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
100M—4-42 (4370)
H.Q. 1772-39-1677

CANADIAN ARMY

PROCEEDINGS ON DISCHARGE

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

Regimental No. D.109230 | Rank Pte DECEASED.

Surname HALLIWELL,

Christian name Alfred

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

Unit or Corps No. 4 District Depot, C.A.(A)

Date of discharge 1-12-43

Place of discharge MONTREAL, P. Q. Mil. Dist. No. 4

1. DESCRIPTION AT DATE OF DISCHARGE

Age 44 years months

Height 5 feet 2¾ inches

Complexion fair

Eyes blue

Hair grey

Trade 2nd class butcher

Descriptive marks

1 vacc left arm.

Intended place of residence } .....
Street and Number P.O., City or Town, etc.

(To be given as fully as practicable: *i.e.*, mailing address)

Province

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

Authority for discharge.....

N.B.—The cause of discharge must be worded in accordance with Canadian Army 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* K.R. Can. 384.)

(OVER)

5. He is in possession of the following number of G.C. Badges:

5A. Service Button (Class and number.....)
(If and when authorized)

No reference to G.C. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations..... { .... } To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. I have impartially enquired into all matters concerning this soldier's discharge brought before me in accordance with Regulations.

(Place).....

(Date).....*Commanding*.....

8. **Certificate to be signed by the Soldier on Discharge**

I hereby acknowledge that I received all my Pay, Allowances, and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page, and that I have received my permanent discharge certificate.

(Place).....(*Signature of Soldier*)

(Date).....(*Signature of Witness*)

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. **Statement of Service**

(Date of enlistment—Canadian Army).....26-8-40.....

(Date of discharge—Canadian Army).....1-12-43.....

(Total Service—Canadian Army).....years.....days

10. **Confirmation of Discharge**

The discharge of the above-named man is hereby confirmed.

(Place)..... (*Signature*).....

(Date)..... *Commanding*.....

OCCUPATIONAL HISTORY FORM COMPLETED

FINGER-PRINTED

~~ORIGINAL~~
DUPLICATE
~~TRIPLICATE~~

M.F.M. 2
A.F.B. 271
450M—5-40 (5237)
H.Q. 1772-39-1645

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

Unit No. ~~4 District Depot~~ R.C.A.S.C. CASF Regimental Number D-109230

CANADIAN ACTIVE SERVICE FORCE

ATTESTATION PAPER

1. Surname HALLIWELL
2. Christian Names ALFRED
3. Present address 5155 Coolbrooke Ave., N.D.G., Montreal, Que., Canada
4. Date of birth 25th December, 1895
5. Place of birth England (Country) Salford (County or Province) Manchester (Town or Township)
6. Religion (state denomination) Church of England
7. Trade or Calling 2nd Class Butcher
8. Married, Widower or Single Married
9. Name of next of kin Mrs. Barbara Halliwell
10. Relationship Wife
11. Address of next of kin 5155 Coolbrooke Ave., N.D.G., Montreal, Que., Canada
12. Do you belong to, or have you served in the Active Militia of Canada? No
N/A
(If Yes, Give Unit and Dates of Service)
13. Have you served in (*a*) The Canadian Active Service Force? No (Yes or No)
N/A (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)
14. Did you serve during the Great War 1914-1918? No
N/A
(If Yes, specify Regimental No., Unit and Dates of Service)

DECLARATION TO BE MADE BY MAN ON ATTESTATION

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

Date 26th August, 1940 Alfred Halliwell
(Signature of recruit)

OATH TO BE TAKEN BY MAN ON ATTESTATION

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

Alfred Halliwell (Signature of Recruit)

CERTIFICATE OF MAGISTRATE, JUSTICE OF THE PEACE OR ATTESTING OFFICER

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

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

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

at Montreal, Que. this 26th day of August 1940

Eric B. Ramsay Capt. — Signature of Magistrate, Justice or Attesting Officer.

NO. 4 DISTRICT DEPOT, C. A. S. F. — Office or Rank and Unit or appointment.

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

Record of Service of HALLIWELL (Surname) ALFRED (Christian Names) Regimental Number D-109230

Qualifications

Military: Nil

Business or Professional: Nil

Trade or Civil: 2nd Class Butcher

Technical: Nil

Languages: English

Educational Qualifications

High School or Collegiate: 3 yrs. High School (years completed)

Graduation or Matriculation: Nil (specify)

*College: Nil

*University: Nil

7 yrs. Public Schooling

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

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

Report		Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., from date taken on Strength of Field Force	Rank Shown	Effective Date	Unit	Place	Authority	
Date	From whom received						Part II D.O. No. Cas. List, etc.	Dated
		Joined on appointment						
26Aug40	D.R.O.	NO. 4 DISTRICT DEPOT CASF	Pte.	26Aug40	4 DD	Montreal	4 DD Pt. II 214	26Aug40
15-10-40	"	Absorbed into Est. of No4 D.D. wef	"	15-10-40	"	"	DO " 263	15-10-40
4 MAR 41		GRANTED FOURTEEN DAYS FURLOUGH FROM 3 MAR 41 UNTIL 16 MAR 41. R.O.699.	"		"	MONTREAL SOUTH	4 DD PT.II NO.52	3 MAR 41
11-7-41		CLASSIFIED BUTCHER (CLASS I)	"		"	"	" " " " " "162	10-7-41
5-9-41	4DD	CLASSIFIED COOK 1	"		"	"	" " 211	3-9-41
5-9-41	"	GRANTED TRADESMEN'S RATES OF PAY UNDER GROUP "C" AS COOK UNDER ART 146 & 147 FR&I.	"	26-11-40	"	"	" " 212	4-9-41
22-9-41	"	HAVING CEASED TO BE EMPLOYED AS COOK, CEASES TO DRAW TRADEMENS RATES OF PAY UNDER GROUP "C".	"	21-9-41	"	"	" " 226	22-9-41
25-10-41	"	HAVING BEEN CLASSIFIED AS BUTCHER CLASS I, IS AUTHORIZED TO DRAW TRADESMENS RATES OF PAY UNDER GROUP "C" WHILE EMPLOYED AS SUCH TRANS TO R.C.A.S.C. CASF.	"	24-10-41	"	"	" " 255	24-10-41
5-3-42	"	GRANTED (14)DYS.FURLOUGH FROM 4-3-42 TO 17-3-42 UNDER THE PROVISIONS OF R.O.699.	PTE.	4-3-42	"	"	" " 53	4-3-42

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

CERTIFICATE OF MEDICAL EXAMINATION

Name in full ..... Halliwell ..... Alfred ..... Date ..... August 22 1940 .....

