



REGIMENTAL DOCUMENTS

21035

NAME *BISSONNETTE*

*OMER. Pte*

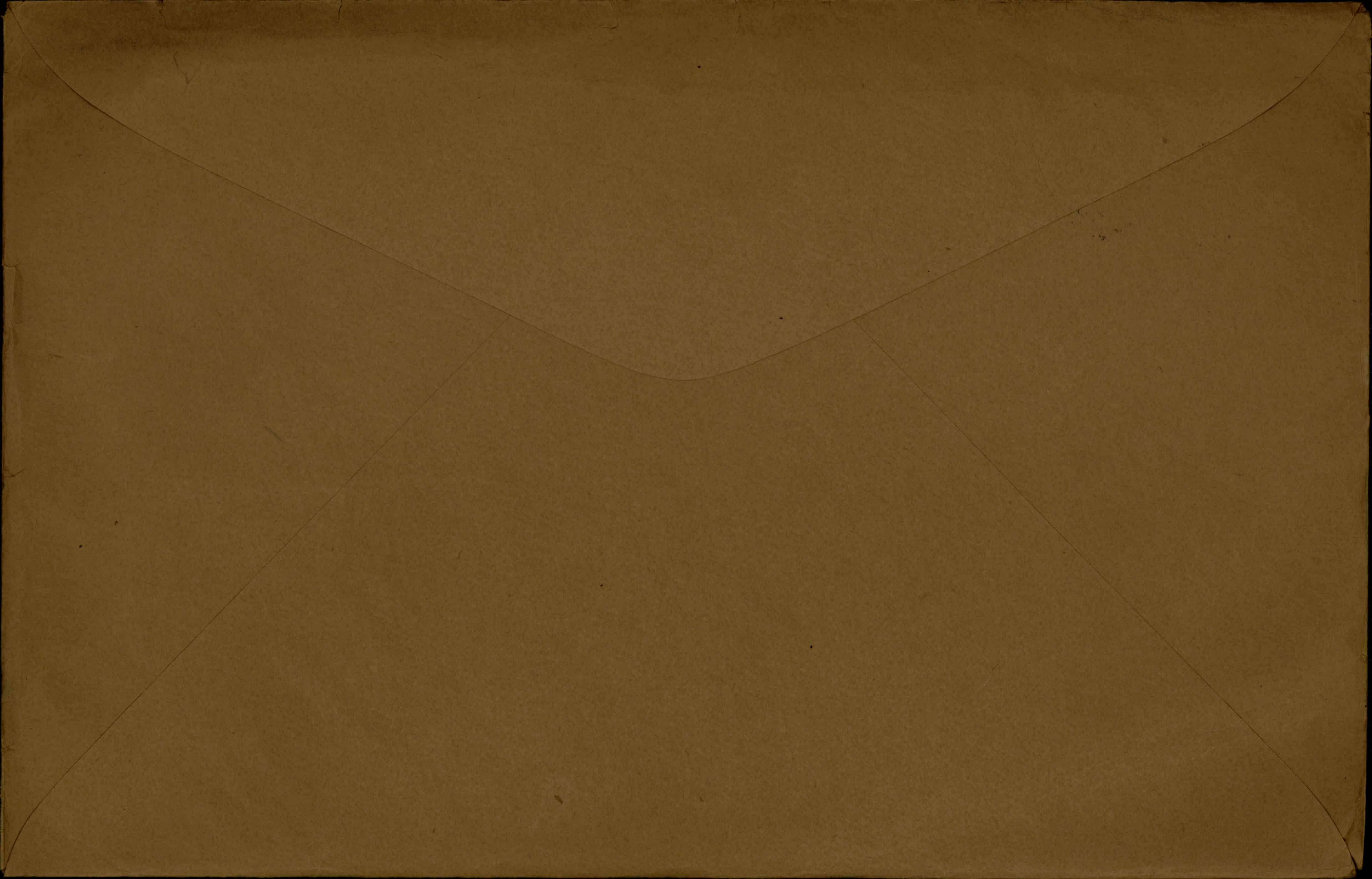
REGT. NO. *3155596*

UNIT *2<sup>nd</sup> Depo Batta*

*2<sup>nd</sup> Que Reg*  
H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
<i>2</i>	ATTESTATION PAPER (M.F.W. 23, 133, or 51)					<b>DEATH</b>
<i>1</i>	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)			Category		
	TRAINING HISTORY SHEET (M.F.W. 113)					
	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
<i>1</i>	REGT. CONDUCT SHEET (M.B.W. 263 or A.F.B. 120)					
<i>1</i>	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
<i>2</i>	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)			<b>DISCHARGE</b>		
	DENTAL HISTORY SHEET (M.F.B. 465)			Category		
	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
	MEDICAL EXAMINATION (M.F.W. 129)			<i>Deserter</i>		
	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
	PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)			<b>DESERTION</b>		
<i>1</i>	LAST PAY CERTIFICATE (M.F.W. 44)					
	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
	PARTICULARS OF CHARACTER (A.F.W. 3226)					
	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
	<i>Doc 97 10</i>					
<i>2</i>	<i>M.F.B 303</i>					
<i>2</i>	<i>M.F.B 259</i>					
<i>2</i>	<i>M.F.B 133</i>					
<i>2</i>	<i>M.F.W 67</i>					
	<i>M F W 82</i>					
	<i>M F B 465</i>					
<i>3</i>	<i>M F W 113</i>					







M. D. <sup>2nd</sup> Depot Battalion <sup>2nd</sup> Regiment  
Regtl. No. 5155293

# PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class.....)

TRIPPLICATE

1. Surname..... Bissonnette
2. Christian name..... Omer
3. Present address..... Huntingdon Que. *Suf. Add. PA*
4. Military Service Act letter and number..... 12330 DC
5. Date of birth..... May 2nd 1890
6. Place of birth..... Huntingdon Que.  
(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..... Mde. V. Bissanette
11. Relationship of next-of-kin..... Mother *Suf. Add. PA*
12. Address of next-of-kin..... Huntingdon Que.
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..... (b) Date..... (c) Category.....

## DECLARATION OF RECRUIT

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

*Omer Bissonnette* (Signature of Recruit)

## DESCRIPTION ON CALLING UP

Apparent age..... 29..... yrs..... mths.	} Distinctive marks, and marks indicating congenial peculiarities or previous disease.
Height..... ft..... ins.	
Chest measurement } fully expanded..... ins.	
} range of expansion..... ins.	
Complexion..... <u>Med.</u>	
