D123335
GIROUX
HENRI

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

M. Pl.

D-123335
Pte. Smith. H.

Deceased

95 Bge Coy
RCASC

Militia Book M-1. (Part I)
40/P&S/279 (12/42)

SOLDIER'S SERVICE BOOK

(Soldier's Pay Book, Militia Book M. 1 (Part II) will be issued for active service.)

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

Alterations in any of the entries will be initialled by an officer.

INSTRUCTIONS TO SOLDIER

1. You will be held **personally responsible** for the custody of this book.

2. You will **always carry this book** on your person when on duty, and on active service.

3. You must produce this book whenever called upon to do so by a competent authority, viz.: Officer, Warrant Officer, N.C.O., Military Policeman or Civilian Police.

4. You must not alter or make any entry in this book (except as regards short form of Will on page 24; see instructions on pages 20 to 23), and disobedience of this order will be treated as a serious offence,

5. Should you consider that any entry is lacking or incorrect, or should you lose the book, you will report the matter to your immediate military superior.

6. You will be permitted to retain this book after discharge as a record of your services, but should you lose the book after discharge it cannot be replaced.

(XIV) PARTICULARS OF DENTAL TREATMENT

Date	Required	Completed	SPECIFICATION Use authorized Abbreviations and Symbols	Signature of Dental Officer
30 Mar 41	✓		V.I.	M. Johnson Capt

(1) SOLDIER'S NAME AND DESCRIPTION ON ATTESTATION

Regtl. No. D-123335

Surname (in capitals) GIROUX

Christian Names (in full) HENRI

Date of Birth 13 June 1922

Place of Birth St. Andre D'Argenteuil Que. Canada

Trade on Enlistment Farmer

Nationality of Father at birth Canadian

Nationality of Mother at birth Canadian

Religion Roman Catholic

Enlisted at Montreal South Que. Canada

Date 16 June 1941

Particulars of former service (if any) i.e. Regtl. No., Corps and period. Nil

Signature of Soldier H. Giroux

Signature of Officer J. Bycard Lt

Place Montreal South Date 16-6-41

(II) NEXT OF KIN

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

Nearest degree of relationship		Names	Date
1st	Wife		
	Children		
2nd	Father	M Felix Giroux	14/6/41
	Mother	Delvina Giroux	
3rd	*Brothers and Sisters		
4th	Other Relations (stating) relationship)		

*State whether brothers are older or younger.

NOW LIVING

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

Latest known Address in full
Centreville Lachute Que. Canada
" " (Same)

(III) RANK and APPOINTMENT

Date	Rank and Appointment	Substantive, Temporary, Acting or Local (with or without pay)	Authority of Part II Orders	Signature of Officer
16/6/41	Pte.		4DD-141	
26-5-42	A/L/CPL	ACT.	D.O. 22	
23-6-42	PTE.	Confirmed	D.O. 30	
16.6.43	Good Conduct Badge			

(IV) Certificate Applicable to all Arms, to be completed and signed by the C.O. Bn., etc., before a Soldier proceeds Overseas

TRAINED (passed Recruit's Course as laid down for his arm of the Service) *except that he requires further training in:—**

Basic Training

Qualified in addition as under :—

Q. DRIVER Class III - DO. 10-20/3/42

PASSED T.O.E.T. C17 17-4-43.

Date.....

* If no further training required, strike out words in italics and initial.

(V) PARTICULARS OF TRAINING

Courses and Schools. Specialist Qualifications. Swimming, etc., show'g result	Date	Signature of Officer
Dual. Dvr. 1/c	5/1/44	Bermathine

(VII) EDUCATIONAL QUALIFICATIONS

Certificate, Specialist Qualifications, etc.	Place	Date	Signature of Officer
4 years Public Schooling			J. Richard Sr.

(VIII) TRADE RECORD

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

Trade	Group	Class	Remarks, e.g., On enlistment; Re-classified; Re-mustered, etc.	Date	Signature of Officer

(IX) EMPLOYMENT WHILST SERVING

Period		Nature of Employment	Remarks and Signature of O.C. Coy., etc.
From	To		

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

(X) MEDICAL CLASSIFICATION

Date	Category or Grade	Medical Examiner of Recruits, or other Medical Authority	Signature of Medical Officer
13/6/41	"A"	Medical Cat. Conf. H.B. NHB 227	From old book
3/9/41	"A"		

N/V 3/5 - 12/2/43

(XI) PRESCRIPTION FOR GLASSES

	Vision without Glasses	SPH	CYL	Axis Standard Notation	Vision with Glasses	Ophth, Centre:	Date of Exam.:
R						Frame No. (or measurements):	Date of Issue:
L							

Signature of M.O.....

	Vision without Glasses	SPH	CYL	Axis Standard Notation	Vision with Glasses	Ophth, Centre:	Date of Exam.:
R						Frame No. (or measurements):	Date of Issue:
L							

Signature of M.O.....

(XII) PARTICULARS OF DENTURES SUPPLIED

Particulars	Date	Signature of Medical or Dental Officer
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....

(XIII) PARTICULARS OF SURGICAL APPLIANCES ISSUED

Particulars	Date	Signature of Medical Officer
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....

(XIV) PROTECTIVE INOCULATIONS

Nature of Vaccine, "T.A.B." Cholera, Plague, etc.	Date	Signature of Medical Officer
TABT. I	16/6/41	Vincent Hall Capt
3	7/7/41	
TABT. ½cc	26/8/42	
TABT ½cc	25 AUG 43	Walter Lane Medl Offr
Typhoid ½cc	17-1-44	[illegible] Capt.
Typhus ½cc	25-1-44	[illegible] Capt.
Typhus 1cc	1/2/44	[illegible] Capt.
Typhus 1cc	23/5/44	

(XV) VACCINATION

Date Vaccinated	Signature of Medical Officer
16/6/41	Vincent Hall took [illegible]
9 Mar. 44. (Vacc)	[illegible] Capt

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(XVI) MISCELLANEOUS ENTRIES

(For entries for which space is not otherwise provided)

NOTE.—No entry on this page has any legal effect as a WILL

Particulars	Date	Signature of Officer
X Ray. 813/73 N	14-6-41	
"H" Test (Rev.) Complete	20-2-42	
"Q" Card Complete	20-2-42	
Landing Leave. (5 Days)	8/12/41	
P. L. Do. 12 (7 Days)	2/3/42	
P. L. Do. 30 (7 Days.)	3/7/42	
P. L. (14 Days)	3/12/42	
P. L. (7 Days)		
Privilege leave	2-8-1-43	[illegible]
D.N.G. GAS CHAMBER.	14-7-43	[illegible]
7 days Priv Leave	22/7/43	[illegible]
" "	16/10/43	[illegible]
MEDAL + CLASP	15.1.44	
D. O. No. 4	24.1.44	[illegible]
10 DAYS PRIV LEAVE.	16-2-44	[illegible]
N.Y. TEST GOOD	20-3-44	[illegible]
M. F. M 182	13.4.44	[illegible]
2 R Serv Chevs	29-5-44	[illegible]
1 R. Serv. Chev.	16-6-44	
Embarked U.K.	7-7-44	[illegible]
Disembarked	8-7-44	[illegible]

MILITIA BOOK M. 1

PART III
40/P & S/279 (2687)

CANADIAN ARMY

Clothing and Equipment Statement

Regt. No. D-123335

Rank PRIVATE

Name GIROUX HENRI

INSTRUCTIONS TO SOLDIER

1. You will always *carry this book* on your person and are responsible for its safe custody. (Officers need not carry this book on their person, but will be responsible for its safe custody.)

2. You will initial at the bottom of each page to signify that you understand its contents and have received the quantities entered.

3. Do not alter or make entries in this book. Disobedience of this order will be treated as a serious offence and disciplinary action will be taken.

4. You will at once report the loss of this book to your Commanding Officer.

GENERAL INSTRUCTIONS

1. This statement will be used to record the quantities of clothing and equipment to which the soldier is entitled and has been issued. Entries will be made in ink.

