D111513
CAMPEAU
ALFRED

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No D.111513 Rank Private Name CAMPEAU, Alfred

Unit V.G. of C Date of death 23rd April, 1943.

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

Cause Purulent peritonitis.

Death occurred on strength of Forces. HQ 405-C-14439 d 28-5-43

N/K Mrs. Marie Alice Proulx Campeau Relationship Widow

Address 6262 Bordeau Street, Montreal, P.Q.

Remains buried in Cote des Neiges Cemetery

Montreal, P.Q.

Grave location

Private memorial erected.

CHK

DEATH NOT DUE TO SERVICE

AWARDS—CANADIAN ARMY (ACTIVE)

1457 M

100M—10-41 (2195)
H.Q. 1772-45-8

FILE NO. 405-C-14439

SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT
CAMPEAU,	Alfred	D.111513	Pte.	V.G.of C.

WAR SERVICE BADGE (CLASS) NO. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
War Medal CVSM	7509 24.11.49

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

MEMORIAL BAR

DATE DESP

(1)

REGN. NO 2315

(1) MEDALS

PERSON

ENTITLED TO Mrs. M.A.P. CAMPEAU, (Widow)

ADDRESS: 6262 Bordeau St., Montreal, P.Q.

(2) MEMORIAL CROSS

WIDOW Mrs. Marie Alice Proulx Campeau,

DESP. JUN 17 1943
REGN No. 2315

(2)

ADDRESS: 6262 Bordeau St., Montreal, P.Q.

(3) MEMORIAL CROSS

MOTHER

(3)

ADDRESS:

Doit être remplie en triplicata, désignant chaque exemplaire en biffant les deux termes inutiles.
To be completed in triplicate. Copy designation to be shown by striking out terms not applicable.

M.F.M. 2 Fr.
A.F.B. 271
120 M—8-39 (1696)
H.Q. 1772-45-18

Unité No. 4 R. Co. Veterans Matricule -
Unit Regimental Number

~~Original~~
Duplicata
~~Triplicata~~

ARMÉE ACTIVE DU CANADA
CANADIAN ACTIVE SERVICE FORCE

Original
Duplicate
Triplicate

FORMULE D'ENRÔLEMENT
ATTESTATION PAPER

1. Nom CAMPEAU.
   Surname
2. Prénoms ALFRED
   Christian Names
3. Adresse actuelle ~~5679 Cartier Street, Montreal P.Q.~~ 6262 Bordeau - QO 72 d/12-5-31
   Present Address
4. Date de naissance July 7th. 1897
   Date of birth
5. Lieu de naissance Canada Quebec Montreal
   Place of birth (Pays)—(Country) (Comté ou province)—(County or Province) (Ville ou canton)—(Town or Twp.)
6. Religion R.C.
   (State denomination)
7. Métier ou profession Labourer
   Trade or Calling
8. Marié, veuf ou célibataire Married
   Married, Widower or Single
9. Nom du plus proche parent Mrs. Marie Alice Proulx Campeau,
   Name of next of kin
10. Parenté de celui-ci Wife
    Relationship
11. Adresse du plus proche parent 5679 Cartier Street, Montreal P.Q.
    Address of next of kin
12. Avez-vous servi dans les forces navales, militaires ou aériennes? Military
    Have you served in any Naval, Military or Air Force?
13. Si vous avez accompli du service de guerre antérieur, spécifiez l'arme, la force et les détails régimentaires
    If previous war service, state arm, force and regimental particulars
    3183806 Pte. 87th. Batt. FRANCE April 1917-June 1919
14. Faites-vous actuellement partie de la milice active du Canada ou avez-vous déjà servi dans cette force?
    Do you now belong to or have you served in the Active Militia of Canada?

No

(Indiquez l'unité et la date de l'enrôlement)
(Give unit and date of attestation)

DÉCLARATION FAITE PAR L'HOMME LORS DE L'ENRÔLEMENT
DECLARATION TO BE MADE BY MAN ON ATTESTATION

Je, soussigné, Alfred Campeau, déclare solennellement que les renseignements ci-dessous mentionnés sont vrais et je m'engage, par les présentes, à servir dans l'armée active du Canada, tant qu'il existera ou que l'on aura à craindre une guerre, une invasion, une émeute ou une insurrection, aussi bien que pour la période de démobilisation après que la dite crise aura cessé, et, en tout cas, pour une période d'au moins un an, si Sa Majesté requiert mes services.

Date Montreal P.Q. July 30th. 1940 Alfred Campeau
(Signature de la recrue)

SERMENT PRÊTÉ PAR LA RECRUE LORS DE L'ENRÔLEMENT
OATH TO BE TAKEN BY MAN ON ATTESTATION

P.R. Lucas Witness

Je, Alfred Campeau, promets sincèrement et jure (ou déclare solennellement) que je serai fidèle et porterai sincère allégeance à Sa Majesté.

Alfred Campeau
(Signature de la recrue)

CERTIFICAT DU MAGISTRAT, DU JUGE DE PAIX OU DE L'OFFICIER QUI FAIT PRÊTER LE SERMENT
CERTIFICATE OF MAGISTRATE, JUSTICE OF THE PEACE OR ATTESTING OFFICER

J'ai averti l'homme susnommé que s'il répondait inexactement à l'une quelconque des questions précédentes, il serait passible de punition, tel que prévu par la loi.

Les questions et les réponses ci-dessus lui furent ensuite lues en ma présence.

