

M. D. Depot Battalion Regiment

Regtl. No. 3322890

PARTICULARS OF RECRUIT
DRAFTED UNDER MILITARY SERVICE ACT, 1917

1 D198

(Class 1)

1. Surname..... Desrivieres

2. Christian name..... James Gerald

3. Present address..... 725 1/2 Cooper St Ottawa Ont.

4. Military Service Act letter and number..... PC 970970

5. Date of birth..... 8th April 1891

6. Place of birth..... Ottawa Ont.
(town, township or county and country)

7. Married, widower or single..... Single

8. Religion..... R.C.

9. Trade or calling..... Map Draughtsman

10. Name of next-of-kin..... Mrs Elizabeth Desrivieres

11. Relationship of next-of-kin..... 725 1/2 Cooper St Ottawa Ont.

12. Address of next-of-kin..... Mother

13. Whether at present a member of the Active Militia..... No

14. Particulars of previous military or naval service, if any..... 2 years in 43rd. D.C.O.B.

15. Medical Examination under Military Service Act:—
25th April, 1918
10th Oct/17 (a) Place..... Ottawa Ont. (b) Date..... (c) Category..... C111

DECLARATION OF RECRUIT

I, James Gerald Desrivieres, do solemnly declare that the above particulars refer to me, and are true.

J. G. Desrivieres (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age..... 27 yrs..... 1 mths.

Height..... 5 ft..... 3 1/2 ins.

Chest measurement } fully expanded..... 36 1/2 ins.
range of expansion..... 4 1/2 ins.

Complexion..... Ruddy

Eyes..... Blue

Hair..... D brown

Distinctive marks, and marks indicating congenital peculiarities or previous disease.
Small scar Lt side & lower abdomen
Endocarditis

A. K. ... Lieut. Col.
2nd. Depot Bn. E. O. R.
O. C. Depot Btl.
Regt.

Place OTTAWA Date MAY 25 1918

PARTICULARS OF RECRUIT
DRAFTED UNDER MILITARY SERVICE ACT, 1917

Class I

1. Surname

2. Christian name

3. Present address

4. Military service (see notes and numbers)

5. Date of birth

6. Place of birth

7. Married, widower or single

8. Religion

9. Trade or calling

10. Name of next-of-kin

11. Relationship to next-of-kin

12. Address of next-of-kin

13. Whether at present a member of the Reserve Militia

14. Particulars of previous military or naval service, if any

15. Medical Examination under Military Service Act

(a) Place of Occurrence (b) Date (c) Category

DECLARATION OF RECRUIT

I, James Gerald Davidson, do solemnly declare that the above particulars refer to myself and are true.