2. A new column will be used when the list of kit changes with the soldier's status. Old column will be ruled out.

3. On transfer of the individual, the certificate at end of statement will be completed and signed.

4. This statement replaces Form M.F.C. 800 and adaptations thereof.

ARTICLE	QUANTITY					
Anklets, web, prs.		1	1			
Blouses, Battle-dress		2	1			
Bonnet, tam-o'shanter		1	1			
Boots, ankle, prs.		2	2			
Boots, lumbermans, rubber, prs.		1	1			
Boots, rubber, high, prs.	1	1				
Bonnet, drab, Irish						
Cap, field service		1	1			
Cap, mechanic						
Cap, tank battalion						
Drawers, Cellular short, prs.						
Drawers, Woollen, prs.		2				
Gloves, knitted, drab, prs.	1	1				
Greatcoat, drab		1	1			
Jackets, sweater		1	1			
Initials of Soldier						

16/10/43
7/12/43

ARTICLE	QUANTITY					
			10/10/43			
Jerkin, leather					1	
Jersey, pullover						
Overalls, combination			1		1	
Overalls, blouses, denim			1		1	
Overalls, trousers, denim			1		1	
Shirts, angola, drab			2		2	
Shoes, canvas, prs.			1		1	
Socks, prs.			3		3	
Trousers, battle-dress, prs.			2	10/10/43	1	
Vests, woollen			1	2	1	
Badges, arm, drab, crowns						
Badges, arm, drab, crown in wreath						
Badge, cap			1		1	
Initials of Soldier	H D					

ARTICLE	QUANTITY					
Badge, shoulder, "CANADA" prs.						
Badges, arm Tank Bn.				1		
Bag, kit, universal				1		
Braces,			1	1		
Brass, cleaning			1	1		
Brush, button, brass			1	1		
Brush, clothes			1	1		
Brush, hair			1	1		
Brush, shaving			1	1		
Brush, shoe, blacking			1	1		
Brush, shoe, polishing			1	1		
Brush, tooth			1	1		
Cap, comforter						
Chevrons						
Comb, hair			1	1		
Initials of Soldier			H D			

ARTICLE	QUANTITY					
Discs, identity, sets with cord			1	1		
Dressing, field			1	1		
Fork, N.S. Table			1	1		
Holdall			1	1		
Housewife, complete			1	1		
Knife, clasp			1	1		
Knife, table			1	1		
Lanyard,						
Razor, safety, with blade			1	1		
Patches, distinguishing, prs			2	2		
Shorts, gymnasium			2	[illegible]		
Sponge						
Spoon, N.S. Dessert			1	1		
Vests, cotton, gym			2	[illegible]		
Initials of Soldier HD						

ARTICLE	QUANTITY					
Towels, hand			2	2		
Unit titles, prs						
Attachments, brace						
Bag, ration			1	1		
Belt, waist						
Bottle, water			1	1		
Braces, W.E.						
Carriers, cartridges			2	2		
Carrier, waterbottle			1	1		
Case, pistol						
Cover, breech, rifle						
Cover, Mess tin, rect			1	1		
Frog, bayonet						
Haversack			1	1		
Initials of Soldier HD						

ARTICLE	QUANTITY					
Helmet, steel			1	1		
Net, helmet camouflage			1	1		
Pack			1	1		
Pouches, Ammunition, pistol						
Pouches, Basic						
Pouches, utility			2	2		
Sling, rifle			1			
Straps, shoulder, haversack			2	2		
Straps, supporting, web			2	2		
Tins, mess rect. 1			2	2		
Yoke						
	1					
Respirator, Anti-gas complete w/haversack			1	1		
Outfit, anti-dimming			1	1		
Initials of Soldier HS						

ARTICLE	QUANTITY					
Ointment, Anti-gas, tins	1	1				
Eyeshields, Anti-gas (Pk. of 6)	6	6				
Detectors, individual prs.						
Capes, Anti-gas	1	1				
Wallet, Anti-gas						
Bayonet						
Bottle, oil	1	1				
Pistol, revolver (No.....)						
Pull-through, single	1	1				
Rods, cleaning, pistol						
Initials of Soldier						

ARTICLE	QUANTITY					
~~Rifle~~ Sten (No. FD.8662[illegible])		1				
Scabbard, bayonet						
Sheet, ground	1	1				
Mug, drinking	1	1				
Blanket	1	1				

Initials of Soldier KG

Initials of Inspecting Officer : [illegible]

Date : 3/9/43

CERTIFICATE TO BE SIGNED BY INSPECTING OFFICER AND SOLDIER ON TRANSFER OR ATTACHMENT OF SOLDIER

Certified that the record detailed in this statement has been checked with the articles in possession of the soldier and found correct.

SIGNATURE

Inspecting Officer	Soldier	Date
J Brand Capt	H Groves	3-9-43
[illegible] Matthews Lt		8-12-43
Cpl Sawer	H Groves	14/2/44

Received DEC 2 1941 Checked ..... Card ✓ Observations Enring E

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

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

D

Unité / Unit: 1st Bridge Coy R.C.A.S.C. CA

Matricule / Regimental Number: D-123335

~~Original~~
Duplicata
~~Triplicata~~

ARMÉE ACTIVE DU CANADA
CANADIAN ACTIVE SERVICE FORCE

01 P IE

Original
Duplicate
Triplicate

FORMULE D'ENRÔLEMENT
ATTESTATION PAPER

1. Nom / Surname: GIROUX
2. Prénoms / Christian Names: HENRI
3. Adresse actuelle / Present Address: Centreville., Lachute., Quebec., Canada.,
4. Date de naissance / Date of birth: 13 Juin 1925 1922
5. Lieu de naissance / Place of birth: Canada., (Pays)—(Country) Quebec., (Comté ou province)—(County or Province) St.Andre D'Argenteuil., (Ville ou canton)—(Town or Twp.)
6. Religion / (State denomination): Catholqieu Romain
7. Métier ou profession / Trade or Calling: Fermier
8. Marié, veuf ou célibataire / Married, Widower or Single: Celibataire
9. Nom du plus proche parent / Name of next of kin: M.Felix Giroux
10. Parenté de celui-ci / Relationship: Pere
11. Adresse du plus proche parent / Address of next of kin: Centreville., Lachute., Quebec., Canada.,
12. Avez-vous servi dans les forces navales, militaires ou aériennes? / Have you served in any Naval, Military or Air Force? Non
13. Si vous avez accompli du service de guerre antérieur, spécifiez l'arme, la force et les détails régimentaires / If previous war service, state arm, force and regimental particulars: Non
14. Faites-vous actuellement partie de la milice active du Canada ou avez-vous déjà servi dans cette force? / Do you now belong to or have you served in the Active Militia of Canada? Non

A

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

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

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

Date 16th June,1941 Witness A.O Archambault Cpl

Henri Giroux
(Signature de la recrue)

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

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

Henri Giroux
(Signature de la recrue)

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

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

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

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

à Mtl South,Que ce 16th jour de June 19 41

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

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

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

Attention is drawn to the fact that any person making a false answer to any of the above questions is liable to a penalty of six months' imprisonment

Fingerprinted

P

D

État de service de GIROUX HENRI Matricule D-123335
Record of Service of (Nom—Surname) (Prénoms—Christian Names) Regimental Number

APTITUDES
Qualifications

Militaires (Military): NIL
Professionnelles ou commerciales (Business or Professional): NIL
Civiles ou de métier (Trade or Civil): FARMER
Techniques (Technical): NIL
Langues (Languages): ENGLISH & FRENCH

QUALITÉS ÉDUCATIONNELLES
Educational qualifications

Académies (High School or Collegiate): NIL (années complétées—years completed)
Graduation ou (or) Immatriculation (Matriculation): NIL (Spécifier—Specify)
*Collège: NIL
*Université (University): NIL
4 years Public Schooling
*(Mentionnez le nom de l'institution, les années ou cours complétés et les diplômes obtenus)
(Name of institution, courses or years completed, and degrees obtained to be shown)

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

Rapport — Report: Date	Rapport — Report: Reçu de — From whom received	État des promotions, rétrogradations, mutations et permutations, maladies ou blessures rapports, etc., à compter de la date de son enrôlement dans les troupes de campagne — Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. from date taken on strength of Field Force	Grade indiqué — Rank shown	Prenant date le — Effective date	Unité — Unit	Endroit — Place	Autorisation — Authority: N°, Partie II, Ordres du jour. Liste des morts et blessés, etc. — Part II D.O. No. Cas. List, etc.	Autorisation — Authority: Daté le — Dated
		Affecté lors de son enrôlement / Joined on enlistment						
16-6-41	DRO	No. 4 District Depot. CA	PTE	16-6-41	4 DD	Mtl South	4DD PT.II No.141	16-6-41
21-7-41		POSTED TO HIS UNIT MT BRUNO QUEBEC	"	21-7-41	" "	"	" " " 172	21-7-41
22-7-41		TOS FROM NO4DD MTL STH QUEBEC	"	22-7-41	1BRDGCOYMTBRUNO		1 BDG PT 11 NO 1	22-7-41
28-11-41	1 Bdge Co	SOS CASF (CANADA) ON EMBARKATION AT Halifax ON 13-11-41		10-11-41	"	Aintree	" " 1	28-11-41
"	"	TOS CASF (OVERSEAS) ON TRANSFER ON 14-11-41 AND DISEMBARKED AT Liverpool ON 23-11-41				"	" " "	"
		Leaving Leave to 13 Dec. 41 F.T.W.	Pte	8 Dec 40	1 Bdg Coy	U.K	4	9 Dec 41
		Qual Dvr. Class III	Pte	28 Feb 42.	85 Bdg Coy	U.K.	10	20 Mar 42.
		Leave (P.1) to 9 Mar 42 F.T.W.	Pte	2 Mar 42	85 Bdg Coy	U.K.	12	31 Mar 42

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

Recevez-vous ou avez-vous déjà reçu une pension ou compensation pour invalidité. Si oui donnez details. ..... no

Nom en entier (Name in full) ..... GIROUX

PARTIE 1. Renseign
Part 1. Information obta

1. Age ..... 19 ..... 2. A
a. Rhumatisme ..... H
Rheumatism
b. Tuberculose .....
Tuberculosis
c. Bronchite ou asthme .....
Bronchitis or asthma
d. Affection cardiaque .....
Heart disease
e. Maladie du rein ou de la v
Kidney or bladder disease
f. Gastrite intestinale .....
Gastro-intestinal
g. Hernie .....
Rupture
h. Varices .....
Varicose veins
i. Pieds plats ou déformés .....
Flat or deformed feet

Observations des examinateurs
Examiners remarks re above
Far drums & rei
Color vision Is
H. MICHAUD M.D.

