

B55076
CALDWELL
LEONARD

B-55076 CALDWELL Leonard
 Reg't. Number Last Name First Name
 08. Cdn. Nationality By Birth By Naturalization Country of Birth Canada
 31. Racial Origin British Fr. Cdn. 4.1. Language spoken in home: French English
 5. Age 26 6. Height 5ft 10 7. Weight 160 8. Silhouette 1 2 3 4
 5 Oct 1916. 9. Colour of Eyes Hazel 10. Acuity 1 2 3 4
 12. Hearing: Acuity 1 2 3 13. Speech Defects
 14. Handedness R L A 15. Med. Category A
 Cause: Normal. To Medical attention:
 Health History:
 16. Education Level: Illiterate Y S 10 (15) (Grade completed)
 17. University or 18. Professional Course Taken Years Completed Degree
 19. Post Graduate Course From-To Degree
 20. Specialized Training: 1. At From-To Completed (Course)
 21. 2. At From-To Completed (Course)
 22. 3. At From-To Completed (Course)
 Other trades papers, Diplomas, Certificates or Qualifications:
 23. Languages: Spoken fluently English Written well
 24. Main occupation: Description Miner Estimate of skill Weekly Wage 35-75-00
 Duration (from-to) 1936-1940 Employer's Name and Address Varidical, last one Aldermac Office, Rouyn, Que (6 mos)

CARDS PUNCHED

50 "M" Test	Score	SM	S. Tot.
1	19		
2	15		SM
3	10	44	
4	22		S. Tot.
5	24	46	SM
6	11		S. Tot.
7	22		SM
8	31	64	
Tot.	154	SM	Grade C

9. From MFM 196
 51. OTHER MENTAL
 Test: _____
 Score: _____ L. Grade: _____
 Date: _____
 52. MECHANICAL
 Test: _____
 Score: _____ Grade: _____
 Date: _____
 52. CLERICAL APT.
 Test: _____
 Score: _____ Grade: _____
 Date: _____
 53. TRADE TEST
 1. Score: _____ G. Date: _____
 2. Score: _____ G. Date: _____
 3. Score: _____ G. Date: _____
 4. Score: _____ G. Date: _____
 54. OTHER
 Test: _____
 Score: _____ Grade: _____
 Date: _____

Algonquin Regt (Fd) Unit
 1. Corps Algonquin Regt INF 501
 25. Second Most Important Occupation: Description: Farming
 Duration (from-to) Life time 1936-
 Employer's Name and Address Family Farm
 Estimate of skill: Weekly Wage
 26. Third Most Important Occupation:
 Duration (from-to):
 Employer's Name and Address:
 Trade Union or Professional Society:
 Vehicles: 27 Heavy Truck 28 Light Truck D 29 Auto D 30 Motorcycle
 31 Farm Tractor 32 Tracked Vehicle 33 Power Launch 34 Aeroplane
 35. Accident Proneness / serious accident
 Farming Experience: Wide brought up on farm, included District Central North Ontario, Type Mixed
 Job promised after discharge: Miner. By whom? Name Aldermane Dine, Address Rouyn, Que.
 Other provision for post-discharge occupation: Mining
 Occupational history: Ambitious Accidental Stable Erratic
 36. Marital Status: M S W D Sep. (Remarks)
 2. Marital Problems: Wife's attitude to Service: Wife's Health:
 Age of wife: _____ No. Children: 5 No. Brothers: 4 No. Sisters: 3
 37. Position in family: 5 38. No. Dependents: 0
 Relationship of Dependents: Normal
 Status of home in childhood: U.C.
 Religion: U.C.
 39. Hobbies: Photography M S Radio Engines
 6. Mechanics Other: Show dancing
 40. Sports: (1) Hunting (2) Fishing (3) J.F. (4) Softball
 3. (2) (3)
 41. Ability to Entertain: Music: String Percussion Piano Vocal
 Woodwind Percussion Piano Vocal
 Theatrical: Other

42 Previous Experience in Armed Forces

ARM or CORPS	Type (C.E.F., N.P., etc.)	Years	Highest Rank	Last Discharge (Yr.)	Special Training Received

43 CURRENT SERVICE: Date Enlisted 2 Aug 40 Place Enlisted Kirkland Lake Ont

Date From-to	Country	Corps	Unit and Sub-unit	Rank	Principal Duty	Performance
<u>2/8/40</u> <u>10/4/43</u>	<u>Can</u> <u>UK</u>	<u>Inf</u>	<u>Algonq.</u>	<u>44</u>	<u>Pte Rflm & R.A.C.G. No.</u>	<u>123</u> <u>300</u>

45 COURSES ATTENDED

PLACE	Date: From-to	Qualified as	Rating
<u>A</u>			

46 Crime: Courts Martial Convictions _____ Major Offences _____ Minor Offences Good Conduct Strip
 Civil Convictions _____ Fines _____ Hospitalization Nil

49 Psychiatric

C.M.H.Q. 1000:115
40/P&S/1246 (10/42)

47 Classification: Military Specialties and Trades

CONFIDENTIAL

Designation	Degree of Proficiency	Date	Authority
<u>Infantry man (Ck 2 Rifle & LMG)</u>	<u>123</u> <u>300</u>		

55 Type of Service Desired (1) No choice (2) _____

Remarks re Outstanding or Limiting Factors Good learning ability
 Disposition Fair
 Appearance (grooming) Indifferent - self reliant
 Physical appearance Good
 Map Reading _____
 Military Knowledge _____
 Mechanical Knowledge _____

Quiet type - has developed gradually into an efficient soldier and junior N.C.O.
Has strong loyalty and I think, would be very dependable in a pinch.
McKenidy Capt.

Attitude to Interview: Antagonistic _____ Over-anxious _____ Co-operative _____ Indifferent

Reason for Joining Cdn. Army (if ascertainable) Duty

48 Suggested Possibilities for Employment (1) Reflexion - as at present
 (2) _____

Tests Indicated: End Mental _____ Mech. Apt. _____ Clerical Apt. _____
 Other Apt. _____ Pers. _____ Trade Test as _____

Interviewed by J.A. Fitchie, Lt. Date 9 Aug 43
 Reviewed by _____ Date _____

FURTHER INFORMATION AND FOLLOW-UP

Q Card Complete. 9 Sep 43 Ruffman J. A. Folsie, Lt.

This form will accompany
the soldier's regimental
documents at all times.

(Army)

Arm or Corps

Personnel Selection Record

Rifleman

Work in Arm (if Non-Tradesman)

I. B-55076 Rfn. CALDWELL, Leonard A 26 A
 Regt. No. Rank Name (surname first) A or R Age Med. Cat.
English Debert, N.S. 12 Apr 43
 Main Language Other Language(s) Place (Unit) Interviewed Date Interviewed

II. Revised Examination "M" B-78273 Debert, N.S. 12 Apr 43 Lt. R.W. Umphrey
 Place Tested Date Tested By Whom

<u>154</u>	<u>111</u>	Subtests	<u>19</u>	<u>15</u>	<u>10</u>	<u>22</u>	<u>24</u>	<u>11</u>	<u>22</u>	<u>31</u>	Subtotals	<u>44</u>	<u>46</u>	<u>64</u>	<u>English</u>
Total	Group		1	2	3	4	5	6	7	8		1-3	4-5	6-8	English or French

 Other Tests

III. Educational Background Completed grade X in urban Ontario at the age of four-
 teen years after seven years of school attendance. Left school to
 go to work. Favorite subjects were History and Geography.

IV. Occupational Background Four years -- miner (compresses air driller)
 Can drive a car or truck and do minor repairs.

V. Military Background Enlisted 2 Aug 40; about seven entries on the conduct
 sheet; basic and advanced training completed with the Lincoln & Welland
Regt's. *Algonquin*

VI. Other Personal History and Appraisal

Softball is only sport activity; likes to play poker and
 to attend shows in spare time. Adventure stories are main reading
 interest.

Single; two brothers and two sisters; father is a
 farmer; in good health; Ht. 5' 10 " Wy. 165 lbs.

Fair in appearance and physically well-developed, this
 man is above the average in learning ability and education. Appears
 to be of average stability. Should be kept in mind for trade training
 as a machinist.

VII. Recommendations

Rifleman at present, but should be kept in mind for
 trade training as a machinist.

