D107010
CONSIGNY
CHARLES

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No D.107010 Rank Private Name CONSIGNY, Charles

Unit V. G. of C. Date of death 19th Oct., 1941.

Died at

Cause Natural causes.

Death occurred on strength of Forces.H.Q. 405-C-4976 d 19-10-41

N/K Mrs. Exilda Consigny Relationship Widow

Address 2179 Letourneau Street, Montreal, P.Q.

Remains buried in Cote des Neiges Cemetery

Montreal, P.Q.

Grave location Grave 4805, Lot 5410-M

CONTRACTORS ROLL FOR THIS SOLDIER'S GRAVE DESPATCHED NOV 12 1941

AWARDS C.A.S.F.

M 1355

50M-5-40 (5-179)
H.Q. 1772-45-8

FILE NO. 405-C-4976

SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT
CONSIGNY,	Charles	D.107010	Pte.	Vet.G'rd of Can.

WAR SERVICE BADGE

(CLASS) NO. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
War Medal	~~2869.~~ 2911 - 10-11-49

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

MEMORIAL BAR

DATE DESP

REGN. NO 3.23d

(1) MEDALS

PERSON ENTITLED TO Mrs. Ezilda CONSIGNY (WIDOW)

ADDRESS: 2179 Letourneaux St., MONTREAL, P.Q.

(1)

(2) MEMORIAL CROSS

WIDOW Mrs. Ezilda Consigny,

ADDRESS: 2179 Letourneaux St., Montreal, P.Q.

(2)

DESP. JAN 5 1942
REGN No. 943

943

(3) MEMORIAL CROSS

MOTHER Dead.

ADDRESS:

(3)

1. NO.	2. RANK OR RATING	3. SURNAME	4. CHRISTIAN NAMES
D 107040	Private	Consigny	Charles

5. UNIT OR SHIP	6. DATE OF CASUALTY	7. H. Q. FILE NO.	8. RELIGION
4A Veterans Guard of Canada	18/10/41	-	R.C.

9. CIRCUMSTANCES OF CASUALTY	10. NAME, RELATIONSHIP AND ADDRESS OF NEXT OF KIN
Thrombosis resulting in death	Exilda Consigny 2179 Latourance St Montreal (Wife)

11. LOCATION OF UNIT AT TIME OF CASUALTY
Fort Henry Kingston

NOTE:—Items 12, 13 and 14 are not to be completed until grave is permanently located.

12. CEMETERY	13. LOCATION OF CEMETERY	14. GRAVE LOCATION	15. REGISTERED NO. OF GRAVE
Montreal	Cimetiere de Notre Dame des Neiges	Grave 4805 Plot 3410 M Row	4805.

16. PHOTOGRAPH OF GRAVE TAKEN	17. EXPOSURE NO.	18. PHOTOGRAPH OF GRAVE AND CEMETERY SUPPLIED TO

19. FURTHER PARTICULARS ON REVERSE SIDE OF SHEET.

M. F. W. 2643
50m.—11-22
H. Q. 172-39-1453

UNIT DOCUMENTS DID NOT INCLUDE M.F.M. 23. THIS COPY MADE UP FROM INFORMATION ON SOLDIER'S DOCUMENTS ON FILE IN RECORD OFFICE.

M.F.M. 23
35M—9-40 (7259-60)
H.Q. 1772-39-1677

O.M.

CANADIAN ACTIVE SERVICE FORCE

DECEASED.

PROCEEDINGS ON DISCHARGE

(These proceedings should be accompanied by the documents specified on fourth page)

Regimental No. D 107010 | Rank Private

Surname CONSIGNY

Christian name Charles

NOTE.—The name must agree strictly with that on enlistment unless changed subsequently by authority.

Unit or Corps No. 4 Veterans Guard of Can.

Date of discharge 19-10-41

Place of discharge St. Helen's Island | Mil. Dist. No. 4

1. DESCRIPTION AT DATE OF DISCHARGE

Age 47 years ..... months

Height 5 feet 2½ inches

Complexion Medium

Eyes Blue

Hair Grey-Brown

Trade Labourer

Descriptive marks

1 vacc. left arm.
Tattoos left arm. & chest.

Intended place of residence (To be given as fully as practicable; *i.e.*, mailing address) ..... Street and Number ..... P.O., City or Town, etc.

Province

2. The above-named man is discharged in consequence of

"DECEASED" DECEASED.

Authority for discharge .....

