B67116
TETREAULT
RENE

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

ORIGINAL
DUPLICATE
TRIPLICATE

M.F.M. 2
A.F.B. 271
480 M—8-39 (1696)
H.Q. 1772-45-18

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

Unit.....1 BN. THE ROYAL REGIMENT OF CANADA C.A.S.F. Regimental Number.....B67116.....

CANADIAN ACTIVE SERVICE FORCE

ATTESTATION PAPER

1. Surname.....MARTIN.....
2. Christian Names.....PAUL.....
3. Present address.....215 YONGE ST TORONTO ONTARIO CANADA.....
4. Date of birth.....AUG. 16 1908.....
5. Place of birth.....CANADA (Country) P. QUEBEC. (County or Province) MONTREAL. (Town or Township).....
6. Religion (state denomination).....R. C.....
7. Trade or Calling.....LABOURER.....
8. Married, Widower or Single.....SINGLE.....
9. Name of next of kin.....ALBERT MARTIN.....
10. Relationship.....FATHER.....
11. Address of next of kin.....1106 SHERBROOKE ST E. MONTREAL P.Q. CANADA.....
12. Have you served in any Naval, Military or Air Force?.....NIL.....
13. If previous war service, state arm, force and regimental particulars.....NIL.....
14. Do you now belong to or have you served in the Active Militia of Canada?.....

NIL.
(Give unit and date of attestation)

DECLARATION TO BE MADE BY MAN ON ATTESTATION

I, Paul Martin.....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.

7 Enl. Date Sept 12th 15/39 ..... Paul Martin
(Signature of recruit)
.....WITNESS

OATH TO BE TAKEN BY MAN ON ATTESTATION

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

.....Paul Martin.....(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,

7 Enl. at Toronto this 12th ~~15~~ day of September 19 39

L. E. McMahon ..... {Signature of Magistrate, Justice or Attesting Officer.

Capt. R.R.C. ..... {Office or Rank and Unit or appointment.

M.F.M. RECEIVED NOV 26 '40

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

Record of Service of MARTIN (Surname) PAUL (Christian Names) Regimental Number B. 67116

Qualifications

Military NIL.

Business or Professional Nil

Trade or Civil LABOURER

Technical Nil

Languages FRENCH & ENGLISH

Educational Qualifications

High School or Collegiate Five years. (years completed)

Graduation or Matriculation NIL. (specify)

*College ST.- CESAIRE COLLEGE & ~~XXXXX~~ RAWDON COLLEGE

*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: Date	Report: From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., from date taken on Strength of Field Force	Rank Shown	Effective Date	Unit	Place	Authority: Part II D.O. No. Cas. List, etc.	Authority: Dated
		Joined on appointment						
15-9-39		Taken on strength	Pte.	15-9-39	R.Regt.C	Toronto	D.O. 13	15-9-39
10.6.40		✓ Embarked Overseas	"	10.6.40	"	Halifax	195'	
16.6.40		✓ Disembarked Reykjavik Iceland	"	16.6.40	"	Iceland	195'	
28 10 40	SOS	✓ Embarked SOS "Z" Force "		28 10 40	R Regt C	"	25'8	11 11 40
3 11 40	TOS	✓ Disembarked U K TOS 29/10/40		3 11 40	R Regt C	U K	25'9	13 4. 40
		✓ Granted leave to 26 Nov 40	Pte	19 Nov 40	R Regt C	Field	D01	22 Nov 40
		✓ Granted leave 20-23 Dec 40	Pte	20 23 Dec 40	R.Regt C.	Field	D0 11	23 Dec 40
	C	✓ Privilege leave 7 days (WW)	Pte	18 Mar 41	R Regt C	Field	27	28 Mar 41
		✓ Leave 7 days Priv. W. W.	Pte	22 Aug 41	R.R.C.	U.K.	59	31 Aug 41
		✓ On command Special Course	Pte	9/15 Nov. 41	R.R.C.	U.K.	74.	18 Nov. 41
OBS off	Comm 9/1/43	✓ On Command on Special A.L.C. course	Pte	12 Dec 41	RRC	UK	80	19 Dec 41
		✓ 4th P/Leave NO W	Pte	18/25 Nov 41	RRC	UK	4	12 Jan 42
		Returned from Special A.L.C. Course	Pte	21 Dec 41	R R C	UK	1	6 Jan 43

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

CERTIFICATE OF MEDICAL EXAMINATION

Name in full Martin, Paul ..... Date Sept. 12/39

Part 1. Information obtained from the recruit.

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

a. Rheumatism no
b. Tuberculosis no
c. Bronchitis or asthma no
d. Heart disease no
e. Kidney or bladder disease no
f. Gastro-intestinal no
g. Rupture no
h. Varicose veins no
i. Flat or deformed feet no
j. Nasal trouble no
k. Ear disease no
l. Eye disease no
m. Epilepsy no
n. Nervous or mental disease no
o. Syphilis no
p. Gonorrhoea no
q. Have you ever worn glasses? no

Paul Martin
(Signature of Recruit)

Examiner's remarks re above .....

