D124761
RODRIGUE
CAMILLE

Received........................Checked E.......................Card ✓.......................Observations

~~ORIGINAL~~
DUPLICATE
~~TRIPLICATE~~

Royal 22e Regt.

FINGER PRINTED

M.F.M. 2
A.F.B. 271
450M—5-40 (5237)
H.Q. 1772-39-1645

O

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

Unit ~~M.T.C.No. 43 Sherbrooke (NPAM)~~ Regimental Number ~~NPAM-~~D-~~447130~~ 124761

~~LES FUSILIERS DE SHERBROOKE~~

CANADIAN ACTIVE SERVICE FORCE

ATTESTATION PAPER

1. Surname........RODRIGUE
2. Christian Names........CAMILLE
3. Present address........101 Brooks Street, Sherbrooke, Quebec, Canada
4. Date of birth........16th September, 1919
5. Place of birth........Canada (Country) Quebec (County or Province) Johnville, Co. Brome (Town or Township)
6. Religion (state denomination)........Roman Catholic
7. Trade or Calling........Labourer
8. Married, Widower or Single........Single
9. Name of next of kin........Mrs. Marie-Louise Rodrigue
10. Relationship........Mother
11. Address of next of kin........101 Brooks Street, Sherbrooke, Quebec, Canada
12. Do you belong to, or have you served in the Active Militia of Canada?........
Les Fusilliers de Sherbrooke,
(If Yes, Give Unit and Dates of Service)
13. Have you served in (*a*) The Canadian Active Service Force?........No (Yes or No)
........Nil........ (If Yes, Give Regimental No. and Unit) (*b*) Any other Naval, Military, or Air Force?........No (Yes or No) (If Yes, specify Unit and Period of Service) Nil
14. Did you serve during the Great War 1914-1918?........No
........Nil........
Nil (If Yes, specify Regimental No., Unit and Dates of Service)

C.A.A.

DECLARATION TO BE MADE BY MAN ON ATTESTATION

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

Date........1/41 31-7-41........ *Camille Rodrigue* (Signature of recruit)
Witness: *Valere Gamache*

OATH TO BE TAKEN BY MAN ON ATTESTATION

I, *Camille Rodrigue*........do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.

........*Camille Rodrigue* (Signature of Recruit)

CERTIFICATE OF MAGISTRATE, JUSTICE OF THE PEACE OR ATTESTING OFFICER

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

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

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

at *Sherbrooke*........this........31 st........day of........July........19*41*

........*J.M. Cartay Capt*........ Signature of Magistrate, Justice or Attesting Officer.

........*F.M.R.*........ Office or Rank and Unit or appointment.

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

P

0606

Record of Service of Rodrigue ~~RODRIGUE~~ (Surname) ~~CAMILLE~~ Camille (Christian Names) Regimental Number ~~MPAM-D-447130.~~ 124761

QUALIFICATIONS

Military: Fusil ~~Nil~~
Business or Professional: Nil
Trade or Civil: ~~Labourer~~ Journalier
Technical: Nil
Languages: French Français

EDUCATIONAL QUALIFICATIONS

High School or ~~Collegiate~~: Nil (years completed)
Graduation or Matriculation: Nil (specify)
*College: Nil
*University: Nil
5 yrs. Public Schooling
*(Name of institution, courses or years completed, and degrees obtained to be shown)

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

Report Date	Report From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., from date taken on Strength of Field Force	Rank Shown	Effective Date	Unit	Place	Authority Part II D.O. No. Cas. List, etc.	Authority Dated
17Sept40	D.R.O.	Joined on appointment NO. 4 DISTRICT DEPOT CASF	Pte.	17Sept40	4 DD	Montreal	4 DD Pt. II 235	17 Sept 40
28-9-40	4 DD	Transf to Unit ~~Sherbrooke~~ Sherbrooke	"	27-9-40	"	"	" " " " 246	28-9-40
28-9/40	T.C. 43	T.O.S. on Transfer from D.D. 4	"	28-9-40	T.C. 43	Sherb.	T.C. 43 II I	29-9-40
1-10-40	T.C.#43	Promotion Sherbrooke Que	A/LCPL.	1-10-40	T.C.#43	Sher.	T.C #43 Part.11/4	22-10-40
16-11-40	"	Grant leave absence 4 days	"	16-11-40	"	"	" 18	16-11-40
22-12-40	"	Grant X-Mas leave	"	23-12-40	"	"	" 44	22-12-40
18-2-41	"	Adm. Sherbrooke. Milt. Hosp. 1000 Hres. Disch. " " " 1015 "	"	8-2-41 10-2-41	"	"	" 29-	10-2-41
28-3-41	"	GRANTED 14 Days Furlough.	A/Cpl	30-3-41	"	"	" 51	15-3-41.
23-4-41	"	Promoted A/Cpl	"	15-4-41	"	"	" 69A	23-4-41
1-8-41	D.R.O.	Ceases to be employed under GO 139-39	"	30-7-41	"	"	" 128	31-7-41
1-8-41	D.R.O.	TOS on joining the C.A.A. with regt number D-124 761 and transfer from On Command D.D. 4 to CABTC 43 for all purposes	Pte	31-7-41	R22ndR.	Sherb	" 128	31-7-41
1-8-41	T.C.43	Promoted to the rank of Cpl	Cpl	31-7-41	"	"	" 128	31-7-41