N.B.—The cause of discharge must be worded in accordance with C.A.S.F. Routine Orders as may be published. If discharged by superior authority, the number and date of the letter to be quoted.

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the discharge certificate and initial them.

3. Conduct while in the service has been, according to the records, etc.

N.B.—See K.R. Can. 385. This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company.

4. Special qualifications for employment in civil life. (*Vide* 384, K.R. Can.)

(OVER)

REPORT OF DEATH OF A SOLDIER

TO BE FORWARDED TO THE SECRETARY, DEPARTMENT OF NATIONAL DEFENCE, (MARKED "FOR OFFICER IN CHARGE OF RECORDS") IMMEDIATELY AFTER DATE OF DEATH

Unit: No.4"A" Active Coy. VETERANS GUARD of CANADA

Regt'l No.: D-107010 Rank: Private

Name in full: Charles CONSIGNY

Date and place of birth: 28th February 1893 Quebec City, P.Q.

Married or single: Married

Enlisted, when and where: 3rd June 1940 Montreal, Que

Died — Date: 19th October 1941; Place: Kingston, Ont; Cause of death: Thombois

Buried — Date: 22nd October 1941; Name of cemetery: Cemetiere de Notre Dame des Neiges; Location of cemetery: Montreal, Que

Whether he leaves a Will or not, and if so, where deposited: Yes Records Office Ottawa, Ont

Statement as to existence of any personal effects: Forwarded to Administrator of Estates, Ottawa, Ont.

Latest particulars as to Next of Kin: Mrs Ezilda Consigny (Wife)
2179 Letourneaux St. Montreal, Que

I hereby certify that Next of Kin and District Headquarters have been informed.
(Strike out Next of Kin if not informed)

No. 4 A Company
VETERANS' GUARD OF CANADA

C M Byggate Capt.
Officer Commanding
Officer Commanding

Secretary, Department of National Defence.
Forwarded, please.

Date: Dec 9th/41

D.O.C., M.D.

Date

M.F.W. 2570

5M—11-39 (3005)
H.Q. 1772-39-1356

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.

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

No. 4 Veterans Home Guard, C.A.S.F. Unité / Unit

Matricule / Regimental Number D 107010

~~Original~~
Duplicata
~~Triplicata~~

Original
Duplicate
Triplicate

ARMÉE ACTIVE DU CANADA
CANADIAN ACTIVE SERVICE FORCE
FORMULE D'ENRÔLEMENT
ATTESTATION PAPER

1. Nom / Surname: CONSIGNY
2. Prénoms / Christian Names: Charles
3. Adresse actuelle / Present Address: 2179 Letourneaux Street, Montreal, Quebec, Canada.
4. Date de naissance / Date of birth: 28 February 1893
5. Lieu de naissance / Place of birth: Canada (Pays)—(Country) Quebec (Comté ou province)—(County or Province) Quebec City (Ville ou canton)—(Town or Twp.)
6. Religion (State denomination): Roman Catholic
7. Métier ou profession / Trade or Calling: Labourer
8. Marié, veuf ou célibataire / Married, Widower or Single: Married
9. Nom du plus proche parent / Name of next of kin: Ezilda Consigny
10. Parenté de celui-ci / Relationship: Wife
11. Adresse du plus proche parent / Address of next of kin: 2179 Letourneaux Street, Montreal, Quebec, Canada.
12. Avez-vous servi dans les forces navales, militaires ou aériennes? / Have you served in any Naval, Military or Air Force? Yes (4 years 8 months Sept '14 to 26 May/'1
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: Canadian Artillery - 1st Can. Heavy Battery Reg.No.43804
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? No

(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, CHARLES CONSIGNY, 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 3 June 1940 Charles Consigny (Signature de la recrue)

S. F. Hoare - Witness

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

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

Charles Consigny (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 3eme jour de Juin 19 40

S. F. Hoare - 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

État de service de CONSIGNY CHARLES
Record of Service of (Nom—Surname) (Prénoms—Christian Names)

Matricule D- 107010
Regimental Number

APTITUDES
Qualifications

Militaires: No
Military

Professionnelles ou commerciales: No
Business or Professional

Civiles ou de métier: Labourer
Trade or Civil

Techniques: No
Technical

Langues: English and French
Languages

QUALITÉS ÉDUCATIONNELLES
Educational qualifications

Académies: None
High School or Collegiate (années complétées—years completed)

Graduation ou (or) Immatriculation: None
Matriculation (Spécifier—Specify)