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

1. Identification marks or scars. (If operative obtain history.)
Tattoo left forearm and scars on lt. wrist
pigmented mole under rt. nipple

2. Height 5 feet 8 inches. 3. Weight 140 pounds.

4. Complexion dark Eyes brown Development good (Good / Fair / Poor)
Hair black

6. Chest measurement—Girth on full expansion 36 inches.
Range of expansion 3 inches.

7. Vision, right 20-20 left 20-20 8. Hearing, right normal left normal

9. Condition of mouth and teeth numerous decayed teeth

10. The abnormalities (congenital and pathological) found on examination are as follows
none

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
dental attention repairs made

Malcolm H. Cameron (President) ..... (Member) ..... A. J. Brace (Member)

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature
	T.A.B.1		
18/9/39	VACCINATION SUCCESSFUL	LRA	
	T.A.B.2	LRA	
6/10/39	T.A.B.3 TAB 3		
30-11-39	RE-EXAMINED. NORMAL URINE, EARS, REFLEXES. CATEGORY "A"		
NOV 26 1939	CHEST X RAY NEGATIVE	LRA	
17-1-40	TETANUS TOXOID 1 C.C.	LRA	
1-3-40	TETANUS TOXOID 1 C.C.	LRA	

SERVICE AND CASUALTY FORM

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

PART I (For all ranks)

Unit 1 ST Bn. The Royal Regiment of Canada C.A.S.F. Regimental Number B.67116.

		(17) Regiment or Corps	Unit (Battn., etc)
1. Surname	Martin	The R Regt of C.	1st Bn. C.A.S.F.
2. Christian Names	Paul Pett		
3. *Substantive Rank and Appointment			
*Acting Temporary or Local Rank			
giving date			
*To be entered in pencil to facilitate alteration.			
4. Place of birth	Montreal P.Quebec, Canada	(18) Medical	
5. Date of birth as declared on attestation	Aug. 16th 1908.		
(A)		Category	Date / Authority
6. Date of enlistment	12th September 1939.	A	12-9-39 Medical Board
7. Place of enlistment	Toronto Ontario Can.	A	30-11-39 " "
8. Residence at time of enlistment	215 Yonge St Toronto Ont Can		
9. (B) Special conditions (if any) of enlistment or rate of pay			
10. (C) Any subsequent variations of conditions of service			
11. Religion	R.C.		
12. If married, state date		(19) Next of kin (entries to be made in pencil)	(Father)
13. Trade on enlistment	Labourer.		
14. Corps, trade and grade		1166 Sherbrooke St. E. Montreal Quebec Can.	
15. (D) Qualifications			
16. (E) Miscellaneous entries			
		(20) E.	
		(21) E.	
		(22) E.	

NOTES—

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

(a) Report: Date	(a) Report: From whom received	(b) Unit	(c) Record of all casualties regarding promotions (acting, temporary, local or substantive), appointments, transfers, postings, attachments, &c., forfeiture of pay, wounds, accidents, admission to and discharge from Hospital, Casualty Clearing Stations, &c. Date of disembarkation and embarkation from a theatre of war (including furlough, &c.) in accordance with para. 2 of Note to Table I of Appendix III of Field Service Regulations, Volume I	(d) Place of Casualty	(e) Date of Casualty	(f) Army rank as at (e)	(g) Army Form or other authority for entry to be shown
10.6.40	R. Regt C.		Embarked Overseas from Halifax		10.6.40	DD 195'	
16.6.40	"		Disembark Reykjavik Iceland		16.6.40	195'	
28 10 40			Embarked " "		28 10 40	258	11 11 40
3 11 40			Disembarked U K		3 11 40	259	13 11 40
22-11-40		"	Granted Privilege Leave, 19-11-40 to 26-11-40	Aldershot	19-11-40		#1 22-11-40
22 Mar 41	O.C.	R. Regt C	Leave, 7 days (2nd Priv.)	Field	18 Mar 41	Pte	29 28 Mar 41
26 Aug 41	"	"	Leave, 7 days (P3) warrant	"	22 Aug 41	"	59 31 AUG 1941
12 Nov 41	"	"	On Command, "Special" Course 9-15 Nov 41	"	9 Nov 41	"	94 18 NOV 1941
15 Dec 41	"	"	On Command ALC Course	"	12 Dec 41	"	80
28 Nov 41	"	"	P.L.4, 7 days NO F T W	"	18 Nov 41	"	4
9 Feb 42	"	"	P.L.5 7 days Leave F.T.W.	"	5 Feb 42	"	20
	✓	✓	Leave P6	✓	6 Aug 42	✓	69 OCT 42
			Embarked for France (Jubilee Operation)	U.K.	18 Aug. 42	"	68 5 SEP 42
			SOS to x List, R. Reg't C	✓	19 Aug 42	✓	60 Aug 42
	X	List	POS x List ✓	✓	20 Aug 42	✓	1 OCT 42
			SOS-(Now reported Dead) found dead on North Shore Terschelling.	✓	18 Oct 42	✓	5 Dec 42.

Statement of the Service of No. B67116 Rank Sheet No.

M.F.M. 1 & 2 (a).
700 M—8-39 (1697)
H.Q. 1772-45-18

Name Martin P

REPORT Date	REPORT From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority Part II D.O. No. Cas. List, etc.	Authority Dated
		5-dy p/Leave WW	Pte	5/12 Feb 42	RRC	UK	20	11 Mar 42
		Embarked in UK for France (Jubilee Operation)	Pte	18 Aug 42	RRC	UK	63	5 Sep 42.
		S.O.S. to "X" list - Missing, believed killed	Pte	19 Aug 42	RRC	UK	60	29 Aug 42.
		T.O.S. from RRS	Pte	20 Aug 42	X List RRC	UK	1	6 Oct 42
		Granted Furl. Leave.	Pte	6/13 Aug 42	RRC	UK	69	8 Oct 42
		S.O.S. Found dead on North Shore Terschelling.	Pte	18 Oct 42	X List RRC	UK	5	21 Dec 42
FEB 11 1943 W		Buried in Terschelling Cemetery Grave #73.	Pte	20 Oct 42	X List RRC	UK	5	21 Dec 42 NOV
		Prev. shown deceased effective date now	Pte	19 Aug 42	X List RRC	UK	3	26 Feb 43

To be made out in duplicate.

