D111719
WOODROW
JOHN LLOYD

H.Q. 405-W-5330
(Meds 7b)

22nd March, 1943.

District Medical Officer,
Military District No. 4,
MONTREAL, Que.

D-111719, Pte. WOODROW, J.P.
V.G.C.

1. With reference to your letter M.1-W-651, dated February 24th, 1943, on the marginally named.

2. This soldier was discharged in March, 1942, with a diagnosis of "Oesophageal Diverticula". "History of alcoholism aggravates condition" (memo by Board). In view of the above it is felt that this man should not be re-enlisted.

(A. M. Davidson),
Lt. Col. R.C.A.M.C.,
for D.G.M.S.

PP/MK

H.Q. 405-W-5330

April 13th, 1943.

Canadian Pension Commission,
Ottawa, Ontario.

Re: D.111719, Private John Lloyd WOODROW.

Gentlemen:

Information has been received by telegram dated March 30, 1943, from Grande Ligne, Quebec, that the marginally named soldier, died of natural causes.

Records show this soldier served in Canada only.

The next-of-kin is recorded as his sister, Mrs. Annie Woodrow Collett, 368 Desmarchais Boulevard, Verdun, P.Q.

Yours truly,

Noted
A.M.D. 2

for (W.E.L. Coleman) Colonel,
Director of Records,
for Adjutant-General.

HMG/MD

CANADA

IN REPLY PLEASE QUOTE

No.....

DEPARTMENT OF NATIONAL DEFENCE
ARMY

Grande Ligne, P. Q. 30th March 1943

Internment Camp.

Report on the death of
D-111719 Pte. Woodrow, J. L.

March 30th, 1943, I was in charge of a party of N. C. O's and men on a short route march, at 1045 hours, after we had been marching for about 35 minutes, I heard shouts from the rear of the column and looking back saw one of the men on the ground with others standing near. I had his denture removed. I immediately had him removed to the verandah of an unoccupied house about 25 yards away and covered him with two additional great coats. at the same time I detailed a Corporal to report back to camp with instructions to send a truck and inform the M. O. The M.O. arrived shortly after and pronounced Pte. Woodrow dead. We brought the body back to camp.

Noted
JS.

NAT. DEF. B. 440
2,000 M—4-42 (4322)
H.Q. 1772-39-767

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 12 Coy. Veterans Guard of Canada, CA.

Regt'l No. D-111719 Rank: Private

Name in full: WOODROW, JOHN LLOYD.

Date and place of birth: 27th. February 1900 Huntingdon, Quebec, Canada.

Married or single: Single

Enlisted, when and where: Montreal, Quebec. 3rd March 1943.

Died — Date: 30th. March 1943; Place: Grande Ligne, Quebec.; Cause of death: Natural — Acute Indegestion.

Buried — Date: ; Name of cemetery: Mount Royal; Location of cemetery: Montreal. P. Q.

Whether he leaves a Will or not, and if so, where deposited: Will Deposited with Officer i/c Records D.N.D. Ottawa. Ont.

Statement as to existence of any personal effects: Misc. Personal Effects Forwarded to Administrator of Estates. N.D.H.Q. Ottawa. Ont,

Latest particulars as to Next of Kin:
Charles Woodrow.
31 - 5th. Avenue.
Verdun, Quebec.

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

Frank Fowler
Major.
Officer Commanding

Secretary, Department of National Defence.

Forwarded, please.

M Mauthier Capt.
for D.O.C., M.D. 4

Date 15 April 1943

Date 31st. March 1943.

Robert Graves Reg

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

File No. 1-W-651
Is charged to A
Since 2/4/42
APR 5 1942
Referred to A

To be made out in duplicate

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

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

INSTRUCTIONS.

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

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

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

---

(1) Name of Officer or Other Rank.....WOODROW.....
(Surname first—Christian names in full—Block capitals)

.....John Lloyd.....

(2) Regimental or Official Number and Rank.....D.111719.....Pte.....

(3) Unit.....No.4 Coy., Veterans Home Guard.....

(4) Are you married?.....Single.....

(5) If married, state,

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

.....

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

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

.....N.A.....