*Collège: None

*Université: do
University

8 years 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	Rapport — Report: 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.	Autorisation — Authority: Daté le — Dated
		Affecté lors de son enrôlement / Joined on enlistment						
3 June 1940	D.R.O.	No. 4 DISTRICT DEPOT C.A.S.F.	Pte	3 June/40	4 DD	Montreal	4 DD Pt II - 141	3 June 1940.
19 Jun 40	4DD	Transferred to his Unit	"	19 Jun 40	4DD	"	4DD Pt.11 DO.155	19 Jun 40
20. 6. 40	J.O.S	#4 Coy V.H.G.	"	20.6.40	~~V.H.G~~ V.G.G	"	" - - 8	20.6.40
31-10-40	Transferred	~~L.O.S~~ No. 4 A. Coy. ~~V.H.G.~~ V. G.G	"	31-10-40	V.G.G	"	" " 111	31-10-40
	S.O.S.	Deceased	Pte	19/10/41	V.G.C.	Kingston	Part 11 D.O.228	20/10/41

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

CERTIFICAT DE L'EXAMEN MÉDICAL
CERTIFICATE OF MEDICAL EXAMINATION

Nom en entier (Name in full): CONSIGNY: Charles. Date: 31-5-40

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

1. Age: 47

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

Charles Consigny
(Signature de la recrue)—(Signature of recruit)

Observations des examinateurs (Examiners remarks re above): Ears normal. Colour vision (Ishihara)(CN)
Reflexes Normal.
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. L. arm Tattoes L. arm. & chest.

2. Taille (Height): 5 pieds (feet) 2½ pouces (inches).
3. Poids (Weight): 155 livres (pounds)
4. Teint (Complexion): Medium Yeux (Eyes): Blue Cheveux (Hair): Grey-Brown
5. Développement (Development): Good { Bon —Good; Passable —Fair; Médiocre —Poor
6. Tour de poitrine—Circonférence, pleine expansion (Chest measurement—Girth on full expansion): 41 pouces (inches) Degré d'expansion (Range of expansion): 2 pouces
7. Vue, œil droit (Vision, right): 20-30 œil gauche (left): 20-30
8. Ouïe, oreille droite (Hearing, right): WV 20 gauche (left): WV 20
9. Condition de la bouche et des dents (Condition of mouth and teeth): Good. Several teeth missing.
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:
Overage. Some varicose veins above the Left knee.

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): Home guard.

(Président)—(President) (Membre)—(Membre) (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
5 Aug 40	Vaccination Unsuccessful, Inoculement	17/9/40	Tet Toxoid 2 c.c.
5 Aug 40	TAB / Inoc		
12 Aug 40	TAB / 2 Inoc		
19 Aug 40	TAB / 3 Inoc		
5 Aug 40	Tet Toxoid in Inoc.		

SI UNE PENSION OU UNE COMPENSATION POUR INVALIDITÉ, SI OUI, DONNEZ DÉTAILS..... no

Matricule / Regtl. No. D- 107010 Grade / Rank PTE Nom / Surname CONSIGNY Prénoms / Christian Name CHARLES

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: Jour — Day	Mois — Month	Année — Year	La sortie de l'hôpital — Discharge from Hospital: Jour — Day	Mois — Month	Année — Year	Maladie — Disease	Nombre de jours à l'hôpital — Number of days in hospital	Détails sur la nature et l'origine de la maladie; dire si elle était bénigne ou grave, si elle est entièrement guérie, et si un traitement spécial a été adopté. Dans le cas des maladies vénériennes, mentionner la nature de la maladie première et dire si on a prescrit le mercure. Si la maladie est accidentelle, spécifier si elle fut contractée en service et si un conseil d'enquête a été tenu. Détails et dates au sujet des fausses dents et des appareils chirurgicaux fournis. — Remarks on nature of the disease; how induced; if mild or severe; if completely recovered; 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
St. Helena Island		14	12	40						Ste. Anne's Military Hosp. D.O. 29. 17/12/40	
					19	12	40			" " " " D.O. 31 19/12/40	

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.)

MEMORANDUM FOR **P. 64**

Mrs. Ezilda Consigny,

2179 Letourneaux St.,

Montreal, P. Q.

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-C-4976 FD.500.

DEPARTMENT OF NATIONAL DEFENCE
OTTAWA, ONT.

October 29th, 1941.

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

Private Charles CONSIGNY, No. D.107010.

No. 4 "A" Veterans Home Guard Company.

