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ORIGINAL DUPLICATE TRIPLICATE

E.D. #156

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.)

到-143030

# ACTIVE FORMATIONS AND UNITS OF THE CANADIAN ARMWSG

# ATTESTATION PAPER

COMPLETED

1. Surname	LOWELL
2. Christian Names	Steven Elljah
3. Present address	20 Augusta Street, Hamilton, Onterio Cenada
	llth December 1912
5. Place of birth (Country)	(County or Province) (Town or Township)
6. Citizenship	(Of What Country are You Now a Citizen)
7. Religion (state denomination)	United Chumbh of Canada
8. Trade or Calling	Machine operator
9. Married, Widower or Single	51ngle
10. Name of next of kin	Maca Ruth Margaret LOWELL
11. Relationship	
12. Address of next of kin	Street, Montreal, Quebec, Canada
	ed in a Reserve Formation or Unit of The Canadian Army?
14. Have you served in (a) an Active F	(If Yes, Give Unit and Dates of Service) ormation or Unit of The Canadian Army?
	(Yes or No)  (B) Any other Naval, Military, or Air
Force?	
15. Did you serve during the Great Wa	or No) (If Yes, specify Unit and Period of Service) r 1914-1918?
(If Yes	, specify Regimental No., Unit and Dates of Service)
DECLARATION	TO BE MADE BY MAN ON ATTESTATION
above particulars are true, and I herel Army so long as an emergency, i.e., wa	
OATH TO I	BE TAKEN BY MAN ON ATTESTATION
I, Steven Elijah Louise declare) that I will be faithful and bear	do sincerely promise and swear (or solemnly
Witness (Name) (R	ank)  (Signature of Recruit)
CERTIFICATE OF MAGISTRA	ATE, JUSTICE OF THE PEACE OR ATTESTING OFFICER
The above questions and answers v	stioned by me that if he made any false answers to any of the above shed as provided by law.  were then read to the recruit in my presence.  ands each question, and that his answer to each question has been duly ruit has made and signed the declaration and taken the oath before me,
at Toronto, Ontario this.	Abelie day of Signature of Magistrate, Justice or Attesting Officer.

Officer or Rank and Unit or appointment.

						B-149030
Record of Service of LOWELL (Surname)	Christian Name	Elijah			Regimental Number	
QUALIFICATIONS			EDUC	ATIONAL QUAL	IFICATIONS	
Military n11	High School	ol)			Graduation )	5. Public Scho
Business or Professional nil	or Collegiate	e }	(years completed)	]	Matriculation)	(specify)
Trade or Civil Machine operator, Carpenter, farming, masonry paper hanger painter, Technical Nachine operator for 5 yrs	*College	sity	nil			
Languages English	*(Name of in	nstitution, courses or	years completed, an	d degrees obtained to	o be shown)	
All enlisted personnel will be taken on as Private soldiers, appointments and promotions to hi			ART BEET DEST			
					Author	ity
Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., from date taken on Strength of Field Force	Rank Shown	Effective Date	CAC (OTHER	S) Place	Part II D.O. No. Cas. List, et	c. Dated
Joined on appointment T.O.S. #2 DISTRICT DEPOT CA (A)	Tpr.	6-7-43	R Wing	Toronto,		
Granted leave of absence by D.R.O. without pay and allowances from July 13 to July 18, inclusive.				Canada.	Pt.2. D.0. #16	33 10 July 43
allowances from July 13 to July 18, inclusive.  S. O. S. No. 2 D. D. ON TRANSFER TO Zo BTC	6 6	5/8/43		Canada.	Pt.2. D.0. #16 DO 184B	3 10 July 43 4 AUG.
Granted leave of absence by D.R.O. without pay and allowances from July 13 to July 18, inclusive.  S. O. S. No. 2 D. D. ON TRANSFER TO ZO BTC  S. No. 26 C. A. (B) T. C. Orillia, Ont. on Transfer From 202 DD	66	5/8/43	#5 Coy.	Canada	D0 184B	4 AUG.
allowances from July 13 to July 18, inclusive.  S. O. S. No. 2 D. D. ON TRANSFER TO ZO BTC  S. No. 26 C. A. (B) T. C. Orillia, Ont. on Transfer From Two 2 DD	66	5/8/43	#5 Coy.	66	D0 184B	4 AUG.
allowances from July 13 to July 18, inclusive.  S. O. S. No. 2 D. D. ON TRANSFER TO Zo BTC	66	5/8/43	#5 Coy.	66	D0 184B	4 AUG.
allowances from July 13 to July 18, inclusive.  S. O. S. No. 2 D. D. ON TRANSFER TO ZO BTC  S. No. 26 C. A. (B) T. C. Orillia, Ont. on Transfer From 2002 DD  S. O. S. on transfer to NO. 33 C. A. C. T. E. Camp Borden	66	5/8/43	#5 Coy.	Oullie	D0 184B  D0 191	4 AUG. 5/8/43
allowances from July 13 to July 18, inclusive.  S. O. S. No. 2 D. D. ON TRANSFER TO ZO BTC  S. No. 26 C.A. (B) T. C. Orillia, Ont. on Transfer From Total DD  S. O. S. on transfer to NO. 33 C.A.C.T.E. Camp Borden and attached to No. 3 Training Regt.  TOS. of #3 CAC TR for A/P inc.pay on trans.from #26 Orillia	66	5/8/43 6/8/43 8 Oct.	#5 Coy.	Oullie	D0 184B  D0 191	4 AUG. 5-/8-/43 6-10-43
S.O.S. No. 2 D. D. ON TRANSFER TO ZO BTC  S. No. 26 C.A. (B) T. C. Orillia, Ont. on Transfer From 202 DD  S.O.S. on transfer to NO. 33 C.A.C.T.E. Camp Borden and attached to No. 3 Training Regt.  TOS. of #3 CAC TR for A/P inc.pay on trans.from #26 Orillia Qualified Driver i/c Class 111 (Wheeled)	66	5/8/43 6/8/43 8 Oct.	#5 Coy.	Oullie	DO 184B  DO . 191  D.O. 244A  D.O.#110	4 AUG. 5-/8-/43 6-10-43 8 Oct.43
allowances from July 13 to July 18, inclusive.  S. O. S. No. 2 D. D. ON TRANSFER TO ZO BTC  S. No. 26 C.A. (B) T. C. Orillia, Ont. on Transfer From Total DD  S. O. S. on transfer to NO. 33 C.A.C.T.E. Camp Borden and attached to No. 3 Training Regt.  TOS. of #3 CAC TR for A/P inc.pay on trans.from #26 Orillia	66	5/8/43 6/8/43 8 Oct.	#5 Coy.	Oullie	DO 184B  DO 191  D.O. 244A  D.O.#110	4 AUG.  5-/8-/43  6-10-43  8 Oct.43
allowances from July 13 to July 18, inclusive.  S. O. S. No. 2 D. D. ON TRANSFER TO 25 BTC  S. No. 26 C. A. (B) T. C. Orillia, Ont. on Transfer From 2002 DD  S. O. S. on transfer to NO. 33 C. A. C. T. E. Camp Borden and attached to No. 3 Training Regt.  TOS. of #3 CAC TR for A/P inc.pay on trans.from #26 Orillia Qualified Driver i/c Class 111 (Wheeled)  Auth. to draw higher rate of pay of \$1.40 per diem SOS. of #3 CAC TR for A/P on reposting to A33 Tech & School		5/8/43 6/8/43 8 Oct. 12 Nov.	#5 Coy. 43 #3 CAC	Borden	DO 184B  DO 191  D.O. 244A  D.O.#110  D.O.#139  D.C.#140	4 AUG. 5-/8-/43 6-10-43 8 Oct.43 15 Nov.43 16 Nov.43

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

Rank. Tpr.