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

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

Names and ages.....N.A.....

.....

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

.....

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

Name.....N.A.....

Postal Address.....

.....

[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?.....

If so, state her full name and Postal Address.....

.....NO.....

.....

(11) Is your father alive?.....NO.....

If so, state name and address, occupation .....N.A.....

.....

(12) If your father is a widower and is totally incapacitated from earning a living—are you his sole or partial support?.....N.A.....

(13) If sole or partial support of father who is a widower, totally incapacitated from earning a living —state what amount per month you have given him prior to appointment or enlistment.....

.....N.A.....

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

(14) Is your mother alive?.....NO.....

If so, state name and address.....N.A.....

.....

(15) If your mother is a widow, are you her sole or partial support?.....N.A.....

(16) If sole or partial support of widowed mother—state what amount per month you have given her prior to appointment or enlistment.....N.A.....

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

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

If so. state the following particulars:—

Relationship .....N.A.....

Full Name .....N.A.....

Postal Address .....N.A.....

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

.....N.A.....

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

If so, in what Company?.....Metropolitan Co., Insurance.....
(Give number of policy)

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

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

.....(Sgd.) John Lloyd Woodrow.....
(Signature of officer or man)

Date.....15 August 1940.....

.....(Sgd.) G.W. MacLean.....

Officer Commanding.....#4 Coy. V.H.G.....

Date.....15 August 1940.....

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

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, John Lloyd Woodrow (Name in Full), of the City (City, Town, Village, Township)

Address in civil life.

of Verdun, in the County District of Jacques Cartier,

Province of Quebec, Painter (Civil Occupation)

Regimental No. D 111719, Unit B No. 4 CO'Y. VETERANS HOME GUARD, 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 sister

Mrs Annie Woodrow Collett

368 Desmarchais Blvd
Verdun Que.

My Whole 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 Annie Woodrow Collett, 368 Desmarchais Blvd Verdun Que (Name) (Address)

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

IN WITNESS WHEREOF I have hereunto set my hand this 15th day of August

19 40

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

John Lloyd Woodrow
(Signature of soldier)

First witness sign here.

(5) Signature Rus Woodrow

Civil Address Verdun

Civil Occupation

Second witness sign here.

Signature Alfred Lafleur

Civil Address 6876 St-Dominique St. Montreal Que.

Civil Occupation Fur Cutter

(Witnesses are not to be beneficiaries.)

[OVER]

Form No. 1

Register No. C.D. 1999

~~Special~~ Nominal Roll No. D-601

H.Q. File No. 405 W-5330

TO: P.M.G.

CANADIAN ARMY (ACTIVE)
COMPUTATION OF SERVICE
WAR SERVICE GRANT

Regt. No.	Rank When S.O.S.	Surname	Christian Name in Full
D 111 719	PTE.	WOODROW.	JOHN LLOYD
"	"	"	" "

Reason for Termination of Service:

1st Enlistment — Phys Unfit — CARO 1022 (10)

2nd Enlistment — Deceased. — CARO ( )

3rd Enlistment — CARO ( )

TOTAL SERVICE

1st Enlistment	2nd Enlistment	3rd Enlistment
T.O.S. 15 aug 40	T.O.S. 3 Mar 43	T.O.S.
S.O.S. 16 Mar 42 MD 3	S.O.S. 30 Mar 43 MD 4	S.O.S. MD
Total Days 579	Total Days 28	Total Days

TOTAL SERVICE 607 DAYS

	Total Service	Less Non-qualifying Service	Net Service
WESTERN HEMISPHERE	607	50	557
OVERSEAS SERVICE			
Totals	607	50	557
Add Non-qualifying Service			50
TOTAL SERVICE			607

EMBARKATION DETAILS:

1. Date S.O.S. Overseas

2. Date S.O.S. Overseas

REMARKS: Died at Internment Camp. WHILST IN

DIED WHILST SERVICE

Computer's Signature [illegible]

Checker's Signature [illegible]

Date Computed 30 Nov 44

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.