(Signed) *R.W. Umphrey*
 (R.W. Umphrey), Lieut. Army Examiner

(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
28.8.42	W.O. 120	Alq. R	Admitted, Baturood Hill Hosp	Baturood, Med	25.8.42	PLG	
4.9.42	" 113	"	Discharged	"	1.9.42	"	
28.9.42	" 133	"	Admitted	"	24.9.42	"	
Cont. T.W.A.	A. 112762	"	Furlough 7-1-43 to 20-1-43				
		"	Admitted Robert Mil. Hosp: Robert				FD. 2 6-1-43
		"	S.O.S., C.A., Canada 109 Jan 43				" 24 16-2-43
		"	T.O.S., C.A. Overseas 11 Jan 43				
		"	Disembarked U.K. 19 Jan 43				
		"	T.O.S. On arrival from Canada				
		"	Qualified for 81.50 per diem				
		"	Admitted No. 1 Gen Hosp.	U.K.	12 Jan 43	P.O.	D.O.H. d/12 Jan 43
14 July 43	S.O. 7	Alq. R.	Discharged from No. 1 Gen Hosp.	U.K.	2 Feb 43	"	" 2 d/5-7-43
5 Aug 43	S.O. 13	Alq. R.	Granted P.M. with Money Allow. in lieu of Rations from 27 July 43 to 5 Aug 43	U.K.	10 July 43	Pte.	
11 Sep 43	CR	Alq. R.	Admitted U.K. Gen	U.K.	11 Sep 43	Pte.	
23 Dec 43	CR	Alq. R.	Do in 2/Cpl	U.K.	11 Dec 43	21/4 Cpl	6.27 Rep. 43
11 Jan 44	CR	Alq. R.	Att to H.Q. 2. Gen. Div. for while attending 3rd Mortar School	France	26 Dec 43	4/Cpl	20.29 Dec 43
27 Jan 44	CR	"	Awarded Canadian Volunteer Service Medal and Clasp	France	9 Jan 44	4/Cpl	3-20 Jan 44
	CR	"	Emb U.K. 20 JUL	"	15 Jan 44	"	7-5 Feb 44
		"	Disemb France 16 JUL 44	"	1 May 44	P/Cpl	22-11 May 44
24 Aug 44	CR	"	Do in Cpl	France	1 Aug 44	Cpl	41/44
		ALQ. R.	SOS deceased Killed in Action	Field	14 SEP 44	Cpl	47/44

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..... THE ALGONQUIN REGIMENT A. S. Regimental Number..... B55076

<p>1. Surname..... <u>Caldwell</u></p> <p>2. Christian Names..... <u>Leonard</u></p> <p>3. *Substantive Rank and Appointment..... <u>Cpl</u></p> <p style="margin-left: 20px;">*Acting Temporary or Local Rank giving date.....</p> <p style="font-size: small;">*To be entered in pencil to facilitate alteration.</p> <p>4. Place of birth..... <u>Sundridge, Ontario</u></p> <p>5. Date of birth as declared on attestation..... <u>5-10-16</u></p> <p style="margin-left: 20px;">(A).....</p> <p>6. Date of enlistment..... <u>2-8-40</u></p> <p>7. Place of enlistment..... <u>Kirkland Lake, Ont.</u></p> <p>8. Residence at time of enlistment..... <u>Arnfield, Quebec</u></p> <p>9. (B) Special conditions (if any) of enlistment or rate of pay.....</p> <p>10. (C) Any subsequent variations of conditions of service.....</p> <p>11. Religion..... <u>United Church</u></p> <p>12. If married, state date.....</p> <p>13. Trade on enlistment..... <u>Miner</u></p> <p>14. Corps, trade and grade.....</p> <p>15. (D) Qualifications.....</p> <p>16. (E) Miscellaneous entries.....</p>	<p>(17) Regiment or Corps <u>THE ALGONQUIN REGIMENT</u></p> <p>Unit (Battn., etc) <u>THE ALGONQUIN REGIMENT</u></p> <p>(18) Medical</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Category</th> <th style="width: 20%;">Date</th> <th style="width: 50%;">Authority</th> </tr> </thead> <tbody> <tr> <td>"A"</td> <td>31-7-40</td> <td>Attestation Board</td> </tr> <tr> <td>"D"</td> <td>12-8-41</td> <td>Medical Board</td> </tr> <tr> <td>"A"</td> <td>9-9-41</td> <td>-do-</td> </tr> <tr> <td>H.I.</td> <td>1-6-43</td> <td>on F.M. 2.</td> </tr> </tbody> </table> <p>(19) Next of kin (entries to be made in pencil)</p> <p><u>Mrs. Leonard Caldwell</u></p> <p><u>Sundridge, Ontario</u></p> <p><u>Canada</u></p> <p>(20) E.....</p> <p>(21) E..... <u>203</u></p> <p>(22) E.....</p>	Category	Date	Authority	"A"	31-7-40	Attestation Board	"D"	12-8-41	Medical Board	"A"	9-9-41	-do-	H.I.	1-6-43	on F.M. 2.
Category	Date	Authority														
"A"	31-7-40	Attestation Board														
"D"	12-8-41	Medical Board														
"A"	9-9-41	-do-														
H.I.	1-6-43	on F.M. 2.														

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.

11

Statement of the Service of No. B55076 Rank Plt
 Name Richard Leonard

M.F.M. 1 & 2 (a)
 789.11-5-39 (1937)
 H.Q. 1772-45-18

REPORT		Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority	
Date	From whom received						Part II D.O. No. Cas. List, etc.	Dated
		Richard Leonard, Montreal Milit. Hosp	Plt	1-9-42	THE ALGONQUIN REGT. C.P. (A)	Windsor, Ont.	120123	4-9-42
		Admitted " " " "	"	24-9-42	"	"	" 133	28-9-42
		Discharged " " " "	"	30-10-42	"	"	" 147	31-10-42
		Reassignment 7-1-43 to 20-1-43, unit						
		National Allowance					" 2	6-1-43
		Admitted Robert Mil. Hosp	"	2-2-43	"	St. John, N.S.	" 24	16-2-43
		Special Leave, 12-3-43 to 21-3-43, incl. National Allowance					" 40	19-3-43
		Discharged Robert Mil. Hosp	Plt	8-3-43	"	"	" 36	12-3-43
		Having qualified in accordance with with C. A. P. O. 2757 & 2758 and P. P. O. P. Art. 144 (amended) is granted daily rate of regimental pay of \$ 1.50. D.O. 4 d/12-1-43						
		T.O.S., C.A., Newfoundland		12-1-43	"	"		
		S.O.S., C.A., Newfoundland						
		S.O.S., C.A., Canada		10-6-43				
		T.O.S. C.A. Overseas		11-6-43				
		Disembarked U.I.		19 Jun 43				
		T.O.S. On arrival from Canada		5 D.O. 94 d/21 Jun 43				94. 21 Jun 43

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-55076 Rank Pvt Surname Baldwell Christian Name Lensed

UNIT	HOSPT.	ADMITTED			DISCHARGED			Hospt. Days	DISEASE or INJURY	REMARKS	CAS. LIST No.
		Day	Mo.	Year	Day	Mo.	Year				
<u>Algonquin Regt.</u>	<u>1 gen.</u>	<u>2</u>	<u>7</u>	<u>43</u>	<u>10</u>	<u>7</u>	<u>43</u>	<u>8</u>	<u>W.S. Penile sw.</u> <u>I.D.S.</u>		<u>C-1086</u> <u>C-1087</u>
									<u>Killed 14-9-44</u>		<u>A-495</u>

Regtl. No. **B55076**

Rank **Pvt.**

Surname **CALDWELL**

Christian Name **Leonard**

STATION	Date of Arrival at the Station	DATES OF						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
		Admission into Hospital			Discharge from Hospital						
		Day	Month	Year	Day	Month	Year				
<i>Fort Belvoir, Mo. H.</i>	<i>26-8-41</i>	<i>26</i>	<i>8</i>	<i>41</i>	<i>3</i>	<i>9</i>	<i>41</i>	<i>Tonsillitis</i>	<i>9</i>	<i>Recovering</i>	<i>[Signature]</i>
<i>Antisubmarine Military</i>	<i>7/5/42</i>	<i>7</i>	<i>5</i>	<i>42</i>	<i>28</i>	<i>5</i>	<i>42</i>	<i>Mumps</i>	<i>31</i>	<i>Recovering</i>	<i>[Signature]</i>
<i>R. O. F. Camp</i>	<i>25/8/42</i>	<i>25</i>	<i>8</i>	<i>42</i>	<i>1</i>	<i>9</i>	<i>42</i>	<i>Contusion of chest</i>	<i>8</i>	<i>Recovering</i>	<i>[Signature]</i>
<i>Antisubmarine Military</i>	<i>24/9/42</i>	<i>24</i>	<i>9</i>	<i>42</i>	<i>30</i>	<i>10</i>	<i>42</i>	<i>Fracture of left metatarsal</i>	<i>37</i>	<i>Recovering</i>	<i>[Signature]</i>
<i>Dublin Military</i>	<i>2/2/43</i>	<i>2</i>	<i>2</i>	<i>43</i>	<i>9</i>	<i>3</i>	<i>43</i>	<i>Y.O.C.</i>	<i>34</i>	<i>D.F.V. apparently cured of Y.O.C. & Salivari</i>	<i>[Signature]</i>

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

CERTIFICATE OF MEDICAL EXAMINATION

Name in full CALDWELL, Leonard Date July 31st, 1940

Part 1. Information obtained from the recruit.

