B68562
DUROCHER
LEO

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

No. B. 68562 Rank Private Name DUROCHER, Leo Joseph

Unit Irish Regt. of Canada Date of death 29th Sept., 1944

Died at Italy.

Cause Killed in action.

Death occurred on strength of Forces.H.Q. 405-D-18151

N/K Mrs. Anne Durocher, Relationship Widow

Address Box 5, Byng Inlet, Ontario.

Remains buried in Cemetery

MR 742023 sh 100/II Paralell with Rd, beside house Cesena Italy.

Grave location

CHK ✓

OVER

Reburial
Cesena British Empire Cemetery,
Cesena, Italy.

Plot 4, Row A, Grave 8.

HI & CR Form Despd. NOV 14 1946

Photographs
Despatched
APR 23 1947

BURIAL REPORT TO N.K. SEP 17 1945

RETURN TO BUR. OF STAT. MAY 1 1945

ROYAL MESSAGE DESP'D. OCT 31 1944

CAN. MESSAGE DESP'D. NOV 1 1944

5M-10-44 (M-4414)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS

PERSON ENTITLED TO Mrs. Anne ~~DUROCHER~~ CAMP (WIDOW) CAMPEAU (Re-married)

(1) 5-12-49

ADDRESS: ~~XXXXXXX~~ Box 5, Byng Inlet, Ont.,

(2) MEMORIAL CROSS

WIDOW Mrs. Anne Durocher ENGLISH

1799

ADDRESS: Box 5, Byng Inlet, Ont.

DESP. FEB 2 1945
REGN No. 12255

(2)

(3) MEMORIAL CROSS

MOTHER Mrs. Claudia Durocher ENGLISH

1799

ADDRESS: P.O. Box #5, Byng Inlet, Ont. (MFM5)

359

DESP. FEB 2 1945
REGN No. 12256

(3)

MEMORIAL BAR

DATE DESP

REGN. NO 1318

29.9.44

AWARDS—CANADIAN ARMY (ACTIVE) M

1799

D.W.

500M—1-44 (3467)
H.Q. 1772-45-8

FILE NO. 405-D-18,151

SURNAME (IN BLOCK LETTERS) CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT
DUROCHER, Leo Joseph	B.68562	Pte.	Irish

WAR SERVICE BADGE (CLASS) NO. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star Italy Star	
War Medal CVSM & Clasp	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

Received.................................Checked E NATIONAL REGISTRATION-PARRY SOUND ~~E.D.#136~~ Card ✓ ~~P.D.#33~~ Observations.................................

~~ORIGINAL~~
DUPLICATE
~~TRIPLICATE~~

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

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

Unit #2 DISTRICT DEPOT CA (A) Regimental Number B- 68562

INF. (OTHERS) #7 COY R WING

01/PTE

ACTIVE FORMATIONS AND UNITS OF THE CANADIAN ARMY

BRANTFORD GROUP Y

ATTESTATION PAPER

1. Surname: DUROCHER,
2. Christian Names: Leo, Joseph,
3. Present address: P.O.Box ~~#5~~ Number 5, Byng Inlet, Ontario, Canada
4. Date of birth: October 21st. 1910
5. Place of birth: Canada (Country) Quebec (County or Province) Hull, (Town or Township)
6. Citizenship: Canada (Of What Country are You Now a Citizen)
7. Religion (state denomination): Roman Catholic
8. Trade or Calling: Press Operator
9. Married, Widower or Single: Married - May 4, 1942
10. Name of next of kin: Mrs. Anne DUROCHER,
11. Relationship: Wife
12. Address of next of kin: P.O.Box ~~#5~~ Number 5, Byng Inlet, Ontario, Canada
13. Do you belong to, or have you served in a Reserve Formation or Unit of The Canadian Army? no (If Yes, Give Unit and Dates of Service)
14. Have you served in (*a*) an Active Formation or Unit of The Canadian Army? (Yes or No) no (If Yes, Give Regimental No. and Unit) (*b*) Any other Naval, Military, or Air Force? no (Yes or No) (If Yes, specify Unit and Period of Service)
15. Did you serve during the Great War 1914-1918? no (If Yes, specify Regimental No., Unit and Dates of Service)

DECLARATION TO BE MADE BY MAN ON ATTESTATION

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

Date April 29, 1943 L. J. Durocher (Signature of recruit)

OATH TO BE TAKEN BY MAN ON ATTESTATION

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

Witness L. Hindle (Name) Pte (Rank) L. J. Durocher (Signature of Recruit)

O. H. F. COMPLETED

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 Toronto, Ontario, Canada this Twenty-Ninth day of April 1943

H. McCaughey [signature] H Lee — Signature of Magistrate, Justice or Attesting Officer.

NO.2 DISTRICT DEPOT CA (A) FOR D.R.O. — Officer 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

FINGERPRINTED

M.D. 2 NOM. ROLL MAY 4 1943

5404-

Record of Service of DUROCHER (Surname) Leo, Joseph (Christian Names) Regimental Number B-68562

QUALIFICATIONS		EDUCATIONAL QUALIFICATIONS	
Military	nil	High School or Collegiate	nil (years completed) — Graduation or Matriculation: High School Entrance (specify)
Business or Professional	nil		
Trade or Civil	Press Operator - 2½ years. Tourist Guide. Saw Mill	*College	nil
Technical	nil	*University	nil
Languages	English, French		

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

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

Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., from date taken on Strength of Field Force	Rank Shown	Effective Date	Unit	Place	Authority: Part II D.O. No. Cas. List, etc.	Authority: Dated
Joined on appointment #2 DISTRICT DEPOT (AF) #	PTE.	29-4-43	INF (OTHERS) R WING #7 COY	TORONTO CANADA	PART 2 DO. 106	5-5-43
SOS ON TRANS. TO 20BTC	"	13/5/43	"	"	DO 112B	12 MAY 1943
T.O.S NO 20 BTC BFD F.A.P. & ALL, TO INF R.	"	14 MAY 43	NO 20	BTFD	P II DO 107A	13 MAY 43
~~A.W.L. from 0600 hrs.~~	~~"~~	~~5 Jul 43~~	~~"~~	~~"~~	~~D.O. #150 P.II~~	~~6 Jul 43.~~
S.O.S NO 20 BTC FAP [illegible] TRANS TO A-10 C.I.T.C BORDEN	"	15 JUL 4[illegible]	"	"	DO 157A	14 JUL 43
T.O.S. ON TRANSFER FROM NO. 20 B.T.C. BRANTFORD	PTE.	16 Jul 43	A 10 CITC	C.BORDEN	DO. PT. II NO. 172	21 Jul 43
Granted furlough from 27 Sep 43 to 10 Oct 43 and allowance $7.00	"	27-9-43	" "	"	" " 229	25-9-43
S.O.S. on transfer to No 1 Transit Camp	"	11-10-43	" "	" "	" " " 243	12-10-43
ATT NO.1 TRANSIT CAMP		10.14.'43	#1 TRANSIT	WINDSOR, N.S.	262	13. '43
~~SOS NO.1 TRANSIT CAMP~~		~~2.21.'43~~	~~#1 TRANSIT~~	~~WINDSOR, N.S.~~	~~[illegible]~~	~~[illegible]~~

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

SOS NO.1 TRANSIT CAMP — 2.41/'43 — #1 TRANSIT — WINDSOR, N.S. — 290 — 2.51/'43

SOS NO. 1 TRANSIT CAMP

2.41/'43 #1 TRANSIT WINDSOR, N.S. 290 2.51/'43

CERTIFICATE OF MEDICAL EXAMINATION

Name in full **Leo Joseph DUROCHER** Place **Toronto, Ont.** Date of Medical Examination **April 29, 1943**

Part 1. Information obtained from the recruit.

1. Age 32
2. Have you ever suffered from any of the following diseases?

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

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

L. J. Durocher
Signature of Applicant

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

Medical Officer's Remarks on information as stated in Part 1 Right knee swells and is sore in damp weather.

1. Identification marks or scars Transverse scar above internal left knee.
2. Height 5 feet 4 3/4 inches.
3. Weight 120 pounds.
4. Complexion Medium Eyes Blue Hair Brown
5. Development Fair ~~Good~~ Fair ~~Poor~~
6. Chest measurement—Girth on full expansion 32 inches. Range of expansion 2 1/2 inches.
7. Vision, right 20/20 left 20/25 plus EARS: Normal
   With Glasses— right ... left ...
8. Hearing, right W.V. 20 left W.V. 20
9. Condition of mouth and teeth Fair
10. Blood Pressure:— S. ... D. ... (Required if recruit is over 35 years of age, or if otherwise indicated)
11. Urinalysis Negative
12. The abnormalities (congenital and pathological) found on examination are as follows:—
Psychiatric - fit for service. R.C.Hamilton, Major.
Surgical - Right knee appears normal, no swelling or crepitation, no history of locking. Fit. D.I.Davis, Capt. Medical - Reflexes normal. Heart and chest (occasional rhonci) negative. A.G.Smith, Lieut.
13. Chest X-Ray Negative No. B-781 Laboratory at which taken #2 DD CA (A)

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 A1

Special remarks when category lower than A ...

