#### OCCUPATIONAL HISTORY FORM

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

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

		Section	A—GENERAL	INFORMATION		PLB
					Reg'l. No.	
2. (a)	Arm of service	(b) Unit(b) Have	you	(c) Place of residence	e (c) Rank 7/2/11/17.	
3. (a)	Date of birth	any depe	ndents?	at time of enlistment	e scorpoun nue.	
4. (a)	Place of enlistment				nlistment	
E (a)	Ctata and an	AME AND		AND TRAINING	And the same of th	
fin	State age on ally leaving school		(b) Were you aor college up to	the time of enlistment?	X 253	
6. Sta	ate definitely highest star or instance—"4 years, Pu	nding reached at publ	lic, technical or h	igh school	. pub.school	
Ma	atriculation", or "4 years	technical course in p	rinting", etc.)	5 1720	. high school	
un		degree secured		5 That. Mo GIL	L MOMPHELLOUS.	
en	Did you ever ter upon a trade	for what	PITI.	(c) Did you	(d) If you did not finish it, how long	,
ap	prenticeship?	occupation?	AND WARE TO SELECT	finish it?	finish it, how long did you serve at it?	
do	you speak fluently?	AT THE RESIDENCE AND ADDRESS.	<b>国和政</b>	(b) What languagesdo you read well?	是其事也 温度到净 ·	
	Sect	ion C-EMPLOY	MENT COND	ITION AT TIME O	FENLISTMENT	
). (a)	State whether you were ORKING or NOT WORK	3		(b) At time of en-		
IN	G at time of enlistment			listment of what		
(Er	ter here only "Work-" or "Not Working"	. ENGT. SOUTHER		trade union or	TILE.	
as	case may be; particu- s are asked for below			professional society were you a member?	•••••	
iai						_
	Section D—PARTI				NEMPLOYED AT TIME	
	OUESTIONS 11		F ENLISTME THOSE WHO ANS	WER "NOT WORKING" IN QU	UESTION 10 (a)	
. Ha					DESTION 10 (a)	
	If answer to 11 be "Y			State how long you		
19675-2	te exact trade or occupation which you actually wor	The second secon	and the last	had worked at this trade or occupation	WILL.	
			- The state of the			••••
	you had been employed		-		•••••••••••••••••••••••••••••••••••••••	••••
wh	en you last worked fair	y regularly before e	nlistment	<b>*</b>		
em	ve details of last ployer, if any: Name	NIL		Addres	S	
. Na	ture of employer's busin	ness (for instance, "f	armer", or "build	ding		
(a)	If your last employme a business of your own	nt was			(b) Date of dis-	
nat	ure and address of bu	isiness			continuing it	
	Section E-PARTI	CULARS CONCI	ERNING THO	OSE WHO WERE	EMPLOYED AT TIME	
			OF ENLISTM			
QUES	HONS 18 TO 23 REFER ON	TO THOSE WHO AN	PLYING TO YOU A	T TIME OF ENLISTMENT	E READ THESE QUESTIONS AND REPLY	
115	YOU WEDE AN EMPLOYEE	WORKING FOR AN EN	PLOYED UP TO TH	E TIME OF ENLISTMENT DI	FASE ANSWED OUESTIONS 10 TO 01	
					LEASE ANSWER QUESTIONS 18 TO 21	
	me of employer's busin				O,	
cor	ture of employer's busing stractor", or "boot factory	", or "iron foundry"	or "retail store",	etc.)	······································	
. (a)	Your ecific occupation			(b) Number of years	any employer	
. (a)	Did your employer prom	nise		loyer (c)	Do you wish return to your	5
em	ployment on discharge?		employment on	lischarge?for	rmer employment?	
IE W	OU WEDE WORKING ON W	OUR OWN UP TO THE	TIME OF ENLIGHA	NIT THAT IS TO SAY OFF	ATING A FARM A STORE AN ACENCY	
					ATING A FARM, A STORE, AN AGENCY, TIONS 22 AND 23	
or	State nature of business professional practice		it lo	Where was cated?		
. (a)	Number of years	return to	(b) Have you may	de, or will you make plans	s to je?	
Ong				FARMING EXPERI		-
(0)						
in	farming after the war?	to operat	e a farm?	kind of farming		
. (a)	rn on a farm?	(b) How many yearsfarming experience I	actual nave you had?	(c) In what prov	inces xperience?	
4		Sect	ion G_MISC	FLLANFOLIS		
. Ha	ve you made any arrange	ements other than inc	dicated above, for	re-establishment in civil	life after discharge?	
					TTTT	1000
to	so, state nature of your return to school, or have ate any employment pref	you been assured of	a job, etc.)	William And		
ma	y have, other than indic	ated elsewhere in thi	is form	Bearing and the second of the second		
					- 2	
	THE PARTY NAMED IN	APPENDING THE PROPERTY OF THE PARTY OF THE P				

SIGNATURE.

