ALLEN
EVERETT BROCK
C23502

#4 T.C. Letter 12-3 (Vol.7) (S.P.S.O.) d/21-2-41

NO.4 T.C. Regina (Flying
Attached to Moose Jaw Club. Aircrew (Std)

AIR FORCE NO. R.92665 POSTED TO Moose Jaw, Sask. TRADE Flying Instructor

# ROYAL CANADIAN AIR FORCE

## (ATTESTATION PAPER)

SPECIAL RESERVE

NATIONAL REGISTRATION CERTIFICATE PRODUCED.

**(Pages one and two, only, are to be completed in Applicant's own Handwriting)**

1. Surname ALLAN Full Christian Names EVERETT BROCK.
2. Present Address 2304-22nd Ave S.W., Calgary. Telephone W2305
3. Permanent Address as above 2304-22nd Ave. S.W. Calgary
4. Place of Birth Calgary, Alberta Citizenship Canadian
5. Date of Birth May 3rd 1913 Married, Single, Widower, Separated, Divorced Married
6. Particulars of Children

| Name | Date of birth | Name | Date of birth |
|---|---|---|---|
| Gerald Brock Allan | Aug. 9th 1940 | | |
| | | | |
| | | | |
| | | | |

7. Occupation Service Station Supervisor 8. Religion Church of England (State denomination)
9. Languages English — French — very little. (State proficiency)
10. Next of Kin (Full Name) Dorothy Elinor Allan Relationship Wife
" Address 2304-22nd Ave. S.W. - Calgary, Alberta.
11. Father (Full Name) Hector William Allan Birthplace Montreal, Que
" Address Banff, Alberta Citizenship Canadian
" Occupation Retired
12. Mother (Full Maiden Name) Isabel Marjorie Brock Birthplace Montreal, Que
" Address 285 Prospect Ave. Westmount Que. Citizenship Canadian.
13. Details of any Naval, Military or Air Force Service:

| Unit | Place | Rank | Trade | Date From | Date To | Reason for discharge |
|---|---|---|---|---|---|---|
| None. | | | | | | |
| | | | | | | |
| | | | | | | |

R.C.A.F. Records Office
Rec'd MAR 18 1941
O.K. TF C.I.B.
R.C. 75 N.I.
S.L. P.A.

14. Honours, Awards, Mentions None.
15. Are you now on any Naval, Military or Air Force Reserve? No.
16. Have you previously made application to join the R.C.A.F.? No. If so, where? N.A.
When? N.A. Result N.A.
17. Were you ever discharged from any branch of His Majesty's Forces as Medically Unfit? No.
If so, state nature of disability N.A.
18. Have you ever been or are you now in receipt of a Disability Pension? No.
If so, state nature of Disability N.A.
19. Have you ever been convicted of an indictable offence? No. If so state nature No.
20. Are you in debt? No. If so, state particulars N.I.

R.C.A.F. Form R. 100
100M—2-40 (3924)
H.Q. 1062-3-83

135-345

21. Particulars of Education:

| — | Name of school | Date From | Date To | Courses—Subjects, etc. |
|---|---|---|---|---|
| Primary Education—Public or Separate School | Earl Gray Schools. Elbow Park | 1920 | 1928 | Usual. |
| High School—Collegiate Institute, etc. | Western Canada High School | 1928 | 1929. | |
| | University School | 1929 | 1932 | Regular Senior Matriculation |
| Technical School | None | | | Subjects with |
| University or School other than above | None | | | emphasis on Physics |
| Correspondence Courses, etc. | | | | and Chemistry |
| | None. | | | |

22. Particulars of all Civil Occupations (in full):

| Employer and place | Duties, trades, positions | Date From | Date To | Reason for leaving |
|---|---|---|---|---|
| Brewster, Gross & Morkill Calgary. | Insurance Adjuster | 1933 | 1935 | Improved position |
| Phoenix Insurance Co of Hartford Montreal, Que. | Trans Clerk to Inspector | 1936 | 1939 | Change of occupation |
| Baker Oil Company Ltd Calgary. | Service Station Supervisor etc. | 1939 | 1941 | To become Flying Instructor at E.F.T.S. |

23. Flying Experience (in Hours) Solo 162 Dual 41 Passenger 25.

24. Special Qualifications, Hobbies, etc., useful to the R.C.A.F. Good Rifle Shot

25. Sports engaged in. State: extensively, moderately, occasionally Swimming, Skiing — moderately.

26. Air Force Duty you wish to enlist for ~~Ground Duties.~~ Flying Duties.

If for Ground Duties, state Air Force trade in which you wish to enlist ——— Pilot (Flying Inst.)
If for Flying Duties, state preference as (a) Pilot; ~~(b) Observer;~~ ~~(c) Air Gunner~~ (d) ~~Wireless Operator~~ (Air Crew).
(Cross out words not applicable.) Instructor at Elementary Flying Training School.

27. Names of at least two persons who can give references as to character and ability.

| Name | Address | Occupation |
|---|---|---|
| Donald H. Baker | 3213 Elbow Drive Calgary. | Manager. |
| T. A. Hornibrook | 10½ Street & Colborne Cres. Calgary, Alta. | Manager. |

28. Other information that may have any bearing on this application. Nil

29. Do you understand that vaccination, re-vaccination and inoculation are compulsory? Yes.

I Hereby Certify that the foregoing information furnished by me is correct to the best of my knowledge and belief.

Date January 29th 1941 Signature D. H. Baker

NATIONAL REGISTRATION
PRODUCED.
Pmkt



## FOR OFFICIAL USE ONLY

(A) *Report of Interviewing Officer—*

Type.....General appearance.....

Suitability for (state in what capacity).....

Date.....Signature.....Rank.....

---

(B) *Report of Trade Test—*

Trade in which tested.....

Result.....

Trade qualifications other than above likely to lead to efficient employment in the R.C.A.F.....

.....

Date.....Signature.....Rank.....

---

(C) **DECLARATION MADE BY MAN ON ATTESTATION**

I, Everett Brock ALLAN .....do solemnly declare that the foregoing particulars are true, and I hereby engage to serve on active service anywhere in Canada, and also beyond Canada and overseas, in the Royal Canadian Air Force for the duration of the present war, and for the period of demobilization thereafter, and in any event for a period of not less than one year, provided His Majesty should so long require my services.

Date 27-2- 1941 E Brock Allan
Signature of Recruit

---

(D) **OATH TAKEN BY MAN ON ATTESTATION**

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

Date 27-2- 1941 E Brock Allan
Signature of Recruit

---

(E) **CERTIFICATE OF 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 Calgary, Alta. this 27th day of February 1941.

(G.A. Hodgetts) for
Signature of Officer

Flight Lieut.,
Rank

Commanding Officer,
RCAF Recruiting Centre,
Calgary, Alta.
Unit

# FOR OFFICIAL USE ONLY

## CERTIFICATE OF MEDICAL EXAMINATION

*Part 1. Information obtained from the applicant—*

1. Age. 27 2. Have you ever suffered from any of the following defects in health?

(a) Rheumatism..... No
(b) Tuberculosis..... No
(c) Bronchitis or Asthma..... No
(d) Heart Disease..... No
(e) Kidney or Bladder Disease..... No
(f) Gastro-intestinal..... No
(g) Rupture..... No
(h) Varicose Veins..... No
(i) Flat or Deformed Feet..... No
(j) Nasal Trouble..... No
(k) Ear Disease..... No
(l) Eye Disease..... No
(m) Epilepsy..... No
(n) Nervous or Mental Disease..... No
(o) Syphilis..... No
(p) Gonorrhoea..... No
(q) Bone Fracture..... No
(r) Other Disease or Defect..... Childhood Diseases

3. Have you ever worn glasses?..... No

4 Have you had any illness of more than 1 weeks' duration?.....Neg

C. Drew Allan
Signature of Applicant

Examiner's Remarks *re* above..... B.P. — 124/84
Refs. — N
H. — N
T.V's. — N

*Part 2. Information obtained by Medical Examination* (Applicant must be stripped)—

1. Identification marks or scars (if operative obtain history)..... Neg

2. Height 5 feet 4 inches. 3. Weight 157 pounds.

4. Complexion Sweet 5. Color of Eyes Blue Hair Brown

6. Development {Good / ~~Fair~~ / ~~Poor~~} 7. Chest Measurement—Full expiration 39 inches
Range of expansion 3 inches

8. Hearing—Right W.A.20' Left W.A.20' Tympana—Right N Left N

9. Vision—Without glasses—Right 6/6 With glasses—Right —
N. Ishihara Left 6/6 Left —

10. Condition of mouth and teeth Healthy

11. Urine—Albumen Neg Sugar Neg

12. Abnormalities (Congenital and Pathological) found on Examination..... Neg

*Part 3.* The Candidate has been examined in accordance with the pamphlet, "Physical Standards and Instructions for the Medical Examination of Recruits" and he is considered fit for Category A1B & A3B

Any special remarks of the Medical Officers.....

30/1/41
X Ray of Chest Neg &c.

