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# OCCUPATIONAL HISTORY FORM

THIS FORM IS TO BE COMPLETED FOR FACH MEMBER OF THE ARMED FORCES. THE INFORMATION SOUGHT IS FOR THE USE OF GENERAL ADVISORY COM-MITTEE 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

	TOTAL THOUSE OF COVERT BEFORE COMMERCIANCE
Section A—GENERA	
I. (a) Print name in full	(b) Reg'l. No.
2. (a) Arm of service(b) Unit(b)	(c) Rank
(b) Have you any dependents?	(c) Place of residence at time of enlistment
(a) Date of Diffilmany dependents?	at time of enlistment
	(b) Date of enlistment
Section B—EDUCATIO	
5. (a) State age on (b) Were you finally leaving school (college up	to the time of enlistment?
finally leaving school	high school
(for instance—"4 years, Public School", "two years, High Scho	ol", "Junior
Is you attended a university, give name of	
university and standing or degree secured	
3. (a) Did you ever (b) If so, enter upon a trade for what	(c) Did you finish it, how long
apprenticeship?occupation?	finish it?did you serve at it?
a) What languages do you speak fluently?	(b) What languages
	IDITION AT TIME OF ENLISTMENT
O. (a) State whether you were WORKING or NOT WORK-	(b) At time of en-
ING at time of enlistment.	listment of what
(Enter here only "Work-	trade union or
ing" or "Not Working", as case may be; particu-	professional society
lars are asked for below)	were you a member?
Section D—PARTICULARS CONCERNING TH	OSE WHO WERE LINEMAN OVER AT TIME
OF ENLISTN	
QUESTIONS 11 TO 17 REFER ONLY TO THOSE WHO A	
I. Had you ever been employed fairly regularly since leaving school	
2. (a) If answer to 11 be "Yes", state exact trade or occupation	(b) State how long you had worked at this
at which you actually worked	
	ch you feel qualified
If you had been employed after leaving school, state	
when you last worked fairly regularly before enlistment	
Give details of last	
employer, if any: Name	uilding ore", etc.)
contractor", or "boot factory", or "iron foundry", or "retail st	ore", etc.)
7. (a) If your last employment was in a business of your own, state	(b) Date of dis-
nature and address of business	continuing it
Section E-PARTICULARS CONCERNING T	HOSE WHO WERE EMPLOYED AT TIME
OF ENLIST	
QUESTIONS 18 TO 23 REFER ONLY TO THOSE WHO ANSWER "WORKIN TO THOSE APPLYING TO YOU	G" IN QUESTION 10 (a). PLEASE READ THESE QUESTIONS AND REPLY
TO THOSE APPLYING TO YOU	JAI TIME OF ENLISTMENT
IF YOU WERE AN EMPLOYEE WORKING FOR AN EMPLOYER UP TO	THE TIME OF ENLISTMENT, PLEASE ANSWER QUESTIONS 18 TO 21
	Address.Richards landing.On
9. Nature of employer's business (for instance, "farmer", or "be contractor", or "boot factory", or "iron foundry", or "retail store	uilding e", etc)
	(b) Niumbor of voore' ovportonce of
specific occupation	this occupation with any employerthis occupation with any employer
1. (a) Did your employer promise (b) Did your e definitely to give you refuse to prom	mployer (c) Do you wish ise you to return to your
employment on discharge?employment of	ise you to return to your not
IF YOU WERE WORKING ON YOUR OWN UP TO THE TIME OF ENLIST	MENT, THAT IS TO SAY, OPERATING A FARM, A STORE, AN AGENCY, I LINE, PLEASE ANSWER QUESTIONS 22 AND 23
2. (a) State nature of business,	b) Where was
or professional practice	t located?
3. (a) Number of years (b) Have you not be engaged in this businessreturn to the same or a	made, or will you make plans to similar business on discharge?
the state of the s	
Section F—PARTICULARS C	
4. (a) Do you wish to engage (b) Do you feel compete in farming after the war?to operate a farm?	ent (c) It so, in what kind of farming?
5. (a) Were you (b) How many years' actual	(c) In what provinces  did you have experience?
born on a farm?farming experience have you had?	did you have experience?
Section G-MIS	SCELLANEOUS
	for re-establishment in civil life after discharge?
<ol> <li>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.)</li> </ol>	
8. State any employment preference or ambition you	
may have, other than indicated elsewhere in this form	
	and the state of t
ATE 194	SIGNATURE

For officer 1/c of records. CHHQ.

 Miss.Mary.JFeatherston,
2067 Wellington St.,
MONTREAL, P.Q.

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

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

and the following number quoted:-

H.Q405-F-11. 873 FD 295

#### DEPARTMENT OF NATIONAL DEFENCE ESTATES BRANCH OTTAWA, ONT.

24 March 194.5... 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

FEATHERSTON, Thomas, Pte.,

...Dll0121.....Canadian Army

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

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

RETERMENT HOSPINSTER

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#### 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			INFORMANT'S STATEMENT							
Degrees of Rela- tion- ship	RELATIVES required to be accounted for  Widow of the Deceased		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			none							
2	Children of the Deceased and dates of their Births		none							
3	Father of the De	eceased	Thomas Walter Featherston		Died 15th August					
4	Mother of the Deceased		Regina Brisson Featherston		Died 8th October 1938					
5	Brothers of the Deceased	Full Blood	none							
		Half Blood	Albert Joseph Proulx, Pte.  Pte. Medda Proulx B.92067  Rene Proulx	36	killed in action 13th October, 1944. Can.Army Overseas. Sudbury, Ont.					
6	Sisters of the Deceased	Full Blood	Mrs.Kathleen Featherston Lapensee Miss Mary Jane Featherston		Hawk Junction, Onto					
		Half Blood	Mrs. Frances Grant  Mrs. Helen Proulx Rathwell  Mrs. Ruby Proulx Rains  Mrs. Beatrice Proulx Steff	27	2521 Maplewood Ave.  Montreal, Que.  Sault Ste.Marie, Ont  Detroit, Mich, U.S.  New York, N.Y.					
7	of the full or th	or sisters (whether e half blood) of the re dead, and date of	Names and ages of their children		Address of their children					
	Proulx -	rt Joseph- killed on Oct.13	none		none					

-

# ANSWER FULLY EACH QUESTION ON THIS PAGE PARTICULARS AS TO IDENTITY

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Ave.

8	Full names of the deceased.	Pte. Thomas Featherston
9	Date of his birth.	1st September, 1920.
10	Place and date of his marriage.	
11	Place and date of his parents' marriage.	Searchmont, Ont.
	PARTICULARS OF D	OMICILE
12	Place where deceased was born.	Sault Ste. Marie, Ont.
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Ontario - 19 years. (b) (c) (d)
14	Nature of employment before enlistment.	
15	State whether he owned the premises in which he lived, and, if so, where situated.	
16	Name place where deceased stated he intended to make his permanent home.	
	PARTICULARS OF	ESTATE
17	Did he leave a Will? If in your custody, please forward.	
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?	unmarried.
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. Do you wish it administered with the pay account?	
20	Amount of War Savings Certificates held by deceased. Indicate where located.	none
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	none
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	none
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	none
	OTHER PARTICU	JLARS
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.	no
	(Note:—The government pays funeral expenses within the and burial is made Overseas as well as where death occurs and zone, and if a relative has already paid those expenses the Governauthorized in the Regulations. Any amount of such expenses is by the Government nor is it chargeable against the service estated	burial is made in Canada or elsewhere in the North Ame

#### DECLARATION

\*Insert degree of relationship for example, "Widow" "Father", 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

......of the deceased.

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

Informant

2067 Wellington Street, Montreal 22, P.Q. Address

#### CERTIFICATE

I hereby certify that to the best of my knowledge and belief.......Mi.ss...Maxy...Jane....

Featherston \{\begin{analise} Name of \\ informant \} \begin{analise} is the\* \\ \text{sister} \\ \text{sister} \\ \text{of the Deceased} \end{analise} above described. The above Declaration was made by the Informant and signed in my presence.

2 st day of may

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

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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

The addresses of Mr. Rene Proulx, Mrs. Helen Proulx Rathwell, Mrs. Ruby Proulx Rains, Mrs. Beatrice Proulx Steffy, are unknown The complete address of Pte. Medda Proulx is: to me.

> B. 92067, Pte. Medda Proulx, 4th C.I. B.Co'y., R.C.A.S.C., Canadian Army Overseas.

