

REGIMENTAL DOCUMENTS

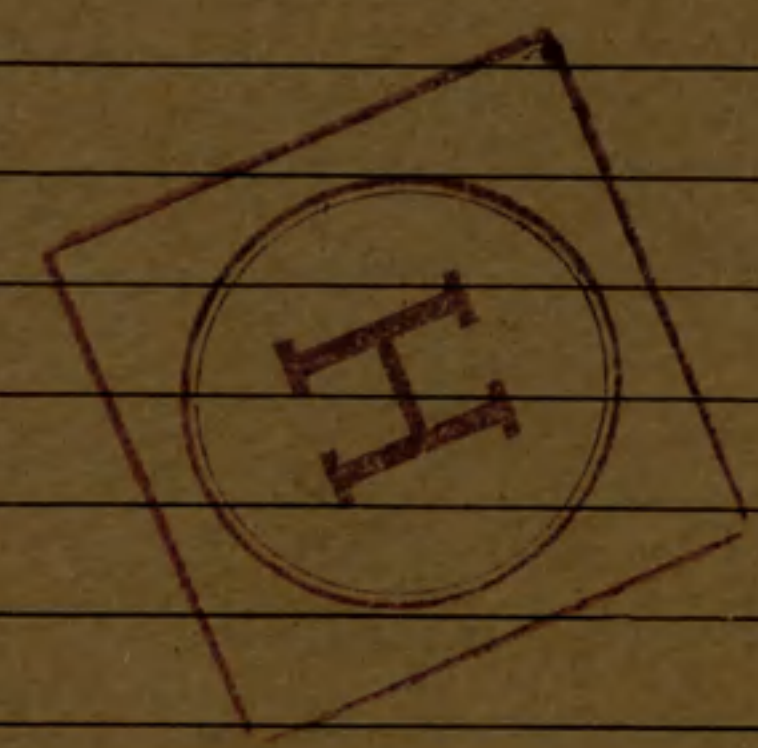
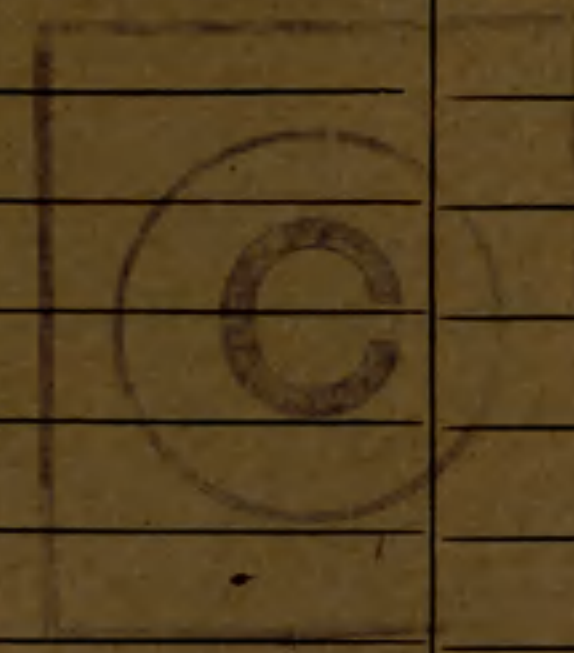
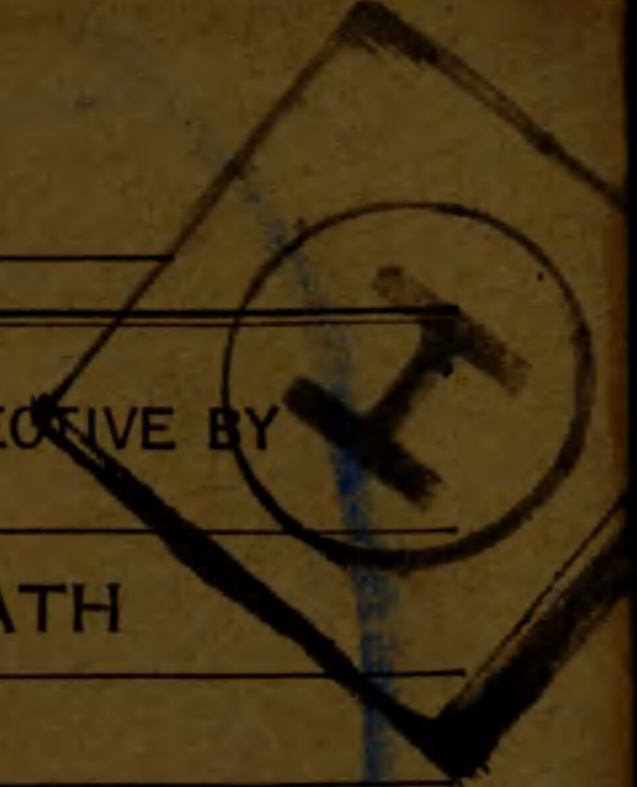
a.H.
31-3-19.

