D109839
BARRON
JACK BENJIM

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OCCUPATIONAL HISTORY FORM

THIS FORM IS TO BE COMPLETED FOR EACH MEMBER OF THE ARMED FORCES. THE INFORMATION SOUGHT IS FOR THE USE OF GENERAL ADVISORY COMMITTEE ON DEMOBILIZATION AND REHABILITATION, A COMMITTEE SET UP BY THE GOVERNMENT OF CANADA TO STUDY PLANS FOR ESTABLISHING IN INDUSTRIAL LIFE THE MEMBERS OF THE ARMED FORCES, AFTER DISCHARGE. ACCURACY AND COMPLETENESS IN ANSWERING WILL BE OF MUCH HELP TO THE COMMITTEE.

PLEASE READ CAREFULLY THE INSTRUCTIONS GIVEN ON THE INSIDE OF COVER BEFORE COMPLETING FORM

Barron, J.B.

PLEASE LEAVE BLANK

Section A—GENERAL INFORMATION

1. (a) Print name in full BARRON JACK BENJAMIN (b) Reg'l. No. D-109839
2. (a) Arm of service Army (b) Unit No. 1 District Depot (TS.) CA (c) Rank PTE
3. (a) Date of birth 26 Jany. 1923 (b) Have you any dependents? No. (c) Place of residence at time of enlistment Montreal, Que. Can.
4. (a) Place of enlistment Mtl. South, Que. Can. (b) Date of enlistment 9-7-41.

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 15 yrs. (b) Were you attending school or college up to the time of enlistment? No.
6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.) 8 yrs. public school.
7. If you attended a university, give name of university and standing or degree secured 2 yrs. Toronto Technical School (machinist)
8. (a) Did you ever enter upon a trade apprenticeship? yes (b) If so, for what occupation? Machine operator (c) Did you finish it? yes (d) If you did not finish it, how long did you serve at it?
9. (a) What languages do you speak fluently? English (b) What languages do you read well? English

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

10. (a) State whether you were WORKING or NOT WORKING at time of enlistment. (Enter here only "Working" or "Not Working", as case may be; particulars are asked for below) Working (b) At time of enlistment of what trade union or professional society were you a member? No.

Section D—PARTICULARS CONCERNING THOSE WHO WERE UNEMPLOYED AT TIME OF ENLISTMENT

QUESTIONS 11 TO 17 REFER ONLY TO THOSE WHO ANSWER "NOT WORKING" IN QUESTION 10 (a)

11. Had you ever been employed fairly regularly since leaving school?
12. (a) If answer to 11 be "Yes", state exact trade or occupation at which you actually worked (b) State how long you had worked at this trade or occupation
13. If answer to 11 be "No", state exact trade or occupation for which you feel qualified
14. If you had been employed after leaving school, state when you last worked fairly regularly before enlistment
15. Give details of last employer, if any: Name Address
16. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.)
17. (a) If your last employment was in a business of your own, state nature and address of business (b) Date of discontinuing it

Section E—PARTICULARS CONCERNING THOSE WHO WERE EMPLOYED AT TIME OF ENLISTMENT

QUESTIONS 18 TO 23 REFER ONLY TO THOSE WHO ANSWER "WORKING" IN QUESTION 10 (a). PLEASE READ THESE QUESTIONS AND REPLY TO THOSE APPLYING TO YOU AT TIME OF ENLISTMENT

IF YOU WERE AN EMPLOYEE WORKING FOR AN EMPLOYER UP TO THE TIME OF ENLISTMENT, PLEASE ANSWER QUESTIONS 18 TO 21

18. Name of employer National Motor Address Montreal, Que. Can.
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Garage
20. (a) Your specific occupation Machinist (b) Number of years' experience at this occupation with any employer 5 months.
21. (a) Did your employer promise definitely to give you employment on discharge? No arrangement (b) Did your employer refuse to promise you employment on discharge? (c) Do you wish to return to your former employment?

IF YOU WERE WORKING ON YOUR OWN UP TO THE TIME OF ENLISTMENT, THAT IS TO SAY, OPERATING A FARM, A STORE, AN AGENCY, OR IN PROFESSIONAL PRACTICE, OR AS A PARTNER IN ANY SUCH LINE, PLEASE ANSWER QUESTIONS 22 AND 23

22. (a) State nature of business, or professional practice (b) Where was it located?
23. (a) Number of years engaged in this business (b) Have you made, or will you make plans to return to the same or a similar business on discharge?

Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war? yes (b) Do you feel competent to operate a farm? yes (c) If so, in what kind of farming? general farming
25. (a) Were you born on a farm? No. (b) How many years' actual farming experience have you had? 1 yr. (c) In what provinces did you have experience? Ontario

Section G—MISCELLANEOUS

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

DATE 9-7-41. 194..... SIGNATURE Jack. Benjamen Barron.

MEMORANDUM FOR

Mrs. Susan Stremski,
76 Scott Street,
La Tuque, Quebec.

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-B-11,066 FD. 174

DEPARTMENT OF NATIONAL DEFENCE
OTTAWA, ONT.

June 25, 1942.

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

BARRON, Jack Benjimen, Tpr. (Deceased)

No. D.109839, No. 4 District Depot.

(TS) 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.

R. G. Phelan Lieut.

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

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

ESTATES BRANCH SEP 1 1942 H.Q. OTTAWA NATIONAL DEFENCE

ANSWER IN FULL ALL APPLICABLE QUESTIONS

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

Degrees of Relationship	RELATIVES required to be accounted for		INFORMANT'S STATEMENT: NAME IN FULL of any Relative, if any, in each degree inquired for	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased.....		none		
2	Children of the Deceased and dates of their Births.....		none		
3	Father of the Deceased.....		Joseph L Barron	39	died 1/9/36.
4	Mother of the Deceased.....		Mrs S J Stremski	35	
5	Brothers of the Deceased	Full Blood	NOL.		
		Half Blood	NIL		
6	Sisters of the Deceased	Full Blood	Josephine Barron	9 yrs	9th Street Midland
		Half Blood	NIL		
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): NIL		Address of their children

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?	Jack Benjimen Barron
11	Give the month and year of his birth.	January 26-19/23
12	Where and when were his parents married?	Windsor Ont Can.
13	If deceased was married, state place and date of marriage.	
14	Did he leave a Will? If so, a copy should be attached hereto.	Do Not Know may be in personal effects held by Military authorities
15	Did he leave a bank account? If so, give full particulars. X	He left a bank account a joint bank account at the Royal Bank Hamilton Ont
16	Is there any other estate which will necessitate application being made for Probate of the Will or Letters of Administration of the estate? Lic Lic. X	Victory Bond partly paid for purchased while in the service
17	State *your own* postal address in full.	Box 1106 Midland

PARTICULARS OF DOMICILE

18	Where was deceased born?	Toronto Ontario
19	State, in order, the Province (or State) and country in which the deceased resided and the period of time in each, and in which last.	He resided in Toronto for 13 yrs then in Quebec for 6 yrs
20	What was the nature of his employment?	Welder and machinest
21	Did he own the premises in which he lived? If so, where?	—
22	Did he ever state verbally, or in writing, where he intended to make his permanent home?	He said he intended to live with his mother as they had made ~~arrangements~~ arrangements to that effect.

OTHER PARTICULARS

23	Did the deceased after enlistment incur any debts for:— *(a)* His own separate board and lodging while on service. *(b)* Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	—
24	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	Buried by the Military Authorities

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

(PLEASE TURN OVER)

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

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

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

Mrs S J Stremoski ..... {Signature of Informant}

CERTIFICATE

I hereby certify that, to the best of my knowledge and belief Mrs. S. J. Stremoski

*See above ..... {Name of Informant} is the * Mother .....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 Midland this 25th day of August 1942

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public ..... Qualification Notary Public

Address Midland Ontario

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

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

I wish to add to these remarks. That my son Jack B Barron had intended signing his pay to me, also he had made applecation for a mothers allowance for me, as he enlisted with out my knowlege; and did not want to apply for it at the time he enlisted. But when I left my husband in Quebec to be with my son she never could come to see me with out trouble in Quebec. I left Quebec, and my son was going to sign his pay to me also on allowance if it was possible. My son wanted to educate his sister Josephine Barron age nine yrs. I took a position to be with my son. Jack told me the week before he was drowned that the pay master at Chatham had told him that he was pretty sure the allowance was going through. also Jack had some of his pay held back, as he thought for the allowance But so far I have had no news or any word. The allowance is really needed for the support of his only sister. Mrs S J Stremoski

CaE A

Bering

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,(T.S.) CA Regimental Number D-109839