Je me suis assuré qu'il comprenait chaque question et que sa réponse à chacune d'elles a été dûment inscrite telle qu'il l'a donnée, et il a fait et signé la déclaration ci-dessus et a prêté serment devant moi,

à Montreal P.Q. ce thirtieth jour de July 19 40

(Signature du magistrat, du juge de paix ou de l'officier qui fait prêter le serment) VETERANS HOME GUARD

Lt. Col.
(Titre, grade et unité ou emploi) Major, Officer Commanding

N.B. On désire attirer l'attention sur le fait que toute personne qui répond inexactement à l'une quelconque des questions ci-dessus est passible d'un emprisonnement de six mois.

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

État de service de Campeau Alfred
Record of Service of (Nom—Surname) (Prénoms—Christian Names)

Matricule B.111513
Regimental Number

APTITUDES
Qualifications

Militaires # 3158265 Pte. 87th. Batt. FRANCE April 1917-May 1919
Military

Professionnelles ou commerciales
Business or Professional

Civiles ou de métier Labourer
Trade or Civil

Techniques
Technical

Langues French & English
Languages

QUALITÉS ÉDUCATIONNELLES
Educational qualifications

Académies 5 Years
High School or Collegiate (années complétées—years completed)

Graduation ou (or) Immatriculation
Matriculation (Spécifier—Specify)

*Collège

*Université
University

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

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

Rapport — Report: Date	Rapport — Report: Reçu de — From whom received	État des promotions, rétrogradations, mutations et permutations, maladies ou blessures rapports, etc., à compter de la date de son enrôlement dans les troupes de campagne — Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. from date taken on strength of Field Force	Grade indiqué — Rank shown	Prenant date le — Effective date	Unité — Unit	Endroit — Place	Autorisation — Authority: N°, Partie II, Ordres du jour. Liste des morts et blessés, etc. — Part II D.O. No. Cas. List, etc.	Autorisation — Authority: Daté le — Dated
30.7.40	Attested	Affecté lors de son enrôlement / Joined on enlistment: T.O.S. 4 Coy V.H.G.	Pte	30.7.40	V.H.G.	MTP	No 32	30.7.40
31-10-40	Posted	No 4 B-Coy V.G.C.	"	31-10-40	V.G.C.	"	No. 111	31.10.40
3-9-41		Granted Furlough	"	21-8-41 / 3-9-41	"	"	DO 138	21-8-41
		New Address 6262 Bordeaux St Montreal	"				DO. 72	12-5-41
		Admitted K.M.H.	"	18-3-43	"	Kingston	" 27	18-3-43
		Transf. to St Annes Hosp	"	23-3-43		"	" 29	24-3-43
27-9-42		Granted Furlough	Pte	28-6-42 / 10-9-42	14 Coy	Monteith	D.O. 114	28-8-42
24-10-42		Leave (4 days) 24-10-42 to 1-11-42		24-10-42	"	"	" " 146	24-10-42
31-1-43		Granted increased rate of pay $1.50		1-1-43	"	Kingston	" " 11	31-1-43
		S.O.S. died St Annes Hosp	"	23-4-43	"	St Helens	" 39	26-4-43

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

Recevez-vous ou avez-vous deja
reçu une pension ou compensation
pour invalidité si oui donnez

CERTIFICAT DE L'EXAMEN MÉDICAL
CERTIFICATE OF MEDICAL EXAMINATION

Nom en entier (Name in full) Campeau Alfred — Date July 24 1940

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

1. Age 43 — 2. Avez-vous déjà souffert de l'une quelconque des maladies suivantes?
Have you ever suffered from any of the following diseases?

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

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

Observations des examinateurs (Examiners remarks re above) Ears normal. B P 130-80 Urine N. X Ray N

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

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

2. Taille (Height) 5 pieds (feet) 6¼ pouces (inches).
3. Poids (Weight) 215 livres (pounds)
4. Teint (Complexion) fair Yeux (Eyes) blue Cheveux (Hair) brown
5. Développement (Development) — Bon —Good; Passable —Fair; Médiocre —Poor
6. Tour de poitrine—Circonférence, pleine expansion (Chest measurement—Girth on full expansion) 46 pouces (inches) Degré d'expansion (Range of expansion) 1 pouces
7. Vue, œil droit (Vision, right) 20-50 œil gauche (left) 20-40
8. Ouïe, oreille droite (Hearing, right) wv20 gauche (left) wv20
9. Condition de la bouche et des dents (Condition of mouth and teeth) good
10. Les anormalités (congénitales et pathologiques) constatées lors de l'examen sont les suivantes:
The abnormalities (congenital and pathological) found on examination are as follows:

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

et il peut être classé dans la catégorie C

Observations spéciales lorsque la catégorie est inférieure à A (Special remarks when category lower than A) Overweight

(Président)—(President) (Membre)—(Membre) (Membre)—(Member)

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

Date	Détails succints et signature / Brief details and signature	Date	Détails succints et signature / Brief details and signature
19-11-40	1st Inoc Vacc		
28-11-40	2nd Inoc		
9-12-40	3rd Inoc		
14-3-41	1st Jeff		
14-4-41	2nd Jeff		
15-1-42	3rd Inoc		

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

Avez-vous eu quelque maladie ou blessure depuis votre dernier examen médical? Si oui, donnez les détails.
Have you had any illness or injury since your last medical examination? If so, state particulars.

