

13

M. D.

First

Depot Battalion

Alberta.

Regiment

Regtl. No. 3214424 ✓

PARTICULARS OF RECRUIT  
DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class 1)

1. Surname Devost ✓

2. Christian name Philippe ✓

3. Present address Donnelly P O Alta. ✓

4. Military Service Act letter and number 393709 MO ✓  
(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 Nov 1st, 1891. ✓

6. Place of birth St. Anne De La Parade ✓  
(town, township or county and country)

7. Married, widower or single Single. ✓

8. Religion Roman Catholic. ✓

9. Trade or calling Farmer. ✓

10. Name of next-of-kin Mr. Philippe Devost ✓

11. Relationship of next-of-kin Father ✓

12. Address of next-of-kin Donnelly Alta. ✓

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 Edmonton Alta ✓ (b) Date 20-12-17 ✓ (c) Category A 2 ✓

DECLARATION OF RECRUIT

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

Philippe Devost (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age 23 yrs. 8 mths.

Height 5 ft. 6 ins.

Chest measurement } fully expanded 37 ins.  
range of expansion 3 ins.

Complexion Clear

Eyes Brown

Hair Black

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

Panman Lt. Col.  
Commanding 1st Depot Batt'n, Alta. Reg't  
O. C. Depot Btm.  
Alberta. Regt.

Place Calgary Alta. ✓ Date 12-7-18 ✓



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 122  
m 7 W 71  
m 7 W 113  
m 7 W 129  
sent Hist Sheet

Name DEVOST PHILIPPE  
Regt. No. 221424 Rank Pte.  
Corps 1st Depot Battalion  
Amob

14837





# CANADIAN EXPEDITIONARY FORCE

## Discharge Certificate

This is to Certify that No. 3214424 (Rank) Private  
 Name (in full) DEVOST, Philippe, enlisted in  
 the 1st Depot Battalion, Alta. Reg't.  
 CANADIAN EXPEDITIONARY FORCE at Calgary, Alta. on the 12th.  
 day of July, 1918  
Canada,  
 HE served in \_\_\_\_\_  
 and is now discharged from the service by reason of demobilization,

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

Age 24 yrs. 2 mos.  
 Height 5 ft. 6 ins.  
 Complexion Clear  
 Eyes Brown  
 Hair Black

Marks or Scars Nil.

*P. Devost*  
 Signature of Soldier

*P. Devost*  
 Commanding 1st Depot Batt'n. Alta. Reg't  
 Issuing Officer

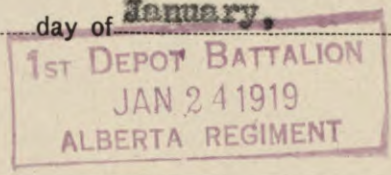
Date of Discharge 24-1-19

Rank \_\_\_\_\_

Signed at Calgary, Alta. this 13  
 in Military District No. \_\_\_\_\_

Appointment \_\_\_\_\_  
 day of January, 1919

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.

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  
the back of this certificate  
will not be completed.

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

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

350M.—5-16

H. Q. 1772-39-920.

# Casualty Form—Active Service.

3214424 Unit, Regiment or Corps ..... 1st Depot Batta A R. ....  
 Regimental No. ~~1277~~-18 ..... Rank Private Name Debost Philippe .....  
 Enlisted (a) 12-7-18 Terms of Service (a) Duration of War <sup>C. E. F.</sup> Service reckons from (a) 12-7-18 .....  
 Date of promotion to } Date of appointment } Numerical position on }  
 present rank } to lance rank } 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				
24-1-19		Discharged account demobilization,		R.O. 1357	D.O. 27

*Philippe Debost*  
 1st Depot Batta A R. 27/12

(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.]





# DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT.....

NAME OF SOLDIER

*Desrot Phillippe*

REGIMENT *1st DEPOT BATT. ALBERTA REGT.*

RANK

*Pte*

No. *3214424*



## 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. F. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhoec	Synthetic Porcelain	Extracting	DENTURES			Gold Clasp	Gold Filling	CROWNS		Bridge Work	OPERATOR	Military District	REMARKS
											U	L	P			Gold	Porcelain				
Condition on first Examination																					
<i>Aug 11/13</i>										<i>30</i>									<i>H Robinson 13</i>		<i>Ext 19, bar 4, 13, 14,</i>
<i>Aug 9</i>										<i>19</i>									<i>H Robinson 13</i>		



DEC  
MILITARY SERVICE ACT, 1917.

MEDICAL BOARD NO. 5  
SERIAL NO. 393709-16  
SHEET NO. 1  
POSTMASTER'S NO. 3214424

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.

- Surname Devost Christian name Phillippe
- Number of report for service or claim for exemption according to Postmaster's receipt or schedule 393709-16
- Consecutive number on schedule of men reporting for service (if he appears on it) \_\_\_\_\_
- Address (including street and number, if any) Donnelly P.O. Alta.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 20th day of December 1917, by the undersigned medical board sitting at Edmonton Alta.