Pte. Thomas Featherston lived in the Province of Ontario all his life until June, 1940, when he came to Montreal and enlisted in the Army.

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DUPLICATE TRIPLICATE

### "M" TEST (ALV.) CUMPLETE

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.)

Me. A Coy. Camadian Forestry Corp. CANADIAN ACTIVE SERVICE ATTESTATION PAPER 1. Surname.... 2. Christian Names..... 4. Date of birth..... 5. Place of birth.....(Country) (County of Frovince) 6. Religion (state denomination)...... 7. Trade or Calling..... 8. Married, Widower or Single..... 9. Name of next of kin..... 10. Relationship..... 11. Address of next of kin 2521 Molleword and Montreel, Que. 12. Do you belong to, or have you served in the Active Militia of Canada?..... (If Yes, Give Unit and Dates of Service) 13. Have you served in (a) The Canadian Active Service Force?...... (b) Any other Naval, Military, or Air (If Yes, Give Regimental No. and Unit) Force?

(Yes or No) (If Yes, specify Unit and Period of Service)

14. Did you serve during the Great War 1914-1918? (If Yes, specify Regimental No., Unit and Dates of Service) DECLARATION TO BE MADE BY MAN ON ATTESTATION .....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. William Simus of recruit) OATH TO BE TAKEN BY MAN ON ATTESTATION I, .....do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty. J. homes & satherston (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. Westwould ......... Signature of Magistrate, Justice or Attesting Officer. Office or Rank and Unit or appointment.

	Record of Service					Regin	nental Number 2 11012	2:
		QUALIFICATIONS (Surname)	(Christian Ivan	les)	EDUCA	TIONAL QUALIT	RTC A TTONG	
Militar	y	W11	High Sch	ool)			Graduation )	
Busines	s or Professional		or Collegia	<b>}</b>	(years completed)		or }	pecify)
Trade o	or Civil	loodenen		<b>30</b> .			rauriculation )	
Technic				ity				
Langua	ges	Inglish			each Scho	ol 9th ere	shown)	
All enlis	sted personnel will	be taken on as Private soldiers, appointments and promotions t						
	Report	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., from date taken on Strength of Field Force			provided in	I DELCE DELC	Authority	
Date	From whom received		Rank Shown	Effective Date	Unit	Place	Part II D.O. No. Cas. List, etc.	Dated
5/7/40	)	Joined on appointment T.O.S. No. 2 Coy., Canadian Forestry Co	rps Pte	25/7/40	C.F.C.	Westmount	DO Pt.2 No. 3	25/7/40
9-12-4								
1-1-41	Contraction to a second contraction of the contract	5.6.50 Sing translowed to 1/2 Hours		3/1/1/	/	1/2/10	DAP+1 7/2 19	2/2/2/
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		Landing leave 1500 hrs. 1-5-41 to 1200 hrs 7-5-41	Bte	1-5-41	······································		10 # 45	2-5-41
		Privilege Ceave 1200 hrs. 27-9-41 to 1200 hrs. 5-10-41 T.W.	4.	27-9-41		•	1.0 - 81	30-9-41
	1 " 00	Privilege leave 20-2-4× to 27-2-4×		20-2-47		u	00.8	20-2-42
		Privilege lane 11-6-42 to 18-6-42					1.0-27	13-6-1-
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For additional entries use M.F.M. 1 and 2 (a)

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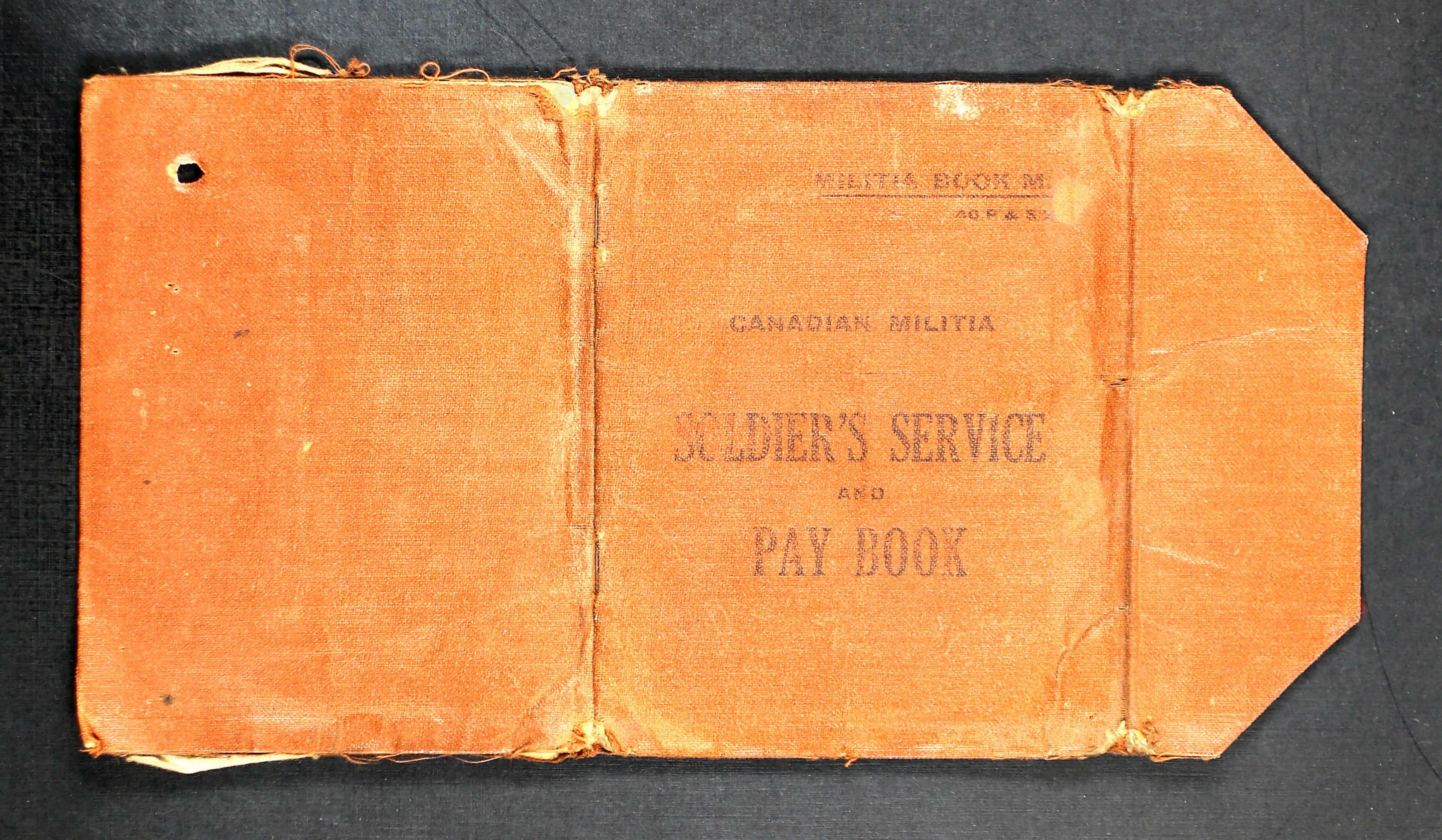
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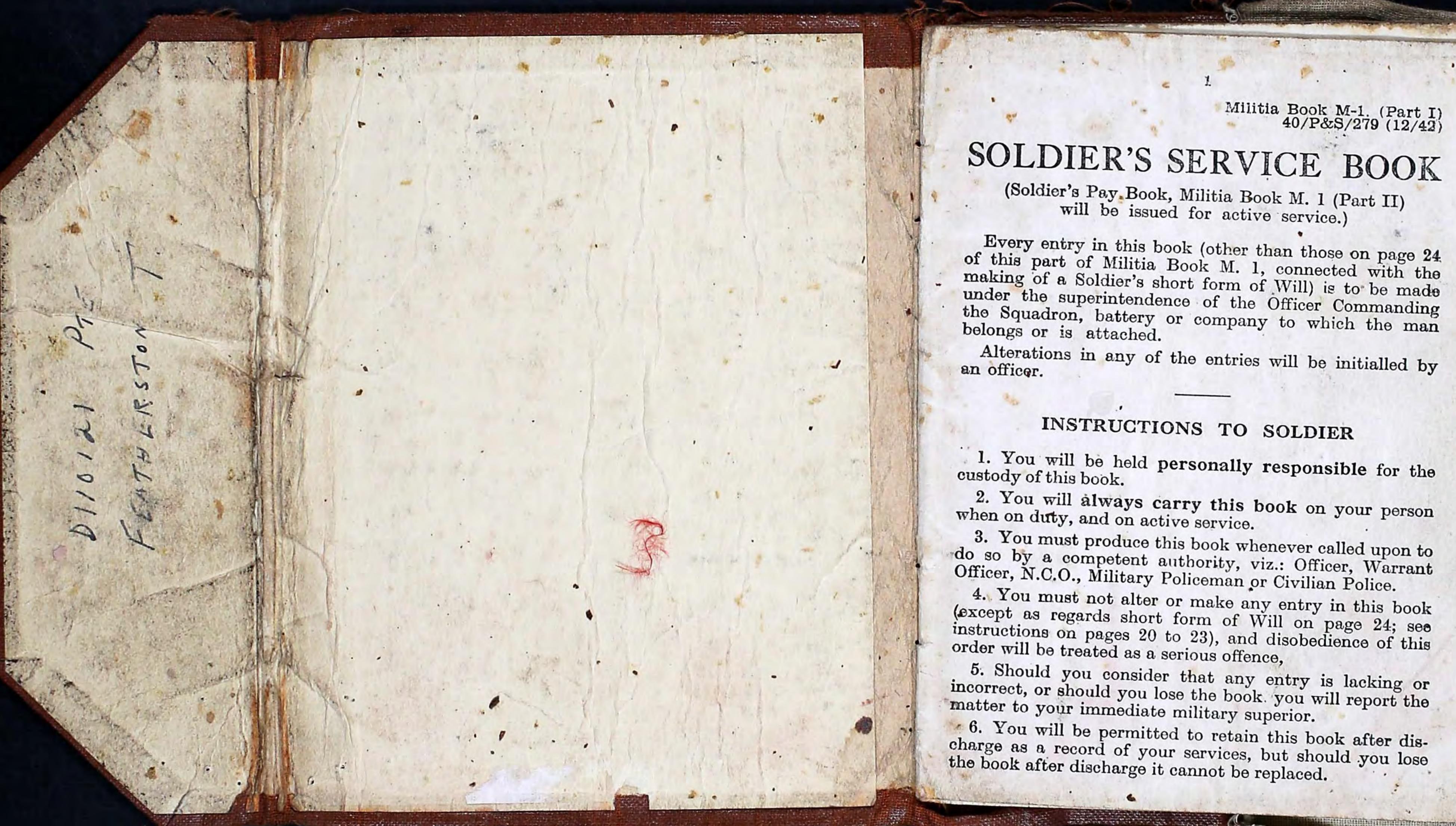
#### CERTIFICATE OF MEDICAL EXAMINATION

