

150TH

CARABINIERS MONT-ROYAL
OVERSEAS BATTALION C.E.F.

TRIPPLICATE

PIECE D'ATTESTATION.

No. 2002116

Folio

CORPS EXPÉDITIONNAIRE CANADIEN D'OUTRE-MER

QUESTIONNAIRE REQUIS AVANT ATTESTATION

(RÉPONSES)

- 1. Quel est votre nom de famille ?..... *Plante*
- 1a. Quels sont vos noms de baptême ?..... *Euclyde*
- 1b. Quelle est votre présente adresse ?..... *Sarel Rue*
- 2. En quelle ville, village ou paroisse, et en quel pays êtes-vous né ?..... *Bourbonne R. I.*
- 3. Quel est le nom de votre plus proche parent ?.. *P. Plante*
- 4. Quelle est l'adresse de votre plus proche parent ? *Sarel Rue*
- 4a. Quel est votre degré de parenté avec icelui ?... *Père*
- 5. Quelle est la date de votre naissance ?..... *21 Oct 1898*
- 6. Quel est votre métier ou profession ?..... *Journalier*
- 7. Êtes-vous marié ?..... *non*
- 8. Consentez-vous à être vacciné ou revacciné et inoculé ?..... *oui*
- 9. Faites-vous déjà partie de la Milice active ?..... *non*
- 10. Avez-vous déjà fait du service militaire ?..... *non*
(En ce cas, mentionner les états de service)
- 11. Comprenez-vous bien la nature et les termes de votre engagement ?..... *oui.*
- 12. Consentez-vous à être attesté pour service dans le Corps Expéditionnaire Canadien d'outre-mer ?..... *oui.*

DÉCLARATION REQUISE DU SUJET

Je, *Euclyde Plante* 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.

..... *Euclyde Plante* (Signature de la Recrue)
 Date *1 Décembre* 191*6*. *E. Karachis Sgt* (Signature du Témoin)

SERMENT REQUIS DU SUJET

Je, *Euclyde Plante* 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.

..... *Euclyde Plante* (Signature de la Recrue)
 Date *1 Décembre* 191*6*. *E. Karachis Sgt* (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 comprit 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 *15 eme* jour de *Janvier* 191*7*.
 *R. G. Mason Capt* (Signature du Juge).....

It was impossible for me to swear this man before this date R.G. M. Capt.

noted by 2/1/17

Signalement de Euclide Plante à l'Enrolement

Age apparent 18 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 6 1/4pieds.....pouces

Mesure de la poitrine { Tour de poitrine, à pleine expansion 36pouces
 Marge d'expansion 4pouces

Teint..... Brown

Yeux..... Brown

Chevelure..... Brown

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

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* Fitpour le Corps Expéditionnaire Canadien d'outre-mer.

Date..... Jan 15191 7

Lieu..... Montreal Que

[Signature]
 Médecin-Officier.

* 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

Euclide Planteayant 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.)

Date..... January 15191 7

DISCHARGE DOCUMENTS

R. O. No.

H. Q. No.

- Proceedings of Court of Inquiry or on men
- Reported Missing on Active Service.....
- Attestation Papers..... 3
- Declaration of change of name.....
- Authority for special enlistments.....
- Documents of re-enlisted men.....
- Regimental Conduct Sheet 1
- Compulsory Stoppages.....
- Casualty Forms.....
- Proceedings on discharge..... 1
- Corps History Sheet.....
- Date and No. of Deposit Receipt for
Purchase Money and Amount.....
- Parchment Certificate.....
- Medical Report for Invalids.....
- Medical History Sheet..... 2
- Proceedings of Regt. Court Martial.....
- Copies of Convictions by Civil Power.....
- Company Conduct Sheet..... 1
- Clothing Transfer Certificate.....
- Inventory of Kit.....
- Last Pay Certificate..... 1

