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ENLISTMENT/APPOINTMENT PLACE Montreal AIR FORCE No.___ J25372 RENAUD LOIS ALPHONSE LEON
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3	16.6,-23 Zuebec. Que. British	WIFE (FULL MAIDEN NAME)			7/	ar Sy			TERM EFF	ECTIVE D.R.O.	TERM EFFEC	TIVE D.R.O.
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)	BIRTHPLACE montreal, Que.							1				
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)		FULL NAME: Paul	Renau	d	RELATIO	NSHIP 9	athe	v .				
5		ADDRESS: 85-33 Car	grain a	well mon	treal Ince D.R.O.							
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7	10. PREVIOUS ARMY, NAVY OR AIR FORCE SERVICE	20. PAY ENTRIES (OF	ENCE FORFE	EITURES, STO	PPAGES IN RED INK)							
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NAME RENAUD, Joseph Alphonse Leon Louis

FILE NO. J25372

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Royal Canadian Air Force

CERTIFICATE OF PRESUMPTION OF DEATH

80. 9915

This is to Certify that

325372	FLYING	OFFICER	JOSEPH	ALPHONSE	LEON	1.0018	REMAU
(Number)	(Rank)		(Name in Fu	11)	7) R • (Jnit)	
has been officia	ally reported	as missing sir	nce the	2418		da	у
of	AR CH	-11	, 1944	., and that, full	inquiries	having bee	en
made, no infor	mation has	been received	which woul	d indicate that	he may b	e still aliv	e.
For official pu	irposes, the	refore, he is	presumed to	have died on	or since	e the above	7e
mentioned dat	e.		**				
Dated at Ottav	wa, Canada,	this 2518	day of	NOMEMB	ER	194 4	
			Nru	Vune	elm	- nul	LANS SE
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R.C.A.F. Records Officer.

Flo Renand L.a

P. 415196

highy to attawa.

425 (RCAF) Squadron.

Ref: 425/S1/9/Air.

7th May 1944.

Subject: Halifax III LW.425 "V" - Missing on the night of 24/25th March, 1944.

The following report is submitted in amplification of my A.32 dated 25th March 1944, with reference to the crew of the above mentioned aircraft which has been reported missing on the night of 24/25th March/44.

- 2. At approximately 18.50 hours on the night of 24th March the above mentioned aircraft, piloted by J. 25372 F/O. L.A. Renaud, took off from this aerodrome to carry out bombing of Berlin, but unfortunately nothing further has been heard from any member of the crew since time of take off.
- The names of the members of the crew, together with particulars of their operational trips and hours are as follows:-

			•	OPERATI	ONAL
	The Control of the Control	and the state of the		Trips.	Hours
J. 25372	F/0.	L.A.Renaud	Pilot	7	43.45
J. 24729	F/0.	F.R.J.Brazeau	Navigator	6	35.55
171364	P/0.	R. A. Hanks	W/Operator	10	55.55
R. 158804	Sgt.	Boyer M.W.	B/A.	6	35.55
R-185365	Sgt.	Huot J.J.	R/AG.	6	35.55
J. 37152	P/0.	C.S. Turner	MU/AG.	5	30.25
954362	Sgt.	Mutman J.R.	F/ing.	5	30. 25

Sgd: J.E.R.St.Amour F/Lt.,

for Wing Commander, Commanding, 425 (R.C.A.F.) Squadron. 9

Air Ministry (Cas)
2, Seville Street,
Knightsbridge,
London, W.C.2.

The War Office (A.G.13) Hotel Victoria, Northumberland Ave., London, W.C.2.

July, 1948.

Berlin (Heerstrasse) British Cemetery

Reference P.415196/S.14.Cas/can. dated 4th May, 1948.