CANADIAN ACTIVE SERVICE FORCE
ATTESTATION PAPER

1. Surname BARRON
2. Christian Names Jack ~~xxxxxx~~ Benjimen
3. Present address 3469 Henri Julien Ave., Montreal Que., Canada
4. Date of birth 26 January 1923
5. Place of birth Canada (Country) Ontario (County or Province) Toronto (Town or Township)
6. Religion (state denomination) Church of England
7. Trade or Calling Machine Operator
8. Married, Widower or Single Single
9. Name of next of kin Mrs Susan Stremski (Re-Married)
10. Relationship Mother
11. Address of next of kin 76 Scott St., La Tuque Que., Canada
12. Do you belong to, or have you served in the Active Militia of Canada? No
(If Yes, Give Unit and Dates of Service)
13. Have you served in (*a*) The Canadian Active Service Force? No
(Yes or No) (*b*) Any other Naval, Military, or Air Force? No
(If Yes, Give Regimental No. and Unit)
14. Did you serve during the Great War 1914-1918? No
(Yes or No) (If Yes, specify Unit and Period of Service)

(If Yes, specify Regimental No., Unit and Dates of Service)

DECLARATION TO BE MADE BY MAN ON ATTESTATION

I, Jack Benjimen BARRON 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 9th July,1941 Witness: Thos Bailey Jack Benjimen Barron (Signature of recruit)

OATH TO BE TAKEN BY MAN ON ATTESTATION

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

Jack Benjimen Barron (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 9th July,1941 this 9th day of July, 19 41

Laurent Thurman {Signature of Magistrate, Justice or Attesting Officer.

NO. 4 DISTRICT DEPOT, A Capt {Office or Rank and Unit or appointment.

Laurent Thurber

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 BARRON (Surname) JACK BENJIMEN (Christian Names) Regimental Number B-109839

Qualifications

Military: NIL

Business or Professional: NIL

Trade or Civil: Mach ne operator

Technical: Torohto Techn.Sch.(2 yrs)Machinst

Languages: ENGLISH

Educational Qualifications

High School or Collegiate: NIL (years completed)

Graduation or Matriculation: NIL (specify)

*College: NIL

*University: NIL

8 years 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 Date	Report From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., from date taken on Strength of Field Force	Rank Shown	Effective Date	Unit	Place	Authority Part II D.O. No. Cas. List, etc.	Authority Dated
9-7-41	DRO	Joined on appointment No.4 District Depot. CA	PTE	9-7-41	4 DD Mtl	South	4DD PT.II No.161	9-7-41
17-10-41	4DD	PROCEEDED ON COMMAND AND ATTACHED FOR ALL PURPOSES TO CAN.ARMY (TS) HAMILTON,ONT.	"	16-10-41	"	" "	" " " 247	15-10-41
		Attached for all purposes to C.A.T.S.	"	17/10/41	CATS	Hamilton	D.O., No. 153	20/10/41
		AWL. Awarded 7 days C.B. and forfeits 7 days pay under FR&I.149(i)	"	5/1/42	"	"	D.O., No. 3	5/1/42
		Granted furlough with pay from 23/3/42 to 5/4/42	"	As shown	"	"	D.O., No. 70	24/3/42
		SOS on transfer to No.12 (Basic) Training Centre, Chatham	"	10-4-42	"	"	D.O.83A	9-4-42
10-4-42	C.A.TS.	TOS 12 BTC on attachment from ~~Max~~ CATS Hamilton, Ont. for all purposes.	"	11-4-42	12 BTC	Chatham	Pt.II # 36	10-4-42
6-5-42	12 BTC	Death- Drowned in Thames River, Chatham, Ontario, Saturday, 2 May,1942.	"	2-5-42	12BTC	CHATHAM	PT.II# 44 P.3	6-5-42

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

Name i
1. Age
a. Rh
b. Tu
c. Bro
d. He
e. Kid
f. Ga
g. Ru
h. Va
i. Fla
j. Na
Colo
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and In
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Date
JUL 10
JUL 10

CERTIFICATE OF MEDICAL EXAMINATION

Name in full BARRON JACK BENJAMIN Date July 7 1941.

Part 1. Information obtained from the recruit.

1. Age 18yrs.7 mos. 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?	NO
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		

Jack Benjamen Barron
Signature of Applicant

Color Vision Ishihara CN.
Ears, nose & reflexes normal. A.L.Delahaye, Major.

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

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

2. Height 5 feet 7 inches. 3. Weight 149 pounds.

4. Complexion Fair Eyes Grey Hair Fair

5. Development Good. (Good / Fair / Poor)

URINE 44161 JUL 7 1941 C.V.

6. Chest measurement—Girth on full expansion 35 inches.
Range of expansion 2 inches. X-RAY 84204 N C.V.

7. Vision, right 20-20 left 20-20 8. Hearing, right C.V.20 left C.V.20

9. Condition of mouth and teeth Good.

10. The abnormalities (congenital and pathological) found on examination are as follows
Heart & lungs normal.
Some troubles second & third toes left foot. No disability.

