D12229
CHORLTON
JOHN ROBER

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

No D.12229 Rank Gunner Name CHORLTON, John Robert

Unit R.C.A. Date of death 22nd August, 1943.

Died at St.Agnes, Truro, Cornwall, England.

Cause Accidental rifle wound whilst off duty

Death occurred on strength of Forces.HQ 405-C-16637 d1-9-43

N/K Mrs. Nelly Chorlton Relationship Widow

Address ~~6659 Beaulieu St.~~ 6198 MAZARIN ST., Ville Emard, Montreal, P.Q.

Remains buried in Brookwood Cemetery

Surrey, England.

Grave location Plot 45, Row F, Grave 6.

CHK

✓

DEATH CERT. TO N.K. 4-2-44.

BURIAL REPORT TO N.K. 4-2-44.

RETURN TO BUR. OF STAT. 4-2-44.

ROYAL MESSAGE DESP'D. SEP 30 1943

CAN. MESSAGE DESP'D. 4-9-43

Photographs
Despatched
SEP 17 1946

11-9-43
(O.C.L.-365)

AWARDS—CANADIAN ARMY (ACTIVE) (1485)

100M—10-41 (2195)
H.Q. 1772-45-8

FILE NO. 405-C-16637

SURNAME (IN BLOCK LETTERS) / CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT
CHORLTON, John Robert	D.12229	Gr.	R.C.A.

WAR SERVICE BADGE

(CLASS) NO. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
Defence Medal War Medal CVSM & Clasp	S-780

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

(1) MEDALS

PERSON ENTITLED TO: PINGATORE (re-married) Mrs. Nelly ~~CHORLTON (WIDOW)~~

ADDRESS: 6521 Hadley St. MONTREAL 20, Que.
~~6659 Beaulieu St., Ville Emard, Montreal, Que.~~,

17-8-49 (1)

(2) MEMORIAL CROSS

WIDOW: Mrs. Nelly Chorlton

ADDRESS: 6659 Beaulieu St., Ville Emard, Montreal, Que.

(2)

DESP. OCT 29 1943
REGN No. 2899

(3) MEMORIAL CROSS

MOTHER: Mrs. Mary Chorlton

ADDRESS: 6878 Demontmangy St., Montreal, Que.

(3)

DESP. OCT 29 1943
REGN No. 2900

MEMORIAL B^R
DATE DESP
REGN. NO 256

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

M.F.M. 23
100M—4-42 (4370)
H.Q. 1772-39-1677

CANADIAN ARMY

PROCEEDINGS ON DISCHARGE

DECEASED.

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

Regimental No. D.12229	Rank Gnr.

Surname CHORLTON,

Christian name John Robert

NOTE.—The name must agree strictly with that on enlistment unless changed subsequently by authority.

Unit or Corps 6th Cdn. Light A.A. Regt. R.C.A. C.A.(A)

Date of discharge 22-8-43

Place of discharge overseas Mil. Dist. No.

1. DESCRIPTION AT DATE OF DISCHARGE

		Descriptive marks
Age	26 years ..... months	Vacc. Left arm.
Height	5 feet 9½ inches	SCars left hand.
Complexion	medium	
Eyes	hazel	
Hair	brown	
Trade	Electrician Helper	

Intended place of residence

..... Street and Number ..... P.O., City or Town, etc.

(To be given as fully as practicable: *i.e.*, mailing address)

Province

2. The above-named man is discharged in consequence of "Deceased"

Authority for discharge.....

DECEASED.

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

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

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

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

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

(OVER)

5. He is in possession of the following number of G.C. Badges:

5A. Service Button (Class and number.....)
(If and when authorized)

No reference to G.C. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations..... {.....
.....
.....
.....
.....} To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. I have impartially enquired into all matters concerning this soldier's discharge brought before me in accordance with Regulations.

(Place).....

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

8. **Certificate to be signed by the Soldier on Discharge**

I hereby acknowledge that I received all my Pay, Allowances, and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page, and that I have received my permanent discharge certificate.

(Place).....(*Signature of Soldier*)

(Date).....(*Signature of Witness*)

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. **Statement of Service**

(Date of enlistment—Canadian Army).....17-6-42.....

(Date of discharge—Canadian Army).....22-8-43.....

(Total Service—Canadian Army).....years.....days

10. **Confirmation of Discharge**

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

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

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

Received..... Checked..... Card..... Observations.....

ORIGINAL
DUPLICATA
TRIPLICATA DUPLICATE

OCCUPATIONAL HISTORY FORM COMPLETED

M.F.M. 2 Fr.
A.F.B. 271
50M—8-41 (1530)
H.Q. 1772-39-1645

Doit être rempli en triplicata, désignant chaque exemplaire en biffant les deux termes inutiles

Unité 79TH LT A/A BTY R.C.A. CA. N° Matricule D-12229

Deceased

ARMÉE CANADIENNE

FORMATIONS ET UNITÉS ACTIVES
FORMULE D'ENRÔLEMENT

01/6 NR

1. Nom CHORLTON
2. Prénoms John Robert
3. Adresse actuelle 6659 Beaulieu Street Ville Emard Quebec Canada
4. Date de naissance 10 January 1916
5. Lieu de naissance Canada (Pays) Quebec (Comté ou province) Montreal (Ville ou canton)
6. Religion (indiquez la confession) Church of England
7. Métier ou profession Electrician Helper
8. Marié, veuf ou célibataire Married
9. Nom du plus proche parent Mrs Nelly Chorlton (Barrick)
10. Degré de parenté Wife
11. Adresse du plus proche parent 6659 Beaulieu Street Ville Emard Quebec Canada Montreal
12. Faites-vous partie d'une unité ou formation de réserve de l'armée canadienne ou y avez vous déjà servi? NO
    (Si oui, spécifiez l'unité et les dates de service)
13. Avez-vous servi dans (a) une formation ou unité active de l'armée canadienne? NO (Oui ou non)
    (Si oui, spécifiez le numéro matricule et l'unité)
    (*b*) Quelque autre armée de mer, de terre ou de l'air? NO (Oui ou non)
    (Si oui, spécifiez l'unité et la durée du service)
14. Avez-vous servi pendant la Grande Guerre de 1914-1918? NO
    (Si oui, spécifiez le numéro matricule, l'unité et les dates de service)

DÉCLARATION FAITE PAR LA RECRUE LORS DE L'ENRÔLEMENT

Je, soussigné, JOHN ROBERT CHORLTON, déclare solennellement que les renseignements ci-dessus mentionnés sont vrais et je m'engage, par les présentes, à servir dans toute formation ou unité active de l'armée canadienne, 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 ladite crise aura cessé, et, en tout cas, pour une période d'au moins un an, si Sa Majesté requiert mes services.

Date 17-6-42 J. R. Chorlton
(Signature de la recrue)

SERMENT PRÊTÉ PAR LA RECRUE LORS DE L'ENRÔLEMENT

Je, soussigné, JOHN ROBERT CHORLTON, promets sincèrement et jure (ou déclare solennellement) que je serai fidèle et porterai sincère allégeance à Sa Majesté.

J. R. Chorlton
(Signature de la recrue)

CERTIFICAT DU MAGISTRAT, DU JUGE DE PAIX OU DE L'OFFICIER CERTIFICATEUR

J'ai averti l'homme susnommé que s'il répondait faussement à l'une quelconque des questions précédentes, il s'exposerait aux rigueurs de 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 le serment devant moi,

à MONTREAL SOUTH ce 17TH jour de JUNE 1942

(Signature du magistrat, du juge de paix ou de l'officier certificateur)

NO. 4-DISTRICT DEPOT A.F.
(Titre, grade et unité ou emploi)

N.B.—On désire signaler que quiconque répond faussement à l'une quelconque des questions précitées est passible d'un emprisonnement de six mois.