Noble Black Capt rank (President) — D. I. Davis Capt rank (Member) — A. G. Smith Lieut rank (Member)

Date April 29, 1943

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature
6/5/43	S.P. VACC. [signature]	OCT 11 1943	YOB 10, P 1, U 1, L 1, H 1, E 1, M 1, S 1 — H. A. Lander
	T.A.B.T. 1	OCT 11 1943	RE-EXAMINED CAT. A1 CONFIRMED — H. A. Lander
4-6-43	T.A.B.T. 2 [signature]		
2-7-43	T.A.B.T. 3		
1-7-43	EXAMINED, CAT. A-1 REAFFIRMED [signature]		
JUL 15 1943	RE-EXAMINED CAT. A1 CONFIRMED [signature]		

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

Regtl. No. B-68562 Rank Pte. Surname DUROCHER Christian Name LEO JOSEPH

STATION	Date of Arrival at the Station	Dates of Admission into Hospital			Dates of Discharge from Hospital			DISEASE	Number of days in Hospital	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of Inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied.	Signature of Medical Officer
		Day	Month	Year	Day	Month	Year				

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

BB

OCCUPATIONAL HISTORY FORM

13-4-A"

THIS FORM IS TO BE COMPLETED FOR EACH MEMBER OF THE ARMED FORCES. THE INFORMATION SOUGHT IS FOR THE USE OF GENERAL ADVISORY COMMITTEE ON DEMOBILIZATION AND REHABILITATION, A COMMITTEE SET UP BY THE GOVERNMENT OF CANADA TO STUDY PLANS FOR ESTABLISHING IN INDUSTRIAL LIFE THE MEMBERS OF THE ARMED FORCES, AFTER DISCHARGE. ACCURACY AND COMPLETENESS IN ANSWERING WILL BE OF MUCH HELP TO THE COMMITTEE.

PLEASE READ CAREFULLY THE INSTRUCTIONS GIVEN ON THE INSIDE OF COVER BEFORE COMPLETING FORM

PLEASE LEAVE BLANK

Section A—GENERAL INFORMATION

1. (a) Print name in full DUROCHER L. JOSEPH (b) Reg'l. No. B-68562
2. (a) Arm of service (b) Unit (c) Rank
3. (a) Date of birth Oct (b) Have you any dependents? (c) Place of residence at time of enlistment
4. (a) Place of enlistment (b) Date of enlistment Apr

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school (b) Were you attending school or college up to the time of enlistment?
6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.)
7. If you attended a university, give name of university and standing or degree secured
8. (a) Did you ever enter upon a trade apprenticeship? (b) If so, for what occupation? (c) Did you finish it? (d) If you did not finish it, how long did you serve at it?
9. (a) What languages do you speak fluently? (b) What languages do you read well?

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

10. (a) State whether you were WORKING or NOT WORKING at time of enlistment. (Enter here only "Working" or "Not Working", as case may be; particulars are asked for below) (b) At time of enlistment of what trade union or professional society were you a member?

Section D—PARTICULARS CONCERNING THOSE WHO WERE UNEMPLOYED AT TIME OF ENLISTMENT

QUESTIONS 11 TO 17 REFER ONLY TO THOSE WHO ANSWER "NOT WORKING" IN QUESTION 10 (a)

11. Had you ever been employed fairly regularly since leaving school?
12. (a) If answer to 11 be "Yes", state exact trade or occupation at which you actually worked (b) State how long you had worked at this trade or occupation
13. If answer to 11 be "No", state exact trade or occupation for which you feel qualified
14. If you had been employed after leaving school, state when you last worked fairly regularly before enlistment
15. Give details of last employer, if any: Name Address
16. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.)
17. (a) If your last employment was in a business of your own, state nature and address of business (b) Date of discontinuing it

Section E—PARTICULARS CONCERNING THOSE WHO WERE EMPLOYED AT TIME OF ENLISTMENT

QUESTIONS 18 TO 23 REFER ONLY TO THOSE WHO ANSWER "WORKING" IN QUESTION 10 (a). PLEASE READ THESE QUESTIONS AND REPLY TO THOSE APPLYING TO YOU AT TIME OF ENLISTMENT

IF YOU WERE AN EMPLOYEE WORKING FOR AN EMPLOYER UP TO THE TIME OF ENLISTMENT, PLEASE ANSWER QUESTIONS 18 TO 21

18. Name of employer Address
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.)
20. (a) Your specific occupation (b) Number of years' experience at this occupation with any employer
21. (a) Did your employer promise definitely to give you employment on discharge? (b) Did your employer refuse to promise you employment on discharge? (c) Do you wish to return to your former employment?

IF YOU WERE WORKING ON YOUR OWN UP TO THE TIME OF ENLISTMENT, THAT IS TO SAY, OPERATING A FARM, A STORE, AN AGENCY, OR IN PROFESSIONAL PRACTICE, OR AS A PARTNER IN ANY SUCH LINE, PLEASE ANSWER QUESTIONS 22 AND 23

22. (a) State nature of business, or professional practice (b) Where was it located?
23. (a) Number of years engaged in this business (b) Have you made, or will you make plans to return to the same or a similar business on discharge?

Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war? (b) Do you feel competent to operate a farm? (c) If so, in what kind of farming?
25. (a) Were you born on a farm? (b) How many years' actual farming experience have you had? (c) In what provinces did you have experience?

Section G—MISCELLANEOUS

26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge?
27. If so, state nature of your plans (for example, do you plan to return to school, or have you been assured of a job, etc.)
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form

DATE May 1st 1943 SIGNATURE

"Q" CARD COMPLETE

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

DEPARTMENT OF NATIONAL DEFENCE
(Army)

Personnel Selection Record

Inf. (Others) — Arm or Corps

Trade (if Tradesman or Trade Trainee)

N.T. — Work in Arm (if Non-Tradesman)

I. B68562 — Regt. No. | Rank | DUROCHER, Leo — Name (surname first) | A — A or R | 30 — Age | A-1 — Med. Cat.

English — Main Language | French — Other Language(s) | #2 D.D. Intl. Bldg. — Place (Unit) Interviewed | 30/Apr/43 — Date Interviewed

II. Revised Examination "M"

#2 D.D. Intl. Bldg. — Place Tested | 30/Apr/43 — Date Tested | W.A.Campbell, Capt. — By Whom

126 — Total | IV — Group | Subtests 12 (1) 12 (2) 11 (3) 26 (4) 24 (5) 9 (6) 13 (7) 19 (8) | Subtotals 35 (1–3) 50 (4–5) 41 (6–8) | English — English or French

Other Tests

III. Educational Background

Grade VII and most of VIII, Ont., rural, 6-15 years.

Left for financial reasons.

IV. Occupational Background

6 years - Lumber yard - Sealer's helper and labourer.

1 year - Mechanic's helper.

5 years - Tourist guide.

2½ years - Nobel, Munition plant - Press operator, Cordite.

V. Military Background

Nil

VI. Other Personal History and Appraisal

This short and rather slim recruit, (5'5"; 120 lbs.), is a little slow in answering questions, and seems to be rather high strung. He complains of heart trouble, allegedly the result of work with cordite, and occasional dizzy spells. Since the age of six, he claims, he has had a "burning feeling" around his eyes which has always made it difficult for him to read. During the last six months he has apparently been losing weight. Altogether he impresses one as being of doubtful stability.

Coming from a French-Canadian family of twenty children, of which ten died of various types of illness, he does not seem to have received a very careful upbringing. However, he seems to be reasonably well-adjusted socially, has been married for one year and is father of one child. In conversation he appears to have average learning ability with aptitude for mechanics. Although French is his mother tongue, he is now more fluent in English.

Fond of outdoor life he has engaged in fishing, hiking and hunting, particularly during his five years as guide.

C 94134 (over)

VII. Recommendations

Inf. (Others) Non-tradesman.

(Signed) W.A. Campbell
W.A. Campbell, Capt. — Army Examiner

M.F.M. 196
200M—1-43 (7357)
H.Q. 1772-39-1916

M. Laxer, Sgt.
m.c.

See reverse side for further information and follow-up

One of his brothers is in the R.C.A.F., and he himself seems to have a fairly good attitude to the Service. His first choice was for R.C.O.C., but he has no special qualifications for this Corps, and after some discussion he agreed to Inf. (Others).

This recruit prefers an English-speaking Unit.

Referred to the psychiatrist because of doubtful stability, he was accepted unconditionally.

Oct. 5/ 43.

This soldier has now completed his full infantry training in a satisfactory manner and is ready for overseas duty.

Recommendation: Inf. (Others) Suitable for overseas service.

R A Best Capt.
(R.A. Best) A.E.
A-10, C.I.T.C.

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 29/4/43 Place Enlisted Toronto.

Date From—to	Country	Corps	Unit and Sub-unit	Rank 44	Principal Duty	Performance
29/4/43-14/7/43	Can.	Inf.	#20 C.A.B.T.C.	Pte.	Basic TRAINING.	
14/7/43-11/10/43	"	"	A10	"	ADVANCED "	
11/10/43-24/11/43	"	"	Windsor	"	TRANSIT	
25/11/43	Eng.	"	#4 C.I.R.U.		Trng.	

A

45

COURSES ATTENDED	PLACE	Date: From—to	Qualified as	Rating
6pdr. A.T.K.	A10	18/9/43	qualified	

46 Crime: Courts Martial Convictions........ Major Offences — Minor Offences —

Civil Convictions........ Fines........ Hospitalization —

49 Psychiatric ☐ ☐ ☐ ☐ ☐

YEAR OF BIRTH	P	U	L	H	E	M	S

C.M.H.Q. 1000:115
40/P&S/1246(2609)

47 Classification: Military Specialties and Trades **CONFIDENTIAL**

Designation	Degree of Proficiency	Date	Authority
6pdr. A.T.K. ~~Operator~~ gunner. Rfm.	qualified	18/Sept.43	paybook.

55 Type of Service Desired (1) A/TK. (2)........

Remarks re Outstanding or Limiting Factors

Deportment
Disposition
Appearance (grooming)
Physical appearance
Map Reading
Military Knowledge
Mechanical Knowledge

A small man of about average ability. Was troubled with dizziness and 'burning feeling about the eyes' when he came into the army but has felt much better in his new envirnt. Combination of the above together with a poor family history (20 children, 13 dead) lead to psychiatric interview but he was accepted unconditionally.
Seems well-adjusted although a little highly strung.

Reason for Joining Cdn. Army Called up.

Attitude to Interview: Antagonistic........ Overanxious........ Co-operative ✓ .... Indifferent........