- | | | | |
|-----------------------------------|---|--|---------------|
| 1. Age <u>23</u> | 2. Have you ever suffered from any of the following diseases?
<u>Yes Na</u> | | |
| a. Rheumatism..... | <u>No</u> | k. Ear disease..... | <u>No</u> |
| b. Tuberculosis..... | <u>No</u> | l. Eye disease..... | <u>No</u> |
| c. Bronchitis or asthma..... | <u>No</u> | m. Epilepsy..... | <u>No</u> |
| d. Heart disease..... | <u>No</u> | n. Nervous or mental disease..... | <u>No</u> |
| e. Kidney or bladder disease..... | <u>No</u> | o. Syphilis..... | <u>No</u> |
| f. Gastro-intestinal..... | <u>No</u> | p. Gonorrhoea..... | <u>No</u> |
| g. Rupture..... | <u>No</u> | q. Have you ever worn glasses?..... | <u>Yes No</u> |
| h. Varicose veins..... | <u>No</u> | r. Are you now or have you in the past received disability pension or compensation? If so, give details..... | <u>Yes</u> |
| i. Flat or deformed feet..... | <u>No</u> | | |
| j. Nasal trouble..... | <u>No</u> | | |

Leonard Caldwell
Signature of Applicant

Scar right side of neck.

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

1. Identification marks or scars. (If operative obtain history.)
Fracture of left tarsus.
Partial flexion little finger left hand no disability.
2. Height 5 feet 10 inches. 3. Weight 161 pounds.
4. Complexion Fair Eyes Blue 5. Development Good Good
Fair
Poor
- Hair Red
6. Chest measurement—Girth on full expansion 39 inches.
Range of expansion 5 inches.
7. Vision, right 20/20 left 20/20 8. Hearing, right 10/10 left 10/10
9. Condition of mouth and teeth Fair
10. The abnormalities (congenital and pathological) found on examination are as follows:
Ears - Negative X-Ray - negative
Reflexes - Negative
Urine - Negative

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.....

R. M. ... President *F. B. ...* Member *C. Gordon Smith* Member
VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature
24-9-40	<i>[Signature]</i>	13/8/41	Medical Board Cat "D" <i>[Signature]</i>
7/11/40	<i>[Signature]</i>	9/9/41	" " " " Cat "A" <i>[Signature]</i>
16/10/40	<i>[Signature]</i>	JAN 22 1942	CATEGORY UNCHANGED
24-9-40	<i>[Signature]</i>		<i>[Signature]</i> Capt. R.C.A.M.C.
20/11/40	<i>[Signature]</i>	9 Nov 43	Cat A confirmed A. Gordon Maj. <i>[Signature]</i>
16/10/40	<i>[Signature]</i>	Re-examined 1-1-43	Category G Confirmed <i>[Signature]</i>
28-1-42	<i>[Signature]</i>		R.C.A.M.C.
FEB 20 1943	T. A. B. T. 1/2 c. C. <i>[Signature]</i>		

Record of Service of

CALDWELL
(Surname)

Leard
(Christian Name)

Regimental Number **B55076**

EDUCATIONAL QUALIFICATIONS

Statement of the Service of No. **B. 55076**

Rank

Sheet No.

Name **Caldwell**

M.F.M. 1 & 2 (a)
709 M-8-30 (1607)
H.Q. 1772-65-18

(C.26)

Date	From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority	
							Part II D.O. No. Cms. List, etc.	Dated
		attached to 3rd Motor Bde Att. Capt. H.O. 22nd Div. to 9th Canadian Air Bde	Lt Col	26 Dec 43	Alg. Regt	UK	3	20 Jan 44
		AWARDED THE CANADIAN VOLUNTEER SERVICE MEDAL AND CLASP						
		CS2. Capt or Lt Col	Lt Col	17 May 44	Belg. Regt	UK	22	11 May 44
		Disembarked at... France... on... 22 July 44						
		Sos deceased (Killed in Action)	Sgt	14 Sep 44	Alg. Regt	UK	30	31 Aug 44
		- Killed -	Cpl	14 Sep 44	Alg. Regt	NEF	B 475	1 Oct 44

Name in full

Part 1. Inf

1. Age 23

a. Rheumatism

b. Tuberculosis

c. Bronchitis or as

d. Heart disease

e. Kidney or blad

f. Gastro-intestine

g. Rupture

h. Varicose veins

i. Flat or deforme

j. Nasal trouble

Part 2. Inf

1. Identification n

2. Height 5

4. Complexion

6. Chest measure

7. Vision, right 2

9. Condition of m

10. The abnormal

Reflexes

Urine

Part 3. We, reported in the ren and Instructions for Special remarks w

Date

21-9-40

7-11-40

16-12-40

24-9-40

20/1/40

16/10/50

28-1-42

18-8

FEB 20 1943 T.A.

Admitted Barwood Mill Hosp	"	7.5.42	"	Barwood Mill	76	11.5.42
Discharged	"	28.8.42	"	"	86	1.6.43
Awarded the good conduct badge	"	28.7.42	"	"	105	22.7.42
Acknowledged 1st Officer Army Reserve	"	18.8.42	"	"	118	28.8.42
Admitted Barwood Mill Hosp	"	25.8.42	"	"	120	28.8.42

Statement of the Service of No. 255076 Rank Private
Childwell Leonard

Sheet No. 7
M.F.M. 1 & 2 (a)
TW 31-4-39 (1937)
H.Q. 1172-45-18

REPORT		Record of Promotions, Reductions, etc. (Continuation of 2nd Form, F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Place	Authority	
Date	From whom received					Part II D.O. No. Cas. List, etc.	Dated
		Discharged Barwood Mill Hosp	Pte	19.4.42	THE ALGONQUIN REG. OF (A)	10123	4.9.42
		"	"	24.7.42	"	133	28.9.42
		Discharged	"	30.10.42	"	147	31.10.42
		Discharged	"	"	"	"	"
		Admitted Debat Mill Hosp	"	2.2.43	Debat, 75	24	16.2.43
		Special Leave, 12.3.43 to 21.3.43, with 6	"	"	"	40	19.3.43
		Discharged Debat Mill Hosp	Pte	2.3.43	"	36	18.3.43
		Having qualified in accordance with C. 25 and F.R. & I. Art. 144 (amended) is granted only rate of regimental pay of \$ 1.50. D.O. 4 d/12.1.43	"	12.1.43	"	"	"
		T.O.S., C.A., Newfoundland 7.2.43	"	"	"	"	"
		S.O.S., C.A., Newfoundland 8.2.43	"	"	"	"	"
		S.O.S., C.A., Canada 10 Jun 43	"	"	"	"	"
		T.O.S., C.A. Overseas 11 Jun 43	"	"	"	"	"
		Disembarked U.K. 19 Jun 43	"	"	"	"	"
		T.O.S. On arrival from Canada	"	"	"	"	"
		Adm to 1 Gen Hosp	Pte	2 July 43	Alg R	UK 5	5 July 43
		Disch from 1 Gen Hosp	Pte	10 July 43	Alg R	UK 7	14 July 43
		Appointed A/L/Cpl	A/L/Cpl	11 Sept 43	Alg R	UK 6	22 Sept 43
		To be L/Cpl	L/Cpl	11 Dec 43	Alg R	UK 20	29 Dec 43

26

Amc. 1st
1st Lt

Record of Service of CALDWELL Leopard Regimental Number B55076
(Surname) (Christian Name)

QUALIFICATIONS

Military Nil
 Business or Professional Minor
 Trade or Civil Minor
 Technical Nil
 Languages English Only

EDUCATIONAL QUALIFICATIONS

High School } 2 years } Graduation } Nil
 or } (years completed) } or } (specify)
 Collegiate }
 *College Nil
 *University Nil

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

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

Report		Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., from date taken on Strength of Field Force	Rank Shown	Effective Date	Unit	Place	Authority	
Date	From whom received						Part II D.O. No. Cas. List, etc.	Dated
<u>5300-</u>		Joined on appointment Taken on Strength	Pte.	2-3-40	Alg. R.	Kirkland Lake	11	8-3-40
<u>-</u>		<i>a.w.l. Forfeits 1 Days pay</i>	"	"	"	<i>Fort Athab</i>	<i>108</i>	<i>10-12-40</i>
<u>-</u>		<i>Furlough 22/2/41 to 7/3/41</i>	"	"	"	"	<i>43</i>	<i>27-2-41</i>
<u>-</u>		<i>a.w.l. Forfeits 1 Days pay</i>	"	"	"	"	<i>80</i>	<i>22-4-41</i>
<u>2</u>		<i>Admitted Fort Osborne military Hosp</i>	"	<i>26-9-41</i>	"	<i>Shels Camp</i>	<i>171</i>	<i>12-9-41</i>
		<i>Discharged</i>	"	<i>2-9-41</i>	"	"	<i>171</i>	<i>12-9-41</i>
		<i>a.w.l. Forfeits 2 days pay</i>	"	"	"	<i>Wanburg</i>	<i>279</i>	<i>1-12-41</i>
		<i>Admitted Bowman's Hill Hosp</i>	"	<i>7-5-42</i>	"	<i>Bowman Hill</i>	<i>76</i>	<i>11-5-42</i>
		<i>Discharged</i>	"	<i>28-5-42</i>	"	"	<i>86</i>	<i>1-6-42</i>
		<i>Awarded 1st grad conduct badge</i>	"	<i>22-7-42</i>	"	"	<i>105</i>	<i>22-7-42</i>
		<i>Admitted post office Army Tennessee</i>	"	<i>18-8-42</i>	"	"	<i>118</i>	<i>28-8-42</i>
		<i>Admitted Bowman's Hill Hosp</i>	"	<i>28-8-42</i>	"	"	<i>120</i>	<i>28-8-42</i>

