

ORIGINAL

10 M. D. 1st Depot Battalion Manitoba Regiment

Regtl. No. 2382469

PARTICULARS OF RECRUIT
DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class One)

1. Surname DeGagne
2. Christian name Joseph Emmanuel
3. Present address 34 Valade Street, St. Boniface, Canada
4. Military Service Act letter and number 989915 JC.
5. Date of birth 11 February 1896
6. Place of birth Kenora, Ontario, Canada
7. Married, widower or single Single
8. Religion R. Catholic
9. Trade or calling Clerk
10. Name of next-of-kin Mrs. Florida DeGagne
11. Relationship of next-of-kin Mother
12. Address of next-of-kin 34 Valade Street, St. Boniface, 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 Winnipeg, Canada (b) Date 7 November 17 (c) Category A.2

DECLARATION OF RECRUIT

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

Signature of Recruit: Joseph Emmanuel DeGagne

DESCRIPTION ON CALLING UP

Apparent age 22 yrs. 2 1/2 mths.
Height 5 ft. 5 1/2 ins.
Chest measurement } fully expanded 36 ins.
range of expansion 2 ins.
Complexion Ruddy
Eyes Brown
Hair Brown

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

Nil

Signature of Commanding Officer: Major for Commanding, 1st Depot Battalion Manitoba Regiment

Regt.

Place Winnipeg, Canada Date 30 April 1918

S.O.S. on Honor Obligation Card. Serial. R.O. 1357. para 1 and sec 4B. vide R.O. 13 para 102 of 13-1-19 eff 9-1-19

PARTICULARS OF RECRUIT
DRAFTED UNDER MILITARY SERVICE ACT, 1917

Class

1. Name

2. Position

3. Present address

4. Military service (if any) and number

5. Date of birth

6. Place of birth

7. Height

8. Complexion

9. Education

10. Name of employer

11. Particulars of occupation

12. Address of last abode

13. Where and for how long in the Army

14. Particulars of previous military service (if any)

15. Medical examination under Military Service Act

16. Date of issue of certificate of fitness

DECLARATION OF RECRUIT

I hereby declare that the above particulars are true and correct.

Signature of Recruit

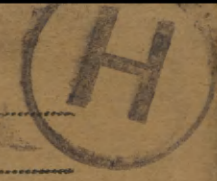
DESCRIPTION BY CALLING UP

Age	
Height	
Weight	
Complexion	
Build	
Stature	
Complexion	
Build	
Stature	

Place of issue: _____ Date: _____

Signature of Officer: _____

28-2-1917



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.....

