~~LAVALLIE~~ Lavallee
VIATEUR
C34908

MILITIA BOOK M. 1

250M-10-42 (5040-2 & 5232)
H.Q. 1772-39-1673

CANADIAN ARMY

SOLDIER'S SERVICE AND PAY BOOK

MISSING

For

Honour

and

for

Her!

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

PASTE
"HER"
PORTRAIT HERE

The Poem is gummed on the back for fastening in your pay-book, or ditty box

For Honour and for Her!

SOMEWHERE, a woman, thrusting fear away,
Faces the future bravely for your sake;
Toils on from dawn till dark; from day to day,
Fights back her tears, nor heeds the bitter ache:
She loves you, trusts you, breathes in prayer your name;
Soil not her faith in you, by sin or shame.

Somewhere a woman—mother, sweetheart, wife—
Waits betwixt hopes and fears for your return;
Her kiss, her words, will cheer you in the strife,
When death itself confronts you, grim and stern;
But let her image all your reverence claim,
When base temptations scorch you with their flame.

Somewhere a woman watches—filled with pride;
Shrined in her heart, you share a place with none,
She toils, she waits, she prays, till side by side
You stand together when the battle's done
O keep for her dear sake a stainless name.
Bring back to her a manhood free from shame

MARGARET SCRUTON

LONDON: THE ALLIANCE OF HONOUR
Leysian Chambers, 112-114 City Road, E.C.1.

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

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56357—1

(I) SOLDIER'S NAME AND DESCRIPTION ON ATTESTATION

Regtl. No. C 34908

Surname (in capitals) Lavallee

Christian Names (in full) Viateur

Date of Birth 31-8-15

Place of Birth St. Damiane, Quebec Can.

Citizenship

Trade on Enlistment Cleaner

Nationality of Father at Birth FR. ~~CAN~~ CANADIAN.

Nationality of Mother at Birth FR. CANADIAN

Religion Roman Catholic

Enlisted at Carmual Ont.

Date 3-2-42

Particulars of former service (if any) i.e. Regtl. No., Corps or Regiment and period. #3 Mama 4-12-41 to 2-2-42 C605763

Signature of Soldier Viateur Lavallee

Signature of Officer

Place Barriefield Canada Date 10/5/43.

(IV) NEXT OF KIN

Any change becoming known is to be duly noted with date of
NOTE.—No entry in these pages has any legal

Nearest degree of relationship		Names	Date
	Wife	Rose Lavallee	
1st	Children	DENIS LAVALLEE.	10 MAY '43.
2nd	Father		
	Mother		
3rd	*Brothers and Sisters		
4th	Other Relations (stating relationship)		

*State whether brothers are older or younger.

NOW LIVING

such change and reported by O.C. Unit to the Officer i/c Records.
effect as a WILL (see pages 20 to 23)

Latest known Address in full

~~CORNWALL.~~
~~47 Brookdale Ave Toronto~~
48 MacDONALD AVE. Can CORNWALL ONT.
Ditto.

(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
30-5-43	P/E.		4-12-41	G.B. Gallagher Lt

6

Lte Lavallee V.

Rifle	Q	30/11/43					
LMG	Q	30/11/43					
2" M	Q	30/11/43					
TSMG	Q	30/11/43					
Plat							
Cas	Q	30/11/43					
7 Atd	Q	30/11/43					

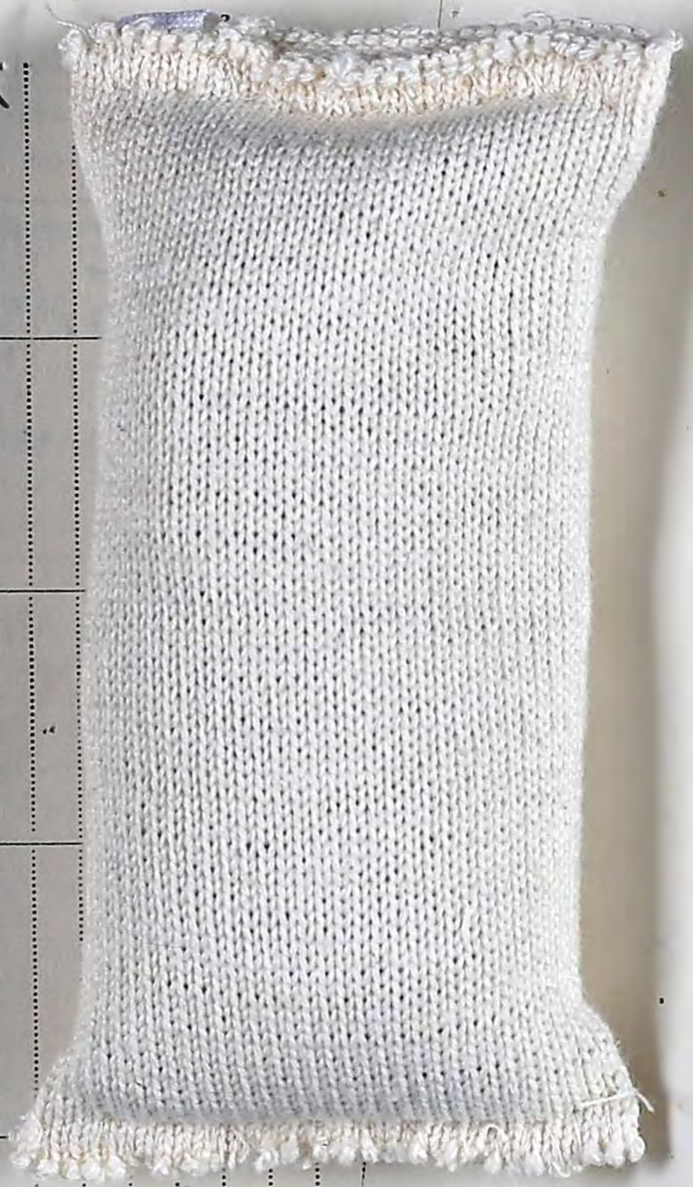
7

signed by
is
l down for
—*

itial

(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
30-5-43	P/E.		4-12-41	G.B. Gallagher Lt.



e Applicable to all Arms, to be completed and signed by .O. Bn., etc., before a Soldier proceeds Overseas

ssed Basic Training, and Advanced Training as laid down for of the Service) ~~*except that he requires further training in:*~~—*

ddition as under:—

er 1/C Class 3

15/43. [signature] Lt.

Commanding.....

further training required, strike out words in italics and initial

(IX) EDUCATIONAL QUALIFICATIONS

Certificate, Specialist Qualifications, etc., Certificate number or authority. (Two lines may be used for each entry)	Place	Date	Signature of Officer
GRADE VII	ST. DAVEN QUE.	30-5-43	G.G. Gallagher Lt.

(X) TRADE QUALIFICATIONS

(For men who have passed Trade Tests)

Trade	Group	Grade	Part II Order	Date	Signature of Officer
Driver I/C	Class III		118	22-5-42	

(XI) EMPLOYMENT WHILST SERVING

Period		Nature of Employment	Remarks and Signature of O.C. Coy., etc.
From	To		
4-12-41	30-5-43	ON TRAINING	G. B. Gallagher Lt.

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
2-2-42	A 1			
6-2-42	A 1	Re. Exam. ✓		R. Barnes Capt
8-12-42	A			
15-3-43	A 1			

BLOOD GROUP O/4

(XV) PARTICULARS OF SURGICAL APPLIANCES ISSUED

Particulars	Date	Signature of Medical Officer

(XVI) PROTECTIVE INOCULATIONS

Nature of Vaccine, "T.A.B.T." Cholera, Plague, etc.	Date	Signature of Medical Officer
T.A.B.T. 1	11-12-41	
2	13-1-42	
3	2-2-42	
½	5-3-43	
TYPHUS ¼ c c	20 X 43	
" ½ cc	1 Nov 43	
" 1 cc	2-11-43.	

(XVII) VACCINATION

Date Vaccinated	Signature of Medical Officer
11-12-41	

(XVIII) MISCELLANEOUS ENTRIES

(For entries for which space is not otherwise provided)

NOTE.—No entry on this page has any legal effect as a WILL

Particulars	Date	Signature of Officer
X Ray Chest neg.	2/2/42	
UNDERGONE D. M. TEST	26/5/43.	
G.A.F. CHAMBER TEST.		
#1 Privilege Leave	12 Aug 43	

FINGERPRINTED—CAIB

MILITIA BOOK M. 1

PART I

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

CANADIAN ARMY

SOLDIER'S SERVICE BOOK

(For use on Active Service)

Reg. No. C34908

Surname (Capitals) Lavallee

Christian Names in full V.

File No 405-L-9190

R E B U R I A L

NO C.34908

RANK Private

NAME LAVALLEE, V.

NAME OF CEMETERY Morro River Cemetery

LOCATION OF CEMETERY Ortona, Italy

GRAVE LOCATION Plot 3, Row H, Grave 13

AUTHORITY 54-27-88-2 Vol. 14
Reburial list.