10%

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RIGINAL			
RIPLICATE			M.F.M. 1 50M-2-43 (8600) H.Q. 1772-39-1644
		striking out terms not applicable)	
Jnit	TCEL	ME Rank 1/2/ LI	
Personal No		Name	
ACTIVE FOI	ATTEST	UNITS OF THE CANAL ATION PAPER	NGERPRINTEN
		ECLARATION PAPER	Hally .
1. Surname	Also applical	ole to Nursing Sisters OI  MA	V R.C.M.P. FORM Y 26 1944
2. Christian names	fiene	Edmond	
		)4, Scottstown, P.Q.	Canada
	31 May, 1923		
5. Place of birth	Canada	Quabec	Montreal
6. Citizenship	(Country) Canadian	(County or Province)	(Town or Twp.)
		what country are you now a citizen) ed Church of Canada	
8. Profession or occupation	Mann de	ate Student (Enginee	
9. Married, widower or sing			
0. Name of next of kin		tobert Alexander Sco	TT
1. Relationship	Guarc	lian	
2. Address of next of kin	P.O. Box 204	scottstown, P.Q.	Canada
3. (a) State Unit of Reserv	e Formation or Unit of	the Canadian Army in which yo	ou are serving or have served
•••••••	McGILL C.C	P.T.C. RF.	
(b) Present rank	Cadet .		
		Unit of the Canadian Army?	NO
			(Yes or No) other Naval, Military, or Air
Force?	es, give Regimental No. and Unit)		Outici itavai, ivilituai y, oi iiii
rorce:	(Yes or No) (If Y	es, specify Unit and period of service)	
5. Did you serve during the	e Great War 1914-1918	?	
•••••••••••	(If Yes, specify Regim	ental particulars, Unit and dates of service)	•••••••••••••
	nd BRANDT hold or have been receive in the Canadian A	ommended for His Majesty's Control Army if, when and so long	as required.  Succeeding as required.  Succeeding and rank)
	CERTIFICATE OF	OFFICER COMMANDING	
The application of	lene Edmond BRi		for appointment to the
E.C.O.C.CA	(Ra	ank and name)	10/0 - T TENTED
(1	Unit)	with the rank of (was)	
	The second secon	できる。 第12 第12 第12 第2 第2 第12 第2 第12 第12 第12 第1	magammandad annaintment
nd appointment		(is)	

COMMANDING MO. 4 DISTRICT DEPOT. (CA):

Record of service of	T in	Rene Edi	nond			
Active Militia Unit. R.C.O.C. CA.	(N	ame)				
Rank P/2/LIEUP	Date	of rank	26 May 4	4		
Highest rank for which qualified by examination					•••••	
Languages	Other mi	litary qualificat	tions or specia	d courses (spe	cify)	••••••
						•••••
					· · · · · · · · · · · · · · · · · · ·	
Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., from date taken on Strength of Field Force	D = 1 CI				Authority	
On Strength of Field Force	Rank Shown	Effective Date	Unit	Place	Part II D.O. No. Cas. List, etc.	Dated
Joined on appointment 10-5-44 4 DD TOS Appt. P/2/Linut.(OMB 4th Class) RCOC(CA)	P/2/L1 ou	t. 26-5-44	L 4 DD	Mtl.Bth.	132	29-5-44
Fosted to "F" Wing. SOS to COU TC A-Cl. Enrriefield. Ont.	载	20-5-4	i d DD	<b>数</b>	11.32	29-5-44
T.O.S. A-21, COCTC, from ## Dist. Depot, Montreal, P.Q.	**	30-May-44	A21 COC	B'field	D.O. #134	2-June-44
Qual in driving as DRIVER I.C. (W) Class 111. (Excluding Motorcycles)	***	14-Jun-4	**	93	148	17-June-4
Appt. to be P/2/Lieut. (E.M.E. 4th Class)	11	26-May 944	. 00	11	163	5-Jul-44
S.O.S. to O-1, O.T.C. (EC) Brockville, Ontario.	***	27-Jul-44	117	20	182	28-Jul-44
TOS from A-21 COCTC Barriefield and pested to CTAA Wing	21	28 Jul 4	4 OTC (FC	) Brockvi	lle 190	31 Jul 44
Qualified for the rank of 2/Lt (RCEME) at OTC(EC)	2/Lieut	6 Oct 44	OTC(EC)	BROCKVIL	LE 248	6 Oct 24
Having qualified for the rank of 2/Lt is SOS the OTC(EC) to A-21, CO&EMETC? Barriefield, Ont.	2/Lieut	6 Oct 44	OTC(EC)	BROCKVIL	LE 248	6 Oct 44

