DISCHARGE DOCUMENTS

38312

R. O. No.

H. Q. No.

Name BRETON. GEORGE.

Regt. No 3380875 Rank Spr.

Corps Can. Engrs.

DEMOB'N

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	/
Proceedings on discharge	/
Corps History Sheet	
Date and No. of Deposit Receipt for Purchase Money and Amount	
Parchment Certificate	
Medical Report for Invalids	
Medical History Sheet	/
Proceedings of Regt. Court Martial	
Copies of Convictions by Civil Power	
Company Conduct Sheet	
Clothing Transfer Certificate	
Inventory of Kit	
Last Pay Certificate	/

M.D.W. 113—2
A.F.B. 122—1
M.D.W. 129—1
M.D.W. 39a/
Card —— /

M. F. W. 62.
50M.—9-16.
H. Q. 1772—39—935.

B

E

5th. M. D. Thrid Depot Battalion 2nd. Quebec Regiment

Original

Regtl. No. 3380875

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class One.)

1. Surname: Breton
2. Christian name: Georges
3. Present address: St-Mathias Cabano, Temiscouata Co. P.Q. Canada
4. Military Service Act letter and number: 221832 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: June 24th. 1895
6. Place of birth: St-Mathias Cabano, Temiscouata Co. P.Q. Canada
   (town, township or county and country)
7. Married, widower or single: Single
8. Religion: Roman Catholic
9. Trade or calling: Laborer
10. Name of next-of-kin: Cleophas Breton
11. Relationship of next-of-kin: Father
12. Address of next-of-kin: St-Mathias Cabano, Temiscouata 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: Drill Hall Quebec (b) Date: 24-8-18 (c) Category: A-2

SUFFICIENT ADDRESS

DECLARATION OF RECRUIT

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

Georges Breton (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age	23 yrs.	2 mths.	
Height	5 ft.	2½ ins.	
Chest measurement	fully expanded	35 ins.	
	range of expansion	3 ins.	
Complexion	Medium		
Eyes	Brown		
Hair	Brown		

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

126

Lac Qué.

O. C. 3/2 Reg of Quebec Depot Btln.

Regt.

Place: Drill Hall Quebec Date: 26-8-18

M. F. W. 133.
500M.—5-18.
1772—39—1158

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 3330875 (Rank) SAPPER

Name (in full) Bretch Georges enlisted in

the Canadian Engineers

CANADIAN EXPEDITIONARY FORCE at Drill Hall, Que. on the twenty sixth

day of August 1918.

HE served in - CANADA -

and is now discharged from the service by reason of DEMOBILIZATION

R.O. 1328.

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

Age 23 yrs. 5 months.

Height 5 ft. 2½ in.

Complexion medium

Eyes brown

Hair brown.

Marks or Scars N I L.

G. Breton.
Signature of Soldier

W.W. Melville.
Issuing Officer Lt. Colonel C. E.
O.C. Engineer Training Depot
Rank

Date of Discharge 17-12-18

Appointment

Signed at ST. JOHNS, P.Q. this seventeenth day of December 1918.

in Military District No. 4.

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.

M. F. W. 39a.
250m —6-18.
H. Q. 1772-39-882.

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

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

..... Name of Officer

..... Rank

..... Appointment

B Group III List 82. No Crime O. IN C. No. 1 Original

M.S.A. 15 F.

LOI DU SERVICE MILITAIRE

FEUILLE MÉDICALE

3380875

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: Barton — Nom de baptême: Georges
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: 2 21832. F.C
3. Numéro consécutif de la liste des déclarations (s'il y apparait): Magtas
4. Adresse (y compris la rue et le numéro s'il en existe): St Benjamin Babano Co Lambton

Voici les renseignements exacts qui résultent de l'examen du sujet ci-dessus nommé, fait le 24 jour de Aug 1918, par le bureau médical soussigné siégeant à Quebec

5. Âge affirmé: 23 ans 2 mois.
6. Âge apparent: 23 ans 2 mois.
7. Hauteur: 5 Pieds 2½ pouces.
8. Poids: 126 livres.
9. Mesure de poitrine: Minimum 32 pouces; Maximum 35 pouces
10. Couleur: Medium — Yeux: Brown; Cheveux: Brown
11. Développement physique: Good (Bon / Moyen / Pauvre)
12. Marques de vérole: —
13. Nombre de vaccinations: Bras droit —; Bras gauche 1
14. Dernière vaccination: Child
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 A II

Signature de l'homme: Geo Gd Bond

Omen Rd 420
Hearing Normal

A.M. Lowie Capt — *Président.*

Lovitall — *Membre* — *Membre*

Date	Résultat	Vacciné	Date	Résultat	Innoculations, Anti-Typhoïdes, Etc.
29-8-18		K Clarin Capt O.M.	29-8-18	K.C.C	O.M.
		O.M.	3.9.18	1a Sgl	H. Derick Lieut O.M.
		O.M.	13.9.18	Abl	[illegible] O.M.

