DILLON, GERALD
WENTWORTH ROY

Received 12 Aug 41 Checked A.E.M. Card ✓ "E" Observations

DUPLICATE

S.O.S. 18-8-42.

~~ORIGINAL—ORIGINAL~~
DUPLICATA—DUPLICATE
~~TRIPLICATA~~—TRIPLICATE

M.F.M. 1. (Fr.)
14M—8-39 (1695)
H.Q. 1772-45-18

Doit être remplie en triplicata, désignant chaque exemplaire en biffant les deux termes inutiles.
To be completed in triplicate. Copy designation to be shown by striking out terms not applicable.

Unité (Unit): Les Fusiliers Mont-Royal C.A.S.F.

Grade (Rank): 2/Lieut.

N° personnel (Personal No.):

Nom (Name):

ARMÉE ACTIVE DU CANADA
CANADIAN ACTIVE SERVICE FORCE

FORMULE DE DÉCLARATION DES OFFICIERS
OFFICERS DECLARATION PAPER

Applicable également aux sœurs hospitalières
Also applicable to Nursing Sisters

1. Nom (Surname): Dillon.
2. Prénoms (Christian Names): GERALD WENTWORTH ROY
3. Adresse actuelle (Present address): 3067 Westmount Boulevard
4. Date de naissance (Date of birth): 6th April 1900
5. Lieu de naissance (Place of birth): Canada (Pays)—(Country) Quebec (Comté ou province)—(County or Province) Montreal (Ville ou canton)—(Town or Twp.)
6. Religion (Religion (state denomination)): Roman Catholic
7. Profession ou emploi (Profession or occupation): Trust Company Officer
8. Marié, veuf ou célibataire (Married, widower or single): Married
9. Nom du plus proche parent (Name of next of kin): Emily G. Dillon
10. Parenté de celui-ci (Relationship): Wife
11. Adresse du plus proche parent (Address of next of kin): 3067 Westmount Blvd.
12. (a) Spécifiez l'unité de la milice active avec laquelle vous servez ou avez servi (State unit of Active Militia in which you are serving or have served): F.M.R.~~[illegible]~~.
    (b) Grade actuel (Present rank): 2/Lieut.
13. Quel service de guerre antérieur avez-vous accompli? (State particulars of former war service): None

Je DILLON Gerald Wentworth Roy déclare solennellement que les renseignements ci-dessus sont exacts, que je détiens une commission de Sa Majesté dans la milice canadienne, et que je suis consentant à servir dans l'armée active du Canada si je suis tenu de le faire et aussi longtemps que cela sera nécessaire.

I, ... do solemnly declare that the above particulars are true, that I hold His Majesty's Commission in the Canadian Militia and I am willing to serve in the Canadian Active Service Force if, when and so long as required.

Date: 3rd June 1940

(Signature et grade)—(Signature and rank): [signature] 2nd Lieut

CERTIFICAT DU COMMANDANT
CERTIFICATE OF OFFICER COMMANDING

La demande du (The application of) 2/Lieut. DILLON Gerald Wentworth Roy (Grade et nom)—(Rank and Name) qui désire être nommé (for appointment to the)

au (Unité)—(Unit) 2/Lieut, avec le grade de (with the rank of) 2/Lieut

et affecté au poste de (and appointment) 2/Lieut., a été — was / est — is recommandée. (recommended, appointment) Cette

nomination, (to date from) devant prendre date le 1rd June 1940 a été approuvée. (has been approved.) est recommandée pour être approuvée. (is recommended for approval.)

Autorisation (Authority) H.Q.S. 3498- 50rg . 2 (a) 155.40 and H.Q. 54.27-20-168 (Pers) d/30-5-40

(Signature du Commandant)—(Signature of O.C.): [signature] Major (Grade)—(Rank)

Date: 3rd June 1940

(Unité)—(Unit): Les Fus Mont Royal

Depot

COPIES Archives COPIES

Etat de service de / Record of Service of ..... (Nom) WALCH Gerald (Name) Monthworth Roy

Unité de la milice active / Active Militia Unit ..... Les Fusiliers Mont Royal, CASF.

Grade / Rank ..... 2/Lieut. Date du grade / Date of Rank ..... ~~21/Juin/1940~~ 21 mai 1940

Grade le plus élevé mérité par examen / Highest Rank for which qualified by examination ..... 2 Lieutenant Ecole de guerre / Staff College ..... McGill Cont. C.O.T.C.

