



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

(Class ONE)

1. Surname Poire
2. Christian name Joseph Omer
3. Present address 190 Chemin de la Canardiere Limoilou Quebec P.Q. Canada
4. Military Service Act letter and number 239060 EC.  
(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 July 24th 1894
6. Place of birth St-Roch Quebec P.Q. Canada  
(town, township or county and country)
7. Married, widower or single Single
8. Religion Roman Catholic
9. Trade or calling Electrician
10. Name of next-of-kin Marie Tranquille Poire
11. Relationship of next-of-kin Mother
12. Address of next-of-kin 190 Chemin de la Canardiere Limoilou Quebec P.Q. Canada
13. Whether at present a member of the Active Militia No.
14. Particulars of previous military or naval service, if any Nil.
15. Medical Examination under Military Service Act :-  
(a) Place Drill Hall Quebec (b) Date November 6 1918 Category A2.

**DECLARATION OF RECRUIT**

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

Joseph Omer Poire (Signature of Recruit)

**DESCRIPTION ON CALLING UP**

Apparent age 23 yrs. 4 mths.  
 Height 5 ft. 6 1/2 ins.  
 Chest measurement } fully expanded 36 ins.  
 } range of expansion 1 1/2 ins.  
 Complexion Dark  
 Eyes Brown  
 Hair Black

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

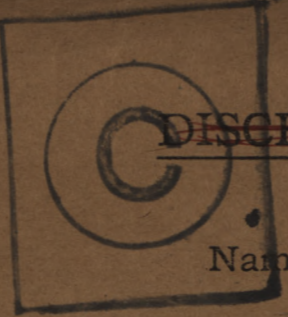
Nil.

[Signature]  
 O. C. Depot Btln.  
 1st Depot Bt. 2nd Quebec Rgt.  
 Regt.

Place Drill Hall Quebec P.Q. Date September 30 1918



m 2  
2-12-18



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.....

