

*exam
27-8-18*

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class ONE.)

1. Surname..... SAMSON.

2. Christian name..... Joseph Alva.

3. Present address..... Albert Mines, Sherbrooke, P.Q.
Can.

4. Military Service Act letter and number..... 58667 DC.
(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..... February. 11th. 1896.

6. Place of birth..... St-Catherine de Hadley Co. Stanstead P.Q.
(town, township or county and country) Can.

7. Married, widower or single..... Single

8. Religion..... Roman Catholic.

9. Trade or calling..... Miner.

10. Name of next-of-kin..... Mrs. Genilis Samson.

11. Relationship of next-of-kin..... Mother.

12. Address of next-of-kin..... Albert Mines Sherbrooke Co. P.Q. Can.

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..... Montreal, P.Q. Can. (b) Date..... June. 19th. 1918. (c) Category..... B²

DECLARATION OF RECRUIT

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

Joseph Alva Samson (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age..... 22 yrs. 5 mths.

Height..... 5 ft. 3 ins.

Chest measurement } fully expanded..... 36 ins.
range of expansion..... 3 ins.

Complexion..... Medium.

Eyes..... Blue.

Hair..... Fair.

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

[Signature]
Commanding 2nd Dept Bn., 2nd Quebec Reg't.
O. C. Depot Btin.

Place..... Montreal, P.Q. Can. Date..... June. 19th. 1918.

PARTICULARS OF RECRUIT

PREPARED UNDER MILITARY SERVICE ACT, 1916

Year 1916

1. Name	
2. Christian name	
3. Residence	
4. Date of birth	
5. Place of birth	
6. Marital status	
7. Religion	
8. Education	
9. Occupation	
10. Description of physical condition	
11. Particulars of service in any other capacity	
12. Address in last year	
13. Whether in any way connected with the War	
14. Particulars of service in any other capacity	
15. Medical Examination (Army Medical Officer)	
16. Signature of Recruiting Officer	
17. Date	

DECLARATION OF RECRUIT

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

Signature of Recruit

DESCRIPTION ON CALLING UP

1. Name	
2. Christian name	
3. Residence	
4. Date of birth	
5. Place of birth	
6. Marital status	
7. Religion	
8. Education	
9. Occupation	
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14. Particulars of service in any other capacity	
15. Medical Examination (Army Medical Officer)	
16. Signature of Recruiting Officer	
17. Date	

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

Signature of Recruit

2. P
22-11-18



- 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..... 2
- Proceedings on discharge.....
- Corps History Sheet.....
- Date and No. of Deposit Receipt for Purchase Money and Amount.....
- Parchment Certificate.....
- Medical Report for Invalids..... 7
- Medical History Sheet.....
- Proceedings of Regt. Court Martial.....
- Copies of Convictions by Civil Power.....
- Company Conduct Sheet.....
- Clothing Transfer Certificate..... 1
- Inventory of Kit.....
- Last Pay Certificate.....

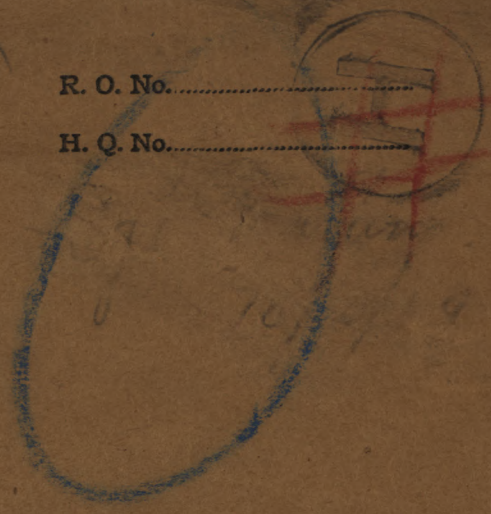
mzw 113 — 7
asb 122 — 1

1. Original Will

DISCHARGE DOCUMENTS

Name SAMSON JOSEPH ALVA
 Regt. No 3/63541 Rank Pte
 Corps 4th C.G.R
Deceased 11-10-18

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



02791



30 - 20.
 16 - 20
 9 - 20

MAX
29/11/18

649-S-27857.

✓
✓
✓
Samson, Joseph A.

✓
Pte. #3163541

✓
4th C.G.R.

Medals and Decs:

Mother

Mrs. C. Samson,

79-a Galt St. ~~Albert Mines,~~
Sherbrooke Co., P.Q.

Scroll redesp 22 1/2, B521.

P. & S.

"

As above.

Per # 808446

MAY 9 - 1920

Scroll Desp.

"

As above.

