AUSTIN, ROBERT ELIOT

Now serving Que. Regt

MA/41 ~~R.H.R.~~

ATTESTATION PAPER

McGILL CONTINGENT, C. O. T. C.

Reg. No.

Surname AUSTIN

Given Names ROBERT ELIOT (Block Capital) (in full)

Permanent Address 243 CLARKE AVE

City Address

Date of Birth DEC 10, 1920 Tel. No. FI - 3316

Religious Denomination PROTESTANT Languages ENGLISH

Faculty Class University

Occupation CLERK Name of Employer NATIONAL BREWERIES

Address of Employer 990 NOTRE DAME

Next of Kin FATHER J.C. AUSTIN (Relationship) (Name)

Address of next of Kin 243 CLARKE AVE

Training desired (Infantry, Artillery, etc.) INFANTRY

DETAILS OF PREVIOUS TRAINING:

NATURE	YRS.	MOS.	Rank on Discharge	REMARKS
War Service				
Militia				
C.O.T.C.	~~[illegible]~~	1	P.O.T.S.	Class
Cadet				

1. I hereby apply to join the McGill University Contingent, Canadian Officers' Training Corps, and agree to take the Oath of Allegiance and abide by the conditions prescribed on the Attestation paper I sign.

2. It is understood that I pass a recruit class before being finally accepted and receiving my uniform and equipment.

3. I agree to return all articles of uniform and equipment which I may receive, and for which I sign, or pay for them at current Government rates.

4. I am a British subject and do not belong to any unit of His Majesty's Forces at the present time.

5. It is understood that none of the conditions above mentioned shall prejudice in any way my responsibility to the Corps as set forth in the Declaration I am to make and sign on becoming a member of the Corps.

6. It is understood that I am personally responsible for keeping myself posted as to Contingent and Company orders and that ignorance of same will not be taken as an excuse.

7. I agree to contribute to the funds of the McGill University C.O.T.C. the pay received in respect of the annual training or trainings performed during my service with the unit.

8. I declare that personal details given on this form are correct.

Witness: Fredk C Cole Sgt Signed R.E. Austin

Date Oct. 4/40.

OATH: "I, ROBERT ELIOT AUSTIN (Name in full) do sincerely promise and swear that I will be faithful and bear true allegiance to His Majesty The King.

DECLARATION: "I, ROBERT ELIOT AUSTIN whose name is hereunto subcribed, declare that I have taken the above oath to which I have affixed my name hereunder. and that I agree to serve in the McGill Contingent, C.O.T.C. for a course of one consecutive year's training, or until legally discharged therefrom, dismissed or removed, or until my resignation is accepted, under the conditions of service prescribed by the Government for the Active Militia of Canada, and as set forth in the Militia Laws existing, and in the regulations for the Canadian Officers' Training Corps prescribed or hereafter to be prescribed for the same; and I agree that upon my enlistment in the C.O.T.C that I will be governed by the Standing Orders and Regulations of the Contingent.

Witness, my hand this 4th day of October 1940

R.E. Austin
Signature

Fredk C Cole Sgt
Witness

[illegible] Major for
O.C. McGill C.O.T.C.

Resworn this day of 19

Signature

Witness

O.C. McGill C.O.T.C.

Resworn this day of 19

Signature

Witness

O.C. McGill C.O.T.C.

S. O. S. JUL 4 1941

Completion of Training

O i/c Training. Approved

Q. M. Stores. Cleared

Manual Dept. Cleared McC

Reg. No.

Name Austin R E.

Resworn this ..... day of ..... 19 .....

Signature

Witness

O.C. McGill C.O.T.C.

Resworn this ..... day of ..... 19 .....

Signature

Witness

O.C. McGill C.O.T.C.

REGIMENTAL RECORD

Enrolled Oct II 279- 5/Oct/40- Lance Corporal ..... Corporal .....

Lance Sergeant ..... Sergeant ..... P. Sgt. ..... Colour Sergeant .....

Company Sergeant Major ..... Company Q.M. Sergeant .....

Battalion Sergeant Major ..... Battalion Q.M. Sergeant .....

Lieutenant ..... Date of promotion and number of certificate .....

Whether in possession of Certificate "A" 104477 Inf (R) Date and year of award 27-6-41

" " " "B" ..... " " .....

		1st yr.	2nd yr.	3rd yr.	4th yr.		1st yr.	2nd yr.	3rd yr.	4th yr.
Musketry Qualification	Service Range					Miniature Range				
Attendance										

Efficient ..... 1st yr. ..... 2nd yr. ..... 3rd yr. ..... 4th yr. .....

Left Contingent 3.1.41 Part II w 184 Discharge Number .....

REMARKS Completion of Training now serving Ave Regt. 42

D. P. E. Category ..... Cat. ..... 19 ..... Cat. ..... 19 ..... Cat. ..... 19 ..... Cat. ..... 19 .....

CERTIFICATE OF MEDICAL EXAMINATION

Height 5'10" Weight 136 Chest (Max) 33 - 31½ (Min) E. AC

Eyes R 20/13 L 20/15 Keys Heart and Lungs Clear N.R.

Descriptive marks Scar of cartilage removal lf. knee -

I have examined the above named cadet in accordance with instructions laid down in "Regulations for the Canadian Medical Services" and find him fit,

Category A.

Date Oct ~~4 1940~~

W Allan Hickey Lieut.

Medical Officer

QUALIFICATIONS			
	DATE	Dec '40	Mar 1 41
COMMON	(300)	116/260 F	179/300
L.R.	(300)		243/300
PRCT'L	(100) 15-6-41	P	

(1)

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.

RC

STATION Montreal DATE July 8-42

1. *(a)* Unit V.R.C. *(b)* Regimental No. — *(c)* Rank Rec

(d) Surname AUSTIN (Use block letters) *(e)* Christian names ROBERT

(f) Home address 243 St Clarke ave. Westmount P.Q

(g) Next of Kin O. Austin *(h)* Relationship mother

(i) Address of Next of Kin Same as above

2. Age last birthday 21 Date of Birth Dec 10-1920

3. Enlistment, or Appointment: *(a)* Place montreal *(b)* Date —

(c) Category on enlistment 1 *(d)* If lower than A on enlistment, give reason .....

4. Personal description: *(a)* Height 5'11" *(b)* Weight 140

(c) Complexion fair *(d)* Colour of hair fair *(e)* Colour of Eyes brown

(f) Identification marks, scars, etc Mole left arm

5. Former civilian trade, profession or occupation Accountant

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 ..... Days 0

(b) Periods of service:

(c) Trade on enlistment *(d)* Present Trade

Man's Statement	From	To
Former Wars		
War 1939—Canada	—	—
Abroad		
Canada on return from abroad		

7. Diseases or injuries with Code Nos. Inguinal hernia 0924
(To be filled in when examination has been completed)

(a) Dates of origin June 28. 1942

(b) Places of origin Montreal (Royal Victoria Rifles)

(c) Causes Manoeuvres — Exertion

M.F.B. 227
500M—6-41 (713)
H.Q. 1772-39-117

H.Q

8. Present Condition—*(a)* Subjective
(In the individual's own words)

Sensation of heaviness over lower portion of abdomen upon exertion. Appearance of inguinal hernia

(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.)

