D105020
DEZIEL
GERARD

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~~ORIGINAL~~
DUPLICATE
~~TRIPLICATE~~

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

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

Unit CANADIAN DENTAL CORPS . No. 4 Coy. Regimental Number D/ 105020

CANADIAN ACTIVE SERVICE FORCE

ATTESTATION PAPER

1. Surname DEZIEL
2. Christian Names GERARD
3. Present address 1449½ VALOIS, St. MONTREAL, Que.
4. Date of birth 11th Jan. 1917
5. Place of birth CANADA (Country) QUEBEC (County or Province) MONTREAL (Town or Township)
6. Religion (state denomination) ROMAN CATHOLIC
7. Trade or Calling DENTAL TECHNICIAN
8. Married, Widower or Single SINGLE
9. Name of next of kin MRS. MARTHE DEZIEL
10. Relationship MOTHER
11. Address of next of kin DITTO
12. Have you served in any Naval, Military or Air Force? NIL
13. If previous war service, state arm, force and regimental particulars NIL
14. Do you now belong to or have you served in the Active Militia of Canada? NO

(Give unit and date of attestation)

DECLARATION TO BE MADE BY MAN ON ATTESTATION

I, GERARD DEZIEL do solemnly declare that the above particulars are true, and I hereby engage to serve in the Canadian Active Service Force so long as an emergency, i.e., war, invasion, riot or insurrection, real or apprehended, exists, and for the period of demobilization after said emergency ceases to exist, and in any event for a period of not less than one year, provided His Majesty should so require my services.

Date OCT. 21st, 1939

J.A. Kerr Lieut Witness — Gerard Dezieł (Signature of recruit)

OATH TO BE TAKEN BY MAN ON ATTESTATION

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

J.A. Kerr Lieut Witness — Gerard Dezieł (Signature of Recruit)

CERTIFICATE OF MAGISTRATE, JUSTICE OF THE PEACE OR ATTESTING OFFICER

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

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

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

at MONTREAL this 21st day of OCTOBER 1939

F.W. Saunders — Signature of Magistrate, Justice or Attesting Officer.

(F.W.Saunders) Major C.D.C.
D.D.D.C. M.D. 4 — Office or Rank and Unit or appointment.

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

Record of Service of DEZIEL (Surname) GERARD (Christian Names) Regimental Number D/105020

Qualifications

Military: N.A.

Business or Professional: N.A.

Trade or Civil: DENTAL TECHNICIAN

Technical: N.A.

Languages: FRENCH & ENGLISH

Educational Qualifications

High School or Collegiate: 2 years (years completed)

Graduation or Matriculation: N.A. (specify)

*College: N.A.

*University: N.A.

*(Name of institution, courses or years completed, and degrees obtained to be shown)

All enlisted personnel will be taken on as Private soldiers, appointments and promotions to higher rank to be shown as provided in the space below.

Report		Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., from date taken on Strength of Field Force	Rank Shown	Effective Date	Unit	Place	Authority	
Date	From whom received						Part II D.O. No. Cas. List, etc.	Dated
		Joined on appointment Taken on Strength of No 4 Coy C.D.C. CASF	Pte	21-10-39	C.D.C.	Montreal	Part II Or. No 8 d/23-10-39	d/23-10-39
		Promotion = to be a/Sgt.	a/Sgt.	25-10-39	CDC	"	" " " No 10	25-10-39
		S.O.S. of No 4 Coy CDC Deceased at Notre-Dame Hosp. Montreal	Sgt.	12-3-40	"	"	" " " No 74	13-3-40

[illegible] C. D. C.
District Dental Officer M. D. No. 4

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

Are you receiving or have you in the past received, disability pension or compensation. If so give details

CERTIFICATE OF MEDICAL EXAMINATION

Name in full.....Gerard Deziel..... Date...21/10/39.....

Part 1. Information obtained from the recruit.

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

G. Déziel
(Signature of Recruit)

Examiner's remarks re above.....

Part 2. Information obtained by medical examination. The recruit must be stripped.

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

2. Height.....5.....feet.....4.....inches. 3. Weight.....153.....pounds.

4. Complexion.....Clair..... Eyes.....Gris..... Hair.....Brun.....

5. Development.....Good..... Good / Fair / Poor

6. Chest measurement—Girth on full expansion.....39.....inches.
Range of expansion.....2.....inches.

7. Vision, right...20-25.....left...20-20..... 8. Hearing, right...Normal.....left...Normal.....

9. Condition of mouth and teeth.....Good.....

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

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

Special remarks when category lower than A.....