Sheet No 2

M.F.M. 1 & 2 (a) 300M—5-43 (154) H.Q. 1772-39-1646

# Name LOWELL Steven Elijah,

Record of Promotions, Reductions, Transfers, Casualties, Reports, etc.—	Rank Shown	Effective Date	Unit	Place		Authority
					D.O. Number	Dated
To draw pay at the rate of \$1.50 per diem, and is authorized to wear the Mars Badge.	Tpr	12 Tan 1	). The C This ma	A-33 BORDE	MT#1	4-2-44
***************************************	TPT	La van 4	4 100 11118	H-JJ BURDE	17 17 1	4-2-44
Granted furlough from 18 Mar 44 to 31 Mar 44 incl. with rla. of 50¢ per diem.  Warrant: A-667699.						
Awarded a summary forfeitrue of 1 days pay and allow, under Sec.46(2) d		18 Mar 44	do	do	#50	21-3-44
A.A. for an offence under Sec.49 A.A. did create a disturbance whilst a						
		7 77 77 1	1 7 -			
class was in progress. (Total Forfeiture: 1 days pay)	T.D.	17 May 4	4 do	do	98	19 May 4
SOS to No.2.CACTR	do	20 .711 7 44	do	do	749	18 Ju 144
T.O.S. #2 CACTR on transfer from T&S Wing, A-33.	Tor.	21 Jul 4	4 #2 CACTR	Borden	744	27 Jul 44
T.O.S. #2 CACTR on transfer from T&S Wing, A-33. Granted 2 days leave and 14 days furlough and rat. allow. of 50¢ per dier	n				· · · · · · · · · · · · · · · · · · ·	
from 2 Sep 44 to 17 Sep 44 incl. T.W. issued.	Tpr.	2 Sep 44	do	do	175	4 Sep 44
S.O.S. #2 CACER to #1 TSR.	Tpr.	18 Sep 44	1 do	do		18 Sep 4
T.O.S. from #2 CACTR.			#1 T.S.R.			22 Sep 4
STOTEST NO. 1 CACTER TO SERIAL NO. 1142	TPR	10-10-44	NO 1 TSR	CORDEN	218B	10-10-44
Cuti. The to 3 has in	ac .					
505 50 15 Mg. Sheer Mers Trans. In eac. to ac. Ge Line	Rí	31/m/4-1	1cot CRW	ULC	265	3 mmir
	Ple	3 Mmri	10ACM		265	STYONYT
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to Lacca	100 -	17 May 4-7	Wpg. Jeen.	200	8-7	17180-1-1
		Corravu	201106	ULL	15	19 NW4-2
United Sus to X4 ac.	K	28 Dec 40	304R.	ch	169	20/00
ns Inharked at M on 25Des 44		7.7	ا			210000
1. NA 1 F 90 Dec.	PA		1. 2.1 May 11 mg	and a Alexander	# #	1. 9.
DISCEDENCE: Co., Co., College Co.				A		1.Cy. JOHNAY
20 / 50 / 6 H. L. 1.	19=	30 Jan: -45	f2.6	21 al h	16	9 Feb. 15
TO TOS X4 hist HLI Of C	Ple	31 / unys	11.11.L.1	21906	ל	237-16 VS
Margaret 1 May 45			A			

gimental No	Rank		Sheet No
			N. T. N

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M.F.M. 1 & 2 (a) 300M—5-43 (154) H.Q. 1772-39-1646

Record of Promotions, Reductions, Transfers, Casualties, Reports, etc.—	Rank Shown	Effective Date	Unit	Place	A	Authority
				D.O. Numb		Dated
Killed	fa.	5 Mary 5	N15	Casa	A.556	18 Marys
Sod Killes in action	Pa	5thanes5	- NLY	2129	14	21/20005
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## SERVICE AND CASUALTY FORM

M.F.M. 4 (Part I)
A.F.B. 103 (Part I)
200M—8-42 (5892)
H.Q. 1772-39-1649

Part I (For all ranks)

Unit # 2 DD (AF) C.A.C. (OTHERS) R WING # 5 CoyRegimental Number B-149030

1. Surname LOWELL	(17) Regiment or Corps C.A.C. (OTHERS) Unit (Battn., etc.)
2. Christian NamesSteven Elijah	
3. *Substantive Rank and Appointment	
*Acting Temporary or Local Rank	
giving date	
*To be entered in pencil to facilitate alteration.	(+0) 7 7 7
4. Place of birthRock Island, Quebec, Canada	
5. Date of birth as déclared on attestationDec11,1912	
(A) $C Detector for lightness to Tanlar 6 7043$	Category Date Authority
6. Date of enlistment July 6, 1943. 7. Place of enlistment Toronto, Ontario, Canada.	Hal Uly O-43 Maraka
Regidence of emistment 20 Angreets Strong	Hamilton Ontonio Canada
8. Residence at time of enlistment20AugustaStreet, 9. (B) Special conditions (if any) of enlistment or rate of pay	PULLICUITY CALLACIA
J. (D) opecial conditions (if any) of chilistinche of face of pay	(12) 1111 111 18-7-44 ME14 2
10. (C) Any subsequent variations of conditions of service	
11. Religion United Church	
12. If married, state date	(19) Next of kin (entries to be made in pencil)
13. Trade on enlistment	
14. Corps, trade and grade	me carres nauces
15. (D) Qualifications	
16. (E) Miscellaneous entries	
	100 T
	(20) E
	(21) E
	(24) D
••••••••••••••••••••••••••••••••••••	
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#### 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	)	(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
					12 mod 43	de	
77-43	Borden	#3 CAC	Qualified Driver i/c Class 111	(Wheele	d) D.O.	#139	139 15 ml 43
		CONTRACTOR AND ADMINISTRATION OF THE PARTY O					19 11 Feb 44
			For al I days say & alburance under				
		· · · · · · · · · · · · · · · · · · ·	Sec 46 (2) for an affence under sec 49		/		
		· · · · · · · · · · · · · · · · · · ·					
		Placeu	TO S No.1. C.A.C.R.U.		ST ACC	44 Tpr	254&: 21 Oct
				THE U.S. C	3 DET 9	Thr.	1 257 d/25 Oct 4
			The English on trans to 030				
				AL S AND	31.1	ALL INCL	
	505	Unp Ad	T.O. S. on transfer from #1. C. A. C. R.L.	V.K	H Mov 44	Pte	78 6 Nov 44
	705	301100	Am MAG Sien	~7	8nou4	4	No15-19 movey
	505		Lixflest C/C	u	28-12-44	1	49 28 Dec
			ENBARKED U.N. 28 dec 44 DISENBARKED	IV. VV.E.	29 Dec 44		/-/-/-45:
\ J	11/2	010	T.D.S. X4.1.18T. M. Gen. Unall. (		21 Dec 44	PI	24/11
x 4	11/30	HLIORC	Tos Lum X4 (11 Pm) In I Unall	۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰	24 12	PI	31.745
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### CERTIFICATE OF MEDICAL EXAMINATION

