C38287
WALTON
HARVEY

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

Received FP FINGERPRINTED & PHOTOGRAPHED Checked ✓ Card ✓ Occupational History Forms completed

C.A.C. (Recce Bn) (MG)

~~ORIGINAL~~
~~DUPLICATE~~
~~TRIPLICATE~~

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

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

Unit No. 3-A DISTRICT DEPOT (A.F.) KINGSTON, ONTARIO. Regimental Number C38287

ACTIVE FORMATIONS AND UNITS OF THE CANADIAN ARMY

ATTESTATION PAPER

C.A.A.

1. Surname WALTON
2. Christian Names Harvey Wilfred
3. Present address 156 Atlas Ave., Toronto, Ont.
4. Date of birth 14-June-1924
5. Place of birth Canada (Country) Quebec (County or Province) Montreal, (Town or Township)
6. Religion (state denomination) United Church
7. Trade or Calling Milk Driver
8. Married, Widower or Single Single
9. Name of next of kin Mrs. Edith WALTON
10. Relationship Mother
11. Address of next of kin 156 Atlas Ave., Toronto, Ont.
12. Do you belong to, or have you served in a Reserve Formation or Unit of The Canadian Army? Yes
    Queen's Own Rifles, served 7 mos. 13 dys 5-11-41 to 18-6-42 Reg't No. B496325
    (If Yes, Give Unit and Dates of Service)
13. Have you served in (*a*) an Active Formation or Unit of The Canadian Army? No (Yes or No)
    (If Yes, Give Regimental No. and Unit) (*b*) Any other Naval, Military, or Air Force? NO (Yes or No) (If Yes, specify Unit and Period of Service)
14. Did you serve during the Great War 1914-1918? No
    (If Yes, specify Regimental No., Unit and Dates of Service)

DECLARATION TO BE MADE BY MAN ON ATTESTATION

I, Harvey Wilfred WALTON, 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 24th-Sept-42 Harvey W. Walton (Signature of recruit)

OATH TO BE TAKEN BY MAN ON ATTESTATION

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

Harvey W. Walton (Signature of Recruit)

CERTIFICATE OF MAGISTRATE, JUSTICE OF THE PEACE OR ATTESTING OFFICER

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

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

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me,

at Kingston, Ont. this 24th day of September 19 42

W. Lacey CAPTAIN, R.C.
O. C. DOCUMENTS & RECORDS
No. 3-A DISTRICT DEPOT
Kingston, Ontario

{Signature of Magistrate, Justice or Attesting Officer.
{Officer or Rank and Unit or appointment.

N.B.—ATTENTION IS DRAWN TO THE FACT THAT ANY PERSON MAKING A FALSE ANSWER TO ANY OF THE ABOVE QUESTIONS IS LIABLE TO A PENALTY OF SIX MONTHS' IMPRISONMENT

CERTIFICATE OF MEDICAL EXAMINATION

Name in full Harvey Wilfred WALTON Place Kingston

Place 156 Atlas St., Toronto, Ont. Date 24-9-42

Part 1. Information obtained from the recruit.

1. Age 18 2. Have you ever suffered from any of the following diseases?

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

Harvey W. Walton
Signature of Applicant.

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

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

Small scar rt.thumb. Small scar lt.knee. Vacc. lt.arm. Scar. rt. shin.

2. Height 5 feet 7¼ inches. 3. Weight 145 pounds.

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

6. Chest measurement—Girth on full expansion 35 inches.
Range of expansion 2¾ inches.

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

9. Condition of mouth and teeth Fair

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

Fractured rt. forearm 1929. Occasional abdominal pains when walking during the last year. Ears normal. Reflexes normal. Fields of vision normal. Scars as above. Hernial orifices clear. No piles. Limbs & joints normal. Varicocoele left scrotal scar. Urine neg.

Part 3. We, the examiners, find no evidence of the diseases mentioned in Question 2, Part 1, except as reported in the remarks. We have examined the Recruit in accordance with the pamphlet "Physical Standards and Instructions for the medical examination of recruits" and he is found fit for Category A1

Special remarks when category lower than A

A.E. Thomas Capt. (President) J.E. Kane, Lt.-Col. (Member) H. Dubinsky, Capt. (Member)

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature
25-9-42	CHEST X RAY NEG. #11731 A.E. Thomas Capt.		
	VACCINATION Cancelled		
25-9-42	T. A. B. T. 1		
	T. A. B. T. 2		
8-10-42	T. A. B. T.		
14-11-42	Cat confirmed A.1		
9 Aug 43			

Statement [illegible] the Service of No. C-38287 Rank Tp[illegible] Sheet No. 1

M.F.M. 1 & 2 (a)
20 M-11-36 (9359)
H.Q. 1772-45-18

Name WALTON H.W.