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

Special remarks when category lower than A

E.C.BROOKS.CAPT. E.E.ROBBINS.CAPT. W.J.DALPE.M.D.

E.C.Brooks Capt. E.E.Robbins Capt. W.J.Dalpe M.D.
President Member Member

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature
JUL 10 '41	TAB- T. Hugh Hamblin Capt	9/4/42	Re-exam Normal vision ears reflexes Capt A. WRRedd
	3		
JUL 10 '41	VACC T. H.		

Regtl. No. D-109839 Rank PTE Surname BARRON Christian Name JACK BENJIMEN

STATION	Date of Arrival at the Station	Dates of Admission into Hospital — Day	Month	Year	Dates of Discharge from Hospital — Day	Month	Year	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

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

No. 12 B.T.C. (CA),
Chatham, Ontario,
5 June, 1942.

PERSONAL EFFECTS
OF
D-109839 Tpr. BARRON, Jack Benjimen

Jacket Zipper Brn. Suede leather	1
Lanyards Black	1
Caps Tank Bn.	1
Belts Money blue leather	1
Box Camera	1
Partly exposed Film	1
Square metal boxes	2
Razor stone, honing	1
Belts leather	2
Sweater sleeveless green	1
Sweater sleeveless khaki	1
Ties, Khaki	1
Sportshirt, Blue	1
Laces Black	4
Glasses, Sun, prs	1
Scissors, small, prs	1
Electric socket plugs	2
Tweezers, metal, prs	1

Receipt acknowledged.....

ESTATES BRANCH JUN 8 1942 H.Q. OTTAWA NATIONAL DEFENCE

Val

CANADA

IN REPLY PLEASE QUOTE
No. C.5-7-O.

DEPARTMENT OF NATIONAL DEFENCE
ARMY

No. 12 B.T.C. (CA).,
Chatham, Ont., 23 June, 1942.

rw

Liggins H.Q.-405-L-5086
Weeres H.Q.-405-W-5968

Administrator of Estates,
National Defence Headquarters,
Ottawa, Ontario.

Committee of Adjustment

* L-65666 Pte. Liggins, W., no fit
* L-65668 " Weeres, O.H., no fit
D-109839 Tpr. Barron, J.D. yes

Attached herewith find M.F.B. 303, Proceedings of Committee of Adjustment in duplicate, assembled at No. 12 Basic Training Centre, for the purpose of dealing with the Service estates of the m/n, who were drowned in the Thames River on the 2nd of May 42.

2. The enclosed has been completed in accordance with Routine Order No. 1368 and are forwarded for your disposition and necessary action ~~please~~.

(E.M. Ansell) Lt-Col.,
Officer Commanding,
No. 12 BTC. (CA).

Encl. 2.

ESTATES BRANCH JUN 25 1942 H.Q. OTTAWA. NATIONAL DEFENCE

NAT. DEF. B. 440
2,000,000—10-41 (2034)
H.Q. 1772-39-767

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 #12 B.T.C.(CA)(A) Chatham, Ontario

on the 5th day of May 1942

by order of Lt. Col. E.M. Ansell, M.C., V.D.
Officer Commanding #12 B.T.C.(CA)(A)

for the purpose of inquiring into the circumstances surrounding the death by drowning of:
D. 109839 Tpr. Jack Benjimen Barron
in the Thames River on the Eastern Limits of Chatham, Ontario.

PRESIDENT

Major E. Cerson
Lorne Scots

MEMBERS

Lieut. M.E. Porte
#12 B.T.C.(CA)(A)

Lieut. J.F. Fee
Gen. List M.D. #2

The court having assembled pursuant to order, proceed to examine witnesses as follows:

First Witness: C. 34649 Pte. St. Hailaire, Charles Henry of B Coy. #12 B.T.C.(CA)(A) having been duly sworn states:

I was with the now deceased, Pte. Barron J.B. at the time of the accident on 2 May 1942. We left camp together Saturday afternoon 2 May 1942 at approximately 1300 hours. We went to a bowling alley on Queen St. Chatham Ontario and bowled six or seven games. After this we both got hair cuts. We then rented a canoe by the Fifth Street bridge at 1600 hours and paddled in the Thames River by the park for 15 or 20 minutes then went up the Thames River about a mile and landed on the right bank about a quarter of a mile above the Pere Marquette Railway bridge where we took off our clothes and swam until about 1800 hours. We then layed in the sun and had a sleep. Around 2030 hours Pte. Barron and myself started paddling back down the river, Barron fully dressed and myself with shoes and tunic left off. I was trying to keep in time on the left side of the boat with Barron's stroke of the paddle on the right side when Barron pulled an unusual heavy stroke which tipped the boat completely over between 2030 hours and 2100 hours. Thinking of my wallet I reached for my tunic which I was sitting on. We both were in the water and I heard Pte. Barron shout "There goes my camera, I'll get it", or words to that effect. Pte. Barron then began swimming after his camera. I gathered the paddles and cushions and got hold of the canoe which was upside down. Pte. Baron had got his camera while I uprighted the canoe, and putting the paddles and cushions in the canoe. Pte. Barron had returned to within a few feet of me and w