DETAILS OF NON-QUALIFYING SERVICE

WESTERN HEMISPHERE

Forfeits for	from	to	Eff. Date	Days	Total
A. W. L.	19 Feb 41	23 Feb 41	25 Feb 41	5	5
~~awarded Forf. Pay~~				7	12
A W L.	4 May 41	12 May 41	12 May 41	8	8
A W L.	2 June 41	13 June 41	17 June 41	12	12
A W L.	27 Dec 41	2 Jan 42	3 Jan 42	7	
awarded Forf. Pay				7	14
A W L.	21 Jan 42	31 Jan 42	1 Feb 42	11	11
			TOTAL		~~40~~ 50

T. O. S. T. O. S. T. C. S.

OVERSEAS

S. O. S. S. O. S. S. O. S.

2M-2-46 (8750)
H.Q. 1064-81-3

DEPARTMENT OF NATIONAL DEFENCE

NAVY ARMY AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

WSG-106-660 2 ARMY

DECEASED MEMBER'S NAME: John Lloyd (CHRISTIAN NAMES) WOODROW (SURNAME)

PAYEE: Director of Estates

ADDRESS:

REGISTER NO. D-21872
FILE NO. 405-W-5330
DATE 10-5-46
SERVICE NO. D-111719
FINAL RANK OR RATING Pte
DATE OF DISCHARGE 30-3-43

DATE OF TERMINATION OF OVERSEAS SERVICE

	$ ¢
A. TOTAL QUALIFYING SERVICE NO. OF DAYS 557 (30) EQUAL TO 18 COMPLETE PERIODS AT $7.50	135.00
B. QUALIFYING OVERSEAS SERVICE NO. OF DAYS LESS INELIGIBLE DAYS, EQUAL TO DAYS @ 25c. PER DAY	
	135.00
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	135.00
E. DEDUCTIONS OVERPAYMENT OF PAY AND ALLOWANCES $	
DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $	
OTHER DEDUCTIONS $	
F. TOTAL AMOUNT PAYABLE	135.00

G. YOUR PORTION OF GRATUITY IS— 100%

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

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

ESTATES BRANCH JUN 4 1946 H.Q. OTTAWA NATIONAL DEFENCE

ΔT

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

PREPARED BY	CHECKED BY	TREASURY CHECKED BY	TREASURY DATE
GJC	MJK	G. Petitclerc	13/5/46

Kurkin Capt
SERVICE REPRESENTATIVE

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

ARMY — GL

Name WOODROW (Surname) John L. (Christian Names) No. D.111719

PTE (Rank) V.C. of Canada (Unit) 30-3-43 (Date of Death)

AMOUNT W.S.G. 135.00
L.P.C. $ 11.05

Date 25-7-46

Other Credits

Total 146.05
Prev dist. 11.05
This dist. 135.00

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Sister	Mrs Annie Collett 368 Desmarchais Blvd. Verdun, P.Q. (sole beneficiary under will)	135.00

P4. TO TREAS.
AUG 2 1946

W.S.G.

AUTHORITY

H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	135.00

CLASSIFIED BY

D

EXAMINED BY

For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

(L. M. FIRTH) Colonel
Director of Estates

AUDITED FOR PAYMENT

For Chief Treasury Officer

30M—1-46 (8630)
H.Q. 1772-45-27

M. F. D. 930A
500M—3-42 (3877)
H.Q. 1772-39-1548

CANADIAN ARMY (A)

LAST PAY CERTIFICATE

Regtl. or Official No. D-111719 Rank and Name Pte. Woodrow, J.L.

of 12 Company, etc. Veterans Guard of Canada, CA. Regiment, etc., on S.O.S.

(Transfer, Posting or Discharge) to _____ on 31st. March 1943
(Unit and Station)

Reason for discharge Deceased 30-3-43 Authority D.O. 41 D/31-3-43

On TRANSFER OF OFFICER or WARRANT OFFICER, Class I

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

REMARKS:

State (1) Date of appointment or enlistment 3-3-43

(2) If individual has dependents eligible for Dependents Allowance, has application been submitted? No

(3) Has assignment of pay been made? No If so, amount N/A effective date N/A

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

(A M E N D E D)

The following is a statement of the account of the above named from _____ to _____ 194____ the inclusive date of transfer, posting or discharge.