General appearance very good.
Eyes. pupils react well to light and accomodation. Vision. L 20/20 R 20/20
Nez. Dennata Septum. Enlarged Lft turbinate
Ears. Throat. Normal.
Neck. Examined thyroid cartilage. No thyroid enlargement no adenopathy
Chest. Well developed.
Lungs. Vesicular murmur. Normal. Vibrations well felt.
Heart. No heart enlargement. No thrill felt.
Heart sounds strong. No murmur. No irregularity of rythm
Abdomen normal. No pain upon pressure no tenderness. No mass.
Inguinal regions. Left inguinal bump reducing the upper scrotal region. accentuated by coughing or abdominal pressure. Rt
inguinal ring slightly dilated
Locomotor: movements well done. No abnormalities
Extremities No varicose veins - scars.

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.)

This man joined the Victoria Rifles on March 1942. He was classified A. then. Was not case planning of any thing. Went on manoeuvres June 28 and on the same day upon exertion ruptured himself (left inguinal hernia) In the period of 4 days he noticed a lump appearing over his left inguinal area and has not been able to do any straining since.

10. Were the diseases or injuries caused or aggravated:
(a) By intemperance or improper conduct: or (b) by unreasonable refusal to accept treatment?

a) no b) no

11. What is the probable duration of the diseases or injuries? permanent unless radical cure of left inguinal hernia

12. 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. surgical operation for hernia

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

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

to be re-categorized D
Operation recommended

G Fournier Mo
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 R. E. Austin (Robert) having heard the contents of Sections 8 (a) and 9 read, am satisfied ~~(or not satisfied)~~ with it. ~~It~~ (If dissatisfied, statement should follow.)

I complain in addition of none

R E Austin 2nd Lt.
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

Yes we concur - that this man is a
Desirable case for operation

16. It is certified that the invalid,—

(a) Does require treatment (give nature of treatment required and probable duration.)

Operative treatment

(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, B2 } Service abroad (not general service).
- C1, C2 } Home service (Canada only).
- 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.

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

Category D - for 3 months.

Place July 8 - 1942 — C. Nadeau Capt. — *President.*

Date Montreal — R. Dupuis M.D. — G. Fournier M.D. — *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 Montreal — *President.*

Date July 8 - 1942 — *Members.*

APPROVED BY ..... Major
P.M.O. or P.M.O.

Date 13 July 1942.

(R.H.McGibbon) Col., R.C.A.M.C.
D.M.O., M.D.No.4

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

Date.....

H.Q. 54-27-34-4 (DAG)

DEPARTMENT OF NATIONAL DEFENCE
-A R M Y-

APPENDIX "A"

UNDERTAKING AND RELEASE

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1. Austin Robert having volunteered for active service in the Canadiam Army and not having been accepted due to my physical condition, do hereby, in consideration of my being furnished by His Majesty the King in the Right of Canada, represented herein by the Minister of Pensions and National Health, with remedial treatment of such a character as may fit me for active service within a reasomable period of time, undertake and agree to accept such treatment and undertake to enlist for active service on the completion of such treatment upon competent medical authority certifying that I am fit for such service;

AND IF, after a reasonable period of treatment as aforesaid, I am certified by a competent medical authority as being unfit for enlistment for active service, then in such event, in consideration as aforesaid, I do hereby remise, release and forever discharge His Majesty the King in the Right of Canada His heirs, successors and assigns and his Officers and Servants of and from all manner of actions, causes of action, suits, claims and demands whatsoever which against His Majesty the King in the Right of Canada I ever have now have, or which my heirs, executors, administrators or assigns or any of them, hereafter can shall or maybhave arising out of or attributable to such remedial treatment as aforesaid. Provided, however, that this undertaking and release shall not operate so as to preclude me from the award of any pension pursuant to Paragraph 2(b) of the Regulations made and established by Order in Council (P.C.2291) dated 23rd March, 1942.

IN WITNESS WHEREOF I have hereunto set my hand and seal this 8 day of July 1942

SIGNED, SEALED AND DELIVERED)
in the presence of;-)
G. Wademan Capt.)
R.C.A.M.C.)

R E Austin 2nd Lt.

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 Montreal DATE Jan 22-43

1. *(a)* Unit R C *(b)* Regimental No. *(c)* Rank Lieut

(d) Surname AUSTIN *(e)* Christian names ROBERT ELLIOT
(Use block letters)

(f) Home address 243 Clarke ave Westmount Que

(g) Next of Kin O Austin *(h)* Relationship mother

(i) Address of Next of Kin 243 Clarke ave Westmount Que

2. Age last birthday 22 Date of Birth Dec 10 - 1920

3. Enlistment, or Appointment: *(a)* Place Montreal South *(b)* Date 4 Nov 9-42

(c) Category on enlistment A *(d)* If lower than A on enlistment, give reason

4. Personal description: *(a)* Height 5' 10 3/4" *(b)* Weight 145

(c) Complexion med *(d)* Colour of hair Brown *(e)* Colour of eyes Brown

(f) Identification marks, scars, etc Scar left Groin and right knee

5. Former civilian trade, profession or occupation accountant

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 Days 75

(b) Periods of service:

	(c) Trade on enlistment	*(d)* Present Trade
	From	To
Former Wars		
War 1939—Canada	4 Nov 9-42	
Abroad		
Canada on return from aboard		

7. Diseases or injuries with Code Nos. No disease or Injury
(To be filled in when examination has been completed)

(a) Dates of origin n a

(b) Places of origin n a

(c) Causes n a

M.F.B. 227
525M—4-42 (4381-2)
H.Q. 1772-39-117

Three Rivers

8. Present Condition—*(a)* Subjective
(In the individual's own words)

I have no complaints

(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 reveals a tall fairly well developed and nourished individual, good general appearance except that for his height he would appear at least 20 pounds underweight - good colour and texture of skin, alert, quiet, co-operative.

Head & neck: Pupils equal, reactive to light and accomodation
vision R 20 - L 20 Hearing R & L cv 20—20
mouth clean, pharynx injected. tonsils not enlarged
no mucosal adenopathy or thyroid enlargement
teeth good condition and repair

chest good expansion and symmetrical - fair resonance
throughout -

Heart - sounds normal, good quality, regular
rhythmical

Lungs: clear throughout - no adventitious sound

Abdomen: no abnormal organs symptoms elicited
good Herniotomy well healed scar (left)
no varicocele, or Hernia, or Haemorrhoids

Gen. Ex. normal development and function all
joints - scar over left ulna (cartilage) Ref. removed

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.)

usual childhood diseases without apparent sequelae - no serious illness, accident or operation - except that for dislocated semi-lunar cartilage which was removed Weston Hospital April 1939 - also that of Herniotomy August 1942 - Rehoarded Cat H October (papers misplaced) - Family History essentially negative - Gastro Intestinal & Genito urinary systems are essentially negative - no present illness -

10. Were the diseases or injuries caused or aggravated:
(a) By intemperance or improper conduct: or (b) by unreasonable refusal to accept treatment?

(a) no - (b) no

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

n a

12. 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)

n a

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

yes

14. Recommendations Recategorization
(This section should contain only the M.O.'s recommendation as to treatment, convalescence, or reference to Medical Board for categorization)

C Bryson MD
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 R. Curston Lt. 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 nil

R Curston Lieut. 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.

