D109330
LUSSIER
PHILIBERT

Do not remove documents from this folder. Prepared for digitization project. Ces documents seront numérisés. Ne pas les déplacer.

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

O.M.

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

DECEASED.

CANADIAN ACTIVE SERVICE FORCE

PROCEEDINGS ON DISCHARGE

1229

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

Regimental No. D 109330 | Rank Private

2944

Surname LUSSIER

Christian name Philibert

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.F.)

Date of discharge 23-1-41

Place of discharge Sorel | Mil. Dist. No. 5

1. DESCRIPTION AT DATE OF DISCHARGE

Age 40 years ..... months

Height 5 feet 7¾ inches

Complexion Medium

Eyes Brown

Hair Dark

Trade Accountant

Descriptive marks

One Vaccination 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

(DIED)

Authority for discharge ..... DECEASED.

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

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

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

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

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

(OVER)

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—C.A.S.F.).....4-10-40.....

(Date of discharge—C.A.S.F.).....23-1-41.....

(Total Service—C.A.S.F.).....years.....days

10. **Confirmation of Discharge**

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

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

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

État de service de LUSSIER PHILIBERT Matricule D-109330
Record of Service of (Nom—Surname) (Prénoms—Christian Names) Regimental Number

APTITUDES
Qualifications

Militaires: No
Military

Professionnelles ou commerciales: No
Business or Professional

Civiles ou de métier: Accountant
Trade or Civil

Techniques: No
Technical

Langues: French & English
Languages

QUALITÉS ÉDUCATIONNELLES
Educational qualifications

Académies High School or Collegiate: 6 Yrs High School (années complétées—years completed)

Graduation ou (or) Immatriculation Matriculation: No (Spécifier—Specify)

*Collège: No

*Université University: No

6 Yrs Public Schooling

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

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

Rapport — Report: Date	Rapport — Report: Reçu de — From whom received	État des promotions, rétrogradations, mutations et permutations, maladies ou blessures rapports, etc., à compter de la date de son enrôlement dans les troupes de campagne — Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. from date taken on strength of Field Force	Grade indiqué — Rank shown	Prenant date le — Effective date	Unité — Unit	Endroit — Place	Autorisation — Authority: N°, Partie II, Ordres du jour. Liste des morts et blessés, etc. — Part II D.O. No. Cas. List, etc.	Autorisation — Authority: Daté le — Dated
		Affecté lors de son enrôlement / Joined on enlistment						
4 Oct 40	DRO	No 4 District Depot CASF	Pte	4 Oct 40	4 DD	Montreal	4 DD Pt II 251	4 Oct 40
20-11-40	"	Proceeded on command to NPAM T.C.45 Sorel Que.	"	20-11-40	"	"	DO. " 291-40	20-11-40
11 Dec 40	"	Attached for all purposes to NPAM Training Centre No 45, Sorel, Que...	"	8Dec40	"	"	" " 308	10 Dec 40
22-11-40	"	T.O.S. on command to N.P.A.M. T.C. 45 Sorel	"	20-11-40	T.C. 45	Sorel Que.	T.C. 45 Part II 39A	22-11-40
13-12-40	T.C. 45	attaché pour toutes fins au P.C.A. T.C. 45	"	9-12-40	"	" "	" " 51A	13-12-40
8-1-41	T.C. 45	admis à l'Hopital Royal Victoria - Mtl. le 27-12-40	"	27-12-40	"	" "	" " 6A	8-1-41
24-1-41	T.C. 45	Décédé à l'Hopital Royal Victoria - Mtl. le 23-1-41	"	23-1-41	"	" "	" " 17A	24-1-41

Pour les entrées supplémentaires, se servir de M.F.M. 1 et 2 (a) (Fr.)
For additional entries use M.F.M. 1 and 2 (a) (Fr.)

RECEVEZ-VOUS OU AVEZ-VOUS DÉJÀ REÇU UNE PENSION OU UNE COMPENSATION POUR INVALIDITÉ, SI OUI, DONNEZ DÉTAILS.....