Reqn. No

2-42030

Memorial Cross

Please Re

Reqn No

P25562

not elig. for star
" " " V.M.
inf. " " R.W.M.

JAN 1 1922
26181

4605

M (4418) FEB 5, 1921

736

11/10/18

CARD NO.

SURNAME.

Samson

CHRISTIAN NAMES

Joseph Alva

REGL. NO.

3163541

RANK

Pte

UNIT

2nd Que Regt. 2nd Sps Bn.

FORMER CORPS

4.
808. Dec 11/10/18
D.O. 165 of FOLL 12/10/18
"deceased" 4 Eth Bn C of R.

T. O. S. June 19. 1918

D.O. Part II No 1720
19/6/18

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Samson Mrs. Celia

RELATIONSHIP TO SOLDIER

Mother

ADDRESS

Allert Mines, Sherbrooke
P.Q.

COUNTRY OF BIRTH

Canada St. Catherine P.Q.

DATE

Feb. 11th. 1896

PLACE OF ATTESTATION

Montreal P.Q.

DATE

June 19th. 1918.

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

RELIGION

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE

DATE

LEDGER NO.

3935 - 189

SERIAL NO.

638514. 21

REG. NUMBER

3163541

NAME

Lampson

RANK

Pte

CORPS

4 B. G. R.

AGE

SERVICE

NAME OF HOSPITAL

G. G. G. H.

PLACE

Montreal

DATE OF ADMISSION

6-10-18.

DISEASE

Influenza (Pneumonia)

TRANSFERRED TO OTHER HOSPITALS

Died 11-10-18.

OPERATION

DISCHARGED TO

IN CATEGORY

REMARKS:.....

.....

.....

.....

.....

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.....

.....

* N.B.—This Form being applicable to any Board of Officers or Committee or Court of Inquiry, this blank to be filled in accordingly.

The signature of each Officer composing the Board, &c., should be attached to the end of the proceedings.

PROCEEDINGS of a * COURT OF INQUIRY

assembled at Burnside Barracks, Peel Street, Montreal, P.Q.

on the 1st day of November, 1918,

by order of O.C. 4th Bn. Canadian Garrison Regt. C.E.F. Montreal,
P.Q.

for the purpose of inquiring into and reporting upon the death of

No. 3163541 Pte. J. A. Sampson, 4th Bn. Canadian Garrison Regt.

C.E.F., in accordance with Para. 620 P. & A. Regulations 1914.

PRESIDENT.

Major. F.C. Shorey, 4th Bn. Canadian Garrison Regt. C.E.F.

MEMBERS.

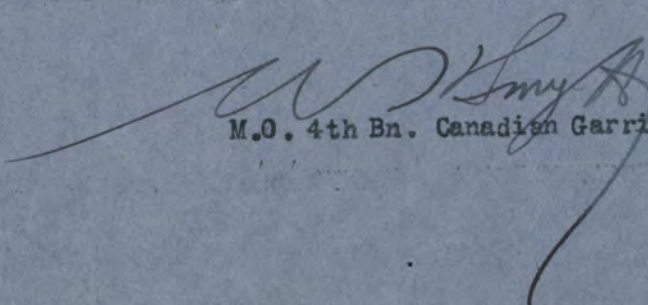
Capt. H. Dandurand, 4th Bn. Canadian Garrison Regt. C.E.F.

Lieut. A. W. Hawkey, DCM, 4th Bn. Canadian Garrison Regt. C.E.F.

The Court having assembled pursuant to order, proceed to
take evidence.

1st Witness.

No. 3163541 Pte. J. A. Sampson was paraded before me
on October 7th, suffering from Influenza. I had him sent to
hospital for further examination and treatment.


Capt.
M.O. 4th Bn. Canadian Garrison Regt. C.E.F.

MILITARY DISTRICT No. 4

NOV 14 1918

M. D. 4

2nd Witness.

No. 3163541 Pte. J.A. Sampson was admitted to this hospital on October 7th 1918. We was suffering from Influenza. Pneumonia developed and death followed on October 11th, 1918.

Chapman

Major, A.M.C.
O.C. Drummond Military Convalescent Hospital.

FINDINGS.

The Court, after careful consideration of the above evidence, finds that No. 3163541 Pte. J. A. Sampson, 4th Bn. Canadian Garrison Regt. C.E.F. died at the Drummond Military Convalescent Hospital on October 11th, 1918, through natural causes.

PRESIDENT:

A. Shorey

Major.
4th Bn. Canadian Garrison Regt. C.E.F.

MEMBERS:

Henry Wainman

Capt.
4th Bn. Canadian Garrison Regt. C.E.F.

[Signature]
Lieut.
4th Bn. Canadian Garrison Regt. C.E.F.