DR. PARTICULARS	AMOUNT	CR. PARTICULARS	AMOUNT
(Debit from Previous Enlistment) Balance Dr. from last account	12.82	Balance Cr. from last account	
First Monthly Payment A.R. 201	15.00	Regimental Pay 29 days at $1.30	37.70
Casual Payments		Tradesmen's Pay ... days at $	
Payment on Transfer, Posting or Discharge		Additional Pay (Give particulars) ... days at $	
Assigned Pay		Allowances (Give particulars) ... days at $	
Regimental Charges			
Public Stoppages (Give particulars):			
Deposit Receipt.		Deposit Receipt (Personal Effects)	1.17
To Balance Cr. (To be paid by new unit) 695	11.05	By Balance Dr. (To be deducted by new unit)	
Total	38.87	Total	38.87

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

No. 12 Company
Veterans' Guards of Canada, C.A.

Sherbrooke, P. Q.
(Place)

6th. April 1943.
(Date)

Frank Taylor Major
Paymaster or Accounting Officer.
Accounting Officer.

CANADA

IN REPLY PLEASE QUOTE
No. VG12-A-Per.

DEPARTMENT OF NATIONAL DEFENCE
ARMY

Sherbrooke, Que. 1st May. 1943

Administrator of Estates
Dept. of National Defence.
Ottawa. Ont.

D-111719 Pte. Woodrow, J.L.
List of personal articles on body
at time of Death. 30-3-43.

1 Comb, pocket
1 Ring, gold narrow band.
1 General Service Button No.032356.
1 Key, door No. 28
1 Case, eye glass
1 Pr. eye glasses.
1 Book, Unemployment Insurance.
1 Wallet. Leather. Containing the Following;-
1. National Registration Card 1940 No.82 No.P.O.
1. Identification card corp.of Montreal Dated 1936
1. Discharge Certificate, Can, Field Force. M.F.M. 7 Dated 16th March. 1942.
1. Unemployment Insurance Com. Card No.12053.
1 Discharge Certificate M.F.W. 39 Dated Mar.13-1931. H.Q. 649-W-29049 War. 1914-18.
1 National Service Employee copy Dated Feb.3-1943.
2 Unemployment Insurance Commission Cards
405 Dated Sept. 14-1942
467 " 22-7-42.
1 Photo, snap girl.
1 Pass. Dept. Munitions & Supply 277 No.12651 Dated Oct. 5th. 1942.

for Wm. Turpin, Capt. A/O.C.
No.12 Coy. Veterans Guard of Canada.
CA.

Vale 4/5/43

NAT. DEF. B. 440
2,000 M—4-42 (4322)
H.Q. 1772-39-767

MEMORANDUM FOR P. 64

Mrs. Annie Woodrow Collett,
368 Desmarchais Blvd.,
Verdun, P.Q.

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

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

and the following number quoted:—

H.Q. 405-W-5330 FD.83

DEPARTMENT OF NATIONAL DEFENCE
OTTAWA, ONT.

April 20, 1943

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

WOODROW, John Lloyd, Pte.

No. D.111719, V.G. of Canada

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

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

ESTATES BRANCH APR 22 1943 H. Q. OTTAWA NATIONAL DEFENCE

M.F.W. 77
7500—6-42 (5113)
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 inquired for	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased.. Sister		Mrs. R. Collett	53	368 Desmarchais Veraen. Blvd.
2	Children of the Deceased and dates of their Births		—		
3	Father of the Deceased		Andrew Woodrow.	76	Deceased.
4	Mother of the Deceased		Deby. Morehouse	47	Deceased
5	Brothers of the Deceased	Full Blood	Charles Woodrow	47	317 4th ave Verdun.
		Half Blood	—		
6	Sisters of the Deceased	Full Blood	Mrs R Collett Mrs. L. Watts	53 51	368 Desmarchais Verdun. 5324 Bannantyne ave.
		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
			—		

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

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

FULL PARTICULARS AS TO IDENTITY

10	What is the full name of the deceased?	John Lloyd. Woodrow
11	Give the month and year of his birth.	Feby 27th 1898
12	Where and when were his parents married?	Pembroke Ont-
13	If deceased was married, state place and date of marriage. Was there a marriage contract? (Quebec)	/
14	Did he leave a Will? If so, a copy should be attached hereto.	No
15	Did he leave a bank account? If so, give full particulars.	No
16	Is there any other estate which will necessitate application being made for Probate of the Will or Letters of Administration of the estate?	No
17	State *your own* postal address in full.	368 Desmarchais Blvd Verdun, P.Q.

