6-3-19

S

DISCHARGE DOCUMENTS

R. O. No. 23639

H. Q. No.

H

Name BLAIS JOSEPH

Regt. No. 3289913 Rank PTE

Corps 1st Dept Bn 2nd Que Regt

Demobd

C

H

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 Certificate	
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

M.F.B.465 - 1
A.F.B.122 - 1
M.F.W.113 - 1

M. F. W. 62.
50m.—9-16.
H. Q. 1372—39 935.

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

MOBILIZATION CENTRE M. D. 5

Regtl. No. 3289913

E.D. 5-12-18

DUPLICATE

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class One)

1. Surname: Blais
2. Christian name: Joseph
3. Present address: Pabos, Gaspe Co., P.Q. Canada
4. Military Service Act letter and number: 2261,06 M
5. Date of birth: September 10th, 1896
6. Place of birth (town, township or county and country): St. Adelaide, Gaspe 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: Mrs. Corona Boulin-Blais, W/
11. Relationship of next-of-kin: Wife
12. Address of next-of-kin: St. Adelaide de Pabos, Gaspe 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, Que (b) Date: 25-7-18 (c) Category: A-2

DECLARATION OF RECRUIT

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

Dr Thos J B Bourbeau — Joseph Blais (his x mark) (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age: 21 yrs. 10 mths.

Height: 5 ft. 7 ins.

Chest measurement: fully expanded 36 ins.; range of expansion 3 ins.

Complexion: Dark

Eyes: Brown

Hair: Black

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

nil

M.S.A.

F. E. Spencer Capt. DC

for O. C. Depot Btln.

Captain
O. C. Mobilization Centre M. D. 5

Regt.

Place: Drill Hall, Quebec Date: 25-7-18

M. F. W. 133.
500 M.—8-17.
1772—39—1158.

Mo. Crime List 92

17-B-675

O. IN C. No.

M.S.A. 15 F.

LOI DU SERVICE MILITAIRE

328991

FEUILLE MÉDICALE

MILITARY DISTRICT No. 5 CENTRAL REGISTRY FEB 11 1919

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 Blais 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 226406 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) Ste Eulalie Bagot

Voici les renseignements exacts qui résultent de l'examen du sujet ci-dessus nommé, fait le 25 jour de July 1917, par le bureau médical soussigné siégeant à Bell Ellegueze

5. Âge affirmé 21 ans 10 mois. 6. Âge apparent 22 ans — mois.

7. Hauteur 5 Pieds 7 pouces. 8. Poids 130 livres.

9. Mesure de poitrine { Minimum 33 pouces / Maximum 36 pouces } 10. Couleur dark { Yeux brown / Cheveux black }

11. Développement physique good { Bon / Moyen / Pauvre } 12. Marques de vérole none

13. Nombre de vaccinations { Bras droit — / Bras gauche 1 } 14. Dernière vaccination Childhood

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 — eyes RD 80, LD 40, Hearing R OK L OK

A R Farrell Capt *Président.*

J R Gibson Capt *Membre* *Membre*

Date	Résultat	Vacciné	Date	Résultat	Innoculations, Anti-Typhoïdes, Etc.
26-7-18		R Hellwell O.M.	26-7-18		R Hellwell O.M.
		O.M.			O.M.
		O.M.			O.M.

Enrôlé le 25 *jour de* July *191* *à* Bell Ellegueze

	Corps	No. dans le régiment	Habitudes	Date
Enrôlé				25/7/18
Transféré à				

EXAMINÉ OU REFUSÉ PAR UN BUREAU MÉDICAL.

Quartier	Date	Maladie	Resultat

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 Blais Nom de baptême Joseph

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				

M.F.W. 44.
1188 (D.P.) 250M.-12-18.
1772-39-903.

M.D. 5

26

CANADIAN EXPEDITIONARY FORCE.

LAST PAY CERTIFICATE

Regimental No. 3289913 Rank Pte Name Blais Joseph
(Surname first)

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

On 4-2-19 191....., to
*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from ..... to ..... 191... the inclusive date of transfer or discharge.

	Dr.	Cr.
Bal. Dr. or Cr. from prev. month		
Regimental Pay ..... days at $.....c		
Field Allowance ..... days at $.....c		
Separation Allowance		
Clothing Allowance		
Post Discharge Pay		
*Other Credits		
Advances		
Separation Allowance and Assigned Pay Cheque No.		
*Other Charges		
Balance on transfer or on discharge, cheque No.	NIL	
Total		

*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 20-7-18 married or single Single

(2) Separation Allowance, entitled or not No (3) Reason for discharge Demobilization

(4) Authority for discharge or transfer B.O. 36 of 5-2-19

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 5-2-19

Place Quebec P.Q. Lieut

1st/2nd Que. Regt. *Paymaster.*

N.B.—(A) This form is to be used for all ranks (vide Article 122-180 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 purpose of discharge it is to be made out in duplicate. One copy to accompany discharge papers, and one copy for retention as a 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 Certificates 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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.....	.....	.....	.....	....	.....	....	.....
.....	.....	.....	.....	....	.....	....	.....

MOBILIZATION CENTRE M. D. 5

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

M. E. W. 54. (A. F. B. 105.
500M.—9-16
H. Q. 1772-39-9.0.

Casualty Form—Active Service.

Unit, Regiment or Corps 1st. Dep. Bat. 2nd. Quebec Reg

Regimental No. 3289913 Rank Private C. E. F. Name Blais Joseph

Enlisted (a) 20-7-18 Terms of Service (a) Can. Exp. Force Service reckons from (a) 25-7-18

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				
		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. D.O. Part II 36.	Quebec Que.		