CERTIFICAT DE L'EXAMEN MÉDICAL
CERTIFICATE OF MEDICAL EXAMINATION

Nom en entier (Name in full) Lussier Philbert — Date: Oct 1 1940

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

1. Age: 40

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

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

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

Observations des examinateurs (Examiners remarks re above): Ears normal.

Col vis Ishihara CDU A.Delahaye apt.

URINE EXIRAY

PARTIE 2. Renseignements obtenus par l'examen médical. La recrue doit être déshabillée.
Part 2. Information obtained by medical examination. The recruit must be stripped.

1. Marques ou cicatrices d'identification (si celles-ci sont opératoires, obtenir les détails)
Identification marks or scars (If operative obtain history).
1 vacc left arm.

2. Taille (Height): 5 pieds (feet) 7½ pouces (inches).
3. Poids (Weight): 160 livres (pounds)
4. Teint (Complexion): med — Yeux (Eyes): brown — Cheveux (Hair): dark
5. Développement (Development): good — Bon (Good) / Passable (Fair) / Médiocre (Poor)
6. Tour de poitrine—Circonférence, pleine expansion (Chest measurement—Girth on full expansion): 35½ pouces (inches) — Degré d'expansion (Range of expansion): 2½ pouces
7. Vue, œil droit (Vision, right): 20-20 — œil gauche (left): 20-20
8. Ouïe, oreille droite (Hearing, right): cv20 — gauche (left): cv20
9. Condition de la bouche et des dents (Condition of mouth and teeth): fair
10. Les anormalités (congénitales et pathologiques) constatées lors de l'examen sont les suivantes: BP 138-80
The abnormalities (congenital and pathological) found on examination are as follows:
Varicose veins, old eudence of ulcer on left ankle and old fracture of sam

PARTIE 3. Nous, les examinateurs, ne trouvons aucune trace des maladies énumérées dans la question 2 de la partie 1, sauf tel que mentionné dans les observations. Nous avons examiné la recrue conformément aux instructions de la brochure "Physical Standards and Instructions for the medical examination of Recruits",

et il peut être classé dans la catégorie: B

Observations spéciales lorsque la catégorie est inférieure à A (Special remarks when category lower than A): Old fracture of left Tibia. Eudence of old varicose ulcer left leg.

(Président)—(President) W.Smyth Lt Col. — (Membre)—(Membre) R.Lanthier MD — (Membre)—(Member) C.Nadeau Lt

VACCINATIONS, INOCULATIONS, COMMISSIONS, RECLASSIFICATION DE LA CATÉGORIE MÉDICALE
VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Détails succints et signature / Brief details and signature	Date	Détails succints et signature / Brief details and signature
OCT 4 '40	TAB W.P. Macey Lt		
	3		
OCT 4 '40	VACCINATION		
OCT 4 '40	TETANUS TOX Ioc		
	TETANUS TOX Ioc		

RECEVEZ-VOUS OU AVEZ-VOUS DÉJÀ REÇU UNE PENSION OU UNE COMPENSATION POUR INVALIDITÉ, SI OUI, DONNEZ DÉTAILS.....

Matricule / Regtl. No. D-109330 Grade / Rank Pte Nom / Surname LUSSIER Prénoms / Christian Name PHILIBERT

Garnison — Station	Date d'arrivée à la garnison — Date of Arrival at the Station	Date de — Dates of: L'admission à l'hôpital — Admission into Hospital			La sortie de l'hôpital — Discharge from Hospital			Maladie — Disease	Nombre de jours à l'hôpital — Number of days in hospital	Détails sur la nature et l'origine de la maladie; dire si elle était bénigne ou grave, si elle est entièrement guérie, et si un traitement spécial a été adopté. Dans le cas des maladies vénériennes, mentionner la nature de la maladie première et dire si on a prescrit le mercure. Si la maladie est accidentelle, spécifier si elle fut contractée en service et si un conseil d'enquête a été tenu. Détails et dates au sujet des fausses dents et des appareils chirurgicaux fournis. — Remarks on nature of the disease; how induced; if mild or severe; if completely recovered; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied	Signature du médecin — Signature of Medical Officer
		Jour — Day	Mois — Month	Année — Year	Jour — Day	Mois — Month	Année — Year				

Pour les entrées supplémentaires, se servir de **M.F.M. 1 et 2 (b) (Fr.)**
For additional entries use **M.F.M. 1 and 2 (b) (Fr.)**

No D.109330 Rank Private Name LUSSIER, Philibert

Unit 45 C.A. (R) T.C. Date of death 23rd Jan., 1941.