Langues / Languages ..... Francais & Anglais Cours d'état-major de la milice / Militia Staff Course ..... NON

Diplômes d'université ou de collège / University or College Degrees ..... B.A.B.C.L. Cours supérieur / Advanced Course ..... NON

Instruction ou aptitude technique civile (indiquez en détail) / Civil Technical Training or qualifications (specify) ..... Avocat

Autres aptitudes militaires ou cours spéciaux (indiquez en détail) / Other military qualifications or special courses (specify) ..... Royal Military College Kingston, 1918-1919

Rapport — Report: Date	Rapport — Report: Reçu de — From whom received	Etat des promotions, rétrogradations, mutations et permutations, maladies ou blessures, rapports, etc., à compter de la date de sa nomination aux troupes de campagne — Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., from date of appointment to Field Force	Grade indiqué — Rank shown	Prenant date le — Effective date	Unité — Unit	Endroit — Place	Autorisation — Authority: N°, Partie II, Ordres du jour. Liste des morts et blessés, etc. — Part II D.O. No. Cas. List, etc.	Autorisation — Authority: Daté le — Dated
		Affecté lors de sa nomination / Joined on appointment						
4-6-40	F.M.R.	✓ Ajouté a l'effectif (Depot)	2/Lieut.	3-6-40	F.M.R.	Montreal	69/40	3-6-40
18-6-40	" "	S.O.S. Depot on transfer to Unit F.M.R.	" "	18-6-40	"	"	81/40	18-6-40
8-6-40	FMR	Detailed for duty at District Depot,	2/Lt.	8-6-40	"	"	~~80~~ 74/40	10-6-40
		to be Lieutenant & Capt	Lieut.	3-6-40	"	"	R.O. 631	3-6-40
		~~M.D. No. 4,~~ to be D.A.O. & Capt	Capt	1-7-40	"	"	" 669	
		~~Lieutenant~~ D.A.O. reverts to Lieut	2/Lt	8-7-40	"	"		
15-6-40	FMR	Back from duty at District Depot M.D. No 4.		15-6-40	FMR	Mtl.	80/40	17-6-40
18-6-40	"	S.O.S. on transfer to ~~Reg Depot~~ Unit, F.M.R.	2/Lt.	18-6-40	"	"	81/40	18-6-40
19.6.40	"	T.O.S. on transfer from ~~Unit~~ Depot.	2/Lt.	19-6-40	"	Valcartier	149/40	19.6.40
28-6-40	"	S.O.S. on transfer to CIRTC	2/Lieut.	29-6-40	F.M.R.	Valcartier	158/40	29-6-40
26-1-41	~~40~~	To be T/Lieutenant and Liaison Officer	T/Lieut	2-10-41	H.Q. 8th INF. Bde (R.C.)	Camp Sussex	No. 1	16-10-40

Pour les entrées supplémentaires, se servir de **M.F.M. 1 et 2 (a) (Fr.)**
For additional entries use **M.F.M. 1 and 2 (a) (Fr.)**

Recevez-vous ou avez-vous déjà reçu une pension ou compensation pour invalidité? Si oui, donnez détails.....

Les Fusiliers Mont-Royal C.A.S.F.

Original

CERTIFICAT DE L'EXAMEN MÉDICAL
CERTIFICATE OF MEDICAL EXAMINATION

Nom en entier (Name in full): Dillon, Gerald Wentworth Roy — Date: May 21, 1940

PARTIE 1. Renseignements obtenus du candidat.
Part 1. Information obtained from the applicant.

1. Age: 40

2. Avez-vous déjà souffert de l'une quelconque des maladies suivantes? (Have you ever suffered from any of the following diseases?)

a. Rhumastisme (Rheumatism): NO
b. Tuberculose (Tuberculosis): NO
c. Bronchite ou asthme (Bronchitis or asthma): NO
d. Affection cardiaque (Heart disease): NO
e. Maladie du rein ou de la vessie (Kidney or bladder disease): NO
f. Gastrite intestinale (Gastro-intestinal): NO
g. Hernie (Rupture): NO
h. Varices (Varicose veins): NO
i. Pieds plats ou déformés (Flat or deformed feet): NO
j. Affection nasale (Nasal trouble): NO
k. Maladie des oreilles (Ear disease): NO
l. Maladie des yeux (Eye disease): NO
m. Epilepsie (Epilepsy): NO
n. Maladie nerveuse ou mentale (Nervous or mental disease): NO
o. Syphilis: NO
p. Gonorrhée (Gonorrhœa): NO
q. Avez-vous déjà porté des verres? (Have you ever worn glasses?): YES ~~NO~~

(Signature du candidat)—(Signature of applicant)

Observations des examinateurs (Examiners remarks *re* above): Ears normal, color vision (Ishihara) (CN) A. Delahaye, Capt.