PARTICULARS OF DOMICILE

18	Where was deceased born?	Huntingdon P.Q.
19	State, in order, the Province (or State) and country in which the deceased resided and the period of time in each, and in which last.	368 Desmarchais Blvd Verdun P.Q.
20	What was the nature of his employment?	C.N.R. Office
21	Did he own the premises in which he lived? If so, where?	No
22	Did he ever state verbally, or in writing, where he intended to make his permanent home?	No

OTHER PARTICULARS

23	Did the deceased after enlistment incur any debts for:— *(a)* His own separate board and lodging while on service. *(b)* Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	No
24	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom. (NOTE:—The Government pays funeral expenses within the amounts authorized in the Regulations, where death occurs and burial is made Overseas as well as where death occurs and burial is made in Canada, and if a relative has already paid those expenses the Government will reimburse such relative to the extent of the amount authorized in the Regulations. Any amount of such expenses in excess of those authorized in the Regulations is not payable by the Government nor is it chargeable against the service estate of the deceased.)	No

(PLEASE TURN OVER)

DECLARATION

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

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

* Sister of the deceased.

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

Mrs R Collett — {Signature of Informant}

CERTIFICATE

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

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

Dated at Ururoa P.O. this 21st day of April 19 43.

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

Address: 367 Wellington St,

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

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

1256

MEDICAL HISTORY OF AN INVALID

RECEIVED MAR 6 1942 D. M. S. 3 Ottawa
FILE COPY NOT TO BE REMOVED

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.

STATION Ottawa DATE Mar. 3,1942

1. *(a)* Unit # 13 Act. Coy. V.C. of C *(b)* Regimental No. D-11719 *(c)* Rank Pte.

(d) Surname WOODROW (Use block letters) *(e)* Christian names John Lloyd

(f) Home address 368 Desmarchais Blvd., Verdun, Que.

(g) Next of Kin Annie Woodrow Collett *(h)* Relationship Sister

(i) Address of Next of Kin as in (f)

2. Age last birthday 44 Date of Birth Feb. 27,1898

3. Enlistment, or Appointment: *(a)* Place Montreal *(b)* Date Aug. 15,1940

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

4. Personal description: *(a)* Height 5' 5" *(b)* Weight 138

(c) Complexion Dark *(d)* Colour of hair Black *(e)* Colour of Eyes Grey

(f) Identification marks, scars, etc 1 vacc. left arm; scar left buttock

5. Former civilian trade, profession or occupation Painter

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 C.E.F. 1½ years A.F. 1 year Days 201

(b) Periods of service: May 1918- July 1919 Aug. 15,1940- date

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

	From	To
Former Wars	May 1918	July 1919
War 1939—Canada	Aug. 15,1940	Date
Abroad	N/A	
Canada on return from abroad	N/A	

7. Diseases or injuries with Code Nos. Oesophageal Diverticula 0911
(To be filled in when examination has been completed)

(a) Dates of origin Probably birth

(b) Places of origin Canada

(c) Causes Congenital probably

M.F.B. 227
500M—6-41 (713)
H.Q. 1772-39-117

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

Gas on the stomach, sore chest If he walks after eating he brings up the food especially meat

(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.)

Develo ment and nutrition fair

Eyes- R.V. 20/40 L.V. 20/40

Ears- H.C.V. 20 Ft. L.C.V. 20 F t.

Mouth- Complete upper and lower dentures Throat at present congested with laryngitis present

Neck- O.K.

Heart- O.K. B.P. 134/96

Lungs- Clear

Abdomen- Oesophageal Diverticula (See X-ray)

G.U.- O.K. Urinalysis- negative

Extremities- O.K.