Died at Royal Victoria Hospital, Montreal, P.Q.

Cause

Death occurred on strength of Forces, H.Q. 405-L-2925 d 16-4-41

N/K Mrs. Rose Anna Lussier Relationship Widow

Address 8170 St. Denis Street, Montreal, P.Q.

Remains buried in Cote des Neiges Cemetery

Montreal, P.Q.

Grave location Lot 3410-M Sec. 46 7-1941

CHK.

CONTRACTOR'S ROLL FOR THIS SOLDIER'S GRAVE ESTABLISHED OCT 11 1941

Statement of the Service of No. D 109330 Rank Pte. Sheet No. 1

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

NO. 4 DISTRICT DEPOT CASF. Name LUSSIER PHILIBERT

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
		T.O.S. NO. 4 District Depot CASF "S.M.O. Wing."	Pte.	4-10-40	4 D.D.	Montreal	4 DD Pt. 11 #251	4-10-40
		Posted to pay office "HQ Wing."	"	10-10-40	"	"	D.O. 257	11-10-40
		Proceeded on command to M.T.C. #45, Sorel, Que. & posted to "C Wing."	"	20-11-40	"	"	D.O. 291	20-11-40
		T.O.S. "On Command from D.D. M.D. 4 and att. for duty, discipline & rations.	"	20-11-40	MTC 45	Sorel	D.O. 39a	22-11-40
		Att. for all purposes to C.A.(R). T.C. 45	"	8-12-40	4 D.D.	Montreal	D.O. 308	10-12-40
		Att. for all purposes to C.A.(R).T.C. 45 from 4DD	"	9-12-40	CARTC 45	Sorel	D.O. 51a	13-12-40
		Amended by D.O. 6a, d/8-1-41 to read eff. 21-12-40 Granted leave from 1700 hrs. ~~28-12-40~~ to 2359 hrs. 27-12-40 ~~3-1-41~~	"	21 ~~28~~-12-40	"	"	D.O. 56a	22-12-40
		AMENDMENT: D.O. 56a, is amended to read from 1700 hrs. 21-12-40 to 2359 hrs. 27-12-40	"	21-12-40	"	"	D.O. 6a	8-1-41
		Admtd. to Royal Victoria Hosp.	"	27-12-40	"	"	D.O. 6a	8-1-41
		S.O.S. Died in Royal Victoria Hosp. Montreal	"	23-1-41	"	"	D.O. 17a	24-1-41

SHEET 1 CERTIFIED TRUE EXTRACTS FROM PART 11 ORDERS.

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

Copy

M. F. D. 930 A
350M-8-40 (6594-5)
H.Q. 1772-39-1548

C.A.S.F. & R.C.A.F.

CANADA

LAST PAY CERTIFICATE

Regtl. No. D-109330 Rank and Name Pte. LUSSIER PHILIBERT

of H. Q. Company, etc., #4 D.D. C.A. (R)T.C. #45, Sorel, Que. Regiment, etc., on

(Transfer, Posting or Discharge) Dischage to — (Unit and Station) on January 23rd 1941

Reason for discharge Deceased on January 23, 1941 Authority: D.O. 17-A, d/24-1-41

On TRANSFER OF OFFICER or WARRANT OFFICER, Class I

Outfit alowance of $ — has been paid by the Treasury Officer, Military District No. — or — Air Command.

REMARKS:

State (1) Date of appointment or enlistment October 4th, 1941

(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 $26.50 effective date November 1940

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

The folowing is a statement of the account of the above named from January 1 to Jan. 31 1941 the inclusive date of transfer, posting or discharge.