CERTIFICATE O	F MEDICAL EXAI	MINATION	Date of Medical Examination	
Name in full	EDMOND Place	ontreal		
Part 1. Information obtained from the		917		
1. Age		wing diseases?		
(a) Rheumatism		e	<b>N</b>	
(b) Tuberculosis or pleurisy		e	<b>N</b>	
(c) Bronchitis or asthma			N	
(d) Heart disease		r mental disease.	N	
(e) Kidney or bladder disease	(o) Syphilis	•••••		
(f) Stomach or bowel trouble		a	<u>II</u>	
(g) Rupture			s?	
(h) Varicose veins		ow or have you disability p		
(i) Foot trouble	received	disability pation? If so, give	ension or a details	
(j) Nasal trouble		auton: II so, gr	C actains	
	•••••••••••	•••••••		
I hereby declare that I have not suff	fered from any diseas	1 (2	andt.	
Part 2. Information obtained by medical e	examination. THE			1
Medical Officer's remarks on information as state				8
		CHR IF EL	TRUE COPY OF MFM1 OR MFM2	S
		ORIGINAL	THE IVIT OF WILLIAM	2
		A. De L	anaye, because	ш
1. Identification marks or scars		. IN A	IVIE	
2. Height	hes. 3. Weight	146	pounds.	
4. Complexion Medium Eyes 11ue		ent. Goo	Good Fair	7 2
Hair Brown			Poor	5
6. Chest measurement—Girth on full expansion.		Range of expan	sioninches.	a
7. Vision, right. 20./.20left				00
With glasses— rightleft	8. He	aring, right GoV	. 20 left C. V. 20 1	0 2
9. Condition of mouth and teeth		Ear drum n	e 20 left C.V. 20 j	
10. Blood pressure:—S <b>114</b> D <b>68</b> (Requi	ired if applicant is ov	er 35 vears of age	or if otherwise indicated)	ji.
11. Urinalysis				
12. The abnormalities (congenital and pathologic				~
12. The abitorinations (configuration and particular				~
Phin	osi als	Z		
			***************************************	
13. Chest X-Ray No. A- 2733 I	aboratory at which	taken ARMY RE	GEPTION CENTRE	
Part 3. We, the examiners, find no eviden		B E 2 - 5 5 3 7 5 -	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
reported in the remarks. We have examined the	Applicant in accordar	ice with the pam	phlet "Physical Standards	
and Instructions for the Medical Examination of	Recruits" and he is	found fit for Cat	egory	
Special remarks when category lower than A				
Special remarks when category lower than A	(Member)	nk	(Member)rank	
Date 23 huay 44				
VACCINATIONS, INOCULATIONS, BO	ARDS, RECLASSIFICATIO	ON OF MEDICAL CAT	TEGORY	
Date Brief details and signature	Date	Brief o	letails and signature	
23.5.44 X-1Ray Chest. Meg				
30.6.44 Tunkana (1) F.H. Davis 17	- /			
15-7-44 20-00-1				
15-7-44 J.a. 10 29) 1 me.				

P/2/ LIEUI

BRAND

Christian Name

RESE EDMOND

		DATES OF									
STATION	Date of Arrival at the Station	in	Admission to Hospi	on ital	fro	Discharg om Hospi	e ital	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			of inquity was neith. Date of issue and particulars of artificial teeth of surgical appliances supplied.	
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		<i>y</i>				•••••	•••••				
				•							

No Rank 2/Lieutenant Name BRANDT, Rene Edmond							
Unit R.C.E.M.E. Date of death 10th Dec., 1944.							
Died at Barriefield, Ontario							
Result of having slashed some of his arteries.							
Death occurred on strength of Forces H.Q. 518-15-736							
N/K Mr. Robert Alexander Scott Relationship Guardian							
Address Box 204, Scotstown, P.Q.							
Remains buried in Hawthorndale Cemetery							
Montreal, P.Q.							
Grave location Lot 2716.							

BURIAL REPORT TO N.K.

RETURN TO BUR. OF STAT.

ROYAL MESSAGE DESP'D.

CAN. MESSAGE DESP'D.

