

3170907

PARTICULARS OF RECRUIT DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class One)

1. Surname ROY
2. Christian name A delard
3. Present address St Raphael Co Bellechasse P.Q. Can
4. Military Service Act letter and number 102829 DC
5. Date of birth Nov 22th 1888
6. Place of birth St Raphael Co belledchasse P.Q. Can
7. Married, widower or single single
8. Religion Roman Catholic
9. Trade or calling Waiter
10. Name of next-of-kin Mr. Joseph ROY
11. Relationship of next-of-kin Father
12. Address of next-of-kin St Raphael Co Bellechasse P.Q. Can
13. Whether at present a member of the Active Militia Nil
14. Particulars of previous military or naval service, if any ni-1
15. Medical Examination under Military Service Act :-
(a) Place Montreal P.Q. Can (b) Date August 10th 1918 Category O'

DECLARATION OF RECRUIT

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

Adelard Roy (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age 29 30 yrs 4 mths.
Height 5 ft 2 1/2 ins.
Chest measurement fully expanded 34 ins. range of expansion 3 ins.
Complexion Medium rey
Eyes Brown
Hair

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

Commanding 2nd Depot Bn., 2nd Quebec Regt. O.C. Depot Btl

Montreal P.Q. Can

July 30th 1918

Place Date

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT 1917

Name

Rank

Service Number

Regiment

1. Name of the person to whom this certificate is issued

2. Name of the person to whom this certificate is issued

3. Name of the person to whom this certificate is issued

4. Name of the person to whom this certificate is issued

5. Name of the person to whom this certificate is issued

6. Name of the person to whom this certificate is issued

7. Name of the person to whom this certificate is issued

8. Name of the person to whom this certificate is issued

9. Name of the person to whom this certificate is issued

10. Name of the person to whom this certificate is issued

11. Name of the person to whom this certificate is issued

12. Name of the person to whom this certificate is issued

13. Name of the person to whom this certificate is issued

DECLARATION OF RECRUIT

I, the undersigned, do hereby declare that the above particulars are true and correct.

(Signature of Recruit)

DESCRIPTION OF CALLING UP

1. Name of the person to whom this certificate is issued

Date

Place

Signature of the person to whom this certificate is issued

22-10-10 Deceased

DISCHARGE DOCUMENTS

R. O. No.
H. Q. No.

Name ROYADELARD
Regt. No. 3170802 Rank Pvt
Corps 3rd Det. 2nd Blue Regt -

Struck off Strength 9-10-10.



- Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- Attestation Papers..... 2
- Declaration of change of name.....
- Authority for special enlistments.....
- Documents of re-enlisted men.....
- Regimental Conduct Sheet.....
- Compulsory Stoppages.....
- Casualty Forms..... 1
- 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..... 2
- Proceedings of Regt. Court Martial.....
- Copies of Convictions by Civil Power.....
- Company Conduct Sheet.....
- Clothing Transfer Certificate.....
- Inventory of Kit.....
- Last Pay Certificate.....

g
g
g

Acc. B. F. # 10 - 1
no. of W - 113 - 1
Dental Hist. Sheet - 1
A & B - 132 -

m x
17-1-21
al

20285

1-13
1-13

D. 9/10/18

Surname Roy
 Christian names Adelard
 Regtl. No. 3170802 Rank Pte
 Unit 2nd Que Regt 2nd. Npo Bn
 H. Q.
 M. D. No. 4
 T. O. S. July 30th 1918
 D. O. Pt. II 510 of 30-7-18
 S. O. S. 9/10/18 1918
 Reason Deceased.
 Auth. D.O. 283/11/10/18.

Next of kin Roy, Joseph Relationship Father
 Address St. Raphael, Bellechasse Also notify:
C.P.C.

BORN—Place Canada, St. Raphael Date Nov. 22nd 1888.
 ATTESTED—Place Montreal, C.P.C. Date July 30th 1918.
 O/S R/C

Ray - TOS. 30-7-18. Ref. 9-8-18.
Do. 224 - 18-8-18.

049-R-14247.

Roy, Adelard

Pte. #3170002

2nd Q.R.

Medals and Decs:

Father

Joseph Roy, Esq.,
St. Raphael, P.Q.

