

D107443
BAYLISS
ARTHUR THOMA

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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

Section A—GENERAL INFORMATION

1. (a) Print name in full BAYLISS, ARTHUR THOMAS (b) Reg'l. No. D107443
2. (a) Arm of service ARMY (b) Unit 1212 COY VETERANS GUARD CAN (c) Rank PTE.
3. (a) Date of birth 23 APRIL 1946 (b) Have you any dependents? NONE (c) Place of residence CEDARS, SOULANGES CTY.
4. (a) Place of enlistment MONTREAL, P.Q. (b) Date of enlistment 5 JULY 1943 QUE.

PLEASE
LEAVE
BLANK

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 14 YRS. (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.) 8 YRS PUBLIC SCHOOL - 7th GRADE
7. If you attended a university, give name of university and standing or degree secured NO
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) YES 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 DOMINION GRV. R.C. M.P. Address 131 ST. JAMES ST. W. MONTREAL
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) ✓ SECURITY TYPING
20. (a) Your specific occupation SUP. GUARD DETAIL (b) Number of years' experience at this occupation with any employer 4 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? (b) Do you feel competent to operate a farm? (c) If so, in what kind of farming?
25. (a) Were you born on a farm? (b) How many years' actual farming experience have you had? (c) In what provinces did you have experience?

Section G—MISCELLANEOUS

26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge? NO
27. If so, state nature of your plans (for example, do you plan to return to school, or have you been assured of a job, etc.)
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form HOSPITAL ORDERLY

DATE 10-12-43

194

SIGNATURE

Arthur L. Bayliss

TO BE FILED WITH DOCUMENTS

This form will accompany the soldier's regimental documents at all times.

DEPARTMENT OF NATIONAL DEFENCE
(Army)

Veterans Guard of Canada.
Arm or Corps

Non-Tradesman.

Trade (if Tradesman or Trade Trainee)

Work in Arm (if Non-Tradesman)

Personnel Selection Record

I. D-107443 Pte BAYLISS, A.T. A 48
Regt. No. Rank Name (surname first) A or R Age Med. Cat.
English Nil CITC A-12 Farnham P.Q. 1-2-44
Main Language Other Language(s) Place (Unit) Interviewed Date Interviewed

II. Revised Examination "M"

Total	Group	Subtests	1	2	3	4	5	6	7	8	Subtotals	1-3	4-5	6-8	English or French	
Other Tests		YOB	PULHEMS													
		96	1111121													

III. Educational Background

Completed 7th. grade Public School in England.
Left school when 14 years old.
His best subjects were composition and writing.
Average pupil in school.

IV. Occupational Background

Started to work as Ass't. Janitor in Apt. house. Was on that job from 1911 till Aug. 1915. Then joined up the Canadian Forces in Aug. 1915. Discharged May 1919. 6 months after discharged had job in Ste-Anne-de-Bellevue Hospital as Medical Orderly. Worked in surgical dept. Was there till Nov. '35. Had to be hospitalized for a while. From '36 till '39 could not get a steady job. Did all kind of work to keep going. Sept. '39 joined Guard Details of RCMP. Was there from Sept. '39 till July '43. Left to join V.G. of C.

V. Military Background

Joined C.F. in Aug. 1915 -Discharged May 1919. Served in Guard Details RCMP from Sept. '39 till July '43. On 5th July '43 joined up with Veterans Guard of C, 12th. Coy. Worked as clerk and runner. Served in Farnham, Sherbrooke, Valcartier and now back in Farnham. Has completed his 6 months training and qual.

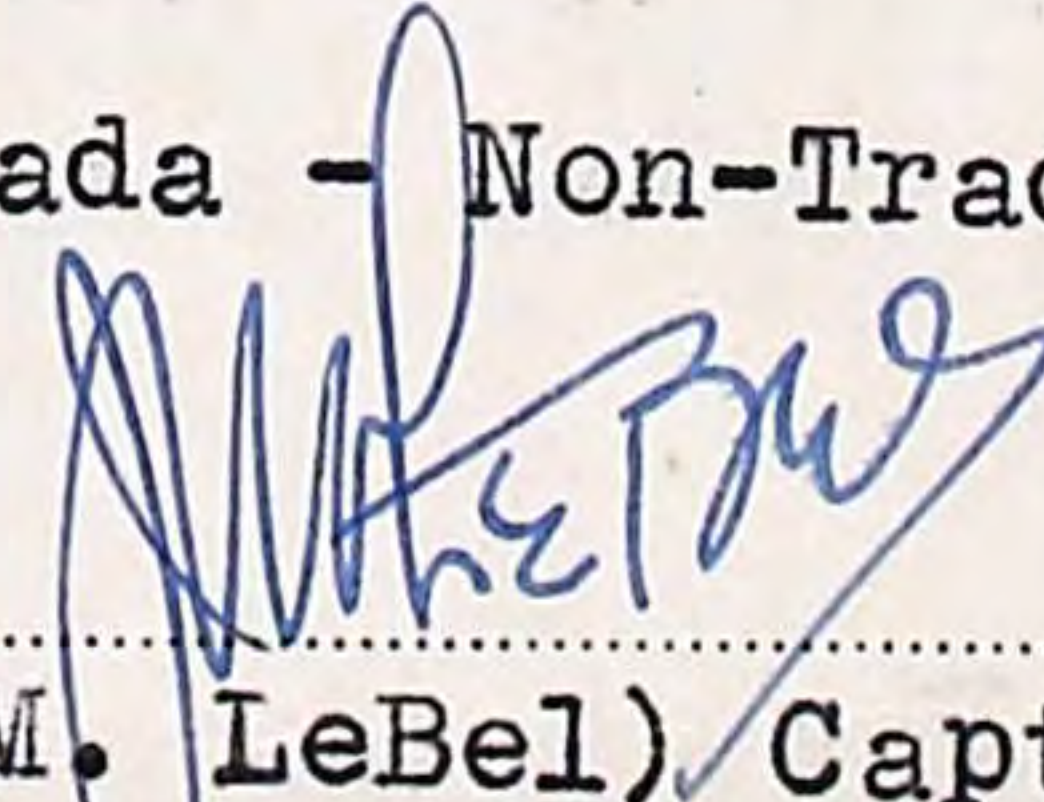
VI. Other Personal History and Appraisal

Pte. Bayliss was born in Binston Staffordshire, England, on 23rd. April 1896. He stands 5'7" and weighs 153 lbs. He is single. Father came to Canada with him and mother a year later. He was then 14 years old. He was the only child. Father died in 1919 and mother in 1937. Father served for 21 years in Imperial Forces. His occupation was groom. He had to take care of his mother from '19 to '37 and said he did his best. No relation in Canada and never kept in touch parents living in England. This man is pleasant to talk with and was very cooperative during the interview. He smokes and takes a social glass. He seems to have initiative and a good sense of humour. He was supervisor of 25 Guards when with RCMP. This man worked for 15 years as orderly in hospitals and would like to be employed in his trade.

Hobby: Taking snapshots and walking.

VII. Recommendations

as is - Veterans Guard of Canada - Non-Tradesman.

(Signed)  (M. LeBel) Capt. Army Examiner

FURTHER INFORMATION AND FOLLOW-UP

D-107443 Pte. BAYLISS, A.T.

