DISCHARGE DOCUMENTS

9872 R. O. No.
H. Q. No.

Name BEGIN HENRI
Regt. No. 3291925 Rank Spr.
Corps Can. Eng.

Demob.

Proceedings of Court of Inquiry or on men reported Missing on Active Service	
Attestation Papers	2
Declaration of change of name	
Authority for special enlistments	
Documents of re-enlisted men	
Regimental Conduct Sheet	
Compulsory Stoppages	
Casualty Forms	1
Proceedings on discharge	1
Corps History Sheet	
Date and No. of Deposit Receipt for Purchase Money and Amount	
Payment Certificate	1
Medical Report for Invalids	
Medical History Sheet	1
Proceedings of Regt. Court Martial	
Copies of Convictions by Civil Power	
Company Conduct Sheet	
Clothing Transfer Certificate	
Inventory of Kit	
Last Pay Certificate	1
M7B465	1
A7B122	1
M7W129	1
M7W113	1

M. F. W. 62.
100m.—6-17.
H. Q. 1772—39—935.

Canadian Engineers

5th M. D. First Depot Battalion 2nd. Quebec Regiment

Regtl. No. 3291925

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

Original

(Class One.)

1. Surname: Begin
2. Christian name: Henri
3. Present address: 136 Grant Str. Quebec City. P.Q. Canada
4. Military Service Act letter and number: 237895 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: February 7th. 1894
6. Place of birth: Quebec City, P.Q. Canada
   (town, township or county and country)
7. Married, widower or single: Single
8. Religion: Roman Catholic
9. Trade or calling: Master Carter Joiner
10. Name of next-of-kin: Joseph Begin
11. Relationship of next-of-kin: Father
12. Address of next-of-kin: 136 Grant Str. Quebec City, 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: ~~3-9-18~~ 19-12-17 (c) Category: A

DECLARATION OF RECRUIT

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

Henri Begin (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age	24 yrs.	7 mths.
Height	5 ft.	4 ins.
Chest measurement	fully expanded	33 ins.
	range of expansion	2 ins.
Complexion		Medium
Eyes		Brown
Hair		Brown

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

tatoo (Horseshoe(
ft. fore-Arm

127

L. Beauchamp Lt

O. C. 1st Depot Bt. 2nd Quebec Rgt. Depot Btln. Regt.

Place: Drill Hall Quebec Date: 3-9-18

M. F. W. 133.
500M.—5-18.
1772—39—1158

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 3291925 (Rank) SAPPER

Name (in full) BEGIN, Henri enlisted in

the Canadian Engineers

CANADIAN EXPEDITIONARY FORCE at Drill Hall P.Q. on the 3rd.

day of September 19 18

HE served in Canada

and is now discharged from the service by reason of DEMOBILIZATION

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

Age 24 yrs 10 mos.

Height 5 ft 4 ins.

Complexion med.

Eyes brown

Hair brown

Marks or Scars NIL.

H. Begin
Signature of Soldier

W.W.Melville Lt. Colonel C.E.
Issuing Officer
O.C. Engineer Training Depot
Rank

Date of Discharge 9-12-18

Appointment

Signed at ST. JOHNS, P.Q. this 9th day of December 19 18

in Military District No. 4

File Reference No.

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.

M. F. W. 39a.
250m.—6-18.
H. Q. 1772-39-882.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. ..... (Rank) ..... Name .....

Unit .....

Address on Discharge .....

Character and Conduct .....

.....

Former Occupation .....

Special Qualifications of Value in Civil Life .....

.....

Medals and Decorations .....

.....

Remarks .....

.....

On demobilization the particulars called for on the back of this certificate will not be completed.

Signed at ..... this ..... day of 19

.....
Name of Officer

.....
Rank

.....
Appointment

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

NAME OF SOLDIER Begin Henri

REGIMENT 66 RANK Spr

DISTRICT 5

No. 32919.25

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.