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.)

Has never been sick For the past 9 or 10 monyhs has been troubled with gas on the stomach and a pain under his breast bone when he eats meat. If he eats meat he cannot walk afterwards as it seems to stick in his chest. In R.M.H. 6-2-42 to 17-2-42 diagnosis Oesophajeal Diverticule by X-ray The pain disappears about 2 hours after meals.

10. Were the diseases or injuries caused or aggravated:
(a) By intemperance or improper conduct: or *(b)* by unreasonable refusal to accept treatment?

(a) No (b) No

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

12. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? No
(If the answer is "yes" state nature of treatment required and probable duration)

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

14. Recommendations That he be referred to the Standing Medical Board for category
(This section should contain only the M.O's recommendation as to treatment, convalescence, or reference to Medical Board for categorization)

J.C. MacFarlane

J.C. MacFarlane, Capt., RCAMC
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 John Lloyd Woodrow 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 Nothing

John Lloyd Woodrow Rank
Signature of member of the Forces.

A.T.S.

OPINION OF THE MEDICAL BOARD

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

WE Concur

X-Ray report oesaphageal diverticuli. History of alcoholism aggravates condition.

16. It is certified that the invalid,—

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

(*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"

Place Ottawa Ontario Canada.

Date March 4, 1942

A.T Shillington Col RCAMC *President.*

W.T.M.MacKinnon Lt. Col RCAMC } *Members.*

G.S.Mac Carthy Lt. Col RCAMC

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

A.C. Thomelast Lt. Col. R.C.A.M.C.

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

District Medical Officer Military District No. 3

Date 8-3-42

APPROVED BY

D.N. Gray Major R.C.A.M.C.

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

Date 10.3.42

DISCHARGE FILM

DEPARTMENT OF NATIONAL DEFENCE

M.F.M. 30
500M—4-41 (63-5)
H.Q. 1772-39-1679

X RAY INSPECTION OF CHESTS

SECTION 1

A radiograph of the chest of Film No. 23119

Rank PTE. Name WOODROW J.L.

Reg. No. C-111719 Unit V.G. of C.

Civilian Address as per Registration Card

Age 44 Weight 138

Signature of Recruit

is reported as follows:—

(*a*) Radiological examination does not disclose evidence of tuberculous disease of the lungs of such a nature as to indicate rejection for service in the Canadian Army (A.F.) except as stated below.

(*b*) The transverse diameter of the heart is 13.7 cms. as compared with a transverse diameter of the chest of 29.8 cms.

(*c*) Pathological conditions or congenital abnormalities of importance seen in the film are as under-noted. In each instance an opinion should be expressed as to whether such was present prior to enlistment.

OTTAWA MILITARY X-RAY LABORATORY

NEGATIVE APPROVED

Place

Date Jan 4/42

Radiologist

If a pathological condition or congenital abnormality is not observed by this method of examination after (*c*) record "negative."

(OVER)

Copy

Rideau Military 201 D-111719 Pte. Woodrow John V.G.of C. Enlisted Aug. 15/4
6-2-42 17-2-42
Oesophajeal Diverticula 0911 42
Gas on Stomach Pains on chest when walking for 9 months
Enlisted Aug. 1940 Single working as labourer Never ill before No operation
E.E.N.T. O.K. Chest- No cough No complaints Gastro-intestinal.- Gas after each meal for 9 motnhs Chokes him Pain under heart when he has attack.
Constipation ++
10-2-42 X-ray Stomach Constipation marked
14-2-42 Tobe dischmrged has a osophajeal diverticula close to and below each of the closta. This may be the cause of the pain.
Internal Pain. also the uncomfortable pain in stomach definite neg X-ray as to stomach & duodenal ulcer. Swelling of the diverticuleum would cause pain substernal-also pain down left arm. Possible change of category should follow.
X-ray Unimproved for reboard at Unit 16-2-42 G.H. Clement, Major RCAMC

X-Ray

Film No. 2036
Gastro-intestinal
A barium meal was given. There is a diverticulum which appears about 2½ 2.5 cms. in diameter on the anterior wall of the oesophagus, slightly below the level of the curvature lies 2", the lesser curvature 4" above the intercristal line. The stomach is oblique in shape, orthotonic in type. Peristalsis is equal on the geater and lesser curvatures. There is no evidence of filling defect in the stomach or duodemum.
6 Hours: No gastric residue
Patient vomited after the meal

Ottawa Ontario
Ottawa Military X-ray Laboratory (G.T. Zumstein) Major RCAMC

No D.111719 Rank Private Name WOODROW, John Lloyd

Unit V.G. of C. Date of death 30th March, 1943.

