

7590
BELANGER
JEAN

BAPTIS

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Diid 13/9/44

Emile Belanger (Brother)
59A Desjardins Ave.,
Levis,
Que.

Jan. - 46.

4762

26-10-49

MEM	34R
DATE	
REGN	3538

1022-B-1296

MEDICAL DISCHARGE

NO. 7590 RANK Sgt NAME BELANGER J.E.
 UNIT 12 A.I.S.D. EFF. DATE 23-10-43 K.R. (AIR) 195(12)a

xDMS (Air) Sig. rec'd. M2707 d/24-9-43 xAuthority for Discharge
 xSig. rec'd. from unit M354 d/23-10-43 xR.15a Discharge Cert.
 xR.51 (Airmen) M.10 (including M.13) 22-10-43
 E.236 Deficiency List xM.227 Medical Board
 xR.71 General Conduct Sht MFB465a Dental Envelope
 xR.72 Service Conduct Sht xDental Exam. on discharge
 xReasons for discharge xDec. of C. of I. (Deserter)
 Death Certificate
 xDate Board sent to Pensions: 3-11-43
 B.F. date 6-11-43 Date file rec'd. 29-10-43
 Discrepancies
 xNot necessary for deaths Checker's signature A. M.

(1)

Memo to R02 from R03 recommending airman for discharge.

Signal to 1 T.C. (M8881 d/16th October) stating authority granted to effect discharge.

48-A
CONFIDENTIAL

Lechert
No. 2 MEDICAL SELECTION BOARD # 7590
REGINA, SASKATCHEWAN

10

R.C.A.F. M2
150M-8-40 (6421)
H.Q. 1002-10-2

ROYAL CANADIAN AIR FORCE

FILE NUMBER

Medical Board held at Brandon, Man.

Date 6-11-41

7590

Surname BELANGER Chr. Names JEAN BAPTISTE
Nature of Commission P. or O. Date of Birth 24-5-09 Married or Single Single
Branch _____ Hours Flown 8 hrs. dual - 10 hrs. solo plus passenger
Address 295 St. Joseph St., Quebec City, Que.

HAVE YOU ANY HISTORY OF:—

- (i) NERVOUS TROUBLE or Nervous Breakdown..... No
Severe or "Sick" Headaches, Migraine..... No
Fits or Convulsions of any kind..... No
Sun or Heat Stroke..... No
Head Injury or Concussion (including "knock-out")..... No
Insomnia, Nightmares, Sleep-walking, or Bed-wetting..... No
- (ii) LUNG TROUBLE or Consumption..... No
Bronchitis, Pneumonia or Pleurisy..... No
Asthma or Hay Fever..... No
- (iii) HEART DISEASE, "Weak or Strained Heart"..... No
Fainting Attacks or Giddiness..... No
Rheumatism, Rheumatic Fever or "Growing Pains"..... No
Frequent Sore Throats or Tonsillitis..... No
Diphtheria, Scarlet Fever or Scarlatina..... No
- (iv) STOMACH or BOWEL TROUBLE..... No
Chronic Indigestion or Pain after Food..... No
- (v) KIDNEY or BLADDER TROUBLE..... No
Syphilis or Gonorrhœa..... No
- (vi) TROPICAL DISEASE..... No
Malaria..... NO
Dysentery..... NO
- (vii) EYE TROUBLE or Inflammation of Eyelids..... No
Wearing of Glasses..... No
Colour or Night Blindness..... No
- (viii) EAR TROUBLE, Earache or Discharge from Ears..... No
Deafness, Noises in the Ears, or Dizziness..... No
Frequent Colds in Head, Catarrh or Obstruction..... No
Prolonged Hoarseness or Loss of Voice..... NO
Sea, Car or Train Sickness..... NO
Discomfort on Swings, Roundabouts, Switchbacks..... No
- (ix) OPERATIONS..... No
- (x) Any Illness or Injury not mentioned above..... No

Education 2nd year Polytechnic School, Montreal

Present Occupation R.C.A.F. Equipment Hobbies No

Previous Service 6th Med. Brigade - RCA, Quebec

Athletics Skiing, Tennis

Habits—Smoking 25 cigarettes daily Alcohol 1 pt - daily, hard occas.

FAMILY HISTORY—Consumption..... No

Nervous Ailments, Mental Trouble, or "Fits"..... No

Father Alive—Health Well Dead—Cause.....

Mother Alive—Health..... Dead—Cause kidney ailment.

Brothers (5) Alive—Health Well (....) Dead—Cause.....

Sisters (4) Alive—Health Well (....) Dead—Cause.....

I hereby declare that I have carefully considered the statements made above, that to the best of my belief they are complete and correct, and that I have not withheld any relevant information or made any misleading statement. I am fully aware that by wilfully suppressing any information I shall incur the risk of not being granted a Commission, or if it is granted, of being required to relinquish it and forfeit any claim to gratuity or other award.

Date 6-11-41 Signature J. B. Belanger Witness L. O. Bradley Jhr.

GENERAL MEDICAL AND SURGICAL EXAMINATION

Impression given by (a) Physique.....**Sedentary**.....(b) Mentality.....**Standard**.....
 Body Marks, Scars, Deformities.....**None**.....
 Size of Thyroid Gland.....**Normal**.....
 Surgical Abnormalities.....**None**.....
 Results of Wounds, Injuries, Operations.....**Nil**.....

	Date.. 6-11-41 ..	Assessing Room	Date.. 3/3/42 ..	Assessing Room	Date.....	Assessing Room	REMARKS ON ANY ABNORMALITIES FOUND
Height (ins.).....	68½		68				Date 3/3/42 . Protuberant abdomen--fat. Excessive sweating of the feet. Tendon jerks exaggerated but equal. Fit. N.E.F.
Weight (lbs.).....	165		166				
Chest Circumference (ins.).....	39		37				
Body Build (lbs.).....	73		+16				
LEG LENGTH (ins.).....	42		39				
Pulse Rate {	Sitting.....	84	84				
	Standing 1st.....	96					
	Standing 2nd.....	96					
	After Exercise.....	108					
	Time to Normal	20					
Arterial Walls.....	Soft		N				
Blood Pressure {	Systolic.....	120	136	134			
	Diastolic.....	88	92	92			
Heart {	Size.....	N	N				
	Sounds.....	Clear	N				
	Rhythm.....	Reg.	N				
Lungs.....	Clear		N				
Breath held.....	55						
Expiratory Force.....	130						
Vital Capacity (Best of 5).....	Not done						
Reflexes {	Knee.....	N	N				Date.....
	Ankle.....	N					
	Triceps.....	N					
	Abdominal.....	N					
	Plantar.....	N					
Cranial Nerves.....	N						
Balancing Rod.....	R. L. 2s 1s	R. L.	R. L. 1fs 3fs	R. L.	R. L.	R. L.	
Self Balancing.....	R. L. 1s 2s	R. L.	R. L. 1fs 3fs	R. L.	R. L.	R. L.	
Tremors {	Fingers.....	Nil					Date.....
	Eyelids.....	s.f.					
Abdomen {	Liver.....	N	N				
	Spleen.....	N					
	Muscular Tone.....	Fair					
Urine {	Albumen.....	N	Neg.				
	Sugar.....	N	Neg.				
Initials of M.O.	LOB		N.E.F.				

40 mm. Hg. Test.....**68/8/898, 877, 687, 677, 76**.....
 Date **3/3/42** **68 seconds** **7/788, 899, 988, 877, 6**.....
 Date.....
 Date.....
 Date.....

Remarks by Consultant.

EYE EXAMINATION

History	Nil		
Visual Acuity	{ R. 20/30, -2.25 = 20/100 L. 20/30, -2.25 = 20/100	6/9 + 2.50 6/18 6/6 + 2.50 6/18	
Colour Vision	N. Ishihara	Normal Ishihara	
Red, Green	Ortho	M.R. 3 exo	
Diaphragm Test (P.D. = 65)	0	67) Exo 2	
Convergence	{ C. = 6 cms. S. C. = 10 cms.	12 16	
Accommodation	{ R. 12 L. 12	12 12	
Cover Test	Sl lat dev. c R.R.	Lat. dev. mod. rec.	
Fundi and Media	N	N	
Fields	N	N	
Remarks:	Fit ALB--A3B	HD +0 -12 -22 Fit ALB-A3B	
Initials of M.O.	LOB		
Date	6-11-41		

EXAMINATION OF EAR, NOSE AND THROAT

History	Nil	Had difficulty in aerating ears in chamber. Loud spoken voice a.c. only (at ear).	
Hearing	{ R. Ear L. Ear	W.V. 20' W.V. 20'	W.V. 2' W.V. 8'
External Ear, Meatus Membranes	{ R. Ear L. Ear	N N	
Middle Ear, Eustachian Tubes	{ R. Ear L. Ear	Pat Pat	
Cochlear Apparatus	{ R. Ear L. Ear	N N	
Vestibular Apparatus	{ R. Ear L. Ear	N N	
Buccal Cavity		Clean	N
Teeth		Good	N
Gums		N	N
Pharynx		N	N
Nasopharynx		N	N
Nose		N	N
Larynx		NOT done	N
Remarks:	Fit	Defective Hearing	See back of M2.
Initials of M.O.	LOB	Initials of M.O. L.K.	Initials of M.O.
Date	6-11-41	Date 3/3/42	Date

HISTORY OF PRESENT CONDITION

Date.....10-11-41.....

32 years old, well built, semi sedentary condition at present, required several rest periods to put B/P under 140/90, tried hard to do manometer test - is keen to become aircrew - good material Cat A1B - A3B

Rob Bradley J/ls

4-2-42

I certify upon my honour that I have suffered no illness or disability since my last examination.

Witness *H.A. Kester J/ls* Signature *J.B. Belanger*

25/3/42 Previous commission in Artillery-10 yrs. Exposed to considerable gunfire--100 pound coastal defence mostly. Usually period of limited hearing afterwards. In L.P. Chamber March 3/42 some difficulty in ventilating both middle ears. M.T. (bil) congested and retracted. W.V. Rt. 1' Lt. 8'

	Right		Left
		128 d.v.	
		256 d.v.	
	Not heard	512 d.v.	Within normal limits.
	Not heard	1024 d.v.	
		2048 d.v.	
	a.c.		20'
		Weber	
	BC > AC		BC > AC
(borrowed)		Schwabach	N.
bone conduction			
	Normal appearance	M.T.	Normal appearance
	mobile		mobile

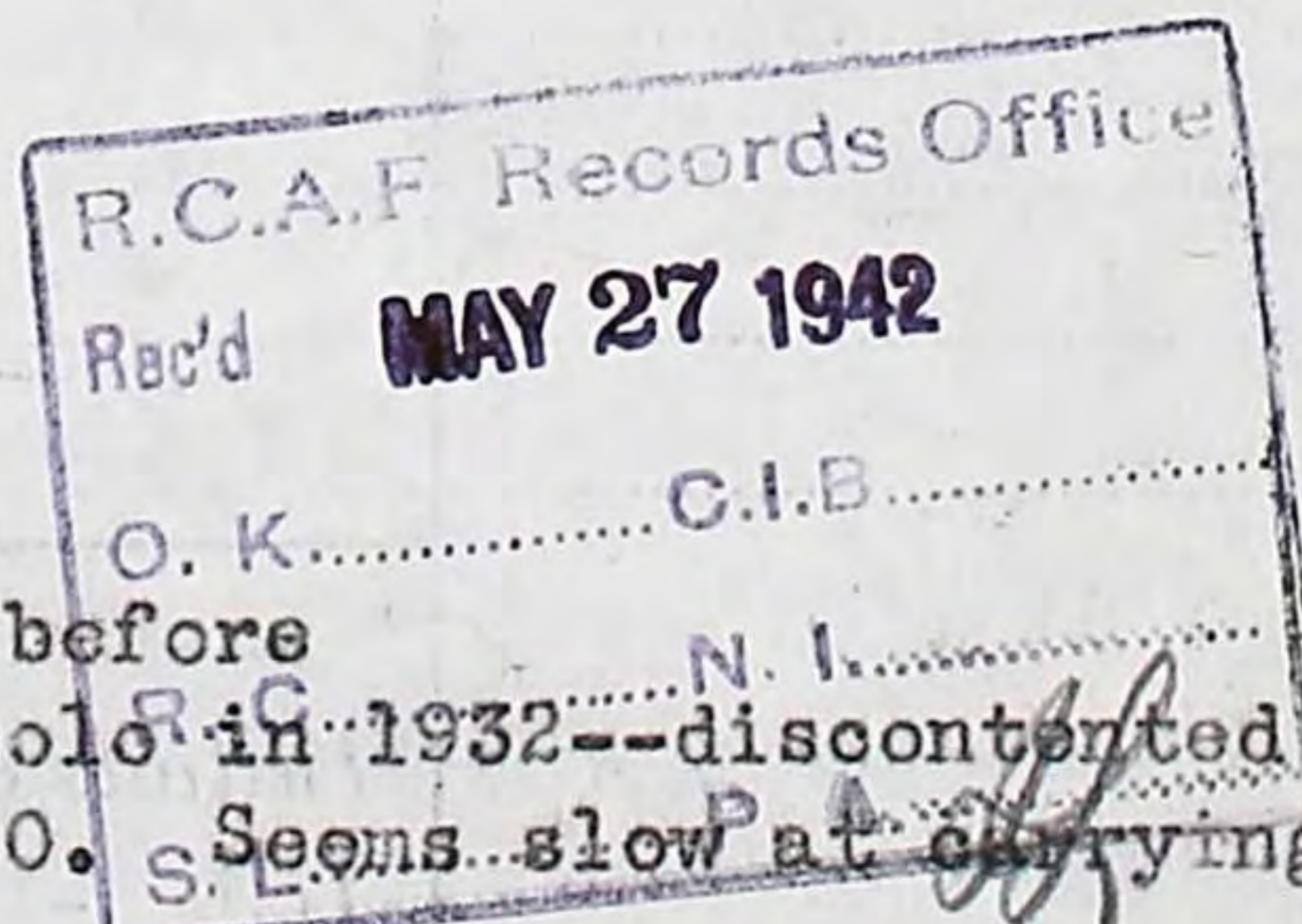
OBSERVATIONS AND FINDINGS BY PRESIDENT OF BOARD

Date.....

Opinion: Perceptive (nerve deafness)
Category: A4B



Interview: -
French Canadian of average intelligence. Is now 32. Enlisted May 1939 and became a Sgt in Equipment Section before remustering. Had about 8 hrs dual and 10 hrs solo in 1932--discontented because of lack of finances. Wants P. No objection to A.O. Seems slow at carrying out instructions but should succeed. (II) N.E.F.