Name in ful Part	1. Information obtained from	m the recr	uit.	The state of the s	DateJuly 2	2nd, 1940-
and the same of	2. Have you ever					
	atism					
	ılosis	The state of the s	l. Eye d	lisease		20.00
	itis or asthma	no				no
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	intestinal	no				110
g. Rupture	e	110	q. Have	you ever	worn glasses?	nog <b>110</b>
Alt T	e veins	W	rece	eived disal	pility pension or	e pastocom- ls
	deformed feet	110	pen	sation?	i so, give detai	110
j. Nasal tı	rouble	no	Th	ionsus	Sea	therston
				<b>C</b> 3	Signature of A	pplicant
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9:44			200	dist.		18 18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Part	2. Information obtained by	medical e	xamination	1. The r	ecruit must be	stripped.
1. Identifi	cation marks or scars. (If opera	tive obtain	history.)			
	Vacc. left arm., B/M	ark ri	ht arm.			
2. Height.	feet	inches.	3. Weigh	t		pounds.
4. Comple			5. Develo	purple while		Good Fair
i. Compre	Med.	.CMIU		1	air	Poor
	nair.	Brown	*			
6. Chest r	neasurement—Girth on full expan	F- 1 (1570) 277	942	A100		
	Range of expansion					
	righto/30left20/	1800 100	8. Hea	ring, right	WV 20	left.wv 20
9. Conditi	on of mouth and teeth.					
10. The ab	normalities (congenital and patho	ological) fou	ind on exam	ination are	as follows	
Scar	of appendix operation	atrone	Under	me icht.		
			U			
				C2.		
Part 3	We, the examiners find no eventhe remarks. We have examined	ridence of t	he diseases	mentioned	in Question 2,	Part 1, except as
eported in	the remarks. We have examined	d the Recru	it in accord	ance with	the pamphlet "	Physical standards
and Instruc	ctions for the medical examination	n of recruit	s" and he is	found fit	for Category	A
Special rem	arks when category lower than A	<b>L</b>				
						<i>A</i>
1	Messer Colon	90	Lem	en	Musel	lew mill
	President VACCINATIONS INOCULAT	IONS. BOARDS	Member S. RECLASSIFIC	CATION OF M	EDICAL CATEGOR	Member Y
Tota	Brief details and signature		Date	. 0	Brief details and sign	
Date				Page .		
9-8-40	1110 14 cc 1 111 MIKE	ann				
22-8-40.	" Icc			eas		
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28-9-40	ATT 100 1'					
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1-10-42	177051 1 cc 20000					
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	STATION	Date of Arrival at the Station	in	Admission to Hospi	on ital		Dischargem Hosp	re ital   Year		DISE	ASE	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
Val	eartwolant 1	1-3-42	30	12	40	3	/	41	ta	gri	jepl.	4	cared Estern
Jan	forpstaf	1-3-41	5		41	15	1	41	7	Leas	les	10	Cared lethron
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Militia Book M-1. (Part I) 40/P&S/279 (12/42)

Every entry in this book (other than those on page 24 of this part of Militia Book M. 1, connected with the making of a Soldier's short form of Will) is to be made under the superintendence of the Officer Commanding the Squadron, battery or company to which the man

- 2. You will always carry this book on your person
- 3. You must produce this book whenever called upon to
- 5. Should you consider that any entry is lacking or incorrect, or should you lose the book. you will report the
- 6. You will be permitted to retain this book after discharge as a record of your services, but should you lose

#### (XIV) PARTICULARS OF DENTAL TREATMENT

			Date	Re- quired	Com- plet- ed	SPECIFICATION  Use authorized Abbreviations and Symbols	Signature of Dental Officer
Oct 44 - SB Jhurton Ma	Oct 44 SB Thurston Ma	5	2.44	U		2 75_	SHRBmen
		00	144		-	3133	hurten Ma
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		1					
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(1)	SOLDIER'S	NAME AND DESCRIPTION	ON
	The Sall on which is	ATTESTATION	011

Regtl. No. D 1/0/2/
Surname (in capitals) FEATHERSTONE
Christian Names (in full)
Date of Birth
Place of Birth SAULT STMARIE ONT
Trade on Enlistment. WOOD 5/14N
***************************************
Nationality of Father at birth
Nationality of Mother at birth. CAMADIAN
Religion ROMAN CATHOLIC
Enlisted at WESTMOUNT QUE
Date 25 SULY 1940
articulars of former service (if any) i.e. Regtl. No., Corps and period.
ignature of Soldier. C. Feelbuston
gnature of Officer. A. TAMPBEZZ Zizi Shew
ace VALCARTIER QUE Date 8/10/40

Any change becoming known is to be duly noted with date of NOTE.—No entry in these pages has any legal

Near	est degree of lationship	Names	Date
	Wife		
1st Ch	Children		
2nd	Father .	DECEASED	8-10-40
	Mother	DECEASED	8-10-40
3rd	*Brothers	MISSMARY SOUTH JAN FEATHERSTON MRS ALEX LEPENCE	
4th	Other Relations (stating) relationship)	MR, JOS, FEATHERS TON 19RS MARTHA ALLEN	

\*State whether brothers are older or younger.