M.F.M. 5

400M—8-39 (1702)
H.Q. 1772-45-18

PARTICULARS OF FAMILY OF AN OFFICER OR SOLDIER OF THE CANADIAN FIELD FORCE

INSTRUCTIONS.

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

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

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

---

(1) Name of Officer or Soldier ..... MARTIN PAUL .....

(Surname first—Christian names in full—Block capitals)

.....

(2) Regimental Number ..... B67116 .....

(3) Unit ..... 1 BN THE ROYAL REGIMENT OF CANADA C.A.S.F. .....

(4) Are you married? ..... NO. .....

(5) If married, state,

(*a*) Full name of your wife ..... NIL. .....

.....

(*b*) Present postal address of wife ..... NIL. .....

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

..... NIL. .....

(7) Are you a widower? ..... NILL .....

(8) Have you any children? ..... NIL. .....

If so, give number of boys and girls .....

Also their names and ages ..... NIL. .....

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

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

Name ..... NIL. .....

Postal Address ..... NIL. .....

.....

(SEE OTHER SIDE).

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

If so, state her full name and Postal Address NIL.

(11) Is your father alive? YES.

If so, state name and address ALBERT MARTIN

1106 SHERBROOKE ST. E. MONTREAL. P.Q. CANADA

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

NIL.

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

Also state reason he has no other means of support

NIL

(14) Is your mother alive? NO.

If so, state name and address NIL.

(15) If your mother is a widow, are you her sole support? NIL.

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

Also state reason why she has no other means of support

NIL.

(17) Are you insured? NO.

If so, in what Company? NIL.

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

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.

Paul Martin
(Signature of officer or man)

Date SEPTEMBER 12 1939

C. Kelly Barker.
Officer Commanding

LT.-COLONEL, COMMANDING
1st BATTALION
THE ROYAL REGIMENT OF CANADA
C. A. S. F.

Date

CANADA

Department of National Defence

QUOTE NO. 405-M-11,944
Records-C

F.T.
For French translation, please.

Ottawa, Canada,

January 28, 1943.

Mrs. Julien Tetreault,
L'Epiphanie,
County of L'Assomption, Quebec.

Re: B.67116, Private Paul MARTIN
The Royal Regiment of Canada (C.A.)

Dear Madam:

I regret deeply to inform you that information has been received from Canadian Military Headquarters, Overseas, advising that an official list received from the German authorities states that Private Paul Martin was killed in action while participating in the Dieppe engagement.

I am further to advise that his body was found washed ashore on the north shore of Terschelling Island on the 18th of October, 1942, and was buried on the 20th of October in Terschelling Soldiers Cemetery In Grave #73.

On behalf of the Minister of National Defence and the Members of the Army Council I wish to express to you their sincere sympathy in your bereavement.

Yours truly,

(W.E.L. Coleman), Lt.-Col.,
Officer i/c Records,
for Adjutant-General.

NJM/MB
n.j.m.

NAT. DEF. A-168-A
500M—9-40 (7047)
H.Q. 1772-39-376

17-12-42
(O.C.L.-224)

AWARDS—CANADIAN ARMY (ACTIVE)

C-45 M

100M—10-41 (2195)
H.Q. 1772-45-8

SURNAME (IN BLOCK LETTERS) / CHRISTIAN NAMES	REG. NO	RANK ON DISCHARGE	C.A.S.F. UNIT
MARTIN, Paul True Name - Rene Tetreault	B.67116	Pte	FILE NO. 405-M-11944 C.Ont.Regt.

WAR SERVICE BADGE (CLASS) NO. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star Defence Medal	
War Medal, 1939-45 CVSM & Clasp	
	8858 26-1-50

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

(1) MEDALS

PERSON ENTITLED TO D.R.3-161 (18-8-49) Mr. Julien Tetreault (Father)

ADDRESS: L'Epiphanie, Que. Mar. 46

(2) MEMORIAL CROSS

WIDOW Single

ADDRESS:

(3) MEMORIAL CROSS

MOTHER deceased Mrs. Julien Tetreault, (Mother)
c/o Mr. Andre Tetreault,
1464 Gouin Blvd., West,
Montreal, P.Q.

C-45

ADDRESS:

DEC 14 1972

MEMORIAL BAR

(1)

DATE DESP

REGN NO 9508

(2)

(3)

DESP. SEP 16 1949

REGN No. 1059

File No. 405. M-11944.

VERIFICATION FORM

WAR SERVICE MEDALS 1939-45

No. B-67116. Name MARTIN. Paul

Rank on Discharge Pte. Date of Discharge 19-8-42.

Authority for Discharge or Retirement Deceased

Served in:

				Non-qualifying service
Canada	from 15-9-39.	to	10-6-40	
	from	to		
United Kingdom	from 11-6-40	to	18-8-42.	
	from	to		
Italy	from	to		
Northwest Europe	from	to		
Dieppe	from 18-8-42.	to	19-8-42 K/A.	
	from	to		

Eligible for award of:

1939 - 45 Star ok

Italy Star

~~France-Germany Star~~

Defence Medal ok

War Medal 1939-45 o.k.

Canadian Volunteer Service Medal ok

with clasp o.k.

M

WT

Verified by N. Renaud.

Date 7-10-46.

Carded OCT 8 1946

HA 165

NO RIBBON DESPATCH

RECORDS OFFICE OVERSEAS

CANADIAN MILITARY HEADQUARTERS

GRAVES REGISTRATION CARD

DATE

NO.