(1) MEDALS PERSON Mr. Robert BA.SCOTT (GUARDIAN) ENTITLED TO	MEMORIAL BAF
ADDRESS: SCOTSTOWN, Que, Pulpwood, etc.,	DATE DESP
(2) MEMORIAL CROSS	REGN. NO. 4/192
widow Single	(2)
ADDRESS:	
(3) MEMORIAL CROSS	
MOTHER DCEASED	(3)
ADDRESS:	

10-12-44 Death In Canada

#### AWARDS—CANADIAN ARMY (ACTIVE)



500M-1-44 (3467) H.Q. 1772-45-8

			FILE No. 518-13-736
BRANDT, Rene Edmond		2/Lieut.	R.C.O.C.
SURNAME (IN BLOCK LETTERS) CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT

WAR SERVICE

BADGE

(CLASS)

No.

DATE DESPATCHED:

ADDRESS: HOLD WATEL APPLIED FOR

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED				
War Medal 1939-45 C.V.S.M.	25-62 /-10-57				
	(THE REVERSE TO BE USED FOR ESTATE PURPOSES)				

505	
NAME BRANDT, RENE EDMOND H.Q. File 516-13-736 RANK PLALLT (EME 474)	
RANK P/2/LT (EME 4TH)	
ACTIVE UNIT ROBME' (PR) TW 4DD	
RESERVE UNIT	
Appt. R.O. No. 4591 Date 17 TUNE 44 Effective date of Appt. 26 MAY 44	
CANADA GAZETTE	
TRANSFERS, PROMOTIONS and REVERSIONS	
TRANS. TO A.21 T.C. (PR) TROKINE) 30 MAY 44, P.O. 4591, 17 VUNE	44

Died whilst Enroute to Kingston Mil. Hosp. as Resultof having slashed some of 120M-10-43 (2396)

H.Q. 1772-45-8 arteries 10 Dec44, A21 COCHE.ME. T.C. Canada Telegram from O.C.A-21 COCHE.M.E. T.C. 13DEC44

## ATTESTATION

ENGINEERING 4th.

# RESERVE FORMATIONS AND UNITS OF THE CANADIAN ARMY

Jnit MCGILL UNIVERSITY CONTINGEN	T. C.O. T.G. Reg. No.	
BRANDT	Rene Edmund	
Surname (Block Letters)	Christian Names	
3445 Peel St., Montreal.	H	9462
Residence—Number and Street	west told the same of the	esidence Phone Number
Name of Employer	Bi	siness Phone Number
Address of Employer N	o. of Yrs. Employed	Position Held
Single		1.0000000000000000000000000000000000000
Married or Single	Number and Age	of Children
31st. May 1923, Canada	British	
The state of the s	Present Nationality (if naturalized, place of issue) (if not naturalized,	so state)
United Church Mr.R.A.Sc		Toronto I to the same of the s
Religion (state denomination)  SCOTSTOWN, Que	in the state of th	Relationship
Address of IN		•••••
revious Naval, Military or Air Force Service	ears McGill C.O.T.	C.
AND		•••••••
	· · · · · · · · · · · · · · · · · · ·	Edwarfanten, Cimilia de
		•••••
		••••••
	······································	
		•••••
	THE PROPERTY OF STREET STREET,	7
		•••••
CERTIFICATE OF MEI	ICAL EXAMINATION	
leightWeight	Chest-max	min.
escriptive marks		
I have examined the above named man in accord	iance with instructions laid d	lown in Instructions for
ne R.C.A.M.C. and C.D.C. 1937 Appendix V and fin	d him 1/1 Chte	0000 H
oate OCT 1 2 1943 Signature Signature	JA Hodo	cey
M.F.B. 235d 00m—5-43 (159)		
LO. 1772-39-1545		

#### DECLARATION TO BE MADE ON ATTESTATION

I, the undersigned do sincerely and solemnly declare that to the best of my knowledge and belief, the foregoing answers (made by me) to the foregoing questions are true; that I am willing to be attested for the duration of the war, and do understand the nature and terms of this engagement, that I will safeguard all clothing, arms and equipment issued to me and will return same when required, and that I will report any change in address of myself, or my next of kin, to my Commanding Officer.

#### OATH TO BE TAKEN

I, RENE EDMOND BRAN	DT do sincerely premise and and
(or solemnly declare) that I will be faithful and bear t	rue allegiance to His Majesty.
At the State	René Brandt.
Signature of Witness	Signature of Man
Dated this	19 at Mukeal
CERTIFICATE OF AT	TESTING 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 by law. The above questions 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 and replied to, and the said recruit has made and signed the declaration and taken the oath.

Signature of Magistrate, Justice of Peace, of Attesting Officer

\*To be shown day, month, year—Example:-25-8-39.

Educational Qualifications:

Medals and Decorations:

I agree to contribute to the funds of the McGill University C.O.T.C, the pay received in respect of the annual training or trainings performed during my service with the unit.