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

Statement of the Service of No. D-124761 Rank ~~CPL~~ A/SGT Sheet No. I

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

Name RODRIGUE CAMILLE

REPORT		Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority	
Date	From whom received						Part II D.O. No. Cas. List, etc.	Dated
1-6-42	TC.43	Granted 14 days furlough, 0730 1-6-42	CPL	1-6-42	TC.43	SHERB.	TC.43 Pt11 114-A	1-6-42
26-10-42	TC43	Promoted to the rank of A/SGT Instructor whilst so employed.	A/SGT	25-10-42	TC43	Sherb.	TC43 Pt11 237-A	26-10-42
4-12-42	TC.43	Reverted to the rank of Lance Sergeant on re-organization of H.W.E.	A/L/SGT.	1-11-42	TC.43	Sherb.	TC.43 PtII 271-A	4-12-42
22-12-42	TC43	Granted X Mass Leave and allowance.	A/L/SGT	22-12-42	TC43	Sherb.	TC43 Pt11 287-A	22-12-42
20-2-43	TC.43	Promoted to the rank of A/Sgt. whilst so employed.	A/SGT	12-2-43	TC.43	Sherb.	TC.43 PtII 43-A	20-2-43
17-3-43	T.C. 43	Admitted to Sherbrooke Mil. Hospital	A/SGT	16-3-43	T.C. 43	Sherb.	TC 43 PtII 64-A	17-3-43
4-5-43	TC43	Discharged from Sherbrooke Mil. Hospital	A/SGT	22-3-43	TC43	Sherb.	TC43 Pt11 105-A	4-5-43
4-5-43	TC43	Admitted to Sherbrooke Mil. Hospital	A/SGT	3-4-43	TC43	Sherb.	TC43 Pt11 105-A	4-5-43
8-5-43	TC43	Discharged from Sherbrooke Mil. Hospital	A/SGT	8-5-43	TC43	Sherb.	TC43 Ptll 109-A	8-5-43
24-5-43	TC43	Granted (14) days furlough, is authorized to draw (50) cents per diem for allowance in lieu of rations.	A/SGT	29-5-43	TC43	Sherb.	TC43 Ptll 122-A	24-5-43
11-6-43	TC. 43	Proceeded on command to a ~~Chemical Warfare~~ physical training course and is attached for all purposes except pay to S-3, C.S.A.S.(EC) Long Branch, Ont.	"	11-6-43	TC.43	Sherb.	TC.43 Pt11 138-A	11-6-43
		Attached to S-3 C.S.A.S. for R.Q.D &D on a course of Instruction	"	11 Jun 43	"	"	D.O.# 68	15 Jun43
		Ceases to be attached to S-3 C.S.A.S. for R.Q.D &D on completion of course	"	2 Jul 43	"	"	D.O.# 75	2 Jul 43
5-7-43	TC 43	Returned from a Physical Training Course and ceases to be attached for quarters rations duty and discipline to S-3 CSAS (EC) Long Branch, Ontario.	"	2-7-43	TC. 43	Sherb.	TC.43 Ptll 158-A	5-7-43

Statement of the Service of No. D-124761 Rank P/~~te~~ A/SGT Sheet No. 2

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

Name RODRIGUE, C.

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
6-7-43	TC. 43	Is granted 3 days furlough under R.O. 699 and is authorized to draw 0.50 per diem for allowance in lieu ~~of~~ rations.	A/SGT ~~Ptex.~~	6-7-43	TC. 43	Sherb.	TC.43 Ptll 159-A	6-7-43.
12-7-43	TC43	Having a tended a "Physical Training Course" from 11 June 43 5o 2 July 43 at S-3, C.S.A.S. (EC) Long Branch, Ont, is qualified "Q-II"	"	12-7-43	TC43	Sherb.	TC43 Ptll 164-A	12-7-43
4-8-43	TC43	GRanted (2) days embarkation leave is authorized to draw (0.50) per diem fro allowance in lieu of rations.	"	4-8-43	TC.43	Sherb.	TC43 Ptll 184-A	4-8-43
5-8-43	TC43	Confirmed to the rank of SGT under R.O. 2987.	SGT	1-8-43	TC43	Sherb.	TC43 Ptll 185-A	5-8-43
9-8-43	TC43	S.O.S. on transfer to C.A. (B) T.C. No. 47 Valleyfield, Que.	SGt	9-8-43	TC43	Sherb.	TC43 Ptll 188-A	9-8-43
12 aug 43	Tc 47	T.O.S. and att. f.a.p. from Tc 43 Sherbrooke	"	10 Aug 43	Tc 47	Valleyf	Part II 166	12 aug 43
S.O.S. f.a.p. to No. 1 Transit Camp, Windsor, N.S.			"	7-9-43	"	"	Part 11 no 184	5-9-43
A.W.L. since 2200hrs			"	3-9-43	"	"	Part II 184	5-9-43
Admonished for A.W.L. from 2200hrs 3 sep 43 tp 2310hrs 5 sep 43 ~~XXXXXXXXXXXXXX~~ 2 days 1hr 10min. Aut.forfeits three (3) days pay Total forfeiture of Pay three (3) days pay			"	5-9-43	"	"	Part II 184	5-9-43
		ATT.D NO. 1 TRANSIT CAMP		7.9.43	#1 TRANSIT	WINDSOR, N.S.	230 & 2[illegible]	
		SOS NO. 1 TRANSIT CAMP		1.39.43	#1 TRANSIT	WINDSOR, N.S.	237	1.39.43
		~~SOS Cdn Army (cem) on embark~~	Sgt.	13 Sep 43	6. C.I.R.U.	U.K.	# 200	22 Sep 43
		~~SOS " " Overseas~~	"	14 Sep 43	"	"	"	"
		~~Disembarked in U.K.~~	"	19 Sep 43	"	"	"	"
		~~Reported for duty 6 C.I.R.U.~~	Sgt.	20 Sep 43	"	"	# 200	22 Sep 43

Statement of the Service of No. D124761 Rank ______ Sheet No. ______

Name Rodrigue C

REPORT Date	From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2. M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority Part II D.O. No. Cas. List. etc.	Dated
SOS		SOS to R de M	Sgt	7 Oct 43	Spec Inc 6 CIRU	UK	215	9 Oct 43
	TOS	T.O.S. from 6 CIRU	Sgt.	8 Oct. 43	R de M.	UK.	53	17 Oct. 43
SOS	(C19)	SOS To R de mais	Sgt	16 Dec 43	S.I. R de M	UK	67	20 Dec 43
	TOS (C19)	TOS From Spec Inc R de Mais	Sgt	17 Dec 43	R de M	UK	67	20 Dec 43
		AWARDED THE CANADIAN VOLUNTEER SERVICE MEDAL AND CLASP						
88 USOS		No 13 C.G.H. SOS to x list R de Mais on adm	Sgt	14 apr 44	R de M	UK	23	22 apr 44
	TOS	TOS from X LIST R de Mais to No 3 W. Wing CTS	Sgt	20 apr 44	6 CIRU	UK	105	31 mar 44
SOS.		SOS to Y5 list 6 CIRU Proc on CMHQ CS 1313 9 att 7 of	SGT.	1 May 44.	6 CIRU	UK	103.	1 May 44
	TOS.	TOS from Y-5 list 6 CIRU	Sgt.	18 June 44	6 CIRU	UK.	144	18 June 44
SOS		SOS. to X4 List FMR.	SGT.	22 June 44.	6 CIRU	UK.	148.	22 June 44.
m 106	TOS.	TOS from X4L FMR (11 Bn)	Sgt	22 Jul 44	FMR	21 A Gp	53	27 Jul 44
CL		On CMHQ Crse 1313 Y017 fms Qual Q.2.	Sgt	1 May 44.	6 CIRU.	UK.	160.	6 July 44.
		Disch from 13 C.G.H.		19 apr 44			CL	
Error ~~CN Do 56/31 Jul 44~~		Embarked at U.K. on 2 Jul. 44 Disembarked at France on 7 Jul. 44	Sgt.		X-L. FMR.	21. A. Gp.	26	19 Jul 44
		SOS X-4 list to FMR.	Sgt	22 July 44	X list FMR.	21 A Gp.	29	5 Aug 44
	C.L. TOS	TOS from X4 list RMF 10 Bn	Sgt	23 Jul 44	FMR	21 A Gp	56	31 July 44
		Wounded	Sgt	25 Jul 44		AEF	A 475	