Urine N
Reflexes N — X-Ray N

PARTIE 2. Renseignements obtenus par l'examen médical. Le candidat doit être déshabillé.
Part 2. Information obtained by medical examination. The applicant must be stripped

1. Marques ou cicatrices d'identification (si celles-ci sont opératoires, obtenir les détails) (Identification marks or scars (If operative obtain history).):
One vacc on left arm, scar inside of right knee

2. Taille (Height): 5 pieds (feet) 9¾ pouces (inches).
3. Poids (Weight): 156 livres (pounds)
4. Teint (Complexion): Medium — Yeux (Eyes): Brown — Cheveux (Hair): Dark
5. Développement (Development): Good — Bon (Good) / Passable (Fair) / Médiocre (Poor)
6. Tour de poitrine—Circonférence, pleine expansion (Chest measurement—Girth on full expansion): 37½ pouces (inches) — Degré d'expansion (Range of expansion): 2½ pouces (inches)
7. Vue, œil droit (Vision, right): Without glasses 20-80 — œil gauche (left): 20-200
8. Ouïe, oreille droite (Hearing, right): WV20 — gauche (left): WV20
9. Conditions de la bouche et des dents (Condition of mouth and teeth): Good
10. Les anormalités (congénitales et pathologiques) constatées lors de l'examen sont les suivantes: (The abnormalities (congenital and pathological) found on examination are as follows:)
With glasses Rgt. 20-20, Left 20-15. Left breast (Cyst)
Enlarged left inguinal ray-no hernia

Are you receiving or have you in the past received, pension or compensation? If so give details ..... NO

PARTIE 3.
Nous, les examinateurs, ne trouvons aucune trace des maladies énumérées dans la question 2 de la partie 1, sauf tel que mentionné dans les observations. Nous avons examiné le candidat conformément aux instructions de la brochure "Physical Standards and Instructions for the medical examination of Recruits",

et il peut être classé dans la catégorie: A

Observations spéciales lorsque la catégorie est inférieure à A (Special remarks when category lower than A):

(Président)—(President) — (Membre)—(Member) — (Membre)—(Member)

VACCINATIONS, INOCULATIONS, COMMISSIONS, RECLASSIFICATION DE LA CATÉGORIE MÉDICALE
VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Détails succints et signature / Brief details and signature	Date	Détails succints et signature / Brief details and signature
5th June/40	Fit to travel to Camp — Wounyd Capt	27-9-40	A-T. Toxoid 1cc. William Cohen Lt.
29-7-40	TAB ¼cc. — Wounyd Capt	24/5/41	Re Board A [illegible]
12-8-40	TAB 0.5cc. — [illegible] Lt.	15/12/41	T.A.B.T. 1 c.c.
20-8-40	TAB 1.0 cc. — [illegible] Lt.		
31-7-40	A.T.S. ½ c.c. — E.W. Anderson Lt.		
29-7-40	Vaccinated — W. Wounyd Capt		

Grade / Rank: 2/Lieut. Nom / Surname: DILLON Prénoms / Christian Name: Gerald Wentworth Roy

Garnison — Station	Date d'arrivée à la garnison — Date of Arrival at the Station	Date de — Dates of: L'admission à l'hôpital — Admission into Hospital			La sortie de l'hôpital — Discharge from Hospital			Maladie — Disease	Nombre de jours à l'hôpital — Number of days in hospital	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 première 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. — 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 du médecin — Signature of Medical Officer
		Jour — Day	Mois — Month	Année — Year	Jour — Day	Mois — Month	Année — Year				

Pour les entrées supplémentaires, se servir de **M.F.M. 1 et 2 (b) (Fr.)**
For additional entries use **M.F.M. 1 and 2 (b) (Fr.)**

Statement of the Service of No. ..... Rank 2/Lieut

Name D I L L O N, GERALD WENTWORTH ROY

Sheet No. .....

