CHUTE
DONALD WILLIAM

Received ..... Checked ..... E ..... Card ✓ ..... Observations .....

ORIGINAL
DUPLICATE
TRIPLICATE

M.F.M. 1
100M—5-40 (5235)
H.Q. 1772-39-1644

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

Unit ..... Rank 2/Lieut.

Personal No. ..... Name Donald William CHUTE

CANADIAN ACTIVE SERVICE FORCE

ATTESTATION PAPER

OFFICER'S DECLARATION PAPER

84
LIEUT

Also applicable to Nursing Sisters

1. Surname CHUTE
2. Christian Names DONALD WILLIAM
3. Present Address 4388 Marcil Ave., Montreal., Que., Canada (N.D.G.)
4. Date of birth 2 August 1919
5. Place of birth Canada (Country) Quebec (County or Province) Montreal (Town or Twp.)
6. Religion (state denomination) United Church Of Canada
7. Profession or occupation Student
8. Married, widower or single Single
9. Name of next of kin M. William Chute
10. Relationship Father
11. Address of next of kin 4388 Marcil Ave., Montreal., Que., Canada
12. (a) State unit of Active Militia in which you are serving or have served 72d Fld.Bty.RCA.(RF)

    (b) Present rank 2nd Lieutenant
13. State particulars of former war service NONE

I, Donald William CHUTE 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 30th October, 1941 Donald. W. Chute 2/Lieut
(Signature and rank)

CERTIFICATE OF OFFICER COMMANDING

The application of Donald William CHUTE (Rank and name) for appointment to the No. 4 District Depot. C.A. (Unit) with the rank of 2/Lieut. and appointment R.C.A. (Excess 21st Quota) (was) (is) recommended, appointment to date from 26 Oct 41 has been approved. is recommended for approval.

Authority H.Q. 6974-01-5 Vol. 3 H.Q.S. 20-6-18-a (Pers 2 & 3) Dated 8th October, 1941.

(Signature of O.C.) (Rank)

(S. ECHENBERG) Colonel
COMMANDING No.4 DISTRICT DEPOT, C.A.S.F.

Date 30th October, 1941 (Unit)

C 95/3 Comp.

FINGERPRINTED

Record of Service of Donald William CHUTE
(Name)

Active Militia Unit

Rank 2/Lieut. Date of Rank

Staff College No
Militia Staff Course No
Advanced Course No

Highest rank for which qualified by examination Lieutenant

Languages English and French
University or College Degrees Bishops University B. Sc.
Civil Technical Training or qualifications (specify)

Student

Other military qualifications or special courses (specify)
Machine Gun Course (Bishop University) Lennoxville, Que.
Inf. "A" Certificate " " "
Officers Training Centre Brockville Ont. Aug. - Oct. 1941
(Platoon Commanders Course.)

Report		Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., from date of appointment to Field Force	Rank Shown	Effective Date	Unit	Place	Authority	
Date	From whom received						Part II D.O. No. Cas. List, etc.	Dated
30.10.41.	D.R.C.	Joined on appointment No. 4 District Depot. C.A.	2/Lieut.	26-10-41	4 DD	Mtl. Sth	4 DD Pt II-261	31-10-41
31-10-41	4DD	PROCEEDED ON COMMAND AND ATTACHED FOR ALL PURPOSES TO R.C.A. TC A-1 PETAWAWA, ONT.	"	31-10-41	"	"	" " "261	31-10-41
		Att'd. to CATC A-1	"	1 11/41	CATC A-1	Petawawa	261	5 11/41
	2103	Qual. Lieut. Mil. Cert. no. 94320	Lt.	27 4/42	"	"	968	13 11/41
		Qualified as Gunn. I.F.C.	"	30 3/41	"	"	2	12 1/42
		Promoted to	Lieut	12 1/42	"	"	22	27 1/42
		SOS. ON PROCEEDING TO PORT OF EMBARKATION	"	7-4-42	"	"	83	8-4-42
		S. O. S. - C.A. (A.F.) CANADA ON EMBARKATION ON 3 May 42						
		T.O.S. - C.A. (A.F) OVERSEAS ON TRANSFER ON 4 May 42						
		AND DISEMBARKED ON 13 May 42						
		T. O. S. - 1 C.A.R.U. 14 May 42	Lieut	14 May 42	# 1.C.A.R.U.	U.K	111	15 May 42

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

CERTIFICATE OF MEDICAL EXAMINATION

MONTREAL

Name in full CHUTE DONALD WILLIAM Date 27-10-41

Part 1. Information obtained from the applicant.

