D10128
SALMON
KENNETH

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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: SALMON, Kenneth Robert (b) Reg'l. No. D) D-10128
2. (a) Arm of service: Army (b) Unit: 2nd. L.A.A. Regt. R.C.A. (c) Rank: Gnr.
3. (a) Date of birth: 18 May/16 (b) Have you any dependents? Yes (c) Place of residence at time of enlistment: Rosemere Que.
4. (a) Place of enlistment: Montreal Que. (b) Date of enlistment: 13 Aug./40

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school: 20 (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.): 11th Grade-Secretarial Course 1 yr
7. If you attended a university, give name of university and standing or degree secured:
8. (a) Did you ever enter upon a trade apprenticeship? No (b) If so, for what occupation? (c) Did you finish it? (d) If you did not finish it, how long did you serve at it?
9. (a) What languages do you speak fluently? English (b) What languages do you read well? English

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

10. (a) State whether you were WORKING or NOT WORKING at time of enlistment. (Enter here only "Working" or "Not Working", as case may be; particulars are asked for below): Working (b) At time of enlistment of what trade union or professional society were you a member? None

Section D—PARTICULARS CONCERNING THOSE WHO WERE UNEMPLOYED AT TIME OF ENLISTMENT

QUESTIONS 11 TO 17 REFER ONLY TO THOSE WHO ANSWER "NOT WORKING" IN QUESTION 10 (a)

11. Had you ever been employed fairly regularly since leaving school?
12. (a) If answer to 11 be "Yes", state exact trade or occupation at which you actually worked (b) State how long you had worked at this trade or occupation
13. If answer to 11 be "No", state exact trade or occupation for which you feel qualified
14. If you had been employed after leaving school, state when you last worked fairly regularly before enlistment
15. Give details of last employer, if any: Name Address
16. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.)
17. (a) If your last employment was in a business of your own, state nature and address of business (b) Date of discontinuing it

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

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

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

18. Name of employer: Willis Piano Coy. Address: Montreal Que.
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.): Piano Dealers
20. (a) Your specific occupation: Office Clerk (b) Number of years' experience at this occupation with any employer: 8 yrs.
21. (a) Did your employer promise definitely to give you employment on discharge? No (b) Did your employer refuse to promise you employment on discharge? No (c) Do you wish to return to your former employment? Yes

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

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

Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war? No (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? No (b) How many years' actual farming experience have you had? None (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: Office work

DATE: 23rd. Mar. 1943 SIGNATURE: [illegible]

For Office i/c Records C.M.H.Q.

MEMORANDUM FOR

Mr. George Salmon,
39 Phillips St.,
Rosemere, Que.

P. 64

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

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

and the following number quoted:—

H.Q. 405-S-18,146 F.D.210

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

Nov. 16 1943

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

SALMON, Kenneth Robert, Gnr.

D.10128 C. A.

ESTATES BRANCH NOV 26 1943 H. Q. OTTAWA NATIONAL DEFENCE

it is necessary that the requisite information regarding the deceased and his relatives should be furnished on the inside of this form in strict accordance with the printed instructions. The particulars required are to be carefully filled in and the Declaration on the back should then be signed in the presence of a Clergyman, Priest, Local Magistrate, Commissioner for Oaths or Notary Public, who should be asked to complete and sign the Certificate. This form should then be returned to the above address.

A deceased's Service estate, the administration of which is the responsibility of the Estates Branch, consists of any balance of pay and allowances at credit, cash on hand and the personal effects which are under the control of the Service authorities. To obtain such assets, it is not necessary for the person(s) legally entitled thereto to obtain through the Courts Probate of the Will, or if none, Letters of Administration of his estate.

In addition to the administration of those Service assets, the Administrator of Estates is authorized to withdraw into Government account any funds (within a defined amount) on deposit to the deceased's credit in Banks, Post Offices or other financial institutions in Canada and Overseas, without expense or trouble to the person(s) legally entitled to the estate, and to distribute such funds at the same time as any balance of pay is distributed. Also, War Savings Certificates and Victory Loan Bonds owned by the deceased may be redeemed and similarly distributed, or transmitted into the name(s) of the person(s) legally entitled. Such Certificates and Bonds should not be forwarded to the Administrator of Estates until they are requested.

If there are other assets which necessitate an application for Probate or Letters of Administration, the Administrator of Estates may transfer and hand over the Service assets to the executor or administrator appointed by the Court so that all the estate, Service and otherwise, may be dealt with as a whole.

The information given by you on Pages 2 and 3 of this form is therefore of importance in determining whether or not the deceased's assets are such that they may all be administered by the Administrator of Estates to the person(s) legally entitled, that is, without the need for Probate or Administration.

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.

R. G. Phelan
(R. G. Phelan) Capt.
for (L. M. Firth) Lt.-Col.
Administrator of Estates.

M.F.W. 77
6M-4-43 (9515)
H.Q. 1772-39-972

PSD/MK

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		GEORGE SALMON	72	39 PHILLIP STREET. ROSEMERE, QUE
4	Mother of the Deceased		ANNABELL CRAIG SIMPSON SALMON	72	DIED OCT. 14th 1941.
5	Brothers of the Deceased	Full Blood	GEORGE WILLIAM SALMON.	42	39 PHILLIP ST. ROSEMERE QUE.
		Half Blood	—	—	—
6	Sisters of the Deceased	Full Blood	MARTHA A. KIMPTON.	46	4863 WILSON AVE (N.D.G) MONTREAL, QUE
			IRENE S. WILLIS.	44	ROSEMERE, QUE.
		Half Blood	—	—	—
7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, *who are dead*, and date of death of each.		Names and ages of their children (if any)		Address of their children
			—		—

