

M. D. 5 Depot Battalion Regiment

Regtl. No. 3293926

PARTICULARS OF RECRUIT
DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class)

- 1. Surname BISSON
2. Christian name Aime
3. Present address Dupuy, Aibitibi
4. Military Service Act letter and number Not Known, Defaulter Group 3.
5. Date of birth Ham Nord 15th March, 1891.
6. Place of birth Ham Nord, Wolfe Co.
7. Married, widower or single Single
8. Religion Roman Catholic
9. Trade or calling Farmer.
10. Name of next-of-kin Georges Bisson
11. Relationship of next-of-kin Father
12. Address of next-of-kin Ham Nord, Wolfe Co., P.Q.
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 (b) Date 20-9-19. (c) Category

DECLARATION OF RECRUIT

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

Aime Bisson

(Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age 28 yrs 6 mths.
Height 5 ft 5 ins.
Chest measurement fully expanded ins.
range of expansion ins.
Complexion Fair
Eyes Blue
Hair Fair

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

J. Darley Lemoine, Lieut. O. C. Depot Btl.

Regt.

Place Quebec Date September 20, 1919.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 3293926 (Rank) Private

Name (in full) BISSON, Aime enlisted in
the District Depot No. 5.

CANADIAN EXPEDITIONARY FORCE at Quebec, P.Q. on the 20th
day of September 1919

HE served in _____

and is now discharged from the service by reason of Part two Order 263 of 20-9-19

R.O. 1420 (1)B of 12-12-18 MISCONDUCT Having served a sentence.

R.O. 1892 of 14-4-19 _____ in Civil Gaol.
THE DESCRIPTION OF THIS SOLDIER on the DATE below is as follows:—

Age 28 yrs. 6mt.
Height 5ft 5in.
Complexion Fair
Eyes Blue
Hair Fair

Marks or Scars _____



Aime Bisson
Signature of Soldier

J. Darley Moine
Issuing Officer
Lieut.
Rank

Date of Discharge 20-9-19

O.C. Discharge Section, D.D. 5
Appointment

Signed at Quebec, P.Q. this 20th day of September 1919

in Military District No. 5

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.

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

Signed at this day of 19

.....
Name of Officer

.....
Rank

.....
Appointment

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

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

350M.—5-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps. District Depot No. 5.

Regimental No. 3293926 Rank Pte. Name BISSON, Aime
C. E. F.

Enlisted (a)..... Terms of Service (a)..... Service reckons from (a).....

Date of promotion to } Date of appointment } Numerical position on }
present rank } to lance rank } 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				
20-9-19		Discharged from H.M. Service with eff. 20-9-19			under R.O.
1420 (1)B of 12-12-18		R.O. 1892 of 14-4-19			MISCONDUCT Having served a sentence in Civil Gaol.
Part two Order 263 of 20-9-19					

J. Darley Le Moine Lieut.
 Major
 Commanding Dispersal Station E.

(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. [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				

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

1. Surname BISSON Christian name Aime
 2. Number of report for service or claim for exemption according to Postmaster's Receipt or schedule
 3. Consecutive number on schedule of men reporting for service (if he appears on it)
 4. Address (including street and number if any)..... Dupuy, Aibitibi.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the day of 19....., by the undersigned medical board sitting at.....

5. Age as stated..... Years..... Months. 6. Apparent age..... Years..... Month
 7. Height..... Feet..... Inches. 8. Weight..... Pounds.
 9. Chest measurement { Minimum..... Ins. 10. Complexion..... { Eyes.....
 { Maximum..... Ins. { Hair.....
 11. Physical development { Good
 Fair 12. Smallpox marks
 Poor
 13. Number of vaccination marks { Right arm.....
 { Left arm 14. When vaccinated last
 15. Distinctive marks and marks indicating congenital peculiarities or previous disease

16. Slight defects but not sufficient to cause rejection
 The man denies having had { Rheumatism, Epilepsy
 Tuberculosis, Syphilis, We find no evidence { Rheumatism, Epilepsy
 Nervous or Mental disorder. Asthma. of past { Tuberculosis, Syphilis
 Asthma
 (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

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17.
 (a) Vision. R..... L.....
 (b) Hearing. R..... L.....

.....*President.*

.....*Member.*

.....*Member.*

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
		M. O.			M. O.
		M. O.			M. O.
		M. O.			M. O.

