

M. D.

Depôt Battalion

*St John N.B*

Regiment

Regtl. No. *4060376*

# PARTICULARS OF RECRUIT

## DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class.....)

- 1. Surname..... *Perreault*
- 2. Christian name..... *Mederic*
- 3. Present address..... *Shewenegan Falls, St Morris, P.Q.*
- 4. Military Service Act letter and number.....
- 5. Date of birth..... *May 10 - 1893*
- 6. Place of birth..... *Lake St John, P.Q.*  
(town, township or county and country)
- 7. Married, widower or single..... *Single*
- 8. Religion.....
- 9. Trade or calling..... *Longphor man*
- 10. Name of next-of-kin..... *Arsene Perreault*
- 11. Relationship of next-of-kin..... *Father*
- 12. Address of next-of-kin..... *Shewenegan Falls St Morris P.Q.*
- 13. Whether at present a member of the Active Militia..... *no*
- 14. Particulars of previous military or naval service, if any..... *nie*
- 15. Medical Examination under Military Service Act:—  
 (a) Place..... (b) Date..... (c) Category.....

### DECLARATION OF RECRUIT

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

.....(Signature of Recruit)

### DESCRIPTION ON CALLING UP

Apparent age.....	<i>24</i> yrs.....	<i>10</i> mths.	} Distinctive marks, and marks indicating congenital peculiarities or previous disease. <i>left arm broken + set crooked I wear left arm</i>
Height.....	<i>5</i> ft.....	<i>6</i> ins.	
Chest measurement } fully expanded.....	..... ins.		
	range of expansion.....	..... ins.	
Complexion.....	<i>Dark</i>		
Eyes.....	<i>brun</i>		
Hair.....	<i>black</i>		

O. C. *J. L. M. Costy*  
.....  
O. C. 1st. Depot Battalion  
New Brunswick Regiment.  
..... Regt.

Place *St John N.B* Date *April*

PARTICULARS OF RECRUIT  
DRAFTED UNDER MILITARY SERVICE ACT, 1917

Class

1	Name	
2	Christian name	
3	Home address	
4	Military service district and number	
5	Date of birth	
6	Place of birth	
7	Married, widower or single	
8	Religion	
9	Trade or calling	
10	Height of last enlistment	
11	Weight of last enlistment	
12	Address of next of kin	
13	Whether or not a member of the reserve militia	
14	Whether or not a member of a reserve militia	
15	Medical examination under Military Service Act	
16	Remarks	

DECLARATION OF RECRUIT

I hereby certify that the above is a true and correct copy of the particulars of the above named recruit as they appear in the records of the military authorities.

Signature of Recruit

DESCRIPTION ON CALLING UP

1	Height	
2	Weight	
3	Complexion	
4	Build	
5	Stature	
6	Other	

Signature of Recruit

Signature of Officer

Date

PERREAULT MEDENIC

4060376

1ST DEPOT BN. N.B.R.

3379

DIED 1-4-18

C.E.F. REGIMENTAL DOCUMENTS  
WAR SERVICE RECORDS D.V.A.



Bd



Faint, illegible markings or text, possibly a date or location stamp, located in the lower-middle section of the envelope.

649-1-11601

PERRIAULT, Pte. M. #4060376 - 1st Dpo. Bn

*not elig. for star.*

Med & D (Father)

Arsene Perriault Esq.,  
Shawinigan Falls,  
P. Q.

P & S (Father)

See above

*(Ser. # 806223)*  
Mem Cross (NIL)

*Zinich*

MAY 3 - 1922

*S.R. 19<sup>5</sup>/21.*

Scroll Desp.

Reqn. No. *2 40752*

FEB 8 1922

*5578*

Plaque Desp.

Reqn. No. *P28701*

*m.f.*

1888

1888

Reg. No. .... Name *Perreault, Medric* .....

Rank *Pte.* Corps *109th Bn.* Age *24* Service .....

Ledger No. .... Serial No. ....

HOSPITALS

DATE

DIAGNOSIS

HOSPITALS	DATE	DIAGNOSIS	
<i>Mil.</i>	<i>St. John D.C.</i>	<i>18-3-18</i>	<i>Bronchial Pneumonia</i>
	<i>Did.</i>	<i>1-4-18</i>	

**HOSPITALS****DATE****DIAGNOSIS**

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



*Original not available.*  
 Fill in only.—Unit, Number, Rank and Name.