(OVER)

First Witness (Continued)

started for shore, I was pushing the canoe. We both started to grumble about our hard luck. We had only gone a short distance when Barron said to put the camera in the canoe and tossed it to me. We kept grumbling about our hard luck. Very shortly I felt myself tiring and I ceased talking. I drew a little ahead of Barron and I could hear him swimming behind me. As I approached the shore I looked back and Barron was still swimming some distance behind. I considered he was tiring and I shouted to him to keep his head up and I would go back for him. I gave the canoe a strong push forward to shore and swam as fast as I could to shore. Raching the shore about twenty feet from where the canoe had landed. I shouted several times for Barron to keep his head up and hurried to empty the canoe of garments and water. By the time I got the canoe emptied I could not see Barron in the water. I paddled out with the canoe and circled the spot where I last saw him. Finding no trace of him I paddled downstream immediately for help and landed on the north bank between 300 and 400 hundred yards downstream at Mr. Miles Curey's home which was the first house I came to. Mr. Curey took me to the office of the Dominion Auto Transit Co. about fifty yards from Mr. Curey's home where Mr. Blackburn, the night man phoned the city police. The firemen arrived shortly after and I guided them to the scene of the accident remaining there until the body was recovered and I identified the body as that of my chum, Pte. Barron. The Provincial Police were there also at the seence of the accident.

By the Court:
1. Q:- Were you on pass at the time of the accident?
1. A:- Yes, I had a late pass until 2300 hrs. 2 May 1942.

Read back and agreed to by witness.

Second Witness: Mr. Morris Lamperd, 30 Delaware Ave. having been duly sworn states:

Pte. St. Hailaire C. Came to me at about 4 P.M. Saturday afternoon 2 May 1942 to rent a canoe, I asked him to sign my register book, which he did, I asked if everyone could swim and the answer was "Yes". Pte. St. Hailaire was a perfect gentleman and seemed strictly sober. He inquired as to the price, which I told him and also that he could pay when he returned. I locked my place of business at about 6 P.M. and returned about 7 P.M. I heard of the accident after closing my place at 9 P.M.

Read back and agreed to by witness;

Third Witness: Mr. Miles Curey, Grand Ave., East, Chatham Ont. having been duly sworn states:

I live on the north bank of the Thames River just upstream from the Pere Marquette Railway bridge and on the night of 2 May 1942 a soldier, I now identify as Pte. St. Hailaire, came to my house asking for help and a telephone stating his partner had drowned in the river a quarter of a mile upstream The soldier was all wet and without shoes. I took him to the office of the Dominion Auto Transit Co. where Alfie Blackburn phoned for help.

Read back and agreed to by witness.

Fourth Witness: Mr. Alfred John Blackburn of the Dominion Auto Transit Co. Grand Ave., East, Chatham Ontario having been duly sworn states:

I was on duty on Saturday night 2 May 1942 at the Dominion Auto Transit Co., Grand Avenue East located on the north bank of the Thames River, Chatham Ontario. Pte. St. Hailaire is the soldier whom I now identify as the soldier who came into the office of the Dominion Auto Transit Co. Saturday night and asked me to call the police department and tell them a soldier had just drowned in the Thames River at the bend above the Pere Marquette Railway bridge. When St. Hailaire came into the office he was very excited and worried and seemed to think very much of his pal. The fire department arrived shortly after I had phoned the police and St. Hailaire went to the scene of the accident with them.

Read back and agreed to by witness.

Fifth Witness: Fireman Arthur Lavery, Chatham City Fire Dept., Chatham Ontario having been duly sworn states:

I am a fireman at the Chatham Fire Dept. and on the night of Saturday 2 May 1942 I was on duty at the fire hall when a call came in at 9.25 P.M. stating someone was in the river behind the International Plant by the Pere Marquette Railway bridge. Fireman Abraham Allen and myself left with truck, including boat and equipment and arrived at the Dominion Auto Transit Co. where a soldier who stated he had been with the man who was in the Thames River, he took us to the place where the accident occurred, about a quarter of a mile upstream from the bridge. We got the drags out and started to drag. We dragged for 15 or 20 minutes and then the Sea Scouts arrived and assisted. The Sea Scouts located the body and myself and Mr. Allen took the body ashore. The body was located between 10.00 P.M. and 10.30 P.M. The doroner, Dr. Hall arrived a few minutes after the Body was taken ashore and after examining the body, pronounced life extinct.