Statement of Service of No. B55076 Rank Private

Name Calldwell Leonard

Sheet No. 2
 M.F.M. 1 & 2 (a)
 780 31-4-39 (157)
 H.Q. 1172-45-15

REPORT		Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Part I of M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Place	Authority	
Date	From whom received					Part II D.O. No. Cas. List, etc.	Dated
		<i>Discharged Bowman's Hill Hosp</i>	<i>Pte</i>	<i>19-1-43</i>	<i>THE ALGONQUIN REG. CO. (A)</i>	<i>10123</i>	<i>4-9-42</i>
		<i>Admitted</i>	"	<i>21-7-42</i>	"	<i>133</i>	<i>28-9-42</i>
		<i>Discharged</i>	"	<i>30-10-42</i>	"	<i>147</i>	<i>31-10-42</i>
<i>Cor. T.W.</i>	<i>A-115262</i>	<i>Furlough 7-1-43 to 20-1-43</i>				<i>2</i>	<i>6-1-43</i>

ORIGINAL
DUPLICATE
TRIPLICATE

Occupational History Form completed

FINGERPRINTED
PHOTO
M.F.M. 2
A.F.B. 271
450M-5-40 (5287)
H.Q. 1772-20-1645

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

Unit The Algonquin Regiment R.C.A.F. Regimental Number B55076

CANADIAN ACTIVE SERVICE FORCE ATTESTATION PAPER

*01
PTE*

1. Surname..... CALDWELL
2. Christian Names..... Leonard
3. Present address..... Arnfield, Quebec, Canada.
4. Date of birth..... 5th October, 1916
5. Place of birth..... Canada..... Ontario..... Sundridge
(Country) (County or Province) (Town or Township)
6. Religion (state denomination)..... United Church
7. Trade or Calling..... Miner
8. Married, Widower or Single..... Single
9. Name of next of kin..... Mrs. Lena Caldwell
10. Relationship..... Mother *NIK Attested by 20th 22 Jan 44*
11. Address of next of kin..... Sundridge, Ontario, Canada
12. Do you belong to, or have you served in the Active Militia of Canada?..... No
13. Have you served in (a) The Canadian Active Service Force?..... No
(If Yes, Give Unit and Dates of Service)
(Yes or No)
- (b) Any other Naval, Military, or Air Force?..... No
(If Yes, Give Regimental No. and Unit)
(Yes or No) (If Yes, specify Unit and Period of Service)
14. 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, Leonard Caldwell.....do solemnly declare that the above particulars are true, and I hereby engage to serve in the Canadian Active Service Force 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 AUG 2 1940..... Leonard Caldwell
(Signature of recruit)

OATH TO BE TAKEN BY MAN ON ATTESTATION

I, Leonard Caldwell.....do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.
Leonard Caldwell (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 KIRKLAND LAKE, ONT. this 2nd day of August 1940

Thompson Capt..... Signature of Magistrate, Justice or Attesting Officer.
Algonquin Regt..... Office or Rank and Unit or appointment.

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



BURIAL REPORT TO N.K. **DEC 15 1945**

RETURN TO BUR. OF STAT. **JUN 12 1945**

ROYAL MESSAGE DESP'D. **OCT 31 1944**

CAN. MESSAGE DESP'D. **OCT 16 1944**

Temp B R sent to N K

REBURIAL

Adegem Canadian Military Cemetery
Adegem, Belgium.

Grave 5, row A, plot 2.

HI & CR Form Despd. OCT 18 1946

Photographs

Despatched

OCT 25 1947

No B. 55076 Rank Corporal Name CALDWELL, Leonard

Unit Algonquin Regt. Date of death 14th Sept., 1944.

Died at France. Belgium

Cause Killed in action.

Death occurred on strength of Forces.H.Q. 405-C-5861

N/K Mrs. Lena Caldwell, Relationship Mother

Address ^{RR #2} Sundridge, Ontario.

Remains buried in Fd. E of rd nr Rd junction Belgium. Cemetery
Map Ref. 936038, France & Belgium 1/50,000
Zebrugge Brugge, sheet 21 & 31.

Grave location _____

CHK ✓

OVER-

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

(1) MEDALS
PERSON

ENTITLED TO Mrs. Lena CALDWELL (MOTHER)

ADDRESS: Sundridge,
Ont.,

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER Mrs. Lena Caldwell (ENGLISH)

1760

ADDRESS: Sundridge, Ont.,

MEMORIAL BAR

(1)

DATE DESP.....

REGN. NO. 6284

(2)

(3)

DESP. JAN 6 1945
REGN No. 10547

14-9-44

AWARDS—CANADIAN ARMY (ACTIVE)

1760

M

500M-1-44 (3487)
H.Q. 1772-45-8

FEB.

CALDWELL, Leonard		B.55076	Cpl.	FILE No. 405-C-5861 Alg. Regt.
SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT

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	9584 20-10-49

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

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

WILL

M.F.M. 10
100M-8-40 (6538)
H.Q. 1772-39-1656

(1) I, Leonard Caldwell. of the village
(Name in Full) (City, Town, Village, Township)

Address in
civil life.

of Sundridge, in the County of Parry Sound.
District of Ontario.
(Civil Occupation)

Regimental No. B55076, Unit Algouquin Reg't., 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 Mother: Mrs Lena Caldwell, Sundridge, Ontario Canada,
All monies, personal belongings and property.

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 Mr Mervin Caldwell. 25 Queen's Drive, Weston, Ontario.
(Name) (Address)

Machinist. to be the ~~Executor~~ Executor of this my Last Will.
(Civil Occupation)

IN WITNESS WHEREOF I have hereunto set my hand this 22 day of Sept
1942.

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.

Leonard Caldwell
(Signature of soldier)

First witness
sign here.

(5) Signature Percy J King
Civil Address 382 Main St W North Bay, Ont.
Civil Occupation clerk.

Second witness
sign here.

Signature Guy Cargill
Civil Address Parry Sound Ont.
Civil Occupation Sapporter

(Witnesses are not to be beneficiaries.)

[OVER]

CASUALTIES, ETC.

PART II D. O.		
NO.	DATE	
105	22-7-42	Awarded one Good Conduct Badge Eff-22-7-42.
116	17-8-42	AWL from 0630Hrs 17-8-42.
117	19-8-42	Ceases to be AWL 1700Hrs 17-8-42.
118	22-8-42	Admonished 1st offence Drunkenness eff-2330 Hrs 15-8-42(AA Sec 19). Date of award 18-8-42.
120	28-8-42	Admitted Botwood Military Hosp. Eff-25-8-42.
123	4-9-42	Discharged Botwood Military Hosp. Eff-1-9-42.
133	28-9-42	Admitted Botwood Military Hosp. Eff-24-9-42.
147	31-10-42	Discharged Botwood Military Hosp. Eff-30-10-42.
2	6-1-43	Granted Furlough from 7-1-43 to 20-1-43 to draw subs. allce. 50¢ per diem in lieu of Rations.
2	6-1-43	Issued T.W. No. A115262 & Nfld. T.W. Nil.
24	16-2-43	Returned from Furlough effective 3-Feb-43.
24	16-2-43	Admitted Debert Military Hosp. Eff-2-Feb-43.
40	19-3-43	Emb. Leave 13-Mar-43 to 20-Mar-43 R.A. 50¢ p.d. T.W. No. A-344049

CASUALTIES, ETC.

NATURE E. G. ABSENCE, PROMOTION, ETC.	PART 11, D. O.		REMARKS IF IN HOSPITAL, NOTE NAME, ETC.
	No.	DATE	
Taken on strength	11	8-8-40	Effective 2-8-40
To draw subs. allee.	11	8-8-40	Effective 2-8-40
Ceases to draw subs.	38A	10-9-40	Effective 7-9-40
AWL-Forfeits 1 daysPay.	108	10-12-40	Eff-7-12-40to8-12-40
Granted Furlough	43	27-2-41	Eff-22-2-41to7-3-41
AWL-Forfeits 1 daysPay.	80	22-4-41	Eff-20-4-41to29-4-41
Ad. Fort Osborne Military Hospital,	171	12-9-41	Effective 26-8-41
Discharged from Hosp.	171	12-9-41	Effective 2-9-41
AWL-Forfeits 2 daysPay.	229	1-12-41	Eff-16-11-41to17-11-41
Admitted Botwood Military Hospital.	76	11-5-42	Effective 7-5-42
Discharged Botwood Military Hospital.	86	1-6-42	Effective 28-5-42.