Name Plante Lucide
 Regt. No. 2002116 Rank Pte
 Corps 150th Battalion

Deceased

386

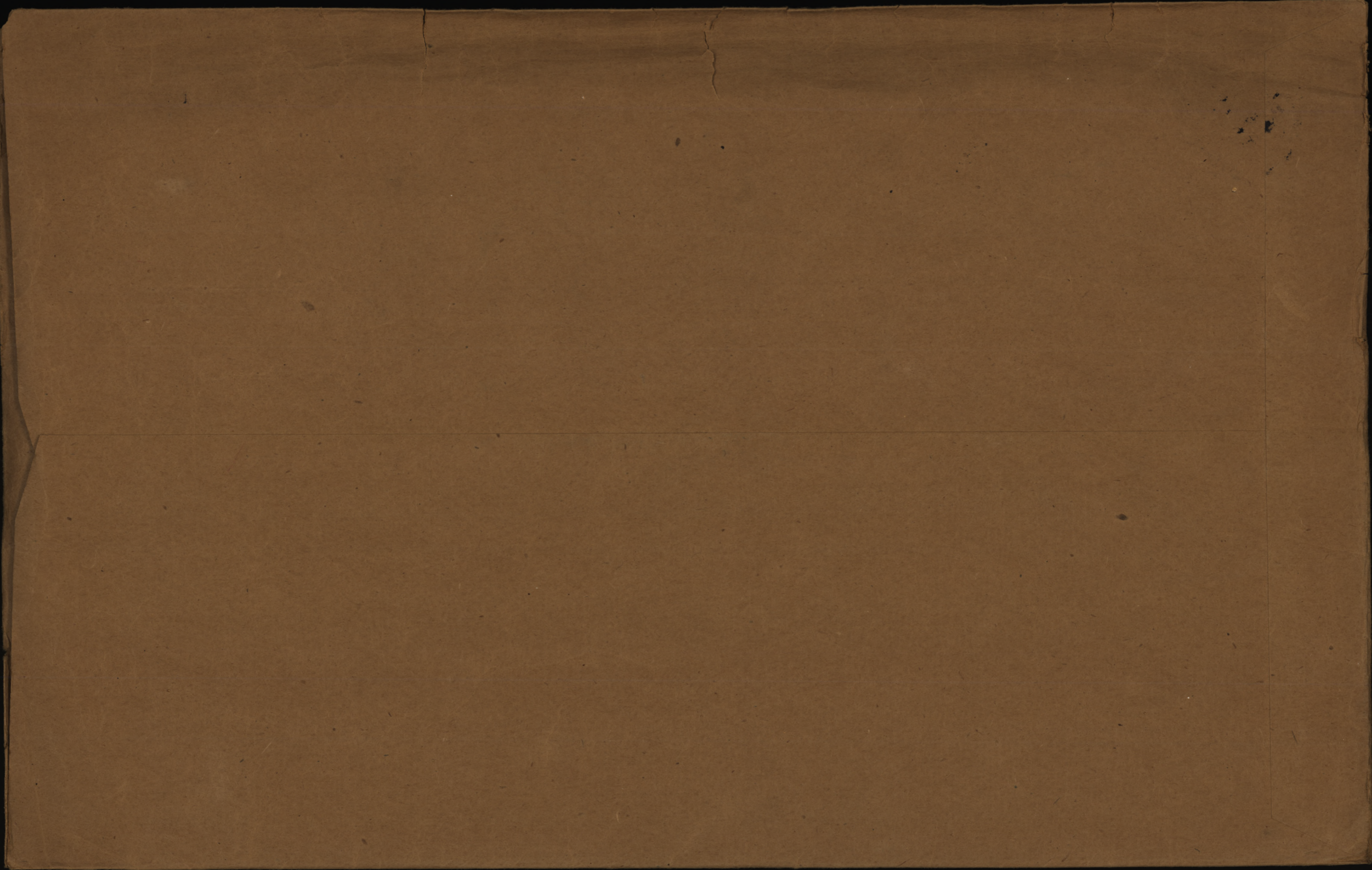


2-4
1-4

M. L. W. 67-2
1 M. F. W. 82
Payroll

8m X
14-1-21
ac

M. L. W.
82



No. 2002116 RANK

Pte

NAME

Plante Euclide

T. O. S. 13-12-16

UNIT

No 4th Coy 150th Battalion C. I. F.

