





*[Handwritten initials]*

5th M. D. FIRST Depot Battalion SECOND QUEBEC Regiment

Regtl. No. 3290437

**PARTICULARS OF RECRUIT**  
DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class One)

REGISTRY OFFICE  
1/2 QUEBEC REGT.  
FEB 4 1919  
1/2 Q. R. 1-13-624

1. Surname Bourdages

2. Christian name Wilfrid

3. Present address Bonaventure, Co. Bonaventure, P. Q. Canada

4. Military Service Act letter and number 161272 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 March 8th 1895

6. Place of birth Bonaventure, Co. Bonaventure, P. Q. Canada  
(town, township or county and country)

7. Married, widower or single Single

8. Religion Roman Catholic

9. Trade or calling Farmer

10. Name of next-of-kin Edward Bourdages

11. Relationship of next-of-kin Father

12. Address of next-of-kin Bonaventure, Co. Bonaventure, P. Q. Canada

13. Whether at present a member of the Active Militia No

14. Particulars of previous military or naval service, if any Nil.

15. Medical Examination under Military Service Act :—  
(a) Place Drill Hall, Quebec (b) Date 25-7-18 (c) Category A 2

**DECLARATION OF RECRUIT**

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

Wilfrid Bourdages (Signature of Recruit)

**DESCRIPTION ON CALLING UP**

Apparent age	<u>23</u>	yrs.	<u>4</u>	mths.	Distinctive marks, and marks indicating congenital peculiarities or previous disease.  <u>Nil.</u>
Height	<u>5</u>	ft.	<u>9</u>	ins.	
Chest measurement	fully expanded	<u>36½</u>	ins.		
	range of expansion	<u>3½</u>	ins.		
Complexion	<u>Medium</u>				
Eyes	<u>Brown</u>				
Hair	<u>Black</u>				

**M. S. A.**

*[Signature]*  
O. C. Mobilization Centre M. D. 5 Depot Btin.  
Regt.

Place Drill Hall, Quebec Date 25-7-18

# CANADIAN EXPEDITIONARY FORCE

## Discharge Certificate

REGISTRY OFFICE  
1/2 QUEBEC REGT.

MAR 8 1919

Pte. Q. R.

This is to Certify that No. 329437 (Rank) \_\_\_\_\_

Name (in full) Wilfrid Bourdages enlisted in

the 1st/ 2nd Quebec Regt.

CANADIAN EXPEDITIONARY FORCE at QUEBEC, QUE. 1 on the 25th

day of July. 1918. 19

HE served in Canada.

### DEMOBILIZATION

and is now discharged from the service by reason of \_\_\_\_\_

R.O. 1357. of 25-11-18. P.C. 2865. M.P. 1451573

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

Age 23 years 10 months

Height 5 feet 9 inches

Complexion Med.

Eyes Brown

Hair Black

Marks or Scars \_\_\_\_\_

nil

Wilfrid Bourdages  
Signature of Soldier

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

Date of Discharge

FEB 13 1919

Rank \_\_\_\_\_

Appointment \_\_\_\_\_

Signed at QUEBEC, QUE. 1 this FEB 13 1919 day of \_\_\_\_\_ 19

in Military District No. 5

File Reference No. 1-B-626.

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

On demobilization the particulars called for on the back of this certificate will not be completed.





# CLINICAL CHART.

(To be pasted into Case Book opposite Patient's case.)

Corps Med Centre

Hospital Station Lucas

No. 3290437 Rank and Name Pte Wilfred Bowdages Age 23 Service \_\_\_\_\_

Disease Hæmorrhagic Diathesis Date of Admission 29.7.18 Date of Discharge 13/8/18 Result Good Case Book 779 Folio B

Dates of Observation	29		30		31		1		2		3		4		5		6		7		8		9		10		11		12			
	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME		
Days of Disease																																
Temperature Fahrenheit	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.
107°	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:		
106°	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:		
105°	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:		
104°	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:		
103°	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:		
102°	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:		
101°	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:		
100°	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:		
99°	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:		
98°	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:		
97°	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:		
Pulse per Minute																																
Respirations per Minute																																
Motions																																

Signature H. J. Robillard, Lieut. In charge of case.

CLINICAL CHART.

(To be pasted into Case Book opposite Patient's case.)

Corps

No.

