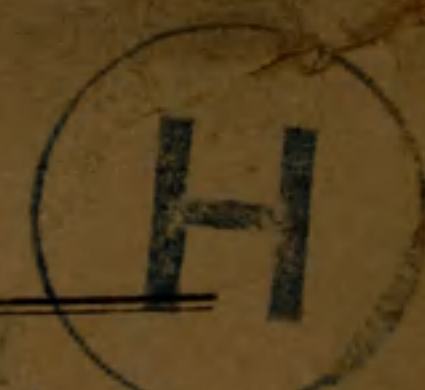


REGIMENTAL DOCUMENTS

9870

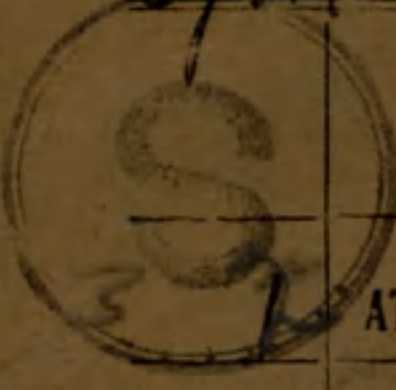


NAME *BEGIN ERNEST*

REGT. NO. *267.8814*

UNIT *9th Bn CE*

H. Q. FILE NO.



CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

1 ATTESTATION PAPER (M.F.W. 23, 133, or 51)

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

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)

1 MEDICAL EXAMINATION (M.F.W. 129)

1 TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)

PROCFEDINGS, 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)

1 COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)

1 Misc.

1 CADDC5009A.

2 F.C.D.3.

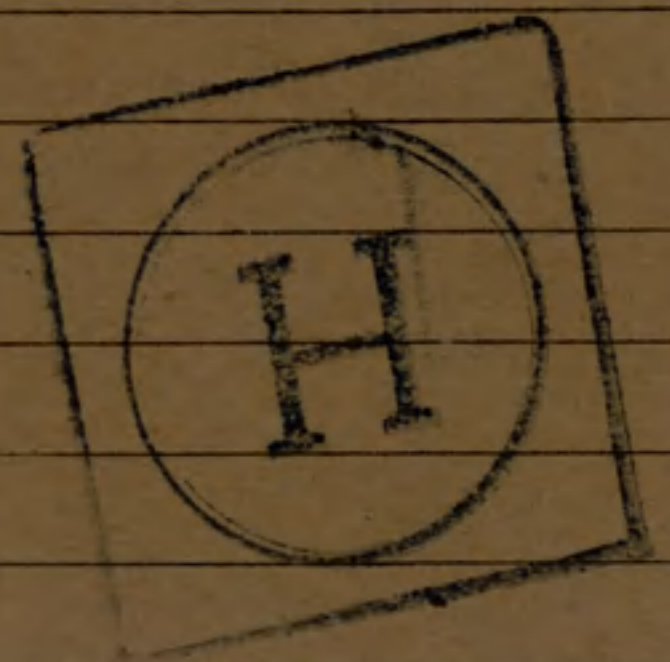
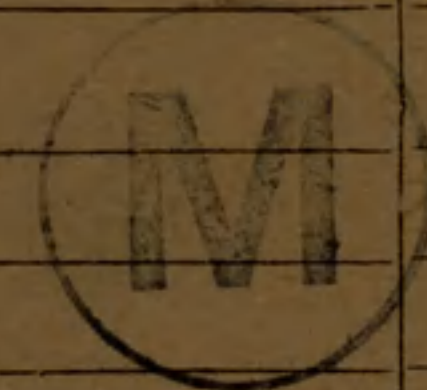


PHOTO ROOM

Box 402465

DEATH

Category

DISCHARGE

Category

DEMOB

DESERTION



PIÈCE D'ATTESTATION.

No. 2678814

Folio

CORPS EXPÉDITIONNAIRE CANADIEN D'OUTRE-MER

QUESTIONNAIRE REQUIS AVANT ATTESTATION

(RÉPONSES)

- | | |
|--|---------------------------|
| 1. Quel est votre nom de famille ?..... | Begin |
| 1a. Quels sont vos noms de baptême ?..... | Ernest |
| 1b. Quelle est votre présente adresse ?..... | 320 Richelieu Quebec P.Q. |
| 2. En quelle ville, village ou paroisse, et en quel pays êtes-vous né ?..... | Breakeyville Quebec P.Q. |
| 3. Quel est le nom de votre plus proche parent ?.. | Eusebe Begin |
| 4. Quelle est l'adresse de votre plus proche parent ? | Breakyville Quebec P.Q. |
| 4a. Quel est votre degré de parenté avec icelui ?... | Pere |
| 5. Quelle est la date de votre naissance ?..... | 20 Sept, 1898 |
| 6. Quel est votre métier ou profession ?..... | Serrefrein |
| 7. Êtes-vous marié ?..... | Non |
| 8. Consentez-vous à être vacciné ou revacciné et inoculé ?..... | Oui |
| 9. Faites-vous déjà partie de la Milice active ?..... | Non |
| 10. Avez-vous déjà fait du service militaire ?.....
(En ce cas, mentionner les états de service) | Non |
| 11. Comprenez-vous bien la nature et les termes de votre engagement ?..... | Oui |
| 12. Consentez-vous à être attesté pour service dans le Corps Expéditionnaire Canadien d'outre-mer ?..... | Oui |

13. Avez-vous été reformé du service militaire pour incapacité physique ?.....

14. Si oui, quel était la nature de cette incapacité ?.....

15. Avez-vous déjà offert vos services dans une des branches du service militaire de Sa Majesté, et avez-vous été refusé ?.....