M.F.M. 1 & 2A
40/P & S/119 (12/42)

Statement of the Service of No..... Rank..... Sheet No.....

Name.....

REPORT		Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority	
Date	From whom received						Part II D.O. No. Cas. List, etc.	Dated
		Died of wounds	Sgt	4 Aug 44		AEF	#476	6 Aug 44
cr SOS		SOS Died of Wounds	Sgt	4 Aug 44	Fus MR	21 AB	59	11 Aug 44

(a) Report — Date	(a) Report — From whom received	(b) Unit	(c) 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	(d) Place of Casualty	(e) Date of Casualty	(f) Army rank as at (e)	(g) Army Form or other authority for entry to be shown
		6 C.I.R.U.	S.O.S. Cdn Army (Can.) on embark	U.K	23 sep 43		200 - 22 sep 43
			T.O.S. " " Overseas		14 " "		
			Disembarked in U.K		19 sep 43		
			Reported for duty 6 C.I.R.U.	U.K	20 " "	Sgt	200 - 22 sep 43
		T.C. 47	— Admonish for AWL from 2200 hrs 3 Sep 43 to 2310 hrs 5 Sep 43. total 2 days 1 hrs. 10 mins. Aut. forfeits three (3) days pay total forfeiture of pay (3) three days pay.	Valleyfield	5-9-43	Sgt.	184 - 5-9-43
		T.C. 43	Confirmed to the rank of sgt. under R.O. 2987	Sherb.	1-8-43	Sgt.	185 A - 5-8-43
		6 C.I.R.U.	S.O.S. to R de MAIS (auth 2nd Ech. Reft. demand NCO-INC 11 d/14 Oct 43	U.K	7 Oct 43	"	214 - 8 Oct 43
12 Oct 43	Ob.	R de Mais	T.O.S. Spec Inc from 6 C.I.R.U.	Field	8 " 43	"	Do. 53 - 17 Oct 43
"	"	"	S.O.S. to R de Mais (EA 2/2214)	"	16 Dec 43	"	}
"	"	"	T.O.S. from Spec Inc " "	"	17 " 43	"	} " 67 - 20 Dec 43
15 Jan 44	"	"	Awarded Canadian Volunteer Service Medal and Clasp	"	15 Jan 44	"	" 4 - 44
"	"	"	Adm 18 Fd Amb - 3 CCS - 13 Gen Hosp	"	14 Apr 44	"	}
"	"	"	S.O.S. to "X" 3 List R de Mais	"	14 " 44	"	} " 23/44
24 apr 44	X-3 (R de Mais)	T.O.S. from	R de Maison & dur to Trops	—	15 apr 44	—	~~14 - 25 apr 44~~
	X3 R de Mais		S.O.S. to 6 C.I.R.U. on disch. from 13 C.G.H.	✓	19 apr 44	✓	16 - 9 May 44
		6 C.I.R.U.	Att. f.a.p. fr X List R de Mais on disch. fr 13 C.G.H. (pend. T.O.S.)	U.K.	19 Apr 44	"	98/44
		"	T.O.S. fr X List R de Mais on disch fr 13 C.G.H. and ceases att. f.a.p. pend T.O.S.	"	20 Apr 44	"	105/44
		"	S.O.S. to Y5 - 6 C.I.R.U., Proc. on C.M.H.Q. Crse 1213 Ser 3 for 1 May - 17 Jun 44 & att. f.a.p. to 3 Wing C.T.S	"	1 May 44	"	103/44
		Y5 - 6 C.I.R.U.	T.O.S. fr 6 C.I.R.U. on proc. on crse	"	2 May 44	"	61A/44
		"	Interposted to 1 Wing C.T.S. unbulst on crse	"	15 May 44	"	91A/44
		"	S.O.S. to 6 C.I.R.U. Off Crse fr C.M.H.Q. Crse 1213 Ser 3 & ceases att. f.a.p. to B Wing C.T.S	"	17 Jun 44	"	100 A/44
		6 C.I.R.U.	T.O.S. fr Y5 List on compl. of crse	"	18 Jun 44	"	144/44
		"	S.O.S. to X4 List Fus M.R. (Demand 1057)		22 Jun 44		148/44
	X4 F.M.R. ✓	11 Bn	T.O.S. from 6 C.I.R.U.	"	23 Jun 44	Sgt.	24 - Jul 44
		10 Bn	S.O.S. to F.M.R.	✓	22 Jul	✓	29 - 1944
		FusMR	TOS from X-4 LIST FUS M R (10Bn)	Fd	23 JUL 44	Sjt	56d/31 JUL 44
		FusMR	SOS wef 4 AUG 44 DIED OF WOUNDS Adm 7 CGH 4 AUG 44	Fd	4 AUG 44	Sjt	59d/11 AUG 44

~~Royal 22e Regt.~~

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

Died of wounds [illegible] Aug 44
adm 7CGH 4 Aug 44
69B

Unit ~~M.T.C. No. 43 Sherbrooke (NPAM)~~

Regimental Number ~~[illegible]D-4[illegible]~~ 124761

1. Surname RODRIQUE
2. Christian Names [illegible] Camille
3. *Substantive Rank and Appointment
   *Acting Temporary or Local Rank giving date Sgt 1-8-43
   *To be entered in pencil to facilitate alteration.
4. Place of birth Johnville, Brome Co. Que. Canada.
5. Date of birth as declared on attestation 16th. Sept. 1919
   (A)
6. Date of enlistment 17th. Sept. 1940
7. Place of enlistment Montreal, Que. Canada.
8. Residence at time of enlistment 101 Brooks St. Sherbrooke 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 Roman Catholic
12. If married, state date Single
13. Trade on enlistment Labourer
14. Corps, trade and grade
15. (D) Qualifications
16. (E) Miscellaneous entries

(17)

Regiment or Corps	Unit (Battn., etc)
R de Mais	

(18) Medical

Category	Date	Authority
A	18-9-40	M.F.M. 2
A	2-7-41	M.F.M. 2
A	27-7-42	M.F.M. 2

(19) Next of kin (entries to be made in pencil) Mother.
Mrs Marie Louise Rodrique
101 Brooks Street Sherbrooke
Quebec 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.

