C120763
VINCENT
EUGENE

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

6 C.I.R.U.

DEPARTMENT OF NATIONAL DEFENCE

(Army)

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

Personnel Selection Record

Infantry - R
Arm or Corps

Trade (if Tradesman or Trade Trainee)

N.T.
Work in Arm (if Non-Tradesman)

I.

Regt. No.	Rank	Name (surname first)	A or R	Age	Med. Cat.
C.120763	Pte.	VINCENT, Eugene	A	21	A.1

Main Language	Other Language(s)	Place (Unit) Interviewed	Date Interviewed
French		3-A D.D. Kingston	18-3-43

II. Revised Examination "M"

Place Tested	Date Tested	By Whom
3-A D.D.	18-3-43	Capt. Blair

Total	Group	Subtests 1	2	3	4	5	6	7	8	Subtotals 1–3	4–5	6–8	English or French
91	IV	9	12	7	18	12	7	8	18	28	30	33	French

Other Tests

III. Educational Background

Completed grade 7 - left school at 15.
Rural school in Quebec.
Fair progress. Liked school fairly well. Left school to go to work.

IV. Occupational Background

Bush Worker - 6 years - $65. per month.

V. Military Background

Reported for enlistment 18-3-43.

VI. Other Personal History and Appraisal

Ht. 5-8; Wt. 138. Single.

Mother is living - father has been dead for six months. S. claims mother as dependant. Has one sister - married and one brother who is on call for the army. Family educational level is low. Family health is good.

He is not active in sports, but does considerable hunting and fishing. For the most part, he has led an outdoor life. He has never had an army call; has come in voluntarily. He goes to shows for relaxation. He appears quite nervous and worried but states he is anxious to join the army.

He cannot speak English at all. Was referred to the Psychiatrist who pronounced him free from any psychiatric disability.

M.Score would appear to indicate average ability.

VII. Recommendations

Infantry - R (N.T.)

Recommend that he be sent to a French training centre as he cannot speak English

W.R.N. Blair Capt.

(Signed) (W.R.N. Blair) Capt.
Army Examiner

FURTHER INFORMATION AND FOLLOW-UP

SOS OF B.T.C. #31, Cornwall to A-13 C.I.T.C. Valcarteir Que 29-6-43

C-120763 Pte. VINCENT, E. (5th Inf) A.(I).T.C. A-13 August 5th, 1943.

Rifleman.

(M.K.MORRISON) Lieut.
for (P.A.FOURNIER) Capt.

A.(I).T.C. A-13 Valcartier Camp. August 11th, 1943.

Suitable for overseas service.

(P.A.FOURNIER) Capt. A.E.

Strong looking. Health good apart from "Stomach burns". Quiet fellow, rather dull but seems willing. Clean conduct sheet. Suitably allocated as infantryman.

Racine Lt.

17-9-43.

No. C.120763 Rank ~~Private~~ L/Cpl. Name VINCENT, Eugene

Unit Fus. Mont-Royal Date of death 17th Sept., 1944.

Died at ~~France.~~ Belgium

Cause Killed in action.

Death occurred on strength of Forces.H.Q. 405-V-3151

N/K Mrs. Clarisse Vincent Relationship Mother

Address Notre Dame Du Laus, P.Q.

Remains buried in Belgium, xrds 456813 map Ref. Cemetery

CHK ✓

Grave location

OVER

REBURIAL

Adegem Canadian Military Cem.
Adegem, Belgium.

Grave 2, row B, plot 1.

HI & CR Form Despd. FEB 4 1947

Photographs Despatched NOV 8 1947

BURIAL REPORT TO N.K. JAN 2 1946

RETURN TO BUR. OF STAT. NOV 23 1945

ROYAL MESSAGE DESP'D. NOV 14 1944

CAN. MESSAGE DESP'D. NOV 2 1944

Temp BR sent to NK & Map

5M-10-44 (M-4414)

17-9-44

AWARDS—CANADIAN ARMY (ACTIVE)

1798

M

GEAG.

500M—1-44 (3467)
H.Q. 1772-45-8

FILE NO. 405-V-3151

SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT
VINCENT,	Eugene	C-120763	Pte.	Les Fus. Mont-Royal

WAR SERVICE BADGE

(CLASS) NO. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star France & Germany Star Defence Medal War Medal, 1939-45 CVSM & Clasp	7523, 18-1-50

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

(1) MEDALS

PERSON ENTITLED TO Mrs. Clarisse Vincent Mother

ADDRESS: Notre Dame Du. Laus, Que.

MEMORIAL BAR

(1)

DATE DESP.

REGN. NO 9489

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(2)

(3) MEMORIAL CROSS

MOTHER Mrs. Clarisse VINCENT, (FRENCH)

1798

ADDRESS: Notre Dame du Laus, P.Q.

(3) DESP. FEB 2 1945

REGN No. 12188

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

Occupational History Forms completed

ORIGINAL
DUPLICATE
TRIPLICATE

M.F.M. 2
A.F.B. 271
500M—7-41 (1131)
H.Q. 1772-39-1645

Infantry (E) (NT) To be sent to a French Training Centre.

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

No. 3-A DISTRICT DEPOT (A.D.)
KINGSTON, ONTARIO.

INFANTRY GEN. LIST

Unit..... Regimental Number C-120763

ACTIVE FORMATIONS AND UNITS OF THE CANADIAN ARMY

ATTESTATION PAPER

1. Surname: VINCENT
2. Christian Names: Eugene
3. Present address: Notre Dame du Lous, Que.
4. Date of birth: 23 April, 1921
5. Place of birth: Canada (Country) Quebec (County or Province) Note Dame du Lous (Town or Township)
6. Religion (state denomination): Roman Catholic
7. Trade or Calling: Labourer
8. Married, Widower or Single: Single
9. Name of next of kin: Mrs. Clarisse Vincent
10. Relationship: Mother
11. Address of next of kin: Notre Dame du Lous, Que.
12. 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)
13. Have you served in (*a*) an Active Formation or Unit of The Canadian Army? no (Yes or 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)
14. Did you serve during the Great War 1914-1918? no
(If Yes, specify Regimental No., Unit and Dates of Service)

DECLARATION TO BE MADE BY MAN ON ATTESTATION

I, Eugene VINCENT, 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 17th March 1943 Eugene Vincent (Signature of recruit)

OATH TO BE TAKEN BY MAN ON ATTESTATION

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

Eugene Vincent (Signature of Recruit)

CERTIFICATE OF MAGISTRATE, JUSTICE OF THE PEACE OR ATTESTING OFFICER

The Recruit above-named was cautioned by me that if he made any false answers to any of the above questions he would be liable to be punished as provided by law.

The above questions and answers were then read to the recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me, at Kingston, Ontario this 17th day of March 1943

Tracey (Signature of Magistrate, Justice or Attesting Officer.)

O.C. DOCUMENTS & REC. No. 3-A DISTRICT DEPOT KINGSTON, ONTARIO. (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

5606

2

Record of Service of VINCENT (Surname) EUGENE (Christian Names) Regimental Number C-120763

Qualifications

Military: nil

Business or Professional: nil

Trade or Civil: Labourer

Technical: nil

Languages: French

Educational Qualifications

High School or Collegiate: nil (years completed)

Graduation or Matriculation: nil (specify)

*College: nil

*University: nil

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

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

Report: Date	Report: From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., from date taken on Strength of Canadian Army. (Active)	Rank Shown	Effective Date	Unit	Place	Authority: Part II D.O. No. Cas. List, etc.	Authority: Dated
		Joined on appointment TOS 3-A DD for Inf.(R) (Reinf.)	Pte.	17-3-43	3-A DD	K'ton	D.O. ~~80~~ 81	20-3-43
		SOS O/T to No. 31 CA(B)TC, Cornwall, Ont.	"	1-4-43	"	"	D.O. 92	1-4-43
		TOS CA(B)TC # 31 from No. 3A Dist. Depot Kingston, Ont. for all purposes.	"	2-4-43	CA(B)TC 31	Cornwall	D.O. 87	5-4-43
		SOS CA(B)TC 31 on transfer to A 13 C.I.T.C. Valcartier, Que. for all purposes except pay	do	29-6-43	do	do	D.O. 168	29-6-43
		for pay purpose	do	30-6-43	do	do	D.O. 168	29-6-43
		ATTACHED TO A.I.T.C. A-13 ON TRANSFER FROM: Cornwall		JUL 1 1943	A.I.T.C. A-13	VALCARTIER CAMP, P.Q.	D.O. 159	30-6-43
		A.W.L. from 0700 hrs. 19 July 43. until 1505 hrs. 19 July 43. Total Absence 8 hrs. 5 mins. Forf. 1 day Pay F.R.&I 1939	"	22-7-43	A-13	Valcartier	176	22-7-43
		Aut de recevoir l'aug de solde de 10ç par jour	"	17-7-43	"	"	196	14-8-43
		SOS ON TRANSFER TO ~~PORT EMB~~. Serial.No.294.E.	"	24-8-43	"	"	" /205	25-8-43

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

Name in full 1

Place Notre D

Part 1.