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.

(L.M. Firth) Major,

Administrator of Estates.

M.F.W. 77
5M—9-41 (1669)
H.Q. 1772-39-972

ESTATES BRANCH
NOV 4 1941
OTTAWA
NATIONAL DEFENCE

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 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 Deceased		Ezilda · Lalonde Bonsigny	50	2179 Lafontaine Montreal Que
2	Children of the Deceased and dates of their Births		Arsene · Feb-13-1928 Fabiola oct 4-1922 Jacqueline aug 8-1926	20 19 15	" " " "
3	Father of the Deceased		Arsene Bonsigny	Dead	
4	Mother of the Deceased		Amanda · Thibodeau	" "	
5	Brothers of the Deceased	Full Blood	Antoine Bonsigny	45	2045 Orleans Montreal
		Half Blood			
6	Sisters of the Deceased	Full Blood	Bresance · Bonsigny	52	Lanoraie 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
	none		none		none

ONLY 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 Deceased			
9	Uncles and Aunts by blood of the Deceased (not Uncles and Aunts by marriage)		Age	

10	What is the full na
11	Give the month an
12	Where and when w
13	If deceased was ma
14	Did he leave a Will
15	Did he leave a bank
16	Is there any other es made for Probat the estate?
17	State *your own* post
18	Where was deceased
19	State, in order, the P deceased resided last.
20	What was the natur
21	Did he own the pren
22	Did he ever state ve make his perman
23	Did the deceased af (*a*) His own se (*b*) Service clot An itemized accoun hereto, and if s "approved" and particulars.
24	Have you or any oth part thereof? amount paid, an (NOTE:—The G and burial is made those expenses the G amount of such expe against the service e

TIONS

l the relatives that the deceased

EMENT	
Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
50	2179 Letourneux Montreal Que
30	" "
19	
5	" "
ead	
45	2045 Orleans Montreal
52	Lanoraie Que
Address of their children	
	none

LIVING, THE FOLLOWING

Age	ADDRESS IN FULL
Age	

FULL PARTICULARS AS TO IDENTITY

10	What is the full name of the deceased?	Charles Eugene Bourgeoy.
11	Give the month and year of his birth.	Mars 1 - 1895
12	Where and when were his parents married?	St Roch. Que 1885
13	If deceased was married, state place and date of marriage.	28 of July - 1919. Maisonneuve Que
14	Did he leave a Will? If so, a copy should be attached hereto.	none
15	Did he leave a bank account? If so, give full particulars.	none
16	Is there any other estate which will necessitate application being made for Probate of the Will or Letters of Administration of the estate?	no
17	State *your own* postal address in full.	madame Charles Bourgeoy 2179 Letourneux Montreal Que

PARTICULARS OF DOMICILE

18	Where was deceased born?	St Roch. Quebec
19	State, in order, the Province (or State) and country in which the deceased resided and the period of time in each, and in which last.	Quebec —
20	What was the nature of his employment?	Labarer
21	Did he own the premises in which he lived? If so, where?	none
22	Did he ever state verbally, or in writing, where he intended to make his permanent home?	no

OTHER PARTICULARS

23	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.	no. none
24	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.	Church Service only - by widow - $50.00

(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, 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)

Fabrique St. John Baptiste de la Salle.

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 deceased ever had in the degrees inquired for ; and that I am the

*.....Wife.....of the deceased.

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

.....Egilda Consigny..... {Signature of Informant

CERTIFICATE

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

*See above Gustave Egildas Consigny {Name of Informant} is the *.....Wife.....of the Deceased above described, and I believe the above Declaration and the Statement of Relatives made by the Informant and signed in my presence to be complete and correct.

Dated at Montreal this 3rd day of November 1941

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public } .....Robert V. ..... Qualification Payroll Clerk

DISTRICT OF MONTREAL JUSTICE OF THE PEACE

Address 942 Fir 1x Blvd

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 enquired after is stated in its proper place in the Statement opposite.

USE SPACE BELOW FOR ANY ADDITIONAL REMARKS YOU MAY WISH TO MAKE

The Administrator of Estates

Regimental No. D. 107010 Rank Private

CONSIGNY Charles
Surname Christian Names

Unit No. 4 "A" Veterans Home Guard Company

Date of Death October 19th, 1941. Place of Death

Next-of-kin Mrs. Ezilda Consigny Relationship Wife

Address 2179 Letourneaux Street, Montreal, P.Q.

M.F.M.5 Copy Herewith.