Matricule / Regtl. No. D-111513 — Grade / Rank Private — Nom / Surname Campeau — Prénoms / Christian Name Alfred

Garnison — Station	Date d'arrivée à la garnison — Date of Arrival at the Station	Date de — Dates of: L'admission à l'hôpital — Admission into Hospital: Jour — Day	Mois — Month	Année — Year	La sortie de l'hôpital — Discharge from Hospital: Jour — Day	Mois — Month	Année — Year	Maladie — Disease	Nombre de jours à l'hôpital — Number of days in hospital	Détails sur la nature et l'origine de la maladie; dire si elle était bénigne ou grave, si elle est entièrement guérie, et si un traitement spécial a été adopté. Dans le cas des maladies vénériennes, mentionner la nature de la maladie première et dire si on a prescrit le mercure. Si la maladie est accidentelle, spécifier si elle fut contractée en service et si un conseil d'enquête a été tenu. Détails et dates au sujet des fausses dents et des appareils chirurgicaux fournis. — Remarks on nature of the disease; how induced; if mild or severe; if completely recovered; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied	Signature du médecin — Signature of Medical Officer
Kingston Ont	3-1-43	18	3	43	23	3	43			K M H Do. 27	
"	"	23	3	43						Transferred to St Anne de Bellevue Do. "	

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

de la partie 1, sau[illegible]
aux instructions de la bro[illegible] [illegible]edical examination of Recruits",

et il peut être classé dans la catégorie C

Observations spéciales lorsque la catégorie est inférieure à A Overweight
Special remarks when category lower than A

[illegible] Lt Col (Président)—(President) R H Ewing capt (Membre)—(Membre) [illegible] Capt (Membre)—(Member)

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

Date	Détails succints et signature Brief details and signature	Date	Détails succints et signature Brief details and signature
19-11-40	1st Inoc & Vac.	23/4/41	No Change in Category [illegible] Capt
28-11-40	2nds Inoc		
9-12-40	3rd Inoc		
17-3-41	1st Tet.		
14-4-41	2nd Tet.		
15-1-42	[illegible]		

[illegible] Capt

No

Si oui donnez

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

WILL

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

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

Address in civil life.

of Montreal, in the County District of Hochelaga,

Province of Quebec, Labourer (Civil Occupation)

Regimental No. D-111513, Unit No 4 B. Veterans Home Guards, do hereby revoke all former Wills by me made and declare this to be my LAST WILL.

Relationship, names and address of beneficiaries, and what each is to receive.

(2) I GIVE, DEVISE AND BEQUEATH unto

My Wife

Mrs. Marie Alice Proulx Campeau,

5679 Cartier St.,

Montreal P.Q.

My estate

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

Nil.

(4) I appoint Mrs. Marie Alice Proulx Campeau (Name), 5679 Cartier St., Montreal P.Q. (Address)

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

IN WITNESS WHEREOF I have hereunto set my hand this 30th day of July

19 40

Signed and acknowledged by the Testator, in the presence of us present at the same time who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as witnesses.

Alfred Campeau (Signature of soldier)

First witness sign here.

(5) Signature

Civil Address

Civil Occupation

Second witness sign here.

Signature

Civil Address

Civil Occupation

(Witnesses are not to be beneficiaries.)

[OVER]

NOTE

If you have already made your Will, do not fill in this Will, but mark on the front where your Will can be located or with whom it is deposited.

(1) Example: I, John Charles Jones, of the City of Marlowe, in the County of Carleton, Province of Ontario, Mechanic, Regimental No. 1234, Royal Blankshire Regiment.

(2) If only *one* beneficiary for all your estate, complete as example: "my wife, Mary Jones of 26 Cherry Ave., Ottawa, Ont., all my estate," in which event, strike out clause (3) entirely.
If *more than one* beneficiary, set out in clause (2) what each is to receive, such as—
"my wife, Mary Jones, 26 Cherry Ave., Ottawa, Ont., $.....00, and my household goods and effects,"
"my brother, Thomas Jones, 80 Yonge St., Toronto, Ont., $.....00,"
"my sister, Margaret Jones, 80 Yonge St., Toronto, Ont., $.....00,"
"my friend, John Smith, 60 LaSalle St., Winnipeg, Man., $.....00,"
and any personal gift, if desired. Then complete clause (3) as to the balance of your estate.

(3) If balance of estate is to one person, complete as example: "my wife, Mary Jones, 26 Cherry Ave., Ottawa, Ont." Another example: "my father, Jack Jones, and mother, Jessie Jones, 80 Yonge St., Toronto, Ont., equally," or as desired.

(4) Fill in name of Executor or Executrix, example: "John Doe, 24 Smith Street, Blankville, Ontario, Salesman," or, if Executrix, "Jane Doe" and address. A beneficiary under the Will may be appointed Executor or Executrix. It is preferable that the person appointed as Executor should not be on, or likely to be on, Active Service.

(5) The soldier will date the Will and sign same. Two witnesses must sign in the presence of the soldier, and each witness should fill in his or her full civil address and occupation. No one who is a beneficiary shall act as a witness. It is preferable, though not essential, that the witnesses be persons not on Active Service.
When completed, leave Will with Commanding Officer for transmission to the Records Office for safe custody.

To be made out in duplicate

M.F.M. 5
100M—6-40 (5453-4)
H.Q. 1772-39-1651

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

INSTRUCTIONS.