Date 8/2/41 19.....

David Armstrong — President
G.B. Sharp — Member
..... — Member

C023502 ALLAN EVERETT B FL6

1 NUMBER NAME 29 RANK

SERVICE AWARD CARD

| 39-45 STAR | ATL. STAR | A/C FUR STAR | AFR. STAR | PACIFIC STAR | BURMA STAR | ITALY STAR | FR. AND GER. STAR | DEFENCE MEDAL | GEN. SER. MEDAL | C.V.S.M. | K.C. | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | ✓ | ✓ | ✓ | | | AWARD |
| | | | | | | | | | | | | | | AWARD AND CLASP |
| | | | | | | | | | | | | | | APPLICATION DISPATCHED |
| | | | | | | | | | | | | | | RIBBON ISSUED |
| | | | | | | | | | | | | | | MEDAL ISSUED |

1920

NUMBER NAME RANK

PREFIX CODE

IBM 83961

LICENSED FOR USE UNDER CANADIAN PATENT NUMBER 315306

FORM NO. R. 325

R.C.A.F.

8888-2-5-50

Mrs. Dorothy E. ~~Allan~~ BABINGTON (Widow)

~~2304 — 22nd Ave., S.-E.,~~

~~Calgary,~~

Alta.

7279 BRAESIDE DR.

LOCHDALE B.C.

6/2/50. 1/5/50

Nov.-45.

~~22.11.49~~

Rec'd to stock

CANCELLED

MEMORIAL BAR

DATE DESP

REGN: NO 1018

# ROYAL CANADIAN AIR FORCE

23502

## RECORD OF SERVICE AIRMEN

| R92665 | ALLAN | EVERETT BROCK | C. of E. |
|---|---|---|---|
| A.F. No. | Surname | Christian Names | Religion |

Born 3.5.13 Place Calgary Country (Alberta) Canada Citizen of Canada Racial Origin Canadian

### ENLISTMENT

Date 27.2.41
At Calgary
Term Duration of War

### CIVIL EDUCATION

High School Entrance Jr. Mat. X Sr. Mat. X Alta
Technical School Corres. Courses
University

### PREVIOUS SERVICE

N.I

| RANK | DATE | | | Med. Cat. | Date | | |
|---|---|---|---|---|---|---|---|
| AC2 | 27 | 2 | 41 | A.B.A3.B | 8 | 2 | 41 |
| T/Sgt (Pd) | 10 | 6 | 41 | | | | |

### CIVIL OCCUPATIONS AND EXPERIENCE

Service Station Supervisor - 2 yrs.
Clerk - 3 yrs. Insurance adjustor - 2 yrs.

### COURSES AND TRADE TESTS

| Trade | Grp. | % | PorF | Date Rem. | Trade | Grp. | % | PorF | Date Rem. |
|---|---|---|---|---|---|---|---|---|---|
| Aircrew Fly. | | | | | | | | | |
| ing Instructor Std | | | | 27 2 41 | | | | | |
| Pilot | S.G. | | | 1 10 42 | | | | | |

(Auth:- #5 M.D. DRO. #251, dy 22-10-42)

PARTICULARS OF FAMILY M X S D

Wife Dorothy Elinor Allan. Maiden Name

Present Address (in pencil)
2304 — 22nd Ave. S.W.
Calgary, Alberta.

| Children 1 | Names | Date of Birth | Place of Birth |
|---|---|---|---|
| | Gerald Buck | 9-8-40 | |

NAME(S) ADDRESS AND RELATIONSHIP OF PERSONS TO BE INFORMED OF CASUALTIES (in pencil)

Mrs. Dorothy Elinor Allan (wife)
2304 — 22nd Ave. S.W.
Calgary, Alta.

### LEAVE

| From | To | Auth. and Description |
|---|---|---|
| 6-2-43 | 20-2-43 | DRO26/43 Special |

### CHARACTER AND TRADE ASSM. HONOURS, AWARDS AND MENTIONS

| Date | Character | Trade and Assm. | Honours and Awards | Signature |
|---|---|---|---|---|
| | | | | |

### MOVEMENTS AND CASUALTIES

| Authority | Unit from | Unit to | Date | Authority | Unit from | Unit to | Date |
|---|---|---|---|---|---|---|---|
| M.O. R.13 | Calgary | Mount Jean Flying Club. | 27.2.41 | Remust Pilot S.G. eff. | 7-10-42 | #5 M.O. DRO. #251 | d/22-10-42. |
| DRO 56/41 4TCHQ | Calgary A/c | 4 T.C. | 27 28.2.41 | #5 MD DRO # 264 | No 5 MD | #6 SFTS | 6 11 42 |
| | Entitled | To Fly. pay | 28.2.41 | DRO 26/43 Auth. to draw rated | | | |
| DRO 97 d/25.4.41 | 4 TC | CDS | 26.4.41 | allowance from 6-2-43 to 19-2-43 incl | | | |
| | REGINA | TRENTON | | DRO 26/43 Awarded Pilot | | Flt Bridge | 5-2-43 |
| DRO 344 | TRENTON | #3 E.F.T.S. Lethbridge Alta. | 9-6-41 | DRO 26/43 | Wpg via 6 SFTS | Calgary 3 A.F.U. | 19-2-43 |
| | | | | DRO 26/43 Disa. S.L.T.W. | #C.26875 | 1. 5 Feb/43, from | |
| Indefinite Leave w/o Pay. | | | | Toronto, Ont. to Calgary, Alta. | | | |
| #5 EFTS DRO # 124 | TOS on recall from Ind. L/W/O/P | | 7-10-42 | DRO 45 Discharged on appointment as a commission | Under K.R. (Air) para 392 (18) eff 5 Feb/43 | | |
| #5 EFTS DRO #124 | No 5 EFTS | No 5 M.O. | 7-10-42 | Auth: C.A.S. Sig. | P5653 d/9 Feb/43. | | |
| #5 M.O. DRO. #251 | #5 E.F.T.S. | #5 M.O. | 8-10-42. | | | | |

To be made out in duplicate

M.F.M. 5
45M—6-41 (664-5)
H.Q. 1772-39-1651

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

INSTRUCTIONS.

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

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

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

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(1) Name of Officer or Other Rank ALLAN, EVERETT, BROCK
(Surname first—Christian names in full—Block capitals)

(2) Regimental or Official Number and Rank C23502 - PILOT OFFICER

(3) Unit No. 3 F.I.S. ARNPRIOR, ONT.

(4) Are you married? YES.

(5) If married, state,

(*a*) Full name of your wife DOROTHY ELINOR ALLAN

(*b*) Present postal address of wife 2304 - 22nd AVE. S.W. CALGARY, ALTA

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

(7) Are you a widower? No

(8) Have you any children? YES Number of boys 2 Girls NONE

Names and ages GERALD BROCK ALLAN - AGE 2½ YRS.
JEFFERY GRANT ALLAN - AGE 1 YR.

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

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

Name MRS. E. B. ALLAN,

Postal Address 2304 - 22nd AVE. S.W.,
CALGARY, ALTA.

[SEE OTHER SIDE]

Rec'd MAR 26 1943
O. K
C
N. I.
P. A.

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

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

(11) Is your father alive? YES

If so, state name and address, occupation H. W. ALLAN. BANFF, ALTA.

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

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

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

(14) Is your mother alive? YES.

If so, state name and address MRS. I. M. ALLAN. MONTREAL, QUE.

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

(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? YES

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 FATHER

Full Name HECTOR W. ALLAN.

Postal Address BANFF, ALTA.

Amount contributed monthly during the past six months —

(18) Are you insured? YES

If so, in what Company? EXCELSIOR LIFE

(Give number of policy)

Have you made arrangements for payment of your Insurance Premium? NO

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.

E. Allan Pte

(Signature of officer or man)

Date Mar 22/43

Officer Commanding #3 CIS Camp

Date 23/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.

FOR COMPLETION AND RETURN BY

Form P. 64

Mrs Everett B. Allan,
2304-22 Ave. S.E.,
Calgary, Alta.

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

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

and the following number quoted:—

H.Q. C23502 FD 139

# DEPARTMENT OF NATIONAL DEFENCE

## ESTATES BRANCH

### OTTAWA, ONT.

29 May 1945

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

ALLAN, Everett Brock F/Lt.

C23502 R.C.A.F.

ESTATES BRANCH JUL 9 1945 H. Q. OTTAWA NATIONAL DEFENCE

it is necessary that certain information regarding the deceased and his relatives should be furnished the Estates Branch. You are asked therefore to read the enclosed memorandum before completing pages 2 and 3 of this form. The particulars required are to be carefully filled in and the Declaration on page 4 should then be signed in the presence of a Clergyman, Priest, Local Magistrate, Commissioner for Oaths, Notary Public or a Commissioned Officer of any of His Majesty's Forces who should be asked to complete and sign the Certificate. This form should then be returned to the above address.

If there is insufficient space for complete particulars to be given opposite any question on pages 2 and 3 of this form, the space under "additional remarks" on page 4 should be used.