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
		Released from Dundurn Mil Detention Barracks at 1400 hrs.	Tpr.	10-4-43	A-27	Dundurn	A-27 DO# 88	10-4-43
		Proceeded on furlough 10-5-43 to 23-5-43 and leave of absence for the period 24-5-43 to 25-5-43 inc. T.W.#.A373822.	Tpr.	10-5-43	A-27	Dundurn	A-27 DO# 113	10-5-43
		Attached. to 40 Res. Bde. for all purposes except pay	Tpr.	28-6-43	A-27	Dundurn	A-27 DO# 159	30-6-43
		Ceases to be att to 40 Res Bde f. a p ex pay	"	5-8-43	"	"	" " 191	5-8-43
		Entitled to pay $1.40	"	10-8-43	"	"	" " 195	10-8-43
		S.O.S. to point of Embarkation	Tpr.	12-8-43	A-27	Dundurn	A-27 DO#197	12-8-43
	T.O.S.	No.2(Temp.)Transit Camps DEBERT N.S.		13AUG43			74A	16AUG
	S.O.S.	No.2(Temp.)Transit Camps TOCDNARMYO/S		13SEPT43			92	12SEPT43
		SOS C.A. CANADA 12-9-43						
		T.O.S. C.A. OVERSEAS 13-9-43						
		DISEMBARKED 19-9-43						
		TOS 1 Cac Ru	"	20-9-43	1 Cac Ru	U.K.	218	20-9-43
S.O.S.		S.O.S. to 29 Armd Recce Regt	TPR	3 Oct 43	1 CACRU	UK	230	4 Oct 43
	T.O.S.	T.O.S. from 1 CACRU	TPR	4 Oct 43	29 Armd Recce	UK	44	8 Oct 43
CBY		Granted Daily Regt. Rat Pay	Tpr.	10 Oct 43	29 A Recce	UK	55	26 Dec 43
		AWARDED THE CANADIAN VOLUNTEER SERVICE MEDAL AND CLASP						
CY		Embarked at UK on 20 Jul 44 / Disembarked at France on 22 Jul 44	TPR	—	29 Armd Recce	21 A Gp.	34	8 Aug 44

Statement of the Service of No. C 38287 Rank ..... Sheet No. .....

Name Walton H.W.

M.F.M. 1 & 2 (a)
20 M-11-36 (9359)
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
		Missing	Tpr.	22 Aug 44		AEF	A-487	
		Confirmed Died -	Tpr.	21 Aug 44	29 Armd Recce Regt.		Cas. List "A" 492	23 Sept 44.
CY 23	37 Sep 44 TOS.	~~TOS X-6 List from 29 Armd Recce Regt~~	TPR	23 Aug 44	X List CAC(A)	21 A Gp	35	18 Sept 44
SOS		SOS. Deceased. Killed in action.	Tpr.	21 Aug 44	29 Armd Recce	21 A Gp	42	29 Sep 44

SERVICE AND CASUALTY FORM

M.F.M. 4 (Part I)
A.F.B. 103 (Part I)
500M—8-39 (1700)
H.Q. 1772-45-18

PART I (For all ranks)

Unit No. 3-A DISTRICT DEPOT (A.F.) KINGSTON, ONTARIO. Regimental Number C38287

1. Surname WALTON
2. Christian Names Harvey, Wilfred
3. *Substantive Rank and Appointment
   *Acting Temporary or Local Rank Pte.
   giving date
   *To be entered in pencil to facilitate alteration.
4. Place of birth Montreal, Quebec
5. Date of birth as declared on attestation 14-June-1924
   (A)
6. Date of enlistment 24-Sept-1942
7. Place of enlistment KINGSTON, ONT.
8. Residence at time of enlistment Toronto, Ont.
9. (B) Special conditions (if any) of enlistment or rate of pay
10. (C) Any subsequent variations of conditions of service
11. Religion United Church
12. If married, state date N/A
13. Trade on enlistment Milk Driver
14. Corps, trade and grade C.A.C. (Recce Bn) (MG)
15. (D) Qualifications
16. (E) Miscellaneous entries

(17) Regiment or Corps: No. 3 "A" DISTRICT DEPOT
Unit (Battn., etc): C.A.C. Recce — A-27 L.C.
29 CDN ARMD RECCE REGT (S.ALTA.R.)

(18) Medical

Category	Date	Authority
"A-1"	24-9-42	M.F.M. 2
A1	9-8-43	MFM 2.

(19) Next of kin (entries to be made in pencil) mother

(20) E. Mrs Edith Walton (mother)
(21) E. 156 Atlas Ave, Toronto
(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		(b)	(c)	(d)	(e)		(g)	
Date	From whom received	Unit	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	Place of Casualty	Date of Casualty	Army rank as at (e)	Army Form or other authority for entry to be shown	
			Qual as Driver Class III Wheeled	Dundurn	5 May 43	Tpr	56	5 May 43
			Qual as Driver Class III Tracked	"	2 Mar 43	"	62	11 Mar 43
			(1) Disobey a lawful command - II Using insubordinate language to his superior officer. Awarded 14 days detention on each charge to run Concurrently, for 14 days pay at $1.30 per diem					
				Dundurn	27 Mar 43	Tpr	77	29 Mar 43
			Granted $1.40 per diem	"	10 Aug 43	"	195	10 Aug 43

FP

No. 3 "A" DISTRICT DEPOT

No. C38287 Name WALTON, Harvey, Wilfred Sqn., Battery, or Company Corps C.A.C. Date of enlistment 24-9-42 G.C. Badges Service or Proficiency Pay

M.F.M. 6 (A.F.B. 122) 500M—11-40 (8025). H.Q. 1772-45-18

Date of last entry in Company Conduct Sheet No. and date of last drunk Period not reckoning towards freedom from extra fine Sheet No. Signature O.C. Company, etc. [signature] Character CAPTAIN, R.C.A.