SERVICE AND CASUALTY FORM

M.F.M.4 (a) (Part II)
40/P & S/412 (3006)

(PART II)

Regiment or Corps: X List Fus MR Regimental Number: D124761

Substantive Rank: Surname: RODRIQUE Christian Names: C

Acting Temporary or Local Rank:
(To be entered in pencil to facilitate alteration)

HOSPITALIZATION ONLY

(a) Report: Date	(a) Report: From whom received	(b) Unit	(c) 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	(d) Place of Casualty	(e) Date of Casualty	(f) Army rank as at (e)	(g) Army Form or other authority for entry shown
2 Aug 44	3014 (74)	X List Fus MR	WOUNDED	Fd	DNK	SJT	
2 Aug 44	" "	"	Adm 10 CFA	"	25 Jul 44	"	67-9 Aug 44
3 Aug 44	" (75)	"	Adm 7 Cdn Gen	"	25 Jul 44	"	67-9 Aug 44
6 Aug 44	" (78)	X3 "	DIED OF WOUNDS - 7 C Gen	"	4 Aug 44	"	68-10 Aug 44

BURIAL REPORT TO N.K.

RETURN TO BUR. OF STAT. NOV 24 1944

ROYAL MESSAGE DESP'D. AUG 30 1944

CAN. MESSAGE DESP'D. 6-9-44

NOW SHOWN AS:

Bayeux British Cemetery.
Bayeux, France.

Grave 6, Row B, Plot 4.

Auth: HI & CR Form. IWGC. 4 PHOTOS

HI & CR Form Despd. JAN 22 1947

No D.124761 Rank Sergeant Name RODRIGUE, Camille

Unit Fusiliers Mont-Royal Date of death 4th August, 1944.

Died at France.

Cause Died of wounds received in action.

Death occurred on strength of Forces.H.Q. 405-R-10292

N/K Mr. Gedeon Rodrigue, Relationship Father

Address 101 Brooks Street, Sherbrooke, Quebec.

Remains buried in Br. Mil. Cem. Cemetery

MR France.

CHK

Grave location Plot 1, Row B, Grave 6.

M.F.M. 14A
200M-1-42 (2934)
H.Q. 1772-39-1662

CARD SEQUENCE No.

No. D-124761 RANK A/L/SGT NAME RODRIGUE, Camille

CASUALTIES, ETC.

PART II D. O. No.	DATE	NATURE AND PARTICULARS	IF IN HOSPITAL NOTE NAME
287A	22-12-42	Granted Xmas Leave & .50 per day in lieu of rations from 1230hrs. 22-12-42 to 0600hrs. 28-12-42	
		P. & A. LED. AGREES JAN 16 1943	
43A	20-2-43	Promoted to the rank of A/Sgt. Insturctor w.e.f. 12-2-43	
		P. & A. LED. AGREES MAR 12 1943	
64A	17-3-43	Was admitted to Sher. Mil. Hosp. on 16-3-43	
105A	4-5-43	Discharged S.M. Hospital w.e.f. 22-3-43	
		P. & A. LED. AGREES	
105A	4-5-43	Admitted Sherbrooke Military Hosp. w.e.f. 3-5-4	
109A	8 May 1943.	Disc. from Sherb.Mil Hosp.w.e.f. 8 May 1943.	
122A	24 May 1943.	Granted 14 days furlough from 2200 hrs. 29 May 1943. to 2200 hrs. 12 June 1943. authorized to draw 0.50 per diem for ration allowance for the dates shown.	
137A	10-6-43	Returned from furlough at 2200 hrs. 9-6-43	
138A	11-6-43	On commond to S-3, CSAS Long Branch. Ont wef 11-6-43	

CASUALTIES, ETC.

PART II D. O. No.	DATE	NATURE AND PARTICULARS	IF IN HOSPITAL NOTE NAME
158A	5-7-43.	Returned from on command to a "Physical Training Ceourse" at S-3 C S.A.S. (EC) Long Branch, Ont. w.e.f. 2-7-43.	
159A	6-7-43.	Granted 3 days furlough and 50¢ per day in lieu of rations from 2200 hrs. 6-7-43. to 2200 hrs. 9-7-43	
164A	12-7-43.	Having ~~aaa~~ attended a Physical Training Course from 11 June 1943 to 2 July 1943 at S-3 C.S.A.S. Long Branch Ont. w.e.f. is qualified "Q-11".	
184A	4-8-43.	Granted 2 d. embarkation leave and 50¢ per day in lieu of rations from 0300 hrs. 4-8-43 to 1300 hrs. 6-8-43.	
185A	5-8-43	Confirmed to the rank of Sergeant under RO. 2987 w.e.f. 1-8-43	
188	AUG 9 1943	Ceases to be attached all purp. on transfer to T.C. 47 Valleyfield Que wef. AUG 9 1943	
166	12-8-43	TOS and att. for all purp. to TC.47, Vall.Que. fr. TC.43 Sherbrooke, Que wef. 10-8-43 and is posted to "D" Coy as Reinf.	

LOWE-MARTIN CO. LIMITED D83980

M.F.M. 14A
200M-5-42 (4524)
H.Q. 1772-39-1662

CARD SEQUENCE No.

No. D/124761 RANK Sgt. NAME Rodrigue C.

CASUALTIES, ETC.