THE ALGONQUIN REGIMENT A. F.

A.

NAME Caldwell, Leonard D.O.W. 1/50

REGIMENTAL NO. B-55076 RANK Private 12/10/40 160

ENLISTED AT Kirkland Lake, Ont. PROMOTIONS, ETC. AND DATE

DATE 2-8-40

IF SERVED PREVIOUSLY, STATE UNIT, ETC. Nil

MARRIED, WIDOWER, OR SINGLE Single

NEXT OF KIN Lena Caldwell RELATIONSHIP Mother

ADDRESS OF Sundridge, Ont.

ASSIGNMENT OF PAY \$ 1-9-43 \$20.00 ~~10.00~~ 1-9-40 NR 12

ADDRESS Lena Caldwell, Sundridge, Ont.

DEPENDENT'S ALLOWANCE, ENTITLED OR NOT

DATE APPLICATION FORWARDED TO DISTRICT PAYMASTER M. F. M. 14

IN WHOSE FAVOUR Mother 100M-6-40 (5616)

H.Q. 1772-39-1662

M.F.M. 14A
200M-1-32 (2934)
H.Q. 1772-39-1662

CARD SEQUENCE No. 3

NoB-5076

RANK Pte.

NAME Caldwell, Leonard

CASUALTIES, ETC.

PART II D. O.		NATURE AND PARTICULARS	IF IN HOSPITAL NOTE NAME
No.	DATE		
36	13-3-43	Discharged Debert Military Hosp. Eff. 8-Mar-43	
5	5-7-43	Adm. To No. 1 Gen. Hosp. Eff. 2 July 43.	
7	14-7-43	Discharged from Nod 1 Cdn Gen Hos wef 10 Jul 43	
13	5-8-43	Granted 9 days P.L. with money allce. from 27 July 43 to 5 Aug. 43.	
6	22-9-43	App. A/L/Cpl. w.e.f. 11 Sept. 43.	
17	8-12-43	Granted 9 days P.L. from 22-11-43 to 1-12-43	
20	29-12-43	To be L/Cpl. w.e.f. 11-12-43.	
7	5-2-44	Awarded C.V.S.M. and clasp w.e.f. 15 Jan 44.	
18	13-4-44	Granted 9 days P.L. from 21 Mar to 30 Mar 44	
22	11-5-44	Appt'd A/Cpl. w.e.f. 1 May 44.	
		<i>RR 17-9-44: SOS, Killed in Action on 14. Sept-44.</i>	

M.F.M. 267
50M-4-44 (4185)
H.Q. 1772-39-1989

**CANADIAN NATIONAL
TELEGRAPHS**

H.Q. 405-C-5861

DAY LETTER

NIGHT LETTER

BA

CASUALTY (REPORT DELIVERY)

OTTAWA

30 SEPTEMBER 1944

TO:-

MRS LENA CALDWELL
SUNDRIDGE ONT

13323 MINISTER OF NATIONAL DEFENCE DEEPLY REGRETS TO INFORM YOU
B55076 CORPORAL LEONARD CALDWELL HAS BEEN OFFICIALLY REPORTED
KILLED IN ACTION FOURTEENTH SEPTEMBER 1944 STOP WHEN FURTHER
INFORMATION BECOMES AVAILABLE IT WILL BE FORWARDED AS SOON AS
RECEIVED

wfk
PREPAID

9
DIRECTOR OF RECORDS

18th October, 1944.

Mrs. Lena Caldwell,
Sundridge, Ontario.

Dear Mrs. Caldwell:

It was with deep regret that I learned of the death of your son, B55076 Corporal Leonard Caldwell, who gave his life in the Service of his Country in the Western European Theatre of War, on the 14th day of September, 1944.

From official information we have received, your son was killed in action against the enemy. You may be assured that any additional information received will be communicated to you without delay.

The Minister of National Defence and the Members of the Army Council have asked me to express to you and your family their sincere sympathy in your bereavement.

We pay tribute to the sacrifice he so bravely made.

Yours sincerely,

A.C.S.
5-10-44
(A.C. Spencer),
Brigadier,
Acting Adjutant-General.

EFH

RR

12

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

NUMBER **B55076** RANK **Corporal**
NAME **CALDWELL, Leonard**

SERVICE UNIT **Algonquin Regiment (CA)**

DATE OF BIRTH DAY **5th** MONTH **October** YEAR **1916** Date enlisted: **2-8-40**
MARITAL STATUS **Single** Religion: **United Church**

NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 RELATIONSHIP **Mother Sundridge, Ont**
ADDRESS

NAME **Mrs. Lena Caldwell,**
ADDRESS
D.A.B.

ADDITIONAL PERSON TO BE NOTIFIED

ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. **1420A**
CASUALTY DETAILS **Killed in action**

H.Q. 405-C-5861

DATE **14-9-44**

FRANCE

LAST WILL ATTACHED TO NOTIFICATION TO A. OF E.?

YES/NO

LF

M.F.M.S. ATTACHED TO NOTIFICATION TO A. OF E.?

YES/NO

**O/S with Algon Regt
S/L 2760**

DATE **7-10-44**

Mrs. Lena Caldwell

OFFICER I/C RECORDS

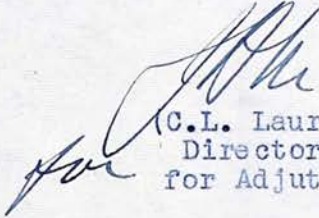
5

COPY FOR C.R. FILE

I have referred your enquiry concerning your son's belongings and personal estate to the proper authorities from whom, I am sure, you will receive a prompt reply.

Yours truly,

JDM/S


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

H.Q. 405-C-5861
DR 2 (b)

2nd April, 1945

Mrs. Lena Caldwell,
Rural Route 2,
Sundridge, Ontario.

Dear Mrs. Caldwell:

Your letter to the Imperial War Graves Commission, dated 22nd March 1945, and in which you have made enquiries concerning the regretted death of your son, B-55076 Corporal Leonard Caldwell, has been referred to this office for reply.

I regret that I am unable to give you any information concerning the circumstances surrounding your son's death, as the only source of this information is a letter which was sent direct to you from his Unit in the Theatre of Operations. It is the custom of the Service for these details to be communicated to you in this manner and our records indicate that such a letter was forwarded to you the 15th October 1944.

The information that your son was killed in action means that he was instantly killed on the battle field whilst in action against the enemy.

I regret that I cannot give you the names of any of the officers from Ontario who might have been serving with the Algonquin Regiment at the time of your son's casualty.

Burial Reports for Canadian Army casualties are forwarded to us from Canadian Military Headquarters Overseas. The report in respect to your son's death has not yet been received in this office, but I have written Overseas and have asked that it be made available as soon as possible. As soon as it is received, I will be able to tell you the location of his grave.

3

(over)

Day ap-26-2-45

P. R. No. 2.

405-C-5861

Sundridge Ont

Mar 22/3/45

Imperial War Graves Commission,
Ottawa Ont.

Director of Records
A. G. Branch,
MAR 26 1945
Nat. Defence Hqr
Ottawa, - Canada.

Dear Sirs,

My son was killed in action in Europe on
Sept 14th 44. B 55076 ^{Capt} Leonard E Caldwell.
I have been waiting for some information regarding
particulars as to his death and burial, but
there is nothing coming through. How and where was he
killed, did he suffer long or killed instantly, was
he buried in a cemetery under military honors, or
where. Who is appointed to look after the graves of
our beloved Canadians killed in war overseas.
Kindly give all information available. Can you give
the names of his officers in command from Ontario
at time of death.

When can I expect his belongings sent home and
his estate settled. All information thankfully and
confidentially received. Please reply.

Thanks

including Have you anything
on this case - your kind
attention will oblige.

Yours Very Truly
Mrs. Lena Caldwell
Mother of deceased.

