AB.

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

TRIPLICATE

4 M. D. Depot Battalion Regiment

Regtl. No. D-31647-17

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class ONE.)

1. Surname LEBRUN.
2. Christian name Euclide.
3. Present address Maskinonge Co. Maskinonge P.Q. Can.
4. Military Service Act letter and number 35993 DC.
   (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 July. 11th. 1895.
6. Place of birth Maskinonge Co. Maskinonge 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 Mrs. Juliette Lebrun.
11. Relationship of next-of-kin Wife.
12. Address of next-of-kin Maskinonge Co. Maskinonge P.Q. Can.
13. Whether at present a member of the Active Militia No.
14. Particulars of previous military or naval service, if any Not.
15. Medical Examination under Military Service Act :—
    (a) Place Montreal. P.Q. Can. (b) Date July. 3rd. 1918. (c) Category A

SUFFICIENT ADDRESS

DECLARATION OF RECRUIT

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

Euclyde LeBrun (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age 23 yrs. mths.

Height 5' ft. 5½ ins.

Chest measurement: fully expanded 36 ins.; range of expansion 3 ins.

Complexion Medium.

Eyes Grey.

Hair Brown.

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

Lt.-Col.
Commanding 2nd Depot Bn., 2nd Quebec Reg't.
O.C. Depot Btn.
Regt.

Place Montreal. P.Q. Canada. Date July. 3rd. 1918.

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

Deserters

DISCHARGE DOCUMENTS

R. O. No.....

H. Q. No.....

Name LEBRUN EUCLIDE.

Regt. No. 3164717 Rank Pte.

Corps 2nd D.B. 2nd Q.R.

S.O.S. 6-12-18

16755

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.B. 259-1
M.D.W. 82-1
M.D.W. 113-1
A.D.B. 122-1
M.D.B. 465-1

M. F. W. 62.
100m.—6-17.
H. Q. 1772—39—935.

SURNAME. Le Brun,

CHRISTIAN NAMES Euclyde

REGL. No. 3164717 RANK Pte.

UNIT 2nd Que. Regt. 2nd Dpo. Bn.

FORMER CORPS

CARD No. 4.

SOS Des 16-8-18
auth 2/2 DD 351 of
18-12-18 - 4 - rd

FOLL.

T. O. S. July 3 1918

D.O. Part II No 184
3-7-18

NEXT OF KIN.

NAMES IN FULL Le Brun Mrs. Juliette

RELATIONSHIP TO SOLDIER Wife

ADDRESS Maskinonge
P.Q.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada, Maskinonge P.Q. DATE July 11th 1895

PLACE OF ATTESTATION Montreal P.Q. DATE July 3rd 1918

L. L. 25989. M. & D. 8191. M. F. W. 22. 100M.—8-17. H. Q. 1772-39-339.

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

AB.

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

DUPLICATE

31647 17

1. Surname LEBRUN. Christian name Euclide

2. Number of report for service or claim for exemption according to Postmaster's Receipt or schedule 35993 DC.

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

4. Address (including street and number if any) Maskinonge Co. Maskinonge P.Q. Canada.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 3rd. day of July. 1918, by the undersigned medical board sitting at Peel St. Barracks. Montreal. P.Q. Can.

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

7. Height 5 Feet 5 1/2 Inches. 8. Weight 128 Pounds.

9. Chest measurement Minimum 33 Ins. Maximum 36 Ins. 10. Complexion Medium. Eyes Grey. Hair Brown.

11. Physical development Good Good Fair Poor 12. Smallpox marks

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

The man denies having had Rheumatism, Tuberculosis, Nervous or Mental disorder. Epilepsy Syphilis, Asthma. We find no evidence of past Rheumatism Tuberculosis, Nervous or Mental disorder. Epilepsy Syphilis Asthma

(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" Fit for General Service

17. (a) Vision. R. 80 L. E.

(b) Hearing. R. 0 L. A.

L. M. Lindsay Capt. President.

J. R. Mulcahan Member. A. Ship Member.

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

Joined 3rd. day of July. 1918 at Montreal. P.Q. Can.