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

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

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

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

(2) Regimental or Air Force Number and Rank D-111513

(3) Unit No. 4 B Veterans Home Guards

(4) Are you married? Yes

(5) If married, state,

(*a*) Full name of your wife Mrs. Marie Alice Proulx, Campeau

5679 Cartier Street, Montreal P.Q.

(*b*) Present postal address of wife

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

(7) Are you a widower? No

(8) Have you any children? Yes Number of boys 2 Girls 3

Names and ages Alfred 12 Years
Antionnette 15 Years
Simmon 16 Years
Rogier 17 Years
Gracia 18 Years.

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

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

Name Mrs. Marie Alice Proulx Campeau,

Postal Address 5679 Cartier Street, Montreal P.Q.

[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 Na.

(11) Is your father alive? Yes

If so, state name and address, occupation Alfred Campeau, Unknown

(12) If your father is a widower and is totally incapacitated from earning a living—are you his sole or partial support? No.

(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. Na.

Na.

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

(14) Is your mother alive? Yes

If so, state name and address Mrs. Valerie Campeau Unknown

(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? Na.

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

If so, state the following particulars:—

Relationship Na.

Full Name Na.

Postal Address Na.

Amount contributed monthly during the past six months

(18) Are you insured? No

If so, in what Company? Na.
(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.

Alfred Campeau
(Signature of officer or man)

Date Montreal P.Q. July 30th. 1940

No. 4 COY. VETERANS HOME GUARD

Officer Commanding Lt. Col.
Major, Officer Commanding

Date Montreal P.Q. July 30th. 1940

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

B:BB

CAMPEAU-

PSYCHIATRIC REPORT

Pte. ~~CAMPAN~~ A. D.111513 VG of C Age 46

The m/n soldier was examined on the 19th March,1943, at K.M.H. at the request of the Surgical Services.

On the 16th March,1943, he was examined by Capt. Scott, Psychiatric Consultant, at Fort Henry and a provisional diagnosis of Involutional Melancholia was made. It was suggested he be allowed to return to his home for a short leave and then admitted to K.M.H. for observation at a later date.

On the night of the 17th March,1943, this soldier wander away from Fort Henry and became "lost" downtown. Apparently he spent considerable money foolishly. He was picked up and returned to Fort Henry where he spent most of the night packing and unpacking his bags and wandering about the quarters. The following morning he was in a very disturbed state and arrangements were made for his admission to K.M.H.

Shortly after his admission he wandered away from the Ward and was found later lying in one of the Ward bathtubs with His clothes on. Since his admission he has been talkative and restless and has required sedatives for sleep, and he has been pleasant, very affable and almost euphoric. He has insisted on bathing three or four times each day. He has washed his clothes and pygamies several times. He talks to everyone who goes near him and repeats stories about his health, his service, his clothes etc.

EXAMINATION:

This soldier was found to be a very stockily built, clean shaven French Canadian. When I approached his bed he jumped to the floor and stood at attention and then shook my hand violently. He spoke rapidly in broken English without being questioned. He began to talk at an unusual rate about his health, his family, his money and food etc. He exhibited quite a marked flight of ideas and he spoke so quickly that he seemed out of breath. He was elated, everything was fine, he felt fine, he liked his work, everybody was good to him, etc. He denied any hallucinations or delusions.

SUMMARY:

In view of the recent developments in this case it would seem likely that a diagnosis of Manic-Depressive Psychosis should be made, and that the man was now suffering with a mild Manic attack.

CONCLUSION:

Although the soldier is fairly well behaved,he is nevertheless presenting a difficult problem in a Military Hospital, and I feel he should be admitted to a Mental Hospital as soon as arrangements can be made. His home address is 6262 Bordeau Street, Montreal.

R.M.Billings Maj.

(R.M.Billings) Major RCAMC.,
Consultant Psychiatrist,
Military District No.3.

Kingston,Ontario, March 19th,1943.

PSYCHIATRIC CONSULTANT'S REPORT

TO: Medical Officer,
Fort Henry.

D.111543 Pte. CAMPEAU, A. Age - 46
V. G. of C.

The m/n soldier was interviewed at the M.I.R. in Fort Henry on March 16, 1943 on the request of the Medical Officer, who suspected irrational behaviour.

SITUATION: This 46 year old soldier joined the Army in August, 1940, was stationed in Montreal on Guard Duty, later being transferred to St.Helen's Isle and then to Petawawa. From there he was sent to Monteith for 6 months and in early January 1943, he was transferred to Fort Henry for Guard Duty. Two weeks ago he complained of stomach distress and felt that he had undue constipation and asked for treatment concerning it.

His Company Commander states that while this man had an unblemished record, recently his behaviour was becoming bizarre in that he would appear at meals in a state of untidiness foreign to his usual habits. It was also noted that he had a tendency to repeat questions concerning his health and when it was told to him that a special doctor was to visit him, he was in a state of mild excitement for several days.

On interview, the man was precise, stood at attention throughout the early part of the interview and answered questions through his French interpreter in a rapid fashion. He denied any inquiries about his poor health, stating he was eating and sleeping well, had no complaints but said he would like to get home for a few days on leave.

PAST HISTORY: This man was born in Montreal on July 7, 1898 of stable parents. His childhood was normal and he attended school from the age of 6 to 11, reaching Grade VIII. After leaving school he was employed as a labourer in a stone quarry and enlisted in the Grenadier Guards in the First Great War, serving two years in France. On returning he was employed as a teamster and quarry operator till he joined the Army in 1940.

He is married and has five children. He has no unusual habits. His marriage has been compatible.