NAME **MARTIN Paul** DATE OF BIRTH **Montreal, P.Q. 16 Aug. 1908**

RANK **Pte** REGIMENTAL NO **B.67116**

UNIT **ROYAL REGT OF CANADA.** NE T OF KIN ADDRESS **FATHER,**

Mr. Albert Martin
1106 Sherbrooke Street, E.
MONTREAL P.Q. CANADA.

PARTICULARS OF HOSPITALIZATION

DATE OF ADMISSION NAME & LOCATION OF HOSPITAL

DIAGNOSIS

PARTICULARS OF DEATH

DATE OF DEATH **On or about 19th August, 1942** PLACE OF DEATH

HRS

CAUSE OF DEATH **Found dead 18.10.42 on North Shore, Terschelling**

PARTICULARS OF BURIAL

DATE OF BURIAL **20 Oct.42.** CEMETERY **Terschelling Cemetery, BELGIUM.**

DEATH CERTIFICATE NO LOCATION OF CEMETERY

PLOT NO. **GRAVE No.73** DATE OF REGISTRATION

MARKERS TEMPORARY MARKERS PERMANENT

INSCRIPTION (IF ANY)

REMARKS

DISPOSAL OF EFFECTS Administrator of Estates, OTTAWA, ONT. 8th Mar.43.

RELIGION **R.C.**

Extracted from Burial Records,
RECORDS OFFICE OVERSEAS,
ECTON, LONDON, W.3.

JUL 20 1943

N.B. This burial report contains all information at present available, but is subject to revision by this Office.

Noted

(H.F.Balsdon) Lieut.

For (R.T.E.Hicks-Lyne) Lt.-Colonel
Officer i/c Records
Canadian Military Headquarters.

CANADIAN ACTIVE SERVICE FORCE

SUPPLEMENTARY DECLARATION

Name MARTIN, PAUL Rank PRIVATE

Unit 1 BN THE ROYAL REGIMENT OF CANADA C. A. S. F. Regimental Number B 67116

I, PAUL MARTIN,

having been enlisted in the Canadian Militia, and by my Declaration dated the 12th

day of SEPTEMBER, 1939., having engaged to serve in the Canadian Active Service Force as set forth in said Declaration, do further declare that I hereby engage to serve on active service in the Canadian Active Service Force anywhere in Canada, and also beyond Canada and Overseas, for the duration of the present war, and for the period of demobilization thereafter, and in any event for a period of not less than one year, provided His Majesty should so long require my services.

Witness D E Baltzing

Paul Martin
Signature of soldier.

16th OCTOBER, 1939.
Date

NOTE.—This Declaration to be completed in triplicate; one copy to be attached to each original duplicate and triplicate of Attestation Paper M.F.M. 2. If M.F.M. 2 has already been despatched to Records Office, N.D.H.Q., the original of this Declaration will be forwarded thereto for attachment.

M.F.M. 2 (x)
120M—9-39

M. F. M.
RECEIVED
NOV 26 1940

(True name-TETREAULT, Rene)

No B.67116 Rank Private Name MARTIN, Paul

Unit Royal Regt. of Can. Date of death 19th Aug., 1942.

Died at France.

Cause Killed in action.

Death occurred on strength of Forces.HQ 405-M-11944 d

N/K Mrs. Julien Tetreault Relationchip Mother

Address L'Epiphanie, L'Assomption Co., P.Q. Deceased

Remains buried in Military Cemetery

Terschelling Island, Holland.

Grave location Grave 73

CAA ✓

OVER

DEATH CERT. TO N.K. 30-1-43.

BURIAL REPORT TO N.K. 3-6-43

RETURN TO BUR. OF STAT. 5-2-43.

ROYAL MESSAGE DESP'D. 15-12-42.

CAN. MESSAGE DESP'D.

H.I & C.R Form Despd. JAN 2 1947

NOW KNOWN AS

West Terschelling General Cemetery,
Terschelling Island, Holland.

Grave 73.

Photographs
Despatched
MAR 17 1949

M.F.M.510.

11

CANADIAN ACTIVE SERVICE FORCE
OVERSEAS

District .....

Dispersal Area .....

LAST PAY CERTIFICATE
(All Ranks)

1st Amended.

Regtl. No. B.67116 Rank and Name MARTIN P. PTE.

of (Unit) Royal Regiment of Canada on .....

~~(Transfer or~~ Discharge) to ..... on 19 Aug 19 42.

Reason Death Authority : C.C.L. "A" No.229 d/17 Dec 42.

The following is a statement of the account of the above-named from 1 Aug to 31 Aug 19 42. the inclusive date of transfer or discharge.

Dr. Particulars	Amount		Cr. Particulars	Amount	
Balance Dr. from last account			Balance Cr. from last account	491	04
First Monthly Payment			Regimental Pay 31 days at $ 1.30	40	30
Casual Payments			Technical Pay ..... days at $		
Payment on Transfer or Discharge			Additional Pay (Give particulars) ..... days at $		
Assigned Pay					
Regimental Charges			Allowances (Give particulars) ..... days at $		
Public Stoppages (Give particulars) :					
			Def. Pay Interest to date	16	50
			D.O.69 d/8 Oct 42 Royal Regt. of Canada "Ration Allowance"	4	95
To Balance Cr. Free	32	79			
To Balance Cr. Deferred	520	00	By Balance Dr.		
Total	552	79	Total	552	79

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

Remarks :

Compiled by E. J. Kitchen.

Checked by [signature]

Date 16 Feb 19 43.