Date of Medical Examination

Age 2. Have yo	Ou ever suffered from	n any of the following diseases?	
Rheumatism	no	k. Ear disease	mo.
Tuberculosis or pleurisy	120	1. Eye disease	110
Bronchitis or asthma	no	m. Fits	3763.3
Heart disease	230	n. Nervous or mental disease	
Kidney or bladder disease	no	o. Syphilis	200
Stomach or bowel trouble	yes	p. Gonorrhoea	100
Rupture	no	q. Have you ever worn glasses?	
Varicose veins	210		
Foot trouble	DO	r. Are you now or have you in the preceived disability pension compensation? If so, give determined the preceived disability pension.	or Foils 110
Nasal trouble	no	compensation? If so, give det	tails
		I from any diseases whatsoever except as  Signature of Applicant	••••••••
		Part 1 1939 fractured ribs and the riby all one year ago-none since	
infancy.			
Identification marks or scars	epressed scar l	lower left thigh, lateral side.	
Height feet	inches	s. 3. Weight	pounds. Good
ComplexionEy	es	5. Development5.	Fair
Ha	ir		Poet
	120		
Chest measurement—Girth on	full expansion39	Range of expansion	inches.
Chest measurement—Girth on 20/20 Vision, right	full expansion	Ears nomal	
Vision, right With Glasses— right	leftleft	Ears normal  8. Hearing, right 20	
Vision, right	leftleft	Ears normal  8. Hearing, right 20	
Vision, right  With Glasses— right  Condition of mouth and teeth.	leftleftleftleft	Ears normal  8. Hearing, right 20	left. V. 20
Vision, right  With Glasses— right  Condition of mouth and teeth.	leftleftleftleft	Ears normal  8. Hearing, right 20	left. V. 20
Vision, right  With Glasses— right  Condition of mouth and teeth.  Blood Pressure:—S  Urinalysis	leftleftleftleft	8. Hearing, right 20 d if recruit is over 35 years of age, or if oth	left. V. 20
Vision, right  With Glasses— right  Condition of mouth and teeth.  Blood Pressure:— S  Urinalysis  The abnormalities (congenital	leftleft	Ears normal  8. Hearing, right 20	left. V. 20
Vision, right  With Glasses— right  Condition of mouth and teeth.  Blood Pressure:— S  Urinalysis  The abnormalities (congenital points)	leftleft	8. Hearing, right 20 d if recruit is over 35 years of age, or if oth	left. V. 20
Vision, right  With Glasses— right  Condition of mouth and teeth.  Blood Pressure:— S  Urinalysis.  The abnormalities (congenital)	leftleftleft	8. Hearing, right 20 d if recruit is over 35 years of age, or if oth	left. V. 20
Vision, right  With Glasses— right  Condition of mouth and teeth.  Blood Pressure:— S  Urinalysis  The abnormalities (congenital)	leftleft	8. Hearing, right 20 d if recruit is over 35 years of age, or if other on examination are as follows:— or freeture, no disability.	left. V. 20 nerwise indicated)
Vision, right	leftleft	8. Hearing, right 20 d if recruit is over 35 years of age, or if other one of the course, no disability.  Oratory at which taken #2 p.p. C the diseases mentioned in question 2, 1	left. V. 20 nerwise indicated) Part 1, except as
Vision, right	leftleft	8. Hearing, right 20.  d if recruit is over 35 years of age, or if other ound on examination are as follows:—  oratory at which taken #2 D.D. Continuous the diseases mentioned in question 2, I wit in accordance with the pamphlet "Please of the diseases mentioned in question 2, I wit in accordance with the pamphlet "Please of the diseases mentioned in question 2, I will in accordance with the pamphlet "Please of the diseases mentioned in question 2, I will in accordance with the pamphlet "Please of the diseases mentioned in question 2, I will in accordance with the pamphlet "Please of the diseases mentioned in question 2, I will in accordance with the pamphlet "Please of the diseases mentioned in question 2, I will in accordance with the pamphlet "Please of the diseases mentioned in question 2, I will in accordance with the pamphlet "Please of the disease of the di	left. V. 20 nerwise indicated)  Part 1, except as nysical Standards
Vision, right	leftleft	8. Hearing, right 20 d if recruit is over 35 years of age, or if other one of the course, no disability.  Oratory at which taken #2 p.p. C the diseases mentioned in question 2, 1	left. V. 20 nerwise indicated)  Part 1, except as nysical Standards
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Vision, right	leftleft	8. Hearing, right 20  d if recruit is over 35 years of age, or if other one of tracture, no disability.  oratory at which taken #2 p.p. C the diseases mentioned in question 2, I wit in accordance with the pamphlet "Plits" and he is found fit for Category.	left. V. 20 nerwise indicated) Part 1, except as hysical Standards rank
Vision, right	leftleft	8. Hearing, right 20  d if recruit is over 35 years of age, or if other one of tracture, no disability.  oratory at which taken #2 p.p. C the diseases mentioned in question 2, I wit in accordance with the pamphlet "Plits" and he is found fit for Category.	left. V. 20 nerwise indicated) Part 1, except as hysical Standards rank
Vision, right	leftleft	8. Hearing, right 20  d if recruit is over 35 years of age, or if other one of tracture, no disability.  oratory at which taken #2 p.p. C the diseases mentioned in question 2, I wit in accordance with the pamphlet "Plits" and he is found fit for Category.	left. V. 20 nerwise indicated) Part 1, except as hysical Standards rank
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Vision, right	left	8. Hearing, right 20  d if recruit is over 35 years of age, or if other or an examination are as follows:—  or tracture, no disability.  oratory at which taken #2 p.p. Contractory at which ta	left. V. 20 nerwise indicated) Part 1, except as nysical Standards rank
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Vision, right	left	8. Hearing, right 20  d if recruit is over 35 years of age, or if other ound on examination are as follows:—  oratory at which taken 20.0.  the diseases mentioned in question 2, I wit in accordance with the pamphlet "Plits" and he is found fit for Category  Tank YOBPULHEMS Member YOBPULHEMS Member YOBPULHEMS Member YOBPULHEMS STEAROF 2000 MEDICAL CATEGORY  Date Brief details and significant of the pamphlet	left. V. 20 nerwise indicated) Part 1, except as nysical Standards rank
Vision, right	left	8. Hearing, right 20  d if recruit is over 35 years of age, or if other ound on examination are as follows:—  oratory at which taken 20.0.  the diseases mentioned in question 2, I wit in accordance with the pamphlet "Plits" and he is found fit for Category  Tank YOBPULHEMS Member YOBPULHEMS Member YOBPULHEMS Member YOBPULHEMS STEAROF 2000 MEDICAL CATEGORY  Date Brief details and significant of the pamphlet	left. V. 20 nerwise indicated)  Part 1, except as nysical Standards  rank

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(1) MEDALS PERSON ENTITLED TO	Miss Ruth Lowell	(Sister)	MEMORIAL BAR
ADDRESS:	Saxsion River, Vermont, U. S. A.	Apr. 46	DATE DESP
(2) MEMORIAL CR	oss		REGN. NO
WIDOW	(SINGLE)		(2)
ADDRESS:			
(3) MEMORIAL CR	oss		
MOTHER	(DECEASED) (MFM5.)		(2)
ADDRESS:			(3)

5-3-45 AWA	RDS—CANA	DIAN ARMY (A	CTIVE)	500M—1-44 (3467) H.Q. 1772-45-8
LOWELL, Steven Elizah		B.149030	Pte.	FILE No. 405-L-24091 High.Lt.Inf.of Car
SURNAME (IN BLOCK LETTERS) CHRIST	IAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT
WAR SERVICE BADGE (CLASS) No.	DATE DES	SPATCHED:		
1939-45 Star France & Germany Star War Medal, 1939-45 CVSM & Clasp	332	REGISTRATION NU	T-SO	DESPATCHED

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

NO B.149030 Rank Private Name LOWELL, Steven Elizah
Unit H. L. I. OF C. Date of death 5th March, 1945.
Died at Germany
Cause Killed in action.
Death occurred on strength of Forces H.Q. 405-L-24091
N/K Miss Ruth Margaret Lowell, Relationship Sister  c/o Mrs. Ingraham, Royal Victoria Hospital, Montreal,  Address Saxsian-River, Verment, U.S.A. Quebec.
Remains buried in Bedburg, Germany Cdn. Temp. Cem R.22Cemetery Gr.5
Grave location OVER

ROYAL MESSAGE

Grave 10, row G, plot 8. HI & CR Form Despo NOV 28 1946

Nijmegen Canadian Military Cemetery, 4 miles S.E. of Nijmegen, Holland.

Photographs

Despatched

#### OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

NUMBER 149000

RANK Trivate

NAME. L.O. ELL. Steven Ellzah

SERVICE UNIT The Highland Light Infantry of Cansoa (CA)

DATE OF BIRTH

DAY 11th

MONTH DOCOMBOT

YEAR1912 Date Enliated: 0-7-40

MARITAL STATUS

Religion: United Church of Canada

M.F.M. 1, 2 & 5 RELATIONSHIP

NAME 188 RUCH MARKETOL LONGIL

ADDRESS D.A.B.

