H.S. 16-4-19

REGIMENTAL DOCUMENTS

NAME Brochu Ernest. Pte REGT. NO. 3291011 UNIT 1st. Dpo. Bn. H. Q. FILE NO. 2. Que R.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
2	ATTESTATION PAPER (M.F.W. 23, 133, or 51)				40557.	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
	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)					
	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
1	PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
1	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
1	LAST PAY CERTIFICATE (M.F.W. 44)					Deserter
	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)					
1	M.F.B. 479.					
1	M.F.C. 565					
1	M.F.W. 82					
1	Misc.					

S C H H

W 2589
100M-11-16
1772-39-1377

MOBILIZATION CENTRE M. D. 5

Duplicate

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

E.D. 14/2/19.

Regtl. No. 3391011

PARTICULARS OF RECRUIT

REGISTRY OFFICE 1/2 QUEBEC REGT. JAN 21 1919 1/2 Q. R.

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class ONE)

1. Surname: BROCHU
2. Christian name: Ernest
3. Present address: St-Agapit Lotbiniere. Co. P.Q. Can.
4. Military Service Act letter and number: 194516
   (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 10th 1893
6. Place of birth: St-Isidore Dorchester Co. P.Q. Can.
   (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: Leandre Alfred Brochu.
11. Relationship of next-of-kin: Father
12. Address of next-of-kin: St-Agapit. LotbiniereCo. 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 (b) Date: 22-8-18 (c) Category: A2

DECLARATION OF RECRUIT

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

Ernest Brochu (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age: 26 yrs. 4 mths.

Height: 5 ft. 5½ ins.

Chest measurement: fully expanded 36½ ins.; range of expansion 2½ ins.

Complexion: Dark.

Eyes: Brown.

Hair: Brown.

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

Scar on back of roght leg

M. S. A.

L. Busching Lt

O. C. 1st Depot Bt. 2nd Quebec Rgt. Depot Btln.

O. C. MOBILIZATION CENTRE M. D. 5. MAJOR

Regt.

Place: Quebec Date: 22-8-18

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

CP

Number 323158 8 Rank Spv

Surname BROCHU

Christian Name Edward

Units Q.R. Theatre of War England

Date of Service 24-5-18

Remarks

Latest Address 18 South St
Biddeford Mass
U.S.A.

Roll No. a Page #551.

200m.-6-21.

H. Q. .....

M. D. No. 5 f

T. O. S. Aug 9th 1918

D. O. Pt. II 2031 of 19-8-18

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

Reason .....

Auth. .....

Surname Brochu

Christian names Ernest

Regtl. No. 329104 Rank Pte

Unit 2nd Que Regt 1st Dep Bn

Next of kin Brochu Leandre Relationship Father.

Address St Agapit Lotbiniere Co P.Q.

Also notify: .....

P.Q.

BORN—Place Canada St. Isidore Date Mar. 10th 1893

ATTESTED—Place Quebec P.Q. Date Aug. 22nd 1918.

O/S .....

R/C .....

W. 22—100M-7-18. 1772-39-839.

Original not available

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 1 Depot Bn. 2 Cor.

Regimental No. 3291011 Rank Pte Name Brochu Ernest

Enlisted (a) ~~9~~ 22.8.18 Terms of Service (a) C.E.F. D of War & 6 mos Service reckons from (a) 9.8.18

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) 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				
29.1.19	1/2 OR.	SOS. Deserter by C of I. held 28-1-19. Awoh 7.11-18.	Quebec.	~~28-1-19~~ ~~Do. 29~~ 7.11.18	Amended by A.O. #147 12/6/22

I

[signature]

[signature] For D of R

(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				

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

M.D. 5

CANADIAN EXPEDITIONARY FORCE.

LAST PAY CERTIFICATE

REGISTRY OFFICE
1/2 QUEBEC REGT.
JAN 28 1919
26

Regimental No. 3291011 Rank Pte. Name Brochu Ernest
(Surname first)

Unit 1st/2nd. Quebec Regt. who was* S. O. S. Court of Inquiry

On 28-1-19 191....., 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	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 .....9-8-18..... married or single...Single...