PART II D. O. No.	DATE	NATURE AND PARTICULARS	IF IN HOSPITAL NOTE NAME
184	5-9-43	SOS on posting No.1 Transit Camp, wef. 7-9-43.	
184	5-9-43	AWL fr. 2200 hrs3-9-43.	
184	5-9-43	Was on the 5-9-43 admonished for AWL. TO: 2310 hrs. 5-9-43 Tot. forf. 3 days Pay.	
230	8.9.43	ATTACHED TO NO. 1 TRANSIT CAMP FROM 8.9.43	
237	15.9.43	PROCEEDED OVERSEAS 13.9.43	
200	22-9-43	S.O.S. Can. Army (Can.) 13-9-43 = T.O.S. Can. Army (Eng.) 14-9-43.	
200	22-9-43	T.O.S. to 6 C.I.R.U. fr. O/S.	20-9-43.
215	9.10.43	SOS - 6 C.I.R.U to R de M.	7.10.43
53	17-10-43	T.O.S. Spec. Inms. from. 6 C.I.R.U.	8.10.43
67	20-12-43	TOS from SPCL INCREMENT	17-12-43
4	24/1/44	Awarded Can Vol. Serv. Med. & Clasp.	15/1/44
CR33	21-4-44	SOS X List 14-4-44 - On adm 13 Cdn Gen Hosp.	
14	25 apr 44	TOS X3 List 15-4-44 - on adm to Hosp.	
16	9 May 44	SOS to 6 CIRU on dis from hosp. wef 19 apr. 44	

CASUALTIES, ETC.

PART II D. O. No.	DATE	NATURE AND PARTICULARS	IF IN HOSPITAL NOTE NAME
105	3-5-44	TOS from. X List R de M.	~~20-4-44~~ 1-5-44
103	15-4-44	On crse. 1213 & att fap. to 3 Wing CTS.	20-4-44
91-A	7-6-44	Interported to 1 Wing CTS on complet of crse	~~15-5-44~~
100-A	18-6-44	off crse 1213 & CTBA-fap to 1 Wing CTS	17-6-44
148	22.6.44	SOS to X-4 list Dy. M. R wing	22.6.44
		TOS 11 Bn. X4 List. W.e.f. 23-6-44.	
		Died of wounds 4 Aug 44 D059	

Fusiliers Mont-Royal

Confirmed seg 1-8-43

No. D-124761 RANK SGT NAME RODRIGUE, CAMILLE *Married *Widower *Single

Place of { *Appointment *Enlistment } Montreal Que., Date of { *Appointment *Enlistment } 17 Sept.40

D-124761

RATE OF PAY

D. O. No.	Date	Rank	Group	P. F. or A. S.	Daily Rate	If Liable Pen. Ded.	REMARKS
237A	26-10-42	SGT.			2.20	w.e.f.	23-10-42
271A	4-12-42	L/SGT			1.90	w.e.f.	1-11-42 REVERTED.
43 A	20-2-43	SGT.			2.20	w.e.f.	12-2-43.

ASSIGNMENTS

Name & Address of Assignee	Effective Date	Amount	
6 V.L.B. ~~MAY TO OCT.~~ 1-5-44	43	~~8~~ 16	~~40~~ 80
Mr. Gedeon Rodrigue,			
101 Brooks St., wef.	1-10-43		
Sherbrooke, Que.		20.00	
(Father)			
Total.....			

DEPENDENTS' ALLCES. No. Deps.....

Date Application Forwarded	Relationship	Amount Awarded		Effective Date
n-a				

*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.....

CASUALTIES, ETC.

NATURE (E. G. ABSENCE, PROMOTION, ETC.)	PART 11. D. O. No.	PART 11. D. O. DATE	REMARKS (IF IN HOSPITAL, NOTE NAME, ETC.)
TOS DD 4	235	17-9-40	Eff 17-9-40
SOS DD4	246	28/9/40	27/9/40
TOS NPAM T C NO 43	1	1/10/40	wef 28/9/40
Promoted A/L/CPL	4	22/10/40	w.e.f. 1/10/40
Granted Furlough	51	15/3/41	16/3/41 to 30/3/41
Promoted A/CPL Cancel on GO 139 being attested AF.	69-A 128A	23/4/41 31-7-41	w.e.f. 15/4/41 31-7-41
		P. & A. LED. AGREES APR 11 1942	
Granted 14 dy.furlough	114A	1-6-42	from 0730 1-6-42 to 0730 15-6-42
Returned from furlough	125 A	15-6-42	on 0730hrs. 15-6-42
		P. & A. LED. AGREES JUL 8 1942	
P. & A. LED. AGREES SEP 18 1942			
237A	26-10-42	Promoted to rank of A/SGT. INSTRUCTOR, whilst so employed. w.e.f. 23-10-42	
		P. & A. LED. AGREES NOV 16 1942	
271A	4-12-42	Reverts to rank of A/L/AGT on re-organization of H.W.E. w.e.f. 1-11-42	

R-22-R

MTC No.43 Sherbrooke - NPAM.

NAME RODRIGUE CAMILLE

REGIMENTAL No. D-447130 124761 RANK Pte. XXXX/SGT.

ENLISTED AT Montreal, Quebec. PROMOTIONS, ETC. AND DATE L/Cpl 1-10-40
A/CPL 15/4/41

DATE 17th September, 1940.

IF SERVED PREVIOUSLY, STATE UNIT, ETC.

MARRIED, WIDOWER OR SINGLE Single

NEXT OF KIN Marie-Louise RODRIGUE RELATIONSHIP Mother

ADDRESS OF 101 Brooks St., Sherbrooke, Quebec, Canada.

ASSIGNMENT OF PAY (XXXXXXXXXXXXXXX) WAR S.C. $2.00 wef 1-4-41.
WAR S.C. $8.00 wef. 1-8-42

ADDRESS --
M.F.M. 19 1-8-42
MFM 18. n/e 1-12-42

DEPENDENT'S ALLOWANCE, ENTITLED OR NOT No. AMOUNT OF AWARD

DATE APPLICATION FORWARDED TO DISTRICT PAYMASTER --

M. F. M. 14
120M - 7-40 (6128-9)
H. Q. 1772-39-1662

IN WHOSE FAVOUR --

ASSIGNED PAY: V.L.B. May to Oct 43 $ 8.40

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

(1) MEDALS
PERSON ENTITLED TO: Mr. Gendeon Rodrique Father

ADDRESS: 101 Brooks St., Sherbrooke, Que.

MEMORIAL BAR
(1) DATE DESP
REGN. NO 2131

(2) MEMORIAL CROSS
~~WIDOW~~ SON. REPLACEMENT TO SON
FERNAND RODRIGUE.
2575 Rue MONSEIGNEUR-GOSSELIN APT. 3
QUEBEC QUE.

ADDRESS:

OTTAWA, CANADA
(2) DESP. NOV 20 1963
REGN No.

(3) MEMORIAL CROSS
MOTHER Mrs. Marie-Louise Rodrigue, (ENGLISH) (MFM-5)

(1696)

ADDRESS: 101 Brooks St., SHERBROOKE, P.Q.