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased	KENNETH ROBERT SALMON.
9	Date of his birth	MAY. 18th 1916.
10	Place and date of his marriage.	—
11	Place and date of his parents' marriage.	HAMILTON. ONTARIO NOV. 26. 1896

PARTICULARS OF DOMICILE

12	Place where deceased was born.	MONTREAL. QUE.
13	State, in order, the Province, State and/or Country in which he resided before enlistment and the period of time in each.	(a) ROSEMERE. QUE. 23 years. (b) (c) (d)
14	Nature of employment before enlistment.	TEMPORARY WORK WITH WM CLARKE LTd.
15	State whether he owned the premises in which he lived and, if so, where situated.	No.
16	Name place where deceased stated he intended to make his permanent home.	NONE

PARTICULARS OF ESTATE

17	Did he leave a Will?	ONLY REGULAR ARMY WILL.
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses, — was there a marriage contract dealing with property?	—
19	Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc. and the amount on deposit.	NONE.
20	Amount of War Savings Certificates held by deceased.	NONE.
21	Amount of Victory Loan Bonds held by deceased.	NONE
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary there. Describe other assets, if any, and estimated value thereof.	CANADA LIFE ASSURANCE Co. $2.500.00 BENEFICIARY NAMED IN. WILL. NO OTHER ASSETS.
23	Is application for Probate or Letters of Administration necessary (see page 1)?	PENDING RECEIPT OF WILL. UNABLE TO STATE.

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.	(A) NONE. (B.) NONE.
25	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	No.

(NOTE:—The Government pays funeral expenses within the amounts authorized in the Regulations, where death occurs and burial is made Overseas as well as where death occurs and burial is made in Canada or elswhere 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 *FATHER of the deceased.

N. B. To be signed in full in the presence of a Clergyman, Priest, Local Magistrate, Commissioner or Notary Public.

George Salmon — Signature of Informant

39 Phillips Square, Que. — Address

CERTIFICATE

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

See above. George Salmon {Name of Informant} is the Father of the Deceased above described, and I believe the above Declaration and the Statement of Relatives and of particulars made by the Informant and signed in my presence to be complete and correct.

Dated at Montreal this 25 day of November 1943

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public — C. W. Pope — Qualification Commissioner of the Superior Court for the District of Montreal

Address 275 St. James St. Montreal

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

Received.....Checked...E.....Card.....✓.....Observations.....0

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.

O.H.A. terms

M.F.M. 2 Fr.
A.F.B. 271
120 M—8-39 (1696)
H.Q. 1772-45-18

Unité 5 th Lt. A/A Bty. RCA CASF
Unit

Matricule D-10128
Regimental Number

~~Original~~
Duplicata
~~Triplicate~~

ARMÉE ACTIVE DU CANADA
CANADIAN ACTIVE SERVICE FORCE

01
GNR

Original
Duplicate
Triplicate

FORMULE D'ENRÔLEMENT
ATTESTATION PAPER

1. Nom (Surname) SALMON
2. Prénoms (Christian Names) KENNETH ROBERT
3. Adresse actuelle (Present Address) 39 Phillips St. Rosemere, Quebec, Canada
4. Date de naissance (Date of birth) 18th May 1916
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 (State denomination) United Church of Canada
7. Métier ou profession (Trade or Calling) Office Clerk
8. Marié, veuf ou célibataire (Married, Widower or Single) Single
9. Nom du plus proche parent (Name of next of kin) ~~Mrs. Annabella Salmon~~ Mr George Salmon
10. Parenté de celui-ci (Relationship) ~~Mother~~ Father
11. Adresse du plus proche parent (Address of next of kin) 39 Phillips St. Rosemere, Quebec, Canada
12. Avez-vous servi dans les forces navales, militaires ou aériennes? (Have you served in any Naval, Military or Air Force?) Yes
13. Si vous avez accompli du service de guerre antérieur, spécifiez l'arme, la force et les détails régimentaires (If previous war service, state arm, force and regimental particulars) No
14. Faites-vous actuellement partie de la milice active du Canada ou avez-vous déjà servi dans cette force? (Do you now belong to or have you served in the Active Militia of Canada) 5th A/A Bty. RCA (NPAM) July 15 to date
(Indiquez l'unité et la date de l'enrôlement)
(Give unit and date of attestation)

DÉCLARATION FAITE PAR L'HOMME LORS DE L'ENRÔLEMENT
DECLARATION TO BE MADE BY MAN ON ATTESTATION

Je, soussigné, KENNETH ROBERT SALMON, déclare solennellement que les renseignements ci-dessous mentionnés sont vrais et je m'engage, par les présentes, à servir dans l'armée active du Canada, tant qu'il existera ou que l'on aura à craindre une guerre, une invasion, une émeute ou une insurrection, aussi bien que pour la période de démobilisation après que la dite crise aura cessé, et, en tout cas, pour une période d'au moins un an, si Sa Majesté requiert mes services.

Date 13 August 1940 J. Palmer (Witness)

Kenneth R. Salmon
(Signature de la recrue)

SERMENT PRÊTÉ PAR LA RECRUE LORS DE L'ENRÔLEMENT
OATH TO BE TAKEN BY MAN ON ATTESTATION

Je, KENNETH ROBERT SALMON, promets sincèrement et jure (ou déclare solennellement) que je serai fidèle et porterai sincère allégeance à Sa Majesté.

Kenneth R. Salmon
(Signature de la recrue)

CERTIFICAT DU MAGISTRAT, DU JUGE DE PAIX OU DE L'OFFICIER QUI FAIT PRÊTER LE SERMENT
CERTIFICATE OF MAGISTRATE, JUSTICE OF THE PEACE OR ATTESTING OFFICER

J'ai averti l'homme susnommé que s'il répondait inexactement à l'une quelconque des questions précédentes, il serait passible de punition, tel que prévu par la loi.