SO 15-N-1-17.

M. D. 4

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PARTICULARS

AUTHORITY

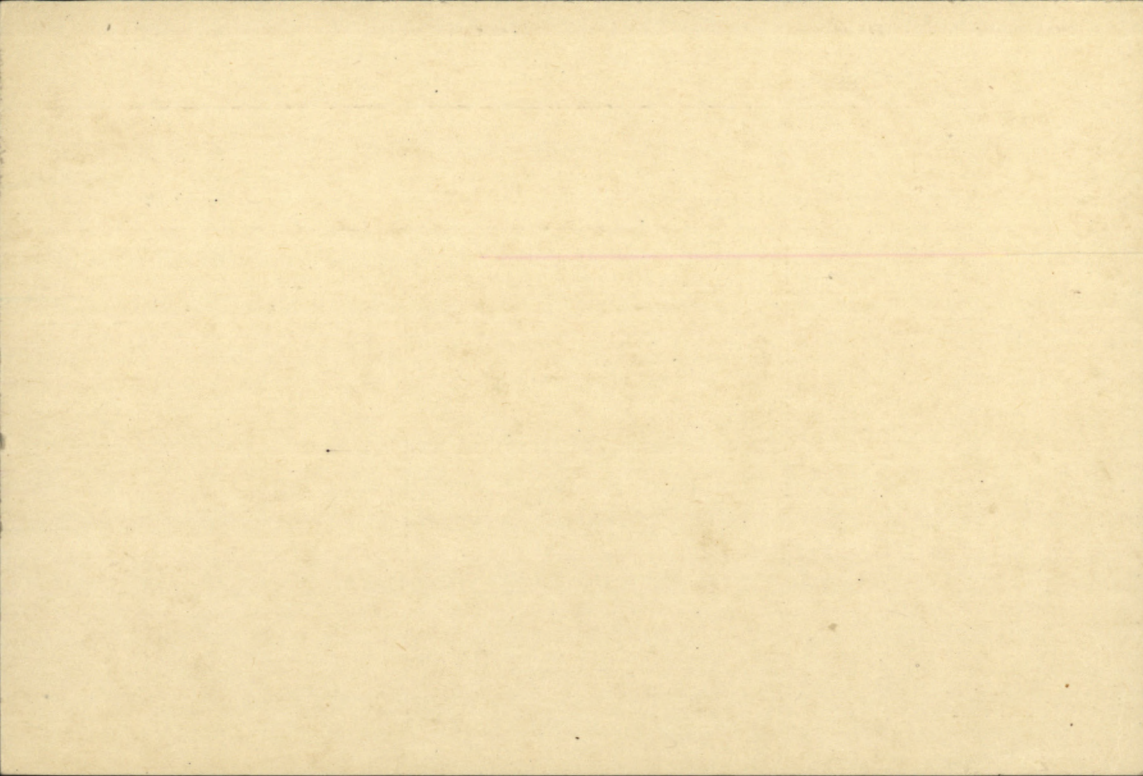
PAID
FROMPAID
TOSIG.
OR
REC'T

1916

1916

Jan 1
Feb 1Jan 31
Feb 15N
NTransfd to a unit M 4 Co.
15-2-17

SO 43 12-2-17



649-P-5707

✓ PLANTE, Pte. ✓ ⁶A. ✓ #2002116 - ✓ 150th ✓ Bn

Med & D (Father) Joseph Plante Esc.
Sorel, P.Q.

P & S (Father) Address as above

See # 808280

Mem Cross (Mother) Mrs. Cordelia Plante
~~Sorel, P.Q.~~

*20 Rue de Marche,
Sorel, P.Q.*

Canada only

MX redesp. 1 ⁶/₂₁ X 2363 MX R. 19/12/1975

In X Recd 11/4/21 not called for.