EXAMINATION: This is a well-built, swarthy-faced Frenchman with a marked, military bearing. His intelligence is in the borderline group. He had no complaints of a neurotic nature and his past history gives no evidence of a psychopathic behaviour.

On interview there was no evidence of any gross pathology although he constantly blinked his eyes in a rapid and strenuous manner. The interpreter noted no unusual conversational trends, other than that the man felt that people were thinking he was sick. There was no disorientation and no evidence of hallucinations or delusionary beliefs.

IMPRESSION: This man has a good past record but the evidence of his present behaviour reveals that he is harbouring underneath his personality a progressive disorder of his emotions. His behaviour is a typical involutional case in which the individual has sufficient insight to realize that he is not himself. This man understands that his disposition is altering and he is at a loss to explain his activities. In all likelihood there will be an increase in his bizarre behaviour until he will become frankly psychotic.

CONCLUSION: (i) It is believed that this man should have a short period of leave in which to go to his home. His visit will in all probability bring to the surface

(PLEASE TURN OVER)

psychotic manifestations.

(ii) On his return to camp, he should be admitted to the Military Hospital, where he can be given a period of observation.

DIAGNOSIS: Involutional Melancholia (early).

March 17, 1943

GDS/EOH

(G.D. Scott) Captain, RCAMC,
Consultant Psychiatrist,
M. D. No.3.

NOTE:- Further information states that this man, six weeks ago, missed his train home and became overly intoxicated and that his behaviour has been strange since that time.

copy
LL.
6/4/43.

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS TO MEDICAL OFFICERS

1. In using this Form, Medical Officers will be guided by instructions issued at N.D.H.Q.
2. This Form will be used *for all ranks*, at home and abroad, when change in Category or discharge from His Majesty's Forces is contemplated.
3. All sections must be answered in full.
4. A definite diagnosis of all diseases or injuries recorded must be made, and the "Standard Morbidity Code for Canada" must be followed.
5. The Medical Officer in charge of the case is responsible for the completion of pages 1, 2 and 3. The President and Members of the Medical Board are responsible for the completion of page 4.

Ste Anne de Belle vue, Que.
STATION..... DATE 6/4/43.

1. *(a)* Unit Vet. Guards *(b)* Regimental No. D-111513 *(c)* Rank Pte.

(d) Surname C A M P E A U *(e)* Christian names Alfred.
(Use block letters)

(f) Home address 6262 Bordeaux St- Montreal, Que.

(g) Next of Kin Mrs. A. Campeau *(h)* Relationship Wife

(i) Address of Next of Kin as above

2. Age last birthday 46 Date of Birth July 7, 1896

3. Enlistment, or Appointment: *(a)* Place Montreal. *(b)* Date July 30- 1940

(c) Category on enlistment "A" *(d)* If lower than A on enlistment, give reason

4. Personal description: *(a)* Height 5'7" *(b)* Weight 151

(c) Complexion med. *(d)* Colour of hair brown *(e)* Colour of Eyes blue

(f) Identification marks, scars, etc

5. Former civilian trade, profession or occupation Laborer

6. Service (The information should be secured from personal Military documents if available. If not, a statement from the member of the forces may be taken, and note made to that effect.)

(a) Length of service. Years 2 Days 250

(b) Periods of service:

(c) Trade on enlistment *(d)* Present Trade

Man's statement	From	To
Former Wars	1914	1919
War 1939—Canada	July 30- 1940	date
Abroad		
Canada on return from abroad		

7. Diseases or injuries with Code Nos. Manic depressive psychosis (0608)
(To be filled in when examination has been completed)
(Manic type)

(a) Dates of origin unknown

(b) Places of origin unknown

(c) Causes unknown

M.F.B. 227
500M—6-41 (718)
H.Q. 1772-39-117

Monteith Camp. Ont.

8. Present Condition—*(a)* Subjective.....
(In the individual's own words)

No complaints:

(b) Objective (Before completing this section, the member of the forces should be stripped and subjected to a thorough physical examination. All defects, no matter how trivial, should be recorded. Specialists' reports will be obtained when necessary to ensure a definite diagnosis. For R.C.A.F. Personnel when the category is higher than A4B, a B2 examination is to be completed and the results entered in this section.)

Development & nutrition- musculature good-

E.N. & T.- negative. Pupils round & equal. react to L. & A.

Teeth good. Tonsils not enlarged. Thyroid not palpable-

Chest: symmetrical- resonant throughout- Lungs clear- no rales.

Heart: normal limits- beat rapid- 110. no irregularities- no murmur

B.P. 136/90.

Abdomen: obese- no mass- tenderness- hernia & varicocele & hydrocele-

hemorrhoids & varicose veins.

Extremities: normal. Reflexes present.

Spine & joints have free movements. Psychiatrists diagnosis, at Kingston,M.H. and Ste Anne's were : Manic depressive psychosis- manic type- in a low-minded individual. He is in need of institutional care for indefinite period of time and should be reboarded as unfit to perform further army duty. (Reports attached).

9. History (This section should contain a detailed history of the origin of all diseases and injuries described in Section 8. Date and place of treatment should be recorded, and if pre-enlistment in origin, the name and address of the attending Physician or institution, if available, should be included. Special care should be taken as to history in respect of injuries incurred during service. Copies of Medical Case Sheets, D.P. & N.H. Forms 100, and Consultant opinions should be attached.)