43

405-L-9190
D.R. 2(D)

February 20th., 1945.

Mrs. Rose Lavallee,
124 Pitt St., Apt.4,
Cornwall, Ont.

No. C.34908, Private Viateur LAVALLEE.

Dear Madam:

With reference to the regretted death of your husband, the marginally named Canadian soldier, I am to advise that information has recently been received from overseas that his remains have been carefully exhumed from the original place of interment and reverently reburied in grave 13, row H, plot 3 of Morro River Cemetery, Ortona, Italy. This is a recognized military burial ground and will receive care and maintenance in perpetuity.

The grave will have been marked with a temporary cross which will be replaced in due course by a permanent headstone suitably inscribed. While it cannot now be stated when this work of permanent commemoration will begin, before it is carried out you will be communicated with and given an opportunity of selecting a short personal inscription for engraving upon the memorial. Would you, therefore, be kind enough to inform this office of any change in your address.

Yours truly,

J.B. Radine

for R.T.E. Hicks-Lyne, Colonel,
Acting Director of Records,
for Adjutant-General.

FBR/TMR

44

Pte.LaVallee V. was 2 i/c of our section. We had crossed the creek and gone up the hill as far as the bluff just below the top. We came under M.G. and sniper fire and took cover behind the bluff. Pte.LaVallee crawled over to a small shrub to try to find out where the fire was coming from and he was hit with a sniper's bullet. The CSM reached forward and pulled him down. He had been hit between the eyes and the bullet had come out through the top of his helmet at the back. The CSM applied a shell dressing and we tried to make him comfortable. He could not speak to us. He was breathing very heavily and he died about an hour later. He was there when we left at about 1630 hours.

A-102225 Pte.Lytwyn F.(signed)

Director of Records
A.G. Branch
APR 25 1944
Nat. Defence Hqrs.
Ottawa, - Canada.

17

405-L-9190

COPY

Appendix "A".

To: Officer i/c
Canadian Section G.H.Q.
2nd Echelon.

Unit. PERTH REGT.
Date. 16 Mar 44.

Director of Records
A. G. Branch
APR 25 19??
Nat. Defence Hqrs.
Ottawa, - Canada.

QUESTIONNAIRE ON A MISSING OFFICER OR SOLDIER

No. C-34908. Rank. Pte. Name. LAVALLEE V.

1. Information now on file at Canadian Section G.H.Q. 2nd Echelon is as follows:

2. Circumstances leading to his disappearance.

(a) Where was he last seen? Arielli River attack.
(see footnote of this form)

Ref. Map ORTONA Sheet 141 (11) 298181.

(b) He was last seen by A-102225 Pte. Lytwyn F.

who was/~~was~~ then engaged in. Trying to observe M.G. fire.

(c) Where seen from? Bluff just below top of hill.

Approx. Distance. 3 feet. Visibility. good.

About what time? 0630 hrs. Date. 17 Jan 44.

(d) Who was with him? Pte. Lytwyn F. Pte. Dorion.
(Give names of personnel, if known)

(e) To what task was he assigned? 2 i/c section.

(f) What was he doing? observing fire.

(g) Give details of what happened. Pte. LaVallee crawled forward to a bush to try to see where the fire was coming from. He was hit by a sniper and the CSM reached forward and pulled him back.

/2

3. Physical Condition.

(a) Was he alive at the time?...Yes.... If dead, was any attempt made to recover the body?.....

(b) If wounded, how seriously?.Bullet through head.....

(c) Nature of medical attention given..Shell dressing.....

.....

.....

by whom...CSM Marquis R.Q.....

(d) Was he being otherwise assisted by anyone?....Yes.....

If so, by whom?..Pte.Dorion and Pte.Lytwyn.....

4. Information re the Enemy.

(a) How far away were the enemy?.....35 yards.....

(b) What sort of fire was he up against?..M.G. and sniper.....

(c) What cover from this fire available?.....Yes. .....

(d) Was he in danger of being taken prisoner?..No.....

If so, why.....

.....

5. Summary.

(a) Were any items of personal affects obtained?....Yes.....

If so, by whom? Lt.R.Hamilton - now reported missing.....

What disposition was made?.....

(b) Number of witnesses' signed statements attached..1.....

(c) Rank, names in full, and unit of witnesses and/or other sources of information from which the above was obtained:....

.....A-102225 Pte.Lytwyn F. (signed) The Perth Regt.....

.....

.....

.....

.....

(signed) R.N.MITCHELL Capt.
for Officer Commanding.

Footnote

1. Reference 2 (a). The information shown here should be such as to establish as accurately as possible, the last place he was seen by anyone, whether on land before or after embarking, (if on enemy territory give the approx. location), or on a landing craft, the type and/or name of craft, or if in the water the approximate distance from shore.

405-L-9190
(Records G)

CERTIFICATE OF DEATH

THIS IS TO CERTIFY that according to information received at the Department of National Defence from the overseas authorities, No. C.34908, Private Viateur LAVALLEE, of the Perth Regiment (Motor) Canadian Army, was killed in action on the 17th of January, 1944.

(C.L. Laurin) Colonel,
Director of Records.

Officer authorized to sign certificates of death and/or presumption of death for the Canadian Army.

Department of National Defence,
Ottawa, Canada,
July 27th, 1944.

37

RECORDS OFFICE OVERSEAS.

CANADIAN MILITARY HEADQUARTERS.

GRAVES REGISTRATION CARD.

NAME LAVALLEE, Viateur.

RANK PTE.

UNIT PERTH REGIMENT.

PLACE & DATE OF BIRTH Quebec. CANADA 31 AUGUST 1915.

REGTIMENTAL NO. C.34908

NEXT OF KIN & ADDRESS WIFE:-
Mrs Rose LAVALLEE,
48 MACDONALD AVENUE,
CORNWALL, ONTARIO, CANADA.

PARTICULARS OF HOSPITALISATION

DATE OF ADMISSION

DIAGNOSIS

NAME & LOCATION OF HOSPITAL

PARTICULARS OF DEATH

DATE OF DEATH 17 JAN;1944.

HRS

PLACE OF DEATH ITALY.

CAUSE OF DEATH KILLED IN ACTION - Previously Reported MISSING.

PARTICULARS OF BURIAL

DATE OF BURIAL REBURIED 14 Aug.44

CEMETERY MORRO RIVER CEMETERY.

PLOT NO. 3 ..ROW NO.. H ..GRAVE NO.. 13 ..

DEATH CERTIFICATE NO

DATE OF REGN OF DEATH CERT:

RELIGION ROMAN CATHOLIC.

DATE 26 Feb. 45.

(B.E.WILLAN) Capt.
For COLONEL
Officer i/c Records,
CANADIAN MILITARY HEADQUARTERS.

Noted
D.R. 2(D)

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

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

Name: LAVALLEE Victour No.: C.34908
Surname Christian Names

Pte. C.A. C/S 17-1-44
Rank Unit Date of Death

AMOUNT

L.P.C.....$ 20.98

Date: 30-10-44

Other Credits.....

Total..... 20.98

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Widow	Mrs. Rose Lavallee 124 Pitt st. Apt. 4, CORNWALL, Ont., (As next of kin entitled)	20.98

TO BE FORWARDED BY REG. MAIL DIRECT.

TO BE FORWARDED BY REG. MAIL DIRECT.

P4. TO TREAS. 8/1/45 Q4

AUTHORITY

H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	$20.98

CLASSIFIED BY

Original Signed by
K. L. McCUAIG

EXAMINED BY

For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

Original signed by
L. M. FIRTH

(L. M. Firth) Lt.-Colonel
Administrator of Estates

AUDITED FOR PAYMENT

For Chief Treasury Officer

50M—8-44 (5426)
H.Q. 1772-80-2

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

DEPARTMENT OF NATIONAL DEFENCE

NAVY ARMY AIR FORCE

4
ARMY

STATEMENT OF WAR SERVICE GRATUITY

DECEASED MEMBER'S NAME: Viateur (CHRISTIAN NAMES) LAVALLEE (SURNAME)

REGISTER NO. D-6589
FILE NO. 405-L-9190
DATE 15-3-45
SERVICE NO. C-34908
FINAL RANK OR RATING Pte.
DATE OF DISCHARGE 17-1-44

PAYEE Mrs. Rose LAVALLEE,
ADDRESS 124 Pitt St. Apt. 4,
Cornwall, Ontario

DATE OF TERMINATION OF OVERSEAS SERVICE 17-1-44

	$ ¢
A. TOTAL QUALIFYING SERVICE 600 NO. OF DAYS 612 (30) EQUAL TO 20 COMPLETE PERIODS AT $7.50	150.00
B. QUALIFYING OVERSEAS SERVICE NO. OF DAYS 246 LESS 12 INELIGIBLE DAYS, EQUAL TO 234 DAYS @ 25c. PER DAY (SEE PAR. 2 OVERLEAF FOR EXPLANATION)	58.50
	208.50
C. SUPPLEMENT FOR OVERSEAS SERVICE	
DAILY RATES AT DISCHARGE	
PAY $ 1.50	
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE $ 1.25	
ADDITIONAL PAY $	
$	
$	
DEPENDENTS' ALLOWANCE 1/30 OF $ 51.12 $ 1.70	
TOTAL $ 4.45 X7 = $ 31.15	
NO. OF DAYS 246 (183) X$ 31.15	41.87
D. WAR SERVICE GRATUITY	250.37
E. DEDUCTIONS OVERPAYMENT OF PAY AND ALLOWANCES $	—
DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $	—
OTHER DEDUCTIONS $	
F. TOTAL AMOUNT PAYABLE	250.37

RECEIVED
MAR 20 1945
WAR SERVICE GRATUITY DIVISION, ARMY TREASURY

G. YOUR PORTION OF GRATUITY IS— 100%

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

ΔT

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
[illegible]	[illegible]

TREASURY	
CHECKED BY	DATE
[illegible]	21-3-45

[illegible]
SERVICE REPRESENTATIVE

M.C.R. COPY

To be made out in duplicate

M.F.M. 5
200M—2-41 (9495-6)
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.