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

Chas. H. Dyond — President
J. Brunean — Member
J. Brown Capt — Member

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature
11-12-39	Re-examined. Eyes ears urine reflexes normal. Capt. A. N. Vanwyck Capt		
11-12-39	TAB I	TAB 3	
18-12-39	TAB II		
26-12-39	TAB III		
12-1-40	Tetanus tox I	Tet. tox. 2	
19-1-40	Tetanus tox II		

Regtl. No. D/105020 Rank PRIVATE Surname DEZIEL Christian Name GERARD.

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)

AWARDS—CANADIAN ARMY (ACTIVE)

M

SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT	FILE No.
DEZIEL	Gaston	E100704	Pte		405-D-30619

WAR SERVICE BADGE (CLASS) ELIGIBLE G.S.C. No. 910378 DATE DESPATCHED: (8-8-46) DD 4

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star	
France-Germany Star	
Defence Medal	
CVSM & Clasp	
War Medal 1939-45	750 - 4-11-49.
	(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

REM. RAND LTD. 100M-5-46 (9161) H.Q. 1772-45-8

KARDEX SYSTEMS DIV. CAT. NO. K. 15332*

File No 405-D-720

VERIFICATION FORM

WAR SERVICE MEDALS 1939-45

No. D-105020 Name Deziel, Gerard

Rank on Discharge _____ Date of Discharge 12-3-40 ~~Deceased~~

Authority for Discharge or Retirement _____

Served in:

				Non-qualifying service
Canada	from 21-10-39	to 12-3-40		died in hospital after tonsil operation
	from	to		
United Kingdom	from	to		
	from	to		
Italy	from	to		
Northwest Europe	from	to		
---------	from	to		
---------	from	to		

Eligible for award of:

~~1939 - 45 Star~~ _____

~~----------~~ _____

~~Italy Star~~ _____

~~France-Germany Star~~ _____

~~Defence Medal~~ _____

War Medal ok

Canadian Volunteer Service Medal ok

~~with Clasp~~ _____

M

Verified by D Foster

Date 3 July 46

Carded 9 1946 RD

nkD

HA 165

COPY

M.F.M. 10
160 M—8-39 (1706)
H. Q. 1772-45-18.

FORM OF WILL No. 1

To be used by a Soldier desirous of leaving a portion of his personal estate to one person, and the balance of his personal estate to another person

I GERARD DEZIEL (Name in full)

Number D-105020 of the Canadian Active Service Force

No. 4 Coy. THE CANADIAN DENTAL CORPS.
(Unit or Corps) (Give full title of Unit)

do hereby revoke all former Wills by me made, and declare this to be my LAST WILL. I bequeath my personal estate consisting of PERSONAL EFFECTS, PAY & MONEY IN BANK
(Here describe fully personal estate)

unto Mrs. Marthe Deziel
1449 Valois St., Montreal, P.Q.
(MOTHER)
Name and Address of person or persons to whom it is to go and **relationship.**

absolutely, and the residue of my personal estate and everything that I can give or dispose of
(Here describe remaining assets)

unto Mrs. Marthe Deziel
1449 Valois St., Montreal, P.Q.
(MOTHER)
Name and Address of person or persons to whom it is to go and **relationship.**

NOTE.—If Soldier owns **Real Estate,** Form 10A should be completed.

N.B.—Personal Estate includes Pay, Effects, Money in Bank, Stock Certificates, etc., in fact everything except Real Estate.

IN WITNESS WHEREOF I have hereunto set my hand this

IMPORTANT NOTE
This must be signed and dated by the soldier himself.

23rd day of October A.D. 19 39

Gerard Deziel
(Signature of Soldier)

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.

1st witness to sign here: Romeo Garault.

Address in full: 1135 Beaudry

2nd witness to sign here: Leonard Tetrault.

Address in full: 1276c Papineau Ave., Montreal, P.Q.

*N.B.—As this form is applicable to any Board of Officers or Committee or Court of Inquiry, the blank is to be filled in accordingly.

The signature of each Officer composing the Board, etc., should be attached to the end of the proceedings.

PROCEEDINGS of a* COMMITTEE OF ADJUSTMENT

assembled at MONTREAL, P.Q. (Place Viger Barracks)

on the 3rd April, 1940.

by order of District Officer Commanding

for the purpose of Adjustment as referred to in F.R. & I. (CASF) Art. 221, of the late No. D-105020 Sgt. Gerard Deziel Canadian Dental Corps (Canadian Active Service Force).

PRESIDENT

Major F.W. Saunders, C.D.C.
D.D.O., M.D. No. 4.

MEMBERS

Capt. J.A. Kerr, C.D.C.

Lieut. O.A. Lefebvre, C.D.C.