Rank and Name

Age

Service

Hospital Station

Disease

Date of Admission

Date of Discharge

Result

Case Book

Radio

Date of Observation		Temperature	Pulse	Respiration	Blood Pressure	Weight	Height	Chest	Heart	Lungs	Stomach	Intestines	Genitourinary	Nervous System	Senses	Mental	Other	
Time	Temp.																	
107																		
106																		
105																		
104																		
103																		
102																		
101																		
100																		
99																		
98																		
97																		

In charge of case

Signature

U.S. G.P.O. 1918





FEUILLE MÉDICALE

3290437

IMPORTANT.—Si le nom de l'homme n'apparaît 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'informerait 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 Bourdages Nom de baptême Mikrid
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 161272 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) Bonaventure C Bon

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 Hull Hall Rue.

5. Âge affirmé 23 ans 4 mois 6. Âge apparent 23 ans 4 mois

7. Hauteur 5 Pieds 9 pouces 8. Poids 132 livres

9. Mesure de poitrine { Minimum 33 pouces Maximum 36 1/2 pouces 10. Couleur Medium { Yeux Brown Cheveux Black

11. Développement physique { Bon Moyen Pauvre 12. Marques de vérole

13. Nombre de vaccinations { Bras droit Bras gauche 14. Dernière vaccination Child

15. Indices distinctives et indices de particularités congénitales ou de maladie antérieure M

16. Défauts légers insuffisants pour l'exemption M

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

A II

EYES. R 20 L 20 opening OK

AK Farrell e. H. Président. J.R. Gubsmant Membre

Table with 4 columns: Date, Résultat, VACCINE, INNOCULATIONS, ANTI-TYPHOÏDES, ETC. Rows show dates like 26-7-18 and results like O.M.

Enrôlé le 25 jour de July 1917 à Hull Hall Rue

Table with 4 columns: CORPS, No. dans le régiment, HABITUDES, DATE. Date is 25/7/18.

EXAMINÉ OU REFUSÉ PAR UN BUREAU MÉDICALE.

Table with 4 columns: QUARTIER, DATE, MALADIE, RESULTAT. Row shows Dubee, 13/2/19, mi, and a signature.

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.

Signature de l'homme

Vertical handwritten signature on the right margin.



CASE HISTORY SHEET.

Military Hospital. Lubeck Station.  
No. 3290437 Rank Pte Name Wilfred Bourdages Age 23  
Unit 9th Mob. Co. Completed years of service 4 Where and how long 4 day  
Date of admission 27-7-18 Date of discharge 13/8/18  
Diagnosis Hæmorrhage following teeth ext Place of origin Lubeck

CONDITION ON ADMISSION AND PROGRESS OF CASE. Admitted with hæmorrhage following

extraction of teeth.  
27/7/18 Two teeth extracted - left upper jaw.  
28/7/18 Bleeding still continues a little.  
29/7/18 Bleeding stopped but patient weak.  
31/7/18 No bleeding. Still weak.  
1/8/18 Still weak.  
7/8/18 Improving.  
11/8/18 Feeling stronger.

FAMILY HISTORY.....

(Tuberculosis, mental or nervous diseases.).....

TREATMENT.....

(Especially any specific or special form.).....  
Plugged with gauze & Adrenalin HCl.  
Fluid diet  
Eastons Syrup 3i T.O.D.

CONDITION ON DISCHARGE.....

(and disposal made of case.).....

Date 13/8/18 Q2 H. J. Robillard, Lieut.  
Medical Officer i/c case.

6435



# CASE HISTORY SHEET.

Isol. Hospital. St. Johns P. I. Station.  
No. 3290435 Rank Sp5 Name Bourdage Age 27  
Unit C. 8. Completed years of service 1/12  
Date of admission 12. 8. 18. Date of discharge 31/8/18  
Diagnosis Vaccinia Place of origin St. Johns P. I.

## CONDITION ON ADMISSION AND PROGRESS OF CASE.

Patient was vaccinated at Quiloe 1/8/18.  
felt perfectly well from that time on.  
On Sat 10/8/18 he noticed he was developing  
pimples on his body, which soon became  
pustular. He does not know how long it took  
to get pustular.  
He says he does not feel itchy, no pain in  
back and no fever.

The pimples came out first and most  
numerous around his vaccination area (there is no  
vaccination scar) and spread all over body, even  
on mucous membranes.

The pimples are umbilicated, and when pustular are  
rounded. They are not itchy.

15/8/18 Pustules are drying up.

20/8/18 Pustules have all disappeared.