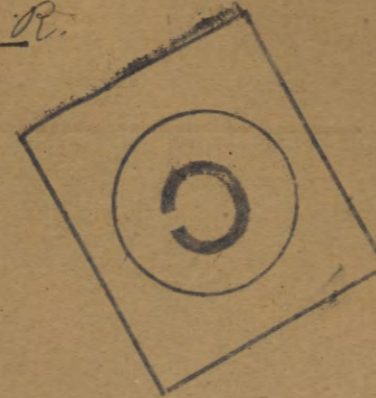
a-7 B 1227

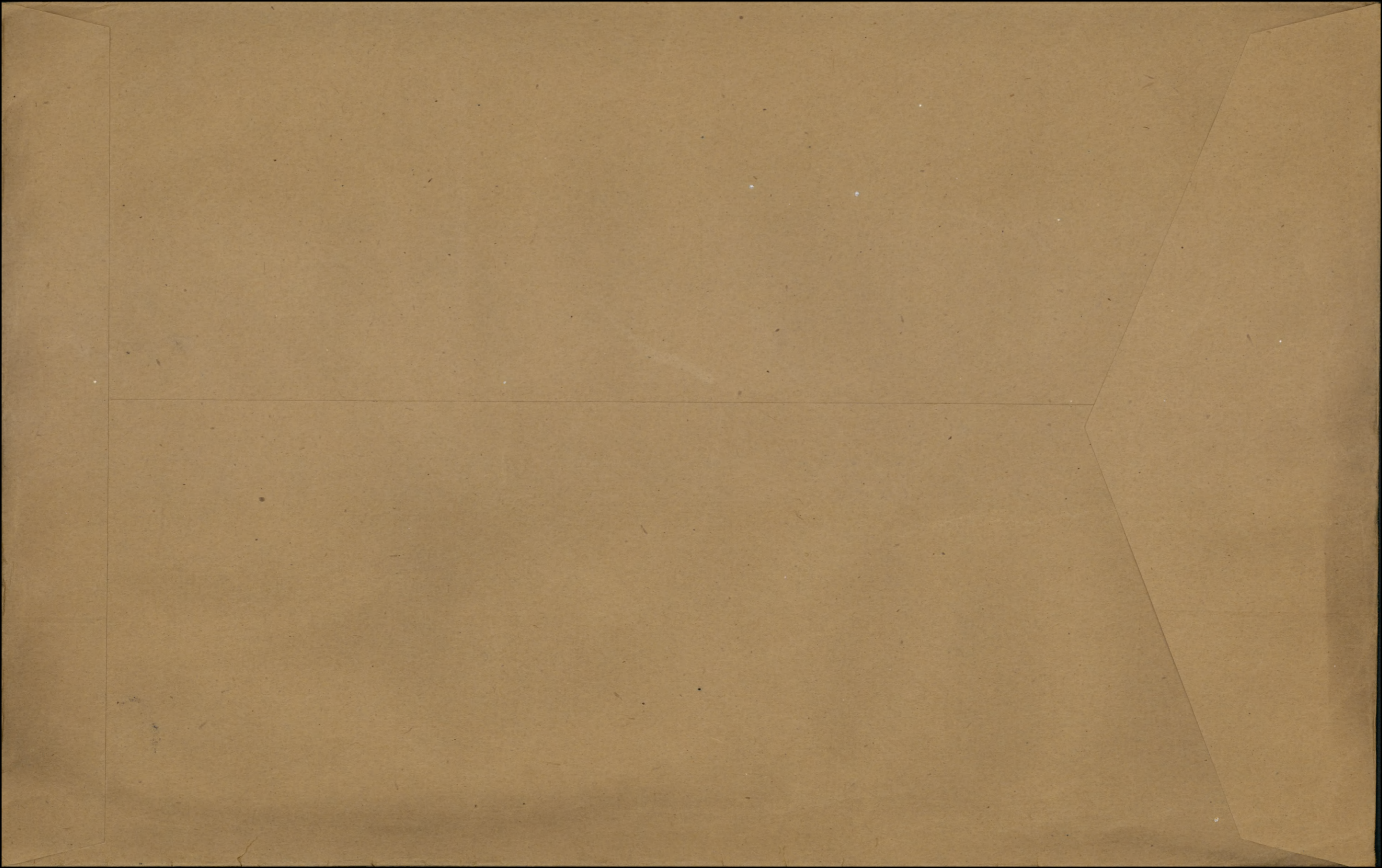
Name *DEGAGNE, JOSEPH.*

Regt. No. *2382469* Rank *Pte*

Corps *#1 Depot Bn. M. R.*
Humob.

09131





S.O.S. 1815-1-199 E. Ont.
P.T. 15- CARD NO.
S.O.S. Dis. 9-1-19.

SURNAME.

De Gagne

CHRISTIAN NAMES

Joseph Emmanuel

REGL. NO.

2382469

RANK

Pte

UNIT

Man Regt 1st Deps Bn

FORMER CORPS

Nil.

FOLL.

*Wemb.
Cont: D.O. 15 of 15-1-19.
11 man.*

T. O. S. *Apr. 30 1918*

D.O. Part II No *118*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

De Gagne, Mrs. Florida

RELATIONSHIP TO SOLDIER

mother

ADDRESS

34 Valade St., St. Boniface, Man.

COUNTRY OF BIRTH

Canada, Lenora Ont.