Read back and agreed to by witness.

Sixth Witness: Fireman Abraham Allen of the Chatham Fire Dept. Chatham Ontario having been duly sworn states:

I am a Fireman at the Chatham City Fire Dept. and was on duty Saturday night 2 May 1942 with Fireman Arthur Lave ry. I have nothing further to add and agree to the statement made by Fireman Arthur Lavery.

Statement of Fireman ArthureLave ry's read back and agreed to by witness:

Signed at CHATHAM, ONT this 7th day of MAY 1942

(E. CERSON) Major (Signature) PRESIDENT

Lorne Scots (Unit)

(M.E. PORTE) Lieut. (Signature)

#12 B.T.C. (CA)(A) (Unit)

(J.C. FEE) Lieut. (Signature)

Gen List M.D. 2 (Unit)

} MEMBERS

From evidence and documents produced at the Inquiry it is proven that Pte.J.B. Barron was Absent on Week-end leave. It would appear that death by drowning was caused not due to Pte. Barron's inability to swim but due to his becoming exhausted in endeavouring to save his camera and other belongings.

Evidence shows that he had already spent part of the afternoon in swimming; this coupled with the fact that he was fully clothed, apparently caused him to tire before reaching the bank.

~~Approved~~

Lt/Col. E.M. Ansell
C. O. No. 12 B.T.C. (CA)(A)

7 May 1942

Secretary,
Department of National Defence,
OTTAWA, Ontario.

I concur.

APPROVED

(D.J. MacDonald) Brigadier,
D.O.C., M.D. #1.

OTTAWA, ONT. MAJOR - GENERAL,
Date 21-5-42 ADJUTANT-GENERAL.

DEPARTMENT OF NATIONAL DEFENCE
- Army -

A.D. Register No. 4914

COURT OF INQUIRY - Death
D-109839 Tpr. J.B. BARRON
#12 Basic Training Centre.

H.Q. 405-B-11066 F.D.437(A.D.5)

OTTAWA, Ontario 21st May, 1942.

Source M.D.1.

DATE OF ACCIDENT 2nd May, 1942

COURT CONVENED _____ 19__

COURT SAT 5th May, 1942

PROCEEDINGS SIGNED 7th May 1942.

PROCEEDINGS APPROVED BY D.O.C. 7th May 19__

PROCEEDINGS FORWARDED 13 May 1942

PROCEEDINGS RETURNED FOR FURTHER INFORMATION OR DIRECTION _____ 19__

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

OTHER DELAYS

PRECIS OF EVIDENCE - On the 2nd May, 1942, Tpr. J.B. Barron and Pte. C. H. St. Hailaire at Chatham, Ont., did some bowling and then rented a canoe. They had a swim in the Thames River and then dressed and they started to paddle again. The boat upset sometime between 2030 and 2100 hrs. They were holding onto the canoe and swimming for shore when Tpr. Barron went after his canoe. The canoe got away from him and he was drowned. At the time of the accident the men were on weekend leave.

MEDICAL EVIDENCE - Death by drowning.

FINDING OF THE COURT - The O.C. the Unit states that Tpr. J.B. Barron 's death was caused by his becoming exhausted in endeavouring to save his camera and other belongings. And also evidence shows that he had already spent part of the afternoon in swimming; this coupled with the fact that he was fully clothed apparently caused him to tire before reaching the bank.

REMARKS

AGM/EML

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 Gen Reinforcement -No.4 Dist Depot (attached to #12 BTC Chatham Ont)

Regt'l No. D-109839 **Rank** Private

Name in full JACK BENJIMEN BARRON

Date and place of birth 26 January 1923 at Toronto Ont

Married or single Single

Enlisted, when and where 9 July 1941 at No 4 D.D. Montreal South Quebec

Died
- **Date** 2nd May 1942
- **Place** Chatham Ont
- **Cause of death** Drowning

Buried
- **Date** 6 May 1942
- **Name of cemetery** Park Lawn
- **Location of cemetery** Toronto Ont

Whether he leaves a Will or not, and if so, where deposited M.F.M 10 with Officer i/c Records N.D.H.Q. Ottawa Ont

Statement as to existence of any personal effects Forwarded to Administrator of Estates N.D.H.Q. Ottawa 4 June /42

Latest particulars as to Next of Kin
- Mrs Susan Stremski (re-married)
- 76 Scott St La Tuque Que.
- Alternative Address --(in care of)
- Mrs Clem Maynard -- 387 Soudain St Toronto Ont

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

R M Merritt Capt & Adj
for Officer Commanding
#12 BTC.