Condition on first Examination	Date	Amalgam	Temporary Filling (a) G.P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhœa	Synthetic Porcelain	Extracting	DENTURES U	DENTURES L	DENTURES P	Gold Clasp	Gold Filling	CROWNS Gold	CROWNS Porcelain	Bridge Work	OPERATOR	Military District	REMARKS
Sept 4/1918											8 / 4.5.7. 10.12.13. 19.30									Sprachlum capt	5	Tar 6.11.26.27.31. Ex 3.8.9.14.28.29.
Sept 4/1918											6 / 3.8.9. 14.28. 29.										5	

M.F.B. 465.
200M.—6-18.
1772-39-950.

List 106 DEC 2 - 1917

M.S.A. 15 F. 10 3291925

LOI DU SERVICE MILITAIRE

FEUILLE MÉDICALE

Original

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 maître 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: Begin Nom de baptême: Henri

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: 237895 - EC 5-29

3. Numéro consécutif de la liste des déclarations (s'il y apparait):

4. Adresse (y compris la rue et le numéro s'il en existe): 136 Grant St Quebec

Voici les renseignements exacts qui résultent de l'examen du sujet ci-dessus nommé, fait le 19 jour de December 1917, par le bureau médical soussigné siégeant à Quebec

5. Âge affirmé: 23 ans 10 mois.

6. Âge apparent: 23 ans 10 mois.

7. Hauteur: 5 Pieds 4 pouces.

8. Poids: 127 livres.

9. Mesure de poitrine: Minimum 31 pouces; Maximum 33 pouces

10. Couleur: Dark Red; Yeux: Brown; Cheveux: Brown

11. Développement physique: Good (Bon / Moyen / Pauvre)

12. Marques de vérole: Nil

13. Nombre de vaccinations: Bras droit: Nil; Bras gauche: Nil

14. Dernière vaccination: Empire

15. Indices distinctives et indices de particularités congénitales ou de maladie antérieure: Tattoo Chest; Scar fore-arm

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 A

Signature de l'homme: Henri Begin

A. Monsier Major — *Président.*

A. McLaughlin — *Membre* — *Membre*

Date	Résultat	Vacciné	Date	Résultat	Innoculations, Anti-Typhoïdes, Etc.
6-9-18		K Claus Capt O.M.	6-9-18		Kap O.M.
		O.M.	12.9.18	1st dose	C.A. Meick Capt O.M.
		O.M.	21.9.18	2d	C.A.D. O.M.

Enrôlé le 3 *jour de* Sept 1918 *à* Quebec

	Corps	No. dans le régiment	Habitudes	Date
Enrôlé	1st Depot Bn. 2nd Que Reg.	3291925		3-9-18
Transféré à	Can. Eng.			3-9-18

EXAMINÉ OU REFUSÉ PAR UN BUREAU MÉDICAL.

Quartier	Date	Maladie	Resultat
ST. JOHNS, P.Q.	SEP 12 1918		A2 H.J.G. Geggie Capt President Medical Board, St. Johns, P.Q.
ST. JOHNS, P.Q.	NOV 8 - 1918		A1 " " M. McLaughlin President Medical Board, St. Johns, P.Q.
St Johns P. Qu	Dec 7-1918		A11 M. McLaughlin

N. B. Il sera disposé de cette feuille conformément aux règlements du service médical de l'armée, si le sujet devient inapte au service; la date et la cause seront indiquées au verso.

Nom de famille Begin Nom de baptême Denis

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				

CANADIAN CONTINGENT EXPEDITIONARY FORCE
Last Pay Certificate

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25715c. C.E.F., 1916).

Regimental No. 3291925 Rank Spr. Name Begin, Henri

Corps-Canadian Engineers- who was Struck Off Strength, Engineer Training Depot, St. Johns, P.Q.

on 9-12-18 to
The following is a statement of the account of the above named

from 1-12-18 to 9-12-18 , incl. date.