The Committee having assembled pursuant to order, proceed to adjust the effects and other purposes of the above N.C.O.

(a) Public Clothing & Equipment vouchered to D-105020 Sgt. G. Deziel (deceased) as per attached voucher.

(b) No monetary value was realized for personal Clothing as deceased was buried in uniform at the request of his relatives.

(c) Closure of Account.

Balance of Pay & Allowances to 31st March, 1940.

Credit ..... (Enc. Copy) ..... $ 68.20

(Subject to re-adjustment for Tradesmen Pay when authorized).

(d) It was ascertained from a Will produced (Copy of which is enclosed) that the name of his beneficiary is his mother: -

Mrs. Marthe Deziel.

In accordance with the Law of the Province of Quebec, covering distribution of Military Estate and in accordance with the Last Will of the deceased, the Committee recommend that the value of Military Estate amounting to $68.20 be handed to Mrs. Marthe Deziel.

M.F.B. 303
50M—9-39 (1915)
H-Q. 1772-39-183

Signed at Montreal, P.Q.
this 3rd day of April, 1940.

_____ Major
President

_____ Captain
Member.

_____ Lieut.
Member.

RECOMMENDED

(J.P. ARCHAMBAULT)
Brigadier,
D.O.C., M.D. No. 4.

Montreal, P.Q.
3rd. April, 1940.

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M.F.B. 303
50M—9-39 (1915)
H-Q. 1772-39-133

Signed at Montreal, P.Q.
this 3rd day of April, 1940.

_____ Major
President

_____ Captain
Member.

_____ Lieut.
Member.

RECOMMENDED

(J.P. ARCHAMBAULT)
Brigadier,
D.O.C., M.D. No. 4.

Montreal, P.Q.
3rd. April, 1940.

N.D.F.C. 574
8M pads of 200—9-39 (1841)
H.Q. 1772—21-26

Number of sheets in this Voucher.....(see footnote)

§ Issue Voucher No. -16-	Station Indent Number	Issue Order Number	*Receipt Voucher No.
§ Account No. 4 Coy. CDC			*Account
§ Period 1939 - 40.	This space for consignor use only		*Period

Station MONTREAL, P.Q. Date March 28th 1940.

ISSUED by " CERTIFIED ISSUE VOUCHER "

to ..... at .....

Authority for returning the Stores to consignee‡.....

Immediately on receipt of clothing or stores, check should be made and the duplicate copy of this Voucher receipted and returned to the officer making the issue.

§Ledger Folio Issues	*Ledger Folio Receipts	ARTICLE		Total Number or Quantity†	NOT TO BE USED BY O.C. UNITS S	NOT TO BE USED BY O.C. UNITS N S
		‡Section				
		Shirt Woollen	B	1		
		Shirt Flannel	B	1		
		Drawer Woollen	B	1 pr.		
		Sock	B	1 pr.		
		Braces	C	1 pr.		
		Battle Dress, Blouse	B	1		
		Battle Dress, Trouser	B	1 pr.		
		Boot, Ankle	B	1 pr.		
		Chevrons Drab 3 Bars.	B	2		
		Cap Field Service	B	1		
		Certified that the above articles were buried with the Late D-105020 Sgt. Gerard Deziel on 15th March 1940 and are hereby struck off ledger Charge.				
		(R.E. McMahon) Capt. O.C. No. 4 Coy. C.D.C. Place Viger Barracks, MONTREAL, P.Q.				

*N.B.—The Receiving Officer will complete this document by filling in these particulars on all copies of the Voucher.

§N.B.—The Issuing Officer will complete this document by filling in these particulars on all copies of the Voucher.

‡When returning articles a separate sheet will be used for each different Vocabulary section, and each sheet will bear the Regimental or Corps office stamp, the last sheet only being signed by the Issuing Officer.

†This column will be used only by O.C. Units.

M. F. D. 30 A
250M—12-39 (3458-9)
H.Q. 1772-39-1548

CANADIAN ACTIVE SERVICE FORCE

LAST PAY CERTIFICATE

Regtl. No. D-105020 Rank and Name Sergeant, Gerard DEZIEL

of No. 4 Company, etc., Canadian Dental Corps. C.A.S.F. Regiment, etc., on

~~(Transfer or Discharge)~~ DEATH to on MARCH 12th 19 40

Reason for discharge Authority:

ON TRANSFER OF OFFICER

Outfit allowance of $ has been paid by the District Treasury Officer, Military District No.

REMARKS:

State (1) Date of appointment or enlistment 21st Oct. 1939

(2) If individual has dependents eligible for Dependents Allowance, has application been submitted? N.A.

(3) Has assignment of pay been made? N.A. If so, amount N.A. effective date N.A.

