

2nd DEPOT BN. 2nd QUEBEC REG'T.

M. D. Depot-Battalion Regiment

Regtl. No. D-

PARTICULARS OF RECRUIT 3171578
DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class One)

1. Surname RIVARD

2. Christian name Louis Theophile

3. Present address 19 Parthenais St Montreal P.Q. Can

4. Military Service Act letter and number 102251 DG
(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 Nov 14th 1888

6. Place of birth New Glasgow Co Shestern. Q. U Can
(town, township or county and country)

7. Married, widower or single Married

8. Religion Roman Catholic

9. Trade or calling Engraver Professor

10. Name of next-of-kin Mde Susane RIVARD

11. Relationship of next-of-kin Wife

12. Address of next-of-kin 19 Parthenais St Montreal P.Q. Can

13. Whether at present a member of the Active Militia Nil

14. Particulars of previous military or naval service, if any nil

15. Medical Examination under Military Service Act :—

(a) Place Montreal P.Q. Can (b) Date Aug st 8th 1918 (c) Category A²

DECLARATION OF RECRUIT

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

Louis Theophile Rivard (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age 28 yrs 3 mths. } Distinctive marks, and marks indicating congenital peculiarities or previous disease.

Height 5' 2" ft. 2 ins.

Chest measurement } fully expanded 40 ins.
range of expansion 6 ins.

Complexion Medium

Eyes Brown

Hair Brown

Lt.-Col. Commanding 2nd Depot Bn. and Quebec Reg't B. C. Depot Btl.

Place Montreal P.Q. Can Date August 8th 1918

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT 1917

Class _____

1. Name _____

2. Christian name _____

3. Present address _____

4. Military Service Act number and number of the draft _____

5. Date of birth _____

6. Place of birth _____

7. Married, widower or single _____

8. Religion _____

9. Trade or calling _____

10. Name of next-of-kin _____

11. Relationship of next-of-kin _____

12. Address of next-of-kin _____

13. Whether present member of the Army, Air Force or Royal Naval Volunteer Reserve _____

14. Particulars of previous military or naval service _____

15. Medical examination under Military Service Act _____

16. Remarks _____

DECLARATION OF RECRUIT

I, the undersigned, do hereby declare that the above particulars are true to the best of my knowledge and belief.

Signature of Recruit _____

DESCRIPTION ON CALLING UP

Height	Weight	Build	Complexion	Hair	Eyes	Other
5' 7 1/2"	140	Slender	Fair	Black	Blue	

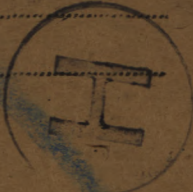
Mx
12-11-18

Deceased

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.....

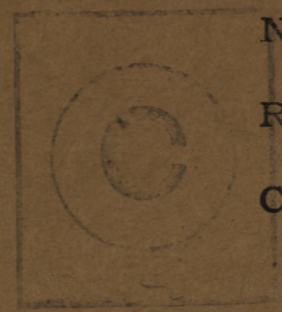
Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate.....