Certified correct [signature]
for Chief Treasury Officer, Overseas.

M.F.M. No.

10

CANADIAN ACTIVE SERVICE FORCE
OVERSEAS

District .....

Dispersal Area .....

LAST PAY CERTIFICATE
(All Ranks)

Regtl. No. B.67116 Rank and Name MARTIN P. (pte.)

of (Unit) Royal Regiment of Canada on .....

(Transfer or Discharge) ..... to ..... on 19th August 19 42

Reason Death Authority : C.C.L."A" No.229 d/17 Dec. 42.

The following is a statement of the account of the above-named from 1st Aug. to 31st Aug. 19 42 the inclusive date of transfer or discharge.

Dr. Particulars	Amount		Cr. Particulars	Amount	
Balance Dr. from last account			Balance Cr. from last account	491	04
First Monthly Payment			Regimental Pay 31 days at 1.30 $	40	30
Casual Payments			Technical Pay ..... days at ..... $		
Payment on Transfer or Discharge			Additional Pay (Give particulars) .... days at ..... $		
Assigned Pay					
Regimental Charges			Allowances (Give particulars) ..... days at ..... $		
Public Stoppages (Give particulars) :			D.P. Int. to date	16	50
To Balance Cr. Free	27	84			
To Balance Cr. Deferred	520	00	By Balance Dr.		
Total	547	84	Total	547	84

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

Remarks :

Compiled by G.M. Sharpe.

Checked by E.W. Armstrong

Date 6th February 19 43.

Certified correct [signature]
for Chief Treasury Officer, Overseas.

FH.

COMPUTATION OF WAR SERVICE GRATUITY

MEMBER'S NAME ..... PAUL MARTIN ..... Register No. D12497
(Christian Names) (Surname)

PAYEE'S NAME ..... DIRECTOR OF ESTATES ..... File No. 405-M-11944
(Christian Names) (Surname)

ADDRESS ..... Date 26-10-45

..... Service No. B67116

..... Final Rank Pte

DATE OF TERMINATION OF OVERSEAS SERVICE. 19-8-42 Date of Discharge 19-8-42

	AMOUNT $	c
A. TOTAL QUALIFYING SERVICE No. of day $\frac{1070}{30}$ = 35 (20) Periods @ $7.50	262	50
B. QUALIFYING OVERSEAS SERVICE No. of days 800 less 20 Ineligible days, equal 780 Days @ 25c per day	195	00
C. SUPPLEMENT FOR OVERSEAS SERVICE	457	50
Daily Rate of Pay $ 1:30 Subsistence Allowance $ 1:00 Additional Pay $ ~ Dependents' Allowance 1/30 $ ✓ $ ✓		
TOTAL $ 2:30 × 7 = $ 16:10 No. of Days $\frac{800}{183}$ × $ 16:10	70	38
D. WAR SERVICE GRATUITY Computed By [signature]	527	88
E. DEDUCTIONS Overpayment of (1) Pay & Allowance $ (2) D.A. & A.P. $ ~ Other Deductions $ Entered By [signature]		
F. AMOUNT PAYABLE (This amount is payable in ..... monthly instalments of $.....each)	527	88

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

$..... × 30 = $.....

REMARKS [signature]

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

FORM No. 1

Register No. D-12497 Nominal Roll No. D-284

To: P.M.G. H.Q. File No. 405-M-11944

CANADIAN ARMY (ACTIVE)

Computation of Service

WAR SERVICE GRANT

Regt. No.	Rank when S.O.S.	Surname	Christian Name in Full
B-67116	PTE.	MARTIN	PAUL.

REASON FOR TERMINATION OF SERVICE:

1st Enlistment KILLED IN ACTION CARO ( )

2nd Enlistment CARO ( )

3rd Enlistment CARO ( )

Total Service

1ST ENLISTMENT	2ND ENLISTMENT	3RD ENLISTMENT
T.O.S. 15 SEP 39	T.O.S.	T.O.S.
S.O.S. 19 AUG 42 MD 9 K	S.O.S. MD	S.O.S. MD
Total Days 1070	Total Days	Total Days

Total Service 1070 DAYS

—	Total Service	Less Non-qualifying Service	Net Service
Western Hemisphere	270 E	Nil	270 E
Overseas Service	800 E	Nil	800 E
Totals	1070	Nil	
Add Non-qualifying Service			
Total Service			1070

EMBARKATION DETAILS:

1. Date S.O.S. Overseas 19 AUG 42 2. Date S.O.S. Overseas

REMARKS:

Computer's Signature J.H. Thomas

Checker's Signature

Date Computed 6 Jun 45

KILLED IN ACTION 19 Aug 42

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

L. P. Beaudoin Capt

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

500M—11-44 (6012)
H.Q. 1772-45-8

Details of Non-Qualifying Service

Western Hemisphere—

Forfeits for	From	To	Effective Date	Days	Total
				Total	Nil

Overseas: T.O.S. 14 JUN 40 T.O.S. T.O.S.

S.O.S. 19 AUG 42 S.O.S. S.O.S.

40 80 (4066)

CANADIAN MILITARY HEADQUARTERS

ESTATES BRANCH
INVENTORY

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

No., RANK and NAME ..... B.67116 Pte. MARTIN, P. (deceased)

RECEIVED FROM ..... International Red Cross

CHECKED BY ..... B126252 Pte. Sislofsky, A.
L.17349 Cpl. Bailey, N.S. DATE ..... 23 Apr 45

1	MBM I Parts I and II Newspaper clippings Miscellaneous cards	
3	Medallions	
1	English Half Penny	
1	Clasp knife	

Effects destroyed

ESTATES BRANCH
SEP 4 Rec'd
H.Q. OTTAWA
NATIONAL DEFENCE

Effects in bad condition and destroyed on 26/10/45

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

TRIPLICATE — with effects.