The following is a statement of the account of the above named from March, 1st to March 31st 19 40, the inclusive date of transfer or discharge.

Dr. Particulars	Amount	Cr. Particulars	Amount
Balance Dr. from last account		Balance Cr. from last account	
First Monthly Payment Ck. 24358	30.00	Regimental Pay 31 days at $ 2.20	68.20
Casual Payments		Technical Pay days at $	
Payment on Transfer or Discharge		Additional Pay (Give particulars) days at $	
*Assigned Pay		Allowances (Give particulars) days at $	
Regimental Charges			
Public Stoppages (Give particulars):		Ck. 24358 Redeposited	30.00
		Pt. D.R. 0035	
		Bk. of Montreal, Montreal.	
To Balance Cr. ~~(To be paid by new unit)~~	68.20	By Balance Dr. (To be deducted by new unit)	
Total	98.20	Total	98.20

I certify that the above is a true and correct statement of the account of the above named on transfer or discharge.

Montreal. P.Q.
(Place)

March, 21st, 1940.
(Date)

J.A. Kerr Capt. Major.
Paymaster
for O.C. No. 4 Co'y. C.D.C. CASF.

*Assigned Pay to be charged in paylist of the individual's outgoing unit on transfer.

HÔPITAL NOTRE-DAME

PROTOCOLE D'AUTOPSIE

D 2268
A 2480

Nom DEZIEL Girard.

Age: 23 ans, ... mois ..... jours, Sexe { M / ~~F~~

Profession Soldat.

Domicile 1449 Valois.

Décédé le 12-3-40 93 à 10 h 05 A { M / S

Autopsié le 12-3 à 4.h 45 pm = 6.40 h. p. m.

Diagnostic clinique:

Renseignements cliniques

Service
PANNETON.

DIAGNOSTIC ANATOMIQUE

Hépatite.

Oedème pulmonaire.

Apoplexie pulmonaire.

Atonie et légère dilatation du ventricule droit.

Agt Bernier m.d.

Signature du prosecteur

P.C. Surrénale, thyroide, coeur, rate, rein, cerveau, foie, poumon,

---

Cadavre d'un jeune homme bien constitué. Les lèvres sont cyanosées, il a du sang dans le nez. Le sang est peu coagulé.

COEUR:

circonférence: 24 cm, hauteur 10 cm, largeur 10½ cm, antéro-postérieure gauche 5 cm, antéro-postérieure droite 2½ cm. Il y a un affaissement du coeur droit.

Anneaux: mitral 9 cm, aortique 6 cm, pulmonaire 8 cm, tricuspide 12½ cm, épaisseur du ventricule gauche 2 cm.

Pas de lésion valvulaire.

Léger atérome aortique.

Poids du coeur: 290 grammes.

Tâche blanchâtre de péricardite sur la face postérieure du ventricule droit.

LANGUE:

s.p.

AMYGDALES:

caillots au niveau des loges amygdaliennes.

TRACHEE et BRONCHES:

oedème rosé de la trachée et des grosses bronches.

POUMONS:

poids: poumon gauche, 340 grammes; poumon droit, 460 grammes.

Les poumons s'affaissent mal et présentent des tâches d'infarcissement surtout à la partie postérieure.

Oedème pulmonaire.

Le poumon droit: mêmes remarques que ci-haut, mais les ondes superficielles d'infarcissement sont plus étendues au niveau du lobe inférieur.

Petit nodule de tuberculose ancienne.

Ces ondes d'infarcissement à la coupe sont plus profonde dans le poumon droit que dans le gauche. Elles sont tantôt bien, tantôt mal limitées.

Apoplexie pulmonaire.

RATE:

poids: 170 grammes,

Molle, diffluente, présente une scissure anormale à son pôle supérieur.

Boue splénique assez abondante. Pulpe blanche visible.

REINS:

poids: rein droit, 119 grammes; rein gauche, 130 grammes.

La décapsulation est facile et complète.

Dessin cortico-médullaire apparent.

Ces remarques s'appliquent aux deux reins.

ESTOMAC:

les plis sont bien conservés. Pas de sang.

PANCREAS:

s.p.

FOIE:

Voies biliaires sont perméables.

Poids 1550 grammes.

La coloration de la face supérieure est inégale et du ligament suspenseur au lobe droit, on note des plages blanchâtres à contours géographiques, elles apparaissent blanchâtres sur la teinte bleutée du foie. Ces plages blanchâtres se prolongent en profondeur pour 2 ou 3 cm. La coloration du reste est sensiblement normale et uniforme.

