

14-2-19

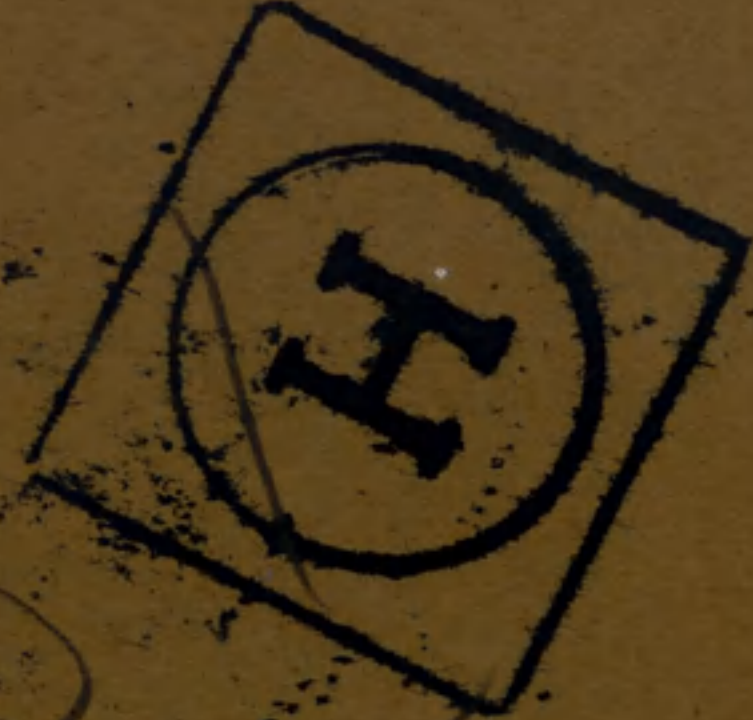
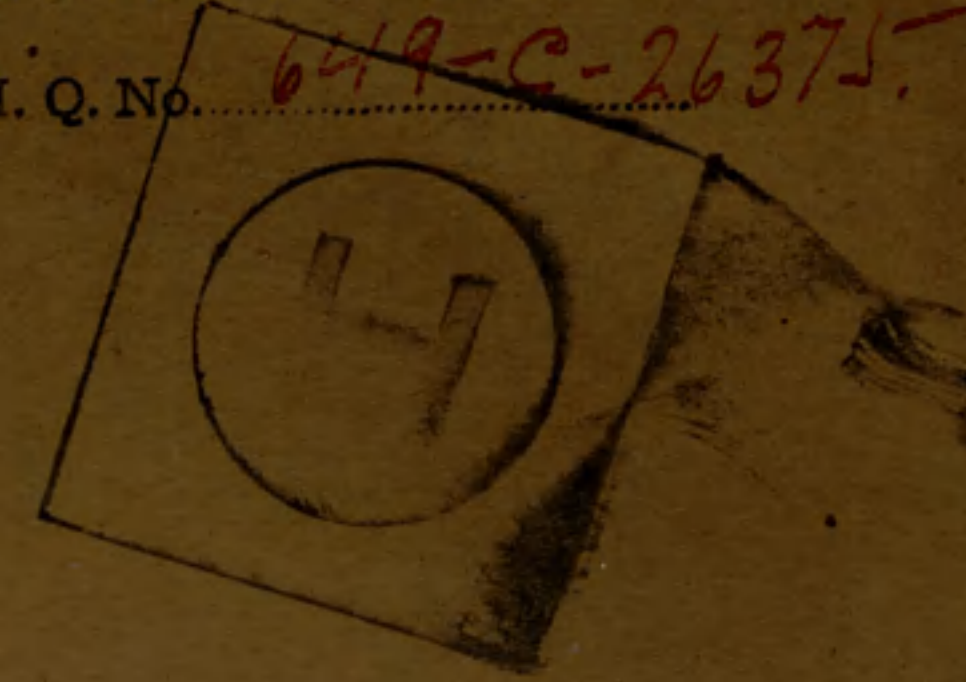
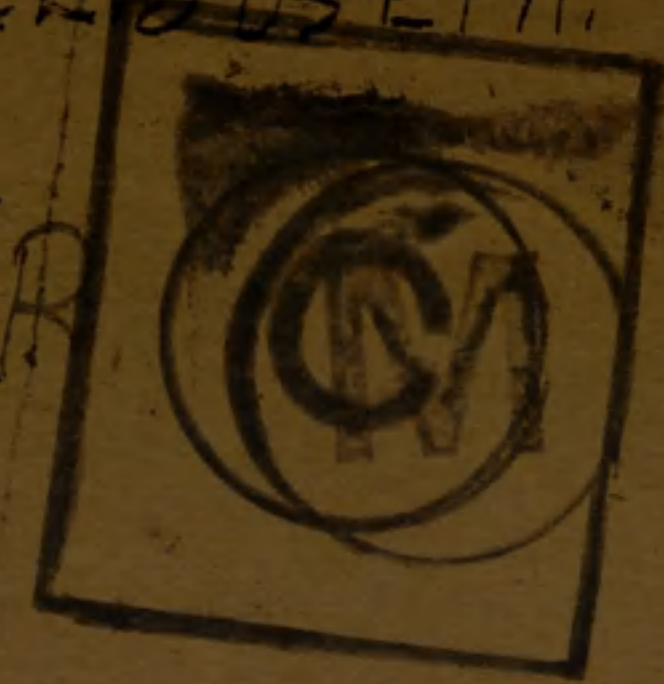
DECEASED
DISCHARGE DOCUMENTS

