A6040
BOONE
ROBERT EDWAR

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OCCUPATIONAL HISTORY FORM

THIS FORM IS TO BE COMPLETED FOR EACH MEMBER OF THE ARMED FORCES. THE INFORMATION SOUGHT IS FOR THE USE OF GENERAL ADVISORY COMMITTEE ON DEMOBILIZATION AND REHABILITATION, A COMMITTEE SET UP BY THE GOVERNMENT OF CANADA TO STUDY PLANS FOR ESTABLISHING IN INDUSTRIAL LIFE THE MEMBERS OF THE ARMED FORCES, AFTER DISCHARGE. ACCURACY AND COMPLETENESS IN ANSWERING WILL BE OF MUCH HELP TO THE COMMITTEE.

PLEASE READ CAREFULLY THE INSTRUCTIONS GIVEN ON THE INSIDE OF COVER BEFORE COMPLETING FORM

PLEASE LEAVE BLANK

Section A—GENERAL INFORMATION

1. (a) Print name in full DOONE, Robert Edward (b) Reg'l. No. A2040
2. (a) Arm of service Army (b) Unit R.C.R. Inf. (c) Rank A/Sgt
3. (a) Date of birth 30 Sept/15 (b) Have you any dependents? No (c) Place of residence at time of enlistment St Johns Que
4. (a) Place of enlistment St Johns Que (b) Date of enlistment 3 Sept/39

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 14 (b) Were you attending school or college up to the time of enlistment? No
6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.) 7 Grade
7. If you attended a university, give name of university and standing or degree secured
8. (a) Did you ever enter upon a trade apprenticeship? No (b) If so, for what occupation? (c) Did you finish it? (d) If you did not finish it, how long did you serve at it?
9. (a) What languages do you speak fluently? English (b) What languages do you read well? No

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

10. (a) State whether you were WORKING or NOT WORKING at time of enlistment. (Enter here only "Working" or "Not Working", as case may be; particulars are asked for below) Working (b) At time of enlistment of what trade union or professional society were you a member? No

Section D—PARTICULARS CONCERNING THOSE WHO WERE UNEMPLOYED AT TIME OF ENLISTMENT

QUESTIONS 11 TO 17 REFER ONLY TO THOSE WHO ANSWER "NOT WORKING" IN QUESTION 10 (a)

11. Had you ever been employed fairly regularly since leaving school?
12. (a) If answer to 11 be "Yes", state exact trade or occupation at which you actually worked (b) State how long you had worked at this trade or occupation
13. If answer to 11 be "No", state exact trade or occupation for which you feel qualified
14. If you had been employed after leaving school, state when you last worked fairly regularly before enlistment
15. Give details of last employer, if any: Name Address
16. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.)
17. (a) If your last employment was in a business of your own, state nature and address of business (b) Date of discontinuing it

Section E—PARTICULARS CONCERNING THOSE WHO WERE EMPLOYED AT TIME OF ENLISTMENT

QUESTIONS 18 TO 23 REFER ONLY TO THOSE WHO ANSWER "WORKING" IN QUESTION 10 (a). PLEASE READ THESE QUESTIONS AND REPLY TO THOSE APPLYING TO YOU AT TIME OF ENLISTMENT

IF YOU WERE AN EMPLOYEE WORKING FOR AN EMPLOYER UP TO THE TIME OF ENLISTMENT, PLEASE ANSWER QUESTIONS 18 TO 21

18. Name of employer Crane Co Ltd. Address St Johns Que.
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Plumbing Supplies (Potteries)
20. (a) Your specific occupation Potter (b) Number of years' experience at this occupation with any employer 2 Years
21. (a) Did your employer promise definitely to give you employment on discharge? No (b) Did your employer refuse to promise you employment on discharge? No (c) Do you wish to return to your former employment? No

IF YOU WERE WORKING ON YOUR OWN UP TO THE TIME OF ENLISTMENT, THAT IS TO SAY, OPERATING A FARM, A STORE, AN AGENCY, OR IN PROFESSIONAL PRACTICE, OR AS A PARTNER IN ANY SUCH LINE, PLEASE ANSWER QUESTIONS 22 AND 23

22. (a) State nature of business, or professional practice (b) Where was it located?
23. (a) Number of years engaged in this business (b) Have you made, or will you make plans to return to the same or a similar business on discharge?

Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war? No (b) Do you feel competent to operate a farm? (c) If so, in what kind of farming?
25. (a) Were you born on a farm? (b) How many years' actual farming experience have you had? None (c) In what provinces did you have experience?

Section G—MISCELLANEOUS

26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge? No
27. If so, state nature of your plans (for example, do you plan to return to school, or have you been assured of a job, etc.)
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form Own Summer Resort.

DATE 1 June 1943 SIGNATURE R Henderson (Capt)

For officer i/c Records, C.M.H.Q.

FOR COMPLETION AND RETURN BY 1 **Form P. 64**

Mrs. Alice Driscoll,
125 Champlain St.
St. Jean, Quebec.

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. 405-B-27,991 FD 470

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

ESTATES BRANCH JAN 30 1945 DEPARTMENT OF NATIONAL DEFENCE

Oct. 20, 1944

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

BOONE, Robert Edward, Sgt.

A.6040 C.A.

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.

C. Stevenson Capt.
for Director of Estates.

CS/CF

M.F.W. 77
6-44 (4878)
H.Q. 1772-39-972

ANSWER IN FULL ALL APPLICABLE QUESTIONS

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.....		---------		
2	Children of the Deceased and dates of their Births.....		---------		
3	Father of the Deceased.....		Edward John Boone.		Died Feb. 1916.
4	Mother of the Deceased.....		Alice Luxie Boone.		Died Aug. 1943.
5	Brothers of the Deceased	Full Blood	Leslie Charles Boone. William John Boone.	34 37	125 Champlain St. St Johns. Que. MacKenzie King St. St Johns. Que.
		Half Blood			
6	Sisters of the Deceased	Full Blood	Mrs Kathleen Croft. Mrs Rhoda Marshall.	32 28	Iberville Que ------- 247 Jacques Cartier St. St Johns. Que.
		Half Blood			
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 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Robert Edward Boone.
9	Date of his birth.	Sept.30. 1914.
10	Place and date of his marriage.	Unmarried.
11	Place and date of his parents' marriage.	St John N.B. Jan 1. 1907.

PARTICULARS OF DOMICILE

12	Place where deceased was born.	St John N.B.
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	*(a)* *(b)* *(c)* St Johns Que. 20 years. *(d)*
14	Nature of employment before enlistment.	Potter.
15	State whether he owned the premises in which he lived, and, if so, where situated.	No.
16	Name place where deceased stated he intended to make his permanent home.	Never stated.

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	No.
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses,—was there a marriage contract dealing with property?	———
19	Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc., and the amount on deposit. Do you wish it administered with the pay account?	———
20	Amount of War Savings Certificates held by deceased. Indicate where located.	None.
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	Held by me. ~~(L. Boone)~~ One $100, Bond, Registered.
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	None.
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	None.

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.	----------
25	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	----------

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

(PLEASE TURN OVER)

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.

Leslie C Boone, } Signature of Informant

125 Champlain St St Johns Que Address

CERTIFICATE

I hereby certify that to the best of my knowledge and belief Leslie C. Boone

See above. ~~~~~ { Name of informant } is the Brother of the Deceased above described. The above Declaration was made by the Informant and signed in my presence.

Dated at St. Johns this 29th day of January 1945

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

Herbert Allenby Qualification Clergyman

Address 186 Longueuil St., St. Johns, Pro. Que.

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

DUPLICATE

Received VI Mar 41 Checked ... Card ... Observations ...

ORIGINAL
DUPLICATE
TRIPLICATE

M.F.M. 2
A.F.B. 271
168M-11-36 (9359)
H.Q. 1772-45-18

(To be completed in triplicate. Copy designation to be shown by striking out terms not applicable.)

Unit Royal Canadian Regiment, (C.A.S.F.) Regimental Number A 6040

CANADIAN ~~FIELD~~ Active Service FORCE

ATTESTATION PAPER

1. Surname BOONE.
2. Christian Names Robert Edward.
3. Present address 211 St George St., St Johns, Que. Canada
4. Date of birth 30th. Sept., 1915
5. Place of birth Canada (Country) New Brunswick (County or Province) Sussex. (Town or Township)
6. Religion (state denomination) U.C. of C.
7. Trade or Calling Potter.
8. Married, Widower or Single Single.
9. Name of next of kin Alice (Driscoll) Boone.
10. Relationship Mother;
11. Address of next of kin ~~10 St. George St., Iberville, Que.~~ SEE CHANGE Canada
12. Have you served in any Naval, Military or Air Force? No.
13. If previous war service, state arm, force and regimental particulars N.A.
14. Do you now belong to or have you served in the Active Militia of Canada? No.

