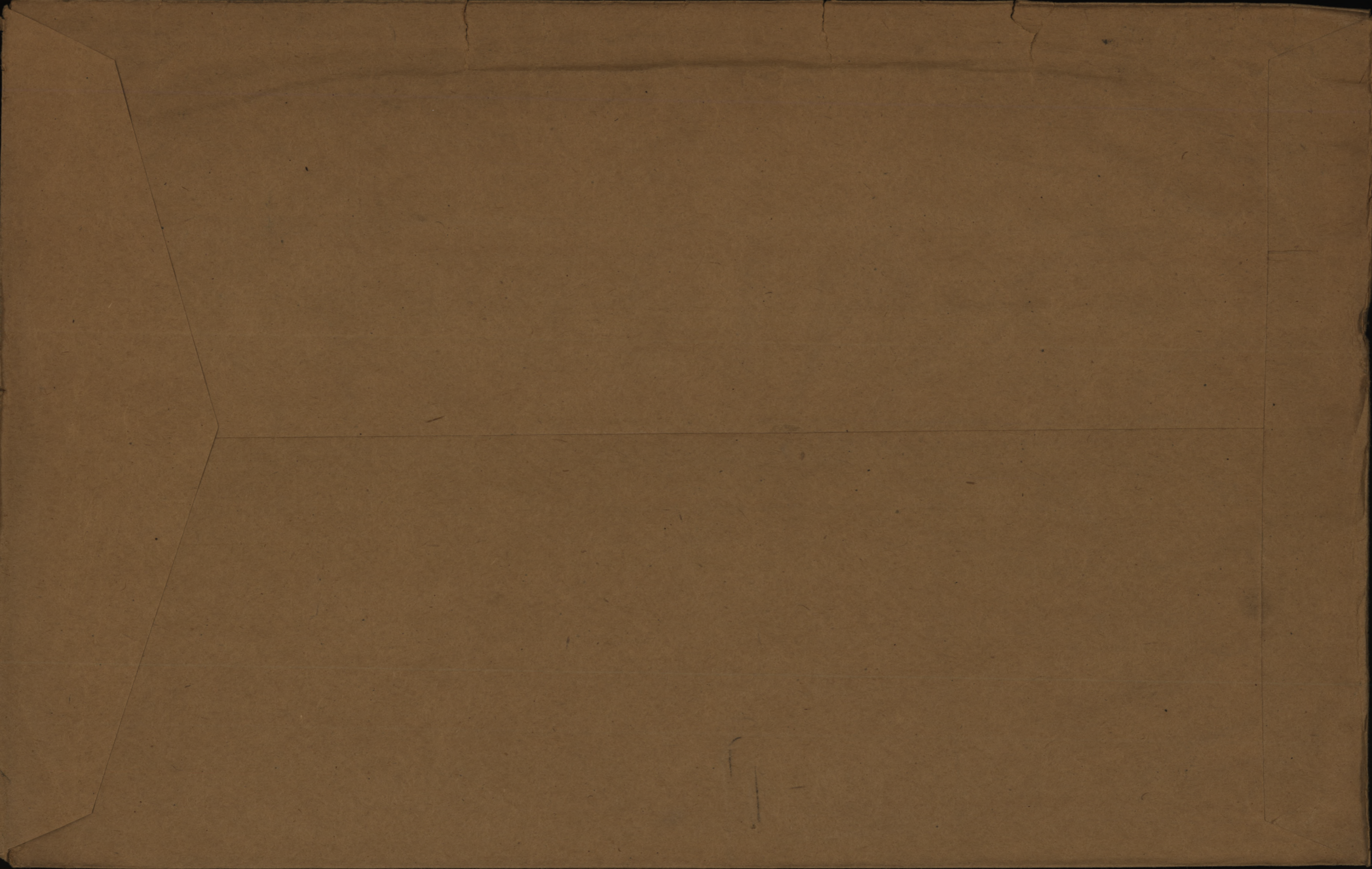
1 Orig. self

mt  
17-1-21  
ac.

Mr. Smith 28 4/21

177

1-26  
1-26



18  
18

H. Q. 649-914872

M. D. No. 5

Surname Pearson

T. O. S. 19

Christian names William

D. O. Pt. II of

Regtl. No. 3293199 Rank Pte

S. O. S. His 18-10-19 18

Unit 2nd Que Regt. 1st Dps Bn

Reason "Deceased"

Auth 100 327 of 23-11-18 / 12 1918

Next of kin Pearson Charles

Relationship Father

Address Sherbrooke P.Q.