1. Age 22 2. Have you ever suffered from any of the following diseases?

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

Donald W. Chute
Signature of Applicant

Examiner's remarks *re* above

PART 2. Information obtained by medical examination. The applicant must be stripped.

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

2. Height 5 feet 10 inches.
3. Weight 147 pounds.
4. Complexion Fair Eyes Blue. Hair Fair.
5. Development Good (Good / Fair / Poor)
6. Chest measurement—Girth on full expansion 37 inches. Range of expansion 5 inches.
7. Vision, right 20/20 left 20/20
8. Hearing, right c.v. 20 left c.v. 20
9. Condition of mouth and teeth good.
10. The abnormalities (congenital and pathological) found on examination are as follows
Reflexes Normal.
Ear Drums, Nose Normal, & Color Vision ISHIHARA CN. Dr. H. Michaud, M.D.

URINE 53134N
OCT 28 1941
X-RAY 97203 N

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 Applicant in accordance with the pamphlet "Physical standards and Instructions for the medical examination of recruits" and he is found fit for Category "A"

Special remarks when category lower than A

H. AUBRY. MAJ. W. TREMBLAY. LTC. OL. J. M. ROUSSEL. CAPT.

H. Aubry Major — President; W. Tremblay Lt Col — Member; J. M. Roussel Capt — Member

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature
OCT 30 '41	TAB-T J. H. Stringer Capt		
1.12.41	3		
8.1.42			
OCT 30 '41	VACC J.H.S.		
	24-8-42 CAT A CONFIRMED Wm Tutt Capt.		
	PETAWAWA		

Rank 2/Lieut. Surname CHUTE Christian Name Donald William

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

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

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

Name Chute, Donald William

M.F.M. 1 & 2A
40/P & S/119

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
		Adm Park Prewitt Hosp	Lt	30 Jun 42	1 A Rec	UK	151	3 Jul 42
		Trans to Barnows Conv. Home	Lt	15 Aug 42	1 A R U	UK	191	19 Aug 42
		Disch from Barnows Conv Home	Lt	22 Aug 42	1 A Rec	UK	196	25 Aug 42
SOS		SOS to 3rd. 7d Regt	Lt	17 Sept 42	1 A Rec	UK	217	18 Sept 42
	TOS	TOS from. 1 6 A R U.	Lt	18 Sept 42	3 7d R.	UK	46	24 Sept 42
		P Leave to 12 Jan 43	Lieut	29 Jan 43	37d R	UK	3	21 Jan 43
		P. leave. to. 8 May 43.	Lieut	1 May 43.	3. 7d. R.	UK.	22.	27. May. 43.
		S.O.S. C.A. (U.K.) on embarkation 10 June						
m67		T.O.S. C.A. (M) ..... 11 June } 43						
		Disembarked ..... 10 July	Lieut		3/d R.	C M 7	53	31 Dec 43
		AWARDED THE CANADIAN VOLUNTEER SERVICE MEDAL AND CLASP						
		Awd. 1939-43 Star	Lieut.		37d Rgt.	AA.	47.	14 Jun 47
		Killed	Lieut	23 Aug 44		a A 2	a 484	27 Aug 44.
mw		SOS Killed in Action	Lieut	23 Aug 44	37th Regt	aa 1	77	28 Aug 44

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

Name Chute, Donald William.

M.F.M. 1 & 2A
40/P & S/119

REPORT		Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority	
Date	From whom received						Part II D.O. No. Cas. List, etc.	Dated

S.O.S.

NAME CHUTE, Donald William H.Q. File 558-3-171

RANK ~~2ND LT. (SUPY.)~~ ~~2ND LT.~~ LT.

ACTIVE UNIT R.C.A. (P.R.) No. 4 D.D.

RESERVE UNIT 72ND FD. BTY., 27TH FD. BDE.

Appt. R.O. No. 1500 Date 13-12-41. Effective date of appt. 26-10-41.

CANADA GAZETTE

TRANSFERS, PROMOTIONS and REVERSIONS

TO BE LT., R.C.A. (PERM.) No. 4 D.D. 12-1-42. P.O. # 1841, 8-4-42.