(3) DESP. NOV 6 1944
REGN No. 5490

Additional ribbons despatched to brother, Fernand Rodrigue, (formerly A-64182) to P.O. Box 406, St. Geroges East, Beauce, PQ, through request from Minister
~~See file 95-4 d/22/11/60.~~

4-8-44 DECEASED

41-89290

AWARDS—CANADIAN ARMY (ACTIVE) (1696)

M

MJA

500M—1-44 (3467)
H.Q. 1772-45-8

FILE NO. 405-R-10292

SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT
RODRIGUE,	Camille	D.124761	Sgt.	Le Fus.Mont-Royal

WAR SERVICE BADGE (CLASS) NO.

DATE DESPATCHED: Min. Inq: 55042.

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star	
France-Germany star	
Befence Medal	
War Medal	
~~CVSM & Clasp~~	
	6080

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MAR 18 1944

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 31. 7. 41. Place Enlisted

Date From—to	Country	Corps	Unit and Sub-unit	Rank 44	Principal Duty	Performance
				Sgt		

45

COURSES ATTENDED	PLACE	Date: From—to	Qualified as	Rating

46 Crime: Courts Martial Convictions..... Major Offences..... Minor Offences.....

Civil Convictions..... Fines..... Hospitalization.....

49 Psychiatric ☐ ☐ ☐ ☐ ☐

C.M.H.Q. 1000:115
40/P&S/1246 (10/42)

47 Classification: Military Specialties and Trades

CONFIDENTIAL

Designation	Degree of Proficiency	Date	Authority

55 Type of Service Desired (1).....(2).....

Remarks re Outstanding or Limiting Factors

Deportment		
Disposition		
Appearance (grooming)		
Physical appearance		
Map Reading		
Military Knowledge		
Mechanical Knowledge		

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

Reason for Joining Cdn. Army (if ascertainable).....

48 Suggested Possibilities for Employment (1).....

.....(2).....

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

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

Interviewed by..... Date.....

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

X4615 FMR Dead

Soldiers Qualification Card

Regt'l. Number D.124761 | Last Name RODRIGUE | First Name Camille | Middle Names

Unit ~~Reg de Maisonneuve~~ ➝

1 Corps C. Inf. C

2 Nationality Cdn. | By Birth ✓ | By Naturalization | Country of Birth Canada

3 Racial Origin

4 Language spoken in home: French ✓ Other English

5 Age 16.9.1919 6 Height 7 Weight 8 Silhouette 1 2 3 4

Eyes 9 Colour of 10 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 Med. Category

YEAR OF BIRTH	P	U	L	H	E	M	S
19	1	1	1	1	1	1	1

Cause

Attitude to own health To Medical attention

Health History

16 Education Level: Illiterate E 6 (15) S (Grade completed)

Conduct during school life

17 University or 18 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 Written well — " —

24 Main occupation: Description Machine Operator Estimate of skill

Duration (from—to) 2 years. Weekly Wage

Employer's Name and Address

50 "M"

Test	Score	SM	
1	17		S. Tot. 47
2	14		SM
3	16		
4	20		S. Tot. 40
5	20		SM
6	11		S. Tot. 54
7	19		SM
8	24		
Tot.	141	SM	Grade
9			

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: Labourer Estimate of skill

Duration (from—to) 1 year 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 Heavy Truck 28 Light Truck 29 Auto 30 Motorcycle

31 Farm Tractor 32 Tracked Vehicle 33 Power Launch 34 Aeroplane

35 Accident Prone

Farming Experience: Wide Limited

District Type

Job promised after discharge By whom? Name

Address

Other provision for post-discharge occupation

Type of work desired

Occupational history: Ambitious Accidental Stable Erratic

36 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 No. Sisters

Position in family 38 No. Dependents

Relationship of Dependents

Status of home in childhood

39 Hobbies: Photography M S Radio Engines

Mechanics Other

40 Sports: (1) (2) (3)

Team Games and Position (1) (2) (3)

41 Ability to Entertain: Music: String Brass

Woodwind Percussion Piano Vocal

Theatrical Other

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.

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

(2) Regimental or Air Force Number and Rank D-447130 PTE

(3) Unit No.43 Sherbrooke M.T.C. NPAM

(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? NO

(8) Have you any children? NO 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. Gedeon Rodrigue

101 Brooks Street, Sherbrooke Quebec, Canada, Truck Driver

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

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

101 Brooks Street, Sherbrooke, Quebec, Canada

(15) If your mother is a widow, are you her sole or partial support? NO

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

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

(17) Are you contributing to the support of any dependents, other than those shown above? NO
This may include any brothers 16 years of age or under, or any sisters 17 years of age or under, solely supported and maintained as bona fide members of your household before your appointment or enlistment.

If so, state the following particulars:—

Relationship N/A

Full Name N/A

Postal Address N/A

Amount contributed monthly during the past six months N/A

(18) Are you insured? YES

If so, in what Company? Sauvegarde Insurance Co.
(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.

+ Camille Rodrigue
(Signature of officer or man)

Date 17th September 1940

W Kelly

Officer Commanding

Date 17th September 1940 NO. 4 DISTRICT DEPOT, C.A.S.F. CAPT.

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.

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION (DEATH)

NUMBER D.124761 RANK Sergeant SERVICE UNIT Le Fusiliers Mont Royal (C.A.).

NAME RODRIGUE, Camille

DATE OF BIRTH 16-9-19 DATE OF ENLISTMENT 31-7-41

MARITAL STATUS Single RELIGION Roman Catholic

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

ADDRESS 101 Brooks St., Sherbrooke, Quebec. ADDRESS D.A.B.

ADDITIONAL PERSON TO BE NOTIFIED ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. Canrecords 8862 H.Q. 405-R-10,292

CASUALTY DETAILS Died of wounds DATE 4-8-44

FRANCE.

LAST WILL ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO M.F.M.5. ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO DATE 22-8-44

FORM NO. CAS. 6
25M-4-44 (4184)
H.Q. 1772-39-1989-1990

DIRECTOR OF RECORDS

6 BTC

COPY FOR DOCUMENT FILE

RS

Sgt Infantry

I. Regt. No. D-124761 Rank ~~Cpl.~~ Unit R 22 R. Date 27-7-42

Name Rodrigue Camille Age 22 Place of Birth Cookshire, Que

Date of Enlistment 16-9-40 Place of Enlistment Montreal, Que Depot 4

Languages spoken French ~~Ex~~ Recruit Active Med. Cat. A Place Sherbrooke, Que.