(2) Separation Allowance, entitled or not .....(3) Reason for discharge.....

(4) Authority for discharge or transfer .....Court of Inquiry.....

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 ..28-1-19.....

Place .....Quebec P.Q.... .....Lieut.....
1st. Depot Bn. 2nd. Quebec Regiment
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.		
.....	.....	.....	.....	....	.....	....	.....
.....	.....	.....	.....	....	.....	....	.....
.....	.....	.....	.....	....	.....	....	.....
.....	.....	.....	.....	....	.....	....	.....
.....	.....	.....	.....	....	.....	....	.....
.....	.....	.....	.....	....	.....	....	.....
.....	.....	.....	.....	....	.....	....	.....
.....	.....	.....	.....	....	.....	....	.....
.....	.....	.....	.....	....	.....	....	.....

M.S.A. 15 F. List 101

LOI DU SERVICE MILITAIRE

FEUILLE MÉDICALE

3291011

REGISTRY OFFICE
REGT.
1 2 Q. R. 1-12-395

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 Brochu Nom de baptême Ernest

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 194576

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) Lottinville

Voici les renseignements exacts qui résultent de l'examen du sujet ci-dessus nommé, fait le 27 jour de August 1917, par le bureau médical soussigné siégeant à Quebec

5. Âge affirmé 26 ans 4 mois. 6. Âge apparent 26 ans mois.

7. Hauteur 5 Pieds 5 1/4 pouces. 8. Poids 135 livres.

9. Mesure de poitrine { Minimum 34 pouces / Maximum 36½ pouces } 10. Couleur Dark { Yeux Dk / Cheveux Dk }

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

13. Nombre de vaccinations { Bras droit — / Bras gauche 2 } 14. Dernière vaccination

15. Indices distinctives et indices de particularités congénitales ou de maladie antérieure Scar on back of right leg

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 Fit

eyes R 20 L 20

A Fiset *Président.*

G Bamville *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 22 *jour de* Aout *191*8 *à* Quebec

	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 Bouchez Nom de baptême Ernest

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				

MOBILIZATION CENTRE M. D. 5

FORM OF WILL

If you do not specifically mention your life insurance it will be assumed to pass by this will.

Name, &c. I, Ernest BROCHU

Regimental number 3291011 Rank Private serving in the

1st Depot Bn. 2nd Quebec Regiment Canadian Expeditionary Force,

declare this to be my last will, revoking all previous wills, if any.

Executor I appoint ()()()()()()()()()()()()

whose address is ()()()()()()()()()()()()()

to be the executor of this my last will.

General gift I give to Blanche Demers Brochu Wife

whose address is St-Agapit. Lotbiniere Co. P.Q. Canada

all my property not disposed of above.

Date Dated at Drill Hall Quebec this 22nd of August 191 8

Signature Ernest Brochu

Signature of Soldier.

Signed and acknowledged by the testator as and for his last will in the presence of us, both present at the same time, who at his request, in his presence and in the presence of each other have hereunto subscribed our names as witnesses.

Witnesses

1st WITNESS	2nd WITNESS
Signature [illegible]	Signature [illegible]
Address Drill Hall Quebec	Address Drill Hall Quebec
Occupation Clerk,	Occupation Clerk,

M. F. W. 82
120m-4-18
1772-39-983

INSTRUCTIONS

NAME

Give your first names and surname in full. Fill in correctly your rank, regimental number and the name of the unit to which you belong.

EXECUTOR

Appoint as executor some responsible person, preferably a civilian, and if possible someone who is permanently resident in the Province where the property is situate. It is advisable that the person to whom you leave your property should be the executor. For instance, if you leave your property to your wife, you should ordinarily appoint her. One, two or more executors may be appointed, but the appointment of more than two is inconvenient.

LIFE INSURANCE

If you do not wish to pass life insurance by the will this should be stated.