E. C. Griffith Col.

Director of Estates.

ECC/IDS

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

ANSWER IN FULL ALL APPLICABLE QUESTIONS

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

| Degrees of Relationship | RELATIVES required to be accounted for | | INFORMANT'S STATEMENT: NAME IN FULL of any Relative, if any, in each degree specified | Age | ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative |
|---|---|---|---|---|---|
| 1 | Widow of the Deceased..... | | Dorothy Elinor Allan | 29 | Banff. Alta. |
| | | | Gerald Brock Allan | 4 | " |
| | | | Jeffrey Grant Allan | 3 | " |
| 2 | Children of the Deceased and dates of their Births..... | | | | |
| 3 | Father of the Deceased..... | | Hector William Allan | 62 | " |
| 4 | Mother of the Deceased..... | | Isabel Margery Allan | ? | Montreal. Que 376 - Redfern Ave |
| 5 | Brothers of the Deceased | Full Blood | none | | |
| | | Half Blood | none | | |
| 6 | Sisters of the Deceased | Full Blood | none | | |
| | | Half Blood | none | | |
| 7 | Names of brothers or sisters (whether of the full or the half blood) of the Deceased, *who are dead*, and date of death of each. | | Names and ages of their children (if any) | | Address of their children |
| | | | none. | | |

ANSWER FULLY EACH QUESTION ON THIS PAGE

## PARTICULARS AS TO IDENTITY

| | | |
|---|---|---|
| 8 | Full names of the deceased. | Everett Brock Allan |
| 9 | Date of his birth. | 3 May 1913. |
| 10 | Place and date of his marriage. | Montreal. Que 26 June ~~1936~~ 1936. |
| 11 | Place and date of his parents' marriage. | ✓ |

## PARTICULARS OF DOMICILE

| | | |
|---|---|---|
| 12 | Place where deceased was born. | Calgary. Alta - |
| 13 | State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each. | (a)<br>(b) Alta, since 1913.<br>(c)<br>(d) |
| 14 | Nature of employment before enlistment. | Bookkeeper |
| 15 | State whether he owned the premises in which he lived, and, if so, where situated. | No. |
| 16 | Name place where deceased stated he intended to make his permanent home. | Calgary. Alta |

## PARTICULARS OF ESTATE

| | | |
|---|---|---|
| 17 | Did he leave a Will? If in your custody, please forward. | No. |
| 18 | If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses,—was there a marriage contract dealing with property? | / |
| 19 | Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc., and the amount on deposit. Do you wish it administered with the pay account? | Royal Bank - High River<br>Imperial Bank. Calgary (E Cal Branch) |
| 20 | Amount of War Savings Certificates held by deceased. Indicate where located. | none. |
| 21 | Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located. | See statement attached. |
| 22 | If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein. | none |
| 23 | Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary. | No other assets. |

## OTHER PARTICULARS

| | | |
|---|---|---|
| 24 | Did the deceased after enlistment incur any debts for:—<br>*(a)* His own separate board and lodging while on service.<br>*(b)* Service clothing and equipment.<br>An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars. | no. |
| 25 | Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom. | No |

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

(PLEASE TURN OVER)

## DECLARATION

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

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

*Widow of the deceased.

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

Dorothy E. Allan ..... Signature of Informant

% W. Fay Barker. Banff. Alta. ..... Address

---

## CERTIFICATE

I hereby certify that to the best of my knowledge and belief Dorothy E. Allan

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

Dated at Banff. Alta this 24th day of June 1943

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

H.E. Wright Qualification Notary Public

Address 600 Lancaster Bldg. Calgary Alta.

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NOTE.—Before granting the above Certificate, care should be taken to see that the informant gives particulars concerning the death of any Relative stated by him or her to have died, and that the full name and address and age of each surviving Relative specified is stated in its proper place in the Statement opposite.

(If the deceased has no living relatives of the degrees shown on page 2, the names and addresses and relationship of other relatives should be set out below.)

USE SPACE BELOW FOR ANY ADDITIONAL REMARKS YOU MAY WISH TO MAKE

# OFFICIAL ROYAL CANADIAN AIR FORCE CASUALTY NOTIFICATION

NUMBER C23502 (~~R926-5~~) RANK F/LT. UNIT 3 S.F.T.S. OVERSEAS

TRADE PILOT (G.L.)

NAME ALLAN, EVERETT BROCK

| R.C.A.F. | R.A.F. | R.A.A.F. | R.N.Z.A.F. | OTHER |
|---|---|---|---|---|
| X | | | | |

PRESENT MARITAL STATUS MARRIED RELIGION C. OF E. CANADIAN YES

FRENCH CANADIAN OTHER

NEXT OF KIN MRS EVERETT BROCK ALLAN

RELATIONSHIP WIFE

ADDRESS 2304-22 AVE. S.E. CALGARY. ALTA.

FATHER'S NAME MR HECTOR WILLIAM ALLAN

ADDRESS BANFF. ALTA. LIVING ON ENLISTMENT YES

MOTHER'S NAME MRS ISABEL MARJORIE ALLAN

ADDRESS 385 GROSVENOR AVE. WESTMOUNT. MONTREAL. QUE. LIVING ON ENLISTMENT YES

ADDRESS AT TIME OF ENLISTMENT 2304-22nd AVE. S.E. CALGARY. ALTA. MARITAL STATUS AT TIME OF ENLISTMENT MARRIED

OCCUPATION SERVICE GARAGE SUPERVISOR

WAS MEMBER ATTACHED TO R.A.F. AT ANY TIME? YES/NO

IF CASUALTY OCCURRED IN CANADA DID MEMBER HAVE SERVICE OUTSIDE CANADA DURING WAR WITH THE GERMAN REICH? YES/NO

IF ON LEAVE, STATE DATE LEAVE COMMENCED AND WHETHER ON LEAVE WITH OR WITHOUT PAY?

CASUALTY DETAILS:

AUTHORITY CAS. SIG. NO.

3 S.F.T.S.----------A53----d-17-MAY-45

"KILLED" 16-MAY-45 AS A RESULT OF A FLYING ACCIDENT (CANADA) (CROSS COUNTRY FLIGHT(AIRCRAFT DIVED INTO GROUND APPARENTLY AFTER DISINTEGRATION)

ESTATES BRANCH MAY 26 1945 H.Q. OTTAWA NATIONAL DEFENCE

37467

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

M.F.M. 5 ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO

CERTIFICATE P. OF D. ATTACHED TO A. OF E. COPY YES/NO

DATE 25-MAY-45

FOR CHIEF OF THE AIR STAFF

R.C.A.F. R217
30M-6-44 (4664)
H.Q. 885-R217
△TS-RT

2

ADMINISTRATOR OF ESTATES, OTTAWA

73189

(8)

R.C.A.F. R. 78A
100M—3-42 (1958)
H.Q. 1062-3-61

ROYAL CANADIAN AIR FORCE

# OFFICER OR AIRMAN—REPORT ON ACCIDENTAL OR SELF-INFLICTED INJURIES OR IMMEDIATE DEATH THEREFROM

N.B.—To be rendered in accordance with the instructions on pages 3 and 4.

1. Name ALLEN (surname) EVERETT ~~XXXXXXXX~~ BROCK (christian names in full)

Rank F/L Number C23502 Unit # 3 SFTS Age 32 Trade Instructor Flying

Date of accident and time of day 16 May/45 1530 hrs place of accident (exact locality) 7½ miles north 1¼ miles west Ponoka, Alta.

2. Short statement by injured person of the circumstances (or manner) of injury (see Instruction 6). Signed statements of witnesses, or of persons to whom the injured person may have mentioned his injury, to be attached (see instructions 7 and 9).

N.B.—*See instruction 4 before completing the following section.*

12478 B

3. *(a)* Type and R.C.A.F. No. of aircraft ANSON V

*(b)* Name of pilot of aircraft (at time of crash) F/L D.E.B. ALLEN

*(c)* Number in aircraft, *including* pilot Sev (6)

*(d)* Circumstances of accident: *taxiing*.....*taking off*.....*landing*.....*forced landing*..... (designate one)
AIRCRAFT APPARENTLY DISINTEGRATED IN CB cloud
*collision in air*.....*collision on ground*.....*other (specify)*.....

*(e)* Weather Overcast to broken - Cu. CB - 2000' - 4000' Vis - 15 - 25 W/V E. AT 15

*(f)* In case of non-fatal crash does individual recall all events immediately preceding and following crash? If answer is "no", comment N.A.

*(g)* Number of flying hours of person reported on: dual ~~283:05~~ 165:20 B solo 2053:35

*(h)* Duty: ~~*instructor*~~/*pilot*/~~*pupil pilot*~~/~~*aircrew*~~ (*specify*) Pilot ~~*passenger*~~/~~*other*~~ (*specify*)
(strike out those not applicable)

4. *(a)* Description of injuries (in detail): Complete Mutilation of Body

*(b)* Are the injuries serious or of such a nature that they *might* be the exciting cause of disability later? N.A

*(c)* How long before initial treatment was given? N.A

*(d)* Whether admitted to hospital or sick in quarters N.A
(give name of hospital)

Date 21st May/45 Signature of Medical Officer J.M. Lees W/C

5. Commanding Officer's statement:—

*(a)* Was the injury sustained

(i) In the performance of air force duty? N. A.
(See Instruction 9)

(ii) In a game or other form of physical recreation definitely organized by or with the approval of the proper air force authority? N. A.