Will Original M.F.M. 10 Herewith.

Date October 24, 1941.

STATES BRANCH
OCT 28 1941
OTTAWA
NATIONAL DEFENCE

W.E.L. Coleman

(W.E.L. Coleman) Lt.-Col.,
Officer i/c Records,
for Adjutant-General.

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

WILL

M.F.M. 10
60M—3-40 (4386)
H.Q. 1772-39-1656

(1) I, CHARLES CONSIGNY, of the City
(Name in Full) (City, Town, Village, Township)

Address in civil life.

of Montreal, in the County/District of Hochelaga,

Province of Quebec, Canada, Laborer
(Civil Occupation)

Regimental No. D107010, Unit No. 4 VET. Home Guard Coy 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.

(2) I GIVE, DEVISE AND BEQUEATH unto "my wife, Mrs Ezilda Consigny, Residing at 2179 Letourneaux St., Montreal, Quebec, Canada, all my estate."

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 Occupaton)

IN WITNESS WHEREOF I have hereunto set my hand this 3 day of ~~[illegible]~~ June 19 40

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.

Charles Consigny
(Signature of soldier)

First witness sign here.

(5) Signature W. G. Black, Pte.
Civil Address 254 Cooper St., Ottawa, Ont.
Civil Occupation Musician.

Second witness sign here.

Signature Murray Lloyd Kilop, Pte.
Civil Address 758 Osborne Ave., Verdun.
Civil Occupation Clerk.

(Witnesses are not to be beneficiaries.)

[OVER]

To be made out in duplicate

M.F.M. 5
200M—2-41 (9495-6)
H.Q. 1772-39-1651

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

INSTRUCTIONS.

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

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

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

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(1) Name of Officer or Other Rank Consigny Charles
(Surname first—Christian names in full—Block capitals)

(2) Regimental or Official Number and Rank D. 107010 Pte.

(3) Unit No. 4 Veterans Home Guard. Coy. C.A.S.F.

(4) Are you married? Yes

(5) If married, state,

(*a*) Full name of your wife Mrs. Ezilda Consigny

(*b*) Present postal address of wife 2179 Letourneaux Street, Montreal, Que, Canada

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

Yes

(7) Are you a widower? No

(8) Have you any children? Yes Number of boys Two Girls One

Names and ages Arsene 19, Fabiola 17, Jacqueline 14

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

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

Name 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? No

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

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

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

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

(14) Is your mother alive? No

If so, state name and address N/A

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

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

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

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

If so, state the following particulars:—

Relationship N/A

Full Name N/A

Postal Address N/A

Amount contributed monthly during the past six months N/A

(18) Are you insured? No

If so, in what Company? N/A
(Give number of policy)

Have you made arrangements for payment of your Insurance Premium? N/A
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.

(Sgd.) Charles Consigny
(Signature of officer or man)

Date 3 June 40

(Sgd.) S. F. H. Love (Major)

Officer Commanding No. 4 District Depot, C.A.S.F.

Date 3 June 40

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.

M. F. D. 930 A
250M—12-39 (3458-9)
H.Q. 1772-39-1548

DISTRICT RECEIVED NOV 28 1941 M.D.3, Kingston, Ont.

CANADIAN ACTIVE SERVICE FORCE

LAST PAY CERTIFICATE

AMENDED

Regtl. No. D107010 Rank and Name Pte. Consigny, C

of 4A Act. Company, etc., Veterans Guard of Can. Regiment, etc., on
DECEASED
(~~Transfer or Discharge~~) to on 19-10-41 19

Reason for discharge Authority: D.O. 228

ON TRANSFER OF OFFICER

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

REMARKS:

State (1) Date of appointment or enlistment 3-6-40

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

(3) Has assignment of pay been made? Yes If so, amount $20.00 effective date July 1940

The following is a statement of the account of the above named from 1-10-41 to 31-10-41 19, 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 A.R. 149	9	00	Regimental Pay 31 days at 1.$30	40	30
Casual Payments			Technical Pay days at $		
Payment 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):					
Short of Kit		54	R.G. Slip #3005	1	74
To Balance Cr. (To be paid by new unit)	12	50	By Balance Dr. (To be deducted by new unit)		
Total	42	04	Total	42	04

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

Fort Henry, Kingston, Ont.
(Place)

Nov. 8th. 1941
(Date)