Eyes..... <u>Brown</u>	
Hair..... <u>Brown</u>	

*Paul J. J. J. J.*  
O. C. <sup>2nd</sup> Depot Btln. <sup>2nd</sup> Duke Regt.

Place..... Montreal Canada. Date..... January 5th 1918



# 2nd DEPOT BN. 2nd QUEBEC REGT.

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.

3155393

3155393

Unit, Regiment or Corps. ....  
 Regimental No. 3155393 Rank PRIVATE. Name Rissonnette Omer

Enlisted (a) 5.1.18 Terms of Service (a) WAR & 6 MONTHS Service reckons from (a) 5.1.18

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				
5.1.18		TAKEN ON STRENGTH.....	MONTREAL.	5.1.18.	P 2 G.No. 5 PAR 24
29.4-18	2/2 Que Regt.	SOS ex granted	Montreal	29-4-18	Pt II D.O 119

*for D. J. R.*

*Few*

(a) In the case of a man who has been in the Army Reserve, particulars of such re-engagement or enlistment will be entered.  
 (b) e.g. Signaller, Shoing, Technical Corps duties.







PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

- (a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.
- (b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.
- (c) All questions, etc., must be answered.
- (d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.
- (e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

(1) Name of Overseas Unit which Soldier joins..... 2nd Depot Bn. 2nd Quebec Reg. ....

(2) Regimental Number..... <sup>56</sup> 3155393 .....

(3) Full Name of Soldier..... Omer Bissonnette .....

(4) Place of Birth..... Huntingdon Que .....

(5) Are you married, or not? ..... Not .....

(6) If married, state,  
(a) Full name of your wife..... ..

(b) Present Postal Address..... Nil .....

(7) Are you a widower? .....

(8) Have you any children? .....

If so, give number of boys and girls.....

Also their names and ages.....



(9) Is your Father alive?..... Not .....

If so, state name and address .....

(10) Is your Mother alive?..... Yes .....

If so, state name and address.....

Mrs Odille Bissonnette  
Huntingdon Que.

(11) If your Mother is a widow..... Yes .....

Are you her sole support, or not?..... Yes .....

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.

\$ 30.00 Per Month

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.

.....  
.....  
.....

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.

.....

15) Are you insured?.....

If so, in what Company?.....

Have you made arrangements for payment of your Insurance premium.....

If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

*John A. Puigra*

Officer Commanding.

Date..... January 5th 1918 .....