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- A. General service.
- B1, B2 } Service abroad (not general service).
- C1, C2 } Home service (Canada only).
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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 A

Place Montreal, Que.

Date Jan. 22 - 1943

Earl E. LeSage, Lieut. *President.*

D. K. Wise, Capt. } *Members.*

C. J. Byrne, M.D.

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..... *President.*

Date..... } *Members.*

APPROVED BY

..... Capt.
D.M.O. or P.M.O.

Date 25 Jan 43

(R.H.McGibbon) Col., R.C.A.M.C.
D.M.O., M.D. No. 4

APPROVED BY

.....
D.G.M.S. or D.M.S. (Air)

Date.....

Received.....Checked.....Card.....Observations.....

FINGER-PRINTED

~~ORIGINAL~~—ORIGINAL
DUPLICATA—DUPLICATE
~~TRIPLICATA~~—TRIPLICATE

M.F.M.1. (Fr.)
14M—8-39 (1695)
H.Q. 1772-45-18

Doit être remplie en triplicata, désignant chaque exemplaire en biffant les deux termes inutiles.
To be completed in triplicate. Copy designation to be shown by striking out terms not applicable.

Unité (Unit) 2nd Bn. V.R.C. (RF) Grade (Rank) 2nd Lieutenant

N° personnel (Personal No.) Nom (Name) Robert Eliot AUSTIN

ARMÉE ACTIVE DU CANADA
CANADIAN ACTIVE SERVICE FORCE

FORMULE DE DÉCLARATION DES OFFICIERS
OFFICERS DECLARATION PAPER

Applicable également aux sœurs hospitalières
Also applicable to Nursing Sisters

1. Nom (Surname) AUSTIN
2. Prénoms (Christian Names) Robert Eliot.
3. Adresse actuelle (Present address) 243 Clarke Avenue, Westmount, Quebec CANADA
4. Date de naissance (Date of birth) 10 December 1920
5. Lieu de naissance (Place of birth) Canada (Pays)—(Country) Quebec (Comté ou province)—(County or Province) Montreal (Ville on canton)—(Town or Twp.)
6. Religion (Religion (state denomination)) Church of England
7. Profession ou emploi (Profession or occupation) Accountant
8. Marié, veuf ou célibataire (Married, widower or single) Single
9. Nom du plus proche parent (Name of next of kin) Mme Olla Beatrice AUSTIN
10. Parenté de celui-ci (Relationship) Mother
11. Adresse du plus proche parent (Address of next of kin) 243 Clarke Ave., Westmount Quebec CANADA
12. (a) Spécifiez l'unité de la milice active avec laquelle vous servez ou avez servi (State unit of Active Militia in which you are serving or have served) Yeo. 2nd (Res) Bn. VRC.
    (b) Grade actuel (Present rank) 2/Lieut
13. Quel service de guerre antérieur avez-vous accompli? (State particulars of former war service) None

Je Robert Eliot AUSTIN déclare solennellement que les renseignements ci-dessus sont exacts, que je détiens une commission de Sa Majesté dans la milice canadienne, et que je suis consentant à servir dans l'armée active du Canada si je suis tenu de le faire et aussi longtemps que cela sera nécessaire.

I, ... do solemnly declare that the above particulars are true, that I hold His Majesty's Commission in the Canadian Militia and I am willing to serve in the Canadian Active Service Force if, when and so long as required.

Date 9-November-42 R.E. Austin Lieut. (Signature et grade)—(Signature and rank)

CERTIFICAT DU COMMANDANT
CERTIFICATE OF OFFICER COMMANDING

La demande du (The application of) Robert Eliot AUSTIN (Grade et nom)—(Rank and Name) qui désire être nommé (for appointment to the)

au (Unité)—(Unit) No. 4 District Depot CA, avec le grade de (with the rank of) Lieutenant

et affecté au poste de (and appointment) Victoria Rifles of Canada CA, a été — est — (was — is) recommandée. Cette nomination, devant prendre date le (to date from) 9th November 1942 a été approuvée. (has been approved.) est recommandée pour être approuvée. (is recommended for approval.)

Autorisation (Authority) HQ 54-27-20-705 (FD 13) dated 31st October 42

(Signature du Commandant)—(Signature of O.C.) (Grade)—(Rank)

Date 9-November-42 (Unité)—(Unit)

(S. ECHENBERG, E. D.) Colonel,
COMMANDING No. 4 DISTRICT DEPOT, (CA).

O.S.B. Comptle.

Etat de service de AUSTIN ROBERT ELIOT
Record of Service of (Nom)—(Name)

Unité de la milice active No. 4 District Depot CA
Active Militia Unit

Grade Lieutenant — Date du grade 9-November-42
Rank — Date of Rank

Grade le plus élevé mérité par examen Lieutenant — Ecole de guerre NIL
Highest Rank for which qualified by examination — Staff College

Langues ENGLISH — Cours d'état-major de la milice NIL
Languages — Militia Staff Course

Diplômes d'université ou de collège NIL — Cours supérieur NIL
University or College Degrees — Advanced Course

Instruction ou aptitude technique civile (indiquez en détail)
Civil Technical Training or qualifications (specify)
NIL

Autres aptitudes militaires ou cours spéciaux (indiquez en détail)
Other military qualifications or special courses (specify)
1 yr. McGill C.O.T.C.
8 Months. 2nd Bn. V. R. C. 2nd Lieutenant

Rapport — Report: Date	Reçu de — From whom received	Etat des promotions, rétrogradations, mutations et permutations, maladies ou blessures, rapports, etc., à compter de la date de sa nomination aux troupes de campagne — Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., from date of appointment to Field Force	Grade indiqué — Rank shown	Prenant date le — Effective date	Unité — Unit	Endroit — Place	Autorisation — Authority: N°, Partie II, Ordres du jour. Liste des morts et blessés, etc. — Part II D.O. No. Cas. List, etc.	Daté le — Dated
9-11-42.	4 D.D.	Affecté lors de sa nomination / Joined on appointment — T.O.S. No. 4 District Depot. CA.,	Lieut.	9-11-42.	4 DD	Mtl.Sth.	4 DD PT II 270	9-11-42.
13 Nov 42	"	P.O.C. & attached for all purposes to C.A.M.G. T.C. A-17 Three Rivers, Que.	"	12 Nov 42	"	"	" 274	13 Nov 42
Attached for all purposes including pay, having been posted for qualifications to OTC Wing, Three Rivers, P.Q.			"	13-11-42	O.T.C. A.17CMGTC	3 Rivers	D.O. 291	30-11- 42
Having successfully completed his course and having been recommended for promotion and appointment to the rank of 2nd Lieut. (Inf.R) in the Canadian Army (A) is hereby pending promulgation of such appointment in CARO, granted the provisional rank of 2nd Lieut.			(2/Lieut)					
Ceases to be attached f.a.p. incl. pay to Ad Hoc O.T.C., Three Rivers, Que. and is struck off strength No.4 DD on transfer to A.12, Franham, Que.			"	13 FEB 43	OTC A17	3 Rivers	D O 46	d/20 FEB 43
			"	18 FEB 43	"	"	D O 44	18 FEB 43
		T.O.S. on temp att from O.T.C. Trois Riviere	"	19-2-43	A-12	Farnham	A-4 5	23-2-43
		Promoted Lieut Inf Rifles	" Lieut	19-3-43	"	"	A-65	19-3 -43
		T.O.S. ON TRANS To 1st C?M?G T .C. Trois Riviere	"	30-3-43	"	"	A-73	30-3-43

Pour les entrées supplémentaires, se servir de **M.F.M. 1 et 2 (a) (Fr.)**
For additional entries use **M.F.M. 1 and 2 (a) (Fr.)**

Recevez-vous ou avez-vous déjà reçu une pension ou compensation pour invalidité? Si oui, donnez détails.....