DATE

Feb. 11th. 1896

PLACE OF ATTESTATION

Winnipeg Man.

DATE

Apr. 30th. 1918

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

RELIGION

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE

DATE

M. S. A. 989915 JC.

REG. NO. 2382 469 NAME DeGagne, Joseph Emmanuel
ENLISTED AT Winnipeg, Canada DATE 30/4/18 CATEGORY A2
PREVIOUS SERVICE None NATIONALITY Canadian
CLASS OF ENLISTMENT Draftee OCCUPATION Clerk
WHEN ORDERED TO REPORT 30/4/18 WHERE Winnipeg, Canada
MARRIED OR SINGLE Single RELIGION R. Catholic
AGE 22 y. 2½ m. HEIGHT 5' 5½" WEIGHT 126
COLOR OF HAIR Brown EYES Brown COMPLEXION Ruddy
CHEST MEASUREMENT, NORMAL 34 EXPANDED 36
NAME OF NEXT OF KIN Mrs. Florida DeGagne RELATIONSHIP Mother
ADDRESS 34 Valade Street, St. Boniface, Canada.
REMARKS 119 171 B.D. 247 Col. Sec D of N.

Row 15/19 So S Row 15/19

AP

N

M. F. W. 71.-500M.-5-18.
1772-3J-961.

NAME

DeGAGNE. Joseph Emanuel

REGIMENTAL NO.

2382469

RANK Pte

ENLISTED AT

1ST DEPOT BATT'N MANITOBA REG'T
WINNIPEG, MAN.

PROMOTIONS, &c.
AND DATE

DATE

30/4/18

IF SERVED PREVIOUSLY, STATE UNIT, &c.

No

MARRIED, WIDOWER, OR SINGLE

Single

NEXT OF KIN

Florida DeGagne

RELATIONSHIP

Mother

ADDRESS OF

34 Valade Street. St. Boniface. Man.,

ASSIGNMENT OF PAY \$

20.00

C. TO

ADDRESS

as above

SEPARATION ALLOWANCE, ENTITLED OR NOT

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR

B0119

6/2

B

S. }
A. }

X

Separation Allowance and Assigned Pay
CANADIAN EXPEDITIONARY FORCE

A. }
P. }

1. Name in Full (Surname first)..... **De GAGNE Joseph Emanuel**
2. Rank and Regimental Number..... **Pte 2382469**
1ST DEPOT BATTN MANITOBA REGT
3. No. of Battalion or Corps..... **WINNIPEG, MAN**
4. Date of Enlistment..... **30/4/18**
5. Full Name of Wife..... or
Widowed Mother..... **Florida De Gagne** or
Children's Guardian.....
6. Address..... **34 Valade Street.**
..... **St. Boniface, Manitoba**
7. State ages of Children: Girls under 17..... Boys under 16.....
8. With whom do your Children reside?.....
9. Amount of Assigned Pay ~~25.00~~..... 10. Name of Assignee..... **as above**
11. Address..... **20.00**

30/4/18

- 12. From what date is Assigned Pay effective? -----
- 13. Date of Marriage -----
- 14. Date Marriage Certificate examined by Paymaster -----
- 15. Date Birth Certificates (in case of guardian) examined by Paymaster-----
- 16. If soldier is sole support, does Statutory Declaration accompany this application?-----
- 17. Have you made a previous Claim for Separation Allowance? Give particulars **NO**-----
-
- 18. Is Separation Allowance being paid on your Account to any person? **NO**-----
- 19. Were you at the time of enlistment an employee of the Local or Dominion Government? In what capacity, and in what place?----- **NO**
- 20. Will you be in receipt of a salary as such, while serving? If so paid, how much per month?----- **NO**
- 21. Name of Corps prior to enlistment in the C.E.F.-----

I hereby certify that the above is a true statement.

Joseph Emmanuel D'Gagne

 Name of Soldier.

Signature of Officer forwarding this application,

1ST DEPOT BATT'N MANITOBA REGT

Unit----- WINNIPEG, MAN.