Tests Indicated: 51........ 52a........ 52b........ 53........ Other........

48 Suggested Possibilities (1) A/Tk Gun Number.
for employment (2)........

Interviewed by K K [illegible], Capt. Date 5 Dec 43.

Reviewed by........ Date........

Soldiers Qualification Card

CONFIDENTIAL

Regimental Number	Last Name (Block letters)	First Name	Middle Names
B 68562	DUROCHER	LEO	JOSEPH

M Unit ~~#4C1RU~~. Irish Regt.

1 Corps INF. G.L. 5

2 Nationality: CANADIAN — By Birth: YES — By Naturalization: — Country of Birth: CANADA. (08)

3 Father Racial Origin: FRENCH — Mother: FRENCH (2)

4 Language spoken in home: French ✓ English — 5 Other: English.

5 Age 33 - 21/10/10 — 6 Height 5 ft. 6 in. — 7 Weight 138 — 8 Silhouette 1 2 3 4

Eyes 1 — 9 Colour of BLUE — 10 Acuity 1 2 3 — 10 Glasses — 11 Colour Vision 1 2 3 4

12 Hearing: Acuity 1 2 3 — 13 Speech Defects

14 Handedness R L A — 15 Med. Category A1

Cause

Attitude to own health average. To Medical attention average.

Health History Good.

16 Education Level: Illiterate — El. Gr. 8 (13) — Sec. ( ) (Grade completed)

Conduct during school life

17 / 18 University or Professional Institution — Course Taken — Years completed — Degree — Year

19 Post Graduate — Course — From—To — Degree — Year

20 Specialized Training:
1. (Course) At From—To Completed ?

21 2. (Course) At From—To Completed ?

22 3. (Course) At From—To Completed ?

Other trades papers, Diplomas Certificates or Qualifications

23 Languages: Spoken fluently French, English — Written well French, English (1/1, 02)

24 Main occupation: Description guide. - summer work. — Estimate of skill

Duration (from—to) Jul. 35 - Oct. 40 — Weekly Wage $45 (3832)

Employer's Name and Address Alphonse Rioux Shead, Ont.

50 "M" Test — Score N — S.M. — Test 9 Score

Test	Score		Sub-total
1	12	Canada	
2	12		35 S.M.
3	11		
4	26		Sub-total 50 S.M.
5	24		
6	09		Sub-total 41 S.M.
7	13		
8	19		
Tot.	176		Grade IV

English ✓ French

51 OTHER MENTAL — Test — Score — Grade — Date

52a MECHANICAL APT. — Test — Score — Grade — Date

52b CLERICAL APT. — Test — Score — Grade — Date

53 TRADE TESTS — Trade and Grading — Date

54 OTHER — Test — Score — Grade — Date

25 Second Most Important Occupation: Description: Scaler's helper "tally-boy" - lumber yard. — Estimate of skill

Duration (from—to) 1923 - 1929 — Weekly Wage $12 (5190)

Employer's Name and Address Graves & Bigwood Lumber Co. Byng Inlet. Ont.

26 Third Most Important Occupation: Press-operator in cordite factory. — Estimate of skill

Duration (from—to) Nov. 40 - Apr. 43 — Weekly Wage $35 (6960)

Employer's Name and Address Defence Industries Lt. Nobel, Ont.

Trade Union or Professional Society

Vehicles: 27 Heavy Truck — 28 Light Truck 4 W.R. — 29 Auto 4 W.R. — 30 Motorcycle

31 Farm Tractor — 32 Tracked Vehicle — 33 Power Launch 4 W.R. — 34 Aeroplane

35 Accident Prone 1 — Teamster Can drive a team

Farming Experience: Wide — Limited — None ✓

District — Type

Job promised after discharge? Yes By whom? Name See Sect 26.

Job — Address:

Other provision for post-discharge occupation

Type of work desired Own Business wood & coal

Occupational history: Ambitious — Stable — Accidental — Erratic

36 Marital Status: M ✓ 41 S W D Sep. (1)

Marital Problems

Wife's or ~~Husband's~~ Age 20 — Attitude to Service average. — Health good.

37 No. of Children 1 — 38 No. of Dependents 2.

Relationship of Dependents wife & child.

No. of Brothers 9 — No. of Sisters 5 — Position in family 2

Status of home in childhood Good.

Religious Denomination R.C.

39 Hobbies: Photography M S Radio Engines (5)

Mechanics ✓ Other Reading (9)

40 Sports: (1) hunting (2) fishing (3) (1 J)

Team Games and Position (1) hockey - l. wing (2) baseball - 3rd base (3) (3 F)

41 Ability to Entertain: Music: String violin — Brass (1)

Woodwind — Percussion — Piano — Vocal

Theatrical — Other

CASUALTIES, ETC.

Part II. D.O. No.	Part II. D.O. Date	Nature and particulars	If in Hospital note name
106	MAY 5	1943 T. O. S. No. 2 D. D. EFF. APR 29 1943	
112	[illegible] 12	5 4[illegible] S O S 2 D D EFF 13 5 43 TO 20 B T C EFF. MAY 14 1943	
107A	13-5-43	TOS. NO. 20 C.A. BASIC T.C.	
150	6.7.43	~~AWL FROM 0600 HRS 5.7.43~~ (CANCELLED CASE DISMISSED D.O. 151 7-7-43)	
157A	14-7-43	S.O.S. NO. 20 C.A. BASIC T.C. EFF. JUL 15 1943	
172	21-7-43	TOS · A10 CITC · WEF JUL 16 1943	
229	25-9-43	Furlo 27-9-43 to 10-10-43 Rations $7.00	
243	12.10.43	S.O.S. A. 10 C.I.T.C., w.e.f. OCT 11 1943	
262	14-10-43	ATTACHED TO NO. 1 TRANSIT CAMP FROM 12-10-43	
~~270~~	~~23.10.43~~	~~PROCEEDED OVERSEAS 22-10-43~~	
299	25-11-43	Proceeded overseas 24-11-24	
253	[illegible]-43	TOS CAO we f 25 Nov 43	
253	4-12-43	TOS #4 CIRU w e f 2 dec 43	
262	13.12.43	Grant L Roffpay 1.50 w e f 29 oct 43	
50A	19.2.44	S.O.S. 4 C.I.R.U. W.E.F. 18 Feb 44 To Exercise Hardley	
CR36	6-3-44	SOS CDN ARMY (UK) 19-2-44. TOS CDN ARMY CMF 20 FEB 44 TOS X 4 LIST 3 Bn 1 CBRD (IRISH) 3-3-44	

NP

No. B 68562 RANK Pte. NAME DURROCHER, Leo Joseph *Married ~~*Widower~~ *Single X

Place of { ~~*Appointment~~ *Enlistment } Toronto, Ont. Date of { ~~*Appointment~~ *Enlistment } 29-4-43

RATE OF PAY

D.O. No.	Date of D.O.	Rank	Group	P.F. or A.S.	Daily Rate	Effective Date	If liable Pen. Ded.	2043 REMARKS
106	MAY 5	Pte.	NA	A.S.	1.30	29.4.43	No	# 7
209	2.9.43				1.40	29.8.43		
262	13.12.43	"			1.50	29.10.43		

ASSIGNMENTS

Name and Address of Assignees	Effective Date	Amount	
DUROCHER, Anne	~~1-5-43~~	~~20~~	~~00~~
P.O. Box 5,	1-10-43	25	00
Byng Inlet, Ont.			
Total			

DEPENDENTS' ALLCES. No. Deps. 2

Date Application Forwarded	Relationship	Amount Awarded	Effective Date
4-5-43	Wife &	47.00	29-4-
NRB 11774	1 Child		43

*Outfit *Clothing } Allce. $............Paid on..........................

Rehabilitation Grant $...........Paid on.....................

*Delete words which are inapplicable.

M. F. M. 14

200M-10-42 (6723)

H.Q. 1772-39-1662

In Receipt of Pension under Pension Act or Militia Pension Act (1910) $..........P.A.

Occupational Form Completed..................

CONTINUATION CARD M.F.M. 14

Regimental No. B-68562 Name PTE DUROCHER - L J

Part II D.O.		PARTICULARS OF CASUALTY
No.	Date	
		S.O.S. To X4 List 4 Bn (CBRD) from 3 Bn (CBRD) 9-3-44
CR.		T.O.S. 1 R.R.C from X-4 List Cdn 12 Mar 44
CR/29	Sept 44	Killed in action 29 Sept 44

PSSN/211/12-43/10.000

Drocher — No. B68562
SURNAME

Leo Joseph — Rank Pte
CHRISTIAN NAMES

Irish Regt of C. — M.D. No. O.L.
UNIT

Date S.O.S. 29 sept 44 Reason Deceased

Date A.W.O.L. _____ Date Re-T.O.S. _____

P.II.D.O. No. _____ Unit _____

Auth. for S.O.S. O.C.L. m 698 Date 10 nov 44

H.Q. File No. _____ C.A.(A)

Claire Lankhuer
EXTRACTED BY

50M—4-44 (4402)
H.Q. 1772-45-8

Department of Labour
National Selective Service
Mobilization Section

DO NOT FORWARD THIS FORM TO OTTAWA

This completed form MUST be returned immediately to the Divisional Registrar concerned.
(See man's "Notice-Medical Examination" for Registrar's address)

MEDICAL EXAMINATION AND CERTIFICATE FORM

DEPARTMENT OF NATIONAL WAR SERVICES

NATIONAL RESOURCES MOBILIZATION ACT, 1940

Notice of Call Serial No:— B-100964

IMPORTANT—EXAMINING PHYSICIAN. Please see man's "Notice-Medical Examination" and insert serial number here

This form to be used by divisional registrars for copies of original medical examination and certificate forms.