1. The Graves Services, B.A.O.R. have confirmed that the correct registration of the following casualties is as under:-

			Plot	Row	Grave
J37152	P/0	C.S. Turner, R.C.A.F.	VI	J	8
R185365	Sgt		VI	J	9
J25372	F/O		VI	J	10
J28243			VI	J	11
J24729	2000		AI	J	12
171364	P/0		VI	J	13
954362	Sgt	J.R. Nutman R.A.F.	AI	J	14
	R185365 J25372 J28243 J24729 171364	R185365 Sgt J25372 F/O J28243 P/O J24729 F/O 171364 P/O	R185365 Sgt J.B. Huot R.C.A.F. J25372 F/O L.A.L. Renaud, R.C.A.F. J28243 P/O M.W. Boyer R.C.A.F. J24729 F/O J.P.R. Brazeau R.C.A.F. 171364 P/O R.A. Hanks R.A.F.	J37152 P/O C.S. Turner, R.C.A.F. VI R185365 Sgt J.B. Huot R.C.A.F. VI J25372 F/O L.A.L. Renaud, R.C.A.F. VI J28243 P/O M.W. Boyer R.C.A.F. VI J24729 F/O J.P.R. Brazeau R.C.A.F. VI 171364 P/O R.A. Hanks R.A.F. VI	J37152 P/O C.S. Turner, R.C.A.F. VI J R185365 Sgt J.B. Huot R.C.A.F. VI J J25372 F/O L.A.L. Renaud, R.C.A.F. VI J J28243 P/O M.W. Boyer R.C.A.F. VI J J24729 F/O J.P.R. Brazeau R.C.A.F. VI J 171364 P/O R.A. Hanks R.A.F. VI J

Authority 4 MREU/906/483/P4 dated 18.9.47.

2. Amended photostats will be forwarded in due course.

Director, Graves Registration and Enquiries.

OFFICIAL ROYAL CANADIAN AIR FORCE CASUALTY NOTIFICATION UNIT NUMBER J25372 (R159957) RANK 425 SQDN (OVERSEAS) TRADE PILOT (G.L.) R.C.A.F. R.N.Z.A.F. OTHER RENAUD, JOSEPH ALPHONSE LEON LOUIS PRESENT MARITAL STATUS SINGLE RELIGION CANADIAN R.C. YES FRENCH CANADIAN OTHER NEXT OF KIN MR PAUL RENAUD RELATIONSHIP FATHER ADDRESS 8533 CASGRAIN AVE., MONTREAL P.Q. FATHER'S NAME MRS. PAUL RENAUD LIVING ON ENLISTMENT 8533 CASGRAIN AVE. MOTHER'S NAME **ADDRESS** LIVING ON ENLISTMENT MONTREAL P.Q. MARITAL STATUS AT TIME OF ENLISTMENT ADDRESS AT TIME OF ENLISTMENT OCCUPATION NOT KNOWN----BEING OBTAINED. WAS MEMBER ATTACHED TO R.A.F. AT ANY TIME? YES/NO IF CASUALTY OCCURRED IN CANADA DID MEMBER HAVE SERVICE OUTSIDE CANADA DURING WAR WITH THE GERMAN REICH? YES/NO IF ON LEAVE, STATE DATE LEAVE COMMENCED AND WHETHER ON LEAVE WITH OR WITHOUT PAY? CASUALTY DETAILS: **AUTHORITY CAS. SIG. NO.** BOMBER MAIL LETTER-----d -----28-Oct-44 PREVIOUSLY REPORTED "MISSING" 24-March-44 (OFFICIAL MISSING DATE CORRECTED) AFTER AIR OPERATIONS (OVERSEAS) (OVER BERLIN, GERMANY) AND SUBSEQUENTLY REPORTED "MISSING BELIEVED K LIED" (GERMAN INFORMATION) NOW "PRESUMED DEAD" 24-March-44 FOR OFFICIAL PURPOSES. M.F.M. 5 ATTACHED TO NOTIFICATION TO A. OF E.? YES LAST WILL ATTACHED TO NOTIFICATION TO A. OF E.? DATE YES NO CERTIFICATE P. OF D. ATTACHED TO A. OF E. COPY YES R.C.A.F. R217 30M-6-44 (4664) H.Q. 885-R217 FOR CHIEF OF THE AIR STAFF

ADMINISTRATOR OF ESTATES, OTTAWA

ATS-RT

66529

Mrs Paul Renaud.

8533 Casgrain Ave., Montreal, P.Q. Any further communication on this subject should be addressed to:

THE DIRECTOR OF ESTATES,
DEPARTMENT OF NATIONAL DEFENCE. OTTAWA, ONTARIO.

and the following number quoted:-

H.O. J25372 FD 310

DEPARTMENT OF NATIONAL DEFENCE

1

ESTATES BRANCH OTTAWA, ONT.