FEB 4 1919

DEMOBILIZATION

FEB 4 1919

[signature] LT. COL.
1st DEPOT BATTALION, 2nd QUEBEC REGIMENT

MILITARY DISTRICT No. 5 CENTRAL REGISTRY FEB 11 1919

17-B-673

(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 Blais.

T. O. S. July 23rd 1918.

Christian names Joseph

D. O. Pt. II 231 of 19/8/18

Regtl. No. 3239913 Rank Pte

S. O. S. Dis 4-2-1919

Unit 2nd Can Regt 1st Depot Bn

Reason Demob

Auth. Docs.

Next of kin Blais Mrs. Corona

Relationship Wife

Address St Adélaïde de Pabos P.Q.

Also notify: .....

BORN—Place Canada St Adelaide P.Q. Date Sept. 10th 1896.

ATTESTED—Place Quebec P.Q. Date July 25th 1918

O/S .....

R/C .....

W. 22—100M-7-18. 1772-39-839

1st DEPOT BATTALION, 2nd QUEBEC REGIMENT

Name in full: Blais Joseph Rank: Pte No. 3289913

Enlisted at: Drill Hall, Quebec Date: 25-7-18

Married, Widower or Single: Married Previous Unit: None

Next-of-Kin and Address: Corona Baulin-Blais, St-Adelaide de Pabos, Gaspe Co. P.Q.Can.

Religion: R.C. Category: A-2 Company: "N"

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
S.I.		231-167-84		
IC.T.		231-193-98		
I.C.T.	C.L.	231-235-109		
C.L.	2-11-18	306		
S.D.	4-2-19	36		

DEMOBILIZATION

17-B-675 D C

(1)

Procedure on discharging from the C.E.F., Soldiers called up under the Military Service Act, 1917, who, on Demobilization, were on unexpired Leave of Absence without pay.

P.C. 2865 of Nov. 20, 1918.

REGISTRY OFFICE 1/2 QUEBEC REGT. FEB 4 1919 1/2 Q. R. 1-B-417

THIS FORM MUST BE RETURNED INTACT AND NO PART DESTROYED.

C

H

S. D. No.

MILITARY DISTRICT No. 5 CENTRAL REGISTRY FEB 11 1919

DEMOBILIZATION

Drill Hall, Quebec

January 27th. 1919

TO:—

Regimental No. 3289913

Blais Joseph

Pabos, Gaspe Co. P.Q. Canada

Regimental No. 3289913

Serial No. 226406 E.C.

1. You are directed to report on or before February 13th. 1919 for the purpose of being discharged from the Canadian Expeditionary Force.

2. This will be carried out by your reporting in person to your Depot at Drill Hall Quebec Transportation to the Depot is enclosed herewith, and return transportation will be furnished to you after your discharge.

3. OR, as an alternative, you may execute, before a Notary Public, Commissioner of Oaths or Justice of the Peace, the release hereunder and forward same, on or before the said date, in the envelope enclosed for that purpose, together with the unused Transportation Certificate. A receipt for the release will be returned to you and will be equivalent to a Certificate of Discharge.

4. Should you fail to report in person or forward the release mentioned, within the time aforesaid, you will be declared a deserter and be subject to Military Law.

[signature]

Lieut-Col Rank

~~for the~~ O.C. 1st Depot Bn. 2nd Que. Regt.

RELEASE.

Know all men by these presents that I, the undersigned, having sustained no disability from injuries received or illness contracted on Active Service or Duty, do hereby release, discharge and forever acquit His Majesty the King, in the right of his Government of Canada, of and from all rights of compensation, claims and demands which I have or may have for or in respect of any disability arising from injuries received or illness contracted on Active Service or on duty in or connected with the Military Forces of Canada.

WITNESS my hand and seal this third day of february 1919.

Signed, sealed and delivered in the presence of

[signature]

~~Notary Public,~~ Commissioner for Oaths or Justice of the Peace.

Joseph his x mark Blais

Regt. No. 3289913

Unit 1st Dep. Btn. 2nd Que. Reg.

SEAL

M.F.B. 218B (Demob.)
1077-D.P.-40M-11-18.
1772-39-173.

20-2-19

no

DEMOBILIZATION
MILITARY DISTRICT No. 5
CENTRAL REGISTRY
FEB 11 1919

NOT TO BE FILLED IN BY THE SOLDIER.

Receipt for M.F.B. 218B (Demob.)

Having received release, pursuant to Notice of Order to report for discharge, Number 3289913

Name Blais Joseph of the 1st Depot

Battalion 2nd Quebec Regiment is hereby struck off the strength of the Canadian Expeditionary Force.

J. A. Beauchemin

Lieut-Colonel Rank

Authority Part II. Order

For the O.C. 1st Depot Bn. 2nd. Que. Regt.

No. 36

M.F.B. 218B (Demob.) DATED AT Quebec Que. FEB 4 1919 this ..... day of ..... 191....

LIST OF DISCHARGE DOCUMENTS.

Particulars of Recruit	M.F.W. 133
Field Conduct Sheet	M.F.W. 178 or A.F.B. 122
Casualty Form	M.F.W. 54 or A.F.B. 103
Last Pay Certificate	M.F.W. 44
Certificate that Missing Documents are Unobtainable.	
Medical History Sheet	M.F.B. 313 or A.F.B. 178
Proceedings of Medical Board	M.F.B. 227
Dental History Sheet	M.F.B. 465
Medical Report	M.F.W. 129
Regimental Conduct Sheet	M.F.B. 263
Company Conduct Sheet	M.F.B. 263a