16. Si refusé, quelle en était la raison ?.....

DÉCLARATION REQUISE DU SUJET

Je, Ernest Begin déclare solennellement que ce qui précède contient les réponses que j'ai faites au questionnaire ci-dessus, et que ces réponses sont véridiques, et que je consens à remplir les engagements que je prends maintenant, et je m'engage et consens à servir dans le **Corps Expéditionnaire Canadien d'outre-mer** et à être affecté à une arme quelconque dans le service de ce Corps pour le terme d'une année, ou pour la durée de la guerre actuellement engagée entre la Grande Bretagne et l'Allemagne si elle dure plus d'une année, et pour six mois après la conclusion de cette guerre dans le cas où Sa Majesté requerrait mes services d'autant, ou jusqu'à ce que je sois légalement libéré.

Ernest Begin (Signature de la Recrue)

Date Mai 6 1918. A. E. Haude (Signature du Témoin)

SERMENT REQUIS DU SUJET

Je, Ernest Begin prête le serment d'être fidèle et de donner mon entière allégeance à **Sa Majesté le Roi George V**, ses Héritiers et Successeurs, de me faire un devoir de défendre honnêtement et fidèlement la Personne, la Couronne et la Dignité de Sa Majesté, et de ses Héritiers et Successeurs contre tous ennemis, et d'obéir ponctuellement à tous les commandements de Sa Majesté, de ses Héritiers et Successeurs, ainsi que de tous Généraux et Officiers placés au-dessus de moi. Ainsi Dieu me soit en aide.

Ernest Begin (Signature de la Recrue)

Date Mai 6 1918. A. E. Haude (Signature du Témoin)

CERTIFICAT DU MAGISTRAT

La Recrue ci-dessus nommée a été prévenue par moi que, s'il répondait faussement à aucune des questions ci-dessus, il serait passible des pénalités pourvues par la loi de l'Armée.

Les questions ci-dessus ont alors été lues à la Recrue en ma présence.

J'ai vu avec soin, à ce qu'il comprit chaque question, et à ce que les réponses à chacune fussent dûment inscrites telles que reçues, et la dite Recrue a fait et signé la déclaration et prêté le serment en ma

présence, à Quebec P.Q. ce 6 ieme jour de Mai 1918.

J. J. Lavoie (Signature du Juge)
RECRUITING OFFICER, M. D. No. 3.

Signalement de à l'Enrolement

Age apparent ans mois.
(Déterminable d'après les instructions contenues dans les règlements du Service Médical de l'Armée.)

Signes distinctifs, et indices d'affections congénitales ou de maladies antérieures.

Si le Médecin-Officier est d'avis que la Recrue a fait du service antérieurement, il devra, à moins que l'engagé reconnaisse le fait, ajouter une note à cet effet pour l'information de l'officier approuvateur.

Taille pieds.....pouces

Mesure de la poitrine { Tour de poitrine, à pleine expansionpouces
 Marge d'expansion.....pouces

Teint.....

Yeux.....

Chevelure.....

Confession religieuse { Anglican.....
 Presbytérien.....
 Méthodiste.....
 Baptiste ou Congregationaliste.....
 Catholique Romain.....
 Juif.....
 Autres dénominations.....
(Indiquer laquelle)

CERTIFICAT D'EXAMEN MÉDICAL

Ayant examiné le sujet ci-haut nommé, je constate qu'il ne présente aucune des causes de rejet spécifiées dans les règlements du Service Médical de l'Armée.

Il peut voir de chaque œil à la distance requise ; le cœur et les poumons sont sains ; il a le libre usage de ses articulations et de ses membres, et il déclare n'être sujet à aucune syncope quelconque.

Je le considère*.....pour le **Corps Expéditionnaire Canadien d'outre-mer.**

Date.....191 ..

[Signature]
 Médecin-Officier.

Lieu.....

* Insérer ici " valide " ou " non-valide ".

NOTE.—Si le médecin-officier trouve le sujet impropre au service, il remplira le certificat ci-dessus dans les seuls cas où il y a eu attention et notera brièvement ci-dessous les causes d'invalidité :

.....

CERTIFICAT DE L'OFFICIER COMMANDANT

.....ayant été finalement approuvé et examiné par moi ce jour, et le nom, l'âge, la date d'attestation et tous les autres détails réglementaires ayant été notés, je certifie être satisfait de l'exactitude de cette attestation.

..... (Signature de l'officier.)

O. C. 1st DEPOT BATTALION, 2nd QUEBEC REGIMENT

Date.....191 ..

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

War Service Badge

Class "A" No. 144885

THIS IS TO CERTIFY that No.

7678814

(Rank)

Pvt.