(Give unit and date of attestation)

DECLARATION TO BE MADE BY MAN ON ATTESTATION

I, Robert Edward Boone do solemnly declare that the above particulars are true and I hereby engage to serve in the Canadian ~~Field~~ Active Service Force as required for the duration of the war now existing between ... and ...

... and for the period of demobilization thereafter and in any event for a period of not less than one year provided His Majesty shall so long require my services.

Date 3rd Sept. 1939. Witness Robert E. Boone (Signature of recruit)

OATH TO BE TAKEN BY MAN ON ATTESTATION

I, Robert Edward Boone do sincerely promise and swear (or ~~solemnly~~ declare) that I will be faithful and bear true allegiance to His Majesty.

Robert E. Boone (Signature of Recruit.)

CERTIFICATE OF MAGISTRATE, JUSTICE OF THE PEACE OR ATTESTING OFFICER.

The Recruit above-named was cautioned by me that if he 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 St Johns, Que this 3rd day of September 19 39

... {Signature of Magistrate, Justice or Attesting Officer.

O. C. St. Johns Station, R. C. R. {Office or Rank and Unit or appointment.

N.B.—ATTENTION IS DRAWN TO THE FACT THAT ANY PERSON MAKING A FALSE ANSWER TO ANY OF THE ABOVE QUESTIONS IS LIABLE TO A PENALTY OF SIX MONTHS' IMPRISONMENT

M. F. M. 2 (X) RECEIVED FEB 16 1940

FINGERPRINTED

OCCUPATIONAL HISTORY FORM COMPLETED

09 SGT

113

Record of Service of BOOTH (Surname) Robert Edward. (Christian Names) Regimental Number A.6040

Qualifications

Military ——

Business or Professional ——

Trade or Civil Potter.

Technical ——

Languages French.

Educational Qualifications

High School or Collegiate: 4 years (years completed)

Graduation or Matriculation: Graduated (specify)

*College ——

*University ——

*(Name of institution, courses or years completed, and degrees obtained to be shown).

All enlisted personnel will be taken on as Private soldiers, appointments and promotions to higher rank to be shown as provided in the space below.

Report: Date	Report: From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., from date taken on Strength of Field Force	Rank Shown	Effective Date	Unit	Place	Authority: Part II D.O. No. Cas. List, etc.	Authority: Dated
4.9.39	RCR	Joined on appointment D Coy RCR cas 7.	Pte	3.9.39	RCR	St Johns	D.O. 2	4-9-39
3.2.40	Adj Unit	Granted leave of absence	"	5.1.40 to 9.1.40	"	Aldershot Eng	Part 2. D.O #84	3.2.40
5305		Appointed A/Cpl with Pay	A/Cpl	256.40.	"	Field	D.O #11	19.4.40.
		Embarked at Plymouth England		13. June 40				
		Debarked " Brest France		14. "				
		Re-embarked " Brest "		15 "				
		Debarked " Plymouth England		16. "				
26.7.40		Granted Leave	"	29.6.40 to 2.7.40	"	"	Do 12	26.7.40 Cas List
		admitted 5th Gen Hosp	"	1-10-40				
		TOSL&A Wounded admission to 5th Gen Hosp	"	1-10-40	L&A	Basden	153	17-10-40
14-10-40		SOS to 1 C I H U added to 5th Gen Hosp.	"	1-10-40	RCR	Field	" 27	14-10-40
		TOS from 1 C I H U	Pte	29 Nov 40	R.C.R.	Field	DO 38	30 Nov 40
		Reverts to the rank of private	A/Cpl	29 Nov 40	R.C.R	Field	DO 39	6 Dec 40
		To be acting L/Cpl with pay	A/L/Cpl	29 Nov 40	R.C.R.	Field	DO 40	7 Dec 40

For additional entries use M.F.M. 1 and 2 (a)

CERTIFICATE OF MEDICAL EXAMINATION

Name in full Boone Robert Edward. Date Sept 2. 1939

Part 1. Information obtained from the recruit.

1. Age 24 2. Have you ever suffered from any of the following diseases?

a. Rheumatism No.
b. Tuberculosis No.
c. Bronchitis or asthma No.
d. Heart disease No.
e. Kidney or bladder disease No.
f. Gastro-intestinal No.
g. Rupture No.
h. Varicose veins No.
i. Flat or deformed feet No

j. Nasal trouble No.
k. Ear disease No.
l. Eye disease No.
m. Epilepsy No.
n. Nervous or mental disease No.
o. Syphilis No
p. Gonorrhoea No.
q. Have you ever worn glasses? No.

Robert Edward Boone
(Signature of Recruit)

Examiner's remarks *re* above

Part 2. Information obtained by medical examination. The recruit must be stripped.

1. Identification marks or scars. (If operative obtain history.)

None

2. Height 5 feet 6 1/4 inches. 3. Weight 135 pounds.
4. Complexion Fair Eyes Brown. 5. Development Good (Good / Fair / Poor)
Hair Dk. Brown
6. Chest measurement—Girth on full expansion 35 inches
Range of expansion 3 inches
7. Vision, right 6/6 left 6/6 8. Hearing, right WF/20ft left WF/20ft
9. Condition of mouth and teeth Present complete upper & lower Dentures
10. The abnormalities (congenital and pathological) found on examination are as follows

Part 3. We, the examiners find no evidence of the diseases mentioned in Question 2, Part 1, except as reported in the remarks. We have examined the Recruit in accordance with the pamphlet "Physical standards and Instructions for the medical examination of recruits" and he is found fit for Category A.

Special remarks when category lower than A

H.E. Johns Lt CT RCAMC. W Merrick Mj. R.B.L. Watson M.D.
President Member Member

VACCINATIONS, INNOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature
11/9/39	Reexamined Normal Exam. Referees Cat. A 137 lbs. Normal urine	6 of. 22.2.41	TAB 1/2 cc
25-10-39 H-11-39	TAB-2 H E Johns Lieut. RCAMC	6.2.42 25-10-42	TAB T 1/2 cc Vacc.
17-11-39	Innoculation Complete T.A.B. J.K. Bell Lt. RCAMC.	11.1.43	TABT 1/2 cc
20-11-39	X-Ray chest neg.		
21-11-39	Dental		
30-11-39	Vaccination.		
6/12/39	Tetanus 1 cc		
5-9-40	T T 1 cc		

Regtl. No..... Rank..... Surname..... Christian Name.....

STATION.	Date of Arrival at the Station	Dates of Admission into Hospital			Dates of Discharge from Hospital			DISEASE	Number of days in Hospital.	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied.	Signature of Medical Officer.
		Day	Month	Year	Day	Month	Year				

