

7 M. D. Depot Battalion Regiment

Regtl. No. 3259655

**PARTICULARS OF RECRUIT**  
**DRAFTED UNDER MILITARY SERVICE ACT, 1917**

*Triplicate.*

(Class.....)

1. Surname..... McGlauche
2. Christian name..... Phillippe
3. Present address..... Trout Stream, Glou Co NB
4. Military Service Act letter and number..... 668705 P0
5. Date of birth..... July 24, 1894
6. Place of birth..... Trout Stream, NB.  
(town, township or county and country)
7. Married, widower or single..... Single
8. Religion..... R C
9. Trade or calling..... No Occupation
10. Name of next-of-kin..... Mrs. Phillippe McGlauche
11. Relationship of next-of-kin..... Mother
12. Address of next-of-kin..... Trout Stream, Glou Co NB
13. Whether at present a member of the Active Militia..... No
14. Particulars of previous military or naval service, if any..... N11
15. Medical Examination under Military Service Act:—  
 (a) Place..... Sussy (b) Date..... July 1918 (c) Category..... E

**DECLARATION OF RECRUIT**

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

*H Morgan*  
*Witness*  
Phillippe McGlauche (Signature of Recruit)

**DESCRIPTION ON CALLING UP**

Apparent age..... 23 yrs. 10 mths.  
 Height..... 5 ft. — ins.  
 Chest measurement } fully expanded..... 31 ins.  
 } range of expansion..... 1 ins.  
 Complexion..... Medium  
 Eyes..... Brown  
 Hair..... D Brown

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

1 scar left knee.

*D. D. McArthur Major*  
 O. C. 1st. Depot Battalion Depot Btln.  
 O. C. New Brunswick Regiment

Place..... St. John NB Date..... May 30, 1918.

PARTICULARS OF RECRUIT  
DRAFTED UNDER MILITARY SERVICE ACT, 1917

BRITISH ARMY

DECLARATION OF RECRUIT

I, the undersigned, do hereby declare that the above particulars are true and correct to the best of my knowledge and belief, and that I am not a person who is disqualified from being a recruit under the provisions of the Military Service Act, 1917.

DESCRIPTION OF CALLING UP

1. Name of recruit: \_\_\_\_\_  
2. Age: \_\_\_\_\_  
3. Height: \_\_\_\_\_  
4. Weight: \_\_\_\_\_  
5. Complexion: \_\_\_\_\_  
6. Eyes: \_\_\_\_\_  
7. Hair: \_\_\_\_\_  
8. Education: \_\_\_\_\_  
9. Trade or profession: \_\_\_\_\_  
10. Other particulars: \_\_\_\_\_

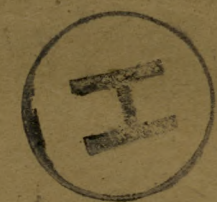
MADRID

MT 13-9-18

DISCHARGE DOCUMENTS

R. O. No. ....

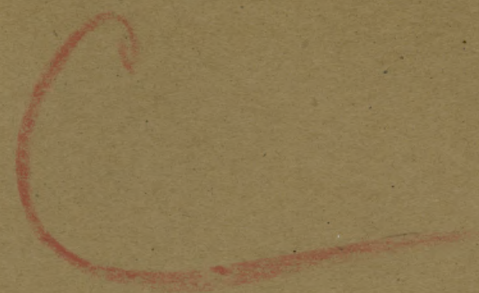
H. Q. No. ....



Name *McGlauche Phillippe*

Regt. No. *3259655* Rank *Pte*

Corps *1st Depot Bn. N.B. Regt.*  
*Med Unfit*



15445

- Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- Attestation Papers..... *2*
- Declaration of change of name.....
- Authority for special enlistments.....
- Documents of re-enlisted men.....
- Regimental Conduct Sheet.....
- Compulsory Stoppages.....
- Casualty Forms..... *1*
- Proceedings on discharge..... *1*
- 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..... *1*

*d7 B 122-1*  
*m 7 W 39a-1*  
*m 7 W 82-1*  
*med card*





M. D. No. 7

CANADIAN CONTINGENT EXPEDITIONARY FORCE

No. 14

LAST PAY CERTIFICATE

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

Regimental No. 3259655 Rank Private Name McGlouche, B. P

Corps 1st Depot Batt. N. B. Regt. who was\* Discharged

On 19/7/18 191 to

\*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1/7/18 191 to 19/7/18 191, the inclusive date of transfer or discharge.

