

5th M. D.

FIRST

Depot Battalion SECOND QUEBEC Regiment

Regtl. No. 3284871

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

P. Coy

(Class One)

1. Surname Roussel

2. Christian name Louis Phillippe

3. Present address Riviere du Loup, Tamasquata Co., P.Q. Canada.

4. Military Service Act letter and number 220077 E.C.
(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 April 25th. 1891

6. Place of birth Riviere du Loup, Tamasquata Co., P.Q. Canada
(town, township or county and country)

7. Married, widower or single Single

8. Religion Roman Catholic

9. Trade or calling Fireman in mill.

10. Name of next-of-kin Phirim Roussel

11. Relationship of next-of-kin Father

12. Address of next-of-kin Riviere du Loup, Tamasquata Co., 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 Drill Hall, Quebec Date 17-6-18 (c) Category A2

DECLARATION OF RECRUIT

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

Louis Phillippe Roussel (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age 27 yrs. 2 mths.

Height 5 ft. 5½ ins.

Chest measurement } fully expanded 37 ins.
 } range of expansion 3 ins.

Complexion Fair

Eyes Blue

Hair Black

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

156

for O. C. *Just Brodie Capt*
Depot Bn.
SECOND QUEBEC
Regt.

Place Drill Hall, Quebec Date 17-6-18

13

Form 100 (Rev. 1957)

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1951

Class: 1st

1. Name of recruit: Louis Philippe Thomas

2. Address of recruit: 111 Avenue du Parc, Montreal 10, P.Q., Canada

3. Date of birth: 1927

4. Place of birth: Montreal, P.Q., Canada

5. Occupation: Unemployed

6. Education: High School

7. Name of next of kin: [Name illegible]

8. Address of next of kin: 111 Avenue du Parc, Montreal 10, P.Q., Canada

9. Whether at present member of the Armed Forces: No

10. Particulars of previous military service: None

11. Medical examination number: 17-5-15

DECLARATION OF RECRUIT

I, Louis Philippe Thomas, do hereby declare that the particulars given to me, and in this form, are true and correct to the best of my knowledge.

(Signature of Recruit)

DESCRIPTION ON CALLING UP

Particulars	Remarks
Height	5' 8"
Weight	145 lbs
Complexion	Fair
Build	Slender
Other	None

25-11-18

Deceased

DISCHARGE DOCUMENTS

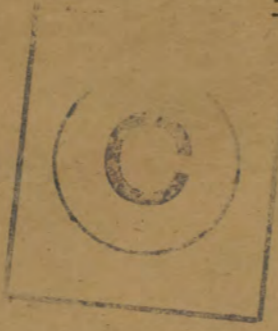
R. O. No.

H. Q. No.



- Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- Attestation Papers..... 3
- 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.....

Handwritten initials 'P' and 'J' on the left margin.



Name ROUSSEL LOUIS PHILIPP
 Regt. No. 3284871 Rank Pl
 Corps 1 Depot In. 2nd Que Regt

S.O.S. 8-10-18
M.D. 57



25257

Doc I I #10- /
 M y W 113- /
 a y B 122- /
 M y B 465- /

1-10
1-10

M. F. W. 62.
 50M.-9-16.
 H. Q. 1772-39-835.

mx
 26-1-21

8/10

Surname Roussel
Christian names Louis Philippe
Regtl. No. 32 8 4 8 71 Rank pte
Unit ~~2nd Que Regt 1st Hq Co Bn~~
#5 Det. C.M.P.C.

H. Q.
M. D. No. 5
T. O. S. June 17th 1918
D. O. P. II 166 of 156-18
S. O. S. Disc 8/10/1918
Reason Died
Auth. D.O. 281-9-10-18

Next of kin Roussel, Phixim
Address Riviere-du-Loup
Temiscouata P.Q.

Relationship Father

Also notify:

BORN—Place banada Riviere du Lou P.Q. Date April 25th 1891

ATTESTED—Place Drill Hall Quebec Date June 17th 1918

O/S

R/C



LEDGER NO.

4980.-389

SERIAL NO.

a
11026

REG. NUMBER

328487

NAME

Roussel L P

RANK

pte

CORPS

C.M.P.

AGE

28

SERVICE

✓

NAME OF HOSPITAL

Mil

PLACE

Quebec.

DATE OF ADMISSION

3-10-18.

DISEASE

Influenza.

TRANSFERRED TO OTHER HOSPITALS

OPERATION

Died 8-10-18.

DISCHARGED TO

IN CATEGORY

REMARKS:.....