This man is presently in a locked cell, is very talkative and so flightly that it was no use questioning him. It appears from hospital records that he was interviewed by psychiatrist on March 16/43 at the Fort Henry M.H. on the request of his M.O. who suspected irrational behaviour. A diagnosis of early involutional melancholia was made. On 19/3 /43 was examined again at Kingston M.H. Diagn: Manic depressive psychosis & manic type, with recommendation that he be transferred to Ste Anne's.

Admitted here on March 23/43, the above diagnosis was confirmed.

10. Were the diseases or injuries caused or aggravated:
(a) By intemperance or improper conduct: or *(b)* by unreasonable refusal to accept treatment? No No

11. What is the probable duration of the diseases or injuries? unknown

12. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? yes
(If the answer is "yes" state nature of treatment required and probable duration)

Institutional care.

13. Can the former civilian trade, profession or occupation be resumed? Not at present.
(If not, briefly state why)

Psychosis.

14. Recommendations Recategorize
(This section should contain only the M.O's recommendation as to treatment, convalescence, or reference to Medical Board for categorization)

Ant. Grégoire M.D.
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 8 (a) and 9 are to be read to the member of the forces and either "satisfied" or "not satisfied" struck out.)

I, the undersigned A. Campeau having heard the contents of Sections 8 (a) and 9 read, am satisfied (~~or not satisfied~~) with it. (If dissatisfied, statement should follow.)

I complain in addition of nil

A. Campeau Rank
Signature of member of the Forces.

OPINION OF THE MEDICAL BOARD

15. Does the Board concur with the preceding report? If not, give differing opinions with reasons

We concur: This man is obviously unfit for any further service in the Army. See 'sychiatrists' reports.

16. It is certified that the invalid,—

(a) Does require treatment (give nature of treatment required and probable duration.)

Institutionalcare.

(b) ~~Does not require treatment.~~ ////////////////////

Categories hereunder are defined for information only.

(1) *NAVY*—
- A. General Service.
- D. Temporarily unfit.
- E. Unfit for Category A.

(2) *ARMY*—
- A. General service.
- B1, B2 } Service abroad (not general service).
- C1, C2 } Home service (Canada only).
- D. Temporarily unfit.
- E. Unfit for A, B, C.

(3) *R.C.A.F.*—
- A1B Fit for full flying and ground duties anywhere and under any conditions.
- A1HBH Fit for full flying and ground duties in Canada.
- A2B Fit for limited flying duties and all ground duties anywhere and under any conditions.
- A2HBH Fit for limited flying duties and all ground duties in Canada.
- A3B Air Crew (other than pilots) fit for their full flying duties and full ground duties anywhere and under any conditions.
- A3HBH Ditto but Canada only.
- A4B Fit for passenger flying and full ground duties anywhere and under any conditions.
- A4HBH Ditto but Canada only.
- ATB Unfit for flying temporarily but fit for full ground duties anywhere.
- ATBH Unfit for flying temporarily but fit for full ground duties in Canada.
- ATBT Temporarily unfit for any form of duty.
- APB Permanently unfit for flying, fit for ground duties anywhere.
- APBH Ditto but only in Canada.
- APBT (Permanently unfit for flying, temporarily unfit for any form of duty).
- APBP Unfit for any form of duty.

17. Recommendations of the Medical Board as to category, treatment or convalescence.

Category "E" (R.O. 502)

Place Ste Anne de Bellevue P.Que.

Date April 6th, 1943.

PAUL CHOQUETTE CAPT. *President.*

HENRI LESPERANCE M.D.

ANT. GREGOIRE M.D. } *Members.*

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned.....understand the nature of the treatment recommended, and I refuse to accept it, for the following reasons.....

Witness..... Signed.....

(Should the refusal appear unreasonable, or should he decline to sign the statement, the Board of Officers should so state.)

Place..... *President.*

Date..... } *Members.*

APPROVED BY ..... Capt.

D.M.O. or P.M.O.

Date 8 April 1943.

(R.H.McGibbon) Col., R.C.A.M.C.,
D.M.O., M.D.No.4

APPROVED BY .....

D.G.M.S. or D.M.S. (Air)

Date 12/4/43

"A"

DEPARTMENT OF NATIONAL DEFENCE.
-ARMY-

St.Helens Island,Que.
May II/43

LIST OF PERSONAL EFFECTS BELONGING TO PRIVATE CAMPEAU .A.
D-III5I3--of No.I4 Coy.Veterans Guard of Canada.
Died at St Annes Hospital-St.Anne de Bellevue,Que. 23/4/43

I	hold all	
I	pair	braces
I	"	socks (black)
I	Cap	service
I	brush	boot polishing
I	"	cloth
I	"	hair
I	housewife	
I	mirror.	

The above articles sent by express to Administrator of Estates.N.D.H.Q Ottawa. May 29/43.

Lieut.
I4 Coy Veterans Guard of Canada

DISTRIBUTION OF SERVICE ESTATES TO

Estates Form "P. 4"

ARMY

Name: CAUPEAU, Alfred No.: B.111513
Surname Christian Names

Pte. R. C. of Canada 23-4-43
Rank Unit Date of Death

AMOUNT

L.P.C. ..... $ 30.41

Date: November 3, 1943.

Other Credits .....

