

M. D. Depot Battalion

Regtl. No. D-

3164018

PARTICULARS OF RECRUIT
DRAFTED UNDER MILITARY SERVICE ACT, 1917

ORIGINAL

(Class ONE)

3164013

- 1. Surname SANGLADE
- 2. Christian name Michel
- 3. Present address 45 Breboeuf St., Montreal P.Q. Canada.
- 4. Military Service Act letter and number 87655 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 April 30th 1894
- 6. Place of birth Montreal P.Q. Can.
(town, township or county and country)
- 7. Married, widower or single Single
- 8. Religion Roman Catholic
- 9. Trade or calling Laborer
- 10. Name of next-of-kin Julie SANGLADE
- 11. Relationship of next-of-kin Mother
- 12. Address of next-of-kin 45 Breboeuf St., Montreal P.Q. Can.
- 13. Whether at present a member of the Active Militia ~~is~~ 6th Huzard (Composite)
- 14. Particulars of previous military or naval service, if any ~~was~~ two years.
- 15. Medical Examination under Military Service Act :—
(a) Place Montreal P.Q. Can. (b) Date July 8th 1918 (c) Category B

DECLARATION OF RECRUIT

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

Witness
Edmond

Michel Sanguade
mark

(Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age 24 yrs. 3 mths.
 Height 5 ft. 1 ins.
 Chest measurement } fully expanded 35 ins.
 } range of expansion 2 ins.
 Complexion Medium
 Eyes Brown
 Hair Brown

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

[Signature]
Commanding 2nd Depot Bn. 2nd Qu
O. C. Depot Btin.

Place Montreal P.Q. Canada. Date July June 24th 1918

PARTICULARS OF RECRUIT
BRIEFED UNDER MILITARY SERVICE ACT, 1917

Form No. 1

No.	Name	Age	Height	Weight	Complexion	Build	Education	Profession	Religion	Marital Status	Family	Address	Signature	Date
1	Michael													
2	James													
3	John													
4	William													
5	Robert													
6	Thomas													
7	Richard													
8	George													
9	Edward													
10	Henry													
11	Frederick													
12	Charles													
13	John													
14	William													
15	Robert													
16	Thomas													
17	Richard													
18	George													
19	Edward													
20	Henry													

DECLARATION OF RECRUIT

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

(Signature of Recruit)

DESCRIPTION ON CALLING UP

Particulars	Remarks
Height	
Weight	
Complexion	
Build	
Education	
Profession	
Religion	
Marital Status	
Family	
Address	

By Order of the Recruiting Officer, the undersigned do hereby certify that the above particulars are true and correct to the best of my knowledge and belief.

Recruiting Officer

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..... 1

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate.....