December 6,

For the purpose of record and in the event of there being any Service estate 194.4. available for distribution (according to law) on account of the late

RENAUD, Joseph Alphonse Leon Louis

J25372 R.C.A.F. O/S

it is necessary that certain information regarding the deceased and his relatives should be furnished the Estates Branch. You are asked therefore to read the enclosed memorandum before completing pages 2 and 3 of this form. The particulars required are to be carefully filled in and the Declaration on page 4 should then be signed in the presence of a Clergyman, Priest, Local Magistrate, Commissioner for Oaths, Notary Public or a Commissioned Officer of any of His Majesty's Forces who should be asked to complete and sign the Certificate. This form should then be returned to the above address.

If there is insufficient space for complete particulars to be given opposite any question on pages 2 and 3 of this form, the space under "additional remarks" on page 4 should be used.

Director of Estates.

DB S/IDS

M.F.W. 77 16M-10-44 (5854) H.Q. 1772-39-972

ANSWER IN FULL ALL APPLICABLE QUESTIONS

1

STATEMENT of the Names, Ages and Addresses or Dates of Death, of all the relatives that the deceased ever had in each of the degrees specified below:

grees	0.00	TIME	INFORMANT'S	STATEM	ENT
of Rela- ion- ship	RELA'	rives accounted for	NAME IN FULL of any Relative, if any, in each degree specified	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the D	eceased	NIL		
			7,0-adment		
2	Children of the dates of their	Deceased and Births	NIL		Epive .
			entire brown a series		6- 1
			Service Enterly		
3	Father of the D	eceased	PAUL RENAUD	50	8533 AVEGSERAIN MONTREAL. F.Q. JANUARY 23-189. 8533 AVEGSSRAIN N
4	Mother of the I	Deceased	CLAIRE FREChette RENAUD	47	NOVEMBER 2 189
5	Brothers of the Deceased	Full Blood	CLAUDE RENAUD	18	8533 ANE CASGRAIN Montro AL Q1 Octo BRe-1926
		Half Blood	NIL		
6	Sisters of the Deceased	Full Blood			
			NIL		
		Half Blood	NIL		
,	Names of brothers of the full or th Deceased, who a death of each.	or sisters (whother e half blood) of the e dead, and date of	Names and ages of their children (if any)		Address of their children
			NIL		

ANSWER FULLY EACH QUESTION ON THIS PAGE PARTICULARS AS TO IDENTITY

Joseph-Alphonse-Leon-Louis
June 16-1923
NIL
Quale City. P.Q. July4-1922
-

12	Place where deceased was born.	Quelec Cty-P.Q. CANADA
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Province of Quebec 17 YEARS- (b) (c)
14	Nature of employment before enlistment.	NIL WAS Attending High School
15	State whether he owned the premises in which he lived, and, if so, where situated.	NIL
16	Name place where deceased stated he intended to make his permanent home.	CANADA.

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	No
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses,—was there a marriage contract dealing with property?	No
19	Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc., and the amount on deposit. Do you wish it administered with the pay account?	No.
20	Amount of War Savings Certificates held by deceased. Indicate where located.	NOL
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	NIL
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	See OVER IN REMARKS
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	NIL

OTHER PARTICULARS

24	Did the deceased after enlistment incur any debts for:— (a) His own separate board and lodging while on service. (b) Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	A- B-	No. No.
25	Have you or any other relative paid the funeral expenses or any part thereo? If so, attach itemized accounts showing amount paid, and by whom.	No	

(Note:—The government pays funeral expenses within the amounts authorized in the Regulations, where death occurs and burial is made of overseas as well as where death occurs and burial is made in Canada or elsewhere in the North American zone, and if a relative has already paid those expenses the Government will reimburse such relative to the extent of the amount authorized in the Regulations. Any amount of such expenses in excess of those authorized in the Regulations is not payable by the Government nor is it chargeable against the service estate of the deceased.)

DECLARATION

CERTIFICATE

"Insert degree of relationship for example.
"Widow".
"Widow".
"Wather".
"Brother".
"Brother". Levollerof the deceased.

N.B.—To be signed in full in the presence of a Clergyman, Priest, Local Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces.