1. Age 21

a. Rheumatism

b. Tuberculosis or

c. Bronchitis or a

d. Heart disease

e. Kidney or blad

f. Stomach or bo 3 years

g. Rupture

h. Varicose veins

i. Foot trouble

j. Nasal trouble

Part 2.

1. Identification m

2. Height 5

4. Complexion

6. Chest measurem

7. Vision,

With Glasses—

9. Condition of m

10. The abnormali Orthopaed

No psychi

19-3-43 J

Part 3. We, Pres reported in the rem and Instructions fo Special remarks w

Date

CHEST

20-3-43

24-4-43 T.A.B.

12-6-43 T.A.B.

8-6-43

30-7-43

Aut de recevoir l'aug de solde de 10¢ par jour | " | 17-7-43 | " | " | 196 | 14-8-43

SOS ON TRANSFER TO ~~PORT EMB~~.Serial.No.294.E. | " | 24-8-43 | " | " | " | /205 | 25-8-43

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

CERTIFICATE OF MEDICAL EXAMINATION

Name in full Eugene VINCENT Place Kingston

Place Notre Dame de Lous, Que. Date 17-3-43

Part 1. Information obtained from the recruit.

1. Age 21 2. Have you ever suffered from any of the following diseases?

a. Rheumatism	no	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 (3 years indef.)	yes	p. Gonorrhoea	no
g. Rupture	no	q. Have you ever worn glasses?	no
h. Varicose veins	no	r. Are you now or have you in the past received disability pension or compensation? If so, give details	no
i. Foot trouble	no		
j. Nasal trouble	no		

Eugene Vincent
Signature of Applicant.

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

1. Identification marks or scars. (If operative obtain history).

Scars.

2. Height 5 feet 8 inches. 3. Weight 139 pounds.

4. Complexion Med. Eyes Brown Hair Brown 5. Development Good (Good / Fair / Poor)

6. Chest measurement—Girth on full expansion 36½ inches.
Range of expansion 3 inches.

7. Vision, right 20/20 left 20/20
With Glasses— right .... left .... 8. Hearing, right Normal C.V. 20' left C.V. 20'

9. Condition of mouth and teeth Good

10. The abnormalities (congenital and pathological) found on examination are as follows
Orthopaedic neg. Genl Surg.--neg. Urine neg. Heart & Lungs neg.

No psychiatrist disability---------------- [signature] Capt

19-3-43 X-Ray of Chest negative. #1219 Hotel-Dieu Hospital A.E. Thorne Major

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..........

A.E. Thorne Major — President; [signature] Major
G.C. Johnstone Capt. — Member; [signature]
[signature] Capt — Member; [signature]

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature
	~~CHEST X-RAY NEG.~~		
20-3-43	VACCINATION Vacc [signature] Capt		
	T.A.B.T. 1 [signature]		
24-4-43	T.A.B.T. 2 [signature]		
12-6-43	T.A.B.T. 3		
8-6-43	Cat A1 [illegible] [signature]		
30-7-43	Cat A1 Reaf [signature]		

Regtl. No. .... Rank .... Surname .... Christian Name ....

STATION	Date of Arrival at the Station	Dates of Admission into Hospital: Day	Month	Year	Dates of Discharge from Hospital: Day	Month	Year	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
Cornwall Art	17-3-43	12	5	43	17	5	43	ac. Rhinitis coryza	6	Cornwall Mil Hosp normal	[illegible] Capt

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

JIB

Killed 17 Sep 44 77

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

No. 3-A DISTRICT DEPOT (A.F.)
KINGSTON, ONTARIO

Unit: INFANTRY GEN. LIST

Regimental Number: C-120763

1. Surname: VINCENT
2. Christian Names: Eugene
3. *Substantive Rank and Appointment:
   *Acting Temporary or Local Rank: PTE
   giving date:
   *To be entered in pencil to facilitate alteration.
4. Place of birth: Note Dame du Lous, Que.
5. Date of birth as declared on attestation: 23-April-21
   (A)
6. Date of enlistment: 17th. March 1943
7. Place of enlistment: KINGSTON, ONT.
8. Residence at time of enlistment: Note Dame du Lous, Que.
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: Single
13. Trade on enlistment: Labourer
14. Corps, trade and grade:
15. (D) Qualifications:
16. (E) Miscellaneous entries:

(17) Regiment or Corps: No. 3 "A" DISTRICT DEPOT INFANTRY GEN. LIST

Unit (Battn., etc): Inf. R.

(18) Medical

Category	Date	Authority
A-1	17-3-43	M.F.M. 2
A-	30-7-43	" "

(19) Next of kin (entries to be made in pencil): Mother
Mrs Clarisse Vincent
Note Dame Du Lous Que
Can

(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
		6 C.I.R.U.	SOS Cdn Army (CA) on embark	U.K.	25 Aug 43	Pte	183 - 3 Sep 43
			TOS " " Overseas	"	26 "		"
			Disembarked in U.K.	"	1 Sep 43		"
			Reported for duty 6 C.I.R.U.	"	2 "		"
		A 13	AWL from 0700 hrs 19 July 43 to 1505 hrs 19 July 43 Abs 8 hrs 5 mins forfeit 1 day pay R.R. & Q.	Valcartier	22 July 43	Pte	176 d 22 July 43
		A 13	Granted Rate of $1.40 per diem	Valcartier	17 July 43	Pte	196 14 Aug 43
		6 C.I.R.U.	SOS to Fus MR (draft demand 8092 Sep 43)	U.K.	23 Sep 43	"	201 - 23 Sep 43
	T.O.S.	F.M.R.	T.O.S. from 6 C.I.R.U. " " " "	"	24 Sep 43	Pte	52 D/30 Sep 43
	R.	—	Granted Daily Rates of Pay of $ 1.50 per diem	—	19 Sep 43	Pte	59 D/1 Oct 43
		FusMR	Embarked U.K. 6JUL44 Disembarked France		8JUL44	Pte	48d/13 JUL44
		FusMR	SOS to X-3 List FusMR	Fd	24JUL44	Pte	59d/11AUG44
Aug 44	X 3	"	Recd X 3 List	—	25 Jul 44	"	31 - 44
		X-3 List	SOS to Y3 List.		29 Jul 44		34 1944
	Y3	6 C.I.R.U.	TOS fr X3 List FusMR admitted in 19 C.G.H.	U.K.	30 Jul 44	"	142 A/44
		"	SOS to 6 C.I.R.U. disch 19 C.G.H.	"	4 Aug 44	"	142 A/44
		6 C.I.R.U.	TOS fr Y3 List " "	"	5 Aug 44	"	190/44
		"	P.L. 7 days 4-10 Aug 44	"	~~4~~	"	192/44
		"	SOS to X4 List C.I.C. (Sn 2337/17 U.K.A.G./4A)	"	24 Aug 44	"	202/44
	X4 FMR (11 Bn)		~~Fd~~ TOS from 6 C.I.R.U.	Fd			
			~~Dat~~ Emb & Disembarked FRANCE		25 Aug 44	"	47 - Aug 44
		FusMR	TOS from X-4 List Fus M.R	Fd	29AUG44	Pte	70/SEP 44
AFW 3014	Ser 128	FusMR	SOS DECEASED KILLED IN ACTION	Fd	17SEP44	Pte	~~XX~~ 77/OCT 44

Statement of the Service of No. C120763 Rank Pte Sheet No. 1

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

Name E. Vincent

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
		SOS Cdn Army Canada embark	Pte	25 Aug 43	6-C.I.R.U.	U.K.	183	3 Sep 43
		TOS Cdn Army (O/S)	"	26 Aug 43	"	"	"	"
		Disembarked in U.K.	"	1 Sep 43	"	"	"	"
		Reported for duty to 6 C.I.R.U.	"	2 Sep 43	"	"	183	3 Sep 43
SOS		SOS to FMR	Pte	23 Sep 43	6 CIRU	UK	201	23 Sep 43
	TOS	TOS from 6CIRU	Pte	24 Sep 43	FMR	UK	52	30 Sep 43
		Granted daily regtl rate of $1.00	Pte	17 Sept 43	FMR	UK	69	17 Sept 43
		Embarked at UK on 6 July 44						
		Disembarked at France on 8 July 44	"		"	21 AG.	48	13 July 44
		Wounded	Pte	25 July 44		AEF	A-474	
M141 SOS		SOS to 6 C.I.R.U.	Pte	4 Aug 44	Y3 List 6 CIRU	U.K.	142 A	9 Aug 44
M141	TOS	TOS from Y-3 6 CIRU	Pte	5 Aug 44	6 CIRU	U.K.	190	9 Aug 44
CN		SOS X3L to Y3L	Pte	29 July 44	X L Fus MR	21 A Gp.	34	9 Sep 44
M141	TOS	TOS from X3 List Fus M.R.	Pte	30 July 44	Y3 List 6 CIRU	U.K.	142 A	9 Aug 44
Cancelled DO 191 d/10 Aug 44	TOS	~~TOS fr X3 L on disch fr 19 C.G.H. "A" Coy~~	~~Pte~~	~~5 Aug 44~~	~~6 CIRU~~	~~U.K.~~	~~187~~	~~6 Aug 44~~
		TOS Cancelled D.O. 189 d/8 Aug 44		Sry D.O. 191 d/10 Aug 44				
		Trans to 19 Cdn Gen Hosp		26 July 44	Fus M.R.		CL - B273	9 Aug 44
		Disch 19 C.G. Hosp.		4 Aug 44	Fus De M.R.		CL - B275	10 Aug 44

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

M.F.M. 1 & 2 (a)
700 M—3-39 (1637)
H.Q. 1772-45-18

Name...

