B144077
SLADE
JOHN LEWIS

Do not remove documents from this folder. Prepared for digitization project. Ces documents seront numérisés. Ne pas les déplacer.

4-17A

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 SLADE, John Lewis (b) Reg'l. No. B 24477
2. (a) Arm of service ARMY (b) Unit R.C.E. NO2DD (c) Rank SPR.
3. (a) Date of birth 22 [illegible] (b) Have you any dependents? YES (c) Place of residence at time of enlistment NORANDA QUE.
4. (a) Place of enlistment NORANDA, QUE. (b) Date of enlistment [illegible]

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 17 (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.) 4 yrs Public School,
7. If you attended a university, give name of university and standing or degree secured NA
8. (a) Did you ever enter upon a trade apprenticeship? YES (b) If so, for what occupation? Plumber & Steamfitter (c) Did you finish it? YES (d) If you did not finish it, how long did you serve at it? NA
9. (a) What languages do you speak fluently? English (b) What languages do you read well? English

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 NORANDA MINES Address NORANDA, QUE
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) MINING
20. (a) Your specific occupation MACHINIST (b) Number of years' experience at this occupation with any employer 12 yrs.
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? NO (c) If so, in what kind of farming? NA
25. (a) Were you born on a farm? NO (b) How many years' actual farming experience have you had? NIL (c) In what provinces did you have experience? NIL

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.) NA
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form NO

DATE March 17 194[illegible] SIGNATURE [signature]

Checked ... Card ... Observations

ORIGINAL
DUPLICATE
TRIPLICATE

N.R.C.C. N.Scotia E.D.4 P.D.1-N

M.F.M. 2
A.F.B. 271
750M—5-42 (4398)
H.Q. 1772-39-1645

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

Unit #2 DISTRICT DEPOT (AF) R.C.E. R WING #6 COY. Regimental Number B.144077

01 PTE

ACTIVE FORMATIONS AND UNITS OF THE CANADIAN ARMY

ATTESTATION PAPER

1. Surname: SLADE
2. Christian Names: John Lewis
3. Present address: 57 3rd Avenue Noranda Quebec.
4. Date of birth: Oct 15th 1911
5. Place of birth: Canada (Country) Nova Scotia (County or Province) Truro (Town or Township)
6. Citizenship: Canadian (Of What Country are You Now a Citizen)
7. Religion (state denomination): Church of England.
8. Trade or Calling: Plumber Pipefitter.
9. Married, Widower or Single: Married. January 27th, 1941.
10. Name of next of kin: Mrs Edith Slade.
11. Relationship: Wife
12. Address of next of kin: Residence 727, Ajax, Ontario, Canada. ~~3rd Avenue Noranda Quebec.~~ Change
13. Do you belong to, or have you served in a Reserve Formation or Unit of The Canadian Army? No
    (If Yes, Give Unit and Dates of Service)
14. Have you served in (*a*) an Active Formation or Unit of The Canadian Army? No (Yes or No)
    (If Yes, Give Regimental No. and Unit) (*b*) Any other Naval, Military, or Air Force? No (Yes or No) (If Yes, specify Unit and Period of Service)
15. Did you serve during the Great War 1914-1918? No
    (If Yes, specify Regimental No., Unit and Dates of Service)

DECLARATION TO BE MADE BY MAN ON ATTESTATION

I, JOHN LEWIS SLADE, do solemnly declare that the above particulars are true, and I hereby engage to serve in any Active Formation or Unit of The Canadian Army so long as an emergency, i.e., war, invasion, riot or insurrection, real or apprehended, exists, and for the period of demobilization after said emergency ceases to exist, and in any event for a period of not less than one year, provided His Majesty should so require my services.

Date March 8th 1943 J. L. Slade. (Signature of recruit)

OATH TO BE TAKEN BY MAN ON ATTESTATION

I, John Lewis Slade do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.

Witness H. Handley (Name) Regis (Rank) J. L. Slade. (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 Noranda Que bec Cana da this 8th day of March 1943. 19....