Died at Grande Ligne, P.Q.

Cause Acute indigestion.

Death occurred on strength of Forces. HQ 405-W-5330 d30-3-43

N/K Mrs. Annie Woodrow Collett Relationship Sister

Address ~~368 Desmarchais Boulevard~~ 31 - 5th Avenue, Verdun, P.Q.

Remains buried in Mount Royal Cemetery

Montreal, P.Q.

Grave location

CHK

CONTRACTORS ROLL FOR THIS SOLDIER'S GRAVE DESPATCHED JUN 9 1943

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

(1) MEDALS
PERSON ENTITLED TO: Mrs. Annie Collett (Sister)

ADDRESS: 368 Desmarchais Blvd.,
Verdun, Que. 20 Aug 51

(2) MEMORIAL CROSS
WIDOW

ADDRESS:

(3) MEMORIAL CROSS
MOTHER

ADDRESS:

MEMORIAL BAR

(1)
DATE DESP.....

REGN. NO 192

(2)

(3)

30 Mar 43 Died in service

AWARDS—CANADIAN ARMY (ACTIVE)

M

100M—10-41 (2195)
H.Q. 1772-45-8

SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT
WOODROW	John Lloyd	D-111719	Pte.	FILE NO. 405-W-5330 #13 Coy. V.G.C.

WAR SERVICE BADGE (CLASS) G.S.C. NO. 032356 DATE DESPATCHED: ELIGIBLE

DESP. FEB 12 1943
REGN No. 31679

ADDRESS: 343 -B Shannon St., MONTREAL, Que.

T. OF S. CAN. 44-5"5"- Grey - Black

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
CVSM	1510 29-8-51
War Medal 1939-45	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

RE-ENLISTMENT

~~ORIGINAL~~
DUPLICATE
~~TRIPLICATE~~

M.F.M. 2
A.F.B. 271
750M—5-42 (4398)
H.Q. 1772-39-1645

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

Unit No.12 Coy. Veterans Guard of Canada (CA), Regimental Number D-111719

ACTIVE FORMATIONS AND UNITS OF THE CANADIAN ARMY

ATTESTATION PAPER

1. Surname: WOODROW
2. Christian Names: JOHN LLOYD
3. Present address: 343-B Shannon St., Montreal, Quebec Canada.
4. Date of birth: 27 February 1900
5. Place of birth: Canada (Country) Quebec (County or Province) Huntingdon (Town or Township)
6. Citizenship: Canada (Of What Country are You Now a Citizen)
7. Religion (state denomination): Church of England
8. Trade or Calling: Labourer (Painter)
9. Married, Widower or Single: Single,
10. Name of next of kin: Mr. Charles Woodrow
11. Relationship: Brother
12. Address of next of kin: 31 ~~Kikk~~ Fifth Avenue, Verdun Quebec Canada,
13. Do you belong to, or have you served in a Reserve Formation or Unit of The Canadian Army? No
    (If Yes, Give Unit and Dates of Service)
14. Have you served in (*a*) an Active Formation or Unit of The Canadian Army? Yes. D-111719 (Yes or No)
    13 Active Coy., VGC., AF., from 15 August 1940 to 16 March 1942.
    (If Yes, Give Regimental No. and Unit) (*b*) Any other Naval, Military, or Air Force? No
    (Yes or No) (If Yes, specify Unit and Period of Service)
15. Did you serve during the Great War 1914-1918? 3084912. 1st Depot Bn. 1st Que.,Reg. CEF. From 23 May 1918 to 7 July 1919. (Served in England).
    (If Yes, specify Regimental No., Unit and Dates of Service)

DECLARATION TO BE MADE BY MAN ON ATTESTATION

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

Date 3rd March 1943. John Lloyd Woodrow
(Signature of recruit)

OATH TO BE TAKEN BY MAN ON ATTESTATION

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

Witness P.J. Shepherd Lgt (Name) (Rank) John. Lloyd Woodrow
(Signature of Recruit)

CERTIFICATE OF MAGISTRATE, JUSTICE OF THE PEACE OR ATTESTING OFFICER

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

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

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

at Montreal, Que. this Third day of March 1943.