---

(1) Name of Officer or Other Rank..... LAVALLEE
(Surname first—Christian names in full—Block capitals)
..... VIATEUR 41 Gulf St., Cornwall, Ont

(2) Regimental or Official Number and Rank..... C-34908 Pte

(3) Unit..... R.C.O.C. (Reinf)

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

(5) If married, state,

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

.....

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

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

.....

(7) Are you a widower?..... NO

(8) Have you any children?..... NO Number of boys..... Girls.....

Names and ages.....

.....

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

.....

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

Name.....

Postal Address.....

.....

[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 .....

.....

.....

(11) Is your father alive? YES

If so, state name and address, occupation Mr Clement LAVALLEE -Weaver P.N.A.Co-
41 Gulf St., Cornwall, Ont.

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

(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.....

.....

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

(14) Is your mother alive? YES.

If so, state name and address Mrs Regina LAVALLEE
41 Gulf St., Cornwall, Ont.

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

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

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

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

If so, state the following particulars:—

Relationship .....

Full Name .....

Postal Address .....

Amount contributed monthly during the past six months .....

.....

(18) Are you insured? YES

If so, in what Company? METROPOLITAN LIFE CO.
(Give number of policy)

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

(Sgd.) Viature Lavallee
(Signature of officer or man)

Date Feb 3, 1942

(Sgd) Lt.

Officer Commanding C.A.(B) T.C. #31 Cornwall

Feb 3, 1942
Date .....

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.

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 ..... C-34908 Pte Lavelle V. (Missing) .....

RECEIVED FROM ..... Cdn Sec GHQ 2nd Echelon
B-134906 Pte Burden R.E.
L-17349 Pte Bailey N.S. .....

CHECKED BY ..... DATE ..... 24 Mar 44 .....

3	Cap Badges		
1	Silver Spoon		
1	Flashlight		
1	Case of Medalions		
1	Wallet & Snaps		
2	Prayer Books		
1	Atlas		
1	Wrist awtch		
1	5 Lire Note		
1	2 Lire Note		
1	Gold Ring		
1	Good Luck Token		
1	Silver Ring		
1	Metal Crucifix & Beads		

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

TRIPLICATE — with effects.

..... Mc Cathcart Pte .....
for OC 1 Cdn KSD

M.F.M. 510
40/P & S[illegible]4 (1-43)

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

District.....

Dispersal Area.....

Regtl. No. C34908 Rank and Name LAVALLEE. V. Pte.

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

(Transfer or Discharge) ~~Xfer~~ X on 17th Jan. 19 44.

Reason Death Authority: C.C.L."A" 464 d/2.Jul.44.

The following is a statement of the account of the above-named from 1st Jan to 31st Jan. 19 44. the inclusive date of transfer or discharge.

Dr. Particulars	Amount		Cr. Particulars	Amount	
				24	48
Balance Dr. from last account			Balance Cr. from last account		
First Monthly Payment			Regimental Pay 31 days at $ 1.50	46	50
Casual Payments			Tradesmen's Pay .....days at .....$		
Payments on Transfer or Discharge			Additional Pay (Give particulars) ....days at .....$		
Assigned Pay	20	00	Allowances (Give particulars) .....days at .....$		
Regimental Charges					
Public Stoppages (Give particulars):					
~~Remit to~~ Canada					
Cheque No. 79383 d/25.1.44	30	00			
To Balance Cr. Free	20	98			
To Balance Cr. Deferred			By Balance Dr.		
Total	70	98	Total	70	98

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

Remarks:

Assnd Pay $20.00 (W) stopped eff Feb.44.

Compiled by A.Bell.

Checked by E.McClark

Date 17th August. 19 44.

Certified correct E. Hill
for Chief Treasury Officer, Overseas.

File No 165-L-9190

P.A.

VERIFICATION FORM

WAR SERVICE MEDALS 1939-45

No. C37908 Name LAVALLEE VICTEUR

Rank on Discharge Pte Date of Discharge 17-1-44

Authority for Discharge or Retirement Deceased

Served in:

				Non-qualifying service
Canada	from	5-2-42	to 13-5-43	
	from		to	
United Kingdom	from	14-5-43	to 26-10-43	
	from		to	
Italy	from	27-10-43	to 17-1-44	KIA.
Northwest Europe	from		to	
---------	from		to	
-- ------	from		to	

Eligible for award of:

1939 - 45 Star OK

---------- ----------

Italy Star OK

~~France-Germany Star~~ ----------

Defence Medal NE

War Medal OK

Canadian Volunteer Service Medal OK

with clasp ----------

M

Verified by Curtis Lacy

Date 29-7-46

Carded JUL 29 1946

IIA 165 NO RIBBON DESPATCH

FOR COMPLETION AND RETURN BY

Form P. 64

Mrs. Rose Lavallee
124 Pitt St., Apt. 4,
Cornwall, Ont.

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

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

and the following number quoted:—

H.Q. 405-L-9190 FD 22

DEPARTMENT OF NATIONAL DEFENCE

ESTATES BRANCH

OTTAWA, ONT.

AUGUST 5 1944

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

LAVALLEE Viateur Pte. C-34908

The Perth Regt. (CA)

ESTATES BRANCH AUG 22 1944 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.

for Director of Estates.

J/L.

M.F.W. 77
6-44 (4878)
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		Rose Lavallee	24	Apt. H. 124 Pitt St Cornwall Ont.
2	Children of the Deceased and dates of their Births		Denis Lavallee born May 10, 1943	1	124 Pitt St Cornwall Ont
3	Father of the Deceased		Clement Lavallee		42 McDonald Ave Cornwall Ont
4	Mother of the Deceased		R. Lavallee		do
5	Brothers of the Deceased	Full Blood			
		Half Blood			
6	Sisters of the Deceased	Full Blood			
		Half Blood			
7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, *who are dead*, and date of death of each.		Names and ages of their children (if any)		Address of their children

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Violette Lavallee
9	Date of his birth.	
10	Place and date of his marriage.	~~Province of Quebec~~ 20 July, 1942. Cornwall Ont.
11	Place and date of his parents' marriage.	not known

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Province of Quebec
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Cornwall Ontario (b) Canada (c) (d)
14	Nature of employment before enlistment.	Millhand
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.	Cornwall Ontario

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?	no
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?	no
20	Amount of War Savings Certificates held by deceased. Indicate where located.	no
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	no
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	Metropolitan Life $1500.00 — Benef. Rose Lavallee Widow.
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	none

OTHER PARTICULARS

24	Did the deceased after enlistment incur any debts for:— *(a)* His own separate board and lodging while on service. *(b)* Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	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.

Mrs. Rose Lavallee — Signature of Informant

124 Pitt St. Apt. 4 Cornwall Ont. — Address

CERTIFICATE

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

See above. Lavallee {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 Cornwall this 21st day of August 1944

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

Qualification J.P. Commissioner

Address Cornwall Ontario

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

Form No. 1

4 2480

Register No. D65895 Nominal Roll No. D136

H.Q. File No. 405-L-9190

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
C34908	PTE.	LAVALLEE	VIATEUR

Reason for Termination of Service:

1st Enlistment KILLED IN ACTION CARO ( )

2nd Enlistment CARO ( )

3rd Enlistment CARO ( )

T O T A L S E R V I C E

1st Enlistment	2nd Enlistment	3rd Enlistment
T.O.S. 3 FEB. 42	T.O.S.	T.O.S.
S.O.S. 17 JAN. 44 MD O/S	S.O.S. MD	S.O.S. MD
Total Days 714	Total Days	Total Days

TOTAL SERVICE 714 DAYS

	Total Service	Less Non-qualifying Service	Net Service
WESTERN HEMISPHERE	U.K.E.D. 465	99	366 U.K.E.D.
OVERSEAS SERVICE	U.K.E.D. 249	3	246 U.K.E.D.
Totals	714	102	612
Add Non-qualifying Service			102
TOTAL SERVICE			714

EMBARKATION DETAILS:

1. Date S.O.S. Overseas 17 JAN. 44

2. Date S.O.S. Overseas

REMARKS:

KILLED IN ACTION

Computer's Signature H. E. Davies, Lgt. 17 JAN. 44

Checker's Signature R. Kennedy

Date Computed 8 Mar. 45

N.R.M.A. SERV. FROM 4 DEC. 41 TO 2 FEB. 42
REG. NO. C605763

NO ALEUTIAN or O/S SERVICE

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.