Les questions et les réponses ci-dessus lui furent ensuite lues en ma présence.

Je me suis assuré qu'il comprenait chaque question et que sa réponse à chacune d'elles a été dûment inscrite telle qu'il l'a donnée, et il a fait et signé la déclaration ci-dessus et a prêté serment devant moi,

à Montreal, Que. ce 13th jour de August 1940

E.L. Drumbear Major
(Signature du magistrat, du juge de paix ou de l'officier qui fait prêter le serment)

COMMANDING No. 4 DISTRICT DEPOT, C. A. S. F.
(Titre, grade et unité ou emploi)

N.B. On désire attirer l'attention sur le fait que toute personne qui répond inexactement à l'une quelconque des questions ci-dessus est passible d'un emprisonnement de six mois.

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

P

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État de service de SALMON KENNETH ROBERT Matricule D-10128
Record of Service of (Nom—Surname) (Prénoms—Christian Names) Regimental Number

APTITUDES
Qualifications

Militaires (Military): Nil

Professionnelles ou commerciales (Business or Professional): Nil

Civiles ou de métier (Trade or Civil): Office Clerk

Techniques (Technical): Nil

Langues (Languages): English

QUALITÉS ÉDUCATIONNELLES
Educational qualifications

Académies (High School or Collegiate): 3 yrs. High School (années complétées—years completed)

Graduation ou (or) Immatriculation (Matriculation): Nil (Spécifier—Specify)

*Collège: 1 yr. Sir. Geo. Williams Business College. (Gen'l Business Course)

*Université (University): Nil

7 yrs. Public Schooling

*(Mentionnez le nom de l'institution, les années ou cours complétés et les diplômes obtenus)
(Name of institution, courses or years completed, and degrees obtained to be shown)

Toutes les recrues enrôlées le seront comme simples soldats, la nomination ou la promotion à un grade supérieur devant être indiquée dans l'espace ci-dessous prévu à cette fin
All enlisted personnel will be taken on as Private soldiers, appointments and promotions to higher rank to be shown as provided in the space below.

Rapport — Report: Date	Reçu de — From whom received	État des promotions, rétrogradations, mutations et permutations, maladies ou blessures rapports, etc., à compter de la date de son enrôlement dans les troupes de campagne — Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. from date taken on strength of 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.	Daté le — Dated
2402 13Aug.40	DRO	Affecté lors de son enrôlement / Joined on enlistment NO. 4 DISTRICT DEPOT CASF	Gnr	13Aug.40	4 DD	Montreal	4 DD Pt.II 203	13Aug.40
14-9-40		Trans. to his Unit. Montreal.	"	15-9-40	"	"	" " 233	14-9-40
16-9-40	DD No.4	TOS.5th Lt.A/A Bty. RCACASF	"	16-9-40	5thLtA/A	"	5thLtA/A " No.1	16-9-40
27-12-40	5thLt.AA.Bty	Granted 6 days leave, Dec. 30/40 to Jan. 5/41	"	30-12-40	"	"	" " " No. 47	27-12-40
		SOS CASF (CANADA) ON EMBARKATION AT HALIFAX ON 16 Feb 41						
		✓ TOS CDN. ARMY (OVERSEAS) ON TRANSFER ON 17 Feb 41 AND DISEMBARKED AT GOUROCK 25/2/41 ON.	Gnr	17 Feb 41	2 L/AA	Colchester	12	4 Mar 41.
		✓ Leave 5 days (landing)	Gnr	7/12 Mar 41	2 L/AA	Colchester	15	10 Mar 41
		✓ On bond to Firing Practice	"	24 Apr 41 30 Apr 41	2 L/AA	"	33	25 Apr 41
		✓ Leave ATW. (Pin) 30 May - 8 June 41	"	30 May 41	2 L AA	"	36	2 June 41

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 UNE COMPENSATION POUR IN-

CERTIFICAT DE L'EXAMEN MÉDICAL
CERTIFICATE OF MEDICAL EXAMINATION

Nom en entier (Name in full) SALMON Kenneth Robert Date August 6th 1940

PARTIE 1. Renseignements obtenus de la recrue.
Part 1. Information obtained from the applicant.

1. Age 24 2. Avez-vous déjà souffert de l'une quelconque des maladies suivantes? (Have you ever suffered from any of the following diseases?)

a. Rhumatisme (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. Maladies 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?) no

Kenneth R. Salmon
(Signature de la recrue)—(Signature of recruit)

Observations des examinateurs (Examiners remarks re above) Ears and reflexes normal
Color vision ishihara CDU
A. Delahaye Capt.

URINE N
X RAY N

PARTIE 2. Renseignements obtenus par l'examen médical. La recrue doit être déshabillée.
Part 2. Information obtained by medical examination. The recruit 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))
1 Vacc left arm Scar left arm

2. Taille (Height) 5 pieds (feet) 6¾ pouces (inches). 3. Poids (Weight) 126 livres (pounds)
4. Teint (Complexion) Fair Yeux (Eyes) Blue Cheveux (Hair) Fair
5. Développement (Development) Good { Bon —Good / Passable —Fair / Médiocre —Poor
6. Tour de poitrine—Circonférence, pleine expansion (Chest measurement—Girth on full expansion) 34 pouces (inches) Degré d'expansion (Range of expansion) 3 pouces
7. Vue, œil droit (Vision, right) 20-20 œil gauche (left) 20-20 8. Ouïe, oreille droite (Hearing, right) C.V.20 gauche (left) C.V.20
9. Condition 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:)
Note colour vision