II.

Test	Score	S.M.	
1	17		SUB-TOTAL 47
2	14		S.M.
3	16		
4	20		SUB-TOTAL 40
5	20		S.M.
6	11		SUB-TOTAL
7	19		54 S.M.
8	24		
Total	141	S.M.	III GRADE (F)
9			

M. Test Date

Other Tests Name or Type | Date | Place | Score | Grade

Y.O.B.	P	U	L	H	E	M	S
19	1	1	1	1	1	1	1

III. Military Background NPAM at Farnahm with Les Fus. de Sh.
Summer camp at Farnham : 1940 T.O.S. 16-9-40
Took N.C.O. course at Three Rivers -
Employed as Instructor here since -
Promoted L/Cpl. Oct 1940
Promoted Cpl. June 1941

IV. Educational Background
6 th grade : left school at 15 to earn living -
Average standing in school - lost 1½ year because of injury to mouth, 1 jaw .

V. Occupational Background
Helper on truck : father's aid : 1 year
Dominion textiel : 2 years (Operator)
Odd jobs : 1 year

VI. Arm Desired Work in Arm Desired
Hobby : reading -
Sports : cannoeing - some sports in school -

VII. This man is French speaking - cannot understand or speak English He is single, 22 years old, 5'8" - weights 160 lbs, strong, alert, so sociable, likes rmy but is somewhat fed up with inactive life of being instructor. However he is well able to adjust to unpleasant or h hard work. Should continue to serve well as N.C.O. instructor.
His life experience have been somewhat limited, he has only 6th grade education, yet his M score indicates good ability to learn, places him well in N.C.O. score group .

M.F.M. 196
100M—3-42 (3762)
H.Q.C. 8173

S. O. S. R. D. M.

VIII. Summary

SUMMARY : 6th grade : fair standing ,
Good learnind ability ,
Odd jobs, textile worker, truck driver's helper ,
Young, strong, likes action, is sociable , well adjusted,
alert, volunteered for parachute work - cannot be consi-
~~dered because cannot speak English.~~

IX. Suggestions

Infantry

~~Good N.C.O. Material~~ Not suitable for parachute Btn.

X. Signature of Interviewer	N.C.O.	Officer
F.T. Brown		F.T. Brown Lt.

XI. Action Taken

Date of Action

Follow-up

VG

CERTIFICATE OF MEDICAL EXAMINATION

Name in full: Camille Rodrigue Date: Sept 16th 1940

Part 1. Information obtained from the recruit.

1. Age: 21

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

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

Camille Rodrigue
Signature of Applicant

Bronchitis for two months last winter; still feels it once and then

Part 2. Information obtained by medical examination. The recruit must be stripped.

1. Identification marks or scars. (If operative obtain history.)
Large scar on left forearm (front)

2. Height 5 feet 7¾ inches. 3. Weight 129 (142) pounds.

4. Complexion fair Eyes Blue Hair Blond 5. Development Fair (Good / Fair / Poor)

6. Chest measurement—Girth on full expansion 35 inches.
Range of expansion 2 inches.

7. Vision, right 20/20 left 20/20 8. Hearing, right WV 20 left WV 20

9. Condition of mouth and teeth: Good

10. The abnormalities (congenital and pathological) found on examination are as follows:
Lungs appear in good condition; no symptom of bronchitis

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

Special remarks when category lower than A

Line "N"

L. A. Trudeau Capt (President) [illegible] Lieut (Member) A. Levesque M.D. (Member)

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature
17-9-40	X-Ray: Normale #12.371 S.U. de P. Sherbrooke Que.		Old fracture of Coccyx. Re-examined; Normal Urine, Ears, Reflexes. Category A [signature] Capt. Slestrof Capt Date 2-7-41 R.C.A.M.C.
3-10-40	Vacc J.H. Bentley Capt.		
3-10-40	JHB		
15-10-40	TAB JHB	27-7-42	Category A - confirmed A.W. Bloomberg
21-10-40	2 JHB	9-6-43	category A. Re check [signature] Capt
		4-9-43	Re-Examined Cat.
15-10-40	Tet Tox #1 JHB	6-9-43	Same condition. Same category. [signature]
26-11-40	Tet Tox #2 J.H. Bentley Capt.		
JUN 18 1942	Re inoc [signature]		

X RAY 23696 NEG

18-7-43 Re-Innoculation [initials]

Y.O.B.	P	U	L	H	E	M	S
19	1	1	1	1	1	1	1

[signature] Capt

NPAM-D-~~447130~~ 124761

Regtl. No. NPAM-D-124761 Rank Pte. Surname RODRIGUE Christian Name CAMILLE

STATION	Date of Arrival at the Station	Dates of Admission into Hospital Day	Month	Year	Dates of Discharge from Hospital Day	Month	Year	DISEASE	Number of days in Hospital	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied.	Signature of Medical Officer
Sherbrooke Mil Hosp.		8	2	41	10	2	41				
Sherbrooke Mil. Hosp.		16	3	43	22	3	43	Eczema	6.	Improved	[illegible]
Sherbrooke Mil. Hospital		3	5	43	8	5	43	Grippe	5	Improved	[illegible]

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

MÉMORANDUM POUR

Mr. Gedeon Rodrigue,
101 Brooks Street,
Sherbrooke, Quebec.

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

L'ADMINISTRATEUR DES SUCCESSIONS,
MINISTÈRE DE LA DÉFENSE NATIONALE,
OTTAWA, ONTARIO

et de citer le numéro suivant:

Q.G. 405-R-10,292 FD 152

MINISTÈRE DE LA DÉFENSE NATIONALE
DIVISION DES SUCCESSIONS
OTTAWA, ONTARIO

22 septembre 1944

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

RODRIGUE, Camille, Sergent,

D.124761, Armee canadienne

ESTATES BRANCH
OCT 5 1944
H.Q.
OTTAWA
NATIONAL DEFENCE

il est nécessaire que les renseignements voulus concernant le défunt et les membres de sa famille soient fournis à l'intérieur de cette formule, en stricte conformité des instructions imprimées. Les détails exigés doivent être inscrits comme il faut et la déclaration au verso doit être ensuite signée en présence d'un pasteur, prêtre, magistrat de la localité, commissaire ou notaire public, que l'on priera de compléter et signer le certificat. Cette formule doit être ensuite renvoyée à l'adresse mentionnée ci-dessus.