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
		TOS C. I. (R) T. C. Valcatier, Que	2/Lieut	30-6-40	FMR	Valcartier		
		To be D.R.O., MD No.4 with rank of Capt.	Lieut.	1 Jul.40	Prov, Reinf		R O 631	
		SOS " " "	2/Lieut	1-7-40	"	"		
		TOS - H. Q. Montreal	"	2-7-40	"	Montreal		
		To be Lieutenant..... R.O. 669	Lieutenant	8-7-40	"	Montreal		
		SOS H. Q. Montreal	"	19-9-40		Montreal		
9 Oct 40		TOS 4 Dist Depot	"	20-9-40	4DD	"	4DD Pt 11 254	8 Oct 40.
11 Oct 40		Trans to 8th Inf Bgde Montreal H.Q.	"	1 Oct 40	"	"	4DD Pt II 257	11 Oct 40
26-~~Oct~~ Jan-41		T.O.S. H.Q. 8th Bgde Sussex N.B.	"	4-Oct 40	H.Q. 8th Inf Bde. (a.f.)	Sussex NB	D.O. 1	16-Oct 40
26-1-41		To be T/Lieut + Liaison Officer	T/Lieut	4-Oct 40	"	"	D.O. 1	16-Oct 40.
27-1-41		To be A/Capt + Brigade Transport OFFICER	A/Capt	~~8-1-41~~ 21-1-41	"	"	Pt II Order No. 3	12-1-41
6-Mar-41		on Command to H.Q. 3 Cdn. Div Debert	"	6 Mar 41	"	"	" No 20	6 Mar 41
12 Mar 41		returned from commanded to H.Q. 3 Cdn Div Debert	"	9 Mar 41	"	"	" No 21	12 Mar 41
20 Mar 41		Auth'ty to draw Subsistence Allowance	"	-	"	"	" 23	20 Mar. 41
20 Apr. 41		Amendment (Auth'ty J/13-34-1 of 17 Jan 41)	"	-	"	"	" 33	20 Apr. 41
9 May 41		To draw subsistence (Auth'ty H.Q. M.D. 7 J/23-1-6 of 1 May 41) 1.20 per diem	"	5-8 May 41	"	"	" 41	9 May 41
26 May 41		On duty to H.Q. 3 Cdn Div, Debert, N.S.	"	21-24 " 41	"	"	" 42	26 " 41
21 Jun 41		" " " " " " "	"	17-21 Jun 41	"	"	" 55	21 Jun 41.
13 Jul 41		Hereby cancel Para 4 P.T. Order No. 41	"	-	"	"	" 67	13 Jul 41

Statement of the Service of No. ..... Rank Capt.

Name S. W. R. Dillon

Sheet No. .....

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
		S.O.S. C.A. Canada on embarkation	Capt.	18-7-41	HQ 8 C.I.B.	Halifax	Pt. II Orders No. 72	6-8-4
		T.O.S. C.A. Overseas on disembarkation	"	31-7-41	"	Liverpool	" " "	6-8-41
		Landing leave to 15 Aug.41 (w.o.w.)	Capt	11.8.41	8 C.I.Bde	UK	2	22.8.41
		Detailed to attend Command Course No.5. for Unit Camouflage Officers at S.E. Command Camouflage Training Centre, New Town Hall, Tunbridge Wells.						
		Returned from Course for Unit Camouflage Officers held at S.E.Command Camouflage Training		3.9.41	HQ.8 CIB	UK	6	12.9.41.
		Centre, New Town Hall, Tunbridge Wells.	Capt	6.9.41	"	"	7	19.9.41
		Att'd to No.400 Squadron,RCAF for A.P.	Capt	28 Oct.41 1st Nov 41	"	"	15	7.11.41
14.11.41		To be Capt.	"	19.8.41	"	"		
		Att'd to Tr,Centre for A.P.except pay,whilst attending S.E.Command Intelligence Course No.8.		23.11.41 6.12.41	"	"	19	5.12.41
15.12.41		Vacates the Appt. of Trans Offr.	Capt	25.10.41	"	"		
15.12.41		To be Intell Offr. (Cl.11)	"	26.10.41	"			
		P/Leave P.1. FTW	"	9-16 Mar.42	"	UK	12	13.3.42
		S.O.S. to F M R & Vacates appt. of I.O.	Capt	30.4.42	"	UK	23	19.5.42
		T.O.S. F M R from 8 Cdn Inf. Bde	"	1.5.42	FMR	"	28	14.5.42
		Embarked in Uk for France	"	18.8.42	"	"	49	10.9.42
		Failed to return from France & S.O.S. to X list		19.8.42	"	"	46	30.8.42
		T.O.S. from F M R)Missing	Capt	20.8.42	X List F MR	"	1	5.10.42
		S.O.S. Killed in Action	"	19.8.42	X List FMR	"	1	16.1.43

SERVICE AND CASUALTY FORM

PART I (For all ranks)

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

Unit: Les Fusiliers Mont Royal, CASF. Regimental Number: 2/Lieut.