(a) Report: Date	(a) Report: From whom received	(b) Unit	(c) Record of all casualties regarding promotions (acting, temporary, local or substantive), appointments, transfers, postings, attachments, &c., forfeiture of pay, wounds, accidents, admission to and discharge from Hospital, Casualty Clearing Stations, &c. Date of disembarkation and embarkation from a theatre of war (including furlough, &c.) in accordance with para. 2 of Note to Table I of Appendix III of Field Service Regulations, Volume I	(d) Place of Casualty	(e) Date of Casualty	(f) Army rank as at (e)	(g) Army Form or other authority for entry to be shown
4-9-39			Dis by Rbk (6A17)	St Johns	3-9-39	Private	D.O.L. 4-9-39
19.6.40	RCR		Apptd A/Sgt/Cpl with pay	Tor/E	15.6.40	A/Sgt/Cpl	11/40
19.6.40	RCR		Embarked Plymouth		13.6.40	Pte	11/40
			Disembarked Brest	IF	14.6.40	Pte	11/40
			Re-embarked Brest	IF	15.6.40	Pte	9/40
			Disembarked Plymouth		17.6.40	Pte	11/40
26.7.40	RCR		Privilege leave				12/Pte
6as	Report	RCR	T.O.S. to 1 C.I.H.U	Eng	1.10.40	A/Sgt/Cpl	27/14.10.40
17-10-40	No. 1 C.I.H.U.	D.O.153	T.O.S. ~~to~~ No. 1 C.I.H.U. on admn to 5th Gen Hosp.	Bordon	1/10/40	"	17-10-40
22 Nov 40	"	D.O.182	Under stoppage of pay from 1 Oct 40 to 21 Nov 40. Total 52 days at the rate of 75 cents per diem	"	1 Oct 40	"	D.O. 182
22 Nov 40	"	D.O.182	Cease from 5th Gen Hosp	Bordon	21 Nov 40	L/Cpl	D.O.182
28 Nov 40	"	D.O.187	S.O.S. 2nd C.I.H.U to RCR Field Unit	"	28 Nov 40	"	D.O.187
26.11.40	O.C.	RCR	T.O.S. from 1 C.I.H.U.	Eng	29.11.40	Pte	38/30.11.40
28.11.40	O.C.	RCR	Reverts to Pte	Eng	29-11-40	Pte	39/6.12.40
	Records	RCR	SOS CASE (CANADA) ON EMBARKATION AT HALIFAX ON 18.IV.39 TOS CASE (OVERSEAS) ON TRANSFER ON 19.IV.39 AND DISEMBARKED AT GOUROCK ON				4/14.1.41 30.12.39
18.1.41	O.C.	RCR	Xmas Leave	Eng	16.1.41	Pte	6/21.1.41
26.4.41	O.C.	RCR	Leave - 7 days - Warrant	Eng	25.4.41	Pte	25/7.5.41
28.6.41	O.C.	RCR	To be A/Sgt/Cpl with Pay	Eng	26.6.41	A/Sgt/Cpl	47/4.7.41
1-7-41	O.C.	RCR	Appd. A/Sgt/Cpl with Pay.	"	8-6-41	"	48/11-7-41
14-7-41	O.C.	RCR	Leave 7 days.	"	10-7-41	"	50/25-7-41
7-9-41	"	"	att Gds depot Drill Course #P	"	6-9-41	"	66/19-9-41
15-9-41	"	"	To be L/Corporal (confirmed)	"	8-6-41	A/Cpl	61/26-9-41
4-10-41	"	"	Ceases att Gds depot Drill Course	"	4-10-41	"	64/10-10-41
16-10-41	"	"	Leave 7 days. ~~W~~ Warrant 15 to	"	22-10-41	"	68/7-11-41
23-10-41	CM&A	Letter	Good Conduct Badge	"	3-9-41	"	69/14-11-41
7-11-41	O.C.	RCR	To be a/Corporal	"	1-8-41	Cpl	69/14-11-41
2-1-42	"	"	Leave 7 days (P5) NoFTW	" 15	22-12-41	"	3/16-1-42
13-2-42	"	"	Cont'd in Rank of Cpl	"	2-11-41	Cpl	9/18-2-42
15-4-42	"	"	Apptd A/Sgt	"	23-4-42	A/Sgt	27/24-4-42
22-4-42	"	"	Leave 7 days (P6) NoFTW returned	"	15-4-42	"	32/13-5-42
"	"	"		"	22-4-42	"	
23-5-42	"	"	AA Sec 24 (2) admonished stoppage £0/15/(2) Loss of Equipment £0/8/1	"	23-5-42	"	37/5-6-42

SERVICE AND CASUALTY FORM

PART I (For all ranks)

M.F.M. 4 (Part I)
A.F.B. 103 (Part I)
500M—8-39 (1700)
H.Q. 1772-45-18

Unit Royal Canadian Regiment. Regimental Number A.6040

	(17) Regiment or Corps	Unit (Battn., etc)
1. Surname BOONE.		
2. Christian Names Robert Edward.	C/C ~~R.C.R.~~	R&R 1st Bn.
3. *Substantive Rank and Appointment ~~Pte~~		
*Acting Temporary or Local Rank		
giving date 25Sep43		

*To be entered in pencil to facilitate alteration.

4. Place of birth Canada, New Brunswick, Sussex.
5. Date of birth as declared on attestation 30th September 1915.
(A)
6. Date of enlistment 3rd September 1939.
7. Place of enlistment St.Johns, Que.
8. Residence at time of enlistment 211, St.George St, St.Johns Que.
9. (B) Special conditions (if any) of enlistment or rate of pay
10. (C) Any subsequent variations of conditions of service
11. Religion United Church of Canada.
12. If married, state date
13. Trade on enlistment Potter.
14. Corps, trade and grade
15. (D) Qualifications
16. (E) Miscellaneous entries

(18) Medical

Category	Date	Authority
A.	3/9/39.	

(19) Next of kin (entries to be made in pencil) (mother)
Mrs Alice Driscoll Boone
125 Champlain Streets.
D.S.81/42 St Jean P.Q. Canada

(20) E.
(21) E.
(22) E.

NOTES—

(A) Here enter particulars of any subsequent claim as to actual age after verification of birth certificate.
(B) Whether for home service only, enlisted at special rates of pay, etc.
(C) If to be retained on home service, period if specified to be stated; also authority and on what grounds: see (A) above.
(D) Signaller, Farrier, etc.
(E) Instructions regarding allotment of these sub-heads will be made as may be necessary after mobilization.

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS

PERSON ENTITLED TO Leslie C. BOONE (BROTHER)

ADDRESS: 125 Champlain St.,
ST. JOHNS, P.Q.

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER Mrs. Alice Driscoll, (ENGLISH)

(1603)

ADDRESS: 125 Champlain St., ST. JEAN, P.Q.

(1) MEMORIAL BAR
DATE DESP
REGN. NO 4684

(2)

(3) DESP. JUL 25 1944
REGN No. 688

17-5-44
(O.C.L.-476)

AWARDS—CANADIAN ARMY (ACTIVE) (1603) M

M.J.A.

500M—1-44 (3467)
H.Q. 1772-45-8

FILE No. 405-B-27991

SURNAME (IN BLOCK LETTERS) CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT
BOONE, Robert Edward	A.6040	Sgt.	West.Ont.Regt.

WAR SERVICE BADGE (CLASS) No. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star France & Germany Star Defence Medal War Medal CVSM & Clasp	2909 18-10-49

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

(a) Report		(b)	(c)	(d)	(e)	(f)	(g)
Date	From whom received	Unit	Record of all casualties regarding promotions (acting, temporary, local or substantive), appointments, transfers, postings, attachments, &c., forfeiture of pay, wounds, accidents, admission to and discharge from Hospital, Casualty Clearing Stations, &c. Date of disembarkation and embarkation from a theatre of war (including furlough, &c.) in accordance with para. 2 of Note to Table I of Appendix III of Field Service Regulations. Volume I	Place of Casualty	Date of Casualty	Army rank as at (e)	Army Form or other authority for entry to be shown
		X Lust	SAS. X4 B N R.C.R.	M	12 Feb 44	Sgt	12/44
		R.C.R.	To 2 Pro R.C.R.	"	13 Feb 44	"	18/44
24/5/44	3014/26 5/34	"	Killed in action	"	17 May 44	"	49/44

SERVICE AND CASUALTY FORM

(PART II)

M.F.M. 4(a) (Part II)
(A.F.B. 103) (Part II)
500M—8-39 (1701)
H.Q. 1772-45-18

Regiment or Corps R.C.R. Regimental Number A6040

Substantive Rank ..... Surname BOONE Christian Names R.E.

