

PARTICULARS OF RECRUIT DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class One)

1. Surname COUTURE
2. Christian name Joseph Alfred Elzear
3. Present address 60 Turgeon St., Quebec, Canada.
4. Military Service Act letter and number 230135 B.C.
5. Date of birth 14th May 1897
6. Place of birth Quebec, Que. Canada.
7. Married, widower or single Single
8. Religion Roman Catholic
9. Trade or calling Tailor
10. Name of next-of-kin Alfred Couture
11. Relationship of next-of-kin Father
12. Address of next-of-kin 60 Turgeon St., Quebec, Canada.
13. Whether at present a member of the Active Militia No
14. Particulars of previous military or naval service, if any No
15. Medical Examination under Military Service Act:—
(a) Place Quebec, Que (b) Date 23-5-18 (c) Category B2

DECLARATION OF RECRUIT

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

Signature of Recruit (Handwritten signature)

DESCRIPTION ON CALLING UP

Apparent age 21 yrs mths.
Height 5 ft 5 1/2 ins.
Chest measurement } fully expanded 33 ins.
range of expansion 3 ins.
Complexion Medium
Eyes Brown
Hair Brown
Distinctive marks, and marks indicating congenital peculiarities or previous disease. Scar on right groin Bunocele

Handwritten notes: 109, 24-5, 20/128

Signature of Officer: LT-COL. O. C. 1st DEPOT BATTALION, 2nd QUEBEC REGIMENT FIRST Depot Btl. SECOND QUEBEC Regt.

Place Quebec, Que Date 20th May 1918.

Bl. 13-3-19.

(H)

DISCHARGE DOCUMENTS

R. O. No.
H. Q. No.

Proceedings of Court of Inquiry or on men reported Missing on Active Service.....

Attestation Papers.....

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.N. 71-1
M.D.N. 129-1
M.D. B 465-1
M.D. B 125-1
M.D.N. 113-1

M. F. W. 62.

100m. - 6-17.

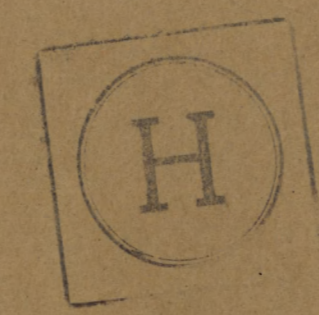
H. Q. 1772-39-935.

Name COUTURE, JOSEPH, ALFRED, ELZEAR.

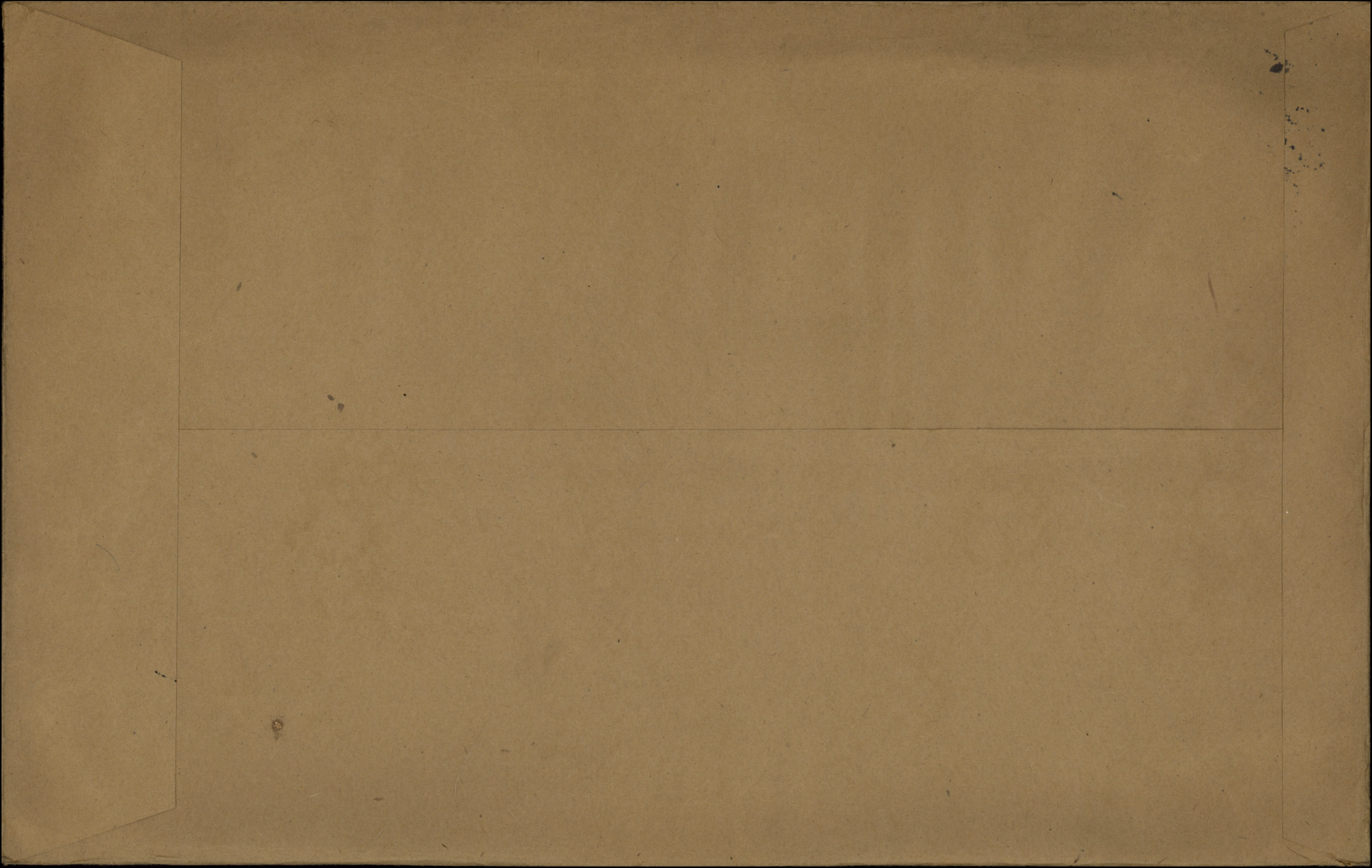
Regt. No. 3280784 Rank Pte.