(Signature)

NOTE.—These entries are to be made from time to time as they occur and certified by the Officer making the entry.

Attestations to be made out in duplicate, the original being forwarded to be filed in Regimental Orderly Room, the duplicate to be kept in the Eattery, Squadron, Company, etc.

#### Statement of Services

Promotions, Reductions, Transfers, Casualties, Annual Training, Qualification Certificates, etc.	Effective	Authority for Entry	Signatures of Officers Certifying Correctness of entries
Accepted for Service with effect from	19/10/43	Part II No73	Mulegar Commanding
			Unit
Granted sick cleane	18/1/44	RT68	Alberia aft
CAMP TRAINING 19			
APPOINTED TO RANK OF		PT II	
CAMP			
FROM	T.O.S.	PTII	
TO		PTII	
5.0.5. at extistment R.C.O.C P/2/hieut.	26/5/44	PTho 22.	Abboig caft

NOTE.—These entries are to be made from time to time as they occur and certified by the Officer making the entry.

Attestations to be made out in duplicate, the original being forwarded to be filed in Regimental Orderly Room, the duplicate to be kept in the Battery, Squadron, Company, etc.

NOTE.—These entries are to be made from time to time as they occur and certified by the Officer making the entry.

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4

#### Statement of Services

Promotions, Reductions, Transfers, Casualties, Annual Training, Qualification Certificates, etc.	Effective Date	Authority for Entry	Signatures of Officers Certifying Correctness of entries
Accepted for Service with effect from			Officer Commanding
			Unit

NOTE.—These entries are to be made from time to time as they occur and certified by the Officer making the entry.

Attestations to be made out in duplicate, the original being forwarded to be filed in Regimental Orderly Room, the duplicate to be kept in the Battery, Squadron, Company, etc.

#### THE CANADIAN PENSION COMMISSION

MEMORANDUM

ToPension Medical Examiner, QUEBEC	Ottawa, January 4th, 1945.
From	

2/Lieut. BRANDT, Rene E.

P. & N. H. 203-R

The Department of National Defence, Army, officially reports that the marginally named was reported -

Died whilst enroute to Kingston Military Hospital as a result of having slashed some of his arteries, on the 10th December, 1944 on service in Canada.

No decision has been issued under Section 11-2.

His next of kin is reported as - Guardian Robert Alexander Scott,
Box 204,
Scotstown, Quebec.

The Addressograph Stencil shows payment of Assigned Pay of

\$ Nil a month to -

As no D.A. was payable the Commission will not take any action unless a claim is filed.

/IR

E. Clewes,

for

Canadian Pension Commission.

# PROCEEDINGS OF AN OFFICER OR NURSING SISTER STRUCK OFF STRENGTH CANADIAN ARMY ACTIVE FORCE

1.	Rank P/2/Lieut.	Personal Number	
	A BRANDT		
	Surname BRANDT		
	Christian Names Rene Edmond		
		on Attestation unless changed subsequently by authority.	
9	TInit on Clares CO & TO ME TO M		
4.	Unit or CorpsC.O&EMETC	••••••••••••••••••••••••••••••••••••	
3.	Date struck off strength10 Dece 44	E-A-S-E-D	
	Place Barriefield		
	1 1auc		
4.	Intended place of Residence	Street and Number	• • • • • • • • • • • • • • • • • • • •
	P.O., City or To	own, etc. Province	• • • • • • • • • • • • • • • • • • • •
	T.O., City of It	own, coc.	
5.	The above named Officer is struck off strength	in consequence of:— DECEASED	
		DECEASED.	
	***************************************		
	***************************************	Authority	
	N.B.—The reason for being struck off strength mu		
G	This Folder contains the following Decuments:		
0.	This Folder contains the following Documents:		
	M.F.M. 1 or 2	(Attestation Paper)	
	M.F.M. 4	(Service and Casualty Form)	
	M.F.M. 5	(Particulars of Family)	
	M.F.B. 227	(Medical Board Proceedings)	
	Any other relevant Degraments concerning this	n Officer	
	Any other relevant Documents concerning this	S Officer.	

\*The following classifications are recognized as reasons for striking off strength:—

- (i) Medically Unfit.
- (ii) General Demobilization.
- (iii) Surplus to Requirements.
- (iv) Cashiered or Dismissed.

Note.—Under (iii) will be shown those Discharged to Pension, No Longer Required, Unit Disbanded.

Under (iv) A Certificate will not be issued unless asked for. When issued under (iv) Certificate will show reason for Discharge.