Name Rivard Louis Theophile

Regt. No. 3171573 Rank Pte

Corps 2nd Dep Bn. 2nd Quebec
Deceased

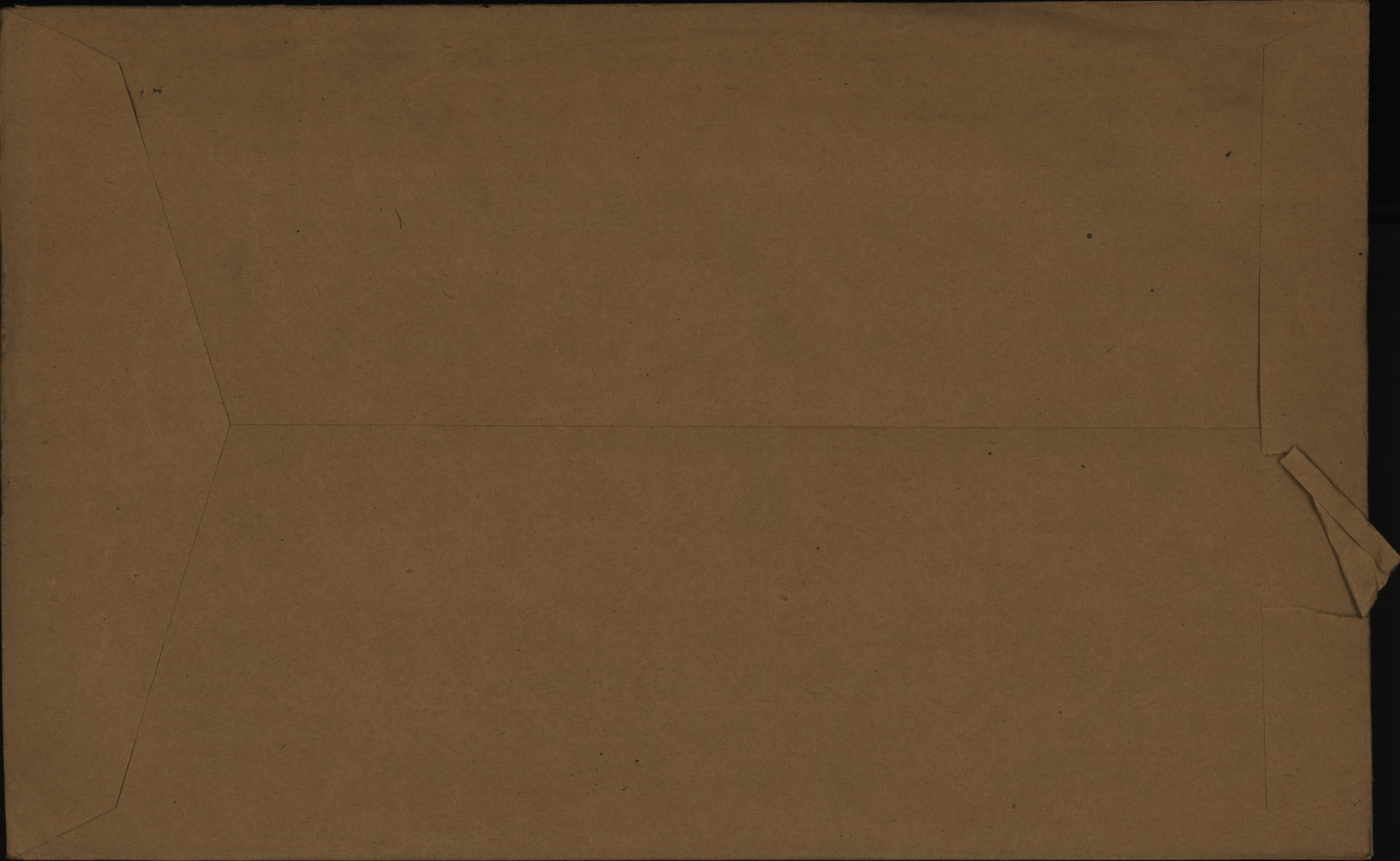
13868



Doc 5710-1
M7W113-1
M7W178-1
M7B465-1

et al
Mx
26-2-21
ac

1
2-31
2-31
James Smith
30-5-21



D. $\frac{8}{10}$ / 18

29

Surname Rivard H. Q.
 Christian names Louis Theophile M. D. No. 4
 Regtl. No. 3171573 Rank Pte. T. O. S. Aug 8th 1918
 Unit 2nd Que Regt. 2nd Dep Bn D. O. Pt. II 1219 of 9-8-18
 S. O. S. 8-10 1918 ✓
 Reason Dec
 Auth. Pt II Exh.

Next of kin Rivard Mrs. Susane Relationship Wife
 Address 19 Parthenais St. Also notify:
1 Montreal, P.Q.

BORN—Place Canada, New Glasgow, P.Q. Date Nov. 14th, 1888
 ATTESTED—Place Montreal, P.Q. Date Aug 8th, 1918
 O/S R/C

8-10-18. 2/2 Ave Roy.

02. P.O.T.C.

✓
97-137
LEDGER NO.

SERIAL NO.

REG. NUMBER *3171573* NAME *Richard P. T.*

RANK *Plt* CORPS *b. O. T. C. Caval.*

AGE SERVICE

NAME OF HOSPITAL PLACE *M. S. H. Montreal*

DATE OF ADMISSION

DISEASE *Pneumonia*

TRANSFERRED TO OTHER HOSPITALS

Died, 8. 10. 18.

OPERATION

DISCHARGED TO IN CATEGORY

REMARKS:.....

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C. O. J. E. Laval

649-R-14251

✓
3171573

✓
Pte.

✓ RIVARD, *✓* Louis T. *✓*

(From 2nd Que.R.)

Medals & Dec.

(Widow)

Mrs. E. Rivard
2549a Park Ave.,
Montreal, P.Q.

P. & S.

(Widow)

Mrs. E. Rivard,
Address as above.

(Ser. # 808366)

Memorial Cross

(Widow)

Mrs. E. Rivard,
Address as above.

Canada only

MAY 7 - 1921

Scroll Desp.

Reqn. No *241964*

50113 P26341

JAN 24 1922

Plaque Desp.

Reqn. No

131

W/ 47205 - MAR 4 1921

1109

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. 53061—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. P	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		

M. F. W. 127
 300M-1-10
 1772-30-1140

Remarks.