Secretary, Department of National Defence.

Forwarded, please.

Date 12 June 42

.....
D.O.C., M.D.

Date.....

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

Noted
Graves Reg

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

WILL

M.F.M. 10
75M—10-40 (7779)
H.Q. 1772-39-1656

(1) I, JACK BENJAMEN BARRON, of the City
(Name in Full) (City, Town, Village, Township)

Address in civil life.

of Montreal, in the County District of Montcalm

Province of Quebec, machine operator
(Civil Occupation)

Regimental No. D-109839, Unit No.4 District Dep t (TS), 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 mother"Mrs.Susan Stremski(re-married)

residing at 76 Scott St.LaTuque,Que. Can.

all my estate both real and personal.

J.B.B.

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

J.B.B.

(4) I appoint
(Name) (Address)

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

IN WITNESS WHEREOF I have hereunto set my hand this 9 day of July 19 41

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.

Jack. Benjamen Barron.
(Signature of soldier)

First witness sign here.

(5) Signature George Boyd Jr Cpl

Civil Address 35-63 Durocher St Montreal Que

Civil Occupation Baker

Second witness sign here.

Signature W.F. Whitby

Civil Address 38 N Germain St Westmount

Civil Occupation Student

(Witnesses are not to be beneficiaries.)

[OVER]

To be made out in duplicate

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

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

INSTRUCTIONS.

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

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

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

---

(1) Name of Officer or Other Rank BARRON
(Surname first—Christian names in full—Block capitals)
Jack Benjimen

(2) Regimental or Official Number and Rank D.109839 Pte.

(3) Unit No.4 District Depot (TS) C.A.

(4) Are you married? NO

(5) If married, state,

(*a*) Full name of your wife

(*b*) Present postal address of wife

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

(7) Are you a widower? NO

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

Names and ages

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

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

Name 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

(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? YES

If so, state name and address Mrs. Susan Stremaki (Re-Married)

76 Scott St., LaTuque, Quebec.

(15) If your mother is a widow, are you her sole or partial support? NO

(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? Prudential Ins. Coy.
(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.) Jack Benjimen Barron
(Signature of officer or man)

Date 9 July 1941

(Sgd.) Lucien Gauvreau Capt.

Officer Commanding No. 4 Dist. Depot A.F.

Date 9 July 1941

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.

The Administrator of Estates

Regimental No..D..109839.....Rank.....Tpr.....

.....BARRON.....Jack.Benjimen.....
Surname Christian Names

O.O.C. M.D. #1

Unit.....No..4.District.Depot..(TS).C.A.....

Date of Death..May.2nd,..1942.....Place of Death....Chatham,..Ontario....

Next-of-kin....Mrs..Susan.Stremski.....Relationship....Mother.....

Address.....76.Scott.St...La.Tuque..Quebec.....

.....

.....

M.F.M.5.....Copy.herewith.....

Will.....Original M.F.M. 10 (Will) herewith.....

Date.....June.19,..1942.....

ESTATES BRANCH
JUN 22 1942
OTTAWA
NATIONAL DEFENCE

W.E.L. Coleman

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

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: Jack Benjimen (CHRISTIAN NAMES) BARRON (SURNAME)

PAYEE: Director of Estates

ADDRESS:

REGISTER NO. D-20092
FILE NO. 405-B-11066
DATE 26-2-46
SERVICE NO. D-109839
FINAL RANK OR RATING Pte.
DATE OF DISCHARGE 2-5-42

DATE OF TERMINATION OF OVERSEAS SERVICE

	$ ¢
A. TOTAL QUALIFYING SERVICE NO. OF DAYS 290 (30) EQUAL TO 9 COMPLETE PERIODS AT $7.50	67.50
B. QUALIFYING OVERSEAS SERVICE NO. OF DAYS LESS INELIGIBLE DAYS, EQUAL TO DAYS @ 25c. PER DAY	
	67.50
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	67.50
E. DEDUCTIONS OVERPAYMENT OF PAY AND ALLOWANCES $ DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $ OTHER DEDUCTIONS $	
F. TOTAL AMOUNT PAYABLE	67.50

G. YOUR PORTION OF GRATUITY IS— 100%

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

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

ΔT

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	TREASURY CHECKED BY	TREASURY DATE
KRM	[signature]	A G Gaudhouse	1/3/46