R. O. No.
H. Q. No. 649-C-26375

- 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.....
- 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.....

Name CANNON, LIONEL JOSEPH
 Regt. No. 3292073 Rank Plt
 Corps 1st Depot Bn 2nd Q.R.

05807



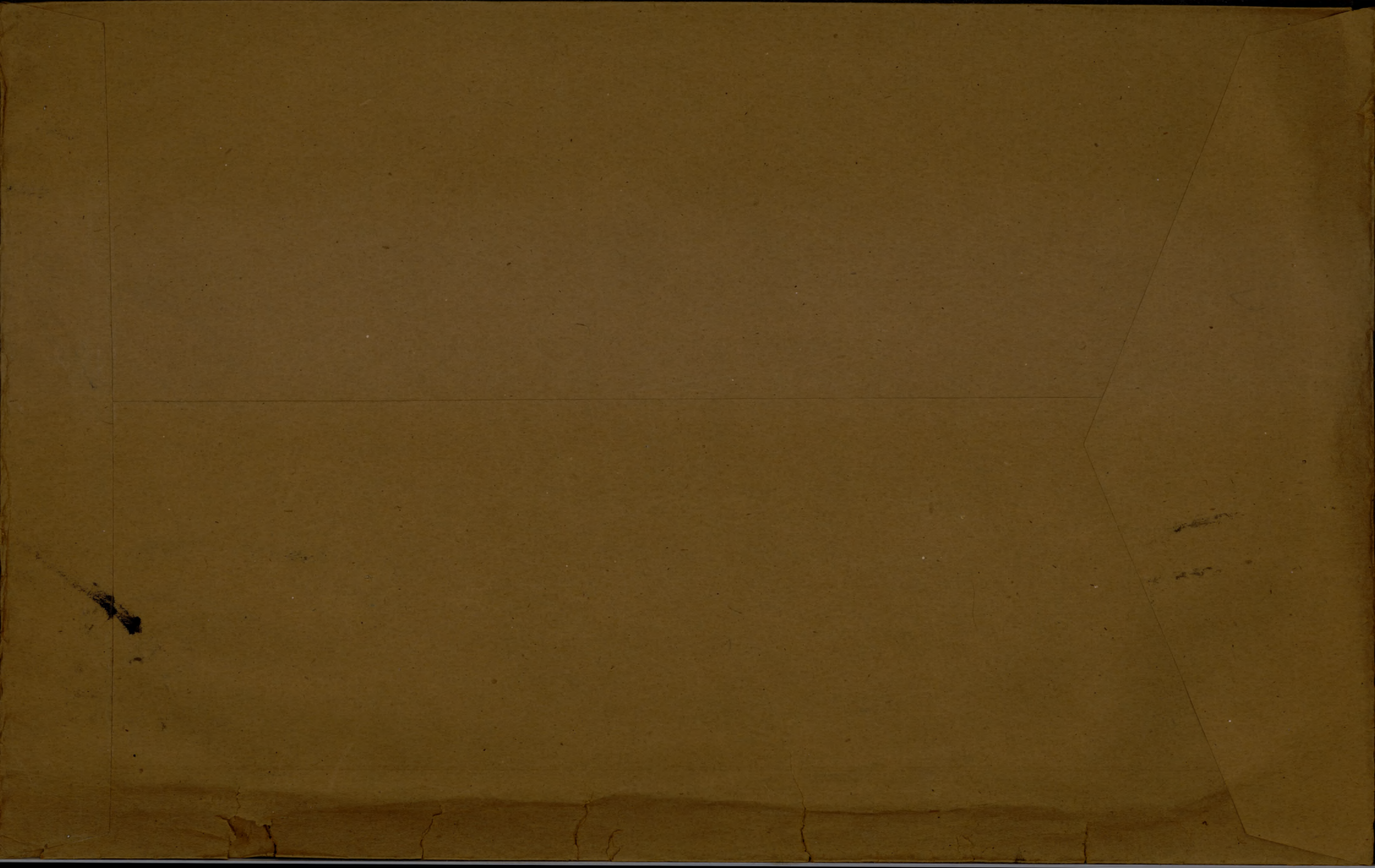
3292073

Doc S. F. 10
 M. F. W 71 - 2
 M. F. W 178 - 1
 M. F. W 113 - 1

Sax

M. F. W. 62.
 50M.-9-16.
 H. Q. 1772-39-935.

207-21



17-C-928
5th M. D. First Depot Battalion Second Quebec Regiment

Regtl. No 3292073



PARTICULARS OF RECRUIT
DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class One)

1. Surname Cannon
2. Christian name Lionel Joseph
3. Present address 5 Collins St. Quebec, P.Q. Canada.
4. Military Service Act letter and number 232 112 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 May 14th, 1885
6. Place of birth Arthabaskaville, Arthabaska Co. P.Q. Canada.
(town, township or county and country)
7. Married, widower or single Single
8. Religion Roman Catholic
9. Trade or calling Notary Public
10. Name of next-of-kin Lawrence John Cannon
11. Relationship of next-of-kin Father
12. Address of next-of-kin 5 Collins St. Quebec, 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 (b) Date 4-9-18 (c) Category C 3

DECLARATION OF RECRUIT

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

Lionel Cannon (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age	<u>33</u> yrs.	<u>4</u> mths.	Distinctive marks, and marks indicating congenital peculiarities or previous disease. Tendency to flat feet. Acnee Rasrice Nasal Obstruction Left side.
Height	<u>5</u> ft.	<u>3</u> ins.	