REPORT Date	From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority Part II D.O. No. Cas. List, etc.	Dated
	S.O.S.	S.O.S. to X-4 list C.I.C.	Pte	24 Aug 44	6 C.I.R.U.	U.K.	20.2	23 Aug 44
CY		T.O.S. from X-4 list F.M.R.	Pte	29 Aug 44	FMR	21 A Gp	70	12 Sept 44
		To be L/Cpl.	L/Cpl	12 Sept 44	F.M.R.	21 A.G.	76	28 Sept 44
m 164		Killed	Pte	17 Sep 44	F.M.R.	A E F	A495	1 Oct 44
		Embarked at...UK......on..24 Aug 44						
		Disembarked at France......on..25 Aug 44	Pte		X L FMR	21 A Gp.	47	16 Oct 44
		SOS X4 List [illegible] FMR	Pte	28 Aug 44	X4 FMR	21 A Gp	47	16 Oct 44
m141		S.O.S. Deceased Killed in Action	L/Cpl.	12 Sep 44	F.M.R.	21 A.G.	77 A495	1 Oct 44 / 9 Oct 44

DOIT ÊTRE REMPLIE ET RENVOYÉE PAR

Formule P. 64

Madame Clarisse Vincent,
Notre Dame Du Laus, Que.

Prière d'adresser toute communication subséquente à ce sujet au:

DIRECTEUR DES SUCCESSIONS,
MINISTÈRE DE LA DÉFENSE NATIONALE,
OTTAWA, ONTARIO

et de citer le numéro suivant:

Q.G. 405-V-3151 FD.381

MINISTÈRE DE LA DÉFENSE NATIONALE
DIVISION DES SUCCESSIONS
OTTAWA, ONTARIO

STATES BRANCH DEC 5 1944 H.Q. OTTAWA NATIONAL DEFENCE

28 novembre 1944

Afin de les consigner dans nos dossiers et au cas où il y aurait une succession militaire à distribuer (conformément à la loi) au nom de feu

VINCENT, Eugene, Soldat,

C120763, Armee Canadienne.

il est nécessaire que les renseignements voulus concernant le défunt et les membres de sa famille soient fournis à la Division des successions. Vous êtes donc prié de lire le mémorandum ci-inclus avant de remplir les pages 2 et 3 de cette formule. Les détails exigés doivent être inscrits comme il faut et la déclaration à la page 4 doit être ensuite signée en présence d'un pasteur, prêtre, magistrat de la localité, commissaire instrumentaire, notaire public, ou officier de l'une quelconque des forces de Sa Majesté, que l'on priera de compléter et signer le certificat. Cette formule doit être ensuite renvoyée à l'adresse mentionnée ci-dessus.

Si l'espace destiné aux questions des pages 2 et 3 de cette formule n'est pas suffisant pour donner tous les détails, il faudra alors se servir de l'espace réservé aux "remarques supplémentaires", à la page 4.

OG/GC

P. Bodard major
pour Le directeur des successions,

M.F.W. 77a (French)
3M—10-44 (5704)
H.Q. 1772-39-972

RÉPONDRE AU LONG À TOUTES LES QUESTIONS APPLICABLES

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

Degrés de parenté	PARENTS à signaler		TÉMOIGNAGE DU DÉCLARANT — NOM ET PRÉNOMS de tout parent de chacun des degrés mentionnés	Age	ADRESSE AU LONG de chaque parent survivant, en regard de son nom, et date du décès de tout parent décédé
1	Veuve du défunt.....		Eugène Vincent 405-V-3151-F.D. 381 était célibataire		
2	Enfants du défunt et dates de naissance.....		nil		
3	Père du défunt.....		Maxime Vincent décédé le 7 novembre 1941 à N. Dame du Laus	58	Notre Dame du Laus
4	Mère du défunt.....		Clarisse Léger	54	Notre Dame du Laus
5	Frères du défunt	Frères germains	Emilien	30	Notre-Dame du Laus
			Leopold	29	Notre Dame du Laus
			Lucien décédé à N. Dame	26	N. Dame du Laus le 2 janvier 1925
		Demi-frères			
6	Sœurs du défunt	Sœurs germaines	Frélonise	32	Notre Dame du Laus
			marié à Oscar Levoe	38	à Cornwall P. Ont. 452 - III - West.
		Demi-sœurs			
7	Noms des frères ou sœurs (germains ou non) du défunt, *qui sont décédés*, et date de décès de chacun d'eux		Noms et âges de leurs enfants (le cas échéant)		Adresse de leurs enfants

RÉPONDRE AU LONG À TOUTES LES QUESTIONS SUR CETTE PAGE

DÉTAILS D'IDENTITÉ

8	Nom et prénoms du défunt.	Vincent Eugène
9	Date de sa naissance.	23 avril 1921
10	Lieu et date de son mariage.	nil —
11	Lieu et date du mariage de ses parents.	Notre Dame du Laus 25 septembre 1911

DÉTAILS DE DOMICILE

12	Lieu où le défunt est né.	à Notre Dame du Laus, P. Q.
13	Indiquer, par ordre, la province, l'état et/ou le comté où le défunt a résidé avant son engagement, et la durée dans chaque cas.	(a) Province de Québec 21 1/2 ans (b) a toujours demeuré avant (c) son engagement à N. Dame du Laus (d)
14	Nature de son emploi avant son enrôlement. Bucheron	a été un mois à Cornwall P. Ont. avant ~~de~~ s'enrôler à cet endroit le 16 Mars 1942
15	Indiquer s'il était propriétaire de la maison où il demeurait. Le cas échéant, à quel endroit?	n'avait pas de propriété
16	Indiquer le lieu où le défunt entendait vivre d'une façon permanente.	à Notre Dame du Laus

DÉTAILS DE LA SUCCESSION

17	A-t-il laissé un testament? Si vous en avez la garde, veuillez nous le transmettre.	non
18	Si le défunt était marié et domicilié dans la province de Québec ou dans un état des États-Unis d'Amérique ou dans un pays où il existe communauté de biens entre les époux, existait-il un contrat se rapportant à la propriété?	non
19	Avait-il un compte d'épargne dans une banque, un bureau de poste ou autre institution? Le cas échéant, donner le nom et l'adresse de la banque, etc., et le montant déposé. Désirez-vous qu'il soit administré avec le compte de solde?	non
20	Montant des certificats d'épargne de guerre que possédait le défunt. Indiquer l'endroit où ils se trouvent.	non —
21	Montant des bons de la victoire que possédait le défunt. Indiquer s'ils sont enregistrés ou payables au porteur, ainsi que l'endroit où ils se trouvent.	n'en possédait pas
22	Si le défunt possédait des polices d'assurance-vie, donner les noms des compagnies et la somme payable en vertu de chacune des polices, ainsi que le nom de la personne qui y est nommée bénéficiaire.	n'en possédait pas.
23	Décrire les autres valeurs, le cas échéant, et en donner le montant approximatif. Se servir de l'espace à la page 4, au besoin.	nil —

AUTRES DÉTAILS

24	Après son engagement, le défunt avait-il contracté des dettes: (a) pour ses propres logement et pension pendant qu'il était dans les forces armées. (b) pour habits et équipement militaires. Un état détaillé de chacun de ces comptes doit être annexé à cette formule et, s'ils sont exacts, veuillez y inscrire "approuvé" et signer votre nom. Si vous les croyez inexacts, donnez des détails.	non non
25	Est-ce que les frais funéraires ont été payés, entièrement ou en partie, par vous-même ou un autre parent? Le cas échéant, annexez des états détaillés indiquant les montants payés, et par qui.	Les frais funéraires ont été payés par la mère, Dame Clarise Vincent au montant de $35.00 approuvé par W. Proulx, Curé

(REMARQUE:—Le gouvernement paye les frais funéraires, jusqu'à concurrence de montants déterminés par les règlements, lorsque le militaire est décédé et inhumé outre-mer, de même lorsqu'il est décédé et inhumé au Canada ou ailleurs en Amérique du Nord; si un parent a déjà payé les frais funéraires, ceux-ci lui seront remboursés par le gouvernement jusqu'à concurrence du montant fixé par les règlements. Cependant, si les frais excèdent ce montant, la différence ne sera pas payée par le gouvernement ni ne sera à la charge de la succession militaire du défunt.)

(VOIR AU VERSO)

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

DÉCLARATION

Je, soussigné, déclare que tous les renseignements contenus dans cette formule sont exacts et constituent une liste fidèle et complète de tous les parents que le défunt ait jamais eus aux degrés signalés; et que je suis le/la* Mère, née Clarisse Leger du défunt.

N.B.—A être signée au long en présence d'un pasteur, prêtre, magistrat de la localité, commissaire, notaire public ou officier de l'une quelconque des forces de Sa Majesté.