1. Surname: DILLON
2. Christian Names: Gerald Wentworth Roy
3. *Substantive Rank and Appointment:
   *Acting Temporary or Local Rank: Capt
   giving date:
   *To be entered in pencil to facilitate alteration.
4. Place of birth: Montreal, P.Q. Can.
5. Date of birth as declared on attestation: 6 avril 1900
   (A)
6. Date of enlistment: Montreal, P.Q. Can.
7. Place of enlistment: 3 juin 1940
8. Residence at time of enlistment: 3062 Westmount Blvd. Montreal
9. (B) Special conditions (if any) of enlistment or rate of pay:
10. (C) Any subsequent variations of conditions of service:
11. Religion: C.R.
12. If married, state date: 10 juin 1930
13. Trade on enlistment: Trust Company Officer
14. Corps, trade and grade:
15. (D) Qualifications:
16. (E) Miscellaneous entries:

(17) Regiment or Corps	Unit (Battn., etc)
Les F.M.R. CASF.	
8th C/B	3rd Div HQ

(18) Medical

Category	Date	Authority
"A"	3-6-40	Med board Mtl.

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

Emily G. Williams (Wife)
3538 CYPRESS ST.
VANCOUVER, B.C.

(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	Army rank as at (e)	(g) Army Form or other authority for entry to be shown
3-6-40	F.M.	F.M.R.	Ajouté a l'effectif	Montreal	3-6-40	2/Lieut	
6-8-41	O.C	408 C.I.B.	S.O.S. C.A. Canada on embarkation	Halifax	18-7-41	Capt.	Pt. 11 Orders No 72
6-8-41	O.C	" "	t.o.s. C.A. Overseas on disembarkation	Liverpool	27-7-41	"	Pt. 11 " " " "
11-8-41	O.C	" " "	Leading Seaman without warrant (5 days)	Field	11-8-41	"	DO #2 d/22-8-41
3-9-41	O.C	" " "	~~Commd Course 5 for Unit Camouflage Officer~~	Field	3-9-41	"	DO #6 d/12-9-41
9-9-41	O.C	" " "	Return from " " " " " "	Field	6-9-41	"	DO #7 d/19-9-41
29-10-41	O.C	" " "	~~att to No 400 Squadron RCAF, fap from 28-10-41 to 1 Nov 41~~	Field	28-10-41	"	DO 15 d/7-11-41
23-11-41	O.C	" " "	~~att to Intelligence T.C., S.E. Int Course No 8, effective 23-11-41 to 6-12-41~~ fap: on pay	Field	23-11-41	"	DO 19 d/5-12-41
8 Mar 42	O.C	" " "	P-1 (26 Cw) ——— 16 Mar 42	"	9 Mar 42	"	12 d/13 Mar 42
30 Apr 42	O.C	" "	~~Sent to F.M.R and vacate appt and P.O.~~	"	30 Apr 42	"	23 d/19 May 42
		F.M.R.	T.O.S. from HQ 8 C.I.B.	"	1/5/42	"	28/15-5-42
22/7/42	"	"	P/2 ~~*~~ 22/7/42	"	15/7/42	"	42 d/6 Aug 42
2/Aug. 42	"		S.O.S. Missing.	"	19 Aug 42	"	46/30 Aug. 42.
			Embarked for France (Jubilee Operation)	U.K.	18 Aug. 42	"	49/10-9-42
			T.O.S. X-Lost E/R	✓	20/8/42	✓	1/5-10-42
			~~Reported Killed~~ S.O.S being reported	✓			
			KILLED (auth: "A" List # 233		19 Aug 42	✓	(1) 16 Jan 43

(Jubilee Operation)

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To be made out in duplicate

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

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

INSTRUCTIONS.

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

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

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

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(1) Name of Officer of Other Rank Dillon, Gerald Wentworth Roy
(Surname first—Christian names in full—Block capitals)

(2) Regimental or Air Force Number and Rank Captain

(3) Unit Les Fusiliers Mont Royal (H.Q. 8th Infantry Brigade)

(4) Are you married? Yes

(5) If married, state,

(*a*) Full name of your wife Mrs. Emily G. Dillon

(*b*) Present postal address of wife 3538 Cypress St. Vancouver B.C. ~~3062 Westmount Blvd., Montreal, P.Q.~~

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

(7) Are you a widower?

(8) Have you any children? Yes Number of boys — Girls one

Names and ages Mary Judith Dillon - age - eight years.

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

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

Name

Postal Address

[SEE OTHER SIDE]

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(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? .....

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

N/A

(11) Is your father alive? NO

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

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

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

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

(14) Is your mother alive? Yes

If so, state name and address Mrs. Gerald A. Dillon
148 Metcalfe St. Ottawa Ont.