Mr. Paul R. Belanger,
59A Desjardins Street,
Levis, P.Q.

Refer to 7590

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.Q. HQ 7590

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

26th October 1945

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

BELANGER, Jean, B. Sergeant.
7590 R.C.A.F.



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.

H.V./MTO

Director of Estates
Director of Estates

ANSWER IN FULL ALL APPLICABLE QUESTIONS

ANSWER FULL
PART

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:—

Degrees of Relationship	RELATIVES required to be accounted for	INFORMANT'S STATEMENT		
		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 Deceased.....	Nil		
2	Children of the Deceased and dates of their Births.....	Nil		
3	Father of the Deceased.....	Germain Belanger.	73	deceased 7th of February 1944
4	Mother of the Deceased.....	Anna Larocq Belanger	65	Deceased 15 of July. 1939
5	Brothers of the Deceased	Full Blood	Emile Belanger. 48. Henri Belanger. 48. Joseph Belanger. 43. Paul H. Belanger. 35.	26 1/2 Deligny St. Quebec. Barry Chagnon. Quebec. Matane Quebec. 59 A. rue Desjardins, L'Ass. Q.
		Half Blood	Nil	
6	Sisters of the Deceased	Full Blood	Germaine Brousseau Belanger 51 Zephirine Soulet Belanger 47 Marie Alice Moisan Belanger. 39	Chateau St. Louis opp. 807, Quebec. 179. St. Allie Quebec. 295, St. Joseph St. Quebec
		Half Blood	Nil	
7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, who are dead and date of death of each.	Names and ages of their children (if any)	Address of their children	

8	Full names of the deceased.
9	Date of his birth.
10	Place and date of his marriage.
11	Place and date of his parents' marriage.
12	Place where deceased was born.
13	State, in order, the Province, State and/ or Country he resided before enlistment and the period of residence.
14	Nature of employment before enlistment.
15	State whether he owned the premises in which he resided, so, where situated.
16	Name place where deceased stated he had as his permanent home.
17	Did the deceased leave a Will other than that in your custody, please forward. If not, call attention to it.
18	If married, and domiciled in the Province or in the U.S.A. or in a Country under the laws of which the community of property between spouses is in force, state whether the marriage contract dealing with property?
19	(a) Did he have a Bank, Post Office or other account? (b) Give name and address of bank, etc. (c) Do you wish it administered with a trustee? (d) If it is a joint account, state the relationship to the deceased.
20	Amount of War Savings Certificates purchased and registered in his name. State whether they are in his possession.
21	(a) Amount of Victory Loan Bonds left in his possession. (b) State whether bearer or registered. (c) State in whose name they are registered. (d) During what loan were they purchased? (e) In whose possession, and address, are they now?
22	If deceased had life insurance, name of the company and amount payable under each policy and the persons named as beneficiaries therein.
23	Describe other assets, if any, and estimate their value. Use the space on page 4 if necessary.
24	Did the deceased after enlistment incur any indebtedness? (a) His own separate board and lodging. (b) Service clothing and equipment. An itemized account for each such debt must be submitted hereto, and if same is correct you must sign and "approve" and sign same. If not correct, state particulars.

ANSWER FULLY EACH QUESTION ON THIS PAGE
PARTICULARS AS TO IDENTITY

QUESTIONS
the relatives that the deceased ever

STATEMENT

Age ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative

8	Full names of the deceased.	Jean Baptiste Lafarge
9	Date of his birth.	23 juin 1907
10	Place and date of his marriage.	Nil
11	Place and date of his parents' marriage.	Jacques Pichon. Quebec

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Chalabourg. Quebec
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Quebec. Que ✓ (b) (c) (d)
14	Nature of employment before enlistment.	Parlement of Quebec Inspector ✓ John Def
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.	Nil

PARTICULARS OF ESTATE

17	Did the deceased leave a Will other than a Service Will? If in your custody, please forward. If not, can you state where it is?	No Will
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?	Not Married
19	(a) Did he have a Bank, Post Office or other deposit account? (b) Give name and address of bank, etc., and the amount on deposit. (c) Do you wish it administered with the pay account? (d) If it is a joint account, state the survivor's name and relationship to the deceased.	We don't know
20	Amount of War Savings Certificates purchased by the deceased and registered in his name. State where located.	
21	(a) Amount of Victory Loan Bonds left by deceased. (b) State whether bearer or registered. (c) State in whose name they are registered. (d) During what loan were they purchased? (1st, 2nd, 3rd, etc.) (e) In whose possession, and address, are they?	We don't know if there is any.
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	No life insurance.
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	

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.	
----	--	--

73 deceased 7th of February 1944

65 Deceased 15 of July 1939

48 26 1/2 Deligny St. Quebec

40 Sarag Champlain. Quebec

43 — Matane Quebec

35 59 A. rue Desjardins, Louis. Q.

51 Chateau St. Louis opp. 807, Quebec

47 179. E. Allie Quebec

39 295, St Joseph St. Quebec

Address of their children

DECLARATION

*Insert degree of relationship for example, "Widow", "Father", "Brother", etc.

I hereby declare that all the particulars shown on this form are correct, and a true and complete statement of all the relatives that the deceased ever had in the degrees specified; and that I am the

*..... Brother of 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.

Paul R. Belanger

{ Signature of Informant

59, A. Desjardins St. Lévis Address QUÉBEC

CERTIFICATE

I hereby certify that to the best of my knowledge and belief Mr. Paul R

*See above.

Belanger { Name of informant } is the* the brother of the Deceased above described. The above Declaration was made by the Informant and signed in my presence.

Dated at Lévis this 5th day of November 19 45.

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces.

Hervé Guenette

Qualification Notary Public

Address 118, Cote du Passage, Lévis, P. Q.

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

NOV 10 1945

ROYAL CANADIAN AIR FORCE

PERMANENT ACTIVE AIR FORCE *DE 1939*

ATTESTATION OF

No. 7590 Name Jean Baptiste BELANGER,

QUESTIONS TO BE PUT BEFORE ATTESTATION

1. What is your surname? BELANGER,
2. What are your Christian names? Jean Baptiste,
3. What is your address? 102 Aberdeen Street, Quebec, P.Q.
4. What are particulars of your birth? (a) 23-6-1909 (b) Quebec (c) Quebec (d) Canada
If naturalized British subject certificate of naturalization or certified true copy thereof is to be submitted which will be returned after a copy is made and attached to Attestation Paper.
5. Are you a British subject? Yes.
(If not, to what country do you owe allegiance.)
6. What languages, other than English, do you speak? French.
7. What is your trade or calling? Clerk (Storekeeper)
8. What is your religious denomination? Roman Catholic
(You are hereby warned that if, after enlistment, it is found that you have given a wilfully false answer to any of the following questions, you will be liable to a punishment of two years' imprisonment.)
9. Are you single? Single. Married? No. or Widower? No.
10. You understand that vaccination, re-vaccination and inoculation are compulsory? Yes.
11. Do you now belong to any Naval, Military or Air Forces? 6th (Q&L) Medium Brigade, R.C.A.
2nd Lieut. 57th Bty., 6th (Q.&L) Medium Brigade, R.C.A.
Resigned 14-9-37, A.P.&R. 22-37
Verified from documents produced. Signature.
12. Have you served in any Naval, Military or Air Forces? (If so, give particulars of former service.)
13. Are you willing to be attested in the Permanent Active Air Force of Canada? Yes.
14. Have you ever been discharged from any branch of H.M. Forces as medically unfit? No.
15. If so, what was the nature of the disability? N.A.
16. Have you ever offered to serve in any branch of H.M. Forces and been rejected? No.
17. If so, what was the reason? N.A.
18. Have you ever been awarded a disability pension or gratuity? No.
19. Are you now in receipt of any such pension or gratuity? No.
20. Have you ever been sentenced to imprisonment by the Civil Power? No.
21. Do you understand that you are liable to be called upon to carry out duty in the air in any type of aircraft? Yes.

DECLARATION TO BE MADE BY MAN ON ATTESTATION

I, Jean Baptiste BELANGER, do sincerely and solemnly declare that to the best of my knowledge and belief, the above answers to the foregoing questions made by me are true; and that I am willing to be attested for general service for the term of five years, provided His Majesty should so long require my services, or until legally discharged, and do understand the nature and terms of this engagement.

J. B. Belanger
Signature of man.

G. Guindon, Captain
R. 22. R.
Signature of witness.

Dated this 2nd day of May, 1939 at Quebec, P.Q.

OATH TO BE TAKEN BY MAN ON ATTESTATION

I, Jean Baptiste BELANGER, do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.

J. B. Belanger
Signature of Recruit.

CERTIFICATE OF MAGISTRATE, JUSTICE OF THE PEACE OR ATTESTING OFFICER

The recruit above named was cautioned by me that if he wilfully or knowingly made any false answers to any of the above questions he would be liable to be punished as provided by law.
The above questions and answers were then read to the recruit in my presence.
I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath.

before me, at Quebec, P.Q. this 2nd day of May, 1939

G. Guindon
(G. GUINDON) Captain,
G.S.O. (3), M.D. No. 5.

Signature of Magistrate, Justice or Attesting Officer.
Office or Rank and Unit or Appointment.

219-183

DESCRIPTION OF Jean Baptiste Belanger ON ENLISTMENT AND CERTIFICATE OF MEDICAL EXAMINATION

The following are accurate particulars with regard to the above-named man as ascertained by the medical examination on the 2nd day of May 1939, by the undersigned Medical Board sitting at Quebec

1. Declared age 29 years 312 days 2. Apparent age 30 years.

3. Height 5 feet 7 1/8 inches 4. Weight 163 1/2 pounds.

5. Chest measurement { Girth when fully expanded 38 1/4 inches
Range of expansion 2 1/4 inches

6. Complexion Dark { Eyes Black
Hair Dark

7. Physical Development good { Good
Fair
Poor

8. Smallpox Marks Nil

9. Number of Vaccination Marks { Right Arm
Left Arm 1

10. When vaccinated last childhood

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

(Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer.)

12. Slight defects, but not sufficient to cause rejection

13. The man denies having had { Rheumatism, Epilepsy,
Tuberculosis, Syphilis,
Nervous or Mental disorder, Asthma.

(Strike out disease admitted or suspected.)

14. We find no evidence of past { Rheumatism,
Tuberculosis, Epilepsy,
Nervous or Mental disorder, Syphilis,
Asthma.

We have examined the above-named man in accordance with the Regulations for the Canadian Medical Services, 1923, and he is placed in Category.....

A

15. (a) Vision R. 6/9 L. 6/6
(b) Hearing R. 2.0 feet L. N. Unaffected

B. Lamer President
Capt. R. C. G. O. G. Member

(Any special remarks of Medical Officers may be added below.)

"Results of X-Ray of chest satisfactory. Radiologist's report + cert. attached."

PARTICULARS OF NEXT-OF-KIN

Name and Relationship	Address	Subsequent Changes
Germain BELANGER (Father)	103 Aberdeen Street, Quebec, P.Q.	

CERTIFICATE OF OFFICER COMMANDING UNIT

BELANGER, Jean, Baptiste having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation, and that his service reckons from the Second day of May 1939

Date 9th May 1939 [Signature] Sqn. Ldr., (Signature of Officer)
Commanding Officer, RCAF. Stn., Ottawa, Ontario.

Note.—Service reckons from date recruit commenced to draw pay.

ROYAL CANADIAN AIR FORCE

To: THE SECRETARY

CANADA April 2 1942

DEPARTMENT OF NATIONAL DEFENCE FOR AIR,
OTTAWA, ONTARIO, CANADA

FILE NO. 12-3-1

PLEASE QUOTE
IN ANY REPLY

FROM: COMMANDING OFFICER No. 2 Initial Training School, Regina, Sask.

SUBJECT: AIRCREW, CEASED [OR INTERRUPTED] TRAINING

7590	AC2	Belanger, J.B.	Aircrew	Standard	
NUMBER	RANK	NAME IN FULL	TRADE	GROUP	
ROYAL AIR FORCE	<input type="checkbox"/>		ROYAL CANADIAN AIR FORCE	<input checked="" type="checkbox"/>	
ROYAL AUSTRALIAN AIR FORCE	<input type="checkbox"/>		ROYAL NEW ZEALAND AIR FORCE	<input type="checkbox"/>	

1. Training of the above mentioned airman in course No. 48 for Airman Pilot has been discontinued at No. 2 I.T. School for the following reason:

- a. SERVICE CASUALTY (Killed)
- b. SERVICE CASUALTY (Injured)
- c. MEDICAL (Other than Casualty)

d. FAILED IN COURSE OF INSTRUCTION

IF ANY REASON OTHER THAN THOSE MENTIONED GIVE EXPLANATION ABOVE

2. Accordingly this airman has been:

- a. RETAINED AT THIS UNIT ON COURSE NUMBER _____ AND FILE RETAINED AT THIS UNIT.
- b. POSTED TO COMPOSITE TRAINING SCHOOL, AIRCREW SQUADRON, TRENTON. EFFECTIVE DATE 11-4-42 REPORTING DATE 13-4-42 AND FILE CONTAINING APPROPRIATE TRAINING FORM PASSED TO TRENTON.
- c. DISCHARGED AND FILE PASSED TO DIRECTOR OF AIRMEN PERSONNEL SERVICES.

3. This airman is recommended for: (Use the following when posting airman to Composite Training School, Aircrew Squadron, Trenton)

- a. TRAINING AS AIR OBSERVER
- b. TRAINING AS WIRELESS OPERATOR (AIR GUNNER)
- c. TRAINING AS AIR GUNNER
- d. REMUSTERING TO GROUND TRADE
- e. REMUSTERING TO GENERAL DUTIES
- f. DISCHARGE

IF ANY OTHER RECOMMENDATIONS GIVE THEM ON ABOVE LINE.

4. Remarks: This airman is well matured as his age would indicate. He was quite disappointed when his training for aircrew has to be discontinued for medical reasons. (A4B). While not an outstanding man he appears to be steady and reliable. He enlisted originally in equipment and would consider remustering to that trade if no other opportunity was afforded which appealed to him more.