Joined..... day of 19..... at

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment				
Transferred to.....	<u>D.D. No. 5.</u>	<u>3293926</u>		

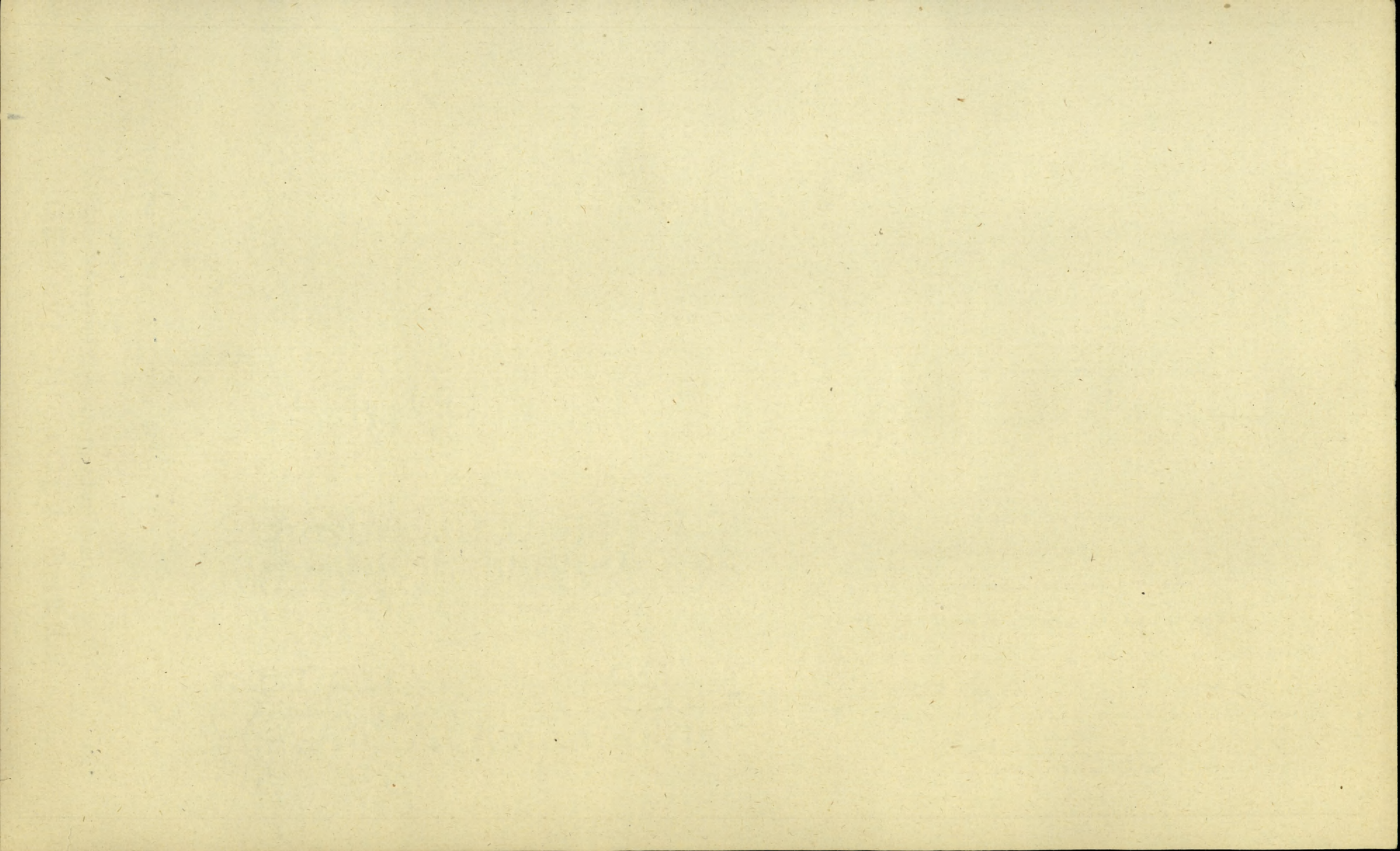
EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