Corps 1st Dep. Bn. 2nd Q.R.
Demobil.

40427



403987



1st DEPOT BATTALION 2nd. QUEBEC REGIMENT

~~Fill in Only. Unit, Number, Rank and Name.~~

M. F. W. 54. (A. F. B. 103.)

Casualty Form—Active Service.

250M.—1-16,
H. Q. 1772-39-920.

Unit, Regiment or Corps 1st DEPOT BATTALION 2nd. QUEBEC REGIMENT

Regimental No. 2280784 Rank Private Name Joseph Alfred Elzear Couture
C. E. F.

Enlisted (a) 23-5-18 Terms of Service (a) Can. Exp. Force Service reckons from (a) 23-5-18

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) Tailor

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				
8-2-19		DISCHARGED UNDER R.O. 1357 of 25-11-18 B.O.2865 D.O. PART II 41	Quebec	8-2-19	DEMOBILIZATION

L. P. Bouchard
..... LT. COL.
1st DEPOT BATTALION, 2nd QUEBEC REGIMENT

(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.

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"

H. Q. ✓

M. D. No. 5

Surname *Couture*

T. O. S. *May 23rd 1918*

Christian *Joseph Alfred Elzeat*

D. O. Pt. II *142* of *22-518*

Regtl. No. *3280784* Rank *Pte*

S. O. S. *Dis 8-2 1919*

Unit *2nd Que Regt 1st Dep Bn*

Reason *Desert*

Auth. *DD 41 of 10-2-19* *1/PR*

Next of kin *Couture, Alfred*

Relationship *Father*

Address *60 Turgeon St, Quebec, P.Q.*

Also notify:

BORN—Place *Canada Quebec P.Q.*

Date *May 14th 1899*

ATTESTED—Place *Quebec P.Q.*

Date *May 20th 1918*

O/S

R/C



1st DEPOT BATTALION, 2nd QUEBEC REGIMENT

Name in full: Couture Joseph Alfred Elzear Rank: Private No. 3280784

Enlisted at: Drill Hall, Quebec Date: 23-5-18

Married, Widower or Single: Single Previous Unit:

Next-of-Kin and Address: Alfred Couture 60 Turgeon Street Quebec City

Religion: R.C. Category: B 2 Company: N

Occupation: Tailor

Remarks:

CASUALTIES: Extracts from Part II Orders

Nature of Casualty	D. O. Part II Number:	Nature of Casualty:	D. O. Part II Number:
S.I. 20-5-18			
C.L. 10-8-18			
C.L. Ind.	327-1		
S.D. 8-2-19	130-8		

DEMOBILIZATION .