O. C. DOCUMENTS & RECORDS

No. 3 A DISTRICT DEPOT Kingston, Ontario

Place	Date of offence	Rank	Cases of drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks
Dundurn Sask	28/12/42	2pr.		Absented himself without leave from 0600 hrs 28-12-42 until 1815 hrs 1-1-43. Absent 3 Days 23 hrs and 15 min	Documentary	forfeits 6 dys pay under A.A. 46. 7 Days C.B.	2 Jan 43.	J.A. Macdonald Lt. Col. M.C.A.	2 forfeits 5 dys pay F.R. & I. 149.
Dundurn, Sask	27/mar/43	2pr.		Section 9 (2) A.A Disobeying a Lawful Command given by his superior officer.	L-54794 L/cpl Jones, T.J.	14 days Detention on each charge to run concurrently	27/mar/43	J.O. Beesley Major N.A.P.	2 forfeits 14 days Pay F.R. & I.
Dundurn, Sask	27/mar/43	2pr.		Section 8 (2) A.A using insubordinate language to his superior officer	L-54794 L/cpl Jones T.J.				
				Issued L.W. #A-373822	10 May 43				

DUNDURN

A-27 CDN. RECCE. T.C. AUG 5 - 1943

(P.T.O.)

APR 23 1946

JUL 18 1945

OCT 30 1944

OCT 9 1944

BURIAL REPORT TO N.K.

RETURN TO BUR. OF STAT.

ROYAL MESSAGE DESP'D.

CAN. MESSAGE DESP'D.

Temp BR sent to N.K.

REBURIAL

Bretteville-sur-Laize Cdn. Mil. Cem.
Bretteville-sur-Laize, France.

Grave 13, Row B, Plot 17.

HI & CR Form Despd. FEB 3 1947

Photographs
Despatched
OCT 9 1947

Part II D.O. No.	Date	
246	26-9-42	TOS DD 3A on attest. eff. 24-9-42.
251	2-10-42	SOS om trans from DD3A to C.A.(B).T.C. #32 Peterborough. eff. 2-10-42.
182.	6.10.42	Fm. C. A (B). T. C. #32 eff. 3.10.42.
220	1-12-42	S.O.S. C A(B)H C #32 ff 1-12-42
140	5-12-42	TOS A-27 CAC TC as "A"Re on trans Fr 32 CABTC Peterborough Eff 2-12-42
160	30-12-42	Xmas lve & allce $2.50
2	2-1-43	Fop for AWL 11 days pay $14.30 and 7 days C.B.
77	29-3-43	Disobeying a lawful command & using insubordinate language, awarded 14 days detention FOP 14 days - $18.20
77	29-3-43	To Dun Mil Detention Barracks 27-3-43
88	10-4-43	Released Fr Dundurn Detention Barr at 1400 hrs 9-4-43
127	26-5-43	From Furl 26-5-43
113	10-5-43	Furl lve &allce 10-5-43 to 25-5-43 $8.00
127	26-5-43	Fr Furl. 26-5-43
159	30-6-43	Att. to 40 Res Bde. FAP except pay eff. 28-6-43
191	5-8-43	Ceases to be Att.to 40/Res. Bde. FAP eff.5-8-43

A No. C-38287 RANK TPR B. NAME WALTON, Harvey Wilfred

* Married
* Widower
* Single

Place of { * Appointment * Enlistment } Kingston, Ont. Date of { * Appointment * Enlistment } 24-9-42

RATE OF PAY

D. O. No.	Date	Rank	Group	P. F. or A. S.	Daily Rate	If Liable Pen. Ded.	REMARKS
246	26/9/42	26/9/42			1 30		
195	10-8-43	Tpr.		A.S.	1.40		Eff. 10-8-43
55.	26 Dec 43	Tpr.		A.S.	1.50		eff. 10 Oct. 43.

ASSIGNMENTS

Name & Address of Assignee	Effective Date	Amount
Edith Emily WALTON(M)	1-9-43	20.00
156 Atlas Ave,		
Toronto Ont. Canada		
C. V. L. B.	1 May 44	8 J0
Total.....		

DEPENDENTS' ALLCES. No. Deps.....

Date Application Forwarded	Relationship	Amount Awarded	Effective Date

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

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

* Delete words which are inapplicable.

M. F. M. 14

200M—10-41 (2231)
H.Q. 1772-39-1662

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

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

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

CARD SEQUENCE NO.

NO. C38487 RANK Sgt NAME Walton Harvey Wilfred

CASUALTIES, ETC.

PART II D. O. No.	DATE	NATURE AND PARTICULARS	IF IN HOSPITAL NOTE NAME
195	10-8-43	Pay increase to $1.40 eff. 10-8-43	
197	12-8-43	SOS A-27 CRTC to O/Seas eff. 12-8-43	
74A	16-8-43	TOS #2 C.I.T.C. eff. 13-8-43.	
97	12.9.43	S.O.S. to Serial #1142 eff. 13.9.43.	
218	20-9-43	TOS C.A.(O) eff. 13-9-43 & TOS #1 CACRU eff. 20-9-43.	
230	4-10-43	S.O.S. 1 C.A.C.R.U. to 29 C.A.R.R. wef 3-10-43	
44	6oct43	T.O.S. 29 CAR.R. wef. 4oct.43.	
Pt.I 56	12oct43	Posted to B Sqn	
54	14Dec43	Grtd, 9 Dys P/L-A. From 36 hours to 4 Dec 43.	
12	11.5.44	" " " 16 to 25 Feb 44	
C6	25.8.44	S.O.S to "X. list" (missing) 22.8.44	

21-8-44 AWARDS—CANADIAN ARMY (ACTIVE) 1775 M C.B.
500M—1-44 (3467)
H.Q. 1772-45-8

FILE No. 405-W-16,725

SURNAME (IN BLOCK LETTERS) / CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT
WALTON Harvey Wilfred	C G-38287	Tpr.	C.A.C.