FINGERPRINTED

État de service de CHORLTON (Nom) JOHN ROBERT (Prénoms) N° matricule D-12229

APTITUDES

Militaires: NIL

Professionnelles ou commerciales: NIL

Civiles ou de métier: ELECTRICIAN HELPER

Techniques: NIL

Langues: ENGLISH

DEGRÉ D'INSTRUCTION

École supérieure ou Académie: NIL (années achevées)

Graduation ou Immatriculation: NIL (Spécifier)

*Collège: NIL

*Université:

6 YEARS PUBLIC SCHOOL (MONTEAL)

(*Mentionnez le nom de l'institution, les années ou cours achevés et les diplômes obtenus)

Toutes les recrues enrôlées le seront comme simples soldats, les nominations et les promotions à un grade supérieur devant être indiquées dans l'espace réservé ci-dessous à cette fin.

Rapport		État des promotions, abaissements de grade, mutations, maladies ou blessures, rapports, etc.. à compter de la date de son enrôlement dans l'armée active	Grade indiqué	Prenant date le	Unité	Endroit	Autorisation	
Date	Reçu de						N°, Partie II, Ordres du jour. Liste des morts et blessés, etc.	Daté le
		Affecté lors de son enrôlement						
18-6-42	DRO	TOS NO 4 DISTRICT DEPOT CA.	GNR	17-6-42	4DD	MTL STH	4DDPTIINO 146	18-6-42
22-6-42	4 DD	Proceed on Command and attached for all purposes to A-2 Petawawa Ont.	GNR	22-6-42	"	" "	" " 149	22-6-42
23-6-42	4 DD	TOS 9th L.AA Rgt and posted to 79th L.AA Bty. R.C.A.(A)	"	23-6-42	79th Bty	Petawawa	Rgt D.O.Pt.II No 2	24-6-42
		S.O.S. 9th L.AA Regt R.C.A.(A) on Transfer to 4th L.AA Regt R.C.A.(A) Petawawa, Ont.	"	30/9/42	"	"	Regt. D.O. Pt. II No. 95	30/9/42
		TOS 6 LAA Regt. & Posted 112 Bty	"	1-10-42	6 LAA	"	" " #136	2-10-42
		S.O.S. Canadian Army (Canada)	"	27/10/42	"	C.A.O.	" " #1	1/11/42
		T.O.S. Canadian Army (Overse as)	"	28/10/42	"	"	" " #1	1/11/42

Pour les inscriptions supplémentaires, se servir de **M.F.M. 1 et 2 (a)** **(Fr.)**

CERTIFICAT DE L'EXAMEN MÉDICAL

Nom en entier CHORLTON JOHN ROBERT Lieu MTL.

Lieu Montreal. Date June 16, 1942.

PARTIE 1. Renseignements obtenus de la recrue.

1. Âge 26 2. Avez-vous déjà souffert de l'une quelconque des maladies suivantes?

a. Rhumatisme	NO	k. Maladie des oreilles	NO
b. Tuberculose ou pleurésie	NO	l. Maladie des yeux	NO
c. Bronchite ou asthme	NO	m. Convulsions	NO
d. Affection cardiaque	NO	n. Maladie nerveuse ou mentale	NO
e. Maladie du rein ou de la vessie	NO	o. Syphilis	NO
f. Affection stomacale ou intestinale	NO	p. Gonorrhée	NO
g. Hernie	NO	q. Avez--vous déjà porté des lunettes?	NO
h. Varices	NO	r. Touchez-vous actuellement ou avez-vous touché antérieurement une pension ou autre indemnité d'invalidité?—Si oui, donnez des détails	NO
i. Mal aux pieds	NO		
j. Affection nasale	NO		

J. R. Chorlton
(Signature de la recrue)

PARTIE 2. Renseignements obtenus par l'examen médical. LA RECRUE DOIT ÊTRE DÉSHABILLÉE.

1. Marques particulières ou cicatrices (si celles-ci sont opératoires, obtenir les détails) URINE 75925
Vacc. left arm. Scars both legs, left hand and over right eye. X-RAY 127550

2. Taille 5 pieds 9½ pouces. 3. Poids 148 livres

4. Teint Medium Yeux Hazel Cheveux Brown

5. Développement Good (Bon / Passable / Médiocre)

6. Tour de poitrine—Circonférence, pleine expansion 35½ pouces Degré d'expansion 4 pouces

7. Vue, droite 20/30 gauche 20/40 8. Ouie, droite c v 20 gauche c v 20

Avec lunettes, droite gauche

9. État de la bouche et des dents Fair

10. Les anomalies (congénitales et pathologiques) constatées lors de l'examen sont les suivantes:
COLOR VISION ISHIHARA (CN) Reflexes normal.
Roughing first sound apex functional.
Slight posturescoliosis.
Ears, nose & throat neg. W. G. Dalpé, M.D.

PARTIE 3. Nous les examinateurs, ne trouvons aucune trace des maladies énumérées dans la question 2 de la partie 1, sauf ce qui est mentionné dans les observations. Nous avons examiné la recrue conformément aux instructions de la brochure "Aptitudes physiques et instructions visant l'examen médical des recrues", et elle est jugée apte pour la catégorie "A"

Observations spéciales lorsque la catégorie est inférieure à A

H. Aubry, Major (Président) P.E. Bourgeau, M.D. (Membre) G. Garon, M.D. (Membre)

VACCINATIONS, INOCULATIONS, COMMISSIONS, RECLASSIFICATION DE LA CATÉGORIE MÉDICALE

Date	Détails succincts et signature	Date	Détails succincts et signature
JUN 18 '42	T.A.B.I. H. Herdon Capt.		
4-8-42	Vaccine Lt.		
3-10-42	T.A.B. Capt.		
JUN 18 '42	Vacc. T.A.B.		
18-9-42	CAT. A—CONFIRMED PETAWAWA		

N° matricule D-12229 Grade GNR Nom CHORLTON Prénoms JOHN ROBERT

Garnison	Date d'arrivée à la garnison	Date de Admission à l'hôpital Jour	Mois	Année	Date de Sortie de l'hôpital Jour	Mois	Année	Maladie	Nombre de jours à l'hôpital	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. Cans le cas des maladies vénériennes, mentionner la nature de la maladie primaire 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.	Signature du médecin

Pour les inscriptions supplémentaires, se servir de **M.F.M. 1 et 2 (b) (Fr.)**

Charlton

OCCUPATIONAL HISTORY FORM

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

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

PLEASE LEAVE BLANK

Section A—GENERAL INFORMATION

1. (a) Print name in full Charlton, John Robert (b) Reg'l. No. D-12229
2. (a) Arm of service Army (b) Unit 79th A/A LT BTY R.C.A. C.A. (c) Rank CNR.
3. (a) Date of birth 10 Jan 1916 (b) Have you any dependents? Yes (c) Place of residence at time of enlistment Ville Emard Que.
4. (a) Place of enlistment Montreal South Que. (b) Date of enlistment 17-6-42

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 14 yrs (b) Were you attending school or college up to the time of enlistment? No
6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.) 6 yrs Public School
7. If you attended a university, give name of university and standing or degree secured No
8. (a) Did you ever enter upon a trade apprenticeship? Yes (b) If so, for what occupation? Electrician (c) Did you finish it? No (d) If you did not finish it, how long did you serve at it? 1½ yr.
9. (a) What languages do you speak fluently? English (b) What languages do you read well? English

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

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

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

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

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

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

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

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

18. Name of employer Dominion Square Building Address Montreal
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Office Building.
20. (a) Your specific occupation Electrician's Helper (b) Number of years' experience at this occupation with any employer 1½ yr
21. (a) Did your employer promise definitely to give you employment on discharge? No (b) Did your employer refuse to promise you employment on discharge? No (c) Do you wish to return to your former employment? Yes

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

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

Section F—PARTICULARS OF FARMING EXPERIENCE

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

Section G—MISCELLANEOUS

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

DATE 16-6-42 194.... SIGNATURE J. R. Charlton

M.F.M. 105
180M—1-42 (3184)
H.Q. 1772-39-1797

REINFORCEMENT
TRAINING RECORD

Regt'l No. D-12229 Name Chorlton J.R.

Unit 79th L.AA Bty. 9th D.AA Rgt. Rank Gnr.

No. of weeks' training completed. 8

General standard attained. Good

(a) Military efficiency. Good (b) Conduct Good

(c) Leadership Fair (d) Rifle Range Course (A, Q or C)
25/8/42 100 x grouping - C
100 x application - C Inst

(e) Other remarks

5 weeks special duty (Postal Clerk)

Rank J. Chadwick Lieut

Basic Training Centre No. 79TH L A A BTY

9TH L. A. A. REGT., R. C. A.