EMBARKED CANADA - SAILING LIST No. 1387 MAY 1 1942

5M—10-41 (2020)
H Q 1772-45-8

K.I.A. 23-8-44 3RD FIELD REGT. R.C.A. "M Force" Cable # 9839 D/1-9-44

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

MEMORIAL BAR

DATE DESP. (1)

REGN. NO. 255

(1) MEDALS

PERSON ENTITLED TO William CHUTE (FATHER)

ADDRESS: 4388 Marcil Ave.,
Montreal, N.D.G. Que.,

(2) MEMORIAL CROSS

WIDOW

(2)

ADDRESS:

(3) MEMORIAL CROSS

MOTHER Mrs. Marian Chute ENGLISH

(3)

DESP. JAN 8 1945
REGN No. 10721

1768

ADDRESS: 4388 Marcil Ave., Montreal, Que. (MFM5)

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

NUMBER

RANK Lieutenant

SERVICE UNIT 3rd Field Regiment R.C.A. (C.A.)

NAME CHUTE, Donald William

DATE OF BIRTH
DAY 2nd MONTH August YEAR 1919 Date Enlisted: 26-10-41

MARITAL STATUS Single

Religion: United Church of Canada

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

NAME ADDRESS D.A.B. Mr. William H.J. Chute,

ADDRESS 4388 Marcil Avenue, N.D.G., Montreal, Que.

ADDITIONAL PERSON TO BE NOTIFIED

ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. Canrecords 9839 H.Q. 558-3-171

CASUALTY DETAILS Killed in action

DATE 23-8-44

MEDITERRANEAN THEATRE OF WAR

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 1-9-44

MM

OFFICER I/C RECORDS

6

COPY FOR DOCUMENT FILE

No _____ Rank Lieutenant Name CHUTE, Donald William

Unit R.C.A. Date of death 23rd August, 1944.

Died at Italy.

Cause Killed in action.

Death occurred on strength of Forces. HQ 558-3-171 d _____

N/K Mr. William H.J. Chute, Relationship Father

Address ~~4388 Marcil Avenue, N.D.G.~~, 4360 GRAND ~~AVE.~~ BLVD. (APT. 6) Montreal, Quebec.

Remains buried in _____ Cemetery

MR 558162 sh 110 Orciano Di Pesaro, Italy.

Grave location _____

CHK ✓

OVER

BURIAL REPORT TO N.K. AUG 11 1945

RETURN TO BUR. OF STAT. APR 24 1945

ROYAL MESSAGE DESP'D. OCT 9 1944

CAN. MESSAGE DESP'D. SEP 9 1944

REBURIAL

Ancona Military Cemetery
Ancona, Italy.

Plot 1, Row G, Grave 17

HI & CR Form Despd. OCT 1 91946

Photographs
Despatched
APR 8 1947

SERVICE AND CASUALTY FORM

PART I (For all ranks)

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

Unit: 4 DISTRIC DEPOT C.A. Regimental Number:

1. Surname: CHUTE
2. Christian Names: DONALD WILLIAM
3. *Substantive Rank and Appointment: ~~2nd Lt.~~
   *Acting Temporary or Local Rank:
   giving date: 30-10-41

   *To be entered in pencil to facilitate alteration.
4. Place of birth: MONTREAL P.Q. CANADA.
5. Date of birth as declared on attestation: 2-8-1919
   (A)
6. Date of enlistment: 30-10-41.
7. Place of enlistment: MONTREAL SOUTH P.Q. CANADA
8. Residence at time of enlistment: 4388MARCIL AVE., MONTREAL P.Q.
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 OF CAN.
12. If married, state date: SINGLE
13. Trade on enlistment: STUDENT
14. Corps, trade and grade:
15. (D) Qualifications:
16. (E) Miscellaneous entries:

(17) Regiment or Corps: RCA

Unit (Battn., etc): 3 Ch. 2d Regt

(18) Medical:

Category	Date	Authority
A		

(19) Next of kin (entries to be made in pencil):
Mr. William Chute (Father)
4388 Marcil Ave, Montreal, P.Q.