Table with columns for Dr. and Cr. amounts in dollars and cents. Rows include Bal. Dr. from prev. month, Advances by Cheques, Assigned Pay and Sep'n Allce., Other charges, Payment on transfer or discharge, and Balance Cr. (to be paid by the new unit). Total Dr. is 56.10 and Total Cr. is 56.10.

\* Give particulars.

A monthly stoppage of \$... (†) has... (‡) been paid on account of Assigned Pay for the month of... and Sep'n Allce. for month of... (Address) Nil

(†) 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 30/5/18 (2) if married and if a Separation Allowance Card has been submitted (3) cause of discharge Cat. E. authority D. 201-2 (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 Aug 24th, 1918.

Place Sussex Camp, N. B.

Handwritten signature of the Paymaster, Captain.

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.



FORM OF WILL

I... Phillippe M. Gauche.....(NAME IN FULL)

Regimental Number... 325-9655...serving in... 1st DEPOT BN. N. B. REGT......

of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

I devise all my Real Estate unto:

..... Name and address of person or persons to whom it is to go.

absolutely, and my personal estate I bequeath to: (mother)  
Mrs. Phillippe M. Gauche } Name and address of person or persons to receive personal Estate.  
Front Street Gloucester Co. N.B. }  
Canada } (See notes)

Note..... This space for the appointment of Executor if necessary.

IMPORTANT NOTE

This must be signed and dated by the Soldier Himself.

THIS... 30... day of... May... A.D. 1918  
Phillippe M. Gauche (Signature of Soldier)

N.B. - Personal estate includes pay, effects, money in Bank, insurance policy, in fact everything except Real Estate.

Signed and acknowledged by the Testator as and for his last Will in the presence of us both present at the same time, who in his presence at his request, and in the presence of each other, have hereunto subscribed our Names as Witnesses.

Signature of First Witness... H. Morgan.....

Address of Witness... Frederton N.B......

THE TWO WITNESSES MUST SIGN HERE.

Occupation of Witness... Soldier.....

Signature of Second Witness... Hector Poyer.....

Address of Witness... Peter Poyer N.B......

Occupation of Witness... Clerk.....

FORM 101

1. Name of the party to whom the property is being transferred

2. Address of the party to whom the property is being transferred

3. Name of the donor or grantor

4. Address of the donor or grantor

5. Name of the donee or transferee

6. Address of the donee or transferee

7. Name of the witness

8. Address of the witness

9. Name of the witness

10. Address of the witness

11. Name of the witness

12. Address of the witness

13. Name of the witness

14. Address of the witness

15. Name of the witness

16. Address of the witness

17. Name of the witness

18. Address of the witness

19. Name of the witness

20. Address of the witness

21. Name of the witness

22. Address of the witness

23. Name of the witness

24. Address of the witness

25. Name of the witness

26. Address of the witness

27. Name of the witness

28. Address of the witness

29. Name of the witness

30. Address of the witness

31. Name of the witness

32. Address of the witness

33. Name of the witness

34. Address of the witness



# CANADIAN EXPEDITIONARY FORCE

## Discharge Certificate

This is to Certify that No. 3259655 (Rank) Private

Name (in full) Phillippe McGlauche enlisted in  
the 1st Depot Battalion, New Brunswick Regiment.

CANADIAN EXPEDITIONARY FORCE at St. John, N.B. on the 30th  
day of May 1918.

HE served in \_\_\_\_\_

and is now discharged from the service by reason of being medically unfit for  
service owing to disability received not due to service. Category "E"

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

Age 23-----10  
Height 5-----0  
Complexion Medium  
Eyes Brown  
Hair D. Brown

Marks or Scars  
Highly Neurotic.  
Jumper.