W.R. Macdonald Major. (Signature of Magistrate, Justice or Attesting Officer.)

O.C. No.14 Act. Coy. V.C. of C. (Officer or Rank and Unit or appointment.)

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

Record of Service of WOODROW. (Surname) JOHN LLYOD (Christian Names) Regimental Number D-111719

QUALIFICATIONS

Military

Business or Professional

Trade or Civil Labourer

Technical

Languages English & French

EDUCATIONAL QUALIFICATIONS

High School or Collegiate: Public School 3 Years (years completed)

Graduation or Matriculation: (specify)

*College

*University

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

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

Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., from date taken on Strength of Field Force	Rank Shown	Effective Date	Unit	Place	Authority: Part II D.O. No. Cas. List, etc.	Authority: Dated
Joined on appointment						
3-3-43 T.O.S. No.12 Coy. Veterans Guard of Canada, CA.	Pte	3-3-43	VGC	Montreal	D.O.34	13-3-43
4.3.43 attached Gde Ligne Sat Cp Duty Descipl. Rat Quarter	Pte	4.3-43	VGC.	Gde Ligne	Do 34	13.3.43
30-3-43 Died at Grande Ligne Que Internment Camp	Pte	30-3-43	VGC	Grande Ligne Pte	Do 41	31-3-43

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

CERTIFICATE OF MEDICAL EXAMINATION

Name in full WOODROW John Lloyd Place Montreal. Date of Medical Examination Feb 26th 1943

Part 1. Information obtained from the recruit.

1. Age 43 2. Have you ever suffered from any of the following diseases?

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

I hereby declare that I have not suffered from any diseases whatsoever except as stated above.

A few left leg.

John Lloyd Woodrow
Signature of Applicant

Part 2. Information obtained by medical examination. THE RECRUIT MUST BE STRIPPED.

Medical Officer's Remarks on information as stated in Part 1
Reflexes heart and lungs normal

1. Identification marks or scars 1 vacc left arm. Scar left buttock
2. Height 5 feet 5¼ inches. 3. Weight 146 pounds.
4. Complexion Medium Eyes Brown Hair Brown
5. Development Good. (Good / Fair / Poor)
6. Chest measurement—Girth on full expansion 38½ inches. Range of expansion 2 inches.
7. Vision, right 20/30 left 20/20
With Glasses— right left 8. Hearing, right CV20 left CV20
9. Condition of mouth and teeth Dental plate up no teeth low
10. Blood Pressure:— S. 140 D. 80 (Required if recruit is over 35 years of age, or if otherwise indicated)
11. Urinalysis N
12. The abnormalities (congenital and pathological) found on examination are as follows:—
COLOR VISION ISHIHRA (C.N.) Ears nose & throat negative Dr. H.Michaud.
Small Varicose veins under knee.
13. Chest X-Ray N No 74605 Laboratory at which taken D.P. & N.H. MONTREAL

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

Special remarks when category lower than A

E.S. Harding rank (President) E.S. HARDING. M.D.
J.L. Racicot rank (Member) J.L. RACICOT M.D.
S. Venne rank (Member) S. VENNE M.D.

Date Feb 26th 1943.

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature
26.2.43	Vacc (Lipuca)		
26.2.43	TABT/1 (Alfred)		
	2/		
	3		

NOTE: Any corrections to entries made must be initialled by the Officer making them. Such Officer will indicate his rank and corps. Corrections are not to be written over the original entry.

D-111719 Pte Woodrow John. Llyod.

Regtl. No..... Rank..... Surname..... Christian Name.....

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