J. Handley (Signature of Magistrate, Justice or Attesting Officer.)

Lt/Col. (Officer or Rank and Unit or appointment.)

O. H. C. COMPLETED

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

FINGERPRINTED
M.D. 2 NOM. ROLL
MAR 17 1943

5414-

Record of Service of SLADE (Surname) JOHN LEWIS (Christian Names) Regimental Number B.144077

Qualifications		Educational Qualifications			
Military	Nil	High School or Collegiate	Nil (years completed)	Graduation or Matriculation	8th Grade P.S. (specify)
Business or Professional	Nil				
Trade or Civil	Plumber, Pipefitter	*College	Nil		
Technical	Nil	*University	Nil		
Languages	English				

*(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.

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
Joined on appointment T.O.S. #2 DISTRICT DEPOT (AF)	Spr.	8-3-43	RCE R Wing #6 Coy.	Toronto Canada	Pt.2 D.O.# 65	18 Mar 43
S.O.S. On trans to #23 BTc F.P.P.	"	31-3-43 1-4-43	"	"	D.O. 76B	31-3-43
TOS 23 (B) T C f.a.p. incl. pay from No. 2 Dist. Depot For R & O	do	1-4-43	23 (B) TC	Nmkt.	D. O. 77	2-4-43
SOS 23 (B) T C f.a.p. incl. pay To A-11 A. T. C.	do	31-5-43	23 (B) TC	Nmkt.	D. O. 130	2-6-43
T.O.S. on trans from No 23 BTC Newmarket	"	1 Jun 43	A-11,	Borden	D.O.133	7 Jun 43
Re-allocated from Gen Per to 48 Highers	"	1 Jul 43	"	"	D.O.155	2 Jul 43
Granted 4 months increase in pay	"	4 Jul 43	"	"	D.O. 181A	2 Aug 43
GRANTED 14 DYS FURL AND MEAL ALL. RW 422302	"	JUL 22 1943	"	"	D O 172A	JUL 22 1943
S.O.S. to A-14 T.C., Aldershot, N.S., as reinf. to Ser.294C	"	13 AUG.43	"	"	D.O. 190A	13 AUG.43
address to 58 Prospect Ave Newmarket		13-8-43	"	"	190A	13-8-43
S. on transfer from A.11 C.I.T.C.	"	14 Aug 43	A14 CITC	Aldershot, NS.	#198	16 Aug 43

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

APR
APR
JUN

CERTIFICATE OF MEDICAL EXAMINATION

Name in full Slade John Lewis . Place Noranda Que Date of Medical Examination Mar 2 /43

Part 1. Information obtained from the recruit.

1. Age 31 2. Have you ever suffered from any of the following diseases?

a. Rheumatism	No	k. Ear disease	No
b. Tuberculosis or pleurisy	No	l. Eye disease	No
c. Bronchitis or asthma	No	m. Fits	No
d. Heart disease	No	n. Nervous or mental disease	No
e. Kidney or bladder disease	No	o. Syphilis	No
f. Stomach or bowel trouble	No	p. Gonorrhoea	No
g. Rupture	No	q. Have you ever worn glasses?	No
h. Varicose veins	No	r. Are you now or have you in the past received disability pension or compensation? If so, give details	~~No~~ Yes.
i. Foot trouble	No		
j. Nasal trouble	No		

W.C.B. - 3 June 1941 - left mid finger

I hereby declare that I have not suffered from any diseases whatsoever except as stated above.

J. L. Slade
Signature of Applicant

Part 2. Information obtained by medical examination. THE RECRUIT MUST BE STRIPPED.

Medical Officer's Remarks on information as stated in Part 1

Left Leg Scar lateral surface knee.
" " Scar popliteal space

Left hand Mid finger loss terminal phalanx

1. Identification marks or scars None
2. Height 5 feet 9 inches. 3. Weight 154 pounds.
4. Complexion Fair Eyes Blue Hair Brown 5. Development Good ~~Fair~~ ~~Poor~~
6. Chest measurement—Girth on full expansion 38½ inches. Range of expansion 3 inches.
7. Vision, right 20-40 left 20-40
   With Glasses— right left 8. Hearing, right C.V. 20 left C.V. 20
9. Condition of mouth and teeth (Good) Many teeth missing.
10. Blood Pressure:— S. 138 D. 100 (Required if recruit is over 35 years of age, or if otherwise indicated)
11. Urinalysis Negative.
12. The abnormalities (congenital and pathological) found on examination are as follows:—

Reflexes normal.

