

ORIGINAL

Fourth M. D. First Depot Battalion First Quebec. Regiment
Regtl. No. 8081258

PARTICULARS OF RECRUIT
DRAFTED UNDER MILITARY SERVICE ACT, 1917

E Coy

D. F. S. (Class)

- 1. Surname..... ADDY.
- 2. Christian name..... Joseph Alphonse,
- 3. Present address..... 878 Colonial Ave, Montreal Que
- 4. Military Service Act letter and number..... 89852. DC.
- 5. Date of birth..... 1897. July 16th,
- 6. Place of birth..... St Hycinthe.
(town, township or county and country)
- 7. Married, widower or single..... Single.
- 8. Religion..... Roman Catholic.
- 9. Trade or calling..... Blacksmith.
- 10. Name of next-of-kin..... Mrs Rose de Lima ADDY
- 11. Relationship of next-of-kin..... Mother.
- 12. Address of next-of-kin..... 878 Colonial Ave Montreal Que
- 13. Whether at present a member of the Active Militia..... No.
- 14. Particulars of previous military or naval service, if any..... No. J. A. A.
- 15. Medical Examination under Military Service Act:—
 (a) Place ~~XXXX~~ Que (b) Date 14th Jan. (c) Category A2

Mobilization Centre
M. D. No. 7
JAN 14 1918
MONTREAL, P. Q.

Montreal/Canada

DECLARATION OF RECRUIT

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

Joseph Alphonse Addy (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age 20 yrs 6 mths.
 Height 5 ft 5 ins.
 Chest measurement } fully expanded 35 ins.
 } range of expansion 4 ins.
 Complexion Dark
 Eyes Blue
 Hair Dk Brown

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

R. D. =	40
L. D. =	40
F. EAR	OK
L. EAR	OK

M. A. Piche Lieut Col.

O. C. First Depot Btln.
First Quebec Regt.

Place Montreal Canada Date 7th January 1918

CANADIAN EXPEDITIONARY FORCE.

Prepared by _____
 Checked by _____
 M.F.W. 44
 154 (D.P.) 150M-2-19.
 1772-39-903.

LAST PAY CERTIFICATE

Regimental No. 3081258 Rank Pte. Name Addy, J. A.
 (Surname first)
 Unit 1/1 D. B. Q. who was* S. O. S.
 On 29/1/18 191....., to.....
 *Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 7/1/18 to 28/1/18 191...
 the inclusive date of transfer or discharge.

	Dr.	Cr.
Bal. Dr. or Cr. from prev. month.....		
Regimental Pay..... <u>22</u> days at \$ <u>1</u> c. <u>00</u>		<u>22 00</u>
Field Allowance..... <u>22</u> days at \$..... c. <u>10</u>		<u>2 20</u>
Separation Allowance		
Clothing Allowance		
Post Discharge Pay.....		
*Other Credits		
Advances <u>Cash</u>	<u>12 00</u>	
Separation Allowance and Assigned Pay Cheque No.....		
*Other Charges <u>Fit. 7 days. P & A</u>	<u>7 70</u>	
..... <u>Cr. Bal.</u>	<u>4 50</u>	
Balance on transfer or on discharge, cheque No.....	<u>24 20</u>	<u>24 20</u>
Total.....		

*Give particulars.

A monthly stoppage of \$..... (†) has..... (‡) been paid on account of
 Assigned Pay for the month of.....191..... }
 and Separation Allee. for month of.....191..... } (to) Assignee

(Address) N I L.....

(†) Insert amount to be assigned, whether it has been paid or not. (‡) Insert "not" if amount has not been paid for period of account.

ON TRANSFER OF AN OFFICER.

Outfit Allowance of \$.....has been paid by Paymaster, Military District No.....

REMARKS:—

State (1) date of enlistment..... 7/1/18.....married or single..... Single
 (2) Separation Allowance, entitled or not..... Not..... (3) Reason for discharge..... Deserter
 (4) Authority for discharge or transfer..... Court of Inquiry dated 6-3-19.

NOTE.—S.A. & A.P. Card and Index Card (M.F.W. 71) are to accompany Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay Account of the officer,
 or soldier.

Date March 18th. 1919.
 Place Montreal, P. Q.

[Signature]
 Paymaster.

- N.B.—(A) This form is to be used for all ranks (vide Article 122-130 and 141) Financial Instructions, C.E.F., 1916.
 (B) For purposes of transfer it is to be made out in triplicate. Copies will be disposed of in accordance with instructions as laid down in Routine Order No. 1307, dated 12th Nov., 1918. Payment of the balance will not be made and the words "or on discharge cheque No." will be deleted.
 (C) For purpose of discharge it is to be made out in duplicate. One copy to accompany discharge papers, and one copy for retention as a record. As payment of the balance will have been made, the words "on transfer or" will be deleted.
 (D) If a man on discharge is entitled to Post Discharge Pay, Last Pay Certificates will be made out as in "C" with an additional copy to be forwarded to the District Paymaster.