Chest measurement	fully expanded	<u>35</u> ins.	
	range of expansion	<u>3</u> ins.	
Complexion	<u>Clear</u>		
Eyes	<u>Brown</u>		
Hair	<u>Brown</u>		

D.O. 248-S-4-9-18
NO 253-54 C/R

O. C. [Signature] Depot Btl.
1st Depot Bt. 2nd Quebec Regt. Regt.

Place Drill Hall Quebec Date 4-9-18

L.P.C.

passed to Est.

7-2-19

List 107

MILITARY SERVICE ACT, 1917.

3292073

MEDICAL HISTORY SHEET.

S. D. No.

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



DEC 26 1918

- 1. Surname CANNON Christian name LIONEL JOSEPH
- 2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule. 232112
- 3. Consecutive number on schedule of men reporting for service (if he appears on it) _____
- 4. Address (including street and number, if any) 5 Collin St Quebec

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 4 day of Sept 1917, by the undersigned medical board sitting at Hotel St Jacques

- 5. Age as stated 33 Years 4 Months. 6. Apparent age 33 Years _____ Months
- 7. Height 5 Feet 3 Inches. 8. Weight 131 1/2 Pounds.
- 9. Chest measurement { Minimum 32 Ins. Maximum 35 Ins. 10. Complexion Clear { Eyes Brown Hair Brown
- 11. Physical development Fair { Good Fair Poor 12. Smallpox marks _____

- 13. Number of vaccination marks { Right arm _____ Left arm 3 14. When vaccinated last Childhood

15. Distinctive marks and marks indicating congenital peculiarities or previous disease Tendency to flat feet - tonsils suspected

16. Slight defects but not sufficient to cause rejection Nasal obstruction (asthma)

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 C III Union R 40 L 40 Hearing O.K.