Phillippe M. Glauche  
Signature of Soldier

O. G. 1st Depot Battalion  
Issuing Officer Lt.-Col.  
New Brunswick Regiment.  
Rank

Date of Discharge July 19th 1918.

Signed at Camp Sussex, N.B. this 19th day of July 1918

in Military District No. 7  
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. 3259655 (Rank) Private Name Phillippe McGlauche

Unit 1st Depot Batt'n., N.B. Regt.

Address on Discharge Trout Stream, Gloucester Co., N.B.

Character and Conduct Good

Former Occupation None

Special Qualifications of Value in Civil Life No Occupation.

Medals and Decorations NIL

Remarks MS

Signed at Camp Sussex, N.B. this 10th. day of July 1918.

[Signature] Lt.-Col.  
Name of Officer  
O. C. 1st Depot Battalion  
New Brunswick Regiment.

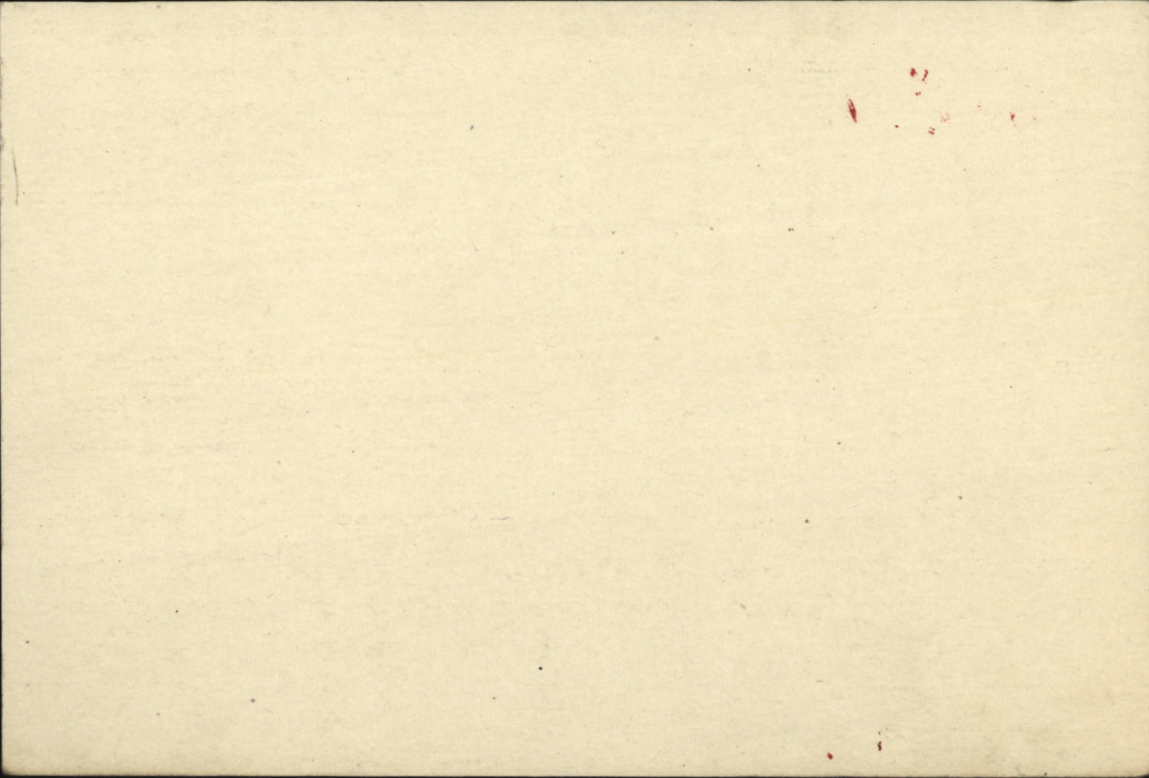
Rank

Appointment

Surname *Mc Glauche*  
Christian names *Phillippe*  
Regtl. No. *3259655* Rank *Pte*  
Unit *N. B. Regt 1st Depo Bn.*  
H. Q. ....  
M. D. No. *7*  
T. O. S. *May 30th* 19 *18*  
D. O. Pt. II *U.S.I of 31/5/18*  
S. O. S. *10/10 1917* 19 *18*  
Reason *Col 2*  
Auth. *Pt 2017 20/2/18* *N.B.*

Next of kin *Mc Glauche Mrs G* Relationship *mother*  
Address *Front Street*  
*Gloucester Co. N.B.*  
Also notify: .....