Name (in full)

Begin Ernest

enlisted in

the

6th Coy

CANADIAN EXPEDITIONARY FORCE at

Quebec

on the

6th

day of

May

1918

HE served in

9th Bn

C E La France

Demobilization.

and is now discharged from the service by reason of

Medical Unfitness.

THE DESCRIPTION OF THIS SOLDIER on the DATE below is as follows:

Age

19 yrs

Height

5' 7"

Complexion

Clear

Eyes

Black

Hair

Brown

Marks or Scars

Scar L side of

face (acc chie)

Scar L forearm

E. Begin

Signature of Soldier

[Signature]

Major

Issuing Officer

Date of Discharge



Rank

Date

MAR 26 1919

MAJOR

Dispersal Station "B" 19

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Secretary, Militia Council, Ottawa, Canada.

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. _____

(Rank) _____

Name (in full) _____

enlisted in _____

the _____

CANADIAN EXPEDITIONARY FORCE at _____

on the _____

day of _____

19 _____

He served in _____

Demobilization _____

and is now discharged from the service by reason of _____

THE DESCRIPTION OF THIS SOLDIER on the DATE below is as follows:

Age _____

Height _____

Complexion _____

Eyes _____

Hair _____

Marks or Scars _____

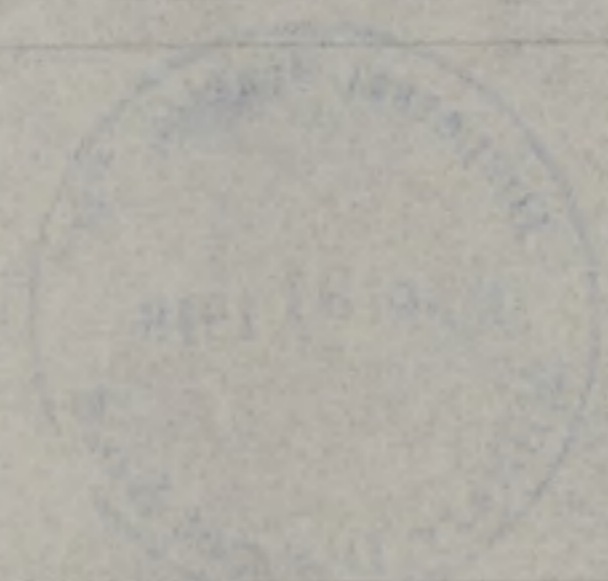
Signature of Soldier _____

Date of Discharge _____

Issuing Officer _____

Rank _____

Date _____



N.B. - As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Secretary, Military Council, Ottawa, Canada.

26 SEP 1918

MEDICAL HISTORY SHEET

Surname Begin Christian Name Ernest

Examined { on 6th. day of May 1918
at Drill Hall Quebec P.Q.
Birthplace { City or Town Breakville
County Co. Levis P.Q.

Approved by [Signature]
Rank _____ M.O.

Apparent age xxRyxxTrainman 19
Trade or occupation Ry. Trainman
Height 5 feet 7 Inches
Weight 137 lbs.
Chest measurement { Minimum 33 inches
Maximum expansion 3 inches
Physical development Good
Small-pox Marks No

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT	M.O.
<u>6-5-18</u>	<u>RA#</u>	<u>[Signature]</u>	<u>M.O.</u>
			<u>M.O.</u>
			<u>M.O.</u>
			<u>M.O.</u>
			<u>M.O.</u>

Vaccination Marks { Arm Right 1 Left 0
Number 1
When Vaccinated last Childhood

Date	Result	VACCINATIONS	M.O.
<u>MAY 17 1918</u>		<u>[Signature]</u>	<u>M.O.</u>
			<u>M.O.</u>
			<u>M.O.</u>

(a) Marks indicating congenital peculiarities or previous disease _____
(b) Slight defects but not sufficient to cause rejection left varicella

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.	M.O.
<u>MAY 17 1918</u>		<u>[Signature]</u>	<u>M.O.</u>
<u>MAY 27 1918</u>		<u>[Signature]</u>	<u>M.O.</u>
<u>20-6-18</u>	<u>1cc</u> <u>dbl</u>	<u>[Signature]</u>	<u>M.O.</u>

Enlisted on 6th. day of May 1918 at Quebec P.Q.

	CORPS	REG'L NUMBER	HABITS	DATE
Joined on enlistment		<u>2678814</u>		<u>6-5-18</u>
Transferred to	<u>Canadian Engineers</u> <u>CF Porl.</u>			<u>30-5-18</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT
<u>ST. JOHNS, P.Q.</u>	<u>JUN 20 1918</u>		<u>[Signature]</u> President Medical Board St. Johns, P.Q.
<u>ST. JOHNS, P.Q.</u>	<u>JUL 3 1918</u>		<u>[Signature]</u> President Medical Board St. Johns, P.Q.

N.B.—This sheet 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.

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT *4*

M.F.B. 466.
50 M. - 2-18.
1775-80-950.

NAME OF SOLDIER

Regin G.

REGIMENT

RANK

Sgt.

No. *2678814*



X to be extracted
M are missing

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	Pyrrhoæa	Synthetic Porcelain	Extracting	Dentures			Gold Clasp	Gold Filling	Crowns		Bridge Work	OPERATOR	Military Dist.	REMARKS		
											U	L	P			Gold	Porcelain						
<i>1918</i>																			<i>Good</i>				

Approx. Crest.