.....
for OC 1 Cdn KSD

MÉMORANDUM POUR

Madame Julien Tetreault,
L'Epiphanie, Qué.

Prière d'adresser toute communication subséquente à ce sujet à

M. LE SECRÉTAIRE,
MINISTÈRE DE LA DÉFENSE NATIONALE,
OTTAWA, ONTARIO

AUX SOINS DE L'ADMINISTRATEUR DES SUCCESSIONS

et de citer le numéro suivant:

Q.G 405-M-11,944 FD.279

MINISTÈRE DE LA DÉFENSE NATIONALE
OTTAWA, ONT.

le 9 février 1943

Afin de les consigner dans nos dossiers et au cas où il reviendrait un reliquat de solde, des médailles ou insignes commémoratifs, autorisés par la loi, à feu

MARTIN, Paul, Soldat,
No. B.67166, Royal Regt. of Canada.

il est nécessaire que les renseignements voulus concernant le défunt et les membres de sa famille soient fournis à l'intérieur de cette formule en stricte conformité des instructions imprimées. Les détails exigés doivent être inscrits comme il faut et la déclaration au verso doit être ensuite signée en présence d'un pasteur, prêtre ou magistrat de la localité, que l'on priera de compléter et signer le certificat.

Cette formule doit être renvoyée à l'adresse ci-dessus mentionnée.

(O. Godbout) Capitaine,
pour (L.M. Firth) Lt.-Colonel,
L'administrateur des successions.

ESTATES BRANCH FEB 18 1943 H. Q. OTTAWA NATIONAL DEFENCE

M.F.W. 77a
1M—7-40 (6266)
H.Q. 1772-39-972

ÉTAT des noms, âges et adresses, ou dates de décès, de tous les parents du défunt à chacun des degrés spécifiés ci-dessous.

Degrés de parenté	PARENTS à signaler		TÉMOIGNAGE DU DÉCLARANT — NOM ET PRÉNOMS de tout parent de chacun des degrés mentionnés	Âge	ADRESSE AU LONG de chaque parent survivant, en regard de son nom et date de décès de tout parent décédé
1	Veuve du défunt..... X				
2	Enfants du défunt et dates de naissance; si un ou plusieurs enfants sont décédés, la date du décès, et mentionner s'ils étaient mariés ou non..... X				
3	Père du défunt.....		Julien Tétreault	67	L'Épiphanie
4	Mère du défunt.....		Mme Julien Tétreault	57	L'Épiphanie
5	Frères du défunt	Frères germains	Caporal Tétreault C. E. Aviateur Tétreault J. A. E. Aviateur Tétreault J. M. E. Tétreault Gérard	33 24 28 19	Overseas Scoudouc, N. B. Pagotville L'Épiphanie
		Demi-frères	Albert Tétreault Dr. Julien Tétreault	38 42	Rivière du Loup Montréal 1450 Guilford
6	Sœurs du défunt	Sœurs germaines	Mme Albert Roy Mme Raoul Guay	32 30	L'Assomption L'Épiphanie
		Demi-sœurs	— — — — —		

	Noms des frères ou sœurs (germains ou non) du défunt qui sont décédés et date de décès de chacun d'eux	Noms et âges de leurs enfants, le cas échéant	Adresse de leurs enfants
7	X	X	X

LES RENSEIGNEMENTS QUI SUIVENT NE DOIVENT ÊTRE DONNÉS QUE S'IL N'Y A PAS DE PARENTS VIVANTS AUX DEGRÉS PRÉCITÉS

	—	NOMS DES VIVANTS	Âge	ADRESSE AU LONG
8	Grands-parents du défunt..... X			
9	Oncles et tantes directs du défunt (non pas les oncles et tantes par alliance)..... X			

DÉTAILS D'IDENTITÉ

10	Quels sont les nom et prénoms du défunt?	J. A. René Tétreault nom véritable
11	Indiquez le mois et l'année de sa naissance.	16 août 1908
12	Où et quand ses parents s'étaient-ils mariés?	L'Epiphanie 14 octobre 1907.
13	S'était-il marié? Le cas échéant, indiquez le lieu et la date exacts du mariage. A-t-il laissé un contrat de mariage?	X
14	A-t-il laissé un testament? Le cas échéant, veuillez l'adresser.	Oui mais je n'ai pas de copie.
15	Existe-t-il quelque autre actif qui nécessite une vérification du testament par la cour, ou (pour les provinces anglaises seulement), une demande de Lettres d'Administration?	Non

DÉTAILS DE DOMICILE

16	Où le défunt était-il né?	L'Épiphanie
17	Dans quel province, pays ou état a-t-il demeuré et demeurait-il en dernier lieu?	Toronto Ont.
18	Combien de temps dans chacun d'eux?	2 ans
19	Quelle était la nature de son emploi?	Chauffeur
20	Était-il propriétaire de la maison ou du homestead où il demeurait? Le cas échéant, à quel endroit?	non
21	A-t-il jamais déclaré de vive voix, ou par écrit, où il entendait vivre d'une façon permanente?	non
22	Indiquez votre adresse postale au long.	Mme Julien Tétreault L'Epiphanie Cté L'Assomption No 2.