COMMANDING OFFICER NO. 2 I.T. SCHOOL [Signature] SIGNATURE

DISTRIBUTION	Distribute Parts 6 7 8 9 only when posting airman to Trenton. In other cases destroy these copies.
Distribute Parts 1 2 3 4 5 in all cases.	
PART 1 - Secretary Department of National Defence for Air.	PART 6 - President Medical Selection Board, Composite Training School, Aircrew Squadron, Trenton.
PART 2 - Air Officer Commanding No. _____ Training Command	PART 7 - Commanding Officer } Composite Training School, Aircrew Squadron, Trenton.
PART 3 - Director of Airmen Personnel Services.	PART 8 - Re-selection Board }
PART 4 - Director of Medical Services R.C.A.F. Air Force H.Q.	PART 9 - Trade Test Board }
PART 5 - Retain at Unit of Origin.	

PART 1

THIS COPY FOR SECRETARY, DEPARTMENT OF NATIONAL DEFENCE FOR AIR BY FASTEST MAIL

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS TO MEDICAL OFFICERS

1. In using this Form, Medical Officers will be guided by instructions issued at N.D.H.Q.
2. This Form will be used for all ranks, at home and abroad, when change in Category or discharge from His Majesty's Forces is contemplated.
3. All sections must be answered in full.
4. A definite diagnosis of all diseases or injuries recorded must be made, and the "Standard Morbidity Code for Canada" must be followed.
5. The Medical Officer in charge of the case is responsible for the completion of pages 1, 2 and 3. The President and Members of the Medical Board are responsible for the completion of page 4.

STATION **#2 I.T.S., Regina, Sask** DATE **25/3/42**

1. (a) Unit **Standard - Aircrew** (b) Regimental No. **7590** (c) Rank **AC2**
 (d) Surname **BELANGER** (e) Christian names **Jean Baptiste**
(Use block letters)
 (f) Home address **295 St. Joseph Street, Quebec City, Quebec.**
 (g) Next of Kin **Mrs. Gerard Moison** (h) Relationship **Sister**
 (i) Address of Next of Kin **295 St. Joseph Street, Quebec City, Quebec.**
2. Age last birthday **32** Date of birth **24/5/09**
3. Enlistment, or Appointment: (a) Place **Quebec City, Quebec.** (b) Date **2/5/39**
 (c) Category on enlistment **A** (d) If lower than A on enlistment, give reason
4. Personal description: (a) Height **68"** (b) Weight **166 lbs.**
 (c) Complexion **Dark** (d) Colour of hair **Black** (e) Colour of eyes **Brown**
 (f) Identification marks, scars, etc. **None**
5. Former civilian trade, profession or occupation **Artillery.**
6. Service (The information should be secured from personal Military documents if available. If not, a statement from the member of the forces may be taken, and note made to that effect.)
 (a) Length of service. Years **2** Days **328**
 (b) ~~Rank at Present:~~
Trade at Present: Aircrew.
 (c) Trade on enlistment **Equipment Assistant**

	From	To
Former Wars.....	May 2, 1939	March 25, 1942
War 1939—Canada.....		
Abroad.....		
Canada on return from abroad.....		

7. Diseases or injuries with Code Nos. **Perceptive deafness - right ear.**
(To be filled in when examination has been completed)
 (a) Dates of origin **Unknown**
 (b) Places of origin **Unknown**
 (c) Causes **Unknown**

8. Present Condition—(a) Subjective. I have had trouble in clearing my ears in the chamber.
(In the individual's own words)

I did not know I was deaf until tests were made on my ears at #2 M.S.B. in
March 1942.

(b) Objective (Before completing this section, the member of the forces should be stripped and subjected to a thorough physical examination. All defects, no matter how trivial, should be recorded. Specialists' reports will be obtained when necessary to ensure a definite diagnosis. For R.C.A.F. Personnel when the category is higher than A4B, a B2 examination is to be completed and the results entered in this section.)

Physical examination essentially negative.

Vision: O.D. 6/9 O.S. 6/6

Ears:

9. History (This section should contain a detailed history of the origin of all diseases and injuries described in Section 8. Date and place of treatment should be recorded, and if pre-enlistment in origin, the name and address of the attending Physician or institution, if available, should be included. Special care should be taken as to history in respect of injuries incurred during service. Copies of Medical Case Sheets, D.P. & N.H. Forms 100, and Consultant opinions should be attached.)

Was in N.P.A.M. Coast Artillery for 10 years before joining R.C.A.F. in May 1939.

Did not notice anything wrong with ears till he had trouble with them in Pressure Chamber on March 3rd, 1942. Tests then revealed that he could hear loud spoken voice in right ear when close up. Special tests indicate that the deafness is perceptive.

10. Were the diseases or injuries caused or aggravated:

(a) By intemperance or improper conduct: or (b) by unreasonable refusal to accept treatment?.....

No.

No.

11. What is the probable duration of the diseases or injuries?..... Permanent.

12. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?..... No.
(If the answer is "yes" state nature of treatment required and probable duration)

13. Can the former civilian trade, profession or occupation be resumed?..... Yes.
(If not, briefly state why)

14. Recommendations. That he be brought before a Medical Board.
(This section should contain only the M.O's recommendation as to treatment, convalescence, or reference to Medical Board for categorization)

A. J. I. Kerwin
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 8 (a) and 9 are to be read to the member of the forces and either "satisfied" or "not satisfied" struck out.)

I, the undersigned, *J. B. Belanger* having heard the contents of Sections 8 (a) and 9 read, am satisfied (or ~~not satisfied~~) with it. (If dissatisfied, statement should follow.)

I complain in addition of *nothing*

J. B. Belanger Rank
Signature of member of the Forces.

OPINION OF THE MEDICAL BOARD

15. Does the Board concur with the preceding report? If not, give differing opinions with reasons.....

We concur.

16. It is certified that the invalid,— (a) Does require treatment (give nature of treatment required and probable duration.)

(b) Does not require treatment.

Categories hereunder are defined for information only.

- (1) NAVY— A. General service. D. Temporarily unfit. E. Unfit for Category A.

- (2) ARMY— A. General service. B1 } Service abroad (not general service). B2 } C1 } Home service (Canada only). C2 } D. Temporarily unfit. E. Unfit for A, B, C.

- (3) R.C.A.F.— A1B Fit for full flying and ground duties anywhere and under any conditions. A1HBH Fit for full flying and ground duties in Canada. A2B Fit for limited flying duties and all ground duties anywhere and under any conditions. A2HBH Fit for limited flying duties and all ground duties in Canada. A3B Air Crew (other than pilots) fit for their full flying duties and full ground duties anywhere and under any conditions. A3HBH Ditto but Canada only. A4B Fit for passenger flying and full ground duties anywhere and under any conditions. A4HBH Ditto but Canada only. ATB Unfit for flying temporarily but fit for full ground duties anywhere. ATBH Unfit for flying temporarily but fit for full ground duties in Canada. ATBT Temporarily unfit for any form of duty. APB Permanently unfit for flying, fit for ground duties anywhere. APBH Ditto but only in Canada. APBT (Permanently unfit for flying, temporarily unfit for any form of duty). APBP Unfit for any form of duty.

17. Recommendations of the Medical Board as to category, treatment or convalescence.

Category A4B Place Regina Date 25/3/42

Handwritten signatures for President and Members.

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned..... understand the nature of the treatment recommended, and I refuse to accept it, for the following reasons.....

Witness..... Signed..... (Should the refusal appear unreasonable, or should he decline to sign the statement, the Board of Officers should so state.)

Place..... Date..... President. Members.

APPROVED BY [Signature] No. 2 MEDICAL SELECTION BOARD REGINA, SASK. Date 26/3/42

APPROVED BY D.G.M.S. or D.M.S. (Air) Date.....

ROYAL CANADIAN AIR FORCE
INTERVIEW REPORT

Appendix "D"
M.20/10

1. SURNAME..... BELANGER... (Sgt. #72x #7590).....
2. CHRISTIAN NAMES..... JEAN BAPTISTE.....
3. APPLYING FOR ENLISTMENT AS..... Observer. (Remuster).....

SELECTION BOARD

4. PERSONNEL OFFICER

Education..... 2 yrs. University (Quebec).....
A to L Score..... 17.....

ASSESSMENT: (Educational Standing; Ability to Learn; Personal Background)
Education good. - a couple extra years. A.L. score weak. May be
due to language difficulty as all education was in French.

RECOMMENDED FOR..... Remuster as pilot.....
SUITABLE FOR COMMISSION..... Could be if language difficulty is overcome.....

Signed

L.G. Robinson P/O

5. MEDICAL OFFICER

Medical Category..... A1B A3B.....

ASSESSMENT: (Physical; Temperamental)
Fit.

RECOMMENDED FOR..... Pilot or Observer.....
SUITABLE FOR COMMISSION..... Possible.....

Signed

H.A. Kester Pt./Lt.

6. INTERVIEWING OFFICER

ASSESSMENT: (General Fitness)

French Canadian of better than average education.
Intelligent, alert - should make good aircrew.

RECOMMENDED FOR..... Observer.....
SUITABLE FOR COMMISSION..... Possibly.....

Signed

R.C. Wilde P/O

FOUND ACCEPTABLE FOR.....

for Commanding Officer

DATE:

4-2-42

... #6 Recruiting Centre.

A.F.M.5
24.12.41

ROYAL CANADIAN AIR FORCE

R.C.A.F. R. 14
100M-7-40 (6059)
H.Q. 1062-3-17

45

RECOMMENDATION FOR APPOINTMENT OR PROMOTION

NO. 7590 RANK T/Cpl. NAME Belanger J.B. TRADE Equipment Ass't. "A"
STATION No. 2 "M" Depot, Brandon, Manitoba.

1. Date of Enlistment	2-5-39 ✓			8. Sgt. Prom. Exam.	%	N/A	
2. Trade Tests	Trade	Date	%	9. Past 3 Character Assessments	1.	Good	
	1 Eq. Asst. "C"	2-5-39 ✓	P		2.	---	
	2 Eq. Asst. "B"	1-10-39 ✓	P		3.	---	
3. Remusterings	3 Eq. Asst. "A"	1-1-41 ✓	P	10. Past 3 Trade Assessments	1.	Sat.	
	Eq. Asst. "C"	2-5-39			2.	---	
	Eq. Asst. "B"	1-10-39			3.	---	
4. Reclassifications	Rank	Date		11. Number of Conduct Sheet Entries in past 6 months	None		
	AC1	3-11-39 ✓			12. Qualified in Drill up to and including	Flight Drill	
	LAC	26-4-40 ✓				13. Present Medical Category	"A"
5. Appointments	T/Cpl. (Pd)	15-11-40 ✓		14. Married or Single			Single
	A/Sgt. (Unpd)	16-9-41 ✓					
6. Promotions	N/A						
7. Seniority on Trade Roster	N/A						

App. As Sgt. paid eff. 1-10-41
 12-12-41
 [Signature]

15. Recommended for... Sergeant (Acting) (Paid)

16. Date of Effect.....

17. Position No. to be filled.....

18. Remarks... Conscientious and industrious worker, who has shown great improvement. Merits promotion.

19. Recommended... [Signature] F/O Equipment Officer
(Signature) (Rank) (Appointment)

20. Remarks of C.O.....

I concur

Signature... [Signature] Rank... Wing Commander
 Appointment... Commanding Officer, No. 2 "M" Depot, Arena Building, Brandon, Manitoba. Date... November 4th 1941.

FOR HEADQUARTERS USE ONLY

21. Particulars checked by.....

Recommended effective..... to take rank and precedence on the..... Roster, immediately following.....

Approved, Signature..... Rank..... Appointment..... Date.....

R.C.A.F. Signature Office
 Rec'd DEC 24 1941 Rank..... Appointment..... Date.....
 O.K. G.I.
 R.C. N.I.
 S.L. P.A. [Signature]

R2
P.A.

QUALIFICATION REPORT DRILL AND CEREMONIAL

(Ref. A.F.A.O's.)
(A 442 & 51/14)

No. 7590 Rank T/Cpl. NAME Belanger, J.B. Date 31-10-41

STATION No. 2 "M" Depot, R.C.A.F., Brandon, Man.

	ON DUTY	OFF DUTY
Dress and Personal Appearance	A	A
Department	A	A

To be assessed as exceptional, above average, average, below average or poor. The qualification tests of personnel who cannot be assessed higher than below the average in either of the foregoing are not to be carried out until a satisfactory standard is attained.

Description of Qualification attempted
(e.g., recruits training, LAC. to Cpl., Corporal to Sergeant
Sgt. to Flt. Sgt., etc.) T/Cpl. to A/Sgt. (Pd)

Words of Command, Quality, Volume & Accuracy.....	85
Knowledge of Inspection.....	85
Knowledge of Drill.....	83
Knowledge of Ceremonial Drill (e.g., Guard Mounting, Funeral Parades, etc.)	85
Power to Impart Knowledge.....	86

General Remarks.....

Passed or Failed, stating percentage obtained..... Passed 84.8%

Certified that the candidate is in all respects qualified.

D. Thomson

President (D. Thomson) Flt.-Lt.
MC. DCM.

A.J. Lewis

Member (A.J. Lewis) F/O

C.D. Hance

Member (C.D. Hance) WO2.

DATE 31-10-41.

ROYAL CANADIAN AIR FORCE

Should this Parchment be Lost or Mislaid no Duplicate of it can be obtained

N.B.—Any person finding this certificate is requested to forward it in an unstamped envelope to the DEPARTMENT OF NATIONAL DEFENCE, OTTAWA, CANADA

Parchment Certificate of Discharge of No. 7590 (Rank) Sergeant

(Name) BELANGER, Jean Baptiste

Born in the County of Quebec South

in the Province of Quebec

Attested at Quebec, P.Q. on the 2nd day of May 1939

for the period of FIVE YEARS, at the age of 29 years.

His description is as follows:—

Age 34 years. Height 5 feet 8½ ins. Complexion medium

Eyes Hazel Hair Black Trade EQUIPMENT ASSISTANT

Visible marks or scars Trimmed Mustache. No scars visible

Signature of Man J. B. Belanger

Service towards completion of engagement FOUR years 174 days.

He is discharged on 23rd October, 1943 in consequence of KR (Air)

Para. 195 (12)(a) "MEDICALLY UNFIT FOR ANY FORM OF AIR FORCE SERVICE"

Campaigns NIL

Medals and Decorations NIL

Discharge confirmed at 12 A.I. District, Toronto, Ontario

Signature J. J. J. J. J.

Date 23rd October, 1943
for Commanding Officer
#12. A. I. D.

ROYAL CANADIAN AIR FORCE

His conduct and character in the service have been assessed on discharge under K.R.C., R.C.A.F., Para. 415 as:—
(Air) 255

"GOOD"

His qualifications during Air Force service in the trade shown have been assessed under K.R.C., R.C.A.F., Para. 416 as:—
(Air) 259

"SATISFACTORY"

His qualifications for civil employment in the trades shown are assessed from his Air Force service as:—

Yes.
A good ~~average~~ Equipment Assistant. Should do well in Stores work.