THE DENTAL HISTORY SHEET

CANADIAN UNION DENTAL FORMS

(Faint, mostly illegible text and lines forming a form structure)

1. Name of Patient

2. Address

3. Date of Birth

4. Sex

5. Occupation

6. Date of Examination

7. Chief Complaint

8. History of Present Illness

9. History of Previous Illnesses

10. Family History

11. Systemic History

12. Oral Examination

13. Radiographic Examination

14. Treatment Plan

15. Prognosis

16. Patient's Consent

17. Dentist's Signature

18. Date

DATE OF EXAMINATION

BY

DENTIST'S SIGNATURE

CASE HISTORY SHEET.

#214 Isolation Hospital. St John's, I.I. Station.
 No. 2648814 Rank Sapper Name Beggs S Age 19
 Unit Engrs, Can. Completed years of service Where and how long } 1/12
 Date of admission 8th June '18 Date of discharge 14/6/18
 Diagnosis Tonsillitis Place of origin

CONDITION ON ADMISSION AND PROGRESS OF CASE

Had had a sore throat for 2 days before admission. On admission the tonsils are enlarged and inflamed. There is tenderness on pressure at angle of jaws.
 10-6-18 - up feeling well.

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

Negative

TREATMENT

(Especially any specific or special form.)

Laxative. Dabell's gargle
 Argylol 10%. Swab. q x h.
 Tonic.

CONDITION ON DISCHARGE

(and disposal made of case.)

Recovered to unit.

Date June 28-18

F. H. Bonebrake
 Medical Officer i/c case.

C. A 9549

MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. 2678814 Rank Pvt Surname Bequa
(Given name in full)

Unit or Corps 9th Bn C.E. Birthplace Ernest Breaksville, Ill.

(Examination of Officer or Other Rank (stripped) to be made by one Medical Officer.)

1. GENERAL DESCRIPTION:

Physique Good Weight 150 ^{est.} lbs. Height 5 ft. 7 in. Colour of Eyes Brown
 Nutrition Good
 Pulse 74 Regular
 Condition of arteries Soft
 Vision Rt. 6/12 Left 4/12
 Hearing (conversational voice) Rt. 20 ft.
 Left 20 ft.

Identification marks, scars, or deformities.
 (Give cause and date of origin.)
Scar, face l. side
acc: chld.
Talve l. arm.

Opinion as to general health and physical condition Good

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No"). (Subjective evidence may be sufficient in certain cases.)

Nervous System no Genito Urinary System no Cardio-Vascular System no
 Special Senses no Integumentary System no Respiratory System yes
 Disturbance of mentality no Muscular System no Digestive System no
 Osseous and Joint System no Any other general condition no

3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

8/6/18 Tonsillitis. 19/6/18.
No disability from varicella with
No Disability.

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at Brunswick (Overseas)

Date 8/2/19

Signed P. F. Brault M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature Ernest Bégin

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

THIS SECTION FOR USE IN CANADA—

Examined at..... (Canada)

Date

Signed M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

(This space to be used, if necessary, in connection with Section 3, overleaf, only.)

[Handwritten signature]

CANADIAN ARMY DENTAL CORPS, O.M.F.C.

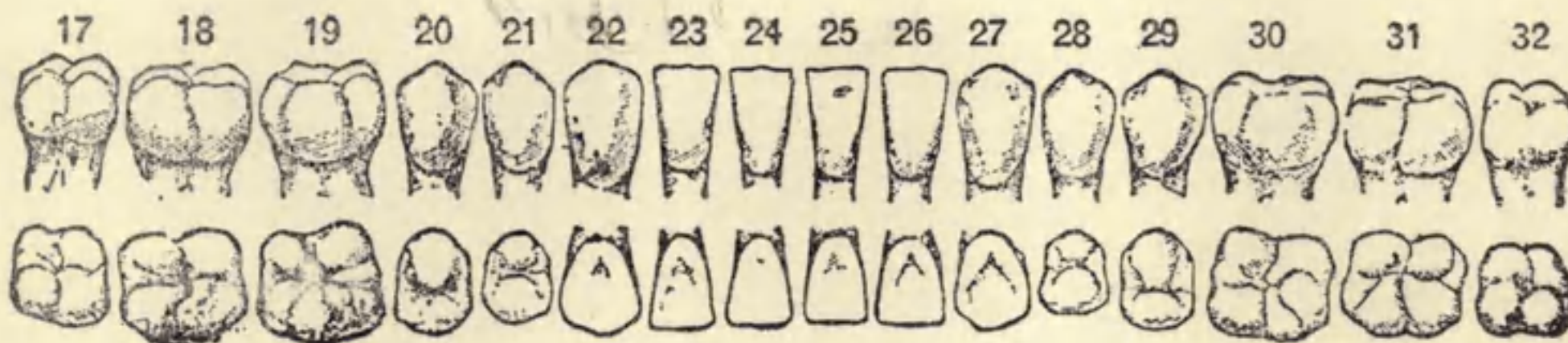
DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) BESIN E

REGIMENT 9th C E C RANK Spr No. 2678814

Date of Examination in England _____ Date of Examination in France 11-1-19



PRESENT DENTAL REQUIREMENTS

- 1. FILLINGS
- 2. EXTRACTIONS
- 3. CROWNS
- 4. DENTURES
 - (a) Full Upper
 - (b) Part Upper
 - (c) Full Lower
 - (d) Part Lower

None

HAS HE EVER REFUSED DENTAL TREATMENT? no

HAS HE EVER RECEIVED DENTAL TREATMENT? (Reply by "Yes" where applicable to any or all of a, b or c.)