M.F.M. 81 10M—4-41 (94) H.Q. 1772-39-1779

Regimental No	Rank 2/Lieut.
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Sheet No.....

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

Name BRANDT, R.E.

Record of Promotions, Reductions, Transfers, Casualties, Reports, etc.—	Rank Shown	Effective Date	Unit	Diagon	-1	cuthority
		Directive Date	Omt	Place	D.O. Number	Dated
Ceases att. for R.Q. & Disc. to A-36 C.R.T.C.  Having died at Barriefield Camp, Ont. is S.O.S. A-21 CO&EMETC (CA)	2/Lieut.	10 Dec 4		Barriefield	299	12 Dec 44 12 Dec 44
				••••••		
					1 11	
•••••••••••••••••••••••••••••••••••••••						-62
						2

REPORTED REMARKS. ATIONS OF GRAVE. the state of the s The transfer to the text

FORM 6

PROVINCE OF ONTARIO—CERT	IFICATE OF REGISTRATION OF DEATH
1. PLACE (County or District of FRONTENAC	
DEATH (If in City, Town or Village. BARRIEFIELD 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) (Name)	(b) In Province Scuentification, give the name instead of street and number)
3. PRINT FULL NAME OF DECEASED BRANDT	(b) In Province 1000/45 (c) In Canada (if immigrant)
(Family name)	(Given name or names in usual order)
RESIDENCE No	n, Village or Township. SCOTTS TOWN Province. P.Q.  Post Office Address for residents in rural parts not sufficient)
4. Sex 5. Nationality 6. Racial Origin 7. Single, Married,	MEDICAL CERTIFICATE OF DEATH
MALE CANADIAN PRENCH Widowed or Divorced (Write the word)	24. DATE OF DEATH DECEMBER 10 1944
THE CHNHDIAN FILENCH SINGLE	(Month) (Day) (Year)
8. BIRTHPLACE QUEBEC (Province or Country)	25. I HEREBY CERTIFY that I attended deceased from:
9. DATE OF BIRTH MAY 315 1923	Dec 10 19.44 to Dec 10 19.44
(Month) (Day) (Year)	and last saw h. Comalive on 10 200 19 54
10. AGE in Years Months Days If less than one day old hrs. or min.	CAUSE OF DEATH PHYSICIAN
11. Trade, profession or kind of work as GRADUATE STUDENT SPINEE APPANGE SPINEE APPANGE TO THE PANGE OF THE P	tion which caused death, not the mode of dying, such as heart the cause
THE REAL PRODUCTION OF THE PRO	Merbid conditions, if any, giving rise to (b) to which
13. Date deceased last worked Dec 10/44 14. Total years spent in this occupation. 6/2/10/44	immediate cause (stated in order )
	mediate cause). (c)should be
15. If married give name of wife or husband of deceased	Other morbid conditions (if important) charged
# 16. NAME   Rev Brast	causally related to immediate cause.
16. NAME	26. If a communicable disease is mentioned on this cer-
17. BIRTHPLACE	tificate, give (b) Duration of diseasedays
(Province or Country)	27. If a woman, was the death associated with pregnancy?
18. MAIDEN NAME	28. Was there a surgical operation? ho Date of operation 19
2 19. BIRTHPLACE Detstown Que	State findings
20. Person giving information (Province or Country)	29. If death was due to external causes (violence) fill in also the following:—
sign here	Accident, suicide or homicide? Suicide Date of injury 10 200 19.
Address 7 4210766	Manner of injury Self-inflected
Relationship to deceased	Nature of injury La relations neck, upper left arm
21. Place of Burial, Cremation or Removal.	Specify whether injury occurred in industry, in home, or in public place
Date of burial or removal.	1. I The the the terms of the t
22. Burial Permit was issued by C. L. Wy ATE	Signed by. M.D.  Address Kinglian Date // Dec 19 4/
Address Kingston Ont	20 Division Posistrone Possed No.
23. UNDERTAKER R. J- Rejd Y Son	30. Division Registrar's Record No
(Name and address)	Division Registrar)

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"

### REPORT ON INJURIES

Other than Wounds Received in Action

To be completed in accordance with Instructions over page within 48 hours of occurrence