DÉTAILS DES CRÉANCES

23	Les frais d'enterrement ont-ils été payés? Le cas échéant, par qui?	X
24	Y a-t-il une réclamation pendante contre la succession? Le cas échéant, donnez les nom et prénoms et l'adresse de chaque créancier dans cet espace et joignez sa facture. (Voir remarque ci-dessous mentionnée.)	X

REMARQUE.—Le paragraphe 24 a trait aux dettes contractées pour nourriture et logement, frais de médecin et d'enterrement, emprunts, achats de marchandises, etc.; les renseignements suivants doivent être inclus dans tous les comptes:

1. Nom et adresse du créancier.
2. État détaillé de la créance, y compris la date ou les dates où la dette a été contractée.
3. A la fin de son état de compte, le créancier devra certifier que le compte est juste et raisonnable, que nul paiement, sauf ceux qui sont mentionnés, n'a été effectué à cet égard et qu'il n'a aucune garantie en sa possession. Le créancier devra alors apposer sa signature et si vous admettez que la réclamation est exacte, vous pourrez alors certifier la facture et la signer.

(VOIR AU VERSO)

DÉCLARATION

Insérez le degré de parenté, par exemple: "veuve", "père", "frère", etc.

Je, soussigné, déclare que les renseignements qui précèdent sont exacts et constituent une liste fidèle et complète de tous les parents que le défunt ait jamais eus aux degrés signalés; et que je suis le/la

.....mère.....du défunt.

N.B.—À être signée au long en présence d'un pasteur, prêtre ou magistrat de la localité.

.....Mme Julien Tétreault..... {Signature du déclarant}

CERTIFICAT

Je, soussigné, certifie que, autant que je sache, ..Dame Julien Tétreault.. {Nom du déclarant} est le/la ..mère propre.....du défunt ci-dessus décrit et je crois que la déclaration précédente, de même que la liste des parents qui ont été fournies et signées en ma présence sont complètes et exactes.

Daté à ..L'Épiphanie P.Q., ce ..13e.. jour de ..février.. 1943.

Signature du pasteur, prêtre ou magistrat. } ..Abbé Georges Robitaille,.. Titre ..curé..

Adresse ..L'Épiphanie, P.Q.

REMARQUE.—Avant d'accorder le certificat qui précède, il faut veiller à ce que le déclarant donne des détails concernant le décès de tout parent qu'il déclare être décédé et que les nom et prénoms et adresse de chaque parent survivant visé soient inscrits à l'endroit voulu dans la déclaration qui est vis-à-vis.

Every item of information should be carefully supplied. *(See reverse side for instructions)*

THIS FORM MUST BE FILED FORTHWITH WITH THE DIVISION REGISTRAR OF THE DIVISION IN WHICH THE DEATH OCCURRED BEFORE A BURIAL PERMIT CAN BE ISSUED

WRITE PLAINLY WITH UNFADING INK
THIS IS A PERMANENT RECORD

FORM 6

This form if placed in an envelope, marked "Dominion Statistics—Free, penalty for improper use $300," and properly addressed will pass through the mail "FREE"

PROVINCE OF ONTARIO—CERTIFICATE OF REGISTRATION OF DEATH

1. PLACE OF DEATH County or District of IN THE FIELD (FRANCE) Township of .....

If in City, Town or Village ..... (Name) Street ..... House No. .....

(If death occurred in a hospital or institution, give the name instead of street and number)

2. LENGTH OF STAY (in years, months and days)
(a) In City, Town or Township where death occurred ..... (b) In Province ..... (c) In Canada (if immigrant) .....

3. PRINT FULL NAME OF DECEASED MARTIN, (Family name) Paul. (Given name or names in usual order)

RESIDENCE No. 215 Street Yonge St., City, Town, Village or Township Toronto, Province Ontario.

(Residence means usual place of abode. Post Office Address for residents in rural parts not sufficient)

4. Sex	5. Nationality (Citizenship)	6. Racial Origin	7. Single, Married, Widowed or Divorced (Write the word)
M.			Single.

8. BIRTHPLACE Quebec. (Province or Country)

9. DATE OF BIRTH August (Month) 16th, (Day) 1908. (Year)

10. AGE in

Years	Months	Days	If less than one day old
34	0	4	..... hrs. or ..... min.

OCCUPATION

11. Trade, profession or kind of work as **spinner, teamster, office clerk,** etc. Labourer.

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

13. Date deceased last worked at this occupation .....

14. Total years spent in this occupation .....

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

FATHER

16. NAME .....

17. BIRTHPLACE ..... (Province or Country)

MOTHER

18. MAIDEN NAME .....

19. BIRTHPLACE ..... (Province or Country)

20. Person giving information sign here F. B. Kadine
for Director of Records,
Dept. of National Defence.

Address .....

Relationship to deceased .....

21. Place of Burial, Cremation or Removal .....

Date of burial or removal .....

22. Burial Permit was issued by .....

Address .....

23. UNDERTAKER ..... (Name and address)

MEDICAL CERTIFICATE OF DEATH

24. DATE OF DEATH August (Month) 19th, (Day) 1942. (Year)

25. I HEREBY CERTIFY that I attended deceased from: ..... 19..... to ..... 19.....

and last saw h..... alive on ..... 19.....

CAUSE OF DEATH

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

due to

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

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

.....

PHYSICIAN

Underline the cause to which death should be charged statistically

OVERSEAS CASUALTY
CANADIAN ARMY

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

27. If a woman, was the death associated with pregnancy? .....

28. Was there a surgical operation? ..... Date of operation ..... 19.....

State findings ..... Was there an autopsy? .....

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

Accident, suicide or homicide? ..... (State which) Date of injury ..... 19.....

Manner of injury ..... (How sustained)

Nature of injury .....