- (a) In Canada
- (b) In England no
- (c) In France

Signature of Dental Officer [Signature]
Capt

DIRECTIONS TO DENTAL OFFICERS

1. This form will be made out for each individual at the time of Demobilization in England or France.
2. Figures as per chart will be used to designate teeth concerned.
3. In reference to Partial Dentures the numbers of teeth thereon will be stated.

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

Class "A" No.

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

250M.—1-16.

H. Q. 1772-39-920.

Casualty Form—Active Service.

Sup Dfr. no 74

Unit, Regiment or Corps ENGINEER TRAINING DEPOT C.

Regimental No. 2678814 Rank Pte Name Begin Ernest

Enlisted (a) 6-5-18 Terms of Service (a) War & 6 Mo, Service reckons from (a) 6-5-18

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) Breakman

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				

CERTIFIED CORRECT
 27 SEP 1918
 CAN. RECORDS, LONDON.

~~Trans to Can. Eng. 11. John R. 30/5/18 DO. 154~~

26-7-18	2nd CERB	Embarked	Canada	29-6-18	
6-8-18	2nd CERB	Disembarked	England	23-7-18	✓
7-8-18	2nd CERB	T.O.S. of 2nd CERB. from Canada.	Seaford	22-7-18	Part II Order No. 55. ✓
20-9-18	3rd CERB	S.O.S. of 2nd CERB to 3rd C.E.R. Bn.	Seaford	6-8-18	Part II Order No. 65. ✓
7-8-18	3rd CERB	T.O.S. of 3rd CERB from 2nd CERB	Seaford	6-8-18	Part II Order No. 1. ✓
20-9-18	3rd CERB	S.O.S. to C.E. Pool. France	Seaford	20-9-18	Part II Order No. 40. ✓
21-9-18	C.E.R. P.O.S CER POOL				Adj. 2nd C.E.R. Bn. C.E.P.O. ✓
23-9-18	CCRC JOINED FLOM FASE				
28-9-18	CCRC. S.O.S. to 9th Batta Cb.				

B. Macphail

Capt. C. E.
Adjutant, 3rd C.E.R. Bn.

R&R 765 PART 2 NO 103

25-9-18 BTR. 21506

28-9-18 R&R 1430 P/106

(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.

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				
5.10.18	G. Pemberton	T.O.S. 9th BATTN. CB		29.9.18	B213 DO. 29.9.18 ¹⁰
"	"	joined unit.		29.9.18	B213
				16-2-19	
					DO # 8. 1919
17/3/9		S.O.S. OMFC to CEF J. N. [unclear] Capt 9th BATTN. CDN ENGRS.			
					EMBARKEED S S OLYMPIC SOUTHAMPTON 17-3-19
					<i>Robertson</i> Lieut. Canadian Section
17/3/19	o/s	T.O.S. [unclear] posted to Disp. Sta B		25 ³ / ₁₉	DO 88 B213
31/3/19		Second discharge			DO 88 o/c Records 89

Proceeded To England

16-2-19

Robertson

Lieut.
for Lt. Col., A.A.G.,
Canadian Section

DO # 8. 1919

S.O.S. OMFC to CEF

J. N. [unclear] Capt
9th BATTN. CDN ENGRS.

EMBARKEED S S OLYMPIC
SOUTHAMPTON 17-3-19

Robertson
Lieut. Canadian Section

17/3/19

o/s

T.O.S. [unclear] posted
to Disp. Sta B

24/19

25³/₁₉

DO 88 B213
DO 88 o/c Records
89

31/3/19

Second discharge

Supl. Dft No 74 C.E to C.E.T.D

KR

Rank Name BEGIN Ernest.

Reg'l No. 2678814.

Unit If in perm. Corps, }
What Unit? }

Married or Single Single.

Place and Date of Enlistment Quebec. P.Q. 6th May 1918 Place of Birth Breakeyville.
Quebec. P.Q.

Name and Address, Next-of-Kin Eusebe Begin.

Breakyville Quebec. P.Q.

Relationship Father.