Enrôlé le 24th *jour de* August 1918 *à* Quebec

	Corps	No. dans le régiment	Habitudes	Date
Enrôlé		3380875		
Transféré à	Can Eng.			26-8-18

EXAMINÉ OU REFUSÉ PAR UN BUREAU MÉDICAL.

Quartier	Date	Maladie	Resultat
ST. JOHNS, P.Q.	SEP 3 1918		A2 [illegible] President Medical Board, St. Johns, P.Q.
ST. JOHNS, P.Q.	NOV 6 - 1918		A III [illegible] President Medical Board, St. Johns, P.Q.
St. Johns P.Q.	15-12-18		

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 Bretons Nom de baptême Georges

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				

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

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. 3380875 Rank Spr Surname Breton
(Given name in full) George

Unit or Corps Canadian Engrs Birthplace Cotaco Co. P.Q.

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

1. GENERAL DESCRIPTION:

Physique Good Weight 135 lbs. Height 5 ft. 2 1/2 in. Colour of Eyes Brown

Nutrition Good

Pulse 82

Condition of arteries normal

Vision Rt. 20/20 Left 20/20

Hearing (conversational voice) Rt. 20 ft.

Left 20 ft.

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

Opinion as to general health and physical condition Good

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.

(If space is insufficient, continue on back of form.)

[OVER]

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 ST. JOHNS, P.Q. (Canada)

Date 15-12-18 Signed M. McSeoulach 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 Robertson Lodge

(If not satisfied, M.F.B. 227 will be completed by Medical Board.) 3380875

(This space to be used, if necessary, in connection with Section 3, overleaf, only.)

[OVER]

M.F.W. 129.
1083 (D.P.) 500M-11-18.
1772-39-1142.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25715c, C.E.F., 1916).

Regimental No. 3380875 Rank Spr. Name Breton, Georges

Corps C E, E T D, St Johns, P Q, who was* Struck Off Strength,

On 17-12-18 191...., to .....

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1-12-18 191....

to 17-12-18 191...., the inclusive date of transfer or discharge.

Dr.	$	c.	Cr.	$	c.
Bal. Dr. from prev. month			Balance Cr. from prev. month	13	70
Advances by Cheques — No.			Regt'l. Pay 17 days at $ 1.00	17	00
Advances by Cheques — No. 11179	35	00	Field Allow. 17 days at $ .10	1	70
Assigned Pay and Sep'n Allce. No.			Separation Allowance* (Monthly)		
Other charges Q M S	10	00	Other Allowances*		
Payment on transfer or discharge No. 11210	22	40	Other Credits* Civ.Clo.All.	35	00
Bal. Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)		
Total	67	40	Total	67	40

*Give particulars.

A monthly stoppage of $.....(†) has.....(‡) been paid paid on account of Assigned

Pay for the month of.....191...
and Sep'n 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.

Out Allowance of $.....has been paid by Paymaster, Military District No.....

REMARKS:—

State (1) date of enlistment 26-8-18

(2) if married and if a Separation Allowance Card has been submitted no no

(3) cause of discharge Demobilization authority D O 352.

(4) authority for transfer.....

NOTE.—Separation Allowance and Assigned Pay Card and Index Card (M.F.W. 71) are to accompany the original Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay List of the Unit.

Date 19-12-18

Place St Johns, P Q. Lieut.

Asst. Paymaster, Engr. Training Depot. *Paymaster.*

N.B.—For purposes of transfer this form is to be made out in quadruplicate. Original copy to paymaster of new unit, duplicate to District Paymaster, triplicate to accompany the pay list at the end of the month, and quadruplicate for retention as a record.

For purposes of discharge it is to be made out in triplicate. Original copy to accompany discharge papers; duplicate to accompany pay list at the end of the month, and triplicate for retention as a record.

If a man on discharge is entitled to three months Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.

M. F. W. 44

H.Q. 1772-39-903.
109M-9-18. D.P. 874.

MOBILIZATION CENTRE M. D. 5

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

M. F. W. 54. (A. F. B. 103.
500M.—9-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 3rd. Depot Bt. 2nd. Quebec Regt.

Regimental No. 3380875 Rank Private Name Georges Breton
C. E. F.

Enlisted (a) 11-7-18 Terms of Service (a) Can. Expd. Force Service reckons from (a) 24-8-18

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) Laborer

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				
		Trans to E. T. D.	St Johns	P.Q.	26-8-18 #245

DISCHARGED
Demobilization R. O. 1328
dd. 331 17/12/18
A/Adjt. Engineer Training Depot.
Lieut. C. 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, 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				

CASUALTIES, &c.

NATURE	PART II. D. O.		REMARKS
E.G. Absence, Promotion, &c.	No.	Date	If In Hospital, Note Name, &c.

Name BRETON, G. Category ~~A.~~ A2

Regimental No. 3380875 Rank Spr.