H.Q. 649-R-14560.

3284871

✓ ✓ ✓
ROUSSEL, Pte. Louis, #3284871,

1st Depot Bn.

2nd Q.R.

Med & D (Father)

Mr. P. Roussel,
4 St. Marc Street,
Riviere-du-Loup, Que.

P & S (Father)

Address as above.

(Ser. #808422.)

a

Mem Cross (Nil)

Scroll Desp. MAY 7 - 1921 Reqn. No. 241986 *S.R. 30 1/21*

Canada only
U

Plague Desp. _____ Reqn. No. _____

Scroll redesp. 8-2-23. B2428.

NOV 20 1924

Plaque Desp. _____ Reqn. No. 1367

*m/ra
gr*

Register No. DR 797

WAR SERVICE GRATUITY

A.P. File No. 15707-2-4

TO
DEPENDENTS OF DECEASED SOLDIERS

Reg'tl No. 3284871 Name Louis P Roussel
(Christian Name) (Surname)
Unit C.A.M.P. Rank Pte Date of enlistment.....
Date of casualty 8-10-18 B.P.C. File No. 61360
Was service performed overseas? yes.

DEPENDENT

Name Mr + Mrs. J. Roussel Relationship Father Parents.
Address non Rue. St. Marc
Riviere Du Loup
En Bas. P. 2

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

Amount of Special Pension Bonus \$ nil Abstracted by M Wilson

Eligible for Gratuity \$ ~~1800~~

Less amount of Special Pension Bonus paid \$ nil

Less Debit Balance of S. A. or A.P. \$

Total deductions \$ nil

Balance due \$ ~~1800~~ Nil *Mr*

Cheque No. Date issued

Clerk J. E. Court

REMARKS: Not eligible no
saac - N. North 10/80

Audited by
Date

*Collected 26/8/20
29/80*

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:

Original Not Available
 Fill in only Unit, Number, Rank and Name.

M. F. W. 54. (A. F. B. 10s.)

500M.-9-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps. 1st Depot Bn 2nd Que Regt.

Regimental No. 3284841 Rank Pte Name ROUSSEL Louis Philippe
C. E. F.

Enlisted (a) 17-6-18 Terms of Service (a) D of W Service reckons from (a) 17-6-18

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)

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				
17-4-18	S.C.M.P.C.	Attached to this unit from 1/2 Que Regt.	Quebec	16-4-18	D.O. 197
30-4-18	"	Ref D.O. 194 in so far as it refers to this man is amended to read T.O.S. on transfer from 1/2 Que Regt.	"	16-4-18	D.O. 210
9-10-18	"	S.O.S. "Died"	"	8-10-18	D.O. 281



D. Rutledge

Capt for D of W

¹⁾ 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.

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

NAME OF PATIENT

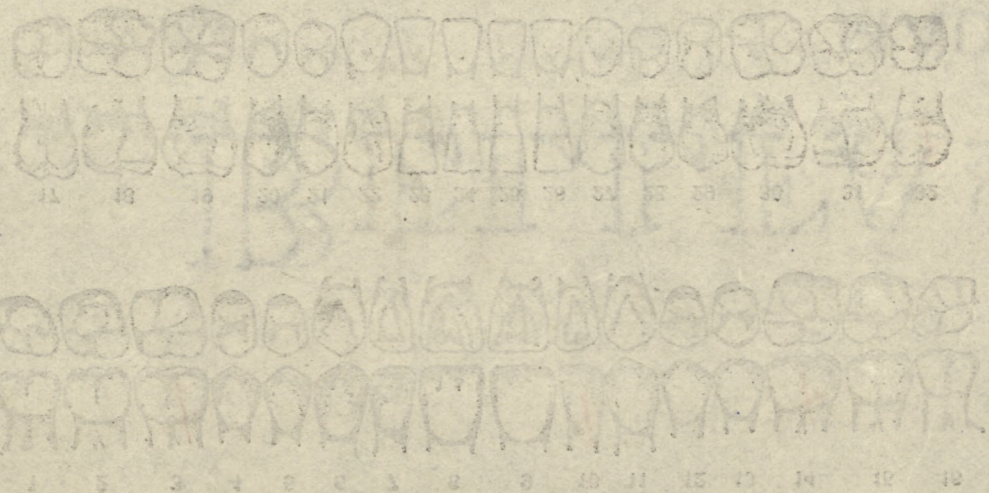
REGIMENT

POST

NO.