DETAILS OF NON-QUALIFYING SERVICE

WESTERN HEMISPHERE

Forfeits for	from	to	Eff. Date	Days	Total
A.W.L.	19 DEC. 42	12 JAN. 43		25	
C.A.	13 JAN. 43	13 JAN. 43		1	
DET.			14 JAN. 43	28-54	
REM.			11 FEB. 43	④	50
A.W.L.	24 MAR. 43	13 APR. 43		20	
C.A.	13 APR. 43	14 APR. 43		1	
DET.			14 APR. 43	28	49
				TOTAL	99

T.O.S. 14 MAY 43 T.O.S. ..... T.O.S. .....

OVERSEAS

S.O.S. 17 JAN. 44 S.O.S. ..... S.O.S. .....

A.A. 40			17 NOV. 43	3	3

405-L-9190

FIELD SERVICE MBR

Army Form B. 2090A.

REPORT of Death of an Officer or a Soldier to be forwarded to the War Office with the least possible delay after receipt of notification of death. See Table II, Appendix III, Field Service Regulations, Vol. I.

REGIMENT OR CORPS: PERTH REGT

Squadron, Troop, Battery or Company:

Officer's Personal No. (if known) / Soldier's Army No.: C-34908

Rank: Pte.

Surname: LAVALLEE

Christian Names: V.

Died — Date: 17 Jan 44 — Place: Italy

Cause of Death*: Killed in action

Nature and Date of Report: 3011C-99 d/26 Jun 44 & ~~3314A d/25 Jun 44~~

By whom made: Unit

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

Burial — Place: ORTONA 141 - II 293176 Rowe Gr 3 — Date: 22 Jun 44

By whom reported: H/Capt. D.C. Smith, Perth Regt

State whether he leaves a Will or not

(a) in Army Book 64: Not known

(b) as a separate document: No

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: Italy 30 Jun 44

Signature of Officer in charge of Section Adjutant-General's Office at the Base: [signature] for Officer i/c Cdn Sec. GHQ 2nd Echelon CMF

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

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FORM 6

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

PROVINCE OF ONTARIO—CERTIFICATE OF REGISTRATION OF DEATH

1. PLACE OF DEATH County or District of IN THE FIELD (ITALY) Township of .....
If in City, Town or Village ..... (Name) Street ..... House No .....
(If death occurred in a hospital or institution, give the name instead of street and number)

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

3. PRINT FULL NAME OF DECEASED LAVELLEE (Family name) Viateur (Given name or names in usual order)

RESIDENCE No. 41 Street Gulf City, Town, Village or Township Cornwall Province Ontario
(Residence means usual place of abode. Post Office Address for residents in rural parts not sufficient)

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

8. BIRTHPLACE Quebec (Province or Country)

9. DATE OF BIRTH August (Month) 31st (Day) 1915 (Year)

10. AGE in

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

OCCUPATION

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

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

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

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

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

FATHER

16. NAME .....

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

MOTHER

18. MAIDEN NAME .....

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

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

21. Place of Burial, Cremation or Removal .....
Date of burial or removal .....

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

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

MEDICAL CERTIFICATE OF DEATH

24. DATE OF DEATH January (Month) 17th (Day) 19 44 (Year)

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

CAUSE OF DEATH

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

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

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

PHYSICIAN
Underline the cause to which death should be charged statistically

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

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

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

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

Signed by ..... **M.D.**
Address ..... **Date** ..... 19 .....

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

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

OVERSEAS CASUALTY CANADIAN ARMY

NOV 15 1944

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

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

WRITE PLAINLY WITH UNFADING INK
THIS IS A PERMANENT RECORD

File Copy

Quote No. A05-3-9190
Records-C

DEPARTMENT OF NATIONAL DEFENCE

ARMY

Ottawa, Canada,

21st February, 1944.

Commissioner of Income Tax,
Department of National Revenue,
Ottawa, Ontario.

National Registration Division,
Department of Labour,
Ottawa, Ontario.

The undermentioned Canadian Army Casualty is forwarded for your information, please:

Regimental No. C 34908 Rank Private

Surname LAVALLEE

Christian Names Viateur

Nature of Casualty Missing 17-1-44

Date of Casualty

Address at time of enlistment 41 Gulf Street, Cornwall, Ontario.

Date of Birth 31-8-15

Marital Status (On enlistment) Single

Marital Status (Present) Married

Occupation Weaver

Name and address of Next-of-Kin Mrs. Rose Lavallee, 48 McDonald Avenue, Cornwall, Ontario.

MJM/MB

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

14

No C.34908 Rank Private Name LAVALLEE, Viateur

Unit Perth Regiment Date of death 17th Jan., 1944.

Died at Italy

Cause Killed in action.

Death occurred on strength of Forces. HQ 405-L-9190 d 10-7-44

N/K Mrs. Rose Lavallee Relationship Widow

Address ~~124 Pitt Street, Apt. 4,~~ 71 Place Bourget N, Joliette, ~~48 MacDonald Avenue, Cornwall, Ontario.~~ Que.

Remains buried in Cemetery

MR 293176, Sheet 141 - II, Ortona, Italy.

Grave location Row 2, Grace 3.

CHK

OVER

DEATH CERT. TO N.K. FEB 21 1945

BURIAL REPORT TO N.K. STAT NOV 15 1944

RETURN TO BUR. OF S'P'D. JUL 22 1944

ROYAL MESSAGE DESP'D. 17/7/44

CAN. MESSAGE DESP'D

REBURIAL

Morro River Cemetery,
Ortona, Italy.

Grave 13, row H, plot 5.

HI & CR Form Despd NOV 29 1946

Photographs Despatched JUN 4 1947

PHOTO REDESP'D
25 Jun 47.

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS

PERSON ENTITLED TO Mrs. Rose ~~Lavallee (Widow)~~ LEBEL (Re-married)

ADDRESS: ~~124 Pitt Street,~~ 41 St. Joseph St. ~~Apt 4, Cornwall, Ont.~~ L'ASSUMPTION, Que.

(1) 24-11-49

(2) MEMORIAL CROSS

WIDOW Mrs. Rosa LAVALLEE, (ENGLISH)

(1621)

ADDRESS: 124 Pitt St., Apt. 4, CORNWALL, Ont.

(2) DESP. AUG 26 1944 REGN No. 1438

(3) MEMORIAL CROSS

MOTHER Mrs. Regina LAVALLEE, (MFM5) (ENGLISH)

(1621)

ADDRESS: 41 Gulf St., CORNWALL, Ont.

(3) DESP. AUG 26 1944 REGN No. 1439.

MEM[illegible] R

DAT[illegible]

REGN [illegible] 4453

17-1-44

AWARDS—CANADIAN ARMY (ACTIVE). (1621)

500M—1-44 (3467)
H.Q. 1772-45-8

FB

FILE NO. 405-L-9190

SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT
LAVALLEE,	Viateur	C-34908	Pte.	Perth Regt.

WAR SERVICE BADGE (CLASS) NO. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star Italy Star	4130
War Medal C.V.S.M. & Clasp	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

Received ..... Checked 24 E 908 Card ✓ ..... Observations Occupational History form Completed ✓

MACHENIC (FRENCH)

~~C.A.C.~~ RCOC.

ORIGINAL
DUPLICATE
TRIPLICATE

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

M.F.M. 2
A.F.B. 371
200M—3-41 (9720)
H.Q. 1772-39-1645

C-34908

01 PTE

Unit RCOC. ~~C.A.C.~~ (Reinf.) ..... Regimental Number ~~XXXXXXXXX~~

CLA-388 Missing

ACTIVE FORMATIONS AND UNITS OF THE CANADIAN ARMY

ATTESTATION PAPER

1. Surname ..... LAVALLEE
2. Christian Names ..... VIATEUR
3. Present address ..... 41 - GULF, ST. CORNWALL. ONT
4. Date of birth ..... 31-ST. AUG - 1913.
5. Place of birth CANADA (Country) ..... Quebec (County or Province) ..... ST. DAMIAN. (Town or Township)
6. Religion (state denomination) ..... R. C.
7. Trade or Calling ..... WEAVER -
8. Married, Widower or Single ..... SINGLE
9. Name of next of kin ..... CLEMANT LAVALLEE ..... See Change
10. Relationship ..... FATHER.
11. Address of next of kin ..... 41 - GULF, ST. CORNWALL. ONT.
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? ..... XXX (Yes or No)

C-605763 No.3 NRMA // From 4-12-41 to 2-2-42 (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, VIATEUR LAVALLEE, 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 Dec 12/41 ..... Viateur Lavallee (Signature of recruit)

OATH TO BE TAKEN BY MAN ON ATTESTATION

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

Viateur Lavallee (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 Cornwall, Ont. this 3rd day of February 1942.