(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
			S. O. S. - C.A. (A.F.) CANADA ON EMBARKATION ON 3 May 42				
			T.O.S. - C.A. (A.F) OVERSEAS ON TRANSFER ON 4 May 42				
			AND DISEMBARKED ON 13 May 42				
15 May 42		#1 C.A.R.U.	T.O.S. - 1 C.A.R.U. 14 May 42	U.K.	14 May 42	Lieut	D.O. 111
3 July 42		"	Admitted to Park Prewitt Hosp.	"	30 June 42	"	D.O. 151
18 Aug 42		"	Trans. to Gannon's Conv. Home	"	15 Aug 42	"	D.O. 190 d/18 Aug 42
25 Aug 42		"	Disc. Gannon's Conv. Home.	"	22 Aug 42	"	D.O. 196
18-9-42		"	S.O.S. 3 Fld Regt.	"	17.9.42	"	D.O. 217
	OC	3rd R	TOS from 1 CARU	Fd	18 Sep 42	"	46-24 Sep 42
15 Jan 43	"	"	14 days P.L. with m.a.	"	12 Jan 43	"	3-21 Jan 43
26 May 43	"	37th R	7 days P.L. with m.a. to 8 May 43	"	1 May 43	"	22-27 May 43
SOS CA UK	ON EMBARKATION ON 10 Jan 43		TOS CA M ON 14 Jan 43		AND DISEMBARKED ON 19 Jan 43		S.S. 43
10 Jan 44	C.R.	"	Awarded Volunteer Medal & Clasp	"	10 Jan 44	"	4/44
13 Feb 44	"	"	Att. for R+Q to Royal Arty Trng Depot (N.A.) (Comm.)	"	13 Feb 44	"	14/Feb 44
28 Mar 44	C.R.	"	Cesses to be Att. to Royal Arty Trng Depot (NA)	"	27 Feb 44	"	21/Mar 44
10 Jan 44	C.R.	"	Awarded 1939-43 Star	"			47/Jan 44
AFW 3013	26 Aug 44	3 Fd Regt	Killed in action	Field	23 Aug 44	Lieut	77/Aug 44

C-6-C 1084

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

WILL

M.F.M. 10
200M—6-41 (693)
H.Q. 1772-39-1656

(1) I, Donald William CHUTE (Name in Full), of the city (City, Town, Village, Township)

Address in civil life.

of Montreal, in the County/District of Hochelaga

Province of Quebec, Student (Civil Occupation)

Regimental No....., Unit Excess Riens. R.C.A. do hereby revoke all former Wills by me made and declare this to be my LAST WILL.

D.W.C.

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

(2) I GIVE, DEVISE AND BEQUEATH unto "My Father" Mr. William CHUTE, residing at:,4388 Marcil Ave, Montreal, Que. Can.

All my estate both real and personal.

D.W.C.

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..... (Name) (Address)

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

IN WITNESS WHEREOF I have hereunto set my hand this 30 day of Oct 19 41

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.

Donald. W. Chute
(Signature of soldier)

First witness sign here.

(5) Signature Walter R. Curtis Pte
Civil Address 2134 Old Orchard
Civil Occupation Bruce Inspector (Gov-t)

Second witness sign here.

Signature Cpl Fuller Pte
Civil Address 1221 William St. Montreal
Civil Occupation painter

(Witnesses are not to be beneficiaries.)

[OVER]

N.D. 558-3-171

NOTE

If you have already made your Will, do not fill in this Will, but mark on the front where your Will can be located or with whom it is deposited.

(1) Example: I, John Charles Jones, of the City of Marlowe, in the County of Carleton, Province of Ontario, Mechanic, Regimental No. 1234, Royal Blankshire Regiment.

(2) If only *one* beneficiary for all your estate, complete as example: "my wife, Mary Jones of 26 Cherry Ave., Ottawa, Ont., all my estate," in which event, strike out clause (3) entirely.

If *more than one* beneficiary, set out in clause (2) what each is to receive, such as

"my wife, Mary Jones, 26 Cherry Ave., Ottawa, Ont., $.....00, and my household goods and effects,"
"my brother, Thomas Jones, 80 Yonge St., Toronto, Ont., $.....00,"
"my sister, Margaret Jones, 80 Yonge St., Toronto, Ont., $.....00,"
"my friend, John Smith, 60 LaSalle St., Winnipeg, Man., $.....00,"

and any personal gift, if desired. Then complete clause (3) as to the balance of your estate.