34

Name POIRE JOSEPH OMER

Regt. No. 9293202 Rank Pte

Corps 1st Dept Pon 2nd 2. R.  
Deceased 14-10-18



1412

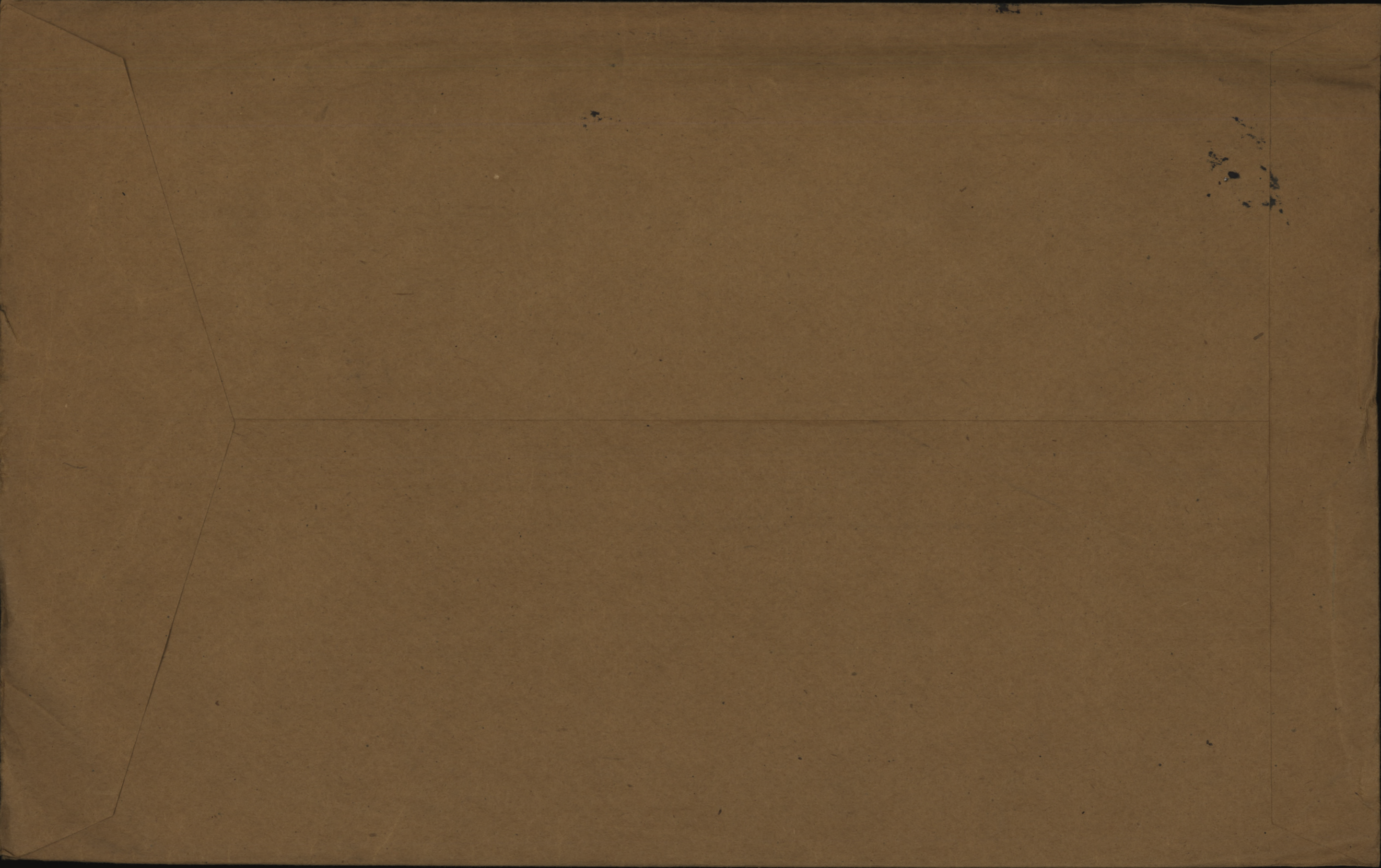
33 — 2  
24 — 2  
10 — 3



M.F.W. 178-1  
M.F.W. 113-1

M.F.W. 82-1  
Receipt for M.F.W. - 1

Mix  
9-2-21  
P.R.



LEDGER NO.

4207,269

SERIAL NO.

REG. NUMBER

3293202

NAME

Poiré, Jos

RANK

Ot

CORPS

AGE

SERVICE

NAME OF HOSPITAL

Drill Hall

PLACE

Quebec

DATE OF ADMISSION

DISEASE

Influenza

TRANSFERRED TO OTHER HOSPITALS

Deid 14-10-18

OPERATION

DISCHARGED TO

IN CATEGORY

M. F. W. 2553.

50m.—6-18.  
1772-39-1332.

P. T. O.

REMARKS:.....

649-P-14863

Trench

✓ ✓ ✓ ✓ ✓  
POIRÉ, Joseph Omer (Pte) No. 3293202

2nd Bn.

*Depot*

*1st 2nd Q. Regt.*

Medals and decorations (Mother) Mrs. M.T. Poiré,  
190 Chemin de la  
Canardière, Limoilou  
Que.

Plaques and Scroll (Mother) Mrs. M.T. Poiré,  
address as above.

*(Ser. # 808285)*

*47629*

Memorial Cross. (Mother) Mrs. M.T. Poiré  
address as above.

MAY 7 - 1921

Scroll Desp. \_\_\_\_\_ Reqn. No. *7.4192*

*Canada Only.*

OCT 13 1921

*D 11409 13*

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

*R.R.*

M

45-176

FEB 14 1921

1072



14  
10  
18

H. Q. ....

M. D. No. 5 .....

Surname Poire ..... T. O. S. .... 19 .....

Christian names Joseph Omer ..... D. O. Pt. II ..... of .....