First interview: 1-2-44 CITC A-12 Farnham PQ.

YOB PULHEMS

96 1111121

Military background:

Joined C.F. in Aug. 1915 - Discharged May 1919. Served in Guard Details RCMP from Sept '39 till July '43. On 5th July '43 joined up with Veterans Guard of C. 12th. Coy. Worked as clerk and runner. Served in Farnham, Sherbrooke, Valcartier and now back in Farnham. Has completed his 6 months training, and qualified.

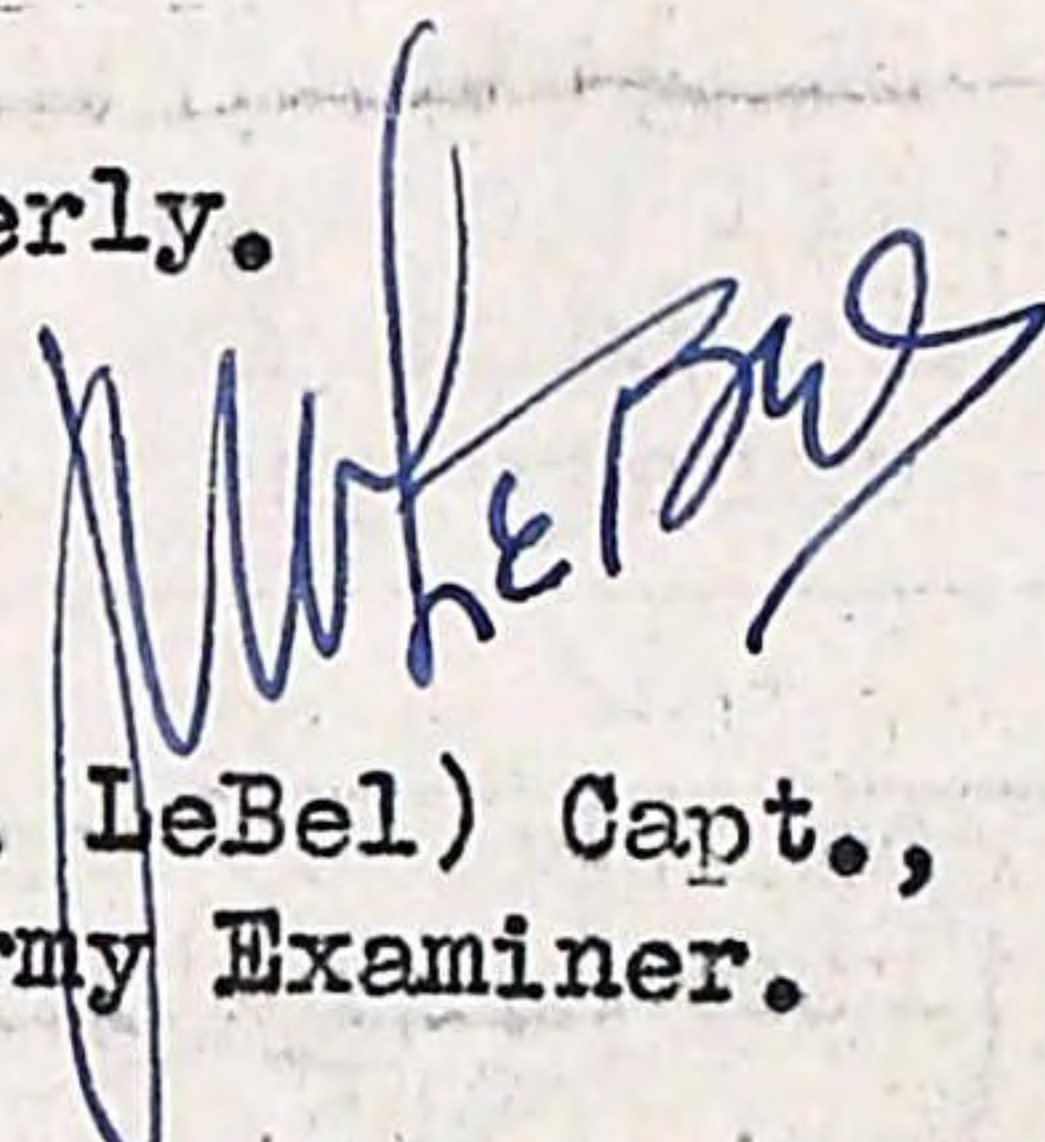
Present situation:

In view of this man's experience with RCAMC it is believed he would be better fit with the latter corps though his age is above maximum required. The following is suggested:

Suggestion:

RE-ALLOCATION TO RCAMC - Hospital Orderly.

CITC A-12. Farnham PQ.
3rd. Feb. '44


(M. LeBel) Capt.,
Army Examiner.

Mrs. George Allen,
1166 Crawford Bridge Ave.,
Verdun, Quebec.

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

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

and the following number quoted:—

H.Q. 405-B-25,216 FD 492

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

10 August 1945

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

BAYLISS, Arthur Thomas, Pte.

D.107443 C.A. O/S



it is necessary that certain information regarding the deceased and his relatives should be furnished the Estates Branch. You are asked therefore to read the enclosed memorandum before completing pages 2 and 3 of this form. The particulars required are to be carefully filled in and the Declaration on page 4 should then be signed in the presence of a Clergyman, Priest, Local Magistrate, Commissioner for Oaths, Notary Public or a Commissioned Officer of any of His Majesty's Forces who should be asked to complete and sign the Certificate. This form should then be returned to the above address.

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.

Robert Smith
Col.

FCM/JL

Director of Estates.

24 33
17 50
6 8 3

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.....	Ernest J Bayliss		October 1918
4	Mother of the Deceased.....	Emma Jane Bayliss		February 1937
5	Brothers of the Deceased	Full Blood		
		Half Blood		
6	Sisters of the Deceased	Full Blood		
		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.	Arthur Thomas Bayliss
9	Date of his birth.	April 23 1897
10	Place and date of his marriage.	
11	Place and date of his parents' marriage.	

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Lichfield England
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) England until sixteen years (b) (c) Montreal Province of Quebec (d) Ste Anne de Belleveue Quebec
14	Nature of employment before enlistment.	Attendant at Ste Anne's Military Hospital
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.	Montreal

PARTICULARS OF ESTATE

17	Did the deceased leave a Will other than a Service Will? If in your custody, please forward. If not, can you state where it is?	Not to my knowledge
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?	no
19	(a) Did he have a Bank, Post Office or other deposit account? (b) Give name and address of bank, etc., and the amount on deposit. (c) Do you wish it administered with the pay account? (d) If it is a joint account, state the survivor's name and relationship to the deceased.	do not know
20	Amount of War Savings Certificates purchased by the deceased and registered in his name. State where located.	do not know
21	(a) Amount of Victory Loan Bonds left by deceased. (b) State whether bearer or registered. (c) State in whose name they are registered. (d) During what loan were they purchased? (1st, 2nd, 3rd, etc.) (e) In whose possession, and address, are they?	do not know
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	do not know
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	

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.	
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(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

* Cousin of the deceased.

N.B.—To be signed in full in the presence of a Clergyman, Priest, Local Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces.