Ears normal.

13. Chest X-Ray Negative No. 722 Laboratory at which taken Youville Hospital.

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

S. McKinnon rank (President) J. Hetet rank (Member) R. J. Nelson rank (Member)

Date March 3rd 1943.

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature
	S.P. VACC.	SEP 10 1943	Reexamined. No Change in Category: ..Cat.....
6-3-43 APR 9 1943	T.A.B.T. 1		
APR 30 1943	T.A.B.T. 2 5 Temes Capt.		
JUN 4 1943	T.A.B.T. 3 5 Temes		
	Cat - A Confirmed R.K. Ferguson Capt		
AUG 10 1943	YOB P U L H E M S / / / / / / / /		

NOTE: Any corrections to entries made must be initialled by the Officer making them. Such Officer will indicate his rank and corps. Corrections are not to be written over the original entry.

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

Regtl. No. B.144077 Rank Spr. Surname SLADE Christian Name JOHN LEWIS CAL

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				

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

H.Q. 405-S-26,867 D.R. 2(C)

13th April, 1946.

Mrs. Edith J. Slade,
P.O. Box 940,
Noranda, Quebec.

Dear Madam:

Information has just been received from overseas that the remains of your husband, B144077 Corporal John Lewis Slade, have been carefully exhumed from the original place of interment and reverently reburied in grave 5, row G, plot 20, of Bretteville-sur-Laize Canadian Military Cemetery, Bretteville-sur-Laize, France. Marked map is enclosed. This is a recognized military burial ground and will receive care and maintenance in perpetuity.

The grave will have been marked with a temporary cross which will be replaced in due course by a permanent headstone suitably inscribed. While it cannot now be stated when this work of permanent commemoration will begin, before any action is taken you will be communicated with and an opportunity will be given you to submit a short personal inscription of your own choice for engraving on the headstone. Therefore, if you should change your address would you be good enough to inform the undersigned.

Yours faithfully,

for C.L. Laurin, Colonel,
Director of Records,
for Adjutant-General.

/EFH

Regimental No. B 144077 Rank Pte. Sheet No.

M.F.M. 1 & 2 (a)
300M—1-43 (8255)
H.Q. 1772-39-1646

Name SLADE J.L.

Record of Promotions, Reductions, Transfers, Casualties, Reports, etc.—	Rank Shown	Effective Date	Unit	Place	Authority D.O. Number	Authority Dated
S.O.S. on proceeding overseas.	Pte.	11 Sep 43	A14 CITC	Aldershot, NS.	#221	11 Sep 43
S.O.S., C.A. Canada 13 Sept 43						
T.O.S., C.A. Overseas 14 Sept 43						
Disembarked 20 Sept 43						
T.O.S. 21 Sept 43	Pte		4 C I R U	UK	181	22 Sept 43
SOS SOS to RHLI	Pte	29 Oct 43	4.C.I.R.U	UK	219	30 Oct 43
TOS TOS from 4.C.I.R.U	Pte	30 Oct 43	R H L I.	UK	46	31 Oct 43
Granted Regt'l Rates of Pay of $1.50	Pte.	8 Sep. 43.	4 C.I.R.U.	U.K.	206.	17 Oct 43
VERIFIED CHANGE ADDRESS NEXT OF KIN W316430 AW1 SLADE, J. E (Wife) RCAF (WD) AYLMER, ONTARIO, CAN.			RHLI	UK	18	28 Apr 44
Embarked at UK on 4 July 44 Disembarked at FRANCE on 5 July 44 and DO 38 2/9/44	Pte		R.H.L.I.	21 A Gp.	31	18 July 44
To be A/Cpl	A/Cpl	1 Aug 44	RHLI	21 A Gp	34	22 Aug 44
Disemb of amndt D.O. 31 d/18 Jul 44 to read Disemb Fr 5 July 44	Pte	✓	R.H.L.I.	21 A Gp	38	2 Sept 44
9 M 64 Killed	Cpl.	29 Aug 44	R.H.L.I.	A.E.F.	A488	10 Sept 44
A/Cpl SOS Deceased (Killed in action)	A/Cpl	29 Aug 44	RHLI	21 A Gp	40	16 Sept 44