Scroll Desp. 27/8/21 Reqn. No 2.51901

Plague Desp. JAN 24 1922 Reqn. No P 34324 PR 18-2-22

Scroll held 19-12-21-

JAN 21 1921

2.42021

W

643

SURNAME.

Plante.

649-P-5734

CARD No.

V

CHRISTIAN NAMES

Euclide.

FOL.

D

REGL. NO.

2002116.

RANK

Pte.

UNIT

150th. (No. 4 Co.)

Bn.

FORMER CORPS

Nil.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Plante, Joseph.

RELATIONSHIP TO SOLDIER

Father.

ADDRESS

Sorel, P.Q.

COUNTRY OF BIRTH

U.S.A. Providence

DATE

R.S. Oct. 21st. 1898.

PLACE OF ATTESTATION

Montreal, P.Q.

DATE

Jan. 15th. 1917.

MARRIED

SINGLE *yes.*

WIDOWER

TRADE OR CALLING

Labourer.

RELIGION

Roman Catholic.

DESCRIPTION.

APPARENT AGE

Not stated YEARS

MONTHS

HEIGHT

5 FEET

6 1/2 INCHES

CHEST MEASUREMENT

36 INCHES

EXPANSION

4 INCHES

COMPLEXION

Brown.

EYES

Brown.

HAIR

Brown.

DISTINGUISHING MARKS

Not stated.

MEDICAL EXAMINATION.

PLACE

Montreal, P.Q.

DATE

Jan. 15th. 1917.

Present Address - Sorel, P.Q.

MEDICAL HISTORY SHEET

2002116

Surname Plante Christian Name Eulhede

Examined { on 15 day of January 1917 Approved by [Signature]
 at Montreal, Que
 Birthplace { City or Town Brossard Rank Off M.O.
 County R. J.

Apparent age 18
 Trade or occupation Journalist M.O.
 Height 5 feet 6 1/2 Inches M.O.
 Weight 131-135 lbs. M.O.
 Chest measurement { Minimum 22 inches M.O.
 Maximum expansion 36 inches M.O.
 Physical development good M.O.
 Small-pox Marks nil M.O.

Vaccination Marks { Arm Right Left
 Number none
 When Vaccinated last none M.O.

(a) Marks indicating congenital peculiarities or previous disease M.O.
 (b) Slight defects but not sufficient to cause rejection M.O.
 M.O.
 M.O.

Enlisted on 15 day of January 1917 at Montreal

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment				
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT

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.

noted Feb 27/17

Surname *Plant* Christian Name *Evilde*

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				
<i>H. S. Jones</i>											
<i>Home Montreal</i>		<i>3</i>	<i>2</i>	<i>17</i>	<i>20</i>	<i>2</i>	<i>17</i>	<i>Snorrhoea</i>	<i>18</i>	<i>Transferred to General Ho.</i>	<i>J. M. Branton Capt. R.C.M.C.</i>
<i>Montreal M.G.H.</i>		<i>20</i>	<i>2</i>	<i>17</i>	<i>14</i>	<i>4</i>	<i>17</i>	<i>Subacute Endocarditis</i>	<i>53</i>	<i>Died Apr. 14/17 at Montreal General Hospital</i>	<i>Chas. G. Murray Surgeon</i>

8
31
14
53

FORM OF WILL.

I, Euclide Plante (Name in full)

Regimental Number 2002116 serving in #4 Co 150th Bde.

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

Cordelia Plante - (Mother)
Marché St-Laurent.
Sorel - P.Q.

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

absolutely, and my personal estate I bequeath to

Cordelia Plante
Marché St-Laurent.
Sorel - P.Q.

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 February A. D. 1917

Euclide Plante 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 A. J. Levesque

Address of Witness Cpt. G. B. Bouchard - Ottawa Ont.