Mary A. Allen

{Signature of Informant

1166 Crawford Ave
VERDUN QUEBEC

Address

CERTIFICATE

I hereby certify that to the best of my knowledge and belief M^{rs} Mary A.

*See above.

Allen { Name of informant } is the* Cousin of the Deceased above described. The above Declaration was made by the Informant and signed in my presence.

Dated at Verdun this 2nd day of August 1945

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces.

Arthur H. James

Qualification C. S. C.

Address 673 Desmarlais Blvd - Verdun - P.Q.

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

my mother
an aunt

Alice Bishop

1102 Desmarlais died Nov 30/44

Cousin Dorothy Bishop

" "

cousin George Bishop

" "

cousin Freda Bishop

" "

→ Aunt Mrs F Pursehouse Bilston England

other aunts and Uncles all in England

I hold a promissory note signed by Arthur J Baylis
for the sum of \$40.00 dated Feb 15th 1937

M. A. Allen

ORIGINAL
DUPLICATE
TRIPPLICATE

a) Are you in receipt of a service pension under the Militia Pension Act? **NO**

If so, what was your rank or rating in the P.A.M., or R.C.A.F., at date of retirement or discharge therefrom? **NONE**

**FINGERPRINTED
PHOTOGRAPHER**

M.F.M. 2
A.F.B. 271
750M-5-42 (4398)
H.Q. 1772-39-1645

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

Unit **No. 12 Coy. Veterans Guard of Canada, C** Occupational History Form Completed
Regimental Number **D-107443**

ACTIVE FORMATIONS AND UNITS OF THE CANADIAN ARMY

ATTESTATION PAPER

**WSG
COMPLETED**

1. Surname **BAYLISS**
2. Christian Names **ARTHUR THOMAS**
3. Present address **Cedars, Cty. Soulanges, Que., Canada.**
4. Date of birth **23rd April 1896**
5. Place of birth **England** **Staffordshire** **Bilston**
(Country) (County or Province) (Town or Township)
6. Citizenship **Canadian**
(Of What Country are You Now a Citizen)
7. Religion (state denomination) **Church of England** **Hospital Orderly**
8. Trade or Calling **Supervisor of Prisoners**
9. Married, Widower or Single **Single**
10. Name of next of kin **Mrs. Alice Bishop**
11. Relationship **Aunt**
12. Address of next of kin **1102 Desmarchais Blvd., Verdun, Que., Canada.**
13. Do you belong to, or have you served in a Reserve Formation or Unit of The Canadian Army? **No**
(If Yes, Give Unit and Dates of Service)
14. Have you served in (a) an Active Formation or Unit of The Canadian Army? **No** (Yes or No)
(If Yes, Give Regimental No. and Unit) (b) Any other Naval, Military, or Air Force? **No**
(Yes or No) (If Yes, specify Unit and Period of Service)
15. Did you serve during the Great War 1914-1918? **Yes, 458534., 60th Battalion, CEF, From 16th Aug. 1915 to May 8th 1919. (Served in Canada England France.)**
(If Yes, specify Regimental No., Unit and Dates of Service)

DECLARATION TO BE MADE BY MAN ON ATTESTATION

I, **Arthur Thomas Bayless**, do solemnly declare that the above particulars are true, and I hereby engage to serve in any Active Formation or Unit of The Canadian Army 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 **5th July 1943**

(Signature of recruit)

OATH TO BE TAKEN BY MAN ON ATTESTATION

I, **Arthur Thomas Bayless**, do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.

Witness

(Name)

(Rank)

(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 **Montréal** this **25th** day of **July** 19**43**

(Signature of Magistrate, Justice or Attesting Officer)

(Officer 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 **Bayliss, Arthur, Thomas**

(Christian Names)

Regimental Number **D-107443**

QUALIFICATIONS

EDUCATIONAL QUALIFICATIONS

Military: High School } **No 7 years Public** } Graduation
Business or Professional: **Hospital Orderly** } Collegiate } (years completed) } or
Trade or Civil: *College: **No** } Matriculation } (specify)
Technical: *University: **No** }
Languages: **English & French** }
*(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.

Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., from date taken on Strength of Field Force	Rank Shown	Effective Date	Unit	Place	Authority	
					Part II D.O. No. Cas. List, etc.	Dated
Joined on appointment T.O.S. 5-July-43	Pte	5-7-43	12 Coy.	Farnham	D.O. 96	14-7-43
RATE OF PAY. £1.40 PER DIEM	1.	5-11-43	12 Coy. V.G.C.	VALCARTIER	D.O. 161	8-11-43
10 JAN 44. RATE OF PAY. \$1.50 PER DIEM	PTE	5 JAN 44	12 COY V.G.C.	FARNHAM	D-O 4	10 JAN 44
20 MAR 44 GRANTED 14 DAYS FURLOUGH FROM 21 MAR 44 TO 3 APR 44 P/A 50 P.D.	PTE.	21 MAR 44	12 COY V.G.C.	FARNHAM.	D O 37	20 MAR 44
5 APRIL 44. S.O.S. ON TRANSFER TO NO. 4. CASUALTY RETRAINING CENTER. (RCAME) C.A.	PTE.	5 APRIL 44	12 COY V.G.C.	FARNHAM.	D O 47.	5 APRIL. 44
10-4-44 4 CRC T.O.S. & ABSORB. INTO HWE ON TRANSFER FROM NO. 12 COY. V.G.C. FARNHAM QUE.	"	7-4-44	4 CRC	HUNTINGDON	" " 32	7-4-44
S.O.S. to Farnham Military Hospital, Farnham, Que.	"	18 Jul 44	"	"	4 CRC No. 78	19 Jul 44
T.O.S. Farnham Mil. Hosp. f.a.p. from No. 4. C.R.T.C. Huntingdon Que.	Pte	21-7-44	F.M.H.	Farnham Que.	Pt-11. NO. 50	21-7-44.

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

(VGC)

CERTIFICATE OF MEDICAL EXAMINATION

Date of Medical Examination

Name in full **BAYLISS ARTHUR THOMAS** Place **Mtl.** **2 July 1943**

Part 1. Information obtained from the recruit.

1. Age **47** 2. Have you ever suffered from any of the following diseases?
- a. Rheumatism **no** k. Ear disease **no**
- b. Tuberculosis or pleurisy **no** l. Eye disease **no**
- c. Bronchitis or asthma **no** m. Fits **no**
- d. Heart disease **no** n. Nervous or mental disease **no**
- e. Kidney or bladder disease **no** o. Syphilis **no**
- f. Stomach or bowel trouble **no** p. Gonorrhoea **no**
- g. Rupture **yes** q. Have you ever worn glasses? **no**
- h. Varicose veins **yes** r. Are you now or have you in the past received disability pension or compensation? If so, give details **no**
- i. Foot trouble **no**
- j. Nasal trouble **no**

I hereby declare that I have not suffered from any diseases whatsoever except as stated above.

X

A.T. BAYLISS

Signature of Applicant

Part 2. Information obtained by medical examination. **THE RECRUIT MUST BE STRIPPED.**

Medical Officer's Remarks on information as stated in Part 1

appendectomy - Right arm broken - Operation for left hernia.