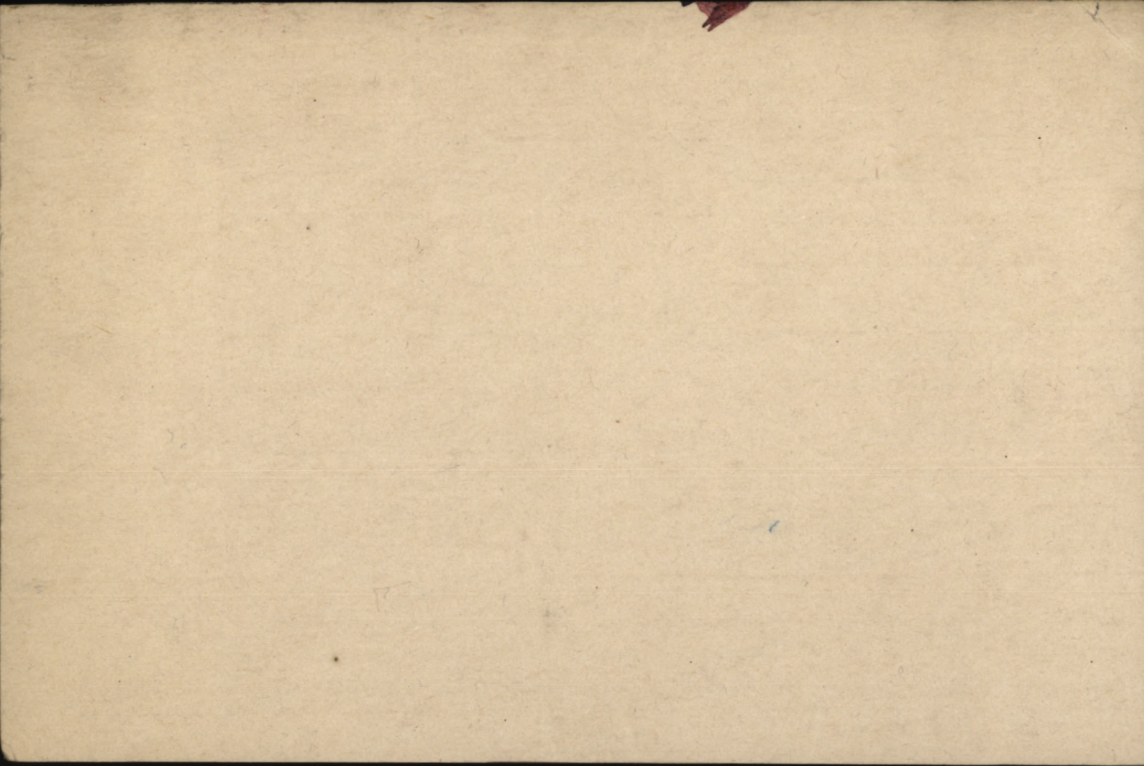
Also notify:

BORN—Place Canada, Sherbrooke P.Q. Date Feb 8<sup>th</sup> 1893

ATTESTED—Place Quebec P.Q. Date Sept 30<sup>th</sup> 1918

O/S

R/C



LEDGER NO. 4210, 285

SERIAL NO.

REG. NUMBER 3293199 NAME Pearson Wm.

RANK Pte CORPS

AGE SERVICE

NAME OF HOSPITAL Drill Hall PLACE Quebec

DATE OF ADMISSION

DISEASE Influenza

TRANSFERRED TO OTHER HOSPITALS Did 18-10-18

OPERATION

DISCHARGED TO IN CATEGORY

REMARKS:.....

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649-P-14892.

3293199 Pte. Wm. Pearson. CEF.,

*1st Dep. Bn  
2nd Que Regt*

Medals & Dec.

(Father) Charles Pearson, Esq  
Sherbrooke, P.Q.,

Plaque & Scroll.

(Father) Same as above.

*(Ser. # 808248.)*

Memorial Cross

----- Nil.