(iii) On leave? (State whether with or without pay) N. A.

N.B.—See instruction 8 before completing the following section.

*(b)* If the answer to *(a)* (ii) is in the affirmative, state

(i) By whom was the game, etc., organized and under whose authority? N. A.

(ii) The nature of the game, etc. (e.g., hockey, baseball, etc.) N. A.

(iii) Was the officer or airman detailed to take part in it *(a)* as a member of an air force team, or *(b)* to compete as an individual? N. A.

NOTE.—Questions (iv) to (vi) to be answered in addition only if the injury was sustained at practice.

(iv) For what service event was the practice held? N. A.

(v) Was the officer or airman a selected representative of an air force unit practising under authority? N. A.

(vi) If so, under what authority and supervision? N. A.

*(c)* If sustained in a game, etc., but not in an organized game, state if there are any special circumstances which should be taken into account if and when the question of attributability comes to be decided by the Canadian Pension Commission: N. A.

N.B.—See instruction 12 before completing the following section.

*(d)* Was the injury due to his own fault, i.e., did it arise from negligence, wilful disobedience of orders, misconduct, or any blameworthy cause within his own control? N. A.

If so, state in what way N. A.

*(e)* Was anyone else to blame? If so, give name and particulars N. A.

*(f)* Is the accident being investigated by

(i) Court of inquiry? If so, state date and place

(ii) An investigating officer? S/L O'DAY - Command Accidents Investigation Branch

Signature [signature]

Date: 24 May/45 Commanding Officer, No. 3 SFTS, Calgary

: 41 C.
att. M.J.C.
&

# 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 EVERETT BROCK ALLAN (b) Reg'l. No. R 92665
2. (a) Arm of service R.C.A.F. (b) Unit E.F.T.S. (c) Rank AC2
3. (a) Date of birth May 3. 1913 (b) Have you any dependents? YES (c) Place of residence at time of enlistment CALGARY, ALTA.
4. (a) Place of enlistment CALGARY, ALBERTA. (b) Date of enlistment FEB 17th 1941

## Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 19 (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.) SENIOR MATRICULATION
7. If you attended a university, give name of university and standing or degree secured No.
8. (a) Did you ever enter upon a trade apprenticeship? No (b) If so, for what occupation? — (c) Did you finish it? — (d) If you did not finish it, how long did you serve at it? —
9. (a) What languages do you speak fluently? English (b) What languages do you read well? English.

## 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? None.

## 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 BECKER OIL COMPANY LTD. Address CALGARY, ALBERTA
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) WHOLESALE + RETAIL GASOLINE SALES
20. (a) Your specific occupation SUPERVISOR (b) Number of years' experience at this occupation with any employer 3 YEARS
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? No.

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? No (b) Do you feel competent to operate a farm? No (c) If so, in what kind of farming? No
25. (a) Were you born on a farm? No (b) How many years' actual farming experience have you had? None (c) In what provinces did you have experience? None.

## 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.) None.
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form AIR TRANSPORT.

DATE APRIL 9th 1941 SIGNATURE E. Brock Allan

R.
Rec'd MAY 23 1941
O. K. C
R. C. AN N
S. L. P. A.

(11)

FORM 5

This form, if placed in an envelope marked "Dominion Statistics—Free, penalty for improper use $300," and addressed to the Division Registrar of Vital Statistics of the Division in which the death occurred, will pass through the mail "FREE"

PROVINCE OF ALBERTA

For use of the Department only
Record No. ..... of .....

# REGISTRATION OF DEATH

| | |
|---|---|
| 1. Name of Deceased in full *(Christian name first)* | Everett Brock Allan |
| 2. Date of Death | 16th day of May 19 45 |
| 3. Place of Death *(Street and No., if any)* or Name of Hospital | Municipality *(Name and Number)*: M.D. of Water Glen #428 |
| | Town or Village *(Name)*: Ponoka, Alberta |
| 4. Length of Stay *(in years, months and days)* | (a) In municipality where death occurred: Flying over |
| | (b) In Province: life |
| | (c) In Canada (if immigrant): life |
| 5. Regular Residence | 2304-22nd Avenue South West, Calgary Alberta |
| | *(Residence means usual place of abode. If outside the limits of a city, town or village, give sec., tp. and rge.)* |

| 6. Sex *(Male or Female)* | 7. Nationality *(Citizenship)* | 8. Racial Origin | 9. Single, Married, Widowed or Divorced *(Write the word)* |
|---|---|---|---|
| Male | Canadian | English | Married |

10. Place of Birth: Calgary, Alberta *(City or Town, Province or Country)*

11. Date of Birth: May 3rd, 1913 *(Month, day and year)*

12. Age in

| Years | Months | Days | If less than one day old |
|---|---|---|---|
| 32 | 0 | 13 | ..... hrs. or ..... min. |

**Occupation**

13. Trade, profession or kind of work as *spinner, teamster, office clerk,* etc.: Flight Lieutenant

14. Kind of industry or business, as *cotton mill, lumbering, bank,* etc.: R.C.A.F.

15. Date deceased last worked at this occupation: May 16/45

16. Total years spent in this occupation: 2 years

**Parents**

17. Birthplace of Father: Quebec *(Province or Country)*

18. Birthplace of Mother: Quebec *(Province or Country)*

19. Cause of Death: Fractured skull

20. Name of Physician (if any) attending Fatal Illness: Dr. G. R. Johnson

21. Name and Address of Undertaker or Person in charge of Funeral: Jacques Funeral Home, Calgary, Alberta

Place of Interment *(Name of Cemetery)*: Calgary Crematorium, Calgary, Alberta

I certify the foregoing to be true and correct to the best of my knowledge and belief.

Given under my hand at Calgary this 18th day of May 19 45

Hector W. Allan — *Signature of Informant (nearest available relative)*

2304-22nd Avenue S.W. Calgary — *(Post Office Address)*

I hereby certify the above return was made to me at Calgary

on the 17th day of May 1945

Registrar's Record No. ..... of 19.....

David Ormond — *(Registrar)*

I hereby certify this to be a true and correct copy of the original registration.

Donald MacKie
DEPUTY REGISTRAR GENERAL

WRITE PLAINLY WITH UNFADING BLACK INK.

THIS IS A PERMANENT RECORD.

All information asked for must be given. *(See reverse side for instructions.)*

(12)

FORM 6

This form, if placed in an envelope marked "DOMINION STATISTICS—FREE, penalty for improper use, $300," and addressed to the Division Registrar of Vital Statistics of the Division in which the death occurred, will pass through the mail "FREE"

# PROVINCE OF ALBERTA

# MEDICAL CERTIFICATE OF CAUSE OF DEATH

| | |
|---|---|
| **Name of Deceased in full** *(Christian name first)* | Everett Brock Allan |
| **Place of Death** *(Street and No., if any)* or **Name of Hospital** | M.D. of Water Glen #428 Ponoka, Alberta |
| **Date of Death** | 16th day of May 19 45 |

**Age** 32 years 13 days | **Sex** Male

| | CAUSE OF DEATH | Duration Yrs. | Mos. | Dys. |
|---|---|---|---|---|
| **I** Immediate cause — Give disease, injury or complication which caused death, **not** the mode of dying, such as heart failure, asphyxia, asthenia, etc. | (a) Fractured skull and multiple fractures and injuries | | | |
| | 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. | | | | |

**If a woman, was the death associated with pregnancy?**

**Was there a surgical operation?** **Date of operation** 19

**State findings** **Was there an autopsy?** No

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

**Accident, suicide or homicide?** Accident *(State which)* **Date of injury** May 16 19 45

**Manner of injury** Aeroplane Crash *(How sustained)*

**Nature of injury** As above

**Specify whether injury is stated to have occurred in *industry*, in *home*, or in *public place*** Public place

**I hereby certify that I attended deceased during h last illness and that I last saw h alive on the day of and that to the best of my knowledge and belief the cause of death above stated is the true cause of death.**

**Given under my hand at** Calgary **this** 18th **day of** May 19 45

George R. Johnson, Coroner
*Signature of Attending Physician*

Southam Building, Calgary
*Post Office Address*

**N.B.—Physicians furnishing certificates of cause of death will adhere as closely as possible to the schedule of causes of death furnished them by the Department and are requested to avoid giving as cause of death conditions which are purely symptomatic.**

**(SEE OTHER SIDE)**

I hereby certify this to be a true and correct copy of the original registration.

Donald MacKie D.R.