Statement of the Service of No. ..... Rank Lieut. ..... Sheet No. 1

M.F.M. 1 & 2 (a)
20 M-11-36 (9359)
H.Q. 1772-45-18

Name AUSTIN? 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
		T.O.S. on temp attch from O)T.C.A-17 Three Rivers Que	Lieut.	19-2-43	A-12	Farnham	A-45	23-2-43
		QUAL AS LIEUT INF R. pending conf.	Lieut.	19-3-43	A-12	Farnham	A-65	19-3-43.
		Attached to T.C. 48 St. Johns Que for all purp.	"	20-3-43	A-12	Farnham	A-66	22-3-43.
26-3-43	BTC 48	Attached for all pur from CITCA-12.	"	21-3-43	BTC 48	St. John	BTC 48 DO A-68	26-3-43
27-3-43	"	Ceases to be attached on return to TCA-12	"	26-3-43	"	"	" " A-69	27-3-43
		Ceases to be att, for all purposes to C.A.V.T.C.No. 48 St, Johns Que. on return to this center	"	27-3-43.	A-12	Farnham	A-71	27-3-43.
5500-		S.O.S. to 1st Bn V.R.C. Sussex N.B. Auth N.D.H.Q. Radio Pers. 2688 d 25-3-43.	"	30-3-43	A-12	Farnham	A-74	30-3-43
		TOS VICTORIA RIFLES OF CANADA C.A. on transfer from A-12 CITC Farnham, Que	"	31-1-43	VRC	Sussex	91	1-4-43
		Granted 4 days' embarkation leave Issued with T/W A-403751	"	30-4-43	"	"	120	30-4-43
		SOS on posting to C.A.O.	"	12-5-43	"	"	132	12-5-43
SOS		S.O.S. C.A.(A.F.) CANADA ON EMBARKATION ON 13 May 43						
	TOS	T.O.S. C.A.(A.F.) OVERSEAS ON TRANSFER ON 14 May 43 AND DISEMBARKED ON 22 May 43.						
		T.O.S. — 5 C.I.R.U.	Lieut	23 May 43	5 CIRU	UK	79	26 May 43.
		On CRU. Crse. 12. Ser 2. + att Jap to 7 CIRU to 3 July 43.	Lieut	6 June 43.	5 CIRU	UK	88.	8 June 43.
		Exam & Tested for M/C. Qual Class III	Lieut	6 June 43	5 CIRU	UK.	92.	12 June 43

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

M.F.M. 1 & 2 (a)
20 M-11-36 (9359)
H.Q. 1772-45-18

Name Austin 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
SoS		SoS to RHC (FV)	Lieut	11 Aug 43	5 CIRU	UK	138	12 Aug 43
	ToS	ToS from 5 CIRU	Lieut	12 Aug 43	BW	UK	51	19 Aug 43
SoS		SoS to 1 RHC (BW)	Lieut	29 Sept 43	(G Spec Incer) BW	UK	60	5 Oct 43
	ToS	ToS from Spec Incer RHC	Lieut	30 Sept 43	BW	UK	60	5 Oct 43
SoS		SoS to 5 CIRU on adm to 13 Cdn Gen Hosp	Lieut	18 Oct 43	1st BW	UK	63	23 Oct 43
	ToS	ToS from RHC (FV) on adm to 13 C G H	Lieut	19 Oct 43	5 CIRU	UK	204	28 Oct 43
		Adm to 13 Cdn Gen Hosp	Lieut	18 Oct 43	1st BW	UK	63	23 Oct 43
(C85)		Discharged from 13 Cdn Gen Hosp.	Lieut	20 Dec 43	5 CIRU	UK	248	22 Dec 43
(C85)		Proc on CRU Crse No 10 Ser 34 attd fap to SRU	Lieut	16 Jan 44	5 CIRU	UK	14	18 Jan 44
	"Passed"	Ret CRU Crse 10 Ser 34 & C/att fap to SRU	Lieut	23 Jan 44	5 CIRU	UK	20 27	4 Feb 44 25 Jan 44
		On Command ABCA crse 1045 hrs	Lieut	2 MAR 44	5 CIRU	UK	48	4 MAR 44
		Off Command to 9th ABCA Crse	Lieut	4 MAR 44	5 CIRU	UK	49	7 MAR 44
(C95) SoS		SoS to Blk W.	Lieut	13 Mar 44	5 CIRU	UK	54	13 Mar 44
(C95)	ToS	ToS from 5 CIRU	Lieut	14 Mar 44	Blk W.	UK	15	17 Mar 44
SoS								
	ToS				BW			

Regimental No. ..... Rank Lieut ..... Sheet No. .....

MFM 1 & 2a
40/P & S/119 (3913)

Name Austin R. E.

	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc—	Rank Shown	Effective Date	Unit	Place	Authority DO Number	Authority Dated
SOS	SOS to Black Watch	Lieut	31 Mar 44	BW. RI	UK	18	7 Apr 44
TOS	TOS from Reinf Inc. (1 RHC)	Lieut	1 Apr 44	BW.	UK	18	7 Apr 44
	Wounded	Lieut	19 July 44		AEF	A-472	
	Transf from 18 Cdn Fd Amb. to 2 CCS.	Lieut	19 Jul 44	BW.	21 A Sp	60	30 Jul 44
(C25)	Deed of Wounds.	Lieut	21 Jul 44	BW.	21 A Sp	60	30 Jul 44
	Embarked at UK on 5 July 44						
	Disembarked at France on 6 July 44	Lieut	6 July 44	B. W.	21 A Sp	37	14 July 44
SOS.	Deed of wounds	Lieut	21 July 44	XL RHC.	AEF	A-473	9 Aug 44 of 26 July 44.

CERTIFICAT DE L'EXAMEN MÉDICAL
CERTIFICATE OF MEDICAL EXAMINATION

Montreal

Nom en entier (Name in full) AUSTIN ROBERT ELIOT — Date OCT. 14/42

PARTIE 1. Renseignements obtenus du candidat.
Part 1. Information obtained from the applicant.