23.3.45

2P

to
Shel

1

(1)

FORM 6

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

1. PLACE OF DEATH		Municipal county		IN THE FIELD (BELGIUM)		Official name of municipality or township		Place an X over the word which applies to this municipality or this territory: City Town Village Parish Township	
2. LENGTH OF STAY		(a) In hospital or institution		Years Months Days		(b) In municipality where death occurred		Years Months Days	
3. NAME OF DECEASED		Surname		CALDWELL		Given names		Leonard	
4. RESIDENCE		Street		No.		Official name of civil municipality or township		Municipal county	
						Arnfield		Quebec	
5. SEX		6. NATIONALITY (Citizenship)		7. RACIAL ORIGIN		8. Single, Married, Widowed or Divorced (Write the word)			
M						Single			
9. If married give name of wife or husband of deceased		10. BIRTHPLACE (Province or Country)		11. DATE OF BIRTH		12. AGE OF DECEASED			
		Ontario		October 5th 1916		27			
13. Trade, profession or kind of work, as spinner, teamster, office clerk, etc.		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	
Miner								FATHER	
18. BIRTHPLACE (Province or Country)		19. Place of burial, cremation or removal		20. Date of burial		21. PLACE OF REGISTRATION OF THIS BURIAL			
		Belgium				A			
		(a) Name of parish or church		(b) Civil municipality of		(c) Municipal county		(d) Date	

Do not write in this space

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death September 14th 1944
(Month) (Day) (Year)23. I HEREBY CERTIFY that I attended deceased from
19 to 19
and last saw him alive on 19

24. CAUSE OF DEATH

I
Immediate cause
Give disease, injury or complication which caused death, not the mode of dying, such as heart failure, asphyxia, asthenia, etc.
(a) Killed in action.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? 19

26. Was there a surgical operation? Date of 19

State findings. Was there an autopsy? 19

27. If death was due to external causes (violence) fill in also the following:—

Accident, suicide or homicide. Date 19

Manner of injury. (How sustained)

Nature of injury.

Specify whether injury occurred in industry, in home, or in public place.

Signed M.D. 1944

Address Date 19

28. Signature of person who fills in the form (curate, coroner, hospital authority, etc.)
29. Name of clergyman in charge of Register of Civil Status in which registration of this burial was made.

This signature authorizes the collector to accept this form as authentic.

Director of Records, Dept. of National Defence.
(Voir l'autre côté pour le français)

Do not write in this space

OVERSEAS CASUALTY
CANADIAN ARMY

JUN 12 1944

DEPARTMENT OF NATIONAL DEFENCE
NAVY ARMY AIR FORCE
STATEMENT OF WAR SERVICE GRATUITY

4
ARMY

DECEASED
MEMBER'S
NAME

Leonard
(CHRISTIAN NAMES)

CALDWELL
(SURNAME)

REGISTER NO.

D-5771

FILE NO.

405-C-5861

DATE

26-7-45

SERVICE NO.

B-55076

FINAL RANK OR RATING

Cpl.

DATE OF DISCHARGE

14-9-44

PAYEE Mrs. Lena CALDWELL,
ADDRESS Sundridge, Ontario.

DATE OF TERMINATION OF OVERSEAS SERVICE 14-9-44

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 1500 EQUAL TO 50 COMPLETE PERIODS AT \$7.50

\$ 375.00

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 462 LESS 1 INELIGIBLE DAYS, EQUAL TO 461 DAYS @ 25c. PER DAY
SEE PAR. 2 OVERLEAF FOR EXPLANATION

\$ 115.25

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE	PAY	\$ 1.70
		\$ 1.25
ADDITIONAL PAY		\$
		\$
		\$
		\$
JUL 30 1945		\$
DEPENDENTS' ALLOWANCE 1/30 OF \$		\$
WAR SERVICE GRATUITY DIVISION, ARMY TREASURY	TOTAL	\$ 2.95
	NO. OF DAYS	<u>462</u>
		183
	X7 = \$	<u>20.65</u>
	X\$	<u>20.65</u>

\$ 490.25

\$ 52.13

D. WAR SERVICE GRATUITY

\$ 542.38

E. DEDUCTIONS
OVERPAYMENT OF PAY AND ALLOWANCES \$
DEPENDENTS' ALLOWANCE AND ASSIGNED PAY \$
OTHER DEDUCTIONS \$

F. TOTAL AMOUNT PAYABLE

\$ 542.38

G. YOUR PORTION OF GRATUITY IS—

100%

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

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 Jo Zagan DATE 1-8-45

Kur Lee 43
SERVICE REPRESENTATIVE

4995

405-Q-5861

✓

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 possible delay after receipt of notification of Death. See Table II, Appendix III, Field Service Regulations, Vol I.

MBR _____
REGIMENT Algonquin Regt Squadron, Troop _____
OR CORPS _____ Battery or Company _____

Officer's Personal No (if known) B 55076 Rank A/Cpl - CPL
Soldier's Army No _____

Surname CALDWELL Christian Names L

Died Date 14 Sep 44 Place Belgium

Cause of Death Killed

Nature and Date of Report 3011c/60 14 Sep 44

By whom made Alq Regt

Specially state if killed in action, or died from wounds received in action, or from exposure while on military duty, or from injury while on military duty.

Burial Place France & Belgium 1/50 000 Zebrugge Brugge sheet 21 & 31 4 May 45
936038 Field E of rd near Rd Junction

By whom reported Lieut W.E. Delancey 5 CGRU

(a) in Army Book 64 NO

State whether he leaves a Will or not

(b) as a separate document NOT REC'D

Noted
2/10/45

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 as to verbal expressions by 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 Belgium
Date 15 May 45

Signature of Officer [Signature] Capt
in charge of Section
Adjutant-General's Office at the Base Cdn Sec 2nd Ech HQ 21 A Gp

44

405-C-5861

SUPPLEMENTARY.

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.

REGIMENT Alq Regt Squadron, Troop _____
OR CORPS _____ Battery or Company _____

Officer's Personal No (if known) B55076 Rank Cpl
Soldier's Army No _____

Surname CALDWELL Christian Names L.

Date 14 Sep 44 Place _____

Died Cause of Death Killed

Nature and Date of Report 3011c/60 26Sep 44

By whom made Alq Regt

Specially state if killed in action, or died from wounds received in action, or from exposure while on military duty, or from injury while on military duty.

Burial Place BURIAL PARTICULARS NOT AVAILABLE Date _____

By whom reported _____

(a) in Army Book 64 No.

State whether he leaves a Will or not

(b) as a separate document Not Rec'd

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 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 Belgium
Date 17 Apr 45

Signature of Officer in charge of Section Eric Poley Capt.,
Adjutant-General's Office at the Base Cdn Sec 2nd Ech HQ 21 A Gp
for Officer i/c

45

(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 N.A.

(11) Is your father alive? Yes

If so, state name and address, occupation Emanuel Caldwell

Sundridge, Ontario, Canada.

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

(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 N.A.

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

(14) Is your mother alive? yes

If so, state name and address Mrs. Lena Caldwell

Sundridge, Ontario, Canada.

(15) If your mother is a ~~widow~~, are you her sole or partial support? Partial \$10.00

(16) If sole or partial support of ~~widow~~ mother—state what amount per month you have given her prior to appointment or enlistment \$20.00

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? N.A.

(17) Are you contributing to the support of any dependents, other than those shown above? N.A.
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 N.A.

Full Name N.A.

Postal Address N.A.

Amount contributed monthly during the past six months N.A.

(18) Are you insured? Yes

If so, in what Company? North American and Mutual Life
(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.

Leonard Caldwell
(Signature of officer or man)

Date 6th August, 1940.

J. B. Stewart Lt. Col.
Officer Commanding THE ALGONQUIN REGT. C. A. S. F.

Date AUG 13 1940

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.

To be made out in duplicate

M.F.M. 5
100M-6-40 (5453-4)
H.Q. 1772-39-1651

PARTICULARS OF FAMILY OF AN OFFICER OR OTHER RANK OF THE C.A.S.F. 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 C.A.S.F. or R.C.A.F. (ON ACTIVE SERVICE).
- (b) All questions, etc., must be completed.
- (c) Both copies of the form are to be forwarded by the Officer Commanding the unit for each officer and other rank, to the Paymaster, or Officer acting as such. The latter will transmit one copy, through the District, Command, or Camp Paymaster, to the Officer i/c Records, N.D.H.Q., Ottawa. The other copy will be retained by the Paymaster of the unit, when transferred to another unit the copy retained by the Paymaster will be sent to the Paymaster of the individuals new unit.

(1) Name of Officer or Other Rank CALDWELL LEONARD
(Surname first—Christian names in full—Block capitals)

(2) Regimental or Air Force Number and Rank The Algonquin Regiment C.A.S.F.

(3) Unit 2 Private B 55076

(4) Are you married? No

(5) If married, state,

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

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

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

(7) Are you a widower? N.A.

(8) Have you any children? NO Number of boys N.A. Girls N.A.

Names and ages N.A.

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

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

Name N.A.

Postal Address N.A.

[SEE OTHER SIDE]

DECLARATION

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

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

* mother of the deceased.

N.B.—To be signed in full in the presence of a Clergyman, Priest, Local Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces.

Lena Caldwell

Signature of Informant

Sundridge, Ontario.

Address

CERTIFICATE

I hereby certify that to the best of my knowledge and belief Lena Caldwell

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

Dated at Sundridge this 15th day of November 1944

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

Arthur M Church

Qualification Notary Public

Address Sundridge Ont

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

(19) The Royal Bank of Canada, Sundridge, No 6,166. \$743.50
P. O. Savings Bank, Canada " No 835 1/2 \$11.00
Please have it administered with the pay account.