29-8-44

AWARDS—CANADIAN ARMY (ACTIVE)

1774

500M—1-44 (3467)
H.Q. 1772-45-8

FB

FILE NO. 405-S-26867

SURNAME (IN BLOCK LETTERS) CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT
SLADE, John Lewis	B-144077	Cpl.	R.H.L.I.

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 C.V.S.M. & Clasp	4841-

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

(1) MEDALS

PERSON ENTITLED TO: Mrs. Edith ~~Slade~~ Murray (Re-married) Widow

ADDRESS: 246-6th St.
Box 940, Noranda, P.Q.

(2) MEMORIAL CROSS

WIDOW: W-316430 A.W. 1, SLADE, J.E.

1774

ADDRESS: R.C.A.F., (W.D.), Overseas

(3) MEMORIAL CROSS

MOTHER: (DECEASED) MFM5

ADDRESS:

MEMORIAL

(1)

DATE DESP.

REGN. NO. 9729

(2) DESP. JAN 16 1945
REGN No. 11067

(3)

No B.144077 Rank Corporal Name SLADE, John Lewis

Unit R. H. L. I. Date of death 29th August, 1944.

Died at France.

Cause Killed in action.

Death occurred on strength of Forces.H.Q. 405-S-26867

N/K ~~W.-316-30-A.-W.--1,-Slade,-J.-E.-,~~ Mrs. Edith J. Slade, Relationship Widow

Address ~~R.-C.-A.-F.-,--(W.-D.-),-Overseas,~~ P.O. Box 940, Noranda, Quebec.

Remains buried in Des Vallons, sheet 8E/6 104022 Cemetery

Grave location

CHK

OVER-

REBURIAL

Bretteville-sur-Laize Cdn. Mil. Cem.,
Bretteville-sur-Laize, France.

Grave 5, Row G, Plot 20.

HI & CR Form Despd. MAR 8 1947

Photographs
Despatched
OCT 1 1947

BURIAL REPORT TO N.K. ..... APR 13 1946

RETURN TO BUR. OF STAT. AUG 4 1945

ROYAL MESSAGE DESP'D. OCT 30 1944

CAN. MESSAGE DESP'D. OCT 12 1944

FORM 6

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not write in this space

1. PLACE OF DEATH

Municipal county: IN THE FIELD (FRANCE)

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: SLADE (*Block letters*)

Given names: John Lewis

4. RESIDENCE

Street: 3rd Ave. No. 57

Official name of civil municipality or township: Noranda

Municipal county: Province: Que.

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

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

10. BIRTHPLACE (Province or Country): N.S.

11. DATE OF BIRTH: Oct. (Month) 13th, (Day) 1911 (Year)

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

OCCUPATION

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

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		
MOTHER (Maiden Name)		

19. Place of burial, cremation or removal: France

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....19.... (Month) (Day) (Year)

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: August (Month) 29th (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, 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**....

OVERSEAS CASUALTY CANADIAN ARMY

Signed....**M.D.**

Address....**Date**....**19**....

28. Signature of person who fills in the form (curate, coroner, hospital authority, etc.)

C. Maurice L.S.

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)

Director of Records, Dept. of Natl. Defence

405-5-26867

FIELD SERVICE

MBR

9/31B Army Form B. 2090A. 40/P & S/2551 (5504)

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 Hamilton Light Infantry. Squadron, Troop Battery or Company: .....

Officer's Personal No. (if known) Soldier's Army No.: B144077 Rank: Pte.

Surname: Slade. Christian Names: J.L.