(3) If balance of estate is to one person, complete as example: "my wife, Mary Jones, 26 Cherry Ave., Ottawa, Ont." Another example: "my father, Jack Jones, and mother, Jessie Jones, 80 Yonge St., Toronto, Ont., equally," or as desired.

(4) Fill in name of Executor or Executrix, example: "John Doe, 24 Smith Street, Blankville, Ontario, Salesman," or, if Executrix, "Jane Doe" and address. A beneficiary under the Will may be appointed Executor or Executrix. It is preferable that the person appointed as Executor should not be on, or likely to be on, Active Service.

(5) The soldier will date the Will and sign same. Two witnesses must sign in the presence of the soldier, and each witness should fill in his or her full civil address and occupation. No one who is a beneficiary shall act as a witness. It is preferable, though not essential, that the witnesses be persons not on Active Service.

When completed, leave Will with Commanding Officer for transmission to the Records Office for safe custody.

GENERAL

The laws of all but one of the Provinces of Canada provide that marriage subsequent to the date of the Will revokes that Will. Therefore, a soldier immediately upon his marriage must make a new Will in order that, in the event of his death, his estate may be distributed in accordance with his wishes as set out in such new Will.

K

To be made out in duplicate

M.F.M. 5
150M—7-41 (1122)
H.Q. 1772-39-1651

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

INSTRUCTIONS.

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

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

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

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(1) Name of Officer or Other Rank CHUTE
(Surname first—Christian names in full—Block capitals)
DONALD WILLIAM

(2) Regimental or Official Number and Rank 2/Lieut

(3) Unit Excess Reins. R.C.A. CA

(4) Are you married? no

(5) If married, state,

(*a*) Full name of your wife nil

(*b*) Present postal address of wife nil

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

(7) Are you a widower? no

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

Names and ages nil

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

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

Name nil

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 nil

(11) Is your father alive? Yes

If so, state name and address, occupation Mr. William CHUTE Banker

4388 Marcil Ave. Montreal, Que. Can.

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

(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

nil

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

(14) Is your mother alive? Yes

If so, state name and address Mrs. Marian CHUTE

4388 Marcil Ave. Montreal, Que. Can.

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

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

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? nil

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

Full Name

Postal Address nil

Amount contributed monthly during the past six months

nil

(18) Are you insured? Yes

If so, in what Company? New York Life Ins. Co.
(Give number of policy)

Have you made arrangements for payment of your Insurance Premium? no
If not, and it is a monthly premium, you may assign the amount in addition to any other assignment you wish to make, provided the total assignment is not in excess of the maximum monthly amount which may be assigned.

I hereby certify that the information given by me on this form is correct in each and every particular.

Donald W. Chute
(Signature of officer or man)

Date

S. Echenberg

Officer Commanding (S. ECHENBERG) Colonel
COMMANDING No. 4 DISTRICT DEPOT, C.A.S.F.

Date

NO. 4 DISTRICT DEPOT, A.F.

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.

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 CHUTE DONALD WILLIAM (b) Reg'l. No.
2. (a) Arm of service ARMY (b) Unit MCGILL RUNS R.C.A. CA. (c) Rank 2/Lieutenant
3. (a) Date of birth 2 Aug. 1919 (b) Have you any dependents? NO (c) Place of residence at time of enlistment MONTREAL
4. (a) Place of enlistment MONTREAL SOUTH P.Q. (b) Date of enlistment

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 17 Years (b) Were you attending school or college up to the time of enlistment? ~~No~~ Yes
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.) 4 Years High School
7. If you attended a university, give name of university and standing or degree secured Bishops Univ.(3 Years) Sciences
8. (a) Did you ever enter upon a trade apprenticeship? YES (b) If so, for what occupation? SURVEY (c) Did you finish it? NO (d) If you did not finish it, how long did you serve at it? 1 Year
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? NO
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 CHEMIST
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 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? N.A. (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 NONE

DATE 30-10-41 194 SIGNATURE Donald. W. Chute

CONTINUATION CARD M.F.M. 14

Regimental No. LIEUT. Name D. W. CHUTE

Part II D.O. No.	Part II D.O. Date	PARTICULARS OF CASUALTY
47	14-6-44	Awarded 1939-43 star
CR107	24-8-44	SOS 23 AUG. 44. Killed by enemy action

M.F.M.—14A

M. F. M. 4
480M-10-40 (7443-4)
H. Q. 1772-39-1662

Occ. Hist. Form Filled

Montreal South Que.
*~~MARRIED~~ XXXXX PLACE OF ENLISTMENT
*~~WIDOWER~~ XXXXX AND DATE
*SINGLE 26-10-41

NO.