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

	Latest known Address in full
	***************************************
	,
	***************************************
2-01	
A 3 Z 1	TAPLEWOOD AVE MIL. QUE
M1211-D	
	LAL AVE
PAULT	ST MARIE ONT
CHEST	ERVILLE ONT
CHECT	ERVILLE ONT
	ENVILLE ONT

		6	
	ficer	1001	(IV) Certificate Applicable to all Arms, to be completed and signed by the C.O. Bn., etc., before a Soldier proceeds  Overseas
	ature of Of	FRT L	TRAINED (passed Recruit's Course as laid down for his arm of the Service) except that he requires further training in:—*
	Sign	80 80	COMPLETED DIX (6) WEEKS TRAINING
To Market	INTMENT Authority of Part II Order	DOPT24	PAS CHAMBER Oct 19910  La plety Chu Freie Hyruches
The state of the s	APPO APPO Tem- ng or h or		James 2017K 77 Was 1944
	RANK and Substantive, porary, Acti	d anomata	Qualified in addition as under :—
	Rank and Appointment	No.	
	ate	3	Date
		25-1	* If no further training required, strike out words in italics and initial.

(IV) Certificate A signed by the	applicable to e C.O. Bn., e	all Arms, itc., before a erseas	o be complete Soldier proces	ted and
TRAINED (passed Service)	Recruit's Cou	rse as laid do requires furth	own for his arm er training in:-	of the
COMPLETE	) DIX (6	) WEEK!	TRAIN	ING
GAS C	HAMB	FR OC	t 199	cukes
Caylose =	-3,C17	73-1V	a carrie	p %
Qualified in addition	as under :—			******
ate				
If no further traininitial.	ning required,	strike out v	vords in italic	s and

#### (V) PARTICULARS OF TRAINING

Courses and Schools. Specialist Qualifications. Swimming, etc., show'g result	Date	Signature of Officer
GOOD CONDUCT STRIP		June l'Incer
CARO # 308		
esterl Perperation	19 hov43	JPS Kemps Gfort.

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The state of the s

#### (VI) SMALL ARMS RANGE COURSES

Year	Classification	If Table not completed, state parts fired	Signature of Officer
1940	2"2N/A 310	1V-V-V/	S. STRONG
dy 43	Rifle 2x Bren 2nu	123 567	way france
	10 )~~~	1-2-3-4	Met Mey
	y		

DIIOIZI PTE-FEATHERSTON

#### (VII) EDUCATIONAL QUALIFICATIONS

Certificate, Specialist Qualifications, etc.	Place	Date	Signature of Officer
7T4 HILTON ELEM	HILTOIN BEECH	1935	J.F. MOTYNE LT
			29-W-were hu

#### (VIII) TRADE RECORD

(For men in receipt of tradesmen's rates of pay only)

Trade	Group	Class	Remarks, e.g., On enlistment; Re-classified; Re-mustered, etc.	Date	Signature of Officer
•					***************************************
••••••					•••••••••••••••••••••••••••••••••••••••
					•••••••••••••••••••••••••••••••••••••••
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	1				***************************************
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		1			
Andread State of the Control of the					•••••••••••••••••••••••••••••••••••••••

DIIOI21 PTE-

#### (IX) EMPLOYMENT WHILST SERVING

Period		Noture of Templerment	Remarks and Signature of O.C. Coy., etc.
From	То	Nature of Employment	O.C. Coy., etc.
13/4/ 3/	10/42 No	DODSMANTTRACTOR HE	PER ANDREW S.FLEMING
			8-cruers no

To include (1) Regimental, (2) as Skilled Tradesmen, (3) as Specialist, e.g., Signaller or M. Gunner.

#### (X) MEDICAL CLASSIFICATION

Date	Category or Grade	Medical Examiner of Recruits, or other Medical Authority	Signature of Medi- cal Officer
22-7-40	4	MTL.MED BD	JKIL GOUR
22-7-46		REEXAM -NORIYAL	WW. MARTIN
22-7-40	4	X-RAY-NEG	W
		.,	

•

#### (XIV) PROTECTIVE INOCULATIONS

Nature of Vaccine, "T.A.B." Cholera, Plague, etc.	Date	Signature of Medical Officer
T.A.B	2-8-40	19.13
	22-8-40	19.44
A-TT/cc 11	2-8-40	WHARTIN
	11-10-41	RUTEN 1
7.93. T'/2 cc	7-12-43	RORCH Con
3 3	5///44	Rollin.
Telffus leeg	0 900.00	Robble.
(XV) VAC	CINATION	ALX G:1.:
Date Vaccinated	Signature o	f Medical Officer
2/8/40	JM RU	GOW Love list
12/44 Secondar	7 P	of the
H.B. 1.1/200 17/2	148/1	Justy Capt

## FINGE, RECELLANEOUS ENTRIES CALE

(For entries for which space is not otherwise provided)
NOTE.—No entry on this page has any legal effect as a WILL

Particulars	Date	Signature of Officer
LANDING LEAUG	1-5-41	A FLEMING
PLEAUE WITHE	11 27-9-41	1/10 . 1.
PLEAUEND FW	20-2-47	ANDREWS, FEEL
Q COMPLETE	1-4-42	2.148RGE 27.
PLEAUFFIR	11-6-42	1+ S. FLEMINI
6ASCHAMBER	04.18-4-4	AS, FLEMIA
		70-1 100
Privilegahean	23-4-4	Gury L. Fra
Free Warrant.	20-4-43	lop
Privileze Line	1 accept	
Fre Warrant	9 may Fo	
Privilege hearst		Jaco d. Tran
Fre Warrant	25 Nov +3	CALL TO A CALL CALL CALL CALL CALL CALL CALL C
privilege beaut	16-16-44	Juneal- Jonas
fouldanast	2402044	
awarded the		may by
Can V. a. milal		
59wy 43Ent. 15,38	des 23.54	Y Incodentian
7 FM. 182 much	1 13-500	5
TABY YZCC	28/11/4	y do mar a

10	

No entry is made on this page without special instructions being issued

Particulars	Date	Signature of Officer
1.0.1	01	1 1
	John 44	Moore l. Tha
C.A.P.	1 9-12	All
	13-12-44	Margar , may
***************************************		
***************************************		
***************************************		
***************************************		
***************************************		
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#### No entry is made on this page without special instructions being issued

Particulars	Date	Signature of Officer
•••••		
••••		
•••••••••••••••••••••••••••••••••••••••		
***************************************		
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••••		
***************************************		
		gga of zata alam

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

No.

Rank

Name

states that he has executed a Will and that the same has been deposited with

Signature of Officer. Rank or Appointment.

Date

Soldiers who possess real estate and who have not made a Will are recommended to make a formal Will before embarkation when action as indicated above should be taken, or to make a Will on one of the forms provided, M.F.M. 10 with one or more beneficiaries or M.F.M. 10a in the case of a soldier owning real estate, and to hand this document duly executed to their Commanding Officer for transmission to the Record Officer concerned for safe custody.

The Officer receiving such Will shall complete the following certificate—

#### Certificate

M.F.M....received and forwarded to the Officer i/c Records at

Decline & Signature of Officer.
Rank or Appointment.
Come be a week 17 May 44 formed and to

The state of the s

ate Certificate or V

To whom sent.

To whom sent...

e Certificate or Will extr

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

### SHORT FORM OF WILL (Write Will on next page)

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

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

In the event of my death I give the whole of my property and effects to my mother, Mrs. Mary Bull, 999 High Street, Toronto.

(Signature)

GEORGE BULL, Private No. 30000,

Date 5th August, 1936.

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

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

(Signature) GEORGE BULL, Private, No. 30000,

Date 5th August, 1936.

ate oth August, 1000.

26-2-45

#### AWARDS—CANADIAN ARMY (ACTIVE)



FEB.
500M-1-44 (3467)
H.Q. 1772-45-8

SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT
FEATHERSTON, Thomas		D.110121	Pte.	Black Watch of Can.
				FILE NO. 405-F-11873

WAR SERVICE

BADGE

(CLASS)

NO.

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUM	BER AND DATE DESPATCHED
1939-45 Star France & Germany Star		
Defence Medal War Medal C.V.S.M. & Clasp	6743	22-10-45
	(THE REVERSE TO BE	USED FOR ESTATE PURPOSES)

(1) MEDALS			
PERSON ENTITLED TO	Miss Mary J. FEATHERST	ON (SISTER)	MEMORIAL BAR
ADDRESS:  (2) MEMORIAL CROS	2067 Wellington St., Montreal, Que.,		DATE DESP  REGN. NO. 2656
WIDOW			(2)
ADDRESS:			
(3) MEMORIAL CROS	(DECEASED) (MFM5.)		
ADDRESS:			(3)

Statement the Service of No. 21.0121 Rank.

Sheet No.....

