REGIMENTAL DOCUMENTS

PTE. NAME Begin Joseph REGT. NO. 3284929 UNIT 1st/2nd Que Regt FILE NO. 9877

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
	ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
/	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
/	TRAINING HISTORY SHEET (M.F.W. 113)					
	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)					
/	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
/	DENTAL HISTORY SHEET (M.F.B. 465)					Category DEMOB
	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)					DESERTION
/	LAST PAY CERTIFICATE (M.F.W. 44)					
/	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)					
/	M7 G565.					

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

MOBILIZATION CENTRE M. D. 5

18

5th. M. D. 1st. Depot Battalion 2nd. Quebec Regiment

Regtl. No. 3284929

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class One)

REGISTRAT. OFFICE 1/2 QUEBEC REGT. FEB 4 1919 1/2 Q.R. 1-B-624

1. Surname: Bégin
2. Christian name: Joseph
3. Present address: Ste, Marie, Beauce Co. P. Q. Canada
4. Military Service Act letter and number: 153738. 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 13th. 1895
6. Place of birth (town, township or county and country): Ste, Marie, Beauce Co. P. Q. Canada
7. Married, widower or single: Married
8. Religion: Roman Catholic
9. Trade or calling: Farmer
10. Name of next-of-kin: Amonza Fournier
11. Relationship of next-of-kin: Wife
12. Address of next-of-kin: Ste, Marie, Beauce Co. 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: Quebec, P. Q. (b) Date: 20-8-18 (c) Category: A-2

DECLARATION OF RECRUIT

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

Joseph Begin (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age: 23 yrs. 6 mths.

Height: 5 ft. 7 ins.

Chest measurement: fully expanded 32 1/2 ins.; range of expansion 2 ins.

Complexion: Medium

Eyes: Grey

Hair: Brown

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

Nil

M. S. A.

for L. Bouchard Lt

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

MAJOR O. C. MOBILIZATION CENTRE M. D. 5.

Regt.

Place: Quebec, P. Q. Date: 18-6-18

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

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 328,929 (Rank) Pte.

Name (in full) Joseph Begin enlisted in

the 1st/ 2nd Quebec Regt.

CANADIAN EXPEDITIONARY FORCE at QUEBEC, QUE. on the 20th

day of August, 1918. 19

HE served in Canada...

and is now discharged from the service by reason of **DEMOBILIZATION**

P.C.1357. of 25-11-18. P.C.2865. D.O. Part II 45152

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

Age	23 years 11 months	Marks or Scars	
Height	5 feet 7 inches		
Complexion	Med.		
Eyes	Grey		
Hair	Brown		nil

Joseph Begin
Signature of Soldier

LT.-COL.
1st DEPOT BATTALION, 2nd QUEBEC REGIMENT
Issuing Officer

Rank

Appointment

Date of Discharge FEB 13 1919

Signed at QUEBEC, QUE. this FEB 13 1919 day of 19

in Military District No. 5

File Reference No. 1-B-624.

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

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

M. D.
26

CANADIAN EXPEDITIONARY FORCE.

LAST PAY CERTIFICATE

Regimental No. 3284929 Rank Pte Name Begin Jos (Surname first)

Unit 1st/2nd Que Regt who was* Discharged

On 13-2-19 191....., to

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1-2-19 to 13-2-19 191... the inclusive date of transfer or discharge.

	Dr.	Cr.
Bal. Dr. or Cr. from prev. month		35.20
Regimental Pay 13 days at $ 1.00		13.00
Field Allowance 13 days at $ c		1.30
Separation Allowance		
Clothing Allowance		
Post Discharge Pay		
*Other Credits		
Advances		
Separation Allowance and Assigned Pay Cheque No.		
*Other Charges 43 ds. H.L.	47.30	
Balance on transfer or on discharge, cheque No. 4521	2.20	
Total	49.50	49.50

*Give particulars.

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

Assigned Pay for the month of 191..... and Separation Allce. for month of 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 20-8-18 married or single Single

(2) Separation Allowance, entitled or not NIL (3) Reason for discharge Demobilization

(4) Authority for discharge or transfer B.O. 45 of 14-2-19 / Amendment No. 52

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 13-2-19

Place Quebec P.Q.

Lieut.
1st/2nd Queb Regt. *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 purposes of discharge it is to be made out in duplicate. One copy to accompany discharge papers, and one copy for retention as a record. 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 Certificate 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.		
.....	.....	.....	.....	....	.....	....	.....
.....	.....	.....	.....	....	.....	....	.....
.....	.....	.....	.....	....	.....	....	.....
.....	.....	.....	.....	....	.....	....	.....
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.....	.....	.....	.....	....	.....	....	.....

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. 3284929 Rank Pte Surname Begin
(Given name in full) Joseph

Unit or Corps 1/2Quebec Regt Birthplace Ste Marie de Beauce

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

1. GENERAL DESCRIPTION:

Physique Good Weight 121 lbs. Height 5' ft. 7" in. Colour of Eyes Grey

Nutrition Good

Pulse 70

Condition of arteries Good

Vision Rt. OK Left OK

Hearing (conversational voice) Rt. OK ft.

Left OK ft.

Identification marks, scars, or deformities. (Give cause and date of origin).