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 la recrue 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)

R. Ferguson Major (Président)—(President) Alann Argue Capt. (Membre)—(Membre) Raoul Landriault Capt. (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
15/8/40	1 TAB	20-1-42	TABT 1/2cc
20/8/40	2 —	Jan 43	1/2 C.C. T-A B T.
28.8.40	3 —		
15/8/40	1 VACC		
15/8/40	1 TET		
30.9.40	2 —		
26.5.41	1 e Tétanus 1 cc		

UNE CONVOCATION ... VALIDITÉ, SI OUI, DONNEZ DÉTAILS ... No

Matricule / Regtl. No. D-10128 Grade / Rank GNR Nom / Surname SALMON Prénoms / Christian Name KENNETH ROBERT

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 prémière 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; 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.)**

No D.10128. Rank Gunner Name SALMON, Kenneth Robert.

Unit R.C.A. Date of death 6th. October, 1943.

Died at Italy.

Cause Killed in Action.

Death occurred on strength of Forces. HQ 405-S-18,146. d15-10-43.

N/K Mr. George Salmon, Relationship Father.

Address 39 Phillips, St., Rosemere, P.Q.

Remains buried in Cemetery
MR 855228 Italy sheet 163 (S.Bartolomeo in Galdo) 1/100.000

Grave location Grave 1.

CWK

OVER -

DEATH CERT. TO N.K.

BURIAL REPORT TO N.K. OCT 5 1944

RETURN TO BUR. OF STAT. 22-2-44

ROYAL MESSAGE DESP'D. DEC 31 1943

CAN. MESSAGE DESP'D. 15-10-43.

REBURIAL

Bari Military Cemetery,

Bari, Italy.

Grave 15, row C, plot 3.

HI & CR Form Despd. JAN 24 1947

Photographs
Despatched
MAR 26 1947

5-11-43
(O.C.L.-387)

AWARDS—CANADIAN ARMY (ACTIVE)

1500 M 100M—10-41 (2195) H.Q. 1772-45-8

FILE NO. 405-S-18146

SURNAME (IN BLOCK LETTERS) CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT
SALMON, Kenneth Robert	D-10128	Gnr.	R.C.A.

WAR SERVICE BADGE (CLASS) NO. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star	
Italy Star	3654 20-10-49
Defence Medal	
War Medal	
CVSM & Clasp	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

(1) MEDALS

PERSON ENTITLED TO Mr. George Salmon - Father

ADDRESS: 39 Phillip St.,
ROSEMERE, Que.

MEMORIAL BAR
(1)
DATE DESP.
REGN. NO. 47555

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(2)

(3) MEMORIAL CROSS

MOTHER Mrs. Annabella SALMON

ADDRESS: 39 Phillips St., ROSEMERE, Que.

DESP. NOV 26 1943
REGN No. 3578
(3)

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

NUMBER D.10128 RANK Gunner SERVICE UNIT 2nd Light Anti Aircraft Regiment (C.A.)

NAME SALMON, Kenneth Robert.

DATE OF BIRTH

DAY 18th MONTH May YEAR 1916

MARITAL STATUS Single

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

ADDRESS 39 Phillips St., Rosemere, Quebec. ADDRESS D.A.B.

ADDITIONAL PERSON TO BE NOTIFIED ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. Canrecords 3509 H.Q. 405-8-18,146

CASUALTY DETAILS Killed in Action. DATE 6-10-43

Z

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 15-10-43

PR

OFFICER I/C RECORDS

6

COPY FOR DOCUMENT FILE

To be made out in duplicate

M.F.M. 5

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.

---

(1) Name of Officer of Other Rank SAIMON KENNETH ROBERT.
(Surname first—Christian names in full—Block capitals)

(2) Regimental or Air Force Number and Rank D-10128 Gnr

(3) Unit 5th Lt. A/A Bty. RCA CASF

(4) Are you married? NO

(5) If married, state,

(*a*) Full name of your wife N/A

(*b*) Present postal address of wife N/A

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

(7) Are you a widower? NO

(8) Have you any children? NO Number of boys N/A Girls N/A

Names and ages N/A

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

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

Name N/A

Postal Address N/A

[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. George Salmon, 39 Phillips St. Rosemere, Quebec, Canada. Unemployed

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

(13) If sole or partial support of father who is a widower, totally incapacitated from earning a living —state what amount per month you have given him prior to appointment or enlistment. $40.00

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

(14) Is your mother alive? Yes

If so, state name and address Mrs. Annabella Salmon, 39 Phillips St. Rosemere, Quebec, Canada.

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

(16) If sole or partial support of widowed mother—state what amount per month you have given her prior to appointment or enlistment (Included in No. 13)

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? Brother helping

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

If so, state the following particulars:—

Relationship N/A

Full Name N/A

Postal Address N/A

Amount contributed monthly during the past six months N/A

(18) Are you insured? Yes

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

Have you made arrangements for payment of your Insurance Premium? Yes
If not, and it is a monthly premium, you may assign the amount in addition to any other assignment you wish to make, provided the total assignment is not in excess of the maximum monthly amount which may be assigned.

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

Kenneth R. Salmon
(Signature of officer or man)

Date 13, August, 1940.

[illegible] Major
Officer Commanding
for COMMANDING No. 4 DISTRICT DEPOT, C. A. S. F.

Date 13, August, 1940.

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.