WAR SERVICE BADGE (CLASS) No. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star France & Germany Star Defence Medal War Medal, 1939-45 CVSM & Clasp	9054 27/10/49

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

MEMORIAL BAR

(1) MEDALS

PERSON ENTITLED TO Mrs. Edith Walton Mother

ADDRESS: I56 Altas Ave., Toronto IO, Ont.

DATE DESP

(1)

REGN. NO 1695

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(2)

(3) MEMORIAL CROSS

MOTHER Mrs. Edith E. Walton, (ENGLISH)

1775

ADDRESS: 156 Atlas Ave., Toronto 10, Ont.

(3) DESP. JAN 16 19..

REGN No. 11100

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION (DEATH)

NUMBER C-38287 RANK Trooper SERVICE UNIT 29th Armoured Reconnaissance Regiment C.A.C. (C.A.)

NAME WALTON, Harvey Wilfred

DATE OF BIRTH 14th June, 1924 DATE OF ENLISTMENT 24-9-42

MARITAL STATUS Single RELIGION United Church

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

ADDRESS 156 Atlas Avenue, Toronto 10, Ontario.

NAME ADDRESS D.A.B. Mrs. Edith E. Walton,

ADDITIONAL PERSON TO BE NOTIFIED

ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. Canrecords 900A ~~XIX~~ 1109A H.Q. 405-W-16,725

CASUALTY DETAILS Killed in action DATE 21-8-44

FRANCE

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

M.F.M.5. ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO DATE 26-9-44

O/S with Canadian Armoured Corps
S/L 3160

MM

DIRECTOR OF RECORDS

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

6

COPY FOR DOCUMENT FILE

I. Regt. No. C38287 Rank Pte Unit C.A.C. Recce Bn Date 25-9-42

Name WALTON, Harvey Wilfred Age 18 Place of Birth Montreal, Que.

Date of Enlistment 25-9-42 Place of Enlistment Kingston Depot 3A

Languages spoken English R. Recruit A A Med. Cat. A1 Place Kingston

II. M. Test Date 25-9-42

Test	Score	S.M.	
1	17		SUB-TOTAL 45
2	16		S.M.
3	12		
4	24		SUB-TOTAL 42
5	18		S.M.
6	19		SUB-TOTAL 50
7	14		S.M.
8	27		
Total	137	S.M.	GRADE III
9			

Other Tests Name or Type | Date | Place | Score | Grade

III. Military Background

7 months Q.O.R. (RF) Rifleman.
Humewood P.S. and Vaughan Rd. C.I. - cadets - 2 years - Cpl.

IV. Educational Background

Started school at 7 - left at 16.
Completed Grade 8 - partial grade 9.
City school in Ontario - regular attendance.

V. Occupational Background

Milk Delivery (Helper)
Milk Delivery - 6 years - Highland Dairy -Toronto
Pin Boy - 6 months - Bowlway - Toronto
Shell Filler - 2 months - Aluminium Goods of Canada.
Service Station Helper-6 months - Imperial Oil
Can drive 1½ ton truck.

VI. Arm Desired

Work in Arm Desired

S. is single. Plays most sports a little. Cannot play any musical instrument, but likes music. Hobby: playing records (mostly swing music)

VII.

Ht. 5-7; Wt. 145; Single.
Parents living in Toronto. Father is a milk salesman. S. has 2 brothers. Neither of them are in the army. Cook and this lad were hitch-hiking to coast to join merchant marine when they saw the advertisement "Recruits Wanted" and dropped in. Parents know that he is joining. S. has been helping his father deliver milk. Health is good. Attitude towards army is good. S. is strong looking lad with above average intelligence.

M.F.M. 196
100M—3-42 (3762)
H.Q.C. 8173

VIII. Summary

M.Score indicates above average intelligence. Grade Ix education; Eager to enter fighting service; excellent material.

IX. Suggestions

C.A.C. (Recce Bn. - L.M.G. (NT)

X. Signature of Interviewer	N.C.O.	Officer
W.R.N. Blair Lt.	g.c.g	(W.R.N. BLAIR) Lt. A.E.

XI. Action Taken — Date of Action

Follow-up 24-June-1943 A-27 Recce T.C. DUNDURN, Sask.

PARACHUTIST VOLUNTEER.

TPR. WALTON 1. Meets qualifications re. A.E. requirements.
2. rifleman in Q.O.R. for 7 months.
3. Cadet for 1 year as a L/CPL.
4. Completed all Advanced Recce. Training, taking 3" Mortar as extra.
5. Has had thrills, for example, jumped from High Tower(75') into water as a stunt.
6. Swims and Dives.
7. Athletics- Hockey and baseball and some boxing.

GOOD PROSPECT.

J.H. Erwin Capt.
(J.H. ERWIN) A.E.

FOLLOW-UP: 28-July-1953 A- 27 Cdn. Recce T.C. DUNDURN, Sask.
Presently instructing with Carriers with Reserves. Athletically inclined, definitely eager and aggressive but he may be peppery. Recommended for Paratroops.

R Meadows Lieut.
(R. MEADOWS) A.E.