No. 3280784 RANK *Pte*

NAME

*Captain? Jos A G
Bloutier?*T. O. S. 20-5-18
no. 144 of 5-18

UNIT

1st Depot Battalion, 2nd Quebec Regt

M. D. 5

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1918 May 20</i>	<i>1918 May 24</i>	<i>no</i>	<i>Transfer to S. S. paylist</i>	<i>no. 144 of 5-18</i>

No. 3280899 RANK Pte

NAME

Couture J A E

T. O. S.

UNIT

1st Depot Battalion, 2nd Quebec Regt


M. D. 5

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1918	1918			
May 26	May 31	n		
June		v		

X

W. J. [unclear]

Medical Examination upon leaving the Service
of an Officer fit for general service or a Soldier fit for duty.

 Officers leaving the Service upon being found unfit for general service by a Medical Board, and Soldiers leaving the Service upon being found otherwise than fit for duty by a Medical Board, are not to be reported on this Form.

Rank..... Pte Name..... Couture Surname..... A
 Unit of Corps..... 1/2Quebec Regt (If a soldier) Regtl. No..... 3280784
 Born at..... Quebec on, (date)..... 14th May 1897
 Signature (for identification)..... A Couture

The examination is to be made by one Medical Officer.

1. PHYSIQUE—Any deformity, maiming or lameness? If so, describe.

Weight	Colour of eyes
<u>116</u> lbs.	<u>Brown</u>
Height	Identification Marks, Scars, etc.
<u>5'</u> <u>5½"</u> in.	<u>Scar on YMK right groni</u>

2. NUTRITION AND DIATHESIS?

Good

After searching enquiry and thorough examination is any evidence found of disease or impairment of the parts indicated below? If so, describe.

3. NERVOUS SYSTEM? Is there a history of previous disability?

No

4. RESPIRATORY SYSTEM? Is there a history of lung trouble?

Normal

5. HEART ?

Normal

Abnormal Sounds ?

None

Abnormal Size ?

No

Pulse Rate ?

78

Intermittence or irregularity ?

No

Muscular Tone ?

Normal

6. ARTERIES.—(a) Any hardening or nodulation ?

No

(b) Blood Pressure.

Normal

7. DIGESTIVE SYSTEM ? (Condition of teeth and tonsils to be included). Bad

8. GENITO-URINARY SYSTEM ?

Normal

Urinalysis—S.G. ?.....

Reaction ?.....

Albumen ?.....

Sugar ?.....

9. SKIN, MIDDLE EAR, EYE or any other part ?

Vision :

Hearing :

Rt. Eye..... 20

Rt. Ear..... OK

L. Eye..... 20

L. Ear..... OK

10. Is there any evidence of impairment of health or physical condition not mentioned above? If so, describe.

Right bubonocoele

11. Opinion as to the health and physical condition of the one examined ?

B 2

Examined at.....

Quebec

Signed.....

M. O.

Date.....

8/2/19

[Handwritten signature]
[Handwritten signature]

Signature note of Soldier.

If any disease or impairment of health or physical condition is discovered or complained of by the soldier examined, this report must be sent at once to the O. C. concerned and the Officer or Soldier brought before a Medical Board.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

REGISTRY/OFFICE
1/2 QUEBEC REGT.
FEB 16 1919
1/2 Q. R. enlisted in

3280781

This is to Certify that No. _____ (Rank) **Private**

Name (in full) **COUTURE Joseph Alfred Eizear**
the **1st/2nd Quebec Regiment,**

CANADIAN EXPEDITIONARY FORCE at **Quebec** on the **23rd**
day of **May 1918** 19

HE served in **CANADA**

and is now discharged from the service by reason of **DEMOBILIZATION**
Pr. O. 1357 of 25-11-18 P.C. 2865 D.O PART II 41

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

Age **21 years 8 months**
Height **5 feet 5 1/2 inches**
Complexion **Medium**
Eyes **Medium**
Hair **Brown**

Marks or Scars _____

NIL

Joseph Alfred Couture
Signature of Soldier

J. A. Blumstein
Issuing Officer

Date of Discharge **8-2-19**

Lieutenant Colonel
O.C. 1st/2nd Quebec Regiment,
Rank
Appointment

Signed at **WILL HALL Quebec** this **8th** day of **February 1919** 19

in Military District No. **5**

File Reference No. **I-C-261**

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.