+ Dame Maxime Vincent
née Clarisse Leger
Par W. Proulx Ptre Curé
(Signature du déclarant)

Notre Dame du Laus
C. Papineau P. Q.
(Adresse)

CERTIFICAT

Je, soussigné, certifie que, autant que je sache

Madame Maxime Vincent
(Nom du déclarant)

*Voir plus haut

est le/la* mère du défunt ci-dessus décrit. La déclaration ci-dessus a été faite par le déclarant et signée en ma présence.

Daté à Notre Dame du Laus ce deuxième jour de décembre 1944

Signature du pasteur, prêtre, magistrat, commissaire, notaire public ou officier de l'une quelconque des forces de Sa Majesté.

W. Proulx Ptre Curé à N. Dame du Laus
(Titre)

Adresse Notre Dame du Laus. C. Pap. P. Québec

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

(Si le défunt n'a aucun parent vivant des degrés signalés à la page 2, il faudrait donner ci-après les noms et adresses, et le degré de parenté, d'autres parents.)

SE SERVIR DE L'ESPACE CI-DESSOUS SI VOUS DÉSIREZ FAIRE DES REMARQUES SUPPLÉMENTAIRES.

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION (DEATH)

NUMBER C-120763 RANK Private SERVICE UNIT Les Fusiliers Mont Royal (CA)

NAME VINCENT, Eugene

DATE OF BIRTH 23-4-21 DATE OF ENLISTMENT 17-3-43

MARITAL STATUS Single RELIGION Roman Catholic

NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 RELATIONSHIP Mother NAME Mrs. Clarisse Vincent

ADDRESS Notre Dame Du Laus, Qu.e ADDRESS D.A.B.

ADDITIONAL PERSON TO BE NOTIFIED ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. 1533A H.Q. 405-V-3151

CASUALTY DETAILS Killed in action DATE 17-9-44

FRANCE

FRENCH S/L 3097
O/S #6 C.I.R.U.

LAST WILL ATTACHED TO NOTIFICATION TO A. OF E.? MCL YES/NO M.F.M.5. ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO DATE 13-10-44

FORM NO. CAS. 6
25M-4-44 (4184)
H.Q. 1772-39-1989-1990

DIRECTOR OF RECORDS

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COPY FOR DOCUMENT FILE

PSYCHIATRIC CONSULTANT'S REPORT

C.120763 Pte. VINCENT, E. Age - 22
C.A.(B).T.C. #31

The m/n soldier was examined at C.A.(B).T.C. #31 on May 21, 1943 at the request of the Army Examiner, who reports - This man has limited ability but seems to be willing and tries hard. He claims an old ankle strain bothers him on route marches but not on ordinary parades. His "M" score was 91 (fr.). A quiet man of good character handicapped by education.

This man does not speak English. He enlisted on March 17, 1943 and was passed by Psychiatrist as without psychiatric disability. Through an interpreter he stated he is not passing Bas ic Training, due to language difficulty. He does not like the Army because of the language difficulty.

EXAMINATION:

He attended school to the age of 10 to 15 years and passed Grade IV. He has since worked in the lumber bush for seven years. His family history is negative. There is no evidence of neurotic traits or behaviour disorders in childhood.

He is single and has no evident maladjustments. He is quiet, reserved with limited interests - limited by environment, and complains of common colds frequently, sore stomach, bad ankles and sore eyes. He states he is nervous, easily startled and easily disturbed.

APPRAISAL:

A man of limited intelligence who can read and write French but does not speak English and this difficulty is making it difficult for him to adjust.and is probably bringing out his somatic complaints, which are mild and not really neurotic complaints.

DIAGNOSIS: No gross psychiatric disability - language difficulty.

RECOMMENDATION:

Continue with training.

(M.J. O'Connor) Captain, RCAMC,

Consultant Psychiatrist,
Military Distric t No. 3.

MAY 21, 1943

MOC/EOH

705-V-3151

FIELD SERVICE

9/31B Army Form B. 2090A. 40/P & S/2551 (5504)

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: Fus Mont Royal — Squadron, Troop Battery or Company:

Officer's Personal No. (if known) Soldier's Army No.: C 120763 — Rank: L/Cpl

Surname: VINCENT — Christian Names: E.

Died — Date: 17 Sep 44 — Place: Belgium

Cause of Death*: Killed in Action

Nature and Date of Report: 3014/128 — 4 Oct 44

By whom made: Cdn Sec GHQ 2nd Ech 21 Army Gp

* 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: BELGIUM: Xrds 456813 Map Ref — Date: 18 Sep 44

By whom reported: Officer i/c Burials

State whether he leaves a Will or not — (a) in Army Book 64: No. — (b) as a separate document: Not received.

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: Belgium, 11 Oct 44

Signature of Officer in charge of Section Adjutant-General's Office at the Base: W Ranie Lieut for Officer i/c Cdn Sec GHQ 2nd Ech 21 Army Gp

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FORM 6

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not write in this space

1. PLACE OF DEATH — Municipal county — Official name of civil municipality or township: IN THE FIELD (BELGIUM)
Place an X over the word which applies to this municipality or this territory: City | Town | Village | Parish | Township
Street ... No. ... Hospital or Institution ...

2. LENGTH OF STAY — (a) In hospital or institution: Years ... Months ... Days ... (b) In municipality where death occurred: Years ... Months ... Days ... (c) In Province: Years ... Months ... Days ... (d) In Canada (if immigrant): Years ... Months ... Days ...

3. NAME OF DECEASED — Surname: VINCENT (Block letters)
Given names: Eugene

4. RESIDENCE — Street ... No. ...
Official name of civil municipality or township: Notre-Dame du Lous
Municipal county ... Province: Quebec

5. SEX: M
6. NATIONALITY (Citizenship): ...
7. RACIAL ORIGIN: ...
8. Single, Married, Widowed or Divorced (*Write the word*): Single

9. If married give name of wife or husband of deceased: ...

10. BIRTHPLACE (Province or Country): Quebec

11. DATE OF BIRTH: April (Month) 23rd (Day) 1921 (Year)

12. AGE OF DECEASED: Years 23 | Months ... | Days ... | If less than one day old ...hrs. or ...min.

OCCUPATION
13. Trade, profession or kind of work, as **spinner, teamster, office clerk,** etc.: Labourer
14. Kind of industry or business, as **cotton-mill, lumbering, bank,** etc.: ...
15. Date deceased last worked at this occupation: ...
16. Total years spent in this occupation: ...

	17. NAME	18. BIRTHPLACE (Province or Country)
FATHER		
MOTHER (Maiden Name)		

19. Place of burial, cremation or removal: Belgium

20. Date of burial ... 19...

21. PLACE OF REGISTRATION OF THIS BURIAL
(a) Name of parish or church ...
(b) Civil municipality of ...
(c) Municipal county ...
(d) Date ... (Month) ... (Day) 19... (Year)

Do not write in this space

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: September (Month) 17th (Day) 1944 (Year)

23. I HEREBY CERTIFY that I attended deceased from ... 19... to ... 19...
and last saw h... alive on ... 19...

24. CAUSE OF DEATH

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

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

OVERSEAS CASUALTY CANADIAN ARMY

25. If a woman, was there a puerperal condition? ...

26. Was there a surgical operation? ... Date of ... 19...
State findings ... Was there an autopsy? ...

27. If death was due to external causes (violence) fill in also the following:—
Accident, suicide or homicide (State which) ... Date ... 19...
Manner of injury (How sustained) ...
Nature of injury ...
Specify whether injury occurred in **industry, in home, or in public place** ...

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

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

28. Signature of person who fills in the form (curate, coroner, hospital authority, etc.)
[signature] C.S.
This signature authorizes the collector to accept this form as authentic.

29. Name of clergyman in charge of Register of Civil Status in which registration of this burial was made.
...

(Voir l'autre côté pour le français)

Director of Records, Dept. of National Defence

NOV 23 1945

405-V-3151

DRS

CANADIAN PACIFIC TELEGRAPHS

DAY LETTER [X]

NIGHT LETTER [ ]

CASUALTY (REPORT DELIVERY)

OTTAWA 28TH JULY 1944

TO:-
MRS CLARISSE VINCENT
NOTRE DAME DU LAUS P Q

18154 MINISTER OF NATIONAL DEFENCE SINCERELY REGRETS TO INFORM YOU C120763 PRIVATE EUGENE VINCENT HAS BEEN OFFICIALLY REPORTED WOUNDED IN ACTION DATE AND NATURE OF WOUND NOT YET AVAILABLE STOP WHEN ADDRESSING MAIL ADD WORDS IN HOSPITAL IN BOLD LETTERS AFTER NAME OF UNIT FOR QUICK DELIVERY STOP WHEN FURTHER INFORMATION BECOMES AVAILABLE IT WILL BE FORWARDED AS SOONAAS RECEIVED

DIRECTOR OF RECORDS

PREPAID 18

OFFICER I/C RECORDS

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M.F.M. 268
50M-11-42 (7150)
H.Q. 1772-39-1990

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

CANADIAN NATIONAL TELEGRAPHS

HL H.Q. 405-V-3151

DAY LETTER ☐

NIGHT LETTER ☐

CASUALTY (REPORT DELIVERY)

OTTAWA 1 OCTOBER 1944

TO:- MRS CLARISSE VINCENT
NOTRE DAME DU LAUS P Q

F.T.