FOLLOW-UP: 3-Aug-1943 A-27 Cdn. Recce T.C. DUNDURN, Sask.
~~Struck off strength A-27 Cdn. Recce T.C. on transfer to #10 Distirct Deppt Effective 5-8-43. Auth: Adjt Tel. Org. 563 Org. 433 d/31-7-43. D.A.A.G. M.D. #12 R.S. 3-1-2-12 V2 R. 3-1-2-43. d/2-8-43.~~

Capt.
(J.H. ERWIN) AE

FOLLOW-UP: 5-Aug-1943 A-27 Cdn. Recce T.C. DUNDURN, Sask.
Cancelled - found out at last moment that he does not qualify.

J.H. Erwin Capt.
(J.H.ERWIN) A.E.

Suitable for overseas service
DEBERT N.S. 18 Aug. 43

R. Reid CAPT.
(R. REID) A.e.

QUAL(CAN) DRIVER ½(W&T)
3" MORTAR.

T.O.S. 1CACRU. 20 Sept/43 A/Q DRIVER

FP

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 WALTON, Harvey Wilfred
(Surname first—Christian names in full—Block capitals)

(2) Regimental or Official Number and Rank C38287

(3) Unit No. 3 "A" DISTRICT DEPOT

(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? N/A

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

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 Guardians 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 Mr. Victor Edward Walton, 156 Atlas Toronto, Ontario, Milk Driver

(12) If your father is a widower and is totally incapacitated from earning a living—are you his sole or partial support? No

(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. Edith Walton, 156 Atlas Ave. Toronto

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

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

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

(17) Are you contributing to the support of any dependents, other than those shown above? 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 N/A

(18) Are you insured? Yes

If so, in what Company? London Life Ins. Co., Policy No. not known
(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.

Harvey E Walton
(Signature of officer or man)

Date 25-9-42

W Tracy Captain
O. C. DOCUMENTS & RECORDS
No. 3-A DISTRICT DEPOT
Kingston, Ontario
Officer Commanding

Date 25-Sept-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.

FP

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: WALTON, Harvey Wilfred (b) Reg'l. No.: C38287
2. (a) Arm of service: Army (b) Unit: C.A.C. (Recce Bn) (MG) (c) Rank: Pte.
3. (a) Date of birth: 14-June-24 (b) Have you any dependents? No (c) Place of residence at time of enlistment: Toronto, Ont.
4. (a) Place of enlistment: Kingston, Ont. (b) Date of enlistment: 24-Sept-1942

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school: 17 (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.): Six Months High School
7. If you attended a university, give name of university and standing or degree secured: N/A
8. (a) Did you ever enter upon a trade apprenticeship? No (b) If so, for what occupation? N/A (c) Did you finish it? N/A (d) If you did not finish it, how long did you serve at it? N/A
9. (a) What languages do you speak fluently? 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): NOT 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? Yes
12. (a) If answer to 11 be "Yes", state exact trade or occupation at which you actually worked: Milk Driver (b) State how long you had worked at this trade or occupation: 2 years
13. If answer to 11 be "No", state exact trade or occupation for which you feel qualified: N/A
14. If you had been employed after leaving school, state when you last worked fairly regularly before enlistment: August 1942
15. Give details of last employer, if any: Name: Hyland Dairy Ltd. Address: 670 Ontario St., Toront
16. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.): Dairy
17. (a) If your last employment was in a business of your own, state nature and address of business: N/A (b) Date of discontinuing it: N/A

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

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

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

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

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

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

Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war? No (b) Do you feel competent to operate a farm? No (c) If so, in what kind of farming? N/A
25. (a) Were you born on a farm? No (b) How many years' actual farming experience have you had? N/A (c) In what provinces did you have experience? N/A

Section G—MISCELLANEOUS

26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge? No
27. If so, state nature of your plans (for example, do you plan to return to school, or have you been assured of a job, etc.): N/A
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form: Motor Mechanic

DATE: 25th-Sept-1942 194..... SIGNATURE: Harvey W Walton

Mrs. Edith E. Walton,
156 Atlas Avenue,
TORONTO 10, Ontario.

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-W-16,725 FD 329

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

10 January, 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

WALTON, Harvey Wilfred, Tpr.

G-38287 - C.A.

ESTATES BRANCH JAN 23 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.

GHF/JB

for Director of Estates.

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

ANSWER IN FULL ALL APPLICABLE QUESTIONS

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

Degrees of Relationship	RELATIVES required to be accounted for		INFORMANT'S STATEMENT: NAME IN FULL of any Relative, if any, in each degree specified	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased.....		—		
2	Children of the Deceased and dates of their Births.....		—		—
3	Father of the Deceased.....		VICTOR. E. WALTON.	45	156 ATLAS AVE
4	Mother of the Deceased.....		EDITH. E. WALTON	38	156 ATLAS AVE.
5	Brothers of the Deceased	Full Blood	Kenneth G Walton Gordon A Walton	13. 10yrs	156 ATLAS AVE. " " "
		Half Blood			
6	Sisters of the Deceased	Full Blood	nil.		
		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
	None.	—	—

8	Ful
9	Dat
10	Pla
11	Pla
12	Pla
13	Sta resi
14	Na
15	Sta so,
16	Na per
17	Di
18	If m in con con
19	Di giv Do
20	An wh
21	An wh
22	If pa the
23	De spa
24	Di An
25	Ha an zo au by

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	C 38287. IPR., HARVEY WILFRED WALTON.
9	Date of his birth.	Sept 12th. 1926.
10	Place and date of his marriage.	—
11	Place and date of his parents' marriage.	TORONTO., July 16th. 1926

PARTICULARS OF DOMICILE

12	Place where deceased was born.	TORONTO. ONT. CANADA.
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Ont. Toronto. (b) (c) York Township. (d)
14	Nature of employment before enlistment.	home.
15	State whether he owned the premises in which he lived, and, if so, where situated.	home
16	Name place where deceased stated he intended to make his permanent home.	TORONTO. ONT.

