

4 M. D. Depot Battalion Regiment

JGAF

Regtl. No. D-

3171658

PARTICULARS OF RECRUIT
DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class One)

1. Surname TREMBLAY
2. Christian name Edmond
3. Present address 13 Prevost St. Montreal Que. Can.
4. Military Service Act letter and number 34619 DC
5. Date of birth Junelst. 1883
6. Place of birth Iberville Que. Can.
7. Married, widower or single single
8. Religion roman catholic
9. Trade or calling Carter
10. Name of next-of-kin Mr. Michel Tremblay
11. Relationship of next-of-kin Father
12. Address of next-of-kin 13 Prevost St. Montreal Que. Can.
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 Montreal Que. Can. (b) Date 9-8-18 (c) Category E

DECLARATION OF RECRUIT

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

Handwritten signature of Edmond Tremblay and signature of J. G. Harrison (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age 35 yrs 3 mths.
Height 5 ft 4 ins.
Chest measurement fully expanded 35 ins. range of expansion 4 ins.
Complexion Brown
Eyes Brown
Hair Brown

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

Handwritten signature of J. G. Harrison and stamp: Commanding 2nd Depot Bn., 2nd Quebec Regt. Depot Bnln.

Place Montreal Que. Can. Date 9-8-18

PARTICULARS OF RECRUIT

PREPARED UNDER MILITARY SERVICE ACT, 1917

Class: _____

1. Name: _____

2. Christian name: _____

3. Present address: _____

4. Military service, for term and number: _____

5. Date of birth: _____

6. Place of birth: _____

7. Married, widow, or single: _____

8. Religion: _____

9. Place of service: _____

10. Name of next of kin: _____

11. Relationship to next of kin: _____

12. Address of next of kin: _____

13. Whether applicant is a member of the Active Militia: _____

14. Particulars of previous military or naval service: _____

15. Medical examination under Military Service Act: _____

16. Date of entry into service: _____

DECLARATION OF RECRUIT

I, _____ do solemnly declare that the above particulars are true and correct.

(Signature of Recruit)

DESCRIPTION OF CALLING UP

Applicant's name	Age	Height	Weight	Complexion	Hair	Build	Complexion	Hair	Build	Complexion	Hair	Build

REGIMENTAL DOCUMENTS

NAME TREMBLAY Edmond REGT. NO. 3171658 UNIT 2/QR H. Q. FILE NO. _____

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

DEATH

Category

DISCHARGE

Category

*Demob
SOSRR*

DESERTION

3-2 ATTESTATION PAPER (M.F.W. 23, 133, or 51)

1 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)

1 TRAINING HISTORY SHEET (M.F.W. 113)

1 FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)

REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)

COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)

1 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)

1 DENTAL HISTORY SHEET (M.F.B. 465)

MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)

MEDICAL EXAMINATION (M.F.W. 129)

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)