M.F.M. 1 & 2A 40/P & S/119 ·

Jame Fearherston. I

	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.	Dated
		108.	Tos from C.7.C.	AE	6 Oct 42	2D/RJ	UK	238	70c+425
			adm. MAJ. to 1 Oct 42.	Re.	29 Sep 42.	2 Coy OFC	wh.	51.	20ct 42.
			att Vo, 2 c IRU.	Tro.	14eb 43	20180.	UK	27	319 an 43
	Sos		SOS VO. 50 IPU	Pro	31 Jan 4	3 20100	UIC	27	31 Jan 43.
		105	TOS from 2 CDIRO.	Ote	1 Feb 43	5 CIRU.	UK	9	13 Feb 43
			attel fap to 2 C 1 R V	Pte	1/11 Feb 43	SCIRU	UK	9	13 Feb 43
	Sos	d 5 aug 43	Sos to Agny. Bn	PG	27 Feb 43	sciru	uK	20	4 mar 43
		Tos	Tos From 5 ei RU	Ba	28 Feb 43	Ady Bu	uk	2	12 Mar 43
			care actil Lap to Startan Scheme	Re	13 met 4	SCIPE	tek	32	23/mel 43
	amended	6 ang 43	Att fap to. Sparkan Scheme	PVo.	27 Feb 43	5-cirv	VK	20	4 har 43
	SOS		Sos jo 5 cireu.	7 V.Q.	18 mar 43	19kBn.	UK.	4	24 mar 43.
		105	TOS from 1 grk Bn	Pt-	19 mar 43	SCIRU.	uR	324	23 mar 43
	505		SOS 10. Blew.	Pro.	25 hary3	SCIRU.	UIC	34	25 h-ar 43
		105	TOS from 5CIRU	Pte	26 mar 43	Berw.	V.K	21	2 apr H3
Chang	ge Not	Kto Miss	M.J. Featherston (sister) 2521	Maple	ood a	June 11/10	n Trem	10ac. 28	21 may 4.
		1	RR of Pay 8,50 Pd.	Pt.	12n43.	BW	UK.	23.	16 apr 43.
			IWARDED THE CANADIAN VOLUNTEER SERVICE MEDAL AND CLASP.						
			Imbarked at. M.K. on. 5. July 44	Pte.		1. Blk W.	21. A. Gb	37	14 Jul 44
			Disemparke at. Hance on. b. Jul :44						

tatement of the Service of No	Rank
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M.F.M. 1 & 2A 40/P & S/119

Sheet No.....

Name.....

-	REPORT	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	
Date	From whom received	(Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)		3 / /			Part II D.O. No. Cas. List, etc.	Dated
11193	(Ans	wiei Wounded	Re	DAK	A518	8 ALET-	M 475	
ab		Land 18 Ba #.		7 mg 41	RAR		13273	15 mg 44
CPG		Jums 22 Gen		Tange	4 BUKW	B286		15 Sept 44
OPG		Trans Rw Com			ry BUPW			50444
Cn		Brich Rom W. Com			Bety			71Vor 44
C86 50	S	SOSX3Lid roy3 4CIRU	The	1ang,40	XLRHR	2119	37	24 Sept 4 4
	TOS							
1166		Unit redesignated to	Re		3CITR		20 166/44	
est	202	SOS VOX4 List 2 CBRB	The	12 ec44	3 CITR	VIC	26	1 Deerey
CSO		Embarked at VIL on 220ee44						
200		Disemuarked at N.W. Emojan 3 Dep 44.	Phe		XLRHR	21A9	81	13 Dec 44
CPL	505	505 X4 (13Ba) ho RHe	Phe	8-Dec 44	XLRHC	2149	8-4	22 Dec 44
CSG	105	Tos Grom X4 RHC			MAC	A West Control of the		20 Dec 40
		Decensed 26 Feb. 45.						
		Killia	la.	26745	RN6.		bas 1. a 550.	4 Mar 45.

Demand man 43

### SERVICE AND CASUALTY FORM

M.F.M. 4 (Part I) A.F.B. 103 (Part I) 500M—8-39 (1700) H.Q. 1772-45-18

Part I (For all ranks)

Unit No.2 Coy. Canadian Forestry Corps.

Regimental Number..p..110121.....

		(17) Regiment or Con	rps	Unit (Battn., etc)
	SurnameFEATHERSTON	Canadian Fore	stry	No. 2 Coy. (Battin., ctt)
2.	Christian NamesThomas	a Dir Ing.		15W(18/7/8)
3.	*Substantive Rank and Appointment			
	*Acting Temporary or Local Rank			
	giving date			
	*To be entered in pencil to facilitate alteration.		2	<u></u>
4.	Place of birthSault.St. Marie. Ont.	(18) Medical		
5.	Date of birth as declared on attestationlst.Sept1920			
- 1-1-	(A)	Category	Date	Authority
6.	Date of enlistment25thJuly, 1940.		22-7-4	O. N.F.M.2
7.	Place of enlistment. Westmount, Que. Residence at time of enlistment. 2144 Decarie Blvd., Mtl.			
8.	Residence at time of enlistment 2144. Decarie. Blvd., Mtl	· · · · · · · · · · · · · · · · · · ·		
9.	(B) Special conditions (if any) of enlistment or rate of pay	· · · · · · · · · · · · · · · · · · ·		
	***************************************	•••••		
10.	(C) Any subsequent variations of conditions of service			
* 41.1 *				
11.	Religion Roman Catholic			····
		(19) Next of kin (enti	ries to be	made in pencil)
13.	Trade on enlistment			
14.	Corps, trade and grade	muss ma	my Jan	e realization
15.	(D) Qualifications		<	
	(E) Miscellaneous entries	23 21 m	affle	woodane
				Q
		(20) E	mou	mas I, v.
		(21) E		
		(22) E		Cara-a-
1-11				

#### Notes-

- (A) Here enter particulars of any subsequent claim as to actual age after verification of birth certificate.
- (B) Whether for home service only, enlisted at special rates of pay, etc.
- (C) If to be retained on home service, period if specified to be stated; also authority and on what grounds: see (A) above.
- (D) Signaller, Farrier, etc.
- (E) Instructions regarding allotment of these sub-heads will be made as may be necessary after mobilization.

(1		(b) -	(c)	(d)	(e)		(g)
Date	From whom received	Unit	Record of all casualties regarding promotions (acting, temporary, local or substantive), appointments, transfers, postings, attachments, &c., forfeiture of pay, wounds, accidents, admission to and discharge from Hospital, Casualty Clearing Stations, &c. Date of disembarkation and embarkation from a theatre of war (including furlough, &c.) in accordance with para. 2 of Note to Table I of Appendix III of Field Service Regulations, Volume I	Place of Casualty	Date of Casualty	Army rank as at (e)	Army Form or other authority for entry to be shown
, ,	5.0.5.	C.F.C.	S.O.S. C.a.S.F (banada) Enibarked	Halifax	15-2-41	lte.	D. D. 29d/8-3-41
	T. O.S.		T. O. S BABJ. (Overseas) disembarked.	Gowood		Pte	D.O. 29d/8-3-41 D.O. 29d/8-3-41
			Landing lane 1500 hrs 1-5-41 to 1200 hrs 7-5-41	Ballogie		Pta	1.0. 45/2-5-41
		C.F.C.	Privilege leave 1200 hrs. 27-9-41 to 1200 hrs. 5-10-41 Tin		27-9-41	Rta.	0.0 81/30-9-41
			Privilege la eve 20-2-47 to 27-2-42		20-2-42		10.8/20-2-42
			Privilege leave 11-6-42 to 18-6-42		11-6-42		27/12-6-42
	5.0.5	0000	No. 2 600 STO. for Conting to NIN		10-10-42		1550 70/2
	1.00	a conyo	grow CFC, on year 18 15th		Q.W.C. 72		10 21 2 an 43
		·····	0 th to # 2 CIRU		1-2-43		27 31 2 an 43.
		SCIRU.	Tos posted to B.W. Ling Coy (R) all Lap.			1	
• • • • • • • • • • • • • • • • • • • •			2CDIRU. 16 11 Feb. 43. rations only to 12 Fe	LAS UH.	1 Feb 43	1'le	9.1372643
			all'al Son to Apacton Lehun.	1.00	27 tef 43	9.0	10 - LI march 13
			C-7:BA	:	15 mar 43	::	32-23 march
			Sos, 76 RMC		25 mary		34 - 26 mar 4
Man. 4.3	o.c	1.07.H.C			26 Mar. 43		21.d/2.apr. 4.3.
			Granted Regt ! Rates / Pay \$ 150 per diam		1. Jan. 4.3		2.3.0//6.4pm.9.2
49214.3.			Lane I deletters Tolk		20 mg 2 4 3		28 - 21 may 43
			Awarded Canadian Johnsteer Service Medal and Clasn		15 tan 44	PLE	4-26 pan 44
			45 EX - 3 Chief 1 THE	3	1 auto 44		4/2 dA/ Pera 44
	7		barked U.K.J. Luly Disembarked Fran	00.4 Jule	4/		37 Jul/44
14014	£3	BW	705 hon Black Watch	Tel.	May u.u.	16	3//4/
12.14	1/2	1300	8086 40 11C/KU	Tel	18-44	6	37/44
	109		from X- 3, RHELBW avac & UK		2aug 44		941/44
	509	4 As King	Le Holbert-gordy: Frally youbor 15 on CH	VK	111000	()	979 - 9000
	/105	HC TRIE	Thurst on Syring month of CH		16.00CK44.	1.09	043 19- 30 CO. 44
		20 170	Thomas Hose, range W. H. J. 18. 53001. d. L.	CIN	18 00.41	Pte	26/11/2000
1. Kil	PUP	J.C. // C.	11K a Wee Williambarked Twee	de 3No	66		
(-41.00	175. [V	HER BUT TO SE	VA Black Wastell 11 By Work		2 Deer	-	81/44
Weet >	K4	27	Set Black (1)	-	8der x	4 -	84 - XX
	oc	PAC.	Tos home x 4 hist the.		9 Dec 44	PLE	82 - Dec 44
	/	/	sof Ideceased Killed in a	tron	26 Fel4	5- 12-	19-20-45
	20.00					4	