Regtl. No. 3293202 ..... Rank Pte. .... S. O. S. 14-10 ..... 19 18 .....

Unit 1st Dps. Bn. 2nd Que. Regt. .... Reason Deceased .....

Auth. 1/2 P.R. 23/11/18 <sup>D.O. 327 of</sup> .....

Next of kin Poire Mrs Marie J. .... Relationship mother .....

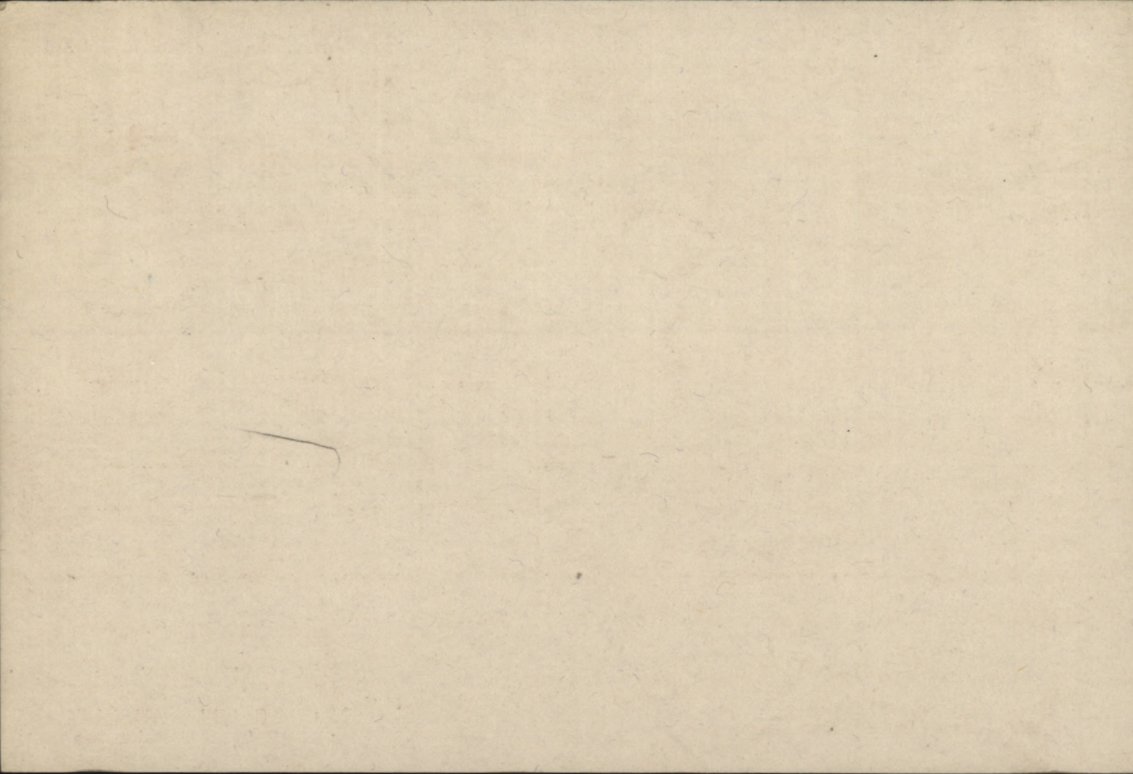
Address 190 Chemin de la Canardiere ..... Also notify: .....

Limoilou P. Q.

BORN—Place Canada, St Roch P. Q. .... Date July 24th 1894 .....

ATTESTED—Place Quebec P. Q. .... Date Sept 30th 1918 .....

O/S ..... R/C .....