(a) Report: Date	(a) Report: From whom received	(b) Unit	(c) Record 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
5-3-41	OC.	5 HAA.	SOS Belle Army (can) on Embarkation	Halifax	16-2-41	Gnr.	PR 11 13 5-3-41
5-3-41	"	"	TOS " " (O) on transfer	"	17-2-41	"	PR 11 13 5-3-41
5-3-41	"	"	Disembarkation at Seaforth	St Bit.	28-2-41	"	PR 11 13 5-3-41
10-3-41	"	"	Landing Leave 7-3 to 12-3 Warrant	"	7-3-41	"	Pt.II#15,d/10-3-41
25-4-41	"	"	ON COMMAND-L.A.A.Firing Practice Camp-CORNWALL 24-4 to 30-4	"	24-4-41	"	Pt.II#23,d/25-4-41
22-7-41	-	-	Granted 9 days Priv. leave (W)	-	30-5-8-6-41	-	PC II #36 d/2-6-41
22.9.41	"	"	2 P leave (W) from 0600 hrs 18.9 to 0600 hrs 21.9.	"	18/25.9.41	"	— 81 22.9.41
24-12-41	"	"	3 Priv. Leave without warrant	"	8/12-15/12/41	-	112 10-12-41.
17 Jan 42	3011	"	4 P leave No. FTW, Returned 11 Jan 42	Field	4 Jan 42	"	16 d/17 Jan 42
2 Jul 42	CR.	"	5 P leave FTW. Ret 17 Jan 42	"	10 Jan 42	"	39 22 Jan 42
15 Sep 42	"	"	Awarded One Good Conduct Badge	"	13 Aug 42	"	51 18 Sep 42
14 Oct 42	"	"	6 F-7 days P.D. Rat All'ce. Ret 21 Sep 42	"	14 Sep 42	"	55 16 Oct 42
2 Feb 43	"	"	9 Days PD. T " " " 18 Jan 43	"	9 Jan 43	"	5 5 Feb 43
29 MAR 1943	-	"	Granted Daily Rates of Pay of $1.50 per diem	"	1 Jan 43	"	13 29 MAR 1943
20-10-43	"	21 AA Regt	SOS OK ON EMBARKATION ON 9 Jan 43 TOS OK ON 29 Jan 43 AND DISEMBARKED ON 13 Jul 43 S.O.S. Deceased. Killed in Action (AFW 3014, Ser 87, page 12, d/13 Oct 43)	M	6-Oct 43	"	36/43 43-20 Oct 43

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: 5th. Lt. A/A Bty. RCA CASF Regimental Number: D-10128

1. Surname: SALMON
2. Christian Names: KENNETH ROBERT
3. *Substantive Rank and Appointment: Gnr.
   *Acting Temporary or Local Rank:
   giving date:
   *To be entered in pencil to facilitate alteration.
4. Place of birth: Montreal, Que. Canada
5. Date of birth as declared on attestation: 18th. May.1916
   (A)
6. Date of enlistment: 13th. August.1940
7. Place of enlistment: Montreal, Que. Canada
8. Residence at time of enlistment: 39 Phillips St. Rosemere, Que. Canada
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 Canada
12. If married, state date: Single
13. Trade on enlistment: Office Clerk
14. Corps, trade and grade:
15. (D) Qualifications:
16. (E) Miscellaneous entries:

(17) Regiment or Corps: 2 Lt. AA Regt., RCA Unit (Battn., etc): 5 Lt. AA Bty., RCA

(18) Medical

Category	Date	Authority
A	13-8-40	MB

(19) Next of kin (entries to be made in pencil): Father
Mr. George Salmon
39 Phillips St.
Rosemere P.Q.
Canada

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

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

Statement of the Service of No. D-10128 Rank Gnr

Name Salmon, K.R.

Sheet No. 1

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
		2 P Leave (W) from 0600hrs 18.9 to 0600hrs 25.9.	Gnr.	18/25.9.41	5 LAA Bty	England	Pt II No. 81	22.9.41
		3 Pris. Leave without warrant	"	8/12-15/12/41	"	"	112	10-12-41
17.3.42	CR	4 P leave (No Warrant) Retd 11 Mar 42	-	4-3-42	-	Field	16	17-3-42
2.7.42	-	5 P leave FTW Retd 17 Jun 42	-	10.6.42	-	-	39	30.6.42
		Good Conduct Badge	Gnr.	13 Aug. 42	2 LAA	U.K.	51	18 Sep.42.
		Priv Leave (M.A.)	Gnr.	14/21 Sep.42	"	"	55	16 Oct.42
		Priv Leave WMA	Gnr	9/18 Jan.43	"	"	5	5 Feb.43
		R.R. of Pay to $1.50 P.D.		1 Jan.43	"	"	13	29 Mar.43
		SOS CA (UK) on embarkation 28 Jun						
		TOS CA 29 Jun						
		Disembarked 13 Jul.43	Gnr		"	"	36	5 Sep.43

Statement of the Service of No. D/10128 Rank ..... Sheet No. .....

Name Salmon K.R.

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
		On Course Ford	Gnr	10/16 Aug 41	27/AA	U.K.	64	13 Aug 41
		Prin Leave F.T.W.	Gnr	18/25 Sept 41	27/AA	U.K.	81	22 Sept 41.
		Prin Leave (M.O.W)	Gnr	8/15 Dec 41	27/AA	U.K.	112	10 Dec 41.
		Prin leave without F.T.W.	Gnr	4 Mar 42	2 LAA	UK	16	17 Mar 42
		Prin leave F.T.W	Gnr	10/17 June 42	2 LAA	UK	39	30 June 42
		Good Conduct Badge	Gnr	13 August	2 LAA	UK	57	18 Sept 42
		Prin Leave (M.A.)	Gnr	14/21 Sept 42	27/AA	U.K.	55	16 Oct 42.
		Prin Leave W.M.A	Gnr	9/18 Jan 43	2 LAA	UK	5	5 Feb 43
		R. R of Pay to 1.50 P.D	Gnr	1 Jan 43	2 LAA	UK	13	29 Mar 43
		S.O.S. A. (...) on embarkation 28 Jun						
		T.O.S. A. (...) 29 Jun						
		Disembarked 13 Jul 43	Gnr	—	2 LAA	NA	36	5 Sep 43
1943		SOS Deceased Killed in action CMT Gnr		6 Oct 43	2 LAA	NA	43 CL A 342	14 Oct 43 / 20 Oct 43

D-VD128
SAL MON - K. R.