No. of weeks' training completed.

General standard attained.

(a) Military efficiency (b) Conduct

(c) Leadership

(d) Other remarks

Rank.....

Advanced Training Centre No.....

QUALIFICATION

BASIC T.C.

Subject	Date		Initials Coy. Comdr.	Subject	Date		Initials Coy. Comdr.
Drill	20/8/42	Q	[signature]	S.A.T., L.M.G.	18/9/42	C	[signature]
Physical Training	17/9/42	Q	[signature]	P.A.G., T.O.E.T.	8/9/42	C.	[signature]
First Aid	18/9/42	C	[signature]	P.A.G. Gas Chbr. Test	22/8/42		[signature]
Marching	20/8/42	Q.	[signature]	Fieldcraft			
Rifle, T.O.E.T.	18/9/42	C	[signature]	Map Reading	18/9/42	C	[signature]
S.A.T. A.Tk. Rifle (Boys)	18/9/42	C	[signature]	Fundamental Trng.			
S.A.T. A.A. (Rifle & L.M.G.)				P.A.D.			
S.A.T. Pistol				Army Wrestling			
Bayonet Fighting							

ADVANCED T.C.

Subject	Date	Standard reached	Initials Coy. Comdr.	Subject	Date	Standard reached	Initials Coy. Comdr.
Drill							
Physical Training							
Marching				Field Craft			
Map Reading				Field Training			
Fundamental Training				Field Engineering			
Protection against Gas				Digging and Wiring			
P.A.D.				Cooking in the Field			
Bayonet Fighting				Driver M/C			
Rifle, T.O.E.T.				Driver I/C			
" " Classification				Driver Tractor			
L.M.G. T.O.E.T.				Driver Tank			
" " Classification				Driver Bren Carrier			
S.A.T. Anti-Aircraft				Signals V.T.			
A.Tk. Rifle T.O.E.T.				Signals W.T.			
M.M.G., T.O.E.D.D. & I.				Signals R.T.			
" " Classification				Cooking			
Mortars 2" T.O.E.T.				Clerk-Typing			
" " Practices				Clerk-Shorthand			
Mortars 3" T.O.E.M.D.				Trades			
" " Practices							
V.T.J.D. & F.O.				Courses Taken			
J.D. Test				Other Qualification			
Range Finding T.O.E.T.							
Range Takers Test							
Grenade, Rifle							
Grenade, Hand							

T.O.E.T. Date completed to be shown.
Signal Classification and date to be shown.
Standard Reached Where no regulation Standard is given in manuals, the following will be used:—
A—Above average—Q—Qualified.
C—Requires further training to bring up to Q.
Classification To show Standard and date—if not classified Last Practice fired to be shown.

To be made out in duplicate

M.F.M. 5
150M—7-41 (1122)
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.

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(1) Name of Officer or Other Rank CHORLTON
(Surname first—Christian names in full—Block capitals)
JOHN ROBERT

(2) Regimental or Official Number and Rank D - 12229 GNR

(3) Unit 79th Lt A/A BTY R.C.A. CA.

(4) Are you married? YES

(5) If married, state,

(*a*) Full name of your wife Mrs Nelly CHORLTON

(*b*) Present postal address of wife 6659 Beaulieu St. Montreal P.Q.

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

(7) Are you a widower? NIL

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

Names and ages

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

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

Name nil

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? NIL

If so, state her full name and Postal Address

(11) Is your father alive? YES

If so, state name and address, occupation Mr. John Robert CHORLTON GRINDER 6878 Demontmangy St. Montreal P.Q

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

(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. NIL

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

(14) Is your mother alive? YES

If so, state name and address 6878 Demontmangy St. Montreal P.Q. Mrs Mary CHORLTON

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

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

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

(17) Are you contributing to the support of any dependents, other than those shown above? NIL
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 nil

Full Name

Postal Address

Amount contributed monthly during the past six months

(18) Are you insured? YES

If so, in what Company? METROPOLITAN INS.
(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.

J. R. Chorlton
(Signature of officer or man)

Date 18-6-42

L'Bastien Jer
Officer Commanding

Date 18-6-42

NO. 4-DISTRICT DEPOT A.F.

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.

No. D-12229 RANK Gnr. NAME CHORLTON John Robert

* Married
* Widower
* Single

Place of { * Appointment / * Enlistment } Montreal South Que.

Date of { * Appointment / * Enlistment } 17-6-42

RATE OF PAY

D. O. No.	Date	Rank	Group	P. F. or A. S.	Daily Rate	If Liable Pen. Ded.	REMARKS
					1.30		
6	6-4-43	GNR			1.50		w.e.f. 1 Jan 43

ASSIGNMENTS

Name & Address of Assignee	Effective Date	Amount	
Mrs. Nelly Chorlton			
6659 Beaulieu St.,			
Montreal, Que.	~~1-7-42~~	~~20.~~	~~00~~
	1-2-43	23	00
Total.....			

DEPENDENTS' ALLCES. No. Deps. 1

Date Application Forwarded	Relationship	Amount Awarded		Effective Date
19-6-42	Wife	35	00	
18-6-43	Daughter			

* Outfit / * Clothing } Allce. $.....Paid on.....

Rehabilitation Grant $.....Paid on.....

* Delete words which are inapplicable.

M. F. M. 14

200M—10-41 (2231)
H.Q. 1772-39-1662

In Receipt of Pension under Pension Act or Militia Pension Act (1910) $.....P.A.

Occupational Form Completed.....Yes.....

Part II D.O. No.	Part II D.O. Date	
146	18-6-42	TOS DD4. Posted to "B" Wing. Eff 19-6-42.
149	22-6-42	On comm. att. all purp. A-2 Petawawa Ont. Eff 22-6-42.
2	24-6-42	TOS 9 Lt. A.A. Regt. eff. 23-6-42
68	22-9-42	Gr. embarkationleave & ration all. 1200hrs. 19-9-42 to 0600hrs. 24-9-42
75	30-9-42	SOS to 6th L.AA wef. 30-9-42
136	2-10-42	TOS 6 LAA REGT. & POSTED TO 112 BTY 1-10-42
1	9-11-42	SOS CDN ARMY (CAN) 27-10-42
1	9-11-42	TOS CDN A V (O'SEAS) 28-10-42
6	7-12-42	Privilege Leave 26/11 - 2/12/42
6	6-4-43	Increase Regtl. rate of pay wef. 1 Jan 43
9	16-4-43	Privilege Leave wef 2-8/4/43
14	21-5-43	Daughter, Eleanor Margaret, born 22 Apr 43.

Statement of the Service of No. D 12229 Rank Gunner Sheet No.

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

Name CHORLTON, John Robert

REPORT Date	REPORT From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority Part II D.O. No. Cas. List, etc.	Authority Dated
		Privilege Leave 26-11-42 to 2-12-42	Gnr.	Shown	6 LAA	C.A.O.	PART II #6	7.12.42
		Disembarked UK.	Gnr.	5 Nov 42	6 LAA	UK.	1	9 Nov 42
		R. R. of pay 4/.50 per diem	Gnr.	1 Jan 43	6 LAA	UK	6	6 Apr 43
		Daughter, Eleanor Margaret born Canada 22 Apr 43			6 LAA		14 C.R.	21 May 43
		Died G.S.W. (Off Duty)	Gnr.	22 Aug 43	6 L.A.A.		23 Aug 43	
		505 Deceased 1200 hrs. G.S.W.	Gnr.	22 Aug 43	6 L.A.A.	UK	3	6 Sept 43

Sheet No.....

POSTINGS FROM O/S CASUALTY LISTS

To be attached to M.F.M. 1 or M.F.M. 2

Regt'l No. D-12229 Rank Gnr Surname Thornton Christian Name John K

Unit	Hospt.	Admitted			Discharged			Hospt. Days	Disease or Injury	Remarks	Cas. List No.
		Day	Mo.	Year	Day	Mo.	Year				
6 L.A.A. Regt.									G.S.W. Rifle off duty	Died 22-8-43. 1200 hrs.	C.1122.