1. Age 21

2. Avez-vous déjà souffert de l'une quelconque des maladies suivantes? (Have you ever suffered from any of the following diseases?)

a. Rhumastisme (Rheumatism) NO
b. Tuberculose (Tuberculosis) NO
c. Bronchite ou asthme (Bronchitis or asthma)
d. Affection cardiaque (Heart disease) NO
e. Maladie du rein ou de la vessie (Kidney or bladder disease) NO
f. Gastrite intestinale (Gastro-intestinal) NO
g. Hernie (Rupture) Sept. Oper. Aug. 1942
h. Varices (Varicose veins) NO
i. Pieds plats ou déformés (Flat or deformed feet) NO
j. Affection nasale (Nasal trouble) NO
k. Maladie des oreilles (Ear disease) NO
l. Maladie des yeux (Eye disease) NO
m. Epilepsie (Epilepsy) NO
n. Maladie nerveuse ou mentale (Nervous or mental disease) NO
o. Syphilis NO
p. Gonorrhée (Gonorrhœa) NO
q. Avez-vous déjà porté des verres? (Have you ever worn glasses?) NO

R E Austin
(Signature du candidat)—(Signature of applicant)

Left semi lunar cartilage on left leg removed 1939

Observations des examinateurs (Examiners remarks *re* above)
Ears nose throat negative J.C. Calhoun Maj.
1st Aug. 1942 left herniotomy good result in 1939 cartilage removed left knee no complaints

PARTIE 2. Renseignements obtenus par l'examen médical. Le candidat doit être déshabillé.
Part 2. Information obtained by medical examination. The applicant must be stripped

URINE N

1. Marques ou cicatrices d'identification (si celles-ci sont opératoires, obtenir les détails) (Identification marks or scars (If operative obtain history).)
1 vac left arm scar left groin scar right knee

X-RAY 150099-N

2. Taille (Height) 5 pieds (feet) 10 3/4 pouces (inches).
3. Poids (Weight) 141 livres (pounds)
4. Teint (Complexion) Med. Yeux (Eyes) Brown Cheveux (Hair) Brown
5. Développement (Development) good — Bon (Good) / Passable (Fair) / Médiocre (Poor)
6. Tour de poitrine—Circonférence, pleine expansion (Chest measurement—Girth on full expansion) 34 pouces (inches) Degré d'expansion (Range of expansion) 3 pouces (inches)
7. Vue, œil droit (Vision, right) 20/20 œil gauche (left) 20/20
8. Ouïe, oreille droite (Hearing, right) CV 20 gauche (left) CV 20
9. Conditions de la bouche et des dents (Condition of mouth and teeth) good reflexes normal
10. Les anormalités (congénitales et pathologiques) constatées lors de l'examen sont les suivantes: (The abnormalities (congenital and pathological) found on examination are as follows:)
Color vision ishihara (CN) B.P. 126/74

Are you receiving or have you in the past received pension or compensation? If so give details ..... ability

PARTIE 3. Nous, les examinateurs, ne trouvons aucune trace des maladies énumérées dans la question 2 de la partie 1, sauf tel que mentionné dans les observations. Nous avons examiné le candidat conformément aux instructions de la brochure "Physical Standards and Instructions for the medical examination of Recruits",

et il peut être classé dans la catégorie "A"

Observations spéciales lorsque la catégorie est inférieure à A (Special remarks when category lower than A)

H. Embury major — W. Tremblay Lt Col. — J. M Rousel Capt.
(Président)—(President) (Membre)—(Member) (Membre)—(Member)
H. AUBRY MAJOR — W. TREMBLAY LT. COL. — JIM. ROUSSEL CAPT.

VACCINATIONS, INOCULATIONS, COMMISSIONS, RECLASSIFICATION DE LA CATÉGORIE MÉDICALE
VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Détails succints et signature / Brief details and signature	Date	Détails succints et signature / Brief details and signature
NOV 9 '42	TAB. T. F. Gulson Lt		
5-12-42	B Sterhart Lt		
NOV 9 '42	MC F. Gulson Lt		
6 Jan 43	MC F. Gulson Lt		
19-3-43	Re-exam Cat A - Cpl. Gw		
20-4-43	Medical - Pte GW		
27-4-43	Re. Exam. Cat. GW		

Grade Rank: Lieutenant
Nom Surname: AUSTIN
Prénoms Christian Name: ROBERT ELIOT

Garnison — Station	Date d'arrivée à la garnison — Date of Arrival at the Station	Date de — Dates of: L'admission à l'hôpital — Admission into Hospital: Jour — Day	Mois — Month	Année — Year	La sortie de l'hôpital — Discharge from Hospital: Jour — Day	Mois — Month	Année — Year	Maladie — Disease	Nombre de jours à l'hôpital — Number of days in hospital	Détails sur la nature et l'origine de la maladie; dire si elle était bénigne ou grave, si elle est entièrement guérie, et si un traitement spécial a été adopté. Dans le cas des maladies vénériennes, mentionner la nature de la maladie première et dire si on a prescrit le mercure. Si la maladie est accidentelle, spécifier si elle fut contractée en service et si un conseil d'enquête a été tenu. Détails et dates au sujet des fausses dents et des appareils chirurgicaux fournis. — 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 du médecin — Signature of Medical Officer

Pour les entrées supplémentaires, se servir de **M.F.M. 1 et 2 (b) (Fr.)**
For additional entries use **M.F.M. 1 and 2 (b) (Fr.)**

SERVICE AND CASUALTY FORM

PART I (For all ranks)

M.F.M. 4 (Part I)
A.F.B. 103 (Part I)
150M—5-41 (512)
H.Q. 1772-39-1649

Unit VICTORIA RIFLES OF CANADA CA. Regimental Number [illegible] Lieut.

1. Surname	AUSTIN	(17) Regiment or Corps	Unit (Battn., etc)
2. Christian Names	ROBERT ELIOT		
3. *Substantive Rank and Appointment	Lieut.		
*Acting Temporary or Local Rank			
giving date	19-3-43		
*To be entered in pencil to facilitate alteration.			
4. Place of birth	MONTREAL QUE CANADA		
5. Date of birth as declared on attestation	10 dec 1920	(18) Medical	
(A)		Category	Date / Authority
6. Date of enlistment	9 nov 42.	"A"	14 oct 42 MFM 1
7. Place of enlistment	MTL STH QUE CANADA	A	29-3-43 Re-exam
8. Residence at time of enlistment	243 Clarke Ave, Westmount, Que., Canada.		
9. (B) Special conditions (if any) of enlistment or rate of pay		A	27-4-43 Re-exam
10. (C) Any subsequent variations of conditions of service			
11. Religion	CHURCH OF ENGLAND		
12. If married, state date	SINGLE	(19) Next of kin (entries to be made in pencil)	
13. Trade on enlistment	ACCOUNTANT.	Mrs Orila Beatrice Austin (mother)	
14. Corps, trade and grade		243 Clarke Ave, Westmount, Que, Canada	
15. (D) Qualifications			
16. (E) Miscellaneous entries		(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.