Dr.	$ c	Cr.	$ c
Bal Dr fm Prev Month		Bal Cr fm Prev Month	13.90
Advances No		Regt'l Pay 9 days at1.10	9.00
by) Cheques No 10989	35.00	Fld Allow 9 days at .10	.90
Assgd P.&Sep.Allce.		Sep.Allce(monthly)	
Other Charges		Other Allces	
10995 Pay on Trans or Disch	23.80	Other credits Civ. Clothg.	35.00
Balance Cr. to be Pd by new unit	____	Bal.Dr. to be deducted by new unit	____
Total	58.80	Total	58.80

A monthly stoppage of $ has been Pd on account of A. Pd
Pay for the month of 191) to Assignee
and Sep.All. For mth of 191

Address

On transfer of an Officer
Outfit Allowance of $ has been Pd by Paymaster MD No.

REMARKS:

State (1) date of enlistment 3-9-18
(2) if married and if a Separation Allowance card has been submitted no no
(3) cause of discharge Demobilization D. O. 344.
(4) authority for transfer

I have carefully examined this statement of account and find it to be a correct extract from the Pay-list of the Unit.

Date 11-12-18

Place St Johns P Q

Lieut.
Asst. Paymaster, Engineer Training Depot.

M.F.V. 44.

M.D. 4
No. 8

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. 3291925 Rank Sgt. Surname Begin.
(Given name in full) Henri.

Unit or Corps Can. Engineers Birthplace Quebec city Que.

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

1. GENERAL DESCRIPTION:

Physique Good. Weight 140 lbs. Height 5 ft. 4 in. Colour of Eyes Brown.

Nutrition Good.

Pulse 76

Condition of arteries normal

Vision Rt. 20/40 Left 20/40

Hearing (conversational voice) Rt. O.K. ft. 20

Left O.K. ft.

Identification marks, scars, or deformities. (Give cause and date of origin).
One Vacc. mark left arm. One tattoo right forearm.

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 no

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.

(If space is insufficient, continue on back of form.)

[OVER]

EXAMINATIONS

THIS SECTION FOR USE OVERSEAS—

Examined at ....(Overseas)

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 SECTION FOR USE IN CANADA—

Examined at St Johns Que.....(Canada)

Date Dec 7th 1918..... Signed C. A. Boucher Capt.....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 Henri Bergeron

(If not satisfied, M.F.B. 227 will be completed by a Medical Board). 32919 D3

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

[OVER]

M.F.W. 129.
1033 (D.P.) 500M-11-18.
1772-39-1142.

MOBILIZATION CENTRE M. D. 5

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

M. F. W. 54. (A. F. B. 103.)
250M.—1-16.
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 1st. Depot Bt. 2nd. Quebec Regt.

Regimental No. 3291925 Rank Private Name Henri Begin

Enlisted (a) 3-9-18 Terms of Service (a) C. E. F. Can. Expd. Force Service reckons from (a) 3-9-18

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) Master 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				
		Trans to C.E.T.D. St. Johns P.Q.		3/9/18	#254

DISCHARGED
Demobilization R. O. 1328
D.O. 344 9/12/18
C. B. Dawson Lieut. C.E.
A/Adjt. Engineer Training Depot.

(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. 5

Surname Begin

T. O. S. Sept 3rd 1918

Christian names Henri

D. O. Pt. II 246 of 3-9-18

Regtl. No. 3291925 Rank Pte

S. O. S. 4 9/12/1918

Unit 2nd Que Regt 1st Dpo Bn

Reason Demob

Auth. D.O. 344 10/12/18 Eng T. Dpt.

Next of kin Begin Joseph

Relationship Father

Address 136 Grant St Quebec P.Q.

Also notify: .....

BORN—Place Canada Quebec P.Q. Date Feb 7th 1894

ATTESTED—Place Quebec P.Q. Date Sept 3rd 1918

O/S .....