Forwarded and concurred in.

November 8th 1918.

J. H. Bissanville
Major.
A/O.C. 4th Bn Cdn Garrison Regt CEF

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

Casualty Form—Active Service.

4th Bn, CANADIAN GARRISON REGIMENT, C. E. F.

Unit, Regiment or Corps..... MILITARY DISTRICT NO. 4

Regimental No. *5163541* Rank *Private* Name *Lambson, J. A. (2/2 20.)*Enlisted (a)..... Terms of Service (a) *Star of Cross* Service reckons from (a).....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).....

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				
<i>21.6.18</i>	<i>2/2 20.</i>	<i>TAKEN ON STRENGTH 4TH BN. C, G, E, F, AUTH. PT, M D, O, 52.</i>		<i>20.6.18.</i>	<i>W. D. Melville</i> Lieut. Adjutant, 4th Bn, Canadian Garrison Regiment C, E, F.
<i>17.7.18</i>	<i>4 Co. F.</i>	<i>Out command to Valcartier.</i>	<i>Mont.</i>	<i>2.7.18</i>	<i>P. 50. 78.</i> <i>W. D. Melville</i> Lieut. Adjutant, 4th Bn, Canadian Garrison Regiment C, E, F.
<i>14-10-18</i>		<i>STRUCK OFF STRENGTH 4TH BN. C, G, E, F, AUTH. PT, M D, O, 165.</i> <i>Died in Grenadiers Guards Hospital at 1⁵ hrs. 11-10-18.</i>		<i>11-10-18.</i>	<i>W. D. Melville</i> Lieut. Adjutant, 4th Bn, Canadian Garrison Regiment C, E, F.

(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.]

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				

AB.

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.

3163541

Unit, Regiment or Corps

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

Regimental No. D- Rank Pta. Name SAMSON Joseph Alva.
C. E. F.

Enlisted (a) 19.6.18. Terms of Service (a) CEF. Service reckons from (a) 19.6.18.

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) Minor.

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				
21. 6. 18	2/2 26.	TAKEN ON STRENGTH 4TH BN. O. G. E. O. E. F. 4TH, PT. II D, O, SQ.		20. 6. 18	<i>W. Melville</i> Lieut. Adjutant, 4th Bn, Canadian Garrison Regiment C.E.F. <i>SM</i>

(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, Shoing Smith, etc., etc., also special qualifications in technical Corps duties. [P.T.O.]

Register No.

D.S. 1421.

WAR SERVICE GRATUITY
TO
DEPENDENTS OF DECEASED SOLDIERS

A.P. File No. *15926-J-32.*

Loan

Regt'l No. *3163541* Name *Joseph Alva Samson*
(Christian Name) (Surname)
Unit *4th Bn. G.R.* Rank *Pte* Date of enlistment
Date of casualty *10.10.18.* B.P.C. File No. *54951*
Was service performed overseas? *No.* ✓

DEPENDENT

Name *Mrs. Cecelia Samson* Relationship *wid. mother*
Address *Albert Mines,*
Capelton,
P.R.

Amount of Special Pension Bonus \$ *nil* Abstracted by *M. Knox*

Eligible for Gratuity ✓ \$ *90.* ✓
Less amount of Special Pension Bonus paid \$ ✓
Less Debit Balance of S. A. or A.P. \$ ✓

Total deductions \$

Balance due \$ *90.*

Cheque No. *9.1900831* ✓ Date issued *14/8/20* ✓

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

Clerk *S. Heath*

Audited by
S. Heath
Date *12/8/20*

90.00 m.w.

M.F.W. 2652
25M-6-20.
H.Q. 1772-89-1473

MEDICAL HISTORY SHEET. ORIGINAL

1. Christian name Joseph Alva.
 2. Number of report for service or claim for exemption according to Postmaster's Receipt or schedule 58667 DC.
 3. Consecutive number on schedule of men reporting for service (if he appears on it) ---
 4. Address (including street and number if any) Albert Mines, Co. Sherbrooke, P.Q. Canada.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 19th. day of June. 1918 by the undersigned medical board sitting at Peel St. Barracks, Montreal, P.Q. Canada

5. Age as stated 22 x Years 5 Months. 6. Apparent age 22 Years 5 Month
 7. Height 5 Feet 5 Inches. 8. Weight 137 Pounds.
 9. Chest measurement { Minimum 33 Ins. Maximum 36 Ins. 10. Complexion Medium. { Eyes Blue. Hair Fair.
 11. Physical development Good { Good Fair Poor 12. Smallpox marks
 13. Number of vaccination marks { Right arm 1 Left arm 1 14. When vaccinated last June 19 1918
 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

B²

17. (a) Vision. R. 30 L. 30
 (b) Hearing. R. OK L. OK

Signature of Man Joseph Alva

W. H. King Member. W. H. King Capt President.
A. Ship Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>19/6/18</u>		M. O.	<u>19/6/18</u>		M. O.
		M. O.			M. O.
		M. O.			M. O.

