REGIMENTAL DOCUMENTS

NAME BLAIS, NARCISSE REGT. NO. 3390447 UNIT 1st/2nd/Que. Regt. H. Q. FILE NO. 23076

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
1	ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
1	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
1	TRAINING HISTORY SHEET (M.F.W. 113)					
1	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)					
1	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
1	DENTAL HISTORY SHEET (M.F.B. 465)					Category
	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					DEMOB.
	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
1	LAST PAY CERTIFICATE (M.F.W. 44)					
1	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)					
2	Misc					
1	M.F.R. 565					

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

5th M. D. 3rd. Depot Battalion 2nd. Quebec Regiment

MOBILIZATION CENTRE M. D. 5 Regtl. No. 3[illegible]

DUPLICATE

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

Cancel MSA 29/12/18

(Class One)

1. Surname: Blais
2. Christian name: Narcisse
3. Present address: Chandler, Gaspe Co., P.Q. Canada
4. Military Service Act letter and number: 168998 EC
5. Date of birth: April 2nd, 1897
6. Place of birth (town, township or county and country): Newport, Gaspe Co., P.Q. Canada
7. Married, widower or single: Single
8. Religion: Roman Catholic
9. Trade or calling: Labourer
10. Name of next-of-kin: Mrs. Elizabeth Crotty-Blais, Widow
11. Relationship of next-of-kin: Mother
12. Address of next-of-kin: Chandler, 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, P.Q. (b) Date: 25-7-18 (c) Category: D3

DECLARATION OF RECRUIT

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

Witness A. Bowers — his Narcisse (x) Blais mark (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age		23 yrs.	3 mths.
Height		5 ft.	7½ ins.
Chest measurement	fully expanded	37½ ins.	
	range of expansion	1½ ins.	
Complexion		Dark	
Eyes		Brown	
Hair		Dark	

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

Skin disease, (Hospital)

M. S. A.

J. E. Sauvé Lt.

for O. C. Captain Depot Btln.

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.

Mc Crime List 81

M.S.A. 15 F.

LOI DU SERVICE MILITAIRE

3,280 C.N.O. 1

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 ..... Blais ..... Nom de baptême ..... Marcelle .....
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 ..... 168998 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) ..... Chadler Co Gaspé

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

5. Âge affirmé ..... 21 ..... ans ..... 3 ..... mois.
6. Âge apparent ..... 21 ..... ans ..... 3 ..... mois.
7. Hauteur ..... 5 ..... Pieds ..... 7½ ..... pouces.
8. Poids ..... 145 ..... livres.
9. Mesure de poitrine { Minimum ..... 36 ..... pouces; Maximum ..... 37½ ..... pouces }
10. Couleur ..... Noire ..... { Yeux ..... Brun ..... ; Cheveux ..... Noir ..... }
11. Développement physique ..... { Bon / Moyen / Pauvre }
12. Marques de vérole ..... non .....
13. Nombre de vaccinations { Bras droit ..... ; Bras gauche ..... oui ..... }
14. Dernière vaccination ..... oui 8 ans passé .....
15. Indices distinctives et indices de particularités congénitales ou de maladie antérieure .....

.....

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 [23]

Skin Disease Doubtful (Observation + treatment)

..... *Président.*

..... *Membre* ..... *Membre*

Signature de l'homme .....

Date	Résultat	VACCINÉ	Date	Résultat	INNOCULATIONS, ANTI-TYPHOÏDES, ETC.
		O.M.			O.M.
		O.M.			O.M.
		O.M.			O.M.

Enrôlé le ..... 25 ..... *jour de* ..... Juillet ..... *191* ..... *à* ..... Gaspé .....

	CORPS	No. dans le régiment	HABITUDES	DATE
Enrôlé				
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 Blan

Nom de baptême Marcel

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. 26

CANADIAN EXPEDITIONARY FORCE.

LAST PAY CERTIFICATE

Regimental No. 3380447 Rank Pte Name Blais M. (Surname first)

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

On 7-2-19 191....., 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.				
Total	NIL			

*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 25-7-18 married or single Single

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

(4) Authority for discharge or transfer B.O. 39 of 8-2-19

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 8-2-19

Place Quebec P.Q.

F. Williamson Lieut

1st/2nd Que 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 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. F. W. 54. (A. F. B. 195.
500M.—9-16
H. Q. 1772-39-9.0.

Casualty Form—Active Service.

Unit, Regiment or Corps 3rd. Dep. Bat. 2nd. Quebec Reg

Regimental No. 3380447 Rank Private C. E. F. Name Blais Narcisse

Enlisted (a) 25-7-18 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				
		Discharge under R.O. 1357 25-11-18 H.Q. 868-1-6 H.Q. 868-1-7 H.Q. 242-15-1. 22-11-18 P.C. 2865 DEMOBILIZATION.	DEMOBILIZATION Quebec D.O. Part II 39	7-2-19	

L. Bouchard 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				

Nature of Casualty	D. O. Part II Number:	Nature of Casualty:	D. O. Part II Number:
S.I. 25-7-18			
R.O. 589 29-7-18	118		
S.D. 7-2-19	39		

DEMOBILIZATION

1st DEPOT BATTALION, 2nd QUEBEC REGIMENT

Name in full: Blais Narcisse Rank: Private No. 3380447

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

Married, Widower or Single: Single Previous Unit:

Next-of-Kin and Address: Elizabeth Crothy-Blais, Chandler, Gaspe Co. PQ

Religion: R.C. Category: D3 Company: N

Occupation: Laborer

Remarks:

H. Q. .....

M. D. No. 5

Surname Blais

T. O. S. July 10th 1918

Christian names Narcisse

D. O. Pt. II 169 of 19-8-18

Regtl. No. 398447 Rank Pte

S. O. S. 7-2-1919

Unit 2nd Que Regt 3rd Dep Bn

Reason Demob

Auth DO 390 8/2/19 2 Qu

Next of kin Blais Mrs. Elizabeth C. Relationship Mother

Address Chandler Gaspe Co P.Q.

Also notify: .....

BORN—Place Canada Newport P.Q. Date Apr. 2nd 1897

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

O/S .....

R/C .....

W. 22—100M 7-18. 1772-39-839.

-DC

(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.

THIS FORM MUST BE RETURNED INTACT AND NO PART DESTROYED.

.....Drill Hall, Quebec.....

.....16th.. January.....19..19

TO:—

Regimental No. .....3380447.....

...Pte. Blais Narcisse.....

.....Chandler.....

.....Gaspe Co. P.Q.....

REGISTRY OFFICE
1/2 QUEBEC REGT.
FEB 7 1919
1/2 Q. R. 1-12-406

DEMOBILIZATION

Regimental No. 3380447

Serial No. 168998 EC

1. You are directed to report on or before 8th. February 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.

J. A. Beaubien
.....
..... Rank

~~for the~~ O.C. .....Depot Bn. .....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 ~~this~~ Cinquième day of février 1919

Signed, sealed and delivered in the presence of

J. Nourseau Barbier

Marcine x Blais
croix

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

SEAL

Regt. No. 3380447

Unit 3ième Bataillon de dépôt
2ième Régiment de Québec

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

DEMOBILIZATION

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 3380447

Name Blais Narcisse of the Third Depot

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

J. A. Beauchemin

Lieutenant Colonel Rank

Authority Part II. Order

No. 39

~~For the~~ O.C. First Depot Bn 2nd. Que. Regt.

M.F.B. 218B (Demob.) DATED AT Drill Hall Quebec this 7th day of february 1919.

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