Part 1. Information obtained from the recruit.

1. Age ..... 44 .....

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

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

Alfred I Halliwell
Signature of Applicant

Ears, reflexes normal. ..... [U.R.I.N.E ✓

Col vis Ishihara CN A Delehaye Capt. ..... [X RAY ✓

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

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

1 vacc left arm.

2. Height ..... 5 ..... feet ..... 2½ ..... inches.

3. Weight ..... 140 ..... pounds.

4. Complexion ..... fair ..... Eyes ..... blue ..... Hair ..... grey .....

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

6. Chest measurement—Girth on full expansion ..... 36 ..... inches.

Range of expansion ..... 2½ ..... inches.

7. Vision, right 20-20 ..... left 20-20 .....

8. Hearing, right cv20 ..... left cv20 .....

9. Condition of mouth and teeth ..... Double plates.

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

Y.O.B.	P	U	L	H	E	M	S
87	4	1	1	1	1	2	1

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 ..... C-1 .....

Special remarks when category lower than A ..... C-1 looks older than stated age .....

Dinon Lt. (President) — Dr Ryan (Member) — Dr Berres (Member)

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature
19/3/43	HBT. J Bellerby Lieut		
27/5/43	TABTICC J Kelly Capt		

25-10-41 " PTE. 24-10-41 " 255 24-10-41
5-3-42 " " 4-3-42 " 53 4-3-42

TRANS TO R.C.A.S.C. CASF.
GRANTED (14) DYS. FURLOUGH FROM 4-3-42 TO
17-3-42 UNDER THE PROVISIONS OF R.C.699 additional entries use M.F.M. 1 and 2 (a)

Regtl. No. D-109230 Rank Pte.- Surname HALLIWELL Christian Name ALFRED

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

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

Statement of the Service of No. D-109230 Rank Pte. Sheet No.

M.F.M. 1 & 2 (a)
700 M—8-39 (1697)
H.Q. 1772-45-18

Name Halliwell Alfred.

REPORT Date	REPORT From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority Part II D.O. No. Cas. List, etc.	Authority Dated
16-6-42	4 DD	Absorbed into H.W.E. 4 DD.	Pte.	15-6-42	4 DD.	MTL.STH.	4 DD. PT 11. #142	15-6-42
18-9-42	"	Having served for (2)years in the Cdn. Army (Active)is eligible to wear good conduct chevron.	Pte	17-9-42	"	"	" #225	17-9-42
29-12-42	"	Granted Xmas leave from 23 Dec 42 to 27 Dec 42 & 50¢ per day rations for period shown DO 312-A 29-Dec. 42	"	23-12-42	"	" "	" " 312-A	29-12-42
24-2-43	"	Having completed Four (4) months continuous service, and having been duly qualified in accordance with the prov. of R.O. 2772, is entitled to draw Regimental Rates of Pay of $1.40 per diem (Authy: Art 144 FR&I. (Can).)	"	21-2-43	"	"	" 46	24-2-43
23-4-43	"	REGIMENTAL PAY (6) Months #1.50 per day	"	21-4-43	"	"	" 96	22-4-43
18-8-43	"	Granted 14 days furlough 17 Aug. 43 to 30 August 43 inclusive (RO 699) Granted 50 cents per day allowance.	"	17-8-43	"	"	" " 196	17-8-43
5-10-43	"	Admitted to St. Annes Hospital	"	1-8-43	"	"	" " 237	4-8-43
22-10-43	"	SOS to No. 4 Dist Coy RCASC CA HQ MD 4 Mtl.Q.	"	30-9-43	"	"	" " 253	21-10-43
22-10-43	"	Att. from No. 4 Dist Coy RCASC CA Mtl. Que to cover Vac. on HWE of No. 4 D.D. CA	Pte.	1-10-43	"	"	" " 253	21-10-43
10-11-43	"	Ceases to draw Tradesmens Rates of Pay as Cook Group C(.25 per day)	"	31-10-43	"	2	" " 270	9-11-43
4-12-43	"	Died at St. Annes Hosp. St. Anne de Bellevue Que.	"	1-12-43	"	"	" " 291	3-12-43
4-12-43	"	Having died at St Annes Hosp. St. Anne de Bellevue Que. Is S.O.S.	"	1-12-43	"	"	" " 291	3-12-43

Statement of the Service of No. D-109230 Rank Pte. Sheet No.

M.F.M. 1 & 2 (a)
700 M—8-39 (1697)
H.Q. 1772-45-18

Name Halliwell Alfred.

REPORT Date	REPORT From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority Part II D.O. No. Cas. List, etc.	Authority Dated
16-6-42	4 DD	Absorbed into H.W.E. 4 DD.	Pte.	15-6-42	4 DD.	MTL.STH.	4 DD. PT 11. 142	15-6-42
18-9-42	"	Having served for (2)years in the Cdn. Army (Active)is eligible to wear good conduct chevron.	Pte	17-9-42	"	"	" 225	17-9-42
29-12-42	"	Granted Xmas leave from 23 Dec 42 to 27 Dec 42 & 50¢ per day rations for period shown DO 312-A 29-Dec. 42	"	23-12-42	"	" "	" " 312-A	29-12-42
24-2-43	"	Having completed Four (4) months continuous service, and having been duly qualified in accordance with the prov. of R.O. 2772, is entitled to draw Regimental Rates of Pay of $1.40 per diem (Authy: Art 144 FR&I. (Can).	"	21-2-43	"	"	" 46	24-2-43
23-4-43	"	REGIMENTAL PAY (6) Months #1.50 per day	"	21-4-43	"	"	" 96	22-4-43
18-8-43	"	Granted 14 days furlough 17 Aug. 43 to 30 August 43 inclusive (RO 699) Granted 50 cents per day allowance.	"	17-8-43	"	"	" " 196	17-8-43
5-10-43	"	Admitted to St. Annes Hospital	"	1-8-43	"	"	" " 237	4-8-43
22-10-43	"	SOS to No. 4 Dist Coy RCASC CA HQ MD 4 Mtl.Q.	"	30-9-43	"	"	" " 253	21-10-43
22-10-43	"	Att. from No. 4 Dist Coy RCASC CA Mtl. Que to cover Vac. on HWE of No. 4 D.D. CA	Pte.	1-10-43	"	"	" " 253	21-10-43
10-11-43	"	Ceases to draw Tradesmens Rates of Pay as Cook Group C(.25 per day)	"	31-10-43	"	2	" " 270	9-11-43
4-12-43	"	Died at St. Annes Hosp. St. Anne de Bellevue Que.	"	1-12-43	"	"	" " 291	3-12-43
4-12-43	"	Having died at St Annes Hosp. St. Anne de Bellevue Que. Ps S.O.S.	"	1-12-43	"	"	" " 291	3-12-43

23-3-44
Death In Canada

FB

AWARDS—CANADIAN ARMY (ACTIVE)

(1563)

100M—10-41 (2195)
H.Q. 1772-45-8

M

FILE NO. 405-H-14797

SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. NO	RANK ON DISCHARGE	C.A.S.F. UNIT
HALLIWELL,	Alfred	D-109230	Pte.	R.C.A.S.C.