DOC SF 10 _____ 1

MF 113 _____ 1

MFB 465 _____ 1

hard card

DISCHARGE DOCUMENTS

Name SANGLADE, MICHEL

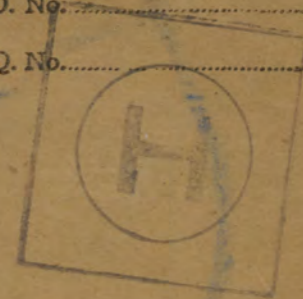
Regt. No. 3164013 Rank PTE

Corps 2ND DEP: BNI, 2ND QUE: REGT

DECEASED *after discharge*

R. O. No. _____

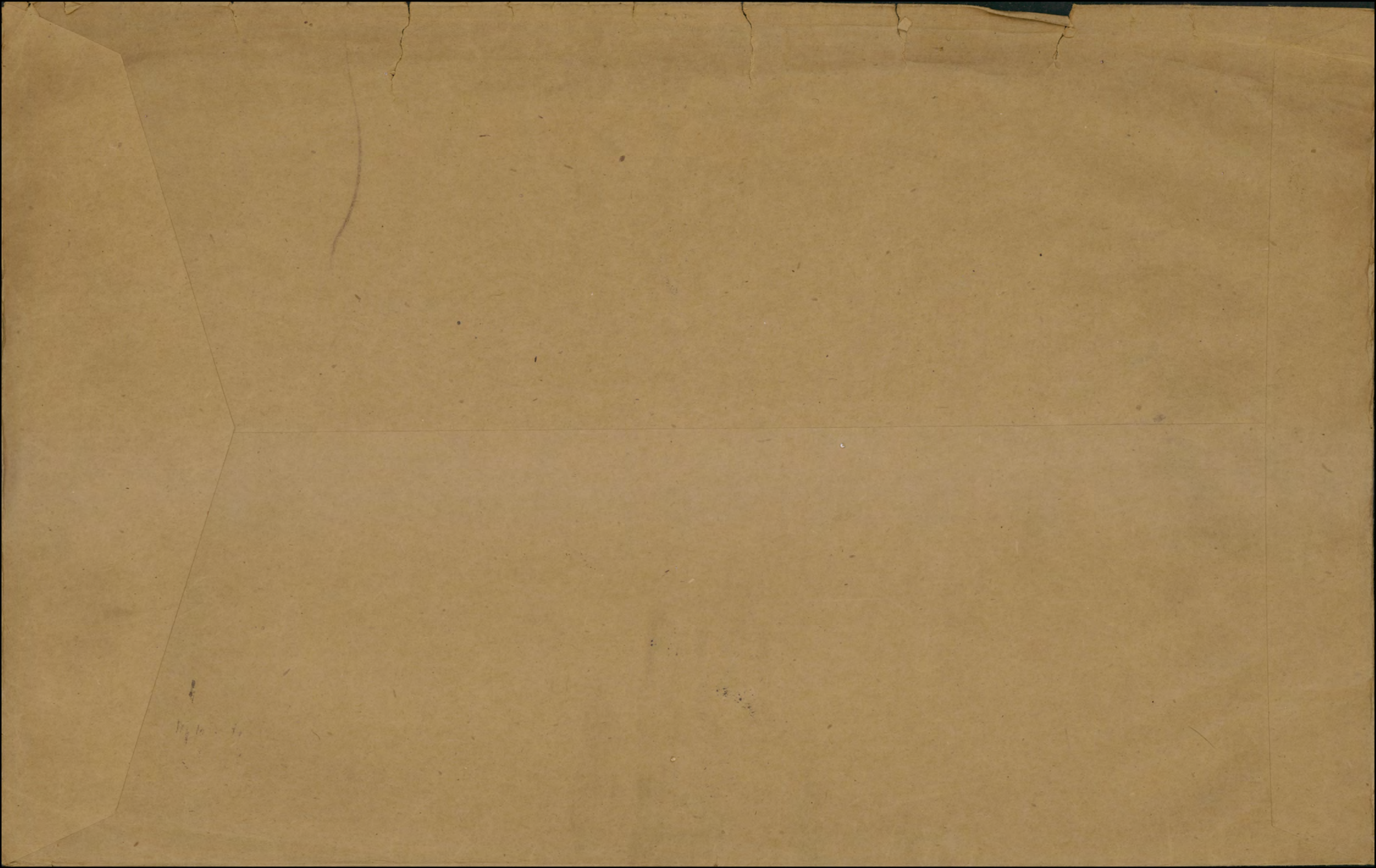
H. Q. No. _____



03716



1
2-29
2-29



~~7/12~~
18

SURNAME.

Sanglade,

CHRISTIAN NAMES

Michel

REGL. NO.

3164013

RANK

pte.

UNIT

2nd 2ul Regt. 2nd Dps Bn

FORMER CORPS

NEXT OF KIN.

NAMES IN FULL

Sanglade, Julie
Mother

RELATIONSHIP TO SOLDIER

ADDRESS

*45 Breboeuf St.,
Montreal, P. 2*

COUNTRY OF BIRTH

Canada, Montreal, P. 2

DATE

apl 30th 1894

PLACE OF ATTESTATION

Montreal, P. 2

DATE

June 24th 1918

CARD NO.

~~XO. S. D. 104/1/18~~

~~4.0.0.24.5 of 12/1/18~~

~~9.9.~~

~~2/12/18~~

T. O. S. June 24 1918

D.O. Part II No. 175

24/6/18
CHANGE OF ADDRESS

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

649-

Sanglade. Michael., Pte. 3164013 2nd Dpt. Bn. 60-S-506

2nd. Div. Regt.