1. Statement to be signed by injured officer or soldier:	
I, P/2/Lt. Brandt R.E. (Christian names in full)	•••
A-21 C.O.&.E.M.E. T.C. hereby declare that the injury sustained by n	
on the 10 Dec 44 (Sgd) C.H.V.  chick* (Sgd) C.H.V.	¢e
(Not Signed)	**
A-21 C.O.&.E.M.E. T.C.  Barriefield, Ont. 10 Dec. 44.  (station) (date)  *Part not applicable to be struck out and initialled by Officer or Soldier signing.)  (Signature of officer or soldier)  (Signature of officer or soldier)	
2. (a) Description of injuries. Deep lacerations both posterior triangles	
of the neck, left upper arm and left wrist. Beyond	
resuscitation when reached.	
(b) Are the injuries serious or of such a nature that they might be the exciting cause of disability later?  Resulted in death	
(c) Whether admitted to hospital or sick in quarters? No treatment rendered	••••
$ \begin{array}{c} \textit{(d)} \ \text{How long before initial treat-} \\ \text{ment was given?} \end{array} \right\} . $	••••
Date 10 Dec 44 Signature of medical officer(Signed) C.H.Vipond, Capt.	
3. Short statement by injured person of the circumstances of the injury (see instruction 5). Sign statements of witnesses, or of persons to whom the injured person may have mentioned his injurt to be attached (see instructions 3 and 4):	
No statement by demised.	
CERTIFIED TRUE COPY	
Lasa	
D. Kernode lass Major	h+
(D.K. Parr) President,	
Court of Inquiry, A.21 CO&EME TC	
A.Z.I. COORDINE TO	
	17

(Signature of officer or soldier)

4. Statement of	Commandi	ng Officer:
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(a)	Was the individual in the performance of military duty?	MO	
		/ -	
	(i) Was it incurred in a game or other form of physical recreation definition with the approval of the unit commander?	itely organized	
	(ii) Was participation pursuant to orders, written or verbal?		
	If it was incurred on leave, was such leave with or without pay?		
	Was the injured individual to blame?Unknown,untilCourtofIr		
(f)	Was anyone else to blame?		
	(i) Whom?	N/A	
(g)	Did the injury occur on military premises and if so in what part of such part of su		
	On public property, north of A-21, CO & EME Court of Inquiry:  (i) Has one been held? No	TC Barriefield	, Ont.
	(ii) Will one be held?Yes		
ate	(iii) Date and placeon or before 18th day of December at & E.M.E. T.C., Barriefield, Ont. (Sgd) A.E. Duncanson A.E. Duncanson Commanding A=21, CO & EME TC Barriefield.	Colonel, (Colonel)	

5. Remarks of District Officer Commanding or Division Commander:

Date	
<b>2</b> 000	· · · · · · · · · · · · · · · · · · ·

#### IMPORTANT INSTRUCTIONS TO BE FOLLOWED

- 1. This form is to be rendered within 48 hours after the event in all cases of accidental or self-inflicted injuries to an officer or soldier involving:
  - (a) death,
  - (b) absence from duty for 48 hours or more, or
  - (c) absence from duty of less than 48 hours when the medical officer should invariably be consulted as to whether the injury may be the exciting cause of disability later.
  - (d) in all accidents involving personnel whether there is evidence of injury or not.
  - 2. A separate form is to be used in respect to each individual affected.
- 3. This form is to be rendered notwithstanding the holding of a court of inquiry or investigation. If a court of inquiry is held a copy of this form is to be included in the proceedings.
- 4. Full statements are to be taken by an officer from the witnesses of the accident or, where there was no witness, from any persons to whom the injured officer or soldier may have mentioned his injury immediately after the occurrence. These statements, when obtainable will be signed by the persons making them, and by the officer who takes them, and will be forwarded with this form. Where it is intended to take disciplinary action, duplicates of these statements should be retained by the unit for use in lieu of a summary of evidence.
- 5. Where it is possible to obtain it, a statement from the injured officer or soldier will also be forwarded. This, however, should not be used as evidence against him in any subsequent disciplinary proceedings.
- 6. This form will be prepared in triplicate, one copy to be retained by the unit and the two other copies to be forwarded to N.D.H.Q., through the usual channels. Where a Court of Inquiry is held the copies to be forwarded to N.D.H.Q. will be attached to the proceedings.

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

- 7. In these cases the statements mentioned in paragraphs 4 and 5 above should bring out all material points, e.g., statements to the effect that the witness was with the accused standing on the fire step (or sitting in a dug-out); that the accused was cleaning his rifle; position of safety catch, magazine, etc., if known; muzzle of rifle on toe of foot; hand on muzzle; that accused pulled trigger; that the rifle was afterwards examined and an empty cartridge case was found in chamber; that accused was seen to be wounded; what accused said ("I have shot myself," "I did not know it was loaded," etc.).
- 8. An officer or a soldier is specially trained in the safe use of his rifle and revolver, and evidence of any neglect of the ordinary precautions as to their handling in such cases usually has considerable bearing on the question of negligence. In cases of wilful self-wounding the fullest possible evidence should be obtained; unless the evidence is conclusive this charge should not be used. The charge will therefore usually be laid under section 40 Army Act—"Conduct to the prejudice of good order and military discipline in wounding himself through negligently handling a rifle," and an alternative charge to this effect should be made, even if the accused is to be tried under section 18 for wilful maining.