Records B3-49
H.Q. 1772-45-8
100M—5-43 (9999)

SERVICE AND CASUALTY FORM

PART I (For all ranks)

M.F.M. 4 (Part I)
A.F.B. 103 (Part I)
150M—5-41 (512)
H.Q. 1772-39-1649

Unit 79th. LT.A/A BTY R.C.A. CA Regimental Number D-12229

		(17) Regiment or Corps	Unit (Battn., etc)
1. Surname	CHORLTON		
2. Christian Names	JOHN ROBERT	112th. L.A.A. Bty. R.C.A.	
3. *Substantive Rank and Appointment	Gunner	R.C.A.	6 Lt-a.a. Regt.
*Acting Temporary or Local Rank			
giving date			

*To be entered in pencil to facilitate alteration.

		(18) Medical		
		Category	Date	Authority
4. Place of birth	MTL.QUE.CAN.			
5. Date of birth as declared on attestation	JAN 10th,1916			
(A)				
6. Date of enlistment	17-6-42	"A"	16-6-42	M.F.M. 2
7. Place of enlistment	MTL.STH.QUE.CAN.	A- Conf	18 Sept 42	"
8. Residence at time of enlistment	6659 BEAULIEU St., VILLE EMARD, QUE. CAN.			
9. (B) Special conditions (if any) of enlistment or rate of pay				
10. (C) Any subsequent variations of conditions of service				
11. Religion	CH.OF ENGLAND.			
12. If married, state date	JULY 20th,1940	(19) Next of kin (entries to be made in pencil)		
13. Trade on enlistment	ELECTRICIAN HELPER			
14. Corps, trade and grade		Mrs. Nellie Charlton (Wife)		
15. (D) Qualifications		6659 Beaulieu St.		
16. (E) Miscellaneous entries		Ville Emard, Que Can		
		(20) E		
		(21) E		
		(22) E		

NOTES—

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

(a) Report		(b)	(c)	(d)	(e)	(f)	(g)	
Date	From whom received	Unit	Record of all casualties regarding promotions (acting, temporary, local or substantive), appointments, transfers, postings, attachments, &c., forfeiture of pay, wounds, accidents, admission to and discharge from Hospital, Casualty Clearing Stations, &c. Date of disembarkation and embarkation from a theatre of war (including furlough, &c.) in accordance with para. 2 of Note to Table I of Appendix III of Field Service Regulations, Volume I	Place of Casualty	Date of Casualty	Army rank as at (e)	Army Form or other authority for entry to be shown	
		6 LAA	Embarked for Overseas	Canada	27-10-42	Gnr.	Part II #1	d/1.11.42
		Regt.	T.O.S. Canadian Army Overseas	CAO	28-10-42	"	" " #1	"
			Disembarked	"	5-11-42	"	" " #1	"
		"	Privilege Leave 26-11-42/2-12-42	"	Shown	"	" " #6	d/7.12.42
			GTD DAILY REGT RATE OF $150		APR 6 1943			
					JAN 1 1943		No. 3d/6 Apr 43	
	C.R.	"	7 days L.L.	Field	26 Mar 43	"	9-16 April 43	
3 May 43	C.R.	6 LAA	DAUGHTER BORN AT MONTREAL, RUE CAN.					
			ELEANOR MARGARET.	Field	22 Apr 43	Gnr.	#14- 21 May 43	
	C.R.	6 LAA	S.O.S on death	Field	22 Aug 43	Gnr	#30- 6 Sept 43	

TO ~~RE~~PORT ON WOUNDS OR OTHER INJURIES, EXCEPT ON WOUNDS RECEIVED IN ACTION

OFFICER I/C RECORDS C.M.H.Q.

(Refer Overseas R.O. 2022)

PART I

No. D-12229 Rank Gnr. Name CHORLTON, John Robert

Unit 6 Can. L.A.A. Regt., R.C.A. was reported on the 22 Aug 19 43

suffering from gunshot wounds base of skull(2) traversing from ear to ear causing instantaneous death.

The disability is of a serious nature, and in all probability will interfere with his future efficiency as a soldier.

CERTIFIED TRUE COPY Lieut. 6th Can. Lt. A.A. Regt. RCA.

He [does claim] that he was in the performance of military duty at the time of the accident.

(Here insert "claims" or "does not claim")

(If the soldier makes no claim that he was on duty at the time the certificate below (Part II) should be signed by him.)

Date

STATION #10 LAA Firing Practice Camp, St. Agnes, Cornwall.

DATE 22 Aug 43. John Ingram

Medical Officer in charge.

PART II CERTIFICATE TO BE SIGNED BY SOLDIER

I, ... hereby declare that the injury sustained by me on the ..... DID NOT occur while I was in the performance of military duty.

..... Soldier's Signature

STATION..... Signature of Medical Officer

DATE.....

PART III

STATEMENT OF COMMANDING OFFICER:

(a) Was the individual in the performance of military duty? No

(b) Nature of duty? N/A

(c) Was it incurred in a game or other form of physical recreation organized with the approval of unit commander? No

(d) If it was incurred on leave, was such leave with or without pay? No

(e) Was anyone to blame? Yes

Whom? M-60427 Gnr. McKillop K.W.N.

(f) Did the injury occur on military premises and if so what part of such premises? Yes. Unit tent lines Practice Camp, St. Agnes, Cornwall.

(g) Court of Inquiry (See Overseas R.O. 2022, paragraph 9).

(i) Has one been held? When? Yes. 22 Aug 43

(ii) Will one be held? When? N/A

(h) Disciplinary action taken (if any required) or other remarks Application for FGCM forwarded 27 Aug 43.

H. M. Doss Lt Col

Officer Commanding 6th Can. Lt. A.A. Regt. RCA.

Date 27 Aug 43 Comd.

M.F.B. 371
40/P & S/683 (2497)

See Part IV Overleaf

PART IV

STATEMENT OF INJURED PERSON:

(Short statement by injured person of the circumstances of the injury. Signed statements of witnesses, or of persons to whom the injured person may have mentioned his injury, to be attached).

Death was instantaneous therefore he could make no statement to whether he was on duty or not at the time the accident occurred.

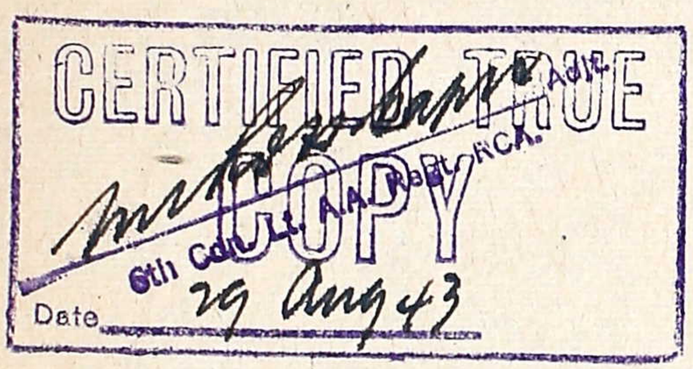
Adjt.
6th Cdn. Lt. A.A. Regt. RCA.

I was standing at the foot of Gnr. Chorlton's bed talking to him. I heard the report of a rifle and at the same time saw that Chorlton was hit. I picked up his head but saw that he was dead. I then ran out to get an officer. I saw the camp M.O. near the Officers Mess, called him and he came right over. When I came back I found Gnr. Massel on his knees inside the tent and he asked me what was burning his neck. I put the two fires out on the back of his coveralls and found a bullet. I knocked it off and later gave it to Capt. Partington. Massel's neck was bleeding but the M.O. took charge.

CERTIFIED TRUE COPY
Capt Adjt
6th Coy. Lt. A.A. Regt. RCA.
Date 29 Aug 43

C.38356 L/Bdr Sampson, C.R.

Around noon on Sunday 22 Aug 43 at St. Agnes Firing Camp I was in my tent alone and was cleaning my rifle. After cleaning my rifle I put two rounds in it. I thought I ejected two rounds but on pulling the trigger the gun fired. The recoil of the gun hit me over the right eye.



M.60427 Gnr. McKillop, K.W.N.

M.F.M. 1 & 2A
40/P & S/119

Statement of the Service of No. D 12229 Rank Gnr Sheet No.