5. Age as stated 23 Years 1 Months. 6. Apparent age 23 Years 1 Months

7. Height 5 Feet 6 Inches. 8. Weight 145 Pounds.

9. Chest measurement { Minimum 34 Ins. Maximum 37 Ins. 10. Complexion Clear { Eyes Brown Hair Black

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 Childhood

15. Distinctive marks and marks indicating congenital peculiarities or previous disease None

16. Slight defects but not sufficient to cause rejection None

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 II

17. (a) Vision R. 20/20 L. 20/20 (b) Hearing. R. 11 L. 11

Major C.A.M.C. President.

Member.

Capt. C.A.M.C.

Capt. C.A.M.C.

Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
18-7-18	M.O.	Captain C.A.M.C.	18-7-18	M.O.	Captain C.A.M.C.
	M.O.		15-8-18	M.O.	Major C.A.M.C.
	M.O.		9-8-18	M.O.	Major C.A.M.C.

Joined 12 day of July 1917 at CALGARY, ALTA.

CORPS	REG'TL NUMBER	HABITS	DATE
1st DEPOT BATT. ALBERTA REG'T.	3214424		12-7-18

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.

Ckd. to Schedule by

No. 5

Signature of Man



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

THIS SECTION FOR USE OVERSEAS

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. 5214424 Rank Pte Surname DEVOST  
(Given name in full)

Phillippe  
 Unit or Corps 1st Depot Bn. A.R. Birthplace St. Anne Berade, Que.

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

**1. GENERAL DESCRIPTION:**

Physique good Weight 140 lbs. Height 5 ft. 5 1/2 in. Colour of Eyes Brown  
 Nutrition good  
 Pulse normal  
 Condition of arteries good  
 Vision Rt. no Left no  
 Hearing (conversational voice) Rt. no ft.  
 Left no ft.

Identification marks, scars, or deformities.  
 (Give cause and date of origin).  
1 Vall. Mark. left arm.

Opinion as to general health and physical condition Good A2

**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.)

*Douglas Allan*

[OVER]

EXAMINATIONS.  
OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY

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 **CALGARY** ..... (Canada)

Date **JAN 23 1919** ..... Signed **A. W. Valens** ..... 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 **P. H. ...** .....

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

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

Question as to general health and physical condition  
Has Officer or Other Rank ever suffered from or has he now any affection of the following systems?  
Special Senses  
Respiratory System  
Digestive System  
Circulatory System  
Urinary System  
Nervous System  
Mental System  
Integumentary System  
Skeletal System  
Genital System  
Any other general condition

At the end of any part of section 2 above, if "Yes," mark give full particulars with cause and date of origin, and also a description of the present condition.

[OVER]

CANADIAN EXPEDITIONARY FORCE.

M.F.W. 44.  
1133 (D.P. 250M-12-18.  
1772-39-903.

LAST PAY CERTIFICATE

Regimental No. 3214424 Rank Private Name Devost, P. (Surname first)  
Unit 1ST DEPOT BATT'N, ALBERTA REGIMENT who was Discharged  
On 24.1.19 191... to ... 24.1.19 191...  
\*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 24.1.19 to 24.1.19 191...  
the inclusive date of ~~transfer or~~ discharge. (Jan. Indef. Leave P/List)

	Dr.	Cr.
Bal. Dr. or Cr. from prev. month.....		28.70
Regimental Pay..... <u>1</u> days at \$ <u>1.00</u> c.....		1.00
Field Allowance..... <u>1</u> days at \$ <u>.10</u> c.....		.10
Separation Allowance.....		
Clothing Allowance.....		35.00
Post Discharge Pay.....		
*Other Credits.....		
Advances.....		
Separation Allowance and Assigned Pay Cheque No.....		
*Other Charges.....		
Balance on <del>transfer or</del> on discharge, cheque No. <u>7068</u> .....	64.80	
Total.....	<u>64.80</u>	<u>64.80</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:— Reported back from leave 23.1.19  
State (1) date of enlistment..... 12.7.18..... married or single Single  
(2) Separation Allowance, entitled or not..... No..... (3) Reason for discharge..... Demobilization  
(4) Authority for discharge or transfer..... D.O. 27 Part II.

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.....  
Place Calgary, Alta. JAN 28 1919

*Wm. Selcoch*  
Paymaster First Depot Battalion, Alberta Reg't. Capt.

- 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.