DEPUTY REGISTRAR GENERAL

USE BLACK INK

| 1. NO. | 2. RANK OR RATING | 3. SURNAME | 4. CHRISTIAN NAMES |
|---|---|---|---|
| C23502 | A/F/L | ALLAN | EVERETT BROCK |

| 5. UNIT OR SHIP | 6. DATE OF CASUALTY | 7. H.Q. FILE NO. | 8. RELIGION |
|---|---|---|---|
| NO. 3 SFTS, RCAF, CALGARY, ALBERTA | 16 MAY, 1945 | (C23502) | Church of England |

9. CIRCUMSTANCES OF CASUALTY

Aircraft dived into ground apparently after disintegration - Cross Country Flight

10. NAME, RELATIONSHIP AND ADDRESS OF NEXT OF KIN

Mrs. E.B. ALLAN (Wife)

2304 - 22nd Ave. South West,

CALGARY, Alberta.

11. LOCATION OF UNIT AT TIME OF CASUALTY

NO. 3 SFTS, RCAF, CALGARY, ALBERTA

NOTE:—Items 12, 13 and 14 are not to be completed until grave is permanently located.

| 12. CEMETERY | 13. LOCATION OF CEMETERY | 14. GRAVE LOCATION | 15. REGISTERED NO. OF GRAVE |
|---|---|---|---|
| Burneland Cemetery | CALGARY, ALBERTA | Grave Lot 20<br>Plot Block 1<br>Row Section B | |

| 16. PHOTOGRAPH OF GRAVE TAKEN | 17. EXPOSURE NO. | 18. PHOTOGRAPH OF GRAVE AND CEMETERY SUPPLIED TO |
|---|---|---|
| YES | CA - 3759 - A 19 5/45<br>CA - 3759 - B "<br>CA - 3759 - C " | Wife |

19. FURTHER PARTICULARS ON REVERSE SIDE OF SHEET.

GOVERNMENT OF THE PROVINCE OF ALBERTA

Bureau of Vital Statistics
Department of Public Health

CERTIFICATE OF BIRTH

This is to Certify that the particulars of the undernoted Birth which is on record in this Department, are as follows:

Name of Child GERALD BROCK ALLAN

Date of Birth Ninth day of August 1940 Sex Male

Place of Birth Calgary Name of Father Everett Brock Allan

Birthplace of Father Calgary, Alberta Occupation of Father Bookkeeper

Name of Mother before Marriage Dorothy Elinor Becker Birthplace of Mother Trochu, Alberta

Registered at Calgary on the Nineteenth day of August 1940

Registrar David Ormond

Given under my hand and seal of the Registrar General at Edmonton

this Eleventh day of September 1940.

(Signed) Donald MacKie

Deputy Registrar General

CERTIFIED TRUE COPY

O. C. R.C.A.F. Recruiting Centre, 70
CALGARY, - ALTA.
Date 27-2-41

R.C.A.F Records Office
Rec'd MAR 18 1941
D. K. ITE C.I.B.
R. C. L. S. N. I.
R. I. R. A. GRe

MARRIAGE CERTIFICATE

Rev. Sydenham B. Lindsay
502 Elm Ave.
Westmount, Quebec.

THIS IS TO CERTIFY

That EVERETT BROCK ALLAN
bachelor of legal age,
of the City of Montreal, Quebec

and

DOROTHY ELINOR BECKER
Spinster of legal age,
of the City of Calgary, Alberta,

were joined together in the Bonds of

HOLY MATRIMONY

according to the Rites and Ceremonies of the Church of ENGLAND, on the Twenty-sixth day of June, in the year of our Lord 1936, by me.

Witnesses )
)
Howland Routh, )
C. Isabel Brock )
Robert Schwob )

Sydenham B. Lindsay
Assistant
Rector of the Church of
the Advent, Westmount,
Quebec.

CERTIFIED TRUE COPY

O. C. R.C.A.F. Recruiting Centre,
CALGARY, - ALTA.
Date 27-2-41

R.C.A.F. Records Office
Rec'd MAR 18 1941
O. K. C.I.B.
R. C. N. I.
S. L. P. A.

M.F.M. 16D
200M—6-41 (769)
H.Q. 1772-39-1763

# PARTICULARS OF MARRIAGE AND/OR BIRTH, AND/OR DEATH CERTIFICATES PRODUCED FOR INSPECTION

This form is to be attached to M.F.M. 16 or M.F.M. 16A where applicable in all cases and to accompany these forms to the Dependents' Allowance Board

**DETAILED INSTRUCTIONS ON REVERSE SIDE OF FORM**

Name of Officer or Enlisted Man ALLAN, Everett, Brock Official No. R92665

Rank T/Sgt. Unit No. 5 E. F. T. S., RCAF

Unit Stationed at High River, Alberta.

To—The Dependents' Allowance Board:—

I hereby CERTIFY that the above named has produced for my inspection the authentic Certificate of Marriage, Birth and Death, true and exact particulars of which are as follows:—

## Particulars of Marriage Certificates Produced

| Names of Parties to Marriage (Enter maiden name of wife) | Date of Marriage | Place of Marriage | *STATUS S., B., W. or D. | Name and Designation of Official Performing Ceremony |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

*STATUS: S.—Spinster. B.—Bachelor. W.—Widow or Widower. D.—Divorced.

## Particulars of Birth Certificates Produced

| Name of Child | Date and Year of Birth | Place of Birth | Full Name of Father | Full Maiden Name of Mother |
|---|---|---|---|---|
| Jeffrey Grant Allan | 15-4-42 | Calgary, Alta. | Everett Brock Allan | Dorothy Elinor Becker |
| | | | | |
| | | | | |

## Particulars of Death Certificates Produced

| Name of Deceased | Date of Death | Place of Death | Name and Designation of Signer of Certificate |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

R.C.A.F. Records Office
Received OCT 15 1942
O. K. C.I.B.
R. C. N.I.
S.I. P.A.

NOTE:—Where circumstances are exceptional, such as Separation or Divorce or Adoption of Children, attach the documents produced to you. The Board will make copies of all original documents and return the originals to the applicant. List any documents attached, hereunder—(If none, insert 'Nil').

Date 9-10-42 R.D. Mitchell Flt/Lt 26-8-42 No. 5 E.F.T.S., High River, Alta.
SIGNATURE, RANK AND APPOINTMENT UNIT

Auth. No.4 T.C.Letter 12-3 (Vol.7)(SPSO-P2)
dated 21-2-41

M.F.M.-16D.
100M—7-40 (6094-5)
H.Q. 1772-39-1763

SPECIAL RESERVE

# UNIT PAYMASTER'S CERTIFICATE THAT HE HAS EXAMINED MARRIAGE CERTIFICATE AND/OR BIRTH CERTIFICATES AND/OR DEATH CERTIFICATE.

This form is to be attached to M.F.M. 16 or M.F.M. 16A in all cases and to accompany these forms to the Dependents' Allowance Board.

**DETAILED INSTRUCTIONS ON REVERSE SIDE OF FORM**

Name of Officer or Enlisted Man ALLAN, Everett Brock Official No. R.92665

Rank A.C.2 Unit R.C.A.F. Recruiting Centre, Calgary, Alta.

Unit Stationed at ~~XXXX~~ Moose Jaw Flying Club, Moose Jaw, Sask.

To—The Dependents' Allowance Board:—

I hereby CERTIFY that the above named has produced for my inspection the authentic Certificates of Marriage, Birth and Death, particulars of which are as follows:—

## Particulars of Marriage Certificates Produced

| Names of Parties to Marriage | Date of Marriage | Place of Marriage | Name and Designation of Official Performing Ceremony |
|---|---|---|---|
| Everett Brock Allan<br>Dorothy Elinor Becker | June 26,1936 | Westmount,Quebec | Rev. Sydenham B. Lindsay |
| | | | |
| | | | |

## Particulars of Birth Certificates Produced

| Name of Child | Date and Year of Birth | Place of Birth | Name of | |
|---|---|---|---|---|
| | | | Father | Mother |
| Gerald Brock Allan | Aug. 9,1940 | Calgary, Alberta | Everett Brock Allan | Dorothy Elinor Becker |
| | | | | |
| | | | | |

## Particulars of Death Certificates Produced

| Name of Deceased | Date of Death | Place of Death | Name and Designation of Signer of Certificate |
|---|---|---|---|
| N I L | | | |
| | | | |
| | | | |

R.C.A.F. Records Office
Rec'd MAR 18 1941
O.K. T.F. C.I.B.
R.C. N.I.
S.L. P.A.

NOTE:—Where circumstances are exceptional, such as Separation or Divorce in cases of first marriage, attach the documents produced to you. The Board will make copies of all original documents and return the originals to the applicant. List any documents attached, hereunder—(If none, insert 'Nil').

Date February 27th, 1941.

PAYMASTER

(G. A. HODGETTS) FLIGHT LIEUTENANT,
COMMANDING OFFICER
R.C.A.F. RECRUITING CENTRE
CALGARY, ALBERTA

UNIT

Appendix "A"

## RECOMMENDATIONS FOR HONOURS AND AWARDS

Immediate
Non-Immediate
Periodical
( Delete words not applicable)

---

Number C.23502 Rank A/F/L Surname ALLAN Christian Names EVERETT BROCK

Unit NO. 5 E.F.T.S. State Service if other than R.C.A.F.