Assigned Pay Monthly \$ Payable to

Relationship

Separation Allowance \$ Payable to

Relationship

W.E. R.B. No. 9803
File R.L.
Category CAN. CR

Discharge, Date and Place Reason Character

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents
Date.	From whom received.				
			Arrived in England	22-7-18	S/S TUNISIAN
20-7-18	2 CERB	S.S. from Canada for Scotland		22-7-18	R. 57
6-8-18	"	S.S. to 3 CERB	"	6-8-18	-659 3 CERB 9/6/18
20-9-18	3 CERB	S.O.S. to C.E.P. Pool	"	19-9-18	DO. 40
18-10-18	9 CERB	S.O.S. from C.E.P.	Field.	29-9-18	DO. 29 16289 106 12/18
17-3-19.	---	S.S. to Canada		17-3-19	Pr. 150.15.
		S/L 41- D.A. "E."		17-3-19	

Date of Enlistment

6/3/18

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

17819

1 July, 1918

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

15 ⁰⁰ / ₁₀₀			
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PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.				
Rank	Promoted	Reverted	Discharge	
Soldier's Name				
Battalion	Can., Engineers Dpt 74			
Beneficiary				
Relationship				
Address				

Name	
Address	
Change of Address	
1	MR. EUSEBE BEGIN, BREAKYVILLE, B17819
2	QUE. 15 15.00
3	% 2678814 SPR ERNEST BEGIN FIFTEEN DOLLARS
4	

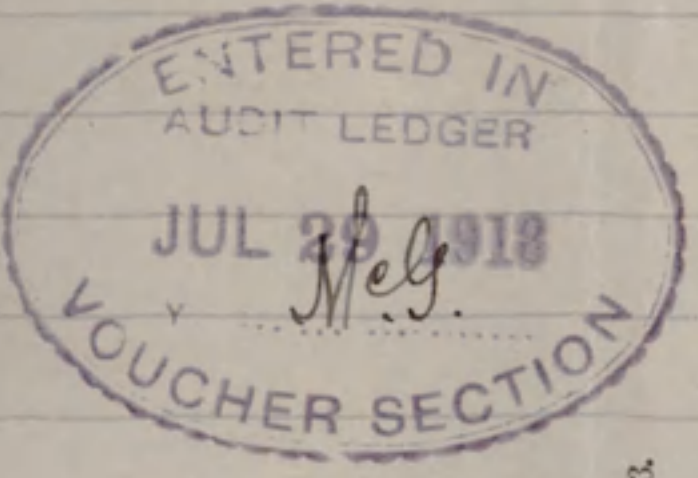
Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
1918 July	X 2829		15	15	
Aug	B 33488		15	15	
SEP	B 38422		15	15	
OCT	B 43393		15	15	
NOV	G 59601		15	15	
DEC	B 68876		15	15	
JAN	D 70925		15	15	
FEB	D 78982		15	15	
MAR	D 89925		15	15	
APR			135	135	

acc 3254 29/18. Mailed 8/8/18. awc

1213-E-8

A/c Closed 31-3-19
 Ret'd per Olympic
 Date 26/19 M.F.W. 187 34 M.D.S
 MO. 85545
 C. C. Crawford

AUDITED



M. F. W. 128
 Form 6-7-1772-39-1141
 L. L. 2320-M. & D. 1993.

AUTHORITY FOR NEW ACCT: H.R. M.D.L. B3 M. Shipley 24/4/18 B. Proby

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

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PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.

Name

Rank

Promoted

Reverted

Discharge

Address

Soldier's Name

Change of Address

Battalion

1

Beneficiary

2

Relationship

3

Address

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
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M. F. W. 128.
 400M. 6. 17. 1772. 81. 1141
 L. L. 22220-M. & D. 1993.

Com

2678814

LIST NUMBER

HOSPITAL

DATE OF ADMISION RANK

Spr

REMARKS

B

Surname *BEGIN*

Christian Name *Ernest*

X

Unit *C. E.* Theatre of War *France*

Date of Service *19.9.18*

Remarks

Latest Address *Breakville Ave*

Roll No.

B Page 3540

MAY 18 1921

NAME

REGT. No.

RANK AND UNIT

NEXT OF KIN

CABLE

NATURE OF CASUALTY

No.