(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
		VRC	SOS on posting to C.A.O.	Sussex	12-5-43	Lieut	D.O. 132
			S.O.S. C.A.(A.F.) CANADA ON				
			EMBARKATION ON 13 May 43				
			T.O.S. C.A.(A.F.) OVERSEAS ON				
			TRANSFER ON 14 May 43				
			AND DISEMBARKED ON 22 May 43				
			T.O.S. → 5 C.I.R.U.	UK	23 May 43	Lt.	79 26 May 43
		5 CIRU	proceeded on C.R.U. Cse. 12 Ser. 2 (Offrs refresher) from 6 June to 3 July 43 and Att. fap. 7 C.I.R.U.	U.K	6 June 43	Lieut	88 8 June 43
		5 CIRU.	were before a board of Officers tested & examined as Motorcyclists and passed Class III	U.K	6 June 43	Lieut	92 - 12 June 43
		5 CIRU	P.L. + ma (7 days)	U.K	5 July 43	Lt.	112 8 July 43
		5 CIRU	S.O.S. to R.H.C.	U.K.	11 Aug 43	Lt.	138 11 Aug 43
	OC	1 RHC	T.O.S. 1 RHC Spec Inc	Field	12 Aug 43	✓	51 - 19 Aug 43
	✓	✓	S.O.S. to 1 RHC auth. E.A. 2/9164 d/28 Sep 43	✓	29 Sep 43	29 Sep 43	60 - 5 Oct 43
	✓	✓	T.O.S. from Spec Inc. auth E.A. 2/9164 d/28 Sep 43	✓	30 Sep 43	Lieut	60 - 5 Oct 43
	✓	✓	adm to 13 cdn gen hosp.	✓	18 Oct 43	✓	63 - 23 Oct 43
	✓	✓	SOS to 5 C.I.R.U. on adm to hosp	✓	18 Oct 43	✓	63 - 23 Oct 43
		5 CIRU	Tos from RHC on adm 13 CGH	UK	19 Oct 43	Lt	204 28 Oct 43
		5 CIRU	Discharged from 13 CGH	UK	20 Dec 43	Lt	248 22 Dec 43
		5 CIRU	Proc on CRU cse 10 ser 34 (Inf Offrs Wireless) 17-22 Jan 44 Att fap 1 CSRU	UK	16 Jan 44	Lt	14 18 Jan 44
		5 CIRU	Ret from CRU Cse 10 Ser 34 & CTBA fap to 1 CSRU	UK	23 Jan 44	LT	20 25 Jan 44
		5 CIRU	attended CRU cse 10 Ser 34 from 17th Jan 44 to 22 Jan 44 and passed	UK	17 Jan 44	Lt	27 4 Feb 44
		5 CIRU	On Com'd to 9 ABCA Cse 1045 hrs	UK	2 Mar 44	Lt	48 4 Mar 44
		5 CIRU	off Com'd to 9 ABCA Cse	U.K.	4 Mar 44	Lt	49 7 Mar 44
		5 CIRU.	SOS to RHC.	U.K.	13 Mar 44	Lt.	54. 13 Mar 44.
	OC	1 RHC	T.O.S. from 5 CPRU.	Fd	14 Mar 44	Lieut	15 - 17 Mar 44

(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
	OC	1RHC	SoS to Black Watch auth Ca 2/6246 d/1 apr 44	Fd	31 Mar 44	Lieut	18-7 apr 44
	✓	✓	TOS from Rienf Inc. 1RHC Same auth as above		1 apr 44	✓	18-7 apr 44
	✓	✓	Embarked U.K. 5 July 44 Disembarked France...		6 July 44	Lieut	37-14 July 44
	✓	✓	SoS to X-3 List		15 July 44	Lieut	42-30 July 44
29 Jul 44	✓	1RHC	TOS X3 List BW	Fd	20 July 44	Lieut	26 2 Aug 44
"	✓	1RHC	DIED OF WOUNDS	Fd	21 July 44	Lieut	3013 serial 49 25 Jul 44
6-8-44	X3	B.W.	SOSX3 (BW) (Died of Wounds)	✓	21 Jul 44	✓	27-9 Aug. 44.

X3

SERVICE AND CASUALTY FORM

(PART II)

M.F.M. 4(a) (Part II)
40/P & S/412

Regiment or Corps: Black Watch. Regimental Number:

Substantive Rank: Lieut Surname: AUSTIN Christian Names: R. E.

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

HOSPITALIZATION ONLY

(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
24 Jul 44	3013 (48)	Black Watch	WOUNDED Perf. wd (S) abdomen pass. fr. leg.	Fd.	D.N.K	Lt.	3013 (48)
24 Jul 44	" (48)	"	Adm. 18 Fd. Amb.	"	19 Jul 44	"	D.O. 60 - 30 Jul 44
24 Jul 44	" (48)	"	Adm. 2 CCS.	"	19 Jul 44	"	D.O. 60 - 30 Jul 44
25 Jul 44	" (49)	"	Died of Wounds	"	21 Jul 44	"	D.O. 60 - 30 Jul 44
25 Jul 44	" (49)	"					

M.F.M. 5
150M—1-42 (3165)
H.Q. 1772-39-1651

PARTICULARS OF FAMILY OF AN OFFICER OR OTHER RANK OF THE CANADIAN ARMY (AF) OR R.C.A.F. (ON ACTIVE SERVICE)

INSTRUCTIONS.

(*a*) This form is to be completed immediately an officer or other rank is appointed to, or enlisted in, the Canadian Army (AF) or R.C.A.F. ON ACTIVE SERVICE.

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

(*c*) Upon completion, the form will, in the case of Army personnel, be forwarded to the District Records Officer for transmission to Officer i/c Records (Army) N.D.H.Q., Ottawa. In the case of R.C.A.F. personnel the form will be forwarded to R.C.A.F. Records Officer, Dept. of National Defence for Air, Ottawa.

---

(1) Name of Officer or Other Rank AUSTIN
(Surname first—Christian names in full—Block capitals)
Robert Eliot

(2) Regimental or Official Number and Rank ~~xxx~~ Lieutenant

(3) Unit Victoria Rifles of Canada CA.

(4) Are you married? no

(5) If married, state,

(*a*) Full name of your wife nil

(*b*) Present postal address of wife nil

(6) If married, have you been regularly supporting your wife? If not—state reasons
nil

(7) Are you a widower? no

(8) Have you any children? nil Number of boys Girls

Names and ages

(9) If Dependents' Allowance is claimed in respect of children—state whether you have been regularly supporting them nil

Give particulars of Guardians to whom Dependents' Allowance should be paid—if authorized.

Name nil

Postal Address

[SEE OTHER SIDE]

(10) Have you a common-law wife—whom you have been regularly supporting and publicly representing as your wife for at least 2 years immediately prior to appointment or enlistment? no

If so, state her full name and Postal Address nil

(11) Is your father alive? yes

If so, state name and address, occupation Mr. John C. AUSTIN Accountant

243 Clarke Street, Westmount, Que. CANADA

(12) If your father is a widower and is totally incapacitated from earning a living—are you his sole or partial support? nil

(13) If sole or partial support of father who is a widower, totally incapacitated from earning a living —state what amount per month you have given him prior to appointment or enlistment.....

nil

Also state reason he has no other means of support if partially supported by you, what is your reason for not providing full support? nil

(14) Is your mother alive? yes

If so, state name and address Mrs. Olla Beatrice AUSTIN

243 Clarke Street, Westmount, Que. CANADA

(15) If your mother is a widow, are you her sole or partial support? nil

(16) If sole or partial support of widowed mother—state what amount per month you have given her prior to appointment or enlistment nil

Also state reason why she has no other means of support, if partially supported by you what is your reason for not providing full support? nil

(17) Are you contributing to the support of any dependents, other than those shown above? nil
This may include any brothers 16 years of age or under, or any sisters 17 years of age or under, solely supported and maintained as bona fide members of your household before your appointment or enlistment.

If so, state the following particulars:—

Relationship nil

Full Name .....

Postal Address .....