WAR SERVICE BADGE

(CLASS) NO. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
War Medal, 1939-45	
CVSM	2586. 10/11/49

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

(1) MEDALS

PERSON ENTITLED TO: Mrs. Barbara HALLIWELL (WIDOW) (1)

ADDRESS: ~~5155 Coalbrook Ave.~~, 4694 Earnscliffe Ave.
N.D.G. Montreal, Que.,

(2) MEMORIAL CROSS

WIDOW: Mrs. Alfred HALLIWELL, (ENGLISH) (2)

DESP. APR 4 1944
REGN No. 6289

(1563)

ADDRESS: 5155 Coolbrook Ave., N.D.G., Montreal, Que.

(3) MEMORIAL CROSS

MOTHER: (DECEASED) MFM5 (3)

ADDRESS:

MEMORIAL BAR

DATE DESP.

REGN. NO. 4628

No D.109230 Rank Private Name HALLIWELL, Alfred

Unit R.C.A.S.C. Date of death 1st Dec., 1943.

Died at Ste Anne de Bellevue, Hospital, P.Q.

Cause Coronary thrombosis.

Death occurred on strength of Forces,H.Q 405-H-14797 4-12-43.

N/K Mrs. Barbara Halliwell Relationship Widow

Address 5155 Coolbrook Avenue, N.D.G., Montreal, P.Q.

Remains buried in Mount Royal Cemetery

Montreal, P.Q.

Grave location Section G 2249 P.

DEATH NOT DUE TO SERVICE

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.

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(1) Name of Officer of Other Rank HALLIWELL ALFRED,
(Surname first—Christian names in full—Block capitals)

(2) Regimental or Air Force Number and Rank D-109230 Pte

(3) Unit NO. 4 District Depot CASF

(4) Are you married? Yes

(5) If married, state,

(*a*) Full name of your wife Mrs. Barbara Halliwell,

(*b*) Present postal address of wife 5155 Coolbrooke Ave. N.D.G. Montreal, Quebec, 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 2 Girls 1

Names and ages Arthur 15, Edwin 21, Lillian 22

(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? Yes

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

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

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

Alfred. Halliwell
(Signature of officer or man)

Date 26, August, 1940.

Eric C. Jenvey (CAPT)
Officer Commanding

Date 26, August, 1940.

NO. 4 DISTRICT DEPOT C. A. S. F.

N.B. If parent(s) of the officer or other rank concerned has (have) been replaced by foster parent(s), questions relating to fathers and/or mothers above should be altered and answered as applicable.

HWE

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

DEPARTMENT OF NATIONAL DEFENCE
(Army)

Personnel Selection Record

Arm or Corps

Trade (if Tradesman or Trade Trainee)

Work in Arm (if Non-Tradesman)

I. D-109230 (Regt. No.) Pte (Rank) HALLIWELL, Alfred (Name (surname first)) A (A or R) 47 (Age) C 2 (Med. Cat.)

English (Main Language) (Other Language(s)) Montreal South, Que. (Place (Unit) Interviewed) 6 Sept.43. (Date Interviewed)

II. Revised Examination "M"

D.D. 4 (Place Tested) 15 July '43 (Date Tested) F.T.Brown,Major (By Whom)

73 (Total) V (Group) Subtests 9 (1) 8 (2) 10 (3) 10 (4) 6 (5) 5 (6) 6 (7) 19 (8) Subtotals 27 (1-3) 16 (4-5) 30 (6-8) English (English or French)

Other Tests

PULHEMS
97 4111121

III. Educational Background Attended school in England 11-18. Completed Grade VII. Repeated no grades. Was average student.

IV. Occupational Background

10 Years: Employed in England, grocery, butcher stores as clerk.
2 Years: Slaughter House - Butcher.
14 Years: Meat Market - butcher.
7 Years: Grocery Store - Prop. and butcher.

V. Military Background Enlisted and T.O.S. D.D.4 26-8-40. Absorbed into Establishment No. 4 D.D. 15-10-40. Classified Butcher (Class I) 11-7-41. Absorbed into H.W.E. No. 4 D.D. 15-6-42. Basic Training 15-2-43-20-2-43.

VI. Other Personal History and Appraisal

Soldierly appearing man of small build 5'2¾", weighing 140. He is married and is father of 5 children who live in Montreal with their mother. Home life has been a normal happy one.

Halliwell is very much devoted to his wife and children, devotes much of his off-duty hours at home with them. He enjoys football and baseball as a spectator, does considerable reading and has a good knowledge of world events. Has many friends of both sexes and enjoys taking part in social activities. He is C-1 category (P-4), appears to be enjoying good health, but looks older than his stated age.

He is employed as cook, work is very satisfactory and he is capable of carrying on in present duties.

S.O.S.
DO.291/4
3 Dec.43

VII. Recommendations

Suitable for H.W.E. General duties such as Cook - Tradesman.

(Signed) G. Benoit Capt
Army Examiner

FT (RL) (G.Benoit, Capt.)

M.F.M. 196
200M—1-43 (8312)
H.Q. 1772-39-1916

See reverse side for further information and follow-up

File No. 405-H-14797

VERIFICATION FORM

WAR SERVICE MEDALS 1939-45

No. D109230 Name Halliwell, Alfred

Rank on Discharge Pte Date of Discharge 1-12-43.

Authority for Discharge or Retirement Deceased

Served in:

				Non-qualifying service
Canada	from 26-8-40.	to	1-12-43.	(died in hosp.)
	from	to		
United Kingdom	from	to		
	from	to		
Italy	from	to		
Northwest Europe	from	to		
	from	to		
	from	to		

Eligible for award of:

1939 - 45 Star

Italy Star

France-Germany Star

Defence Medal

War Medal 1939-45 OK

Canadian Volunteer Service Medal OK

with clasp

M

HA

Verified by A. Routhier

Date 31-10-46.