The man's address on discharge is:—

c/o Mrs. G. Moisan
295 St. Joseph Street
Quebec, Quebec

Place.....TORONTO, Ontario.....

Date.....23rd October, 1943.....

Jacques J. J. J.
Officer Commanding

#12 A-1-D.

ROYAL CANADIAN AIR FORCE RECORD SHEET

"D.E. 1939"

COMPLETED AT R.C.A.F. Station, Ottawa, Ontario..... DATE.....Fifth May.....1939.

1 NUMBER	7590	RANK	AC2.	NAME	BELANGER, Jean Baptiste.
				SURNAME	CHRISTIAN NAMES
2 DATE OF BIRTH (DATE)	Twenty-fourth	(MONTH)	June	(YEAR)	1909
PLACE OF BIRTH (TOWN)	Quebec, P.Q.	(COUNTRY)	Canada		
NATIONALITY	British	BY NATURALIZATION OR BIRTH	Birth		

3 ADDRESS PRIOR TO ENLISTMENT:—

102 Aberdeen Street,
Quebec, P.Q.

4 NEXT OF KIN:—

(A) NAME	Mr. Germain Belanger	RELATIONSHIP	Father
ADDRESS	102 Aberdeen Street, Quebec, P.Q.		
(B) NAME	Mrs. Marianna Belanger	RELATIONSHIP	Mother
ADDRESS	102 Aberdeen Street, Quebec, P.Q.		

5 RELIGION:— Roman Catholic.

6 MARRIED OR SINGLE:— Single

7 PARTICULARS OF MARRIAGE (IF APPLICABLE):—

MAIDEN NAME OF WIFE
MARRIED AT
OFFICIATING CLERGYMAN
DATE OF MARRIAGE

8 PARTICULARS OF CHILDREN (IF APPLICABLE):—

NAME	DATE OF BIRTH	PLACE OF BIRTH	BAPTIZED

9 (A) CIVIL EDUCATION:—

SCHOOLS	YEARS	COURSES
St. Jean Berchmans, Quebec	7	Primary Course.
Jacques Cartier Commercial	3	Commercial Course.
The Bart School, Quebec	2	Studied for R.M. C. Jr. Matriculation
R.M.C., Kingston	3 months	

(B) SPECIAL CIVILIAN COURSES:—

COURSES	YEARS	SUBJECT
Continental Aero Corporation	4 Months	Pilots Course. Eight hours solo.

(C) HOBBIES WHICH MIGHT INCREASE VALUE OF SERVICES:—

Tennis, Hockey, skiing.

10 CIVILIAN EMPLOYMENT (CHRONOLOGICAL ORDER):—

EMPLOYER	YEARS	DUTIES
Geoffrion & Co., Montreal	1½	General Office Work.
Quebec Harbor Coal Storage	5	Stock Clerk & Bookkeeping.
City Hall, Quebec City	3 months	General Office Work.

11 PREVIOUS SERVICE:—

UNITS	RANK	FROM	TO	DUTIES
6th Brigade Medium, RCA.	2nd. Lieut.		14-9-37	

12 HONOURS, AWARDS, MENTIONS:—

NIL

13 REASON FOR DISCHARGE FROM LAST ENGAGEMENT:—

By Request.

14 TRADE ASSESSMENT ON DISCHARGE FROM LAST ENGAGEMENT:—

N.A.

15 CHARACTER ASSESSMENT ON DISCHARGE FROM LAST ENGAGEMENT:—

N.A.

16 PARTICULARS OF PENSION BEING RECEIVED:—

N.A.

17 DETAILED PARTICULARS OF CIVILIAN EXPERIENCE USEFUL TO THE R.C.A.F.:—

About eight years experience as clerk, Stenographer, Bookkeeper.

Respecting No. 7590 AC.1 Belanger J.B.

C A N A D A

CERTIFICATE OF MILITARY QUALIFICATION

ACTIVE MILITIA OF CANADA

NATURE OF QUALIFICATION ..ARTILLERY..(Mobile):.....

THIS IS TO CERTIFY THAT L/Serjeant BELANGER, J.B.

Coprs 6th (Q.& L.) Coast Brigade, R.C.A. has attended the
required course held at Royal Cdn. School of Arty-Mobile,
Kingston, Ont., as Serjeant.

NOTE - This Certificate is registered at District Headquarters M.D.
No. 5.

(Signed) G.A.H. Trudeau.....

(G.A.H. TRUDEAU) - Major.
.....
for Adjutant-General

(Signed) W.G. Hagarty.....

A. A. & Q.M.G., M.D. No. 5.

.....(W.G. HAGARTY).....
Lieut-Colonel, R.C.A.
Commandant, Royal Canadian School of Artillery -
Mobile.

CERTIFIED TRUE COPY.

S.A. Sprange
(S.A. Sprange) Flying Officer,
Adjutant for Commanding Officer,
R.C.A.F. Station, Ottawa, Ontario.



CANADA



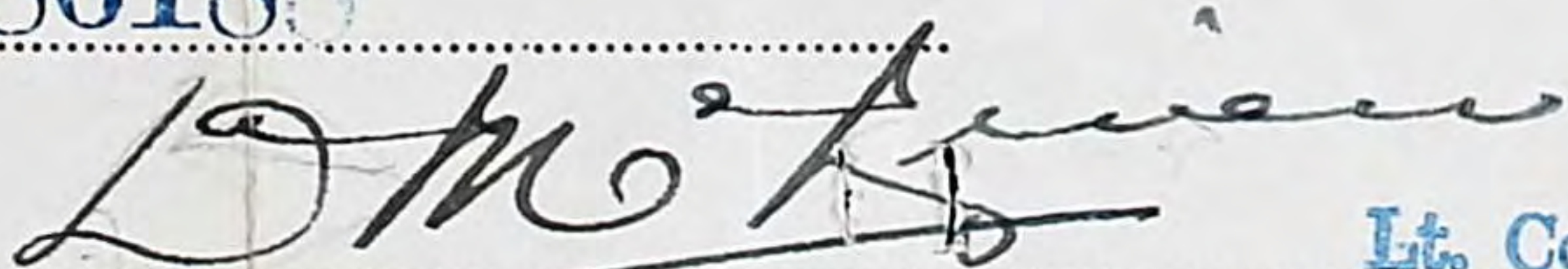
CERTIFICATE OF MILITARY QUALIFICATION

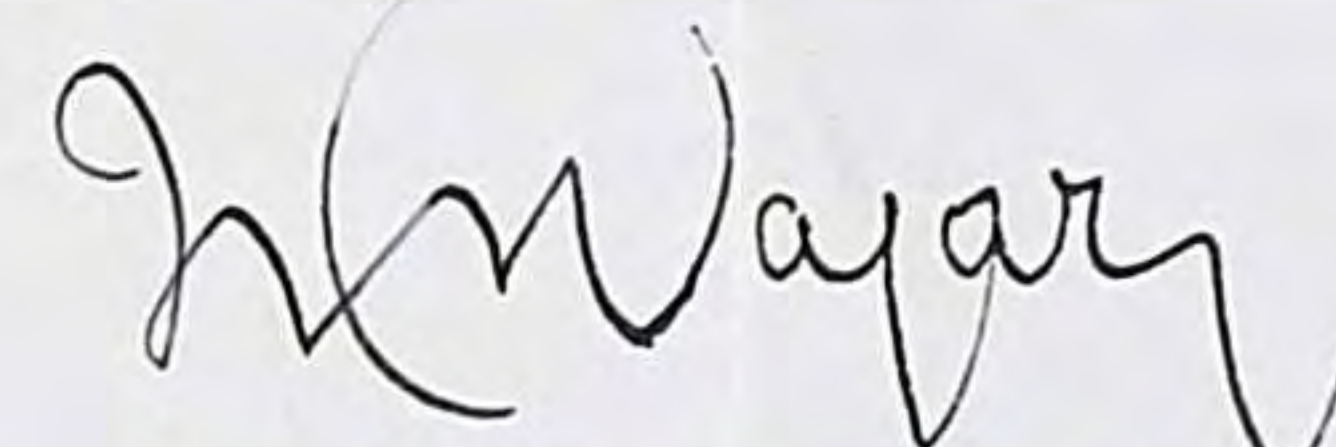
ACTIVE MILITIA OF CANADA

NATURE OF QUALIFICATION ARTILLERY (Mobile).

This is to Certify that 2/Lieutenant J.B. BELANGER, Corps 57th Medium Battery, R.C.A. (How)
has attended the required COURSE *held at* Royal Cdn. School of Arty-Mobile, KINGSTON, Ont.,
from 5th October, 1936 *to* 28th November, 1936 *and has qualified*
as LIEUTENANT.
in

NOTE—A copy of this Certificate is filed at National Defence Headquarters, OTTAWA, Ont.
Canada, under No. 86188


Lt. Colonel
for Adjutant-General


(W.G. HAGARTY).
Lieut-Colonel, R.C.A.
Commandant, Royal Canadian School of Artillery-Mobile.

CARREAU & BLEAKNEY

*Barristers, Solicitors, Notaries
Patent Solicitors*

LOUIS H. CARREAU, B.Sc.
GRADUATE ENGINEER

GEORGE M. BLEAKNEY

COUNSEL IN PATENT AND
TRADE MARK CAUSES

56 SPARKS STREET

Ottawa, Canada

August 22nd, 1939



①

The Officer Commanding,
Ottawa Air Station,
ROCKCLIFFE, Ont.

Dear Sir:

We are solicitors for Mr. M.
Landreville, who runs a taxi service in Ottawa and also
rents Drive-Yourself cars.

1731

1731

Some time ago two of your
Aircraftsmen, Liniere Taschereau and Roland Thibault, rented
a Drive-Yourself car from Mr. Landreville, and it was wrecked
while it was out of his garage in their custody. We wrote
you, and you were good enough to look into the matter and
instruct these men to pay the damages, and they have come in
to see us today.

It appears from what they say
that one Jean-Baptiste Belanger, another Aircraftsman, was
actually driving the car at the time, and it follows that he
would also be liable to Mr. Landreville for the amount of
damage done to the car. If Belanger were an ordinary
civilian, we would have no hesitation in suing him for the
full amount, and we are confident that we could obtain judgment
against him, as well as against the others.

In the circumstances, would it be too
much for us to ask you to investigate this matter again and to
order Belanger to pay at least his share of the amount which
will have to be paid to Mr. Landreville.

If, before ordering Belanger to pay
up with the others, you would like to have the question of his
legal liability threshed out in the Courts, we will be pleased
to institute proceedings to that end, although it would result
in an additional expense to the three men involved of probably
\$20.00. It appears to us, on the ground of common fairness
alone, to be hardly fair that the man who actually wrecked the
car should get off free, and his two friends who signed for
it should have to pay the full amount.

Yours very truly,

CARREAU & BLEAKNEY,

per:

②

*This Armen
states he realizes
he is partially
at fault and
has already
made arrangements
with one of
the Armen
concerned to
assist them
in clearing up
this account*

SAB


28-8-39

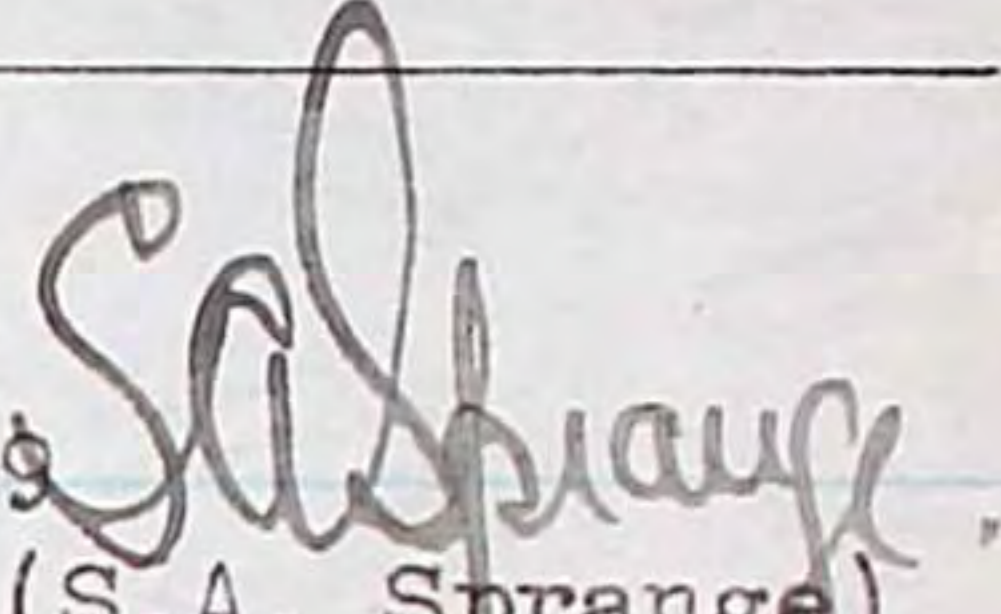
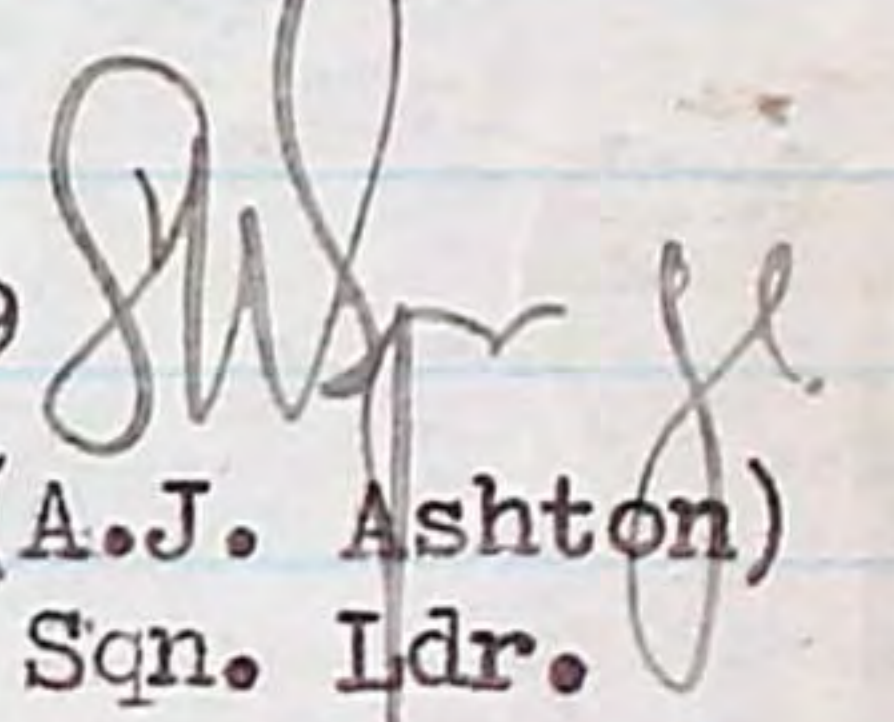
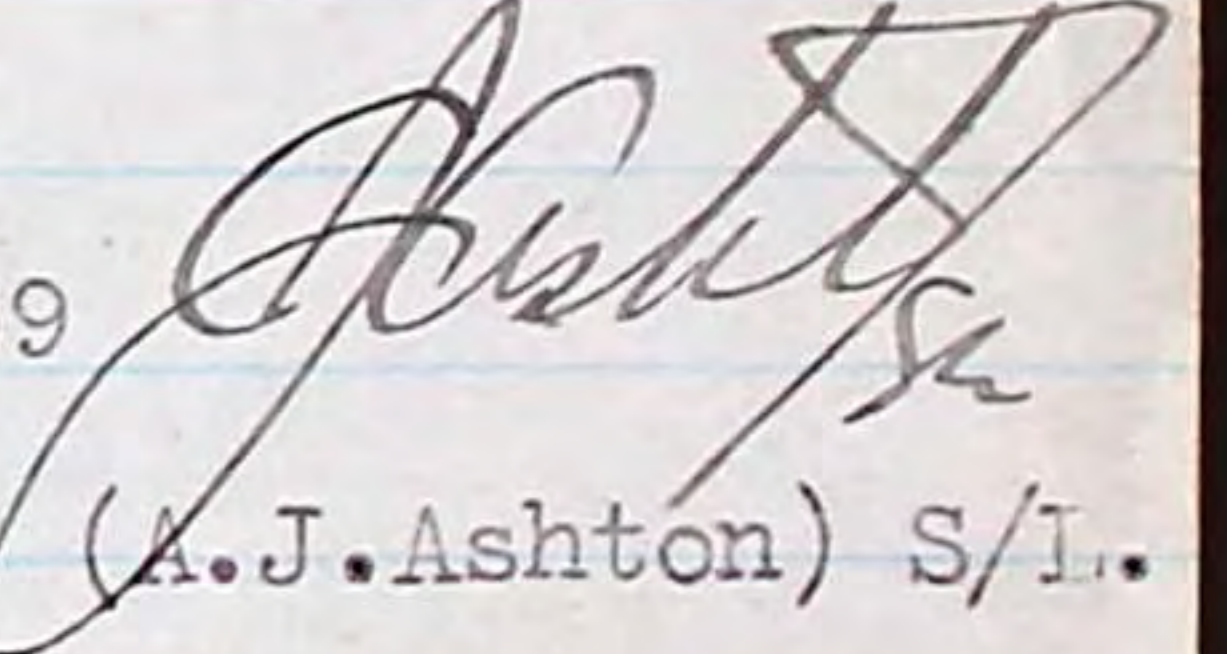

