FS 6-8-19

REGIMENTAL DOCUMENTS

NAME CARON MARIE, Rodolphe REGT. NO. Pte 3162064 UNIT 2nd Dpt 2nd H. Q. FILE NO. 9 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)					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)				07968	
	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 Demob.
	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					R To R
	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
	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)					

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

P661

4

2nd DEPOT BN. 2nd QUEBEC REG'T.

DUPLICATE

.....M. D.....Depot Battalion.....Regiment

Regtl. No. D-31620 64

E&3-218

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class ONE)

1. Surname: CARON
2. Christian name: Marie Rodolphe
3. Present address: 83 St.Cyrille, Quebec, Canada-
4. Military Service Act letter and number: 14410 DC
5. Date of birth: November 20th,1889
6. Place of birth (town, township or county and country): St.Leon, Maskinonge Co, P.Q.,Canada
7. Married, widower or single: Single-
8. Religion: Roman Catholic -
9. Trade or calling: Manager - Provincial Bank -
10. Name of next-of-kin: Mr.Hector CARON -
11. Relationship of next-of-kin: Father-
12. Address of next-of-kin: 83 St.Cyrille, Quebec, 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: Montreal, P.Q., Can. (b) Date: May 29th,1918 (c) Category: 3 "C" Fit for Service in Canada only.

DECLARATION OF RECRUIT

I, Marie Rodolphe CARON, do solemnly declare that the above particulars refer to me, and are true.

Marie Rodolphe Caron (Signature of Recruit)

DESCRIPTION ON CALLING UP

V.D.H.

Apparent age: 28 yrs. 7 mths.

Height: 5 ft. 2½ ins.

Chest measurement: fully expanded 34 ins.; range of expansion 3 ins.

Complexion: Medium

Eyes: Brown

Hair: Brown

Distinctive marks, and marks indicating congential peculiarities or previous disease: Slightly Enlarged Tonsils

R. D. =	30
L. D. =	30
R. EAR	ok
L. EAR	

.....Lt.-Col.

Commanding 2nd Depot Bn., 2nd Quebec Reg't.

O. C. .....Depot Btln.

.....Regt.

Place: Montreal, P.Q. Can. Date: May 29th,1918

M. F. W. 133.
500 M.—8-17.
1772—39—1158.

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class .....)

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1. Surname .....
2. Christian name .....
3. Present address .....
4. Military Service Act letter and number .....
5. Date of birth .....
6. Place of birth .....
7. Married, widower, or single .....
8. Religion .....
9. Trade or calling .....
10. Name of next-of-kin .....
11. Relationship of next-of-kin .....
12. Address of next-of-kin .....
13. Whether at present a member of the Active Militia .....
14. Particulars of previous military or naval service, if any .....
15. Medical Examination under Military Service Act:—

(a) Place ..... (b) Date ..... (c) Category .....

DECLARATION OF RECRUIT

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

.....
(Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age	..... yrs.		Distinctive marks, and marks indicating congenital peculiarities or previous disease.
Height	..... ft.	..... ins.	
Chest measurement	fully expanded	..... ins.	
	range of expansion	..... ins.	
Complexion	.....		
Eyes	.....		
Hair	.....		

Place ..... Date .....

.....
Depot Bttn.

.....
Regt.

M. P. W. 113.
200 M.—8-17.
177 — 20—1108

PdeL

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

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

Casualty Form—Active Service.

Unit, Regiment or Corps 2nd DEPOT BN. 2nd QUEBEC REG'T.

Regimental No. D 3162064 Rank Private C. E. F. Name Marie Rodolphe CARON

Enlisted (a) 29-5-18 Terms of Service (a) C.E.F. Service reckons from (a) 29-5-18

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) Manager Provincial Bank

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				
		S. O. S. on Return to Registrar's Records, Montreal D. O. Part II No. 227 d/ 16-8-18. Amended by " " " No. d/ J. C. Simpson Captain M. S. A. District Officer, M.D. No. 4.		28-6-18	

(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				

PdeL

MILITARY SERVICE ACT, 1917.

D- 3162064

MEDICAL HISTORY SHEET

ORIGINAL

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 CARON Christian name Marie Rodolphe

2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule 14410 DC

3. Consecutive number on schedule of men reporting for service (if he appears on it) ----

4. Address (including street and number, if any) 83 St.Cyrille Street,Quebec,P.Q.,Canada

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 29th. day of May 1917, by the undersigned medical board sitting at Peel Barracks,Montreal,P.Q.,Can.