1. Identification marks or scars **1 vac. left arm. Scars abdomen and left groin.**
2. Height **5** feet **4 1/2** inches. 3. Weight **147 1/2** pounds. Good Fair Poor
4. Complexion **Med.** Eyes **Hazel** 5. Development **Good**
- Hair **Brown**
6. Chest measurement—Girth on full expansion **37** inches. Range of expansion **2** inches.
7. Vision, right **20/20** left **20/20**
- With Glasses— right left 8. Hearing, right **cv 20** left **cv 20**
9. Condition of mouth and teeth **complete dentures**
10. Blood Pressure:— S **135** D **85** (Required if recruit is over 35 years of age, or if otherwise indicated)
11. Urinalysis **N**

12. The abnormalities (congenital and pathological) found on examination are as follows:—

COLOR VISION ISHIAHA (CN) EARS NOSE THROAT NEGATIVE. E.A. STUART, Capt. Spine, abdomen, extremities, reflexes normal. Heart & lungs Normal.

13. Chest X-Ray **N** No. **195043** Laboratory at which taken **D.P. & N.H., Mtl.**

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.

A. VINEBERG Major rank **F. STRAIN** CAPT. rank **R. THERIEN** CAPT. rank
President Member Member

Date **2 July 1943.**

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature
28-9-43	Vacc. MacDonald cap	17-3-45	96-4R-1-1-1-2-1 Mac
28-9-43	1st. T. B. I. MacDonald cap		
	Y O R P U I H E M S		
25-10-43	96-1-1-1-1-2-1		
27-7-44	T. A. B. T. I. C. MacDonald		
28-8-44	T. B. I. C. MacDonald		
10-5-45	Sehich test (Negative)		

NOTE: Any corrections to entries made must be initialled by the Officer making them. Such Officer will indicate his rank and corps. Corrections are not to be written over the original entry.

Regtl. No. **D-107443**

Rank.....Pto

Surname:.....BAYLISS

Christian Name...**Arthur, Thomas**

STATIONDate of
Arrival at
the Station

DATE OF

Admission into Hospital

Discharge from Hospital

Day

Month

Year

Day

Mon

	Yes
--	-----

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

MILITIA BOOK M. 1

PART I

250M—10-42 (5040-2 & 5232)
H.Q.1772-39-1672

CANADIAN ARMY

SOLDIER'S SERVICE BOOK

(For use on Active Service)

Reg. No. D-107443

Surname (Capitals) BAYLISS

Christian Names in full ARTHUR THOMAS

(I) **SOLDIER'S NAME AND DESCRIPTION ON ATTESTATION**

Regtl. No. D-107443
Surname (in capitals) BAYLISS
Christian Names (in full) ARTHUR THOMAS
Date of Birth 23 APRIL 1896
Place of Birth BILSTON STAFFORDSHIRE ENG.
Citizenship CANADIAN
Trade on Enlistment HOSPITAL ORDERLY

Nationality of Father at Birth.....Ireland
Nationality of Mother at Birth.....England
Religion.....C of E.
Enlisted at.....MONTREAL QUE
Date.....6 JULY 1943
Particulars of former service (if any) i.e. Regtl. No., Corps or Regiment and period. } NO 458534 16 AUG 1915 TO MAY 8TH 1919 60TH BATT CAN. ENG FRANCE
Signature of Soldier.....A J Baker
Signature of Officer.....R H C Akerman
Place.....VALDARTIER QUE Date.....9 OCT 1943

(IV) NEXT OF KIN

Any change becoming known is to be duly noted with date of

NOTE.—No entry in these pages has any legal

Nearest degree of relationship		Names	Date
1st	Wife		
	Children		
2nd	Father		
	Mother		
3rd	*Brothers and Sisters		
4th	Other Relations (stating relationship)	<p>MRS. FLICE BISHOP (dead)</p> <p>Mr. G. G. G. (Cousin)</p>	

*State whether brothers are older or younger.

NOW LIVING

such change and reported by O.C. Unit to the Officer i/c Records.
effect as a WILL (see pages 20 to 23)

Latest known Address in full

1102 DESMONTAGNE BLVD. VERBON QUE

1166 Crawford Bridge. Verdun Que.

[illegible]

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

(VII) PARTICULARS OF TRAINING

Date _____

Signature of Officer

(VIII) SMALL ARMS RANGE COURSES


5

(IX) EDUCATIONAL QUALIFICATIONS

[illegible]

(X) TRADE QUALIFICATIONS

(For men who have passed Trade Tests)

Trade	Group	Grade	Part II Order	Date	Signature of Officer
Nursing orderly	"C"		710-32	17-4-45	
Trade in a rate of pay	"C"	715.B.303 Serial No. 1399	710-32	17-4-45	

7

12

131

	Vision without Glasses	SPH	CYL	Axis Standard Notation	Vision with Glasses	Ophth., Centre:	Date of Exam.:
R						Frame No. (or measurements):	Date of Issue:
L							

14

	Vision without Glasses	SPH	CYL	Axis Standard Notation	Vision with Glasses	Ophth., Centre:	Date of Exam.:
R						Frame No. (or measurements):	Date of Issue:
L							

15

[illegible]

[illegible]

(XVI) PROTECTIVE INOCULATIONS

Nature of Vaccine, "T.A.B.T." Cholera, Plague, etc.	Date	Signature of Medical Officer
TABT 1 cc	28-9-43	Jullolaen
TABT 1cc (2)	27-7-44	J.M.Park
Shick Test (neg)	10-5-45	A.D. Smith

(XVII) VACCINATION

Date Vaccinated	Signature of Medical Officer
28-9-43 T.R.B.E.	M. H. C. A. S. Major
27-8-44 J.D.C.	G. M. C. S. Lt.

(XVIII) MISCELLANEOUS ENTRIES

(For entries for which space is not otherwise provided)

NOTE.—No entry on this page has any legal effect as a WILL

Particulars	Date	Signature of Officer
X RAY. NEGATIVE	2 July 43.	R. J. Hedlund Capt.
MARS. BADGE D.O.L.	14 JAN 44	W. Thompson
awarded C.V.S.M.		
5-1-45-		
Pt. 11 Order No 2.		
8/5/1/45 ✓		

marriage after the date of a Will revokes that Will. Therefore, a Soldier, immediately upon his marriage, should make a new Will in order that, in the event of his death, his estate may be distributed in accordance with his wishes as shown in his Will.

7. The Will of a Soldier on Active Service is not invalid by reason that at the date it was made he was under the age of 21 years.

A Soldier who has made a Will before his enlistment, is recommended to inform his Commanding Officer where such Will has been deposited and the Commanding Officer shall upon receipt of such information forthwith complete the following certificate and despatch the same to the Officer i/c Records.

No. Rank Name
states that he has executed a Will and that the same has been deposited with

at
Date Signature of Officer.
Rank or Appointment.

Before embarkation, each Soldier is recommended, particularly those who have real estate, to consider the necessity for executing a document appointing some person or Trust Company his Attorney to manage or otherwise deal with real estate during his absence from Canada; also to review his affairs in the light of any changes that may have occurred since the date of his last Will and, if desirable, make a formal Will and inform his Commanding Officer thereof as indicated at the top of this page, or make a Will on M.F.M. 10 or M.F.M. 10a (French) and hand it duly completed to his Commanding Officer for transmission to the Record Officer concerned for safe custody.