Signature of Recruit

DESCRIPTION ON CALLING UP

Age

Height

Weight

Complexion

Eyes

Hair

Build

Complexion

Eyes

Hair

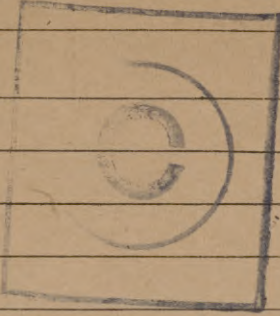
Build

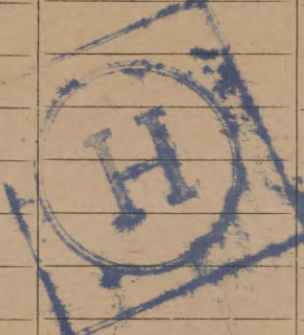
REGIMENTAL DOCUMENTS

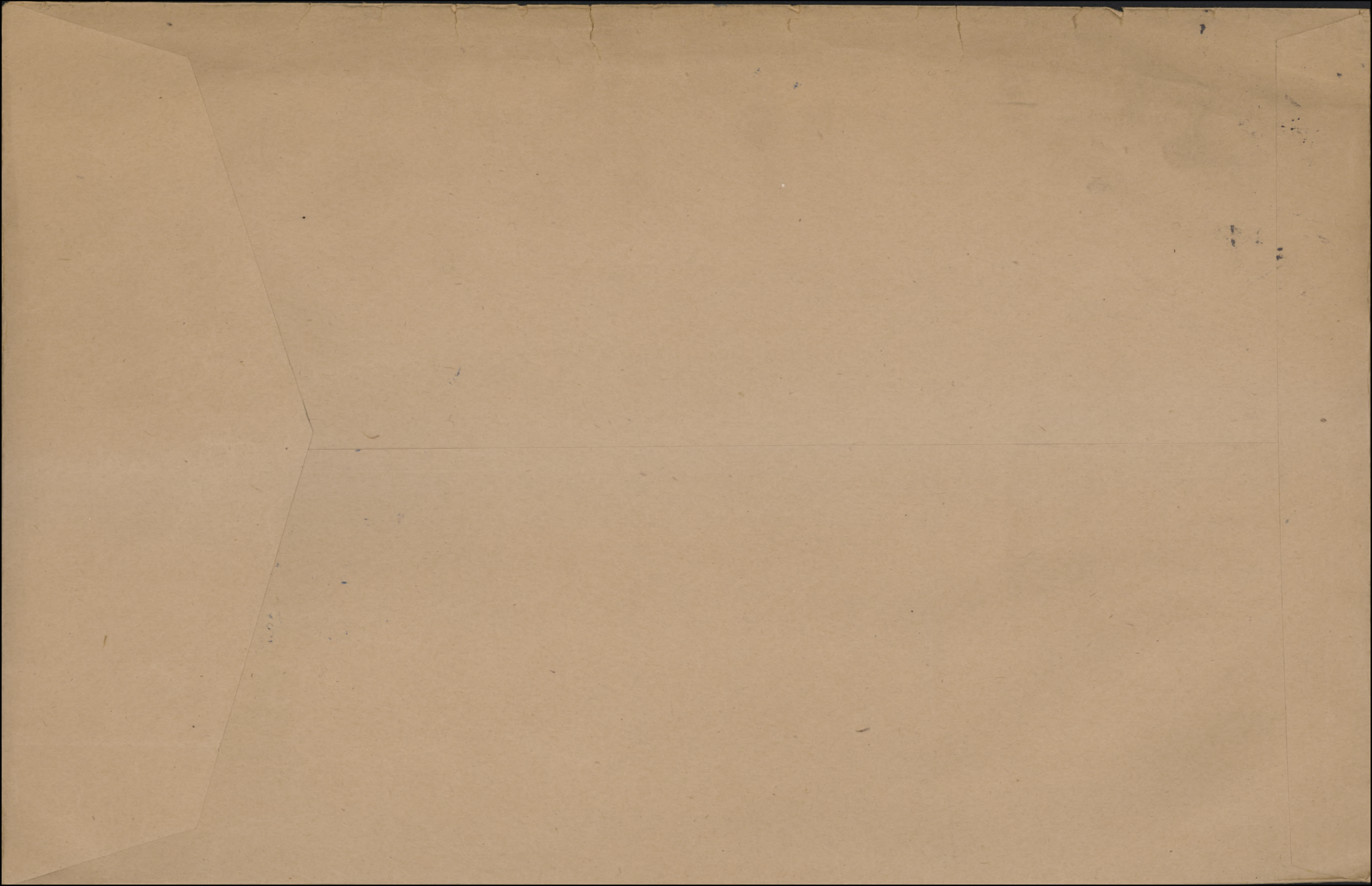
NAME DES RIVIERES - JAMES GERALD REGT. NO. 3322890 UNIT 1st DB Co H. Q. FILE NO. _____

3

H

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
TRAINING HISTORY SHEET (M.F.W. 113)					
FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					13811
MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					
DENTAL HISTORY SHEET (M.F.B. 465)					DISCHARGE
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					Category
MEDICAL EXAMINATION (M.F.W. 129)					<i>Remade</i>
TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
LAST PAY CERTIFICATE (M.F.W. 44)					
PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
PARTICULARS OF CHARACTER (A.F.W. 3226)					
COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
<i>M.F.W. 71</i>					





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

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. 2322890 Rank Pvt Surname Lawrie
(Given name in full)
 Unit or Corps 2 Dep Bn EOR Birthplace James Gerald Ottawa Ont

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

1. GENERAL DESCRIPTION:

Physique Good Weight 132 lbs. Height 5 4 ft. Colour of Eyes Hazel
 Nutrition Good
 Pulse 110
 Condition of arteries Good
 Vision Rt. 6/6 Left 6/6
 Hearing (conversational voice) Rt. 20 ft. Left 20 ft.