Amount contributed monthly during the past six months nil

(18) Are you insured? no

If so, in what Company? nil
(Give number of policy)

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

R. O. Austin
(Signature of officer or man)

Date Nov. 9th 1942

(S. ECHENBERG, E. D.) Colonel,
COMMANDING No. 4 DISTRICT DEPOT, (CA).
Officer Commanding

Date Nov. 9th 1942

N.B. (If parent(s) of the officer or other rank concerned has (have) been replaced by foster parent(s), questions relating to fathers and/or mothers above should be altered and answered as applicable.)

Department of National Defence.

(Army).

PERSONNEL SELECTION REPORT

To. . . A.A. & Q.M.G. . . . . Type of referral....Officer Candidates . . . . .

Reg. No.	Rank	Name (Surname first)	A or R	Age	Med.Cat.
	2/Lieut.	AUSTIN Robert Eliot	R	21	

Victoria Rifles of Canada

Months of service — Present Unit.

Revised Examination "M" — 3-10-42 (Date tested) — E (Eng. or Fr.)

Total	Group	Sub-tests	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	Sub-totals	1-3	4-5	6-8
165	11		17	16	16	19	22	17	25	33		49	41	75

Education:

Grade 11 (Junior Matric) in 11 years at Westmount High School average schoolboy with passing mark of 65%. 3 years evening courses in accounting and law of Board of Trade course NOT finished on account of war.

Occupations:

5 years accountant for National Breweries.

Military background:

Sept. 1940 June '41, Cadet in McGill C.O.T.C.
Qualified in Common to All Arms and Infantry (R)
May 42 - Oct. '42 2/Lieut. V.R.C. 2/Bn. (Reserve.

Other Relevant Information:

Father and mother living together, Father accountant.
Third of a family of five. Good family background,
Normal childhood. Subject is single, belongs to Junior Board of Trade and a golf club has normal social activities.
Sports: golfing, skiing, hockey, Hobby:- business.
Satisfied with state of his health although coming out of hospital for rupture.
Easy going temper; is normally sensitive and courageous.
Nervous but cooperative towards interview.
Subject is single 21 yrs. old 5'11½", 145 lbs, is lean and nervous.
Typical White-collar boy- who looks a little weak and pale since he has just been hospitalized.
Not much leadership experience but is likely to learn fast.
Subject scored high in test and has good stability (1).

Recommendations:

Candidate is RECOMMENDED as Officer Material.

H.Q. M.D. No.4 — 5-10-42 — M.R. Dufresne, Lieut.
Place. — Date — Lieut. M.R. Dufresne, Army Examiner, HQ

C. 6-A-259

Read this whole Form and Instructions on other side before commencing to complete.

WILL

M.F.M. 10
150M—6-42 (4820)
H.Q. 1772-39-1656

(1) I, Robert Eliot AUSTIN (Name in Full), of the city (City, Town, Village, Township)

Address in civil life.

of Montreal, in the County / District of Jacques-Cartier

Province of Quebec, Accountant (Civil Occupation)

Regimental No 2nd Lieutenant, Unit V.R.C ca., do hereby revoke all former Wills by me made and declare this to be my LAST WILL.

Relationship, names and address of beneficiaries, and what each is to receive.

(2) I GIVE, DEVISE AND BEQUEATH unto "MY FATHER" Mr. John AUSTIN

Residing at:- 243 Clarke Avenue.,
Westmount, Que. CANADA

R.E.A.

All my estate both real and personal

Relationship, 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

R.E.A.

(4) I appoint ..... (Name) (Address)

....., (Civil Occupation) to be the Executor / Executrix of this my Last Will.

IN WITNESS WHEREOF I have hereunto set my hand this 9th day of Nov. 19 42

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.

R E Austin
(Signature of soldier)

First witness sign here.

(5) Signature M. Courtois

Civil Address 1920 St Joseph Blvd E. Montreal Que

Civil Occupation Merchant.

Second witness sign here.

Signature Benoit Courtois

Civil Address Daulnypille 2me.

Civil Occupation Teacher

(Witnesses are not to be beneficiaries.)

[OVER]

HQ 332-3-217.

Sheet No.....

POSTINGS FROM O/S CASUALTY LISTS

To be attached to M.F.M. 1 or M.F.M. 2

Regt'l No..... Rank Lieut Surname Austin Christian Name Robt. G. Eliot

Unit	Hospt.	Admitted			Discharged			Hospt. Days	Disease or Injury	Remarks	Cas. List No.
		Day	Mo.	Year	Day	Mo.	Year				
R.H.A. C. (Bk. Watch)	13 Gen Hosp	18	10	43	23	11	43	36	Rt. ing. hernia Ind. ing. hernia		C-1206 C.1174
" " " "									Wounded 19-7-44		A.-472
				Cause of Death.					Rt. wnd. (5) abdomen, pors. frac. legs.		B.270
" " " "									D of W. 21.7.44		C.473

Records B3-49
H.Q. 1772-45-8
100M—5-43 (9999)

CASUALTY WING EXTRACTS

AEF

DATE 2 Aug. 44

AUTH Ser 48/1

"A" "B" B.270 "C" "POW"

TIME

DATE

NAME AUSTIN ROBERT ELIOT

RANK. LIEUT

REGT.NO.

FOR LIST.

UNIT ROYAL HIGHLANDERS OF CANADA (BLACK WATCH)

HOSPITAL PARTICULARS

ADMITTED DATE

TRANSFERRED DATE

DISCHARGED DATE

DIAGNOSIS PERF WOUND (S) ABDOMEN POSS FRAC LEG (CASUE OF DEATH)

FOR THE DAILY UNIT & CONSOLIDATED LIST ADMISSION

FOR THE DAILY LIST ONLY DISCHARGE

CASUALTY CARD MADE (YES OR NO) YES PROGRESS REPORT

CLERK'S NUMBER OR INITIALS 68 DEATH

CATEGORY - CIRCLE WHICH APPLICABLE

OFF ALL LISTS OFF SERIOUS DANGEROUSLY ILL SERIOUSLY ILL

NEXT OF KIN PARTICULARS

Entered On	
Cas. Card.	
Cas. List.	

RELATIONSHIP

NAME AND ADDRESS

HOME TOWN

CANADA

CABLE NO. TO OTTAWA 8735

SERIAL NO.

INLAND TELEGRAM NO.

Additional Notes by Unit M.O. and Field Ambulance

Morphia—	A.T. Serum—
Dose. Time and date given— has had 3 shots by M.O. no record AG	Dose and date given—
Date of Wound or onset of illness	Religion—

NOTES

Abd. wounds dressed & sulph legs - previously splinted left intact AG

20-7-44 - Retention of urine c̄ bladder distended half way up to umbilicus. Superpubic cystotomy. Urine contains blood. H.M.M.

Army Form W3118.
R.A.F. Form 3118.

FIELD MEDICAL CARD

No. ~~[illegible]~~ Rank Lieut

Name Austin

Unit RAC

Battle Casualty. Accidentally Wounded. "Sick."
(Strike out description which does not apply)

Diagnosis of Unit M.O.—

Date seen by him—

No. of Field Ambulance— 18 Cdn

Date of admission— 19 July

Field Ambulance diagnosis—
Perf. ~~abd~~ wound abdomen
E.A.S. & poss. fracture legs Attempt

2 C.C.S. or ~~M.C.S.~~ diagnosis (if altered from above)—
S.W. (Mortar) right and left ~~[illegible]~~ Abdomen
- Paraplegia

General or other Hospital diagnosis (alterations or additions)—

T-141

Date of Admission to C.C.S., M.C.S. or General or other Hospital and designation of medical unit to which admitted must be recorded hereunder immediately on admission. Brief clinical notes should be added later, dated and signed by the M.O.