ANSWER FULLY EACH QUESTION ON THIS PAGE
PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	LEONARD E. CALDWELL.
9	Date of his birth.	Oct 5, 1916.
10	Place and date of his marriage.	NONE.
11	Place and date of his parents' marriage.	BRANVILLE, ONT. 1904.

PARTICULARS OF DOMICILE

12	Place where deceased was born.	SUNDRIDGE, ONT.
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) ONTARIO (b) ALDERMAL COPPER CORP LTD (c) ARNTFIELD, QUE. 3 YEARS (d)
14	Nature of employment before enlistment.	MINER.
15	State whether he owned the premises in which he lived, and, if so, where situated.	NONE.
16	Name place where deceased stated he intended to make his permanent home.	ONTARIO.

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	ARMY WILL, AS FAR AS I KNOW.
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?	No
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? YES.	ROYAL BANK, SUNDRIDGE, ONT. POST OFFICE SAVINGS, OTTAWA, ONT. \$11.00
20	Amount of War Savings Certificates held by deceased. Indicate where located.	Don't know.
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	Don't know.
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	Mutual Life, Waterloo, ONT. \$1,000.00 North American Life \$500.00 LENA CALDWELL (MOTHER)
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	STOCK IN MINE. \$30.00

OTHER PARTICULARS

24	Did the deceased after enlistment incur any debts for:— (a) His own separate board and lodging while on service. (b) Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	No. No.
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.	No.

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

(PLEASE TURN OVER)

IONS
relatives that the deceased ever

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

6 Sundridge Ont.
1 Sundridge Ont.
7 North Bay, Ont.
23 Commercial St.
3 Kingston, Ont.
80. Capri St
1 Weston, Ont.
70 Victoria Ave. E.
4 Windsor, Ont.
707 St Luke Rd.
9 Sundridge, Ont.

Brantford, Ont.
69 Mohawk St.
Noranda, Que.
P.O. Box 114.

Brantford, Ont.
69 Mohawk St.

Address of their children

ANSWER IN FULL ALL APPLICABLE QUESTIONS

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

Degrees of Relationship	RELATIVES required to be accounted for	INFORMANT'S STATEMENT		
		NAME IN FULL of any Relative, if any, in each degree specified	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased.....	NONE.		
2	Children of the Deceased and dates of their Births.....	NONE.		
3	Father of the Deceased.....	EMANUEL CALDWELL.	66	Sundridge Ct.
4	Mother of the Deceased.....	LENA CALDWELL.	61	Sundridge Ct.
5	Brothers of the Deceased	Full Blood		Gordon L. Caldwell 37 North Bay, Ct. 23 Commercial St. Clifford J. Caldwell 33 Kingston Ct. 80. Caprons St. Melwyn A. Caldwell 31 Weston, Ct. 109 Victoria Ave. S. Charles V. Caldwell 24 Windsor, Ct. 707 St. Luke Rd. Calvin M. Caldwell 19 Sundridge Ct.
		Half Blood		NONE.
6	Sisters of the Deceased	Full Blood		Janet E. Collyer 39 Brantford, Ct. 69 Mohawk St. Pearl J. Cramon 35 Noranda, Que. P.O. Box 114. Evelyn M. Caldwell 22 Brantford, Ct. 69 Mohawk St.
		Half Blood		NONE.
7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, who are dead, and date of death of each.	Names and ages of their children (if any)	Address of their children	
		NONE		

8	Full names of the deceased. <i>LEON</i>
9	Date of his birth.
10	Place and date of his marriage.
11	Place and date of his parents' marriage
	PA
12	Place where deceased was born.
13	State, in order, the Province, State and resided before enlistment and the period
14	Nature of employment before enlistment
15	State whether he owned the premises in so, where situated.
16	Name place where deceased stated his permanent home.
17	Did he leave a Will? If in your custody
18	If married, and domiciled in the Province in the U.S.A. or in a Country under the community of property between spouses contract dealing with property?
19	Did he have a Bank, Post Office or other give name and address of bank, etc., and Do you wish it administered with the p
20	Amount of War Savings Certificates held where located.
21	Amount of Victory Loan Bonds held whether registered or bearer and where
22	If deceased had life insurance, name payable under each policy and the pers therein.
23	Describe other assets, if any, and estimate space on page 4 if necessary.
24	Did the deceased after enlistment incur (a) His own separate board and lodging (b) Service clothing and equipment An itemized account for each such of hereto, and if same is correct you "approved" and sign same. If particulars.
25	Have you or any other relative paid the part thereof? If so, attach item amount paid, and by whom.
	(NOTE:—The government pays funeral and burial is made Overseas as well as zone, and if a relative has already paid authorized in the Regulations. Any s by the Government nor is it chargeable

16-11-E

FOR COMPLETION AND RETURN BY

1

Form P. 64

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

Mrs. Lena Caldwell,

Sundridge, Ont.

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

and the following number quoted:-

H.Q. 405-C-5861 FD 220

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

Nov. 8 1944

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

CALDWELL Leonard Cpl.

B/55076 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.



GHF/JR

Director of Estates.

No. H 2 405-B-5861. G.P. 220.

R.R. No 2

Director of Estates,
Dept of National Defence,
Ottawa, Can.

Sundridge Ave



Sirs, Your letter to hand re. pass book of my
son B. 55076, ^{son} Leonard Caldwell, deceased.
I am enclosing same and hope this will be
satisfactory.

I will be very glad to have you clear up estate
at your earliest convenience.

am
yours very truly

Mrs Lema Caldwell

Mother of deceased

862.49 W

DISTRIBUTION

SERVICE

NAVY
ARMY ✓
AIR FORCE
C.E.F.

NAME: Caldwell, Leonard

NO B-55076 RANK Cpl

REGT: C.A o/s DATE OF DEATH 14-9-44

all mortals

Mrs. Lena Caldwell 862.49

Sundridge, Ont

PAY TO:

	L.P.C.	86.02
OTHER CREDITS		776.47
	TOTAL	<u>862.49</u>

(sole beneficiary under will)

M

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

ARMY

HG

Name: **CALDWELL** Surname Christian Names **Leonard** No.: **B-55076**

Rank **Cpl.** Unit **C.A.O/S** Date of Death **14-9-44**

AMOUNT

Date: **9-8-45**

L. P. C.....\$	86.02
Other Credits.....	776.47
Total.....	862.49

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Mother	Mrs. Lena Caldwell, Sundridge, Ont. (Sole beneficiary under will)	\$862.49

P4 TO TREAS. 15/10/45 CW

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	\$862.49
CLASSIFIED BY <i>[Signature]</i>			EXAMINED BY For Chief Treasury Officer		

DISTRIBUTION APPROVED AND AUTHORIZED

[Signature]
 (L. M. Firth) Colonel
 Director of Estates

AUDITED FOR PAYMENT

.....
 For Chief Treasury Officer

ESTATES BRANCH

December 28th, 1945.

Mrs. Lena Caldwell,
R. R. No. 2,
Sundridge, Ontario.

CALDWELL, Leonard, Cpl. (Deceased)
No. B.55076 Canadian Army

Dear Mrs. Caldwell:

We acknowledge receipt of your letter of
December 17th with reference to your son's personal effects.

Please be advised that all clothing such
as uniforms, etc, issued by the Government to Army Personnel
is returned to Quartermaster Stores in the event of the death
of the person to whom it was issued and hence no clothing such
as you mentioned would be returned to Canada with the remainder
of your son's personal effects.

Yours faithfully,

FCM:MC

Director of Estates.

Date	Particulars	Initials	Dr.	Cr.	Balance
19 28					
May 31	A			26 85	26 85
Nov 30/29	Int to date			59	27 44
May 31/40	Int. H.			20	
Aug 17			10 ~		17 64
Sept 28			10 ~		7 64
Nov 30	int			08	
Mar 5/41		G		500	507 72
8	draft paid	G		226 54	734 26
				5 49	739 80
May 31	Int	zd		05	734 31
Nov 29	Int	zd		5 49	739 80
May 30/42				5 54	
Nov 30/42		A		5 58	750 92
May 31		A		5 62	756 54
Nov 30				5 66	
May 31/44		A		5 70	767 90
Nov 30/44	Int	O		5 74	773 64

The Royal Bank of Canada

SAVINGS DEPARTMENT

No. 6166

Date	Particulars	Initials	Dr.	Cr.	Balance
19 <u>34</u>					
June 15		⊙		15 -	15 -
Nov 30/34	Int			15	15 15
Apr 17/35		⊙		20	35 15
May 31	Int			17	
June 15			22 35		
Nov 22		⊙		20	52 97
	30 Int			12	
May 30/36				33	
June 10			22 31		
25		⊙		15	26 11
Nov 25/36				17	
May 31/37		⊙		19	26 47
Nov 30/37	Int			19	
May 31/38	Int	⊙		19	26 85

Depositors are requested to notify the bank of any change of address and to present Pass Books as soon as possible after May 31st and November 30th for the purpose of having interest credited.