Total 30.41

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Widow	Mrs. Marie A. P. Caupeau, 6262 Bordeau Street, Montreal, P.Q. (Sole beneficiary per will)	30.41 R

P4. TO TREAS.
9/11

AUTHORITY

H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	30.41

CLASSIFIED BY

EXAMINED BY

For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

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

AUDITED FOR PAYMENT

For Chief Treasury Officer

25M—9-43 (1913)
H.Q. 1772-80-2

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

4
ARMY

DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

DECEASED MEMBER'S NAME: ~~xxx~~ Alfred (CHRISTIAN NAMES) CAMPEAU (SURNAME)

REGISTER NO. D-16119
FILE NO. 405-0-14439
DATE 17-10-45
SERVICE NO. D-111513
FINAL RANK OR RATING Pte.
DATE OF DISCHARGE 23-4-43

PAYEE Mde. Marie A. CAMPEAU,
ADDRESS 6262 Bordeau St.,
Montreal - P.Q.

DATE OF TERMINATION OF OVERSEAS SERVICE

		$	¢
A. TOTAL QUALIFYING SERVICE	NO. OF DAYS 998/30 EQUAL TO 33 COMPLETE PERIODS AT $7.50	247.50	
B. QUALIFYING OVERSEAS SERVICE	No. OF DAYS — LESS — INELIGIBLE DAYS, EQUAL TO — DAYS @ 25c. PER DAY. SEE PAR. 2 OVERLEAF FOR EXPLANATION		
		247.50	

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		247.50
E. DEDUCTIONS — OVERPAYMENT OF — PAY AND ALLOWANCES	$	
DEPENDENTS' ALLOWANCE AND ASSIGNED PAY	$	
OTHER DEDUCTIONS	$	
F. TOTAL AMOUNT PAYABLE		247.50

G. YOUR PORTION OF GRATUITY IS— 100%

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

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

△T

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
KRN	

TREASURY	
CHECKED BY	DATE

SERVICE REPRESENTATIVE

M. F. D. 930A
500M—12-42 (7497)
H.Q. 1772-39-1548

CANADIAN ARMY (A)

LAST PAY CERTIFICATE

Regtl. No. D-III5I3 Rank and Name Pte Campeau--Alfred.

of No I4 active Company, etc. Veterans Guard of Canada Regiment, etc., on

(~~Transfer, Posting~~ or Discharge) to died at St Annes Hospital (Unit and Station) on Apr.23/43 194

Reason for discharge Authority D.O.39 d/26-4-43

On TRANSFER OF OFFICER or WARRANT OFFICER, Class I

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

REMARKS:

State (1) Date of appointment or enlistment July 30/43 (I940)

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

(3) Has assignment of pay been made? yes If so, amount $25.00 effective date Aug. I940

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

No personal effects.

The following is a statement of the account of the above named from Ist. to Apr.30/43 194 the inclusive date of transfer, posting or discharge.

Dr. PARTICULARS	AMOUNT	Cr. PARTICULARS	AMOUNT
Balance Dr. from last account		Balance Cr. from last account	I0. 4I
First Monthly Payment		Regimental Pay 30 days at I50 $	45. 00
Casual Payments		Tradesmen's Pay ..... days at ..... $	
Payment on Transfer, Posting or Discharge		Additional Pay (Give particulars)	
Assigned Pay	25. 00	days at ..... $	
Regimental Charges		Allowances (Give particulars) ..... days	
Public Stoppages (Give particulars):		at ..... $	
To Balance Cr. (To be paid by new unit)	30. 4I	By Balance Dr. (To be deducted by new unit)	
Total	55. 4I	Total	55. 4I

ESTATES BRANCH JUL 15 1943 H.Q. OTTAWA NATIONAL DEFENCE

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

J. H. Woodward Major
Paymaster or Accounting Officer.

St. Helens Island (montreal) Que (Place)

Apr. 30/43 (Date)

No. I4 Coy. Veterans Guard of Canada

D 397.

FORM No. 1

Register No. D16119. Nominal Roll No.

H.Q. File No. 405-C-14439.

To: P.M.G.

CANADIAN ARMY (ACTIVE)

Computation of Service

WAR SERVICE GRANT

Regt. No.	Rank when S.O.S.	Surname	Christian Name in Full
D111513.	PTE.	CAMPEAU.	ALFRED.

REASON FOR TERMINATION OF SERVICE:

1st Enlistment DECEASED. CARO ( )

2nd Enlistment CARO ( )

3rd Enlistment CARO ( )

Total Service

1ST ENLISTMENT	2ND ENLISTMENT	3RD ENLISTMENT
T.O.S. 30 July 40	T.O.S.	T.O.S.
S.O.S. 23 Apr 43 MD 4.	S.O.S. MD	S.O.S. MD
Total Days 998	Total Days	Total Days

Total Service 998 DAYS

—	Total Service	Less Non-qualifying Service	Net Service
Western Hemisphere	998	Nil.	998
Overseas Service	—	—	—
Totals	998	—	—
Add Non-qualifying Service			Nil
Total Service			998

EMBARKATION DETAILS:

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

REMARKS:

Computer's Signature C W Mee Sgt

Checker's Signature

Date Computed 4 Oct 45

DIED WHILST IN SERVICE

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

C. L. LAURIN,
Colonel,
DIRECTOR OF RECORDS.

500M—11-44 (6012)
H.Q. 1772-45-8

Details of Non-Qualifying Service

Western Hemisphere—

Forfeits for	From	To	Effective Date	Days	Total
			Nil		

Total —

Overseas: T.O.S. — T.O.S. — T.O.S.

S.O.S. — S.O.S. — S.O.S.

			Nil		

Total —

H.Q.405-C-14439
(Records C)

May 29, 1943.

The Secretary,
Canadian Pension Commission,
Ottawa, Ontario.