12232 MINISTER OF NATIONAL DEFENCE DEEPLY REGRETS TO INFORM YOU THAT C120763 PRIVATE EUGENE VINCENT HAS BEEN OFFICIALLY REPORTED KILLED IN ACTION SEVENTEENTH SEPTEMBER 1944 STOP IF ANY FURTHER INFORMATION BECOMES AVAILABLE IT WILL BE FORWARDED AS SOON AS RECEIVED

PREPAID

DIRECTOR OF RECORDS

14

F.T.

Mrs. Clarisse Vincent,
Notre Dame Du Laus, Quebec.

Dear Mrs. Vincent:

It was with deep regret that I learned of the death of your son, C120763 Private Eugene Vincent, who gave his life in the Service of his Country in the Western European Theatre of War, on the 17th day of September, 1944.

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

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

We pay tribute to the sacrifice he so bravely made.

Yours sincerely,

A. E. WALFORD
Major - General
Adjutant - General

OCT 26 1944

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

EFH

21

Additional Notes by Unit M.O. and Field Ambulance.

Morphia— Dose. Time and date given—	A.T. Serum— Dose and date given—
—	1c.c. (T.T.) 22 July.
Date of Wound or onset of illness 22-7-44	Religion— R.C.
23	18/12

Disease*	Microscopic Diagnosis*			
Malaria	B.T.	M.T.	Q.	Clin.
Dysentry	B.Ex.	Ehyst.	Indef. Ex.	

Malaria Treatment							
Days	1	2	3	4	5	6	7
Ateb. grms							
Quin. grs.							

NOTES.

22 July 44 – Superficial flesh wound over L post. shoulder & stye R eye. T.T. 1cc given. Hazell capt.

III - S - 3 CCS

* Strike out where inapplicable.

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Army Form W3118.
R.A.F. Form 3118.
Naval Form M 204.

FIELD MEDICAL CARD.

No. C/120763 Rank PTE.
Name VINCENT. E.
Unit FUS. M.R.

(Battle Casualty.) ~~Accidentally Wounded.~~ ~~"Sick."~~
(*Strike out description which does not apply*).

Diagnosis of Unit M.O.—

Date seen by him—

No. of Field Ambulance— 10 CDN
Date of admission— 22.7.44
Field Ambulance diagnosis—
SW (mortar) EA – small superficial wound L shoulder
Hazell capt.

C.C.S. or M.C.S. diagnosis (if altered from above)—
(9 Cdn. F.D.S.) SHRAP. (M) LT. SHOULDER E.A. [illegible]

General or other Hospital diagnosis (alterations or additions)— S.W. (M) SHOULDER L E.A.

Wt 18254/229 1000m 7/40 E.W.W. & Co. 51-7385

Date of Admission to C.C.S., M.C.S. or General or other Hospital and designation of medical unit to which admitted must be recorded hereunder immediately on admission. Brief clinical notes should be added later, dated and signed by the M.O.

22 July '44 - 9 Can: F.D.S.
Wounded 1900 - 21 July '44
Sulphanilamide tabs 5 (1530 hr)
Evac. to Gen. Hosp (Bayeaux)
[illegible] Capt.

2 [illegible] GH July 22 wound
post L axilla E.S.
D SHAW
Capt RAMC

C.G.P. 23.7.44.
Satis.
[illegible] Rowell Lt.

24.7.44 #4 CGH - Satis - [illegible]
D [illegible] Capt.

This F.M. Card must not be destroyed. It must be transmitted with the patient if he is evacuated to U.K. Temperature charts or additional clinical notes may be sent with it, either in the same or in another envelope attached to the patient.

In lieu of AF W3017 (Hospital stamp)

B273

A.E.F.

NOTIFICATION OF ADMISSION 2261

No. 19 Canadian General Hospital

Theatre of Operations U.K. A & D No.

Regt No. C.120763 Rank ~~Fus.~~ PTE Age 23

Surname VINCENT

Christian Names Eugene

Unit & RU Fus. Mont Royal # 6 C I R U

(If Civilian, Address)

Religion R.C. M or S Single

Admission date 26 July 44 hour 1600

from ~~Hosp. Train.~~ 4 CGH

Diagnosis Shrap. lt shoulder.

MO Admitting Capt. Littner. Ward A

Previous Admissions

Pay Book Part I	yes	~~no~~	Walking	xx	
" " " II	yes	xx no	Sitting		
" " " III	yes	no xx	Stretcher		
Accidental	xx yes	no	Dangerous		
Enemy Action	yes	xx	Severe		
Sick	xx yes	no	Slight		

ENTERED ON CAS. CARD

CAS. LIST

rmg

4/30A CFA 76
40/P & S/1619 (4953)
(Pads of 100)

Signature of Admitting Clerk

In lieu of AF W3017 (Hospital stamp)

EA

B269

NOTIFICATION OF ADMISSION

ADM

No. 4 Canadian GENERAL Hospital

Theatre of Operations AEF A & D No. C 2358

Regt No. C120763 Rank Pte Age 23

Surname VINCENT, E.

Christian Names EUSENE

Unit & RU Fusilier Mont Royal

(If Civilian, Address)

Religion RC M or S

Admission date 24 July 44 hour 1425

from train

Diagnosis SW (M) EA small superficial wound left shoulder WR

MO Admitting Maj Carson Ward spider

Previous Admissions

Pay Book Part I	yes	no	Walking	
" " " II	yes	no	Sitting	X
" " " III	yes	no	Stretcher	
Accidental	yes	no	Dangerous	
Enemy Action	yes	no	Severe	
Sick	yes	no	Slight	

8650

AR

4/30A CFA 76
40/P & S/1619 (5902)
(Pads of 100)

Signature of Admitting Clerk

M.F.M. 268
50M-4-44(4186)
H.Q. 1772-39-1990

CANADIAN PACIFIC TELEGRAPHS

DAY LETTER [X]

NIGHT LETTER [ ]

PL

H.Q. 405-V-3151

CASUALTY (REPORT DELIVERY)

OTTAWA 4 OCTOBRE 1944

TO:- MME CLARISSE VINCENT
NOTRE DAME DU LAUS QUE

14745 MINISTRE DE LA DEFENSE NATIONALE REGRETTE PROFONDEMENT VOUS INFORMER SOLDAT EUGENE VINCENT C120763 OFFICIELLEMENT PORTE TUE AU COMBAT DIX SEPT SEPTEMBRE 1944 STOP SI NOUS RECEVONS DES RENSEIGNEMENTS SUPPLEMENTAIRES NOUS VOUS LES TRANSMETTRONS AUSSITOT

le directeur des archives militaires

PREPAID

~~DIRECTOR OF RECORDS~~

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

CANADIAN NATIONAL TELEGRAPHS

405-V-3151

DAY LETTER [X]

NIGHT LETTER [ ]

CASUALTY (REPORT DELIVERY)

OTTAWA 2 OCTOBRE 1944

TO:- MME CLARISSE VINCENT
NOTRE DAME DU LAUS QUE

12232 MINISTRE DE LA DEFENSE NATIONALE REGRETTE PROFONDEMENT VOUS INFORMER SOLDAT EUGENE VINCENT C120763 OFFICIELLEMENT PORTE TUE AU COMBAT DIX SEPT SEPTEMBRE 1944 STOP SI NOUS RECEVONS DES DETAILS SUPPLEMENTAIRES NOUS VOUS LES TRANSMETTRONS AUSSITOT

le directeur des archives militair

PREPAID

DIRECTOR OF RECORDS

15

CANADIAN NATIONAL TELEGRAPHS

DAY LETTER [X]

NIGHT LETTER [ ]

CASUALTY (REPORT DELIVERY)

OTTAWA 9 AOUT 1944

TO:- MME CLARISSE VINCENT
NOTRE DAME DU LAUS QUE

4555 MINISTRE DE LA DEFENSE NATIONALE DESIRE VOUS INFORMER SOLDAT EUGENE VINCENT C120763 ANTERIEUREMENT PORTE BLESSE AU COMBAT NATURE DE SA BLESSURE MAINTENANT SIGNALEE COMME ETANT PETITE BLESSURE SUPERFICIELLE DE FRAGMENT DE BOMBE EPAULE GAUCHE STOP SI NOUS RECEVONS DES RENSEIGNEMENTS SUPPLEMENTAIRES NOUS VOUS LES TRANSMETTRONS AUSSITOT

le directeur des archives militaires

PREPAID

OFFICER I/C RECORDS

8

M.F.M. 267
50M-11-42 (7151)
H.Q. 1772-39-1989

3/45A MFM 510
[illegible]0/P&S/254 (7012)

CANADIAN ACTIVE SERVICE FORCE

District.....

OVERSEAS

Dispersal Area.....

LAST PAY CERTIFICATE

(All Ranks)

Regtl No. C.120763. Rank and Name Vincent. E. L/Cpl.

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

(~~Transfer or~~ Discharge) ..... to ..... on 17th. Sept. 19 44.