PUBLIC ARCHIVES RECORDS CENTRE
NON VALABLE
SANS LE TIMBRE
OCT 23 1987
DE MINISTÈRE
OTTAWA, ONT., CANADA

ÉTAT DE SERVICE

FORCES ARMÉES CANADIENNES

Grade et (ou) numéro matricule: 3280784 Nom: COUTURE, Joseph Alfred Elzear

- 1. Arme où le service a eu lieu: Armée - CEF
- 2. Date et lieu de naissance: 14 mai 1917 - Québec, P.Q.
- 3. Date et lieu de la nomination, de l'engagement ou de l'enrôlement: 20 mai 1918 - Québec, P.Q.
- 4. Unité, lors de la nomination, de l'engagement ou de l'enrôlement: 1 dépôt bon, 2 rég't de Québec
- 5. Théâtres de service:

CANADA seulement

- 6. Date de la retraite ou de la libération et endroit: 8 fév. 1919 - Québec, P.Q.
- 7. Motif de la retraite ou de la libération: ~~Financière~~ Démobilisation
- 8. Grade à la retraite ou à la libération: Démobilisation soldat
- 9. Médailles et décorations: aucune
- 10. Remarques: aucune

SIGNALEMENT DU MILITAIRE LORS DE SA RETRAITE OU DE SA LIBÉRATION

Sexe: masc. Age: 21 ans 9 mois. Taille: 5 pieds 5 1/2 pouces
 Yeux: bruns Cheveux: bruns Teint: medium
 Marques ou cicatrices: aucune

Ottawa, Ont., Canada

PUBLIC ARCHIVES RECORDS CENTRE
OTTAWA, ONT., CANADA
OCT 03 1983
SANS LE TIMBRE

MINISTRE DES AFFAIRES MILITAIRES
ARMEES CANADIENNES
ETAT DE SERVICE

Grade et fonction (rank and position) _____

1. Armement de service (armament) _____

2. Date et lieu de naissance _____

3. Date et lieu de la nomination _____

4. Unité, force de la nomination _____

de l'engagement ou de l'engagement _____

5. Titres de service _____

6. Date de la retraite _____

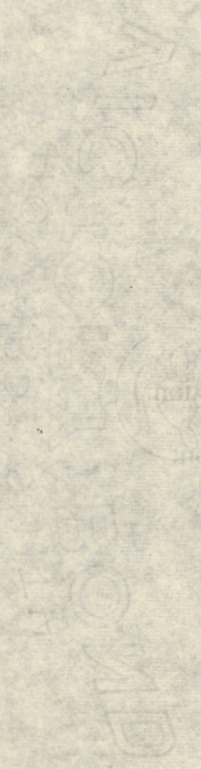
ou de la démission _____

7. Motif de la retraite ou de la démission _____

8. Grade à la retraite ou à la libération _____

9. Médailles et décorations _____

10. Remarques _____



GOVERNMENT OF CANADA / LE GOUVERNEMENT DU CANADA

Exemplaire de service / Service copy
Year / Année _____

Markes ou cicatrices / Scars or marks _____

Ottawa, Ont. Canada _____

10 _____

Document des Archives des services de santé / Health Services Archives Document

CANADIAN EXPEDITIONARY FORCE.

M.F.W. 44.
1138 (D.P. 250M-12-18.
1772-89-903.

LAST PAY CERTIFICATE

M.D. 5
26

Regimental No. 3280784 Rank..... Pte Name..... Couture Jos. Alf. Elz.
(Surname first)
Unit 1st/2nd. Que. Regt. who was* Discharged
On 8-2-19 191....., 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	<u>NIL</u>	

*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..... 8-2-19 married or single..... Single.....
(2) Separation Allowance, entitled or not... No..... (3) Reason for discharge... Demobilization.....
(4) Authority for discharge or transfer..... B.O. 41 of 10-2-19.....

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 8-2-19
Place Quebec P.Q.

[Signature]
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.

MEDICAL HISTORY SHEET. 3280784

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 Leanture Christian name Alfred
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)... 60 Surgeon St Quebec

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 23 day of May 1917, by the undersigned medical board sitting at Quebec Bull Hall

- 5. Age as stated 21 Years — Months. 6. Apparent age 21 Years — Months
7. Height 5' Feet 5-1/2 Inches. 8. Weight 115 Pounds.