GMB/MR

threat!

ROYAL CANADIAN AIR FORCE

SERVICE CONDUCT SHEET

Official No. 7590 Name and Initials BELANGER, J.B. Date of Enlistment 2-5-39 Sheet No. ONE Signature  Sqn. Ldr. Date 2-5-39
 (IN BLOCK CAPITALS) (IN WORDS) and Rank of C.O. 5-5-39.

UNIT AND PLACE	Date of Offence	Rank	Cases of Drunkenness (In Red Ink)	OFFENCE	Names of Witnesses	PUNISHMENT AWARDED	Date of award, or of order dispensing with trial	BY WHOM AWARDED	Date of Commencement	Date of Expiration	Initials and Rank of Officer making entry and remarks, with date
Ottawa, Ont.	5-7-39	AC2.		"Did drive an automobile out through Main Guard, carrying two passengers, knowing them to be defaulters." Sect. 40 A.F.A.	7609 AC2. Bordeleau, J.J. 1397 W.O.2. Wilcox, W.	14 days C.B.	6-7-39	K.M. Guthrie, Wg. C.	6-7-39	20-6-39	 (S.A. Sprange) Pilot Officer, for, K.M. Guthrie, Wg. C.
Ottawa, Ontario	31-10-39	AC.2		"Absenting himself without leave whilst on Active Service". Absent 1 day 18 hours 30 mins. W.F. Sec. 15 (A.F.A.)	1572 Sgt. Watt W.G. 1201 F/S McCauley	14 days C.B. Forfeiture of 2 days pay.	2-11-39	A.J. Ashton Sqn. Ldr.	2-11-39	16-11-39	 (A.J. Ashton) Sqn. Ldr.
Ottawa, Ont.	21-12-39	AC.1		Failed to appear at the 0800 hrs. parade appointed by his Commanding Officer, (Sec. 15 (2) A.F.A.)	No. 871 F/Sgt. Muir W. Cpl. Malzen A.P. #750.	7 days C.B.	21-12-39	A.J. Ashton Sqn. Ldr.	21-12-39	28-12-39	 (A.J. Ashton) S/L.
Ottawa, Ont.	3-1-40	AC.1		"Whilst on active service absented himself without leave" Sec. 15 (1) A.F.A. (4 hours)	2330 Cpl. Brock, J.S. 9672 Cpl. Frost, J.J.	Admonished	4-1-40	W.G. Dever F/Lt.	4-1-40		 (W.G. Dever) F/Lt.
To be carried over.											

UNIT AND PLACE	Date of Offence	Rank	Cases of Drunkenness (In Red Ink)	OFFENCE	Names of Witnesses	PUNISHMENT AWARDED	Date of award, or of order dispensing with trial	BY WHOM AWARDED	Date of Commencement	Date of Expiration	Initials and Rank of Officer making entry and remarks, with date
No. 1 A/C Depot, R.C.A.F., Ottawa.	29-2-40	AC.1		Section 15 (1) A.F.A. In that he did absent himself without leave from 0800 hours 29-2-40 until 0800 hours 1-3-40	AC.2 Howson, R.	(Forfeits one day's pay. 48 hours Detention)	29-2-40	(A.H. Wylie) W/Cdr. <i>A.H. Wylie</i> Adjutant	1-3-40	03-3-40	<i>A.H.W.</i> (A.H.W.) W/Cdr. C.O.
				INSPECTED BY I. G. 10-11-41							

ROYAL CANADIAN AIR FORCE

RECORD OF SERVICE AIRMEN



7590
A.F. No.

Belanger
Surname

Jean Baptiste
Christian Names

Roman Catholic
Religion

Born 24-6-09 Place Quebec, Que. Country Canada Citizen of Canada Racial Origin French

ENLISTMENT		CIVIL EDUCATION			PREVIOUS SERVICE
Date	<u>2-5-39</u>	High School Entrance	Jr. Mat. <input checked="" type="checkbox"/>	Sr. Mat.	
At	<u>Quebec, Que.</u>	Technical School	Corres. Courses		
Term	<u>5 years</u>	University			

RANK	DATE	Med. Cat.	Date	CIVIL OCCUPATIONS AND EXPERIENCE							
<u>W/C 2</u>	<u>2 5 39</u>			<u>Clerk Stockkeeper</u>							
<u>AC 1</u>	<u>3 11 39</u>										
<u>LTC</u>	<u>26 4 40</u>										
<u>T/Cpl (Res)</u>	<u>15 11 40</u>										

COURSES AND TRADE TESTS											
Trade	Grp.	%	PorF	Date Rem.		Trade	Grp.	%	PorF	Date Rem.	
<u>Equip. Ass.</u>	<u>STD</u>		<u>P</u>	<u>2</u>	<u>5 39</u>	<u>Por O Sth</u>			<u>O</u>	<u>28 2 42</u>	
<u>"</u>	<u>"</u>	<u>"C"</u>	<u>P</u>	<u>2</u>	<u>5 39</u>	<u>Remus Equip Ass.</u>			<u>DRO 153</u>	<u>17 4 42</u>	
<u>"</u>	<u>"</u>	<u>"B"</u>	<u>P</u>	<u>1</u>	<u>10 39</u>	<u>Above Canceled</u>			<u>DRO 153</u>	<u>30-6-42</u>	
<u>"</u>	<u>"</u>	<u>"A"</u>	<u>P</u>	<u>1</u>	<u>1 41</u>	<u>Equip Ass. A</u>			<u>DRO 153</u>	<u>1 4 42</u>	

PARTICULARS OF FAMILY
 Wife 222 1-4-42 Maiden Name _____ Present Address (in pencil) _____

Children	Names	Date of Birth	Place of Birth

NAME(S) ADDRESS AND RELATIONSHIP OF PERSONS TO BE INFORMED OF CASUALTIES (in pencil)
Mrs G. Brisson (MOTHER), 295 St Joseph St, QUEBEC, QUE.

LEAVE			CHARACTER AND TRADE ASSM. HONOURS, AWARDS AND MENTIONS				
FROM	TO	AUTH. AND DESCRIPTION	DATE	CHARACTER	TRADE AND ASSM.	HONOURS AND AWARDS	SIGNATURE
<u>30-12-40</u>	<u>13-1-41</u>	<u>DRO 189 14 days</u>	<u>2-5-39</u>	<u>W/ Secd</u>	<u>Sat.</u>		
<u>13-10-41</u>	<u>26-10-41</u>	<u>DRO 241 14 days</u>					
<u>28-3-42</u>	<u>11-4-42</u>	<u>DRO 76 Special Leave</u>					
<u>21-8-42</u>	<u>4-9-42</u>	<u>DRO 201 (14 days annual)</u>					
<u>31-8-42</u>	<u>9-9-42</u>	<u>DRO 207 (7 days annual)</u>					
<u>DRO 18 #1 SFTS Transportation</u>	<u>161 973</u>	<u>2/28-8-42</u>					
<u>31-12-42</u>	<u>5-1-43</u>	<u>DRO 301 (5 days) Special New York leave</u>					
<u>15 18-3-43</u>	<u>22-3-43</u>	<u>(7 DAYS) (ANN) DRO 11/43</u>					
<u>18-5-43</u>	<u>7-6-43</u>	<u>(SICK LEAVE)</u>					
<u>ISS S.L.T.W.C.F. 241</u>	<u>18-5-43</u>						

MOVEMENTS AND CASUALTIES							
AUTHORITY	UNIT FROM	UNIT TO	DATE	AUTHORITY	UNIT FROM	UNIT TO	DATE
<u>Departure</u>	<u>Arrival</u>						
	<u>108/39</u>	<u>Quebec</u>	<u>Ottawa</u>	<u>25-39</u>	<u>DRO 49</u>	<u>#2 H.S.</u>	<u>#2 I.T.S.</u>
<u>DRO 8/40</u>	<u>DRO 9</u>	<u>Ottawa</u>	<u>#1 Equip. D.</u>	<u>10-1-40</u>		<u>Brandon</u>	<u>Regina</u>
<u>DRO 102</u>	<u>DRO 1</u>	<u>#1 Equip. D.</u>	<u>#2 I.T.S.</u>	<u>27-4-41</u>	<u>DRO 77</u>	<u>Regina</u>	<u>Trenton</u>
		<u>Ottawa</u>	<u>Brandon</u>		<u>DRO 103 TOS</u>	<u>2273 Regina</u>	<u>11-8-42</u>
<u>DRO 122</u>		<u>Remains on a.d. ratio</u>	<u>1-9-39</u>	<u>S.D.S. DRO 134</u>	<u>MTS. Trent</u>	<u>1873 Cap Trent</u>	<u>12-4-42</u>
<u>DRO 195</u>		<u>Remains on a.d. ratio</u>		<u>DRO 21 d. 27/1/43</u>			<u>15-5-42</u>
		<u>of pay</u>	<u>1-1-41</u>	<u>entitled to draw</u>			
<u>DRO 244</u>	<u>Issued T.W.</u>	<u># C 75 11</u>	<u>9-10-41</u>	<u>flying pay</u>	<u>10-11/Dec/42</u>	<u>(20 days)</u>	
<u>DRO 30</u>	<u>Proceeded on temp duty to</u>	<u>No. 6. Rev</u>		<u>DRO 39</u>	<u>#15 FTS</u>	<u>#12 AID School</u>	<u>6 Mar/43</u>
	<u>suiting center, App. eff.</u>		<u>3-2-42</u>		<u>Comp Bonded</u>	<u>Toronto</u>	
	<u>Returned to No. 2 "H.S."</u>		<u>5-2-42</u>		<u>ADMITTED CHRISTIAN</u>		
				<u>DRO 44</u>	<u>GREEN HOSP.</u>		<u>2-4-43</u>
					<u>CEASES SUB ALL</u>		<u>15-4-43</u>

DR056/43	ADMIT SUBALL	18.5.43
DR056/43	DIS. CHRISTIE	
	ST. HOSP	18.5.43
DR063/43	ADM CHRISTIE	
	HOSP.	7.6.43
DR068/43	CEASES SUB ALL	30.6.43
DR0124/43	Discharged from	
	RCMF (PT) under	
	Auth of X R (air)	
	195 (12) (a)	23 Oct/43

INSTRUCTIONS TO MEDICAL OFFICERS

1. This form is to be completed for all ranks prior to retirement or discharge to civil life or transfer to the Reserve. All sections are to be answered in full. A definite diagnosis of all diseases or injuries recorded must be made, and the "Standard Morbidity Code for Canada" must be followed. In using this form, Medical Officers are to be guided by instructions that may, from time to time, be issued.
2. Part I may be filled out by a Medical Officer or N.C.O. but must be checked by the Medical Officer.
3. Part II is to be completed by the Medical Officer following the completion of Parts III, IV and V.
4. Part III is to be filled in by the officer or other rank in his or her own handwriting, except when impossible on account of illiteracy or nature of injuries or disability.
5. Parts IV and V are to be completed by the Medical Officer. In cases where the officer or other rank concerned is a patient in a Department of Pensions and National Health hospital, it may be impossible to complete this section in its entirety. In these cases, it is to be completed insofar as possible from D.P. & N.H. reports and other available information. The person concerned must be seen by the President of the Board.
6. Part VI is to be completed by the Medical Board.
7. All sections of this form are to be clearly and definitely answered. It is essential that the Canadian Pension Commission be in possession of full and accurate information to enable them to rule in respect to any claim to pension; expressions such as "may", "might", "probably", "partly", etc., are, therefore, not to be used. When there is more than one disability, separate and distinct answers are to be given in respect of each.
8. This form is to contain no enclosures; but enclosures in the M.10 envelope are to be referred to by their proper number where indicated.
9. The form is to be prepared in duplicate. The original must contain the signatures of the Medical Officer, members of the board and the patient. Additional copies may be certified as true copies by a responsible officer. Both copies are to be placed in the M.10 envelope and the M.10 envelope forwarded to Command Headquarters for review unless otherwise instructed.