PARTIE 2. Renseigne
Part 2. Information obt
1. Marques ou cicatrices d'id
Identification marks or scars (if oper
1 vacc. left a
2. Taille ..... 9 ..... pie
Height feet
4. Teint ..... Dark
Complexion

6. Tour de poitrine—Circonfé
Chest measurement—Girth on full ex
7. Vue, œil droit 20-50
Vision, right
9. Condition de la bouche et d
Condition of mouth and teeth
10. Les anormalités (congénita
The abnormalities (congenital and pat

PARTIE 3. Nous, les ex
de la partie 1, sauf tel que m
aux instructions de la brochure

et il peut être classé dans la ca

Observations spéciales lorsque
Special remarks when category lower than

H. Aubry Major
(Président)—(President)

VACCINATIONS, INC
VACCINATION

| Date | Détails sur
Brief dét |
|---|---|
| JUN 16 '41 | TAB T. |
| 7.7.41. | 3 |
| JUN 16 '41 | VRCC |
| 3.9.41 | CSDA |

CERTIFICAT DE L'EXAMEN MÉDICAL
CERTIFICATE OF MEDICAL EXAMINATION

Nom en entier (Name in full) GIROUX HENRI — Date June 13th 1941

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

1. Age 19

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

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

MM

Henri Giroux
(Signature de la recrue)—(Signature of recruit)

Observations des examinateurs (Examiners remarks re above)
Color vision Ishinara CN
Ear drums & reflexes normal
H. MICHAUD M.D.

URINE 42428-N
JUN 14 1941
X-RAY 81573

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

C. SAINT PIERRE LT.COL.

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

2. Taille (Height) 5 pieds (feet) 7¼ pouces (inches).
3. Poids (Weight) 140 livres (pounds)
4. Teint (Complexion) Dark — Yeux (Eyes) Brown — Cheveux (Hair) Dark
5. Développement (Development) Good — (Bon—Good / Passable—Fair / Médiocre—Poor)
6. Tour de poitrine—Circonférence, pleine expansion (Chest measurement—Girth on full expansion) 35½ pouces (inches) — Degré d'expansion (Range of expansion) 2 pouces (inches)
7. Vue, œil droit (Vision, right) 20-30 — œil gauche (left) 20-30
8. Ouïe, oreille droite (Hearing, right) CV 20 — gauche (left) CV 20
9. Condition de la bouche et des dents (Condition of mouth and teeth) Good
10. Les anormalités (congénitales et pathologiques) constatées lors de l'examen sont les suivantes:
The abnormalities (congenital and pathological) found on examination are as follows:
nil

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

et il peut être classé dans la catégorie A

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

H. Aubry Major — Arnold Branch M.D. — P.E. BOURGEAU M.D.

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

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

Date	Détails succints et signature / Brief details and signature	Date	Détails succints et signature / Brief details and signature
JUN 16 '41	TAB T. H.P. Macay Capt	26-8-42	TABT Lcc
7.7.41.	3		
JUN 16 '41	VACC H.P.M.		
3.9.41	C.A.S.A. Inoculated Capt		

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

Recevez-vous une pension ou compensation pour invalidité. Si oui donnez détails. ..... Non déjà reçu

Matricule / Regtl. No. D-123335 Grade / Rank PTE Nom / Surname GIROUX Prénoms / Christian Name HENRI

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

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

CARDS PUNCHED

CODED

Soldiers Qualification Card

Regt'l. Number D123335 | Last Name GIROUX | First Name HENRI | Middle Names

Unit 85 1/2 BRIDGE COY.

2 Nationality Canadian .08 | By Birth ✓ | By Naturalization | Country of Birth Canada

1 Corps R.C.H.S.C. CODED

3 Racial Origin French Canadian 2

4 2 Language spoken in home: French ✓ Other ..... English .....

5 Age 19 (1923) 6 Height 5'-7" 7 Weight 160 8 Silhouette 1 2 3 4

Eyes: 9 4 Colour of Black 10 1 Acuity 1 2 3 10 Glasses ..... 11 Colour Vision 1 2 3 4

12 Hearing: Acuity 1 2 3 13 Speech Defects .....

14 Handedness R L A 15 1 Med Category A

Cause .....

Attitude to own health ✓ To Medical attention .....

Health History Normal -

16 Education Level: Illiterate ..... E 3 S ..... (Grade completed)

Conduct during school life .....

17 18 University or Professional	Course Taken	Years Completed	Degree

19 Post Graduate	Course	From—To	Degree

Specialized Training:

20 1. ..... (Course)
At ..... From—To ..... Completed.....

21 2. ..... (Course)
At ..... From—To ..... Completed.....

22 3. ..... (Course)
At ..... From—To ..... Completed.....

Other trades papers. Diplomas Certificates or Qualifications .....

23 Languages: Spoken fluently French + English
0 0 Written well French
1 1

24 Main occupation: Description Farmer
5914.
Estimate of skill .....
Duration (from—to) ..... Weekly Wage .....
Employer's Name and Address At home.

50 "M" Test

Test	Score	SM	
1	13		S. Tot. 33
2	7		SM
3	13		
4	18		S. Tot. 29
5	11		SM
6	3		S. Tot. 20
7	7		SM
8	10		
Tot.	82	SM	Grade
9	10		

51 OTHER MENTAL

Test .....
Score ..... L. Grade .....
Date .....

52 MECHANICAL

Test .....
Score ..... Grade .....
Date .....

52 CLERICAL APT.

Test .....
Score ..... Grade .....
Date .....

53 TRADE TEST

1. Score .... G. .... Date ....
2. Score .... G. .... Date ....
3. Score .... G. .... Date ....
4. Score .... G. .... Date ....

54 OTHER

Test .....
Score ..... Grade .....
Date .....

25 Second Most Important Occupation: Description:
..... Estimate of skill .....
Duration (from—to) ..... Weekly Wage .....
Employer's Name and Address .....

26 Third Most Important Occupation:
..... Estimate of skill .....
Duration (from—to) ..... Weekly Wage .....
Employer's Name and Address .....

Trade Union or Professional Society .....

Vehicles: 27 2 Heavy Truck W ..... 28 2 Light Truck W ..... 29 2 Auto W ..... 30 Motorcycle .....
31 Farm Tractor ..... 32 Tracked Vehicle ..... 33 Power Launch ..... 34 Aeroplane .....
35 Accident Prone .....

Farming Experience: Wide ✓ ..... Limited .....
District Argenteuil P.Q. ..... Type Mixed

Job promised after discharge ..... By whom? Name .....
Address .....
Other provision for post-discharge occupation .....
..... Type of work desired Farming
Occupational history: Ambitious ✓ ..... Accidental .....
Stable ..... Erratic .....

36 2 Material Status: M ..... S ✓ ..... W ..... D ..... Sep. .....
Marital Problems ..... (Remarks)
Age of wife ..... Wife's attitude to Service ..... Wife's Health .....
37 No. of Children ..... No. Brothers 4 ..... No. Sisters 5
Position in family 5 ..... 38 No. Dependents 0
Relationship of Dependents .....
Status of home in childhood Normal

39 Hobbies: Photography M ..... S ..... Radio ..... Engines .....
Mechanics ..... Other .....
40 Sports: (1) Hunting (2) Fishing (3) Skiing
J F N Team Games and Position (1) .....
(2) ..... (3) .....
41 Ability to Entertain: Music: String ..... Brass .....
Woodwind ..... Percussion ..... Piano ..... Vocal .....
Theatrical ..... Other .....

1 - DEC 1942

42 Previous Experience in Armed Forces

ARM or CORPS	Type (C.E.F., N.P., etc.)	Years Highest Rank	Last Discharge (Yr.)	Special Training Received

43 CURRENT SERVICE: Date Enlisted 16 June 41 Place Enlisted Montreal South. P. Que.

Date From—to	Country	Corps	Unit and Sub-unit	Rank 44	Principal Duty	Performance
16 June 41	Can	RCASC.	1st Bridge C.	Pte	Training (Basic)	
10 Nov 41	G.B.	"	"	"	" (D.L.M.)	167
3-7-42	"	"	85 Bridge Coy	Rfn		
				A		

45 COURSES ATTENDED

	PLACE	Date: From—to	Qualified as	Rating

46 Crime: Number Courts Martial Convictions ..... Hospitalization .....

Number Civil Convictions ..... Minor Offender ..... Occasional Offender .....

Chronic Major Offender ..... Chronic Minor Offender ..... Occasional Offender .....

49 Psychiatric ☐☐☐☐☐

C.M.H.Q. 1000:115
40/P & S/1246

47 Classification: Military Specialties and Trades

Designation	Degree of Proficiency	Date	Authority
Driver 170	Class III	28-2-42.	10

55 Type of Service Desired (1) R.C.A.S.C. (2) .....

Remarks re Outstanding or Limiting Factors This man likes his unit & his work. - Has impressive appearance & seems very dependable. - Sober & clean soldier. - Very ambitious, although not very clever. - Never had a chance to go to school. - Was needed on the farm. - Friendly & very serious. - Would like to take a Mechanic Course. Should be given a chance. -

Attitude to Interview: Antagonistic ..... Overanxious ..... Co-operative ✓ ..... Indifferent .....

