REGIMENTAL DOCUMENTS

NAME ALBERTO, JOSEPH, REGT. NO. 4035376 UNIT 2nd D/o Fm 2nd H. Q. FILE NO. 3586

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
2	ATTESTATION PAPER (M.F.W. 23, 133, or 51) 2	15-3-19. E.H.	C			DEATH
1	CASUALTY FORM (M.F.W. 54 or A.F.B. 103) 1					Category
1	TRAINING HISTORY SHEET (M.F.W. 113) 1					
1	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122) 1		H			
	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					DISCHARGE
1	DENTAL HISTORY SHEET (M.F.B. 465) 1					Category
	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) 1					DESERTION
1	LAST PAY CERTIFICATE (M.F.W. 44) 1					Ill. Absent 25-3-18.
	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)					
1	M.F.B. 259.					
1	M.F.W. 82					

W. 2589
100M-11-18
1772-39-1377

JGS.

4 M. D. 2nd DEPOT BN. 2nd QUEBEC REG'T. Depot Battalion Regiment

Regtl. No. D- 403376

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

ORIGINAL

(Class One)

1. Surname ALBERTO
2. Christian name Joe
3. Present address Cream Hill, Ont Canada
4. Military Service Act letter and number Not Registered
5. Date of birth 12th February 1892
6. Place of birth (town, township or county and country) Venice, Italy
7. Married, widower or single Single
8. Religion Roman Catholic
9. Trade or calling Laborer
10. Name of next-of-kin William Alberto
11. Relationship of next-of-kin Father
12. Address of next-of-kin 475 Bernardo St. Venice Italy
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 (b) Date March 14th 1918 (c) Category

DECLARATION OF RECRUIT

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

Joe Alberto (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age 26 yrs. 1 mths.

Height ft. ins.

Chest measurement: fully expanded ins.; range of expansion ins.

Complexion Dark

Eyes Brown

Hair Brown

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

Lt.-Col.
Commanding 2nd Depot Bn., 2nd Quebec Reg't.

O. C. Depot Btln.

Regt.

Place Montreal, Que Date November 11th 1917

M. F. W. 133.
500 M.—8-17.
1772—39—1158.

M.F.B. 465
2,000M 1-17
1772-39 950

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT 4

NAME OF SOLDIER ALBERTO, Joe

No. 4035376

RANK Private

REGIMENT 2nd DEPOT BN. 2nd QUEBEC REGT.

INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.

Only such entries to be made on this sheet as will show :

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge.

	Date		Amalgam	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhœa	Synthetic Porcelain	Extracting	Dentures			Gold Clasp	Gold Filling	Crowns		Bridge Work	OPERATOR	Military Dist.	REMARKS
													U	L	P			Gold	Porcelain				
Condition on first Examination																							

JGS.

M.S.A. 15 F.

LOI DU SERVICE MILITAIRE

ORIGINAL

FEUILLE MÉDICALE

IMPORTANT.—Si le nom de l'homme n'apparait pas sur la liste des hommes répondant à l'appel, ou s'il n'a pas fait une demande d'exemption ou une déclaration d'être prêt à répondre au service militaire ou, dans le cas où il aurait fait l'une ou l'autre, s'il en ignore le numéro, on l'informera qu'il doit attacher la copie de cette feuille médicale (qu'on lui remettra) à la déclaration ou à la demande d'exemption qu'il pourra faire en s'adressant à n'importe quel maitre de poste en Canada, ou envoyer lui-même après avoir marqué dessus le numéro du reçu qu'il a reçu du maître de poste, au Registraire ou au député Registraire de la Loi du Service Militaire. Dans tous les cas le double de cette feuille médicale sera envoyé par le Bureau Médical au Commandant du District à moins que ce dernier n'ait donné ordre de l'envoyer directement au Registraire ou Député Registraire.

1. Nom de famille ALBERTO Nom de baptême Joe
2. Numéro de la réponse à l'appel ou de la demande d'exemption d'après le reçu du maître de poste ou la liste Not Registered
3. Numéro consécutif de la liste des déclarations (s'il y apparait) Not applicable
4. Adresse (y compris la rue et le numéro s'il en existe) Cream Hill, Ont. Canada

Voici les renseignements exacts qui résultent de l'examen du sujet ci-dessus nommé, fait le 14th jour de March 1918, par le bureau médical soussigné siégeant à Union Ave. Montreal, Que Canada

5. Âge affirmé 26 ans 1 mois.
6. Âge apparent 26 ans 1 mois.
7. Hauteur ..... Pieds ..... pouces.
8. Poids ..... livres.
9. Mesure de poitrine { Minimum ..... pouces / Maximum ..... pouces }
10. Couleur Dark { Yeux Brown / Cheveux Brown }
11. Développement physique { Bon / Moyen / Pauvre }
12. Marques de vérole .....
13. Nombre de vaccinations { Bras droit ..... / Bras gauche ..... }
14. Dernière vaccination .....
15. Indices distinctives et indices de particularités congénitales ou de maladie antérieure .....
16. Défauts légers insuffisants pour l'exemption .....

Le sujet nie avoir souffert de { Rhumatisme / Tuberculose / Syphilis } Nous ne trouvons pas de preuve qu'il ait souffert de { Rhumatisme / Tuberculose / Syphilis }

(Rayez la maladie admise ou soupçonnée.)