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

The following is a statement of the account of the above-named from 1st. Sept. to 30th. Sept. 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	12	20
First Monthly Payment			Regimental Pay 11 days @ 1.50 / 19 days @ $ 1.60	16 / 30	50 / 40
Casual Payments			Tradesmen's Pay ..... days at ..... $		
Payments on Transfer or Discharge			Additional Pay (Give Particulars) ..... days at ..... $		
Assigned Pay	30	00			
Regimental Charges			Allowances (give particulars) ..... days at ..... $		
Public Stoppages (give particulars):					
			Def. Pay Interest.		37
To Balance Cr — Free	14	47			
To Balance Cr — Deferred	15	00	By Balance Dr		
Total	59	47	Total	59	47

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

Remarks

Assnd. Pay of $30.00 (M) stopped eff. Oct. 44.

Compiled by F. Gough.

Checked by J. M. Crystal

Date 19th. April, 19 45.

Certified correct [illegible]
for Chief Treasury Officer, Overseas

P.H.

FORMULE DE TESTAMENT

(1) Je, Eugène VINCENT .... DU ~~xx~~ Village ....
(nom au long)

de Notre-Dame-du-Laus ...... dans le Comte ~~xxxxxxxxx~~ de Papineau ....

Province de Québec .... bucheron ....
(Occupation civile)

No matricule C-120763 .... Unite Fus M.R. ....

revoque par les presentes tous les testaments que j'ai pu faire anterieurement et declare que ceci est mon testament.

(2) Je legue a ma mère, Mde Maxime Vincent, Notre-Dame-du-Laus, Comté de Papineau, P.Qué., Canada, tous mes biens.

[Noms] et [ad]resses des [be]neficiaires

(3) ~~xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx~~

[Noms] et [ad]resses des [be]neficiaires

(4) Je nomme Mde Maxime Vincent, Notre-Dame-du-Laus, Co. Papineau, P. Qué., Canada.
(nom)

(mère) .... executeur / executrice de mon present
(adresse)

testament.

Signe et reconnu par le testateur, en presence de nous, presents en meme temps, qui en sa presence et en sa demande, et en presence l'un de l'autre, avons immediatement signe comme temoins

EN FOI DE QUOI j'ai signe ce 24 meme jour de avril 1944

(5)

Eugène Vincent
(signature du soldat)

F. Mousseau
38 Langevin St Hull P.Que
(signature du premier temoin)
(adresse)

R. Dorion. Lieut. 12370 Lefebvre Montréal P.Q. Can.
(signature du second temoin)
(adresse)

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 .....0-120763 Pte Vincent E (Dec'd).....

RECEIVED FROM .....Cdn Sec G.H.Q. 2nd Ech 21 A Gp.....
M-16018 Pte Murdoch W
CHECKED BY .....B-69920 Tpr Browning W..... DATE ...19 Jan 45.....

1	Fountain pen	
1	Mech. pencil	
1	Lighter	
2	Religious statues	
1	Rosary	
1	Cross & religious tokens	
1	Small change purse	
1	Cigarette case	
1	Identity disc (Red)	
1	Leath er snap case W/snaps	

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

.....
for OC 1 Cdn KSD

P.A.

File No. 405-V-3151

VERIFICATION FORM

WAR SERVICE MEDALS 1939-45

No. C 120763 Name Vincent, Eugene.

Rank on Discharge Cpl. Date of Discharge 17-9-44

Authority for Discharge or Retirement Deceased

Served in:

				Non-qualifying service
Canada	from 17-3-43	to	25-8-43	
	from	to		
United Kingdom	from 26-8-43	to	6-7-44	
	from 30-7-44	to	24-8-44	
Italy	from	to		
Northwest Europe	from 7-7-44	to	29-7-44	
	25-8-44 To		17-9-44 (Kla)	
----------	from	to		
----------	from	to		

Eligible for award of:

1939 - 45 Star OK

~~Italy Star~~

France-Germany Star OK

Defence Medal OK

1939-45 War Medal OK

Canadian Volunteer Service Medal OK

with clasp OK

M

Verified by Annette Routhier

Date 17-9-46.

Carded SEP 18 1946

HA 165

NO RIBBON DESPATCH

Records

Notre Dame du Lacs 30 octobre 1944

DEPENDENTS' ADVISORY COMMITTEE
NOV 1 1944
RECEIVED
OTTAWA, ONTARIO.

Ministère de la défense nationale
Ottawa

Officer i/c Records
A. G. Branch
NOV 2 1944
Nat. Defence Hqrs.
Ottawa. - Canada.

Monsieur

Au commencement du mois d'octobre le ministère de la défense nationale informait par télégramme que le soldat Eugène Vincent No B-120763 avait été tué au front en France le 17 septembre 1944, faisant partie des Fusiliers Mont-Royal.
La mère de ce soldat: Dame Ve Clarisse Vincent recevait le 28 de chaque mois une allocation de trente piastres (30.00)
Or, le 28 de ce mois, elle n'a pas reçu d'allocation et c'est une mère nécessiteuse.
Je vous demande par les présentes, en son nom, de lui continuer cette allocation et de lui donner une allocation particulière pour faire chanter une messe de requiem pour le repos de l'âme de son fils. Elle voudrait recevoir

BUREAU FOR TRANSLATIONS
Rec'd 7 1944
NOV 7 1944
NATIONAL DEFENCE

les effets personnels que possédait son fils tué en action en France.

Espérant recevoir sous peu des nouvelles du Ministère, concernant les allocations demandées, je vous prie de me croire votre tout dévoué

W. Proulx Ptre curé

adresse

pour Dame Clarisse Vincent
Notre Dame de Laus
C. Papineau P. Q.

Letter

DISTRIBUTION OF SERVICE ESTATES

ARMY

AM Estates Form "P. 4"

Name: VINCENT, Eugene, No.: 0-120763
Surname Christian Names

L/Cpl. C.A. O/S 17-9-44
Rank Unit Date of Death

AMOUNT

L.P.C. $ 29.47

Date: 19 July 45

Other Credits

Total 29.47

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Mother	Mrs. Clarisse Vincent, Notre Dame Du Leus, Quebec. (Sole beneficiary under will)	29.47 P

P4. TO TREAS. 29-11-45, q.m.

AUTHORITY

H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	29.47

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

CASUALTIES ONLY

For purpose of W.S.G. Casualties include death subsequent to discharge.

Register No. D.15161

File No. _____

WAR SERVICE GRANTS ACT 1944

Ottawa 16th. Aug. 1945

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

Service No. C-120763

Name Eugene Vincent
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 and relationship of persons in receipt of D.A. and amount of monthly award.		$
If no D.A. in issue, list names and relationship of persons in receipt of A.P. who may be classed as dependents under W.S.G. Act, 1944 and amount of monthly assignment.	Mrs. Clarisse Vincent	30.00
	m	
Names and relationship of persons to whom assigned pay was continued by supplementary award after death.	Mrs. Clarisse Vincent	48.00
Amount of overpayment of dependents' allowance and/or assigned pay deductible from the War Service Gratuity and name of person to whom paid.	nil	

27. 8. 1945

S. Sues
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.

FORM No. 1

Register No. D15161

Nominal Roll No. D365

H.Q. File No. 405-V-3151

To: P.M.G.

CANADIAN ARMY (ACTIVE)

Computation of Service

WAR SERVICE GRANT

Regt. No.	Rank when S.O.S.	Surname	Christian Name in Full
C120763	Pte. AB	VINCENT	EUGENE

REASON FOR TERMINATION OF SERVICE:

1st Enlistment Deceased CARO ( )

2nd Enlistment CARO ( )

3rd Enlistment CARO ( )

Total Service

1ST ENLISTMENT	2ND ENLISTMENT	3RD ENLISTMENT
T.O.S. 17 MAR43	T.O.S.	T.O.S.
S.O.S. 17 SEP44 MD O/S	S.O.S. MD	S.O.S. MD
Total Days 551	Total Days	Total Days

Total Service 551 DAYS

—	Total Service	Less Non-qualifying Service	Net Service
Western Hemisphere	162	1	161
Overseas Service	384	nil	384
Totals	551	1	550
Add Non-qualifying Service			1
Total Service			551

EMBARKATION DETAILS:

1. Date S.O.S. Overseas 17 SEP44 2. Date S.O.S. Overseas

REMARKS: KILLED IN ACTION 17 SEP44

Peter Novak (cpl)

Computer's Signature

Checker's Signature D. Barrett

Date Computed 23 Aug 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

Details of Non-Qualifying Service

Western Hemisphere—

Forfeits for	From	To	Effective Date	Days	Total
AWL	19 Jul 43	19 Jul 43	19 JUL 43		1
				Total	1

Overseas: T.O.S. 26 AUG 43 T.O.S. T.O.S.

S.O.S. 17 SEP 44 S.O.S. S.O.S.

				Total	

5M-1-45 (6393) (FR.)
H.Q. 1064-81-3

DEPARTMENT OF NATIONAL DEFENCE

NAVY — ARMY — AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

4
ARMY

DECEASED MEMBER'S NAME: Eugene (CHRISTIAN NAMES) VINCENT (SURNAME)

PAYEE Mrs. Clarisse VINCENT,
ADDRESS Notre Dame du Laus, P.Q.