Reason for Joining Cdn. Army (if ascertainable) To see the old country

48 Suggested Possibilities for Employment (1) Should be a good Mechanic

(2) .....

Tests Indicated: 2nd Mental ..... Mech. Apt. ..... Clerical Apt. .....

Other Apt. ..... Pers. ..... Trade Test as .....

Interviewed by C.R. LANGLOIS LT. Date 20-2-42.

Reviewed by ..... Date .....

Statement of Service of No. D123335 Rank

Name Giroux Henri

Sheet No.

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

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
Request to wear 1 Pte Rec'd.	CMHB	To be A/L/CPL	A/L/CPL	26 May 42	85 Bdg Coy	UK	22	2 June 42
		Leave to hold appt A/L/Cpl	Pte	23 July 42	85 Bdg Coy	UK	30	31 July 42
		Priv leave to 10 July 42	Pte	3 July 42	85 Bdg Coy	UK	30	31 July 42
		Priv leave to 17 Dec 42 (14 days)	Pte	3 Dec 42	85 Bdg Coy	UK	50	18 Dec 42
		Proc on Cmd to CTC	Pte	11 Jan 43	85 Bdg Coy	UK	3	22 Jan 43
		Rtd from Cmd to CTC	Pte	18 Jan 43	85 Bdg Coy	UK	4	29 Jan 43
		6 Mths Prof. Serv. $1.50 per day	PTE	1 Jan 43	85 Bdg Coy	UK	13	26 Mar 43
		Awd one good Conduct Badge	Pte	16 June 43	85 Bdg Coy	UK	31	16 July 43
		AWARDED THE CANADIAN VOLUNTEER SERVICE MEDAL AND CLASP						
		Embarked at UK on 6 Aug 44	PTE	—	85 Bde Coy	21 Gp	29	22 July 44
		Disembarked at France on 7 Aug 44						
Gone CMHB DO 42 d/ 7 Oct 44	SOS	~~SOS to X6 Sig Regt~~	~~Pte~~	~~14 Sept 44~~	~~85 Bde Coy~~	~~21 Gp~~	~~40~~	~~23 Sept 44~~
3139	TOS	Missing		14 Sept 44	AEF		A492	
9m164	SOS	SOS Deceased Killed in Action	Pte	14 Sept 44	85 Bde Coy	21 A Gp	42	7 Oct 44
		Killed	Pte	14 Sep 44	- " -	AEF	A495	1 Oct 44

13

SERVICE AND CASUALTY FORM

PART I (For all ranks)

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

Unit 1st Bridge Coy. R.C.A SC.CA. Regimental Number D-123335

1. Surname GIROUX
2. Christian Names Henri
3. *Substantive Rank and Appointment
   *Acting Temporary or Local Rank
   giving date Pte - 16-6-41
   *To be entered in pencil to facilitate alteration.
4. Place of birth St. Andre D'Argenteuil Que. Canada
5. Date of birth as declared on attestation 13 June 1922
   (A)
6. Date of enlistment 16 June 1941
7. Place of enlistment Mtl. South Que. Canada
8. Residence at time of enlistment Centreville,-Lachute, Que. Canada
9. (B) Special conditions (if any) of enlistment or rate of pay
10. (C) Any subsequent variations of conditions of service
11. Religion R.C.
12. If married, state date No
13. Trade on enlistment Fermier
14. Corps, trade and grade
15. (D) Qualifications
16. (E) Miscellaneous entries

(17) Regiment or Corps: RCASC

Unit (Battn., etc): 85 CON BRIDGE COY

(18) Medical

Category	Date	Authority

(19) Next of kin (entries to be made in pencil) Father.
M. Telesphore Giroux
centreville
Lachute Co.,
Que. Canada.

(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)		(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
13-11-41	1 Bdge	1 Bdge	SOS CASF(Can)Embark.Halifax	N/A	N/A	Pte	Pt.II,O. No. 1
14-11-41	"	"	TOS CASF(O)Disemb.Liverpool23-11-41	"	"	"	" "
9-12-41	"	"	Granted Landing Leave 8-13 Dec.41	"	"	"	" 4
13-12-41	"	"	Returned from Landing Leave	"	"	"	" 5
			F.T.W. 642696				
20-3-42	O.C.	85 Bridge	Qualified Class III	Field	28-2-42	"	10/20-3-42
31-3-42	"	"	P-1 F.T.W. 7 days.	"	2-3-42	"	12/31-3-42
	"	"	To be Actg Lance Corporal	"	26 May 42	A/L/Cpl.	22-2 Jun 42
8-7-42	"	"	P.L-2 to 10 Jul 42	"	3-7-42	"	30/31 Jul 42
25-7-42	"	"	Ceased to hold the appt. of A/L/Cpl	"	23-7-42	PTE	30/31 Jul 42
		"	Granted Daily Rates of Pay of $ 1.50 per diem	"	1 Jan 43	"	13/26 Mar 43
		"	7 days P.L. money payable to 5 May 43	"	28 Apr 43	"	19/7 May 43
		"	Awarded one Good Conduct Stripe	"	16 Jan 43	"	31/16 Jul 43
		"	Awarded Canadian Volunteer Service Medal and Clasp		15 Jan 44	"	4/24 Jan 44
		"	Embarked U.K 6 Jul 44 Disembarked France 7 Jul 44			"	29-2 Jul 44
~~19-9-44~~	~~AFW3014-117~~	~~85 BRIDGE~~	~~SOS to X-6 LIST RCASC~~	~~FRANCE~~	~~14 SEP 44~~	~~PTE~~	~~40-44~~ Cancelled on D.D. 42-7 OCT 44.
	~~X6~~	~~RCASC~~	~~TOS from 85 Bde Bdge Coy~~		~~15 Sep 44~~		~~6/7 Oct 44~~
19-9-44	CR 145	85 BRIDGE	SOS/DECEASED. KILLED IN ACTION	FRANCE	14 SEP 44	PTE	42-7 OCT 44

FORMULE D'ANTÉCÉDENTS PROFESSIONNELS

LA PRÉSENTE FORMULE DOIT ÊTRE REMPLIE POUR CHAQUE MEMBRE DES FORCES ARMÉES. LES RENSEIGNEMENTS DEMANDÉS SONT DESTINÉS À L'USAGE DU COMITÉ CONSULTATIF GÉNÉRAL DE DÉMOBILISATION ET DE RÉTABLISSEMENT, INSTITUÉ PAR LE GOUVERNEMENT CANADIEN POUR ÉTUDIER DES PLANS DE RÉTABLISSEMENT DANS LA VIE INDUSTRIELLE DES MEMBRES DES FORCES ARMÉES APRÈS LEUR LICENCIEMENT. L'EXACTITUDE ET L'INTÉGRALITÉ DES RÉPONSES SERONT TRÈS UTILES AU COMITÉ.

PRIÈRE DE LIRE ATTENTIVEMENT LES INSTRUCTIONS AU VERSO DE LA COUVERTURE DU FORMULAIRE AVANT DE REMPLIR LA FORMULE

LAISSEZ EN BLANC

Partie A—RENSEIGNEMENTS GÉNÉRAUX

1. (a) Nom et prénoms (lettres moulées) GIROUX [illegible] (b) N° matricule D-123335 [illegible]
2. (a) Arme Army (b) Unité 1st Bridge Coy RCASC CA (c) Rang Pte
3. (a) Date de naissance 13 June 1922 (b) Avez-vous des personnes à votre charge? Nil (c) Domicile au moment de l'enrôlement Lachute, Que, Can.
4. (a) Lieu d'enrôlement Mtl South, Que, Can (b) Date d'enrôlement 16-4-41

Partie B—INSTRUCTION ET FORMATION

5. (a) Âge à la sortie définitive de l'école 11 (b) Fréquentiez-vous l'école ou le collège au moment de l'enrôlement? Nil
6. Indiquez exactement où vous en étiez dans vos études à l'école publique, technique ou secondaire (par exemple—"école publique, 4 ans," "école secondaire, 2 ans;" "immatriculation junior" ou "cours technique en imprimerie, 4 ans", etc.) 4 Yrs Public Schooling
7. Si vous avez fréquenté une université, indiquez-en le nom ainsi que la classe atteinte ou le grade obtenu Nil
8. (a) Êtes-vous déjà entré en apprentissage? Nil (b) Si oui, dans quel métier? Nil (c) Avez-vous complété votre apprentissage? Nil (d) Si vous ne l'avez pas complété, combien de temps y avez-vous passé? Nil
9. (a) Quelles langues parlez-vous couramment? ENGLISH FRENCH (b) Quelles langues lisez-vous facilement? ENGLISH & FRENCH

Partie C—SITUATION AU MOMENT DE L'ENRÔLEMENT

10. (a) Indiquez si vous étiez EN EMPLOI ou EN CHÔMAGE au moment de l'enrôlement. (Inscrivez simplement "En emploi" ou "En chômage", selon le cas; les détails sont demandés plus bas) Working (b) Au moment de l'enrôlement de quel syndicat ouvrier ou société professionnelle étiez-vous membre? Nil

Partie D—DÉTAILS CONCERNANT CEUX QUI CHÔMAIENT AU MOMENT DE L'ENRÔLEMENT

LES QUESTIONS 11 À 17 NE S'APPLIQUENT QU'À CEUX DONT LA RÉPONSE À LA QUESTION 10 (a) INDIQUE QU'ILS ÉTAIENT EN CHÔMAGE

11. Aviez-vous déjà été employé assez régulièrement depuis votre sortie de l'école?
12. (a) Si la réponse à (11) est "oui", indiquez exactement l'occupation ou le métier effectivement exercé (b) Durée d'emploi dans cette occupation ou métier?
13. Si la réponse à (11) est "non", indiquez exactement l'occupation ou le métier pour lequel vous vous estimez compétent
14. Si vous avez été employé après votre sortie de l'école, indiquez quand vous avez travaillé assez régulièrement pour la dernière fois avant l'enrôlement
15. Donnez des détails concernant votre dernier patron, le cas échéant: Nom Adresse
16. Genre d'affaires du patron (par exemple, "culture" ou "construction de bâtiments" ou "fabrique de chaussures" ou "fonderie de fonte" ou "magasin de détail", etc.)
17. (a) Si vous travailliez à votre propre compte lors de votre dernier emploi, indiquez la nature et l'adresse de votre entreprise (b) Quand l'avez-vous abandonnée?