Died: Date: 29 Aug 44 Place: France.

Cause of Death*: K/A

Nature and Date of Report: A.F.W. 3014/107 9 Sep 44

By whom made: Cdn Sec GHQ 2nd Ech 21 A Gp.

* 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: Des Vallons. sheet 8E/6 104022 Date: 3 Sep 44

By whom reported: Capt. H.C. Redburn 89 Fd Coy RE

State whether he leaves a Will or not

(a) in Army Book 64: No.

(b) as a separate document: Not ~~returned~~ 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: Belguim. 22 Oct 44

Signature of Officer in charge of Section Adjutant-General's Office at the Base: Eric G Roberts Capt for Officer I/c

Cdn Sec GHQ 2nd Ech 21 A Gp.

Noted RR 2(d)

24

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

NUMBER B-144077 RANK Corporal SERVICE UNIT The Royal Hamilton Light Infantry (CA)

NAME SLADE, John Lewis

DATE OF BIRTH
DAY 13th MONTH October YEAR 1911 Date Enlisted: 8-3-43

MARITAL STATUS Married Religion: Church of England

NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 RELATIONSHIP Wife NAME W-316430 A.W. 1, SLADE, J.E.,
ADDRESS R.C.A.F., (W.D.), Overseas. ADDRESS D.A.B.

ADDITIONAL PERSON TO BE NOTIFIED ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. Canrecords 350A H.Q. 405-S-26,867 DATE 29-8-44

CASUALTY DETAILS Killed in action

FRANCE

LAST WILL ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO MM

M.F.M.5. ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO O/S with #5 C.I.R.U., S/L 3175

DATE 28-9-44

OFFICER I/C RECORDS

6

COPY FOR DOCUMENT FILE

Sheet No.....

POSTINGS FROM O/S CASUALTY LISTS

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

Regt'l No. B.144077 Rank Cpl. Surname Slade Christian Name John L.

Unit	Hospt.	Admitted			Discharged			Hospt. Days	Disease or Injury	Remarks	Cas. List No.
		Day	Mo.	Year	Day	Mo.	Year				
R.H.L.I.									Killed 29-2-44		A.488

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

COMPUTATION OF WAR SERVICE GRATUITY

MEMBER'S NAME JOHN LEWIS SLADE (Christian Names) (Surname) — Register No. D 1584

PAYEE'S NAME MRS EDITH SLADE, (Christian Names) (Surname) — File No. 405-S-26867

ADDRESS R.S.A.F. (W.D.) #62 R.S.A.F. BASE, (CLINTON ON OUSE) YORKS ENGLAND. — Date 5-6-45

DATE OF TERMINATION OF OVERSEAS SERVICE 29-8-44 — Service No. B144077

Final Rank Cpl.

Date of Discharge 29-8-44

	AMOUNT $	c
(1)		
A. TOTAL QUALIFYING SERVICE No. of day 541/30 = 18 Periods @ $7.50	135	00
B. QUALIFYING OVERSEAS SERVICE No. of days 351 less 1 Ineligible days, equal 350 Days @ 25c per day	87	50
	222	50
C. SUPPLEMENT FOR OVERSEAS SERVICE		
Daily Rate of Pay $ 1.70		
Subsistence Allowance $ 1.25		
Additional Pay $		
Dependents' Allowance 1/30 $ 37.20 $ 1.24		
TOTAL $ 4.19 × 7 = $ 29.33		
No. of Days 351/183 × $ 29.33	56	26
	278	76
D. WAR SERVICE GRATUITY		
Computed By Hartley		
E. DEDUCTIONS Overpayment of (1) Pay & Allowance $		
(2) D.A. & A.P. $ 4		
Other Deductions $		
Entered By B		
F. AMOUNT PAYABLE (This amount is payable in 1 monthly instalments of $ 278.76 each)	278	76

G. Monthly instalment not to exceed *daily rate* of Pay & Allowances per (C)

$..... × 30 = $.....