The Officer receiving such Will shall complete the following certificate:—

Certificate M.F.M. 10 received and forwarded to the Officer i/c Records at
Signature of Officer.
Rank or Appointment.

4
Red W. Thompson Lieut.

Date Certificate or Will extracted
Signature of Officer

To whom sent
Unit or Dept.

Solely for use on Active Service. The Will, on page 24, must NOT be used until you have been placed under orders for Active Service.

SHORT FORM OF WILL

(Write Will on next page)

If a Soldier on active service, or under orders for active service, wishes to make a short Will, he may do so on next page. **It must be entirely in his own handwriting and must be signed by him and dated.** The full names and addresses of the persons whom he desires to benefit, and the sum of money or the articles of property which he desires to leave to them, must be clearly stated. **The mere entry of the name of an intended legatee on the next page without any mention of what the legatee is to receive is of no legal value.**

The following is a specimen of a Will leaving all to one person:—

In the event of my death I give all my estate to my mother, Mrs. Mary Bull, 999 High Street, Toronto.

(Signature) GEORGE BULL,
Private No. 30000,
Date 5th August, 1936. Cameron Highlanders.

The following is a specimen of a Will leaving legacies to more than one person:—

In the event of my death, I give \$10.00 to my friend, Miss Rose Smith, of No. 1, High Street, London, and I give \$5.00 to my sister, Miss Maud Bull, 999 High Street, Toronto, and I give the remainder of my estate to my mother, Mrs. Mary Bull, 999 High Street, Toronto.

(Signature) GEORGE BULL,
Private No. 30000,
Date 5th August, 1936. Cameron Highlanders.

To whom sent
Unit or Dept.
Date Will extracted
Signature of Officer

To be made out in duplicate

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

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

INSTRUCTIONS.

- (a) This form is to be completed immediately an officer or other rank is appointed to, or enlisted in, the C.A.S.F. or R.C.A.F. (ON ACTIVE SERVICE).
- (b) All questions, etc., must be completed.
- (c) Both copies of the form are to be forwarded by the Officer Commanding the unit for each officer and other rank, to the Paymaster, or Officer acting as such. The latter will transmit one copy, through the District, Command, or Camp Paymaster, to the Officer i/c Records, N.D.H.Q., Ottawa. The other copy will be retained by the Paymaster of the unit, when transferred to another unit the copy retained by the Paymaster will be sent to the Paymaster of the individuals new unit.

(1) Name of Officer or Other Rank.....BAYLISS?
(Surname first—Christian names in full—Block capitals)

.....ARTHUR THOMAS.....

(2) Regimental or Air Force Number and Rank.....D-107443 Pte.....

(3) Unit.....No. 12 Coy. Veterans Guard of Canada, CA.....

(4) Are you married? No.....

(5) If married, state,

(a) Full name of your wife.....

(b) Present postal address of wife.....

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

(7) Are you a widower? No.....

(8) Have you any children?..... Number of boys..... Girls.....

Names and ages.....

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

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

Name.....

Postal Address.....

[SEE OTHER SIDE]

- (10) Have you a common-law wife—whom you have been regularly supporting and publicly representing as your wife for at least 2 years immediately prior to appointment or enlistment?..... No.....

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

- (11) Is your father alive?..... No.....

If so, state name and address, occupation.....

- (12) If your father is a widower and is totally incapacitated from earning a living—are you his sole or 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.....

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

- (14) Is your mother alive?..... No.....

If so, state name and address.....

- (15) If your mother is a widow, are you her sole or 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.....

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?.....

- (17) Are you contributing to the support of any dependents, other than those shown above?.....
This may include any brothers 16 years of age or under, or any sisters 17 years of age or under, solely supported and maintained as bona fide members of your household before your appointment or enlistment.

If so, state the following particulars:—

Relationship.....

Full Name.....

Postal Address.....

Amount contributed monthly during the past six months.....

- (18) Are you insured?..... No.....

If so, in what Company?.....

(Give number of policy)

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

.....
(Signature of officer or man)

Date.....5th July 1943.....

No. 12 Company

Veterans' Guards of Canada, C.A.

Officer Commanding.....

Date.....5th July 1943.....

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.

VERIFICATION FORM

WAR SERVICE MEDALS 1939-45

No. D1074/3 Name BAYLISS ARTHUR THOMASRank on Discharge Pte Date of Discharge 31-7-45Authority for Discharge or Retirement DeceasedServed in:Non-qualifying
service

Canada from 5-7-43 to 31-7-45 Died in Montreal
military hospital
31-7-45. "Diag.
Coronary Embolism"

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 ✓ th

with Clasp _____

Verified by Arthur BaylisDate 4-6-46Carded JUN 4 1946

NPD

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

WILL

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

(1) I, Arthur Thomas Bayliss, of the Village
(Name in Full) (City, Town, Village, Township)

Address in
civil life.

of Cedars, in the County of Soulanges
~~Distric~~

Province of Quebec, Hospital Orderly
(Civil Occupation)

Regimental No. D-107443, Unit V.G.C., 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 Aunt Mrs Alice Bishop of
1102 Desmarchais Ave. Verdun, Quebec. all my real
and personal effects.

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 Mrs Alice Bishop 1104 Desmarchais Ave. Verdun, Que.
(Name) (Address)

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

IN WITNESS WHEREOF I have hereunto set my hand this 5th day of July
1943.

Signed and acknowledged by the Tes-
tator, 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.

Arthur Thomas Bayliss
(Signature of soldier)

First witness
sign here.

(5) Signature A. Baldman
Civil Address 444 Argyle Ave. Westmount Que.
Civil Occupation Agent

Second witness
sign here.

Signature A. Baldman
Civil Address 816 Dominion St. Montreal, Que.
Civil Occupation Electrical Inspector & Tester

(Witnesses are not to be beneficiaries.)

[OVER]

DEPARTMENT OF NATIONAL DEFENSE
NAVY ARMY AIR FORCE
STATEMENT OF WAR SERVICE GRATUITY

DECEASED
MEMBER'S
NAME

Arthur Thomas
(CHRISTIAN NAMES)

BAYLISS
(SURNAME)

REGISTER NO. D-18109
FILE NO. 405-B-25216
DATE 11-2-46
SERVICE NO. D-107443
FINAL RANK OR RATING Pte.
DATE OF DISCHARGE 31-7-45

PAYEE Director of Estates

ADDRESS

DATE OF TERMINATION OF OVERSEAS SERVICE

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 758 EQUAL TO 25 COMPLETE PERIODS AT \$7.50
30

\$
187.50

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS LESS INELIGIBLE DAYS, EQUAL TO DAYS @ 25c. PER DAY
SEE PAR. 2 OVERLEAF FOR EXPLANATION

187.50

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

187.50

E. DEDUCTIONS OVERPAYMENT OF PAY AND ALLOWANCES \$
DEPENDENTS' ALLOWANCE \$
AND ASSIGNED PAY \$
OTHER DEDUCTIONS \$

F. TOTAL AMOUNT PAYABLE

187.50

G. YOUR PORTION OF GRATUITY IS—

100%

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU \$ OF \$ = \$
TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$

SEE REVERSE SIDE
FOR EXPLANATION
OF ITEMS A, B & C

ESTATES BRANCH

April 19, 1947.