Command NO. 4 TRAINING COMMAND

Previously Recommended NO
( YES or NO - State number if YES)

To be completed when applicable:

Total completed flying hours to date 2002:20 Hrs Previous 6 months 84:15 hrs
Total flying hours as Instructors To date 1778:35 Hrs Previous 6 months 84:15 hrs
Operational flying hours To date NIL Hrs No. of Op. Sorties NIL

---

CITATION: AS SQUADRON COMMANDER, THIS OFFICER HAS CARRIED OUT HIS DUTIES IN AN EXEMPLARY MANNER. COMMANDS THE CONFIDENCE AND RESPECT OF ALL WHO SERVE UNDER HIM. HE HAS BEEN AN ELEMENTARY INSTRUCTOR SINCE JUNE, 1941, NOW HOLDS POSITION OF ASSISTANT CHIEF FLYING INSTRUCTOR AND IS HIGHLY RECOMMENDED FOR THE AIR FORCE CROSS.

Award Recommended AIR FORCE CROSS

State appointment held or how employed. ASSISTANT CHIEF FLYING INSTRUCTOR

Sig. J. J. Richardson for Managing-Director Squadron Date 8/8/44

---

Remarks of Station Commander

THIS OFFICER HAS BEEN INSTRUCTING AT ELEMENTARY SCHOOLS SINCE JUNE, 1941, AND HIS UNFAILING LOYALTY HAS BEEN OF THE GREATEST VALUE TO THE SERVICE.

Sig. [signature] Date Aug. 8/44

Remarks of Air Officer Commanding

Recommended for Commendation.

Sig. (G.R.Howsam) A/V/M 21 Aug./44
( A.O.C., No. 4 T.C.)

---

Decision of Honours in War Committee

Recommended for the King's Commendation for Valuable Services in the Air.

(Signed) H. L. Campbell
Sig (H.L. Campbell) A/C Date
( Chairman )

---

Approval of the Chief of the Air Staff

Date Signature
( Chief of the Air Staff )

---

X This period to be confined to the immediate previous six months from either 1st January - 30th June or 1st July - 31st December as applicable.

R 92665 A 1193

Auth. #4 T.C. Letter 12-3 (Vol.7) (SPSO-P2) dated 21-2-41

SPECIAL RESERVE

# ROYAL CANADIAN AIR FORCE

## INTERVIEW REPORT

AGE 27
HEIGHT 5'5"
WEIGHT 155

N.F. ADMINISTRATION
TECHNICAL
EQUIP/ACCTS
FLY/GEN. LIST
ING
PILOT X Instructor
OBSERVER
W.O. AIR GUNNER

SURNAME ALLAN

CHRISTIAN NAMES Everett Brock

MARRIED Yes NO OF CHILDREN 1

EDUCATIONAL STANDING:- Number of years
High School 4 Technical 0
Commercial 0 University(Name and date of Attendance) 0

Standing other Countries 0

FLYING EXPERIENCE:- Total hours
Commercial Hours Solo 0 Dual 0
Private " Solo 162 Dual 41
Passenger 25
No.Hours & Types during last 2 yrs. None.

MILITARY AND OTHER TRAINING
PP License 1395

SPORTS:- (What branch)
Swimming Skiing

HOBBIES Rifle shooting, flying.

INTERVIEWING OFFICER'S OPINION AS TO CHARACTER AND SUITIBILITY FOR THE SERVICE
Very fine type, over 200 hours but none in recent years... well reco meded, should make a good instructor.

REFERENCES CHECKED-SATISFACTORY X
" " -UNSATISFACTORY
" NOT CHECKED.

APPROACH
Confident X
Nervous
Easy

CARRIAGE
Upright
Medium X
Athletic

DRESS
Neat X
Conservative X
Clean
Careless

PHYSIQUE
Medium X
Heavy set
Slender

SPEECH
Clear X
Slow
Hesitant

RESPONSE
Quick X
Deliberate
Slow

MANNER
Alert X
Confident X
Sincere
Reserved
Nervous
Overbearing
Irresponsible

EXCELLENT
ABOVE AVERAGE X
AVERAGE
BELOW AVERAGE

MARK WITH AN X THE DESCRIPTION WHICH APPLIES

CONSIDERED SUITABLE FOR COMMISSIONED RANK? Yes
BEST FITTED FOR PILOT

DATE 29-1-41

RECRUITING CENTRE Calgary, Alta.

R.C.A.F Records Office
Rec'd MAR 18 1941
O. K. C.I.B.
R. C. N I.
S. L. P. A.

(G. A. HODGETTS) FLIGHT LIEUTENANT,
COMMANDING OFFICER
R.C.A.F. RECRUITING CENTRE
CALGARY, ALBERTA

CATEGORIZATION REPORT R.C.A.F. T.21.
27-6-40.

R.C.A.F. FLYING INSTRUCTORS

A. REPORT ON FLYING INSTRUCTORS COURSE:)
) (Delete A, or B, when not
B. [redacted] ) Applicable)

(a) Name and rank. No.R.92665 AC2 Allan, E.B. (b)Unit. C.F.S. Trenton, Ont.

2. PREVIOUS FLYING EXPERIENCE:

(a) Flying Time: S.E., Solo 195 hrs. Duel 55 hrs.
T.E., Solo --- Duel ---
(b) Types of Aircraft flown Moth, Fleet
(c) Previous instructors course (details) N.A.
(d) Previous Category (if any) N.A.
(e) Instructing N.A.

3. FLYING INSTRUCTORS COURSE: (if applicable)
(a) Duration (dates) 28-4-41 to 4-6-41
(b) Flying time on Course S.E., Solo 17:20 Dual 16:45
T.E., Solo --- Dual ---
(c) Instructors Report

This student flies well and has a good voice, will make a capable instructor with more experience.

J. Lougheed F/O
(Instructor's Signature.
(J. Lougheed) F/O

4. Ground Training

| Subject | Maximum Marks | Marks Obtained | Subject | Maximum Marks | Marks Obtained |
|---|---|---|---|---|---|
| Airframes | 100 | 96 | Engines | 100 | 93 |
| Airmanship | 100 | 88 | Air Navigation | 100 | 89 |
| | | | Total | 400 | 366 |

Remarks NIL

W.M.E. Chester F/O
Chief Ground Instructor
(W.M.E. Chester) F/O

5. REPORT BY C.F.I.
OR EXAMINING OFFICER: (a) Date 4-6-41 (b)Aircraft Finch II

(c) Sequence Good (d) Voice Clear (e) Maner Interesting

(B) Ability to impart knowledge Average (g)Ability as pilot Average

(h) Remarks With experience should make a good instructor. No outstanding faults.

(i) CATEGORY AWARDED Class II (Temp.)

S.W. Reid F/L
(Examining Officer's Signature)
(J.W. Reid) Flt. Lt.

O.C. Unit.

28.6.41
Date.

R.C.A.F. Records Office
Rec'd. July 4 1941
O.K. C.I.B.
R.C. N.I.
S.L. P.A.

R.C.A.F. T.25

# Royal Canadian Air Force

## CERTIFICATE

This is to Certify that AC2 Allan E.B. (R92665)

has completed a course of instruction in Flying Instruction

at CENTRAL FLYING SCHOOL, TRENTON, ONTARIO.

The duration of the course was from 28-4-41 to 4-6-41

He has Passed, ~~Not passed~~, obtaining N.A. % of the total marks.

He has been ~~Assessed~~ Categorized, as Class II (Temp)

Remarks (if any) by Officer Commanding unit at which course was held.

With experience should make a good instructor. No outstanding faults

R.C.A.F. Records Office
Rec'd. JUL 10 1941
O.K. ..... C.I.B. .....
R.C. ..... N.I. .....
S.L. ..... P.A. .....

Signed. A.I. Shelfoon Flt
for (G.P. Dunlop) Sqn. Ldr.

Commanding Central Flying School, Trenton, Ontario

Dated 4-6-41

N.B. Certificate to be made out in duplicate and signed by the C.O., original to be given to officer or person concerned and the duplicate to be sent to N.D.H.Q.

ROYAL CANADIAN AIR FORCE — REAF T 58A Revised 1-42

C 23502

REPORT ON PUPIL PILOT - FLYING AND GROUND TRAINING

SURNAME Allan CHRISTIAN E.B. NO. R92665 RANK Sgt.

[redacted]S COURSE NO. FROM TO

E.F.T.S. COURSE NO. FROM TO

S.F.T.S. 6 COURSE NO. C.6 FROM 8 Nov/42 TO 5 Feb/43

TRAINEE FROM: Can. X U.K. AUS. N.Z.