SHARES

If you wish to give part of your property to one person and part to another, write in the blank space a gift of the property of which you want to dispose specially, and then complete the rest of the form. Thus, if you wanted to give your farm and implements to your sister, whose name was Mary Smith, and to leave the rest of your property to your mother, whose name was Elizabeth Smith, you would write into the form what appears in italics below.

For example:—

I give to my sister, Mary Smith, whose address is 154 William Street, Winnipeg, my homestead and farm implements.

I give to.....*my mother, Mrs. Eliz. Smith,*.....

whose address is.....*250 Yonge Street, Toronto,*.....

all my property not above disposed of.

DATE

Do not forget to insert the date on which the will is signed.

WITNESSES

Two witnesses are absolutely necessary. They and the soldier must all be present together when the three signatures are made. It is advisable that the witnesses should be persons permanently resident in Canada, and they must not receive any benefit from the will.

LIST OF DOCUMENTS REQUIRED FOR A SOLDIER WHO HAS BEEN STRUCK OFF AS A DESERTER.

(a) Proceedings Court of Inquiry.	M.F.W. 303 (two copies).
(b) Proceedings of Soldier struck off.	A.F.B. 249.
(c) Attestation Paper (duplicate).	M.F.W. 23 or M.F.B. 235.
(d) Squadron, Battery or Company Conduct Sheet.	A.F.B. 121 or M.F.B. 263a.
(e) Regimental Conduct Sheet.	A.F.B. 120 or M.F.D. 263.
(f) Field Conduct Sheet.	A.F.B. 122 (if Overseas casualty).
(g) Casualty Form.	A.F.B. 103 or M.F.W. 54.
(h) Medical History Sheet (duplicate).	A.F.B. 178 or M.F.B. 313.
(i) Dental History Sheet.	M.F.W. 465.
(j) Transfer of Clothing Statement.	A.F.W. 3068 or M.F.C. 565.
(k) Last Pay Certificate	M.F.W. 44.
(aa) Declaration of Court of Inquiry.	M.F.D. 259 (two copies).

PROCEEDINGS ON A SOLDIER BEING STRUCK OFF AS A DESERTER OR ABSENTEE.

S. D. No.

MILITARY DISTRICT No. 5 CENTRAL REGISTRY JUN 6 1919

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

No. 3291011

Rank. Private

Surname Brochu

Christian Name Ernest

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

Corps (Squadron, Battery or Company) 1st Depot Battn, 2nd Quebec Regt.

Date Struck Off ~~29-11-18~~ 7. 11. 18

Place Struck Off Drill Hall, Quebec P.Q.

1. DESCRIPTION AT THE TIME STRUCK OFF.
TO BE TAKEN FROM M.F.W. 23 AND M.F.B. 313.

Age 26 years 8 months.
Height 5 feet 5-1/4 inches.
Complexion Dark
Eyes Brown
Hair Brown
Trade Farmer

Descriptive Marks.

Scar on back of right leg

2. The above man is struck off in consequence of being a Deserter

Having been illegally absent since 7-11-18.

Daily Orders Part II No: 29 of 29.1.19

(a) Date to be struck off ~~29-11-18-19~~ 7. 11. 18 amended by A.O. # 147 12/6/22

N.B.—Date soldier is to be struck off must be clearly stated by Court of Inquiry M.F.B. 303.

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

[signature]
for O.C. 1/2 Th.

M. F. B. 479.
10M.—4-18.
1772-39-1160.

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

Not Applicable

5. Medals and Decorations..... Not Applicable

6. His account is as stated on last pay certificate attached to proceeding.

(Place) Quebec P.Q. J.R. Gareau Lt., for O.U.

(Date) 29-11-18 *Commanding* 1st Depot Bn, 2nd Q.R.

7. **Statement of Service.**

Service toward Engagement to.....(the date to which the Record of Service is completed).....years 100 days.

Total.....years 100 days.

8. **Confirmation.**

The above named man is struck off as a deserter which is hereby confirmed.

(Place) Quebec P.Q.

(*Signature*).....

(Date)..... Commanding No. 5 Brig. General. Military District.

Remarks.