H. J. Crowe Major — Signature of Magistrate, Justice or Attesting Officer.

J.S.D. & G. Highrs — Office or Rank and Unit or appointment.

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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

Record of Service of LAVALLEE. (Surname) Viateur (Christian Names) Regimental Number C-34908

Qualifications		Educational Qualifications			
Military	XXXX No.3 NRMA. (1)Month	High School or Collegiate	Ecole primaire (years completed)	Graduation or Matriculation	nil (specify)
Business or Professional	nil				
Trade or Civil	Tisselant Weaver	*College	nil		
Technical	nil	*University	nil		
Languages	French English				

*(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
	5304-	Joined on appointment						
	-	TOS of DDMD 3 on Enl istment (AF)	Pte.	3 Feb 42	DDMD 3	Ottawa.	D.O.	
	-	attached to CA(B)TC 31 from DDMD 3 for all purposes R. C. O. C. Reinf.	do	3 Feb 42	CA(B)TC31	Cornw all	D.O. 26	3 Feb 42
	-	Ceases to be attached to CA(B)TC 31 on transfe r to A/21 (ATC) R.C.O.C. B arrie field Ont.	do	3 Feb 42	do	do	D.O. 27	4 Feb 42.
	2	T. O. S. R. C. O. C. T. C. FROM #31 B.T.C. Cornwall.	do	4.2.42	RCOC TC	Barriefield	Pt II No. 29	5.2.42
		PASSED DRIVERS STANDING ORDERS 3RD CLASS (EXCLUD' M'CYCLES)	do	27-2-42	do	do	50	3-3-42
		Granted embarkation leave from 16-3-42 to 20-3-42	"	16-3-42	"	"	63	18-3-42
		Qualified as Driver I.C. Class III.	"	22-5-42	"	"	118	22-5-42
		granted permission to marry Miss Rose Tessier of Millville Ave. Cornwall Ont.	"	3-7-42	"	"	157	6-7-42
		Married to Miss Tessier of Cornwall Ont.	"	20-7-42	"	"	175	27.7.42
		new address 47 Brookdale Ave. ~~Toronto~~ Cornwall Ont	"					
		Amend above address to Cornwall Ont.	"	29-7-42	"	"	177	29-7-42

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

CERTIFICATE OF MEDICAL EXAMINATION

Name in full Viateur Lavalle o Place

Place Cornwall Ont. Date Jan. 6th. 42

Part 1. Information obtained from the recruit.

1. Age 26 2. Have you ever suffered from any of the following diseases?

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

Viateur Lavallee
Signature of Applicant

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

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

Scar base of left thumb.

2. Height 5 feet 6¾ inches. 3. Weight 145 pounds.

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

6. Chest measurement—Girth on full expansion 37 inches.
Range of expansion 2 inches.

7. Vision, right 20/30 left 20/20 8. Hearing, right CV 20 left CV20
With Glasses— right left

9. Condition of mouth and teeth Bad Teeth.

10. The abnormalities (congenital and pathological) found on examination are as follows

No he rniae or Varicosities. History of Peptic ulcer Tenderness epigastric region.

Eyes: fields of vision. Nose. Ears. Neg.
Urine. Neg. Reflexes. Slow the Plantar are almost abolished. Jan 28/42 reports stomach improved.

Part 3. We, the examiners, find no evidence of the diseases mentioned in Question 2, Part 1, except as reported in the remarks. We have examined the Recruit in accordance with the pamphlet "Physical Standards and Instructions for the medical examination of recruits" and he is found fit for Category A-1

Special remarks when category lower than A

Heart Normal
Lungs Normal.

President Member Member

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature
Feb 2/42	X-Ray of Chest Neg. C.A.M.C.	MAR 15 1943	RE-EXAM. CAT. A-1
11-12-41	Vacc		
11-12-41	1cc		
13-1-42	1cc		
2-2-42	1cc		
6-2-42	Cat 1.		
DEC 8 1942	RE-EXAM. CAT. A		
5-3-43	TABT ½		

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

Regtl. No. C-34908 Rank Pte. Surname Lavallee Christian Name Viateur.

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

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

Name.....

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

REPORT Date	REPORT From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority Part II D.O. No. Cas. List, etc.	Authority Dated
		Disembarked in UK.	Pte	22 May 43	3 C I R U	UK	91	24 May 43
		V.O.S. 8 CDN. INF. REINF. UNIT	Pte.	23 May 43	3 C I R U	UK.	91	24 May 43
		S O S to Perth R 7th Unit	Pte	17 June 43	3 C I R U	UK	112	17 June 43
		T O S from 3 C I R U	Pte	18 June 43	Perth R	UK	30	23 June 43
		Regtl pay $1-40	Pte	11 Sep 43	Perth R	UK	46	16 Sep 43
	Birth	Son Dennis Clement Viateur, Cornwall Ont	Pte	10 may 43	Perth R	UK	46	16 Sep 43
Change address N/K		(Wife) Mrs Rose Lavallee 48 MacDonald Ave Cornwall Ont.						
		T.O.S., C.A. ~~Canada~~ UK		26 Oct 43				
		T. O. S., C. A. ~~Overseas~~ N/		27 Oct 43				
		Disembarked N.A	Pte	8 Nov 43	Perth R	N A	62	29 Dec 43
		T. O. S.						
		AWARDED THE CANADIAN VOLUNTEER SERVICE MEDAL AND CLASP						
		Granted daily Regtl rate Pay $1-50	Pte	11 Nov 43	Perth R	C M F	4	22 Jan 44
		A A 40 Awd 2 pts 3 days pay	Pte	17 Nov 43	Perth R	N A	55	26 Nov 43
Cancelled DO 48 30 Jan 44		~~S O S to 4 Coy Perth R Missing~~	~~Pte~~	~~17 Jan 44~~	~~P R~~	~~C M F~~	8 C L A 388	28 Jan 44 1 Feb 44
	S O S	Killed Pte reported Missing	Pte	17 Jan 44	1 R.	C M F	48 C L A 464	30 Jan 44 2 July 44

Statement of the Service of No. C-34908 Rank pte.

Name Lavallee V.

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

REPORT Date	REPORT From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority Part II D.O. No. ~~Cas. List, etc.~~	Authority Dated
		granted furlough from 18-8-42 to 31-8-42	pte.	18-8-42	CDC TC	Barriefield	11	5-9-42
		Issued with Transport Warrant # 1-3854	"	18-8-42	"	"	10	4-9-42
		granted embarkation leave from 9-12-42 to 19-12-42 & issued with Transport Warrant # 3-25780	"	9-12-42	"	"	300	17-12-42
		Struck off Strength A-21 CDCTC on proceeding on Special Duty for R.A.D.O. D-27-12-42 for Pay 31-12-42	"	27-12-42	"	"	D.O. 307	26-12-42
		D.O. 307 entry cancelled awarded 8 days detention eff. 14-1-43 for AWL from 0800 hrs. 19-12-42 to 1910 hrs. 1-1-43. forfeits 6 days pay for AWL and close arrest from 0800 hrs. 19-12-42 to 0001 hrs. 14-1-43.	"	28-12-42	"	"	308	28-12-42
		total forfeiture of pay 54 days.	"	14-1-43	"	"	12	15-1-43
		granted 4 days remission of sentence for good conduct	"	11-2-43	"	"	36	11-2-43
		Granted Embarkation Leave 15-3-43 to 19-3-43 T.W. 387024	"	15-3-43	"	"	65	17-3-43
		~~S.O.S. A-21 CDCTC on proceeding Overseas~~ awarded 28 days detention effective 14-4-43 for absence without leave from 2200 hrs 24-3-43 to 1955 hrs 13-4-43 forfeits 21 days pay for absence without leave and close arrest from 2200 hrs 24-3-43 to 0001 hr 14-4-43 total forfeiture of pay 49 days	"	26-3-43	"	"	74	26-3-43
		S.O.S. A21 CDCTC on transfer from R.C.D.C Reinforcement to Infantry General List Serial 249B On Proceeding on Special Duty.	"	14-4-43	"	"	91	15-4-43
			"	12-5-43	"	"	~~114~~ 113	11-5-43
		S.O.S. C.A. (CANADA) ON EMBARKATION	Pte.	13 May 43	3 CIRU	UK	91	24 May 43
		T.O.S. C.A. (OVERSEAS) ON TRANSFER	Pte.	14 May 43	3 CIRU	UK	91	24 May 43

M.F.M.-14A
200M-1-42 (2934)
H.Q. 1772-39-1662

CARD SEQUENCE NO. 2

No. C-34908 RANK PTE NAME LAVALLEE - VIATEUR

CASUALTIES, ETC.