# MILITARY SERVICE ACT, 1917.

## MEDICAL HISTORY SHEET.

*original*

**IMPORTANT.**—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar.

1. Surname Bissonnette Christian name Omer  
 2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule 12330 S.C.  
 3. Consecutive number on schedule of men reporting for service (if he appears on it) \_\_\_\_\_  
 4. Address (including street and number, if any) Huntingdon Ave

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the \_\_\_\_\_ day of \_\_\_\_\_ 1917, by the undersigned medical board sitting at \_\_\_\_\_

5. Age as stated \_\_\_\_\_ Years \_\_\_\_\_ Months. 6. Apparent age 28 Years \_\_\_\_\_ Months  
 7. Height 5 Feet 4 Inches. 8. Weight 135 Pounds.  
 9. Chest measurement { Minimum 37 Ins. Maximum 39 Ins. 10. Complexion Brown { Eyes dark brown Hair dark  
 11. Physical development good { Good Fair Poor 12. Smallpox marks good  
 13. Number of vaccination marks { Right arm 1 Left arm 1 14. When vaccinated last a week ago  
 15. Distinctive marks and marks indicating congenital peculiarities or previous disease no

Signature of Medical Board Orville Bissonnette

16. Slight defects but not sufficient to cause rejection no  
 The man denies having had { Rheumatism Tuberculosis Syphilis We find no evidence of past { Rheumatism Tuberculosis Syphilis  
 (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 A4

Vision 60 40 ok

R. M. Trapp Capt. President.  
E. Larouche Lt. Member. Amelchong Capt. Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>5/1/17</u>		M.O.	<u>5/1/17</u>		M.O.
		M.O.	<u>11/1/17</u>		M.O.
		M.O.	<u>16/1/17</u>		M.O.

Joined \_\_\_\_\_ day of \_\_\_\_\_ 191\_\_\_\_\_ at \_\_\_\_\_

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment		<u>56</u>		
Transferred to.....		<u>3155393</u>		

### EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT
<u>Montreal</u>	<u>Jan 14 - 18</u>		<u>FIT</u>

2ND DEPOT BATTALION

No. \_\_\_\_\_

JAN 5 1918

INSPECTING MEDICAL BOARD

M. D. No. 4

FIT

JAN 14 1918

R. M. Trapp Capt.

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.







# FORM OF WILL

I, Omer Bissonnette (Name in full)  
Regimental Number 546 3155393 serving in 2nd Depot bn. 2nd Quebec Rgt.

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

Mme Odille Bissonnette  
Huntingdon Que.  
Name and Address of person or persons to whom it is to go.

absolutely, and my personal estate I bequeath to

Mme Odille Bissonnette  
Huntingdon Que.  
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 5 day of January A.D. 1918

Omer Bissonnette 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 R. J. Lechambault Sgt.

Address of Witness Peel St Barracks St

THE TWO WITNESSES

Occupation of Witness Soldier

MUST SIGN HERE

Signature of Second Witness F. E. Duvaux

Address of Witness Peel St Barracks

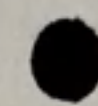
Occupation of Witness Soldier



FORM OF WILL

WILL

WILL



WILL

WILL

WILL

WILL

WILL



SURNAME.

*Bissonnette*

CHRISTIAN NAMES

*Imer.*

REGL. No.

*3152.293.*

RANK

*7<sup>th</sup>*

UNIT

*2<sup>nd</sup> Que. Regt. 2<sup>nd</sup> Div. Bn.*

FORMER COPPS

*Nil.**S. O. S. Dis. 29-4-18 7*  
*Pl. II 119 of 29-4-18 2<sup>nd</sup> Div.*  
*3<sup>rd</sup> Div. 2<sup>nd</sup> Div.*

## NEXT OF KIN.

## CHANGE OF ADDRESS

NAMES IN FULL

*Bissonnette, Mrs. Odille.*

RELATIONSHIP TO SOLDIER

*Mother.*

ADDRESS

*Huntingdon, P. Q.*

COUNTRY OF BIRTH

*Canada. Huntingdon P. Q.*

DATE

*May 2<sup>nd</sup> 1890.*

PLACE OF ATTESTATION

*Montreal, P. Q.*

DATE

*Jan. 5<sup>th</sup> 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 EXAMINATIO

PLACE

DATE



315-5-393

Bissonnette Omer

Correct number

D.O. 5-

5-1-18

Montreal

2/2 Rue

S.O.S 29-4-18 ex Grantier

Bissonnette Omer 315-5-393

D.O. 119

29-4-18

Montreal

S.O.S 5-1-18 D.O. 5



Dr 129  
Peel Apr  
29-1-18

Punishment

3155-293 Ple. Nislot - N

A w L from 10 PM 17-1-18 Tu 10 PM

27-1-18 forger 11 day Pay 7 day @ B



LIST OF DOCUMENTS REQUIRED FOR A SOLDIER WHO HAS BEEN STRUCK OFF AS A DESERTER.