Acting Temporary or Local Rank .....
(To be entered in pencil to facilitate alteration)

(a) Report: Date	(a) Report: From whom received	(b) Unit	(c) Record of all casualties regarding promotions (acting, temporary, local or substantive), appointments, transfers, postings, attachments, &c., forfeiture of pay, wounds, accidents, admission to and discharge from Hospital, Casualty Clearing Stations, &c. Date of disembarkation and embarkation from a theatre of war (including furlough, &c.) in accordance with para. 2 of Note to Table I of Appendix III of Field Service Regulations. Volume I	(d) Place of Casualty	(e) Date of Casualty	(f) Army rank as at (e)	(g) Army Form or other authority for entry to be shown
27-5-42	O C	R C R	CMH Q Course 801 Ser 2A attd C Is Sap	U K	31-5-42	A/L/Sgt	41/19-6-42
22-6-42	"	"	Returned " " " "	"	20-6-42	"	46/8-6-42
29-6-42	"	"	To the 2/Sgts	"	24-6-42	2/Sgt	47/42
31-7-42	"	"	Leave 7 days (P7)	"	22-7-42	"	56/42
"	"	"	returned	"	29-7-42	"	56/42
11-8-42	"	"	Qualified "Q2" Course 801 Battle Drill	"	20-6-42	"	60/42
10-10-42	"	"	Appted A/ Sergeant	"	25-9-42	A/S.I.	75/42
28-10-42	"	"	Leave 9 days (F8) 28 Oct 42 to		19 Oct 42	"	78/42
28 Jan 43	"	"	Leave 9 days allowance 8 Feb 43 to		17 Feb 43	"	13/43
22 May 43	"	"	A Asst (S.C.) Rejoined fm L 15 Hosl. mm for 1 days Sick 14 CCH	"	20 May 43	"	29/43
29 May 43	"	"	Leave 7 days 7 June 43 to	"	31 May 43	"	46/43
			SOS GA [illegible] ON EMBARKATION AT U.K. ON 13 June 43				53/43
			SOS GA [illegible] ON TRANSFER ON 14 June 43 AND DISEMBARKED AT [illegible] ON 10 July 43				
		R C R	Cont'd en Leave S/T	"	15 Jan 43	S/T	60/43
		"	apptd A/CSM	"	4 Nov 43	A/CSM	78/43
		R C R	Ld's R C R	"	11 Dec 43	S/T	2/44
		X Hosl	To's X 3 Hosl	"	12 Dec 43	"	3 A/44
		R C R	Reverts to S/T	"	11 Dec 43	"	2/44
		"	adm O C F A	"	O C F A	"	2 A/44
		"	adm I C C H	"	12 Dec 43	"	2 A/44
		"	adm N. S. 11 + C	"	10 Dec 43	"	4 A/44
		"	adm 14 C C H	"	20 Dec 43	"	5 A/44
		"	adm 9 Inf Mob. C Cs	"	11 Dec 43	"	7 A/44
		"	Disch 14 C C H	"	19 Jan 44	"	13/44
		"	Posted from X 3 to X 4 (2 Bn)	"	19 Jan 44	"	7/44
		"	Posted from X 4 (2 Bn) to X 4 (4 Bn)	"	9 Feb 44	"	32/44

No A. 6040 Rank Sergeant Name BOONE, Robert Edward

Unit Royal Cdn. Regt. Date of death 17 May 1944

Died at Italy.

Cause Killed in Action

Death occurred on strength of Forces.HQ 405-B-27991 d

N/K ~~Mrs. Alice Driscoll~~ Mr. Leslie C. Boone (Brother) ~~Mother~~ Relationship (Deceased

Address 125 Champlain St., St. Jean, P.Q.

Remains buried in Cemetery

MR 805132 sheet 160 Cassino 100 yards North on side road.
Italy.

Grave location

CHX

OVER

REBURIAL

Cassino Military Cemetery,
Cassino, Italy.
Plot 5, Row A, Grave 15

nl & CR Form Despd. OCT 1 1 1946

Photographs
Despatched
FEB 9 - 1948

DEATH CERT. TO N.K. AUG 4 1945

BURIAL REPORT TO N.K. STAT. AUG 31 1944

RETURN TO BUR. OF S JUN 30 1944

ROYAL MESSAGE DESP'D.

CAN. MESSAGE DESP'D. 20-6-44

FILM.
UNIT DOCUMENTS DID NOT INCLUDE M.F.M. 23. THIS COPY MADE UP FROM
INFORMATION ON SOLDIER'S DOCUMENTS ON FILE IN RECORD OFFICE.

M.F.M. 23
150M—2-44 (3755)
H.Q. 1772-39-1677

CANADIAN ARMY

PROCEEDINGS ON DISCHARGE

(These proceedings should be accompanied by the documents specified on third page)

Regimental No. A- 604 0 | Rank Sgt. DECEASED.

Surname BOONE

Christian name Robert Edward.

NOTE.—The name must agree strictly with that on enlistment unless changed subsequently by authority.

Unit or Corps Royal Canadian Regt.

Date of discharge 17 May 1944

Place of discharge Overseas. Mil. Dist. No.

1. DESCRIPTION AT DATE OF DISCHARGE

Age 29 years 8 months

Height 5 feet 6¼ inches

Complexion Fair

Eyes Brown

Hair Dk. Brown

Trade Potter

Descriptive marks:

none.

Intended place of residence } .....
Street and Number P.O., City or Town, etc.

(To be given as fully as practicable: *i.e.*, mailing address)

Province

2. The above-named is discharged in consequence of Deceased. DECEASED.

Authority for discharge.....

N.B.—The cause of discharge must be worded in accordance with Canadian Army Routine Orders as may be published. If discharged by superior authority, the number and date of the letter to be quoted.

To be in the handwriting of the Commanding Officer.

3. Conduct while in the service has been, according to the records, etc.:

N.B.—See K.R. Can. 385. This will be assessed when practicable by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company, and will be read out to him.

4. Special qualifications for employment in civil life. (*Vide* K.R. Can. 384.)

N.B.—The information given in paras. 3 and 4 will NOT be entered on M.F.M. 7, Discharge Certificate.

(OVER)

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

5A. War Service Badge

General Service

Class and number.....
(If and when authorized)

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

---

6. Medals and Decorations..... { .... } To be copied by the Commanding Officer on to the parchment Discharge Certificate.

If not at present entitled to any medals or decorations, leave space blank, do not show "NIL".

---

7. I have impartially enquired into all matters concerning this soldier's discharge brought before me in accordance with Regulations.

(Place).....

(Date)..... .....*Commanding*.....

---

8. **Certificate to be signed by the Soldier on Discharge**

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

(Place).....*(Signature of Soldier)*

(Date).....*(Signature of Witness)*

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

---

9. **Statement of Service**

(Date of enlistment—Canadian Army).....3 September 1939.....

(Date of discharge—Canadian Army).....17 May 1944.

(Total Service—Canadian Army).....years.....days

---

10. **Confirmation of Discharge**

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

(Place)..... *(Signature)*.....

(Date)..... *Commanding*.....

List of Discharge Documents

Field Conduct Sheet.

Certified Copies of Convictions by Civil Power.

Casualty Form.

Proceedings Medical Board.

Medical Case History Sheet.

Dental History Sheet.

Last Pay Certificate.

Duplicate Discharge Certificate.

Certified Copy of Record of Declaration of Court of Inquiry.

Attestation or Enrolment forms (Duplicate and Triplicate).

Clothing and Equipment Statement.

Proceedings on Discharge.

Training Record.

Application for War Service Badge (G.S. Class).

CANADIAN WOMEN'S ARMY CORPS

Charge Sheet.

Casualty Form.

Proceedings Medical Board.

Medical Case History Sheet.

Dental History Sheet.

Last Pay Certificate.

Duplicate Discharge Certificate.

Attestation or Enrolment Form (Duplicate and Triplicate).

Certificate of Examination (Duplicate and Triplicate).

Clothing and Equipment Statement.

Declaration to serve in Canada and beyond.

Proceedings on Discharge.

Training Record.

Application for War Service Badge (G.S. Class).

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Date.....

.....

Officer Commanding

Reservations referred to at Para. 8

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

(Date)..... ....

.....
(*Signature of Soldier*)

Statement of the Service of No. A60140 Rank ..... Sheet No. .....

M.F.M. 1 & 2A
40/P & S/119

Name BOONE R.E.