Claire fresheter Renand of Informant 8533 Casgrain, Wouleal, Que - Address

1 nereby	certify that to the	best of my knowled	ge and bener		
See above. Mrs. You	1 Revord 1	Name of informant is the*	morter.	of	the Deceased
	bed. The above D				my presence.
Dated at Mo	utreal	this Neie Th	day of A	lucy	19 41
Signature of Clergyman, Priest, Magistrate. Commissioner or Notary Public or Com-	Jeuri Frec		Qualification	· · ·	C.A.
missioned Officer of any of His Majesty's Forces.	Address 8/6	5 St. Do	ningue	moutres	18.8

NOTE.—Before granting the above Certificate, care should be taken to see that the informant gives particulars concerning the death of any Relative stated by him or her to have died, and that the full name and address and age of each surviving Relative specified is stated in its proper place in the Statement opposite.

(If the deceased has no living relatives of the degrees shown on page 2, the names and addresses and relationship of other relatives should be set out below.)

USE SPACE BELOW FOR ANY ADDITIONAL REMARKS YOU MAY WISH TO MAKE

L'Industrielle. Quebec City.
Policy No. 367149 \$ 231 Paul Renaud- Father No Was Clause. London Life. Policy No- 633667 N- 1000 - Claire Research - Mother AVIATION CAUSE ~ 5092878 N 2000.

Application for policy no 633667 was taken previous to Declaration of war by Canada, but policy is dated September 5. 1939 and therefore has no cash value.

Pilot oz Gbsezrez Std.

S.T.E. CANADA ROYAL CANADIAN AIR FORCE

RECORD OF SERVICE AIRMEN

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	A	F	No	T

Benaud Joseph Alphonse Jean Louis

JR. C.

	1.	1	E	C
A.F. No		A	. т.	140

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(OVER)

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TRADE.....

or Observer Std

ROYAL CANADIAN AIR FORCE

(ATTESTATION PAPER)



(Pages one and two, only, are to be completed in Applicant's own Handwriting)

1. Surname RENAUD		Full Christ	ian Names	Joseph Alphon	se Leon Louis.
2. Present Address857	33 Casgrain A	ve., Mtl.P.	Q.	Teleph	one Du. 3572
3. Permanent Address 853	33 Casgrain A	ve., Montre	al.P.Q.		
4. Place of Birth Quebec	P.Q.		C	tizenship Canad	lian.
5. Date of Birth June 16th	1, 1923.	Married,	Single, Widower,	Separated, Divorce	d Single.
6. Particulars of Children					
Name	D	ate of birth	N	ime	Date of birth
N A					
No.R.					
7. Occupation Student			8. Religion	Roman	Catholic.
9. Languages English &	French fluer	ntly.		State denom	nation
10. Next of Kin (Full Name).	Paul Benaud	ate proficiency	Relation	aship. Father	•
" Address 85	33 Casgrain /	lve., Mtl.P.	.Q.		
11. Father (Full Name)P	aul Renaud		Birthpl	ace. Montres	1,P.Q.
" Address8533	Casgrain Ave.	Mtl.P.Q.	Citizens	ship Canadi	an.
" Occupation	Soldier, R.C	.A.S.C.			
12. Mother (Full Maiden Na	ame) Claire I	rechette	Birthpla	ice. Quebec C	ity,P.Q.
" Address 8533	Casgrain Ave.	, Mtl.P.Q.	Citizens	hip. Canadian.	
13. Details of any Naval, Mil	litary or Air Forc	e Service:			
	71			Date	
Unit'	Place	Rank	Trade	From To	Reason for discharge
				RCAFE	
None.				Rec'd, MAD OF	rds Office
				O. K.J.C.	1942
			None.	R. C 30 N.	m/
 Honours, Awards, Mentio Are you now on any Nava 	ns			S. L P A	Z
16. Have you previously mad When?	The state of the s				
17. Were you ever discharged					
If so, state nature of disal					
18. Have you ever been or ar					
If so, state nature of Disa					
19. Have you ever been conv					
20. Are you in debt?No					
*					MV
R.C.A.F. Form R. 100		********************	***********		