NAME **BRASSARD SIMON**

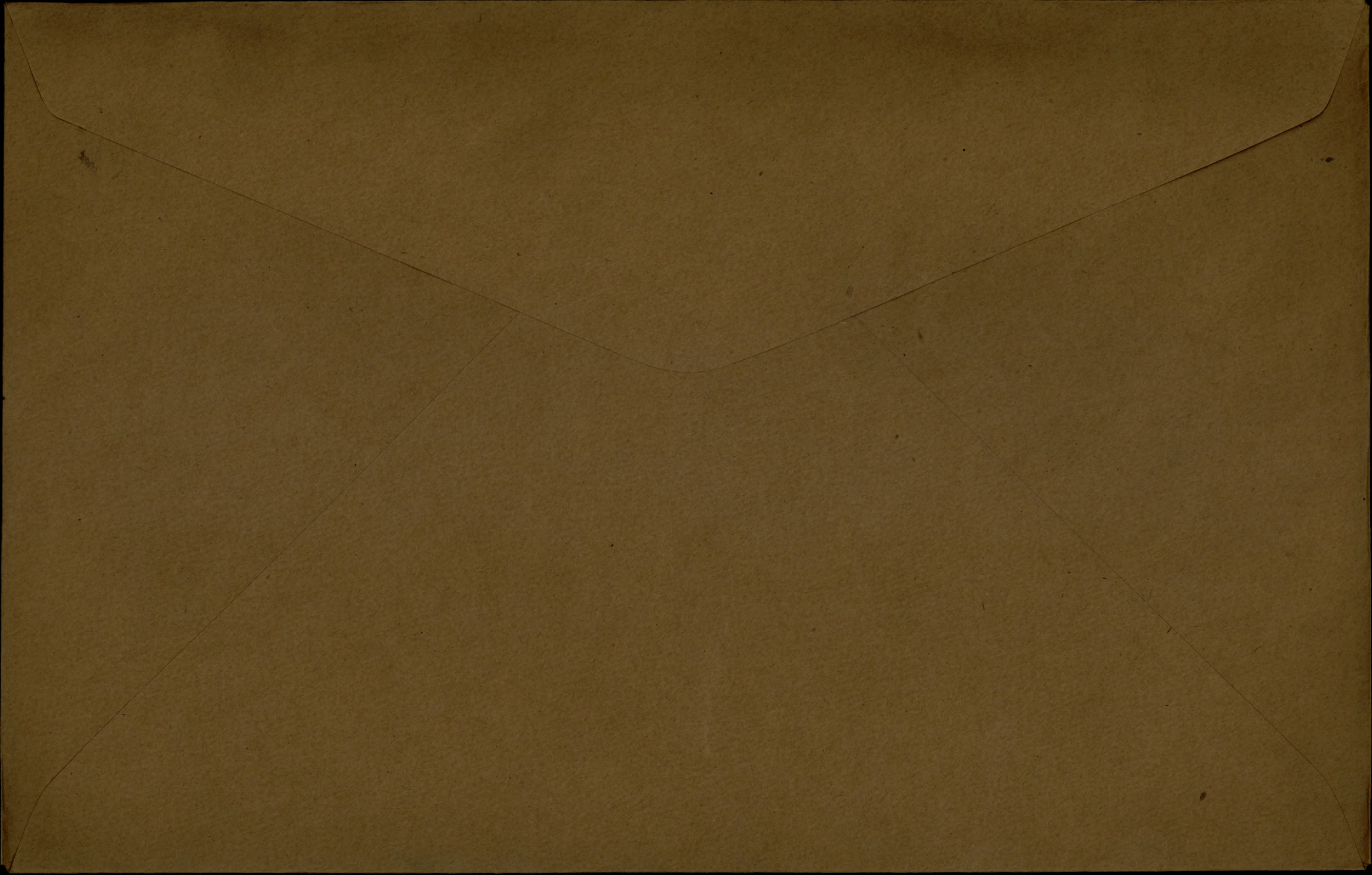
REGT. NO. **3383443**

UNIT **3rd W.B. 2nd A.P.** H. Q. FILE NO.

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2.
1.



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)				36839	DEATH
CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
TRAINING HISTORY SHEET (M.F.W. 113)					
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)					
MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
DENTAL HISTORY SHEET (M.F.B. 465)					Category
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
MEDICAL EXAMINATION (M.F.W. 129)					<i>Demobilization</i>
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
LAST PAY CERTIFICATE (M.F.W. 44)					
2. 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)					
<i>m.s. a. 15:</i>					



5th 2nd M. D. 3rd Depot Battalion 2nd Quebec Regiment
 Regtl. No. 3383443

PARTICULARS OF RECRUIT
DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class One)