REPORT Date	REPORT From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority Part II D.O. No. Cas. List, etc.	Authority Dated
		✓ P/Leave Pte. to Y.T.W.	Pte	15/22 apr 42	RCR	UK	32	13 may 42
		✓ Admonished. Stopp pay. 8/1. AA Sec 24(2) 158(2)	Pte	23 may 42	RCR.	UK	37	5 Jun 42
		✓ Proceed on CMHQ Course 801. Attd CTS (FAP)	Pte	31 may 42	RCR	UK	41	19 June 42
	Q2.	✓ Ret from CMHQ Course 801 Ser 2A. Ceases to be Attd CTS	Attd CTS	20 Jun 42	RCR	UK	46	8 July 42
		✓ To be L/Sgt	L/Sgt	24 Jun 42	RCR	UK	47	10 July 42
		✓ P/leave	L/Sgt	22 29 Jul 42	RCR	UK	56	14 Aug 42
		✓ Apptd A/Sgt.	A/Sgt.	25 Sept 42	R.C.R.	U.K.	75	30 Oct. 42.
		✓ Pris Leave 7 dys to 28 Oct 42	A/Sgt.	29 Oct 42	RCR	UK	78	18 Nov 42
CHANGE of ADDRESS of N of KIN.		✓ MRS ALICE DRISCOLL BOONE, 125 CHAMPLAIN STREET						
		✓ SAINT JEAN, P.Q. CANADA	A/Sgt.	—	RCR	UK	81	4 Dec 42
		✓ Pris Leave	A/Sgt	8 Feb 43	RCR	UK	13	15 Feb 43
		✓ Reprimand & forf 1 dys pay Sec 15 (1) AA	A/Sgt.	20 Mar. 43	RCR	UK	29	20 Apr 43
SOS		✓ SOS Cdn Army Embarked	A/Sgt	13 June 43	RCR	UK		
	TOS	✓ TOS Cdn Army	A/Sgt	14 June 43	RCR	M	53	27 July 43
		✓ Disembarked	A/Sgt.	10 June 43	RCR	NA		
		✓ Confirmed in rank Sgt.	Sgt	15 June 43	R&R	NA	60	~~July~~ 43
C.26		✓ Apptd A/CSM (WO II	A/CSM	4 Nov 43	RCR	NA	78	17 Dec 43
S.O.S.	Do 62 d/4 July 44.	✓ SOS to RCR x 3 lsr on order to Hosp	A/WO II CSM ~~Sgt~~	11 Dec 43	RCR	NA	2	12 Jan 44
C.26	Do 64 d/15 July 44 T.O.S.	✓ T.O.S. x Lisr from RCR on order Hosp	A/WO II CSM ~~Sgt~~	12 Dec 43	RCR	NA	3A	18 Jan 44

Statement of the Service of No. A60140 Rank L/C Sheet No.

M.F.M. 1 & 2A
40/P & S/119

Name BOOKE RE

REPORT Date	REPORT From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority Part II D.O. No. Cas. List, etc.	Authority Dated
		SOS CMF (CANADA) ON EMBARKATION AT ON		18 Dec 39	RCR	Field		
	✓	TOS CDN. ARMY (OVERSEAS) ON TRANSFER ON 19 Dec 39 AND DISEMBARKED AT ON 30 Dec 39					4.	14 Jan 41
	✓	Hosp sick pay 75¢ per diem from 1.10.40 - 21.11.40 52 days.	L/Cpl.	1. Oct - 21 Nov 40	1 C I H U	Borden	182	22 Nov 40
	✓	Discharged 5th General.	L/Cpl	21 Nov 40	1 C I H U	Borden.	182.	22 Nov 40
	✓	SOS to RCR.	L/Cpl.	28 Nov 40	1 C I H U	Borden	187	28 Nov 40
	✓	TOS from 1 C I H U Leave	A/L/Cpl	16 29 Nov 40 RCR 23 Jan 41	RCR	Field	30 MEP 6.	8 Aug 40 21 Jan 41
	✓	P/Leave (WW)	A/L/Cpl	25 Apr - 4 May 41	RCR	Field	35	7 May 41
(Amended to 48 11.7.41)		To be A/L/Cpl with pay	A/L/Cpl	8 26 Jun 41	RCR	Field	47	4 Jul 1941
	✓	P/leave WOW.	L/Cpl.	10 17 Jul 41	RCR	UK	50	25 July 41.
	✓	Att'd (FAP) Guards Depot On Course	L/Cpl	6 Sep 41	RCR	UK	60	19 Sep 41
	✓	To be L/Cpl	L/Cpl	8 Jun 41	RCR	UK	61	26 Sep 41
Qual "G"	✓	Ceases be Att'd Guards Depot (FAP)	L/Cpl	4 Oct 41	RCR	UK.	64.	10 Oct 41.
	✓	P/leave WW.	L/Cpl.	15 22 Oct 41	RCR	UK	68.	7 Nov 41.
R.O. 308	✓	To wear G.C. Badge.	L/Cpl		RCR	UK	69.	14 Nov 41
	✓	To be A/Cpl	A/Cpl	1 Aug 41	RCR.	UK	69.	14 Nov 41
	✓	P/leave (WOW)	A/Cpl	1 Aug 41	RCR	UK	3	16 Jan 42
	✓	Confirmed Cpl	Cpl.	2 Nov 41	RCR	UK	9.	18 Feb 42
	✓	Appt'd A/L/Sjt	A/L/Sjt	23 Mar 42	RCR	UK	27.	24 Apr 42

CASUALTIES, ETC.

NATURE E. G. ABSENCE, PROMOTION, ETC.	PART 11, D. O. No.	 DATE	REMARKS IF IN HOSPITAL, NOTE NAME, ETC.
S.O.S. R.C.R. T.O.S. #1 C I H U	27 153	14-10-40 17/10/40	Eff. 1-10-40. Eff. 1/10/40
Placed under stoppage of pay 1-10-40--21-11-40 period of 52 days@75	182	22-11-40	
SOS No.1 C I H U	187	28-11-40	Eff. 28-11-40
T.O.S R.C.R.	38	30-11-40	29-11-40
Reverts to rank of Pte. on joining service Bn.	39	6-12-40.	Eff.29-11-40.
App.A/L/corp.without Pay	40	7-12-40.	Eff.29-11-40.
Aptd. A/L/Cpl. with Pay	47	4-7-41 amended by D.O. 48 d/11-7-41	Eff. 8-6-41
Guards Drill Course	60	19-9-41	Eff. 6 Sep 41

Duplicate - Original lost in France.

NAME BOONE Robert Edward

REGIMENTAL NO. A-6040 RANK Pte.

ENLISTED AT St.Johns Que. PROMOTIONS, ETC. AND DATE L/Cpl. 8 Jun 41

DATE 3-9-39. A/L/Sgt 23-3-42

IF SERVED PREVIOUSLY, STATE UNIT, ETC.

MARRIED, WIDOWER, OR SINGLE Single

NEXT OF KIN Alice ~~D~~ Driscoll BOONE RELATIONSHIP Mother

ADDRESS OF 105 George St. Iberville Quebec

ASSIGNMENT OF PAY, $ 20.00 C. Eff.1-4-40.

ADDRESS Mr. ~~L.C.~~ Leslie Charles Boone (Brother) National Hotel St.Johns Que.

DEPENDENT'S ALLOWANCE, ENTITLED OR NOT

DATE APPLICATION FORWARDED TO DISTRICT PAYMASTER

IN WHOSE FAVOUR

M. F. M. 14

25M—12-39 (3518)

H.Q. 1772-39-1662

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

NUMBER A-6040 RANK Sergeant SERVICE UNIT Royal Cdn.Regt.(C.A.)

NAME BOONE, Robert Edward

DATE OF BIRTH DAY 30th MONTH Sept. YEAR 1915 Date enlisted: 3-9-39

MARITAL STATUS Single Religion: United Church of Canada.

NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 RELATIONSHIP Mother NAME Mrs. Alice Driscoll

ADDRESS 125 Champlain St., St Jean. P.Q. ADDRESS D.A.B.

ADDITIONAL PERSON TO BE NOTIFIED ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. 6146 H.Q.405-B-27991

CASUALTY DETAILS Killed in action DATE 17-5-44

LAST WILL ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO M.F.M.5. ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO DATE 14-6-44

MCL

OFFICER I/C RECORDS

6

COPY FOR DOCUMENT FILE

(10) Have you a common-law wife—whom you have been regularly supporting and publicly representing as your wife? NO.

If so, state her full name and Postal Address N.A.

(11) Is your father alive? No.

If so, state name and address N.A.

(12) If your father is a widower and is totally incapacitated from earning a living—are you his sole support? No.

(13) If sole support of father who is a widower—state what amount per month you have given him prior to joining ~~CEF~~ C.A.S.F. N.A.

Also state reason he has no other means of support N.A.

(14) Is your mother alive? Yes.

If so, state name and address 10 St George St., Iberville, Que.

(15) If your mother is a widow, are you her sole support? No.

(16) If sole support of widowed mother—state what amount per month you have given her prior to joining ~~CEF~~ C.A.S.F. N.A.

Also state reason why she has no other means of support N.A.

(17) Are you insured? No.

If so, in what Company? N.A.

Have you made arrangements for payment of your Insurance Premium? N.A.

If not, and it is a monthly premium, you may assign the amount in addition to any other assignment you wish to make, provided the total assignment is not in excess of the maximum monthly amount which may be assigned.

I hereby certify that the information given by me on this form is correct in each and every particular.

Robert E. Boone

(Signature of officer or man)

Date 3rd. September, 1939

St Johns, Que.