DR. PARTICULARS	AMOUNT		CR. PARTICULARS	AMOUNT	
Balance Dr. from last account			Balance Cr. from last account		
First Monthly Payment			Regimental Pay 31 days at $1.30	40	30
Casual Payments A/R # 29	5	00	Trademen's Pay days at $		
Payment on Transfer, Posting or Discharge			Additional Pay (Give particulars) days at $		
Assigned Pay 31 days ($26.50)	26	50	Allowances (Give particulars) days at $		
Regimental Charges					
Public Stoppages (Give particulars):					
Shortage of Kit M.F.G. 512	27	2			
To Balance Cr. (To be paid by new unit)	6	08	By Balance Dr. (To be deducted by new unit)		
Total	40	30	Total	40	30

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

SORE, QUE
(Place)

January 30th 1941
(Date)

Paymaster.
J. Emile Cote, Capt. Lieut.
C.A. (R) T.C. No. 45, Sorel, Que.

File No. 5/05-L-2925

VERIFICATION FORM

WAR SERVICE MEDALS 1939-45

No. D109330 Name LUSSIER PHILIBERT

Rank on Discharge _____ Date of Discharge 23-1-41

Authority for Discharge or Retirement Deceased

Served in:

				Non-qualifying service
Canada	from 4-10-40	to	23-1-41	Died result of
	from	to		bronchitis
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

Verified by Lorna Lackey

Date 2-10-46

Carded OCT 3 1946

HA 165

NRD

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

MINISTÈRE DE LA DÉFENSE NATIONALE

MARINE ═══ ARMÉE ═══ AVIATION

DÉCLARATION TOUCHANT LA GRATIFICATION DE SERVICE DE GUERRE

NOM DU MILITAIRE DÉFUNT: Philibert LUSSIER (PRÉNOMS) (NOM)

No DU REGISTRE: D.24269
No DU DOSSIER: 405-L-2925
DATE: 8-1-47
No MATRICULE: D.109330
GRADE DÉFINITIF: Pte
DATE DE LIBÉRATION: 23-1-41

BÉNÉFICIAIRE: Mrs. Rose A. Lussier,
ADRESSE: c/o Mrs. Rose A. Jasmin, 3734 Parc Lafontaine, Montreal, 24 P.Q.

DATE À LAQUELLE LE SERVICE OUTRE - MER A ÉTÉ TERMINÉ

	$ ¢
A. DURÉE TOTALE DU SERVICE DONNANT DROIT À LA GRATIFICATION	
NOMBRE DE JOURS 112 / 30 ÉQUIVALANT À 3 PÉRIODES COMPLÈTES @ $7.50	22.50
B. DURÉE DU SERVICE OUTRE-MER DONNANT DROIT À LA GRATIFICATION	
NOMBRE DE JOURS ____ MOINS ____ JOURS QUI NE SONT PAS ADMISSIBLES ÉQUIVALANT À ____ JOURS @ 25 CENTS PAR JOUR	
VOIR L'ALINÉA 2 AU VERSO POUR L'EXPLICATION	
	22.50
C. SUPPLÉMENT POUR LE SERVICE OUTRE-MER	
TAUX QUOTIDIENS LORS DE LA LIBÉRATION	
SOLDE $	
INDEMNITÉ DE SUBSISTANCE OU INDEMNITÉ DE VIVRES ET DE LOGEMENT $	
SOLDE SUPPLÉMENTAIRE $	
$	
$	
ALLOCATION FAMILIALE MILITAIRE 1/30 DE $ ____ $ ____	
TOTAL $ ____ X7 = $	
NOMBRE DE JOURS ____ / 183 X$	
D. GRATIFICATION DE SERVICE DE GUERRE	22.50
E. DÉDUCTIONS PAIEMENT EN TROP DE SOLDE ET ALLOCATIONS $	
ALLOCATION FAMILIALE MILITAIRE ET DÉLÉGATION DE SOLDE $	
AUTRES DÉDUCTIONS $	
F. MONTANT TOTAL PAYABLE	22.50