Partie E—DÉTAILS CONCERNANT CEUX QUI TRAVAILLAIENT AU MOMENT DE L'ENRÔLEMENT

LES QUESTIONS 18 À 23 NE S'APPLIQUENT QU'À CEUX DONT LA RÉPONSE À LA QUESTION 10 (a) INDIQUE QU'ILS ÉTAIENT EN EMPLOI. VOUS ÊTES PRIÉ DE LIRE EN ENTIER CES QUESTIONS ET DE NE RÉPONDRE QU'À CELLES QUI S'APPLIQUENT À VOTRE CAS AU MOMENT DE L'ENRÔLEMENT

SI VOUS ÉTIEZ À L'EMPLOI D'UN PATRON AU MOMENT DE L'ENRÔLEMENT, PRIÈRE DE RÉPONDRE AUX QUESTIONS 18 À 21

18. Nom du patron Mr. Felix Giroux Adresse Lachute, Que, Can.
19. Genre d'affaires du patron (par exemple, "culture" ou "construction de bâtiments" ou "fabrique de chaussures" ou "fonderies de fonte" ou "magasin de détail", etc.) Farmer.
20. (a) Genre précis de votre occupation Labourer (b) Nombre d'années d'expérience dans ce travail pour le compte de tout patron 19 Yrs.
21. (a) Votre patron vous a-t-il formellement promis de vous reprendre à son service à votre licenciement? Yes (b) Votre patron a-t-il refusé de promettre de vous reprendre à son service à votre licenciement? Nil (c) Désirez-vous retourner à votre ancien emploi? Nil

SI VOUS TRAVAILLIEZ À VOTRE PROPRE COMPTE AU MOMENT DE L'ENRÔLEMENT, C'EST-À-DIRE, SI VOUS EXPLOITIEZ UNE FERME, UN MAGASIN, UNE AGENCE OU SI VOUS EXERCIEZ UNE PROFESSION, OU SI VOUS ÉTIEZ ASSOCIÉ DANS L'UNE DE CES ENTREPRISES, PRIÈRE DE RÉPONDRE AUX QUESTIONS 22 ET 23

22. (a) Indiquez la nature du commerce ou la profession (b) Où était-il situé?
23. (a) Nombre d'années dans ce commerce? (b) Avez-vous fait ou vous proposez-vous de faire des plans pour reprendre à votre licenciement votre commerce ou un commerce d'une nature semblable?

Partie F—DÉTAILS DE L'EXPÉRIENCE EN AGRICULTURE

24. (a) Désirez-vous vous livrer à la culture de la terre après la guerre? Yes (b) Vous croyez-vous apte à exploiter une ferme? Yes (c) Si oui, dans quel genre de culture? Mixed
25. (a) Êtes-vous né sur une ferme? Yes (b) Nombre d'années d'expérience effective dans la culture? 19 Yrs (c) Dans quelles provinces avez-vous acquis votre expérience? Quebec

Partie G—DIVERS

26. Avez-vous pris des arrangements autres que ceux indiqués ci-dessus au sujet de votre rétablissement dans la vie civile après votre licenciement? Yes
27. Si oui, indiquez la nature de vos projets (par exemple, vous proposez-vous de reprendre vos études, ou vous a-t-on assuré une position, etc.) To operate own farm.
28. Indiquez toute préférence pour un certain emploi ou toute ambition que vous pourriez avoir, autres que celles indiquées ailleurs sur la présente formule Farming

DATE 16-4-41 194.... SIGNATURE Henri Giroux

M. F. M. 14
480M-10-40 (7443-4)
H. Q. 1772-39-1662

Occ. hist. form filled. Montreal South, Que.

~~A/L/Cpl.~~

No. D-123335 RANK Pte NAME GIROUX, Henri. ~~MARRIED~~ ~~WIDOWER~~ *SINGLE PLACE OF ENLISTMENT AND DATE 16th June 1941

Pte.

F

RATE OF PAY

D. O. No.	DATE	RANK	GROUP	P. F. OR A. S.	DAILY RATE	IF LIABLE PEN. DED.	REMARKS
	16-6-41	Pte					
22,	2-6-42.	L/Cpl.		A.S.	$1.50	No.	EFF. 26-5-42.
C.R.41,	25-7-42.	Pte.		.. ..	$1.30	"	" 24-7-42.

ASSIGNMENTS

ASSIGNEE	EFFECTIVE DATE	AMOUNT	TOTAL
Mrs. O. Giroux	Oct. 41		20.00
Lachute R.R.#2			
Que.			

DEPENDENTS' ALLOWANCES

DATE APPLICATION FORWARDED	RELATIONSHIP	AMOUNT AWARDED	EFFECTIVE DATE
	N/A		

OUTFIT ALLOWANCE $ PAID ON

*DELETE WORDS WHICH ARE INAPPLICABLE

IN RECEIPT OF PENSION UNDER PENSION ACT OR MILITIA PENSION ACT. (1910) $ P. A.

CASUALTIES, ETC.

PART II D. O. NO.	DATE	
141	16-6-41	TOS DD 4 "F" Wing w.e.f. 16-6-41
154	1-7-41	Ceases to be pstd "F" Wing & pstd to his Unit Montreal South Que w.e.f. 1-7-41
172	21-7-41	Posted to his Unit Mount St. Bruno Que
1	22-7-41	TOS 1st Bridge Cpy C/A RCASC.
38	28-9-41	Embarkation leave: 28-9-41 to 1-10-41.
1	28-11-41	SOS Can. Army Can. Eff. 13-11-41.
1	28-11-41	TOS " " O/S " 14-11-41.
3	9-12-41	Landing leave from 0800hrs 8-12-41 until 0800hrs 13-12-41.
22,	2-6-42.	Apptd. A/L/Cpl. Eff. 26-5-42.
C.R.41,	25-7-42.	Rev. to Pte. Eff. 24-7-42.
13	29-3-43	Granted D.R of 150 wef 1-1-43
19	2-5-43	Granted ~~EROa~~ 7 days leave with R a 28 apr 5 May
34 (C.R)	6-7-43	Granted. 7 day P. L. with R.A. wef 29 July 43.
161	14/10/43.	Att. F.A.P.O. H.Q. Comd First Cdn. A/Sgt. Cdn. R.C.A.S.C. wef
CR185	16-11-43	Granted 7 days P.L. with R. a. 16-23 Nov 19 Oct 43.
4	24 Jan 44	Awarded C.V.S.M. & Clasp wef 15 Jan 44
CR25	7 Feb 44	Granted 7 dys. P.L. with R.A. 16-23 Feb 44

File No. 405-G-3527.

VERIFICATION FORM

WAR SERVICE MEDALS 1939-45

No. D123335 Name GIROUX HENRI

Rank on Discharge Pte Date of Discharge 14-9-44

Authority for Discharge or Retirement Deceased

Served in:

				Non-qualifying service
Canada	from 16-6-41	to	22-11-41	
	from	to		
United Kingdom	from 23-11-41	to	6-7-44	
	from	to		
Italy	from	to		
Northwest Europe	from 7-7-44	to	14-9-44	KA
----------	from	to		
----------	from	to		

Eligible for award of:

1939 - 45 Star OK

~~Italy Star~~

France-Germany Star OK

Defence Medal OK

War Medal 1939-45 OK

Canadian Volunteer Service Medal

with clasp

Verified by

Date 31-10-46

Carded NOV 1 1946

NO RIBBON DESPATCH

HA 165

Memorandum

To: F I L E

Department of National Defence
H.Q. 405-G-3527 (A.P. 4)
OTTAWA, 24th August, 1941.