H. Peacocke Lt-Col

O.C. St. Johns Station, R.C.R.

Officer Commanding

Date 3rd. September, 1939.

To be made out in duplicate.

M.F.M. 5
88M—11-36 (9359)
H.Q. 1772-45-18

PARTICULARS OF FAMILY OF AN OFFICER OR SOLDIER OF THE CANADIAN ~~XXXX~~ FORCE

Active Service

INSTRUCTIONS.

(*a*) This form is to be completed immediately an officer or soldier is appointed to, or enlisted in, the C~~XX~~. **C.A.S.F.**

(*b*) All questions, etc., must be completed.

(*c*) Both copies of the form are to be forwarded by the Officer Commanding the unit for each officer and soldier, to the Paymaster, or Officer acting as such. The latter will transmit one copy, through the District or Camp Paymaster, to the Chief Paymaster, N.D.H.Q., Ottawa. The other copy will be retained by the Paymaster until the unit arrives Overseas, when it will be forwarded to the Chief Paymaster, Canadian Overseas Intermediate Base.

---

(1) Name of Officer or Soldier **BOONE ROBERT EDWARD**
(Surname first—Christian names in full—Block capitals)

(2) Regimental Number **A. 6040**

(3) Unit **Royal Canadian Regiment (C.A.S.F.)**

(4) Are you married? **No.**

(5) If married, state,

(*a*) Full name of your wife **N.A.**

(*b*) Present postal address of wife **N.A.**

(6) If married, have you been regularly supporting your wife? If not—state reasons **N.A.**

(7) Are you a widower? **No.**

(8) Have you any children? **No.**

If so, give number of boys and girls **N.A.**

Also their names and ages **N.A.**

(9) If Separation Allowance is claimed in respect of children—state whether you have been regularly supporting them **N.A.**

Give particulars of Guardian to whom Separation Allowance should be paid—if authorized—

Name **N.A.**

Postal Address **N.A.**

(SEE OTHER SIDE).

5M-1-46 (8548)
H.Q. 1064-81-3

W.W. 34 2

DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE

ARMY

189

STATEMENT OF WAR SERVICE GRATUITY

DECEASED MEMBER'S NAME: Robert Edward (CHRISTIAN NAMES) BOONE (SURNAME)

REGISTER NO. D-21448

FILE NO. 405-B-27991

PAYEE Director of Estates

DATE 17-4-46

ADDRESS

SERVICE NO. A-6040

FINAL RANK OR RATING Sgt.

DATE OF TERMINATION OF OVERSEAS SERVICE 17-5-44

DATE OF DISCHARGE 17-5-44

	$	¢
A. TOTAL QUALIFYING SERVICE NO. OF DAYS $\frac{1711}{30}$ EQUAL TO 57 COMPLETE PERIODS AT $7.50	427.50	
B. QUALIFYING OVERSEAS SERVICE No. OF DAYS 1611 LESS 1 INELIGIBLE DAYS, EQUAL TO 1610 DAYS @ 25c. PER DAY	402.50	
	830.00	
C. SUPPLEMENT FOR OVERSEAS SERVICE		
DAILY RATES AT DISCHARGE		
PAY $ 2.20		
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE $ 1.25		
ADDITIONAL PAY $		
$		
$		
DEPENDENTS' ALLOWANCE 1/30 OF $ _____ $		
TOTAL $ 3.45 X7 = $ 24.15		
NO. OF DAYS $\frac{1611}{183}$ X$ 24.15	212.60	
D. WAR SERVICE GRATUITY	1042.60	
E. DEDUCTIONS OVERPAYMENT OF PAY AND ALLOWANCES $		
DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $		
OTHER DEDUCTIONS $		
F. TOTAL AMOUNT PAYABLE	1042.60	

G. YOUR PORTION OF GRATUITY IS—

100%

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU $_____ OF $

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

ΔT

TREASURY CHEQUE BRANCH MAY 6 1946 OTTAWA

DEPARTMENT OF NATIONAL DEFENCE

CERTIFICATE I CERTIFY THAT THE AMOUNT HAS BEEN CORRECTLY COMPUTED AND IS PAYABLE IN ACCORDANCE WITH THE TERMS OF THE WAR SERVICE GRANTS ACT, 1944 AND THE REGULATIONS ISSUED THEREUNDER.

PREPARED BY	CHECKED BY
KRM	

TREASURY	
CHECKED BY	DATE
G Petitclerc	20/4/46.

G. L. Hawkins Capt.
SERVICE REPRESENTATIVE

PROVINCE QUÉBEC

BUREAU DU REVENU

CERTIFICAT DE DROITS DE SUCCESSION

Succession _____

DOCUMENT IMPORTANT

Province de QUEBEC

CERTIFICAT D'ACQUITTEMENT DES DROITS DE SUCCESSION

Vu les déclarations et autres pièces produites au Bureau du Revenu de la province de Québec, je, soussigné, certifie par les présentes l'acquittement des droits de succession exigibles aux termes des lois de la Province, en raison de la transmission par le décès survenu le 16 MAI, 1944 de M. ROBERT E. BOONE,

en son vivant de ST-JEAN,

des biens ci-après décrits, savoir:

Dossier No

195,613-

UNE SOMME ADDITIONNELLE DE $89.82 À TITRE DE GRATUITÉ POUR SERVICE MILIATIRE."

Fait, et signé à Québec, ce 11 DÉCEMBRE 1946

Officier du Revenu spécialement autorisé

S-16
TR-M-12

FORM No. 1

Register No. C.D.-8291 Nominal Roll No. D-537

H.Q. File No. 405-B-27991

To: P.M.G.

CANADIAN ARMY (ACTIVE)

Computation of Service

WAR SERVICE GRANT

Regt. No.	Rank when S.O.S.	Surname	Christian Name in Full
A-6040	Sgt.	BOONE	ROBERT EDWARD

REASON FOR TERMINATION OF SERVICE:

1st Enlistment ..... Killed in Action ..... CARO ..... ( )

2nd Enlistment ..... CARO ..... ( )

3rd Enlistment ..... CARO ..... ( )

Total Service

1ST ENLISTMENT	2ND ENLISTMENT	3RD ENLISTMENT
T.O.S. 10 Sep 39	T.O.S.	T.O.S.
S.O.S. 17 May 44 MD 02	S.O.S. MD	S.O.S. MD
Total Days 1712	Total Days	Total Days

Total Service 1712 DAYS

	Total Service	Less Non-qualifying Service	Net Service
Western Hemisphere	100	-	100
Overseas Service	1612	1	1611
Totals	1712	1	1711
Add Non-qualifying Service			1
Total Service			1712

EMBARKATION DETAILS:

1. Date S.O.S. Overseas 17 May 44 2. Date S.O.S. Overseas .....

REMARKS:

Computer's Signature B Cormier

Checker's Signature .....

Date Computed 4 Jan 46

KILLED IN ACTION 17 May 44

Enlstd - 3 Sep 39

CERTIFIED that entitlement to benefits under the War Service Grants Act, 1944, has been established, based on service shown herein.

C. L. LAURIN,
Colonel,
DIRECTOR OF RECORDS.

500M—11-44 (6012)
H.Q. 1772-45-8

Details of Non-Qualifying Service

Western Hemisphere—

Forfeits for	From	To	Effective Date	Days	Total

FOR INSTRUCTIONS SEE OTHER SIDE

FORM OF WILL

M.F.M. 10
30M—1-40 (3574)
H.Q. 1772-39-1656

(1) I, Robert Edward BOONE, of the Town
(Name in Full)

of St. Johns, in the ~~District~~ County of Iberville,

Province of Quebec, Potter
(Civil Occupation)

Regimental No. A.6040, Uni The Royal Canadian Regiment, do hereby revoke all former Wills by me made and declare this to be my LAST WILL.

Names and address of beneficiaries

(2) I GIVE, DEVISE AND BEQUEATH unto

my mother
Alice Driscoll BOONE
10 St. George St.
Iberville

all my estate for her use absolutely

Names and address of residuary beneficiaries

(3) ~~I GIVE, DEVISE AND BEQUEATH all the rest and residue of my estate, both real and personal,~~ of whatsoever kind and wheresoever situate unto

(4) I NOMINATE, CONSTITUTE AND APPOINT Leslie Charles BOONE
(Name)

National Hotel ST. Johns, to be the Executor / Executrix of this my LAST WILL.
(Address)

Signed and acknowledged by the Testator, in the presence of us present at the same time who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as witnesses.