Date-----

S. }
A. }

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CS

Separation Allowance and Assigned Pay
CANADIAN EXPEDITIONARY FORCE

A. }
P. }

1. Name in Full (Surname first) *De Gagne Joseph Emanuel*
2. Rank and Regimental Number *PT 2382469*
1ST DEPOT BATTN MANITOBA REGT
WINNIPEG, MAN.
3. No. of Battalion or Corps _____
4. Date of Enlistment *30/4/18*
5. Full Name of Wife _____ or
Widowed Mother *Mrs Louisa De Gagne* or
Children's Guardian _____
6. Address *34 Valade Street*
St. Boniface Manitoba
7. State ages of Children: Girls under 17 _____ Boys under 16 _____
8. With whom do your Children reside? _____
9. Amount of Assigned Pay *2000* 10. Name of Assignee *as above*
11. Address _____

12. From what date is Assigned Pay effective? 30/4/18.
13. Date of Marriage
14. Date Marriage Certificate examined by Paymaster
15. Date Birth Certificates (in case of guardian) examined by Paymaster.....
16. If soldier is sole support, does Statutory Declaration accompany this application?
17. Have you made a previous Claim for Separation Allowance? Give particulars
18. Is Separation Allowance being paid on your Account to any person?
19. Were you at the time of enlistment an employee of the Local or Dominion Government? In what capacity, and in what place?.....
20. Will you be in receipt of a salary as such, while serving? If so paid, how much per month?.....
21. Name of Corps prior to enlistment in the C.E.F.....

I hereby certify that the above is a true statement.

Signature of Officer forwarding this application,

Joseph Emmanuel D'Agne
Name of Soldier.

1ST DEPOT BATT'N MANITOBA REG'T

Unit WINNIPEG, MAN.

Date

S. }
A. }

N

Separation Allowance and Assigned Pay
CANADIAN EXPEDITIONARY FORCE

A. }
P. }

1. Name in Full (Surname first)..... **De GAGNE Joseph Emanuel**
2. Rank and Regimental Number..... **Pte 2382469**
1ST DEPOT BATTN MANITOBA REGT
3. No. of Battalion or Corps..... **WINNIPEG MAN.**
4. Date of Enlistment..... **30/4/18**
5. Full Name of Wife..... _____ or
Widowed Mother..... **Florida De Gagne** or
Children's Guardian..... _____
6. Address..... **34 Valade Street,**
St. Boniface, Manitoba
7. State ages of Children: Girls under 17..... Boys under 16.....
8. With whom do your Children reside?.....
9. Amount of Assigned Pay..... **20.00** 10. Name of Assignee..... **as above**
11. Address..... **20.00**

12. From what date is Assigned Pay effective? 30/4/28
13. Date of Marriage -----
14. Date Marriage Certificate examined by Paymaster -----
15. Date Birth Certificates (in case of guardian) examined by Paymaster-----
16. If soldier is sole support, does Statutory Declaration accompany this application? -----
17. Have you made a previous Claim for Separation Allowance? Give particulars NO
18. Is Separation Allowance being paid on your Account to any person? NO
19. Were you at the time of enlistment an employee of the Local or Dominion Government? In what capacity, and in what place?----- NO
20. Will you be in receipt of a salary as such, while serving? If so paid, how much per month?----- NO
21. Name of Corps prior to enlistment in the C.E.F.-----

I hereby certify that the above is a true statement.

Signature of Officer forwarding this application,

Joseph Emmanuel Payne
Name of Soldier.

1ST DEPOT BATT'N MANITOBA REG'T

Unit-----

WINNIPEG, MAN.