- 9. Chest measurement { Minimum 30 Ins. Maximum 33 Ins.
10. Complexion Medium { Eyes Brown Hair Brown

- 11. Physical development Good { Good Fair Poor
12. Smallpox marks —

- 13. Number of vaccination marks { Right arm — Left arm 2
14. When vaccinated last Childhood

15. Distinctive marks and marks indicating congenital peculiarities or previous disease buboecele right submaxilla

16. Slight defects but not sufficient to cause rejection scar on right arm
The man denies having had { Rheumatism Tuberculosis Syphilis We find no evidence of past { Rheumatism Tuberculosis Syphilis

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category B7

K. Clamant President. A. M. Brule Member.

Table with columns: Date, Result, VACCINATIONS, Date, Result, ANTI-TYPHOID INOCULATIONS, ETC. Rows show M.O. results.

Joined 23rd day of May 1917 at Quebec

Table with columns: CORPS, REG'TL NUMBER, HABITS, DATE. Values: CORPS, REG'TL NUMBER 3280784, DATE 23-5-18

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Table with columns: STATION, DATE, DISEASE, RESULT. Entry: Quebec, 8/2/1917, Right submaxilla, B7

Signature of Man Alfred Leanture

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.

INSTRUCTIONS

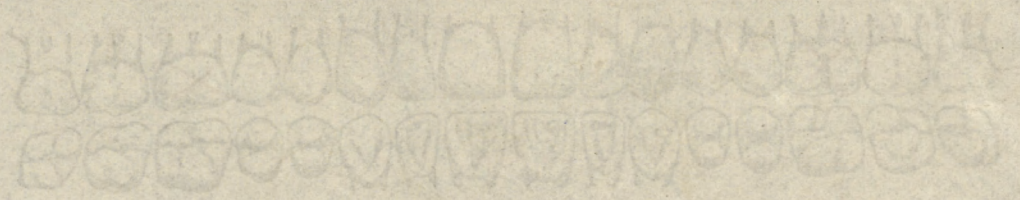
1. On examination the condition of patient's teeth to be marked on diagram in red ink.
2. On last line of report record of date to be placed in red ink.
3. Only such entries to be made on this sheet as will show

Condition on examination (in red)

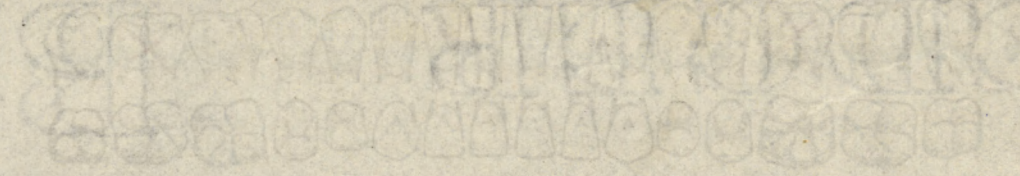
Condition on leaving Canada

Condition on return

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32



1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32

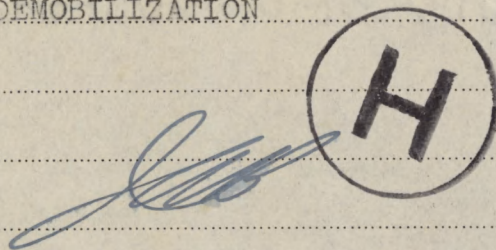


TRADE MARK
REGISTERED
DEPT. OF HEALTH
CANADA

SHORT FORM.
PROCEEDINGS ON DISCHARGE.
(Demobilization.)

REGISTRY OFFICE
1/2 QUEBEC REGT.
FEB 16 1919
1/2 Q. R.

9/8-28/2/19.

1. No. 3280784	
2 Rank. Private	
3. Name. COUTURE Joseph Alfred Elzear	
4. Unit. 1st/2nd Quebec Regiment,	
5 Date of Discharge 8-2-19	Place DRILL HALL Quebec
6 Reason for Discharge DEMOBILIZATION	
	
7. Authority. R.O. 1357 of 25-11-18 P.C. 2865 D.O. PART II 41	
8. Proposed Residence after Discharge.	
60 TURGEON ST QUEBEC P.Q. CANADA	
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	
<i>J. A. Couture</i> Signature of Soldier.	
10. CONFIRMATION. The discharge of the above named man is hereby confirmed. Place DRILL HALL Quebec Date 8-2-19	
Signature <i>J. A. Couture</i> O. C. Discharging Unit O. C. 1st DEPOT BATTALION, 2nd QUEBEC REGIMENT	

PROCEEDINGS ON DISCHARGE
(Personnel)

No.	
Rank	
Name	
Branch	
Company	
Regiment	
Division	
Department	
Post Office	
Address	
Signature of Soldier	
Signature of Discharging Authority	

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