G. VOTRE PART DE LA GRATIFICATION EST 100%

ALLOCATION FAMILIALE MILITAIRE QUI VOUS EST VERSÉE $ ____ DE $ ____ =$

MONTANT TOTAL DE L'ALLOCATION FAMILIALE MILITAIRE VERSÉE $

ΔT

VOIR AU VERSO
POUR L'EXPLICATION
DES ARTICLES A, B ET C

FORM No. 1

Register No. CD 1807 Nominal Roll No. D-590

H.Q. File No. 405-L-2925

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-109330	PTE	LUSSIER	PHILIBERT

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. 4 OCT 40	T.O.S.	T.O.S.
S.O.S. 23 JAN 41 MD 5	S.O.S. MD	S.O.S. MD
Total Days 112	Total Days	Total Days

Total Service 112 DAYS

—	Total Service	Less Non-qualifying Service	Net Service
Western Hemisphere	112	✓	112
Overseas Service	✓	✓	✓
Totals	112	✓	112
Add Non-qualifying Service			✓
Total Service			112

EMBARKATION DETAILS:

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

REMARKS: DIED WHILST IN SERVICE 23 JAN 41

Computer's Signature

Checker's Signature

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

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

WILL

Copy

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

(1) I, Philibert LUSSIER (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, Canada., Accountant. (Civil Occupation)

Regimental No. D-109330, 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. Rose Anna LUSSIER, residing at, 8170 St. Denis Street, 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 Occupaton), to be the Executor / Executrix of this my Last Will.

IN WITNESS WHEREOF I have hereunto set my hand this 1 day of October 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.

(Signature of soldier)

First witness sign here.

(5) Signature L. B. Dunning Pte

Civil Address 5642-14th Ave Rosemont

Civil Occupation Mechanic Montreal Que

Second witness sign here.

Signature Jos Parent Pte

Civil Address 3912 Masson Montreal Que

Civil Occupation Musician

(Witnesses are not to be beneficiaries.)

[OVER]

MEMORANDUM FOR

Mrs. Rose Anna Lussier,
8170 St. Denis Street,
Montreal, Quebec.

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

THE SECRETARY,
DEPARTMENT OF NATIONAL DEFENCE,
OTTAWA, ONTARIO
ATTENTION: ADMINISTRATOR OF ESTATES

and the following number quoted:—

H.Q. 405-L-2925 FD 80

DEPARTMENT OF NATIONAL DEFENCE
OTTAWA, ONT.

February 18, 1941

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

LUSSIER, Philibert, Pte.

No. D.109330, No. 4 D.D. C.A. (R) T.C. No. 45

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 or Local Magistrate, who should be asked to complete and sign the Certificate. This form should then be returned to the above address.

ESTATES BRANCH MAR 11 1941 H.Q. OTTAWA NATIONAL DEFENCE

(L.M. Firth) Major,
Administrator of Estates.

M.F.W. 77
3M-5-40 (4995)
H.Q. 1772-39-972

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

Degrees of Relationship	RELATIVES required to be accounted for		INFORMANT'S STATEMENT: NAME IN FULL of any Relative, if any, in each degree inquired for	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased.....		Rose-Anna St Jean	35	8170 St Denis St. Montreal, Que
2	Children of the Deceased and dates of their Births.....		Theresa St Jean adopted child and sister of the widow	11	8170 St Denis St Montreal, Que.
3	Father of the Deceased.....		Joseph Lussier		Dead
4	Mother of the Deceased.....		Almaide Langevin		Dead
5	Brothers of the Deceased	Full Blood	Stanislas Lussier	53	1472 Anne d'Arc St Montreal Que
			Emery ✓	50	588 Cuvillier St
			Albert ✓	46	582 Valois St
			Wilfrid ✓	44	201 Cleveland Ave Worcester Mass. U.S.A.
			Cyrille ✓	42	2029 Prefontaine St. Montreal Que.
		Half Blood			
6	Sisters of the Deceased	Full Blood	Almaide Lussier	48	1200 St Hubert St Montreal, Que
			Albina Lussier (Picard)	39	1418 Valois St Montreal, Que.
		Half Blood			
	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
7	Angeline Tousignant September 17th 1934		Guy, Jean,		Unknown St Catherines St East St Catherines St East Montreal, Que.