President. MacDonald Member. R Brochu Member.

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

Joined 4 day of Sept 1918 at Quebec

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment				
Transferred to.....				

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

MOBILIZATION CENTRE M. D. 5 FORM OF WILL

17-6-970

SEE INSTRUCTIONS ON BACK

If you do not specifically mention your life insurance it will be assumed
to pass by this will.



Name, &c. I, Lionel Joseph Cannon

Regimental number 3292073 Rank Private serving in the

1st Depot Battallion, 2nd Quebec Reg't 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 Lawrence John Cannon, J.S.C. my father,

whose address is 5 Collins St, Quebec, P.Q. Canada.

all my property not disposed of above.

Date Dated at Drill Hall Quebec this 4th day of September 1918

Signature Lionel Cannon
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 Jo. J. J. J. J.
Address Drill Hall Quebec
Occupation Clerk

2ND WITNESS
Witnesses Signature R. J. J. J. J.
Address Drill Hall Quebec
Occupation Clerk

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.

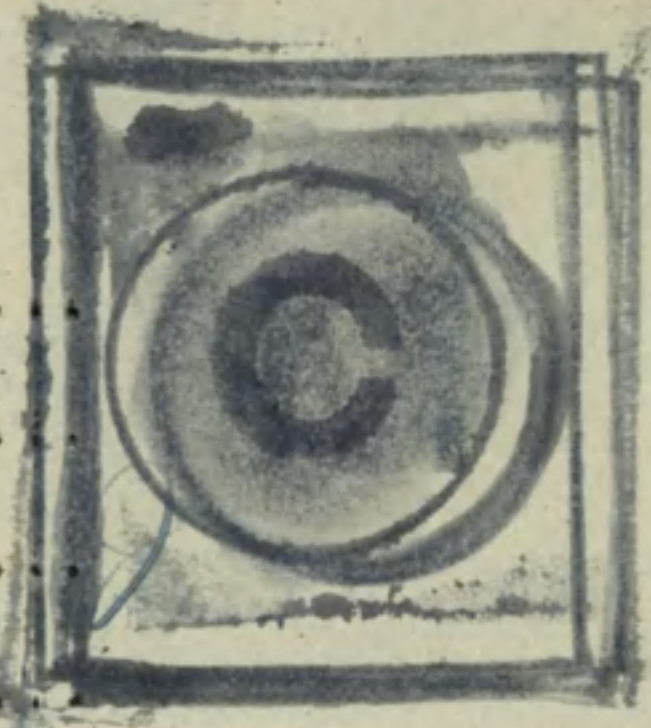
DATE

Do not forget to insert the date on which the will is signed.

WITNESSES

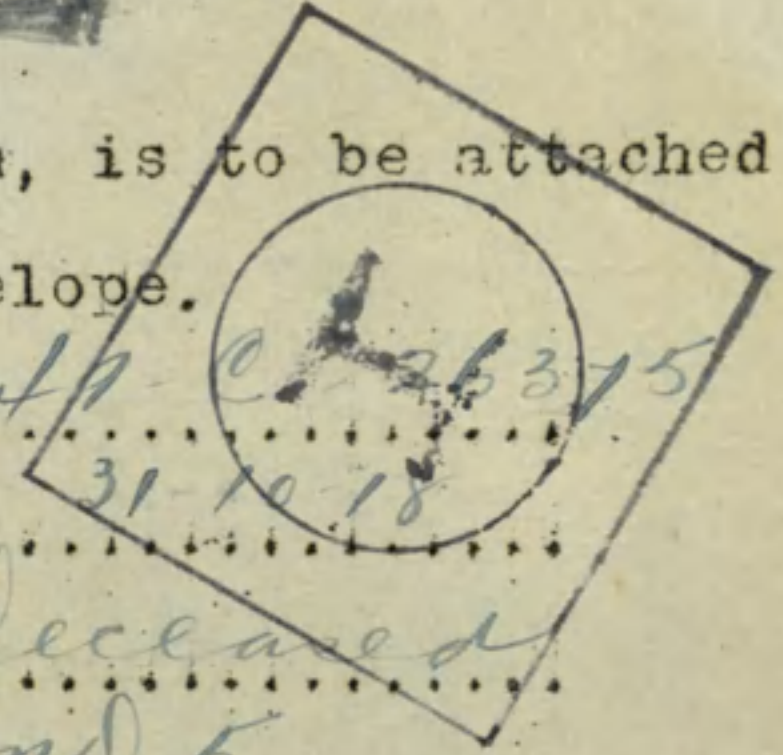
Two witnesses are absolutely necessary. They and the soldier must all be present together when the three signatures are made. It is advisable that the witnesses should be persons permanently resident in Canada, and they must not receive any benefit from the will.