The state of the s	Name of school	Da	ate	Courses—Subjects, etc.
		From	То	Courses—Subjects, etc.
Primary Education—Public or Separate School		/ 729 1933 1938	1938	Elementary. Classical in third year now.
22. Particulars of all Civil Occupa	tions (in full):			
		D	ate	
Employer and place	Duties, trades, positions	From	То	Reason for leaving
N.A.				
26. Air Force Duty you wish to	r Force trade in which you wish erence as (a) Pilot; (b) Observer le.)	to enlist ; (c) Air	Gunner	Pilot. ¥1T.P. (d) Wireless Operator (Air Crev
Name	Address			Occupation
Bros. Robert Mr. Charles Bolduc	220 Pine St., M			Principal Secretary Treasurer.
E. Charbonneau	8470 Henri Julio	en St.	Mtl.P	Q. Painter.
Capt. J.A. Yaaman	4000 St. Patric	k St.,	Mtl.P.	Q. Merchant Navy Captain
28. Other information that may h	ave any bearing on this application	on	Noi	20-
29. Do you understand that vacci	nation, re-vaccination and inocul	ation ar	e compu	lsory? Yes.
I HEREBY CERTIFY that the belief.	foregoing information furnished l	by me is	correct	to the best of my knowledge a
Date Nov. 8th	19 41 · Signature	icee	00	enaued

FOR OFFICIAL USE ONLY

(A) Report	of Interviewing Officer—	MAR 24 1942
ре		ince
Suitabil	ity for (state in what capacity)	
Date	Signature	Rank
(B) Report	of Trade Test—	
Trade i	n which tested	
Result		
Trade o	qualifications other than above likely to lead to efficient em	ployment in the R.C.A.F
Date	Signature	Rank
(C)	DECLARATION MADE BY MAN ON	ATTESTATION
hereafter, a services.	i, in the Royal Canadian Air Force for the duration of the principle in th	
(D)	OATH TAKEN BY MAN ON ATT	ESTATION
I,leclare) that	Joseph Alphonse Leon Louis RENAUD I will be faithful and bear true allegiance to His Majesty. March 24th 19 42	
(E)	CERTIFICATE OF ATTESTING	OFFICER
	Recruit above named was cautioned by me that if he made a liable to be punished as provided by law.	ny false answers to any of the above questions
The abo	ve questions and answers were then read to the Recruit in	my presence.
	aken care that he understands each question, and that his a	

at Montreal, P.Q.