Deposits should be handed to the Teller, who is the only officer authorized to receive them. Pass Books should be handed to the Ledgerkeeper, who will enter all deposits and withdrawals.

In case of the removal of a depositor to another district, the manager will be glad to advise regarding the transfer of the account.

PLEASE

Write the number of your account on all withdrawals.

Leonard Caldwell
The

**Royal Bank
of
Canada**

INCORPORATED 1869

HEAD OFFICE
MONTREAL, CANADA

SUNDRIDGE, Ont.

BRANCH

**SAVINGS
DEPARTMENT**

No. *8* / 66

INCORPORATED 1869



SAVINGS DEPARTMENT

PLEASE NOTIFY THE BANK OF ANY
CHANGE OF ADDRESS

R. B. No. 2.

Sundridge Club

Dept. of National Defence, Dec 17/45
Army.

Ottawa, Can.

Sirs, Some time ago I wrote to you regarding my sons clothing B 55076.

and never got a reply! Now, I have never got any of his clothes with his No. and I think I am entitled to them.

He must of had some outfit besides what he was buried in, when he left Canada he was well equipped. Please give this letter to proper dept and have them investigate.

I would be pleased to have his belong with his No. B 55076. Corp Leon Caldwell ^{ridge}

Hoping for an early reply with desired information.

Thanking you,

I remain yours truly.

Mrs Lena Caldwell



4. Statement of Commanding Officer:

- (a) Was the individual in the performance of military duty?..... Yes
- (b) Nature of duty Member of Platoon detailed to examine ships entering BOTWOOD HARBOUR
- (c) Was it incurred in a game or other form of physical recreation definitely organized with the approval of the unit commander?..... No
- (d) If it was incurred on leave, was such leave with or without pay?..... N.A.
- (e) Was anyone else to blame?..... No
- (i) Whom?..... N.A.
- (f) Did the injury occur on military premises and if so in what part of such premises?..... No
- (g) Court of Inquiry:
- (i) Has one been held?..... No
- (ii) Will one be held?..... No
- (iii) Date and place..... N.A.

Date 25 August 1942Commanding J. B. Stuart Lt.-Col.,
O.C., The Algonquin Regiment C.A. (A)

5. Remarks of District Officer Commanding or Division Commander:

Date.....

6. Received by N.D.H.Q.....

7. Forwarded to D.P.N.H.....

INSTRUCTIONS

1. This form is to be rendered within 48 hours after the event in all cases of accidental or self-inflicted injuries to an officer or soldier involving:

- (a) death,
- (b) absence from duty for 48 hours or more, or
- (c) absence from duty of less than 48 hours when the medical officer should invariably be consulted as to whether the injury may be the exciting cause of disability later.
- (d) in all accidents involving personnel whether there is evidence of injury or not.

2. A separate form is to be used in respect to each individual affected.

3. This form is to be rendered notwithstanding the holding of a court of inquiry or investigation. If a court of inquiry is held a copy of this form is to be included in the proceedings.

4. Full statements are to be taken by an officer from the witnesses of the accident or, where there was no witness, from any persons to whom the injured officer or soldier may have mentioned his injury immediately after the occurrence. These statements, when obtainable will be signed by the persons making them, and by the officer who takes them, and will be forwarded with this form. Where it is intended to take disciplinary action, duplicates of these statements should be retained by the unit for use in lieu of a summary of evidence.

5. Where it is possible to obtain it, a statement from the injured officer or soldier will also be forwarded. This, however, should not be used as evidence against him in any subsequent disciplinary proceedings.

6. This form will be prepared in triplicate, one copy to be retained by the unit and the two other copies to be forwarded to N.D.H.Q., through the usual channels. Where a Court of Inquiry is held the copies to be forwarded to N.D.H.Q. will be attached to the proceedings.

SPECIAL INSTRUCTIONS AS TO EVIDENCE IN CASES OF SELF-INFLICTED WOUNDS

7. In these cases the statements mentioned in paragraphs 4 and 5 above should bring out all material points, e.g., statements to the effect that the witness was with the accused standing on the fire step (or sitting in a dug-out); that the accused was cleaning his rifle; position of safety catch, magazine, etc., if known; muzzle of rifle on toe of foot; hand on muzzle; that accused pulled trigger; that the rifle was afterwards examined and an empty cartridge case was found in chamber; that accused was seen to be wounded; what accused said ("I have shot myself," "I did not know it was loaded," etc.).

8. An officer or a soldier is specially trained in the safe use of his rifle and revolver, and evidence of any neglect of the ordinary precautions as to their handling in such cases usually has considerable bearing on the question of negligence. In cases of wilful self-wounding the fullest possible evidence should be obtained; unless the evidence is conclusive this charge should not be used. The charge will therefore usually be laid under section 40 Army Act—"Conduct to the prejudice of good order and military discipline in wounding himself through negligently handling a rifle," and an alternative charge to this effect should be made, even if the accused is to be tried under section 18 for wilful maiming.

REPORT ON INJURIES

Other than Wounds Received in Action

1. Certificate to be signed by injured officer or soldier:

I, B55076 Pte. CALDWELL Leonard
(a) (number) (b) (rank) (c) (surname) (Christian names in full)
The Algonquin Regiment C.A.A. (A) hereby declare that the injury sustained by me
(d) (unit)
on the 20-8-42 did
(e) (date of casualty) not occur while I was in the performance
of military duty.

Leonard Caldwell Pte
(Signature of officer or soldier)

Botwood, Newfoundland
(station) (date)

2. (a) Description of injuries Contusion over left instep with probably
fracture of second metatarsal

(b) Are the injuries serious or of such a nature that they might be the exciting cause of disability later? } Not likely

(c) Whether admitted to hospital or sick in quarters? } Yes for X-ray 25-8-42

(d) How long before initial treatment was given? } 5 days

Date 25-8-42 Signature of medical officer D.R. Campbell, Capt. R.C.A.M.C.

3. Short statement by injured person of the circumstances of the injury (see instruction 5). Signed statements of witnesses, or of persons to whom the injured person may have mentioned his injury, to be attached (see instructions 3 and 4):

On 20-8-42 at about 2000 hours when returning to Camp from duty at the dock, Botwood, Newfoundland, I dropped a box of Bren magazines on my left foot. Pte. M. MacDonald witnessed the accident.

H

Leonard Caldwell Pte

CANADIAN MILITARY HEADQUARTERS

ESTATES BRANCH
INVENTORY

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

No., RANK and NAME B-55076 Cpl Caldwell L. (Deceased)

RECEIVED FROM 2nd Echelon 21 Army Group

CHECKED BY C-5267 Tpr Carr J.A.
C-5591 Pte Patterson L.K. DATE 20 Jan 45

1	Pt Socks
6	Handkerchiefs 2 Unservicable & Destroyed)
1	Bag W/ Prayer Beads
1	Brooch
1	Wallet
1	Flashlight
1	New Testament
1	Sweater

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

J.K. Patterson Pte

for OC 1 Cdn KSD

CANADIAN ACTIVE SERVICE FORCE

District.....

OVERSEAS

Dispersal
Area.....

LAST PAY CERTIFICATE

(All Ranks)

Regtl No B.55076 Rank and Name..... CALDWELL, L. A/CPL.

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

~~XXXXXX~~ Discharge)..... ~~XXXX~~ on 14th September, 1944.

Reason..... Death Authority:..... C.C.L. "A"495 d/1st October, 44

The following is a statement of the account of the above-named from 1st September to 30th September, 44
the inclusive date of transfer or discharge.

		Dr		Cr	
Particulars	Amount		Particulars	Amount	
Balance Dr from last account.....			Balance Cr from last account.....	58	35
First Monthly Payment <u>AR.41 d/18.9.44</u>	\$	47	Regimental Pay <u>30 days @ \$1.70</u>	51	00
Casual Payments.....			Tradesmen's Pay..... days at \$.....		
Payments on Transfer or Discharge.....			Additional Pay (Give Particulars)..... days at \$.....		
Assigned Pay.....	20	00	Allowances (give particulars)..... days at \$.....		
Regimental Charges.....			Def: Pay Interest.....	1	14
Public Stoppages (give particulars):					
To Balance Cr			By Balance Dr		
Free.....	66	02			
Deferred.....	20	00			
Total.....	110	49	Total.....	110	49

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

Remarks

Assigned Pay of \$20.00 (M) stopped eff: October, 1944.

The above statement has been compiled from Treasury Records, the latest paybook not being available.



Compiled by..... W. Blackburn.

Checked by..... J. M. Crapton

Date..... 29th March 1945

Certified correct..... D. Hawley
for Chief Treasury Officer, Overseas

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