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

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

FULL PARTICULARS AS TO IDENTITY

10	What is the full name of the deceased?	Joseph, Emond, Philibert,
11	Give the month and year of his birth.	February year 1900
12	Where and when were his parents married?	Verchères, Que.
13	Was he ever married? If so, state exact place and date of marriage.	Yes 15th of May 1933 Parish of St Jean Bethanie Montreal, Que.
14	Did he leave a (later) Will? If so, it should be forwarded.	Yes, as per the attached copy
15	Is there any other estate which will necessitate application being made for Probate or Letters of Administration?	No

PARTICULARS OF DOMICILE

16	Where was deceased born?	St Ephrem d'Upton, Bagot Co.
17	In what Province, Country or State did he reside, and in which last?	Province of Quebec
18	How long in each?	Life Time
19	What was the nature of his employment?	Office Clerk
20	Did he own the house or homestead in which he lived? If so, where?	No
21	Did he ever state verbally, or in writing, where he intended to make his permanent home?	No
22	State your postal address in full.	8170 St Denis St Montreal, Que.

PARTICULARS AS TO CLAIMS

23	Have the funeral expenses been paid? If so, by whom?	Partial instalments.
24	Are there any outstanding claims against the estate? If so, furnish full name and address of each Creditor in this space and enclose his Bill of Account. (See Note Below).	No

NOTE.—Paragraph 24 refers to debts incurred for board and lodging, medical and funeral expenses, money borrowed, goods purchased, etc.; the following information to be embodied in all accounts submitted:—

1. Name and address of Creditor.
2. Detailed statement of particulars of claim with date or dates incurred.
3. At the end of his statement the creditor should certify that the account is just and reasonable, that no payments save as shown, have been made thereon and that he holds no security therefor; the creditor should then sign same, and if you admit that the claim is correct, then you "O.K." the bill and sign same.

(PLEASE TURN OVER)

DECLARATION

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

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

*.....widow.....of the deceased.

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

Mme Vve Philibert Lussier ..... {Signature of Informant

CERTIFICATE

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

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

Dated at.....10 mars.....this.....day of.....mars.....1941

Signature of Clergyman, Priest or Magistrate } J. E. P. Chenevert..... Qualification.....curé.

Address.....8115 rue Henri Julien.

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 of each surviving Relative enquired after is stated in its proper place in the Statement opposite.

P.S:- If there is any other form to be filled in, please send it in french.

As from the 1st of May, my new address will be:
5142 rue Frabe,
Montréal.

LU
COMP

No, 4850

Le 21 Janvier 1941

-o-o-o-o-o-o-o-o-o-o-o-o-o-o-o-o-o

TESTAMENT

----------de----------

M. PHILIBERT LUSSIER

-o-o-o-o-o-o-o-o-o-o-o-o-o-o-o-o-o

2ième EXPEDITION

-o-o-o-o-o-o-o-o-o-o-o-o-o-o-o-o-o

-o-o-o-o-o-o-o-o-o-o-o-o-o-o-o-o-o

ARMAND BELANGER, Notaire

L'AN MIL NEUF CENT QUARANTE ET UN, le vingt et un Janvier.

Devant maître ARMAND BELANGER, Notaire pour la Province de Québec, soussigné, résidant et pratiquant en la cité de Montréal, et en présence de Adrien Desrochers, infirmier, demeurant en la cité de Montréal, et de Monsieur Marcel Paquette, du service civil, demeurant en la cité de Montréal, témoins instrumentaires.

A COMPARU : -

Monsieur PHILIBERT LUSSIER, soldat, demeurant en la cité de Montréal, au No,8170 de la rue St-Denis.