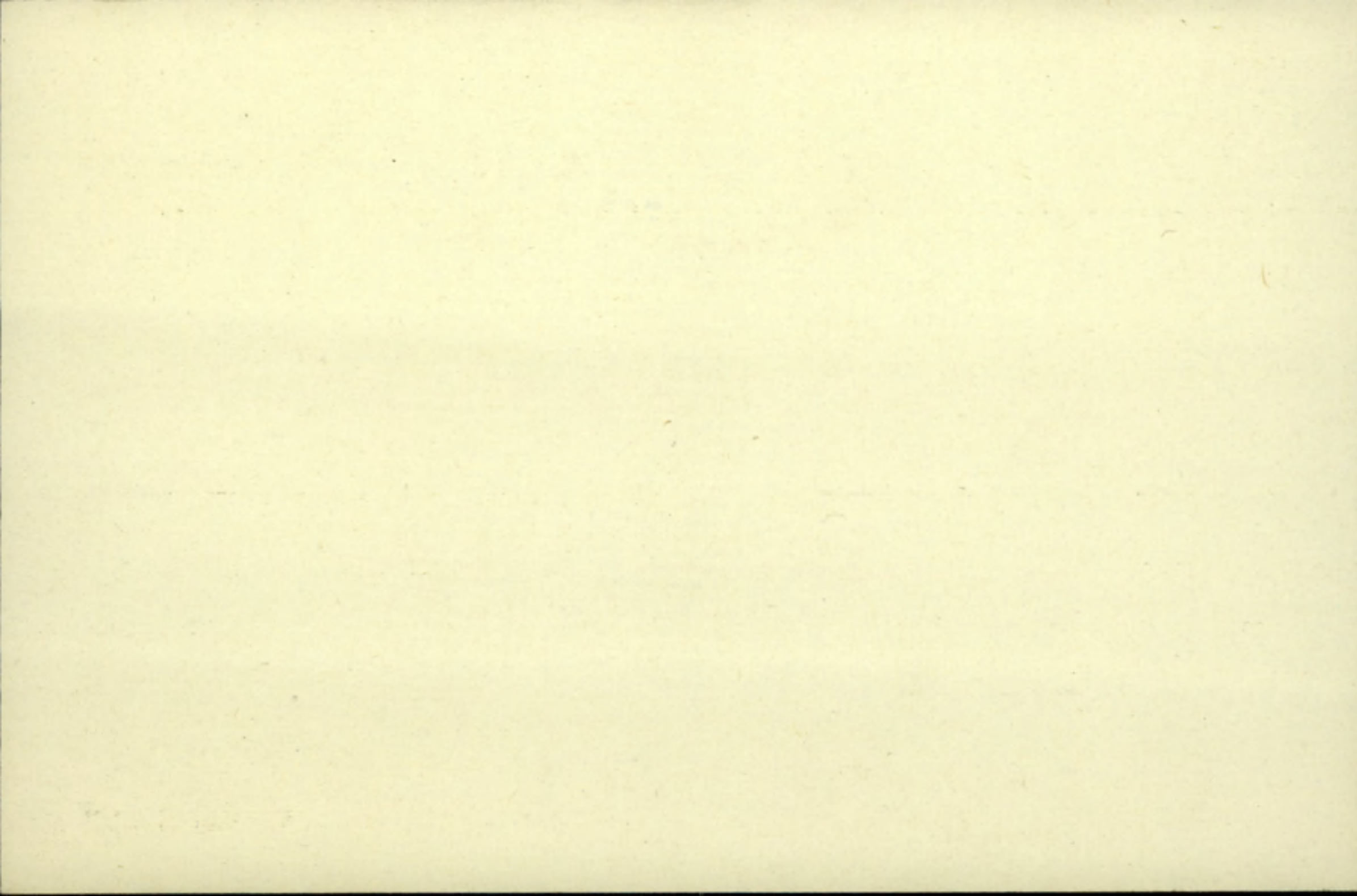
STATION	DATE	DISEASE	RESULT

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 Aime Bisson

If raised in category, record category in a square. The M. O. will initial and date.





Surname *Bisson* H. Q.
Christian names *Siml* M. D. No. *5*
Regtl. No. *3293926* Rank *Pte* T. O. S. 19.....
Unit *Dist, Dpo* D. O. Pt. II of
Reason *misconduct* S. O. S. *Sept 20th 19 19*
Auth. *D.O. 263 of 20-9-19*
.....

Next of kin Relationship
Address Also notify:
.....
.....
.....

BORN—Place Date
ATTESTED—Place Date
O/S R/C

PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING DAILY RATE OF PAY AND ALLOWANCES

M. OR S.

REGT. No. *3293925* RANK *Pvt.*

NAME (IN FULL) *BISSON, AIME*
(BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F.	IF IN P.F. WHAT UNIT?
ADDRESS					PLACE OF ATTESTATION	TRANSFERRED TO DATE AUTHORITY
					DATE OF ATTESTATION	TRANSFERRED TO DATE AUTHORITY
IS SEPARATION ALLOWANCE PAID?	DATE EFFECTIVE				ASSIGNED PAY \$	DATE EFFECTIVE
TO WHOM PAID	RELATIONSHIP				PAYABLE TO	RELATIONSHIP ANY CHANGE IN ASSIGNEE OR ADDRESS
ADDRESS					ADDRESS	
					STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE	EFFECTIVE
					DISCHARGED <i>Quebec</i>	PLACE DATE REASON AUTHORITY IF ENTITLED TO POST DISCHARGE PAY

B458

20-9-19 Misconduct D0263

BALANCE FROM PREVIOUS ACCOUNT

MONTH	PAY AND F.A.			OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS									CASH PAYMENTS									ASSIGNED PAY	REGI-MENTAL CHARGES	OTHER CHARGES	TOTAL DEBITS	BALANCE		PARTICULARS OR REMARKS		
	NO. OF DAYS	RATE	AMOUNT			COL. NO. 1			COL. NO. 2			COL. NO. 3			COL. NO. 1			COL. NO. 2			COL. NO. 3							DEBIT	CREDIT			
						\$	C.	\$	C.	\$	C.	\$	C.	\$	C.	\$	C.	\$	C.	\$	C.	\$	C.									