mt 6-2-19

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.....

~~Parchment~~ Leath 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.....1

Last Pay Certificate.....1

mFW 129-1
mFB 465-1
mFW 178-1
mFW 113-1

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

DISCHARGE DOCUMENTS

R. O. No. 9884 H

H. Q. No.

Name BÉGIN JOSEPH EUGENE ROBERT

Regt. No. 3385136 Rank Pte

Corps 1st Depot Bn 2nd Line Regt

Demob

H C

MOBILIZATION CENTRE M. D. 5

5th. M. D. Third Depot Battalion Second Quebec Regiment

Regtl. No. 3385136

Military District No. 5 QUEBEC, QUE. JAN 22 1919 17-B-1973 ORIGINAL M. D. No. 5

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class One.)

1. Surname: Begin
2. Christian name: Joseph Eugene Robert
3. Present address: St-Louis de Pintendre, Levis Co. P.Q. Canada
4. Military Service Act letter and number: 183906 Defaulter Group 1.
   (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: June 28th. 1893
6. Place of birth (town, township or county and country): Notre-Dame de Levis, Levis Co. P.Q. Canada
7. Married, widower or single: Single
8. Religion: Roman Catholic
9. Trade or calling: Farmer
10. Name of next-of-kin: Begin George
11. Relationship of next-of-kin: Father
12. Address of next-of-kin: St-Louis de Pintendre, Levis 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: Drill Hall Quebec (b) Date: 15-8-18 (c) Category: C-1

DECLARATION OF RECRUIT

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

Robert Begin (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age	25 yrs.	1 mths.
Height	5 ft.	5 ins.
Chest measurement	fully expanded	36 ins.
	range of expansion	3 ins.
Complexion		Dark
Eyes		Grey
Hair		Brown

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

Otitis media right ear
Cotanal Otitis media of left ear

M.S.A.

p169

O. C. Raymond Gauvreau MAJOR Depot Btln.
for D. C. MOBILIZATION CENTRE M. D. 5
Regt.

Place: Drill Hall Quebec Date: 15-8-18

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

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

REGISTRY OFFICE
1/2 QUEBEC REGT.
JAN 18 1919
1/2 Q. R. 1-B-183

This is to Certify that No. 3385136 (Rank) Pte

Name (in full) Joseph Eugene Robert Begin enlisted in

the 1st / 2nd Quebec Regiment.

CANADIAN EXPEDITIONARY FORCE at Quebec Que. on the 15th

day of August. 1918. 19

HE served in CANADA..... .....

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

(R.O.1357,25-11-18.H.Q.868-1-7 H.Q.868-1-6 H.Q.242-15-1 of 22-11-18.PC.2865)

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

Age	25 years 5 months	Marks or Scars	
Height	5 feet 5 inches		
Complexion	Dark		
Eyes	Grey		Nil
Hair	Brown		

J. E. Robert Begin
Signature of Soldier

L. Beaubien LT.-COL.
Issuing Officer
O. C. 1st DEPOT BATTALION 2nd QUEBEC REGIMENT

Rank

Appointment

Date of Discharge JAN 16 1919

Signed at QUEBEC, QUE. this JAN 16 1919 day of 19

in Military District No. 5

File Reference No. 1-B-183.

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
200m.—2-18.
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. D. 5
26

L A S T P A Y C E R T I F I C A T E

Regt No. 3385136 Rank Pte. Name Begin J.E.R.

FROM 1st Depot Bn, 3nd Quebec Regiment who was Discharged

ON Jan.17th. 1919 To

Account from Jan.1 To Jan.17

Dr		Cr	
Bal.Dr.prev. month		Bal.Cr.prev.mth	10.00
Advances		Regt Pay 17 ds at1.00	17.00
A.P. & S.A. & 16ds.over Credited H.L.	17.60	Fld All. 17 ds at .10	1.70
Other Charges		Clothing Allw.	35.00
		S.A.	
Pay.on Trans.or Dis.	46.10	Other Allow.	
Bal. Cr. (to be paid by new Unit)		Bal. Dr. (to be deducted by new Unit)	
Total	63.70	Total	63.70

A monthly stoppage of $ 15.00 Has Not been paid on account of Assigned Pay for the month of Jan. and Separation Allowance for the month of To:- George Begin

A/P Eff.on Embarkation Only. . . . . St.Louis de Pintende . . . . . Co.Levis . . . . .

REMARKS:-

Date of Enlistment 15-8-18

If Married and if S.A. Card has been submitted Single No.

Cause of Discharge Auth. B.O.17 of 17-1-19

Auth. for Transfer

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

Date 17-1-19
Place QUEBEC, P.Q.

Lieut.
Paymaster 1st/2nd Quebec Regiment.

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

Military District No. 5
QUEBEC, QUE.
17-B-1973
JAN 22 1919
M. D. No.

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. 3385136 Rank Pte Surname Begin
(Given name in full) Robert

Unit or Corps 1/2Quebec Regt Birthplace St Louis Pantent

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

1. GENERAL DESCRIPTION:

Physique Good Weight 160 lbs. Height 5' ft. 5" in. Colour of Eyes Gray

Nutrition Good

Pulse 72

Condition of arteries OK

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).

Scar on right thigh

Opinion as to general health and physical condition Very 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 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 ..6/11/19.. (Canada)

Date ..Quebec..... Signed ..C.E. Delage.....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 ..Robert Begin..

(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.
1772-39-1142.

1ST. DEPOT BN. 2ND. QUEBEC REGIMENT

Group I Class 2 Div, 2nd Q. R.
Not On list
3385136

M.S.A. 15.

MILITARY SERVICE ACT, 1917.

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.