LEQUEL étant sain d'esprit, après avoir recommandé son âme à Dieu, a fait son testament ainsi qu'il suit : -

ARTICLE 1er

Je m'en rapporte à mon épouse Rose Anna St-Jean, pour mes funérailles, service lors de mon décès, et pour les messes et prières qu'elle voudra faire dire pour le repos de mon âme.

ARTICLE 2ième

Je donne et lègue tous les biens meubles et immeubles qui composeront ma succession à madite épouse Rose Anna St-Jean que j'institue ma légataire universelle et mon exécutrice testamentaire, à l'exception de mon linge de corps comprenant habits, pardessus, chapeaux, chemises que je donne et lègue à mon frère Cyrille Lussier, qui pourra en jouir et disposer comme bon lui semblera.

ARTICLE 3ième

Les biens sus-légués seront propres à ma légataire sus-nommée, tant pour le fonds que pour les fruits et revenus

revenus, et ils seront insaisissables sur cette dernière, tant pour le fonds que pour les fruits et revenus, lui étant donnés à titres d'aliments.

ARTICLE 4ième

Je révoque tous autres testaments que j'ai pu faire avant celui-ci.

Ce testament a été ainsi fait à Montréal, à l'Hôpital Victoria, Salle D, sous le numéro quatre mille huit cent cinquante du répertoire du notaire soussigné.

Et a le testateur, en présence du notaire et des témoins et avec eux, signé le présent testament, après que lecture lui en eût été faite par maître Armand Bélanger, en présence des témoins qui ont signé avec le notaire Armand Bélanger, en présence du testateur.

(Signé) PHILIBERT LUSSIER

" MARCEL PAQUETTE

" ADRIEN DESROCHERS

" ARMAND BELANGER, Notaire

Pour expédition conforme à la minute des présentes gardée en notre Etude. Armand Bélanger Notaire

The Administrator of Estates

Regimental No..D..109330.....Rank.Private.....

..LUSSIER.....Philibert.....
Surname Christian Names

Unit...No..4.District.Depot.(CASF).C.A..(R).T.C..No..45.....

Date of death..January.23,.1941...Place of Death.....Royal Victoria Hospital, Montreal.....

Next-of-Kin..Mrs..Rose Anna Lussier.....Relationship..Wife.....
as shown in M.F.M.2

Address....8170.St..Denis.Street,.Montreal,.Quebec.....

.....

.....

M.F.M.5....Copy Herewith.....

Will.....Original M.F.M. 10 Herewith.....

Date.....February 12, 1941.....

ESTATES BRANCH FEB 14 1941 H.Q. OTTAWA. NATIONAL DEFENCE

W.E.L. Coleman

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

To be made out in duplicate

M.F.M. 5
60M—7-40 (6140)
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 LUSSIER Philibert
(Surname first—Christian names in full—Block capitals)

(2) Regimental or Air Force Number and Rank D. 109330 Private

(3) Unit No. 4 District Depot (CASF)

(4) Are you married? Yes.

(5) If married, state,

(*a*) Full name of your wife Mrs. Rose Anna Lussier

(*b*) Present postal address of wife 8170 St. Denis Street, Montreal, Quebec, Canada.

ESTATES BRANCH FEB 14 1941 H.Q. OTTAWA NATIONAL DEFENCE

(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? No Number of boys N/A Girls N/A

Names and ages N/A

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

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

Name N/A

Postal Address N/A

[SEE OTHER SIDE]

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

If so, state her full name and Postal Address.....N/A.....

.....

.....

(11) Is your father alive?.....Deceased.....

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?.....Deceased.....

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?.....Yes.....
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 .....Sister in law (11 yrs.).....

Full Name .....Therese St. Jean.....

Postal Address ...8170 St. Denis St. Montreal, Quebec, Canada.

Amount contributed monthly during the past six months.....Approx. $60.00 Sixty Dollars.

.....

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

If so, in what Company?.....Travellers Insurance Co. (No. D. 83112)
(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.) P. Lussier.....
(Signature of officer or man)

Date....October 4th, 1940.....

.....(Sgd.) W. Knelles (Captain)

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

Date....October 4th, 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.