Nous avons examiné le sujet ci-dessus nommé, conformément aux règlements pour les examens médicaux des F.E.C. et il est classé dans la catégorie [ ]

Signature de l'homme Joe Alberto

.....*Président.*

.....*Membre* .....*Membre*

Date	Résultat	Vacciné	Date	Résultat	Innoculations, Anti-Typhoïdes, Etc.
		O.M.			O.M.
		O.M.			O.M.
		O.M.			O.M.

Enrôlé le 11th *jour de* November *191* 7 *à* Montreal, Que Canada

	Corps	No. dans le régiment	Habitudes	Date
Enrôlé				11-11-17
Transféré à 2nd	DEPOT BN. 2nd QUEBEC REGT		4035376	

EXAMINÉ OU REFUSÉ PAR UN BUREAU MÉDICAL.

Quartier	Date	Maladie	Resultat

INSPECTING MEDICAL BOARD M. D. No. 4 FIT MAY 21 1918 Pte. MONTREAL, P.Q.

N. B. Il sera disposé de cette feuille [illegible] ormément aux règlements du service médical de l'armée, [illegible] ujet devient inapte au service; la date et la cause seront indiquées au verso.

Nom de famille ALBERTO Nom de baptême Joe

QUARTIER	Date de l'arrivée au quartier	Dates de l'Admission à l'hôpital			Dates de Sortie de l'hôpital			MALADIE	Nombre de jours à l'Hôpital	Remarques sur la nature de la maladie; comment contractée; légère ou violente; si complètement guérie; s'il y a eu traitement particulier; dans les cas de maladies vénériennes, mentionnez la maladie originaire et si le mercure a été administré. Si c'est un accident, dites s'il est arrivé en devoir et si une enquête a été faite. Date et détails de fourniture de fausses dents et autres articles de chirurgie. Détails d'innoculations prophylatiques.	Signature de l'officier médical
		Jour	Mois	An	Jour	Mois	An				

January Pay List Folio 2-25

234

M.F.W. 44.
1133 (D.P.) 250M.-12-18.
1772-39-903.

CANADIAN EXPEDITIONARY FORCE.

LAST PAY CERTIFICATE

Regimental No. 4035376 Rank Private Name Alberto J.G.
(Surname first)

Unit 2nd depot Bn.2nd Quebec Rgt. who was* S.O.S. as deserter

On 14-4-18 191....., to
*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from xx to xx 191... the inclusive date of transfer or discharge.

	Dr.		Cr.	
Bal. Dr. or Cr. from prev. month			118	80
Regimental Pay ..... days at $.....c				
Field Allowance ..... days at $.....c				
Separation Allowance				
Clothing Allowance				
Post Discharge Pay				
*Other Credits				
Advances				
Separation Allowance and Assigned Pay Cheque No.				
*Other Charges Over redited	108	80		
Balance on ~~transfer or on discharge, cheque No.~~	11	00		
Total	118	80	118	80

*Give particulars.

A monthly stoppage of $.....n (†) has.....(‡) been paid on account of

Assigned Pay for the month of.....i.....191.....
and Separation Allce. for month of.....1.....191..... } (to) Assignee .....

(Address) .....

(†) 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 11-11-17 married or single.....

(2) Separation Allowance, entitled or not .....(3) Reason for discharge Deserter

(4) Authority for discharge or transfer Court of Inquiry

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 23-1-19

Place Montreal Que.

P. Brosseau Lieut.
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.

CREDITS, ADVANCES, Etc.

Credits, Advances, Forfeitures, Issues on Repayment, etc., since issue of this L.P.C. are to be entered hereunder:

Date	Place	Cheque No. A.R. No. or Other Particulars.	AMOUNT		Signature of Officer Making Payment.
			Dr.	Cr.	
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....

JGS.

FORM OF WILL

I, ALBERTO, Joe (Name in full)

Regimental Number 403537 26d DEPOT BN. 2nd QUEBEC REG'T serving in

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

NIL

Name and Address of person or persons to whom it is to go.

absolutely, and my personal estate I bequeath to

William Alberto
475 Bernardo St. Venice, Italy

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 14 day of March A.D. 191 8

Joe Alberto 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.

THE TWO WITNESSES MUST SIGN HERE

Signature of First Witness J. Samson

Address of Witness Pte. St Barracks Montreal

Occupation of Witness Soldier

Signature of Second Witness Gustave Trenelle

Address of Witness 218 Amherst City

Occupation of Witness Soldier

M. F. W. 82.
300M.-12-16.
1772-39-983.

6

JGS.

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. 4035376 Rank Private Name ALBERTO, Joe

Enlisted (a) 11-11-17 Terms of Service (a) C. E. F. C.E.F. Service reckons from (a) 11-11-17

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				
25-3-18		S.O.S. as deserter D.O. 24	Montreal Que	15-4-18	AW Larose Capt adjg 2

(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.

[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				

H. Q.

M. D. No.

Surname: Alberto

T. O. S. 19

Christian names: Joe

D. O. Pt. II of 1

Regtl. No. 403376 Rank: Pte

S. O. S. 15-4 19 15

Unit: 2nd Que Regt 2nd Dpo Bn

Reason: Des

Auth: Docs

Next of kin: Alberto William

Relationship: Father

Address: 475 Bernardo St
Venice, Italy

Also notify:

BORN—Place: Italy, Venice

Date: Feb 12th 1892

ATTESTED—Place: Montreal P.Q.

Date: Nov 11th 1917

O/S

R/C

W. 22—100M-7-18. 1772-39-839