Carded NOV 1 1946

NO RIBBON DECORATION

HA 165

5M-1-46 (8548)
H.Q. 1064-81-3

4
ARMY

DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

DECEASED MEMBER'S NAME: Alfred (CHRISTIAN NAMES) HALLIWELL (SURNAME)

REGISTER NO. D-21651
FILE NO. 405-H-14797
DATE 26-4-46
SERVICE NO. D-109230
FINAL RANK OR RATING Pte.
DATE OF DISCHARGE 1-12-43

PAYEE: Mrs. Barbara HALLIWELL,
ADDRESS: c/o F.M.H. Whelan, 114 St. Germain St., Montreal (4) P.Q.

DATE OF TERMINATION OF OVERSEAS SERVICE

A. TOTAL QUALIFYING SERVICE

1170 NO. OF DAYS 1193 / 30 EQUAL TO 39 COMPLETE PERIODS AT $7.50 — $ 292.50

B. QUALIFYING OVERSEAS SERVICE

No. of Days LESS INELIGIBLE DAYS, EQUAL TO DAYS @ 25c. PER DAY

292.50

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 — 292.50

E. DEDUCTIONS

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

F. TOTAL AMOUNT PAYABLE — 292.50

G. YOUR PORTION OF GRATUITY IS— 100%

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

CERTIFICATE I CERTIFY THAT THE AMOUNT HAS BEEN CORRECTLY COMPUTED AND IS PAYABLE IN ACCORDANCE WITH THE TERMS OF THE WAR SERVICE GRANTS ACT, 1944 AND THE REGULATIONS ISSUED THEREUNDER.

PREPARED BY	CHECKED BY
[redacted]	

TREASURY	
CHECKED BY	DATE
V Dermingham	29/4/46

G. Kaufman Capt.
SERVICE REPRESENTATIVE

COMPUTATION OF WAR SERVICE GRATUITY

MEMBER'S NAME ALFRED (Christian Names) HALLIWELL (Surname) — Register No. D-21651

PAYEE'S NAME MRS. BARBARA HALLIWELL (Christian Names) (Surname) — File No. 405-H-14797

Date 25-4-46

ADDRESS C/O F. M. H. WHELAN — Service No. D-109230

114 ST. GERMAIN ST., MONTREAL (4) — Final Rank PTE

DATE OF TERMINATION OF OVERSEAS SERVICE P.O. — Date of Discharge 1-12-43

	AMOUNT $	c
(23)		
A. TOTAL QUALIFYING SERVICE No. of day $\frac{1193}{30}$ = 39 Periods @ $7.50	292	50
B. QUALIFYING OVERSEAS SERVICE No. of days ..... less ..... Ineligible days, equal ..... Days @ 25c. per day		
C. SUPPLEMENT FOR OVERSEAS SERVICE	292	50
Daily Rate of Pay $ 1.50 Subsistence Allowance $ ..... Additional Pay $ ..... Dependents' Allowance 1/30 $ ..... $ ..... TOTAL $ ..... × 7 = $ ..... No. of Days $\frac{\quad}{183}$ × $		
D. WAR SERVICE GRATUITY Computed By	292	50
E. DEDUCTIONS Overpayment of (1) Pay & Allowance $ ..... (2) D.A. & A.P. $ ..... Other Deductions $ ..... Entered By		
F. AMOUNT PAYABLE (This amount is payable in ..... monthly instalments of $ ..... each)	292	50

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

$ ..... × 30 = $ .....

REMARKS

140M—2-46 (8758)
H.Q. 1064-81-3

CD1756

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 Halliwell

(b) Christian Names alfred

(c) Regimental No. D-109230-

(d) Rank at time of decease Private

2. Please indicate below whether application is made as a dependent or otherwise by striking out the sentence which does not apply.

(a) I am applying as a person who was dependent upon the above named soldier and to whom pay was assigned by him. to me

(b) There being no person dependent upon the above named I request that the War Service Gratuity form part of the soldier's estate and be distributed accordingly.

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

(a) Surname Burrows

(b) Christian Names Barbara

(c) Relationship to deceased ~~Wife or~~ Widow

(d) Address in full Mrs Barbara Halliwell
c/o F.M.H. Whelan
114 St Germain St
Montreal H. P.Q.

Yours truly,

Date 17/ April/ 46

Barbara Halliwell
(Signature of Applicant)

FORM No. 1

Register No. C.D-1756 Nominal Roll No. D589

H.Q. File No. 405-H-14797

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-109230	Pte	HALLIWELL	ALFRED

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. 26 Aug 40	T.O.S.	T.O.S.
S.O.S. 1 Dec 43 MD 4	S.O.S. MD	S.O.S. MD
Total Days 1193	Total Days	Total Days

Total Service 1193 DAYS

—	Total Service	Less Non-qualifying Service	Net Service
Western Hemisphere	1193	Nil	1193
Overseas Service			
Totals	1193		1193
Add Non-qualifying Service			
Total Service			1193

EMBARKATION DETAILS:

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

REMARKS:

DIED WHILST IN SERVICE 1 Dec 43

Computer's Signature B. Lemon

Checker's Signature [illegible]

Date Computed 11 Feb 46

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

CASUALTIES ONLY
For purpose of W.S.G.
Casualities include death
subsequent to discharge.

Register No. C.D. 1756

File No. 405-H-14797

WAR SERVICE GRANTS ACT 1944

Ottawa 8th February, 1946

To: Chief Treasury Officer,
Dependents' Allowance and Assigned Pay Branch

Service No. D-109230

Name Alfred, Halliwell,
Christian Name Surname

Please supply the following information in respect of the marginally named at the time of his discharge or death and return this form in duplicate along with the file to the undersigned.

K. W. Rice
(K. W. RICE) Captain,
for Paymaster-General.

	Name	Amount
Names, address and relationship of persons in receipt of D.A. and amount of monthly award.	Mrs Barbara Halliwell	$ 3720
If no D.A. in issue, list names, address and relationship of persons in receipt of A.P. who may be classed as Dependents under W.S.G. Act, 1944, and amount of monthly assignment.		
Names, address and relationship of persons to whom assigned pay was continued by supplementary award after death.		
Amount of overpayment of dependents' allowance and/or assigned pay deductible from the War Service Gratuity and name of person to whom paid.		

14/2 1946

L Budreo
For Chief Treasury Officer,
D.A. & A.P. Branch

C.T.O., D.A.&.A.P.