Name CHORLTON J. R.

REPORT Date	REPORT From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation or Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority Part II D.O. No. Cas. List, etc.	Authority Dated
		✓ Disembarkation U.K.	Gnr	5 Nov 42	62 A.D.	U.K.	1	9 Nov 42
		✓ Leave to 2 Dec 42	Gnr	26 Nov 42	6 Laa	U.K.	6	7 Dec 42
		✓ R. R. of pay 1.50 P.D.	Gnr	1 Jan 43	6 Laa	U.K.	6	6 Apr 43
		✓ Daughter, Eleanor Margaret, born Maitland	2in Gnr.	22 Apr 43	6 Laa	U.K.	14	21 May 43
		✓ Died GSW (off Duty)	Gnr	22 Aug 43			C L 23 Aug 43	
		✓ SOS Deceased 1200 hrs. G.S.W.	Gnr.	22 Aug 43	6 LAA	U.K.	30 —	6 Sept 43

60/Chorlton, J.R./1 (A.G. 4a)

27 Oct 43.

SUMMARY OF A COURT OF INQUIRY held on the 22 Aug 43, by order of Lt-Col., H. M. Dow, Comd, 6th Cdn L.A.A. Regt, RCA, for the purpose of inquiring into under oath and reporting upon the circumstances surrounding the fatal injury to D.12229 Gnr Chorlton, J.R. and the injury to D.12125 Gnr Massel, P.J. on 23 Aug 43.

PRESIDENT - Major C. Smythe, M.C., 20th Bty, 6th Cdn L.A.A. Regt, RCA

MEMBERS - Capt. W. E. Smith, 30th Bty, 6th L.A.A. Regt, TCA.
Capt. H. G. Cann, 112 Bty, 6th Cdn L.A.A. Regt, RCA.
Capt. P.L. Partington, 1st Bty, 6th Cdn LAA Regt, RCA.

G.S.W. BASE OF SKULL. TRAVERSING FROM EAR TO EAR / DEATH (Gnr CHORLTON)
G.S.W. LEFT SIDE OF NECK (Gnr MASSEL)

THE COURT FINDS THAT: D.12125 Gnr Massel, P.J. was wounded and D.12229 Gnr Chorlton, J.R. died on 22 Aug 43, at #10 Lt. A.A. Tng and Practice Camp, St. Agnes, Cornwall as a result of injuries caused by a bullet fired from Rifle #25L1938 By M.60427 Gnr McKillop, K.W.N. (26 Aug 43)

REMARKS BY H. M. Dow, Lt-Col., Comd Officer, 6 Cdn LAA REGT, RCA: "I concur in the finding of the court. I was present at the scene of the accident and the above members of the court were appionted verbally on the spot, later confirmed in unit orders. Disciplinary action proceeding against Gnr McKillop, K.W.N., FGCM applied for 27 Aug 43." (27 Aug 43).

REMARKS BY Brig, CCRA 2 CdnCorps: "From the evidence it is my opinion that D.12125 Gnr Massel, P.J. was wounded and D.12229 Gne Chorlton, J.R. died from wounds inflicted by a bullet fired from rifle #25L1938 by M.60427 Gne McKillop, K.W.N. Gnr Massel and Gnr Chorlton were on duty at the time of the accidant. The accident was caused by the careless handling of his rifle by Gnr McKillop. (28 Aug 43).

Over...../

File No 405-C-16637

VERIFICATION FORM

WAR SERVICE MEDALS 1939-45

No. D12229 Name Chorlton, John Robert

Rank on Discharge Gnr Date of Discharge _____

Authority for Discharge or Retirement Deceased

Served in:

				Non-qualifying service
Canada	from 17-6-42	to 27-10-42		
	from _____	to _____		
United Kingdom	from 28-10-42	to 22-8-43		Died. U.S.W. whilst off duty.
	from _____	to _____		
Italy	from :- _____	to _____		
Northwest Europe	from _____	to _____		
---------	from _____	to _____		
---------	from _____	to _____		

Eligible for award of:

~~1939 - 45 Star~~ _____

~~---.-.-.-.-~~ _____

~~Italy Star~~ _____

~~France-Germany Star~~ _____

Defence Medal O.K

War Medal OK

Canadian Volunteer Service Medal } _____
with Clasp } O.K.

M

N.R.D

Verified by Edna Lawne

Date JUN 25 1946

Carded JUL 3 1946 AD

HA 165

H.Q. 405-C-16637
(D.R. 2(C))

17th September, 1946.

Mrs. Nelly Chorlton,
6298 Mazarin Street,
Ville Emard,
Montreal, Quebec.

Dear Mrs. Chorlton:

I am forwarding herewith a photograph of the grave and marker over the burial place of your late husband, D12229 Gunner John Robert Chorlton, the location of which is grave 6, row F, plot 45, Brookwood Military Cemetery, Woking, Surrey, England.

Enclosed also is the original negative for your retention from which you may wish to have printed additional copies.

Any errors appearing in the inscription will be corrected when the permanent headstone is erected.

Yours faithfully,

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

Encl.

/EMA

9-8-

250M-9-44 (5562) (ENG.)
H.Q.1064-81-3

6
ARMY

DEPARTMENT OF NATIONAL DEFENCE

NAVY ARMY AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

Member's NAME John Robert (CHRISTIAN NAMES) CHORLTON (SURNAME)

REGISTER NO. D837
FILE NO. 405-C-16637
DATE 26-1-45
SERVICE NO. D-12229
FINAL RANK OR RATING Pte.
DATE OF DISCHARGE 22-8-43

Payee's Name - Mrs. Nellie CHORLTON,
ADDRESS 6298 Mazarin St. Ville Emard,
Montreal (20), Que.

DATE OF TERMINATION OF OVERSEAS SERVICE 22-8-43

	$ ¢
A. TOTAL QUALIFYING SERVICE 420 NO. OF DAYS 432 / 30 EQUAL TO 14 COMPLETE PERIODS AT $7.50	105.00
B. QUALIFYING OVERSEAS SERVICE No. OF DAYS 299 LESS 12 INELIGIBLE DAYS, EQUAL TO 287 DAYS @ 25c. PER DAY (SEE PAR. 2 OVERLEAF FOR EXPLANATION)	71.75
SUB TOTAL	176.75
C. SUPPLEMENT FOR OVERSEAS SERVICE	
DAILY RATES AT DISCHARGE	
PAY $1.50	
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE $1.25	
ADDITIONAL PAY $	
$	
$	
DEPENDENTS' ALLOWANCE 1/30 OF $ 47.00 $1.57	
TOTAL $4.32 X7 = $ 30.24	
NO. OF DAYS 299 / 183 X$ 30.24	49.41
D. WAR SERVICE GRATUITY	226.16
E. DEDUCTIONS OVERPAYMENT OF PAY AND ALLOWANCES $	
DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $	
OTHER DEDUCTIONS $	
F. AMOUNT PAYABLE (THIS AMOUNT IS PAYABLE IN 1 MONTHLY INSTALMENTS OF $226.16 EACH)	226.16

RECEIVED JAN 30 1945 WAR SERVICE GRATUITY DIVISION, ARMY TREASURY

THE WAR SERVICE GRANTS ACT, 1944, PROVIDES FOR YOUR RE-ESTABLISHMENT CREDIT IN THE AMOUNT SHOWN IN SUB-TOTAL OF A. & B. THIS CREDIT IS AVAILABLE TO YOU IN CERTAIN CIRCUMSTANCES. INQUIRY IN THIS CONNECTION SHOULD BE DIRECTED TO THE DEPARTMENT OF VETERANS' AFFAIRS.

SEE REVERSE SIDE FOR EXPLANATION OF ITEMS A, B & C

G. MONTHLY INSTALMENT NOT TO EXCEED DAILY RATE OF PAY AND ALLOWANCES $ X30 $

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	DATE
KRM	[signature]	G. Garceau	6-2-45

[signature]
SERVICE REPRESENTATIVE

ΔTR

COMPUTATION OF WAR SERVICE GRATUITY

MEMBER'S NAME (Christian Names) JOHN ROBERT (Surname) CHORLTON Register No. D-837

PAYEE'S NAME (Christian Names) MRS. NELLIE (Surname) CHORLTON File No. 405-S-1637

ADDRESS 6298 MAZARIN ST. VILLE EMARD Date 22-1-45

MONTREAL, 20, QUE. Service No. D-12229

DATE OF TERMINATION OF OVERSEAS SERVICE 22-8-43 Final Rank PTE.