(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 —

(18) Are you insured? Yes

If so, in what Company? Sun Life Insurance Co. of Canada
(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.

W. A. Dillon Capt.
(Signature of officer or man)

Date 18.7.41

C. L. Ramsay Capt
Officer Commanding 148. C.I.B.

Date 15 Jul 41

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.

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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 (GERALD WENTWORTH ROY DILLON) (b) Reg'l. No. —
2. (a) Arm of service INR (b) Unit HQ 8 Can. Inf. Bde. (F.M.R.) (c) Rank Captain
3. (a) Date of birth 6 Apr. 1900 (b) Have you any dependents? Yes (c) Place of residence at time of enlistment Montreal, Que.
4. (a) Place of enlistment Montreal, Que. (F.M.R.(A.F.)) (b) Date of enlistment 3 Jun. 40

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 22 (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.) —
7. If you attended a university, give name of university and standing or degree secured Loyola College - B.A. - McGill University - B.C.L.
8. (a) Did you ever enter upon a trade apprenticeship? — (b) If so, for what occupation? — (c) Did you finish it? — (d) If you did not finish it, how long did you serve at it? —
9. (a) What languages do you speak fluently? English and French (b) What languages do you read well? English and French

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

10. (a) State whether you were WORKING or NOT WORKING at time of enlistment. (Enter here only "Working" or "Not Working", as case may be; particulars are asked for below) WORKING (b) At time of enlistment of what trade union or professional society were you a member? —

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) N/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 THE ROYAL TRUST Coy. Address 103 St James St. Montreal
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Executors and Trustees
20. (a) Your specific occupation Manager & Trust Officer (b) Number of years' experience at this occupation with any employer 12
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? N/A (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 N/A (b) Where was it located? N/A
23. (a) Number of years engaged in this business N/A (b) Have you made, or will you make plans to return to the same or a similar business on discharge? N/A

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? 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.) —
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form —

DATE 12 May 194 SIGNATURE G. W. Dillon

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"A"

THIS IS THE LAST WILL AND TESTAMENT of me, WENT WORTH ROY DILLON, of the City of Montreal, at present serving as a commissioned officer in His Majesty's Forces.

I declare that I am domiciled in the Province of Quebec and that I desire my Will to be construed and to take effect according to the laws of that Province.

I declare that I am separate as to property from my wife, Dame Emily Duffus, by Contract of Marriage executed before William F. Pratt, Notary, on the 5th May, 1930, under his No. 897.

I. I revoke all Wills and testamentary dispositions heretofore made by me.

II. I appoint THE ROYAL TRUST COMPANY, a corporation having its head office and principal place of business in the City of Montreal, my sole Executor and Trustee, and extend its powers beyond the year and day limited by law.

III. I direct my said Executor and Trustee to pay all my just debts and funeral and testamentary expenses and all Succession and other Death Duties or similar taxation that may be payable by reason of my death out of the capital of the residue of my Estate without the intervention of any beneficiary hereunder.

IV. I give and bequeath to my said wife the whole of my property, moveable and immoveable, real and personal of which I may be possessed and to which I may be entitled at the time of my death, including all property over which I may have power of appointment and the proceeds all insurance on my life, hereby constituting my said wife my universal legatee.

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V. Should my said wife predecease me I give and bequeath the whole of my said property to my daughter, Judith, provided that should she not have attained the age of twenty-five years nor have married then my said Executor and Trustee shall retain the said property in its hands and shall use the net revenues therefrom for her maintenance, education and other needs in such manner and through such channels as it may think advisable andm if it see fit, it may have recourse also to the capital for the said purposes to such extent as it shall think in her best interests, and it shall not be obliged to account further for any capital sums so disbursed. Upon my said daughter's attaining the age of twenty-five years or upon her marriage, should she marry before attaining that age, my said property or so much thereof as then remains shall be made over to her in absolute ownership.

VI. All bequests herein made shall be and remain the private and separate property of my legatees and shall not fall into any Community of Property or be subject to any other matrimonial rights of the consorts of my legatees and shall not be liable for the obligations of any such consorts or Community. All bequests herein made are also intended as an alimentary provision for my legatees and shall not be subject to seizure for the payment of any debts of said legatees or their representatives. The bequests herein made while in the hands of my Executor and Trustee shall not be capable of being assigned by the beneficiaries.

VII. In addition to all powers conferred by law I give my said Executor and Trustee, without the intervention or consent of the beneficiaries herein named, the right and power:-

(a) To retain any investments owned by me at the time of my death and to invest and reinvest the moneys of my Estate in such investments as it may think safe without being limited to investments permitted to Trustees by law,and from time to time in its discretion to sell,alter,and vary such investments.