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	home.
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?	home.
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.	Yes. Metropolitan Ins. 1000. Edith E. Walton
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.	nil.
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.	

(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

*Mother 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.

Edith E. Walton — Signature of Informant

156 Atlas Ave. Toronto. — Address

CERTIFICATE

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

See above. Mrs. Edith E Walton {Name of informant} is the Mother of the Deceased above described. The above Declaration was made by the Informant and signed in my presence.

Dated at Toronto this 20th day of January 19 45

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces. J C McGuinness Qualification Com. of Oaths

Address 1865 Danforth Ave. Toronto

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

His Insurance was paid to me, and as there was a War Claus in it they only paid back the premium with interest.

Edith E. Walton.

Mrs. Edith E. Walton,
156 Atlas Avenue,
Toronto 10, Ontario.

Dear Mrs. Walton:

It was with deep regret that I learned of the death of your son, C38287 Trooper Harvery Wilfred Walton, who gave his life in the Service of his Country in the Western European Theatre of War on the 21st day of August, 1944.

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

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

We pay tribute to the sacrifice he so bravely made.

Yours sincerely,

A. C. SPENCER
BRIGADIER
Acting Adjutant-General

OCT - 6 1944

(A.C. Spencer),
Brigadier,
Acting Adjutant-General.

/EMLA

Form 6

PROVINCE OF ONTARIO
VITAL STATISTICS ACT
REGISTRATION OF DEATH

Registration Number

For use of Registrar General only.

JUL 18 1945

1. PLACE OF DEATH
City, Town or Village of: IN THE FIELD (FRANCE) Street:
(If death occurred in a hospital or institution, give the name instead of street and number)
Township of: County or District of:

2. LENGTH OF STAY (in years, months and days)	In Municipality where death occurred	In Province	In Canada (if immigrant)

3. PRINT FULL NAME OF DECEASED WALTON (Surname or last name) Harvey Wilfred (Given or Christian names)

4. PERMANENT RESIDENCE OF DECEASED:
City, Town or Village of: Toronto Street: 156 Atlas Avenue
Township of: County or District of: Province of: Ontario

5. SEX	6. CITIZENSHIP (See marginal note)	7. RACIAL ORIGIN (See marginal note)	8. Single, Married, Widowed or Divorced (Write the word)	9. BIRTHPLACE (Province or Country)
M			Single	Quebec

10. Date of Birth: June (Month by name) 14th, (Day) 1924. (Year)

11. AGE: Years 20 | Months | Days | If less than one day ....hrs. or ....min.

OCCUPATION

12. (a) Trade, profession or kind of work as spinner, grader, clerk, etc.: Milk-driver
(b) Kind of industry or business, as paper mill, lumber, bank, etc.
(If "Labourer" specify kind of work above)

13. Date deceased last worked at this occupation:

14. Total years spent in this occupation:

15. If married, widowed or divorced give name of husband or maiden name of wife of deceased:

16. Name of father: (Surname or last name) (Given or Christian names)

17. Maiden name of mother: (Surname or last name) (Given or Christian names)

18. Birthplace:
Father: (Province or Country) Mother: (Province or Country)

19. I certify the foregoing to be true and correct to the best of my knowledge and belief.
Given under my hand at Ottawa, Ontario., this 17th day of July 19 45.
Signature of informant: [signature] L.D. Relationship to deceased:
Address: Director of Records, Dept. of National Defence.

20. Burial, Cremation or Removal: France Date: (Month by name) (Day) 19 (Year)
Place of Burial: (Municipality) Cemetery:
Burial Permit was issued by: Address:

21. Funeral Director:
Name: Address:

22. Marginal notations (Office use only)

MEDICAL CERTIFICATE OF DEATH

23. DATE OF DEATH August (Month by name) 21st, (Day) 19 44. (Year)

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

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) Killed in action.			
	due to			
Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause).	(b)			
	due to			
	(c)			
II Other morbid conditions (if important) contributing to death but not causally related to immediate cause.				

25. If a woman, was the death associated with pregnancy? Duration: weeks. Was there a delivery?

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

27. If death was due to external causes (violence) fill in also the following:—
Accident, suicide or homicide? (State which) Date 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 **Designation** M.D., Coroner, etc.
Address **Date** 19

Division Registrar's Record No.:
Date of Registration: 19 (For use of Division Registrar only) (Signature of Division Registrar)

OVERSEAS CASUALTY CANADIAN ARMY

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.

CITIZENSHIP (NATIONALITY) is defined in terms of the country to which the person owes allegiance. The term "Canadian" should be used as descriptive of a person who was born in Canada or who has rights of Citizenship in Canada, unless he or she has subsequently become the citizen of another country.

RACIAL ORIGIN is defined in terms of the people or race to which the person—traced through the father—belongs, whether English, Irish, Scottish, French, German, Russian, Ukrainian, etc. The terms "Canadian" or "American" should not be used for RACIAL ORIGIN, as they express CITIZENSHIP (NATIONALITY).