Military District No. 5
QUEBEC, QUE.
JAN 22 1919
M. D. No. 17-B-1973

1. Surname Begin Christian name Robert

2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule 183906

3. Consecutive number on schedule of men reporting for service (if he appears on it)

4. Address (including street and number, if any) St Louis Pointe de Lévis

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 13 day of August 1917, by the undersigned medical board sitting at Drill Hall Quebec

5. Age as stated 25 Years 1 Months. 6. Apparent age 25 Years Months

7. Height 5 Feet 5 Inches. 8. Weight 144 Pounds.

9. Chest measurement { Minimum 33 Ins. Maximum 36 Ins. } 10. Complexion Dark { Eyes Gray Hair Brown }

11. Physical development. Good { Good / Fair / Poor } 12. Smallpox marks nil

13. Number of vaccination marks { Right arm – Left arm 1 } 14. When vaccinated last childhood

15. Distinctive marks and marks indicating congenital peculiarities or previous disease Otitis media right ear, Cut and Otitis media of left ear

16. Slight defects but not sufficient to cause rejection

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 [C1] eyes RD 20 LD 20 hearing OK

H. T. Kohlhart Capt *President.*

R. Bouchard Capt *Member.* *Member.*

Date	Result	Vaccinations	Date	Result	Anti-Typhoid Inoculations, Etc.
16-8-18		K C Caunt Capt M.O.	16-8-18		K C Caunt Capt M.O.
		M.O.			M.O.
		M.O.			M.O.

Joined 13 *day of* August *191*8 *at* Drill Hall Quebec

	Corps	Reg'tl Number	Habits	Date
Joined on enlistment				13/8/18
Transferred to.....				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station	Date	Disease	Result
Quebec	16/1/19	Nil — A.T.	Cat Elig Board Pr Discharged

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.

Signature of Man

Surname ● Christian Name ●

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital			Dates of Discharge from Hospital.			DISEASE.	Number of days in Hospital.	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Day	Month	Year	Day	Month	Year				

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

District No. 35

Military District No. 35 QUEBEC, QUE.

Name of Soldier Begon Jr. E.R.

Regiment 1st Depot Bn. 2nd Quebec Regiment Rank Cte.

No. 3385/36

JAN 22 1973

17-B-1973

M. D. No.

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	Aug. 15 1918										4 / 2.3, 14.19.									B Buchlum Capt.	3	Cav. 4, 29, 30.

MOBILIZATION CENTRE M. D. 5

Military District No. 5 QUEBEC, QUE. JAN 22 1919 17-B-1973 D. No.

M. F. W. 54. (A. F. B. 193.
500M.—9-16
H. Q. 1772-39-920.

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

Casualty Form—Active Service.

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

Regimental No. 3385136 Rank Private C. E. F. Name Begin Joseph Eugene Robert

Enlisted (a) 15-8-18 Terms of Service (a) Can. Expd. Force Service reckons from (a) 15-8-18

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				
JAN 16 1919		Dis Under R.O.1357.25-11-18. H.Q.868-1-7 H.Q.868-1-6 H.Q.242-15-1 of 22-11-18. P.C.2865	Quebec Que.	JAN 16 1919	

Lt-Col. 1st DEPOT BATTALION, 2nd QUEBEC REGIMENT

(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 3 1 2 T. O. S. ..... 19 .....

Christian names Robert Joseph Eugene D. O. Pt. II ..... of .....

Regtl. No. 338 5 1 5 6 Rank Pte S. O. S. Dis 16-1-19 19 .....

Unit 2nd Quebec Regt 3rd Dpo Bn Reason Demob

Auth. D.O. 17. 17-1-19 1/2nd Que

Next of kin Begin George Relationship Father

Address St Louise de Pintendre Levis Co. P.Q. Also notify: .....

BORN—Place Canada Notre Dame de Levis P.Q. Date June 28th 1893

ATTESTED—Place Quebec P.Q. Date Aug 15th 1918

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

W. 22—100M-7-18. 1772-39-839

1st DEPOT BATTALION, 2nd QUEBEC REGIMENT

Name in full: BEGIN, Joseph Eugene Robert Rank: Pte No. 3385136

Enlisted at: QUEBEC QUE. Date: 15-8-18

Married, Widower or Single: Single Previous Unit: 3/2nd Q.R.

Next-of-Kin and Address: George Begin (father)
St-Louis de Pintendre Lévis Co. P.Q.

Religion: R.C. Category: C-1 Company: A

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:
L. 2-10-18	275		
X. 26-10-18	299		
X. 11-11-18	315		
X. 23-11-18	327		
S.D. 16-1-19	17		

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.
JAN 18 1919
1/2 Q. R. 1-B-183

Military District No. 5
QUEBEC, QUE.
JAN 22 1919
17-B-1973
M. D. No.

1. No. 3385136

2 Rank. Private

3. Name. Joseph Eugene Robert Begin

4. Unit. 1st Depot.Battn.2nd Que.Regt.

5 Date of Discharge JAN 16 1919 Place QUEBEC, QUE. 1/2/19

6 Reason for Discharge "DEMOBILIZATION"

(R.O.CEF.1357,25-11-18.H.Q.868-1-7 H.Q.868-1-6
7. Authority. H.Q.242-15-1 of 22-11-18.P.C. 2865.)

8. Proposed Residence after Discharge

St.Louis de Pintendre

Levis Co. Pro.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.

J. E. Robert Bégin
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place QUEBEC, QUE.

Date JAN 16 1919

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

M.F.B. 218a—300M.-11-18—1772-39-113.

Military District No. 5
QUEBEC, QUE.
JAN 22 1919
M. D. No.