*N.B.—As this form is applicable to any Board of Officers or Committee or Court of Inquiry, the blank is to be filled in accordingly.

The signature of each Officer composing the Board, etc., should be attached to the end of the proceedings.

PROCEEDINGS of a* Regimental Court of Inquiry

assembled at Montreal, P. Q. (Place Viger Barracks)

on the 13th March 1940

by order of District Officer Commanding

for the purpose of investigating the death of the late

No D-105020 Sgt. Gerard DEZIEL Canadian Dental Corps (CASF)

PRESIDENT

Major F. W. Saunders, C.D.C.
D. D. O., M. D. No. 4.

MEMBERS

Capt. J. A. Kerr, C.D.C.
Capt. H. R. Cleveland C.D.C.
Lieut. O. A. Lefebvre, C.D.C.

The Committee having assembled pursuant to order, proceed to find that the above mentioned N.C.O. died following an operation for removal of Tonsils, which was done under local anaesthetic with cocaine as the anaesthetic agent.

The operation took place at Notre Dame Hospital, City of Montreal, P. Q. on March 12th, 1940 at approximately 10:30 hrs. and death occured immediately after the operation.

The Death Certificate issued by the above hospital was witnessed by this Committee.

(Attached herewith is a copy of the Autopsy.)

M.F.B. 303
50M—9-39 (1915)
H-Q. 1772-39-133

Signed at Montreal, P. Q.
this 13th day of March, 1940.

F. Saunders ----------Major
President

J. A. Kerr ----------Captain
Member

H. R. Cleveland ----------Captain
Member

O. A. Le Febvre ----------Lieutenant
Member

FORWARDED.

(J. P. Archambault)
Brigadier,
D.O.C., M. D., No. 4.

Montreal, P. Q.
15th March 1940.

MEMORANDUM FOR

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

THE SECRETARY,
DEPARTMENT OF NATIONAL DEFENCE,
OTTAWA, ONTARIO

and the following number quoted:—

H.Q. 405-D-720

DEPARTMENT OF NATIONAL DEFENCE
OTTAWA, ONT.

MONTREAL, PQ. APRIL 9th 19~~3~~40.

For the purpose of record and in the event of there being any balance of pay, medals or memorials available for distribution (according to law) on account of the late

D-105020 SGT. GERARD DEZIEL

CANADIAN DENTAL CORPS. C.A.S.F.

MILITARY DISTRICT NO. 4

MONTREAL, P.Q. CANADA.

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 should then be signed in the presence of a Minister or Magistrate, who should be asked to complete and sign the Certificate. This form should then be returned to the above address.

Officer in charge of Records,
For Adjutant-General.

M.F.W. 77
2,000—9-34
H.Q. 1772-39-972

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

Degrees of Relationship	RELATIVES required to be accounted for		APPLICANT'S STATEMENT		
			NAME IN FULL of any Relative, if any, in each degree inquired for	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 Soldier.....		N. A.		
2	Children of the Soldier and dates of their Births.....		N.A.		
3	Father of the Soldier.....		EMILE DEZIEL	46	1449 Valois st Montreal.
4	Mother of the Soldier.....		Marie Marthe Lafreniere	41	same address.
5	Brothers of the Soldier	Full Blood	Marcel Deziel ---------- Roger " Gabriel "	20 14 7	1449 Valois st Montreal. Same Address. "
		Half Blood	NONE.		
6	Sisters of the Soldier	Full Blood	Madeleine Deziel Georgette " Gisele " Denise "	18 16 10 4	1449 Valois st Montréal. same address. " "
		Half Blood	NONE.		
	Names of brothers or sisters (whether of the full or the half blood) of the soldier, *who are dead*, and date of death of each.		~~Names and ages of their children~~ (if any)		~~Address of their children~~
7		Sister - Brother- Sister - Brother- Brother-	Simone Deziel (Girl) Paul Emile Deziel (Boy) Rita Deziel (Girl) Jean Deziel (Boy) Fernand Deziel (Boy)		22 Nov. 1917 15 Juillet 1920 5 June 1924 12 Mars 1927 13 Aug. 1935

IF NO RELATIVES IN THE DEGREES ABOVE ARE NOW LIVING, THE FOLLOWING PARTICULARS SHOULD BE GIVEN:—

	—	NAMES OF THOSE LIVING	Age	ADDRESS IN FULL
8	Grand-Parents of the Soldier.....	N.A.		
9	Uncles and Aunts by blood of the Soldier (not Uncles and Aunts by marriage).....	N.A.	Age	

FULL PARTICULARS AS TO IDENTITY

10	What is the full name of the deceased soldier?	GERARD DEZIEL
11	Give the month and year of his birth.	January 11th 1917.
12	Where and when were his parents married?	Montreal, P.Q. 24 July 1915
13	Was he ever married? If so, state exact place and date of marriage.	No.
14	Did he leave a (later) Will? If so, it should be forwarded.	NO.
15	Is there any other estate which will necessitate application being made for Probate or Letters of Administration?	NO.