B68562

PART I

Name in full (Print in block letters) DUROCHER (Surname) JOSEPH LEO (Given Names)

Born: Place HULL (City, town or village) Canadian Province (or other country) QUE Date OCT.21/10

Permanent Postal Address Box. 5 Byng Inlet (Street and Number) (Rural Route and Post Office) (Town or City) ONt. (Province)

The following questions must be answered "Yes" or "No".

Have you ever suffered from any of the following:—

Rheumatism no Tuberculosis no Bronchitis or Asthma no Heart Disease no

Kidney or Bladder Disease no Stomach or Intestinal Trouble no Rupture no Varicose Veins no

Trouble with feet no Nasal Trouble no Ear Trouble no Eye Disease yes Fits no

Nervous or Mental Disease no Syphilis no Gonorrhoea no Have you ever worn Glasses? yes

Have you ever been rejected for Military Service? no Are you in receipt of disability pension or compensation? no ("Yes" or "No") If so, from whom?

Place Parry Sound (City, town or village) Province Ont. Date July 22/42

(Signed): Leo Durocher.

Man examined must sign here in presence of examining physician: → **Signature of man.**

PART II

Examiner's remarks. Give a clear and concise history of any of the above conditions where the answer is "Yes"

Since measles in 1917 granulated eylids wears glasses.

Physical examination (the man must be stripped)

1. Height 5 feet 5 inches. 2. Weight 126 pounds
3. Complexion dark Colour of eyes blue Colour of hair brown 4. Development good {good / fair / poor} Strike out inapplicable words.
5. Chest measurement—Girth on full expansion 35 inches
   Range of expansion 2 inches
6. (*a*) Vision without glasses—Right eye 20-30 left eye 20-30
   (*b*) If in possession of glasses: Vision with glasses—Right eye left eye
7. Hearing, right ear CV20 left ear CV20
8. Mouth and teeth
   Describe dentures, if any Full upper plate.
9. If the above named man suffers from any disability, whether congenital or pathological, which places him in a category lower than "A", a clear and concise description of such disability is to be given here:—

PART III

I have examined the man in accordance with the "Physical Standards and Instructions for the Medical Examination of Recruits" and certify that he is fit for:—

Category "A" A
" "B I"
" "B II"
" "C I"
" "C II"
" "D"
" "E"

(Signed):
Signature Edwain Malkin (Examining Physician)

Address Parry Sound

Date July 22)42

(Important: See other side)

N.W.S. Form No. 1AR

INSTRUCTIONS

1. Only a duly qualified and licensed medical practitioner in Canada who has been appointed by the Minister of National War Services as an " examining physician," in accordance with the National War Services Regulations, 1940 (Recruits), may examine the man and complete this form and certificate.

2. The " examining physician " must examine the man and complete this form and certificate herein contained in accordance with the " Physical Standards and Instructions for the Medical Examination of Recruits ", copy of which will be supplied to each " examining physician ".

3. The " examining physician," immediately upon completing this form and certificate must mail or deliver it in person to the Divisional Registrar of the Administrative Division of the Department of National War Services in which the man resides. The address of the Divisional Registrar appears in the upper left hand portion of the man's " Notice-Medical Examination."

4. Payment for the examination of each man will be made by the Department of National War Services, Ottawa, to the duly appointed examining physician concerned. Examining physicians will not submit any other account; this properly completed form and certificate will serve in lieu of an account. Payment will be made as soon as possible after the end of the month.

5. The Divisional Registrar of the Administrative Division in which the man examined resides, immediately upon receipt of this form properly completed, will stamp hereupon the date the form has been received by him and will prepare or have prepared, four exact and typewritten copies of this original, showing upon the four copies the date the original was received from the examining physician. Each such copy will be certified as a true and correct copy by the Divisional Registrar or by a person duly appointed by him for this purpose.

The Divisional Registrar will retain the first typewritten copy. He will attach a copy to the original form and certificate received from the examining physician and will immediately forward both original form and certificate and the copy to the Department of National War Services, Ottawa. He will forward a copy to the representative of the Department of National Defence; and the last copy, if the man has been found fit for military training and is being notified to report to a military training centre, to the Officer Commanding the military training centre to which the man has been instructed to report. If the last typewritten copy is not so disposed of, it shall be retained by the Divisional Registrar.

6. No copy of this form is to be in the possession of any unauthorized person.

Section 12 (3) of the National War Services Regulations, 1940 (Recruits), reads as follows:—

" (3) In any case in which any doubt arises as to the accuracy of the examining physician's certificate of unfitness for military training of any man so certified by him, the Divisional Registrar may give the man concerned another notice requiring him to submit himself for another examination, in which case the man shall report at such place and time as will be indicated to him by the Divisional Registrar for examination by three examining physicians appointed by the Minister. Such three examining physicians will examine the man, and if they do not confirm the certificate given in the case of the man concerned by the examining physician who first examined him, shall issue another certificate which will be final and conclusive."

Section 36 of the National War Services Regulations, 1940 (Recruits), reads as follows:—

" Any examining physician who, in furnishing information under these regulations, knowingly makes any inaccurate statement or signs an inaccurate certificate shall be guilty of an offence and liable on summary conviction to imprisonment for a term not exceeding six months or to a fine not exceeding one hundred dollars or to both such imprisonment and such fine."

(See National War Services Regulations, 1940 (Recruits).)

NOT FOR EXAMINING PHYSICIAN

The space below is reserved for Training Centre Medical Officer

Record in detail any disease or disability not previously described:—

.....

.....

.....

.....

Signature.....
Training Centre Medical Officer.

Training Centre No. or Name.....

N.P.A.M. No.....

Station	Admission to Hospital			Discharged from Hospital			Disease	Remarks: If mild or severe; if completely recovered from. If an accident, state whether Court of Inquiry was held. Date of issue of surgical appliances supplied.
	Day	Month	Year	Day	Month	Year		

Dept. of National War Services
ADMINISTRATIVE DIVISION "B"
TORONTO, ONT.
SEP 1942
I HEREBY CERTIFY THIS TO BE A TRUE AND CORRECT COPY
DIVISIONAL REGISTRAR

(11) Is your father alive? YES If so state name and address, occupation Arthur DUROCHER

P.O. Box #5, Byng Inlet, Ontario, Canada. (Carpenter)

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

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

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

(14) Is your mother alive? YES If so, state name and address Mrs. Claudia DUROCHER

P.O. Box #5, Byng Inlet, Ontario, Canada.

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

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

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

(17) Are you contributing to the support of any dependents, other than those shown above? NO
This may include any brothers 16 years of age or under, or any sisters 17 years of age or under, solely supported and maintained as bona fide members of your household before your appointment or enlistment. If so, state the following particulars:

Relationship NA

Full Name NA

Postal Address NA

Amount contributed monthly during the past six months NA

(18) Are you insured? NO If so, in what company? NA
(Give number of policy)

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

Date 29th April, 1943 L. J. Durocher
(Signature of officer or man)

[signature]

Date 29th April, 1943 FOR Officer Commanding # 2 D.D. (AF)

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.) E.E.H.

13-4

M.F.M. 5
300M—1-43 (7930)
H.Q. 1772-39-1651

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

INSTRUCTIONS

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

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

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

(1) Name of Officer or Other Rank: DUROCHER Leo Joseph
(Surname first—Christian names in full—Block capitals)

(2) Regimental or Official Number and Rank: B-68562 PTE.

(3) Unit: # 2 D.D. (AF) INF (others) # 7 COY R WING (Brantford Group Y)

(4) Are you married? YES (5) If married, state,

(*a*) Full name of your wife: Mrs. Anne DUROCHER

(*b*) Present postal address of wife: P.O. Box #5, Byng Inlet, Ontario, Canada.

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

(7) Are you a widower? NO

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

Names and ages: Harold Joseph DUROCHER (Age 5 months)

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

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

Name: Mrs. Anne DUROCHER

Postal Address: P.O. Box #5, Byng Inlet, Ontario, Canada.

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

If so, state her full name and postal address: NA

RECORDS M. D. 2

[SEE OTHER SIDE]

Statem[illegible]he Service of No. B68562 Rank Pte[illegible] Sheet No. 1

M.F.M. 1 & 2 (a)
750 M—S-39 (1697)
H.Q. 1772-45-13

Name Durocher, L. S. Joseph

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
		S.O.S., C.A. Canada 24-11-43						
		T.O.S., C.A. Overseas 25-11-43						
		Disembarked 2-12-43						
	✓	Reported for Duty 2-12-43	Pte	–	4 CIRU	U.K	253	4 Dec 43
C89		Granted a regular rate of $1.50	Pte	29 Dec 43	4 CIRU	UK	262	13 Dec 43
C-80 SOS		SOS to Exercise "Hendley"	Pte	18 Feb 44	4 CIRU	UK	50 A	19 Feb 44
	TOS							
		S.O.S. C.A. (U.K.) on embarkation 19 Feb 44						
		T.O.S. C.A. (M) 20 Feb 44						
(C2)		Disembarked 3 Mar 44						
		T.O.S Irish R X4 List (3 Bn)	Pte	3 Mar 44	X LIST Irish R	CMF	23	8 Mar 44
S.O.S								
(C2)	T.O.S	T.O.S from X4 List Irish R (4 Bn)	Pte	12 Mar 44	1 R of C	CMF	19	29 Mar 44
	M127	Killed	Pte	29 Sept 44	Irish Regt	AAI	A 497	7/10/44
		SOS Killed in action	Pte	29 Sep 44	1 R of C	AAI	46	4 Oct 44

Statement of the Service of No. B-68562 Rank Pte. Sheet No.

Name Durocher Leo. Joseph.

M.F.M. 1 & 2 (a)
700 M—8-39 (1697)
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
		S.O.S., C.A. Canada 24-11-43.						
		T.O.S., C.A. Overseas 25-11-43.						
		Disembarked 2-11-43.						
		Reported for Duty 2-11-43	Pte		4 C.I.R.U.	UK.	253.	4 Dec 43.
		Granted increase in pay $1.50 per diem	Pte.	29 Oct 43	4 CIRU	UK	262	13 Dec 43

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

NUMBER B.68562 RANK Pte SERVICE UNIT Irish Regiment of Canada (CA).