Overpayments of D.A. and/or A.P. recovered from W.S.G. $ _____

_____ 194____

_____
for C.T.O.

- SWORN DECLARATION -

D-91375 Sgt. BUCKINGHAM, V., R.C.A.S.C., C.A., attached to No. 4 District Depot, C.A., having been duly sworn, states:-

"I supervise the work in the Camp kitchens since April 1943. D-109230 Pte. HALLIWELL, A., was employed as a butcher in the Officers' and Sergeants' Mess. He was working inside all the times, and he supervised the meat carving, doing some carving himself occasionally. His work was not strenuous, and he had help. He worked approximately seven (7) hours a day, in the daylight hours, and his duties were performed in clean and favourable conditions. To my knowledge, he has been doing the same kind of work under the same conditions at No. 4 District Depot a long time before I became in charge of kitchens here."

WITNESS:-

R. Champagne

(R. Champagne) Lieutenant,
General List, C.A., att'd to
No. 4 District Depot, C.A.,
Ass/Officer i/c Records,
No. 4 District Depot, C.A.

DEPARTMENT OF
PENSIONS AND NATIONAL HEALTH

VETERANS' BUREAU

CANADA

Re: Alfred HALLIWELL, D-109230. (dec'd).

405-It-1479

IN YOUR REPLY REFER TO FILE NO. 779-A. V.B. No. 58198. (B)

DALY BUILDING.
OTTAWA.
DATE. July 13, 1944.

The Secretary,
Department of National Defence, Army,
OTTAWA, Ontario.

Dear Sir:

The District Pensions Advocate, Montreal, who is preparing this case for the widow of the marginally named for consideration by the Canadian Pension Commission has written me as follows:

> "It is noted that -
> "D-91375, Sgt. Buckingham V. R.C.A.S.C. C.A. and D-106992, R. Q.M.S. Bard, L.A. R.C.A.S.C. C.A. gave evidence before the Court of Inquiry held in this case on 4/12/43.
> "Will you please have these two N.C.O.'s contacted for evidence of the nature of the duties performed by HAlliwell during his three years of service at Longueuil, whether or not they were unduly strenuous, if they involved long hours, the conditions under which they were performed, whether or not he was subjected to any undue exposure in the performance thereof, and if so, the nature and extent of such undue exposure."

If you are able to furnish us with the statements requested, it will be appreciated.

Yours truly,

E.V. Wilson

E.V. Wilson,
A/Chief Pensions Advocate.

MEB/EB.

DISTRIBUTION OF SERVICE ESTATES

TL Estates Form "P. 4"

ARMY

Name: HALIWELL (Surname) Alfred (Christian Names) No.: D.109230

Rank: Pte. Unit: No. 4 Dist. Depot Date of Death: 1/12/43

AMOUNT

L.P.C. $

Date: March 4, 1944.

Other Credits ~~53.35~~

Total 53.35

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
all	Widow	Mrs. Barbara Halliwell, 5155 Coalbrook Ave., N.D.G. Montreal, P.Q. (Sole beneficiary under will)	R 53.35
		P4. TO TREAS. 14/3	

AUTHORITY

H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	53.35

CLASSIFIED BY

EXAMINED BY

For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

Original signed by
L. M. FIRTH

(L. M. FIRTH) Lt.-Colonel
Administrator of Estates

AUDITED FOR PAYMENT

For Chief Treasury Officer

25M—9-43 (1913)
H.Q. 1772-80-2

AMENDED

CANADIAN ARMY (A)

LAST PAY CERTIFICATE

M.F.D. 10A
750M—9-4 (1730)
H.Q. 1772-39-1548

Regtl. No. D.109230 Rank and Name Pte. HALLIWELL, A.

of A-2 Wing No.4 DISTRICT DEPOT C.A. Unit, on

(Transfer, Posting or Discharge) to S.O.S. (Unit and Station) on 1 Dec.43. 194

Reason for discharge HAVING DIED AT ST.ANNE HOSPITAL ST.ANNE DE BELLEVUE QUE. 1/12/43. Authority DO.291-4

On TRANSFER of OFFICER or WARRANT OFFICER, Class I

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

REMARKS:

State (1) Date of appointment or enlistment 26-8-40.

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

(3) Has assignment of pay been made? Yes If so, amount $ 23.00

Effective date 1-5-43.

(4) In the case of Officers in receipt of a Service (P.F.) Pension state monthly deduction $ .....

Amended to show R.G. Ch.No.94130 d/25-11-43 Re-deposited.

A M E E N D E D

Certified true copy

for D.T.O., M.D.#4.

The following is a statement of the account of the above named from 1 Dec. to 31 Dec. 194 3. the inclusive date of transfer, posting or discharge.

PARTICULARS	AMOUNT Dr. $	c.	PARTICULARS	AMOUNT Cr. $	c.
Balance Dr. from last account			Balance Cr. from last account	24	85
First Monthly Payment			Regimental Pay 31 days at $ 1.50	46	50
Casual Payments			Tradesmen's Pay ..... days at $		
Payment on Transfer, Posting or Discharge			Additional Pay (Give particulars)		
Assigned Pay	23	00	..... days at $		
Regimental Charges			Allowances (Give particulars)		
Public Stoppages (Give particulars):			..... days at $		
			Official Receipt #49506.	5	00
To Balance Cr. (To be paid by new unit)	53	35	By Balance Dr. (To be deducted by new unit)		
Total	76	35	Total	76	35

JACQUES CARTIER BARRACKS
MONTREAL SOUTH, QUE.
(Place)

22 Dec.1943.
(Date)

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

for (Sgd) W.Dean O'Connor, Major
Paymaster,
#4 DISTRICT DEPOT, CA. (R.E.Aikman, Cap
Paymaster or Accounting Officer

MEMORANDUM FOR **P. 64**

Mrs. Barbara Halliwell,
5155 Coolbrook Ave., N.D.G.,
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-H-14.797 FD.489

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

December 13, 1943.

For the purpose of record and in the event of there being any Service estate available for distribution (according to law) on account of the late

HALLIWELL, Falred, Pte.,

D.109230 C. A.

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

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

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

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

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

If there is insufficient space for complete particulars to be given opposite any question on Pages 2 and 3 of this form, the space under "additional remarks" on page 4 should be used.