Identification marks, scars, or deformities.
 (Give cause and date of origin.)

None

Opinion as to general health and physical condition Good

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 System 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.

Tachy Cardia - Pulse - 110 Standing.
No Evidence of any organic weakness

EXAMINATIONS.

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 *Ottawa Ont* (Canada)

Date *Dec 26/18* Signed *L. J. Gauthier* 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 *J. G. Desrivieres*

(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.)

[OVER]

3322890

No.

Name

Desnoires J.

Sqn., Batty.,
or Company

" 2 "

Corps

Coy

Date of
enlistment

May 25-18

G.C.

Badges

Nil

Service or
Proficiency Pay

Nil

Date of last entry in
Company Conduct Sheet

No. and date
of last drunk

Period not reckoning towards
freedom from extra fine

Sheet No.

Signature O.C.
Company, etc.

Character

Place	Date of offence	Rank	Cases of drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks
CERTIFIED CORRECT									
<i>[Red Signature]</i>									
O. C. "D" Company									
S.O.S. 2nd Depot Bn. E. O. R., B. O.									
<i>[Red Signature]</i>									
O. C. 2nd Depot Bn. E. O. R.									

M. F. W. 178 A.F.B. (192)
250M.-5-18-1772-39-121L

(P.T.O.)

MEDICAL HISTORY SHEET

1. Surname *Leviere* Christian name *James Gerald*
 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) *725 1/2 Coopers St Ottawa Ont*

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the *26* day of *Dec.* 19 *18*, by the undersigned medical board sitting at *Ottawa Ont*

5. Age as stated *27* Years *9* Months. 6. Apparent age *27* Years Month
 7. Height *5* Feet *4* Inches. 8. Weight *132* Pounds.

9. Chest measurement (Minimum *30* Ins. Maximum *34* Ins.) 10. Complexion *Medium* (Eyes *Light Blue* Hair *Light Brown*)

11. Physical development *Good* (Good Fair Poor) 12. Smallpox marks *None (Childhood)*

13. Number of vaccination marks (Right arm *0* Left arm *1*) 14. When vaccinated last *Childhood*

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

16. Slight defects but not sufficient to cause rejection *Ischyocardia*

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)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category *CT* 17. (a) Vision R. *6/6* L. *6/6* (b) Hearing R. *u* L. *u*

L. V. Caution Member. *H.S. Proben* President. *Cox* Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
		M. O.			M. O.
		M. O.			M. O.
		M. O.			M. O.

Joined *25* day of *May* 19 *18* at *Ottawa*

Joined on enlistment	CORPS	REG'TL NUMBER	HABITS	DATE
	<i>2: Depot Bu</i>	<i>3322890</i>		<i>25.5.18</i>
Transferred to	<i>Cor</i>			

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.

Signature of Man

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

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

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

500M.—9-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

2ND. DEPOT BATTALION,

Unit, Regiment or Corps Eastern Ontario Regiment

Regimental No. 3372890 Rank Private Name Desrosiers James Gerald

Enlisted (a) 20-5-18 Terms of Service (a) C.E.F. 687 Service reckons from (a) 20-5-18

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) Map Draughtsman

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				

26-12-18

S. O. S. 2nd. Depot Bn. E. O. R., B. O. 361

[Signature]
O. C. 2nd Depot Bn. E. O. R. Lt. Col.

[Signature] Lieut for Major.
Co. "D" Co. 2nd. Depot Batt., E. O. R.