ADDITIONAL PERSON

TO BE NOTIFIED

**ADDRESS** 

PARENTS NAME

ADDRESS IF SOLDIER MARRIED OVERSEAS

AUTHORITY CAS. SIG. NO.

CASUALTY DETAILS

Canrecords - 7203A Killed in action

H. . 405-L-84,091

DATE ....

WESTERN SUROLEAN THEATEN OF WAR

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 SOME

OFFICER I/C RECORDS

COPY FOR DOCUMENT FILE

## OCCUPATIONAL HISTORY FORM

SHOWN A A A STATE OF THE STATE

THIS FORM IS TO BE COMPLETED FOR FACH MEMBER OF THE ARMED FORCES. THE INFORMATION SOUGHT IS FOR THE USE OF GENERAL ADVISORY COM-MITTEE 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

1.	Section A—GENERAL INFORMATION  (a) Print name in full	PLEASE LEAVE BLANK
	(a) Arm of service	
3.	(a) Date of birth	
4.	(a) Place of enlistment (b) Date of enlistment	
5.	Section B—EDUCATION AND TRAINING  (a) State age on  (b) Were you attending school	
6.	finally leaving school	
7	(for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.)	
	university and standing or degree secured	
0.	(a) Did you ever (b) If so, (d) If you did not enter upon a trade for what (c) Did you finish it, how long apprenticeship? did you serve at it?	
9.	(a) What languages do you speak fluently?	
	Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT	The Park
10.	(a) State whether you were WORKING or NOT WORK-  (b) At time of en-	
	ING at time of enlistment.  (Enter here only "Work- ing" or "Not Working"  Instruction of what  trade union or	
	as case may be; particu-	
	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)	
	Had you ever been employed fairly regularly since leaving school?	
	state exact trade or occupation had worked at this at which you actually worked trade or occupation	
	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	
	Give details of last employer, if any: Name	
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 continuing it continuing it	
	Section E—PARTICULARS CONCERNING THOSE WHO WERE EMPLOYED AT TIME	
	OF ENLISTMENT	
Q	DUESTIONS 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	align limb*
	Name of employer	
	contractor", or "boot factory", or "iron foundry", or "retail store", etc.)	
	specific occupation	
	definitely to give you refuse to promise you to return to your employment on discharge? former employment?	
	IF YOU WERE WORKING ON YOUR OWN UP TO THE TIME OF ENLISTMENT, THAT IS TO SAY, OPERATING A FARM, A STORE, AN AGENCY,	
22.	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  (a) State nature of business,  (b) Where was	
	or professional practice	
_	engaged in this businessreturn to the same or a similar business on discharge?	
24.	(a) Do you wish to engage (b) Do you feel competent (c) If so, in what in farming after the war?	
25.	in farming after the war?	
	born on a farm?farming experience have you had?did you have experience?	
26.	Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge?	
27.	If so, state nature of your plans (for example, do you plan to return to school, or have you been assured of a job, etc.)	
28.	State any employment preference or ambition you may have, other than indicated elsewhere in this form	
	may have, other than indicated eisewhere in this form.	

SIGNATURE

CANADIAN MILITARY HEADQUARTERS

# ESTATES BRANCH INVENTORY

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

CKED BYc.5591 Pte Patterson L.K.  AND .B.6410 Rfn Shaw R.V.		U APELL 49	
6th V/L Receipt To 0 I/C states Leather Wallet Snapshots Mech Pencil Shaeffers			

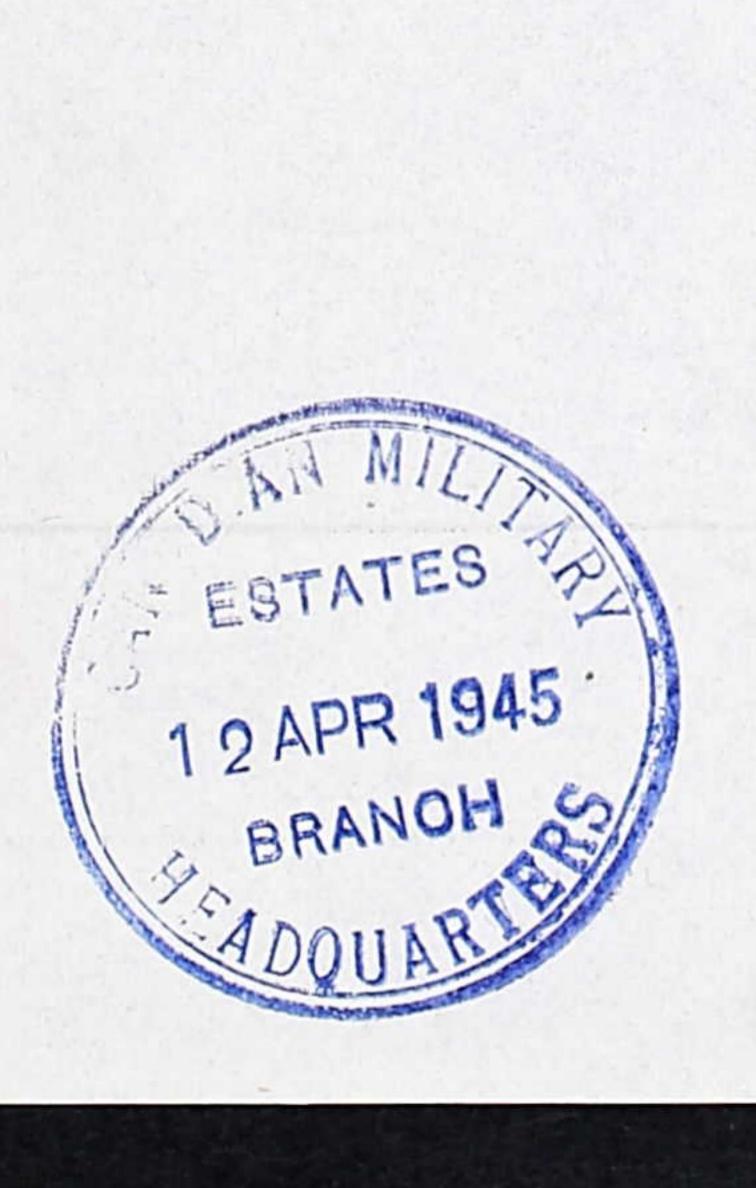
for OC 1 Cdn KSD

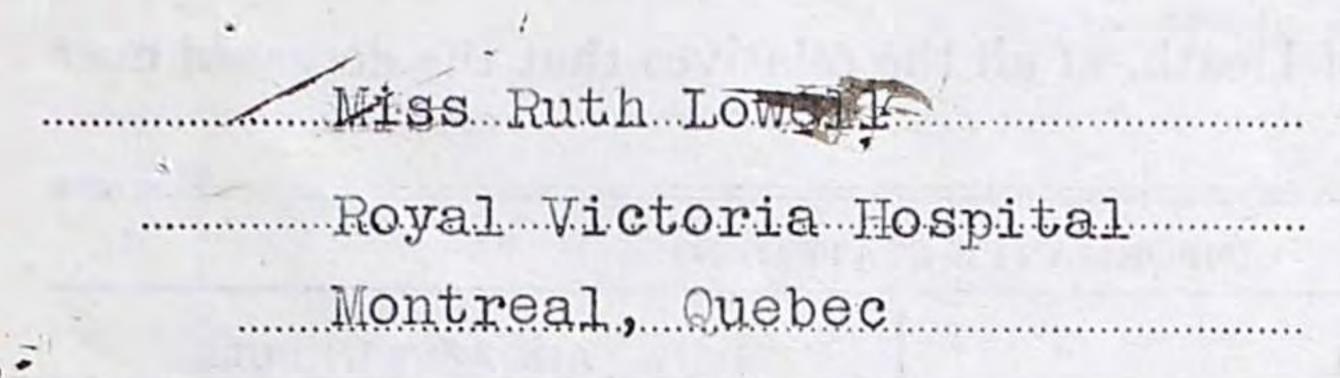
original inventory, if any.