Date of Discharge 22-8-43

	AMOUNT $	¢
A. TOTAL QUALIFYING SERVICE No. of days 432 / 30 = 14 (12) Periods @ $7.50	105	00
B. QUALIFYING OVERSEAS SERVICE No. of Days 299 Less 12 Ineligible days, equal 287 Days @ .25¢ per day.	71	75
C. SUPPLEMENT FOR OVERSEAS SERVICE — Sub-Total	176	75
Daily Rate of Pay $1.50		
Subsistence Allowances $1.25		
Additional Pay $—		
Dependents' Allowance 1/30 $47.00 $1.57		
432 x 7 = $3024		
No. of Days 299 / 183 x $3024	49	41
D. WAR SERVICE GRATUITY Computed By Stanley / Lacka	226	16
E. DEDUCTIONS Overpayment of (1) Pay & Allowance $— (2) D.A. & A.P. $— Other Deductions $— Entered By		
F. AMOUNT PAYABLE (This amount is payable in 2 monthly instalments of $113.08 each	226	16

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

$ 432 x 30 = $ 129.60

REMARKS

1/ First christian name of payee appears to be commonly referred to as "Nelly" throughout file. N.S.

Form No. 1

Register No. D.837 ✓ Nominal Roll No. D.16 ✓

H.Q. File No. 405-C-16637 ✓

TO: P.M.G. 740

CANADIAN ARMY (ACTIVE)
COMPUTATION OF SERVICE
WAR SERVICE GRANT

Regt. No.	Rank When S.O.S.	Surname	Christian Name in Full
D.12229 ✓	RTE ✓	CHORLTON ✓	JOHN ✓ ROBERT ✓

Reason for Termination of Service:

1st Enlistment Accidental Death ✓ CARO ( )

2nd Enlistment CARO ( )

3rd Enlistment CARO ( )

TOTAL SERVICE

1st Enlistment	2nd Enlistment	3rd Enlistment
T.O.S. 17 June 42 ✓	T.O.S.	T.O.S.
S.O.S. 22 Aug 43 MD 4 ✓	S.O.S. MD	S.O.S. MD
Total Days 432 ✓	Total Days	Total Days

TOTAL SERVICE 432 ✓ DAYS

	Total Service	Less Non-qualifying Service	Net Service
WESTERN HEMISPHERE	133 ✓	Nil	133 ✓
OVERSEAS SERVICE	299 ✓	Nil	299 ✓
Totals	432 ✓	Nil	Nil ✓
Add Non-qualifying Service			Nil ✓
TOTAL SERVICE			432 ✓

EMBARKATION DETAILS:

1. Date S.O.S. Overseas 22 Aug 43 ✓

2. Date S.O.S. Overseas

REMARKS:

DIED WHILST IN SERVICE 22. Aug 43. ✓

Computer's Signature N Plaats

Checker's Signature J.F. Watson

Date Computed 11 Dec. 44

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

D L Armbrowich
(C.L. Laurin) Colonel,
Director of Records

DETAILS OF NON-QUALIFYING SERVICE

WESTERN HEMISPHERE

Forfeits for	from	to	Eff.Date	Days	Total
				TOTAL	

OVERSEAS T.O.S. 28 Oct 42 ✓ T.O.S. .... T.O.S. ....

S.O.S. 22 AUG 43. ✓ S.O.S. .... S.O.S. ....

				TOTAL	

CASUALTIES ONLY
For purposes of W.S.G.
Casualties include death
subsequent to discharge

Register No. D-837

File No. H.Q .405-C-16637

WAR SERVICE GRANTS ACT 1944

OTTAWA, 4 December 44 194

TO: Chief Treasury Officer,
Dependents' Allowance and Assigned Pay Branch

Service No. D-12229

Name J.R. CHORLTON
Christian Name Surname

Please supply the following information in respect of the marginally named at the time of his discharge or death and return this form in duplicate along with the file to the undersigned.

K.W.Rice
(K.W.Rice) Lieutenant,
for(A.R.Mortimore) Brigadier,
PAYMASTER-GENERAL.

	Name	Amount
Names of persons in receipt of D.A. and amount of monthly award	MRS. NELLY CHORLTON (WIFE	$. 44.00
	MARGARET " (DAUGH.)	
If no D.A. in issue, list names of persons in receipt of A.P., who may be classed as dependents under W.S.G. Act, 1944 and amount of monthly assignment.		
Names of persons to whom assigned pay was continued by supplementary award after death.		
Amount of overpayment of dependents allowance and/or assigned pay deductible from the War Service Gratuity and name of person to whom paid		

DEC 15 1944 194

C.W.McClure
For Chief Treasury Officer,
D.A. & A.P. Branch

C.T.O., D.A. & A.P.

Overpayments of D.A. and/or A.P. recovered from W.S.G. $

194

for C.T.O.

D 837

☐ Navy
☐ Army
☐ Air Force

(Mark X opposite Force in which you last served.)

DEPARTMENT OF NATIONAL DEFENCE

M.F.M. 441
1 Mil. 9-44 (5449)
H.Q. 1772-39-2326

Application for War Service Gratuity

(Canadian Armed Forces)

A complete reply must be given to every question in this application. If any question is not applicable, "N.A." is to be inserted.

1. Surname on termination of service CHORLTON (DECEASED)
(Print)

2. Christian Names JOHN ROBERT
(Print)

3. Service No. D12229 4. Paid rank or rating at date of termination of Service PTE.

5. Address, in full, to which payments of gratuity are to be forwarded
6298 MAZARIN ST. VILLE EMARD
MONTREAL 20 QUE.

6. State below your period or periods of service in the Armed Forces of Canada during the present war.

Service (Navy, Army or Air Force)	Service No.	Final Rank or Rating	Date of Commencement of Service	Date of Termination of Service
ARMY	D12229	PTE.	17TH JUNE/42	AUG 22ND/43. (KILLED)

7. Have you during the present War, while a member of the Canadian Forces, been attached, loaned or seconded to any of the Naval, Military, or Air Forces of His Majesty or of any power allied or associated with His Majesty? N.A. If so, state name of Force or Forces N.A.

8. Have you during the present War, while *not* a member of the Canadian Armed Forces, been appointed to or enlisted in any of the Naval, Military or Air Forces of His Majesty (other than the Canadian Armed Forces)? N.A. If so, state the Force or Forces, with dates of commencement and termination of service. N.A.

Having now ceased to serve on Active Service, I hereby apply for payment of the War Service Gratuity.

OCT. 24TH. 1944
(Date)

Mrs. Nelly Chorlton (Widow)
(Signature of Applicant)

If name signed in space above represents a change from name given in question 1, insert here the name at termination of service. As cheques will be prepared in the name given in question 1, a specific address in question 5 is particularly essential.

.....

NOTE: When completed this form is to be mailed to the Headquarters of the Service in which you last served. Viz:

Navy—The Secretary, Naval Board, Naval Service Headquarters, Ottawa. (To be accompanied by Certificate of Service in the case of ratings.)

Army—The Secretary, Department of National Defence (Army), Ottawa. Attention: Paymaster-General.

Air Force—The Secretary, Department of National Defence for Air, Ottawa. Attention: Records Officer.

DISTRIBUTION OF SERVICE ESTATES

CF

MILITARY SERVICE

Estates Form "P. 4"

Name: CHORLTON, John R. No. D.12229
Surname Christian Names

Gnr. C.A. O/S 22-5-43
Rank Unit Date of Death

AMOUNT

L.P.C. ..... $ 38.89

Date: Dec. 20/43 Other Credits .....