REMARKS

22

100M-11-44 (6087)
H.Q. 1764-81-3

25M-12-44 (6215)
H.Q. 1064-81-3

4
ARMY

DEPARTMENT OF NATIONAL DEFENCE

NAVY ARMY AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

DECEASED MEMBER'S NAME: John Lewis (CHRISTIAN NAMES) SLADE (SURNAME)

REGISTER NO. D-1584
FILE NO. 405-S-26867
DATE 11-6-45
SERVICE NO. B-144077
FINAL RANK OR RATING Cpl.
DATE OF DISCHARGE 29-8-44

PAYEE Mrs. Edith SLADE,
ADDRESS R.C.A.F.(WD)#62 RCAF Base,
Linton on Ouse, Yorks, Eng.

DATE OF TERMINATION OF OVERSEAS SERVICE 29-8-44

	$ ¢
A. TOTAL QUALIFYING SERVICE NO. OF DAYS 541 (30) EQUAL TO 18 (54) COMPLETE PERIODS AT $7.50	135.00
B. QUALIFYING OVERSEAS SERVICE NO. OF DAYS 351 LESS 1 INELIGIBLE DAYS, EQUAL TO 350 DAYS @ 25c. PER DAY SEE PAR. 2 OVERLEAF FOR EXPLANATION	87.50
	222.50
C. SUPPLEMENT FOR OVERSEAS SERVICE	

RECEIVED
JUN 18 1945
WAR SERVICE GRATUITY DIVISION, ARMY TREASURY

DAILY RATES AT DISCHARGE

PAY	$ 1.70	
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE	$ 1.25	
ADDITIONAL PAY	$	
	$	
	$	
DEPENDENTS' ALLOWANCE 1/30 OF $ 37.20	$ 1.24	
TOTAL	$ 4.19	X7 = $ 29.33
NO. OF DAYS 351 (183)		X$ 29.33

56.26

D. WAR SERVICE GRATUITY	278.76
E. DEDUCTIONS — OVERPAYMENT OF PAY AND ALLOWANCES $	
DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $	
OTHER DEDUCTIONS $	
F. TOTAL AMOUNT PAYABLE	278.76

G. YOUR PORTION OF GRATUITY IS— 100%

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU $_____ OF $ = $

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

ΔT

23

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	TREASURY CHECKED BY	DATE
KR	[signature]	[signature]	18/6/45

[signature]
SERVICE REPRESENTATIVE

5/[redacted] C[redacted] 187
4[redacted] S/2180 (8080)
(Pa[redacted] of 100)

CANADIAN MILITARY HEADQUARTERS

ESTATES BRANCH
INVENTORY

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

No., RANK and NAME B-144077 Cpl. SLADE, J.L. (Deceased)

RECEIVED FROM 89 Fd. Coy. R.C.E.

CHECKED BY C-52743 Pte. McDonald, S.J. DATE 27 Dec 44

AND C-5591 Pte. Patterson, L.K.

1	Red Identity Disc.		

CERTIFIED TRUE COPY
E. Galloway, Bdr.,
CASUALTY SECTION,
No. 1 Cdn. Kit Storage Depot.

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

QUADRUPLICATE—with effects.

Signed L.K. Patterson, Pte.
for OC 1 Cdn KSD

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, John Lewis SLADE (Name in Full), of the Town (City, Town, Village, Township)

Address in civil life.

of Noranda, in the ~~County~~ District of Temiskaming

Province of Quebec, Plumber, Pipefitter (Civil Occupation)

Regimental No B-144077, Unit #2DD(AF) RCE #6 Coy, 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 WIFE: Edith SLADE of Residence 727,Ajax,Ontario,Canada all of my ESTATE"----------

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

(4) I appoint Mrs. Edith SLADE (Name), Residence 727,Ajax,Ontario,Canada (Address)

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

IN WITNESS WHEREOF I have hereunto set my hand this 17 day of March 1943.

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.

J. L. Slade. (Signature of soldier)

First witness sign here.

(5) Signature John Roberts

Civil Address 19 Durie Street,Swansea,Ontario,Canada

Civil Occupation Heater

Second witness sign here.