NAME DUROCHER, Leo Joseph

DATE OF BIRTH
DAY 21st MONTH October YEAR 1910 Enlisted: 29-4-43

MARITAL STATUS Married Religion: Roman Catholic

NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 RELATIONSHIP Wife NAME Mrs. Anne Durocher

ADDRESS Box 5, Byng Inlet, Ont. ADDRESS D.A.B.

ADDITIONAL PERSON TO BE NOTIFIED ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. 1762A H.Q.405-D-18,151

CASUALTY DETAILS Killed in action DATE 29-9-44

MEDITERRANEAN

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

M.F.M.5. ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO S/L 3375 O/S with 4 CIRU

DATE 14-10-44

OFFICER I/C RECORDS

6

COPY FOR DOCUMENT FILE

13-4

SERVICE AND CASUALTY FORM

PART I (For all ranks)

M.F.M. 4 (Part I)
A.F.B. 103 (Part I)
150M—3-42 (3885)
H.Q. 1772-39-1649

Unit #2 D.D. (AF) INF (others) #7 Coy R WING Regimental Number B 68562

1. Surname DUROCHER
2. Christian Names Leo Joseph
3. *Substantive Rank and Appointment
   *Acting Temporary or Local Rank Pte
   giving date April 29/1943
   *To be entered in pencil to facilitate alteration.
4. Place of birth Hull, Quebec, Canada.
5. Date of birth as declared on attestation 21 Oct 10
   (A)
6. Date of enlistment 29 April 43
7. Place of enlistment Toronto, Ontario, Canada.
8. Residence at time of enlistment P.O.Box #5, Byng Inlet, Ontario, Canada.
9. (B) Special conditions (if any) of enlistment or rate of pay
10. (C) Any subsequent variations of conditions of service
11. Religion Roman Catholic
12. If married, state date 4 May 42
13. Trade on enlistment Press Operator
14. Corps, trade and grade
15. (D) Qualifications
16. (E) Miscellaneous entries

(17) Regiment or Corps: INF (others) — Corps of Corps
Unit (Battn., etc): The Irish Regt of Canada

(18) Medical

Category	Date	Authority
A-1 29	April 43	MFM 2
Est. A1 Reaff.	1-7-43	"
A1	11/10/43	"

(19) Next of kin (entries to be made in pencil) Wife
Mrs Anne Durocher
P.O. Box #5 Byng Inlet, Ontario
Canada

(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
		A10 CITC	Not qualified as tradesman		12-10-43		
			S.O.S., C.A. Canada 24. 11. 43				
			T.O.S., C.A. Overseas 25. 11. 43				
			Disembarked 2. 12. 43				
		4CIRU	Reported for Duty 2. 12. 43	UK	2. 12. 43		253. 4 Dec 43
		"	Increase rate of pay $1.50		29 Oct 43	Pte	262 13 DEC 43
		"	~~S.O.S. H. Headley~~	"	18 Feb 44	"	50A 19 Feb 44
			Embarked & SOS CA(UK)	✓	19 Feb 44		
			TOS CA(M)		20 Feb 44	Pte	X23/44
			Disembarked & TOS Irish R X4 (3 Bn)	M	3 Mar 44		
	Irish R	X4 (3 Bn)	Posted to X4 (4 Bn)	✓	9 Mar 44	Pte	X26/44
	✓	X4 (4 Bn)	SOS to The Irish Regt of Canada	X ✓	11 Mar 44	✓	X28/44
16 Mar 44	C.R. Irish	Irish	T.O.S. from X-4 List Irish Regt 4 Bn	Field	12 Mar 44	✓	19/44
30 Oct 44	Irish OCL 381	✓	SOS Killed in Action	✓	29 Sep 44	✓	76/44.

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-68562 Rank Pte Surname Buroker Christian Name Leo J.

Unit	Hospt.	Admitted			Discharged			Hospt. Days	Disease or Injury	Remarks	Cas. List No.
		Day	Mo.	Year	Day	Mo.	Year				
Irish Regt. of Can									Killed 29-9-44		A 497

Records B3-49
H.Q. 1772-45-8
100M—7-44 (5202)

1970

FORM No. 1

Register No..... Nominal Roll No.....

To: [redacted]G. H.Q. File No.....

CANADIAN ARMY (ACTIVE)

Computation of Service

WAR SERVICE GRANT

Regt. No.	Rank when S.O.S.	Surname	Christian Name in Full
B-68562	PTE	DUROCHER	LEO JOSEPH

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. 29 APR 43	T.O.S.	T.O.S.
S.O.S. 29 SEP 44 MD O/S	S.O.S. MD	S.O.S. MD
Total Days 520	Total Days	Total Days

Total Service .....520.....DAYS

—	Total Service	Less Non-qualifying Service	Net Service
Western Hemisphere	210	✓	210
Overseas Service	310	✓	310
Totals	520	✓	
Add Non-qualifying Service			✓
Total Service			520

EMBARKATION DETAILS:

1. Date S.O.S. Overseas.....29 SEP 44..... 2. Date S.O.S. Overseas.....

REMARKS:

KILLED IN ACTION 29 SEP 44

Computer's Signature.....

Checker's Signature.....J. F. O'Leary

Date Computed.....10 May 45

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

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

500M—11-44 (6012)
H.Q. 1772-45-8

3/45A MFM 510
40/P&S/254 (7012)

CANADIAN ACTIVE SERVICE FORCE
OVERSEAS
LAST PAY CERTIFICATE
(All Ranks)

District.....

Dispersal Area.....

Regtl No. B.68562 Rank and Name Durocher L. J. Pte.

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

(Transfer or Discharge) ..... to ..... on 29th September 1944

Reason Death Authority C.C.L."A" 497 d/7th October 44.

The following is a statement of the account of the above-named from 1st September to 30th September 19 44 the inclusive date of transfer or discharge.

Dr Particulars	Amount		Cr Particulars	Amount	
Balance Dr from last account			Balance Cr from last account	68	50
First Monthly Payment AR60 d/17.9.44	6	71	Regimental Pay 30 days @ $1.50	45	00
Casual Payments			Tradesmen's Pay ..... days at ..... $		
Payments on Transfer or Discharge			Additional Pay (Give Particulars) ..... days at ..... $		
Assigned Pay	25	00	Allowances (give particulars) ..... days at ..... $		
Regimental Charges					
Public Stoppages (give particulars) :					
			Cash Effects SOCR 37311		09
To Balance Cr Free	81	88			
Deferred			By Balance Dr		
Total	113	59	Total	113	59

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

Remarks

Assigned Pay $25.00 (W) stopped effect October 1944.

Compiled by W. Blackburn.

Checked by J. Duhamel

Date 27th April 19 45.

SIS.

Certified correct D. Fowler
for Chief Treasury Officer, Overseas

CFA 187
40/P & S/2180 (4066)

CANADIAN MILITARY HEADQUARTERS

ESTATES BRANCH
INVENTORY

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

No., RANK and NAME B-68562 Pte. Durocher L.J. Dec'd

RECEIVED FROM G.H.Q. Cdn. Section 2nd Ech A.A.I.
M-16018 Pte. Murdoch W.J.
B-73775 Pte. Todd F.A.

CHECKED BY ..... DATE 20 Dec 44

1	Cap Badge		
	Snapshots		
50	Cdn. 1 Cent Pieces		
2	Cdn, Five Cent Pieces to C.P.M.		
1	Wallet		
2	Souvenir U.S.A. 1 Dollar Notes(Autographed)		
1	Souvenir Italian Note 5 Lire.		
1	Rosary		
1	Large Photo in Folder		
1	Leather Writing Case		
	Letters		
1	Fountain Pen(No Nib)		
1	Propelling Pencil		

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

TRIPLICATE — with effects.

F.A. Todd P.C.
for OC 1 Cdn KSD

405-D-18151

PLEASE PLACE ON FILE AND P.A.

RECORDS OFFICE OVERSEAS.

CANADIAN MILITARY HEADQUARTERS.

GRAVES REGISTRATION CARD.

NAME DUROCHER, Leo Joseph

RANK Pte

UNIT IRISH REGT OF CANADA.

PLACE & DATE OF BIRTH Hull, Quebec, Canada 21 Oct 1910

REGIMENTAL NO B.68562

NEXT OF KIN & ADDRESS WIFE

ANNE DUROCHER,

P.O. Box 5 Byng Inlet, Ontario, Canada.

PARTICULARS OF HOSPITALISATION

DATE OF ADMISSION

NAME & LOCATION OF HOSPITAL

DIAGNOSIS

PARTICULARS OF DEATH

DATE OF DEATH 29 Sept 44

PLACE OF DEATH Italy.

HRS

CAUSE OF DEATH KILLED IN ACTION

PARTICULARS OF BURIAL

DATE OF BURIAL Reburied 5 Jun 45

CEMETERY Cesena British Empire Cem.

PLOT NO 8 ROW A GRAVE 4

DEATH CERT.NO

RELIGION ROMAN CATHOLIC.

DATE 25 Oct 45

(M.BLUTEAU) Capt.
for COLONEL,
O i/c Records,
CANADIAN MILITARY HEADQUARTERS.