PREVIOUS CONDITION OF TEETH

General	Periodontal	Oral Hygiene	Oral Habits	Oral Surgery	Oral Pathology	Oral Radiology	Oral Prosthodontics	Oral Orthodontics	Oral Anesthesia	Oral Sedation	Oral Surgery	Oral Pathology	Oral Radiology	Oral Prosthodontics	Oral Orthodontics	Oral Anesthesia	Oral Sedation
---------	-------------	--------------	-------------	--------------	----------------	----------------	---------------------	-------------------	-----------------	---------------	--------------	----------------	----------------	---------------------	-------------------	-----------------	---------------



- 1. On examination the condition of patient's mouth to be recorded as follows:
 - a. Condition of dentures
 - b. Condition of natural dentition
 - c. Condition of oral hygiene
- 2. On that the report to be made as follows:
 - a. On that the condition of patient's mouth to be recorded as follows:
 1. Condition of dentures
 2. Condition of natural dentition
 3. Condition of oral hygiene

INSTRUCTIONS

FORM OF WILL

I, Louis Phillippe Roussel.....(Name in full)

Regimental Number 3284871.....serving in 1st Depot Bt. 2nd Quebec Bgt.

of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

I devise all my real estate unto

Phirim Roussel (Father)
Riviere du Loup, Temasquata Co.,
P.Q. Canada

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

absolutely, and my personal estate I bequeath to

Phirim Roussel (Father)
Riviere du Loup, Temasquata Co.,
P.Q. Canada

Name and Address
of person or
persons to receive
personal estate*
(See note).

NOTE

This space for the
appointment of
Executor if
necessary.

IMPORTANT NOTE

This must be signed
and Dated by
THE SOLDIER
HIMSELF.

this 17 day of _____ A.D. 191

Louis Phillippe Roussel

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 W. D. Costello

Address of Witness Drill Hall, Quebec, P.Q. Canada

THE TWO
WITNESSES

Occupation of Witness Clerk

MUST
SIGN HERE

Signature of Second Witness J. R. Tremblay

Address of Witness Drill Hall, Quebec, P.Q. Canada

Occupation of Witness Clerk

FORM OF WILL

Faint, mirrored text from the reverse side of the page, including phrases like "I, the undersigned" and "do hereby declare".



MILITARY SERVICE ACT, 1917 *List 62*
MEDICAL HISTORY SHEET. *3284871*



1. Surname *Roussel* Christian name *Philippe*
 2. Number of report for service or claim for exemption according to Postmaster's Receipt or schedule *220077 et*
 3. Consecutive number on schedule of men reporting for service (if he appears on it)
 4. Address (including street and number if any) *River du Loup - Goussier*

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the *17* day of *Sept* 19*18*, by the undersigned medical board sitting at *Duval Hall Quebec*

5. Age as stated *27* Years *7 1/2* Months. 6. Apparent age *28* Years — Month
 7. Height *5 1/2* Feet *5 1/2* Inches. 8. Weight *138* Pounds.
 9. Chest measurement { Minimum *34* Ins. 10. Complexion *Fair* { Eyes *Blue*
 { Maximum *37* Ins. { Hair *Black*
 11. Physical development *Fair* { Good Fair Poor 12. Smallpox marks
 13. Number of vaccination marks { Right arm *—* 14. When vaccinated last *childhood*
 { Left arm *—*
 15. Distinctive marks and marks indicating congenital peculiarities or previous disease *undescended testicles*
 16. Slight defects but not sufficient to cause rejection
 The man denies having had { Rheumatism, Epilepsy, We find no evidence of past { Rheumatism, Epilepsy, Tuberculosis, Syphilis, Nervous or Mental disorder, Asthma. { Nervous or Mental disorder, 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 *Aii*
 17. (a) Vision. R. *30* L. *30*
 (b) Hearing. R. *OK* L. *OK*

Signature of Man *Philippe Roussel*

McNeill *Capt* Member. *MacLeod* *Capt* Member. *—* President.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<i>24-6-18</i>		<i>Shaperin</i> M. O.	<i>24-6-18</i>		M. O.
		M. O.	<i>8-7-18</i>		M. O.
		M. O.			M. O.

Joined *17th* day of *June* 19*18* at *Quebec PQ*

Joined on enlistment	CORPS	REG'TL NUMBER	HABITS	DATE
		<i>C22 P4871</i>		<i>17-6-18</i>
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT
<i>Quebec</i>	<i>27/8/18</i>		<i>Aii MacLeod Capt McNeill</i>