DUPLICATE

TRIPLICATE )

QUADRUPLICATE—with effects.





Any further communication on this subject should be addressed to:—

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

and the following number quoted:-

H.Q.405-L-24091 FD.310

# DEPARTMENT OF NATIONAL DEFENCE ESTATES BRANCH OTTAWA, ONT.

......August...8.,...194..5.

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

No. B.149030, Canadian army

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

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

(N.S.W)

Low Tyling Coast.
Director of Estates.

M.F.W. 77 16M-10-44 (5854)

Frances I. S. Irombley 42 Bellino Fally VI.

Marion B. E. L. Me prone 30 30 Barker St.

#### ANSWER IN FULL ALL APPLICABLE QUESTIONS

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

ees			INFORMANT'S ST	FATEM	ENT
la- n- p	RELA	e accounted for	NAME IN FULL  of any Relative, if any, in each degree specified	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1		Deceased			
2	Children of the dates of their	Deceased and Births			
			( poth deceased)		But, Aute.
3	Father of the I	Deceased	Elijah Towell		Sept. 17-1934
4	Mother of the	Deceased	cra Belle Hyatt L.		Nov. 4-1939
.5	Brothers of the Deceased	Full Blood	Edwin Roland Lowell Charles Albert Touch		Westminster, Vt.  Saxtons River, V  (v. 5. A.)
		Half Blood			
6	Sisters of the Deceased	Full Blood	Frances I. S. I Trombley Marion B. E. L. Me Gran Annie Louise Lowell Ruth Margaret Towall	230	30 Barker St. Bellow Felles Vi
		rs or sisters (whether the half blood) of the are dead, and date of	Names and ages of their children (if any)		

# ANSWER FULLY EACH QUESTION ON THIS PAGE PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Steven Elijah Lowell
9	Date of his birth.	December 11-1912
10	Place and date of his marriage.	
11	Place and date of his parents' marriage.	Derby, VI. nov. 13 - 1901
	PARTICULARS OF D	OMICILE
12	Place where deceased was born.	Rock Island, Quebre
13	Place where deceased was born.  State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Beek, Ovelec. 2 I fleare.  (b) Hamilton, Ontario. 5 years  (c) (d)
14	Nature of employment before enlistment.	Machinest
15	State whether he owned the premises in which he lived, and, if so, where situated.	
16	Name place where deceased stated he intended to make his permanent home.	Kamilton, Ontaris
	PARTICULARS OF	ESTATE
17	Did he leave a Will? If in your custody, please forward.	yes in ollawa, Ont.
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses,—was there a marriage contract dealing with property?	
19	Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc., and the amount on deposit. Do you wish it administered with the pay account?	not sure.
20	Amount of War Savings Certificates held by deceased. Indicate where located.	?
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	was told by deceased, the he his insurance & Bonds the first locate them.
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	
	OTHER PARTICU	JLARS
24	Did the deceased after enlistment incur any debts for:—  (a) His own separate board and lodging while on service.  (b) Service clothing and equipment.  An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	
25	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	nog he was Buried overseas.
	(Note:—The government pays funeral expenses within the and burial is made Overseas as well as where death occurs and zone, and if a relative has already paid those expenses the Govern authorized in the Regulations. Any amount of such expenses is by the Government nor is it chargeable against the service estated	nment will reimburse such relative to the extent of the amount in excess of those authorized in the Regulations is not payable

(PLEASE TURN OVER)

#### DECLARATION

\*Insert degree of relationship for example, "Widow" "Father",

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

of the deceased.

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

Signature Informant

40 Royal Victoria Hospital, Montreal

above described. The above Declaration was made by the Informant and signed in my presence.

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public or Comthis tour leanth day of Colorer

missioned Officer of any of His Majesty's Forces.

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

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

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

Edwin Raland Lowell, Westminster Vt. age 41. Charles Alfert Lowell Soutons River of t Frances L. L. Trombley 30 Barker St. Melyonofellat.
Marin B. E. L. Mc Grane 30 Barker Stalls H.
owll, Royal Victoria Horisptal, Montreal, age 19.

Amus Some Sowell

The deceased was supposed to have a kitchen set and con. from page 3 - ns. 23 living room set, consist of a table, 4 chairs, china labinet, a White gas range. a studio couch & 2 chairs to match. I was told by deceased that the things were stored away in Hamilton, antario, But I have no papers to From Just where in Hamilton.

Nominal Roll No. 2/33 H.Q. File No. 405-1. Z. 4091

· To: P.M.G.

## CANADIAN ARMY (ACTIVE) Computation of Service

Regt. No.  Rank when S.O.S.  9030 PTE LOWE	urname		Christian	Name in Full	
9030 DTF 20WF	44			Christian Name in Full	
		STEUEN		1 ELIJA	
REASON FOR TERMINATION OF SERVICE:					
1st Enlistment	action	2/	CARO	()	
2nd Enlistment	/		CARO	()	
3rd Enlistment			CARO	()	
То	tal Service				
1st Enlistment 2:	ND ENLISTME	ENT	' 3RD	ENLISTMENT	
T.O.S. 6 July 43 / 7.O.S.			TOS		
S.O.S. 5 Men 45 MD of S.O.S.	••••••••••••	1\/TD	2.0.5	T//T)	
Total Days CO 9 Total Day					
Total Days	J	••••••	Total Days	•••••••••••••••••••••••••••••••••••••••	
Total Service				609 DAYS	
		Total Serv	Less ice Non-quali Service	fying Net Service	
Western Hemisphere		46	243	466	
Overseas Service		142	Y	142	
Totals		609		608	
Add Non-qualifying Service					
Total Service				609	
EMBARKATION DETAILS: 7.0. S. 15'0ct 4	14				
1. Date S.O.S. Overseas. 5 mouse. 4.5.	11	Date S.O.S.	Overseas	•••••••••••••••••••••••••••••••••••••••	
REMARKS:					
Computer's Signature					
Date Computed			5 m	ary gs	
	Servic		et, 1944, has b	nefits under the War een established, based	
		/ C. L. L.	Leone	oce of	
500M—11-44 (6012) H.Q. 1772-45-8			Colonel,	ECTOR OF RECORDS.	

#### Details of Non-Qualifying Service

#### Western Hemisphere—

Forfeits for	From	То	Effective Date	Days	Total
12246			12 may 44		· 10-/
	•••••••				
•••••••••••••••••••••••••••••••••••••••	••••••••				
				TotalT.O.S	
	15 act.		S	T.O.S	
S.O.S.	5 mar	%.SS.o.		T.O.S S.O.S	
S.O.S.	5 mar.	%	S	S.O.S	
S.O.S.	5 mar	\$4\$	S	S.O.S	
S.O.S.	5 mar	s.o.	S	T.O.S	
S.O.S	5 mar	%.s\s.o.;	S	T.O.S	
S.O.S	5 mar		S	T.O.S	
S.O.S	5 mar	\$\frac{1}{2} \square \	S	T.O.S	
S.O.S	5 mar		S	T.O.S	
S.O.S.	5 mar		S	T.O.S	
S.O.S	5 mar		S	T.O.S	
S.O.S.	5 mar		S	T.O.S	
S.O.S.	5 mar	\$.0.5	S	T.O.S	
S.O.S.	5 mar	\$\frac{1}{2} \sqrt{2}	S	T.O.S.  S.O.S.	
S.O.S.	5 mar	\$\frac{1}{3}	S	T.O.S	
S.O.S.	5 mar.	\$\frac{1}{2}	S	T.O.S.  S.O.S.	
S.O.S.	5 mar	\$.O.\$	S	T.O.S.  S.O.S.	
S.O.S.	5 mar	\$.O.\$	S	T.O.S.  S.O.S.	
	5 mar	\$.0.\$	S	T.O.S.  S.O.S.	