(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.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 3322890 (Rank) Private
Name (in full) James Gerald Desrivieres listed in
the 2nd Depot Bn. E.O.R.
CANADIAN EXPEDITIONARY FORCE at Ottawa, Ont. on the 25th
day of May 19 18
HE served in Canada
and is now discharged from the service by reason of Demobilization
Under authority R.O. 1328

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

Age <u>27 years 8 mo.</u>	Marks or Scars <u>Small scar Lt. side</u>
Height <u>5 feet 3 1/2 in.</u>	<u>Lower abdomen Radocarditis</u>
Complexion <u>Ruddy</u>	
Eyes <u>Blue</u>	
Hair <u>L. Brown</u>	

J. G. Desrivieres
Signature of Soldier

H. J. [Signature]
Issuing Officer
Lieut. Col.

Date of Discharge December 26th 1918. Rank O.C. 2nd Depot Bn. E.O.R.
Appointment

Signed at Ottawa, Ont. this 26th day of December 1918
in Military District No. 3
File Reference No. 2nd E.O.R. 1-D-198

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, PARTICULARS CALLED FOR ON BACK OF DISCHARGE CERTIFICATE WILL NOT BE COMPLETED. P. O. 1676

Rank Name Desrivieres James Gerald Regt'l No. 3322890

T.O.S. 20.5.18 B.O. No. Serial No. PC970970

Examined at Ottawa Date 25.4.18 Co. N 316

Nationality Can Born at Ottawa Ont Date 8.4.1891 Age 27 yrs. 1 mos.

Height 5 ft. 3 1/2 Ins. Chest 32/36 1/2 Ins. Weight lbs.

Complexion Ruddy Eyes Blue Hair Lt Brown

Distinctive Marks Small scar left side, & lower abdomen
Endocarditis

Category C III

Married or Single Single Religion P.C. Occupation Draughtsman

Next of Kin Mr. E. Desrivieres Mother S.O.S. Date DEC 26 1918 B.O. No. 361

725 1/2 Cooper St
Ottawa Ont Overseas. Date B.O. No.
Tr. to Date B.O. No.

H. Q.

M. D. No. 3

Surname *desRivieres,*

T. O. S. *May 20th* 1918

Christian names *James Gerald*

D. O. Pt. II *41* of *21-5-18*

Regtl. No. *33 2 2 890* Rank *Pte*

S. O. S. *26-12-1918* ³

Unit *East Ont Regt 2nd Dep Bn*

Reason *Demob*

Auth. *D.O. 3619 27-12-18*
2/80 R

Next of kin *desRivieres, Mrs Elizabeth*

Relationship *mother*

Address *725 1/2 Cooper St, Ottawa,*
Ont

Also notify:

BORN—Place *Canada, Ottawa Ont*

Date *April 9th, 1891*

ATTESTED—Place *Ottawa, Ont*

Date *May 25th, 1918*

O/S

R/C



CANADIAN CONTINGENT EXPEDITIONARY FORCE

Dec.
F. 29
L. 18

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. 3322890 Rank Pte. Name Desrivieres, J.G.
 Corps 2nd Depot Battn. E.O.R. who was* Discharged
 On 26-12-18 191... to 191...
 *Insert "discharged" or "transferred."

The following is a statement of the account of the above named from xxx on 26-12-18 191...
 to 191... the inclusive date of transfer or discharge.

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month.....			Balance Cr. from prev. month.....	nil	
Advances by Cheques } No.			Reg'l. Pay..... days at \$.....c.....		
} No.			Field Allow..... days at \$.....c.....		
Assigned Pay and Sep'n Allee. No.....			Separation Allowance* (Monthly).....		
Other charges.....			Other Allowances*.....		
Payment on transfer or discharge No.....			Other Credits*.....		
Bal. Cr. (to be paid by the new unit).....			Bal. Dr. (to be deducted by new unit).....		
Total.....			Total.....		

*Give particulars.

A monthly stoppage of \$..... nil (†) has..... (‡) been paid on account of Assigned
 { Pay for the month of.....191... }
 { and Sep'n 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.