In case of Stillbirth consult reverse side before making out certificate.

29

FP

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

WILL

M.F.M. 10
75M—10-40 (7779)
H.Q. 1772-39-1656

(1) I, HARVEY WILFRED WALTON, of the City
(Name in Full) (City, Town, Village, Township)

Address in civil life.

of Toronto, in the County ~~District~~ of York

Province of Ontario, Milk Driver
(Civil Occupation)

Regimental No. C38287, Unit No. 3 "A" DISTRICT DEPOT, do hereby revoke all former Wills by me made and declare this to be my LAST WILL.

Relationship, names and address of beneficiaries, and what each is to receive.

(2) I GIVE, DEVISE AND BEQUEATH unto

TO MY MOTHER:

Mrs. Edith Walton,

156 Atlas Ave., Toronto, Ont.

ALL I OWN.

Relationship, names and address of residuary beneficiaries.

(3) I GIVE, DEVISE AND BEQUEATH all the rest and residue of my estate, both real and personal, of whatsoever kind and wheresoever situate unto

(4) I appoint Mrs. Edith Walton, 156 Atlas St. Toronto, Ont.
(Name) (Address)

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

IN WITNESS WHEREOF I have hereunto set my hand this 25 day of Septembee 1942.

Signed and acknowledged by the Testator, in the presence of us present at the same time who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as witnesses.

Harvey W. Walton
(Signature of soldier)

First witness sign here.

(5) Signature Frances Postil

Civil Address 41 Elm St. Kingston

Civil Occupation Stenographer

Second witness sign here.

Signature Malfournie D.M.S.(ac)

Civil Address Kingston Ont.

Civil Occupation Clerk

(Witnesses are not to be beneficiaries.)

[OVER]

File No 405-W-16725

REBURIAL

NO C 38287

RANK TPR.

NAME WALTON H. W

NAME OF CEMETERY Bretteville-sur-Laize Canadian Military Cemetery

LOCATION OF CEMETERY Bretteville-sur-Laize, France.

GRAVE LOCATION Grave 13 Row B Plot 17

AUTHORITY 54-27-88-2 Vol. 20
Reburial list.

H.Q. 405-W-16,725 D.R. 2(C)

23rd April, 1946.

Mrs. Edith E. Walton,
156 Atlas Ave.,
Toronto 10, Ont.

Dear Madam:

Information has just been received from overseas that the remains of your son, C38287 Trooper Harvey Wilfred Walton, have been carefully exhumed from the original place of interment and reverently reburied in grave 13, row B, plot 17, of Bretteville-sur-Laize Canadian Military Cemetery, Bretteville-sur-Laize, France. Marked map is enclosed. This is a recognized military burial ground and will receive care and maintenance in perpetuity.

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

Yours faithfully,

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

JJJ

H.Q. 405-W-16725
R. 4 (B).

Ottawa,

8th October, 1947.

Mrs. Edith E. Walton,
156 Atlas Avenue,
Toronto 10, Ontario.

Dear Mrs. Walton:

I am forwarding herewith a photograph of the grave and marker over the burial place of your late son, C38287 Trooper Harvey Wilfred Walton, the location of which is grave 13, row B, plot 17, Bretteville-sur-Laize Canadian Military Cemetery, Bretteville-sur-Laize, France.

Any errors appearing in the inscription will be corrected when the permanent headstone is placed.

Yours faithfully,

for A/Director,
War Service Records.

Encl.

/EMA

MB

405-W-16725 Sept-19-44 (W)
© 19/9/44 156 Atlas ave
Toronto

Dear Sir

I have received a letter from Hon Capt & Chaplin-A Phillips like of that my son Harry Wilfred Waller was killed in action C-38287 Trooper.

Director of Records
A. G. Branch.
SEP 20 1944
Nat. Defence Hqr
Ottawa, - Canada.

Victor Waller

RECEIVED
A.G. BRANCH
NAT. DEFENCE HQRS
OTTAWA, CANADA
1944 SEP 22 12 01

14

Mrs. Edith E. Walton
156 Atlas Ave
Toronto.

ESTATES BRANCH JAN 3 1945 OTTAWA NATIONAL DEFENCE

Jan 2nd 1945.

Dear Sir

would it be possible to send me another paper regarding the Estate of C38287. Tpr. Harvey Walton, R.A.R.R. (S.A.R) as I have misplaced the other one.

Yours sincerely.

E. E. Walton.

DEPARTMENT OF NATIONAL DEFENCE

ESTATES BRANCH

OTTAWA, CANADA

Date July 25th 1945

RECEIVED this date Treasury cheque for the sum of

Fifty-one ---------- 57/100 Dollars ($ 51.57)

in connection with the estate of the below-named deceased,

WALTON, Harvey W., Tpr.
No. C.38287. C.A.

H.Q. 405-W-16.725 FD 329

No 10103

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

Edith E. Walton.

Signature

Dear Sir,

What did that money come from?

Pay:: Could you find out if my son bought a bond, as he wrote and told me he did. Thanking you again.

I am sincerely

E. Walton

Mrs. E. Walton.
156 Atlas Ave.
Toronto. April 9th.

D. 10815

Dear Sir,

I wish to apply for my son's war service gratuity C38287 Tpr. Harvey Walton, 29th. R.A.R.R. (Bsqdn.) S.A.R., killed Aug 21st 1944. on the western front.

Yours sincerely
Edith E. Walton

RECEIVED
APR 12 1945
PAYMASTER GENERAL
W.S.G. Branch

MFM 510
40/P & S/254 (3444)

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

District.....