REGISTER NO. D-15161
FILE NO. 405-V-3151
DATE 6-9-45
SERVICE NO. C-120763
FINAL RANK OR RATING Pte.
DATE OF DISCHARGE 17-9-44

DATE OF TERMINATION OF OVERSEAS SERVICE 17-9-44

	$ ¢
A. TOTAL QUALIFYING SERVICE — NO. OF DAYS 550 / 30 EQUAL TO 18 COMPLETE PERIODS AT $7.50	135.00
B. QUALIFYING OVERSEAS SERVICE — No. of Days 389 LESS 10 INELIGIBLE DAYS, EQUAL TO 379 DAYS @ 25c. PER DAY (SEE PAR. 2 OVERLEAF FOR EXPLANATION)	94.75
	229.75

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY	$ 1.60
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE	$ 1.25
ADDITIONAL PAY	$
	$
	$
DEPENDENTS' ALLOWANCE 1/30 OF $	$
TOTAL	$ 2.85 ×7 = $ 19.95
NO. OF DAYS 389 / 183	×$ 19.95

C. total: 42.41

D. **WAR SERVICE GRATUITY** — 272.16

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

F. TOTAL AMOUNT PAYABLE — 272.16

G. YOUR PORTION OF GRATUITY IS—

100%

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU $ ______ OF $ = $
TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

CERTIFICATE I CERTIFY THAT THE AMOUNT HAS BEEN CORRECTLY COMPUTED AND IS PAYABLE IN ACCORDANCE WITH THE TERMS OF THE WAR SERVICE GRANTS ACT, 1944 AND THE REGULATIONS ISSUED THEREUNDER.

PREPARED BY	CHECKED BY

TREASURY CHECKED BY	DATE
	14-9-45

SERVICE REPRESENTATIVE

Soldiers Qualification Card

CONFIDENTIAL

CODED

Regimental Number	Last Name (Block letters)	First Name	Middle Names
C-120763	VINCENT	Eugene	

Unit: Les Fusiliers Mont-Royal

1 Corps: Inf.

2 Nationality: Can. By Birth: ✓ By Naturalization: Country of Birth: Canada

3 Father Racial Origin: Mother:

4 Language spoken in home: French ✓ English: Other:

5 Age: 23-4-1921 6 Height: ft. in. 7 Weight: 8 Silhouette 1 2 3 4

9 Eyes Colour of: 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: A ✓

Cause:

Attitude to own health: To Medical attention:

Health History:

16 Education Level: Illiterate: El. 7 (15) Sec. ( ) Grade completed)

Conduct during school life:

17 University or 18 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

Written well: — " —

24 Main occupation: Description: Labourer (Bush)

Estimate of skill:

Duration (from—to): 6 years Weekly Wage:

Employer's Name and Address:

50 "M"

Test	Score	S.M.
1	9	
2	12	
3	7	
4	18	
5	12	
6	7	
7	8	
8	18	
Tot.	91	

Test 9 Score:

Sub-total 28 S.M.

Sub-total 30 S.M.

Sub-total 33 S.M.

Grade

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:

Estimate of skill:

Duration (from—to): Weekly Wage:

Employer's Name and Address:

26 Third Most Important Occupation:

Estimate of skill:

Duration (from—to): Weekly Wage:

Employer's Name and Address:

Trade Union or Professional Society:

Vehicles: 27 Heavy Truck: 28 Light Truck: 29 Auto: 30 Motorcycle:

31 Farm Tractor: 32 Tracked Vehicle: 33 Power Launch: 34 Aeroplane:

35 Accident Prone: Teamster:

Farming Experience: Wide: Limited: None:

District: Type:

Job promised after discharge ? By whom? Name:

Job: Address:

Other provision for post-discharge occupation:

Type of work desired:

Occupational history: Ambitious: Stable: Accidental: Erratic:

36 Marital Status: M: S: ✓ W: D: Sep.:

Marital Problems:

Wife's or Husband' Age: Attitude to Service: Health:

37 No. of Children: 38 No. of Dependents:

Relationship of Dependents:

No. of Brothers: No. of Sisters: Position in family:

Status of home in childhood:

Religious Denomination:

39 Hobbies: Photography M: S: Radio: Engines:

Mechanics: Other:

40 Sports: (1): (2): (3):

Team Games and Position (1):

(2): (3):

41 Ability to Entertain: Music String: Brass:

Woodwind: Percussion: Piano: Vocal:

Theatrical: Other:

42 Previous Experience in Armed Forces

MAR 24 1944

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

43 CURRENT SERVICE: Date Enlisted 14-3-43 Place Enlisted

Date From—to	Country	Corps	Unit and Sub-unit	Rank 44	Principal Duty	Performance
				Pl-C		

45

COURSES ATTENDED	PLACE	Date: From—to	Qualified as	Rating

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

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

49 Psychiatric ☐ ☐ ☐ ☐ ☐

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

47 Classification: Military Specialties and Trades

CONFIDENTIAL

Designation	Degree of Proficiency	Date	Authority

55 Type of Service Desired (1).....(2).....

Remarks re Outstanding or Limiting Factors

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

Reason for Joining Cdn. Army.....

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

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

48 Suggested Possibilities (1).....

for employment (2).....

Interviewed by.....Date.....

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

JIB

To be made out in duplicate

M.F.M. 5
200M—7-40 (6098-9)
H.Q. 1772-39-1651

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

INSTRUCTIONS.

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

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

(*c*) Both copies of the form are to be forwarded by the Officer Commanding the unit for each officer and other rank, to the Paymaster, or Officer acting as such. The latter will transmit one copy, through the District, Command, or Camp Paymaster, to the Officer i/c Records, N.D.H.Q., Ottawa. The other copy will be retained by the Paymaster of the unit, when transferred to another unit the copy retained by the Paymaster will be sent to the Pay master of the individuals new unit.

---

(1) Name of Officer of Other Rank VINCENT Eugene
(Surname first—Christian names in full—Block capitals)

(2) Regimental or Air Force Number and Rank C-120763 Pte.

(3) Unit No. 3-A DISTRICT DEPOT (A.F.) KINGSTON, ONTARIO.

(4) Are you married? Single

(5) If married, state,

(*a*) Full name of your wife N/A

(*b*) Present postal address of wife N/A

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

(7) Are you a widower? No

(8) Have you any children? N/A Number of boys ..... Girls .....

Names and ages N/A

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

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

Name N/A

Postal Address N/A

[SEE OTHER SIDE]

(10) Have you a common-law wife—whom you have been regularly supporting and publicly representing as your wife for at least 2 years immediately prior to appointment or enlistment? No

If so, state her full name and Postal Address N/A

(11) Is your father alive? No

If so, state name and address, occupation N/A

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

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

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

(14) Is your mother alive? Yes mmJ.

If so, state name and address Mrs Clarisse VINCENT

Notre Dame du Laus, Que.

(15) If your mother is a widow, are you her sole or partial support? No

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

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

(17) Are you contributing to the support of any dependents, other than those shown above? N/A
This may include any brothers 16 years of age or under, or any sisters 17 years of age or under, solely supported and maintained as bona fide members of your household before your appointment or enlistment.

If so, state the following particulars:—

Relationship N/A

Full Name N/A

Postal Address N/A

Amount contributed monthly during the past six months N/A

(18) Are you insured? No

If so, in what Company? N/A

(Give number of policy)

Have you made arrangements for payment of your Insurance Premium? N/A
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.

Eugène Vincent
(Signature of officer or man)

NMN
Date 19th. March 1943

Officer Commanding [signature] CAPTAIN, R.C.S.
O. C. DOCUMENTS & RECORDS
No. 3 ... Kingston, Ontario

Date 19th. March 1943

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.

JIB

OCCUPATIONAL HISTORY FORM

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: Eugene VINCENT (b) Reg'l. No. C-130763
2. (a) Arm of service: Army (b) Unit: No.3A District Depot (c) Rank: Pte.
3. (a) Date of birth: 23-April-21 (b) Have you any dependents? No (c) Place of residence at time of enlistment: Notre Dame du Lous
4. (a) Place of enlistment: Kingston, Ontario. (b) Date of enlistment: 17-3-43 Que.

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school: 15 years (b) Were you attending school or college up to the time of enlistment? No
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.): Grade VII
7. If you attended a university, give name of university and standing or degree secured: N/A
8. (a) Did you ever enter upon a trade apprenticeship? No (b) If so, for what occupation? N/A (c) Did you finish it? N/A (d) If you did not finish it, how long did you serve at it? N/A
9. (a) What languages do you speak fluently? French (b) What languages do you read well? French

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): WORKING (b) At time of enlistment of what trade union or professional society were you a member? No

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: Mr FLORENT Address: Mont Laurier
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.): Lumberman
20. (a) Your specific occupation: Labourer (b) Number of years' experience at this occupation with any employer: 6 months
21. (a) Did your employer promise definitely to give you employment on discharge? No (b) Did your employer refuse to promise you employment on discharge? No (c) Do you wish to return to your former employment? Yes

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? Yes (b) Do you feel competent to operate a farm? Yes (c) If so, in what kind of farming? Mixed
25. (a) Were you born on a farm? No (b) How many years' actual farming experience have you had? 2 yrs (c) In what provinces did you have experience? Quebec

Section G—MISCELLANEOUS

26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge? No
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.): N/A
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form: No

DATE 17th. March 1943 194..... SIGNATURE Eugene Vincent

CANADIAN ARMY

SOLDIER'S SERVICE

AND

PAY BOOK

C-120763
VINCENT, E
5th Inf A.I.t.C. A.13
Valcartier Camp

(XIV) PARTICULARS OF DENTAL TRE… NT

Date	Re… quir…	Com- …	…CATION…	… of …fficer
29-12-43				[illegible] Capt.