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

REMARKS:—

State (1) date of enlistment..... 20-5-18
 (2) if married and if a Separation Allowance Card has been submitted..... No Record
 (3) cause of discharge..... Demobilization authority R.O. 1328 D.O. 361
 (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 Dec. 28th, 1918
 Place Ottawa, Ont.

Donald Stewart Capt.
 Paymaster, 2nd Depot Battn. E.O.R.
 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.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

This form to be used for all ranks (With Articles 123, 130 and 141, Form 1, Instructions 12152, C.E.F. 1915)

Name of Soldier: _____ Rank: _____

Who was: _____

to: _____

The following is a statement of the account of the above named soldier, from the inclusive date of discharge or transfer:

Dr.		Cr.	
\$	c.	\$	c.
		Balance Cr. from previous month	
		Food Allowance	
		Separation Allowance (Monthly)	
		Other Allowances	
		Other Credits	
		Balance to be reduced (previous month)	
		Total	
		Given particulars	

(1) If there is any amount not paid for period of account, it should be stated here.

(2) If there is any amount not paid for period of account, it should be stated here.

(3) If there is any amount not paid for period of account, it should be stated here.

On Transfer of an Officer

On the _____ day of _____ 1915, the sum of \$ _____ was paid by _____ Military District No. _____

State (1) date of institution

(2) Name of soldier and his position and date of institution

(3) Name of soldier and his position and date of institution

(4) Name of soldier and his position and date of institution

The following is a statement of the account of account and has to be a correct statement from the day of the last pay certificate.

(1) For purpose of transfer this form is to be made out in quadruplicate. Original copy to be made out in quadruplicate. Original copy to be made out in quadruplicate. Original copy to be made out in quadruplicate.

(2) For purpose of transfer this form is to be made out in quadruplicate. Original copy to be made out in quadruplicate. Original copy to be made out in quadruplicate. Original copy to be made out in quadruplicate.

(3) For purpose of transfer this form is to be made out in quadruplicate. Original copy to be made out in quadruplicate. Original copy to be made out in quadruplicate. Original copy to be made out in quadruplicate.

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.	3322890	
Rank	Private.	
Surname.....	Desrivieres	
Christian name	James Gerald.	
<small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>		
Corps (Squadron, Battery or Company)	2nd. DEPOT BATTALION, Eastern Ontario Regiment.	
Date of discharge	December 26 th 1918.	
Place of discharge	OTTAWA	
1. DESCRIPTION AT THE TIME OF DISCHARGE.		
Age.....	27..... years.....	8..... months.
Height.....	5..... feet.....	3½..... inches.
Complexion	Ruddy	
Eyes	Blue	
Hair	L. Brown	
Trade	Map Draughtsman	
Intended place of residence	725½ Cooper st, Ottawa.	
<small>(To be given as fully as practicable.)</small>		
2. The above-named man is discharged in consequence of		Demobilization
Authority for discharge..... R.O. 1328		
<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.	
	<i>Good</i>	
<small>N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.</small>		
4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)		
<i>Draughtsman</i>		



M. F. B. 218.

200M.—5-18.
H. Q. 1772-39-113.

(OVER)

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.)

No 1.

J G DesRivieres

List of Discharge Documents.

Reg. Conduct Sheet, Militia form B. 263 Squadron } Battery } Conduct Sheet, " B. 263a Company } or Field Conduct Sheet " W. 178 Copies of Convictions, by C. P. in MS. Med. Hist. Sheet, Militia form B. 313 Casualty Form " W. 54 Medical Report for Invalid§ " B. 227 Dental History Sheet " B. 465 Last Pay Certificate " W. 44 Duplicate Discharge Certificate " W. 39A ‡Form of Will " W. 82 §Only if discharged "Medically unfit." ‡Only if man has not been overseas.	Attestation Paper Militia Form W. 23 or Particulars of Recruit " W. 133 Proceedings on Discharge " B. 218
In the case of recruits who are rejected on final approval, the discharge documents will consist of (a) Proceedings on Discharge (b) Attestation. (c) Medical History Sheet.	

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Officer Commanding.

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.