(b) To sell,lease,hypothecate,pledge,alienate,exchange,and otherwise dispose of all property of my Estate,both moveable and immoveable,in such manner as it may see fit, also,to borrow money for my Estate or to advance money to my Estate.

(c) To continue or in its discretion to discontinue and wind up any business or undertaking or guarantee or obligation in which I may be concerned and to appoint any attorneys or representatives to act for it in connection with any such business or undertaking or any other matters in connection with my Estate.

(d) To make such expenditure as it shall deem advisable upon the repairing,improving,or rebuilding of any property of my Estate,and to charge such expenditure either to the Capital or to the Revenue of my Estate as it shall consider just.

(e) To compromise,settle,and waive any claim or claims at any time due to or by my Estate for such consideration and upon such terms and conditions as it may deem advisable.

(f) To release any property affected by hypothec or mortgage in whole or in part for such consideration or without consideration as it may consider proper.

(g) To retain out of my Estate all advances made by it and all expenses incurred by it.

W.L.B.

(h) To decide all questions or matters which may arise in the administration of my Estate, and in its discretion to submit any such matter to arbitration, in which case the decision of the arbitrator is to be binding upon all parties interested in my Estate.

My Executor and Trustee is to be relieved from making any more formal or detailed inventory than may be expedient in its opinion for the purpose of opening proper accounts for the administration of my Estate.

My Executor and Trustee is to have power to make any partitions of my Estate in such manner as it may deem best without any process of law, even though some of the beneficiaries may be minors or otherwise incapable, and also to settle any monetary bequest or any share in the Estate as it may deem fair and sufficient. In case of dispute between any persons claiming under my Will as to the value of any assets so allotted in satisfaction of any bequest, the decision of my Executor and Trustee in regard thereto is to be final and conclusive.

In cases of doubt as to whether assets or liabilities are to be credited or charged to the capital or Revenue of my Estate, as the case may be, the decision of my Executor and Trustee is to be final and binding upon all parties interested.

My Executor and Trustee is to be relieved from giving security for administration, anything to the contrary in any law of this or any foreign country notwithstanding.

IN WITNESS WHEREOF I have hereunto set my hand at the City of Montreal this Eighth day of June One thousand nine hundred and forty.

(SIGNED) W.R.Dillon

W.R.D.

Signed and Acknowledged by the said WENTWORTH ROY DILLON as his last Will and Testament in the presence of us, present together, who at his request, in his presence and in the presence of each other at the same time have subscribed our names as witnesses.

(SIGNED) Ruth M. Veitch

c/o The Royal Trust Company

Montreal

" Marjorie M. Reiffenstein

c/o The Royal Trust Company

Montreal.

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

NUMBER

RANK Captain

SERVICE UNIT Lord Strathcona's Fort Royal.

NAME DILLON, Gerald Wentworth

DATE OF BIRTH DAY 6th MONTH April YEAR 1900

MARITAL STATUS Married

NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 RELATIONSHIP Wife NAME Mrs. Emily Dillon,

ADDRESS c/o The Royal Trust Company, ADDRESS St. James Street, Montreal, Quebec

D.A.B.

ADDITIONAL PERSON TO BE NOTIFIED Mrs. Gerald Dillon, (Mother) 150 Metcalfe Street, Ottawa, Ontario. ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. SBC 285 H.Q. 74-74-95

CASUALTY DETAILS Previously reported missing in action, now killed in action. DATE 19-8-42

COPIED Archives

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 11-1-43

OFFICER I/C RECORDS

6

COPY FOR DOCUMENT FILE

No _____ Rank Captain Name DILLON, Gerald Wentworth

Unit Les Fusiliers Mont Royal Date of death 19-8-42

Died at France.

Cause Killed in action.

Death occurred on strength of Forces.HQ 74-74-95 d 11-1-43

N/K Mrs. Emily Dillon, Relationchip Widow

Address c/o The Royal Trust Co.,St. James St.,Montreal, P.Q.

Remains buried in Des Vertus Cemetery

Hautot-Sur-Mer, France.

Grave location Grave 272.

CHK ✓

OVER

DEATH CERT. TO N.K.

BURIAL REPORT TO N.K. 25-6-43.

RETURN TO BUR. OF STAT. 13-4-43
30-7-43

ROYAL MESSAGE DESP'D. ~~JAN 31 1943~~

CAN. MESSAGE DESP'D. 14-1-43

Redesignation

Hautot-sur-Mer Can Mil Cem.
Hautot-sur-Mer, France.
Grave 16, Row J.