R. G. Phelan Capt.

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

FFC: MW

M.F.W. 77
2M-11-43 (2842)
H.Q. 1772-39-972
K.P. 95075

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		Barbara Halliwell	64	5155 Coolbrooke Ave
2	Children of the Deceased and dates of their Births		Alfred William	32	Farnham Barracks. Que Pro
			Lillian "	33	188 Dufferin Rd Hampstead
			George "	30	R.C.A.F. Jeantsport N.S.
			Barbara "	—	Died Sept 8th 1937. aged 20
			Edwin "	24	R.C.A.F Moncton N.B.
			Douglas (twins) "	—	Died. March 6th 1920
			Arthur "	18	5155 Coolbrooke ave
3	Father of the Deceased		William "	60	Died Oct. 1911.
4	Mother of the Deceased		Fanny Chilton	83	Died Dec 1936.
5	Brothers of the Deceased	Full Blood	Horace Halliwell	58	17 Whitby ave Heaton. Manchester England
		Half Blood			
6	Sisters of the Deceased	Full Blood	Edith (Mrs Willis)	57	Died 1937. Manchester England
			Blanche (Mrs Swain)	61	46 Poplar Grove Brooklands Cheshire England
		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
	—		dont know		—

deceased ever

IN FULL
lative, opposite his
d date of death
sed relative

ollbrooke Ave
n Barracks. Due Ro
ufferin Rd
Hampstead
F. Hantsport N.S.
th 1937. aged 20
Moncton N.B.
arch 6th 1920
ollbrooke ave

ct. 1911.

Dec 1936.

ave Weste.
nchester
ngland

937.
nchester England

grove
lands
heshire
England

ldren

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased	Alfred Halliwell
9	Date of his birth	Dec 25th 1878
10	Place and date of his marriage. May 27th. 1908	St James the Apostle. Montreal P Q
11	Place and date of his parents' marriage. about 1857	Manchester Cathedral. Lancashire Eng.

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Salford. Manchester. England
13	State, in order, the Province, State and/or Country in which he resided before enlistment and the period of time in each.	(a) 28 years in Manchester. Eng. (b) (c) 36 " " Montreal (d)
14	Nature of employment before enlistment.	Grocer & Butcher
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.	—

PARTICULARS OF ESTATE

17	Did he leave a Will?	a soldiers will
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses, — was there a marriage contract dealing with property?	no
19	Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc. and the amount on deposit.	no
20	Amount of War Savings Certificates held by deceased.	50 dollars, held at Longueuil no 4 Barracks
21	Amount of Victory Loan Bonds held by deceased.	—
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary there. Describe other assets, if any, and estimated value thereof.	Imperial Life Insurance. (about 490 dollars or 500) Barbara Halliwell wife
23	Is application for Probate or Letters of Administration necessary (see page 1)?	

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.	no
25	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	Barbara Halliwell borrowed from my son in law. George E Smart 1 8 8 Dufferin Rd Hampstead + Paid 100 dollars to cemetary for lot

(NOTE:—The Government pays funeral expenses within the amounts authorized in the Regulations, where death occurs and burial is made Overseas as well as where death occurs and burial is made in Canada or elswhere in the North American zone, and if a relative has already paid those expenses the Government will reimburse such relative to the extent of the amount authorized in the Regulations. Any amount of such expenses in excess of those authorized in the Regulations is not payable by the Government nor is it chargeable against the service estate of the deceased.)

(PLEASE TURN OVER)

DECLARATION

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

I hereby declare that all the particulars shown on this form are correct, and a true and complete statement of all the relatives that the deceased ever had in the degrees specified; and that I am the

*.....Widow.....of the deceased.

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

.....Barbara Halliwell..... {Signature of Informant}

.....5155 Coolbrooke Ave.....Address

CERTIFICATE

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

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

Dated at.....Montreal, Que.....this.....Sixteenth (16).....day of.....December.....19.....43

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public } .....Guy Morey..... Qualification.....Commissioner of Sup. Court Montreal

Address.....5139 Decarie Blvd Montreal Que.

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

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

WILL

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

(1) I, Alfred HALLIWELL, (Name in Full), of the City (City, Town, Village, Township)

Address in civil life.

of Montreal, in the County/District of Hochelaga,

Province of Quebec, 2nd Class Butcher (Civil Occupation)

Regimental No. D-109230, Unit NO. 4 Dist. Depot 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. Barbara Halliwell, residing at 5155 Coolbrooke Ave. N.D.G. Montreal, Quebec, Canada, all my real and personal property and my 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 (Name) (Address)

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

IN WITNESS WHEREOF I have hereunto set my hand this 26 day of August

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.

Alfred. Halliwell.
(Signature of soldier)

First witness sign here.

(5) Signature John Buckenridge Pte.

Civil Address 142 Matin Ave. Montreal Que.

Civil Occupation Clerk.

Second witness sign here.

Signature Darwin Whitlock Pte.

Civil Address 179 3rd Ave. Verdun Que.

Civil Occupation Machinist

(Witnesses are not to be beneficiaries.)

[OVER]

M.F.M. 5
150M—1-42 (3165)
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*) Upon completion, the form will, in the case of Army personnel, be forwarded to the District Records Officer for transmission to Officer i/c Records (Army) N.D.H.Q., Ottawa. In the case of R.C.A.F. personnel the form will be forwarded to R.C.A.F. Records Officer, Dept. of National Defence for Air, Ottawa.

---

(1) Name of Officer or Other Rank HALLIWELL ALFRED,
(Surname first—Christian names in full—Block capitals)

(2) Regimental or Official Number and Rank D-109230 Pte.

(3) Unit No. 4 District Depot CASF

(4) Are you married? Yes

(5) If married, state,

(*a*) Full name of your wife Mrs. Barbara Halliwell,

(*b*) Present postal address of wife 5155 Coolbrooke Ave. N.D.G. Montreal, Quebec, 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 2 Girls 1

Names and ages Arthur 15, Edwin 21, Lillian 22.

(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.....

.....

.....

(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?.....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 .....

Full Name .....

Postal Address .....

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

.....

(18) Are you insured?.....YES.....

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

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

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

(Sgd) Alfred Halliwell
(Signature of officer or man)

Date 26 August, 1940

(Sgd) Edwin C. Renaud Capt.

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

Date 26, August, 1940

N.B. (If parent(s) of the officer or other rank concerned has (have) been replaced by foster parent(s), questions relating to fathers and/or mothers above should be altered and answered as applicable.)

DEPARTMENT OF NATIONAL DEFENCE
- ARMY -

A.D. Register No.....20,229...

COURT OF INQUIRY - Death
D-109230 Pte. HALLIWELL, A.
R.C.A.S;C., C.A. attached to
No. 4 District Depot, C.A.