Militia Book
40/

SOLDIER'S SERVICE BOOK

(Soldier's Pay Book, Militia Book M. 1 (Part II) will be issued for active service.)

Every entry in this book (other than those on page 24 of this part of Militia Book M. 1, connected with the making of a Soldier's short form of Will) is to be made under the superintendence of the Officer Commanding the Squadron, battery or company to which the man belongs or is attached.

Alterations in any of the entries will be initialled by an officer.

INSTRUCTIONS TO SOLDIER

1. You will be held **personally responsible** for the custody of this book.

2. You will **always carry this book** on your person when on duty, and on active service.

3. You must produce this book whenever called upon to do so by a competent authority, viz.: Officer, Warrant Officer, N.C.O., Military Policeman or Civilian Police.

4. You must not alter or make any entry in this book (except as regards short form of Will on page 24; see instructions on pages 20 to 23), and disobedience of this order will be treated as a serious offence,

5. Should you consider that any entry is lacking or incorrect, or should you lose the book, you will report the matter to your immediate military superior.

6. You will be permitted to retain this book after discharge as a record of your services, but should you lose the book after discharge it cannot be replaced.

(1) SOLDIER'S NAME AND DESCRI
ATTESTATION

Signature o the Officer Cou

Regtl. No. D-10128

Surname (in capitals) SALMON

Christian Names (in full) KENNETH, ROBERT

Date of Birth 18 May 1916

Place of Birth Montreal, Quebec, Canada

Trade on Enlistment Office Clerk

Nationality of Father at birth Eng Can

Nationality of Mother at birth Scotch

Religion United Church

Enlisted at Montreal

Date 13 August 1940

Particulars of former service (if any) i.e. Regtl. No., Corps and period. RCA (NPAM) JULY 1940 TO DATE

Signature of Soldier K. R. Salmon

Signature of Officer A. Kadière Capt

Place Montreal Date 14 August 1940

(II) NEXT OF KIN

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

Nearest deg. relationship		Names	Date
1st	Wife		
	Children		
2nd	Father	George Salmon	
	Mother	Deceased	
3rd	*Brothers and Sisters		
4th	Other Relations (stating relationship)	Mr. Fred Berridge (FRIEND)	

*State whether brothers are older or younger.

NOW LIVING

such change and reported by O.C. Unit to the Offic

effect as a Will (see pages 20 to 23)

Latest known Address in	Signature of the Officer
39 Phillips Street Rosemere Quebec, Canada	
The Cottage Pilgrims Wood Sandy Lane Guilford Surrey England	

(III) RANK and APPOINTMENT

Date	Rank and Appointment	Substantive, Temporary, Acting or Local (with or without pay)	Authority of Part II Orders	Signature
13.8.46	Gnr.		HQD 203	

(IV) Certificate Applicable to all Arms, to b signed by the C.O. Bn., etc., before a Sol Overseas

TRAINED (passed Recruit's Courses and Sch Service) *except that he requires furth* Specialist Qualificat etc., show

Signature of the Officer

.....

.....

.....

.....

.....

.....

.....

.....

.....

Qualified in addition as under :—

.....

.....

.....

.....

.....

.....

Date.....

* If no further training required, strike out words in italics and initial.

(IX) EMPLOYMENT WHILST SERVING

Period		Nature of Employment	Remarks and Sig[illegible] Off[illegible] O.C. Coy., [illegible]
From	To		

To include (1) Regimental, (2) as Skilled Tradesmen, (3) as Specialist, e.g., Signaller or M. Gunner.

(X) MEDICAL CLASSIFICATION

Date	Category or Grade	Medical Examiner of Recruits, or other Medical Authority	Signature of Medical Officer
6.8.40	A	Montreal Med Board	[illegible] Lt

) PROTECTIVE INOCULATIONS

Date of	e, "T.A.B." e, etc.	Date	Signature of Medical Officer
1/14		15.8.40	
3		20.8.40	
		28.8.40	
	1 Tetanus 1cc	15.8.40	certified true copy
	2 "	30.9.40	
	Tetanus 1cc	26.5.41	
	1/2 cc TABT	6.1.42	
	1/2 cc TABT	6.1.43	

(XV) VACCINATION

Date Vaccinated	Signature of Medical Officer
15.8.40	certified true copy

(XVI) MISCELLANEOUS ENTR

(For entries for which space is not otherwise

NOTE.—No entry on this page has any legal

Particulars	Date	Signature of Officer
Landing leave (W)	7/12.3.41	
1 Privilege leave (W)	30.5/8.6.41	
2 " " (W)	18/25.9.41	
3 " " (NW)	9/15.12.41	
4 " " (NW)	4/11.3.42	
5 " " (W)	10/17.6.42	
6 " " (W)	14/21.9.42	
7 " " (W)	9/18.1.43	
01 "TRST" REV Complete	3.3.42	In accordance with RO 3092
Q CARD complete		
Fingerprinted CAIB		

2M-2-46 (8750)
H.Q. 1064-81-3

DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE

4
ARMY

STATEMENT OF WAR SERVICE GRATUITY

DECEASED MEMBER'S NAME: Kenneth Robert (CHRISTIAN NAMES) SALMON (SURNAME)