Reg. No. 3292073
Rank. Pte
Name. Cannon, L
Unit. 1st DB 2nd IR



This form, after completion, is to be attached to the documents of the m/n and filed in envelope.

H.Q. File Reference. 647-01-26375
Date Struck off Strength. 31-10-18
Reason. Deceased
Military District. MD 5



auth m 4 2154

Olerk's Initials. RS
Date. 7-2-19



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Doc. S. R. 10
1907

MOBILIZATION CENTRE M. D. 5

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

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

250M.—1-16,
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 1st Depot Battalion, 2nd Quebec Regiment

Regimental No. 3292073 Rank Private Name Cannon Lionel Joseph

C. E. F.

Enlisted (4-9-18) Terms of Service (a) Can. Exp. Force. Service reckons from (a) 4-9-18

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) Notary Public .

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				
X	<i>S.O.S. on disease effect 31-10-18. BO 219 disease</i>				



S. O. No. 11-C-950

(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.]

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				

NAME *Cannon, Lionel Joseph.*
REGIMENTAL NO. *3292043* RANK *Pte*
ENLISTED AT *Drill Hall Quebec, P.Q.* PROMOTIONS, &C.
DATE AND DATE
IF SERVED PREVIOUSLY. STATE UNIT, &C. *None*
MARRIED, WIDOWER, OR SINGLE *Single*
NEXT OF KIN *L. J. Cannon* RELATIONSHIP *Father*
ADDRESS OF

ASSIGNMENT OF PAY \$ C. TO
ADDRESS
SEPARATION ALLOWANCE, ENTITLED OR NOT
DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER
IN WHOSE FAVOUR

A Co.

"C3"

M. F. W. 71-500M.-5 18.
1772-39-961.

NAME

Cannon Lionel Joseph

REGIMENTAL NO.

3292073

RANK

Pvt. 17 C-920

ENLISTED AT

quebec P.Q.

PROMOTIONS, &c.
AND DATE

DATE

april 9th. 1918

IF SERVED PREVIOUSLY, STATE UNIT. &c.

none

MARRIED, WIDOWER, OR SINGLE

single

NEXT OF KIN

L. J. Cannon

RELATIONSHIP

Father

ADDRESS OF

5 Caillies St Quebec P.Q.

ASSIGNMENT OF PAY \$

C.

TO

ADDRESS

SEPARATION ALLOWANCE, ENTITLED OR NOT

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR

S. D. No.



DEC 26 1918

CANNON, L. J. 3292073 Pte.

1st 10-13. 2nd Q.R. 5th BN
5

Medals & Decorations)

Father, Hon. Mr. Justice Cannon
5 Collins St.,
QUEBEC, Que.

P. & S.

Father as above.

Rev # 806694

Mem. Cross.