PARTICULARS OF DOMICILE

16	Where was deceased born?	St. Victor Parish. Terrasse Vinet, Montreal, P.Q.
17	In what province, country or state did he reside, and in which last?	Prov. Quebec, Canada. YES. Same.
18	How long in each?	23 Years, 2 months.
19	What was the nature of his employment?	Dental Technician.
20	Did he occupy his own house or homestead? If so, where?	Living with his parents.
21	Did he ever state verbally, or in writing, where he intended to make his permanent home?	N.A. No.
22	State your postal address in full.	1449 Valois st Montreal, P.Q.

PARTICULARS AS TO CLAIMS

23	Have the funeral expenses been paid? If so, by whom?	NO.
24	Are there any outstanding claims against the estate, if so, furnish full name and address of the Creditor or Creditors.	NO.

N.B.—Paragraph 24 refers to debts incurred for board and lodging, medical and funeral expenses, money loaned, goods purchased, etc., the undernoted information to be embodied in all claims submitted.

1. Name and address of Creditor.
2. Detailed statement of claim with date or dates incurred.
3. A certificate that the account is just and reasonable, that no payments have been made thereon and that the creditor holds no security therefor.

(PLEASE TURN OVER)

DECLARATION

*Insert degree of relationship, for example "Widow," "Father," "Brother," etc.

I hereby declare that the foregoing particulars are correct, and a true and complete statement of all the relatives that the late soldier ever had in the degrees inquired for; and that I am the

*.....Mother.....of the deceased.

N.B. To be signed in full in the presence of a Minister or Magistrate.

.....Mrs Marthe Deziel..... Signature of Applicant

CERTIFICATE

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

*See above .....Deziel..... {Name of Applicant} is the *.....Mother.....of the Soldier above described, and I believe the above Declaration and the Statement of Relatives made by the Applicant and signed in my presence to be complete and correct.

Dated at.....Montreal, P.Q.....this.....9th.....day of.....April.....19~~3~~40.

Signature of Minister or Magistrate } .....C. E. Chartier, Major..... Qualification.....Divisional Chaplain (R.C.) M.D. 4

Address.....Sun Life Bldg., Montreal.....

NOTE—Before granting the above Certificate, care should be taken to see that the Applicant gives particulars concerning the death of any Relative stated by him or her to have died, and that the full name and address of each surviving Relative enquired after is stated in its proper place in the Statement opposite.

Domicile:
3202, rue ROUVILLE
Tél. FRontenac 7749

Dépositaire du Greffe de
J.-L.-N. Lachapelle
Notaire

Etude: 1422, rue DEZERY,
près Ste-Catherine
Tél. FRontenac 7867

ARTHUR BELANGER

NOTAIRE

MONTREAL, le 21 mai 1940

OFFICER IC
A. G.
BRANCH
MAY 22 1940
H. Q.
OTTAWA.
NATIONAL DEFENCE

Département de la Défense Nationale,
Ottawa,
Canada.

DOSSIER NO.H.Q.405-D-720
GERARD DEZIEL

F.D21

Cher Monsieur.

Je vous envoie sous pli une copiedu jugement No.250 de la Cour Supérieure,pour le district de Montréal, de la vérification du testament de Géard Déziel,en date du 17 mai 1940.

Cette copie vous est ainsi envoyée à votre demande et pour remplacer l'original de ce testament qui est actuellement déposée au greffe de la cour supérieure à Montréal.

Bien à vous

AB/SG.

ESTATES
BRANCH
MAY 23 1940
H. Q.
OTTAWA.
NATIONAL DEFENCE

Montréal 13 juin 1940

Major L. M. Pitch,
Departement de la Defence Nationale
re Sergent Gérard Dézielle décédé.

Cher Monsieur,

J'accuse réception de votre chèque de 68.20, mais trouve étrange que vous ayez omis le chèque de salaire de 15 jours que l'on nous a montré à Montréal pour être retourné à Ottawa afin de faire les corrections nécessaires et nous être ensuite retourné.

J'aimerais aussi savoir si ce chèque couvre le salaire comme technicien ou son salaire qui lui revenait un mois après sa mort.

Vous comprendrez que nous avions fait un grand sacrifice en laissant partir notre fils, mais nous étions tout de même orgueilleux de le voir servir son pays, cependant nous sommes une famille assez nombreuse et Gérard nous rapportait des revenus assez substantiels c'est vous dire que nous manquons beaucoup son appui financier.