\*\*\*\*\*\*\*\*\*\*\*\*

# DEPARTMENT OF NATIONAL DEFENCE WSG908 - ARMY NAVY ===== ARMY ===== AIR FORCE NSG908 - ARMY STATEMENT OF WAR SERVICE GRATUITY ///54

DECEASED MEMBER'S NAME Steven Elijah Steven (CHRISTIAN NAMES)  LOWELL (SURNAME)  FILE NO.	D-18813 405-L-24091
PAYEE Director of Estates DATE	12-3-46
ADDRESS SERVICE NO.	B-149030
FINAL RANK OR RATING	Pte.
DATE OF TERMINATION OF OVERSEAS SERVICE 5-3-45  DATE OF DISCHARGE	5-3-45
A. TOTAL QUALIFYING SERVICE  NO. OF DAYS 608 EQUAL TO 20 COMPLETE PERIODS AT \$7.50	150.00
B. QUALIFYING OVERSEAS SERVICE  NO. OF DAYS 142 LESS 8 INELIGIBLE DAYS, EQUAL TO 134 DAYS @ 25c. PER DAY	33.50
C. SUPPLEMENT FOR OVERSEAS SERVICE	183.50
DAILY RATES AT DISCHARGE	
PAY \$ 1.50 SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE \$ 1.25	
ADDITIONAL PAY \$	
\$ \$	
DEPENDENTS' ALLOWANCE 1/30 OF \$ \$ TOTAL \$ 2.75 \ X7 = \$ 19.25 \ NO. OF DAYS 142 \ 183 \ X\$ 19.25	14.94
D. WAR SERVICE GRATUITY	198.44
E. DEDUCTIONS OVERPAYMENT OF PAY AND ALLOWANCES \$ DEPENDENTS' ALLOWANCE AND ASSIGNED PAY \$	
OTHER DEDUCTIONS \$	
F. TOTAL AMOUNT PAYABLE	198.44
C VOLLE POPTION OF CRATILITY IS	170.44
DEPENDENTS' ALLOWANCE IN ISSUE TO YOU \$OF \$ TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$	THE CO.
CERTIFICATE I CERTIFY THAT THE AMOUNT HAS BEEN CORRECTLY COMPUTED AND IS PAYABLE IN ACCO	1946

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 CHECKED BY DATE,

Detalog (5/3/4)

SERVICE REPRESENTATIVE

	(1) I, Steven Elijah LOWELL , of the City (Name in Full) (City, Town, Village, Township)
Address in civil life.	of Hamilton, in the County of Wentworth
civii iiie.	Ontario Machine Onerator
	Province of
	Regimental No B 149030 , Unit 2 DD AF CAC OTHERS to be referred to be my LAST WILL.
Relationship,	(2) I Give, Devise and Bequeath unto "MY SISTER, Miss Ruth Margaret
address of beneficiaries, and what each is to	LOWELL, of 3531 Shuter Street, Montreal, Quebec, Canada, all my ESTATE" \
receive.	
Relationship, names and address of residuary	(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
beneficiaries.	
	(4) I appoint Miss Ruth Margaret LOWELL, 3531 Shuter Street, Montreal Quebec, Canada.
	Dress maker , to be the Executor of this my Last Will.  (Civil Occupation)
	IN WITNESS WHEREOF I have hereunto set my hand thisday of
	19.4.3
	Signed and acknowledged by the Tes-
	tator, 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.  (Signature of soldier)
First witness sign here.	(5) Signature B. Tulk
	Civil Address
	Civil Occupation
Second witness sign here.	Signature Lefsmitt
Sign Here.	Civil Address 26 Toronto Crescent, Toronto, Onterio, Canada
	Civil Occupation
	(Witnesses are not to be beneficiaries.)

#### NOTE

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

- (1) Example: I, John Charles Jones, of the City of Marlowe, in the County of Carleton, Province of Ontario, Mechanic, Regimental No. 1234, Royal Blankshire Regiment.
- (2) If only one beneficiary for all your estate, complete as example: "my wife, Mary Jones of 26 Cherry Ave., Ottawa, Ont., all my estate," in which event, strike out clause (3) entirely.

If more than one beneficiary, set out in clause (2) what each is to receive, such as

- "my wife, Mary Jones, 26 Cherry Ave., Ottawa, Ont., \$......00, and my household goods and effects,"
- "my brother, Thomas Jones, 80 Yonge St., Toronto, Ont., \$................00,"

- and any personal gift, if desired. Then complete clause (3) as to the balance of your estate.

  3) If balance of estate is to one person, complete as example: "my wife, Mary Jones 26 Cherry Ave. Ottawa, O
- (3) If balance of estate is to one person, complete as example: "my wife, Mary Jones, 26 Cherry Ave., Ottawa, Ont." Another example: "my father, Jack Jones, and mother, Jessie Jones, 80 Yonge St., Toronto, Ont., equally," or as desired.
- (4) Fill in name of Executor or Executrix, example: "John Doe, 24 Smith Street, Blankville, Ontario, Salesman," or, if Executrix, "Jane Doe" and address. A beneficiary under the Will may be appointed Executor or Executrix. It is preferable that the person appointed as Executor should not be on, or likely to be on, Active Service.
- (5) The soldier will date the Will and sign same. Two witnesses must sign in the presence of the soldier, and each witness should fill in his or her full civil address and occupation. No one who is a beneficiary shall act as a witness. It is preferable, though not essential, that the witnesses be persons not on Active Service.

  When completed, leave Will with Commanding Officer for transmission to the Records Office for safe custody.

#### GENERAL

The laws of all but one of the Provinces of Canada provide that marriage subsequent to the date of the Will revokes that Will. Therefore, a soldier immediately upon his marriage must make a new Will in order that, in the event of his death, his estate may be distributed in accordance with his wishes as set out in such new Will.

D. R. 10

RECEIVED DOF RECORDS

JIIN 24 1946

TATTY T SE

N. D. H. Q.



ARMY

GI.

ame	T.OWILL	Christian Names		B.149030
	print	C.A. 0/S	53-	145
Rank		Unit	Da	te of Death
		AMOUNT	W. S. G. L.P.C\$	198.44 167.04
	Date	11_116	Other Credits	271.65
			Total	637.13 438.69 198.44
SHARE	RELATIONSHIP	NAME AND ADDRI	ESS	AMOUNT
A11	Sister	Ruth Lowell Royal Victoria Hos Montreal, P.C.	pital	198.44
		(Sole beneficiary under	r will)	
		DO NOT REMOVE FROM FI		
		APR 1 1 10 TREAS.		22 6 13

AUTHOR	RITY				
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	ов ј.	AMOUNT
9999	731	00	00	001	198.44
CLASSIFIE	) BY		EXAM	INED BY	

For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

W. S. G.

L. M. FIRTH) Colonel
Director of Estates

AUDITED FOR PAYMENT

FIELD SERVICE

In lieu of Army Form B.2090A

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

REGIM OI	OP COPDS	Squadron, Troop  Battery or Company
Office	er's Personal No (if known) B 149030 er's Army No	Rank Pte.
Surnan	meLOWELL	Christian Names S.E.
Died	Date 5 Mar 45	Place Germany
	Couse of Death BC Killed	
	Nature and Date of Report. 3011C/63	10 Mar 45
×	By whom made HII of C	
	Specially state of killed in action, or action, or from exposure while on military on military duty.	died from wounds received in ry duty, or from injury while
Burial	Per whom many	n R'22' G'5bate 6 Mar 45
		rmy Book 64 NO
		separate document NOT REC'D
at ono	All private documents and effects received as A.B. 64, should be examined, and if a cforwarded to the War Office.	any will is found it should be
Office	Any report as to verbal expressions by de wishes as to the disposal of his estate s at once, supported by a certified stateme ed the information.	should be forwarded to the War int of the person who actually
drawal	In the case of a soldier a duplicate of tymaster at the Base, together with the de of any will from the latter), for transmies the soldier's account.	ceased's A.B. 64 (after with ssion to the Paymaster who
Station	in charge of Sect	

P (NATIONALITY) is defined in terms of the country to which the person owes allegiance. The term "Canadian" should be used as descriptive of a who was born in Canada or who has rights of Citizenship in Canada, unless he or she has subsequently become the citizen of another country. whether English, Irish, Scottish, French, German, as they express CITIZENSHIP (NATIONALITY). IGIN is defined in terms of the people or race to which the person—traced through the father—belongs, an, Ukrainian, etc. The terms "Canadian" or "American" should not be used for RACIAL ORIGIN,

WRITE PLAINLY, WITH UNFADING INK.