No. 2 C. C. S. R. C. A. M. C. JUL 19 1944

Profound shock. To R-&-O
Alex Lemer May

RESUS.
— 2 pints plasma
2 pints blood
T. S. Wilson

Pre op sedative Morphine gr 1/6 (I.V.) 0840
Atropine 1/1000

MS 1/4
1430

Paralysis of both lower limbs c ~~[illegible]~~ sensation last from both knees down. On examination spine nothing can be palpated.

Two perforating wounds right loin & one left loin. Through & through wounds above each elbow. Anaes pentothal & Ether Operation. Mid line incision. Abdominal cavity contains quite a large quantity of dark blood. ~~Wound~~ Missel which entered left loin pierced mesentery of Sigmoid and lodged above brim of pelvis. Wounds right side extra peritoneal.

Wounds of arms. portal of entry & exit incised & sulph powder applied. Condition poor.

H M MacLean Capt.

Morph 1/4 at 0030 hrs 20-7-44 af.
M.S. 1/4 0715 hrs 00-7-44 af.
20/7/44 MS 1/4 1740 (Continued Back Page)

This F.M. Card must not be destroyed. It must be transmitted with the patient if he is evacuated to U.K. Temperature charts or additional clinical notes may be sent with it, either in the same or in another envelope attached to the patient.

Additional Notes by Unit M.O. and Field Ambulance.

Morphia— Dose. Time and date given—	A.T. Serum— Dose and date given—
Date of Wound or onset of illness	Religion—

Sulphanilamide. Dose in grammes. Time and date given.

Disease*	Microscopic Diagnosis*			
Malaria	B.T.	M.T.	Q.	Clin.
Dysentry	B. Ex.	Ehyst.	Indef. Ex.	

Malaria Treatment							
Days	1	2	3	4	5	6	7
Ateb. grms.							
Quin. grs.							

NOTES.

* Strike out where inapplicable.

(2)

Army Form W3118
R.A.F. Form 3118.
Naval Form M204.

FIELD MEDICAL CARD.

* No. Rank Lieut.
Name AUSTIN R.E.
Unit Block Control R.A.M.C.

* In cases of Enemy Prisoners of War serial number allotted by A.F.W. 3000.

Battle Casualty. Accidentally Wounded. Sick.
(Strike out description which does not apply.)

Diagnosis of Unit M.O.—

Date seen by him—

No. of Field Ambulance—
Date of admission—
Field Ambulance diagnosis—

F.D.S., C.C.S. or M.C.S. diagnosis (if altered from above)— S.W. (Marked) abdomen penetrating.

General or other Hospital diagnosis (alterations or additions)—

Wt. 53183/1306. 1,000m. 4/43. D.P.W. 51-6600.

Date of Admission to F.D.S., C.C.S., M.C.S., or General or other Hospital and designation of medical unit to which admitted must be recorded hereunder immediately on admission. Brief clinical notes should be added later, dated and signed by the M.O.

20 July 44 0800 hrs.
Exam revealed paraplegia.
OP. Suprapubic cystotomy.
Condition not good.
Given bl. & plasma
without much response
Died 0025 hours 21 July 44
R B Eckenberg

This F.M. Card must not be destroyed. It must be transmitted with the patient if he is evacuated to U.K. Temperature charts or additional clinical notes may be sent with it, either in the same or in another envelope attached to the patient.

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION (DEATH)

NUMBER

RANK: Lieutenant

SERVICE UNIT: 1st Royal Highland Regiment of Canada (CA)

NAME: AUSTIN, Robert Eliot

DATE OF BIRTH: 10-12-1920

DATE OF ENLISTMENT: 9-11-42

MARITAL STATUS: Single

RELIGION: Church of England

NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 RELATIONSHIP: Mother

NAME ADDRESS D.A.B.: Mrs. Ella Beatrice Austin

ADDRESS: 243 Clarke Ave., Westmount, Que.

ADDITIONAL PERSON TO BE NOTIFIED

ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO.: 8250

H.Q.332-3-217

CASUALTY DETAILS: Died of wounds

DATE: 21-7-44

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 21-7-44.

T.J. O'Rourke Lt

DIRECTOR OF RECORDS

FORM NO. CAS. 6
25M-4-44 (4184)
H.Q. 1772-39-1989-1990

PER

6

COPY FOR DOCUMENT FILE

SOS.

NAME AUSTIN, Robert Elliot. H.Q. File 332-3-217

RANK ~~2/Lt (Supply.)~~ 2/Lt.

ACTIVE UNIT V.R.C. (P.R.) No. 4 D.D.

RESERVE UNIT 2nd (Res.) Bn., V.R.C.

Appt. R.O. No. 2684 Date 12-12-42. Effective date of appt. 9-11-42

CANADA GAZETTE

TRANSFERS, PROMOTIONS and REVERSIONS

EMBARKED CANADA - SAILING LIST NO. 2642 MAY 13 1943

To be Lt. No. A.12.T.C. (P.R.) V.R.C. - From No. 4 D.D. (P.R.) 19-2-43. Ro # 3153. 1-5-43

Confirmed in the Rank of Lt. No. A.12.T.C. (Reinf). V.R.C. 19-3-43. Ro # 3153. 1-5-43

To be Lt. V.R.C. From A.12. T.C. (Reinf). V.R.C. 30-3-43. Ro # 3172. 8-5-43

10M—3-42 (3991)
H.Q. 1772-45-8

Died of wounds. - 21-Jul-44. - 1st. Royal Highland. Regt. of C. (C.A.) Cable # 8250, 21-7-44.

No _____ Rank Lieutenant Name AUSTIN, Robert Eliot

Unit R. H. R. of C. Date of death 21st July, 1944.

Died at FRANCE

Cause Died of wounds received in action.

Death occurred on strength of Forces H.Q. 332-3-217

N/K Mrs. Olla Beatrice Austin Relationship Mother

Address 243 Clarke Avenue, Westmount, Quebec.

Remains buried in Cemeter

MR 927746 Sheet 7F/1 Lane Le Bout Cachard, France

Grave location Grave 16, Row 1, Plot 2.

OVER

BURIAL REPORT TO N.K. MAY 16 1946

RETURN TO BUR. OF STAT. APR 18 1945

ROYAL MESSAGE DESP'D. AUG 13 1944

CAN. MESSAGE DESP'D. AUG 8 1944

REBURIAL

Beny-sur-Mer Canadian Military Cem.,
Beny-sur-Mer, France.

Grave 14, row C, plot 9.

HI & CR Form Despd. OCT 7 1946

Photographs
Despatched

JUL 10 1947

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

(1) MEDALS

PERSON ENTITLED TO John AUSTIN (FATHER)

ADDRESS: 243 Clarke Ave.,
WESTMOUNT, Que.

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER Mrs. Olla B. AUSTIN, (ENGLISH)

ADDRESS: 1668
243 Clarke Ave., WESTMOUNT, Que.

MEMORIAL BAR
(1)
DATE DESP
REGN. NO 2249

(2)

DESP. OCT 17 1944
REGN No. 3340

(3)