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

500M.—9-16

H. Q. 1772-39-970.

# Casualty Form—Active Service.

Unit, Regiment or Corps *1<sup>st</sup> Dept B. N. B. Regt.*

Regimental No. *4060376* Rank *Pvt* Name *Perreault Madecie*

C. E. F.

Enlisted (a) *11-11-17* Terms of Service (a) *Regular* Service reckons from (a) *11-11-17*

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>8.4.18.</i>	<i>1<sup>st</sup> N. B. Regt.</i>	<i>T. S. Madecie</i>	<i>1<sup>st</sup> Dept B. N. B.</i>	<i>11-11-17</i>	<i>Pvt II W. O. 98 para.</i>
<i>6.4.18.</i>	<i>"</i>	<i>Dis. of from 11-11-17</i>	<i>"</i>	<i>"</i>	<i>Pvt II W. O. 98 para.</i>
		<i>(to 16-3-18. apprehended) forfeited 176 days P. O. A.</i>			
<i>8.4.18.</i>	<i>"</i>	<i>S. O. S. released.</i>	<i>"</i>	<i>1-4-18.</i>	<i>Pvt II W. O. 98 para.</i>

*[Signature]*  
*[Signature]*

(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.

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				

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... *1<sup>st</sup> Depot Bn N. B. Coy*

(2) Regimental Number ... *4060376*

(3) Full Name of Soldier... *Perreault*

*Muckie*

(4) Place of Birth... *Lake St. John*

*P. Q.*

(5) Are you married, or not? ... *no*

(6) If married, state,  
(a) Full name of your wife.....

(b) Present Postal Address.....

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

(8) Have you any children?.....

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

Also their names and ages.....

(9) Is your Father alive? yes

If so, state name and address Arsine Peneault, Shewenagan Falls, St. Marie P. Q.

(10) Is your Mother alive? no

If so, state name and address.....

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

Are you her sole support, or not?.....

(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.

(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.

(15) Are you insured? yes

If so, in what Company? knightsman

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

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

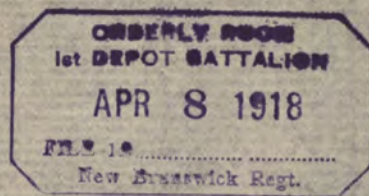
Date March

J. L. M. Aosty  
Officer Commanding.

Lt.-Col.

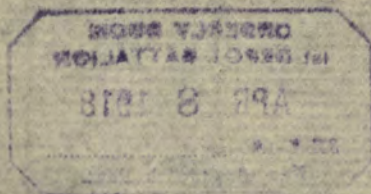
O. C. 1st. Depot Battalion  
New Brunswick Regiment.

St. John, N.B., April 8th, 1918.



I certify that it was impossible to complete the attached M.F.W. 67, owing to this man taking seriously ill. This man subsequently died.

Lieut.  
A/Adjutant, 1st Depot Bn., NBR.



(Medical Officers will please read this Form carefully before using it. See instructions, page 4.)

FORM TO BE USED FOR WARRANT OFFICERS, N.C.O.'S AND MEN

# MEDICAL HISTORY OF AN INVALID

ASSISTANT DIRECTOR  
 ST. JOHN, N. B.  
 APR 3 1918  
 M. D. 437  
 MEDICAL OFFICER  
 MILITARY DISTRICT No. 7  
 ST. JOHN, N. B.  
 APR 3 1918  
 4-8-53

STATION St John NB DATE 31/3/18

1. (a) Unit 1 Depot NB Bn (b) Regimental No. 7 (c) Rank Pte  
 (d) Surname Perrault (e) Christian name Medair  
mederic

2. Age last birthday 24 Date of birth

3. Enlisted at on

4. Personal description —  
 (a) Height 5-7 7 (b) Weight 140 7 (c) Complexion Dark  
 (d) Colour of hair Dark (e) Colour of eyes Brown (f) Identification marks none

5. Address after discharge (for the use of the Board of Pension Commissioners)

6. Former trade or occupation

7. (a) Service

	PERIODS	
	From	To
<u>1st Depot NB Bn Pte</u>		

(b) Has he been overseas? no

8. Present disease or disability (use authorized nomenclature if possible)

Double Lobar Pneumonia  
 (a) Date of origin 18 March 1918 (b) Place of origin St John NB  
 (c) Cause\* unknown  
 \*(Here include original disease or injury)

If further space is needed for this or other answer, use page 4

9. Present condition. (Important to be a full description of the present disabling condition or conditions)

T 102 P 100 R 56  
Lower lobes of both lungs involved,  
Cyanosed rapid steady pulse, rational

[After describing all abnormalities, anatomical and functional, contributing to present incapacity (see section 11) state whether such incapacity is directly due to (a) weakness, (b) loss (complete or partial) of an organ or member or of its functions, or (c) to the necessity for rest of the body or of some of its parts.]