MARGIN RESERVED FOR BINDING.

Division Registrar's Record No.....

THIS IS A PERMANENT RECORD.

# PROVINCE OF ONTARIO VITAL STATISTICS ACT REGISTRATION OF DEATH

Registration Number
For use of Registrar General only.

(Signature of Division Registrar)

1. PLACE OF DEATH City, Town or IN THE FIELD Village of	(CERMINA)	Street				0 1946	
Township of	h occurred in a ho	County					mber)
2. LENGTH OF STAY In Municipali	ty where death o	ccurred	In P	rovince	In Ca	nada (if imm	igrant)
in years, months and days)			TEN	MITZA	7.		
4. PERMANENT RESIDENCE OF DI	ECEASED: (Su	rname or last nam	e)		(Given or	Christian names	3)
City, Town or Hamilton. Village of	County or	Street	20 a	ugusta	St.,		
Township of	District of					Province or C	
(See marginal note) (See	CIAL ORIGIN marginal note)	Widowed or Di (Write the w	vorced ord)		Quebe		, our or y
Date of Birth		·····	Years		Days	If less than	one day
December 11th  (Month by name) (Day)	1912 (Year)	11. AGE	32			hrs. or.	min
12. (a) Trade, profession, or kind of work as spinner, grader, clerk, etc (b) Kind of industry or business,		achine			.04		
(b) Kind of industry or business, as paper mill, lumber, bank, etc		/Tf "T		specify kind of			
13. Date deceased last worked at this occupation		14. Tot		specify kind of	WOLK above		
of husband or maiden name of wife of	ame	61118	оссара	t t 1 O 1 1	••••••		<b>**</b>
Name of father.							
	Surname or last nam	e)		(Given or Ch	ristian name	es)	
Birthplace: (Surname or last	st name)		•••••	(Given or Ch	ristian nam	es)	
Father		Mother	ladas		Province of	Country)	
I certify the foregoing to be true and Given under my hand at			reage a	day of			.19
Signature of informant.	and the same	6.4.		Relationsh	ip to dec	eased	
Address Director o	of Record	s. Dept	. 01	Matio	nal I	)erence	•
Burial, Cremation or Removal			(Mon	th hy name)		(Day)	19 (Year)
Place of Burial German	icipality)	Ceme	tery				•••••
Burial Permit was issued by  Funeral Director:		Addr	ess				
Name		Addr	ess	••••••			
	TEDICAL CER	TIFICATE O	F DEA	TH	<del></del>	<del></del>	<del></del> -
DATE OF DEATH	Marc			h			.19
I HEREBY CERTIFY that I attend	(Month by name)					(Day)	(Year)
to							19
1		CAUSE O				DURAT	OTH RUSE VIEW PROPERTY.
Give disease, injury, or complication which caused death, NOT the mode of dying, such	(a) R111	ed in a	otic	)Il o		Yrs. Mos	s. Dys
as heart failure, asphyxia, asthenia, etc.  Morbid conditions, if any, giving rise to imme-	due to						
diate cause. (stated in order proceeding backwards from immediate cause).	due to		~				
	( (C)		~				
Other morbid conditions (if important) con- tributing to death but not causally related to immediate cause.	<i>{</i>		7	:^	••••••		
If a woman, was the death associated with pregnancy?	Duration	C wee	eks. W	as there a d	elivery?		
Was there a surgical operation?		4	<b>b</b>				/
State findings		450					
If death was due to external causes (v	iolence) fill in als	o the followin	g:—				
Accident, suicide or homicide?  Manner of injury	(State which)	)^)	te of in	Jury		•••••••	9
Nature of injury		(How susta	Name of the Party				
Specify whether injury occurred in INI							
Signed by		Designat	ion			.M.D., Coron	ner, etc
Address		Date					19

4056-24-091 ---Saptons River Ut. april 17, 1945. Dept. of nat. Defense Attawa, Canada, Dear Six: 200 We have found a notice inquiring about on mentioning the wife of Stevens E. Lowell who was in the Central Ontario Regiment I am writing you to inform you that heitethet Records was married and he has his wife in Saftons River for I live there myself Defence Haram sure Le never manied. He has two brothers and four sisters, no mother or father as they died several. years ago. Their names and addresses

Lowell, Steven Elipal B149030 CALCOSS

1. Mrs. Frances Trombley Bellows Falls, Ut. 2. Marion Belle Lowell. Bellows Falls, Vr. 3. Margaret Ruth Lowell & 4. Annie Louise Lawell Montreal, 2 where. 5. Edwin Roland Lawell Westminster Vermont 6. Charles Albert Lowell Sapton River Vernont. If there is any more information you would like to know about Stevens & will gladly let you know. Charles albert Lowell Saptons River, Vh.

M.F.M. 267 50M-9-44 (5634) H.Q. 1772-39-1989

# CANADIAN NATIONAL TELEGRAPHS

EMG

FILE H.Q.

405-L-24,091

CASUALTY (REPORT DELIVERY)

OTTAWA 16 MARCH 1945

TO:- MISS RUTH MARGARET LOWELL
SAXBION RIVER
VERMONT USA

65561 REGRET DEEFLY B149030 PRIVATE STEVEN ELIZAH
LOWELL HAS BEEN OFFICIALLY REPORTED KILLED IN ACTION FIFTH
MARCH 1945 STOP YOU SHOULD RECEIVE FURTHER DETAILS BY MAIL
DIRECT FROM THE UNIT IN THE THEATRE OF WAR STOP TO PREVENT
POSSIBLE AID TO OUR ENEMIES DO NOT DIVULGE DATE OF CASUALTY
OR NAME OF UNIT

PREPAID

DIRECTOR OF RECORDS

## MILITIA BOOK M. 1

PART I

100M—3-43 (9189-90) H.Q 1772-39-1672

#### CANADIAN ARMY

# SOLDIER'S SERVICE BOOK

(For use on Active Service)

Reg. No. 13 - 149030

Surname (Capitals) Low ELL

Christian Names in full leve & Lijah

(I) SOLDIER'S NA	ME AND DESCRIPTION ON ATTESTATION
Regtl. No. 3 - /	49030
	401V/ELL
Christian Names (in ful	1) Shower Elijah
	eg 11 1912
Place of Birth Co.	k I sland Dubee Com
Citizenship	Errerda
Trade on Enlistment	machine Operala
Nationality of Father a	t Birth Concadean
	at Birth Cange dian
	uted Church
Enlisted at 2	
Date of city	6 1901 3
Particulars of former	
service (if any) i.e. Regtl. No., Corps or	May
Regiment and per- iod.	
Signature of Soldier	S Lowell
Signature of Officer	20 Mathems 2kst
Place Land	5 EinDate July 10 1943

Near	est degree of lationship	Names	Date
	Wife		7
1st	Children		
	Father	Deceared	
2nd	Mother		
3rd	*Brothers and Sisters	Mes Frances Dens Mis Frances Dens Mis annie Law	chley
4th	Other Relations (stating relationship)		

<sup>\*</sup>State whether brothers are older or younger.