*a*

MAY 7 - 1921

Scroll Desp. \_\_\_\_\_ Reqn. No 2 41902

*Canada only*

Plaque Desp. \_\_\_\_\_ Reqn. No 7338

*JAN 18 1922*

*43 p 25338 ac*



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

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

500M.—9-16

H. Q. 1772-39-9-20.

## Casualty Form—Active Service.

Unit, Regiment or Corps. 1st Depot Battalion, 2nd Quebec Regiment.Regimental No. 3293199 Rank Private Name Pearson William

C. E. F.

Enlisted (a) 30-9-18 Terms of Service (a) Can. Exp. Force. Service reckons from (a) 30-9-18Date of promotion to } Date of appointment } Numerical position on }  
present rank } to lance rank } roll of N. C. Qs. }Extended ..... Re-engaged ..... Qualification (b) Farmer

Date	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				
<u>23<sup>11</sup>/<sub>18</sub></u>	<u>12 Dec</u>	<u>Reg</u>	<u>J. O. S. Deceased,</u>	<u>Quebec</u>	<u>18<sup>10</sup>/<sub>18</sub></u>	<u>Fr 20327.</u>
	<u>Am</u>	<u>17-1-21</u>				

(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.

I.P.T.O.

Casualty Form - Active Service

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				



# FORMULE DE TESTAMENT OCT 21 1918

**Jr.**, William Pearson (Nom au complet)

Numéro régimentaire 3293199 en service dans 1st Dep. Bat. 2nd Quebec Reg.

la force expéditionnaire canadienne, annule tous les testaments antérieurs faits par moi, et déclare que celui-ci exprime mes dernières volontés.

Je lègue tous mes immeubles à

<u>Charles Pearson , my father ,</u>	}	Noms et adresses de la personne ou des personnes à qui le leg est fait.
<u>Sherbrooke , P.Q. Canada.</u>		

entièrement, et mes biens meubles, je lègue à

<u>Charles Pearson , my father ,</u>	}	Noms et adresses de la personne ou des personnes à qui le leg est fait* (voir remarque.)
<u>Sherbrooke , P.Q. Canada.</u>		

**AVIS IMPORTANT** le 30ieme jour de Septembre A.D. 1918  
 Le tout doit être signé et daté par le **SOLDAT LUI-MEME.** William Pearson Signature du soldat.

\*N.B.—La masse des biens meubles comprend le salaire, les effets, l'argent en banque, les polices d'assurance, c'est-à-dire tout, excepté les biens immeubles.

Signé et reconnu par le testateur comme étant ses dernières volontés, en présence de deux témoins, qui, en présence du testateur, et, à sa demande, ont signé comme témoins.

Signature du premier témoin *Antoine Blouin*  
 Adresse du témoin Drill Hall Quebec

**LES DEUX  
 TEMOINS  
 DOIVENT  
 SIGNER ICI.**

Occupation du témoin Clerk  
 Signature du second témoin *Antoine Blouin*  
 Adresse du témoin Drill Hall Quebec  
 Occupation du témoin Clerk

FORMULE DE TESTAMENT

Faint, illegible text, likely bleed-through from the reverse side of the page.

7/18  
886

Register No. DP 227

WAR SERVICE GRATUITY  
TO  
DEPENDENTS OF DECEASED SOLDIERS

A.P. File No. 14339-W-93

Reg't No. 3293199 Name William Pearson  
(Christian Name) (Surname)  
Unit 1st. Dep. Bn. Rank Pte. Date of enlistment.....  
Date of casualty 18/10/18 B.P.C. File No. 168419  
Was service performed overseas? No

DEPENDENT

Name Mr Charles Pearson Relationship Father  
Address Albion Hotel  
Sherbrooke  
P. Q.

Amount of Special Pension Bonus \$ nil Abstracted by J. Leclair

M.F.W. 2652  
25M-6-30.  
H.Q. 1772-89-1473

Eligible for Gratuity ..... \$ .....  
Less amount of Special Pension Bonus paid..... \$ .....  
Less Debit Balance of S. A. or A.P..... \$ .....  
Total deductions \$ .....  
Balance due \$ .....

Cheque No. .... Date issued.....

REMARKS: Not eligible no SA  
paid

Clerk J. Leclair

Audited by  
Date .....

Coted 14-8/20  
EPC

# 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.

LL 53961—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:

RECEIVED  
 POST DISCHARGE PAY OFFICE