Register No. DR807

WAR SERVICE GRATUITY
TO
DEPENDENTS OF DECEASED SOLDIERS

A.P. File No. 15437-L-7

na
8/7

Regt'l No. 3171573 Name Louis Shekivard
(Christian Name) (Surname)
Unit 2nd Dep Bn Rank Pte. Date of enlistment.....
Date of casualty 8-10-18 B.P.C. File No. 54659
Was service performed overseas? no

DEPENDENT

Name Mrs Suzanne Rivard Relationship Widow
Address 2549 A Park Ave
Montreal
P. Que

Amount of Special Pension Bonus \$ 481.00 Abstracted by M. L. Dumas

Eligible for Gratuity \$ 180.00
Less amount of Special Pension Bonus paid..... \$ 80.00
Less Debit Balance of S. A. or A.P..... \$ —
Total deductions \$ 80.00

Balance due \$ 100.00
Cheque No. 91899913 Date issued AUG 11 1918

Clerk H. North

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

Audited by
[Signature]
Date 11.8.20

M.F.W. 2652
25M-6-20,
H.Q. 1772-39-1473

FORM OF WILL

SEE INSTRUCTIONS ON BACK

DEPT
MILITARY & DEFENCE
NOV - 2 1918
CANADA

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

Name, &c. I, RIVARD Louis Theophile

Regimental number D-2nd Rank Pte serving in the
2nd DEPOT BN. 2nd QUEBEC REGT.

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

Executor I appoint nil
whose address is nil

to be the executor of this my last will.

General gift I give to My Wife Mde Susane RIVARD
whose address is 19 Parthenais St Montreal P.Q.Can

all my property not disposed of above.

Date Dated at Montreal P.Q.Can this August 27th 1918

Signature Louis T. Rivard
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
Witnesses Signature Emile P...
Address Peel St B108
Occupation Sacrier

2nd WITNESS
Witnesses Signature George Vincent
Address Peel St B108
Occupation Soldier

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.

MEDICAL HISTORY SHEET.

1. Surname: RIVARD Christian name: Louis Theophile
 2. Number of report for service or claim for exemption according to Postmaster's Receipt or schedule: 102251 DC
 3. Consecutive number on schedule of men reporting for service (if he appears on it):
 4. Address (including street) and number if any: 19 Parthenaus t Montrelal P.Q.Can

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 8th day of August 1918, by the undersigned medical board sitting at Peel St Barracks Montreal P.Q.Can

5. Age as stated: 29 Years 3 Months. 6. Apparent age: Years Month
 7. Height: 5 Feet 2 Inches. 8. Weight: 117 Pounds.
 9. Chest measurement: (Minimum 30 Ins. Maximum 34 Ins.) 10. Complexion: Medium (Eyes Brown Hair Brown)
 11. Physical development: Good (Good Fair Poor) 12. Smallpox marks:
 13. Number of vaccination marks: (Right arm Left arm) 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, Nervous or Mental disorder, Epilepsy, Syphilis, Asthma, We find no evidence of past (Rheumatism, Tuberculosis, Nervous or Mental disorder, Epilepsy, Syphilis, Asthma)
 (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 2
 17. (a) Vision: R. 30 L. 30
 (b) Hearing: R. OK L. OK
Williamus Major President.
Manegman Capt Member. McKusick Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>8/8/18</u>		<u>Ernest Chabot St. M. O.</u>	<u>8/8/18</u>		<u>Ernest Chabot St. M. O.</u>
		<u>M. O.</u>	<u>13/8/18</u>		<u>Ernest Chabot St. M. O.</u>
		<u>M. O.</u>	<u>18/8/18</u>		<u>Ernest Chabot St. M. O.</u>

Joined 8th day of August 1918 at Montreal P.Q.Can

JOINED ON ENLISTMENT	CORPS	REG'TL NUMBER	HABITS	DATE
	<u>2nd DEPOT BN.</u>	<u>2nd</u>	<u>QUEBEC REGT</u>	<u>8-8-18</u>
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT

Signature of Man Louis Theophile Rivard

If raised in category, record category in a square. The M. O. will initial and date.

Casualty Form—Active Service.

8171573

2nd DEPOT BN. 2nd QUEBEC REG'T.

Unit, Regiment or Corps

Regimental No. D* Rank PTE Name RIVARD LOUIS Theophile

Enlisted (a) 8-8-18 Terms of Service (a) C.E.F. Service reckons from (a) 8-8-18

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) Professor

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				
8-8-18					
27/27 1918	2/2 Q.R.	T.O.S. Transferred to C.O.T.C. Laval. Auth. D.O. 1656	Montreal	8-8-18	DO 219. Adjutant 2nd Depot Bn., 2nd Quebec Reg't.
30-9-18	COTC	T.O.S on transfer from 2/2 Q.R. (DO 1656)	Laval. Montreal	30-9-18	DO 134
18-10-18	do.	Reads S.O.S. transfer DO 1656 is cancelled from date of transfer by DO 1816.		18-10-18	DO 132
29-10-18	2/2 Q.R.	S.O.S. Deceased.	Montreal	5-10-18	DO 296

(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.