(XIV) PARTICULARS OF DENTAL TREATMENT

Date	Re-quired	Com-plet-ed	SPECIFICATION Use authorized Abbreviations and Symbols	Signature of Dental Officer
29-12-43		✓		[illegible] Capt.

M. 1 (Part I) Revised 1-10-42
(5040-2 & 5232)
1672

RVICE BOOK

Book M. 1 (Part II)
ctive service.)

her than those on page 24 M. 1, connected with the m of Will) is to be made the Officer Commanding pany to which the man

ries will be initialled by

TO SOLDIER

y responsible for the safe

his book on your person rvice.

k whenever called upon to authority, viz.: Officer, tary Policeman.

ke any entry in this book of Will on page 24; see and disobedience of this s offence.

any entry is lacking or book, you will report the ry superior.

etain this book after dis- ices, but should you lose ot be replaced.

Vincent L

RECORD OF TRG

RIFLE		Class	Date	Class	Date	Class	Date	Class	Date	Class	Date
1. Grouping	100	2nd	Sep 43								
2. Appl.	200	2nd	Sep 43								
3. Snap	300	2nd	12 Dec 43								
4. Appl.	300	1st	17 Nov 43	1st	25.1.44						
5. Snap	300	2nd	12 Dec 43	2nd	25.1.44						
6. Rapid	300	2nd	21.2.44								
T.M.G.											
1. Single	300										
2. Burst	200										
3. Rapid	200										
4. Burst	300										
STEN											
1. Single	15	4	14.2.44								
2. Single	15	4	14.2.44								
3. Burst	15	5	14.2.44								
M.O.											
1. Appl.	300										
P.I.A.T.											
1st											
2nd											

M. 1 (Part I) Revised 1-10-42
(5040-2 & 5232)
1672

RVICE BOOK

Book M. 1 (Part II)
ctive service.)

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M. 1, connected with the
m of Will) is to be made
the Officer Commanding
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TO SOLDIER

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his book on your person
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authority, viz.: Officer,
tary Policeman.

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of Will on page 24; see
and disobedience of this
offence.

any entry is lacking or
book, you will report the
ry superior.

etain this book after dis-
ices, but should you lose
ot be replaced.

(XIV) PARTICULARS OF I

Date	Re-quired	Com-plet-ed	SPECI Use autho ations a
29-12-43		✓	

Militia Book M. 1 (Part I) Revised 1-10-42
250M—10-42 (5040-2 & 5232)
H.Q. 1772-39-1672

SOLDIER'S SERVICE BOOK

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

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

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

INSTRUCTIONS TO SOLDIER

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

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

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

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

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

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

56357—1

(1) SOLDIER'S NAME AND DESCRIPTION ON ATTESTATION

Regtl. No. C-120163.

Surname (in capitals) VINCENT.

Christian Names (in full) Eugene.

Date of Birth 23-th April-21.

Place of Birth Notre Dame des Laus, Que.

Citizenship Canadian

Trade on Enlistment Labourer.

Nationality of Father at Birth Canadian

Nationality of Mother at Birth "

Religion R.C.

Enlisted at KINGSTON, ONT.

Date 17-March-43-

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

Signature of Soldier E. Vincent

Signature of Officer [illegible]

Place KINGSTON, ONT. Date 22-Mar-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			
	Children			
2nd	Father			
	Mother	Mrs Clarisse Vincent.	19-3-43	Notre Dame du Laus, Quebec.
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
17-3-43	Private		S.O. #81	[illegible] Capt.

(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:—**

Completed Basic Training in accordance with standard syllabus at Cornwall 28-6-43

W. L. Beattie Capt

5 weeks advance trg. 4-8-43 [illegible] Capt

Qualified in addition as under:—

Date 6/8/43 [illegible] Capt

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
N.V. TEST EXCEL	17 Aug 44	[illegible]

(VIII) SMALL ARMS RANGE COURSES

Year	Classification	Type of Weapon	If Table not completed, state parts fired	Signature of Officer
1943	2nd	Rifle	—	[illegible]
1943	F	S.A.		

(IX) EDUCATIONAL QUALIFICATIONS

Certificate, Specialist Qualifications, etc., Certificate number or authority. (Two lines may be used for each entry)	Place	Date	Signature of Officer
4e année	Notre Dame des Laus	1/35	[illegible]

(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		
17-3-43		Rifleman	D Chisson 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
28/3/43	A 1	M.F.M 2	17/3/43	[illegible] Capt
17-3-43		Grimes		
29-7-43	A-1	Capt Reaff		D Chisson Capt

(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	Re-quired	Com-plet-ed	SPECIFICATION Use authorized Abbreviations and Symbols	Signature of Dental Officer
6-8-40	✓		2F.	[illegible]

(XV) PARTICULARS OF SURGICAL APPLIANCES ISSUED

Particulars	Date	Signature of Medical Officer
TYPHUS-1CC	26-5-44	G. Sussin Capt.

(XVI) PROTECTIVE INOCULATIONS

Nature of Vaccine, "T.A.B.T." Cholera, Plague, etc.	Date	Signature of Medical Officer
	20/3/43	[illegible]
T. A. B. T. 1	24-4-43	R F McCapt
T. A. B. T. 2	12-6-43	G Brayt Capt
T. A. B. T. 3		
TYPHUS 1/- 1/4cc	27-12-43	G. Sussin Capt.
3" 2/-	3-1-44	G. Sussin Capt
	21-1-44	G. Sussin Capt
T.A.B.T. 1/2cc	26-2-44.	G. Sussin Capt

(XVII) VACCINATION

Date Vaccinated	Signature of Medical Officer
20-3-43 Immune Site	[illegible]
26-1-44 Inactive	G. Sussin Capt.

(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
# 1219-4D4		
X-Ray Chest Negative	19/3/43	[illegible]
"M" TEST (REV.) COMPLETE	17-9-43	[illegible]
FINGERPRINTED—CAIB		
Privilege Leave	17-3-44	[illegible]
With Warrant	24-3-44	[illegible]
On 17 Mar 44 entitled to	D.O. I 202	[illegible] Capt
1 R Ser Chev CADRO 4613	23 May 44	[illegible]
M.B.M. 1 Pt 3 denied	7 AUG 44	[illegible]
M.F.M. 182 cleared	18 AUG 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.

.... R.C.A.
... & RECORDS
No. 3-A DISTRICT DEPOT

Date Certificate or Will extracted......
Signature of Officer......
To whom sent......
Unit or Dept......

To whom sent......
Unit or Dept......
Date Will extracted......
Signature of Officer......

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 $[illegible].00 to my friend, Miss Rose Smith, of No. 1, High Street, London, and I give $5.00 to my sister, Miss Ma[illegible] 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.

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

WILL

(For use if the Soldier has not already made a Will or wishes to alter one already made. See instructions on page 23).

Signature.....

Rank, Regt'l Number.....

.....

Date.....

Notre Dame du Sacré Coeur,

priez pour nous.

(300 jours d'indulgence — Pie X — 28 juin 1904)

ELLE EST L'ESPÉRANCE DES DÉSESPÉRÉS

(St Ephrem)

PRIÈRE TRÈS EFFICACE

SOUVENEZ-VOUS

à

Notre Dame du Sacré Cœur

SOUVENEZ-VOUS, **ô Notre Dame du Sacré Cœur,** de l'ineffable pouvoir que votre divin Fils vous a donné sur son Cœur adorable. Pleins de confiance en vos mérites, nous venons implorer votre protection. **O céleste Trésorière** du Cœur de Jésus, de ce Cœur qui est la source intarissable de toutes les grâces, et que vous pouvez ouvrir à votre gré pour répandre sur les hommes tous les trésors d'amour et de miséricorde, de lumière et de salut qu'il renferme, accordez-nous, nous vous en conjurons, les faveurs que nous sollicitons... Non, nous ne pouvons essuyer de refus, et, puisque vous êtes notre Mère, ô Notre Dame du Sacré Cœur, accueillez favorablement nos prières, et daignez les exaucer. Ainsi soit-il.

(100 jours d'indulgence, une fois par jour, pour les associés. Pie IX, 1870)

Notre Dame du Sacré Cœur, priez pour nous.

Pour faire partie de l'Archiconfrérie de Notre Dame du Sacré Cœur, érigée pour le succès des causes difficiles et désespérées, il suffit d'envoyer ses noms de baptême et de famille au Directeur de l'Archiconfrérie de Notre Dame du Sacré Cœur, à Québec, rue Sainte-Ursule, No 71.

A cette même adresse on obtiendra également tous les renseignements voulus concernant les **Annales** de N. D. du S. C. et les différentes œuvres des Missionnaires du Sacré Cœur.