BORN—Place *Canada Front Street no. 108* Date *July 24th 1894*  
ATTESTED—Place *St John N.B.* Date *May 30th 1918*  
O/S ..... R/C .....



This space to be for numbers.

# Proceedings on Discharge.

(When forwarded for confirmation these proceedings should be accompanied by the documents specified on fourth page.)

No.	3259655	
Rank	Private	
Name	Phillippe McGlauche.	
	<small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company)	1st Depd Batt'n., N.B. Regiment.	
Date of Discharge	July 19 1918.	
Place of Discharge	St. John, N.B.	
1.	DESCRIPTION AT THE TIME OF DISCHARGE.	
Age.....	23.....years.....10.....months.	Descriptive Marks  Highly Neurotic.  (Jumping Frenchman)
Height.....	5.....feet.....0.....inches.	
Complexion	Medium	
Eyes	Brown	
Hair	D. Brown	
Trade	No Occupation	
Intended place of residence (To be given as fully as practicable.)	Trout Stream, Glou. Co., N.B.	
2.	The above-named man is discharged in consequence of being medically unfit for service owing to disability received not due to service.	
	Category "E"	
	<small>N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.</small>	
To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.	3. Conduct and character while in the service have been, according to the records, etc.	
	<p style="text-align: center;"><i>Good</i></p> <p><small>N. B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company:</small></p>	
	4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)	
	No Occupation.	

M. F. B. 218.

15m.—10-15.  
H. Q. 1772-39-113.

(OVER)

*McGlauche*

5. He is in possession of the following number of G. C. Badges:

NIL

No reference to G. C. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations.....

NIL

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company. (Squadron or Battery), and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place) St. John, N.B.

*S. P. Meagher*  
for O. C. 1st Depot Battalion  
New Brunswick Regiment.  
Commanding

(Date) July 19 1918.

8. Certificate to be signed by the Soldier on Discharge

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page.

(Place) St. John, N.B. *Phillippe M. Glouch* (Signature of Soldier.)

(Date) July 19th 1918. *Sgt. Lebl. Mowry* (Signature of Witness.)

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. Additional Certificate in the case of a Soldier who takes his discharge on his own request.

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

Nil. (Signature of Soldier.)

10. Statement of Service.

Service toward Engagement to.....(the date to which the Record of Service is completed).....years.....days.

Total.....years 60 days.

11. Confirmation of Discharge.

The discharge of the above-named man is hereby confirmed.

(Place) St. John, N.B.

*S. P. Meagher*  
for O. C. 1st Depot Battalion  
New Brunswick Regiment.

(Date) July 19th 1918.

Reservations referred to at Para. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

*None* Phillippe McElanche x mark  
*hu*

Discharge Certificate.

ron  
with

*[Signature]*

up

er.)

ss.)

ese  
hen

ice.

er.)

days.

days.

*[Signature]*

# List of Discharge Documents.

(When

Reg. Conduct Sheet, Militia Form B. 263.	Attestation Paper, Militia Form B. 235.
Squadron } Battery } Conduct Sheet, " B. 263a. Company }	Proceedings on Discharge " B. 218.
Copies of Convictions, by C. P. in MS.	
Med. Hist. Sheet, Militia Form B. 313	In the case of recruits who are rejected on final approval, the discharge documents will consist of
Medical Report for Invalid* " B. 227.	(a) Proceedings on Discharge.
Statement of Man's Account on Transfer and Last Pay Certificate, " D. 877.	(b) Attestation.
	(c) Medical History Sheet (in the event of such having been prepared.)

\*Only if discharged "Medically unfit."

*N. B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.*

No.
Rank
Name <small>NOTE—TH</small>
Corps
Date o
Place o
1.
Age.....
Height
Comple
Eyes
Hair
Trade
Intend
re
(To be g pra
2. TH
307
N certificate

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.