Vacc mark left 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 Sytem 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 None

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 ...Quebec.....(Canada)

Date .....13/2/19..... 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.)

[OVER]

M.F.W. 129.
1033 (D.P.) 500M-11-18.
1772-89-1142.

hist 63

O. IN C. No. 1

M.S.A. 15 F.

LOI DU SERVICE MILITAIRE

3284929

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 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 Joseph

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 153738 E.C.

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) St Marie de Beauce

Voici les renseignements exacts qui résultent de l'examen du sujet ci-dessus nommé, fait le 20 jour de Janvier 1917, par le bureau médical soussigné siégeant à Quebec

5. Âge affirmé 23 ans 6 mois. 6. Âge apparent 24 ans mois.

7. Hauteur 5 Pieds 7 pouces. 8. Poids 121 livres.

9. Mesure de poitrine { Minimum 32½ pouces / Maximum 33½ pouces } 10. Couleur Medium { Yeux / Cheveux

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 nil

16. Défauts légers insuffisants pour l'exemption nil

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 A1

Signature de l'homme Joseph Begin

A. Tarrillcapt *Président.*

G. Gaudreault *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 20 *jour de* Janvier *191* 7 *à* Quebec

	Corps	No. dans le régiment	Habitudes	Date
Enrôlé				20/1/17
Transféré à				

EXAMINÉ OU REFUSÉ PAR UN BUREAU MÉDICAL.

Quartier	Date	Maladie	Resultat
Quebec Bandeschange	13/2/19	hil. à ii	Cardiaque

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 ..... Nom de baptême .....

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				

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

NAME OF SOLDIER Bergen Joseph

REGIMENT 12 Bud Rgt Pte

RANK

DISTRICT 5

No. 3284929

M.F.B. 465.
200M.—6-18.
1772-39-950.

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 U	DENTURES L	DENTURES P	Gold Clasp	Gold Filling	CROWNS Gold	CROWNS Porcelain	Bridge Work	OPERATOR	Military District	REMARKS
Condition on first Examination	Feb. 13, 1919	2/19.31									2/14.17								2.3.4.5.6. 3	[illegible]	1	1-18.32 Ex.

MOBILIZATION CENTRE M. D. 5

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. .....1st.Dep.Batt.2nd.Que.Reg.....

Regimental No. 3284929 Rank Private Name Begin Joseph

C. E. F.

Enlisted (a) 18-6-18 Terms of Service (a) C.E.F. Service reckons from (a) 20-8-18

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) Farmer

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				
		R.O.1357. of 25-11-18. P.C.2865. D.O.Part.11.No.45. 1 & 2	Quebec Que.		

DEMOBILIZATION
FEB 13 1919

1st DEPOT BATTALION 2nd QUEBEC REGIMENT.

.....Adjuta

.....Officier i/c R. & S.

(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				

1st DEPOT BATTALION, 2nd QUEBEC REGIMENT

Name in full: BEGIN Jos Rank: Pte No. 3284929

Enlisted at: Quebec Date: 18-6-18

Married, Widower or Single: Maried Previous Unit: None

Next-of-Kin and Address: Amonza Fournier(Wife)Ste Marie Beauce Co.P.Q.

Religion: R.C. Category: A-2 Company: S

Occupation: Farmer

Remarks:

CASUALTIES Extracts from Part II Orders

Nature of Casualty	D. O. Part II Number	Nature of Casualty	D. O. Part II Number
I.C.T. 4-9-18	247		
H.L. 2-10-18	242		
X. 23-9-18	266		
X? 15-11-18	301		
X. 1-12-18	316-7		
H.L. Ind	330-4		
S.D. 14-2-19	45-1		
X 21.2.19	52		

DEMOBILIZATION

H. Q. .....

M. D. No. 5

Surname Begin T. O. S. June 17th 1918

Christian names Joseph D. O. Pt. II 168 of 17/5/18

Regtl. No. 328 4929 Rank Pte S. O. S. ..... 19....

Unit 2nd Que. Regt 1st Dpr. Bn Reason .....

Auth. .....

Next of kin Begin, Mrs Amanza F Relationship Wife

Address Ste. Marie, Beauce Co. P.Q. Also notify: .....

BORN—Place Canada Ste. Marie P.Q. Date Feb. 13th 1895

ATTESTED—Place Quebec P.Q. Date June 18th 1918

O/S ..... R/C .....

W. 22—100M-7-18. 1772-39-839.

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

C

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

REGISTRY OFFICE
1/2 QUEBEC REGT.
FEB 20 1919
1/2 Q. R.

1. No. 3284929

2 Rank. Private

3. Name. Joseph Begin

4. Unit. 1st/ 2nd Quebec Regt.

5 Date of Discharge FEB 13 1919 Place QUEBEC, QUE.

6 Reason for Discharge DEMOBILIZATION

7. Authority. R.O.1357. of 25-11-18.P.C.2865. D.O. Part II 45152

8. Proposed Residence after Discharge

Ste.Marie

Beauce Co. 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.? 39

Joseph Begin

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place FEB 13 1919 QUEBEC, QUE.

Date QUEBEC...QUE.

Signature J. Beaubien LT.-COL.
1st DEPOT BATTALION, 2nd QUEBEC REGIMENT
(O. C. Discharging Unit.)

M.F.B. 218a—300M.-11-18—1772-39-113.