IN WITNESS WHEREOF I have hereunto set my hand this First day of April, A.D. 19 40

First witness sign here

(5) Barrosa Barracks Aldershot
(Address)
(Witnesses are not to be beneficiaries)

Second witness sign here.

Barrosa Barracks Aldershot
(Address)

Robert E Boone
(Signature of Soldier)

(OVER)

12

NOTE

If you have already made your Will, do not fill in this Will, but mark on the front where your Will can be located or with whom it is deposited.

(1) (Example) I, John Charles Jones, of the City of Marlowe, in the County of Carleton, Province of Ontario, Mechanic, Regimental No. 1234, Royal Blankshire Regiment, do hereby etc.

(2) If only one beneficiary, complete as follows: I give, devise and bequeath unto "my wife, Mary Jones, all my estate for her own use absolutely", in which event, strike out clause (3). If more than one beneficiary, set out what each is to have, such as

"my wife, Mary Jones $.....00, and my household goods and effects",
"my brother, Thomas Jones, $.....00",
"my sister, Margaret Jones, $.....00",
"my friend, John Smith, $.....00",

and any personal gift, if desired.

(3) If balance of estate is to one person, name that person such as "my wife, Mary Jones, for her own use absolutely", or "unto my mother and father, equally", or as desired.

(4) Fill in name of Executor or Executrix, "John Doe, 24 Smith Street, Blankville, Ontario", or, if Executrix "Jane Doe", and address. A beneficiary or legatee under the Will may be appointed Executor or Executrix.
It is not necessary to appoint Executor or Executrix if your estate consists *only* of pay, allowances, kit and personal belongings.

(5) Two witnesses must sign in the presence of the soldier, and each witness should fill in his or her full address. Be sure to have soldier date the Will and sign his regular signature.

(6) Do not appoint a soldier as your Executor.

ENDORSEMENTS

DEBITS AND/OR CREDITS SUBSEQUENT TO ISSUE OF L P C

Prior to compilation of statement below

Date	Unit	Payments	Amount Dr		Amount Cr		Paymaster's Signature
		Balance from L P C					

Explanation of Debit Balance :-

STATEMENT OF ACCOUNT

Date		Particulars	Dr		Cr	
		Balance as shown above				
		Pay and Allowances from ..... to				
		Assigned Pay months of				
		Civilian Clothing Allowance				
		Boat Expense Money				
		Train Expense Money				
		Miscellaneous Debits (give details)				
		Miscellaneous Credits (give details)				
		TOTAL				

DEBITS AND/OR CREDITS SUBSEQUENT TO COMPILATION OF ABOVE STATEMENT

Date	Unit	Particulars	Dr		Cr		Signature of Paying Officer

of Embarkation.....

of Embarkation.....

Disembarkation.....

sembarkation.....

HM Transport.....

MFM 5[illegible]
40/P & S[illegible]4 (3444)

CANADIAN ACTIVE SERVICE FORCE
OVERSEAS
LAST PAY CERTIFICATE
(All Ranks)

District.....

Dispersal Area.....

Regtl No. A.6040 Rank and Name Boone. R.E. Sgt.

of (Unit).....on.....

~~X[illegible]X~~ or Discharge).....to.....on 17th May 19 44.

Reason Death. Authority: C.C.L. "A" 440 d/26th May 44.

The following is a statement of the account of the above-named from 1st May to 31st May 19 44 the inclusive date of transfer or discharge.

Dr Particulars	Amount		Cr Particulars	Amount	
Balance Dr from last account			Balance Cr from last account	542	92
First Monthly Payment AR 14 d/10.5.44.	13	41	Regimental Pay 31 days @ $2.20	68	20
Casual Payments			Technical Pay .....days at .....$		
Payments on Transfer or Discharge			Additional Pay (Give particulars) ....days at .....$		
Assigned Pay	20	00	Allowances (Give particulars) .....days at .....$		
Regimental Charges					
Public Stoppages (Give particulars):					
6th Victory Loan Bond.	100	00	Def. Pay Interest.	8	86
To Balance Cr Free	163	57			
To Balance Cr Deferred	323	00	By Balance Dr		
	486	57			
Total	619	98	Total	619	98

BALANCE GIVEN IS SUBJECT TO ANY CHARGES AND/OR CREDITS ENDORSED ON THE REVERSE HEREOF

Remarks:

1. Assnd. Pay of $20.00 (B) stopped eff June 44.
2. Assnd. Pay of $16.80 (6th V.L.) cancelled eff May 44.

ESTATES BRANCH JAN 29 1945 N.D.H. OTTAWA NATIONAL DEFENCE

Compiled by L.G. Waldron.

Checked by D. Rowley

Date 8th January 19 45.

Certified correct L.L. Lumbrook
for Chief Treasury Officer, Overseas

P.H.

CFA 187
40/P & S/2180 (4066)

CANADIAN MILITARY HEADQUARTERS

ESTATES BRANCH
INVENTORY

of personal effects received by
Casualty Section, No. 1 CKSD

No., RANK and NAME ..A-6040...Sgt..Boone...R.E.....(Deceased).....

RECEIVED FROM .....H.Q. No. 1 C.K.S.D.....

CHECKED BY .....B-126252 Pte. Sislofsky A.
B-17349 Cpl. Bailey N.S..... DATE .8 June 44.....

1	Kit Bag containing;		
1	Battle Dress Uniform G.I. RTS (RSD)		
	Pictures		
1	Web Belt G.I. RTS (RSD)		
1	Oxford Dictionary		
1	Mattress		
2	Books on Map Reading		
1	Set Sergeants Chevrons		
1	Pair Div. Flashes		
1	Pair Shoulder Titles.		

ORIGINAL } To Officer i/c Estates with
DUPLICATE } original inventory, if any.

TRIPLICATE — with effects.

H. E. Fuhrmeister QMS
.....
for OC 1 Cdn KSD

The Administrator of Estates.

Regimental No. A-6040 Rank. Sergeant.

BOONE Robert Edward
Surname Christian Names

Unit. Royal Canadian Regiment (CA)

Date of Death. 17-5-44 Place of Death. Overseas(Mediterranean)

Next-of-kin. Mrs. Alice Driscoll Relationship. Mother

Address. 125 Champlain St. St Jean, Quebec

Deed

M.F.M.5. Copy herewith.

Will. Will d/1-4-40 herewith.

Date. 27-6-44.

ESTATES BRANCH
JUL 5 1944
H.Q.
OTTAWA.
NATIONAL DEFENCE

C. L. Laurin
Colonel
Director of Records

HMG/VFM

(W.E.L. Coleman) Colonel,
Director of Records,
for Adjutant-General.

File No 405-B-27991

R E B U R I A L

NO A6040

RANK Sgt

NAME BOONE - R. E

NAME OF CEMETERY Cassino Military Cemetery

LOCATION OF CEMETERY Cassino, Italy

GRAVE LOCATION Plot 5 Row A. Grave 15

AUTHORITY 54-27-88-2 Vol. 15

Reburial list.

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FORMULE 6

BUREAU FÉDÉRAL DE LA STATISTIQUE—COPIE DU BULLETIN DE DÉCÈS—QUÉBEC

N'écrivez pas dans cet espace

1. LIEU DU DÉCÈS — Comté municipal | Nom officiel de la municipalité civile ou du canton | *Apposer un X sur le mot qui s'applique à cette municipalité ou ce territoire* — *Cité* | *Ville* | *Village* | *Paroisse* | *Canton*

Rue ..... No. ..... Hôpital ou institution .....

2. SÉJOUR — (a) dans l'hôpital ou l'institution ..... *Années* ..... *Mois* ..... *Jours* ..... | (b) dans la municipalité du décès ..... *Années* ..... *Mois* ..... *Jours* ..... | (c) dans la province ..... *Années* ..... *Mois* ..... *Jours* ..... | (d) au Canada (s'il s'agit d'un immigré) ..... *Années* ..... *Mois* ..... *Jours* .....

3. NOM DU DÉFUNT

Nom de famille ..... (*Lettres moulées*)

Noms de baptême ou prénoms .....

N'écrivez pas dans cet espace

4. RÉSIDENCE

Rue ..... No. .....

Nom officiel de la municipalité civile ou du canton .....

Comté municipal ..... Province .....