RE: D.111513 Private Alfred CAMPEAU
#14 Company, Veterans Guard of Canada.

Dear Sir:

Official information has been received that the marginally named died on the 23rd day of April, 1943, as result of purulent peritonitis.

Records show that this soldier served in Canada only.

The next-of-kin is recorded as Mrs. Marie Alice Proulx Campeau (Wife), 6262 Bordeau Street, Montreal, Quebec.

Yours truly,

P.L.

Colonel,
Director of Records,
for Adjutant-General.

Noted
A. M. D. 2

GR/VB

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 No. I4 Coy. Veterans Guard of Canada.

Regt'l No. D-III5I3 Rank Private

Name in full Alfred CAMPEAU

Date and place of birth July 7/I897---Montreal. Que.

Married or single Married

Enlisted, when and where July 30/I940---Montreal. Que.

Died — Date April 23/I943; Place St. Anne de Bellevue Hospital; Cause of death Purulent Peritonitis

Buried — Date April 27/43; Name of cemetery Cote des Neiges; Location of cemetery Montreal.

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

Statement as to existence of any personal effects:

Latest particulars as to Next of Kin: Mrs. Marie Alice Proulx Campeau, 6262 Bordeaux St. Montreal.

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

S. K. Macdonald Major
Officer Commanding
No. I4 Coy. Veterans Guard of Canada

Date St. Helens Island. Que. II/5/43

Secretary, Department of National Defence.
Forwarded, please.

For (E. J. Renaud) Major General.
D.O.C., M.D. 4.

Date

Noted
Gs

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

MEMORANDUM FOR **P. 64**

Mrs. Marie Alice Proulx Campeau,
6262 Bordeaux Street,
Montreal, 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-C-14,439 FD. 271

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

June 11, 1943

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

CAMPEAU, Alfred, Pte.

No. D-111513, C.A.

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

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

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

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

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

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

R.G. Phelan.

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

ESTATES BRANCH JUN 16 1943 H.Q. OTTAWA NATIONAL DEFENCE

RGP:GMcC

M.F.W. 77
6M-4-43 (9515)
H.Q. 1772-39-972

ANSWER IN FULL ALL APPLICABLE QUESTIONS

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

Degrees of Relationship	RELATIVES required to be accounted for		INFORMANT'S STATEMENT: NAME IN FULL of any Relative, if any, in each degree specified	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased		NEE. HELINE PROULX BORN 4 JULY 1897 WIFE	46	6262 BORDEAUX MONTREAL, QUE
2	Children of the Deceased and dates of their Births		CAMPEAU BORN GRACIA 12TH APRIL 1922 ROGER 25 " 1923 SIMONE 1 " 1924 ANTOINETTE 17 SEPT. 1926 ALFRED 9 NOV. 1929	21 20 19 17 14	6262 BORDEAUX " " " " " " " "
3	Father of the Deceased		ALFRED CAMPEAU 5TH MARCH — 1872	71	6370 ST ANDRE ST MTL.
4	Mother of the Deceased		VALERIE DUMOULIN 7TH OCT. — 1875	68	" " " "
5	Brothers of the Deceased	Full Blood	ALDEAS CAMPEAU ROSARIO " LUCIEN "	44 42 35	MONTREAL " "
		Half Blood	—		—
6	Sisters of the Deceased	Full Blood	IMELDA CAMPEAU MARIE LOUISE "	38 26	MONTREAL "
		Half Blood	—	—	—
7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, *who are dead*, and date of death of each.		Names and ages of their children (if any)		Address of their children
			5 BROTHERS } DIED IN 1 SISTER } INFANCY.		

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased	ALFRED CAMPEAU
9	Date of his birth	7 JULY 1897
10	Place and date of his marriage.	MONTREAL - 13 FEV. 1921
11	Place and date of his parents' marriage.	MONTREAL 1895

PARTICULARS OF DOMICILE

12	Place where deceased was born.	MONTREAL QUE.
13	State, in order, the Province, State and/or Country in which he resided before enlistment and the period of time in each.	(a) MONTREAL " (b) (c) (d)
14	Nature of employment before enlistment.	LABORER.
15	State whether he owned the premises in which he lived and, if so, where situated.	NO
16	Name place where deceased stated he intended to make his permanent home.	MONTREAL

PARTICULARS OF ESTATE

17	Did he leave a Will?	NO
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?	THE DECEASED OWNED NO PROPERTY WHATSOEVER.
19	Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc. and the amount on deposit.	NO.
20	Amount of War Savings Certificates held by deceased.	ALL SOLD.
21	Amount of Victory Loan Bonds held by deceased.	NO.
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary there. Describe other assets, if any, and estimated value thereof.	METROPOLITAN LIFE INS CO. $342 00 PAID TO WIDOW NO OTHER ASSETS.
23	Is application for Probate or Letters of Administration necessary (see page 1)?	

OTHER PARTICULARS

24	Did the deceased after enlistment incur any debts for:— (a) His own separate board and lodging while on service. (b) Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	
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.	

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

(PLEASE TURN OVER)

DECLARATION

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

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

*.....WIFE.....of the deceased.

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

.....Aline Proulx..... {Signature of Informant}

.....6262 BORDEAU A MTL..... Address

CERTIFICATE

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

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

Dated at.....Montreal.....this.....15th.....day of.....June.....19.43

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public .....L. W Beauregard.....

Qualification .....Judge of the Peace.....

Address.....1269 Blvd Lasalle.....

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