DATE

G.A. 7488 Corp

No. 2678814 RANK *Pte*

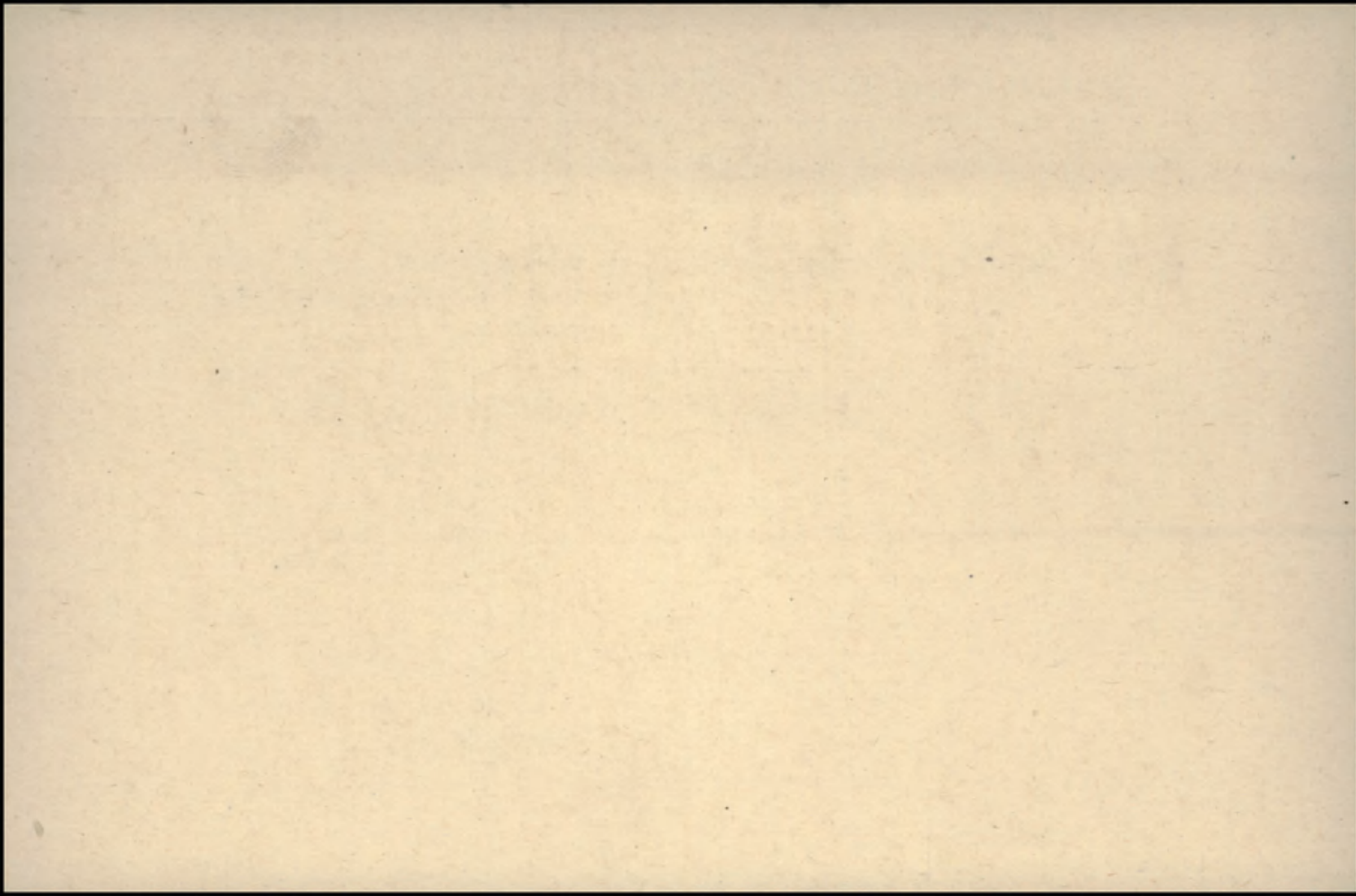
NAME *Regin Ernesto*

T. O. S. *6-5-18*
W.O. 128 of 5-18

UNIT *1st Depot Battalion, 2nd Quebec Regt*

M. D. *5*

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG. OR REC'T	PARTICULARS	AUTHORITY
<i>1918 May 6</i>	<i>1918 May 31</i>	<i>w</i>	<i>6. leave W.O.S. 740135- 18 Transfd to St Johns</i>	<i>W.O. 128 of 5-18 " " 152 " " "</i>



NAME.

Begin

RANK.

Pte

4.30-5-18 (E) 3

REC. FILE

Pt. II-154 of 3-6-18

NO.

2678814

50831-3-19. Death

2048728. 3-19-18

CORPS.

2 Que Regt 1 Dep Bn

H. Q. FILE

17056-5-18 Part II D.O. 128

Ernest

ENLISTMENT, PLACE.

Quebec P. Q.

DATE.

May 6, 1918

DISCHARGE, PLACE.

Canada, Breakeyville P. Q.

DATE.

Sept. 20, 1898

REASON.

ADDRESS ON DISCHARGE.

DOCUMENTS.

NEXT OF KIN

Begin Eusebe

RELATIONSHIP

Father

ADDRESS

Breakeyville

P. Q.

0/5 7/7/18 $\frac{1306}{1}$

P/C 24-3-19, $\frac{290}{33}$ apr.

CHARGED OUT

RETURNED

CHARGED OUT

RETURNED

TO

DATE

BY

RECEIVED
BY

DATE

TO

DATE

BY

RECEIVED
BY

DATE



A 9549.

REG. NO. 2678814 NAME Begin, S.
(SURNAME FIRST)

RANK Sp4. CORPS E.C.

AGE 19. SERVICE 1/12.

NAME OF HOSPITAL #2 Isolation PLACE St Johns P.R.

DATE OF ADMISSION 8-6-18.

DISEASE Tonsillitis

DISCHARGE

OPERATION

DISCHARGED TO DUTY Yes. 14-6-18.

TRANSFERRED TO

DISCHARGED BY MEDICAL BOARD

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

1. Triplicate Attestation Paper (M.F.W. 23), or Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129).
5. Dental Certificate (C.S.D.C. 5000a).
6. Field Conduct Sheet (A.F.B. 122).
7. Proceedings on Discharge (M.F.B. 218a).
8. Discharge Certificate (M.F.W. 39).
(Enclosed in special envelope (260M)).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (C.D.3).
11. Equipment (Statement Q.M.G. Form (D.O.S. 2) and Clothing).
12. Last Pay Certificate (P.851). *In duplicate*
13. Pay Book (A.B.61).
14. War Service Gemmity (Form M.F.W. 2595).
15. Sundry Documents.