PART I

1. Station # 12 A.I.D. Date 7 / Sept / 43
 Unit R C A F Service No. 7590 Rank Sgt.
 Surname BELANGER Christian names JEAN BAPTISTE
 Permanent home address 295 St. Joseph St. Quebec, Que.
 2. Age last birthday 33 Date of birth 24 / June / 09
 3. Marital status S Religion R.C.
 4. Enlistment or Appointment: Place Quebec City Date 2 / May / 39
 5. Former civilian trade, profession or occupation Office Worker
 Trade on enlistment Equipment Post A Present trade Equipment Post A
 6. Service—(The information should be secured from personal service documents, if available. If not, a statement from the member of the forces may be taken, and note made to that effect).

TOTAL LENGTH OF SERVICE

(a) Previous attestations, including Navy, Army or Air Force Years.....Months.....
 (b) This attestation - - - - - Years 4 Months 5

PERIODS OF SERVICE

Previous Attestations	From	To	Where
Rank.....No.....Unit.....			
Rank.....No.....Unit.....			
Rank.....No.....Unit.....			
Present Attestation	From	To	Where
Canada (prior to proceeding abroad) (War 1939)	<u>2 / May / 39</u>	<u>7 / Sept / 43</u>	<u>Ottawa</u> <u>Rockcliffe</u> <u>Brandon man.</u> <u>Trenton</u> <u>Camp Borden</u>
Abroad (War 1939).....			<u>Toronto</u>
Canada (on return from abroad) (War 1939)			

PART II (To be filled in when examination completed)—

7. Diagnosis (in detail) (a) Carcinoma of Bladder + Rt. ureter
If multiple, give principal one first and others in order of importance. (b) Rt. nephrectomy
 (c).....
 8. Date of Origin (a) Mar / 43 (b)..... (c).....
 9. Place of Origin (a) Urinary Bladder (b)..... (c).....
 10. Cause (a) ? (b)..... (c).....
 11. Date of last admission to hospital, sick quarters or sick leave.....

...rank concerning his/her own case.

- (i) This section is to be filled in by the officer or other rank prior to the compilation of Parts II and IV to VII, whether he or she is a patient in hospital or not. The questions are to be answered in his or her own words, and the statement is to be signed by him or her and the signature witnessed.
 - (ii) Before answering the questions below, he or she is to note that—
In answering Question 13 any special circumstances which in his or her opinion caused any disability from which he or she may be suffering or which aggravated it, should be clearly stated.
 - (iii) If he or she is unable to read, the above notes are to be read to him or her by an officer.
12. Do you understand that all statements made by you will be checked and that concealment of relevant facts or false statements may adversely affect pension eligibility?
13. If you are suffering from any disability resulting from any disease or injury, state what it is, the date upon which it started, and what, in your opinion, was the cause of it.
- (If more space is required, a sheet of paper should be used, and firmly attached to this page).

I understand that all statements made by me will be checked and that any false statements may adversely affect pension eligibility.

My right ear is in my opinion 90% deaf, as a result ^{of tests} I had to go through in the pressure chamber, at W-2 D.T.S. - R.C.A.F. Regina, Sask. Prior to that test my both ears were in a perfect condition. Prior to that test I had many medical examinations where my ears were tested and they were found to be normal. This happened in the month of February 1942.

When I enlisted in the R.C.A.F. the 2nd of May 1939 my physical condition was perfect. My trade in the R.C.A.F. as Equipment Assistant obliged me to lift heavy weights, as a result a cancer in my bladder was formed. My bladder operation lead to complications and I had to have a kidney taken out.

- 14.(a) Had you ever suffered from the disease or injury mentioned in above answer to Question 13, or anything like it, before joining the Service? **No**
- (b) If so, give details and dates.

15. Give the names and addresses of any hospitals you were in or doctors who attended you for the above before you joined the Service. **None**

The above statement has been read over to me; I agree to it, and have nothing further to add.

CRAGG F/L
.....
Witness

J. B. Belanger
.....
Signature

16. **History** (This section should contain a detailed history of the origin of all diseases and injuries described in Section 13 or otherwise discovered. Past history and family history, if relevant, and finding of court of inquiry or investigating officers with respect to negligence in cases of accidents or injury, is to be included).

Frequency of micturition - 2 months durⁿ
 Haematuria - 1 month durⁿ

17. **Physical Examination** (Before completing this section male personnel should be stripped and subjected to a thorough physical examination. Members of the Women's Division should be appropriately gowned).

(a) Complexion *Fair* Colour of Hair *Brown* Colour of Eyes *Brown*
 Identification marks, scars, deformities and/or surgical abnormalities } *At nephrectomy scar.*
 Age *34* Yrs. Height *5' 8 1/2"* ins. Weight *128* lbs.
 Development (good, fair, poor) *Good* Chest measurement: Expiration.....ins. Inspiration.....ins.
 Vision—without R.20/ glasses L.20/ with R.20/ glasses L.20/ Colour Vision.....Test.....
 2.5 S.D.....
 Hearing: W.V.—R.....L..... Tympana: R.....L.....
 Teeth..... *N* Throat and Mouth..... *N*
 Nose..... *N* Thyroid..... *N*
 Heart..... *N*
 Sitting pulse rate *100* Blood pressure: S..... *125* D..... *80*
 Lungs..... *Clear*
 Nervous System..... *N* Reflexes..... *N*
 Abdomen..... *N*
 Hernia..... *none*
 Condition of Feet..... *N* Varicosities..... *N*
 Urinalysis: Albumen..... *Neg* Sugar..... *Neg*

Please refer to m. 10

(b) Description of condition necessitating Medical Board, including summary of laboratory reports and x-ray reports where indicated.

*Has had partial bladder resection - due to Cancer
 Has had rt. nephrectomy due to involvement
 of rt ureter by Ca.*

*Pathological reports show transitional cell
 carcinoma*

18. **Specialists' Opinions**—Opinions may be summarized, but relevant enclosure in form M.10 must be referred to. The name and rank of specialist, or, in the case of civilian specialists, address, must be given.

Dr. J. C. Mc Clelland performed the resection of bladder & st. nephrectomy. (Christie St. Hospital)

PART VI—

- 19. Were the diseases or injuries caused or aggravated by intemperance or improper conduct or any cause within his or her control? *no*
- 20. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? (If the answer is "yes", state nature of treatment required and probable duration.) *Yes. Further follow up in D. R. N. H. for 3-4 years*
- 21. Has operation or treatment been refused? If so, for what reason and was the refusal unreasonable? *no*
- 22. Recommendations of Medical Board *Discharged from R. C. A. F. to care of D. R. N. H.*
- 23. Category on Enlistment *A4 B*
- 24. Category recommended by Medical Board *A P B P*

PART VII—

25. Place *Toronto Cent* President
 Date *2 Sept 43*
 *C. B. Aggs F/L* Members
 *J. M. D. K/c.*

I have reviewed the above proceedings, find them in order and concur in the Board's recommendations.

R. C. A. F. Records Office
 Approved by
OCT 22 1943
 O. K. *mb* C. I. B.
 R. C. N. I.
 S. L. P. A.
 PRINCIPAL MEDICAL OFFICER
 NO. 1 TRAINING COMMAND.

..... *[Signature]* for P.M.O.
 *[Signature]* for D.M.S. (Air)
 Date *SEP 21 1943* Command *23 Sept / 43* Date

DEPARTMENT OF
PENSIONS AND NATIONAL HEALTH



NOTED

10-18-44
24-11

Director of Estates

The following and attached
for your information, please.

QUEBEC, P.Q.

Oct. 27,
1944

E. C. Forrester
E. C. Forrest, for
Chief Administrative Ass't.

Sept. 18th 1944

Chief Administrative Assistant,
Dept. Pensions & National Health,
Daly Bldg. OTTAWA, Ont.

1022-B-1296

(a) Reg. No. 7590 Rank Sgt.

Name BELANGER, J.B.

(b) The marginally noted died at Quebec, Enfant-Jésus Hospital on the Sept. 13th 1944

R. C. A. F. at time of death.

(c) Cause of death Cancer of bladder, generalized metastasis 0204.

X (d) Name, address, relationship of Next of Kin Mrs. Gérard Moisan, "Marie-Alice
Bélanger" 295 St-Joseph St. Quebec City (sister)

X (e) Will none found (copy to be retained on District File) _____

(f) Inventory of effects in duplicate None

(g) Statement re disposal of clothing N.A.

(h) Disposal of cash none

(i) Statement of expenses (burial account) Not yet available.

Name and address of party paying additional expenses not borne by the
Department Mrs. Gérard Moisan, 295 St-Joseph St. Quebec, P.Q.

(j) Location of grave _____

Enclosure. Form P. & N.H. 280.

H. G. G. G.
Assistant District Administrator.

X (See above (d) and (e))

If not known, it should be stated that File and Effects have
been searched, and there is no information available relating to same.

THE CANADIAN
PENSION COMMISSION



CR-pa

IN REPLY REFER TO
7590

OTTAWA, **May 24, 1944.**

**Mr. J. B. Belanger, (7590),
295 Rue St-Joseph,
Quebec, P. Q.**

1022-B-1296

Dear Sir:

I am directed to refer to your discharge from the service and to inform you that as provided by the terms of the Pension Act your service records have been reviewed by the Commission with a view to deciding, on the evidence available therein, whether you are entitled to a disability pension. The Commission, however, have been unable to find that you are so entitled and their finding is attached hereto.

If you feel that your case should be reconsidered you must make an application for a further review within ninety days of the date of this letter. Otherwise, your case, in so far as pension consideration is concerned, will be closed.

If you wish to obtain outside advice in the matter I would suggest that you communicate either with the Pensions Advocate for your district, **Dept. of Pensions & National Health, Customs Examining Warehouse, 118 Dalhousie Street, Quebec, P. Q.**

or the Service Bureau of any of the recognized ex-servicemen's organizations.

ENQUIRIES RESPECTING PAY, DISCHARGE, MEDALS OR SERVICE BADGES, AND OTHER MATTERS STRICTLY RELATING TO YOUR SERVICE, SHOULD BE ADDRESSED TO THE DEPARTMENT OF NATIONAL DEFENCE, OTTAWA. **AIR SERVICE.**

Buff-Quebec

AL

Encl. Copy Wing Commander S. Jones.

Yours faithfully,

Secretary, *L.O.W.*
Canadian Pension Commission.

(OVER)

P. S. I am attaching hereto for your information, an extract of an additional provision of the Pension Act known as Section 11-3, which is self-explanatory.

L.O. 31

1022-B-1296

CANADIAN LEGION WAR SERVICES, INC.

President:
MAJOR-GENERAL J. A. GUNN,
C.M.G., D.S.O., V.D.
Toronto, 2, Ontario.

Chairman of Board:
BRIG.-GENERAL ALEX. ROSS,
K.C., C.M.G., D.S.O., V.D.
Yorkton, Saskatchewan.

Vice-President:
LT.-COLONEL C. F. RITCHIE,
D.S.O., M.C.
Montreal, P.Q.

Vice-President:
D. LAWRENCE MACLAREN, ESQ.,
St. JOHN, N.B.

Honorary Treasurer:
COL. THE HON. SENATOR
GERALD V. WHITE, C.B.E., V.D.
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Honorary Secretary:
J. C. G. HERWIG, ESQ.
Ottawa, Ontario.

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Educational Services:**
THE HON. WILFRID W. BOVEY,
O.B.E., LL.D., D.LITT., F.R.S.C.,
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Ottawa, Ontario.
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C.B.E., D.S.O.,
St. John's, Newfoundland.
MAJOR-GENERAL C. B. PRICE,
D.S.O., D.C.M., V.D.,
London, England.
LT.-COLONEL W. RAE, D.S.O.,
London, England.

General Manager:
LT.-COLONEL D. E. MACINTYRE,
D.S.O., M.C.,
Ottawa, Ontario.

Executive Assistant:
ROBT. MACNICOL.

244 MAR 2 PM 4 1944 Arvida. P. Q. 25th February 1944. Poz

Records Office,
Dept of National Defence,
OTTAWA, ONT.

Director of Headquarters
A. G. Branch.
FEB 29 1944
Nat. Defence
Ottawa, - Can.

CENTRAL REGISTRY Army	
PERS. SEC.	
MAR 1 1944	
File.....	
Chgd. to.....	<i>DR</i>
Referred to.....	

Gentlemen:-

On the 23rd of October 1943
I signed my discharge paper. Upon my discharge
I gave as my future address, the following.

J. B. Bélanger., Esq,
c/o Mrs. Gérard Moisan,
295 St-Joseph Street,
QUEBEC. P.Q.

Due to unforeseen circumstances
nobody was at this address for quite a long
time. As I am entitle to wear the service button
and the service ribbon I presume that these were
sent to the above mentioned address and as there was
nobody there I am quite sure that any correspondence
sent to me was return to the point of mailing.
Would you be kind enough to give my new address
as written below to the different departments of
the National Defence of Canada so that any corres-
pondence concerning me will reach me in the future.
Here is all the dope to enable you to find out who
the guy is.

I enlisted in the R.C.A.F., the 2nd
of May 1939 as equipment assistant, my regimental
No-7590, was discharged the 23td of October 1943,
is not that a shame, at No-12 A.I. District, Toronto,
Ont. Rank upon discharge, sergeant.
I thank you. Please note my new address,

J. B. Bélanger
J. B. Bélanger,
Supervisor,
Canadian Legion War Services,
ARVIDA. P. Q.

*Budget
062977*



TO: [Illegible]
FROM: [Illegible]
SUBJECT: [Illegible]

[Illegible typed text]

[Illegible typed text]

[Illegible typed text]

COMMUNICATIONS SECTION, AIR FORCE HEADQUARTERS, WASHINGTON, D.C.

20354
7590

Ottawa, Ontario, 20th August, 1945.

Mr. Paul Belanger,
59A Desjardins St.,
Levis, Quebec.

Dear Sir:

Your application for the war service gratuity payable in respect of your brother, the late Sergeant Jean B. Belanger, has been reviewed.

As there was evidently no one dependent upon your brother at the time of his death, the claim has been passed for payment to your late brother's estate.

The cheque when issued will be payable to the "Estate of Jean B. Belanger" and will be forwarded in your care.