Med. & Dec. (NIL)

P. & S. (NIL)

Ser # 808448

Mem. Cross. (NIL)

(Unable to locate N/K.)

#4

55634

Canada only
mj

1870

REG. NO. NAME *Sanglade. M*

(SURNAME FIRST)

RANK *Pte* CORPS *Leomp.*

AGE *20* SERVICE

NAME OF HOSPITAL *General Hospital* PLACE *Montreal*

DATE OF ADMISSION *9-9-16*

DISEASE *Balano Prothitis*

DISCHARGE *23-9-16*

OPERATION

DISCHARGED TO DUTY *Yes*

TRANSFERRED TO

DISCHARGED BY MEDICAL BOARD

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

Casualty Form—Active Service.

Unit, Regiment or Corps

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

Regimental No. D-Rank PrivateName SANGLADE Michel

C. E. F.

Enlisted (a) 24/6/18 Terms of Service (a) C. E. F. Service reckons from (a) 24/6/18Date of promotion to
present rankDate of appointment
to lance rankNumerical position on
roll of N. C. Os.

Extended

Re-engaged

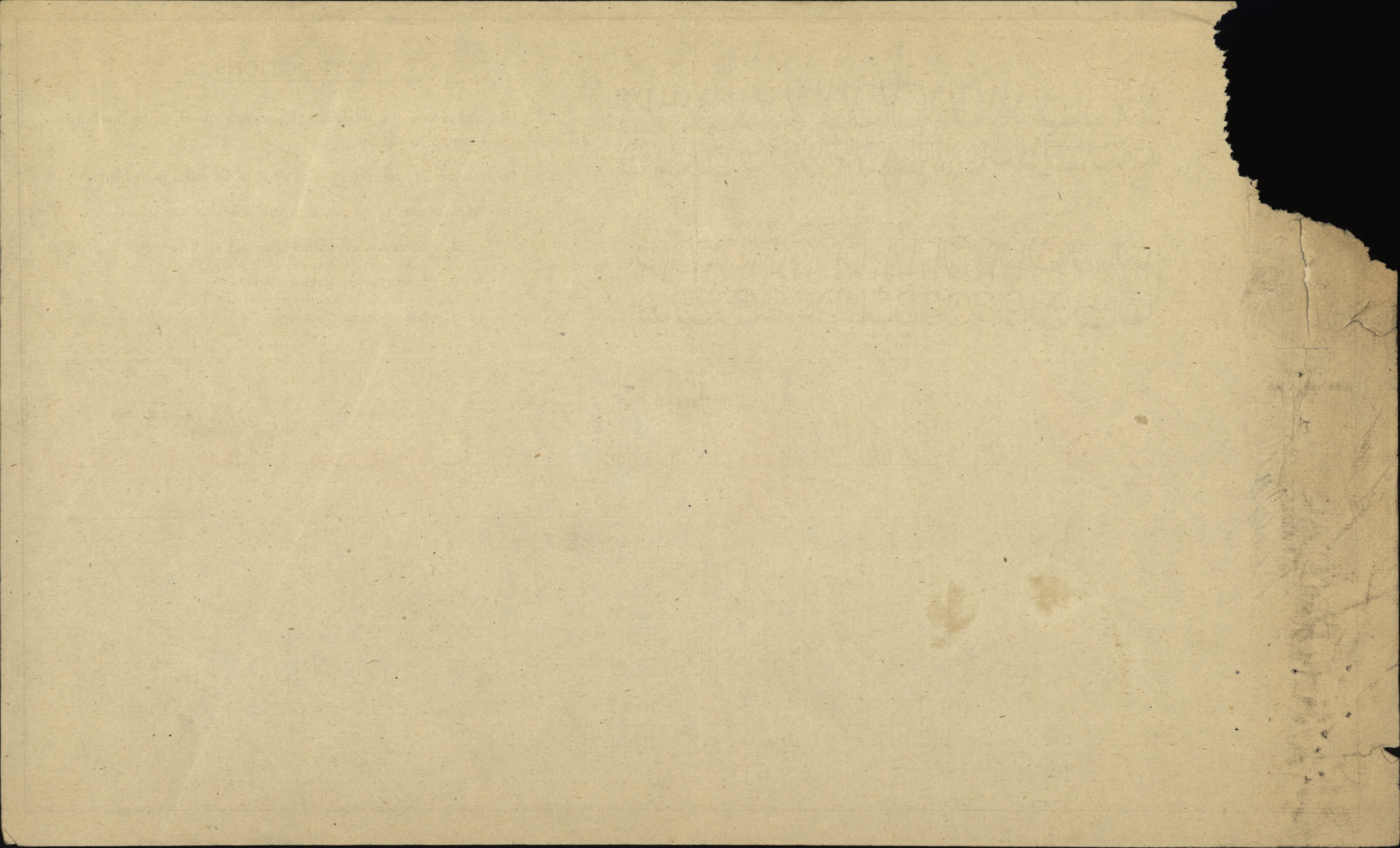
Qualification (b) Laborer

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				
12-12-18	2/2 QR	Declared by Capt J. G. All. Absent 24-8-18, S.O.S. as Deserter	Montreal	14-9-18	pt 4 345
9-3-22	" "	Amended to read: Having been declared by Capt J. to be illeg. absent from 24-8-18, is S.O.S. as a Deserter.	Ottawa	24-8-18	Issued at 24-8-18 after Order # 118.
		above orders should be cancelled as man was a orderly in K. L. C. Hosp at time of death ¹¹⁻¹⁰⁻¹⁸ and was paid up to above period			Capt. for DQR

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engage ment or enlistment will be entered.

(b) e.g. Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

[P.T.O.]



E/C

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.

OFFICE
OCT 23 1918
CANADA

Name, &c. I, SANGLADE Michel

D- 3164013
Regimental number..... 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.....

whose address is.....

to be the executor of this my last will.

General gift I give to..... My Mother Mrs. Julie SANGLADE

whose address is..... 45 Breboeuf St., Montreal P.C. Canada.

all my property not disposed of above.