PART II D. O. No.	PART II D. O. DATE	NATURE AND PARTICULARS	IF IN HOSPITAL NOTE NAME
3	5-1-43	D.O. 304 & D.O. 309 CANCELLED	
12	15-1-43	AWARDED 28 DYS DET. EFF. 14-1-43 FOR AWL FROM 0600 HRS 19-12-42 TO 1910 HRS 12-1-43. FORFTS 26 DYS PAY FOR AWL & CLOSE ARREST FROM 0600 HRS 19-12-42 TO 0001 HR. 14-1-43. TOTAL FORF. -54 DYS PAY	
14	18-1-43	D.O.3 CANCELLED	
36	11.2.43	Granted 4 days remission of sentence for good conduct	
65	17.3.43	Embarkation Leave 15-3-43 to 19-3-43	
73	25.3.43	AWL since 2200 hrs 24-3-43 (1st entry)	
79	1-4-43	AWL since 2200 hrs 25-3-43 (2nd entry)	
89	13.4.43	" " " " " 3rd entry 21 days AWL. 2200 hrs 13-4-43	
91	15.4.43	Awarded 28 days detention eff. 14.4.43 for AWL. 2200 hrs 24-3-43 to 1955 hrs 13-4-43. Forfeits 21 days pay for AWL. 2200 hrs 24-3-43 To 0001 hrs 14-4-43. Total forfeit 49 days	
114	12-5-43	SOS A21 TC for Special Duty Overseas eff. 12-5-43	

CASUALTIES, ETC.

PART II D. O. No.	DATE	NATURE AND PARTICULARS	IF IN HOSPITAL NOTE NAME
91	24/5/43	T.O.S. G.A. (OVERSEAS) ON TRANSFER T.O.S. 3 CDN. INF. REINF. UNIT. wef 23/5/43	
112	17/6/43	SOS to Perth F W wef 17/6/43	
30	23-6-43	TOS Perth R wef 18-6-43	
43	26-8-43	7 days PL with RA 12 to 19 Aug 43	
46	16-9-43	Inc Rate of 1.40 wef 11-9-43	
56	26-11-43	3 dys Jop & 1 s 17-11-43	
62	29-12-43	SOS CA(WK) & TOS CA(M) wef 27 Oct 43 26 Oct 43	
		SOS to X-6 List Perth R (Missing believed Killed) wef 17 Jan 44	
		Inc Rate of 1.50 wef 11 Nov 43	

LOWE-MARTIN CO. LIMITED D83960

B.F. & W. 1-5
300M-5-41 (323-4)
H. Q. 1772-39-1662

2 Coy

NO. C-34908 RANK Pte NAME LAVALLEE, Viateur

Married

*MARRIED
*WIDOWER
*SINGLE

PLACE OF ENLISTMENT Cornwall, Ont. DATE 3-2-42

RATE OF PAY

D. O. NO.	DATE	RANK	GROUP	P. F. OR A. S.	DAILY RATE	IF LIABLE PEN. DED.	REMARKS
26	3-2-42	Pte		A.S.	1.30		eff 3-2-42
							8.67 Jubilee
				1.50			
							Transf to 14-4-43

ASSIGNMENTS

ASSIGNEE	EFFECTIVE DATE	AMOUNT	TOTAL
~~XXXX

CASUALTIES, ETC.

PART II D. O. NO.	DATE	NATURE AND PARTICULARS	IF IN HOSPITAL NOTE NAME
		LAVALLEE, Regina (Mother)	41 Gulf St., Cornwall, Ont.
26	3-2-42	Att TC#31 from DDMD#3 eff 3-2-42	
27	4-2-42	Cease to be att TC#31 on trans to RCOC Barriefield eff 3-2-42	
29	5-2-42	TOS R.C.O.C.T.C. from #31 B.T.C. Eff. 4-2-42	
63	18-3-42	Granted embark. leave from 16-3-42 to 20-3-42	
157	6-7-42	Granted permission to marry Miss Rose Tessier, of Millvill Ave., Cornwall, Ont. eff. 3-7-42	
175	27-7-42	Was married on 20-7-42 to Miss Rose Tessier, of ~~Cornw~~ Cornwall, Ont. New address: 47 Brookdale Ave., Toronto, Ont	
177	29-7-42	~~Amen~~ Pt. 11 #175. para. 29 amend address to read: 47 Brookdale Ave., Cornwall, Ont.	
211	5-9-42	Granted Furl. from 18-8-42 to 31-8-42	
300	17-12-42	GRTD EMB. L. FROM 9-12-42 TO 19-12-42	
304	22-12-42	AWL from 0600 hrs 19-12-42 (1st entry)	
~~307~~	~~26-12-42~~	~~SOS A-21 TC on proceeding overseas eff. 27-12-42 for RQD&Dpay & eff. 31-12-42 for pay.~~	
309	29-12-42	AWL since 0600 hrs. 19-12-42 (2nd entry	

SERVICE AND CASUALTY FORM

M.F.M. 4 (Part I)
A.F.B. 103 (Part I)
40/P & S/318

PART I (For all ranks)

Unit C.A.C. (Reinf) General List Regimental Number C34908

1. Surname LAVALLEE
2. Christian Names Viateur
3. *Substantive Rank and Appointment Pte
   *Acting Temporary or Local Rank
   giving date
   *To be entered in pencil to facilitate alteration.
4. Place of birth St. Damian, Que.
5. Date of birth as declared on attestation 31 Aug 16
   (A)
6. Date of enlistment 6 Jan 42
7. Place of enlistment Cornwall, Ontario
8. Residence at time of enlistment 41 Gulf St., Cornwall
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
13. Trade on enlistment Weaver
14. Corps, trade and grade
15. (D) Qualifications
16. (E) Miscellaneous entries

(17) Regiment or Corps: C.I.C. (Can Inf Corps)
Unit (Battn., etc): General List (Perth Regt)

(18) Medical

Category	Date	Authority
A.1	6-1-42	MFM 2

(19) Next of kin (entries to be made in pencil) wife
Mrs. Rose Lavallee
48 Mac Donald Ave
Cornwall, Ontario Canada

(20) E
(21) E
(22) E

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

(a) Report: Date	(a) Report: From whom received	(b) Unit	(c) Record of all casualties regarding promotions (acting, temporary, local or substantive), appointments, transfers, postings, attachments, &c., forfeiture of pay, wounds, accidents, admission to and discharge from Hospital, Casualty Clearing Stations, &c. Date of disembarkation and embarkation from a theatre of war (including furlough, &c.) in accordance with para. 2 of Note to Table I of Appendix III of Field Service Regulations, Volume I	(d) Place of Casualty	(e) Date of Casualty	(f) Army rank as at (e)	(g) Army Form or other authority for entry to be shown
9Sep43	O.C.	PerthR.	Granted daily rate of pay $1.40	Field	11Sep43	Pte	46/16Sep43
	"	"	Awded 3 Days for/of pay off. AA 40		17-11-43	"	55 26 Nov 43
			For/ 3 Days pay FR 1.149 (2)				
	"	"	SOS CA [illegible] ON EMBARKATION AT UK	" ON	26-10-43	"	62 29 Dec 43
			TOS CA [illegible] M ON TRANSFER ON 27 Oct 43 AND DISEMBARKED AT		8-11-43	Italy	" " " " ON
			Ard Vol Ser Medal & Clasp	Fld	10 Jan 44	Pte	3 - 21 Jan 44
	O.C.	Perth	Granted Daily rate of pay of $1.50	Fld	11 Nov 43	Pte	4 - 22 Jan 44
~~28Jan44~~	~~AFW3014~~	~~S167 P1&2~~	~~SOS to X-6 List Perth (Missing)~~	~~Fld~~	~~17Jan44~~	~~Pte~~	~~8 - 1 Feb 44~~ cancelled Perth 48 June 44
	~~X-6~~	~~Perth~~	~~TOS from Perth~~	~~M~~	~~18 Jan 44~~	~~Pte~~	~~7/44~~ Cancelled Perth X-59 - July 44
29 June 44	DCL 297 P9	Perth	SOS killed in action	M	17 Jan 44	Pte	48 - June 44

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 Viateur LAVALLEE (b) Reg'l. No. 34908 C-[illegible]
2. (a) Arm of service (b) Unit R.C.O.C. (c) Rank Pte.
3. (a) Date of birth 31-Aug-15 (b) Have you any dependents? No (c) Place of residence at time of enlistment 41 Gulf St. Cornwall. Ont.
4. (a) Place of enlistment Cornwall Ontario. (b) Date of enlistment 3-Feb-42

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 15 yrs. (b) Were you attending school or college up to the time of enlistment? School.
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.) 10 yrs. Primary School.
7. If you attended a university, give name of university and standing or degree secured
8. (a) Did you ever enter upon a trade apprenticeship? 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? (b) What languages do you read well?