[signature] Capt
SERVICE REPRESENTATIVE

COMPUTATION OF WAR SERVICE GRATUITY

MEMBER'S NAME JACK BENJAMEN BARRON (Christian Names) (Surname) — Register No. D-20092

PAYEE'S NAME Estates (Christian Names) (Surname) — File No. Hos-B-11066

ADDRESS ..... — Date 21-2-46

..... — Service No. D-109839

DATE OF TERMINATION OF OVERSEAS SERVICE ✓ — Final Rank PTE

Date of Discharge 2-5-42

	AMOUNT $	c
A. TOTAL QUALIFYING SERVICE No. of day 290/30 = 9 (20) Periods @ $7.50	67	50
B. QUALIFYING OVERSEAS SERVICE No. of days ..... less ..... Ineligible days, equal ..... Days @ 25c. per day		
C. SUPPLEMENT FOR OVERSEAS SERVICE Daily Rate of Pay $ 1.30 Subsistence Allowance $ ..... Additional Pay $ ..... Dependents' Allowance 1/30 $ ..... $ ..... TOTAL $ ..... × 7 = $ ..... No. of Days ____/183 × $	67	50
D. WAR SERVICE GRATUITY Computed By [signature]	67	50
E. DEDUCTIONS Overpayment of (1) Pay & Allowance $ ..... (2) D.A. & A.P. $ ..... Other Deductions $ ..... Entered By [signature]		
F. AMOUNT PAYABLE (This amount is payable in .....monthly instalments of $ .....each)	67	50

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

$ ..... × 30 = $ .....

REMARKS

100M—9-45 (8069)
H.Q. 1764-81-3

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

ARMY MN

Name BARRON Jack B. No. D-109839
Surname Christian Names

Pte. #4 D.D. 2-5-42
Rank Unit Date of Death

AMOUNT W.S.G. 67.50
L.P.C. $ 68.40

Date 13-12-46

Other Credits.....

Total..... 135.90
Prev. Dist. 68.40
This Dist. 67.50

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
ALL	Mother	Mrs. Susan Barron, Ormsby, Ont.	67.50

Source Ref
OK Inv 183687
Date 14/1/47

(Sole Beneficiary under will)

WSG

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	67.50

CLASSIFIED BY

EXAMINED BY

For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

(L. M. FIRTH) Colonel
Director of Estates

AUDITED FOR PAYMENT

For Chief Treasury Officer

50M—5-46 (9153)
H.Q 1772-45-27

Certificate of Death

Registration Division of the City **of** Chatham
(City, Town, Township)

County of Kent

This is to Certify that the following particulars are from a registration filed in the said Registration Division:

Name Jack Benjimen Barron **Age** 19-3-6 **Sex** Male

Date of Death May 2nd, 1942 **Place of Death** Thames River, Chatham, Ontario.

Cause of Death Drowning

Contributory Cause

Name of Physician Dr. F. W. Hall, Coroner for Kent County

This is to Certify further that the said registration was so filed during the preceding three months prior to the issue hereof.

Given under my hand this 6th **day of** May **194** 2

W. McLennan

DIVISION REGISTRAR

A division registrar, upon application therefor, ~~and on payment of a fee of twenty-five cents~~ shall give a certificate in the prescribed form as to any registration filed with him during the preceding THREE months, but shall NOT give any certificate other than such as is authorized by this section in any other than the prescribed form. (The Vital Statistics Act, s. 16.) A certificate with respect to a registration other than within the said three months can be issued only by the Registrar-General, Parliament Buildings, Toronto.

To be made out in duplicate

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

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

INSTRUCTIONS.

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

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

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

---

(1) Name of Officer of Other Rank..... BARRON JACK BENJAMEN
(Surname first—Christian names in full—Block capitals)

.....

(2) Regimental or Air Force Number and Rank..... D-109839 Pte.

(3) Unit..... No. 4 District Depot (TS) CA.

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

(5) If married, state,

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

.....

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

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

.....

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

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

Names and ages.....

.....

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

.....

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

Name..... 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.....

(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? Yes

If so, state name and address Mrs. Susan Stremaki (re-Married)

76 Scott St. LaTuque, Que. Can.

(15) If your mother is a widow, are you her sole or partial support? No

(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? Prudential Ins. Coy.
(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.

Jack Benjamin Berson
(Signature of officer or man)

Date 9 July 1941

Lucien Gauvreau Capt
Officer Commanding NO. 4 DISTRICT DEPOT, A.F.

Date 8 July 1941

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.