FORM OF WILL

I, Joseph Alphonse ADDY. (Name in full)

Regimental Number 3081258 serving in 1st DEPOT BN. 1st QUEBEC REG'T.

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

No.	} Name and Address of person or persons to whom it is to go.
.....	
.....	

absolutely, and my personal estate I bequeath to

Mother.	} Name and Address of person or persons to receive personal estate* (See note).
.....	
<u>Mrs Rose D- Lima ADDY.</u>	

NOTE

This space for the appointment of Executor if necessary.

IMPORTANT NOTE

this 14th day of January A.D. 1918

This must be signed and Dated by THE SOLDIER HIMSELF.

Joseph Alphonse Addy Signature of Soldier.

*N.B. Personal estate includes ~~any~~ XXXXXXX 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 Gray Miller

Address of Witness Guy St Barracks Montreal Que

THE TWO WITNESSES

Occupation of Witness Soldier

MUST SIGN HERE

Signature of Second Witness Donald Francis Smyth

Address of Witness Guy St Barrack Montreal Que

Occupation of Witness Soldier

FORM OF ...

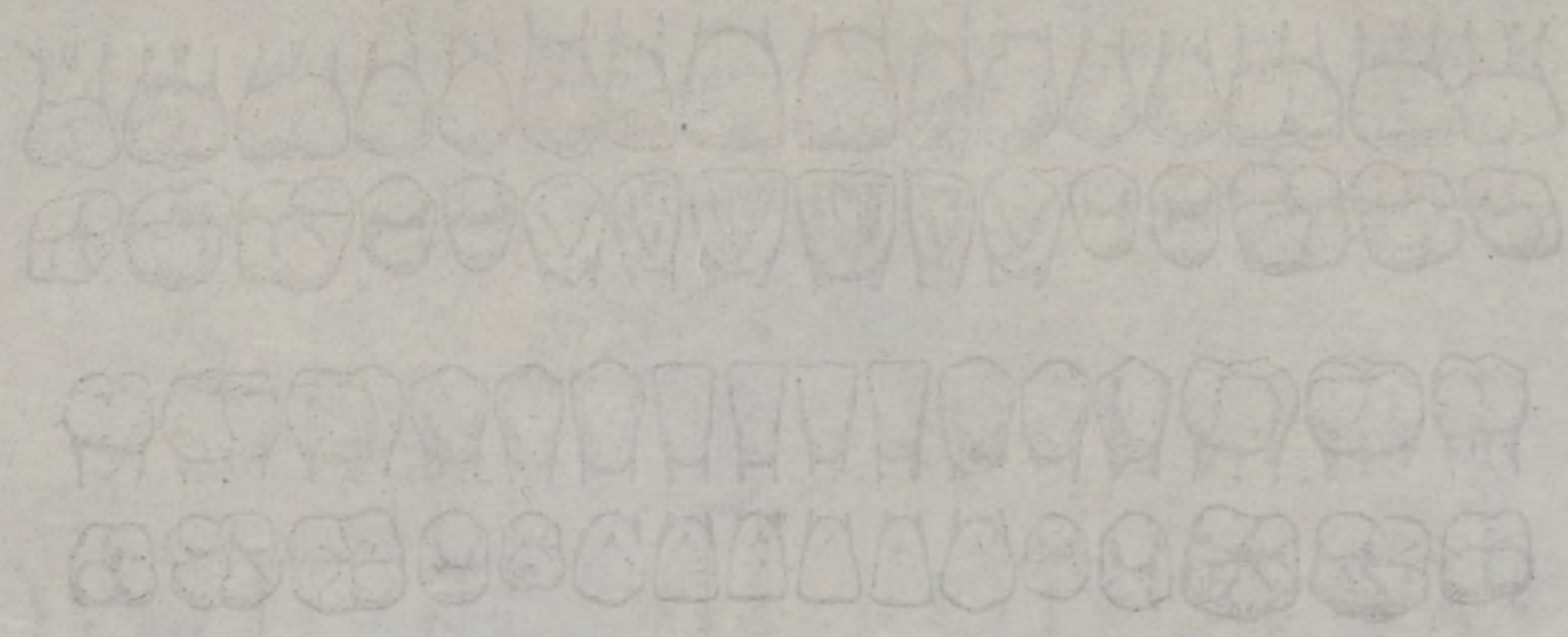
PRINTED BY ...

No.

...

...

...