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#### VERIFICATION FORM

#### WAR SERVICE MEDALS 1939-45

No. 1-110121 Name Featherston Thomas
Rank on Discharge St. Date of Discharge 26-7445.
Authority for Discharge or Retirement Deceased
Served in:  Non-qualifying service
Canada from 15 fuly to 15 Feb. 41  from to
United from 16 Feb 41 to 5 fully 14 Kingdom from 3 aug 44 to 2 sie 44
Italy from:
Northwest Europe from 6 fiely 44 to 2 aug. 44  3 See 44  killed in setion)
from to
Eligible for award of:
1939 - 45 Star
Italy Star
France-Germany Star
Defence Medal
War Medal Canadian Volunteer Service Medal
with Clasp
Verified by Georgetto Patrice  Date Study 16  Carded JUL 9 1945

13th March, 1945. Miss Mary J. Featherston, 2067 Wellington Street, Montreal, Quebec. Dear Miss Featherston: It was with deep regret that I learned of the death of your brother, D110121 Private Thomas Featherston, who gave his life in the Service of his Country in the Western European Theatre of War on the 26th day of February, 1945. From official information we have received, your brother was killed in action against the enemy. You may be assured that any additional information received will be communicated to you without delay. The Minister of National Defence and the Members of the Army Council have asked me to express to you and your family their sincere sympathy in your bereavement. We pay tribute to the sacrifice he so bravely made. Yours sincerely, Major - General Adjudent - General (A.E. Walford), Major-General, Adjutant-General.

A50

405-7.11873

#### FIELD SERVICE

In lieu of Army Form B. 2090A

REPORT of Death of an Officer or a Soldier to be forwarded to the War Office with the least delay after receipt of notification of death. See Table II, Appendix III, Field Service Regulations, Vol I.

MER REGIMENT Black Watch (RHR) of C Squadron, Troop OR CORPS c Battery or Company
Officer's Personal No (if known) D 110121 Rank Pte Soldier's Army No
Surname FEATHERSTON Chistian Names T.
Date 26 Feb 45 Place Germany
Died Cause of Death <sup>X</sup> Killed
Nature and Date of Report 3011c/871A 27 Feb 45
By whom made Black Watch (RHR ) of C
* Specially state if killed in action, or died from wounds received in action, or from exposure while on military duty, or from injury while on military duty.
PlaceGermany Bedburg Cemetery E 934525 Sheet Calcar \$302 Date 28 Feb 45 Burial Plot 1 Row 9 Grave 11
By whom reported G. Marchand H/Capt. R de Mais
(a) in Army Book 64 No
State whether he leaves a Will or not
(b) as a separate document Not Received
All private documents and effects received from the front or hospital, as well as A.B. 64, should be examined, and if any will is found it should be at once forwarded to the War Office.  Any report received as to verbal expressions by deceased officer or soldier of his wishes as to the disposal of his estate should be forwarded to the War Office at once, supported by a certified statement of the person who actually received the information.  In the case of a soldier a duplicate of this report is to be sent to the
Paymaster at the Base, together with the deceased's A.B. 64 (after withdrawal of any will from the latter), for transmission to the Paymaster who compiles the soldier's account.

Regimental No. 2110121 Rank Ptc.  FEATHERSTON Thomas Surname Christian Names  Unit. The Black Watch (R.H.R.) of Cap. (CA)  Date of death. 26 Feb 45 Place of Death. Overspag França  Casualty Details Killed in Action.  Next-of-kin Miss Mary J. Peatherston Relationship SISTER  Address. 2087 Wellington St., Montreal, Quebec.  Will Will d/25 Jul 40 herewith!  Will Will d/25 Jul 40 herewith!  Pate. 20 Mar 45  EXCEPT OF M.F.M.5 dated. 25 Jul 40  (1) Are you married? No Children?  Wife's name) Names and Saddress  ages.  (2) Is your father alive? YES If so, state name and address.  Mr. Thomas sal'er FEATHERSTON, Notro Dane de Merdigr Hoggith!  Mentell Institute.  (3) Is your mother alive? No If so, state name and address.	
Thomes Surname Christian Names  Unit. The Black Watch (R.H.R.) of Can. (CA)  Date of death. 26 Feb 45. Place of Death. 9verseas France.  Casualty Details. Killed in Action.  Next-of-kin. Miss Mary J. Featherston Relationship. SISTER  Address. 2067 Wellington St., Montreal, Quebec.  Will Will d/25 Jul 40 herewith.  Date. 20 Mar 45  EXCERPT OF M.E.M.5 dated. 25 Jul 40  (1) Are you married? NO Chirdren?  Wife's name) Names and Ages  (2) Is your father alive? Yes. If so, state name and address.  Mental I Institure.  (3) Is your mother alive? NO If so, state name and address.  Mental I Institure.  (4) Are you insured? NO If so, in what company?	Director of Estates
Thomes Surmane Christian Names  Unit. The Black Watch (R.H.R.) of Can. (CA)  Date of death. 26 Feb 45. Place of Death. 9versea France.  Casualty Details. Killed in Action.  Next-of-kin. Miss Mary J. Featherston Relationship. SISTER  Address. 2067 Wellington St., Montreal, Quebec.  Will Will d/25 Jul 40 herewith.  Date. 20 Mar 45  EXCERPT OF M.E.M.5 dated. 25 Jul 40  (1) Are you married? NO Chirdren?  Wife's name) Names and Ages  (2) Is your father alive? YES. If so, state name and address.  Mentall Institure.  (3) Is your mother alive? NO If so, state name and address.  Mentall Institure.  (4) Are you insured? NO If so, in what company?	Regimental NoDulo121
Date of death. 26 Feb 45. Place of Death. 9versees France.  Casualty Details Killed in Action.  Next-of-kin Miss Mary J. Featherston Relationship. SISTER  Address. 2067 Wellington St., Montreal, Quabec.  Will Will d/25 Jul 40 herewith.  Will EXCERPT OF M.F.M.5 dated. 25 Jul 40.  (1) Are you married? NO Chirdren?  Wife's name) Names and Ages.  (2) Is your father alive? YES. If so, state name and address.  Mr. Thomas malter FEATHERSTON, Notro Dame de Merdier Hesnital.  Mental Institure.  (3) Is your mother alive? NO If so, state name and address.	FEATHERSTON Thomas
Casualty Details. Killed in Action.  Next-of-kin. Miss Mary J. Featherston Relationship. SISTER  Address. 2067 Wellington St., Montreal, Quebec.  Will. Will d/25 Jul 40 herewith  Date. 20 Mar 45  EXCERPT OF M.F.M.5 dated. 25 Jul 40  (1) Are you married? NO Children?  Wife's name	Unit The Black Watch (R.H.R.) of Can. (CA)
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Address. 2067 Wellington St., Montreal, Quebec.  Will Will d/25 Jul 46 herewith  Date. 20 Mar 45  EXCERPT OF M.F.M.5 dated. 25 Jul 40  (1) Are you married? No Children?  Wife's name Names and Ages  (2) Is your fatner alive? YES If so, state name and address.  Mr. Thomas Walter FEATHERSTON, Notro Demo de Merdier Hospital.  Mentall Institure.  (3) Is your mother alive? NO If so, state name and address.	
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(4) Are you insured?	
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H.Q. 405-F-11873 (D.R. 2(C))

Miss Mary J. Featherston, 2067 Wellington Street, Montreal, Quebec.