Occupation of Witness Lieut. #4 Co. 150th Bde.

Signature of Second Witness J. B. Tessier

Address of Witness 1512 Boul. Laurier

Occupation of Witness Lieut. 150th Bde.

THE TWO WITNESSES MUST SIGN HERE

FORM OF WILL

I, the undersigned,

being of sound mind and memory,

do hereby declare this to be my last will and testament.

I hereby give, devise and bequeath

unto

of the county of

State of

my said

to have full power and authority

unto

of the county of

State of

my said

IMPORTANT

NOTE

The laws of this State

require that every

will be in writing

and signed by the

testator.

This form of will

is not intended to

take the place of

legal advice.

It is intended for

use in cases where

the testator is

unable to write.

It is intended for

use in cases where

the testator is

unable to write.

It is intended for

use in cases where

the testator is

unable to write.

It is intended for

use in cases where

the testator is

unable to write.

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unable to write.

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use in cases where

the testator is

unable to write.

It is intended for

use in cases where

the testator is

unable to write.

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. # 4 Co. 150th Bn. C.E.F. Montreal P.Q.

(2) Regimental Number 2002116

(3) Full Name of Soldier Euclide Plante -
Monsieur St. Laurent Sord. P.Q.

(4) Place of Birth Providence, R.I. U.S.A.

(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 - Joseph Plante.
If so, state name and address

(10) Is your Mother alive? yes -
If so, state name and address Cordelia Plante
Marche St. Laurent, Soc. B.

(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? 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.

Date February 5th, 1917
P. G. Marion Capt
Officer Commanding.

This space to be for numbers.

~~Not~~
Deceased

Proceedings on Discharge.

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

No. 2002116	
Rank Pte.	
Name <u>Plante, E.</u> <small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company) <u>150th Battn.</u>	
Date of Discharge <u>Deceased. 14th April 1917.</u>	
Place of Discharge <u>Montreal.</u>	
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age..... <u>18</u>years..... <u>6</u>months.	Descriptive Marks
Height..... <u>5</u>feet..... <u>6$\frac{1}{2}$</u>inches.	
Complexion <u>Brown</u>	
Eyes <u>Brown</u>	
Hair <u>Brown</u>	
Trade <u>Labourer</u>	
Intended place of residence } <u>Deceased.</u> <small>(To be given as fully as practicable.)</small>	
2. The above-named man is discharged in consequence of <u>Decease.</u> <u>14th April 1917.</u>	
<small>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.</small>	
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.
	<small>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:</small>
	4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

M. F. B. 218.

100m.—6-16.
H. Q. 1772-33-113

*am
14-1-21
ac.*

(OVER)

jm
*noted 2/6
27/4/17.*

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.....

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. P.Q...... (Signature of Soldier.)

(Date) 14th April 1917...... (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.....years.....90days.

11. **Confirmation of Discharge.**

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

(Place) Montreal. P.Q......

(Signature) G. C. Hall.....

(Date) APR 17 1917..... MAJOR,



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.)

NONE.

List of Discharge Documents.

<p>Reg. Conduct Sheet, Militia form B. 263.</p> <p>Squadron } Battery } Conduct Sheet, " B. 263a. Company }</p> <p>Copies of Convictions, by C. P. in MS.</p> <p>Med. Hist. Sheet, Militia Form B. 313</p> <p>Medical Report for Invalid* " B. 227.</p> <p>Statement of Man's Account on Transfer and Last Pay Cer- tificate, " D. 877.</p> <p>*Only if discharged "Medically unfit."</p>	<p>Attestation Paper, Militia Form B. 235.</p> <p>Proceedings on Discharge " B. 218.</p> <hr/> <p style="text-align: center;">In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p style="padding-left: 40px;">(a) Proceedings on Discharge.</p> <p style="padding-left: 40px;">(b) Attestation.</p> <p style="padding-left: 40px;">(c) Medical History Sheet (in the event of such having been prepared.)</p>
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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.