Yours truly,



(J. MacL. Murray)
Air Commodore
for Chief of the Air Staff

GET/MD

20354/7590
②

R-2 (W. H. ...)
JUL 19 1945
1945

① 1945 JUN 21 PM 7:15
Paris 14 of May 1945



Head Canadian Air Force. 7590 SUB. CB
The Secretary
Department of National Defense. 904

Re J. Belange. On 7590, Sgt.

Dear Sir.

done felt

Since that you asked for a death certificate about my brother, Sgt J. B. Belange, that I sent you with a letter dated of May 27th, I don't have any news from you since.

Will you tell me when I stand with this matter, and if it's going to be long.

Yours truly,
Paul R. Belange
59. A. Desjardins St.
Paris.
Quites

② R-2/wsf
Referred for
your action
w/ H. ...
x R-4 ...

~~7037~~
C 512



File: G. 7691
Ref: Your 1022-G-275(D/D of R)d/26/3/43

ROYAL CANADIAN AIR FORCE
OVERSEAS HEADQUARTERS

20, LINCOLN'S INN FIELDS,
LONDON, W.C.2.

24th May, 1943.

MICROGRAM

~~The Secretary,
Department of National Defence for Air,
Ottawa, Canada.~~

27 MAY 1943

ATTN: D.P.C. D/D of R.

CAN.7691, LAC GRIGNON, J.P.W. - ACH/GD.

1. The above referenced airman who has been in the United Kingdom some 18 months, submitted an application for repatriation on the grounds that his father and mother have died since his arrival Overseas and have left him several pieces of property. He wishes to return to Canada to protect his property interests as he is afraid that his wife or some untrustworthy relative may attempt to dispose of the property.
2. He also states that his wife has been living with another man and has given birth to an illegitimate child. He wants to institute divorce proceedings.
3. The circumstances described by this airman have been investigated in Canada. Your referenced letter 26th March refers.
4. This airman was interviewed by the J.A.G's Department at this Headquarters which reported:

"The Dependents' Allowance Board has made an investigation from which it appears that the airman's wife has been unfaithful to him. Divorce in the Province of Quebec, which is the airman's domicile, is only obtainable by private Act of Parliament. It would be extremely difficult, even if it is possible, for the airman to conduct proceedings leading to a Parliamentary divorce by correspondence."
5. The case of this airman has been reviewed by this Headquarters and his repatriation approved. Air Ministry have been requested to effect the repatriation of LAC Grignon for disposal in Canada. May a replacement be provided, please.

BF
(F.G. Wait) A. C.,
for A.O.C.-in-C., R.C.A.F., Overseas.

cc.

✓ C.O.,
R.C.A.F. "R" Depot, (One copy of this letter to be forwarded to
Warrington, Lancs. A.F.H.Q., Ottawa, along with documents, when
airman embarks)

2

Form R.C.A.F. R. 88
30M — 9-39 (2131)
H.Q. 1062-3-71

ROYAL CANADIAN AIR FORCE

(ON ACTIVE SERVICE)
Supplementary Declaration

R.C.A.F Records Office	
Rec'd	APR 12 1940
O. K.....	C I.B.....
R. C.....	N. I. <i>MD</i>
S. L.....	P. A. <i>W.M.</i>

Name..... BELANGER, J. B. Rank..... AC.1

Regimental Number 7590.....

I, Jean-Baptiste Belanger.....

having been enlisted in the Royal Canadian Air Force, and by my Declaration dated the

Fourth..... day of September, 1939....., having engaged to serve on Active Service as set forth in said Declaration, do further declare that I hereby engage to serve on active service in the Royal Canadian Air Force anywhere in Canada, and also beyond Canada and overseas, for the duration of the present war, and for the period of demobilization thereafter, and in any event for a period of not less than one year, provided His Majesty should so long require my services.

E. M. Casselman
Witness

J. B. Belanger
Signature of Airmen

April 3rd, 1940
Date

NOTE. — This form will be forwarded to the Officer i/c Records and will be attached to the Attestation Form. It will be completed by all serving airmen of the Permanent Active Air Force immediately and is supplementary to the declaration made on Form R.C.A.F. R. 82. All new enlistments into the Permanent Active Air Force, (if any), are to be supported by this form.

THE CANADIAN PENSION COMMISSION

MEMORANDUM

To Deputy Minister
Department of National Defence
From The Canadian Pension Commission

OTTAWA, November 27, 1944.

ATTENTION: - Director of Records

Canadian Agency,
Imperial War Graves Commission

#7590 - Sgt. Jean B. Belanger
R.C.A.F.

~~C.P.C.~~
C.P.C.

~~1022-13-1296~~

Sub. C.R.
7590

The marginally named died

at **Quebec, P.Q.**

on **September 15, 1944.**

Cause of Death **Cachexia due to carcinoma of bladder and ureter.**

In the opinion of the Commission, the disease resulting in death was incurred during service in Canada, but did not arise out of, nor was it directly connected with military service,

Next of kin **Mrs. Marie A.B. Moisan (sister),
295 St. Joseph Street,
Quebec, P.Q.**

EL

P.R.15372.
Died on strength.

B. Lalbey
for
B. Simpson,
Assistant Secretary.

(2)
Sgt. P. (McClanahan)
to note re. phs.
D. Jones
W/O. P.A.
29 Nov 44
Noted
Mal.

THE CANADIAN PENSION COMMISSION

MEMORANDUM

Department of National Defence
The Canadian Pension Commission

Director of Records
Canadian Agency
Imperial War Graves Commission



The medically named died

23
21

case of death
In the opinion of the Commission, the disease
resulting in death was incurred during service in Canada, but
did not arise out of, nor was it directly connected with military
service.

Head of his

E. Simpson,
Assistant Secretary

T.H. [unclear]

Québec,
ce 3 août 1945.

A QUI DE DROIT:

Messieurs,

Nous soussignés, de la succession Jean-Baptiste Bélanger de son vivant membre du Corps d'Aviation Royal Canadien, avons nommé ~~l'accepteur~~ **PROCURATEUR** de la dite succession, monsieur Paul Bélanger pour la perception du montant qui était dû à monsieur Jean-Baptiste Bélanger; de plus il n'y a que ces sept héritiers, dans cette succession.

Bien à vous,

Mme J. Brousseau, née Germaine Bélanger

~ G. Goulet .. Zéphirine Bélanger

~ Angèle Marie Moisan .. Marie Marie Bélanger

~ Paul R. Bélanger

Mr. Emil Bélanger

~ Henri Bélanger

~ Louis Bélanger

Ces dites signatures ont été
FAITES et données devant moi-
Notaire
ce 3 août 1945.

Paul Bélanger
Notaire

ROYAL CANADIAN AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

MEMBER'S NAME: JEAN B. BELANGER
 (Christian Names) R. G. QC (Surname)

Register No.
 File No. 20354
 Date 5 Sept 45
 Service No. 7590
 Final Rank or Rating SGT
 Date of Discharge 23 Oct 43

PAYEE: ~~ESTATE OF JOHN B. BELANGER~~
 (Christian Names) (Surname)

ADDRESS: ~~C. P. R. BELANGER~~
~~59A DESJARDINS ST,~~
~~LEVIS. QUE.~~

Date of Termination of O/S service

A. TOTAL QUALIFYING SERVICE

No. of days 1501 equal to 50 complete periods @ \$7.50
30

\$ 375 00

B. QUALIFYING OVERSEAS SERVICE

No. of days less ineligible days, equal to days @ 25¢ per day

C. SUPPLEMENT FOR OVERSEAS SERVICE

Daily Rates at Discharge

Pay\$.....
 Subsistence or Lodging
 and Provision Allowance\$.....
 Additional Pay
\$.....
 Dependents' Allowance 1/30 of \$\$.....

TOTAL \$ x 7 = \$

No. of days 183 x \$

DD. WAR SERVICE GRATUITY

375 00

E. Deductions Overpayment of Pay and Allowances \$
 Dependents' Allowance \$
 and Assigned Pay

 Other deductions \$

F. TOTAL AMOUNT PAYABLE

375 00

G. YOUR PROPORTION: (D.A. in issue to you = _____ of \$
 (Total D.A. in issue

~~100%)~~
~~375 00~~

PREPARED BY <i>[Signature]</i>	CHECKED BY <i>[Signature]</i>
-----------------------------------	----------------------------------

ESTATES BRANCH

December 5, 1945.

Mr. Paul R. Belanger,
59A Desjardins Street,
LEVIS, Quebec.

BELANGER, Jean B. SGT (Deceased)
No. 7590 - R.C.A.F.

Dear Mr. Belanger:

Receipt is acknowledged with thanks,
of your letter of the 27th of November, 1945.

Your brother's documents have listed,
as one of his next-of-kin, Mrs. Marianna Belanger.
The relationship of Mrs. Marianna Belanger to your
brother must be established before we can effect
distribution of the War Service Gratuity.

It is thought possible that Marianna
may be a nickname for one of your sisters, possibly
Marie Alice. If such is the case, would you kindly
confirm, please.

We regret the delay which this matter
is causing, but it is of utmost importance that the
relationship of Mrs. Marianna Belanger to your brother
be established.

Yours faithfully,

(L.M. Firth) Colonel,
Director of Estates.

HLV/GM

DISTRIBUTION OF SERVICE ESTATES
AIR

GMW

Estates Form "P. 4"

Name: BELANGER, Surname Jean B. Christian Names No.: 7590

Rank SGT. Unit RCAF Canada Date of Death 13-9-14

AMOUNT
W.S.G. 375.00
L.P.C. \$

Date: 5-1-46

Other Credits.....
Total..... 375.00
Prev. Dist. nil
This Dist. 375.00

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
1/7	Brother	Paul R. Belanger, 59A Desjardins Ave., Levis, P.Q.	53.58
1/7	Brother	Emile Belanger, (As above)	53.57
1/7	Brother	Henri Belanger, (As above)	53.57
1/7	Brother	Joseph Belanger, (As above)	53.57
1/7	Sister	Mrs. Germaine Brousseau (As above)	53.57
1/7	Sister	Mrs. Zepherine Goulet, (As above)	53.57
1/7	Sister	Mrs. Marie A, Moisan (As above)	53.57

P4. TO TREAS.
JAN 24 1946
(As next-of-kin entitled)

WGG

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
0000 X9999X	533	01	70	000	375.00
CLASSIFIED BY			EXAMINED BY		
			For Chief Treasury Officer		

DISTRIBUTION APPROVED AND AUTHORIZED

CL

(L. M. FIRTH) Colonel
Director of Estates

AUDITED FOR PAYMENT

For Chief Treasury Officer

7590

R.C.A.F. R. 60
2M-10-35
H.Q. 1062-3-45

WILL

This is the last Will and Testament of me, **Jean Baptiste Belanger**
a member of the Royal Canadian Air Force, presently residing at
R.C.A.F. Station, Ottawa in the Province of
Ontario, Canada, and I do hereby revoke all former
Wills, codicils, dispositions, appointments and testamentary writings whatsoever by me at any time heretofore
made.

I appoint **Mrs. Marianna Belanger**
of
to be the executor of this my will, and direct **her** to pay all my just debts, funeral and
testamentary expenses as soon after my decease as may conveniently be possible.

I give, devise and bequeath all the residue of my estate, both real and personal, of which I shall be pos-
sessed or to which I shall be entitled at the time of my decease, or over which I may then have the power of
appointment and disposal, unto **Mrs. Marianna Belanger**
now residing at **102 Aberdeen Street,**
in the City of **Quebec,** in the
Province of **Quebec**, for **her** own use and benefit absolutely and
forever.

IN WITNESS WHEREOF I, the said **Jean Baptiste Belanger**
the testator, have to this my last Will and Testament, set my hand this **Fifth** day of
May 193⁹.

SIGNED, PUBLISHED and DECLARED by the said
Jean Baptiste Belanger testator,
as and for his last Will and Testament, in the presence of us,
both present at the same time, who, at his request, and in his
presence, and in the presence of each other, have hereunto
subscribed our names as witnesses.

Witness: **M. H. Culb.**
Address: **R.C.A.F. Sta. Ottawa.**
Occupation: **Clerk.**
Witness: **Divine St.**
Address: **R.C.A.F. Sta Ottawa**
Occupation: **Clerk.**

R.C.A.F. Records Office
Rec'd JUN 16 1941
O. K. C.I.B.
R. C. **77** ... N. I.
S. L. P. A. **HW**

RECORD OF PAY

CLAIM FOR OUTFIT ALLOWANCE FORWARDED TO..... ON.....

APPOINTED OR ENLISTED AT QUEBEC P.Q. ON 2-5-39

MARRIED OR SINGLE S. SAMI No. 7590

BELANGER NAME IN FULL Jean Baptiste

RATE OF PAY										ASSIGNMENTS				DEPENDENTS ALLOWANCE				REMARKS
D.R.O. No.	EFF. DATE	RANK	GROUP	P.F. OR A.S. RATE	DAILY RATE	ADD. PAY	COMBINED RATE	PEN. DED.	CASUALTIES AFFECTING RATE OF PAY	ASSIGNEE	EFF. DATE	AMOUNT	TOTAL	DATE APP. FORWARDED	RELATIONSHIP	AMOUNT AWARDED	EFF. DATE	N.D.T. CLASS.
	1/2/41	AC2	A	A.S.	245				#2 "M" Depot, Brandon, Man.	Rep. Gen 3rd Loan	1.1.42	16.81	16.81					
309	1/2/41	A/Sgt.	A	A.S.	295				APP. A/Sgt. (PAID) EFF. 1.10.41	McLean 3 Loan	1.5.43	16.81						
49	28-2	AC2	S	AS	1.30													
114	17-4-42	AC2	A	A.S.	245		205		REMU. EQUIP. ASS. "A" 17-4-42									
153	1-4-42	AC2	A	A.S.	295		295		APP. A/Sgt. (PAID) 17-4-42									
153	1-4-42	AC2	A	A.S.	295		295		Remuneration of A. Group									
222	1-4-42	Sgt	A	AS	295		295		App. Acting Sgt. Paid									
									App. Temporary Sgt.									