Dear Madam:

Information has just been received from overseas that the remains of your brother, D110121 Private Thomas Featherston, have been carefully exhumed from the original place of interment and reverently reburied in grave 1, row D, plot 9, of Nijmegen Canadian Military Cemetery, four miles South-East of Nijmegen, Holland. Marked map is enclosed. This is a recognized military burial ground and will receive care and maintenance in perpetuity.

The grave will have been marked with a temporary cross which will be replaced in due course by a permanent headstone suitably inscribed. While it cannot now be stated when this work of permanent commemoration will begin, before any action is taken you will be communicated with and an opportunity will be given you to submit a short personal inscription of your own choice for engraving on the headstone. Therefore if you should change your address would you be good enough to inform the undersigned.

Yours faithfully,

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

70

### CASUALTY WING EXTRACTS

"A" 518"B" "C" "POW"	DATE 23 NOV 44
NAME FEATHERSTON THOMAS	AUTH SER 88/28
RANK PTE	DATE
REGT. NO. D110121	TIME
UNIT BLACK WATCH	FOR A LIST
HOSPITAL PARTIC	
ADMITTED	DATE
TRANSFERRED.	DATE
DISCHARGED	DATE
DIAGNOSIS CONF WOUNDED 311JU	TL 44
	The state of the s
FOR THE DAILY UNIT & CONSOLIDATED LIST_	ADMISSION
FOR THE DAILY LIST ONLY	DISCHARGE
CASUALTY CARD MADE (YES OR NO) YES	PROGRESS REPORT
CLERK'S INITIALS OR NUMBER 4	DEATH
CATEGORY - CIRCLE WHICH AN	Part of the Annual Control of Annual
OFF ALL LISTS OFF CERTACE	DANGEROUSLY ILL SERIOUSLY ILL
NEXT-OF-KIN PARTICUL	
ELATIONSHIP CANADA	
AME & ADDRESS	FTOWER TROTTER
	HOME TOWN
ABLE NO. TO OTTAWA 38 9019	SERIAL NO:
	INLAND TELEGRAMVNO.

#### THE CANADIAN PENSION COMMISSION

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#### MEMORANDUM

ToPension Medical Examiner, MONTREAL.	
	Ottawa, March 24th, 1945
From Head Office.	

D-110121 Pte. FEATHERSTON, Thomas

The Department of National Defence Army

officially reports that the marginally named was reported - Killed in action

on the 26th Reb., 1945 on serviceOverseas.

His next of kin is reported as - Sister -

Miss Mary J. Featherston, 2067 Wellington Street, Montreal, Quebec.

The Addressograph Stencil shows payment of Assigned Pay of

\$ 20.00 a month to -

Miss Mary J. Featherston, 2067 Wellington Street, Montreal, P.Q.

As no D.A. was payable the Commission will not take any action unless a claim is filed.

/FI

for Clewes, Canadian Pension Commission.

ell.

NO D.110121 Rank Private Name FEATHERSTON, Thomas
Unit Black Watch (RHR) Date of death 26th Feb., 1945.
Died at Germany
Cause Killed in action
Death occurred on strength of Forces H.Q. 405-F-11873
N/K Miss Mary J. Featherston Relationship Sister
Address 2067 Wellington Street, Montreal, Que.
Remains buried in Germany Bedburg Cem E 934525 sh Calcar Cemetery 4302 Pl.1 R.9 Gr.11
Grave location

--

- - -

MOV 151946

Nijmegen Canadian Military Cemetery,

4 miles S.E. of Nijmegen, Holland.

RETURN TO BUR. OF STATA

ROYAL MESSAGE DESP'D

-CAN. MESSAGE DESP'D

emp B R sent

Grave 1, row D, plot 9. HI & CR Form Despd. Photographs Despatched

FORM 6 DOMINION BUREAU OF STAT	ISTICS-	QUEBEC DEATH TRANSCRIPT
1. PLACE   Municipal civil municipal county TM THE FIETD (CHIMANY by or towns	ali-	Place an X over the word which applies to this municipality or this territory  City   Town   Village   Parish   Townshi,
DEATH Street No.		Hospital or Institution
2. LENGTH (a) In hospital or institution	Months	Days   Years   Months   Days   (d) In Canada   Years   Months   Days   (if immigrant)   Years   Months   Days
3. NAME Surname.	Do not	CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH
(Block letters)	write in this space	22. Date of death Teb (Month) 26th 1915 (Year)
Street Decarie Blod. No2144		23. I HEREBY CERTIFY that I attended deceased from
4. C Official name of civil municipali-		
ty or township		and last saw halive on
county		24. CAUSE OF DEATH
5. SEX 6. NATIONALITY (Citizenship) 7. RACIAL ORIGIN 8. Single, Married, Widowed or Divorced (Write the word)		Immediate cause  Give disease, injury or complication which caused death, not the
9. If married give		mode of dying, such as heart failure, due to asphyxia, asthenia, etc.
name of wife or hus- band of deceased		Morbid conditions, if any, giving (b)rise to immediate cause (stated in
10. BIRTHPLACE (Province or Country) Ontario.		order proceeding backwards from due to immediate cause).  (c)
11. DATE OF September 1st 1920 (Month) (Day) (Year)		Other morbid conditions (if important) contributing to death but not causally related to immediate
12. AGE OF Years Months Days If less than one day old DECEASED		cause.
24hrs. ormin.		If a communicable disease is (a) Date of appearance
2 13. Trade, profession or kind of work, as spinner,		(b) Duration of diseasedays
teamster, office clerk, etc		25. If a woman, was there a puerperal condition?
14. Kind of industry or business, as cotton-mill, lumbering, bank, etc.		
15. Date deceased last spent in this		26. Was there a surgical operation?Date of
worked at this occupation occupation   18. BIRTHPLACE		State findings
17. NAME (Province or Country)		
FATHER Featherston, Thomas W.		Accident, suicide or homicide
MOTHER (Maiden Name)		Manner of injury(How sustained)  Nature of injury
19. Place of burial, cremation or removal		Specify whether injury occurred in industry, in home, or in public place
	MARIE LANGE	

(Year)

(Day)

28. Signature of person who fills in the form (curate, coroner, hospital authority, etc.)

This signature authorizes the collector to accept this form as authentic.

20. Date of burial

(a) Name of parish or church.....

(Month)

(b) Civil muni-cipality of.....

(c) Municipal

OF

Do not write in this space

(Voir l'autre côté pour le français) Director of Records, Dept. of National Defence.