(a) Proceedings Court of Inquiry.	M.F.W. 303 (two copies).
(b) Proceedings of Soldier struck off.	A.F.B. or M.F.B. 218.
(c) Attestation Paper (duplicate).	M.F.W. 23 or M.F.B. 235.
(d) Squadron, Battery or Company Conduct Sheet.	A.F.B. 121 or M.F.B. 263a.
(e) Regimental Conduct Sheet.	A.F.B. 120 or M.F.D. 263.
(f) Field Conduct Sheet.	A.F.B. 122 (if Overseas casualty).
(g) Casualty Form.	A.F.B. 103 or M.F.W. 54.
(h) Medical History Sheet (duplicate).	A.F.B. 178 or M.F.B. 313.
(i) Dental History Sheet.	M.F.W. 465.
(j) Transfer of Clothing Statement.	A.F.W. 3068 or M.F.C. 565.
(k) Last Pay Certificate	M.F.W. 44.
(aa) Declaration of Court of Inquiry.	M.F.D. 259 (two copies).

PROCEEDINGS ON A SOLDIER BEING STRUCK OFF AS A DESERTER OR ABSENTEE.

(When forwarded for confirmation these proceedings should be accompanied by the documents specified on the fourth page.)

652 B-418

SECTION "E"

SEP 19 1918

H.Q. CANADA

913

No.	3155596
Rank.	Private
Surname	Bissonnette
Christian Name	Omer
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company)	2nd Depot Bn. 2nd Quebec Regiment
Date Struck Off	16.2.18
Place Struck Off	Montreal Que.
1. DESCRIPTION AT THE TIME STRUCK OFF. TO BE TAKEN FROM M.F.W. 23 AND M.F.B. 313.	
Age	29 years 1 months.
Height	5 feet 4 inches.
Complexion	Medium
Eyes	Brown
Hair	Brown
Trade	Laborer
2. The above man is struck off in consequence of having been illegally absent since 28.1.18 and declared deserter by a Court of Inquiry.	
(a) Date to be struck off 16.2.18	
N.B.—Date soldier is to be struck off must be clearly stated by Court of Inquiry M.F.B. 303.	
3. Conduct and character while in the service have been, according to the records, etc.	
Remarks <i>Good</i>	

51



4. He is in possession of the following number of G. C. Badges.

Nil

5. Medals and Decorations.....

Nil

6. His account is as stated on last pay certificate attached to proceeding.

(Place)..... Montreal Que.

(Date)..... 21.2.18

*[Signature]*  
Lieut-Colonel,  
Commanding... 2/2nd Quebec Regiment

7. Statement of Service.

Service toward Engagement to.....(the date to which the Record of Service is completed).....years.....days.

(41 Days) Total.....years.....days.

8. Confirmation.

The above named man is struck off as a deserter which is hereby confirmed.

(Place).....

(Signature).....

(Date)..... Commanding No..... Military District.

Remarks.

LIST OF DOCUMENTS REQUIRED FOR A SOLDIER WHO HAS BEEN STRUCK OFF AS A DESERTER.

M.F.W. 303 (two copies)	(a) Proceedings Court of Inquiry
A.F.B. or M.F.B. 12	(b) Proceedings of Soldier struck off
M.F.W. 53 or M.F.B. 252	(c) Attestation Paper (duplicate)
A.F.B. 121 or M.F.B. 252A	(d) Squadron Battery or Company Conduct Sheet
A.F.B. 120 or M.F.B. 252	(e) Regimental Conduct Sheet
A.F.B. 122 (if Overseas campaign)	(f) Field Conduct Sheet
A.F.B. 103 or M.F.W. 41	(g) Casualty Form
A.F.B. 178 or M.F.B. 413	(h) Medical History Sheet (duplicate)
M.F.W. 402	(i) Dental History Sheet
A.F.W. 3008 or M.F.C. 202	(j) Transfer of Clothing Statement
M.F.W. 41	(k) Last Pay Certificate
M.F.D. 250 (two copies)	(la) Declaration of Court of Inquiry