	Corps	Reg'tl Number	Habits	Date
Joined on enlistment	2nd DEPOT BN.		2nd QUEBEC REG'T.	
Transferred to	D-		3.7.18.	

31647 17

Signature of Man Euclyde Lebrun

If raised in category, record category in a square. The M. O. will initial and date.

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 —4-18.
1772-39-439.

Surname LEBRUN. Christian Name Enclide.

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				

FORM OF WILL

3164717

SEE INSTRUCTIONS ON BACK

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

Name, &c. I, LEBRUN Euclyde.

Regimental number D- 3164717 Rank Private. serving in the

2nd DEPOT BN. 2nd QUEBEC REG'T Canadian Expeditionary Force,

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

Executor I appoint Mrs. Juliette Lebrun (Wife)

whose address is Maskinonge Co.Maskinonge P.Q. Can.

to be the executor of this my last will.

SUBSIDIENT ADDRESS

General gift I give to Mrs. Juliette Lebrun (Wife)

whose address is Maskinonge Co.Maskinonge P.Q. Canada.

all my property not disposed of above.

SUBSIDIENT ADDRESS

Date Dated at Montreal.P.Q. Canada. this July. 3rd. 1918. 191

Signature Euclyde LeBrun

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]	[illegible]
Address	Peel St Bks	Peel St Bks Mtl
Occupation	Soldier	Soldier

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.

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

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

AB.

Casualty Form—Active Service.

31647 17

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

Regimental No. D- Rank Pte. Name LEBRUN Euclide.

Enlisted (a) 3.7.18. Terms of Service (a) C. E. F. CEF. Service reckons from (a) 3.7.18.

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				
25-7-18		S.O.S. as deserter	Montreal	16-8-18	
		D.O. 351	Que		

Capt.
Adjutant 2nd Depot Bn., 2nd Quebec Reg't.

(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				

DED.PL.22-25

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

142

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25715c, C.E.F., 1916).

Regimental No. 3164717 Rank Private. Name Lebrun Euclide

Corps 22.QUE. RG'T. who was* S.O.S.DESERTER

On 14-8-18 191...., to 3-7-18

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from ..... 191....

to 4-8-18 191...., the inclusive date of transfer or discharge.

Dr.	$	c.	Cr.	$	c.
Bal. Dr. from prev. month			Balance Cr. from prev. month 43 1.00	43	00
Advances by Cheques No.			Regt'l. Pay 43 days at $0.10c	4	30
Advances by Cheques No.			Field Allow. days at $ c		
Assigned Pay and Sep'n Allce. No. 1	22	87	Separation Allowance* (Monthly)		
Other charges FRFT.21.Days	23	10	Other Allowances*		
Payment on transfer or discharge No.			Other Credits*		
Bal. Cr. (to be paid by the new unit) XXXXXXXXXXXXXXXX	1	33	Bal. Dr. (to be deducted by new unit)	47	30
Total	47	30	Total		

*Give particulars.

A monthly stoppage of $ ----- (†) has ..... (‡) been paid paid on account of Assigned

Pay for the month of ----- 191...
and Sep'n 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.

Out Allowance of $ ..... has been paid by Paymaster, Military District No. .....

REMARKS:—

State (1) date of enlistment Unknown

(2) if married and if a Separation Allowance Card has been submitted .....

(3) cause of discharge DESERTER authority COURT OF ENQUIRY

(4) authority for transfer .....

NOTE.—Separation Allowance and Assigned Pay Card and Index Card (M.F.W. 71) are to accompany the original Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay List of the Unit.

Date 16-12-18

Place Montreal.Que.

P. Brosseau
Lieut.
Asst. Paymaster.

N.B.—For purposes of transfer this form is to be made out in quadruplicate. Original copy to paymaster of new unit, duplicate to District Paymaster, triplicate to accompany the pay list at the end of the month, and quadruplicate for retention as a record.

For purposes of discharge it is to be made out in triplicate. Original copy to accompany discharge papers; duplicate to accompany pay list at the end of the month, and triplicate for retention as a record.

If a man on discharge is entitled to three months Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.

M. F. W. 44

H.Q. 1772-39-908.
100M-9-18. D.P. 874.