10. History :

Here give a description of wounds, scars, deformities, and signs and symptoms of abnormal conditions present and not included in answer 8. This section cannot be completed without stripping the soldier and subjecting him to a thorough physical examination.

11. What is the extent (state in percentages) of the disability in earning a livelihood in the untrained labour market? If there is more than one disabling condition, estimate the disability, due to each, and that due to all combined.

*total at present*

12. Did the disability arise on or off duty? *on duty*

13. Was a Court of Inquiry held? *no*

14. If the disabling condition had its origin before enlistment, has it been aggravated on service? *na*

If the answer is in the affirmative, state in percentages, to what extent the soldier is incapacitated by that aggravation.

15. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment? *no*

(If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 1.)

16. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? *will probably prove fatal*

17. Treatment (Case reports, general or special, should be secured and attached where possible).

18. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?

*yes*

19. Can the former trade or occupation be resumed? *no*

20. Recommendations *Category D B will probably prove fatal*

*B. Johnson*

Medical Officer by whom the case is brought forward.

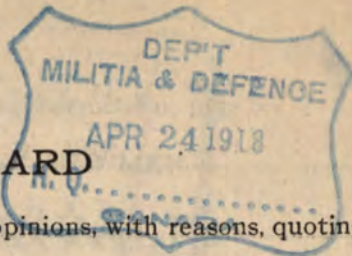
STATEMENT OF THE SOLDIER.

(Sections 8, 9 and 10 are to be read to the soldier.)

I, the undersigned..... have heard the description of my disability read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.) I complain in addition of

.....  
Signature of soldier examined.





OPINION OF THE MEDICAL BOARD

21. Does the Board concur with the preceding report? If not, give differing opinions, with reasons, quoting the number of the answer criticized.

*JR*

22. Is the soldier fit for

- (a) General service, (Category A) (Yes or No).
- (b) Service abroad, not general service, ( " B) (Yes or No).
- (c) Home service, (Canada only), ( " C) (Yes or No).
- (d) Temporarily unfit, ( " D) (Yes or ~~No~~).
- (e) Unfit for service in Categories A, B and C, ( " E) (~~Yes~~ or No).

23. It is certified that the soldier

(a) Does require treatment. (Give the nature of the condition and of the treatment required and its probable duration).

- (b) ~~Does not require treatment.~~
  - (c) ~~Should pass under his own control.~~
  - (d) Should not pass under his own control.
- (Strike out condition not applicable).

24. It is recommended that the soldier be discharged. (When not for discharge add special recommendation).

*Pls Renault - Member of 1st Depot Bata be placed in category D III for treatment at Military Hospital for Pneumonia*

*E. H. ... Capt* President  
*W. ... Capt*  
*G. ... Capt* Members.

STATION *St John N B*  
DATE *March 31 - 18*

APPROVED BY  
DATE *APR 8 1918*

APPROVED BY  
DATE

*Am ...* CAPTAIN  
 Assistant Director of Medical Services.  
 Director-General of Medical Services.

OPINION OF THE MEDICAL BOARD

in book  
of the  
number of the answer marked

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned, understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness Signed

Should the refusal of the soldier to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

INSTRUCTIONS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of pages 1 and 2 of this Form. The President of the Board of Medical Officers is responsible for the proper completion of the space, of page 3, reserved for recording the Proceedings of a Board of Medical Officers.
3. In answering the questions, Medical Officers will carefully obtain and record the soldier's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the soldier concerned, from witnesses, or from documents.
4. Special care is required in answering question 14. Please read the questions carefully. All questions must be answered.
5. The nomenclature of diseases to be followed is that described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London, (1915), by Messrs. Harrison and Sons.