RANK A/Lt. NAME CHUTE ~~D. W.~~ DONALD WILLIAM.

RATE OF PAY

D. O. No.	DATE	RANK	GROUP	P. F. OR A. S.	DAILY RATE	IF LIABLE PEN. DED.	REMARKS
~~268~~		~~Lieut~~		~~5.00~~	~~5.00~~		
22	27-1-42	Lieut.			5.00		
							~~50.00~~ 64.43

ASSIGNMENTS

ASSIGNEE	EFFECTIVE DATE	AMOUNT	TOTAL
~~N-A~~ Wm. H.J. Chute	1-2-42	50.00	
4388 Marcil Ave., N.D.G. Montreal P.Q.			
~~1942 Victory Loan~~	~~1-3-42 to 30-9-42~~	~~14.43~~	~~64.43~~
Rec Gen Vic Loan		16.80	May to Oct 43

DEPENDENTS' ALLOWANCES

DATE APPLICATION FORWARDED	RELATIONSHIP	AMOUNT AWARDED	EFFECTIVE DATE
N-A			

OUTFIT ALLOWANCE $ 150.00 PAID ON M.D.3

*DELETE WORDS WHICH ARE INAPPLICABLE

IN RECEIPT OF PENSION UNDER PENSION ACT OR MILITIA PENSION ACT. (1910) $

P. A.

CASUALTIES, ETC.

PART II D. O. NO.	DATE	
261	31-10-41	TOS DD4, "B"Wing. Eff. 26-10-41
261	01 -10-41	On com.& att. to RCA TC #A-1 Petawawa Ont. Eff.31-10-41.
261		TOS CATC (A-1) eff 1-11-41
268	13-11-41	Lieut. C MQ# 94320" ~~Eff. 41~~ (not entitled for pay)
22	27-1-42	Lieut confirmed eff 12-1-42
83.	8-4-42	S.O.S. overseas " 7-4-42
111	15-5-42	TOS #1 C.ARU from Canada wef 14-5-42
151	3-7-42	admitted Park Prewitt Hospital wef. 30-6-42
191	19-8-42	Trans. to Gannon's Conv. Home. wef. 15-8-42.
196.	25-8-42	Relief Gannon's Conv. Home wef. 22-8-42.
217	18-9-42	S.O.S. 1. CARU to #3 Fld. wef 17.9.42
46	24-9-42	TOS FROM 1 CARU. 18-9-42
3	21-1-43	14 dys. P.L. with Allce 29-12-42 to 12. JAN. 43.
Form CFA 62 (Income Tax) forwarded to CPM on 6 Mar 43.		
22	27-5-43.	7 dys. Priv. Leave 1/8 May 43
53	31-12-43	Embarked U.K. 10 Jan 43 TOS Can Army (in) 11 Jan 43
6	21-1-44	awarded Cdn Vol Service Medal & clasp wef 10 Jan 44
14	23-2-44	att for R&Q to Royal Arty Trng Depot (NA) wef 13 Feb 44
21	24-3-44	Ceases atte to RATD.(NA) " 27-2-44

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40
KILLED	IN	ACTION		X		23	Aug	44	CAS/9839																														

1. H.Q. File No. INDEX CARDS [redacted] REMOVED

OFFICERS INFORMATION CARD

2. Date Completed: 23 APR 43

3. Name (use block letters.) (Surname) (Given names): CHUTE DONALD WILLIAM

4. Rank: LIEUT

5. Unit: RCA

6. Present Employment & Location: GPO 3FD REGT

7. Permanent Home Address: 4388 MARCIL AVE MONTREAL QUE CANADA

8. Med. Cat.: A

9. Decorations: NIL

10. Date of Birth: 2 AUG 19

11. Place of Birth: MONTREAL

12. Nationality: CANADIAN

13. Adapt'y Test:

14. Total Commiss'd Service: 1 YR 6 MOS

15. Date of Appmt. to A.F.: 26 OCT 41

16. Rank (Militia): 2/LIEUT

17. Unit or Corps (Militia): 72nd FD BTY

D.W. Chute (signature of officer)