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

File No 405-D-18157

VERIFICATION FORM

WAR SERVICE MEDALS 1939-45

No. B68562 Name Durocher Les Joseph

Rank on Discharge Pte Date of Discharge 29-9-44

Authority for Discharge or Retirement Deceased

Served in:				Non-qualifying service
Canada	from 29-4-43	to 24-11-43		
	from	to		
United Kingdom	from 25-11-43	to 19-2-44		
	from	to		
Italy	from 20-2-44	to 29-9-44	Killed in Action	
Northwest Europe	from	to		
---------	from	to		
---------	from	to		

Eligible for award of:

1939 - 45 Star	OK
~~France-Germany Star~~	
Italy Star	OK
~~Defence Medal~~	
War Medal	OK
Canadian Volunteer Service Medal	OK
with Clasp	OK

M

NRD

Verified by Gi R Legault

Date JUL 4 1946

Carded JUL 9 1946

HA 165

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

ARMY HG

Name: DUROCHER (Surname) Leo J. (Christian Names) No.: B.58562

Pte. (Rank) C.A.O/S (Unit) 29-9-44 (Date of Death)

AMOUNT

Date: 3-8-45

L.P.C. $ 81.88

Other Credits 7.00

Total 88.88

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Widow	Mrs. Anne Durocher, P.O. Box #5, Byng Inlet, Ont. (Sole beneficiary under will)	$88.88

P4. TO TREAS. 15-9-45

AUTHORITY

H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	$88.88

CLASSIFIED BY

EXAMINED BY

For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

(L. M. Firth) Colonel
Director of Estates

AUDITED FOR PAYMENT

For Chief Treasury Officer

75M—2-45 (6771)
H.Q. 1772-80-2

ORIGINAL

Cooper 403

DOMINION OF DU CANADA

INCOME TAX — IMPÔT SUR LE REVENU

NOTICE OF ASSESSMENT — AVIS DE COTISATION

BASED ON INCOME OF
BASÉ SUR LE REVENU DE 194 2

REVISED JUNE 1943
REVISÉE EN JUIN 1943

T. 7 IND.

AK- 13150

M 47

FILE
DOSSIER

ACCOUNT
COMPTE

Estate of Leo J. Durocher,
c/o Administrator of Estates (Army)
Dept. National Defence,
Ottawa, Ont.

1. DISTRICT OFFICE / BUREAU DE DISTRICT: 1 Front St. W. Toronto — DATE MAILED / POSTÉ LE: July 3rd 194 5

2. **YOUR TAXABLE INCOME** HAS BEEN DETERMINED IN THE SUM OF:
VOTRE REVENU IMPOSABLE, TEL QUE DÉTERMINÉ, S'ÉLÈVE À: $ 1669.93

YOU ARE HEREBY ASSESSED AS FOLLOWS:-
3. VOUS ÊTES PAR LES PRÉSENTES COTISÉ COMME SUIT:-

	TAX - IMPÔT	INTEREST - INTÉRÊTS
(1) AMOUNT OF TAX LEVIED (NOT INCLUDING DEFERRED TAX, IF ANY, ITEM 5) / MONTANT D'IMPÔT PRÉLEVÉ (NON COMPRIS L'IMPÔT DIFFÉRÉ, S'IL EN EST, ITEM 5)	$ 71.00	
(2) PENALTY FOR LATE FILING / AMENDE POUR RETARD À PRODUIRE	$	
(3) TOTAL	$ 71.00	
(4) PAID BY DEDUCTION AT SOURCE / MONTANT DÉDUIT À LA SOURCE	$ 141.77	
(5) BALANCE OF ASSESSMENT / SOLDE DE LA COTISATION	$ 70.77	$
(6) OTHER PAYMENTS APPLIED ON THIS ASSESSMENT / AUTRES PAIEMENTS AFFECTÉS À CETTE COTISATION	$ 70.77	$
(7) BALANCE PAYABLE / SOLDE EXIGIBLE	$ nil	$

Credit

Transfer to 1941.

A

ESTATES BRANCH
JUL 12 1945
H. Q.
OTTAWA
NATIONAL DEFENCE

PMK*SJ

4. **AMOUNT PAYABLE AS AT** (SEE ITEMS 6 TO 8, REVERSE SIDE) 194 $
MONTANT PAYABLE AU (VOIR ITEM 6 À 8 AU VERSO)

5. **YOU ARE HEREBY ALSO ASSESSED** FOR 1942 DEFERRED TAX IN THE SUM OF $
EN OUTRE, VOUS ÊTES COTISÉ POUR L'IMPÔT DIFFÉRÉ DE 1942 À

PAYMENTS MADE $ / PAIEMENTS EFFECTUÉS — DISCOUNT (IF ANY) $ / ESCOMPTE (S'IL EN EST) $

BALANCE OF DEFERRED TAX (SEE ITEM 10 ON REVERSE SIDE) $
SOLDE DE L'IMPÔT DIFFÉRÉ (VOIR L'ITEM 10 AU VERSO)

C. Fraser Elliott
DEPUTY MINISTER OF NATIONAL REVENUE FOR TAXATION
SOUS-MINISTRE DU REVENU NATIONAL POUR L'IMPÔT

DO NOT DETACH

NE PAS DÉTACHER

REFUNDABLE PORTION 194 2 PORTION REMBOURSABLE

THE GOVERNMENT OF THE DOMINION OF CANADA
IN RESPECT OF THE ASSESSMENT IMPOSED UPON THE TAXPAYER HEREIN, AS SHOWN IN ITEM 3, ACKNOWLEDGES, AFTER THE TAXPAYER HAS PAID THE SAID ASSESSMENT, THE REFUNDABLE PORTION OF THE SAID TAX IN

THE SUM OF
LE MONTANT DE

TO BE REPAYABLE TOGETHER WITH 2% INTEREST THEREON AS REQUIRED BY STATUTE—SECTION 93 OF THE INCOME WAR TAX ACT—AND SUBJECT TO THE CONDITIONS SET FORTH IN ITEM 9 ON THE REVERSE SIDE HEREOF.

LE GOUVERNEMENT DU DOMINION DU CANADA
EN CE QUI CONCERNE LA COTISATION IMPOSÉE AU CONTRIBUABLE, PARAISSANT À L'ITEM 3 DES PRÉSENTES, RECONNAÎT, APRÈS ACQUITTEMENT DE LADITE COTISATION PAR LE CONTRIBUABLE, QUE LA PORTION REMBOURSABLE DUDIT IMPÔT POUR

$ nil

DOIT ÊTRE REMISE EN PLUS D'UN INTÉRÊT DE 2% SUR LEDIT MONTANT, TEL QUE PRÉVU DANS LA LOI DE L'IMPÔT DE GUERRE SUR LE REVENU, ARTICLE 93, SOUS RÉSERVE DES CONDITIONS ÉNONCÉES À L'ITEM 9 AU VERSO.

Colin Gibson
MINISTER OF NATIONAL REVENUE
MINISTRE DU REVENU NATIONAL

C. Fraser Elliott
DEPUTY MINISTER OF NATIONAL REVENUE FOR TAXATION
SOUS-MINISTRE DU REVENU NATIONAL POUR L'IMPÔT

Calle 106

TO BE COMLPETED IN DUPLICATE

Original Received
D.R.C. FEB 18 1944

M.F. M.10
40/P & S/423 (3044)

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

WILL

(1) I, Leo Joseph Durocher, of the Town
(Names in Full) (~~City~~, Town, ~~Village~~, ~~Township~~)

Address in civil life.

of Byng Inlet, in the ~~County~~ District of Parry Sound
Province of Ontario, Labourer
(Civil Occupation)

Regimental No. B.68562, Unit 4 C.I.R.U., 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

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

My Wife, Anne. Durocher.
P.O. Box. #5
Byng. Inlet.,
Ontario, Canada

(4) I appoint Anne Durocher Byng Inlet, Ontario.
(Name) (Address)

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

IN WITNESS WHEREOF I have hereunto set my hand this 7th day of Dec. 19.43.

Signed and acknowledged by the Testator as and for his last will 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.

L. J. Durocher
(Signature of soldier)

First witness sign here.

(5) Signature L. Rayncraft
Civil Address 112 Bedford Rd. Ave. Toronto Ont.
Civil Occupation Letter Carrier

Second witness sign here.

Signature C J Killoran
Civil Address 86 John St Stratford Ont
Civil Occupation Lawyer.

(Witnesses are not to be beneficiaries.)

[OVER]

Mrs. Anne Durocher,
Box 5,
Byng Inlet, Ont.

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

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

and the following number quoted:—

H.Q. 405-D-18,151 FD-76

DEPARTMENT OF NATIONAL DEFENCE

ESTATES BRANCH

OTTAWA, ONT.

Nov., 22, 1944

ESTATES BRANCH JAN 4 1945 H.Q. OTTAWA NATIONAL DEFENCE

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

DUROCHER Leo Joseph Pte.

B-68562 Can. 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/HS

Director of Estates.

M.F.W. 77
16M-10-44 (5854)
H.Q. 1772-39-972

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		Anne Durocher	70.	Byng Inlet Ont
2	Children of the Deceased and dates of their Births		Harold Durocher Born Dec 11. 1942	2yrs	Byng Inlet Ont
3	Father of the Deceased		Arthur Durocher		Skead. Ont
4	Mother of the Deceased		Claudia Durocher		Skead. Ont
5	Brothers of the Deceased	Full Blood	Aldege Durocher. Laurence " Neil " Elde " Albany " Walter " Albert " Hilfred " Edmond "		
		Half Blood			
6	Sisters of the Deceased	Full Blood	Yvonne Jetty Lauretta Mikkaud Isabelle Lefebure.		Nebel. Ont. Skead Ont Skead. Ont.
		Half Blood			
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
	Aldege Durocher Feb. 7/28 Albany " April. 26/22 Albert " Feb. 26/30. Hilfred " Aug. 4. /44.				

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Leo Joseph Arthur Lemoche
9	Date of his birth.	Oct. 21st 1910
10	Place and date of his marriage.	May 4. 1942
11	Place and date of his parents' marriage.	Nov. 21. 1904 Hull Quebec

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Hull, Quebec
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) District of Parry Sound (c) (d)
14	Nature of employment before enlistment.	War worker
15	State whether he owned the premises in which he lived, and, if so, where situated.	Yes Byng Inlet.
16	Name place where deceased stated he intended to make his permanent home.	Byng Inlet. Ont

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	Not known if so with army
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?	None
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?	None if so with army
20	Amount of War Savings Certificates held by deceased. Indicate where located.	None " " "
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	None " " "
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	none " " "
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	

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.	Not known.
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)

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

* Widow 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.