Joined 19th. day of Jun. 1918 at Montreal, P.Q., Canada.

Joined on enlistment	CORPS	REG'TL NUMBER	HABITS	DATE
	<u>2nd DEPOT BN. 2nd QUEBEC REG'T.</u>			
Transferred to	<u>D-</u>	<u>3163541</u>		<u>19.6.18.</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 stated on next page.

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

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.

DEPT
MILITARY & DEFENCE
NOV 14 1918
CANADA

Name, &c. I, Joseph Alva SAMSON

Regimental number D-3163541 Rank Private. 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 Mrs. Cecilia Samson (Mother)

whose address is Albert Mines, Sherbrooke. Co. P. Q. Can.

to be the executor of this my last will.

General gift I give to Mrs. Cecilia Samson (Mother)

whose address is Albert Mines, Sherbrooke. Co. P. Q. Can.

all my property not disposed of above.

Date Dated at Montreal, P. Q. Can. this June. 19th. 1918. 1918

Signature Joseph Alva Samson
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 Bourque

Signature Joseph

Address Bel St Bonav

Address Bel St Bonav

Occupation Soldier

Occupation Soldier

31-11-14-109616

362-14-11-18

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.

CASE HISTORY SHEET.

Hospital Guards Emergency Station Montreal
 No. 3163541 Rank Pte Name Jampson Age 22
 Unit Coomb Completed years of service 4 months Canada Where and how long
 Date of admission Oct 6/18 Date of discharge Dec 10-5 PM 11/10/18
 Diagnosis Pneumonia Place of origin Montreal

CONDITION ON ADMISSION AND PROGRESS OF CASE

Complaints:
 Pain in stomach + slight cough. No nausea, no vomiting, no sputum. Had slight chill at beginning, followed 5 days ago. (Oct 7/18)

Present Condition
 Attitude good Expression anxious Color normal Cyanosis where contracted Nutrition fair
 Temp 103.2 Pulse 110 Resp 30

Eye: Pupils equal Reflex well
Ears: neg Nose: neg Mouth: tongue moist coated

Lymph Sys: neg

Resp Sys: Impaired resonance at right base behind from angle of scapula to base - decrease P.S. Bronchovesicular breathing - numerous moist crackles

Circ Sys: P₂ slight + otherwise neg

Cts Sys: KK=+ Kornig=0 Babinski=0 Holde clonus

Abdomen: spleen not palpable. No jaundice, no rigidity

FAMILY HISTORY

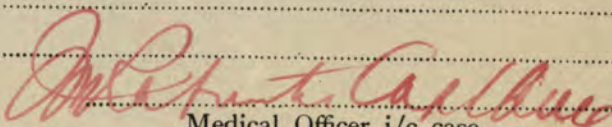
(Tuberculosis, mental or nervous diseases.)
 Oct 7/18 Substitution improved pharyngitis same
 10/20 Malesed angina + dyspnea while left side behind has scattered dry rales + crackles + dullness at both bases

TREATMENT

(Especially any specific or special form) bedrest

CONDITION ON DISCHARGE

(and disposal made of case.)
 Date 12/10/18


 Medical Officer i/c case.

638514

THE HISTORY OF

1791

THE HISTORY OF

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch **S**

OVERSEAS CONTINGENTS

18504

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

--	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No. 3163541

Rank Pte. Promoted Reverted Discharge

Soldier's Name Joseph Alvan Samson

Battalion 4th Battrn C. G. R.

Beneficiary Mrs. Cecilia Samson.

Relationship (Wid. mother.)

Address Albert mines. (Co. Sherbrooke). Que.

Name Mrs. Cecilia Samson.

Address Albert mines. Sherbrooke. Que. (En 14/18)

Change of Address

1

2

3

4

Mrs. Cecilia Samson

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
------	------------	------------	------------	-------	---------

Dec	0984	30	20	50	
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15926-J-32

Con. 17. 19/12/18 Special cheque to adjust salary for 200/18 auth P.A.B. 13/12/18

Did Oct. 11-1918 C.4.365-2nd List 18-11-18



M. F. W. 128.
400mc-17-1773 89-1141
L. L. 2320-M. & D. 7593.

AUTHORITY FOR NEW ACCT. P.A.B. rulings dated 13/12/18 folio 21. William M. Young 14/18