Group B
 Checked by No. 15
 Date 14/3/19

War Service Badge
 Class "A" No. 144885
 SHORT FORM.

*P.A. E.
 O.G. 23.*

PROCEEDINGS ON DISCHARGE.
 (Demobilization.)

1. No.	<i>2678814</i>	
2. Rank.	<i>Spr</i>	
3. Name.	<i>Begin Ernest</i>	
4. Unit.	<i>9th Bn C.C.</i>	
5. Date of Discharge	<i>3/3/19</i>	Place <i>(C) Quebec</i>
6. Reason for Discharge	<i>Demobilization</i>	
7. Authority.	<i>R.O. 1420</i>	
8. Proposed Residence after Discharge	<i>Quebec City Breakville Que.</i>	
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. ? <div style="text-align: right; margin-right: 50px;"><i>E. Begin</i></div> Signature of Soldier.	
10.	CONFIRMATION. The discharge of the above named man is hereby confirmed. <div style="text-align: center; color: blue; font-weight: bold;">HALIFAX, N.S. MAR 28 1919</div> Place..... Date..... <div style="text-align: right; margin-right: 50px;"><i>[Signature]</i></div> Signature..... Major (O. C. Discharging Unit.)	

ASSIGNED PAY: ENGLAND OR CANADA. SEPARATION ALLOWANCE. ENGLAND OR CANADA. NAME: *BEGIN Ernest* K
EFFECTIVE DATE: *1-7-18* EFFECTIVE DATE: NUMBER: *26788/4*
AMOUNT: *95.00* AMOUNT: -

NAME, ADDRESS, RELATIONSHIP & AUTHORITY: *Mrs. Susie Begin (father) Beaksville Que*
PARTICULARS OF RANK OR APPOINTMENT: AUTHORITY: *2, CERB, BO. 56* DATE EFFECTIVE: *22-7-18* RANK OR APPOINTMENT: *56*

UNIT AND TRANSFERS: ORIGINAL UNIT: *2, CERB 85 4/8 CE* DATE ACCOUNT FIRST OPENED: *7-7-18*
UNIT TRANSFERRED TO: *2, CERB.*

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
<i>18/4/18</i>	<i>75</i>	<i>15</i>	<i>73.00</i>				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS CE ALL CE
	<i>1.00</i>	<i>10</i>		

PARTICULARS OF RENDERING NON-EFFECTIVE: *dis on 28/1/19 from to from NB 3426 MD5 LRB " 35.97*

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
<i>6-7-18</i>	<i>Behave from Canada</i>								<i>52.60</i>		
<i>Aug</i>	<i>July P.A. 7-31 25 days</i>	<i>27.50</i>		<i>C.A.P. July & Aug</i>				<i>30</i>			
	<i>Aug "</i>	<i>34.10</i>		<i>1919 29/8 Seafood 1D</i>	<i>4.87</i>						
				<i>1369 14/8 36 RB 3</i>	<i>9.73</i>				<i>71.60</i>		
					<i>14.60</i>			<i>30</i>			
<i>Sep</i>	<i>Mrs. B.</i>	<i>33</i>		<i>C.A.P.</i>				<i>15</i>			
				<i>u.R. 96 "</i>	<i>3.94</i>	<i>29.20</i>					
				<i>" 286 "</i>	<i>17.94</i>	<i>2.43</i>			<i>57.97</i>		
		<i>33</i>			<i>31.63</i>			<i>15</i>			
<i>OCT</i>		<i>34.10</i>		<i>C.A.P.</i>				<i>15</i>			
				<i>OR 538 qce</i>	<i>6.10</i>	<i>1.8</i>			<i>72.41</i>		<i>agreed 19/1/19</i>
		<i>34.10</i>			<i>4.62</i>			<i>15</i>	<i>101.20</i>		
<i>NOV</i>		<i>33</i>		<i>C.A.P.</i>				<i>15</i>	<i>173.61</i>		
				<i>OR. 119 qce</i>	<i>12.11</i>	<i>1.8</i>			<i>72.95</i>		
				<i>" 764 "</i>	<i>15/11</i>	<i>13.06</i>					
				<i>" 940 "</i>	<i>3/12</i>	<i>3.73</i>					
<i>Dec</i>		<i>34.10</i>		<i>C.A.P.</i>				<i>15</i>			
				<i>" 1168 "</i>	<i>16.12.18</i>	<i>3.73</i>					
<i>Jan</i>		<i>34.10</i>		<i>C.A.P.</i>				<i>15</i>	<i>100.63</i>		
		<i>101.20</i>						<i>15</i>			
<i>FEB</i>		<i>30.80</i>		<i>C.A.P.</i>				<i>15</i>			
				<i>OR. 1556 qce</i>	<i>10.1.19</i>	<i>3.73</i>					
				<i>" 1719 "</i>	<i>23.1.19</i>	<i>3.73</i>			<i>103.91</i>		
				<i>" F175 7. Wing ccc</i>	<i>12.2.19</i>	<i>73.80</i>					
				<i>" F109 "</i>	<i>10.3.19</i>	<i>9.73</i>			<i>26.24</i>		
						<i>90.19</i>		<i>15</i>			

CHECKED BY: *ON Matthey*
CHECKED BY: *Ad Masja*