NOW LIVING				
such change and	reported by O.C.	Unit to	the Officer	i/c Records.
effect as a WILI				

Latest known Address in full
21 Weeks St. Common Julie
at the the part of the second
12, Shuter It montee at dulle
leting for theman 1116
lection River Various USa.
1 - 1 - 1
For the les of monteel delice
- Can
53, Sheeter If montreel Zuche
CO CARE SEE TO COERCIAL PROPERTY OF THE PROPERTY.
050

Office	131	(	VI) Certificate Applicable to all Arms, to be completed and signed by the C.O. Bn., etc., before a Soldier proceeds Overseas
Ire of	AB .	T	TRAINED (passed Basic Training, and Advanced Training as laid down for his arm of the Service) except that he requires further training in:—*
Signati	3 3 1		COMPLETED BASIC TRAINING IN #26 CARTE.
			ACCORDANCE WITH THE STANDARD SYLLABUS
rity of Orders	30/0	**	DATED CT 1 - 1943 FOR OFFICER COMMANDING
t II C			Panbleled Part-11 DAD ANV
Par			as per Standard Syllabas.
em-		375.75	Camp Borden. 31-8-44
ive, T Acting with it pay	29		Alales Leut
rary, ocal ( withou		6	Qualified in addition as under:—
Sul			Livih. Machine aperater.
oint-			Sompleted 4 Ass Remuster Tras
i App	3/3/4		attended 21D Lectures
ık anc	7 7		3 C/TR /6/12/44
Rar			)ate.
٠	23 g		Commanding
Dat			*If no further training required, strike out words in italics and initial
	220		

#### (VII) PARTICULARS OF TRAINING

Courses and Schools. Specialist Qualifications. Swimming, etc., showing result, Certificate number or authority. (Two lines may be used for each entry)	Date	Signature of Officer
Driver 1/2 wheel C/ ITT	16'161	5. Frickling Line
***************************************		***************************************
***************************************	*******************************	
***************************************		***************************************
***************************************		
***************************************		
***************************************		***************************************
***************************************		***************************************
***************************************		
***************************************		
***************************************		
2		***************************************

# III) SMALL ARMS RANGE COURSES

. 75		2	
Signature of Officer	Jan Carlo	Marin Series	
If Table not completed, state parts fired	James		
Type of Weapon	Shill Com	Grundle Desantis	
Classification	Ser	900 B	
Year L 2	22.8.44 22.8.64 23.8.64 23.8.44	25-8-46	

#### (IX) EDUCATIONAL QUALIFICATIONS

Certificate, Specialist Qualifications, etc., Certificate number or authority. (Two lines may be used for each entry)	Place	Date	Signature of Officer
Str 3	ont.	1925	CAMBURELLE , M.
***************************************			
			10
***************************************			
***************************************			
***************************************			
***************************************			***************************************
***************************************			

#### (X) TRADE QUALIFICATIONS

(For men who have passed Trade Tests)

Trade	Group	Grade	Part II Order	Date	Signature of Officer
*.					
·····					-4

#### (XI) EMPLOYMENT WHILST SERVING

Period	1	Nature of Employment	Remarks and Signature of O.C. Coy., etc.	
From	То		O.C. Coy., etc.	
Show 44		S. Kl. Lufanty	Liclain Copp.	
10/5				8
7				12
	* * *			
	9			
	***************************************			

To include (1) Regimental, (2) as Skilled Tradesmen, (3) as Specialist, e.g., Signaller or M. Gunner.

#### (XII) MEDICAL CLASSIFICATION

Date	Category or Grade	Medical Examiner of Recruits, or other Medical Authority	Date of last Examination  Signature of Medical Officer
6/7/43	17-1	11/5/11/2	Coffee Marie Cons
4-10-43	A-/ Y. O. B.	Confirmed.	5 James Gy
7-10	#3 12	111111	101/201 2/
147	ry Co	fred	astalt
••••••			
••••••			

# (XIV) PARTICULARS OF DENTAL TREATMENT

				+	
	Date	Re- quired	Com- plet- ed	Use authorized Abbreviations and Symbols	Signature of Dental Officer
	, ,	2		//	10 /2 lo.
	9/43			1 fell	Mac bett ap
50	T. 44		V		I flittore age
11	0/44			1///	Much lafor
1					
	*************				
-					
		/			
	•••••				

	Vision without Glasses	SPH	CVL	Standard	Glasses	Opinio, Centre.	Date of Exam.:
1 &						Frame No. (or measurements):	Date of Issue:
1 0							

Vision without Glasses

14

Vision with Glasses Axis Standard Notation R

Signature of M.O

#### (XV) PARTICULARS OF SURGICAL APPLIANCES ISSUED

Date

Signature of Medical Officer

Particulars

***************************************		
		•••••••••
(XVI) PROTÈCTIVE	INOCULATIO	NS
Nature of Vaccine, "T.A.B.T." Cholera, Plague, etc.	Date	Signature of Medical Officer
S.P. VACC.	8.7.43	Maney 4 less
Γ.A.B.T. 1 Γ.A.B.T. 2	14.8.43	met m
Carpen LABI	9-43	My EM
Englus Q	12-2-44	De Curan
TYPAUS (XVII) VAGO	INATION 4	Stegall of
Date Vaccinated	Signature of Medical Officer	
227/0-44 Syphus (5) 300	440	allon Croph

M. F.M. 182 CAMPBORDEN. 26-4-44

(XVIII) MISCELLANEOUS ENTRIES

(For entries for which space is not otherwise provided)

NOTE.—No entry on this page has any legal effect as a WILL

Particulars	Date	Signature of Officer	
Lyphus 3	28-2-44	Hollan Cuns	
A, P. +. (1)	22.5-44	1 Other	
MAP. +. (2)	15-6-44	220	
Ayphus (4)	15-6-44	200 000 to	
DM MUST	17-8-44	7 Haulot	
M-FM. 182	188-44	7. Woul St	
Mais Badge	12-144	Alle Leaut	
X Ray Chest. NEG 809 minht vision A.	2.6-7-43	Allofun Grade	
Employ vision A.	1-9-44	Jackyohine	
Former MBM. PATE	6 Now 46	Solar and	
Ses chamber less.	13/12/44	J. S. Shanking	
***************************************		***************************************	
***************************************			

valid by reason that at the date it was made he was

under the age of 21 years.

A Soldier who has made a Will before his enlistment, is recommended to inform his Commanding Officer where such Will has been deposited and the Commanding Officer shall upon receipt of such information forthwith complete the following certificate and despatch the same to the Officer i/c Records. No. Rank Name states that he has executed a Will and that the same has been deposited with Signature of Officer.

Before embarkation, each Soldier is recommended, particularly those who have real estate, to consider the necessity for executing a document appointing some person or Trust Company his Attorney to manage or otherwise deal with real estate during his absence from Canada; also to review his affairs in the light of any changes that may have occurred since the date of his last Will and, if desirable, make a formal Will and inform his Commanding Officer thereof as indicated at the top of this page, or make a Will on M.F.M. 10 or M.F.M. 10a (French) and hand it duly completed to his Commanding Officer for transmission to the Record Officer concerned for safe custody.

The Officer receiving such Will shall complete the

following certificate:-

Date

the Officer i/c Records at

Certificate M.F.M. Leedived and forwarded to Signature of Officer. Rank or Appointment.

Rank or Appointment.

Solely for use on Active Service. The Will, on page 24, must NOT be used until you have been placed underorders for Active Service.

#### SHORT FORM OF WILL

(Write Will on next page)

If a Soldier on active service, or under orders for active service, wishes to make a short Will, he may do so on next page. It must be entirely in his own handwriting and must be signed by him and dated. The full names and addresses of the persons whom he desires to benefit, and the sum of money or the articles of property which he desires to leave to them, must be clearly stated. The mere entry of the name of an intended legatee on the next page without any mention of what the legatee is to receive is of no legal value.

The following is a specimen of a Will leaving all to

one person:—

In the event of my death I give all my estate to my mother, Mrs. Mary Bull, 999 High Street, Toronto.

GEORGE BULL, (Signature)

Private No. 30000, Cameron Highlanders. Date 5th August, 1936.

The following is a specimen of a Will leaving legacies

to more than one person:—

In the event of my death, I give \$10.00 to my friend, Miss Rose Smith, of No. 1, High Street, London, and I give \$5.00 to my sister, Miss Maud Bull, 999 High Street, Toronto, and I give the remainder of my estate to my mother, Mrs. Mary Bull, 999 High Street, Toronto.

> GEORGE BULL, (Signature)

Private No. 30000, Cameron Highlanders. Date 5th August, 1936.