Espérant que vous prendrez notre cas en considération, je demeure

Votre toute dévouée
Marie Marthe Dézielle
1449 Valois, Montréal Dni

ESTATES BRANCH
JUN 14 1940
H. Q.
OTTAWA
NATIONAL DEFENCE

Montréal 9 décembre 1940

Département de la Défense Nationale
Ottawa, Ont.

BUREAU FOR TRANSLATIONS
Rec'd 10/12/40
Ret'd 10/12/40
a.m.
NATIONAL DEFENCE

Messieurs,

Je suis surprise de constater que je n'ai pas encore reçu le salaire de technicien de mon fils Sergent Gérard Dezielt. D 105020, C.D.C. C.A.S.F. décédé le 12 mars dernier et cependant il y a d'autres membres de son unité qui ont été payés et je crois qu'en toute justice, je devrais recevoir ma part, c'est à dire son salaire qui lui était dû.

Comme il y a déjà quelques temps que la chose est en suspens j'aimerais savoir ce que vous avez réellement l'intention de faire à ce sujet.

Espérant recevoir de vos nouvelles sous peu, je vous en remercie et vous prie de me croire,

Votre toute dévouée
Mad Marthe Dézielt,
1449 rue Valois,
Montréal.

FORM No. 1

Register No. CD 16851

Nominal Roll No. D-586

H.Q. File No. 405-D-720

To: P.M.G.

CANADIAN ARMY (ACTIVE)

Computation of Service

WAR SERVICE GRANT

Regt. No.	Rank when S.O.S.	Surname	Christian Name in Full
D-105020	SGT	DEZIEL	GERARD

REASON FOR TERMINATION OF SERVICE:

1st Enlistment DECEASED CARO ( )

2nd Enlistment CARO ( )

3rd Enlistment CARO ( )

Total Service

1ST ENLISTMENT	2ND ENLISTMENT	3RD ENLISTMENT
T.O.S. 21 OCT 39	T.O.S.	T.O.S.
S.O.S. 12 MAR 40 MD 4	S.O.S. MD	S.O.S. MD
Total Days 144	Total Days	Total Days

Total Service 144 DAYS

—	Total Service	Less Non-qualifying Service	Net Service
Western Hemisphere	144		144
Overseas Service			
Totals	144		144
Add Non-qualifying Service			
Total Service			144

EMBARKATION DETAILS:

1. Date S.O.S. Overseas 2. Date S.O.S. Overseas

REMARKS:

Computer's Signature

Checker's Signature

Date Computed 5 Feb 46

DIED WHILST IN SERVICE 12 MAR 40

CERTIFIED that entitlement to benefits under the War Service Grants Act, 1944, has been established, based on service shown herein.

C. L. LAURIN,
Colonel,
DIRECTOR OF RECORDS.

500M—11-44 (6012)
H.Q. 1772-45-8

COMPUTATION OF WAR SERVICE GRATUITY

MEMBER'S NAME GERARD DEZIEL (Christian Names) (Surname) — Register No. D20104

File No. 405-D-720

PAYEE'S NAME Estates (Christian Names) (Surname) — Date 22-2-46

ADDRESS — Service No. D105020

Final Rank SGT

DATE OF TERMINATION OF OVERSEAS SERVICE ✓ — Date of Discharge 12-3-40

	AMOUNT $	c
A. TOTAL QUALIFYING SERVICE No. of day 144 / 30 = 4 (24) Periods @ $7.50	30	00
B. QUALIFYING OVERSEAS SERVICE No. of days ..... less ..... Ineligible days, equal ..... Days @ 25c. per day		
C. SUPPLEMENT FOR OVERSEAS SERVICE Daily Rate of Pay $ 2.20 Subsistence Allowance $ ..... Additional Pay $ ..... Dependents' Allowance 1/30 $ ..... $ ..... TOTAL $ ..... × 7 = $ ..... No. of Days ____ / 183 × $	30	00
D. WAR SERVICE GRATUITY Computed By Gates	30	00
E. DEDUCTIONS Overpayment of (1) Pay & Allowance $ ..... (2) D.A. & A.P. $ ..... Other Deductions $ ..... Entered By Zyw		
F. AMOUNT PAYABLE (This amount is payable in ..... monthly instalments of $ ..... each)	30	00

G. Monthly instalment not to exceed *daily rate* of Pay & Allowances per (C)

$ ..... × 30 = $ .....