Dispersal Area.....

Regtl No. C.38287 Rank and Name Walton H. W. Tpr.

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

(Transfer or Discharge).....to.....on 21st August 1944 19.....

Reason Death Authority : C.C.L."A" 492 d/23rd Sept.1944.

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

Dr Particulars	Amount		Cr Particulars	Amount	
Balance Dr from last account			Balance Cr from last account	29	54
First Monthly Payment AR70 d/6.8.44.	4	47	Regimental Pay 31 days @ $ 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			
Regimental Charges			Allowances (Give particulars) .....days at $		
Public Stoppages (Give particulars) :					
To Balance Cr Free	51	57			
To Balance Cr Deferred			By Balance Dr		
Total	76	04	Total	76	04

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

Remarks:

1) Assigned Pay @ 20.00 (M) stopped effect September 1944.

2) Assigned Pay @ 8.40 (6.V.L.) cancelled effect May 1944.

The amount re-credited is included in the balance B/Fwd at the 1st August 1944.

The above Statement has been compiled from Treasury Records the latest pay book not being available.

Compiled by R. Reynolds

Checked by Cooper

Date 28th February 45.

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

SIS.

File No. 405-W-16725

P.A.

VERIFICATION FORM

WAR SERVICE MEDALS 1939-45

No. B-38287 Name Walton, Harvey Wilfred

Rank on Discharge 2Pr. Date of Discharge 21-8-44

Authority for Discharge or Retirement Deceased

Served in:

				Non-qualifying service
Canada	from 24-9-42	to	12-9-43	
	from	to		
United Kingdom	from 13-9-43	to	19-7-44	
	from	to		
Italy	from	to		
Northwest Europe	from 20-7-44	to	21-8-44	Kia
	from	to		
	from	to		

Eligible for award of:

1939 - 45 Star 1

Italy Star 1

France-Germany Star 1

Defence Medal 1

War Medal 1

Canadian Volunteer Service Medal

with clasp

M

Verified by D Fosler

Date 18-9-46.

Carded SEP 19 1946

HA 165

NO RIBBON DESPATCH

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

4
ARMY

DEPARTMENT OF NATIONAL DEFENCE
NAVY ═══ ARMY ═══ AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

DECEASED MEMBER'S NAME: Harvey Wilfred (CHRISTIAN NAMES) WALTON (SURNAME)

REGISTER NO. D-10815
FILE NO. 405-W-16725
DATE 28-11-45
SERVICE NO. C-38287
FINAL RANK OR RATING Tpr.
DATE OF DISCHARGE 21-8-44

PAYEE Director of Estates
ADDRESS

DATE OF TERMINATION OF OVERSEAS SERVICE 21-8-44

		$	¢
A. TOTAL QUALIFYING SERVICE	NO. OF DAYS 673/30 EQUAL TO 22 COMPLETE PERIODS AT $7.50	165.00	
B. QUALIFYING OVERSEAS SERVICE	No. OF DAYS 344 LESS 13 INELIGIBLE DAYS, EQUAL TO 331 DAYS @ 25c. PER DAY (SEE PAR. 2 OVERLEAF FOR EXPLANATION)	82.75	
		247.75	
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 $ $		
	TOTAL $2.75 X7 = $ 19.25		
	NO. OF DAYS 344/183 X$ 19.25	36.19	
D. WAR SERVICE GRATUITY		283.94	
E. DEDUCTIONS	OVERPAYMENT OF PAY AND ALLOWANCES $		
	DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $ 20.00	20.00	
	OTHER DEDUCTIONS $		
F. TOTAL AMOUNT PAYABLE		263.94	

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

TREASURY	
CHECKED BY	DATE

Kenneth Capt
SERVICE REPRESENTATIVE

MH

DISTRIBUTION OF SERVICE ESTATES
ARMY

Estates Form "P. 4"

Name WALTON, Harvey W. No. C-38287
Surname Christian Names

Tpr. C.A. O/S 21-8-44
Rank Unit Date of Death

AMOUNT W.S.G. 263.94
L.P.C. $ 51.57

Date 18-2-46

Other Credits.....

Total..... 315151

Prev.dist. 51.57
This dist. 263.94

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Mother	Mrs. Edith Walton, 156 Atlas Ave., Toronto 10, Ont. (Sole beneficiary per will)	263.94

P4 TO TREAS.
MAR 5 1946

WSG

AUTHORITY

H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	$263.94

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

DISTRIBUTION OF SERVICE ESTATES

GC

Estates Form "P. 4"

ARMY

Name: WALTON (Surname) Harvey W. (Christian Names) No.: C.38287

Tpr. (Rank) C.A. O/S (Unit) 21-8-44 (Date of Death)

AMOUNT

L.P.C. $ 51.57

Date: 1-5-45

Other Credits

Total 51.57

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
all	mother	Mrs. Edith Walton, 156 Atlas Ave., Toronto 10, Ont. (sole beneficiary under will)	$51.57

E4. TO TREAS. 11/6/45

TO BE FORWARDED BY DSC MAIL DIRECT

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	$51.57

CLASSIFIED BY

Original Signed by
K. L. McCUAIG

EXAMINED BY

For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

Original signed by

(L. M. FIRTH) Colonel
Director of Estates

AUDITED FOR PAYMENT

For Chief Treasury Officer

75M—2-45 (6771)
H.Q. 1772-80-2