REGISTER NO. D-22344
FILE NO. 405-S-18146
DATE 17-5-46
SERVICE NO. D-10128
FINAL RANK OR RATING Gnr
DATE OF DISCHARGE 6-10-43

PAYEE Director of Estates

ADDRESS

DATE OF TERMINATION OF OVERSEAS SERVICE 6-10-43

		$ ¢
A. TOTAL QUALIFYING SERVICE	NO. OF DAYS 1150/30 EQUAL TO 38 COMPLETE PERIODS AT $7.50	285.00
B. QUALIFYING OVERSEAS SERVICE	No. OF DAYS 962 (1140) LESS 10 INELIGIBLE DAYS, EQUAL TO 952 DAYS @ 25c. PER DAY	238.00
		523.00
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 ×7.= $ 19.25
NO. OF DAYS 962/183 ×$ 19.25 — 101.19

D. WAR SERVICE GRATUITY	624.19
E. DEDUCTIONS — OVERPAYMENT OF PAY AND ALLOWANCES $	
DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $	
OTHER DEDUCTIONS $	
F. TOTAL AMOUNT PAYABLE	624.19

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	TREASURY DATE
GJC	[illegible]	McGibson	22/5/46

G. L. Fauteux Capt.
SERVICE REPRESENTATIVE

File No 405-5-18146

P.A.

VERIFICATION FORM

WAR SERVICE MEDALS 1939-45

No. D 10128 Name Salmon, Kenneth Robert

Rank on Discharge Gnr. Date of Discharge

Deceased

Authority for Discharge or Retirement

Served in:

				Non-qualifying service
Canada	from 13-8-40	to	16-2-41	
	from	to		
United Kingdom	from 17-2-41	to	28-6-43	
	from	to		
Italy	from 29-6-43	to	6-10-43	K/A.
Northwest Europe	from	to		
	from	to		
	from	to		

Eligible for award of:

1939 - 45 Star OK ✓

Italy Star OK ✓

~~France-Germany Star~~

Defence Medal OK ✓

War Medal OK ✓

Canadian Volunteer Service Medal with clasp } OK ✓ bP

M

Verified by Lana Lawrence

Date AUG 9 1946

Carded AUG 9 1946

NC RIBBON DESPATCH

HA 165

CFA 187
40/P & S/2180 (4066)

CANADIAN MILITARY HEADQUARTERS

ESTATES BRANCH
INVENTORY

of personal effects received by
Casualty Section, No. 1 CKSD

No., RANK and NAME D-10128 Gnr. Salmon K.R. - 2nd. L.A.A. Regt. RCA. (Dec'd)

RECEIVED FROM Cdn. Sec. G.H.Q. 2nd. Echelon

CHECKED BY H-64818 Pte. Davidson E.
C-96325 Pte. Desormeaux J.M. DATE 7, Jan. 44

1	Under Vest		
2	Souvenir Handkerchiefs		
	Snapshots		
1	Diary		
1	Tobacco Pouch		
1	Comb		
1	Watch		
1	Pr. Scissors		
3	Address Books		
	Sundry Documents		
1	Eversharp Pencil		

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

TRIPLICATE — with effects.

H.E. Fulmer, Capt
for OC 1 Cdn KSD

FORM 6

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not write in this space

1. PLACE OF DEATH — Municipal county: IN THE FIELD (ITALY) — Official name of civil municipality or township: — Place an X over the word which applies to this municipality or this territory: City | Town | Village | Parish | Township X — Street: — No.: — Hospital or Institution:

2. LENGTH OF STAY — (a) In hospital or institution ..... Years ..... Months ..... Days ..... (b) In municipality where death occurred ..... Years ..... Months ..... Days ..... (c) In Province ..... Years ..... Months ..... Days ..... (d) In Canada (if immigrant) ..... Years ..... Months ..... Days .....

3. NAME OF DECEASED — Surname: SALMON, (Block letters) — Given names: Kenneth Robert.

4. RESIDENCE — Street: Phillips Street — No.: 39. — Official name of civil municipality or township: Rosemere, — Municipal county: — Province: Quebec.

5. SEX	6. NATIONALITY (Citizenship)	7. RACIAL ORIGIN	8. Single, Married, Widowed or Divorced (*Write the word*)
M			Single.

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

10. BIRTHPLACE (Province or Country): Quebec.

11. DATE OF BIRTH: May (Month) 10th (Day) 1916 (Year)

12. AGE OF DECEASED — Years: 27 — Months: — Days: — If less than one day old: ....hrs. or....min.

OCCUPATION

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

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

15. Date deceased last worked at this occupation:

16. Total years spent in this occupation:

	17. NAME	18. BIRTHPLACE (Province or Country)
FATHER		
MOTHER (Maiden Name)	SALMON, George.	

19. Place of burial, cremation or removal: Italy.

20. Date of burial: ....19....

21. PLACE OF REGISTRATION OF THIS BURIAL

(a) Name of parish or church:

(b) Civil municipality of:

(c) Municipal county:

(d) Date: ....(Month) ....(Day) ....19....(Year)

Do not write in this space

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: October (Month) 6th (Day) 19.44 (Year).

23. I HEREBY CERTIFY that I attended deceased from ....19.... to ....19....

and last saw h....alive on ....19....

24. CAUSE OF DEATH

I

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

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.**: ....

....

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

25. If a woman, was there a puerperal condition?....

26. Was there a surgical operation?....Date of....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....Date....19....
(State which)

Manner of injury....
(How sustained)

Nature of injury....

Specify whether injury occurred in **industry, in home, or in public place**....