DISCHARGE ON COMPASSIONATE GROUNDS
D.123335, Pte. GIROUX, Henri
Le Regt. de Maisonneuve (D.D. No. 4)

Circumstances

Discharge is requested by the marginally named soldier to assist in the operation of his father's farm. Folio 2

Reasons

The soldier's father is in ill health and is not capable of doing the work on his farm of 266 acres since the enlistment of Pte. Henri Giroux and the other six children at home are too young to help, being, respectively, Therese, 15, Ernest, 13, Cecile 12, Annette, 7, and Jean Marcel, 6. Folio 1

It is claimed that this soldier is needed on the farm to assist with the harvesting, etc. Folio 1

ROUTINE ORDER 1145

D.O.C., M.D. No. 4

Discharge is recommended. Folio 14

Employment

In the event of discharge being granted, Pte. Giroux would help operate his father's farm, which would provide for his livelihood. Folio 2

Allowances

No record of application for A.P. or D.A. Folio 5

Information Submitted

Age: 19 years. Folio 4

Category: "A". Folio 4

Service: T.O.S. 16th June, 1941. Folio 4

N.D. 25a
50M—1-41 (8878)
H.Q. 1772-101-25

HSY

15

Directional Service for the Families of Enlisted Men

Service Directif pour les Familles des Combattants

Operated in conjunction with
MILITARY DISTRICT No. 4; FAMILY WELFARE COMMITTEE; WAR TIME CO-ORDINATING COUNCIL.
Dirigé conjointement avec le
COMITE DU BIEN-ETRE DES FAMILLES; CONSEIL DE COORDINATION DES SERVICES AUXILIAIRES; DISTRICT MILITAIRE No. 4.
Sponsored by:
Appuyé par:
The Montreal Council of Social Agencies.
La Fédération des Oeuvres de Charité Canadiennes-Françaises.
Federation of Catholic Charities.
Federation of Jewish Philanthropies.
Co-operating with:
Coopérant avec:
Montreal Soldiers' Wives League.

Executive-Secretary:
Secrétaire-Exécutive:
MISS M. GELDARD-BROWN

TELEPHONE HARBOUR 9927
SUITE 901, DRUMMOND BLDG.
1117 ST. CATHERINE ST. W.
MONTREAL, P.Q.

August 12th., 1941.

Major B. Languedoc,
Auxiliary Services, M.D.No 4,
Sun Life Building,
Montreal.

Dear Major Languedoc: RE: GIROUX, Henri D-123335-Reg. de Maisonneuve

As requested by you, we have had the home of the above mentioned soldier, visited. The parents of Private Giroux live about 10 miles out of Lachute on a farm of 166 acres. The house and buildings were in good condition. The home itself was spotlessly clean and the other six (6) children ranging from 6 to 21 years, were in the home and were well clothed.

Mr. Giroux who is a small sickly-looking man, stated that he suffered from kidney trouble and was being attended by Dr. Sauve of Lachute, Que. He is able to do light work only, but our investigator learned that he was doing most of the work on the farm, assisted by his wife, who is about 50 years of age and who is strong and in good health. Two married sons, Albert and Armand, live in the neighbourhood at St. Phillippe. They give occasional help with the hay and harvest, but do very little else, because they are both assisting their fathers-in-law.

Mrs. Giroux stated that Private Giroux enlisted at Lachute on June 13th., without their consent and that later he said that he had not thought of the illness of his father when he did so. Mr. and Mrs. Giroux both feel that the daughters should not do any work in the fields, although they are taught to help with the work in the home.

The stock on the farm consists of; 16 cows, 10 hogs, 3 horses and about 150 chickens. Work with the latter, is done by the girls. They have not had to put out any money for haying, nor have they planned to do so, for the harvest .

Mrs. Giroux was surprised when she was asked if Private Giroux had assigned pay to her, so that the soldier is keeping his full pay for himself. We feel that if he were approached to assign his pay to his parents, that it would enable them to hire help, and that there would be no necessity for him being discharged from the army. It appears that he is contented in the army and we see no reason on the above information, why any special consideration should be given him.

18th. October 1944

Mr. Felix Giroux,
R.R. #2,
Lachute, Quebec.

Dear Mr. Giroux:

It was with deep regret that I learned of the death of your son, D123335 Private Henri Giroux, who gave his life in the Service of his Country in the Western European Theatre of War, on the 14th day of September, 1944.

From official information we have received, your son was killed in action against the enemy. You may be assured that any additional information received will be communicated to you without delay.

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

We pay tribute to the sacrifice he so bravely made.

Yours sincerely,

A.C.S.

(A.C. Spencer),
Brigadier,
Acting Adjutant-General.

EFH

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405-4-3527

FIELD SERVICE

9/31B Army Form B. 2090A. 40/P & S/2551 (5504)

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

A493

REGIMENT OR CORPS } 85 Br Coy RCASC ..... Squadron, Troop Battery or Company } .....

Officer's Personal No. (if known) Soldier's Army No. } D123335 ..... Rank ..... Pte .....

Surname Giroux. ..... Christian Names ..... H. .....

Died { Date 14 Sep 44 ..... Place ..... Belguim .....

Cause of Death* ..... Killed. .....

Nature and Date of Report ...3011c/145 ... A.F.W. 3014/127 ... 29 Sep 44 .....

By whom made Can Sec GHQ 2nd Ec 21 A Gp. .....

* Specially state if killed in action, or died from wounds received in action, or from illness due to field operations or to fatigue, privation or exposure while on military duty, or from injury while on military duty.

Burial { Place Belguim Churchyard of ruined church ... Date ..... 29 Oct 44 .....

of St Gymphne Gheel 1/50,000 sh 25 & 35 088884

By whom reported ..... Major. C.E. Lugard D.A.D. GR & E 2nd Army

State whether he leaves a Will or not { (a) in Army Book 64 ..... No. .....

(b) as a separate document ..... Not Received .....

All private documents and effects received from the front or hospital, as well as A. B. 64, should be examined, and if any will is found it should be at once forwarded to the War Office.

Any report received as to verbal expressions by a deceased officer or soldier of his wishes as to the disposal of his estate should be forwarded to the War Office at once, supported by a certified statement of the person who actually received the information.

In the case of a soldier a duplicate of this report is to be sent to the Paymaster at the Base, together with the deceased's A. B. 64 (after withdrawal of any will from the latter), for transmission to the Paymaster who compiles the soldier's account.

Station and Date } Belguim ..... 20 Nov 44

Signature of Officer in charge of Section Adjutant-General's Office at the Base } Eric Robertson Capt for Officer 1/c Can Sec GHQ 2nd Ech 21 A Gp.

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H.Q. 405-G-3527 D.R. 2(D)

19th June, 1945.

Mr. Felix Giroux,
R.R. #2,
Lachute, Que.

Dear Sir:

Information has now been received from the overseas military authorities that your son, D123335 Private Henri Giroux, was Buried with religious rites in a temporary cemetery located at Gheel, approximately eleven miles South-East of Turnhout, Belgium.

The grave will have been temporarily marked with a wooden cross for identification purposes and in due course the remains will be reverently exhumed and removed to a recognized military burial ground when the concentration of graves in the area takes place. On this being completed the new location will be advised to you, but for obvious reasons it will likely take approximately one year before this information is received.

Yours faithfully,

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

AO

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405-G-3527

RECORDS OFFICE OVERSEAS.

CANADIAN MILITARY HEADQUARTERS.

GRAVES REGISTRATION CARD.

P.A.

NAME GIROUX, Henri

RANK PTE

UNIT 85 CDN BDGE COY RCASC (AEF)

PLACE & DATE OF BIRTH ST.ANDRE D'ARGENTEUIL, 13 Jun 1922 QUE.CAN

REGIMENTAL NO D.123335

NEXT OF KIN & ADDRESS FATHER:
Mrs Felix GIROUX - CENTREVILLE,
LACHUTE, QUEBEC, CANADA.

PARTICULARS OF HOSPITALISATION

DATE OF ADMISSION

NAME & LOCATION OF HOSPITAL

DIAGNOSIS

PARTICULARS OF DEATH

DATE OF DEATH 14 Sep 44

PLACE OF DEATH

HRS

CAUSE OF DEATH KILLED

PARTICULARS OF BURIAL

DATE OF BURIAL 29 Oct 44

CEMETERY Churchyard of Ruined church
Sg. Dymphne Gheel N.Brabant
Sh.25835 088884

PLOT NO ____ ROW ____ GRAVE ____

DEATH CERT.NO

RELIGION R.C.

DATE 15 Oct 45

(M.Bluteau)Capt.
for COLONEL,
O i/c Records,
CANADIAN MILITARY HEADQUARTERS.

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

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

NUMBER D.123335 RANK Private SERVICE UNIT R.C.A.S.C. (C.A.).

NAME GIROUX, Henri

DATE OF BIRTH
DAY 13th MONTH June YEAR 1922 Enlisted: 16-6-41

MARITAL STATUS Single RELIGION--Roman Catholic

NEXT OF KIN AS SHOWN ON M.F.M. 1. 2 & 5 RELATIONSHIP Father NAME Mr. Felix Giroux,

ADDRESS R. R. #2, Lachute, Quebec. ADDRESS D.A.B.

ADDITIONAL PERSON TO BE NOTIFIED ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. Canrecords 1476A H.Q. 405-G-3527

CASUALTY DETAILS Killed in action DATE 14-9-44

FRANCE.

O/S with #1 Bridge Coy.
S/L 1047

LAST WILL ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO M.F.M.S. ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO DATE 9-10-44

BTC OFFICER I/C RECORDS

6

COPY FOR DOCUMENT FILE

THE CANADIAN PENSION COMMISSION

MEMORANDUM

To.....Pension Medical Examiner, MONTREAL

From.....Head Office.....

.....Ottawa, October 27th, 1944

D-123335 Pte. GIROUX, Henri

P. & N. H. 696-H

The Department of National Defence, Army

officially reports that the marginally named was reported -

Killed in Action

on the 14th September, 1944 on service Overseas.