29. Name of clergyman in charge of Register of Civil Status in which registration of this burial was made.

	(1) I, Chomas FEATHERSTON (Name in Full)	of the
Address in civil life.	of Montreal , in the County of	Hochelaga,
	Province of Quebec,	Woodsman (Civil Occupation)
	Regimental No. D. 110121, Unit No. 2. Coy all former Wills by me made and declare this to be my	Canadian Foresbyhereby revoke
Relationship, names and address of beneficiaries, and what each is to receive.	(2) I GIVE, DEVISE AND BEQUEATH unto of 2144 Decarie all my Estate both real and personal."	ss Mary Jane FEATHERSTON Blvd.Apt.10 Montreal, Que.
Relationship, names and address of residuary beneficiaries.	(3) I GIVE, DEVISE AND BEQUEATH all the rest and residue of whatsoever kind and wheresoever situate unto	of my estate, both real and personal,
	(4) I appointMiss.Mary.Jane.FEATHERSTON214	4 Decarie Blvd., Apt. 10 Mtl. Que.
	Unemployed Stenographer, to be the H	Executer of this my Last Will.
	IN WITNESS WHEREOF I have hereunto set my han	
	1940.	
	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.	mas Featherston (Signature of soldier)
First witness sign here.	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.	
First witness sign here.	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.  (5) Signature D.M. Marshall  Civil Address 4253 Beasonfuld	
	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.  (5) Signature D.M. Markall  Civil Address 4253 Bearsoufuld  Civil Occupation Lalesman	(Signature of soldier)
First witness sign here.  Second witness sign here.	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.  (5) Signature D.M. Markall  Civil Address 4253 Bearsoufuld  Civil Occupation Lalesman	(Signature of soldier)
Second witness	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.  (5) Signature D.M. Marshall  Civil Address 4253 Bearsonfull  Civil Occupation Lalestman	(Signature of soldier)

#### 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 EATHERSTON THOMAS  (Surname first—Christian names in full—Block capitals)
***************************************
(2) Regimental or Air Force Number and Rank D 110121
(3) Unit No.2 Coy. Canadian Forestry Corps.
(4) Are you married? No
(5) If married, state,
(a) Full name of your wife N/A
(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?
(8) Have you any children? Number of boys Girls Co
Names and ages.
(9) If Dependents' Allowance is claimed in respect of children—state whether you have been regu-
larly supporting them
Give particulars of Guardian to whom Dependents' Allowance should be paid—if authorized.
Name
Postal Address
[SEE OTHER SIDE]

0)	Have you a common-law wife—whom you have been regularly supporting and publicly repre-
	senting as your wife for at least 2 years immediately prior to appointment or enlistment?
	If so, state her full name and Postal Address
	•••••••••••••••••••••••••••••••••••••••
11)	Is your father alive? Zes
035	If so, state name and address, occupation Mr. Thomas Walter FEATHERSTON
	Notre Dame de Mercier Hospital Mental Institut
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
5.1.	-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?
	If so, state name and address
	If your mother is a widow, are you her sole or partial support?
	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?
	Are you contributing to the support of any dependents, other than those shown above?XOS.  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:—
	Deletionship Sister
	Moreova Torras (MITTING) COMONE NA
	Postal Address 2144 Decarie Blvd., Apt. 10 Montreal, Que.
	Amount contributed monthly during the past six months. \$40.00
18)	Are you insured?
-	If so, in what Company? N/A (Cive number of policy)
* *****	(Give number of policy)
****	Have you made arrangements for payment of your Insurance Premium?  If not, and it is a monthly premium, you may assign the amount in addition to any other assignment you wish to make, provided the total assignment is not in excess of the maximum monthly amount which may be assigned.
	I hereby certify that the information given by me on this form is correct in each and every particular.
	I have or eatherston
	Date 25th July, 1940. (Signature of officer or man)
	1. A Sulus man
	Officer Commandinas
	Date 25th July 1940.  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.

25M-12-44 (6215) H.Q. 1064-81-3 DEPARTMENT OF NATIONAL DEFENCE ARMY AIR FORCE ARMY WAR SERVICE GRATUITY STATEMENT DECEASED MEMBER'S Thomas NAME REGISTER NO. (CHRISTIAN NAMES) (SURNAME) 405-F-1187 FILE NO. Director of Estates/ DATE **ADDRESS** SERVICE NO. FINAL RANK OR RATING 26-2-45 DATE OF DISCHARGE DATE OF TERMINATION OF OVERSEAS SERVICE A. TOTAL QUALIFYING SERVICE NO. OF DAYS 1078 EQUAL TO 55 COMPLETE PERIODS AT \$7.50 B. QUALIFYING OVERSEAS SERVICE INELIGIBLE DAYS, EQUAL TO 361.00 No. of Days 1472 LESS 28 DAYS @ 25c. PER DAY SEE PAR. 2 OVERLEAF FOR EXPLANATION C. SUPPLEMENT FOR OVERSEAS SERVICE DAILY RATES AT DISCHARGE PAY SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE ADDITIONAL PAY DEPENDENTS' ALLOWANCE 1/30 OF \$  $x_7 = $19.25$ TOTAL NO. OF DAYS 1472 D. WAR SERVICE GRATUITY E. DEDUCTIONS OVERPAYMENT OF PAY AND ALLOWANCES \$ DEPENDENTS' ALLOWANCE AND ASSIGNED PAY \$ OTHER DEDUCTIONS F. TOTAL AMOUNT PAYABLE G. YOUR PORTION OF GRATUITY IS-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. TREASURY CHECKED BY PREPARED BY CHECKED BY DATE

SERVICE REPRESENTATIVE



	TOITITE			
Rank		Unit	Date	e of Death
		AMOUNT	W.S.G. L.P.C\$	928.34
	Date	4-46	Other Credits	
			Total	1002.46
SHARE	RELATIONSHIP	NAME AND ADDR	ESS	AMOUNT
All	Sister	Miss Mary J. Feather 2067 Eellington St. Montreal 22, Que.	raton,	928.34
		(Sole beneficiary p	er will)	
		P4. TO TREAS		

H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	928.34
CLASSIFIED BY			EXAM	INED BY	
	111				

(L. M. Firth) Colonel Director of Estates

AUDITED FOR PAYMENT

# 3/45A MFM 510 49/10&S/254 (7012) CANADIAN ACTIVE SERVICE FORCE District...

## OVERSEAS

Dispersal Area....

# LAST PAY CERTIFICATE

(All Ranks)

				on	//	
				on 26th Feb:		
Reason	Death			Authority: C.C.L."A" 550 d/4th	Mar. 4	5.
The following is a statement of the a	ccount of the a	bove-name	d from	Lst Feb: 28th Feb:	19	45.
the inclusive date of transfer or dischar		D			Cr	
		*				
Particulars		Amour	nt	Particulars	Amou	nt
Balance Dr from last account				Balance Cr from last account	52	12
				Regimental Pay 28 days at \$1,50	42	00
				Tradesmen's Paydays at\$	CO. V. HAT WASHINGTON	
Payments on Transfer or Discharge				Additional Pay (Give Particulars)		
Assigned Pay		20	00		•••••••••••••••••••••••••••••••••••••••	
Regimental Charges				Allowances (give particulars)days at\$		
Public Stoppages (give particulars):						
					••••	
		••••••				
Free		74	12			
To Balance Cr { Deferred				By Balance Dr		
Total	_	04	70	Total	04	70
			10		72	-
ANI				JECT TO ANY CHARGES ON THE REVERSE HEREOF		
Remarks	dh		* * *			
A.P.	\$20.00	(S) St	oppe	eff Mar. 45.		
•••••••••••••••••••••••••••••••••••••••						
						• • • • • • • • • • • • • • • • • • • •

CERTIFIED that entitlement to benefits under the War Service Grants Act, 1944, has been established, based on service shown herein.

C. L. LAURIN

Colonel,
DIRECTOR OF RECORDS.

26 feb.

500M—11-44 (6012) H.Q. 1772-45-8

Checker's Signatur

Date Computed.

#### Details of Non-Qualifying Service

#### Western Hemisphere—

Forfeits for	From	То	Effective Date	Days	Total
			20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Andrew Comments of the Comment	The state of the s
				Have James 1	
	Y . W				
•••••••••••					
•••••••		.1		Total	NIL
Overseas: T.O.S	16 Let	4/ T.O.	S.	T.O.S.	
		45 V S.O.	S	s.o.s	
	•				
······································					
	.]	.]			Δ11

CANADIAN MILITARY HEADQUARTERS

# 9 22.

## ESTATES BRANCH INVENTORY

of personal effects received by Casualty Section, No. 1 CKSD

CHE	ECKED BY C=5591.Pte.Patterson  AND B=69920Tpr.Browning		
	Prs Socks Hand-ks Sleevless Sweater Dress Shirt		BRANCH 9 1945 BY  ATIONAL  ATIONAL
		Mari	e within-mentioned.  A freatherstonery Jane Featherston.

ORIGINAL DUPLICATE To Officer i/c Estates with original inventory, if any.

TRIPLICATE

for OC 1 Cdn KSD

CANADIAN MILITARY HEADQUARTERS

### ESTATES BRANCH INVENTORY

of personal effects received by Casualty Section, No. 1 CKSD

Foothemsten T (DECEASED)
Featherston T. (DECEASED)
DRANCH O DE DE DE LA TIONAL DEL
Received the within-mentioned.  Mary J. Leatherston  (Miss/Mary Jane Featherston

ORIGINAL DUPLICATE To Officer i/c Estates with original inventory, if any.

TRIPLICATE

Matturon PX

for OC 1 Cdn KSD