(1) G.I.S. RESULTS

| SUBJECTS | FINALS ITS | FINALS EFTS | FINALS SFTS | SUPPS. ITS | SUPPS. EFTS | SUPPS. SFTS |
|---|---|---|---|---|---|---|
| 1. MATHEMATICS | | | | | | |
| 2. LAW, DISCIPLINE | | | | | | |
| 3. NAVIGATION | | | 127 | | | |
| 4. GENERAL STUDIES | | | | | | |
| 5. AIRMANSHIP | | | 154 | | | |
| 6. AIRFRAMES | | | | | | |
| 7. AERO-ENGINES | | | | | | |
| 8. THEORY OF FLIGHT | | | | | | |
| 9. ANTI GAS | | | | | | |
| 10 ARMAMENT WRITTEN | | | 85 | | | |
| 11 ARMAMENT PRACTICAL | | | 43 | | | |
| 12 A/C RECOGNITION | | | 48 | | | |
| 13 DRILL | | | | | | |
| 14 SIGNALS WRITTEN | | | 49 | | | |
| 15 SIGNALS PRACTICAL | | | 100 | | | |
| 16.METEOROLOGY | | | 43 | | | |
| TOTAL OBTAINED | | | 649 | | | |
| TOTAL POSSIBLE | | | 750 | | | |
| PERCENTAGE | | | 86.5 | | | |
| NUMBER IN CLASS | | | 24 | | | |
| POSITION IN CLASS | | | 4 | | | |

(2) FLYING RESULTS

| TESTS | EFTS | SFTS |
|---|---|---|
| 20 HOURS | | N/A |
| INSTRUMENT | | 112.5 |
| CLEAR HOOD | | 354 |
| NAVIGATION | | 112.5 |
| TOTAL OBTAINED | | 579 |
| TOTAL POSSIBLE | | 750 |
| PERCENTAGE | | 77.2 |
| NUMBER IN CLASS | | 24 |
| POSITION IN CLASS | | 2 |

(3) F L Y I N G APTITUDE

| | |
|---|---|
| 1. NATURAL SKILL | A/A |
| 2. SKILL IN LANDING | A/A |
| 3. AIRMANSHIP | A/A |
| 4. COCKPIT DRILL | A/A |
| 5. INSTRUMENT FLYING | A/A |
| 6. NIGHT FLYING | A/A |
| 7. AEROBATICS | A |
| 8. FORMATION FLYING | A/A |
| 9. MAP READING | A/A |
| 10 WIND SPEED & DIRECTION finding (TE) | |
| 11 STRAIGHT RUNS OVER as PILOT (TE) | |

(4) F L Y I N G T I M E — LINK TRAINER 72%

| SCHOOL TYPE A/C | DAY DUAL | DAY SOLO | NIGHT DUAL | NIGHT SOLO | FORMATION | INSTRUMENT | LINK | NAVIGATION DUAL | NAVIGATION SOLO | Dual to first solo | PASSENGER |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | 64.50 | 1116.50 | 2.15 | 70.30 | | 37.15 | 5.05 | | | | 2.15 |
| # 6 SFTS SE | 33.55 | 46.50 | 3.25 | 6.40 | 8.45 | 15.40 | 15.05 | 4.30 | 8.10 | 4.15 | 3.05 |
| | 98.45 | 1163.40 | 5.40 | 77.10 | | 52.55 | 20.10 | | | | 5.20 |

(5) ACCIDENTS (C.A.P. 100 SEC. 4)

| SCHOOL | TYPE OF ACCIDT. PARA. 27 | ASSESSMENT OF BLAME Para 25 | PREVIOUS COMMUNICATIONS | SIGNATURE OF CSO OR C.F.I. |
|---|---|---|---|---|
| | | | | |

R.C.A.F. Records Office
Rec'd MAR 23 1943
O.K. Ops.
R.C. JB N.I.
S.L. JB P.A.

Enlisted in Records
Initials
Date
PR 5

(6) ASSESSMENT OF SUITABILITY FOR FURTHER TRAINING

| SCHOOL | SINGLE ENGINE | TWIN ENGINE | FLYING INSTRUCTOR | STAFF PILOT | RECONNAISSANCE PILOT | FIGHTER PILOT | BOMBER PILOT |
|---|---|---|---|---|---|---|---|
| EFTS | | | | | | | |
| SFTS | | | Elementary P(AA) | | XAA | | |

(7) S.F.T.S. FINAL STANDING

| | Marks Obtained |
|---|---|
| Flying (Para. 3) | 579 |
| G.I.S. (Para. 1) | 649 |
| Character & Leadership (Para. 8) | 553 |
| TOTAL | 1781 |
| PERCENTAGE | 79.1 |
| STANDING IN CLASS | 5 |

(8) ASSESSMENT OF CHARACTER & LEADERSHIP

| | | | |
|---|---|---|---|
| | TOTAL | | |
| I.T.S. | | | |
| SFTS | | 553 | |
| TOTAL | | | |

(9) CERTIFIED:

(a) That this pupil pilot has (~~has not~~) passed all tests required for Pilot's Flying Badge.

(b) That this pupil is (~~is not~~) authorized to wear the Pilot's Flying Badge, w.e.f.

5-2-43

Chief Instructor
No. 6 S.F.T.S.

(10) SIGNATURES OF OFFICERS IN CHARGE WITH REMARKS IF NECESSARY

(a) I.T.S.

Commanding Officer
NO. I.T.S.

(b) E.F.T.S.

Chief Supervisory Officer
No. E.F.T.S.

(c) S.F.T.S.

Above average ability - Quiet - Confident type - Hard working.

Chief Instructor
No. 6 S.F.T.S.

(d) S.F.T.S.

Recommended for commission - Yes

Commanding Officer
No. 6 S.F.T.S.

1. Actual marks to be given for 1,2,7, & 8.
2. Para. 2 Total for EFTS is from 60 hour Clear Hood Test and Instrument Test.
3. Paras. 3 & 6 to be assessed as: EX: A.A.,A., B.A., P. (AFAO A51/2).
4. Para. 6 the letter "P" which is the pupil's preference for further training is to precede the assessment, i.e. "P" (EX)".
5. Para. 7 is for Service Flying Training Schools only.

DISTRIBUTION AS LAID DOWN IN AIR FORCE ADMINISTRATIVE ORDER A. 51/2

# The Commandery in Canada
of
# The Grand Priory in the British Realm
of the
# Venerable Order of the Hospital of St. John of Jerusalem
# The St. John Ambulance Association

**Patron**

HIS MAJESTY THE KING
SOVEREIGN HEAD AND PATRON OF
THE ORDER

MAJOR-GENERAL H.R.H.
THE DUKE OF GLOUCESTER, K.G. ETC.
GRAND PRIOR OF THE ORDER

## AMBULANCE DEPARTMENT

FOUNDED 1895 — INCORPORATED 1914

**FOR INSTRUCTION IN FIRST AID, HOME NURSING, HOME HYGIENE AND SANITATION**

## This Certificate in

## First Aid to the Injured

**is awarded to**

**F/O EVERETT BROCK ALLAN**
**(C23502)**

*who has attended a course of instruction held under the auspices*
*of* **R.C.A.F. Department National Defence Centre, High River**
*and having been examined is found proficient in the said subject*

LECTURER.

INSTRUCTOR.

SURGEON EXAMINER.

THE DOMINION COUNCIL CANADIAN BRANCH ST. JOHN AMBULANCE ASSN. INC. 1914

*Issued by authority of the Lieutenant and the Director of Ambulance.*

DATE: **October 11, 1943**

REGISTERED AT OTTAWA, CANADA AND AT ST. JOHN'S GATE, CLERKENWELL, LONDON E.C.

49664

ROYAL CANADIAN ARMY MEDICAL CORPS
No. 15 CANADIAN GENERAL HOSPITAL

# DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

R.C.A.F. LL

Name ALLAN, Everett, B. No. O.23502
Surname Christian Names

F/Lt. 3 SFTS Calgary, Alta. 16-5-45
Rank Unit Date of Death

AMOUNT

L.P.C. ..... $ 230.70

Date 22 Sept 45

Other Credits .....

Total ..... 230.70

| SHARE | RELATIONSHIP | NAME AND ADDRESS | AMOUNT |
|---|---|---|---|
| Part | Creditor | Secretary Officers Mess,<br>#3 S.F.T.S.,<br>R.C.A.F. Calgary, Alta. | 5.75 |
| Bal. | Widow | Mrs. Dorothy E. Allan,<br>c/o Mr. W. Fay Becker,<br>Banff, Alberta.<br><br>(1/3 as next of kin entitled) R<br>(2/3 in trust for two minors) R | 224.95 |
| | | P4. TO TREAS. 3-10-45, a.m. | C |

AUTHORITY

| H.Q. F.E. No. | VOTE | PRI | H.Q. SUB. | OBJ. | AMOUNT |
|---|---|---|---|---|---|
| 0000<br>~~9999~~ | 833 | 01 | 70 | 000 | 230.70 |

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

40M—8-45 (7876)
H.Q.1772-45-27

R.C.A.F. A-81
25M-12-44 (4876)
H.Q. 885-A81

# DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE

## STATEMENT OF WAR SERVICE GRATUITY

A1 AIR

D277-7

DECEASED MEMBER'S NAME: Everett B (CHRISTIAN NAMES) Allen (SURNAME)

REGISTER NO. 30830

PAYEE: Dorothy E. Allan

ADDRESS: Becker's Bungalows, Banff, Alta.