H.A. 516-13-736 M.F.M. 5 300m-1-43 (7930)

H.Q. 1772 39-1651

[SEE OTHER SIDE]

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

Tribuna tro silas sil	CANADIAN	ARMY	(AF)	OR	R.C.A.F.	(ON	ACTIVE S	SERVICE)	Today	
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				14						

Instructions

	<ul> <li>(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.</li> <li>(b) All questions, etc., must be completed.</li> <li>(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.</li> </ul>		
(1)	Name of Officer or Other Rank BRANDT Rene Edmond		
(2)	Regimental or Official Number and Rank $P/2/LIEUT$ .		
(3)	Unit 4DD R.C.O.C. CA.		
(4)	Are you married? NO (5) If married, state,		
	(a) Full name of your wife		
	(b) Present postal address of wife		
(6)	If married, have you been regularly supporting your wife? If not—state reasons:  NIL		
(7)	Are you a widower?		
	Have you any children? NO Number of boys Girls		
	Names and ages		
(9)	If Dependents' Allowance is claimed in respect of children—state whether you have been regularly		
	supporting them		
	Give particulars of Guardians to whom Dependents' Allowance should be paid—if authorized		
gan	Name NIL		
	Postal Address		
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?		
	If so, state her full name and postal address		
	NIL		

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1)	Is your father alive?
12)	If your father is a widower and is totally incapacitated from earning a living—are you his sole or partial
	support?
	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. NIL
7000	Also state reason he has no other means of support; if partially supported by you, what is your reason for not providing full support?
14)	Is your mother alive?
(15)	If your mother is a widow, are you her sole or partial support?
(16)	If sole or partial support of widowed mother—state what amount per month you have given her prior to
	appointment or enlistment
	Also state reason why she has no other means of support; if partially supported by you, what is your reason
i	or not providing full support?
	Are you contributing to the support of any dependents, other than those shown above?
	Relationship
	Full Name
	Postal Address
L'Harid	Amount contributed monthly during the past six months
	Are you insured? NO If so, in what company? NIL (Give number of policy)
	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.
	Date Signature of officer or man)
	Jhn Kenne G
	Date 26 may 44 Officer Commanding ECHENBERG, Colone COMMANDING No. 4 DISTRICT DEPO
N.B.	(If parent(s) of the officer or other rank concerned has (have) been replaced by foster parent(s), question relating to fathers and/or mothers above should be altered and answered as applicable.)

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

WILL

M.F.M. 10 150M-2-43 (8280) H.Q. 1772-39-1656

[OVER]

	(1) I, Rene Edmond BRANDT , of the VILLAGE (Name in Full) (City, Town, Village, Township)
Address in civil life.	of SCOTSTOWN, in the County of MEGANTIC
	Province of QUEBEC , STUBENT (Civil Occupation)
	Regimental No. P/2/LIEUT, Unit. 4DD R.C.O.C.CA., do hereby revoke all former Wills by me made and declare this to be my LAST WILL.
Relationship, names and address of beneficiaries,	(2) I Give, Devise and Bequeath unto "GUARDIAN"
and what each is to receive.	
	MR. ROBERT ALEXANDER SCOTT
K. 131	RESIDING AT:P.O. BOX #204 SCOTSTOWN QUEBEC CANADA
	ALL MY ESTATE BOTH REAL AND PERSONAL
Dalationahin	
Relationship, names and address of residuary	(3) I GIVE, DEVISE AND BEQUEATH all the rest and residue of my estate, both real and personal, of whatsoever kind and wheresoever situate unto
beneficiaries.	
- 2	
. 12.	
	(4) I appoint MR. ROBERT ALEXANDER SCOTT P.O.BOX#204 SCOTSTOWN (Name) (Address)
	CONTRACTOR to be the Executor of this my Last Will.
	IN WITNESS WHEREOF I have hereunto set my hand this 26thday of May
	1944 Signed and acknowledged by the Tes-)
	tator, in the presence of us present at the same time who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as witnesses.  (Signature of soldier)
First witness sign here.	(5) Signature Celudre Lacence
	Civil Address  Civil Occupation  Civil Occupation
Second witness	Signature S. In He 11
Second witness sign here.	Civil Address Magog. Que
	Civil Address Magog. Que' Civil Occupation Stude Nt.
	(Witnesses are not to be beneficiaries.)