R/C .....

W. 22—100M-7-18. 1772-39-839.

Name Begin Henri Category... A²

Regimental No. 3291925 Rank Spr.

Enlisted at Quebec Date 3.9.18.

Taken on Depot Strength 11.9.18 D. Coy

Married or Single Age 24

Trade Woodmaker Religion R.C.

Vaccination 6.9.18

Inocculations. 1. 16.9.18 2. 12.9.18 3.

Medical Boards 12.9.18

Struck off 9.12.18. D.O. 344.

Disposition Demob

CASUALTIES, &c.

NATURE	PART II. D. O.		REMARKS
E.G. Absence, Promotion, &c.	No.	Date	If In Hospital, Note Name, &c.

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form B. 263	
Squadron / Battery / Company } Conduct Sheet,	"	B. 263a
or		
Field Conduct Sheet	"	W. 178
Copies of Convictions, by C. P.		in MS.
Med. Hist. Sheet,	Militia form B. 313	
Casualty Form	"	W. 54
Medical Report for Invalid§	"	B. 227
Dental History Sheet	"	B. 465
Last Pay Certificate	"	W. 44
Duplicate Discharge Certificate	"	W. 39A
‡Form of Will	"	W. 82

§Only if discharged "Medically unfit."

‡Only if man has not been overseas.

Attestation Paper	Militia Form W. 23	
or		
Particulars of Recruit	"	W. 133
Proceedings on Discharge	"	B. 218

In the case of recruits who are rejected on final approval, the discharge documents will consist of

(a) Proceedings on Discharge

(b) Attestation.

(c) Medical History Sheet.

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Officer Commanding.

N.B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.

This space to be for numbers.

Proceedings on Discharge.

(When forwarded for confirmation these proceedings should be accompanied by the documents specified on fourth page.)

No. 3291925

Rank SAPPER

Surname BEGIN

Christian name Henri

NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.

Corps (Squadron, Battery or Company) Canadian Engineers

Date of discharge Dec. 9th 1918

Place of discharge ST. JOHNS, P.Q.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 24 years 10 months.
Height 5 feet 4 inches.
Complexion Medium
Eyes Brown
Hair Brown
Trade Master Carter
Intended place of residence (To be given as fully as practicable.) 136 Grant St., Quebec City, P.Q. Canada.

Descriptive marks
Tattoo (Horseshoe)
ft. fore-arm.

2. The above-named man is discharged in consequence of Demobilization.

Authority for discharge R.O. 1328.

N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.

3. Conduct and character while in the service have been, according to the records, etc.

Good.

N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.

4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

Master Carter

M. F. B. 218.

200M.—5-18.
H. Q. 1772-39-113.

(OVER)

5. He is in possession of the following number of G. C. Badges:

N I L .

No reference to G. C. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations..... N I L .

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company, *(Squadron or Battery*, and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place) ST. JOHNS, P. Q.

(Date) 9/12/18 *Commanding* [signature] Lt. Colonel C. E. O. C. Engineer Training Depot.

8. **Certificate to be signed by the Soldier on Discharge**

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page, and that I have received my permanent discharge certificate.

(Place) ST. JOHNS, P. Q. H Begin x *(Signature of Soldier.)*

(Date) 9/12/18 William B Urie *(Signature of Witness.)*

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. **Additional Certificate in the case of a Soldier who takes his discharge on his own request.**

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

H Begin x *(Signature of Soldier.)*

10. **Statement of Service.**

Service toward Engagement to.....(the date to which the Record of Service is completed).....years.....days.

Total.....years.....days.

11. **Confirmation of Discharge.**

The discharge of the above-named man is hereby confirmed.

(Place) ST. JOHNS, P. Q.

(Signature) [signature] Lt. Colonel C. E. O. C. Engineer Training Depot.

(Date) 9/12/18

Reservations referred to at Para. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

x H Begin

N I L .