H.Q....405-H-14.797 FD 189 Admin. 3(b)2

OTTAWA, Ont..February 2nd, 1944.....

SOURCE..Military District No. 4....

DATE OF ACCIDENT:...30th Sept.43....19

COURT CONVENED:.....19

COURT SAT:.....4th Dec.43.....19

PROCEEDINGS SIGNED:...December 43...19

PROCEEDINGS APPROVED
BY D.O.C.....12th January...44..19

PROCEEDINGS
FORWARDED...12th Jan 44.....19

PROCEEDINGS RETURNED FOR FURTHER
INFORMATION OR DIRECTION
.....19

PROCEEDINGS RETURNED
TO N.D.H.Q.
.....19

OTHER DELAYS:

PRECIS OF EVIDENCE: On the 30th September, 1943 at Montreal, D-109230 Pte. Halliwell, A, was suddenly taken ill. He saw a civilian doctor and his wife advised the Military Authorities. He was taken to hospital. On 1st Oct, 43, and died on 1st Dec 43, at approximately 21.35 hours.

Pay and Allowance-$172.05, Hospitalization- $186.00

Mem XO K

Mem. X Widow
mother deceased
233/44 H.A. 2

MEDICAL EVIDENCE: Died of Coronary Trombosis

FINDING OF THE COURT: As above

OPINION OF THE OFFICER COMMANDING: Concurs in the findings of the Court and am of the opinion that the death of the Pte Halliwell was not occasioned as result of military service..

REMARKS:

Referred to D.G. M.S.

JAG/MV

noted and D 2

A. Ramsay
A. R. MacDonald
LIEUT.-COLONEL

FEB 2 1944

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

The signature of each Officer composing the Board, etc., should appear on the last page of this form in the space provided therefor.

PROCEEDINGS of a* COURT OF INQUIRY

assembled at Montreal South, Quebec,

on the 4th December, 1943.

by order of Colonel S. Echenberg, E.D., Officer Commanding No. 4 District Depot, C.A.

for the purpose of Inquiring into and reporting upon the circumstances surrounding the death of D-109230 Private HALLIWELL, Alfred, R.C.A.S.C., C.A., attached to No. 4 District Depot, C.A., at Ste. Anne de Bellevue on 1st December, 1943.

PRESIDENT

Captain H. C. Brennan,
R.M.R., C.A., attached to
No. 4 District Depot, C.A.

MEMBERS

Lieutenant D.A. Allan,
General List., C.A., attached to
No. 4 District Depot, C.A.

Lieutenant E.C. Fowler,
General List, C.A., attached to
No. 4 District Depot, C.A.

The COURT having assembled pursuant to order, proceed to take evidence:

FIRST WITNESS: D-91375, Sgt. Buckingham, V., R.C.A.S.C., C.A., attached to No. 4 District Depot, C.A., having been duly sworn, states:-

"At Montreal South, Quebec, at 0630 hours on 1st October 1943, Private Halliwell, A., did not appear for duty and later, on the same date, a phone message was received at the Q.M. Stores that Private Halliwell had been taken to the hospital at Ste. Anne de Bellevue, Quebec."

Rule of Procedure 83-B has been complied with.

SECOND WITNESS: D-106992, RQMS. Bard, L.A., R.C.A.S.C., C.A., attached to No. 4 District Depot, C.A., having been duly sworn, states:-

"At Montreal South, Quebec, at 0630 hours on 1st October 1943, I was the Regimental Quarter-Master Sergeant in charge of Stores. D-109230 Private Halliwell, A., was employed as a butcher at Jacques Cartier Barracks, No. 4 District Depot, and his illness was reported to me by phone by one of his relatives, I don't remember which one, and I immediately advised the Ration Depot, where he was employed, to that effect.

Rule of Procedure 83-B has been complied with.

M.F.B. 303
200M—4-42 (4336)
H.Q. 1772-39-133

THIRD WITNESS: Mrs. Barbara HALLIWELL, wife of the deceased, having been duly sworn, states:-

"I am the wife of the deceased, and on the 30th September 1943, my husband, D-109230 Private HALLIWELL, Alfred,was suddenly taken ill.

My husband and I were walking in Hampstead Park at the time, so I took him to my daughter's house at 188 Dufferon Road Hampstead where my husband stayed until the evening. My daughter brought him home about eight o'clock and then I went for Dr. McLeod on Decarie Boulevard. Upon returning home, I met my husband and he himself was on his way to the Doctor. The Doctor sent my husband home and reported the illness to No. 4 District Depot. The next morning, two Doctors from the army came and upon examination ordered my husband to the Hospital at Ste Anne de Bellevue."

Rule of Procedure 83-B has been complied with.

FOURTH WITNESS: Dr. C.K. McLeod, 4800 Decarie Boulevard, Montreal, Quebec, having been duly sworn, states:-

"On the evening of 30th September 1943, Mrs, Halliwell came to my office saying her husband was very ill, would I come and see him.

He however arrived at my office, 4800 Decarie Boulevard, a few minutes later when I diagnosed coronary thrombosis and advised immediate bed rest, ice bag to chest with sedation.".

QUESTIONS BY THE COURT:

Q. Did you call the Militia to report this case?
A. I do not remember.

Q. Will there be a bill for the interview?
A. No. I could not make a charge under the circumstances.

Rule of Procedure 83-B has been complied with.

LIST OF APPENDICES.

APPENDIX "A" - M.F.B. 292.

APPENDIX "B" - Signed statement by W.F. Dunn, Medical Officer Ste. Anne de Bellevue Hospital.

APPENDIX "C" - Statement re Costs of Hospitalization.
Appendix "D" - Last Pay Certificate

FINDINGS OF THE COURT.

The Court finds that D-109230, Private HALLIWELL, Alfred, died at Ste. Anne's Military Hospital of coronary thrombosis on 1st December 1943.

Signed at Montreal South this ..... day of ..... December, ... 194 3.

A. C. Freeman. Captain,
(Signature)
PRESIDENT

R.M.R., C.A., attached to
No. 4 District Depot, C.A.
(Unit)

D. A. Allan
(Signature)
Lieutenant,
General List, C.A., attached to
No. 4 District Depot, C.A.
(Unit)

MEMBERS

E. C. Fowler
(Signature)
Lieutenant,
General List, C.A., attached to
No. 4 District Depot, C.A.
(Unit)

I concur in the finding of the Court and am of the opinion that the death of Private Halliwell was not occasioned as result of military service.