*Let 113*

*3293202*

# LOI DU SERVICE MILITAIRE FEUILLE MÉDICALE



OCT 23 1916

IMPORTANT.— Si le nom de l'homme n'apparaît pas sur la liste des hommes répondant à l'appel, ou s'il n'a pas fait une demande d'exemption ou une déclaration d'être prêt à répondre au service militaire ou, dans le cas où il aurait fait l'une ou l'autre, s'il en ignore le numéro, on l'informerait qu'il doit attacher la copie de cette feuille médicale (qu'on lui remettra) à la déclaration ou à la demande d'exemption qu'il pourra faire en s'adressant à n'importe quel maître de poste en Canada, ou envoyer lui-même après avoir marqué dessus le numéro du reçu qu'il a reçu du maître de poste, au Registraire ou au député Registraire de la Loi du Service Militaire. Dans tous les cas le double de cette feuille médicale sera envoyé par le Bureau Médical au Commandant du District à moins que ce dernier n'ait donné ordre de l'envoyer directement au Registraire ou Député Registraire.

- 1. Nom de famille..... *Loire* Nom de baptême..... *Baner*
- 2. Numéro de la réponse à l'appel ou de la demande d'exemption d'après le reçu du maître de poste ou la liste..... } *239060 EC*
- 3. Numéro consécutif de la liste des déclarations (s'il y apparaît).....
- 4. Adresse (y compris la rue et le numéro s'il en existe)..... } *190 Lacanardière Simoilan*

Voici les renseignements exacts qui résultent de l'examen du sujet ci-dessus nommé, fait le.....

*November* jour de..... *6* 1917, par le bureau médical soussigné siégeant à..... *Quebec*

5. Âge affirmé..... *23* ans..... *4* mois. 6. Âge apparent..... ans..... mois.

7. Hauteur..... *5* Pieds..... *6 1/2* pouces. 8. Poids..... *145* livres.

9. Mesure de poitrine { Minimum..... *34 1/2* pouces  
Maximum..... *36* pouces 10. Couleur..... *Dark* Yeux..... *Brown*  
Cheveux..... *Black*

11. Développement physique..... *Medium* { Bon  
Moyen  
Pauvre 12. Marques de vérole.....

13. Nombre de vaccinations { Bras droit.....  
Bras gauche..... 14. Dernière vaccination.....

15. Indices distinctives et indices de particularités congénitales ou de maladie antérieure.....

16. Défauts légers insuffisants pour l'exemption.....

Le sujet nie avoir souffert de { Rhumatisme  
Tuberculose Syphilis Nous ne trouvons pas de preuve qu'il ait souffert de { Rhumatisme  
Tuberculose Syphilis

(Rayez la maladie admise ou soupçonnée.)

Nous avons examiné le sujet ci-dessus nommé, conformément aux règlements pour les examens médicaux des F.E.C. et il est classé dans la catégorie A II

*Kusterson Cpt. President.*  
*A. B. Benoit Membre*

Date	Résultat	VACCINÉ	Date	Résultat	INNOCULATIONS, ANTI-TYPHOÏDES, ETC.
					O.M.
					O.M.
					O.M.

Enrôlé le *30th* jour de *Sept* 191*6* à *Quebec*

CORPS	No. dans le régiment	HABITUDES	DATE

Enrôlé.....  
Transféré à.....

### EXAMINÉ OU REFUSÉ PAR UN BUREAU MÉDICALE.

QUARTIER	DATE	MALADIE	RESULTAT

N. B. Il sera disposé de cette feuille conformément aux règlements du service médical de l'armée, si le sujet devient inapte au service; la date et la cause seront indiquées au verso.

Signature de l'homme



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

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

330  
H. Q. 17

# Casualty Form—Active Service.

Unit, Regiment or Corps 1st Depot Battalion 2nd Quebec Regiment.

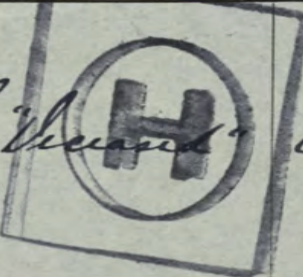
Regimental No. 3293202 Rank Private Name Poire Joseph Omer  
C. E. F.