1941 PERIOD	No. OF DAYS	AMOUNT OF PAY	SUB. ALLCE.	OTHER CREDITS		CREDIT B/F	TOTAL CREDITS	ASS. PAY	PEN. DED. & N.D.T.	DEBIT B/F	OTHER DEBITS		CAS. PAY	MID. PAY	TOTAL DEBITS TO THIS COLUMN	END PAY	DEBITS & CREDITS TO NEXT ACCOUNT	CASUALTIES AND SIG. OF A.O. ON TRANSFER OF ACCOUNT
				DESCRIPTION	AMOUNT						DESCRIPTION	AMOUNT						
10/30/41	61	3050					12195				MFC 517 R4P221	181			8365	3830		DRO 49 SOS 28-2-42 #2 ITS Regina.
1-3/1/42	31	9145									MFC 517 R4P219	19	4600	3500	4900	4242		
											MFC 517 R4P228	66						
JAN 31	31	9145					9145				4/17	292	1000	3500	4900	4242		Holden
FEB 1	27	7965					8095						1500	2500	4000	4095		
MAR 31	31	4030					4030						3400	2000	5400	1430		#53 TOS #2 ITS EFF 1-3-42
APR 11	11	1430					1430			1430					1430			#77 SOS TO CTS. TRENTON ONT EFF 11-4-42.
MAY 14	14	4130					4780							500	500	4280		103 TOS KTS 12-4-42
JUN 15	15	4475					4475						1500	3000	4500	75		134 SOS KTS TOPP SPTS. CAMP BORDEN 15-5-42
JUL 16	16	4720					4720			75					75	4645		
AUG 16	16	2640					11490								4000	4000	4850	2640
SEPT 30	30	8850											2640	4500	7140	4645		
OCT 1-31	31	9145	350				9495						8000		12500	3005		DRO 201-GRANTED LEAVE (31-8/7-4-43) 7 DAYS
NOV 1-30	30	8850					8850			3005			4500	1500	9005	1845		
DEC 1-31	31	9145					9145						2500	3000	6500	2645		
JAN 1-31	31	9145	250				9395	16.81					1000	1500	7681	1169		
FEB 1-31	31	9145		FLY PAY	150		9295	16.81		3000					5681	3464	150	DRO 301 with all 5 days
MAR 1-31	31	8760		FLY PAY 1 day	75		8835	16.81					3500		5181	3379		DRO 21 F.P. 2 days 10-23/1/42
APR 1-6	6	1720		FLY PAY 1 day	75	150	8560	16.81										DRO 44 EP 1 day 12-2-43
MAY 7-31	25	1275	30				10375	1346		990			2500		2835	990		DRO 39 EP 1 day 3-2-43
JUN 1-30	30	8850	1875				10725	1681					5000		7836	2539		DRO 50 SOS No 12 MID TORONTO EFF. 6-5-43
													500		3681	7044		DRO 55 with 7 1/2 day 1 day
													10					DRO 29 TOS 7-4-43 ent to 5/4/43 8.7.43
																		DRO 39 admitted to hospital 15-4-43
																		DRO 11 treated 15-4-43

OK
etc

May
June
July
Aug
Sept
Oct
Nov
Dec
Jan
Feb
Mar

RECORD OF PAY

CLAIM FOR OUTFIT ALLOWANCE FORWARDED TO ON

APPOINTED OR ENLISTED AT Quebec P.Q. ON 2.5.39

MARRIED OR SINGLE Single No. 7590

NAME IN FULL Jean Baptiste Belanger

RATE OF PAY										ASSIGNMENTS				DEPENDENTS ALLOWANCE				REMARKS
D.R.O. No.	EFF. DATE	RANK	GROUP	P.F. OR A.S. RATE	DAILY RATE	ADD. PAY	COMBINED RATE	PEN. DED.	CASUALTIES AFFECTING RATE OF PAY	ASSIGNEE	EFF. DATE	AMOUNT	TOTAL	DATE APP. FORWARDED	RELATIONSHIP	AMOUNT AWARDED	EFF. DATE	N.D.T. CLASS.
222	1.4.42	Sgt.	A	AS	2.95		2.95		App. temporary Sgt.	Rec. Gen 4th Victoria Loan	1.5.43	16.80	16.80					
										Acc. Gen 4th Victoria Loan	1.5.43	16.80						

PERIOD	No. OF DAYS	AMOUNT OF PAY	SUB. ALLCE.	OTHER CREDITS		CREDIT B/F	TOTAL CREDITS	ASS. PAY	PEN. DED. & N.D.T.	DEBIT B/F	OTHER DEBITS		CAS. PAY	MID. PAY	TOTAL DEBITS TO THIS COLUMN	END PAY	DEBITS & CREDITS TO NEXT ACCOUNT	CASUALTIES AND SIG. OF A.O. ON TRANSFER OF ACCOUNT
				DESCRIPTION	AMOUNT						DESCRIPTION	AMOUNT						
13/5	31	91.45	17.50		70.44	179.89	16.80					10.00		2.18.48		39.09		PRO 56 - ent to SLA off. 18.5.43
1.30/6	30	88.50	25.00	Al Pay May	16.80	130.30			39.09			50.00		99.09		31.21		hospital
1.31/7	31	91.45				122.66						10.00		112.66		112.66		PRO 68 - ceasa SLA off. 20.6.43
1-31	31	91.45				204.11						10.00		194.11		194.11		
1-30/9	30	88.50				282.61				ES7 R.V. 264		10.00		262.61		262.61		
1-23/10	23	67.95				330.46						28.75.00	245.95	330.46				SOS - ON DISCHARGE. EFF 23 OCT. 43.
				CLOTHING ALLOWANCE AND DISCHARGE REHABILITATION GRANT ON DISCH.	35.00	35.00						35.00		35.00				DRO 124 - ENT TO CLOTHING ALL ON DISCHARGE.
					58.50	58.50						88.50		88.50				DRO 124 - ENT. TO REHABILITATION GRANT ON DISCHARGE

ATO
8
R.H.

RECORD OF SERVICE AIRMEN

R.C.A.F. FORM R. 44 (E)

<p>7. BIRTH: DATE <i>24-6-09</i> PLACE <i>Tuebec P.Q.</i> CITIZENSHIP <i>British</i></p> <p>FATHER (FULL NAME) <i>Mrs. Germain Belanger</i></p> <p>BIRTHPLACE</p> <p>MOTHER (FULL MAIDEN NAME) <i>Mrs. Marianna</i></p> <p>BIRTHPLACE</p> <p>8. EDUCATIONAL STANDING</p> <p>HIGH SCHOOL ENTRANCE <input checked="" type="checkbox"/> <i>Tuebec</i></p> <p>JUNIOR MATRICULATION <input checked="" type="checkbox"/> <i>2 yrs. Tuebec</i></p> <p>SENIOR MATRICULATION</p> <p>TECHNICAL SCHOOL <input checked="" type="checkbox"/> <i>Commercial "</i></p> <p>UNIVERSITY <i>B.M.C. 3 mos. Ont.</i></p> <p>CORRESPONDENCE COURSES <i>6</i></p> <p><i>Com. Pers. Cop. - Pilot's Course 4 mos.</i></p> <p>9. CIVIL OCCUPATIONS OR EXPERIENCE USEFUL TO R.C.A.F.</p> <p><i>Gen. Office Work 1 1/2 yrs.</i></p> <p><i>Stock Clerk & Bookkeeping 5 yrs.</i></p> <p><i>Gen. Office Work 3 mos.</i></p> <p style="text-align: center; color: blue; font-weight: bold;">7541</p> <p>10. PREVIOUS ARMY, NAVY OR AIR FORCE SERVICE</p> <p><i>4th Brigade Medium B.C.U. 2nd flight</i></p> <p style="text-align: right;"><i>14-9-37</i></p>	<p>16. SINGLE-MARRIED-WIDOWER-SEPARATED-DIVORCED: <i>single</i></p> <p>WIFE (FULL MAIDEN NAME)</p> <p>PLACE OF MARRIAGE DATE</p> <p>AUTHORITY (IF AFTER ENLISTMENT)</p> <p>17. MARRIED ESTABLISHMENT</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>REMARKS</th> <th>RANK</th> <th>EFFECTIVE</th> <th>D.R.O.</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> <p>18. CHILDREN</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>CHRISTIAN NAMES</th> <th>BIRTH DATE</th> <th>D.R.O.</th> <th>CHRISTIAN NAMES</th> <th>BIRTH DATE</th> <th>D.R.O.</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> <p>19. NEXT OF KIN (ADDRESS AND D.R.O. IN PENCIL)</p> <p>FULL NAME: <i>Mrs. Germain Belanger</i> RELATIONSHIP <i>father</i></p> <p>ADDRESS: <i>102 Aberdeen St. Tuebec</i> D.R.O.</p> <p>FULL NAME: RELATIONSHIP</p> <p>ADDRESS: D.R.O.</p>	REMARKS	RANK	EFFECTIVE	D.R.O.													CHRISTIAN NAMES	BIRTH DATE	D.R.O.	CHRISTIAN NAMES	BIRTH DATE	D.R.O.																			<p>21. ENGAGEMENTS</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>TERM</th> <th>EFFECTIVE</th> <th>D.R.O.</th> <th>TERM</th> <th>EFFECTIVE</th> <th>D.R.O.</th> </tr> </thead> <tbody> <tr> <td><i>5 yrs.</i></td> <td><i>2 5 39</i></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><i>Duration</i></td> <td><i>3 4 40</i></td> <td><i>1988</i></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>22. TEMPORARY DUTY AND MISCELLANEOUS ENTRIES</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>FROM</th> <th>TO</th> <th>DATE</th> <th>D.R.O.</th> </tr> </thead> <tbody> <tr> <td><i>Gen. Transport Warrant C 7511</i></td> <td></td> <td><i>9-10-41</i></td> <td><i>2M. 10244</i></td> </tr> <tr> <td><i>Cage ration (14 days)</i></td> <td></td> <td><i>28-3/10-4-42</i></td> <td><i>215 76</i></td> </tr> <tr> <td><i>Occupational draw rations</i></td> <td></td> <td><i>12-4-42</i></td> <td><i>6105</i></td> </tr> <tr> <td><i>S.L.W. # 2161973</i></td> <td></td> <td><i>28-8-42</i></td> <td><i>187219</i></td> </tr> <tr> <td><i>S.L.W. C172291</i></td> <td></td> <td><i>17-5-43</i></td> <td><i>12AID 56</i></td> </tr> </tbody> </table> <p><i>Character on discharge "Good"</i></p> <p><i>Entitled to clothing and Rehabilitation Grant.</i></p> <p style="text-align: right;"><i>(12AID 124)</i></p> <p style="text-align: right; margin-top: 20px;"><i>A.P.E. 102 Aberdeen St. Tuebec P.Q. 25409</i></p>	TERM	EFFECTIVE	D.R.O.	TERM	EFFECTIVE	D.R.O.	<i>5 yrs.</i>	<i>2 5 39</i>					<i>Duration</i>	<i>3 4 40</i>	<i>1988</i>				FROM	TO	DATE	D.R.O.	<i>Gen. Transport Warrant C 7511</i>		<i>9-10-41</i>	<i>2M. 10244</i>	<i>Cage ration (14 days)</i>		<i>28-3/10-4-42</i>	<i>215 76</i>	<i>Occupational draw rations</i>		<i>12-4-42</i>	<i>6105</i>	<i>S.L.W. # 2161973</i>		<i>28-8-42</i>	<i>187219</i>	<i>S.L.W. C172291</i>		<i>17-5-43</i>	<i>12AID 56</i>
REMARKS	RANK	EFFECTIVE	D.R.O.																																																																																	
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FROM	TO	DATE	D.R.O.																																																																																	
<i>Gen. Transport Warrant C 7511</i>		<i>9-10-41</i>	<i>2M. 10244</i>																																																																																	
<i>Cage ration (14 days)</i>		<i>28-3/10-4-42</i>	<i>215 76</i>																																																																																	
<i>Occupational draw rations</i>		<i>12-4-42</i>	<i>6105</i>																																																																																	
<i>S.L.W. # 2161973</i>		<i>28-8-42</i>	<i>187219</i>																																																																																	
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<p>11. HONOURS-AWARDS, MENTIONS</p> <p><i>W.S. Badgett #062977</i></p> <p>AUTHORITY</p> <p>DATE <i>18-3-44</i></p>	<p>20. PAY ENTRIES (OFFENCE FORFEITURES, STOPPAGES IN RED INK)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>RATE CHANGES ETC.</th> <th>EFFECTIVE</th> <th>D.R.O.</th> <th>RATE CHANGES ETC.</th> <th>EFFECTIVE</th> <th>D.R.O.</th> </tr> </thead> <tbody> <tr> <td><i>forfeit (1 dy)</i></td> <td><i>31 1 40</i></td> <td><i>128</i></td> <td></td> <td></td> <td></td> </tr> <tr> <td><i>forfeit (1 dy)</i></td> <td><i>29 2 40</i></td> <td><i>52</i></td> <td></td> <td></td> <td></td> </tr> <tr> <td><i>forfeit (1 dy) (debit)</i></td> <td><i>3 3 40</i></td> <td><i>52</i></td> <td></td> <td></td> <td></td> </tr> <tr> <td><i>PA & Rates</i></td> <td><i>1 9 39</i></td> <td><i>1257 17039</i></td> <td></td> <td></td> <td></td> </tr> <tr> <td><i>W/S Rates</i></td> <td><i>1 1 41</i></td> <td><i>2MD195</i></td> <td></td> <td></td> <td></td> </tr> <tr> <td><i>Ration Allow.</i></td> <td><i>3/19 8/42</i></td> <td><i>133227 15F207</i></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	RATE CHANGES ETC.	EFFECTIVE	D.R.O.	RATE CHANGES ETC.	EFFECTIVE	D.R.O.	<i>forfeit (1 dy)</i>	<i>31 1 40</i>	<i>128</i>				<i>forfeit (1 dy)</i>	<i>29 2 40</i>	<i>52</i>				<i>forfeit (1 dy) (debit)</i>	<i>3 3 40</i>	<i>52</i>				<i>PA & Rates</i>	<i>1 9 39</i>	<i>1257 17039</i>				<i>W/S Rates</i>	<i>1 1 41</i>	<i>2MD195</i>				<i>Ration Allow.</i>	<i>3/19 8/42</i>	<i>133227 15F207</i>				<p>23. DOCUMENT CONTROL (INDICATE RECEIPT BY DATE)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>R60</th> <th>R79</th> <th>B465</th> <th>X-RAY</th> <th>AF 1-13</th> <th>IDN. CARD</th> </tr> </thead> <tbody> <tr> <td><i>16-6-41</i></td> <td><i>MAR 14 42</i></td> <td><i>73-2-40</i></td> <td></td> <td></td> <td><i>V</i></td> </tr> </tbody> </table>	R60	R79	B465	X-RAY	AF 1-13	IDN. CARD	<i>16-6-41</i>	<i>MAR 14 42</i>	<i>73-2-40</i>			<i>V</i>																												
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