Signed....**M.D.**

Address....**Date**....**19**....

OVERSEAS CASUALTY CANADIAN ARMY

28. Signature of person who fills in the form (curate, coroner, hospital authority, etc.)

F. B. Radine

This signature authorizes the collector to accept this form as authentic.

29. Name of clergyman in charge of Register of Civil Status in which registration of this burial was made.

(Voir l'autre côté pour le français)

FEB 22 1944

for Director of Records, Dept. of National Defence.

H.Q. 405-S-18,146 (Records-O)

October 23rd, 1943.

Mr. George Salmon,
39 Phillips Street,
Rosemere, Quebec.

Dear Sir:

I deeply regret to inform you that your son, D.10128 Gunner Kenneth Robert Salmon, gave his life in the Service of his Country in the Mediterranean Theatre of War on the 6th day of October, 1943.

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,

(H.F.G. Letson),
Major-General,
Adjutant-General.

GR/AOS

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

CANADIAN ACTIVE SERVICE FORCE
OVERSEAS

District.....

Dispersal Area.....

LAST PAY CERTIFICATE
(All Ranks)

Regtl No D10128 Rank and Name SALMON. K.R. Gnr.

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

~~Transfer~~ or Discharge) ~~xfe~~ on 6.Oct. 1943.

Reason Death. Authority : CCL "A" 342.d/14.Oct.43.

The following is a statement of the account of the above-named from 1.Oct. to 31.Oct. 1943. the inclusive date of transfer or discharge.

Dr Particulars	Amount		Cr Particulars	Amount	
Balance Dr from last account			Balance Cr from last account	125	98
First Monthly Payment			Regimental Pay 31 days at $ 1.50	46	50
Casual Payments			Tradesmen's Pay days at $		
Payments on Transfer or Discharge			Additional Pay (Give particulars) days at $		
Assigned Pay	20	00			
Regimental Charges			Allowances (Give particulars) days at $		
Public Stoppages (Give particulars) :					
			Cash off. J.V. 793	3	13
			Cash Eff. J.V.1186	2	24
To Balance Cr Free	157	85			
Deferred			By Balance Dr		
Total	177	85	Total	177	85

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

Remarks :

Ass Pay $20.00 stopped eff Nov.43.

Compiled by E Wright.

Checked by E Melech

Date 23rd June 1944.

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

M.W.

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

ARMY V.H.

Name SALMON Kenneth R. No. D-10128
Surname Christian Names

Gnr. C.A. O/S 6-10-43
Rank Unit Date of Death

AMOUNT W.S.G. $ 624.19
L.P.C. $ 157.85

Date 5-11-46

Other Credits

Total $ 782.04

Prev. Dist. $ 157.85
This Dist. $ 624.19

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
½	FATHER (DEC'D)	The Estate of George Salmon, (deceased next of kin) c/o George W. Salmon, 39 Phillip Street, Rosemere, Que. for EJB	$ 312.10
1/6	Brother	George W. Salmon, (as above)	104.03
1/6	Sister	Mrs. Irene S. Willis, Phillip Street, Rosemere, Que.	104.03
1/6	Sister	Mrs. Martha A. Kimpton, 49 Ballantyne Ave. S., Montreal West, P.Q.	104.03
		(As next of kin entitled)	
		NOV 13 1946 P4. TO TREAS.	W.S.G.

AUTHORITY

H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	624.19

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

50M—5-46 (9153)
H.Q.1772-45-27

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

WILL

M.F.M. 10
75M—5-40 (5241)
H.Q. 1772-39-1656

(1) I, Kenneth Robert SALMON, (Name in Full), of the Village (City, Town, Village, Township)

Address in civil life.

of Rosemere, in the County/District of Terrebonne,

Province of Quebec, Office clerk. (Civil Occupation)

Regimental No. D-10128, Unit 5th Lt. A/A Bty. RCA CASF, 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.

K.R.S.

(2) I GIVE, DEVISE AND BEQUEATH unto "My mother Mrs. Annabella Salmon, residing at 39 Phillips St. Rosemere, Quebec, Canada, all my real and personal property and my personal effects."

Relationship, names and address of residuary beneficiaries.

K.R.S.

(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)

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

IN WITNESS WHEREOF I have hereunto set my hand this 13 day of August 1940

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.

Kenneth R. Salmon (Signature of soldier)

First witness sign here.

(5) Signature R H Langevin Pte

Civil Address 3885 Ontario St. E. Montreal Que

Civil Occupation Clerk

Second witness sign here.

Signature H C Howland. Pte.

Civil Address 9562 Notre Dame St. E. Montreal Que

Civil Occupation Clerk

(Witnesses are not to be beneficiaries.)

[OVER]

[redacted]510
40/[redacted] S/254 (3444)

CANADIAN ACTIVE SERVICE FORCE
OVERSEAS

District.....

Dispersal Area.....

LAST PAY CERTIFICATE
(All Ranks)

Regtl No D10128 Rank and Name SALMON. K.R. Gnr.

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

~~XTRANSFER~~ or Discharge) XX on 6.Oct. 19 43.

Reason Death. Authority : CCL "A" 342.d/14.Oct.43.

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Public Stoppages (Give particulars) :					
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To Balance Cr Free	157	85			
Deferred			By Balance Dr		
Total	177	85	Total	177	85

61

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

Remarks :

Ass Pay $20.00 stopped eff Nov.43.

DEPARTMENT OF NATIONAL DEFENCE
BRANCH
JUL 14 1944
H. Q.
OTTAWA

Compiled by E. Wright.

Checked by [signature]

Date 23rd June 19 44.

Certified correct [signature]
for Chief Treasury Officer, Overseas

M.W.