Date-----

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

M. F. W. 54. (A. F. B. 10s.
500M.—9-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps. 1st DEPOT BATTALION, MANITOBA REGIMENT

Regimental No. 2382469 Rank PRIVATE Name De Sagne, Joseph Emmanuel

C. E. F.

Enlisted (a) 30/4/18 Terms of Service (a) C.E.F. M.S.A. Service reckons from (a) 30/4/18

Date of promotion to present rank } Date of appointment to lance rank } Numerical position on roll of N. C. Os. }

CIVIL Clerk

Extended Re-engaged. Qualification (b) MILITARY

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				
<u>9-12-18</u>	<u>A.F.A.S. M.H. no. 10 20-51-c.</u>	<u>B.O.B. on demobilization Cond. Leave.</u>	<u>Wfg. Hau.</u>	<u>9-12-18 9-1-19</u>	<u>A.O. 1357. Para 1 sub sec "B". vide B.O. 15 para 102 J 15-1-19.</u>

W. Wood Major for
Commanding, 1st Depot Battalion Manitoba Regiment

(1) 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.]

Casualty Form - Active Service

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				

LAST PAY CERTIFICATE

ORIGINAL

Reg'l. No. ... #1 2382469 Rank ... Pte Name ... De Gagne J.E.
 Corps, No. 10 1ST DEPOT BATT MA REGT District Depot, M.D. 10, who was ... SOS
 on ... 9.1.19 ... 1919, to ...

The following is a statement of account of above named from
 1.1.19 to 9.1.19 1919, inclusive date of
 Transfer or Discharge.

DR.		CR.	
Bal. Dr. from Prev. Month		Bal. Cr. fr. prev. Mo	
Advances) No		Reg. Pay 9	Dys 1.00 9.00
by } No		Flc. All 9	Dys 10 90
Cheques } No		S. A. Monthly @	
Assgd. Pay & S. A.		Other Allice	
C. Leave Bo 177	9.90	Other Credits	
Other Charges		Bal. Dr. (to be pd. by new Unit)	
Pay't. on Trans. or Dis.		Bal. Cr. (to be accted. by New Unit)	
Total	9.90	Total	9.90

A monthly stoppage of \$..... 90. Leaves been paid on
 acc't. of Assigned Pay
 for month of 1919)) To Assignee
 & Sep. Allice for mo. of 1919))

REMARKS:

- State (1) date of enlistment 30.4.18
- (2) if Married & if Sep. Card has been submitted No. No.
- (3) Cause of Discharge SOS Auth. Bo 15.
- (4) Authority for Transfer

I have carefully examined this statement of account and find it to be correct extract from the payroll of the unit.

Date 4th February 1919.

Place, Winnipeg, Man. Paymaster
 District Depot, M.D. 10.
 1ST DEPOT BATT MAN REGT.

Made up by
 Checked by

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MILITARY SERVICE ACT, 1917.

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 De Gagnie Christian name Joseph E.
2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule 989915-10
3. Consecutive number on schedule of men reporting for service (if he appears) on it 336
4. Address (including street and number, if any) 34 Salade St. St. Boniface

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 7 day of November 1917, by the undersigned medical board sitting at St. Boniface

- 5. Age as stated 21 Years 10 Months. 6. Apparent age Years Months
7. Height 5 Feet 5 1/2 Inches. 8. Weight 126 Pounds.
9. Chest measurement { Minimum 34 Ins. Maximum 36 Ins.
10. Complexion Ruddy { Eyes Brown Hair Brown
11. Physical development Good { Good Fair Poor
12. Smallpox marks
13. Number of vaccination marks { Right arm Left arm One
14. When vaccinated last 1907
15. Distinctive marks and marks indicating congenital peculiarities or previous disease

16. Slight defects but not sufficient to cause rejection
The man denies having had Rheumatism Tuberculosis Syphilis We find no evidence of past Rheumatism Tuberculosis 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 A.2. Eyesight R 20/30 L 20/30 Hearing L normal L normal
W. J. Chapman President.
A. T. Siemsen Member. P. Brudergast Member.

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

Joined 30 day of April 1918 at Winnipeg, Canada

Table with columns: CORPS, REG'TL NUMBER, HABITS, DATE. Row: 1st Depot Batt. Man. Regt. 2582469 30-4-18

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Table with columns: 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.