HI & CR Form Despd. OCT 24 1946

11-1-43
(O.C.L.-247)

AWARDS—CANADIAN ARMY (ACTIVE) M 1450

100M—10-41 (2195)
H.Q. 1772-45-8

FILE NO. 74-74-95

SURNAME (IN BLOCK LETTERS) / CHRISTIAN NAMES	REG. NO	RANK ON DISCHARGE	C.A.S.F. UNIT
DILLON, Gerald Wentworth Roy	----	Capt.	F.M.R's ~~Regiment de Quebec~~

WAR SERVICE BADGE (CLASS) NO. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star	7866 18-4-50
Defence Medal	
War Medal	
C.V.S.M. & Clasp	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

(1) MEDALS

PERSON ENTITLED TO Royal Trust Co., (Executors)

Montreal, Que. St James St.

ADDRESS:

(2) MEMORIAL CROSS

WIDOW Mrs. Emily Dillon,

c/o The Royal Trust Co.,

ADDRESS: St.James St., Montreal, P.Q.

(3) MEMORIAL CROSS

MOTHER Mrs. Gerald Dillon

ADDRESS: 150 Metcalfe St., Ottawa, Ont.

Memorial Bar to:

Mrs. A. Norman Hurd,
2[1] Belvedere Crescent,
Ottawa, Ont.

(2) DESP. MAY 25 1943
REGN No. 2132

(3) DESP. MAY 25 1943
REGN No. 2133

MEMORIAL BAR

DATE DESP

REGN. NO 2491

-7-

S.O.S.

NAME DILLON, GERALD WENTWORTH ROY H.Q. File 74-74-95

RANK ~~2ND LT.~~ ~~LT.~~ CAPT. ~~LT.~~ CAPT.

C.A.S.F. UNIT FUS. M.R. (PROV. REINF.) DEPOT.

N.P.A.M. UNIT FUS. M.R.

Appt. R.O. No. 631 Date 22-8-40. Effective date of appt. 3-6-40.

CANADA GAZETTE

TRANSFERS, PROMOTIONS and REVERSIONS

TO BE DIST. RECORD OFF., RANK OF CAPT., 1-7-40. R.O. #631, 22-8-40.

VACATES APPT. OF DIST. RECORD OFF. & REVERTS TO RK OF LT., M.D. #4, HDQRS. 8-7-40
R.O. #669, 11-9-40

TRANS. FROM HDQRS., M.D. #4, MONTREAL, P.Q. TO HES FUS. M.R. C.A.S.F. DEPOT.
9-7-40 R.O. #714, 9-10-40.

TO BE LIAISON OFF., HDQRS, 8TH INF. BDE, FROM FUS. M.R. DEPOT. 26-9-40 R.O. #779, 7-11-40

VACATES APPT. OF LIAISON OFF. 8TH INF. BDE. HDQRS. 20-11-40 R.O. #875, 15-1-41.

TO BE BDE TRANSP. OFF. & TO BE a/CAPT. HDQRS, 8TH INF. BDE. WHILST SO EMPLD. 21-11-40 R.O. #875, 15-1-41.

EMBARKED CANADA - SAILING LIST No. 752 JUL 18 1941

T.O.S. BN. ARMY O/S. 19-7-41 O-S/R.O. #916, 23-8-41 (MEMO.)

5M—2-40 (4067)
H.Q. 1772-45-8

16/2/41 - H.Q. 8TH INF. BDE.
23/5/41 - " " " "
5-9-41 - " " " "
S.O.S.

-2-

NAME DILLON, GERALD W. R. H.Q. File 74-74-95

RANK Capt.

ACTIVE UNIT Fus M.R.

RESERVE UNIT

Appt. R.O. No. 631 Date 22-8-40 Effective date of appt. 3-6-40

CANADA GAZETTE

TRANSFERS, PROMOTIONS and REVERSIONS

To be Capt. H.Q. 8 Inf. Bde. 19-8-41 O.S/R.O. #1237, 14-11-41

Vacates the Appt. of Trans Offr. HQ 8 Inf Bde. 25-10-41 O.S/R.O. #1380, 15-12-41

To be Intell. Offr. (Cl. II) H.Q. 8 Inf. Bde, 26-10-41 O.S/R.O. #1380, 15-12-41

Vacates the appt. of I.O. (2nd Cl.) H.Q., 8 Cdn. Inf. Bde. 1-5-42. O.S./R.O. #2018. 22-5-42.

10M—3-42 (3991)
H.Q. 1772-45-8

KIA Capt. 19 Aug. 42 Fus. M.R. France SBC. 285 11 Jan. 43