Mrs. May Pursehouse,
 Sherbourne,
 Willenhall Road,
 Bilston, Staffs,
 E n g l a n d.

BAYLISS, Arthur T., Pte. (Deceased)
 No. D.107443, C.A. (Date of Death 31 July 45)

Dear Mrs. Pursehouse:

This Branch has for administration the Service estate of the abovenamed soldier who had made a Will 5 July 43 in favour of his aunt, Mrs. Alice Bishop of Verdun, P.Q., who, however predeceased him in November 1944, after which he made no other Will. His estate therefore falls for distribution under an intestacy under the Laws of the Province of Quebec, his domicile. Through a daughter of the late Mrs. Alice Bishop, namely Mrs. Mary A. Allen of 1166 Crawford Street, Verdun, P.Q., we obtained advice that the deceased's parents had both predeceased him and that he left him surviving no brothers or sisters. The nearest relatives on the maternal side are therefore two uncles and aunts in England, Messrs. Thomas and Fred Colclough, Mrs. Minnie Arnold and yourself. The four of you are therefore entitled to the half share of his estate which devolves upon the maternal side of his family.

The estate consisted of:-

Credit balance of pay & allowances	24.25
Proceeds of sale of 1 x \$50 - 7th	
Canadian Victory Loan Bond & attached coupons	55.91
Cash in effects	.08
Rebate of overpaid 1942 Income Tax	43.75
" " " 1943 " "	106.12
Amount of War Service Gratuity Award	187.50
Total	<u>\$417.61</u>

Out of that amount has been paid a debt of \$17.50 for board and lodging, leaving a balance on hand of \$400.11. Half of this last mentioned sum is

(over).. 2.

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

Name..... **BAYLISS** **Arthur T.** No. **D107443**
Surname Christian Names

Rank **Pte.** Unit **R.C.A.M.C. (CAN)** Date of Death **31-7-45**

AMOUNT **W.S.G.** **187.50**
L.P.C. **\$ 24.25**
Date **April 15th., 1947.** Other Credits **205.86**
Total **417.61**
Previous Dist. **17.50**
Shares Ret'd. **200.05**
This Dist. **200.06**

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
		TO BE SENT TO ESTATES BRANCH	
1/4	UNCLE	Thomas Colclough The Garage Wellington Road Bilston, Staffs, England. <i>ck# B.46-10768</i>	50.02 R
1/4	UNCLE	Fred Colclough 27 Hall Park St., Bilston, Staffs, England. <i>ck# B.46-10769</i>	50.02 R
1/4	AUNT	Winnie Arnold "MARLEY GLADE" Coffinswell Newton Abbot, S. Devon, England. <i>ck# B.46-10776</i>	50.01 R
1/4	AUNT	Mrs. May Purchasehouse <i>ck# B.46-10771</i> SHERBOURNE Willenhall Road Bilston, Staffs, England (AS NEXT-OF-KIN ENTITLED) SHARES RETAINED	50.01 R
		FOR FUTURE DISTRIBUTION	200.05
		P4. TO TREAS. 21-4-47 <i>By Hand</i>	

AUTHORITY						DISTRIBUTION APPROVED AND AUTHORIZED	
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT		
9999	731	00	00	001	200.06		
CLASSIFIED BY <i>[Signature]</i>			EXAMINED BY			(L. M. FIRTH) Colonel Director of Estates	
			For Chief Treasury Officer			AUDITED FOR PAYMENT	

Estate
7-8
→

H.Q. 405-B-25-216 FD 492

D18109

APPLICATION FOR WAR SERVICE GRATUITY BY

DEPENDENTS OF DECEASED PERSONNEL - (Canadian Army)

1. I hereby make application for payment of War Service Gratuity to which I may be entitled in respect of the under-mentioned deceased member of the Canadian Army.

- (a) Surname BAYLISS
- (b) Christian Names ARTHUR THOMAS
- (c) Regimental No. D107443
- (d) Rank at time of decease PTE

2. I hereby submit the following particulars in support of my application:-

- (a) Surname ALLEN

- (b) Christian Names MARY ALICIA

- (c) Relationship to deceased cousin - lived with him like sister from 8 (eight) years old his mother brought me to Canada when 10 years old, his mother and my mother sisters - when his mother died we (my husband and I) helped with expense of funeral and when Arthur died before the war we helped
- (d) Address in full Arthur in many ways

1166 Crawford Ave. Verdun. Quebec

My Sisters address (His Aunt their mother died last Nov) 1102 N. Marchais Blvd

His Aunt in England the only one now living to my knowledge his mother's sister

Mrs J. Pursehouse, Sherbourne House Willenhall Road Bilston, Staffs England

Yours truly,

Date November 23 - 1945

(M.A.) Mary A. Allen
(Signature of Applicant)

Note

When completed please forward this application direct to:

Paymaster General
No. 8 Temporary Building.
OTTAWA, Ontario.

About Arthur naming me next of kin - the hospital must have records to that effect because they called me when he died - and said that I was the only one they could or had on record to notify

M. A. Allen

Director of Estates

Regimental No. **D.107443** Rank **Private**

BAYLISS **Arthur Thomas**
Surname Christian Names

Unit **RCAMC**

Date of death **31 Jul 45** Place of Death **Canada**

Casualty Details **Died "Diag. Coronary Embolism"**

Next-of-kin **Mrs. George Allen** Relationship **Cousin**

Address **1166 Crawford Bridge Ave., Verdun, Que.**

Will **Will d/5 Jul 43 herewith**

Date **6 Aug 45**

EXCERPT OF M.F.M.5 dated **5 Jul 43**

(1) Are you married? **NO** Children?

Wife's name) Names and
and address) Ages

(2) Is your father alive? **NO** If so, state name and address.

(3) Is your mother alive? **NO** If so, state name and address.

(4) Are you insured? **NO** If so, in what company?

/NJH

noted Am 10 2

ESTATES LIAISON

18

This form if placed in an envelope, marked "Dominion Statistics—Free, penalty for improper use \$300," and properly addressed will pass through the mail "Free".
PROVINCE OF QUEBEC—STATISTICAL RETURN OF DEATH—MINISTRY OF HEALTH AND SOCIAL WELFARE

1. PLACE OF DEATH		Municipal county HOCHELAGA		Official name of civil municipality or township MONTREAL		Place an X over the word which applies to this municipality or this territory City Town Village Parish Township											
		Street QUEEN MARY ROAD.		No. 4565		Hospital or Institution											
2. LENGTH OF STAY		(a) In hospital or institution		Years Months Days 15		(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 BAYLISS (Block letters) Given names ARTHUR															
4. RESIDENCE		Street A-12 C.I.T.C. No. _____ Official name of civil municipality or township FARNHAM Municipal county _____ Province P.Q.															
5. SEX M		6. NATIONALITY (Citizenship)		7. RACIAL ORIGIN ENGLISH		8. Single, Married, Widowed or Divorced (Write the word) SINGLE											
		9. If married give name of wife or husband of deceased															
10. BIRTHPLACE (Province or Country)		ENGLAND															
11. DATE OF BIRTH		(Month) (Day) (Year)															
12. AGE OF DECEASED		Years 49		Months		Days		If less than one day old _____ hrs. or _____ min.									
13. Trade, profession or kind of work, as spinner, teamster, office clerk, etc.		Hospital Orderley															
14. Kind of industry or business, as cotton-mill, lumbering, bank, etc.		(Soldier)															
15. Date deceased last worked at this occupation.		16 Jul 45		16		16		16. Total years spent in this occupation. 5									
17. NAME		18. BIRTHPLACE (Province or Country)															
FATHER																	
MOTHER (Maiden name)																	
19. Place of burial, cremation or removal																	
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) (Year)															