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

10. (a) State whether you were WORKING or NOT WORKING at time of enlistment. (Enter here only "Working" or "Not Working", as case may be; particulars are asked for below) 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 Powdwell Alexandre Address Fourth Street.
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Weavers. Cotton Mill.
20. (a) Your specific occupation Weaver (b) Number of years' experience at this occupation with any employer 7 yrs.
21. (a) Did your employer promise definitely to give you employment on discharge? Yes. (b) Did your employer refuse to promise you employment on discharge? (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? (b) Do you feel competent to operate a farm? (c) If so, in what kind of farming?
25. (a) Were you born on a farm? (b) How many years' actual farming experience have you had? (c) In what provinces did you have experience?

Section G—MISCELLANEOUS

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

DATE 3-Feb-42 194 SIGNATURE Viateur Lavallee

(*Doit être remplie en triplicata*)

DUPLICATE

M.F.M. 103A
80M—5-41 (442) (971)
H.Q. 1772-39-1828

LOI DE LA MILICE

LOI DE MOBILISATION DES RESSOURCES NATIONALES, 1940

PERSONNEL DE LA L.M.R.N.

FORMULE D'ENRÔLEMENT

C-34908.

N° de série de l'avis d'appel L.M.R.N. D0210640 12164 Matricule C-605763

1. Pris à l'effectif du dépôt central de la L.M.R.N. N° #31. C.A.(B)T.C.
2. Nom (Majuscules d'imprimerie) LAVALLEE.
3. Prénoms en entier VIATEUR.
4. Adresse actuelle 41 Golfe. Cornwall. Ont.
5. Lieu de naissance Canada. (Pays) Que. (Comté ou province) St. Damien. (Ville ou canton)
6. Date de naissance 31-6-15. 7. Confession religieuse R.C.
8. Signalement: Taille 5'6" Poids 136 Lbs. Yeux Bruns. Cheveux Bruns.
   Teint Cl a i Clair. Marques particulières Cicatrice 1er espace inter-digital main gauche et face poste-ro-externe du poignet gauche.
9. Marié, célibataire, veuf? Celibataire.
10. Plus proche parent Lavallee. Clement. (Nom) Degré de parenté Pere.
    41 Golfe. Cornwall. Ont. (Adresse)
11. Profession ou emploi Tisselant. Weaver.
12. Service naval, militaire ou aérien antérieur Aviation. Non. (Indiquer les unités et les dates de service)
13. Préférence pour la Marine? Non. Pour l'armée de terre? Non. (Arme)
    Pour l'Aviation? Oui.
14. Emploi dans une industrie de guerre, le cas échéant Non.

Viateur Lavallee
(Signature de la recrue)

[illegible] 2 I&E
(Signature et grade de l'officier enrôleur)

4-12-41 194
(Date de la signature)

RENSEIGNEMENTS DU CENTRE D'INSTRUCTION

A. Versé au C.I. élémentaire N° 31 à Cornwall Ont Date 4-12-41

A accompli ..... jours d'instruction élémentaire.

(Date, signature et grade de l'officier enregistreur)

B. Versé au C.I. supérieure N° ..... à ..... Date .....

A accompli ..... jours d'instruction supérieure.

Qualités de chef, positives ..... Deviennent manifestes? ..... Latentes? .....

Est passé dans R.C.O.C. Reinf. Date 2 Feb 42
(M.R.C., formation ou unité de l'A.C., C.A.R.C.)

(Date, signature et grade de l'officier enregistreur)

C. Catégorie médicale à l'acceptation au centre d'instruction élémentaire A

ÉTAT DE SERVICE de LAVALLEE. (Nom) VIATEUR. (Prénoms) N° matricule C-605763

APTITUDES

1. Navales, militaires ou aériennes Non.
2. Commerciales ou professionnelles Non.
3. Civiles ou de métier Tisserant. Weaver.
4. Techniques Non.
5. Langue maternelle Francais. Quelles autres langues parlez-vous? Anglais. Lisez-vous et écrivez-vous? P.F. Savez-vous conduire une automobile? Oui.
   Savez-vous réparer un moteur? Non. Expérience culinaire? Non. Passe-temps favori? Hockey. Baseball.

DEGRÉ D'INSTRUCTION

6. École secondaire ou Académie: Ecole Primire. (Années achevées) — Graduation ou immatriculation: ..... (Spécifier)
7. *Collège Non.
8. *Université Non.

(*Mentionner le nom de l'institution, les années ou cours complétés et les diplômes obtenus)

Toutes les recrues de la L.M.R.N. sont prises somme simples soldats, les nominations et les promotions à un grade supérieur devant être indiquées dans l'espace réservé ci-dessous à cette fin.

Rapport		État des promotions, abaissements de grade, mutations, maladies ou blessures, rapports, etc. à compter du passage dans une unité constituée	Grade indiqué	Prenant date le	Unité	Endroit	Autorisation	
Date	Reçu de						N°, Partie II, Ordres du jour. Liste des morts et blessés, etc.	Daté le
		PASSE du dépôt central de la L.M.R.N. N°						
		Ceases to be attached to CA(B)TC 31 and struckoff strength of No 3 NRMA Clearing Depot. on transfer to R.C.O.C. Reinf.	pte.	2 Feb 42	CA(B)TC 31	Cornwall	D.O 18	3 Feb 42

Page 2

N° matricule C-605763 Grade Pte. Nom LAVALLEE. Prénoms VIATEUR.

VACCINATIONS, INOCULATIONS, COMMISSIONS, RECLASSIFICATION DE LA CATÉGORIE MÉDICALE

Date	Détails succincts et signature	Date	Détails succincts et signature	Date	Détails succincts et signature
11-12-41	Vacc				
11-12-41	1 cc				
13-1-42	1 cc				
2-2-42	1 cc				

GARNISON	Date d'arrivée à la garnison	Date de Admission à l'hôpital Jour	Mois	Année	Sortie de l'hôpital Jour	Mois	Année	MALADIE	Nombre de jours à l'hôpital	Détails sur la nature et l'origine de la maladie; dire si elle était bénigne ou grave, si elle est entièrement guérie, et si un traitement spécial a été adopté. Dans le cas des maladies vénériennes, mentionner la nature de la maladie primaire et dire si on a prescrit le mercure. Si la maladie est accidentelle, spécifier si elle fut contractée en service et si un conseil d'enquête a été tenu. Détails et dates au sujet des fausses dents et des appareils chirurgicaux fournis.	Signature du médecin

To be made out in duplicate

M.F.M. 5
60M—7-40 (6140)
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 Paymaster of the individuals new unit.

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(1) Name of Officer of Other Rank Lavallee. Viateur.
(Surname first—Christian names in full—Block capitals)

41 Gulf St. Cornwall Ont.

(2) Regimental or Air Force Number and Rank C-34908 Pte.

(3) Unit ~~C.A.C.~~ R.C.D.C. (Reinf.)

(4) Are you married? No.

(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? No. Number of boys Girls

Names and ages

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

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

Name N/A

Postal Address

[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?.....Yes.

If so, state name and address, occupation.....Lavallee Clement. Weaver. P.N.A. Coy.

41 Gulf St. Cornwall Ont.

(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.....Lavallee Regina.

41 Gulf St. Cornwall Ont.

(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?.....NO.....
This may include any brothers 16 years of age or under, or any sisters 17 years of age or under, solely supported and maintained as bona fide members of your household before your appointment or enlistment.

If so. state the following particulars:—

Relationship .....N/A

Full Name .....N/A

Postal Address .....N/A

Amount contributed monthly during the past six months.....

N/A

(18) Are you insured?.....Yes.

If so, in what Company?.....Metropolitan Life. Co.

(Give number of policy)

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

Vivatem Lavallei

(Signature of officer or man)

Date.....February 3, 1942.....

C. A. D. Laurd. Lt

Officer Commanding.....C.A.(B).T.C.#31, Cornwall,

Date.....February 3, 1942.....

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.

THE CANADIAN ARMY—RESERVE PERSONNEL

CERTIFICATE OF DISCHARGE

This Certifies *that* C-605763 (Regtl No.) Private (Rank) LAVALLEE, Viateur (Name in full)

of Cornwall *County of* Stormont

Province of Ontario *served continuously in the*

No. 3 NRMA Clearing Depot (Regiment or Corps)

from the 4th *day of* December 19 41, *to*

the 2nd *day of* February 19 42, *and is now discharged therefrom, and that he attended and completed Annual Training for the years*

for the purpose of enlisting in R.C.O.C. (AF)

(Each year separately, in figures)

(Total number of years, in words)

Viateur Lavallee
(Signature of Soldier)

Place Cornwall, Ont.

Date February 2nd 19 42

Commanding (Sqn., Bty. or Coy.)

†*Commanding* C.A.(B) T.C. # 31 (Regt. or Corps)

† NOTE—Not required in the case of an Independent or Detached Squadron, Battery or Company.