Enlisted (a) 30/9/18. Terms of Service (a) Can. Exp. Forces. Service reckons from (a) 30/9/18.

Date of promotion to } Date of appointment } Numerical position on }  
present rank } to lance rank } roll of N. C. Os. }

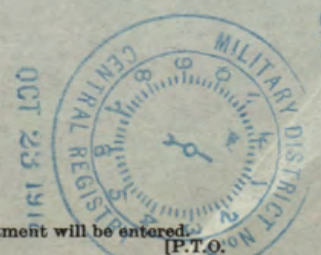
Extended ..... Re-engaged ..... Qualification (b) Electrician

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>23.11.18</u>	<u>1/2 Ave</u>	<u>S. S. Vincent</u>	<u>Ave</u>	<u>14.10.18</u>	<u>D.D. Pt 32</u>



*Oblye Scott*  
*for work*

(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.



S. D. No. ....

*M-X*  
*7-2-21*  
*R.R.*

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				

# FORM OF WILL

## SEE INSTRUCTIONS ON BACK

If you do not specifically mention your life insurance it will be assumed to pass by this will.

Name, etc. I, Joseph Omer Poire

Regimental number 3293202 Rank Private serving in the

1st. Dpt. Btn. 2nd. Quebec Reg. Canadian Expeditionary Force,

declare this to be my last will, revoking all previous wills, if any.

Executor I appoint //////

whose address is //////

to be the executor of this my last will.

//////  
//////

General gift I give to Marie Tranquille Poire (Mother)

whose address is 190 Chemin Dela Canardiere Limoilou Quebec P.Q.Can.

all my property not disposed of above.

Date Dated at Drill Hall Quebec P.Q. this September 30th. 1918.

Signature Joseph Omer Poire.  
*Signature of Soldier.*

Signed and acknowledged by the testator as and for his last will in the presence of us, both present at the same time, who at his request, in his presence and in the presence of each other have hereunto subscribed our names as witnesses.

1ST WITNESS

2ND WITNESS

Witnesses Signature Rene Blouin Pte.

Signature Antoine Cloutier Pte.

Address Drill Hall Quebec P.Q. Can./

Address Drill Hall Quebec P.Q. Can.

Occupation Clerk.

Occupation Clerk.

I hereby certify that this document is a true copy of original document now in possession of this office.  
*L.S. Henderson*  
Director Military Estates  
NOV 21 1918

## INSTRUCTIONS

### NAME

Give your first names and surname in full. Fill in correctly your rank, regimental number and the name of the unit to which you belong.

### EXECUTOR

Appoint as executor some responsible person, preferably a civilian, and if possible someone who is permanently resident in the Province where the property is situate. It is advisable that the person to whom you leave your property should be the executor. For instance, if you leave your property to your wife, you should ordinarily appoint her. One, two or more executors may be appointed, but the appointment of more than two is inconvenient.

### LIFE INSURANCE

*If you do not wish to pass life insurance by the will this should be stated.*

### SHARES

If you wish to give part of your property to one person and part to another, write in the blank space a gift of the property of which you want to dispose specially, and then complete the rest of the form. Thus, if you wanted to give your farm and implements to your sister, whose name was Mary Smith, and to leave the rest of your property to your mother, whose name was Elizabeth Smith, you would write into the form what appears in italics below.

For example :—

*I give to my sister, Mary Smith, whose address is 154 William Street, Winnipeg, my homestead and farm implements.*

I give to.....*my mother, Mrs. Eliz. Smith,*.....  
whose address is.....*250 Yonge Street, Toronto,*.....  
all my property not above disposed of.

### DATE

Do not forget to insert the date on which the will is signed.

### WITNESSES

Two witnesses are absolutely necessary. They and the soldier must all be present together when the three signatures are made. It is advisable that the witnesses should be persons permanently resident in Canada, and they must not receive any benefit from the will.