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH
22. Date of death **July 31st** 19**45**
(Month) (Day) (Year)
23. I HEREBY CERTIFY that I attended deceased from **16 July 1945** to **31 July 1945**
and last saw him alive on **31 July 1945**
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) **Pulmonary Edema** 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? **yes** Date of **20 July 1945**
State findings **right hemiplegia** Was there an autopsy? **yes**
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. M. H.** M.D.
Address **M. M. H.** **Date** **July 31 1945**
28. Signature of person who fills in the form (curate, coroner, hospital authority, etc.)
29. Name of clergyman in charge of Register of Civil Status in which registration of this burial was made.
This signature authorizes the collector to accept this form as authentic.
(Voir l'autre côté pour le français)

WRITE PLAINLY WITH UNFADING INK.
THIS IS A PERMANENT RECORD.
Every item of information should be carefully supplied.

Name of Undertaker
(For cities only)

Cette formule placée dans une enveloppe marquée "Statistique fédérale-Franco. Pénalité pour usage-illégal—\$300." et correctement adressée, jouira de la FRANCHISE POSTALE
PROVINCE DE QUÉBEC — BULLETIN DE DÉCÈS — MINISTÈRE DE LA SANTÉ, ET DU BIEN-ÊTRE SOCIAL

1. LIEU DU DÉCÈS	Comté municipal	Nom officiel de la municipalité civile ou du canton		Apposer un X sur le mot qui s'applique à cette municipalité ou ce territoire Cité Ville Village Paroisse Canton												
	Rue	No.		Hôpital ou institution												
2. SÉJOUR	(a) dans l'hôpital ou l'institution	Années	Mois	Jours	(b) dans la municipalité du décès	Années	Mois	Jours	(c) dans la province	Années	Mois	Jours	(d) au Canada (s'il s'agit d'un immigré)	Années	Mois	Jours
	CERTIFICAT MÉDICAL CONFIDENTIEL DE DÉCÈS															
3. NOM DU DÉFUNT	Nom de famille (Lettres moulées)															
	Noms de baptême ou prénoms															
4. RÉSIDENCE	Rue No.															
	Nom officiel de la municipalité civile ou du canton															
5. SEXE	Comté municipal Province															
	6. NATIONALITÉ (Citoyenneté) 7. ORIGINE RACIALE 8. Célibataire, marié, veuf ou divorcé (Ecrire l'un de ces mots)															
9. Si le défunt était marié, nom de son conjoint																
10. LIEU DE NAISSANCE (Province ou pays)																
11. DATE DE NAISSANCE (jour) (mois) (année)																
12. ÂGE DU DÉFUNT Années Mois Jours Si âgé de moins d'un jour hrs. ou min.																
OCCUPATION	13. Métier, profession ou occupation, ex. tisserand, voiturier, employé de bureau, etc.															
	14. Genre d'industrie ou d'entreprise, tel que filature de coton, industrie du bois, banque, etc.															
15. Dernière date à laquelle le défunt vaquait à ce travail																
16. Nombre d'années occupées dans cette profession																
17. NOM																
18. LIEU DE NAISSANCE (Province ou pays)																
PÈRE																
MÈRE (Nom de fille)																
19. Lieu de l'inhumation, de l'incinération ou destination du transport																
20. Date de l'inhumation 19																
21. LIEU DE L'ENREGISTREMENT DE CETTE SÉPULTURE	(a) Nom de la paroisse ou église															
	(b) Municipalité civile de															
(c) Comté municipal																
(d) Date (jour) (mois) (année) 19																
22. Date du décès (jour) (mois) (année) 19																
23. JE CERTIFIE PRÉSENTEMENT que j'ai donné mes soins au défunt depuis le 19 jusqu'au 19 que je l'ai vu vivant pour la dernière fois le 19																
24. CAUSE DU DÉCÈS																
I Cause immédiate Mentionner la maladie, blessure ou complication, causant la mort, non pas son syndrome final, tel: syncope, asphyxie, asthénie, etc. (a) dū à (b) dū à (c) dū à																
II Autres conditions morbides (importantes seulement) ayant contribué au décès mais n'ayant aucune portée sur la cause immédiate. (a) Date d'éclosion 19 (b) Durée de la maladie jours																
III Si une maladie contagieuse est mentionnée à ce certificat, donner (a) Date d'éclosion 19 (b) Durée de la maladie jours																
25. S'il s'agit d'une femme, y avait-il état puerpéral?																
26. Y a-t-il eu intervention chirurgicale? Date de l'opération 19																
Constatations Y a-t-il eu autopsie?																
27. Dans les cas où le décès est attribuable à des causes extérieures (violence):																
Accident, suicide ou homicide Date 19 (Spécifier)																
Manière de la blessure (Dans quelle circonstance)																
Nature de la blessure																
Indiquer si la blessure a été infligée au lieu du travail, dans l'habitation ou dans un endroit public																
Signature M.D.																
Adresse Date 19																
28. Signature de la personne qui remplit la formule (vicaire, coroner, autorité d'un hôpital, etc.)																
29. Nom du ministre du culte gardien du registre de l'État civil où est inscrit l'acte de cette sépulture.																
Cette signature autorise le collecteur à accepter la formule comme authentique. (For English see other side)																

N.B. When the medical practitioner initials "B" or "C", the clergy must not permit burial or the municipal authority allow transport until the health regulations or those of the coroner's Act have been fulfilled. It is sufficient that these authorities have only a general statement as to the cause of death to decide what procedure is to be followed.

and that the competent municipal authority may authorize the transport of the body, and the clergy carry out the burial in the regular manner.

A natural causes (non-violent, non-contagious, non-epidemic)

B violent, sudden, accidental or unexpected death (Coroner)

C natural causes BUT CONTAGIOUS or INFECTIOUS nature (Health regulations)

1. the undersigned licensed medical practitioner and signer of this confidential medical certificate, declare, by placing my initials in the appropriate space, that the person named in this certificate died from:—

AUTHORITY FOR BURIAL or TRANSPORT

No one has the right to see it until it reaches the statistical offices of the Ministry of Health. Anyone who breaks this seal is liable to prosecution.

CONFIDENTIAL and SECRET.