M. F. B. 350
50M—7-41 (1067)
H.Q. 1772-39-62

C 60 W 163

N'ENVOYEZ PAS CETTE FORMULE À OTTAWA

Après l'avoir remplie adressez-la directement au Registraire de Division concerné.
(L'adresse du Registraire de Division apparaît sur l'avis d'appel à l'examen médical)

REGIST...
DIVISION ADMINISTR...
FEB 6 1941
Min. des Services Nationaux de Guerre
MONTREAL, QUE.

FORMULE D'EXAMEN MÉDICAL ET DE CERTIFICAT

MINISTÈRE DES SERVICES NATIONAUX DE GUERRE
LOI DE 1940 SUR LA MOBILISATION DES RESSOURCES NATIONALES

Numéro d'ordre de l'avis d'appel: ~~E 63321~~ 12164

IMPORTANT—MÉDECIN EXAMINATEUR: Insérez ici le numéro d'ordre de l'avis d'appel de l'homme examiné.

Les registraires de division utiliseront ces formules pour dresser les copies de l'original de la formule d'examen médical et de certificat.

C 34908

PREMIÈRE PARTIE

Nom et prénoms Lavallee (Nom de famille) Viateur (Prénoms) (Ecrire en lettres moulées)

Lieu de naissance St Damien (Ville, cité ou village) Province canadienne (ou autre pays) Que Date de naissance aout 31-1915

Résidence fixe Cornwall (Numéro et rue) (Bureau de poste ou itinéraire de facteur rural) Ontario (Ville ou village) (Province)

Répondre aux questions suivantes par "oui" ou par "non".

Avez-vous déjà souffert de l'une quelconque des maladies ou affections suivantes?

Rhumatisme? oui Tuberculose? non Bronchite ou asthme? non Maladie de cœur? non
Maladie du rein ou de la vessie? non Maladie de l'estomac ou des intestins? non Hernie? non
Varices? non Maladie des pieds? non Maladie du nez? non des oreilles? non des
yeux? non Crises épileptiques? non Maladie nerveuse ou mentale? non Syphilis? non
Gonorrhée? non Avez-vous déjà porté des verres? non Vous a-t-on déjà rejeté comme inapte au
service militaire? non Touchez-vous une indemnité ou une pension d'invalidité? non (Oui ou non) Si oui, de quelle
source?

Localité Clova (Ville, cité ou village) Province Que Date fev 4-41

Signé: Viateur Lavallee

L'homme examiné doit signer ici en présence du médecin examinateur. → **Signature du sujet.**

DEUXIÈME PARTIE

Observations du médecin examinateur. (Anamnèse claire et concise de toute maladie ou affection déclarée ci-dessus)

Examen somatique (sur la peau nue)

1. Taille 5 pieds; 6 ½ pouces. 2. Poids 136 livres.
3. Teint clair Couleur des yeux bruns 4. Constitution vigoureuse {Vigoureuse / Moyenne / Débile} Biffer mentions inutiles.
   Couleur des cheveux bruns
5. Périmètre thoracique à l'ampliation maxima 37 pouces.
   Étendue de l'ampliation 2 pouces.
6. (*a*) Acuité visuelle sans verres correcteurs: Œil droit 20-20 Œil gauche 20-20
   (*b*) Si le sujet porte des verres, acuité visuelle avec verres correcteurs: Œil droit
   Œil gauche
7. Acuité auditive: Oreille droite v.p. 20 Oreille gauche v.p. 12
8. Bouche et dents quelques mauvaises dents
   Indiquer la nature et l'emplacement de toutes dents artificielles
9. Si le sujet est atteint de quelque invalidité, congénitale ou pathologique, qui le range dans une catégorie inférieure à "A", désigner ici, clairement et laconiquement, la nature de ladite invalidité
   Cicatrice 1er espace inter-digital main gauche et face postero-externe du poignet gauche

TROISIÈME PARTIE

Après avoir examiné le sujet précité, d'après les instructions relatives aux aptitudes physiques et à l'examen médical des recrues, je le certifie apte à être rangé dans la catégorie suivante:

Catégorie "A" (A) BNF
" "B I"
" "B II"
" "C I"
" "C II"
" "D"
" "E"

Signé:
Signature PAUL L. BIVARD M.D. (Médecin examinateur)
Adresse CLOVA ABITIBI QUE
Date FEV. 4-41

(Important — Voir au verso)

17

INSTRUCTIONS

1. Seul un médecin diplômé, autorisé à exercer sa profession au Canada et nommé par le ministre d… tionaux de Guerre à la fonction de médecin examinateur conformément aux Règlements de 1940 sur le… nationaux de Guerre (Recrues), aura qualité pour examiner le sujet et remplir la présente formule.

2. Le médecin examinateur est tenu d'examiner le sujet et de remplir la présente formule d'après les in… tions relatives aux aptitudes physiques et à l'examen des recrues dont il recevra un exemplaire.

3. Dès qu'il aura rempli la présente formule, le médecin examinateur la postera ou la remet… lui-même au registraire de la division administrative du ministère des Services nationaux de Guerre d… réside le sujet. L'adresse du registraire de division apparaît dans le coin supérieur de gauche de l'avis… d'appel à l'examen médical.

4. Le ministère des Services nationaux de Guerre versera aux médecins examinateurs dûment nommés les honoraires fixés pour l'examen de chaque sujet. Aussi les médecins examinateurs s'abstiendront-ils de présenter toute note supplémentaire. La présente formule, dûment remplie, tiendra lieu et place de la note du médecin. Les honoraires seront versés aussitôt que possible après le dernier jour du mois.

5. Dès qu'il recevra la présente formule, dûment remplie, le registraire de la division administrative où réside le sujet estampillera la date où la formule lui sera parvenue, et il en tapera, ou en fera taper quatre copies identiques, chacune revêtue de la date à laquelle l'original de la formule a été reçu du médecin examinateur. Chaque copie ainsi dressée sera certifiée conforme par le registraire de division ou par une personne nommée par lui à cette fin.

Le registraire de division conservera la première copie. Il en annexera une copie à la formule originale reçue du médecin examinateur, et expédiera aussitôt ces deux documents au ministère des Services nationaux de Guerre, à Ottawa. Il expédiera la troisième copie au représentant du ministère de la Défense nationale, et la quatrième — si toutefois le sujet a été déclaré apte à l'instruction militaire et avisé de se rendre à un centre d'instruction militaire — à l'Officier commandant du centre d'instruction militaire où le sujet aura reçu instruction de se rendre; autrement, le registraire de division conservera la quatrième copie dactylographiée.

6. Personne ne doit, sans autorisation, avoir en sa possession un exemplaire de la présente formule.

L'article 12 (3) des Règlements de 1940 sur les Services nationaux de Guerre (Recrues) se lit comme suit:

"Dans tous les cas où un doute peut s'élever sur le bien-fondé d'un certificat d'inaptitude à l'instruction militaire délivré par le médecin examinateur à l'égard d'un homme qu'il a examiné, le registraire de division pourra donner à l'intéressé un autre avis lui enjoignant de subir un autre examen; dans ce cas, l'homme se présentera aux temps et lieu indiqués par le registraire de division pour être examiné par trois médecins nommés par le Ministre. Ces trois médecins examinateurs examineront l'homme, et s'ils ne confirment pas le certificat donné par le médecin qui a procédé au premier examen, ils délivreront un autre certificat, qui sera définitif et probant."

L'article 36 des Règlements de 1940 sur les Services nationaux de Guerre (Recrues) se lit comme suit:

"Tout médecin examinateur qui, en fournissant des renseignements sous le régime des présents règlements, fait sciemment une déclaration inexacte ou signe un certificat inexact, sera coupable d'une infraction et passible, sur déclaration sommaire de culpabilité, d'un emprisonnement pour une période d'au plus six mois ou d'une amende d'au plus cent dollars, ou à la fois de l'emprisonnement et de l'amende."

(Voir les Règlements de 1940 sur les Services nationaux de Guerre (Recrues)

Copie certifiée conforme à l'original

NE CONCERNE PAS LE MÉDECIN EXAMINATEUR

L'espace ci-dessous est réservé au médecin du centre d'instruction militaire.

Faire ici un relevé circonstancié de toute maladie ou invalidité dont il n'a pas été fait mention précédemment: — Scar on back left hand

No disability

Signature ..... Médecin militaire du Centre d'instruction militaire

Numéro dans la Milice active non permanente ..... #31

Nom ou numéro du centre d'instruction .....

Station	Entré à l'hôpital			Sorti de l'hôpital le			Maladie	N.B. — Indiquer s'il s'est agi d'une maladie grave ou bénigne et si la guérison a été complète. S'il s'est agi d'un accident, indiquer s'il y a eu Conseil d'enquête et, le cas échéant, la date où l'accidenté a reçu un appareil orthopédique ou prothétique.
	Jour	Mois	Année	Jour	Mois	Année		