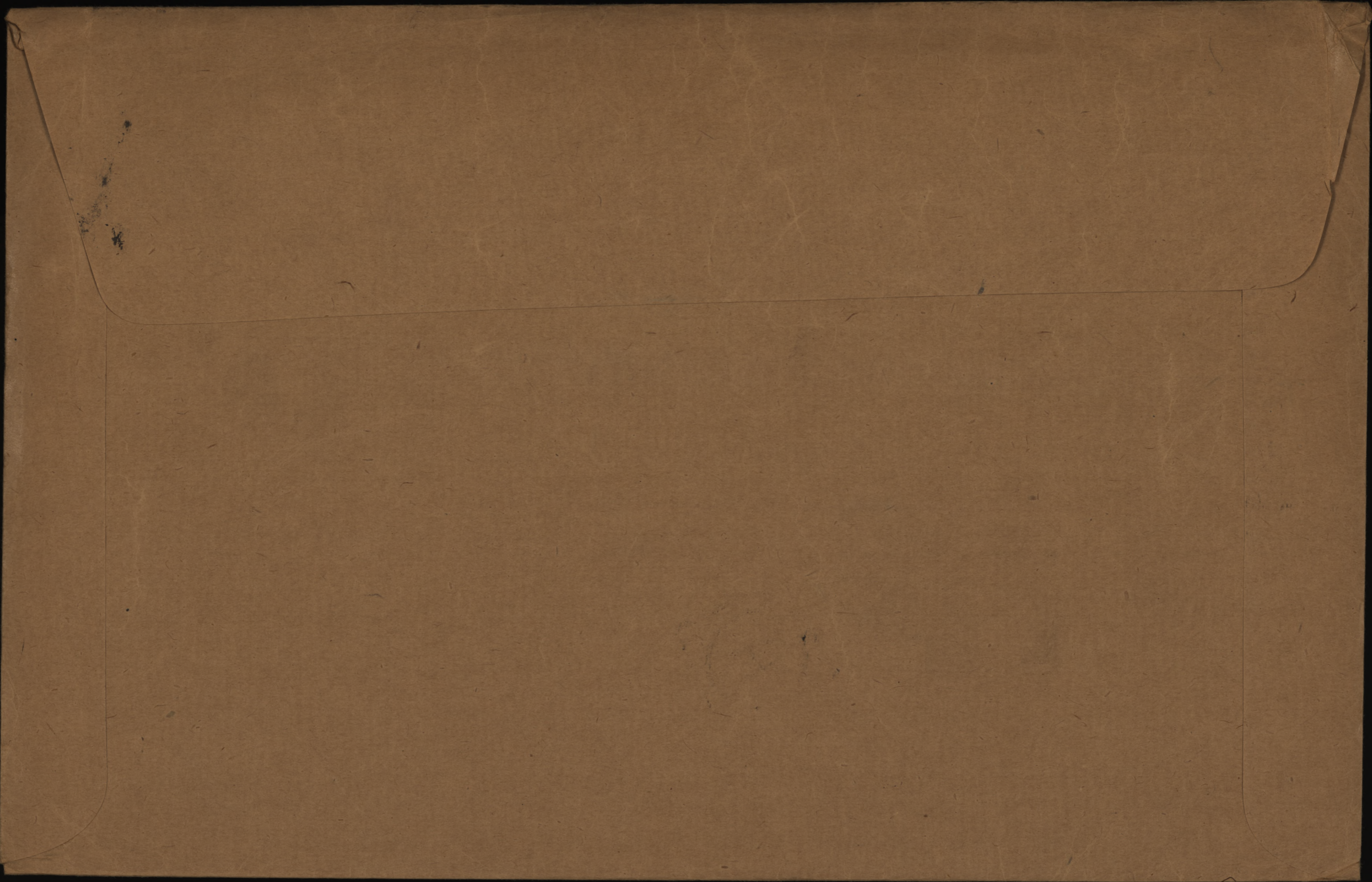
LAST PAY CERTIFICATE (M.F.W. 44)

1 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)

16970



Surname *Tremblay* H. Q.
Christian names *Edmond* M. D. No. *4 92*
Regtl. No. *3171658* Rank *Plé* T. O. S. *Aug 9th 1918*
Unit *2nd Que Regt. 2nd Depo Bu* D. O. Pt. II *220 of 9-8-18*
Reason S. O. S. 19.....
Auth.....

Next of kin *Tremblay Michel* Relationship *Father*
Address *13 Provoost St* Also notify:
Montreal PQ

BORN—Place *Canada, Ileriville PQ* Date *June 1st 1883*
ATTESTED—Place *Montreal PQ* Date *Aug 9th 1918*
O/S R/C.....



3171658

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 Private Name TREMBLAY Edmond

C. E. F.

Enlisted (a) 9-8-18 Terms of Service (a) C.E.F. Service reckons from (a) 9-8-18

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) Carter

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				
		S. O. S. on Return to Registrar's Records, D. O. Part II No. 233 Amended by " " " No.	Montreal d/ 28-8-18 d/	8-9-18	
		<i>J. G. L.</i> M. S. A. District Officer, M.D. No. 4.	Captain		

(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.

Casualty Form - Active Service

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				

(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 in the column for "Remarks".
 (b) For "Remarks", Shooting Smith, etc., also special qualifications in Technical Corps duties.

MILITARY SERVICE ACT, 1917.

ORIGINAL

MEDICAL HISTORY SHEET.

3171658

1. Surname... **TREMBLAY** Christian name... **Edmond**
 2. Number of report for service or claim for exemption according to Postmaster's Receipt or schedule **34619 DC**
 3. Consecutive number on schedule of men reporting for service (if he appears on it)
 4. Address (including street and number if any)..... **13 Provost St. Montreal Que. Can.**

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the **9th.** day of **August** 19....., by the undersigned medical board sitting at **Montreal Que. Can.**

5. Age as stated **35** Years **2** Months. 6. Apparent age Years Month

7. Height..... **5** Feet **4** Inches. 8. Weight..... **122** Pounds.

9. Chest measurement { Minimum **32** Ins. Maximum **35** Ins. 10. Complexion **Brown** { Eyes **Brown** 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 **Chief**

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

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category

E

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

Williams President. **at** Member.

Signature of Man *Edmond Tremblay*
W. Williams
George H. ...
...

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

Joined **9th** day of **August** 19**18** at **Montreal Que. Can.**

Joined on enlistment	CORPS	REG'TL NUMBER	HABITS	DATE
Transferred to.....	2nd DEPOT BN.	D-	2nd QUEBEC REG'T.	9-8-18
			3171658	

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.