5. Age as stated 28 Years 7 Months. 6. Apparent age ____ Years ____ Months

7. Height 5 Feet 2½ Inches. 8. Weight 125 Pounds.

9. Chest measurement { Minimum 31 Ins. / Maximum 34 Ins. } 10. Complexion Medium { Eyes Brown / Hair Brown }

11. Physical development Good { Good / Fair / Poor } 12. Smallpox marks nil

13. Number of vaccination marks { Right arm — / Left arm 1 } 14. When vaccinated last Child

15. Distinctive marks and marks indicating congenital peculiarities or previous disease

16. Slight defects but not sufficient to cause rejection Slightly Enlarged Tonsils

The man denies having had { Rheumatism / Tuberculosis / Syphilis } We find no evidence of past { Rheumatism / Tuberculosis / Syphilis } N.D.H.

(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 "C" 3 Fit for Service in Canada only.

17. (a) Vision R. 30 L. 30

(b) Hearing. R. ~~30~~ OK L. OK

[signature] President.

[signature] Member. [signature] Member.

Signature of Man [signature]

Date	Result	Vaccinations	Date	Result	Anti-Typhoid Inoculations, Etc.
		M.O.			M.O.
		M.O.			M.O.
		M.O.			M.O.

Joined 29th, *day of* May 1918 *at* Montreal,P.Q.,Can.

	Corps	Reg'tl Number	Habits	Date
Joined on enlistment		D3162064		29-5-18
Transferred to.....	2nd DEPOT BN. 2nd QUEBEC REG'T.			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station	Date	Disease	Result

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.

M. F. B. 313.
300M.—10-17.
1772-39-439.

Surname CARON Christian Name Marie Rodolphe

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital			Dates of Discharge from Hospital.			DISEASE.	Number of days in Hospital.	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Day	Month	Year	Day	Month	Year				

M.F.B. 465.
200m.—6-18.
1772-39-950.

2nd DEPOT BN. 2nd QUEBEC REGT.

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT 4

NAME OF SOLDIER CARON Marie Rodolphe

No. D-3162064

REGIMENT

RANK Private

INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.

Only such entries to be made on this sheet as will show:

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge.

	Date		Amalgam	Temporary Filling (a) G.P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhœa	Synthetic Porcelain	Extracting	DENTURES U	DENTURES L	DENTURES P	Gold Clasp	Gold Filling	CROWNS Gold	CROWNS Porcelain	Bridge Work	OPERATOR	Military District	REMARKS
Condition on first Examination																							

H. Q.

M. D. No. 4

Surname Caron,

T. O. S. May 29th 1918

Christian names Marie Rodolphe

D. O. Pt. II 149 of 29-5-18

Regtl. No. 3162064 Rank Pte

S. O. S. 28-6-1918

Unit 2nd Dev Regt. 2nd Dpo Bn

Reason R. to R.

Auth. D.O. 227 of 16-8-18 QR

Next of kin Caron. Hector

Relationship Father

Address 83 St Cyrille St. Quebec. P.Q.

Also notify:

BORN—Place Canada. St Leon. P.Q. Date Nov. 20th 1889

ATTESTED—Place Montreal P.Q. Date May 29th 1918

O/S

R/C

W. 22—75M-5-18. 1772-39 839.

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.~~)

1. No. 3162064.
2. Rank Private.
3. Name CARON, Marie Rodolphe,
4. Unit 2nd Depot Battalion, 2nd Quebec Regiment, Montreal, Que.
5. Date of Discharge 28-6-18. Place Montreal, Que.
6. Reason for Discharge ~~Demobilization.~~
   Struck off strength on return to Registrar's Records 28-6-18.
   D.O.#227 d/16-8-18.
   Discharged under Authority of P.C.3051 of 11-12-18.
7. Authority Routine Order #1438.
8. Proposed Residence after Discharge 83 St.Cyrille, Quebec, 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. ?

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place Montreal, Que.

Date 7-4-19.

Signature J. Simpson Captain.
(O. C. Discharging Unit.)
M.S.A., D.O., M.D. No.4.

M.F.B. 218a—50M.-12-18—1772-39-113.