NIL

MAY 4 - 1914

Scroll Desp. _____

Reqn. No. *241314*

Canada only

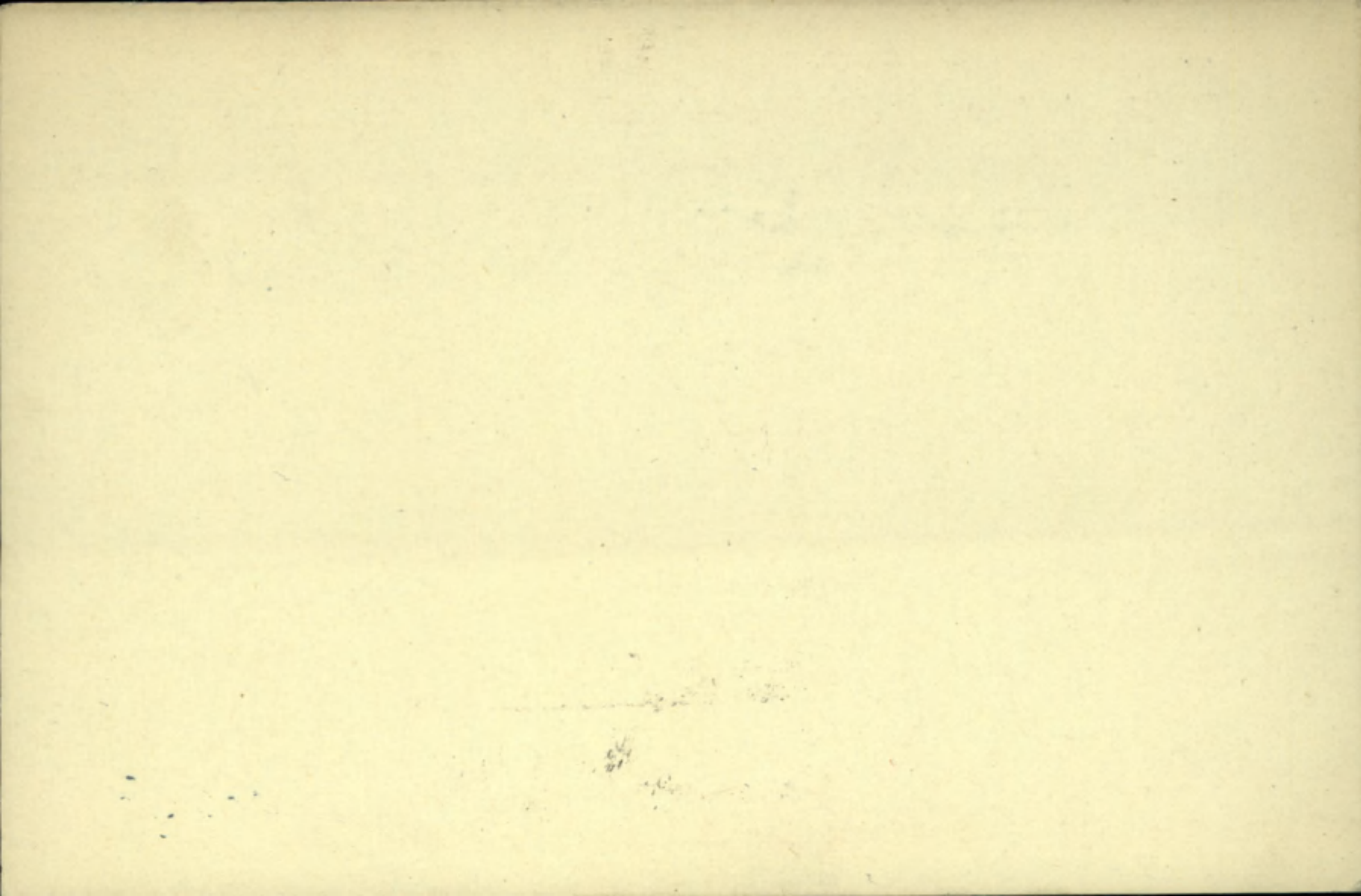
SEP 12 1914

Plaque Desp. _____

Reqn No. *8662464*

H

5



31
10
18

Surname Cannon H. Q. M
 Christian names Lionel Joseph M. D. No. 5
 Regtl. No. 3392073 Rank Pte T. O. S. Sept 4th 1918
 Unit 2nd Que Regt 1st Dep Bn D. O. Pt. II 246 of 3-9-18
 S. O. S. Dis 31-10 1918
 Reason Deceased
 Auth. O.O. 21973-12-18 5
3rd Bn C.P.R.

Next of kin Cannon, Lawrence John Relationship Father
 Address 5 Collins St Quebec, P.Q. Also notify:

BORN—Place Canada, Antlataskin P.Q. Date May 14th 1885
 ATTESTED—Place Quebec, P.Q. Date Sept. 4th 1918
 O/S..... R/C.....