Total 38.89

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Widow	Mrs. Nelly Chorlton, 6659 Beaulieu St. Ville Emard, Montreal, Que. (Sole beneficiary under will)	38.89 P

P4. TO TREAS.
4-1

AUTHORITY

H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	38.89

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

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

WILL

M.F.M. 10
200M—6-41 (693)
H.Q. 1772-39-1656

(1) I, John Robert Chorlton (Name in Full), of the City (City, Town, Village, Township)

Address in civil life.

of Montreal, in the County / District of Jacques Cartier

Province of Quebec, Electrician Helper (Civil Occupation)

Regimental No. D-12229, Unit 79th LT A/A BTY RCA CA, 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 Nelly Chorlton (BARRICK)

Rrsiding at; 6659 Beaulieu St, Ville Emard, Montreal, Que Can.

All my estate both real and personal.

J.R.C.

Relationship, names and address of residuary beneficiaries.

(3) I GIVE, DEVISE AND BEQUEATH all the rest and residue of my estate, both real and personal, of whatsoever kind and wheresoever situate unto

J R C

(4) I appoint ..... (Name) (Address)

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

IN WITNESS WHEREOF I have hereunto set my hand this 18 day of June 1942.

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.

J. R. Charlton (Signature of soldier)

First witness sign here.

(5) Signature Thasson

Civil Address 428 Villeray Montreal Que

Civil Occupation Ass't Mgr.

Second witness sign here.

Signature A. J. Guttman

Civil Address 2700 St. Catherine Road

Civil Occupation Office Mgr.

(Witnesses are not to be beneficiaries.)

See later will

[OVER]

MEMORANDUM FOR

Mrs. Nelly Chorlton,
6659 Beaulieu Street,
Ville Emard,
Montreal, P.Q.

P. 64

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-16, 637 F.D. 262

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

September 16, 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

CHORLTON, John Robert, Gnr.,

No. D.12229, C.A.

ESTATES BRANCH SEP 22 1943 H. OTTAWA NATIONAL DEFENCE

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 Capt.

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

RGP:FO

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		Nelly Charlton (nee Nelly Barrick)	27	6659 Beaulieu St, Ville Emard. Montreal.
2	Children of the Deceased and dates of their Births		Eleanor Margaret. April 22, 1943.	4½ mos.	6659 Beaulieu St, Montreal
3	Father of the Deceased		John Robert Charlton	61	6878 Demontmagny Montreal Que.
4	Mother of the Deceased		Sarah Ann Sandiford	64	6878 Demontmagny. Montreal.
5	Brothers of the Deceased	Full Blood	James Charlton. Born Nov. 10th 1911 Died Oct. 1st 1912		
		Half Blood	/		
6	Sisters of the Deceased	Full Blood	Margaret Ann D'aoust Eva De Lorme (nee Charlton)	33 30	6878 Demontmagny Av. 1535 Lacasse St., 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
	James Charlton Oct. 1st 1912.	none	nil.

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased	John Robert Chorlton
9	Date of his birth	Jan. 10th 1916
10	Place and date of his marriage.	July 20th. 1940 St. Aidan's Church Montreal
11	Place and date of his parents' marriage. Aug 29th 1908	St. Paul Methodist Church. Montreal

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Montreal.
13	State, in order, the Province, State and/or Country in which he resided before enlistment and the period of time in each.	(a) Province of Quebec. (b) (c) life time - 27 years. (d)
14	Nature of employment before enlistment.	Porter.
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. Quebec.

PARTICULARS OF ESTATE

17	Did he leave a Will?	none to my knowledge.
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?	yes.
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.	none
21	Amount of Victory Loan Bonds held by deceased.	none
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 Company Wife $1040.00 (Paid by Wife) Mother $71.00 (Paid by mother)
23	Is application for Probate or Letters of Administration necessary (see page 1)?	no.

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.	no.
25	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	no.

(NOTE:—The Government pays funeral expenses within the 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~~ Widow of the deceased.

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

Kelly Chorlton — {Signature of Informant}

6659 Beaubien St, Montreal. — Address

CERTIFICATE

I hereby certify that, to the best of my knowledge and belief Kelly Chorlton

See above. {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, Que. this 20th day of September 19 43

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public — Mr Stephens — Qualification Chief of the Coast in Canada,

Address 6232 Hamilton Street, Montreal, Que.

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

FORM 6

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not write in this space

1. PLACE OF DEATH — Municipal county: ENGLAND. | Official name of civil municipality or township: | *Place an X over the word which applies to this municipality or this territory*: City | Town | Village | Parish | Township

Street: | No. | Hospital or Institution:

2. LENGTH OF STAY

(a) In hospital or institution	Years	Months	Days	(b) In municipality where death occurred	Years	Months	Days	(c) In Province	Years	Months	Days	(d) In Canada (if immigrant)	Years	Months	Days

3. NAME OF DECEASED (*Block letters*)

Surname: CHORLTON,

Given names: John Robert.

Do not write in this space

4. RESIDENCE

Street: Beaulieu Street No. 6659

Official name of civil municipality or township: Ville Emard, Montreal,

Municipal county: Province: Quebec.

5. SEX	6. NATIONALITY (Citizenship)	7. RACIAL ORIGIN	8. Single, Married, Widowed or Divorced (*Write the word*)
M.			Married.

9. If married give name of wife or husband of deceased: CHORLTON, Nelly.

10. BIRTHPLACE (Province or Country): Quebec.

11. DATE OF BIRTH: January (Month) 10th, (Day) 1910. (Year)

12. AGE OF DECEASED	Years	Months	Days	If less than one day old
	33			....hrs. or....min.

OCCUPATION

13. Trade, profession or kind of work, as **spinner, teamster, office clerk,** etc.: Electrician helper.

14. Kind of industry or business, as **cotton-mill, lumbering, bank,** etc.:

15. Date deceased last worked at this occupation:

16. Total years spent in this occupation:

	17. NAME	18. BIRTHPLACE (Province or Country)
FATHER	CHORLTON, John Robert.	
MOTHER (Maiden Name)		

19. Place of burial, cremation or removal: Surrey, England.

20. Date of burial: August (Month) 26th, (Day) 1943. (Year)

21. PLACE OF REGISTRATION OF THIS BURIAL

(a) Name of parish or church:

(b) Civil municipality of:

(c) Municipal county:

(d) Date: (Month) (Day) 19 (Year)

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: August (Month) 22nd, (Day) 1943. (Year)

23. I HEREBY CERTIFY that I attended deceased from ....19.... to ....19....

and last saw h....alive on ....19....

24. CAUSE OF DEATH

I **Immediate cause** Give disease, injury or complication which caused death, **not** the mode of dying, such as heart failure, asphyxia, asthenia, etc.: (a) Head wound from a bullet.

due to

Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause).

(b)

due to

(c)

II **Other morbid conditions** (if important) contributing to death but **not causally related to immediate cause.**

III If a communicable disease is mentioned on this certificate, give (a) Date of appearance....19.... (b) Duration of disease....days

25. If a woman, was there a puerperal condition?

26. Was there a surgical operation? Date of....19....

State findings: Was there an autopsy?

27. If death was due to external causes (violence) fill in also the following:—

Accident, suicide or homicide: Accident. (State which) Date....19....

Manner of injury: Accidentally discharged from a service rifle by another soldier. (How sustained)

Nature of injury:

Specify whether injury occurred in **industry, in home, or in public place**

Signed....**M.D.**

Address.... **Date**....**19**....

OVERSEAS CASUALTY CANADIAN ARMY

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

J. B. Reading

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

for Director of Records, Dept. of National Defence.

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

(Voir l'autre côté pour le français)

D 7 209561

[Printed by authority of the Registrar-General.]

D. Cert.
R.B.D.

The Statutory Fee for this Certificate is 2s. 7d. If required subsequently to registration, a Search Fee is payable in addition.

CERTIFIED COPY of an ENTRY OF DEATH.

Pursuant to the Births and Deaths Registration Acts, 1836 to 1929.

Registration District TRURO.