FAMILY HISTORY neg

(Tuberculosis, mental or nervous diseases.)

TREATMENT

strict isolation.

(Especially any specific or special form.)

CONDITION ON DISCHARGE

cured.

(and disposal made of case.)

Date 31/8/18

K. Grant capt  
Medical Officer i/c case.

CASE HISTORY SHEET

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_  
 Zip: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Date of Admission: \_\_\_\_\_  
 Referring Physician: \_\_\_\_\_  
 Referral: \_\_\_\_\_  
 Presenting Complaint: \_\_\_\_\_  
 History of Present Illness: \_\_\_\_\_  
 Past Medical History: \_\_\_\_\_  
 Family History: \_\_\_\_\_  
 Social History: \_\_\_\_\_  
 Physical Examination: \_\_\_\_\_  
 Laboratory Studies: \_\_\_\_\_  
 Imaging: \_\_\_\_\_  
 Pathology: \_\_\_\_\_  
 Treatment: \_\_\_\_\_  
 Course of Illness: \_\_\_\_\_  
 Discharge Summary: \_\_\_\_\_  
 Medical History: \_\_\_\_\_  
 Social History: \_\_\_\_\_  
 Family History: \_\_\_\_\_  
 Physical Examination: \_\_\_\_\_  
 Laboratory Studies: \_\_\_\_\_  
 Imaging: \_\_\_\_\_  
 Pathology: \_\_\_\_\_  
 Treatment: \_\_\_\_\_  
 Course of Illness: \_\_\_\_\_  
 Discharge Summary: \_\_\_\_\_

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

THIS SECTION FOR USE OVERLEAF

---

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. 3390437.....Rank Pte......Surname Bourdage.....  
(Given name in full)  
Wilfrid

Unit or Corps 1/2. Quebec. Regt......Birthplace Bonaventure.....

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

1. GENERAL DESCRIPTION:

Physique .. Good.....Weight 145 lbs.      Height 5 ft. 9 in.      Colour of Eyes .. Brown  
 Nutrition .. Good.....  
 Pulse ..... 82.....  
 Condition of arteries .... Normal.....  
 Vision Rt. ... 20 ..... Left ..... 20 .....  
 Hearing (conversational voice) Rt... O. K.  
 Left .. O. K.

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

Opinion as to general health and physical condition..... Fit.....

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.

# 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 ..... (Canada)

Date Quebec YY332319 13/2/19 Signed [Signature] 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 Wilfrid Bourdages

(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]

CANADIAN EXPEDITIONARY FORCE

M.F.W. 44.  
1133 (D.P. 250M-12-18).  
1772-39-908.

M. D. 5  
26

LAST PAY CERTIFICATE

Regimental No. 3290437 Rank Pte Name Bourdages W. (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		41.80
Regimental Pay 13 days at \$ 1.00 c.		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. 4498	8.80	
Total	56.10	56.10

\*Give particulars.

A monthly stoppage of \$ NIL (†) has (‡) been paid on account of Assigned Pay for the month of 191 and Separation Allee. 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 NIL (3) Reason for discharge Demobilization (4) Authority for discharge or transfer B.O. 45 of 14-2-19 Amendment N. 52-3

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.

*Paul Anson*  
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 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. 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.



# MOBILIZATION CENTRE M. D. 5

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

M. F. W. 54. (A. F. B. 10s.)

500M.—9-16

H. Q. 1772-39-920.

## Casualty Form—Active Service.

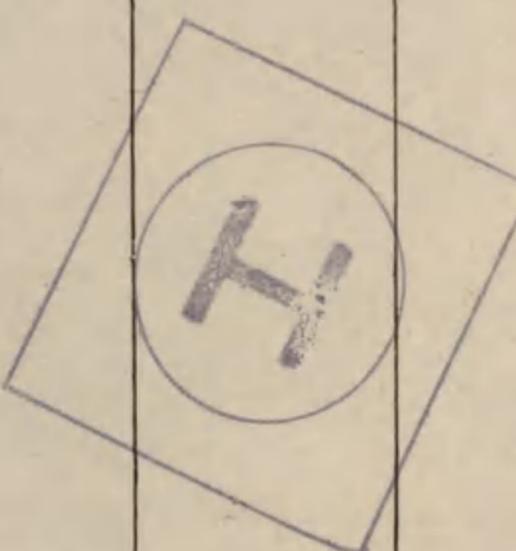
Unit, Regiment or Corps. 1ST DEPOT BATTALION 2ND QUEBEC REGIMENT

Regimental No. 3290437 Rank Private Name Bourdages Wilfrid  
C. E. F.