SHORT FORM.
PROCEEDINGS ON DISCHARGE.
(Demobilization.)

I

1. No.	3171658	
2. Rank	Private	
3. Name	TREMBLAY, Edmond	
4. Unit	2nd Depot Battalion, 2nd Quebec Regt., Montreal, Que,	
5. Date of Discharge	8-9-18 <i>OK.</i>	Place Montreal, Que,
6. Reason for Discharge	Appropriate Struck off strength on return to Registrar's Records, 8-9-18 D.O. #233 d/28-8-18 Discharged under Authority of P.C. 3051 of 11-12-18.	
7. Authority	Routine Order #1438,	
8. Proposed Residence after Discharge	13 Prevost St., Montreal, Que,	
9.	CERTIFICATE TO BE SIGNED BY SOLDIER. I hereby acknowledge that at the undernoted place and date I received my discharge Certificate M. F. W. ? Signature of Soldier.	
10.	CONFIRMATION. The discharge of the above named man is hereby confirmed. Place Montreal, Que, Date 28-4-19 Signature <i>J. G. [Signature]</i> Captain, (O. C. Discharging Unit.) M.S.A., D.O., M.D. No. 4.	

SHIRT FRONT OF THE
 PROCEEDINGS ON DISCHARGE
 (Mobilization)

1. Name of Soldier	2. Name of Discharge	3. Date of Discharge	4. Place	5. Reason for Discharge	6. Reason for Discharge
7. Authority	8. Proposed Discharge after Discharge	9. Certificate to be signed by Soldier			
<p>I hereby acknowledge that at the undersigned place and date I received my Discharge Certificate</p> <p style="text-align: right;">M. E. W.</p> <p>Signature of Soldier</p>					
CONFIRMATION					
<p>The discharge of the above named man is hereby confirmed.</p> <p style="text-align: right;">Montreal, Que.</p> <p style="text-align: right;">1918-19</p> <p style="text-align: right;">Signature</p> <p style="text-align: right;">(C. P. ...)</p>					

LIST OF DISCHARGE DOCUMENTS

Medical Report	Medical Form W-10
Company Conduct Sheet	Medical Form W-11
Discharge Certificate	Medical Form W-12
Medical History Sheet	Medical Form W-13
Physician's Statement	Medical Form W-14
Medical History Sheet	Medical Form W-15
Physician's Statement	Medical Form W-16
Medical History Sheet	Medical Form W-17
Physician's Statement	Medical Form W-18
Medical History Sheet	Medical Form W-19
Physician's Statement	Medical Form W-20
Medical History Sheet	Medical Form W-21
Physician's Statement	Medical Form W-22
Medical History Sheet	Medical Form W-23
Physician's Statement	Medical Form W-24
Medical History Sheet	Medical Form W-25
Physician's Statement	Medical Form W-26
Medical History Sheet	Medical Form W-27
Physician's Statement	Medical Form W-28
Medical History Sheet	Medical Form W-29
Physician's Statement	Medical Form W-30
Medical History Sheet	Medical Form W-31
Physician's Statement	Medical Form W-32
Medical History Sheet	Medical Form W-33
Physician's Statement	Medical Form W-34
Medical History Sheet	Medical Form W-35
Physician's Statement	Medical Form W-36
Medical History Sheet	Medical Form W-37
Physician's Statement	Medical Form W-38
Medical History Sheet	Medical Form W-39
Physician's Statement	Medical Form W-40
Medical History Sheet	Medical Form W-41
Physician's Statement	Medical Form W-42
Medical History Sheet	Medical Form W-43
Physician's Statement	Medical Form W-44
Medical History Sheet	Medical Form W-45
Physician's Statement	Medical Form W-46
Medical History Sheet	Medical Form W-47
Physician's Statement	Medical Form W-48
Medical History Sheet	Medical Form W-49
Physician's Statement	Medical Form W-50

LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate.....	Militia Form W. 23
or Particulars of Recruit.....	Militia Form W. 133
Field Conduct Sheet.....	Militia Form W. 178 or A.F.B. 122
Casualty Form.....	Militia Form W. 54 or A.F.B. 103
Last Pay Certificate.....	Militia Form W. 44
Certificate that missing documents are unobtainable.....	
Medical History Sheet.....	Militia Form B. 313 or A.F.B. 178
Proceedings of Medical Board.....	M.F.B. 227, A.F.B. 179 or A.F.A. 45
Dental History Sheet.....	Militia Form B. 465
Medical Report.....	M. F. W. 129 or D. M. S. 1375
Regimental Conduct Sheet.....	Militia Form B. 263
Company Conduct Sheet	Militia Form B. 263a