REMARKS

100M—9-45 (8069)
H.Q. 1764-81-3

4

NAVY
~~ARMY~~
ARMY

DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

DECEASED MEMBER'S NAME: Gerard (CHRISTIAN NAMES) DEZIEL (SURNAME)

REGISTER NO. D-20104
FILE NO. 405-D-720
DATE 23-2-46

PAYEE Director of Estates
ADDRESS

SERVICE NO. D-105020
FINAL RANK OR RATING Sgt.
DATE OF DISCHARGE 12-3-40

DATE OF TERMINATION OF OVERSEAS SERVICE

	$ ¢
A. TOTAL QUALIFYING SERVICE NO. OF DAYS 144/30 EQUAL TO 4 COMPLETE PERIODS AT $7.50	30.00
B. QUALIFYING OVERSEAS SERVICE NO. OF DAYS LESS INELIGIBLE DAYS, EQUAL TO DAYS @ 25C. PER DAY	
	30.00
C. SUPPLEMENT FOR OVERSEAS SERVICE DAILY RATES AT DISCHARGE PAY $ SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE $ ADDITIONAL PAY $ $ $ DEPENDENTS' ALLOWANCE 1/30 OF $ _____ $ _____ TOTAL $ ×7 = $ NO. OF DAYS _____/183 ×$	
D. WAR SERVICE GRATUITY	30.00
E. DEDUCTIONS OVERPAYMENT OF PAY AND ALLOWANCES $ DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $ OTHER DEDUCTIONS $	
F. TOTAL AMOUNT PAYABLE	30.00

G. YOUR PORTION OF GRATUITY IS— 100%

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU $ _____ OF $ =$

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

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
CMH	[illegible]

TREASURY	
CHECKED BY	DATE
G. Leblanc.	27/3/46

[illegible] Dep.
SERVICE REPRESENTATIVE

ΔT

No D.105020 Rank Sergeant Name DEZIEL, Gerard

Unit Canadian Dental Corps Date of Death 12th March, 1940.

Died at Notre Dame Hospital, Montreal, P.Q.

Cause Hepatite, oedeme pulmonaire, etc.

Death occurred on strength of CASF, HQ 405-D-720 d 12-3-30.

N/K Mrs. Marthe Deziel Relationship Mother

Address 1449 Valois St., Montreal, P.Q.

Remains buried in Cote des Neiges Cemetery

Montreal, P.Q.

Grave location LOT 374-B

CHK

CONTRACTOR'S ROLL FOR THIS SOLDIER'S GRAVE DESPATCHED SEP 25 1940

MH

Estates Form "P. 4"

DISTRIBUTION OF SERVICE ESTATES

ARMY

Name DEZIEL, Gerard (Surname / Christian Names) No. D-105020

Sgt. (Rank) Can. Dental Corps. (Unit) 12-3-40 (Date of Death)

AMOUNT

W.S.G. 30.00
L.P.C. $ 121.45

Date 17-4-46

Other Credits

Total 151.45

Prev.dist. 121.45
This dist. 30.00

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Mother	Mrs. Marthe Deziel, 1449 Valois St., Montreal 4, Que. (Sole beneficiary per will)	30.00
			WSG

P4. TO TREAS.
APR 25 1946

AUTHORITY

H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	$30.00

CLASSIFIED BY

EXAMINED BY

For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

T. Firth

(L. M. Firth) Colonel
Director of Estates

AUDITED FOR PAYMENT

For Chief Treasury Officer

30M—1-46 (8630)
H.Q. 1772-45-27

M.F.M. 7
400 M—8-39 (1704)
H.Q. 1777-45-18

ACTIVE SERVICE
CANADIAN [redacted] FORCE

DISCHARGE CERTIFICATE

This is to Certify that No. D-105020 (Rank) Sergeant

Name (in full) Gerard DEZIEL enlisted in

the THE CANADIAN DENTAL CORPS. C.A.S.F.

ACTIVE SERVICE
CANADIAN [redacted] FORCE at MONTREAL, P.Q. on the 21st.

day of October, 19 39.

He served in No. 4 Company The Canadian Dental Corps. C.A.S.F.

and is now ~~discharged~~ S.O.S. from the service by reason of His Death.

THE DESCRIPTION OF THIS SOLDIER on the DATE below is as follows:—

Age 23 Yrs.

Height 5' 4 inches.

Complexion Fair

Eyes Grey

Hair Brown

Marks or Scars 1 vaccination left, shoulder.

Signature of Soldier

Date of Discharge

12th., March, 1940.

Issuing Officer

Major.
Rank

No. 4 Coy. C.D.C. (CASF)

Date 12th. March, 19 40.

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Record Office, Department of National Defence, Ottawa, Canada.

DUPLICATE FOR FILE

(P.T.O.)