Enlisted (a) 25-7-18 Terms of Service (a) Can. Expd. 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				
		<p>R.O. 1357. of 25-11-18. P.C. 2865. D.O. Part. 11. No. 45. + Amendment NV 52-3</p>	<p><b>DEMOBILIZATION</b> Quebec Que.</p>	<p><b>FEB 13 1919</b></p>	
		<p><b>1st DEPOT BATTALION 2nd QUEBEC REGIMENT.</b></p>			
		<p>.....Adjutant. <i>J. Bourdages</i> Officier i/c R. &amp; S.</p>			

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.]



1st DEPOT BATTALION, 2nd QUEBEC REGIMENT

Name in full: Bourdages Wilfrid Rank: Pte No. 3290437

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

Married, Widower or Single: Single Previous Unit: Nil

Next-of-Kin and Address: Edward Bourdages, (Father), Bonaventure, Bon.

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
S.I.	231-178-94
I.C.T.	231-193-98
H.D. 13-8-18	231-341-148
H.L.	231-357-153
I.C.T. 30-8-18	242
H.L. 27-9-18	242
X 23-9-18	266
F. 15-11-18	301
F. 1-12-18	316-7
H.L. Ind.	330-4
S.D. 14-2-19	45-1
X S.A. 13-2-19	52.3