Date Dated at Montreal P.C. Can. this July 6th 1918

Witness
E. E. Clement
Signature

Michel San glade
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 E. E. Clement
Address 211 St. Barthelemy
Occupation Soldier

2ND WITNESS
Witnesses Signature [Signature]
Address 111 St. Barthelemy
Occupation Soldier

ESTATES
MIL. OCT 23 1918

8/20/10 323-23-10

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.

MEDICAL HISTORY SHEET

1. Surname SANGLADE Christian name Michel
 2. Number of report for service or claim for exemption according to Postmaster's Receipt or schedule 87655 DC 3 164013
 3. Consecutive number on schedule of men reporting for service (if he appears on it) None
 4. Address (including street and number if any) 45 Breboeuf St., Montreal P.Q. Canada.

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

5. Age as stated 24 Years 3 Months. 6. Apparent age 24 Years 3 Month
 7. Height 5 Feet 1 Inches. 8. Weight 124 Pounds.
 9. Chest measurement { Minimum 33 Ins. Maximum 35 Ins. 10. Complexion Medium { Eyes Brown Hair Brown
 11. Physical development Good { Good Fair Poor 12. Smallpox marks Child
 13. Number of vaccination marks { Right arm 1 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 contracture of left little finger
 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

"B" Fit for Service (but not for General Service)
 17. (a) Vision. R. 120 L. 40
 (b) Hearing. R. OK L. OK

Dom Ministry Member. Chapman Capt. President. Morin Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>11/7/18</u>		<u>S. Leland 4</u> M. O.	<u>11/7/18</u>		<u>S. Leland 2</u> M. O.
		M. O.	<u>11/8/18</u>		<u>S. L.</u> M. O.
		M. O.			M. O.

Joined 8th day of July 19 18 at Montreal P.Q. Can.

Joined on enlistment	CORPS	REG'TL NUMBER	HABITS	DATE
		<u>2nd DEPOT BN. 2nd QUEBEC REG'T.</u>		
Transferred to		<u>D- 3164013</u>		<u>8/7/18</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.

Signature of Man Michel Sanglade
 Signature of Johnnie E. Clement

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