His next of kin is reported as - Father -
Mr. Felix Giroux,
R.R. #2,
Lachute, Quebec.

The Addressograph Stencil shows payment of Assigned Pay of

$ 20.00 a month to -
Mrs. Olivine Giroux,
R.R. #2,
Lachute, Quebec.

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

/FD

E. Clewes,
for
Canadian Pension Commission.

C.P.C. - C.N. 2 15M-8-43 Req. 741

FORM 6

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not write in this space

1. PLACE OF DEATH — Municipal county: IN THE FIELD(France) — 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

Surname: GIROUX (*Block letters*)

Given names: Henri

4. RESIDENCE

Street: — No.

Official name of civil municipality or township: Centreville,

Municipal county: Lachute — Province: Que.

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

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

10. BIRTHPLACE (Province or Country): Quebec

11. DATE OF BIRTH: June (Month) 13th (Day) 1922 (Year)

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

OCCUPATION

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

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	Felix Giroux	
MOTHER (Maiden Name)		

19. Place of burial, cremation or removal: France

20. Date of burial: ....19....

21. PLACE OF REGISTRATION OF THIS BURIAL

(a) Name of parish or church:

(b) Civil municipality of:

(c) Municipal county:

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

Do not write in this space

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: Sept. (Month) 14th (Day) 19 44 (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) Killed in Action

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....Date....19....
(State which)

Manner of injury....
(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.)

G Giroux

....

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

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)

MAY 15 1945

Director of Records, Dept. of Natl. Defence

No D.123335 Rank Private Name GIROUX, Henri

Unit R.C.A.S.C. Date of death 14th Sept., 1944.

Died at ~~-France.~~ Belgium

Cause Killed in action.

Death occurred on strength of Forces.H.Q. 405-G-3527

N/K Mr. Felix Giroux, Relationship Father

Address R. R. #2, Lachute, Quebec.

Remains buried in M.R.088884 Sh.25835 Cemetery
Churchyard of ruined church St. Dymphe, FRANCE.
Gheel N. Brabant

Grave location France

CHK ✓

OVER-

BURIAL REPORT TO N.K.

RETURN TO BUR. OF STAT. MAY 15 1945

ROYAL MESSAGE DESP'D. OCT 31 1944

CAN. MESSAGE DESP'D. OCT 25 1944

Temp B R sent to N K

H I & CR

(AUTH IWGC HL & CR FORM)

GRAVE NOW KNOWN AS:

Geel WAR British Cemetery,

Geel, Belgium.

Grave 16, row B, plot 1.

CR Form Despd. NOV 1 1946

DOIT ÊTRE REMPLIE ET RENVOYÉE PAR

Formule P. 64

Monsieur Félix Giroux,
R.R. #1,
Lachute, Québec.

Prière d'adresser toute communication subséquente à ce sujet au:

DIRECTEUR DES SUCCESSIONS,
MINISTÈRE DE LA DÉFENSE NATIONALE,
OTTAWA, ONTARIO

et de citer le numéro suivant:

Q.G. 405-G-3527, FD.354

MINISTÈRE DE LA DÉFENSE NATIONALE
DIVISION DES SUCCESSIONS
OTTAWA, ONTARIO

11 novembre 1944

CANADA
CASUALTIES BRANCH
NOV 21 1944
H.Q.
OTTAWA
NATIONAL DEFENCE

Afin de les consigner dans nos dossiers et au cas où il y aurait une succession militaire à distribuer (conformément à la loi) au nom de feu

GIROUX, Henri, Soldat,

D.123335, Armée Canadienne.

il est nécessaire que les renseignements voulus concernant le défunt et les membres de sa famille soient fournis à la Division des successions. Vous êtes donc prié de lire le mémorandum ci-inclus avant de remplir les pages 2 et 3 de cette formule. Les détails exigés doivent être inscrits comme il faut et la déclaration à la page 4 doit être ensuite signée en présence d'un pasteur, prêtre, magistrat de la localité, commissaire instrumentaire, notaire public, ou officier de l'une quelconque des forces de Sa Majesté, que l'on priera de compléter et signer le certificat. Cette formule doit être ensuite renvoyée à l'adresse mentionnée ci-dessus.

Si l'espace destiné aux questions des pages 2 et 3 de cette formule n'est pas suffisant pour donner tous les détails, il faudra alors se servir de l'espace réservé aux "remarques supplémentaires", à la page 4.

OG/GC

pour Le directeur des successions,

M.F.W. 77a (French)
3M—10-44 (5704)
H.Q. 1772-39-972

RÉPONDRE AU LONG À TOUTES LES QUESTIONS APPLICABLES

ÉTAT des noms, âges et adresses, ou dates de décès, de tous les parents du défunt, à chacun des degrés spécifiés ci-dessous.

Degrés de parenté	PARENTS à signaler		TÉMOIGNAGE DU DÉCLARANT — NOM ET PRÉNOMS de tout parent de chacun des degrés mentionnés	Age	ADRESSE AU LONG de chaque parent survivant, en regard de son nom, et date du décès de tout parent décédé
1	Veuve du défunt.....				
2	Enfants du défunt et dates de naissance.....				
3	Père du défunt.....		Felix Grioux	53	~~St~~ Sachute. C.O. Argenteuil R.R. No 1
4	Mère du défunt.....		Olivine Legault	52	Sachute. C.O. Argenteuil R.R. No 1
5	Frères du défunt	Frères germains	Albert Grioux	33	St-Jérome C.O. Terrebonne
			Armand Grioux	31	Ste-Thérese C.O. Terrebonne
			Ernest Grioux	16	Sachute R.R. No 3 C.O. Argenteuil
			Jean Marcel Grioux	9	. . . . .
		Demi-frères			
6	Sœurs du défunt	Sœurs germaines	Therese Grioux	17	Sachute R.R. No 2 C.O. Argenteuil
			Albertine Grioux	25	Montreal.
			Cecile Grioux	15	Sachute R.R. No 2 C.O. Argenteuil
			Annette Grioux	10	. . . . .
		Demi-sœurs			
7	Noms des frères ou sœurs (germains ou non) du défunt, *qui sont décédés*, et date de décès de chacun d'eux		Noms et âges de leurs enfants (le cas échéant) Olivo Grioux decedé le 27 octobre		Adresse de leurs enfants

RÉPONDRE A

8	Nom et prénoms du défunt.
9	Date de sa naissance.
10	Lieu et date de son mariage.
11	Lieu et date du mariage de ses
12	Lieu où le défunt est né.
13	Indiquer, par ordre, la provinc défunt a résidé avant son chaque cas.
14	Nature de son emploi avant son
15	Indiquer s'il était propriétaire d cas échéant, à quel endroit?
16	Indiquer le lieu où le défunt en manente.
17	A-t-il laissé un testament? Si nous le transmettre.
18	Si le défunt était marié et domici ou dans un état des États-Unis il existe communauté de biens contrat se rapportant à la prop
19	Avait-il un compte d'épargne da poste ou autre institution? L l'adresse de la banque, etc., et vous qu'il soit administré avec
20	Montant des certificats d'épargn défunt. Indiquer l'endroit où
21	Montant des bons de la victoire diquer s'ils sont enregistrés que l'endroit où ils se trouvent
22	Si le défunt possédait des polic noms des compagnies et la som des polices, ainsi que le nom d bénéficiaire.
23	Décrire les autres valeurs, le montant approximatif. Se se besoin.
24	Après son engagement, le défun (a) pour ses propres logement et les forces armées. (b) pour habits et équipement m Un état détaillé de chacun de ces formule et, s'ils sont exacts, v signer votre nom. Si vous l détails.
25	Est-ce que les frais funéraires o partie, par vous-même ou un annexez des états détaillés in par qui.

(REMARQUE:—Le gouverne lorsque le militaire est décédé et du Nord; si un parent a déjà p du montant fixé par les règlemen ment ni ne sera à la charge de l

NS APPLICABLES

défunt, à chacun des degrés spécifiés

	U DÉCLARANT		
		Age	ADRESSE AU LONG de chaque parent survivant, en regard de son nom, et date du décès de tout parent décédé

DÉCLARATION

*Insérez le degré de parenté, par exemple: "veuve", "père", "frère", etc.

Je, soussigné, déclare que tous les renseignements contenus dans cette formule sont exacts et constituent une liste fidèle et complète de tous les parents que le défunt ait jamais eus aux degrés signalés; et que je suis le/la* mere du défunt.

N.B.—A être signée au long en présence d'un pasteur, prêtre, magistrat de la localité, commissaire, notaire public ou officier de l'une quelconque des forces de Sa Majesté.

Mme Aline Giroux ..... {Signature du déclarant

..... Adresse

CERTIFICAT

Je, soussigné, certifie que, autant que je sache Dame Olerene Legault epouse de Telesphore Giroux {Nom du déclarant

*Voir plus haut

est le/la* mère du défunt ci-dessus décrit. La déclaration ci-dessus a été faite par la déclarante et signée en ma présence.

x Mme Aline Giroux

Daté à Sachute ce 17e jour de Janvier 1945

Signature du pasteur, prêtre, magistrat, commissaire, notaire public ou officier de l'une quelconque des forces de Sa Majesté.

Jacques Beaudoin Titre Notaire

Adresse Sachute P. Q.