Anne Durocher — Signature of Informant

Byng Inlet, Ont. — Address

CERTIFICATE

I hereby certify that to the best of my knowledge and belief Anne Durocher

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

Dated at Byng Inlet this 24th day of December 1944

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

Rev H E Aulambault Qualification Parish Priest

Address Britt 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

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

4
ARMY

DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

DECEASED MEMBER'S NAME: Leo Joseph (CHRISTIAN NAMES) DUROCHER (SURNAME)

REGISTER NO. D-2134
FILE NO. 405-D-18151
DATE 11-7-45
SERVICE NO. B-68562
FINAL RANK OR RATING Pte.
DATE OF DISCHARGE 29-9-44

PAYEE Mrs. Anne DUROCHER,
ADDRESS Box 5,
Byng Inlet, Ont.

DATE OF TERMINATION OF OVERSEAS SERVICE 29-9-44

	$ ¢
A. TOTAL QUALIFYING SERVICE — NO. OF DAYS 520/30 EQUAL TO 17 COMPLETE PERIODS AT $7.50	127.50
B. QUALIFYING OVERSEAS SERVICE — No. OF DAYS 310 LESS 10 INELIGIBLE DAYS, EQUAL TO 300 DAYS @ 25c. PER DAY (SEE PAR. 2 OVERLEAF FOR EXPLANATION)	75.00
	202.50
C. SUPPLEMENT FOR OVERSEAS SERVICE	
DAILY RATES AT DISCHARGE: PAY $ 1.50; SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE $ 1.25; ADDITIONAL PAY $; $; $; DEPENDENTS' ALLOWANCE 1/30 OF $ 51.12 $ 1.70; TOTAL $ 4.45 X7 = $ 31.15; NO. OF DAYS 310/183 X$ 31.15	52.77
D. WAR SERVICE GRATUITY	255.27
E. DEDUCTIONS — OVERPAYMENT OF PAY AND ALLOWANCES $; DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $; OTHER DEDUCTIONS $	
F. TOTAL AMOUNT PAYABLE	255.27

G. YOUR PORTION OF GRATUITY IS— 100%

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

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

RECEIVED
JUL 13 1945
WAR SERVICE GRATUITY DIVISION, ARMY TREASURY

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
PJ	[illegible]

TREASURY

CHECKED BY	DATE
N. M. Waserman	28.7.45

[illegible]
SERVICE REPRESENTATIVE

COMPUTATION OF WAR SERVICE GRATUITY

MEMBER'S NAME LEO JOSEPH DUROCHER (Christian Names) (Surname) — Register No. D-2134

PAYEE'S NAME MRS ANNE DUROCHER, (Christian Names) (Surname) — File No. 405-D-18151

Date 3-7-45

ADDRESS BOX 5 - BYNG INLET, ONT. — Service No. B-68562

Final Rank PTE

DATE OF TERMINATION OF OVERSEAS SERVICE 29-9-44 — Date of Discharge 29-9-44

	AMOUNT $	c
A. TOTAL QUALIFYING SERVICE No. of days $\frac{520}{30}$ = 17 (16) Periods @ $7.50	127	50
B. QUALIFYING OVERSEAS SERVICE No. of days 310 less 10 Ineligible days, equal 300 Days @ 25c per day	75	00
	202	50
C. SUPPLEMENT FOR OVERSEAS SERVICE Daily Rate of Pay $ 1.50 Subsistence Allowance $ 1.25 Additional Pay $ Dependents' Allowance 1/30 $ 5.12 $ 1.70 TOTAL $ 4.45 × 7 = $ 31.15 No. of Days $\frac{310}{183}$ × $ 31.15	52	77
	255	27
D. WAR SERVICE GRATUITY Computed By Montey		
E. DEDUCTIONS Overpayment of (1) Pay & Allowance $ (2) D.A. & A.P. $ Other Deductions $ Entered By		
F. AMOUNT PAYABLE (This amount is payable in 1 monthly instalments of $ 255.27 each)	255	27

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

$..... × 30 = $.....

REMARKS

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

Byng Inlet. Ont.
April 11. 1945

D-2134

405-D-18151

Paymaster General
War Gratuity Section
N. D. H. Q. Ottawa.

Dear Sirs:-

I understand that a gratuity is being paid to members of deceased service men. Enclosed is the name, rank etc. of my husband. Trusting you will look into it and let me know if I'm being granted a gratuity

Reg. No. B. 68562
Rank. Pte.
Name Leo Joseph Durocher
Date of death. Sept. 29. 1944.

RECEIVED
APR 13 1945
PAYMASTER GENERAL
W.S.G. Branch

Yours truly.
(Mrs.) Anne Durocher
Byng Inlet.
Ont.

Box 5.

ARMY

(3)

Byng Inlet. Ont.
Dec. 4. 44

405-D-18,151

D-2134

Director of Records
A. G. Branch.
DEC 6 1944
Nat. Defence Hqr
Ottawa, Canada.

Records Office
Ottawa. Ont.

Dear Sirs:

I read your item in the paper about war gratuities due to dependants of deceased soldiers. My husband B. 68562 Pte. L. J. Unoche was officially reported killed in Action on Sept. 29. 44. As I do not quite understand the paper will you please send me full particulars as to what I have to do to receive this war gratuities. I have one dependant under two years of age. Trusting you will send me full particulars. Thanking you.

Yours truly.
(Mrs) L. J. Unoche
Byng Inlet. Ont.

CASUALTIES ONLY
For purposes of W.S.G.
Casualties include death
subsequent to discharge

Register No. D2134

File No. H.Q.405-D-18151

WAR SERVICE GRANTS ACT 1944

OTTAWA, December 15th 1944

TO: Chief Treasury Officer,
Dependents' Allowance and Assigned Pay Branch

Service No. B68562

Name L.J. DUROCHER
Christian Name Surname

Please supply the following information in respect of the marginally named at the time of his discharge or death and return this form in duplicate along with the file to the undersigned.

K.W. Rice
(K.W.Rice) Lieutenant,
for(A.R.Mortimore) Brigadier,
PAYMASTER-GENERAL.

	Name	Amount
Names of persons in receipt of D.A. and amount of monthly award	Mrs Anne Durocher	$ 51.12
If no D.A. in issue, list names of persons in receipt of A.P., who may be classed as dependents under W.S.G. Act. 1944 and amount of monthly assignment.		
Names of persons to whom assigned pay was continued by supplementary award after death.		
Amount of overpayment of dependents allowance and/or assigned pay deductible from the War Service Gratuity and name of person to whom paid	Mrs Anne Durocher	Nil

28.12 1944

E Reid
For Chief Treasury Officer,
D.A. & A.P. Branch

C.T.O., D.A. & A.P.

Overpayments of D.A. and/or A.P. recovered from W.S.G. $_____

_____ 194____

_____
for C.T.O.

H.Q. 405-D-18,151 D.R. 2(D)

17th September, 1945.

Mrs. Anne Durocher,
Box 5, Byng Inlet, Ont.

Dear Madam:

Information has just been received from overseas that the remains of your husband, B68562 Private Leo Joseph Durocher, have now been carefully exhuméd from the original place of interment and reverently reburied in grave 8, row A, plot 4, of Cesena British Empire Cemetery, Cesena, Italy. Marked map is enclosed. This is a recognized military burial ground and will receive care and maintenance in perpetuity.

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

Yours faithfully,

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

B.B./EFH

21

BATTLE CASUALTY

CASUALTY SECTION EXTRACT FORM

This Space is for the **RED X** See Below

Message Received from E/CAS/9896

Time Message Received

Date Message Received 4 OCT 44

Theatre AAI

Regimental No.	Rank	Name		Full Christian Names
B68562	PTE	DUROCHER	LEO	JOSEPH

Unit IRISH REGT OF CANADA

SERIAL 943

CASUALTY PARTICULARS

KILLED IN ACTION 29 SEP 44

"A" 497

Hospital Admitted To ..... Date .....

Hospital Transferred To ..... Date .....

Hospital Transferred To ..... Date .....

Hospital Discharged From ..... Date .....

IMPORTANT—Always Give Full Address and Relationship of all Next of Kin—IN PLAIN CLEAR PRINTING

Next of Kin ANNE DUROCHER Relationship WIFE

P.O. BOX 5, BYNG INLET,
ONTARIO
CANADA

NOTE: If the Next of Kin resides in the British Isles or U.S.A. MARK RED X in UPPER LEFT HAND SQUARE

IMPORTANT

Home Town SAME

Cable No. 1762A

Inland Tel. No.

M

M126 M-12

Verification Clerks Signature

4/20A CFA 48 40/P & S/1568 (6847)

405-D-18151

FIELD SERVICE

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.

REGIMENT OR CORPS: Irish Regt

Squadron, Troop, Battery or Company:

Officer's Personal No. (if known) / Soldier's Army No.: B68562

Rank: Pte

Surname: DUROCHER

Christian Names: L.J.

Died — Date: 29 Sep 44 Place: Italy

Cause of Death*: Killed in action

Nature and Date of Report: 3011c c-9

By whom made: Unit

* Specially state if killed in action, or died from wounds received in action, or from illness due to field operations or to fatigue, privation or exposure while on military duty, or from injury while on military duty.

Burial — Place: CESENA sh 100/II MR 742023 paralell with Rd, beside house Date: 13 Oct 44

By whom reported: HA "erklinger H/Capt Irish Regt

State whether he leaves a Will or not

(a) in Army Book 64: Not known

(b) as a separate document: Not known

All private documents and effects received from the front or hospital, as well as A. B. 64, should be examined, and if any will is found it should be at once forwarded to the War Office.