NAME	DEVOST	Philippe	
REGIMENTAL NO.	3214424	RANK	Pte.
ENLISTED AT	Calgary. Alta.	PROMOTIONS, &c.	
DATE	12-7-18	AND DATE	
IF SERVED PREVIOUSLY, STATE UNIT, &c.		None.	
MARRIED, WIDOWER, OR SINGLE		Single.	
NEXT OF KIN	Mr Philippe Devost	RELATIONSHIP	Father
ADDRESS OF	Donnelly. Alta.		
ASSIGNMENT OF PAY \$	C.	TO	None.
ADDRESS			
SEPARATION ALLOWANCE, ENTITLED OR NOT	Not.		
DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER			
IN WHOSE FAVOUR			



V

Surname *Devost* H. Q. ....  
 Christian names *P. Philippe* M. D. No. *13* .....  
 Regtl. No. *32144 24* Rank *Pte.* T. O. S. *July 12<sup>th</sup> 1918* .....  
 Unit *Alta. Regt. 1st. Dep. Bn.* D. O. Pt. II *193* of *12-7-18* .....  
 S. O. S. *January 24<sup>th</sup> 1919* .....  
 Reason *Dis. Admobs.* .....  
 Auth. *A.O. 27<sup>th</sup> 27-1-19. Alta 1st Bn. Regt.* .....

Next of kin *Devost Philippe* Relationship *Father* .....  
 Address *Sonnely. Alta.* Also notify: .....  
 .....  
 .....

BORN—Place *Canada* *St. Anne De La Perade P.Q.* Date *Nov. 1<sup>st</sup> 1891.* .....  
 ATTESTED—Place *Calgary. Alta.* Date *July. 12<sup>th</sup> 1918.* .....  
 O/S..... R/C.....



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SHORT FORM.  
PROCEEDINGS ON DISCHARGE.  
(Demobilization.)

1. No.	3214424	
2. Rank.	Private	
3. Name.	DEVOST, Philippe,	
4. Unit.	First Depot Battalion, A.R.	
5. Date of Discharge	24-1-19	Place Calgary, Alta.
6. Reason for Discharge	demobilization	
7. Authority.	R.O. 1357	
8. Proposed Residence after Discharge	DONNELLY, Alta.	
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	
	Calgary, Alta.	
	24-1-19	
		<i>P. Devost</i> Signature of Soldier.
10.	CONFIRMATION.	
	The discharge of the above named man is hereby confirmed.	
Place	Calgary, A;ta.	
Date	24-1-19	
Signature	<i>Donnelly</i> Lt. Col. Commanding 1st Depot Batt'n, Alta. Rec't (O. C. Discharging Unit.)	



LIST OF DISCHARGE DOCUMENTS

1. Discharge Summary	2. Discharge Summary
3. Discharge Summary	4. Discharge Summary
5. Discharge Summary	6. Discharge Summary
7. Discharge Summary	8. Discharge Summary
9. Discharge Summary	10. Discharge Summary
11. Discharge Summary	12. Discharge Summary
13. Discharge Summary	14. Discharge Summary
15. Discharge Summary	16. Discharge Summary
17. Discharge Summary	18. Discharge Summary
19. Discharge Summary	20. Discharge Summary
21. Discharge Summary	22. Discharge Summary
23. Discharge Summary	24. Discharge Summary
25. Discharge Summary	26. Discharge Summary
27. Discharge Summary	28. Discharge Summary
29. Discharge Summary	30. Discharge Summary
31. Discharge Summary	32. Discharge Summary
33. Discharge Summary	34. Discharge Summary
35. Discharge Summary	36. Discharge Summary
37. Discharge Summary	38. Discharge Summary
39. Discharge Summary	40. Discharge Summary
41. Discharge Summary	42. Discharge Summary
43. Discharge Summary	44. Discharge Summary
45. Discharge Summary	46. Discharge Summary
47. Discharge Summary	48. Discharge Summary
49. Discharge Summary	50. Discharge Summary
51. Discharge Summary	52. Discharge Summary
53. Discharge Summary	54. Discharge Summary
55. Discharge Summary	56. Discharge Summary
57. Discharge Summary	58. Discharge Summary
59. Discharge Summary	60. Discharge Summary
61. Discharge Summary	62. Discharge Summary
63. Discharge Summary	64. Discharge Summary
65. Discharge Summary	66. Discharge Summary
67. Discharge Summary	68. Discharge Summary
69. Discharge Summary	70. Discharge Summary
71. Discharge Summary	72. Discharge Summary
73. Discharge Summary	74. Discharge Summary
75. Discharge Summary	76. Discharge Summary
77. Discharge Summary	78. Discharge Summary
79. Discharge Summary	80. Discharge Summary
81. Discharge Summary	82. Discharge Summary
83. Discharge Summary	84. Discharge Summary
85. Discharge Summary	86. Discharge Summary
87. Discharge Summary	88. Discharge Summary
89. Discharge Summary	90. Discharge Summary
91. Discharge Summary	92. Discharge Summary
93. Discharge Summary	94. Discharge Summary
95. Discharge Summary	96. Discharge Summary
97. Discharge Summary	98. Discharge Summary
99. Discharge Summary	100. Discharge Summary

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