1943. Death in the Sub-district of St AGNES **in the** County of CORNWALL.

Columns:— 1	2	3	4	5	6	7	8	9
No.	When and where Died.	Name and Surname.	Sex.	Age.	Rank or Profession.	Cause of Death.	Signature, Description, and Residence of Informant.	When Registered.	Signature of Registrar.
235	Twenty-second August 1943. No. 10.L.A.A Training and Practice Camp. St Agnes. TRURO. R D.	John Robert Chorlton.	Male	27 years	of 6659.Beaulieu Street, Ville Emard, Province of Quebec, Canada. Gunner D12229 6th Canadian I.A.A. Regiment. Canadian Army (Electrician's Helper)	Head wound from a bullet accidentally discharged from a service Rifle by another soldier.	Certificate received from G.L. Robins. Deputy Coroner for Cornwall. Truro District. Inquest held Twenty-third August 1943.	Twenty firth August 1943.	W.J.Richards. *Registrar.*

Insert in this Margin any Notes which appear in the original entry.

I, William Jas Richards, Registrar of Births and Deaths for the Sub-District of St Agnes, in the County of Cornwall. do hereby certify that this is a true copy of the Entry No. 235 in the Register Book of Deaths for the said Sub-District, and that such Register Book is now legally in my custody.

WITNESS MY HAND this 25th day of August, 1943. W. J. Richards

Registrar of Births and Deaths.

25 AUG 1943

St. Agnes

CAUTION.—Any person who (1) falsifies any of the particulars on this Certificate, or (2) uses it as true, knowing it to be falsified, is liable to Prosecution.

RECORDS OFFICE OVERSEAS.

CANADIAN MILITARY HEADQUARTERS.

GRAVES REGISTRATION CARD.

NAME CHORLTON John Robert

RANK Gnr.

UNIT 6 L.A.A.REGT.

PLACE & DATE OF BIRTH Quebec. 10 Jan. 1916

REGIMENTAL NO D.12229

NEXT OF KIN ADDRESS WIFE,
Mrs.Nelly Choriton,
6659 Beaulieu Street
Ville Emard, MONTREAL QUE.

PARTICULARS OF HOSPITALIZATION

DATE OF ADMISSION .....

NAME & LOCATION OF HOSPITAL

DIAGNOSIS

PARTICULARS OF DEATH

DATE OF DEATH 22 Aug. 43.

HRS 1200 hrs.

PLACE OF DEATH

CAUSE OF DEATH G.S.W. Rifle. Death Cert. D 7 209561
Head wound from a bullet accidentally discharged from a service Rifle by another Soldier.

PARTICULARS OF BURIAL

DATE OF BURIAL 26 Aug.x 43

CEMETERY Brookwood

DEATH CERTIFICATE NO D 7 209561

LOCATION OF CEMETERY Woking, Surrey

PLOT NO 45 ROW NO 5 GRAVE NO Grave No.6.

DATE OF REGN OF DEATH CERT

DISPOSAL OF EFFECTS

RELIGION C. of E.

NOV 5 1943

Date

(B.E.Willan) Lieut.

For (R.T.E.Hicks-Lyne) Lt.Colonel.
Officer i/c Records.
Canadian Military Headquarters.

Extracted from Burial Records,
RECORDS OFFICE OVERSEAS
ACTON, LONDON, W.3.

DEPARTMENT OF NATIONAL DEFENCE
- ARMY -

A.D. Register No..19,442.....

COURT OF INQUIRY - H.Q..405-C-16,637. Admin.3(b).3.....

D.12229 Gnr. Chorlton, J.R. (Dec.)
D.12125 Gnr. Massel, P.J. - Injured

OTTAWA, Ont.....8. Jan..44.....

SOURCE....England.....

DATE OF ACCIDENT:....22.Aug.....19 43

COURT CONVENED:.....19

COURT SAT:....22.Aug.....19 43

PROCEEDINGS SIGNED:...26.Aug.....19 43

PROCEEDINGS APPROVED BY D.O.C.....28. Aug.....19 43

PROCEEDINGS FORWARDED.....19

PROCEEDINGS RETURNED FOR FURTHER INFORMATION OR DIRECTION 19

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

OTHER DELAYS:

PRECIS OF EVIDENCE: On the 22 Aug 43 at approximately 1210 hrs. L/Bdr. Sampson, Gnrs. Caryle, Glen, Chorlton and Massel were in their Tent. A flash was seen behind Gnr. Massel's head and he slumped forward. Gnr. Chorlton who was lying on his bed in the Tent, received a bullet wound in the neck.

It appears from the evidence that a shot was fired by Gnr. McKillop in an adjoining tent.

MEDICAL EVIDENCE: Gnr. Chorlton, J.R. - Gun Shot Wound base of skull, traversing from ear to ear causing instantaneous death.

Gnr. Massel, P.J. - Gun Shot Wound left side of neck.

FINDING OF THE COURT: "That D.12125 Gnr. Massel, P.J. was wounded and D.12229 Gnr. Chorlton, J.R. died on 22 Aug. 43 at No. 10 Lt.A.A. Training and Practice Camp, St. Agnes, Cornwall as a result of injuries caused by a bullet fired from Rifle #25L1938 by M.60427 Gnr. McKillop, K.W.N.

(b) The evidence shows that the shooting was not deliberate."

REMARKS:

OPINION OF THE OFFICER COMMANDING: "I concur in the finding of the Court. I was present at the scene of the accident and the above memners of the Court were appointed, verbally, on the spot, later confirmed on Unit Orders. Disciplinary action proceeding against Gnr. McKillop,K.W.N. F.G.C.M. applied for 27 Aug 43."

H.O. Hendrie
LT. COL. H.O. HENDRIE
LIEUT.-COLONEL

8 JAN 8- 1944

CASUALTY WING FORM

ADMISSION

PROGRESS REPORT

DEATH

DATE 22 Aug 43

AUTH. 6 LAA Regt Capt Ross. adj.

TIME 1230 DATED _____

FILE _____

NAME CHORLTON John Robert

RANK Gnr

REGT.NO. D-12229

UNIT 102 Bty 6 LAA Regt

HOSPITAL PARTICULARS

ADMITTED TO _____ DATE _____

TRANSFERRED _____ DATE _____

DISCHARGED 22 Aug DATE _____

DIAGNOSIS DIED. G.S.W. Rifle 1200 hrs off Duty

FOR DAILY UNIT & CONSOLIDATED LIST

SERIAL NO. _____

FOR DAILY UNIT LIST ONLY

CABLE NO. 3066

CASUALTY CARD MADE

CLERK'S NO.OR INITIALS

PROGRESS REPORTS

DANGEROUSLY ILL SERIOUSLY ILL DEATH

OFF DANGEROUSLY ILL OFF SERIOUSLY ILL OFF ALL LISTS.

Mrs Nelly Chorlton

NEXT-OF-KIN

NAME & ADDRESS 6639 Beaulieu HOME TOWN Lasne

Ville Emard Montreal Que

RELATIONSHIP Wife

H.Q.405-C-16637 (Records

September 4 1943

Mrs. Nelly Chorlton,
6659 Beaulieu Street,
Ville Emard, Montreal,
Quebec.

Dear Madam:

I deeply regret to inform you that your husband, D.12229 Gunner John Robert Chorlton, gave his life in the Service of his Country in the United Kingdom on the 22nd day of August, 1943.

You may be assured that any additional information received will be communicated to you without delay.

The Minister of National Defence and the Members of the Army Council have asked me to express to you and your family their sincere sympathy in your bereavement.

We pay tribute to the sacrifice he so bravely made.

Yours sincerely,

M. F. G. LETSON
Major - General
Adjutant - General

SEP 2 1943

(H.F.G. Letson),
Major-General,
Adjutant-General.

GR/MEB

H.Q. 405-C-16637
(Records-C)

August 31, 1943.

Mrs. Nelly Chorlton,
6659 Beaulieu Street,
Ville Emard, Montreal, Quebec.

Dear Madam:

In confirmation of my telegram of the 23rd instant, I deeply regret to inform you that official information has been received from Canadian Military Headquarters, England, advising that your husband, D12229 Gunner John Robert Chorlton died on the 22nd day of August, 1943. The report is to the effect that he died as the result of a rifle wound whilst off duty.

You are further advised that at a coroner's inquest subsequently convened for the purposedof inquiring into the circumstances surrounding your husband's death, the Coroner returned a Verdict of "accidental death".

You may rest assured that any information received as to the burial of Gunner Chorlton will be communicated to you in due course.

May I express sincere sympathy in your bereavement.

Yours sincerely,

Colonel,
Director of Records,
for Adjutant-General.

GR/MD