(S. Echenberg) Colonel,
Commanding No. 4 District Depot, C.A.

signed at
Montreal South, Quebec,
10th December 1943.

Montreal, P.Q.,
12th January, 1944.

I CONCUR
(E. L. RENAUD) Major-General
D.O.C., M.D. No. 4

APPROVED
S. E. MacDERMOT
LIEUT.-COLONEL
FEB 25 1944
OTTAWA, ONT. MAJOR-GENERAL,
Date..... ADJUTANT-GENERAL.

Appendix B.

Ste Anne de Bellevue Hosp.
Dec 7/43

Re. HALLIWELL deceased.

This is to state that the marginally named deceased Soldier was admitted to this hosp. Dec 1/43 and diagnosed coronary thrombosis –
He rallied temporarily but was kept in dangerously ill list since admission – age 65 –

On the evening of Dec 1/43 about 9 15 pm I was called to the wards and found that he had suffered acute cardiac attack and in severe state of shock ie almost pulseless – dyspnoea acute and in spite of cardiac stimulant and oxygen administration he failed to rally and death occurred after about 20 min (9 35 pm)

Autopsy was done following day and confirmed the clinical diagnosis of CORONARY THROMBOSIS as cause of death

Wm Cowan MD

//

THE CANADIAN PENSION COMMISSION

P&NH 779-A
Your File H.Q.405-H-14797
Meds 7 16/2/44

MEMORANDUM

TO The Director of Records,
Department of National Defence (Army).
FROM The Canadian Pension Commission.

Ottawa, February 16, 1944.

D-109230 - Pte. A. Halliwell
4 D.D.

With reference to your letter of December 8, 1943, in the marginally noted case, you are advised that the Commission has ruled that the disease resulting in this soldier's death was incurred during service, Canada, but it did not arise out of, nor was it directly connected with military service.

This information is furnished for your records.

E. Lackey

for Canadian Pension Commission.

EL

Director of Records
A. G. Branch.
FEB 18 1944
Nat. Defence Hqr
Ottawa, - Canada.

Noted
G

G

C.P.C. 1B 40M-8-43 Req. 799

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: R.C.A.S.C. (CA) Att'd. No. 4 District Depot, C.A.

Regt'l No.: D-109230 Rank: Private.

Name in full: Halliwell, Alfred.

Date and place of birth: Salford, Manchester, England. 25th Dec. 1895

Married or single: Married.

Enlisted, when and where: 26th August, 1940 Montreal, Que.

Died — Date: 1st December, 1943; Place: Ste. Anne de Bellevue, Que.; Cause of death: Coronary Thrombosis.

Buried — Date: 4th December, 1943; Name of cemetery: Mount Royal; Location of cemetery: Montreal, Que.

Whether he leaves a Will or not, and if so, where deposited: Yes - with Officer i/c Records, N.D.H.Q.

Statement as to existence of any personal effects: The deceased lived with his wife and youngest son; All personal effects were left with them.

Latest particulars as to Next of Kin: Mrs. Alfred Halliwell, 5155 Coolbrook Ave., N.D.G. Montreal, Que.

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

(S. Echenberg) Colonel
Officer Commanding
No. 4 District Depot, C.A.

Secretary, Department of National Defence.

Forwarded, please.

Date: 6th December, 1943

D.O.C., M.D.

Date

Noted
G.

M.F.W. 2570
25M—6-41 (758)
H.Q. 1772-39-1356

H.Q. 405-H-14797
(Records C)

8th December, 1943.

Chief Treasury Officer,
D.A. & A.P. Branch,
Records Building,
Ottawa, Ontario.

RE: D.109230 Private Alfred HALLIWELL
No. 4 District Depot

Official information has been received that the soldier marginally named died on the 1st day of December, 1943, as the result of coronary thrombosis.

The next-of-kin is recorded as Mrs. Barbara Halliwell (Wife), 5155 Coolbrook Avenue, N.D.G., Montreal, Quebec.

(C.L. Laurin) Colonel,
Director of Records,
for Adjutant-General.

FHD/GR

HALLIWELL — ALFRED

NOM DE FAMILLE - FAMILY NAME — PRÉNOMS - FORENAMES

NOM DU MARI, VIVANT OU DÉFUNT - NAME OF HUSBAND, ALIVE OR DECEASED

5227 COOLBROOKE — MONTREAL

ADRESSE - ADDRESS

57 YEARS — ENGLISH

AGE — NATIONALITÉ - NATIONALITY

YES — YES

SUJET BRITANNIQUE / BRITISH SUBJECT — DE NAISSANCE / BY BIRTH — PAR NATURALISATION EN / BY NATURALIZATION IN

CONTRIBUABLE
RATEPAYER

JE JURE QUE LES RENSEIGNEMENTS CI-DESSUS SONT EXACTS
I SWEAR THAT THE ABOVE INFORMATION IS CORRECT

Alfred Halliwell,

SIGNATURE

TÉMOIN
WITNESS

ASSERMENTÉ DEVANT MOI, À MONTRÉAL, CE
SWORN BEFORE ME, AT MONTREAL, THIS

OCTOBER 11th, 1936.

CORPORATION DE MONTRÉAL

1936

No. C-26467

J. Eug. Brisebois

C.C.S. - C.S.C.

NEW ADDRESS
5165 Coolbrooke
Oscar Coulthard C.D.R.

B/D-25

8 SEP 1938

Surname HALLIWELL

Christian Names Alfred

Rank Pte No. D-109230

Age 1895 Ht. 5-2¾ Wt. 140

Hair Grey Eyes Blue

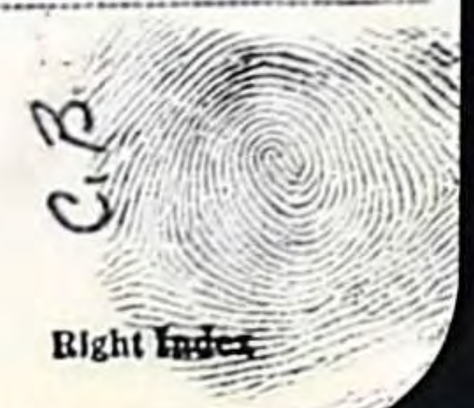
Marks, Scars, etc. Nil

Alfred Halliwell
Signature of Holder

W E Goodfellow
Signature of Issuer

Place Montreal, Que. Date 14-8-42

Report Loss Return To If Found **CANADIAN ARMY** Identification Bureau Ottawa, Can.



Right ~~Index~~