5. SEXE	6. NATIONALITÉ (Citoyenneté)	7. ORIGINE RACIALE	8. Célibataire, marié, veuf ou divorcé (*Ecrire l'un de ces mots*)

9. Si le défunt était marié, nom de son conjoint .....

10. LIEU DE NAISSANCE (Province ou pays) .....

11. DATE DE NAISSANCE ..... (jour) (mois) (année)

12. ÂGE DU DÉFUNT	Années	Mois	Jours	Si âgé de moins d'un jour
				.....hrs. ou.....min.

OCCUPATION

13. Métier, profession ou occupation, ex. tisserand, **voiturier, employé de bureau,** etc. .....

14. Genre d'industrie ou d'entreprise, tel que **filature de coton, industrie du bois, banque,** etc. .....

15. Dernière date à laquelle le défunt vaquait à ce travail .....

16. Nombre d'années occupées dans cette profession .....

	17. NOM	18. LIEU DE NAISSANCE (Province ou pays)
PÈRE		
MÈRE (Nom de fille)		

19. Lieu de l'inhumation, de l'incinération ou destination du transport .....

20. Date de l'inhumation ..... 19.....

21. LIEU DE L'ENREGISTREMENT DE CETTE SÉPULTURE

(a) Nom de la paroisse ou église .....

(b) Municipalité civile de .....

(c) Comté municipal .....

(d) Date ..... 19..... (jour) (mois) (année)

CERTIFICAT MÉDICAL CONFIDENTIEL DE DÉCÈS

22. Date du décès ..... 19..... (jour) (mois) (année)

23. JE CERTIFIE PRÉSENTEMENT que j'ai donné mes soins au défunt depuis le .....19.....jusqu'au.....19.....

que je l'ai vu vivant pour la dernière fois le.....19.....

24. CAUSE DU DÉCÈS

I

Cause immédiate Mentionner la maladie, blessure ou complication, causant la mort, **non pas** son syndrome final, tel: syncope, asphyxie, asthénie, etc. (a) ..... dû à

États morbides, s'il y en a, ayant produit la cause immédiate (Les indiquer dans l'ordre chronologique inverse de leur apparition). (b) ..... dû à (c) .....

II

Autres conditions morbides (importantes seulement) **ayant contribué au décès mais n'ayant aucune portée sur la cause immédiate.** .....

.....

III Si une maladie contagieuse est mentionnée à ce certificat, donner (a) Date d'éclosion.....19..... (b) Durée de la maladie.....jours

25. S'il s'agit d'une femme, y avait-il état puerpéral? .....

26. Y a-t-il eu intervention chirurgicale? .....Date de l'opération.....19.....

Constatations.....Y a-t-il eu autopsie?.....

27. Dans les cas où le décès est attribuable à des causes extérieures (violence):—

Accident, suicide ou homicide.....Date.....19..... (Spécifier)

Manière de la blessure..... (Dans quelle circonstance)

Nature de la blessure.....

Indiquer si la blessure a été infligée **au lieu du travail, dans l'habitation ou dans un endroit public**.....

Signature.....**M.D.**

Adresse.....**Date**.....19.....

28. Signature de la personne qui remplit la formule (vicaire, coroner, autorité d'un hôpital, etc.)

.....

Cette signature autorise le collecteur à accepter la formule comme authentique.

29. Nom du ministre du culte gardien du registre de l'État civil où est inscrit l'acte de cette sépulture.

.....

(For English see other side)

FORM 6

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not write in this space

1. PLACE OF DEATH

Municipal county: IN THE FIELD(ITALY).
Official name of civil municipality or township:
Place an X over the word which applies to this municipality or this territory: City | Town | Village | Parish | Township
Street: No.
Hospital or Institution:

2. LENGTH OF STAY

(a) In hospital or institution	Years	Months	Days	(b) In municipality where death occurred	Years	Months	Days	(c) In Province	Years	Months	Days	(d) In Canada (if immigrant)	Years	Months	Days

3. NAME OF DECEASED

Surname: BOONE
(Block letters)
Given names: Robert Edward

Do not write in this space

4. RESIDENCE

Street: St.George St., No. 211
Official name of civil municipality or township: St. Johns,
Municipal county: Province: Quebec.

5. SEX	6. NATIONALITY (Citizenship)	7. RACIAL ORIGIN	8. Single, Married, Widowed or Divorced (Write the word)
M.			Single.

9. If married give name of wife or husband of deceased:

10. BIRTHPLACE (Province or Country): New Brunswick.

11. DATE OF BIRTH: September (Month) 30th (Day) 1915. (Year)

12. AGE OF DECEASED: Years 29 | Months | Days | If less than one day old ....hrs. or ....min.

OCCUPATION

13. Trade, profession or kind of work, as **spinner, teamster, office clerk,** etc.: Potter.

14. Kind of industry or business, as **cotton-mill, lumbering, bank,** etc.:

15. Date deceased last worked at this occupation:

16. Total years spent in this occupation:

	17. NAME	18. BIRTHPLACE (Province or Country)
FATHER		Deceased.
MOTHER (Maiden Name)		

19. Place of burial, cremation or removal: Italy.

20. Date of burial: ....19....

21. PLACE OF REGISTRATION OF THIS BURIAL

(a) Name of parish or church:
(b) Civil municipality of:
(c) Municipal county:
(d) Date: (Month) (Day) 19.... (Year)

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: May (Month) 17th (Day) 19 44. (Year)

23. I HEREBY CERTIFY that I attended deceased from ....19.... to ....19....
and last saw h.... alive on ....19....

24. CAUSE OF DEATH

I
Immediate cause Give disease, injury or complication which caused death, **not** the mode of dying, such as heart failure, asphyxia, asthenia, etc.: (a) Killed in action.
due to

Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause): (b)
due to
(c)

II
Other morbid conditions (if important) contributing to death but **not causally related to immediate cause.**

III If a communicable disease is mentioned on this certificate, give (a) Date of appearance ....19....
(b) Duration of disease ....days

25. If a woman, was there a puerperal condition?

26. Was there a surgical operation? Date of ....19....
State findings Was there an autopsy?

27. If death was due to external causes (violence) fill in also the following:—
Accident, suicide or homicide Date ....19....
(State which)
Manner of injury
(How sustained)
Nature of injury
Specify whether injury occurred in **industry, in home, or in public place**

Signed ....M.D.
Address **Date** ....19....

28. Signature of person who fills in the form (curate, coroner, hospital authority, etc.)
J. B. Radnige
This signature authorizes the collector to accept this form as authentic.

29. Name of clergyman in charge of Register of Civil Status in which registration of this burial was made.

(Voir l'autre côté pour le français)

for Director of Records, Dept. of National Defence.

OVERSEAS CASUALTY CANADIAN ARMY

AUG 31 1944

405-13-27991

FIELD SERVICE

Army Form B. 2090A.

REPORT of Death of an Officer or a Soldier to be forwarded to the War Office with the least possible delay after receipt of notification of death. See Table II, Appendix III, Field Service Regulations, Vol. I.

REGIMENT OR CORPS } Royal Can Regt. Squadron, Troop, Battery or Company } .....

Officer's Personal No. (if known) Soldier's Army No. } A6040 Rank Sgt.

Surname BOONE Christian Names R.E.

Died { Date 17 May 44. Place Italy

Cause of Death* Killed in Action.

Nature and Date of Report 3011c-579 18 May 44.

By whom made Unit.

* Specially state if killed in action, or died from wounds received in action, or from illness due to field operations or to fatigue, privation or exposure while on military duty, or from injury while on military duty.

Burial { Place MR-805132 Sheet 160 Cassino. Date 18 May 44.
100 yds N. on Side Rd. W. side of Rd.
By whom reported R.O. Wilkes H/Maj. R.C.R.

State whether he leaves a Will or not { (*a*) in Army Book 64 No.
(*b*) as a separate document No Effects Received.

All private documents and effects received from the front or hospital, as well as A. B. 64, should be examined, and if any will is found it should be at once forwarded to the War Office.

Any report received as to verbal expressions by a deceased officer or soldier of his wishes as to the disposal of his estate should be forwarded to the War Office at once, supported by a certified statement of the person who actually received the information.

In the case of a soldier a duplicate of this report is to be sent to the Paymaster at the Base, together with the deceased's A. B. 64 (after withdrawal of any will from the latter), for transmission to the Paymaster who compiles the soldier's account.

Station and Date } Field 13/6/44. Signature of Officer in charge of Section Adjutant-General's Office at the Base } Jean Gray Lieut

11

Wt. 46939/917 500M. 3/40 M. & S., Ltd. 51-6239