Any report received as to verbal expressions by a deceased officer or soldier of his wishes as to the disposal of his estate should be forwarded to the War Office at once, supported by a certified statement of the person who actually received the information.

In the case of a soldier a duplicate of this report is to be sent to the Paymaster at the Base, together with the deceased's A. B. 64 (after withdrawal of any will from the latter), for transmission to the Paymaster who compiles the soldier's account.

Station and Date: Field 23 Oct 44

Signature of Officer in charge of Section Adjutant-General's Office at the Base: E Mallen Capt for Officer i/c Cdn Sec GHQ 2nd Echelon AAI

15

Wt. 46939/917 500M. 3/40 M. & S., Ltd. 51-6239

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 (ITALY) 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 DUROCHER (Family name) Leo Joseph (Given name or names in usual order)

RESIDENCE No. P.O. Box #9, Street ..... City, Town, Village or Township Byng Inlet, 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			Married

8. BIRTHPLACE Quebec (Province or Country)

9. DATE OF BIRTH October (Month) 21st, (Day) 1910. (Year)

10. AGE in

Years	Months	Days	If less than one day old
33			....hrs. or ....min.

OCCUPATION

11. Trade, profession or kind of work as spinner, teamster, office clerk, etc. Press-Operator

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 DUROCHER, Arthur

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

MOTHER

18. MAIDEN NAME .....

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

20. Person giving information sign here Director of Records, G.S.
Address Dept. of National Defence.
Relationship to deceased .....

21. Place of Burial, Cremation or Removal Italy
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 September (Month) 29th, (Day) 1944. (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

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)

OVERSEAS CASUALTY CANADIAN AREA

MAY 1 1945

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

Mrs. Anne Durocher,
Box 5,
Byng Inlet, Ontario.

Dear Mrs. Durocher:

It was with deep regret that I learned of the death of your husband, B68562 Private Leo Joseph Durocher, who gave his life in the Service of his Country in the Mediterranean Theatre of War on the 29th day of September, 1944.

From official information we have received, your husband 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. E. WALFORD
Major - General
Adjutant - General

OCT 21 1944

(A.E. Walford),
Major-General,
Adjutant-General.

Mem's mother widow

/EMA

6

MILITIA BOOK M. 1

PART I

250M—10-42 (5040-2 & 5232)
H.Q.1772-39-1672

CANADIAN ARMY

SOLDIER'S SERVICE BOOK

(For use on Active Service)

Reg. No. B-68562.

Surname (Capitals) DUROCHER.

Christian Names in full Leo, Joseph.

(I) SOLDIER'S NAME AND DESCRIPTION ON ATTESTATION

Regtl. No. B-68562

Surname (in capitals) DUROCHER.

Christian Names (in full) Leo Joseph.

Date of Birth Oct 2 1st. ~~Joseph~~ 1910

Place of Birth Hull. Quebec. Canada

Citizenship Canadian

Trade on Enlistment Press. Operator

Nationality of Father at Birth Canadian

Nationality of Mother at Birth Canadian

Religion R.C.

Enlisted at Toronto Canada.

Date 29/4/43.

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

Signature of Soldier + L. J. Durocher.

Signature of Officer [illegible]

Place Toronto Canada Date 4/5/43

(IV) NEXT OF KIN NOW LIVING

Any change becoming known is to be duly noted with date of such change and reported by O.C. Unit to the Officer i/c Records.
NOTE.—No entry in these pages has any legal effect as a WILL (see pages 20 to 23)

Nearest degree of relationship		Names	Date	Latest known Address in full
1st	Wife	Mrs. Anne Durocher		P.O. Box 45 Byng Inlet Ontario Canada
	Children	Harold Joseph Durocher 5 mon.		d.o.
2nd	Father	Mr. Arthur Durocher		Skead, Ontario d.o.
	Mother	Mrs. C. Claudia Durocher		Skead, Ontario d.o
3rd	*Brothers and Sisters			
4th	Other Relations (stating relationship)			

*State whether brothers are older or younger.

(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
29/4/43	Pte	No. 2 DISTRICT DEPOT (CA	C.O. 406	[illegible] Lt.
29/8/43	"	10th INC CAR 0346	D.O. 209	J.G. McArthur Lieut.

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

TRAINED (passed Basic Training, and Advanced Training as laid down for his arm of the Service) *except that he requires further training in:*—*

BASIC TRAINING COMPLETED Jul. 14/43

Maurice R Oliver Lt

Completed advanced training in accordance with Standard Syllabus for C/T.C. 17 Sept 43 A10 C/T.C Camp Borden

Lorne Peart Lieut

Qualified in addition as under:—

qualified 6 Pdr A/Tk gun 18 Sept 43

[illegible]

Date................................ ....

Commanding..

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

(VII) PARTICULARS OF TRAINING

Courses and Schools. Specialist Qualifications. Swimming, etc., showing result, Certificate number or authority. (Two lines may be used for each entry)	Date	Signature of Officer

(VIII) SMALL ARMS RANGE COURSES

Year	Classification	Type of Weapon	If Table not completed, state parts fired	Signature of Officer
1943	F	Rifle		C. Labbett Lt
1943	F	Bren		C. Labbett Lt
29-12-43	I	Rifle	A.B.C.D.	D.D. Phelan Lt
30-12-43	II	Rifle	1 – 5	D.D. Phelan Lt
30-12-43	II	Bren	1 – 3	D.D. Phelan Lt

(IX) EDUCATIONAL QUALIFICATIONS

Certificate, Specialist Qualifications, etc., Certificate number or authority. (Two lines may be used for each entry)	Place	Date	Signature of Officer
High School Entrance	Byng Inlet Ontario	1922	Erick Robert D.

(X) TRADE QUALIFICATIONS

(For men who have passed Trade Tests)

Trade	Group	Grade	Part II Order	Date	Signature of Officer

(XI) EMPLOYMENT WHILST SERVING

Period		Nature of Employment	Remarks and Signature of O.C. Coy., etc.
From	To		
24-Apl-43		General Duty	W L Coleman Capt.

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

(XII) MEDICAL CLASSIFICATION

Date	Category or Grade	Medical Examiner of Recruits, or other Medical Authority	Date of last Examination	Signature of Medical Officer
29/4/43	A-1	MFM 2.		W.S. Krauser [illegible]
1/7/43	EXAMINED, CAT. A-1	REAFFIRMED		[illegible]
11/10/43	A1.	A1.	11/10/43	[illegible]

(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 DENTAL TREATMENT

Date	Required	Completed	SPECIFICATION Use authorized Abbreviations and Symbols	Signature of Dental Officer
13 July 43	✓		1F. P.E.	[illegible]
2 Dec 43		✓		[illegible]

(XV) PARTICULARS OF SURGICAL APPLIANCES ISSUED

Particulars	Date	Signature of Medical Officer

(XVI) PROTECTIVE INOCULATIONS

Nature of Vaccine, "T.A.B.T." Cholera, Plague, etc.	Date	Signature of Medical Officer
T.A.B.T.1	6/5/43	[illegible] Lieut.
Typhus 1 c.c.	11 Feb 44	[illegible] Capt.
S.P. VACC.		
T.A.B.T. 1	4-6-43	[illegible]
T.A.B.T. 2		
T.A.B.T. 3	2-7-43	
Typhus 1 c.c.	[illegible] 44	[illegible] Capt.
1 c.c.	[illegible] 44	[illegible] Capt.

(XVII) VACCINATION

Date Vaccinated	Signature of Medical Officer
TABT ½ cc 16.4.44	[illegible]

(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
X-Ray Neg.	29 APR 43	Chas. Phillips Lieut.
FINGERPRINTED	5 MAY 43	[illegible] Sgt.
"Q" CARD COMPLETE		5 [illegible] 43
"M" TEST (REV.) COMPLETE		K.K. [illegible] Capt.
PART III ISSUED.	6 Aug 43	[illegible] Lt
DM Gas	16-8-43	[illegible]
C.A.P.	5-12-43	[illegible]
BLOOD DONOR	22.12.43	[illegible] Capt.
S.O.S. Cdn Army Eng 19 Feb 44 T.O.S. Cdn Army CMF 20 Feb 44 Disembarked Italy 3 Mar 44		[illegible]

marriage **after** the date of a Will revokes that Will. Therefore, a Soldier, immediately upon his marriage, should make a new Will in order that, in the event of his death, his estate may be distributed in accordance with his wishes as shown in his Will.

7. The Will of a Soldier on Active Service is not invalid by reason that at the date it was made he was under the age of 21 years.

A Soldier who has made a Will before his enlistment, is recommended to inform his Commanding Officer where such Will has been deposited and the Commanding Officer shall upon receipt of such information forthwith complete the following certificate and despatch the same to the Officer i/c Records.

No. Rank Name

states that he has executed a Will and that the same has been deposited with

at Signature of Officer.

Date Rank or Appointment.

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

The Officer receiving such Will shall complete the following certificate:—

Certificate M.F.M. 10 received and forwarded to the Officer i/c Records at

Signature of Officer.

Rank or Appointment.

HQ MD 2

Date Certificate or Will extracted.....

Signature of Officer.....

To whom sent.....

Unit or Dept.....

Date Will extracted 7 Dec 43

Signature of Officer.....

To whom sent 4 CLRU

Unit or Dept. 4 CLRU

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

SHORT FORM OF WILL

(Write Will on next page)

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

The following is a specimen of a Will leaving all to one person:—

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

(Signature) GEORGE BULL,
Private No. 30000,
Date 5th August, 1936. Cameron Highlanders.

The following is a specimen of a Will leaving legacies to more than one person:—

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

(Signature) GEORGE BULL,
Private No. 30000,
Date 5th August, 1936. Cameron Highlanders.