18. TOS. O/S. 2 May 42 X

6-5-43

CIVILIAN EDUCATION

19. School	20. No. of Years	21. Name of Institution	22. Courses or Subjects	23. Graduated Yes	23. Graduated No	24. Degree or Diploma	25. Year Finished	26. Professional Memberships	27. Hobbies (see note)
High School	4	WEST HILL HIGH	Jr. Matric. ☒ Sr. Matric. ☒	YES		X X X X X	1937		CHEMISTRY
Coll. or Univ.	4	UNIV OF BISHOP'S COLL	SCIENCE	YES		B.Sc.	1941		MICROSCOPY
Post Grad.	NIL								CAMPING SKIING

CIVILIAN OCCUPATION

28. Name of Firm (Last three)	29. Location	30. Nature of Business or Profession	31. Employed From	31. Employed To	32. Positions Held (Mention major responsibilities)
1. QUEBEC STREAMS COMMISSION (SUMMER)	MONTREAL	SURVEYING	JUN 38	SEP 38	CHAINER
2. " "	GASPE	"	JUN 39	SEP 39	INSTRUMENT MAN
3. " "	ABITIBI	"	JUN 40	SEP 40	INSTRUMENT MAN

LANGUAGES

33.	English	French	German	Russian	Spanish	Other
Spoken	FLUENT	SLIGHT	SLIGHT			
Written	FLUENT	SLIGHT				
Translated		SLIGHT				

34. Marital Status: Single ☒ Married ☐ Separated ☐ Divorced ☐ Widower ☐ No. of Dependents

35. Religion: Prot. ☒ R.C. ☐ Other (specify) UN.C.

36. Racial Origin: Anglo-Saxon ☐ Fr. Can. ☐ Other NORMAN

37. Special Service or Appointments

38. Service Schools and Courses

Year	Months	School	Course	Grade
1938	5	C.O.T.C	INF (M.G.)	Q.
1941	3	E.O.T.C.	ARTY (COMMON + SPEC)	Q

39. War and Military Service

Year	Months	Service
1942-43	11	Present War (Overseas only) YES.
		Great War (Any Service)
		P.F. Officer
		P.F. Other Rank
1941	1	N.P.A.M. or R.F. Officer YES
1937-41	26	C.O.T.C. YES.
1941-42	5	Other (Specify) CATC (A-1)

40. Staff Employment or Command (last six)

Year	Months	Location	Appointment

NOTE:—HOBBIES SHOULD INCLUDE ACTIVITIES WHICH MIGHT HAVE AN APPLICATION IN WARTIME, E.G., TRAINING DOGS, PIGEONS, ETC. OR ADVANCED PHOTOGRAPHY.

THIS SIDE ONLY FOR N.D.H.Q. OR C.M.H.Q.

NAME CHUTE, Donald William
SURNAME FIRST. USE BLOCK LETTERS.

SUMMARY OF CONFIDENTIAL REPORTS									
Entry Made at N.D.H.Q. C.M.H.Q.									
Date of Report									
1. Reliability									
2. Leadership									
3. Sense of Responsibility									
4. Stability									
5. Alertness									
6. Administrative Ability									
7. Energy and Persistence									
8. Group Value									
9. Appearance									
10. Speech									
11. Writing Facility									
12. Basic Knowledge of Arms									
13. Tactical Aptitude									
14. Teaching Ability									
RATING									
RECOMMENDATIONS									
Staff Appointment									
Accelerated Promotion									
Normal Promotion									
Retarded Promotion									
Transfer to Other Arm									
Retirement or Reclassicat'n									
Civil Occupation									
Other									

POSTINGS, ETC.				
A.P. AND R. OR OTHER ENTRIES	EFFECTIVE DATE	UNIT	AUTHORITY	
			MIN. APPROVAL	R.O.
BATTLE CAS AAI: KILLED	23 Aug 44			CAS/9839
2nd Lieut	26 Oct 41			
Lieut	12 Jan 42			

MFM—241(a)—40/P&S/1626(2754)

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

M.F.M.1 & 2A
40/P & S/119

Name CHUTE.

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
		Disc. Gamon's Cont. Home.	Lieut	22 Aug 42	1 C.A.R.U.	U.K	D.O. 196.	
		S.O.S. to 3rd Fld. Regt.	"	17 Sept 42	"	"	D.O. 217	18 Sept 42