REMARQUE.—Avant d'accorder le certificat qui précède, il faut veiller à ce que le déclarant donne des détails concernant le décès de tout parent qu'il déclare être décédé et que les nom et prénoms, ainsi que l'adresse et l'âge de chaque parent survivant visé soient inscrits à l'endroit voulu dans la déclaration qui est vis-à-vis.

(Si le défunt n'a aucun parent vivant des degrés signalés à la page 2, il faudrait donner ci-après les noms et adresses, et le degré de parenté, d'autres parents.)

SE SERVIR DE L'ESPACE CI-DESSOUS SI VOUS DÉSIREZ FAIRE DES REMARQUES SUPPLÉMENTAIRES.

To be made out in duplicate

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

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

INSTRUCTIONS.

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

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

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

---

(1) Name of Officer of Other Rank..... GIROUX, HENRI .....
(Surname first—Christian names in full—Block capitals)

.....

(2) Regimental or Air Force Number and Rank..... D-123335 Pte .....

(3) Unit..... 1 Bridge Co. R.C.A.S.C. CA .....

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

(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?..... N/A .....

(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..... N/A .....

.....

[SEE OTHER SIDE]

(10) Have you a common-law wife—whom you have been regularly supporting and publicly representing as your wife for at least 2 years immediately prior to appointment or enlistment?.....No.....

If so, state her full name and Postal Address.....N/A.....

.....

.....

(11) Is your father alive?.....Yes.....

If so, state name and address, occupation.....Mr. Felix Giroux,.....

.....Centreville, Lachute, Que., Can. Farmer.....

(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?.....Yes.....

If so, state name and address.....Mrs. Olivine Giroux,.....

.....Centreville, Lachute, Que.....

(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?.....NPA.....

(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?.....No.....

If so, in what Company?.....N/A.....
(Give number of policy)

Have you made arrangements for payment of your Insurance Premium?.....N/A.....
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.

Joseph Giroux
.....
(Signature of officer or man)

Date.....16 June 1941.....

W. K. Cullerton
.....
Officer Commanding.....

Date.....16 June 1941.....

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.

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

DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE

4
ARMY

STATEMENT OF WAR SERVICE GRATUITY

DISCHARGED MEMBER'S NAME: Henri (CHRISTIAN NAMES) GIROUX (SURNAME)

REGISTER NO. D-18619
FILE NO. 405-G-3527
DATE 1-4-46
SERVICE NO. D-123335
FINAL RANK OR RATING Pte.
DATE OF DISCHARGE 14-9-44

PAYEE Mme. Olivine GIROUX,
ADDRESS R.R. # 2, Lachute, P.Q.

DATE OF TERMINATION OF OVERSEAS SERVICE 14-9-44

		$	¢
A. TOTAL QUALIFYING SERVICE			
1170	NO. OF DAYS 1187/30 EQUAL TO 39 COMPLETE PERIODS AT $7.50	292.50	
B. QUALIFYING OVERSEAS SERVICE			
No. of Days 1036 LESS 17 INELIGIBLE DAYS, EQUAL TO 1019 DAYS @ 25c. PER DAY		254.75	
SEE PAR. 2 OVERLEAF FOR EXPLANATION			
		547.25	
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 $	$		
TOTAL	$ 2.75 X7 = $19.25		
NO. OF DAYS 1036/183	X $19.25	108.98	
D. WAR SERVICE GRATUITY		656.23	
E. DEDUCTIONS — OVERPAYMENT OF — PAY AND ALLOWANCES	$		
DEPENDENTS' ALLOWANCE AND ASSIGNED PAY	$		
OTHER DEDUCTIONS	$		
F. TOTAL AMOUNT PAYABLE		656.23	

G. YOUR PORTION OF GRATUITY IS— 100%

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

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

ΔT

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

PREPARED BY	CHECKED BY
KRM	

TREASURY	
CHECKED BY	DATE
Birmingham	3/4/46

G. Hartman Capt
SERVICE REPRESENTATIVE

TL

DISTRIBUTION OF SERVICE ESTATES

ARMY

Estates Form "P. 4"

Name: GIROUX (Surname) Henri (Christian Names) No.: D123335

Pte. (Rank) C.A. O/S (Unit) 14-9-44 (Date of Death)

AMOUNT

L.P.C. ..... $ 61.42

Date: 9-7-45

Other Credits .....

Total 61.42

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Father	Felix Giroux R.R. # 1, LACHUTE, Que., (sole beneficiary under will)	61.42 R

P4. TO TREAS. 19-9-45 [illegible]

AUTHORITY

H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	$61.42

CLASSIFIED BY

EXAMINED BY

For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

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

AUDITED FOR PAYMENT

For Chief Treasury Officer

50M—8-44 (5426)
H.Q. 1772-80-2

3/45A MFM 510
40/P&S/254 (7012)

CANADIAN ACTIVE SERVICE FORCE

District.....

OVERSEAS

Dispersal Area.....

LAST PAY CERTIFICATE

(All Ranks)

Regtl No D.123335 Rank and Name Giroux H. Pte.

of (Unit).....on.....

(~~Transfer~~ or Discharge).....to.....on 14th September 1944

Reason Death Authority: C.C.L. "A" 495 d/1st October 1944.

The following is a statement of the account of the above-named from 1st September to 30th September 1944 the inclusive date of transfer or discharge.

Particulars	Dr Amount		Particulars	Cr Amount	
Balance Dr from last account			Balance Cr from last account	40	89
First Monthly Payment AR29 d/8.9.44.	4	47	Regimental Pay 30 days @ $ 1.50	45	00
Casual Payments			Tradesmen's Pay .....days at $		
Payments on Transfer or Discharge			Additional Pay (Give Particulars) .....days at $		
Assigned Pay	20	00	Allowances (give particulars) .....days at $		
Regimental Charges					
Public Stoppages (give particulars):					
To Balance Cr Free	61	42			
To Balance Cr Deferred			By Balance Dr		
Total	85	89	Total	85	89

BALANCE GIVEN IS SUBJECT TO ANY CHARGES
AND/OR CREDITS ENDORSED ON THE REVERSE HEREOF

Remarks

Assigned Pay $20.00 (M) stopped effective October 1944.

ESTATES BRANCH MAY 9 1945 WAR SERVICES DEPARTMENT

Compiled by E. Hill

Checked by [signature]

Date 20th April 1945.

SIS.

Certified correct [signature]
for Chief Treasury Officer, Overseas

2007

FORM No. 1

Register No. D-18619 Nominal Roll No. D-510

To [redacted] P.M.G. H.Q. File No. HQS-G-35-27

CANADIAN ARMY (ACTIVE)

Computation of Service

WAR SERVICE GRANT

Regt. No.	Rank when S.O.S.	Surname	Christian Name in Full
D123335	Pte.	Giroux	Henri

REASON FOR TERMINATION OF SERVICE:

1st Enlistment ..... Deceased. ..... CARO ..... ( )

2nd Enlistment ..... CARO ..... ( )

3rd Enlistment ..... CARO ..... ( )

Total Service

1ST ENLISTMENT	2ND ENLISTMENT	3RD ENLISTMENT
T.O.S. 16 Jun. 41	T.O.S.	T.O.S.
S.O.S. 14 Sep. 44 MD 05	S.O.S. MD	S.O.S. MD
Total Days 1187 HRS.	Total Days	Total Days

Total Service ..... 1187 HRS. DAYS

——	Total Service	Less Non-qualifying Service	Net Service
Western Hemisphere	151	—	151
Overseas Service	1036	—	1036
Totals	1187	—	1187
Add Non-qualifying Service			—
Total Service			1187

EMBARKATION DETAILS:

T.O.S. O.S. 14 Nov. 41

1. Date S.O.S. Overseas ..... 14 Sep. 44 2. Date S.O.S. Overseas .....

REMARKS:

Computer's Signature ..... H. Sharpe

Checker's Signature ..... G. F. Cleary

Date Computed ..... 16 May 95

KILLED IN ACTION 14 Sep. 44

all does show right No as correct

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

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

500M—11-44 (6012)
H.Q. 1772-45-8

2007

FORM No. 1

Register No. D-18619 Nominal Roll No. D-510

To: P.M.G. H.Q. File No. HQS-G-35-27

CANADIAN ARMY (ACTIVE)

Computation of Service

WAR SERVICE GRANT

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Checker's Signature S. Cleary

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

500M—11-44 (6012)
H.Q. 1772-45-8

Details of Non-Qualifying Service

Western Hemisphere—

Forfeits for	From	To	Effective Date	Days	Total
				Total	

Overseas: T.O.S. 14 Nov 41 T.O.S. T.O.S.

S.O.S. 18 Sep 44 S.O.S. S.O.S.

CFA 187
40/P & S/2180 (4066)

CANADIAN MILITARY HEADQUARTERS

ESTATES BRANCH
INVENTORY

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

No., RANK and NAME ..... D-I23335 Pte Giroux J N ..... Dec'd

RECEIVED FROM ..... Cdn Sec GHQ 2nd Echelon 21 Army Group
A-II7006 Gnr Schwartz M
B-8I759 Sgt Graves J G

CHECKED BY ..... DATE ..... 25 Jan 45

I	Metal Ring.		

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

TRIPLICATE — with effects.

.....
for OC 1 Cdn KSD

CANADIAN MILITARY
ESTATES
2 JAN 1945
BRANCH
HEADQUARTERS