Signature of Officer

this 24th day of March 19 42

#13 Recruiting Centre, R.C.A.F.,

FOR OFFICIAL USE ONLY CERTIFICATE OF MEDICAL EXAMINATION

Age. 18 2. Have you ever suffered from any of the following defects in health? (a) Remarks and the following defects in health? (b) Tuberculesis (c) Bronchitis or Asthma. (d) Get Discuss. (d) Heart Dessee. (e) Richard Dessee. (f) Kidney or Bladder Discuss. (g) Reliepsy. (he (h) Replicate the following the following defects in health? (g) Richard Dessee. (h) Replicate the following defects in health? (h) Field Dessee. (h) Replicate the following defects in health? (h) Replicate the following defect	Part 1. Information obtained from the ap			
(a) Proberenois (b) Rear Disease (c) Bronchitis or Asthma (d) (d) Fey Disease (d) Heart Disease (d) Kidney or Bladder Disease (d) (e) Kidney or Bladder Disease (d) (f) Gastro-intestinal (d) (g) Ruplure (d) Nervous or Mental Disease (e) Kidney or Bladder Disease (d) Gardenoistical (d) Various Veins (e) Gonorrhova (h) Various Veins (f) Gardenoistical (h) Various Veins (f) Gardenoistical (h) Various Veins (f) Other Disease or Defect (h) Other Disease or Defect		21		
(c) Bronchilis or Ashma (d) Heart Disease (e) Kidney or Bladder Disease (lo) Castro-intestinal (lo) Rupture (lo) Rupture (lo) Rupture (lo) Rupture (lo) Rupture (lo) Rupture (lo) Syphilis (lo) Rupture (lo) Rupture (lo) Conorrhooa (lo) Syphilis (lo) Rupture (lo) Deformed Feet (lo) Other Disease or Defect (lo) Other Disease or Defect (lo) Rupture Rupture (lo) Rupture Rupture (lo) Rupture Rupture (lo) Rupture Rupture (lo) Ruptu	(a) Rheumatism			
(d) Heart Disease. (e) Kidney or Bladder Disease. (f) Gastro-intestinal. (g) Rupture. (h) Various Veins. (i) Plat or Deformed Feet. (ii) Plat or Deformed Feet. (iii) Plat or Deformed Feet. (iv) Plat D	(b) Tuberculosis	240	(k) Ear Disease	
(d) Heart Disease. (e) Kidney or Bladder Disease. (f) Gastro-intestinal. (g) Rupture. (h) Various Veins. (i) Plat or Deformed Feet. (ii) Plat or Deformed Feet. (iii) Plat or Deformed Feet. (iv) Plat D	(c) Bronchitis or Asthma	No	(1) Eye Disease	
(9) Gastro-intestinal (9) Rupture (10) Rupture (10) Gonorrhoea (11) Plat or Deformed Peet (11) Plat or Deformed Peet (12) Plat or Deformed Peet (13) Have you ever worn glasses? (14) Plat or Deformed Peet (15) Plat or Deformed Peet (16) Plat or Deformed Peet (17) Other Disease or Defort (16) Plat or Deformed Peet (18) Plat of Deformed Peet (19) Other Disease or Defort (19) Other Disease or D	(d) Heart Disease	160	(m) Epilepsy	
(g) Rupture. (h) Varioses Veins (h) Varioses Veins (i) Flat or Deformed Feet. (ii) Flat or Deformed Feet. (iv) Good One of the Medical Examination (Applicant must be stripped)— 1. Identification marks or scars (if operative obtain history) 2. Height. 3. Height. 4. Complexion (Good One Development frair 7. Chest Measurement—Full expiration. 3. 2'/2 3. Hearing—Right W. 2.9' Left. 4. Complexion 5. Color of Eyes. 6. Development frair 7. Chest Measurement—Full expiration. 7. April 2. My proper in the first proof of the Medical Examination of Range of expansion. 7. Left. 8. Hearing—Right W. 2.9' Left. 10. Condition of mouth and teeth. 11. Urine—Albumen. 12. Abnormalities (Congenital and Pathological) found on Examination. 13. An and Instructions for the Medical Examination of Recruits' and he is considered fit for Category Any special remarks of the Medical Officers. 13. An and Instructions for the Medical Examination of Recruits' and he is considered fit for Category Any special remarks of the Medical Officers. 13. An and Instructions for the Medical Examination of Recruits' and he is considered fit for Category Any special remarks of the Medical Officers. 13. An and Instructions for the Medical Examination of Recruits' and he is considered fit for Category Any special remarks of the Medical Officers. 14. An	(e) Kidney or Bladder Disease	No		
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Part 2. Information obtained by Medical Examination (Applicant must be stripped)— 1. Identification marks or scars (if operative obtain history). 2. Appendenting reas useful 2. Height 5. feet 5. 2. inches. 3. Weight 4. poun 4. Complexion 5. Color of Eyes 6. Plue Hair Brown 6. Development Print 7. Chest Measurement—Full expiration 32./2. inches 8. Hearing—Right W. V. 2. 2. Left W. V. 2. 2. Tympana—Right Left 9. Vision—Without glasses—Right 2. With glasses—Right 1. Left 10. Condition of mouth and teeth 11. Urine—Albumen 12. Abnormalities (Congenital and Pathological) found on Examination Part 3. The Candidate has been examined in accordance with the pamphlet, "Physical Standards and Instructions for the Medical Examination of Recruits" and he is considered fit for Category Any special remarks of the Medical Officers 4. Quicker 12. Abnormalities (Congenital and Pathological) found on Examination 12. Abnormalities (Congenital and Pathological) found on Examination (Congenital Congenital Congenital Congenitation of Recruits" and he is considered fit for Category 11. Mark 11. Mark 12. Appendix 12. Abnormalities (Congenital Congenitation of Recruits" and he is considered fit for Category 12. Appendix 12. Abnormalities (Congenitation of Recruits" and he is considered fit for Category 12. Appendix 12. Abnormality 12. Abnormality 12. Abnormality 13. Abnormality 13. Abnormality 14. Abnormal	dilocated left elson	w-1mo.ago BDY	felevant in Structusia	
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