Signature Wm H. Sutherland

Civil Address 34 Glenholme Blvd.,Toronto,Ontario,Canada

Civil Occupation Clerk

(Witnesses are not to be beneficiaries.)

[OVER]

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 #2 DD(AF) RCE #6 Coy Regimental Number B-144077

1. Surname SLADE
2. Christian Names JOHN LEWIS
3. *Substantive Rank and Appointment
   *Acting Temporary or Local Rank A/Cpl
   giving date 1 Aug 44

*To be entered in pencil to facilitate alteration.

4. Place of birth TURO, N.S. CAN.
5. Date of birth as declared on attestation 13 Oct 1911
   (A)
6. Date of enlistment 8 MARCH 1943
7. Place of enlistment NORANDA P.Q.
8. Residence at time of enlistment 57-3rd Ave, NORAND ONT
9. (B) Special conditions (if any) of enlistment or rate of pay
10. (C) Any subsequent variations of conditions of service
11. Religion C of E
12. If married, state date
13. Trade on enlistment PLUMBER - PIPEFITTER.
14. Corps, trade and grade
15. (D) Qualifications
16. (E) Miscellaneous entries

(17) Regiment or Corps: 48th Hrs — Unit (Battn., etc):

(18) Medical

Category	Date	Authority
A-1	4-6-43	M7m 2.

(19) Next of kin (entries to be made in pencil) Wife
W 316430 AW1 Slade JE
RCAF (WD)
Aylmer Ont Can

(20) E
(21) E
(22) E DO 18/1944/RHL

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		(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
			S.O.S., C.A. Canada 13 Sept 43				
			T.O.S., C.A. Overseas 14 Sept 43				
			Disembarked 20 Sept 43				
		4 CIRU	T.O.S. 21 Sept 43	UK	—	Pte	181 - 22 Sept 43
			Granted 4 mos increase in pay	"	8 July 43	"	181A - 2 Aug 43
		"	Granted 1:50 per diem	"	2 Sept 43	"	206 - 17 Oct 43
		4 CIRU	S.O.S. to RHLI	Field	29 Oct 43	"	219 - 30 Oct 43
Oct 43	OC	RHLI	TOS from 4 CIRU	Field	30Oct43	Pte	46 - Oct 43
	Embarked U.K.		4Jul44 Disembarked France 5Jul44	"		"	31 - 1944
	"	"	To be A cpl	"	1Aug44	A cpl	37 - 1944
	"	"	SOS deceased. Killed in action	Field	29Aug44	A cpl	40 - 1944

M.F.M. 5
250M—7-42 (5227)
H.Q. 1772-39-1651

4-17

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 ..... SLADE
(Surname first—Christian names in full—Block capitals)
..... John Lewis

(2) Regimental or Official Number and Rank ..... B-144077 ..... Spr.

(3) Unit ..... #2 D.D. (AF) R.C.E. R Wing #6 Coy.

(4) Are you married? ..... Yes

(5) If married, state,

(*a*) Full name of your wife ..... Mrs. Edith Julian SLADE

.....

(*b*) Present postal address of wife ..... Residence 727, Ajax, Ontario, Canada

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

.....

(7) Are you a widower? ..... NO

(8) Have you any children? ..... No ..... Number of boys ..... Nil ..... Girls ..... Nil

Names and ages ..... NA

.....

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

.....

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

Name ..... NA

Postal Address ..... NA

.....

[SEE OTHER SIDE]

RECORDS M. D. 2

(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 NA

11) Is your father alive? Deceased

If so, state name and address, occupation NA

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

(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

NA

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

(14) Is your mother alive? Deceased

If so, state name and address NA

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

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

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? NA

(17) Are you contributing to the support of any dependents, other than those shown above? NO
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 NA

Full Name NA

Postal Address NA

Amount contributed monthly during the past six months NA

(18) Are you insured? Yes

If so, in what Company? Sun Life Insurance Co.
(Give number of policy)

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

X J. L. Slade
(Signature of officer or man)

Date 8-March 1943

H Hewatson 2/Lt.

For Officer Commanding #2 D.D. (AF)

Date 8-March 1943

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.)