Enlisted at Date 10-7-18

Taken on Depot Strength D.O.

Married or Single

Trade Religion R.C.

Vaccination ✓

Inocculations. 1 ✓ 2 ✓ 3 13918

Medical Boards SEPT. 3rd

Struck off 17-12-18 DO 381

Disposition

DENTIST: YES

H. Q. .....

M. D. No. 5

Surname Breton

T. O. S. July 10th 1918

Christian names Georges

D. O. Pt. II 69 of 19-8-18

Regtl. No. 3380875 Rank Pte

S. O. S. ..... 19.....

Unit 2nd Que Regt 3rd Dpo Bn

Reason .....

Auth. .....

Next of kin ..... Relationship .....

Address ..... | Also notify: .....

.....

.....

.....

BORN—Place ..... Date .....

ATTESTED—Place ..... Date .....

O/S ..... R/C .....

W. 22—100M-7-18. 1772-39-839.

H. Q. .....

M. D. No. 4 .....

Surname Breton, ... T. O. S. Aug 26th 1918

Christian names George ..... D. O. Pt. II 245 of 29-18

Regtl. No. 3380875 Rank Spr. ..... S. O. S. 17-12 1918

Unit ~~Can. Eng. Tr. Dpt~~ ..... Reason Demob.

2nd Que Regt 3rd Dpo Bn. ..... Auth. DO 3520 18/12/18 E.T.D.

Next of kin Breton Cleophas ..... Relationship Father

Address St-Mathias Cabano Temiscouata Co, P.Q. ..... Also notify: .....

BORN—Place Canada St-Mathias Cabano P.Q. Date June 24th 1895

ATTESTED—Place Quebec, P.Q. Date Aug 26th 1918

O/S ..... R/C .....

W. 22—100M 7-18. 1772-39-839.

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form B. 263	Attestation Paper or Particulars of Recruit	Militia Form W. 23 " W. 133
Squadron / Battery / Company } Conduct Sheet,	" B. 263a	Proceedings on Discharge	" B. 218
or Field Conduct Sheet	" W. 178		
Copies of Convictions, by C. P.	in MS.		
Med. Hist. Sheet,	Militia form B. 313		
Casualty Form	" W. 54		
Medical Report for Invalid§	" B. 227		
Dental History Sheet	" B. 465		
Last Pay Certificate	" W. 44		
Duplicate Discharge Certificate	" W. 39A		
‡Form of Will	" W. 82		

§Only if discharged "Medically unfit."

‡Only if man has not been overseas.

In the case of recruits who are rejected on final approval, the discharge documents will consist of

(a) Proceedings on Discharge

(b) Attestation.

(c) Medical History Sheet.

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Officer Commanding.

N.B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.

This space to be for numbers.

B5044

Proceedings on Discharge.

(When forwarded for confirmation these proceedings should be accompanied by the documents specified on fourth page.)

No. 3380875

Rank SAPPER

Surname BRETON

Christian name Georges

NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.

Corps (Squadron, Battery or Company) Canadian Engineers

Date of discharge DEC 17 1918

Place of discharge ST. JOHNS, P.Q.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 23 years 5 months.

Height 5 feet 2½ inches.

Complexion Medium

Eyes Brown

Hair Brown.

Trade Laborer.

Intended place of residence (To be given as fully as practicable.) St. Mathias Cabano, Temiscouata Co. P.Q. CANADA.

Descriptive marks

N I L .

2. The above-named man is discharged in consequence of Demobilization

Authority for discharge R.O. 1328.

N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.

3. Conduct and character while in the service have been, according to the records, etc.

Good.

N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.

4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

Laborer.

M. F. B. 218.

200M.—5-18.
H. Q. 1772-39-113.

(OVER)

5. He is in possession of the following number of G. C. Badges:

NIL.

No reference to G. C. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations ..... NIL.

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company, *(Squadron or Battery,* and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place) ST. JOHNS, P. Q.

(Date) DEC 17 1918

Commanding Lt. Colonel C. E. O. C. Engineer Training Depot.

8. Certificate to be signed by the Soldier on Discharge

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page, and that I have received my permanent discharge certificate.

(Place) ST. JOHNS, P. Q. Burton George *(Signature of Soldier.)*

(Date) DEC 17 1918 E. M. Wheeler *(Signature of Witness.)*

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. Additional Certificate in the case of a Soldier who takes his discharge on his own request.

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

Burton George *(Signature of Soldier.)*

10. Statement of Service.

Service toward Engagement to.....(the date to which the Record of Service is completed).....years.....days.

Total.....years.....days.

11. Confirmation of Discharge.

The discharge of the above-named man is hereby confirmed.

(Place) ST. JOHNS, P. Q.

(Date) DEC 17 1918

(Signature) Lt. Colonel C. E. O. C. Engineer Training Depot.

Reservations referred to at Para. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

Burton George

N I L .