1. Surname Brassard
 2. Christian name Simon
 3. Present address Rang St. Pierre, Chicoutimi, P.Q.
 4. Military Service Act letter and number 168920 EC "APP" G ROUP 3
(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 January 11th, 1896
 6. Place of birth Chicoutimi, P.Q.
(town, township or county and country)
 7. Married, widower or single Married
 8. Religion Roman Catholic
 9. Trade or calling Farmer
 10. Name of next-of-kin Laure Gauthier (Mrs. S. Brassard)
 11. Relationship of next-of-kin Wife
 12. Address of next-of-kin Chicoutimi, P.Q.
 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 Chicoutimi (b) Date 28-9-18 (c) Category "E"

DECLARATION OF RECRUIT

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

Simon Brassard (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age	<u>22</u> yrs.	<u>99</u> mths.	} Distinctive marks, and marks indicating congenital peculiarities or previous disease. D. A. H.
Height	<u>5</u> ft.	<u>8 1/4</u> ins.	
Chest measurement	fully expanded	<u>36 1/2</u> ins.	
	range of expansion	<u>2 1/2</u> ins.	
Complexion	<u>Clear</u>		
Eyes	<u>Blue</u>		
Hair	<u>Blond</u>		

W. A. G. ... Lt. Col.
 O. C. Special Service ~~Depot Bn.~~
 Detachment ~~xxxx~~

Place Chicoutimi Date September 28th, 1918

M. F. W. 133.
 500M.—7-18.
 1772—39—1158.

Service reckons from 22-7-18 as per cas form

List 91
3383443

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

1. Surname Griffard Christian name Simon
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)..... Royce St. Pense. Chic

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 28 day of Sept 1917, by the undersigned medical board sitting at Chicoutimi

5. Age as stated 22 Years 9 Months. 6. Apparent age 22 Years _____ Months
7. Height 5 Feet 8 1/4 Inches. 8. Weight 136 1/2 Pounds.
9. Chest measurement { Minimum 34 Ins. 10. Complexion Clear { Eyes Blue
Maximum 36 1/2 Ins. { Hair Brown
11. Physical development. Good { Good
Fair
Poor 12. Smallpox marks.....

13. Number of vaccination marks { Right arm _____
Left arm 1 14. When vaccinated last Chicoutimi
15. Distinctive marks and marks indicating congenital peculiarities or previous disease D. A. H.

16. Slight defects but not sufficient to cause rejection
The man denies having had { Rheumatism We find no evidence of past { Rheumatism
Tuberculosis Tuberculosis
Syphilis 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 E Vision Rx
Hearing
J. H. Lodd President.
W. J. Lodd 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 _____ 191_____ at _____

Joined on enlistment	CORPS	REG'TL NUMBER	HABITS	DATE
Transferred to.....				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT
<u>L</u>			

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 Simon Griffard

Surname Brassard H. Q.
Christian names Simon M. D. No. 5-
Regtl. No. 3383443 Rank Plt T. O. S. July 22nd 1918
Unit 2nd Que Regt; 3rd Dep. Bn D. O. Pt. II 69 of 19-8-18
Reason R to R S. O. S. 28-9- 1918
Auth. SOPTII: 1407 29/10/18
3/2 Q. R.

Next of kin Brassard Mrs S Relationship Wife
Address Chicoutimi P.Q. Also notify:

BORN—Place Canada Chicoutimi P.Q. Date Jan 11th 1896
ATTESTED—Place Chicoutimi P.Q. Date Sept 28th 1918
O/S R/C



LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate.....	Militia Form W. 23
or Particulars of Recruit..... <i>2</i>	Militia Form W. 133
Field Conduct Sheet.....	Militia Form W. 178 or A.F.B. 122
Casualty Form..... <i>1</i>	Militia Form W. 54 or A.F.B. 103
Last Pay Certificate.....	Militia Form W. 44
Certificate that missing documents are unobtainable..... <i>1</i>	
Medical History Sheet..... <i>1</i>	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.)

1. No. <i>E.C. 168900</i>	Reg't. No. <i>3383443</i>
2. Rank. <i>Private</i>	
3. Name. <i>Brassard, Simon</i>	
4. Unit. <i>2nd Depot Battalion - 2nd Quebec Reg't.</i>	
5. Date of Discharge	Place <i>Chicoutimi</i>
6. Reason for Discharge..... <i>Demobilization</i>	
<i>S.O.S. on return to records of Registrar. (28-9-18)</i>	
<i>Part II Orders No. 140-1 Date, 29-9-18</i>	
<i>Discharged under authority of P.C. 3051 of 11-12-18</i>	
7. Authority.....	
8. Proposed Residence after Discharge.....	
9. <p style="text-align: center;">CERTIFICATE TO BE SIGNED BY SOLDIER.</p> I hereby acknowledge that at the undernoted place and date I received my discharge Certificate M. F. W. ?..... <div style="text-align: right;">Signature of Soldier.</div>	
10. <p style="text-align: center;">CONFIRMATION.</p> The discharge of the above named man is hereby confirmed. Place..... Date..... <div style="text-align: right;">Signature..... (O. C. Discharging Unit.)</div>	