**DEMOBILIZATION**

Nature of Casualty

D. O. Part II  
Number

# HOSPITALS

# DATE

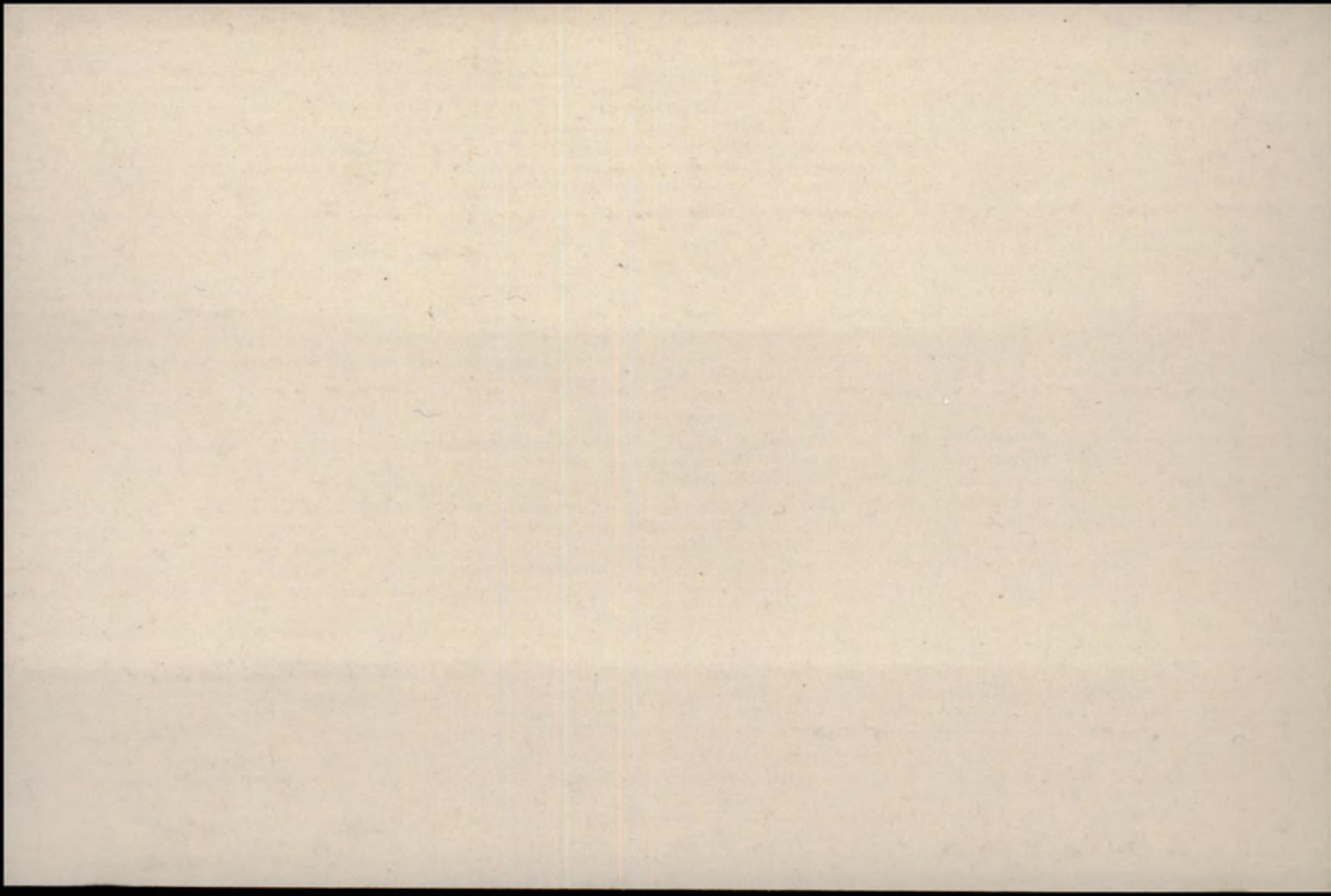
# DIAGNOSIS

M. F. W. 2553.  
50M-6-19.  
1772-39-1332.

Reg. No. 3290437 Name Bondages W.  
Rank *Sp* Corps *C.C.* Age 23 Service 4/385  
Ledger No. Serial No. 6485-42349

22 47

HOSPITALS	DATE	DIAGNOSIS
Mil. St. Johns Ave.	27-7-18	Haemorrhoid Teeth Extracted
Trans. Sol.	13-8-18	Vaccina
Dis to duty	31-8-18	



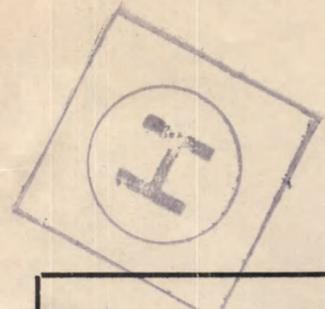
Surname *Bousdrages* H. Q. ....  
 Christian names *Wilfred* M. D. No. *5* .....  
 Regtl. No. *3295437* Rank *Cpl* T. O. S. *July 25th 1918* .....  
 Unit *2nd Que. Regt. Lt. Col. Bn.* D. O. Pt. II *237* of *1918/18* .....  
 Reason *Demob* S. O. S. *Dis 14-2-1919* .....  
 Auth. *2045 of 14-2-19* .....

Next of kin *Bousdrages Edward* Relationship *Father* .....  
 Address *Bonaventure* Also notify: .....  
*Bonaventure Co. P.Q.* .....  
 .....  
 .....

BORN—Place *Canada Bonaventure P.Q.* Date *Mar. 8th 1895* .....  
 ATTESTED—Place *Quebec P.Q.* Date *July 25th 1918* .....  
 O/S ..... R/C .....

LIST OF DISCHARGE DOCUMENTS.

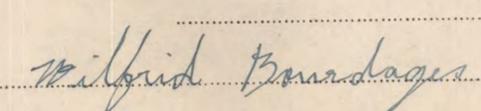
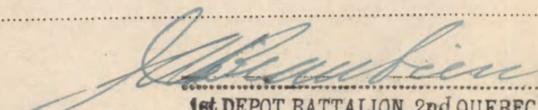
Attestation Paper, Triplicate..... Militia Form W. 23  
 or Particulars of Recruit..... Militia Form W. 133  
 Field Conduct Sheet..... Militia Form W. 178 or A.F.B. 122  
 Casualty Form..... Militia Form W. 54 or A.F.B. 103  
 Last Pay Certificate..... Militia Form W. 44  
 Certificate that missing 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



SHORT FORM.

PROCEEDINGS ON DISCHARGE.  
 (Demobilization.)

REGISTRY OFFICE  
 1/2 QUEBEC REGT.  
 MAR 8 1919  
 1/2 Q. R. ....

1. No.	3290437
2. Rank.	Private
3. Name.	Wilfrid Bourdages
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. NO. 10451523
8. Proposed Residence after Discharge	Bonaventure
	Bonaventure 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
	
	Signature of Soldier.
10.	CONFIRMATION.
	The discharge of the above named man is hereby confirmed.
Place	QUEBEC, QUE.
Date	FEB 13 1919
	
Signature	LT. COL. 1st DEPOT BATTALION, 2nd QUEBEC REGIMENT. (O. C. Discharging Unit.)