H. Trigg Lieut.
Paymaster

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

PERSONAL EFFECTS OF D-107010 Pte.CONSIGNY.Charles

Casement No.8
Fort Henry,Ont.
0215 hours 19/10/41

1. Wrist watch
1. Pocket knife
1. Leather purse containing$1.74 and 1 car ticket M.T.
~~1. Kit bag key~~
1. Pair Eye glasses
1. Cigarette lighter
2. Smoking pipes
1. Leather cigarette case
1. Tobacco pouch
1 Small mirror
1. Straight razor
2. Letters
1. Folder with personal snap shots
1. String of beads(Catholic)
1. Letter,not mailed
1. Address book
1. Envelope with post cards
1. Package playing cards
1. Pair sun glasses
1. Tin box Medical supplies
11. Packages of Tobacco
2. Handkerchiefs
1. Box shaving soap
1. Box Colgate's Dental
1. Pair scissors

1-74 in Cash sent to MD 3 Paymaster

DESTROYED 7K

ESTATES BRANCH
DEC 10 1941
H. Q.
OTTAWA
NATIONAL DEFENCE

FORM No. 1

Register No. D 102 19 Nominal Roll No. D 216

H.Q. File No. 405-C-4976

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 107010	PTE	CONSIDINE	Charles

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. 3 Jun 40	T.O.S.	T.O.S.
S.O.S. 19 Oct 41 MD 4	S.O.S. MD	S.O.S. MD
Total Days 504	Total Days	Total Days

Total Service 504 DAYS

—	Total Service	Less Non-qualifying Service	Net Service
Western Hemisphere	504	7	497
Overseas Service	nil		
Totals	504	7	
Add Non-qualifying Service			7
Total Service			504

EMBARKATION DETAILS:

1. Date S.O.S. Overseas ~~19 Oct 41~~ 2. Date S.O.S. Overseas

DIED WHILST IN SERVICE

REMARKS:

Computer's Signature J. G. Wilson 19 Oct 41

Checker's Signature

Date Computed 26 Apr 45

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

Details of Non-Qualifying Service

Western Hemisphere—

Forfeits for	From	To	Effective Date	Days	Total
AWL	1 Sep 40	3 Sep 40		3	3
AWL	19 Oct 40	21 Oct 40		2	
Awd			26 Oct 40	2	4
				Total	7

Overseas: T.O.S. ..... T.O.S. ..... T.O.S. .....

S.O.S. ..... S.O.S. ..... S.O.S. .....

				Total	

5M-1-45 (6393) (FR.)
H.Q. 1064-81-3

DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE

4
ARMY

STATEMENT OF WAR SERVICE GRATUITY

DECEASED MEMBER'S NAME: Charles (CHRISTIAN NAMES) CONSIGNY (SURNAME)

REGISTER NO. D-10219
FILE NO. 405-C-4976
DATE 5-6-45
SERVICE NO. D-107010
FINAL RANK OR RATING Pte.
DATE OF DISCHARGE 19-10-41

PAYEE Mrs. Ezilda CONSIGNY,
ADDRESS 2179 Letourneax, Montreal (4) P.Que.

DATE OF TERMINATION OF OVERSEAS SERVICE

	$ ¢
A. TOTAL QUALIFYING SERVICE	
480 NO. OF DAYS 497 / 30 EQUAL TO 16 COMPLETE PERIODS AT $7.50	120.00
B. QUALIFYING OVERSEAS SERVICE	
No. of Days LESS INELIGIBLE DAYS, EQUAL TO DAYS @ 25c. PER DAY — SEE PAR. 2 OVERLEAF FOR EXPLANATION	
	120.00
C. SUPPLEMENT FOR OVERSEAS SERVICE	
DAILY RATES AT DISCHARGE: PAY $; SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE $; ADDITIONAL PAY $; $; $; DEPENDENTS' ALLOWANCE 1/30 OF $ ____ $; TOTAL $ X7 = $; NO. OF DAYS ____ / 183 X$	
D. WAR SERVICE GRATUITY	120.00
E. DEDUCTIONS — OVERPAYMENT OF PAY AND ALLOWANCES $; DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $; OTHER DEDUCTIONS $	
F. TOTAL AMOUNT PAYABLE	120.00

G. YOUR PORTION OF GRATUITY IS— 100%

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

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

RECEIVED JUN 12 1945 WAR SERVICE GRATUITY DIVISION, ARMY TREASURY

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
[redacted]	

TREASURY	
CHECKED BY	DATE
N. McClelland	13/6/45

[signature]
SERVICE REPRESENTATIVE