ИМЕНА

ОПИСАНИЕ

Возраст

Пол

Состояние

Зубы

История

Лечение

Примечания

Снимки

Дата

Подпись

Инициалы

ИЗДА

Имя

Возраст

Пол

Дата

САНДИЯ УМА ДЕЛТГ СОББЭ

ДИАЛОЖ

ДЕЛТЛГ ИСТОБЯ SHEET

MILITARY SERVICE ACT, 1917.

ORIGINAL

MEDICAL HISTORY SHEET.

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 ADDY. Christian name Joseph Alphonse,
2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule.....
3. Consecutive number on schedule of men reporting for service (if he appears on it).....
4. Address (including street and number, if any)..... St Hyacinthe. Quebec.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 14th day of January 1918 1917, by the undersigned medical board sitting at.....

5. Age as stated 20 Years 6 Months. 6. Apparent age 20 Years 6 Months

7. Height 5 Feet 5 Inches. 8. Weight 130 Pounds.

9. Chest measurement { Minimum 31 Ins. Maximum 35 Ins. 10. Complexion Dark { Eyes Blue Hair Dk Brown

11. Physical development. Good { Good Fair Poor 12. Smallpox marks None

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 Callous Left foot

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

A2

MOBILIZATION CENTRE
M. D. No. 4
JAN 14 1918
MONTREAL, P. Q.
Signature of Man

R. D. = 40
L. D. = 40
R. EAR OC
L. EAR

H. Aubrey President.
W. H. ... Member.
... Member.

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

Joined 7th day of January 1918 at Montreal Canada

CORPS	REG'TL NUMBER	HABITS	DATE
	<u>1st DEPOT REG'T</u> <u>3081258</u>		

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISCHARGE	RESULT
<u>Mtl.</u>	<u>Jan 14/18</u>	<u>Callous - left foot</u>	<u>A2</u>

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.

Original not available
 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..... 1 DB. 1st Que. Regt

Regimental No. 3081258 Rank Pte Name Addy, Joseph Alphonse
 C. E. F.

Enlisted (a) 7-1-18 Terms of Service (a) DofW Service reckons from (a) 7-1-18

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				
6-1-18	1/1 QR	SOS w/e	Montreal	7-1-18	DD 6
17-1-18	..	Auth 7-1-18 to 13-1-18 Fof. 7 days p+a	..	17-1-18	DD 17
9-3-19	..	Granted Cond. leave of absence from 29.1.18 to 5.2.19 without exp. to the public	..	5.2.19	DD 68
9-3-19	..	Auth from 10.01 pm 5.2.19	..	5.2.19	DD 68
10-3-19	..	SOS w/e 26.2.19. Auth copy d/6.3.19. Deserted	..	26.2.19	DD 69
12-3-19	..	SOS. w/e 5.2.19. Auth copy d. 6.3.19. Deserted	..	5.2.19.	DD 71

R. L. L. L.

Capt for DofW

(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, Shoering Smith, etc., etc., also special qualifications in technical Corps duties.

SURNAME.

Uday,

CHRISTIAN NAMES

Joseph Alphonse

REGL. NO.

3081258

RANK

Pf.

UNIT

1st Que. Regt. 1st Dep. Bn.

FORMER CORPS

Nil

Sas Des. 5-2-19

FOLL.

NO. 71 of 12-3-19

NO. 7-1-18

NO 90

NEXT OF KIN.

NAMES IN FULL

Uday, Mrs. Rose de Lima

RELATIONSHIP TO SOLDIER

Mother

ADDRESS

878 Colonial Ave., Montreal P. Q.

CHANGE OF ADDRESS

COUNTRY OF BIRTH

Canada, St. Hyacinthe, P. Q.

DATE

July 16th 1897

PLACE OF ATTESTATION

Montreal, P. Q.

DATE

Jan. 7th 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

No 308125 RANK nte

NAME Addy Joseph Alphonse

T. O. S. 7-1-18
(P.O. 6 of 6-1-18)

UNIT 1st Depot Bn 1st 2nd Regt.

M. D. 4

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1918 Jan 7	1918 Jan 31	n	a.w.s. 7-1-18 forfeits 7 days pay	P.O. 17 of 17-1-18.
Feb.		w.	Trans to "N" Coy 28-1-18 pending decision of the Exemption Tribunal Reappears 1-2-18 Granted leave of absence without pay 28-1-18. Charge back 22 days to bal. a/c. end of Feb.	P.O. 31 of 31-1-18. Feb. payhat. D.O. 34 of 31-1-18.
Mar 1	Apr 30	n	Trans. "N" Coy. A.O. 128	D.O. 31 of 31-1-18.
May		n	Granted cond. leave of abs. without pay 29-1-18 a.w.s. 7-1-18 to 13-1-18 forfeits 7 days pay	P.O. 128 of 8-5-18. D.O. 128 of 8-5-18