Signature of Man (vertical text)

Clkd. to Schedule by B. (vertical text)

Procedure on discharging from the C.E.F., Soldiers called up under the Military Service Act, 1917, who, on Demobilization, were on unexpired Leave of Absence without pay.

P.C. 2865 of Nov. 20, 1918.

THIS FORM MUST BE RETURNED INTACT AND NO PART DESTROYED.

Minto Barracks, Winnipeg
14th December, 1918.

TO:—

Regimental No. 2382469
Joseph DeGagne
34 Valade St.
St Boniface.

989119
[Signature]

Regimental No. 2382469

1. You are directed to report on or before 3rd January, 1919, for the purpose of being discharged from the Canadian Expeditionary Force.

Serial No. 989915

2. This will be carried out by your reporting in person to your Depot at Minto Barracks. ~~Transportation to the Depot is enclosed herewith, and return transportation will be furnished to you after your discharge.~~

3. OR, as an alternative, you may execute, before a Notary Public, Commissioner of Oaths or Justice of the Peace, the release hereunder and forward same, on or before the said date, in the envelope enclosed for that purpose, together with the unused Transportation Certificate. A receipt for the release will be returned to you and will be equivalent to a Certificate of Discharge.

4. Should you fail to report in person or forward the release mentioned, within the time aforesaid, you will be declared a deserter and be subject to Military Law.

[Signature]
Rank
for the O.C. #1 Depot Bn. Minto Barracks Regt.

RELEASE.

Know all men by these presents that I, the undersigned, having sustained no disability from injuries received or illness contracted on Active Service or Duty, do hereby release, discharge and forever acquit His Majesty the King, in the right of his Government of Canada, of and from all rights of compensation, claims and demands which I have or may have for or in respect of any disability arising from injuries received or illness contracted on Active Service or on duty in or connected with the Military Forces of Canada.

WITNESS my hand and seal this 3rd day of January 1919.

Signed, sealed and delivered in the presence of

[Signature]
Notary Public, Commissioner for Oaths or Justice of the Peace.

[Signature]
Regt. No. 2382469
Unit 1st D.B.M.R.



1917

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1917



NOT TO BE FILLED IN BY THE SOLDIER.

Receipt for M.F.B. 218B (Demob.)

Having received release, pursuant to Notice of Order to report for discharge, Number . 2382469

Name Pte Joseph E. DeGAGNE of the .. First Depot

Battalion .. Manitoba Regiment is hereby struck off the strength of the Canadian Expeditionary Force.

W. Wood
.....
..... Major Rank

Authority Part II. Order

No. 15-19 of 15-101919. For the O.C. ... First Depot Bn. .. Man. Regt.

M.F.B. 218B (Demob.) DATED AT .. Winnipeg, Man. this ... 15th day of .. Jan'y 1919 ..

LIST OF DISCHARGE DOCUMENTS.

- Particulars of Recruit M.F.W. 133
- Field Conduct Sheet M.F.W. 178 or A.F.B. 122
- Casualty Form M.F.W. 54 or A.F.B. 103
- Last Pay Certificate M.F.W. 44
- Certificate that Missing Documents are Unobtainable.
- Medical History Sheet M.F.B. 313 or A.F.B. 178
- Proceedings of Medical Board M.F.B. 227
- Dental History Sheet M.F.B. 465
- Medical Report M.F.W. 129
- Regimental Conduct Sheet M.F.B. 263
- Company Conduct Sheet M.F.B. 263a

(2)



NOT TO BE FILLED IN BY THE SOLDIER.

Receipt for M.F.B. 218B (Demob.)

Having received release, pursuant to Notice of Order to report for discharge, Number . 2382469

Name Pte Joseph E. DeGACNE of the ... First Depot

Battalion .. Manitoba Regiment is hereby struck off the strength of the Canadian Expeditionary Force.

W. R. Wood

..... Major Rank

Authority Part II. Order

No. 15 of 15-1919. For the O.C. ... First Depot Bn. ... Man. Regt.

M.F.B. 218B (Demob.) DATED AT . Winnipeg, Man. this ... 15th day of . Jany 1919 ..