~~Scroll Desc~~

OCT 18 1921

~~Reqn. No.~~

753377

~~Plaque Desc~~

JAN 7 1922

~~Reqn. No.~~

p2842

AS above.

P. & S.

(Ser # 808423.)

Memorial Cross

Mother

Mrs. Philomene Roy,
Address as above.

Canada only

St. Raphael.
Co. Bellechasse 37
P.Q. (5-10-21) ac

A.C. B
70 4

M

C 42628 JAN 25 1921

M.X. redesp. 28.9.21- X2752

M X Returned 20/2/21 Not Called For.

3170802

EP

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

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

500M.—9-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

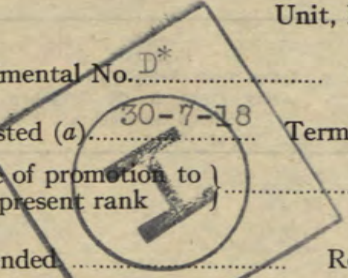
Unit, Regiment or Corps. 2nd DEPOT BN. 2nd QUEBEC REG'T.

Regimental No. D* Rank PFE Name ROY, Adelard
C. E. F.

Enlisted (a) 30-7-18 Terms of Service (a) C.E.F. Service reckons from (a) 30-7-18

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) Waiter



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				
13-8-18.	2/2-Q-R.	TO 9 (Reported 9-8-18)	Montreal	30-7-18.	Do-224
11-10-18.	do on 17-1-18 ac	S.O.S. Deceased.		9-10-18.	Do-283.

[Handwritten initials]

[Handwritten signature]
 Capit. R.
 For. Inf. R.

(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.

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				

MEDICAL HISTORY SHEET

3170802

2/20.R.
 1. Surname: ROY Christian name: Adelard
 2. Number of report for service or claim for exemption according to Postmaster's Receipt or schedule: 102829 DC
 3. Consecutive number on schedule of men reporting for service (if he appears on it):
 4. Address (including street) and number if any: St Raphael Co bellechasse P.Q.Can

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 10th day of August 1918, by the undersigned medical board sitting at Peel St barracks Montreal P.Q.Can

5. Age as stated: 30 Years 4 Months. 6. Apparent age: _____ Years _____ Month
 7. Height: 5 Feet 2 1/2 Inches. 8. Weight: 110 Pounds.
 9. Chest measurement { Minimum: 31 Ins. Maximum: 34 Ins. } 10. Complexion: Medium { Eyes: Grey Hair: Brown
 11. Physical development: Good { Good Fair Poor } 12. Smallpox marks: _____
 13. Number of vaccination marks { Right arm: _____ Left arm: 1 } 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 C1

Chronic Bronchitis
 17. (a) Vision: R. 20/30 L. 20/30
 (b) Hearing: R. _____ L. _____
 _____ President.
 _____ Member.

Signature of Man
Adelard Roy

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
		M. O.			M. O.
		M. O.			M. O.
		M. O.			M. O.

Joined 10th day of August 1918 at Montreal P.Q.Can

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>2nd DEPOT BN.</u>	<u>2nd QUEBEC REG'T.</u>	<u>D-</u>	<u>10-8-18</u>
Transferred to		<u>3170802</u>		

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT

N.B.—This sheet is 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 shown on next page.

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

Christian Name

Surname: ROY

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>Guards Emergency Hospital</i>							<i>Pneumonia</i>	<i>2</i>	<i>Died 9/10/18</i>	<i>[Signature]</i>	

Adolf

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.

MILITARY OFFICE
OCT 17 1918
H.Q. CANADA

3170802

Name, &c. I, ROY Adelard

Regimental number D- 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

nil

whose address is

to be the executor of this my last will.

General gift I give to My father Refused

Refused

whose address is

all my property not disposed of above.

Date Dated at Montreal, P.Q., Can this August 10th 1918

Signature

Adelard Roy
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.

Witnesses

1st WITNESS
Signature G. James
Address Bel's Brg's
Occupation Soldier

2ND WITNESS
Signature J. P. Messier
Address Bel's Brg's
Occupation Soldier

9, 75-17-10-18

FORM OF WILL

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.