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

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

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

30. Division Registrar's Record No. .....

31. Filed ..... 19..... .....
(Division Registrar)

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

NUMBER B.67116 RANK Private SERVICE UNIT The Royal Regiment of Canada

NAME MARTIN, Paul

DATE OF BIRTH DAY 16th MONTH August YEAR 1908

MARITAL STATUS Single

NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 RELATIONSHIP Father NAME Albert Martin

ADDRESS Address unknown ADDRESS D.A.B.

ADDITIONAL PERSON TO BE NOTIFIED ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. Canrecords 2246 H.Q.405-M-11944

CASUALTY DETAILS Previously reported missing in action, now reported killed in action - found dead 18-10-42 North Shore Terschelling. Buried 20-10-42 Terschelling Soldiers cemetery, Grave 73. DATE 19-8-42

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 16-12-42

OFFICER I/C RECORDS

6

COPY FOR DOCUMENT FILE

Militia Book M-1. (Part I)
70M—9-39 (2022)
H.Q. 1772-39-1672

SOLDIER'S SERVICE BOOK

(Soldier's Pay Book, Militia Book M. 1 (Part II) will be issued for active service.)

Every entry in this book (other than those on page 24 of this part of Militia Book M. 1, connected with the making of a Soldier's short form of Will) is to be made under the superintendence of the Officer Commanding the Squadron, battery or company to which the man belongs or is attached.

Alterations in any of the entries will be initialled by an officer.

INSTRUCTIONS TO SOLDIER

1. You will be held **personally responsible** for the safe custody of this book.

2. You will **always carry this book** on your person when on duty, and on active service.

3. You must produce the book whenever called upon to do so by a competent military authority, viz.: Officer, Warrant Officer, N.C.O. or Military Policeman.

4. You must not alter or make any entry in this book (except as regards short form of Will on page 24; see instructions on pages 20 to 23), and disobedience of this order will be treated as a serious offence.

5. Should you consider that any entry is lacking or incorrect, or should you lose the book, you will report the matter to your immediate military superior.

6. You will be permitted to retain this book after discharge as a record of your services, but should you lose the book after discharge it cannot be replaced.

86475—1

(I) SOLDIER'S NAME AND DESCRIPTION ON ATTESTATION

Regtl. No..... Unit.....

Surname (in capitals).....

Christian Names (in full).....

Date of Birth.....

Place of Birth.....

Trade on Enlistment.....

.....

.....

.....

Nationality of Father at birth British

Nationality of Mother at birth British

Religion.....

Enlisted at.....

Date.....

Particulars of former service (if any) i.e. Regtl. No., Corps or Regiment and period. .....

.....

.....

Signature of Soldier Paul Martin

Signature of Officer A.M.K. Hobbs Lieut

Place Toronto Ont. Date 7/2/18

(II) CORPS and UNIT to which Soldier actually BELONGS

Date of Posting or Transfer	Corps	Unit	Signature of Officer

(III) If serving in a Corps other than his own, CORPS and UNIT to which ATTACHED

Period		Corps	Unit	Signature of Officer
From	To			

(IV) NEXT OF KIN

Any change becoming known is to be duly noted with date of

NOTE.—No entry in these pages has any legal

Nearest degree of relationship		Names	Date
1st	Wife		
	Children		
2nd	Father	Deceased	
	Mother		
3rd	*Brothers and Sisters	Mrs Raoul Guay L. Epiphanie Co. L. Assomption Prov of Quebec	
4th	Other Relations (stating relationship)	Mrs J. Thireault L. Epiphanie	

*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 WILL (see pages 20 to 23)

Latest known Address in full

(V) RANK and APPOINTMENT

Date	Rank and Appointment	Substantive, Temporary, Acting or Local (with or without pay)	Authority of Part II Orders	Signature of Officer

(VI) Certificate Applicable to all Arms, to be completed and signed by the C.O. Bn., etc., before a Soldier proceeds Overseas

TRAINED (passed Recruit's Course as laid down for his arm of the Service) *except that he requires further training in:—**

.....

.....

.....

.....

.....

.....

.....

.....

Qualified in addition as under:—

.....

.....

.....

.....

.....

.....

.....

Date 7/2/40 .....

Commanding.....

*If no further training required, strike out words in italics and initial.

86475—2½

(XIII) PRESCRIPTION FOR GLASSES

	Vision without Glasses	SPH	CYL	Axis Standard Notation	Vision with Glasses	Ophth, Centre:	Date of Exam.:
R						Frame No. (or measurements):	Date of Issue:
L							

Signature of M.O.....

	Vision without Glasses	SPH	CYL	Axis Standard Notation	Vision with Glasses	Ophth, Centre·	Date of Exam.:
R						Frame No. (or measurements):	Date of Issue:
L							

Signature of M.O.....

(XIV) PARTICULARS OF DENTURES SUPPLIED

Particulars	Date	Signature of Medical or Dental Officer
F.38-D	4/2/71	[illegible]

(XV) PARTICULARS OF SURGICAL APPLIANCES ISSUED

Particulars	Date	Signature of Medical Officer

(XVI) PROTECTIVE INOCULATIONS

Nature of Vaccine, "T.A.B." Cholera, Plague, etc.	Date	Signature of Medical Officer
do do	1-3-40	
T.A.B.J 1 cc	2/11/41	R.K.Laing

(XVII) VACCINATION

Date Vaccinated	Signature of Medical Officer

(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
		R.A. Duncanson Capt.
2 Pair L- [illegible] Mattress	22 Jan 41	
3 Pair L- Pillowslips - 40 Mattress	25 Jan 41	
4 Pair L- Sheets - 40 Mattress	5 Feb 41	