FILE NO. 1 June/46

DATE

SERVICE NO. C23502

FINAL RANK OR RATING F/L

DATE OF TERMINATION OF OVERSEAS SERVICE N.A.

DATE OF DISCHARGE 16 May/46

| | | $ ¢ |
|---|---|---|
| **A. TOTAL QUALIFYING SERVICE** | | |
| NO. OF DAYS 1055/30 EQUAL TO 35 COMPLETE PERIODS AT $7.50 | | 262.50 |
| **B. QUALIFYING OVERSEAS SERVICE** | | |
| NO. OF DAYS ___ LESS ___ INELIGIBLE DAYS, EQUAL TO ___ DAYS @ 25c. PER DAY | | |
| **C. SUPPLEMENT FOR OVERSEAS SERVICE** | | |
| DAILY RATES AT DISCHARGE | | |
| PAY | $ | |
| SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE | $ | |
| ADDITIONAL PAY | $ | |
| | $ | |
| | $ | |
| | $ | |
| DEPENDENTS' ALLOWANCE 1/30 OF $ ___ | $ | |
| TOTAL | $ ×7 = $ | |
| NO. OF DAYS ___/183 | ×$ | |
| **D. WAR SERVICE GRATUITY** | | 262.50 |
| **E. DEDUCTIONS** OVERPAYMENT OF PAY AND ALLOWANCES | $ | |
| DEPENDENTS' ALLOWANCE AND ASSIGNED PAY | $ | |
| OTHER DEDUCTIONS | $ | |
| **F. TOTAL AMOUNT PAYABLE** | | 262.50 |
| **G. YOUR PORTION OF GRATUITY IS—** | | |
| DEPENDENTS' ALLOWANCE IN ISSUE TO YOU $ 78.12 / TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $ 78.12 OF $ 262.50 | =$ | 262.50 |

Records Office R.C. JUN 31 1946 Rec'd 262.50 C.I.B. O.K. N.I. C. P.A.

**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 |
|---|---|
| FMS | JS |

TREASURY — CHECKED BY [signature] — DATE 4/6/46

[signature]
SERVICE REPRESENTATIVE

△T

# University School

ESTABLISHED 1906

Rev. G. Herbert Scarrett, B.A., M.R.S.T.
Headmaster

OFFICE OF
THE HEADMASTER

VICTORIA, B.C.
June 28th.,1940

To Whom It May Concern

This is to state that E. B. Allan attended this school from September 1929 - June 1932.

In June 1931 he completed his Junior Matriculation and in June 1932 completed part of his Senior Matriculation, having a supplement in two subjects.

As a boy, Allan was thoroughly reliable and painstaking not only in school work, but in all outside activities.

I have no hesitation in saying that he can be relied upon to satisfactorily discharge any obligations which he may be called upon to undertake.

Signed G. Herbert Scarrett B.A.
Headmaster.

TELEPHONE 8591

FILE.....

# THE REGINA ELEMENTARY FLYING SCHOOL LIMITED
## NO. 15 E.F.T.S.

REGINA, SASKATCHEWAN

January 16, 1941

E. B. Allan, Esq.,
1005 Ninth Avenue East,
CALGARY, Alberta.

Dear Sir:

Subject: Instructor's Requirements

We have received information from Mr. F. C. Griblin that you are interested in obtaining training as a flying instructor with an Elementary Flying Training School. He states that you wish information as to the exact procedure necessary before enlistment.

We have taken this matter up with No. 4 Training Command at Regina and they suggest that you visit the R.C.A.F. Recruiting Centre in your city, give them all the facts such as qualifications, number of hours flown, training particulars, etc. If they deem it advisable they will recommend you for a flight test, which may be carried out in your city without cost to yourself. The results of the flight test and your interview with the Recruiting Centre will be forwarded to No. 4 Training Command, Regina, and if favorable you will be advised by them as to what further training will be necessary.

The probability is that you would be sent to a flying club for enough training to brush up on your flying, and then sent to Trenton for your final course. If you are successful in your course at Trenton, you will then be posted on leave without pay from the Air Force to an Elementary Flying Training School. It would be necessary for you to enter into a contract with the School as you are then in the category of a civilian employee. The pay for the first eight weeks is standard at all Schools, namely fifty dollars per week and increases according to the scale laid down for all Schools.

If you are interested, we would suggest you write us immediately and proceed as instructed above.

Yours truly,

M. I. Chase

for Manager,
The Regina Elementary Flying School Ltd.
No. 15 E.F.T.S.

MIC/B

TELEPHONE 8591

FILE 700-6

# THE REGINA ELEMENTARY FLYING SCHOOL LIMITED
## NO. 15 E.F.T.S.

REGINA, SASKATCHEWAN

January 21, 1941

E. B. Allan, Esq.,
1005 Ninth Avenue East,
CALGARY, Alberta.

Dear Sir:

We acknowledge receipt of your letter dated January 19.

For your information, No. 4 Training Command designates the Flying Club to which you will go to receive your preliminary training. That posting is contingent upon the recommendation from your Recruiting Centre and the report of your flight test. They will inform us of the results of the above and you will then be recommended by our School if those results are favorable.

Yours truly,

M. I. Chase
for Manager,
The Regina Elementary Flying School Ltd.
No. 15 E.F.T.S.

MIC/B

R.C.A.F Records Office
Rec'd MAR 18 1941
O. K..... C.I.B.....
R. C..... N. I.....
S. L..... P. A.....

PHONE E.4064

BECKER OIL COMPANY LIMITED

RICHFIELD
PRODUCTS

1005-9TH AVENUE EAST
CALGARY, ALBERTA

Jan 29, '41.

The Royal Canadian Air Force,
Recruiting Depot,
Calgary.

Dear Sirs,

Mr. E. B. Allan has been in our employ for some years, occupying various responsible positions during this period. Due to his alertness and ability to accept responsibility we have used Mr. Allan's services to fill duties which would ordinarily have been taken by executive members of the firm, had they not been otherwise engaged at the particular time concerned.

If further information should be required we shall be pleased to complete same in detail upon request.

Yours very truly,

Becker Oil Company Limited,

D. F. Becker.

R.C.A.F. Records Office
Rec'd MAR 18 1941
O. K. ..... C.I.B. .....
R. C. ..... N. I. .....
S. L. ..... P. A. .....

T. A. HORNIBROOK

G. P. POWLES
INSPECTOR

# HORNIBROOK, WHITTEMORE & ALLAN

ESTABLISHED 1906

INSURANCE, MORTGAGES, RENTALS

125A - 127 6TH AVENUE WEST
CALGARY, ALTA.

Jan. 29th, 1941

Royal Canadian Airforce,
Calgary, Alta.

Dear Sirs:

This is to certify that I have known Mr. E. B. Allan, practically since he was born, and I have no hesitency whatever in recommending him to you as a suitable recruit for your forces.

He is a steady young man, of good habits, and is apparently in the very best of health.

Would be glad to secure any further information that you may require about him, for you.

Yours truly,

T. A. Hornibrook

T, A. Hornibrook

TAH.DWB

R.C.A.F. Records Office
Rec'd MAR 18 1941
O. K. ..... C.I.B. .....
R. C. ..... N. I. .....
S. L. ..... P. A. .....

OUR FILE 46-13-A (C. CHAP. (P)

REF. YOUR

DATED

# ROYAL CANADIAN AIR FORCE

1945 MAY 26 AM 10:35

Winnipeg, Manitoba,
22nd May, 1945.

C2335-02

RCAF

Mrs. Dorothy A. Allen,
2304 22nd Ave., S.W.,
Calgary, Alta.

Dear Mrs. Allen:

May I express my deepest sympathy in the loss of your husband, Flight Lieutenant Everett Brock Allen, who was killed 16th May, 1945.

I am informed that your husband was a very good pilot, painstaking in all his work, careful of detail, and punctilious in all matters. He was held in very high esteem by all who knew him, and will be sorely missed by a host of friends in the R.C.A.F.

The spirit of our men in making whatever sacrifice is required of them in this war is very wonderful indeed. Your husband, in giving his life in the performance of his duty, is entitled to an honoured place among them. My earnest hope is that you may receive Divine consolation in your sorrow, and be fortified with strength and courage for the days that lie ahead.

May I assure you that you have the sympathy of all in the Royal Canadian Air Force who know of your bereavement.

Yours very sincerely,

(B. F. Johnson) Air Commodore,
for Air Officer Commanding,
No. 2 Air Command, RCAF.,
Winnipeg, Manitoba.

Copy to Secretary,
Dept. National Defence
for Air, Lisgar Bldg.,
Ottawa.
REF. AFRO 2181 dated
6th Oct. 1944.

RECEIVED
MAY 28 1945
CASUALTY
BRANCH

R.C.A.F. G. 32
3500M—8-42 (2491)
H.Q. 885-G-32