The medical certificate under this sealed flap is

ÉCRIRE LISIÈLEMENT AVEC UNE ENCRE INDÉLÉBILE.
CECI EST UN DOCUMENT PERMANENT.
Chaque information doit être donnée minutieusement.Nom de l'entrepreneur
de pompes funèbres
(Pour les cités seulement)

M. F. W. 2643
50m.-11-22
H. Q. 1772-39-1453

1. NO.	2. RANK OR RATING	3. SURNAME	4. CHRISTIAN NAMES
D-107443	Private	BAYLISS	Arthur, Thomas
5. UNIT OR SHIP	6. DATE OF CASUALTY	7. H. Q. FILE NO.	8. RELIGION
Farnham Military Hospital RCAMC	July 31st, 1945		C.E.
9. CIRCUMSTANCES OF CASUALTY		10. NAME, RELATIONSHIP AND ADDRESS OF NEXT OF KIN	
Whilst a patient at the Montreal Military Hospital died of Coronary Embolism		Mrs. George Allan, (Cousin) 1166 Crawford Bridge, Verdun, Quebec.	
11. LOCATION OF UNIT AT TIME OF CASUALTY			
Farnham, Quebec.			
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
Mount Royal Cemetry	Montreal, Quebec.	Grave.....Section G.943 - No. 474 Plot..... Row.....	
16. PHOTOGRAPH OF GRAVE TAKEN	17. EXPOSURE NO.	18. PHOTOGRAPH OF GRAVE AND CEMETERY SUPPLIED TO	
	24		

19. FURTHER PARTICULARS ON REVERSE SIDE OF SHEET.

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION (DEATH)

NUMBER **D.107443** RANK **Private** SERVICE UNIT

NAME **BAYLIS** **Arthur Thomas** **RCAMC**

DATE OF BIRTH **23 April 1896** DATE OF ENLISTMENT **5 July 43**

MARITAL STATUS **Single** RELIGION **Church of England**

NEXT OF KIN AS SHOWN ON
M.F.M. 1, 2 & 5 RELATIONSHIP **Cousin** NAME **Mrs. George Allen**
ADDRESS D.A.B.

ADDRESS **1166 Crawford Bridge Ave., Verdun, Quebec.**
ADDITIONAL PERSON TO BE NOTIFIED ADDRESS

PARENTS NAME

ADDRESS
(IF SOLDIER
MARRIED OVERSEAS)

AUTHORITY CAS SIG. NO. **Message 775 from CC Montreal Military Hospital**
CASUALTY DETAILS **H.Q. 405-B-25216** DATE **31 July 45**

Died in Montreal Military Hospital
"Diag. Coronary Embolism".

Records show that this soldier served in Canada only.

LAST WILL ATTACHED TO
NOTIFICATION TO A. OF E.7 YES/NO

M.F.M.5. ATTACHED TO
NOTIFICATION TO A. OF E.7 YES/NO

DATE **3 Aug 45**

FORM NO. CAS. 6
25M-4-44 (4184)
H.Q. 1772-39-1989-1990

Robertson
DIRECTOR OF RECORDS

5

COPY FOR C. R. FILE

DISTRIBUTION— 1-CDN. PENSION COMM. 2-CHAIRMAN D.A.B. 3-D.A.B. 4-CHAPLAIN SER. 6-DOC. FILE 7-GRAVES REG. 8-A.B. & C. LISTS.

3rd August, 1945.

Mrs. George Allen,
1166 Crawford Bridge Avenue,
Verdun, Quebec.

Dear Mrs. Allen:

It was with deep regret that I learned of the death of your cousin, D.107443 Private Arthur Thomas Bayliss, who died while in the Service of his Country in Canada on the 31st day of July, 1945.

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.

Yours sincerely,

(A.E. Walford),
Major-General,
Adjutant-General.

mem. + rail 4-8-45
15

No. D.107443 Rank Private Name BAYLISS, Arthur Thomas

Unit R.C.A.M.C. Date of death 31st July, 1945.

Died at Montreal, P.Q.

Cause ~~"Dixie"~~ Coronary Embolism

Death occurred on strength of Forces H.Q. 405-B-25216

N/K Mrs. George Allen Relationship Cousin

Address 1166 Crawford Bridge Ave., Verdun, P.Q.

Remains buried in Mount Royal Cemetery

Montreal, P.Q.

Grave location Grave 474.

CHK

CONTRACTOR'S ROLE FOR THIS SUPPLIER'S
DEC 3 1945
GRAVE DESPATCHED

(DEATH IN CANADA)
31-7-45

AWARDS—CANADIAN ARMY (ACTIVE)

M

500M—1-44 (3467)
H.Q. 1772-45-8
FEB.

BAYLISS, Arthur Thomas		D.107443	Pte.	FILE NO.405-B-25216 R.C.A.M.C.
SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT

WAR SERVICE

BADGE

(CLASS)

NO.

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
War Medal	
C.V.S.M.	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

(1) MEDALS
PERSON

ENTITLED TO Mrs. Minnie Arnold Aunt

ADDRESS: "Marley Glade"
Coffinswell, Newton Abbot,
S. Devon, England.

(2) MEMORIAL CROSS

WIDOW (SINGLE)

ADDRESS:

(3) MEMORIAL CROSS

MOTHER (DECEASED) (MFM5.)

ADDRESS:

REGISTRATION NO. DATE OF DESPATCH

MEMORIAL B.R.

DATE DESP

REGN. NO. 930

(2)

443. 26/10/49.

(3)

TRADE TRAINING

Regt'l No. D-107443 Rank Pte. Name Bayliss A.T. . Trade Nurs. Ord. .

1. ENTRIES BY PERSONNEL SELECTION OFFICER AND O.C. UNIT OR ADVANCED T.C.

Unit Advanced T.C. Farnham Military Hospital
Date March 29th, 1945
Recommended [Signature]
Army Examiner

Concurred [Signature]
(F.F. Howett) Capt. RCAMC
Commanding Officer

4. CANADIAN ARMY MOTOR MECHANICS SCHOOL

Course.....
Date of Entry.....
Date of Leaving.....
Rating.....
REMARKS:.....

Commanding Officer

7. ADVANCED TRAINING CENTRE (ARMY APPLICATION OF TRADE)

No. of T.C.....
Advanced Course.....
or
Trained Soldier Coy.....
Date of Entry.....
Date of Leaving.....
Rating.....
REMARKS:.....

Commanding Officer

2. TECHNICAL SCHOOL

Course.....
Date of Entry.....
Date of Leaving.....
Rating.....
REMARKS:.....

Principal

5. CANADIAN D. & M. SCHOOL

Course.....
Date of Entry.....
Date of Leaving.....
Rating.....
REMARKS:.....

Commanding Officer

8. TRADE TEST

Trade NURSING ORDERLY
Group C
Date 29.3.45
Where Tested Montreal, P.Q.

TRADE TEST BOARD

1. [Signature] President
2. [Signature] Member
3. [Signature] Member

Member

3. CANADIAN ARMY TRADES SCHOOL

Course.....
Date of Entry.....
Date of Leaving.....
Rating.....
REMARKS:.....

Commandant

6. OTHER CENTRE (including INDUSTRIAL FIRMS)

Name.....
Location.....
Course.....
Date of Entry.....
Date of Leaving.....
Rating.....
REMARKS:.....

Officer i/c Trades Trg.

9. DISPOSAL

Where Despatched.....
Date.....
(Further remarks or records on reverse side)

M. F. M. 105A
75M-9-43 (1788)
H.Q. 1772-39-1797