La succession militaire d'un défunt, dont l'administration incombe à la division des successions, comprend tout reliquat de solde et d'allocations au crédit du défunt, l'argent en main et les effets personnels qui sont sous le contrôle des autorités militaires. Pour entrer en possession de ces valeurs, il n'est pas nécessaire que les personnes qui y ont légalement droit fassent homologuer le testament en cour ou, si le défunt était intestat, qu'elles obtiennent des lettres d'administration de sa succession.

En plus de voir à l'administration de ces valeurs militaires, l'administrateur des successions est autorisé à retirer, au compte du gouvernement, tous les fonds (jusqu'à concurrence d'un montant défini) déposés au nom du défunt dans les banques, bureaux de poste ou autres institutions financières au Canada et outre-mer, sans frais ni dérangement pour les personnes ayant légalement droit à la succession, et de distribuer cet argent en même temps que tout reliquat de solde. De même, les certificats d'épargne de guerre et les bons de la victoire que possédait le défunt peuvent être rachetés et distribués de la même façon, ou transférés au nom des personnes qui y ont légalement droit. Ces certificats et bons ne doivent pas être envoyés à l'administrateur des successions avant qu'il les demande.

S'il y a d'autres valeurs nécessitant une demande d'homologation du testament ou de lettres d'administration, l'administrateur des successions pourra transférer et remettre les valeurs militaires à l'exécuteur ou à l'administrateur nommé par la Cour, afin que toute la succession, militaire et autre, soit traitée comme un tout.

Les renseignements que vous donnerez aux pages 2 et 3 de cette formule seront donc un facteur qui aidera à déterminer si toute la succession du défunt peut ou non être entièrement distribuée par l'administrateur des successions aux personnes qui y ont légalement droit, c'est-à-dire, sans qu'il soit nécessaire de faire homologuer le testament ou administrer la succession.

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 "observations supplémentaires", à la page 4.

~~L'administrateur des successions~~,

GC/

M.F.W. 77a
1M-9-43 (2070)
H.Q. 1772-39-972.-K.P.

pour Directeur des Successions,

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		Le défunt était célibataire		
2	Enfants du défunt et dates de naissance		Nul		
3	Père du défunt		Rodrigue Gédéon	62	101 Brooks Sherbrooke, P.Q.
4	Mère du défunt		Rodrigue Mad. Gédéon Née Marie-Louise Veilleux	52	do do
5	Frères du défunt	Frères germains	~~34~~ ~~31~~ Clément, Léon, mariés ~~Fernand~~ 28 22 21 Fernand Roland Maurice (Armée) (Aviation)		Rue Belvedere " Belmont A
		Demi-frères			
6	Sœurs du défunt	Sœurs germaines	Sr Rodrigue 33 (née Laurette) Mde Euclide Gingras Née Geneviève) " Philippe Allaire (Née Alfreda)		Hopital St-V. Montréal Montréal
		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 Aucuns		Adresse de leurs enfants

RÉPONDRE AU LONG À TOUTES LES QUESTIONS SUR CETTE PAGE

DÉTAILS D'IDENTITÉ

8	Nom et prénoms du défunt. 405-R-10,292-FD 152	Rodrigue Camille
9	Date de sa naissance.	16 septembre, 1919
10	Lieu et date de son mariage.	Nul
11	Lieu et date du mariage de ses parents.	Beauceville, P.Q. 26 octobre, 1910

DÉTAILS DE DOMICILE

12	Lieu où le défunt est né.	Cookshire, P.Q.
13	Indiquer, par ordre, la province, l'état et/ou le pays où le défunt a résidé avant son engagement, et la durée dans chaque cas.	(a) (b) Quebec, Sherbrooke. (c) Résidence continue. (d)
14	Nature de son emploi avant son engagement.	Dominion Textile
15	Indiquer s'il était propriétaire de la maison où il demeurait. Le cas échéant, à quel endroit?	Non.
16	Indiquer le lieu où le défunt entendait vivre d'une façon permanente.	Sherbrooke, P.Q.

DÉTAILS DE LA SUCCESSION

17	A-t-il laissé un testament?	Probablement mais n'en avons pas de copie.
18	Si le défunt était marié et domicilié dans la province de Québec ou dans un état des État-Unis d'Amérique ou dans un pays où il existe communauté de biens entre les époux, existait-il un contrat se rapportant à la propriété?	Il était célibataire.
19	Avait-il un compte d'épargnes dans une banque, un bureau de poste ou autre institution? Le cas échéant, donner le nom et l'adresse de la banque, etc., et le montant déposé.	Nous n'en savons rien.
20	Montant des certificats d'épargne de guerre que possédait le défunt.	Nous n'en savons rien.
21	Montant des bons de la victoire que possédait le défunt.	Nous n'en savons rien.
22	Si le défunt possédait des polices d'assurance-vie, donner les noms des compagnies et la somme payable en vertu de chacune des polices, ainsi que le nom de la personne qui y est nommée bénéficiaire. Décrire les autres valeurs, le cas échéant, et en donner le montant approximatif.	Une police Sauvegarde. Montant des primes payées.
23	Est-il nécessaire de faire une demande d'homologation du testament ou de lettres d'administration (voir la page 1)?	Il doit y avoir testament milit. N'avons aucuns détails.

AUTRES DÉTAILS

24	Après son engagement, le défunt avait-il contracté des dettes: (a) pour ses propres logement et pension pendant qu'il était dans les forces armées. (b) pour habits et équipement militaires. Un état détaillé de chacun de ces comptes doit être annexé à cette formule et, s'ils sont exacts, veuillez y inscrire "approuvé" et signer votre nom. Si vous les croyez inexacts, donnez des détails.	Nous ~~ne~~ n'en lui connaissons aucune.
25	Est-ce que les frais funéraires ont été payés, entièrement ou en partie, par vous-même ou un autre parent? Le cas échéant, annexez des états détaillés indiquant les montants payés, et par qui?	Payés par son père. $ 50.00

(Remarque:—Le gouvernement paye les frais funéraires, jusqu'à concurrence de montants déterminés par les règlements, lorsque le militaire est décédé et inhumé outre-mer, de même lorsqu'il est décédé et inhumé au Canada ou ailleurs en Amérique du Nord; si un parent a déjà payé les frais funéraires, ceux-ci lui seront remboursés par le gouvernement jusqu'à concurrence du montant fixé par les règlements. Cependant, si les frais excèdent ce montant, la différence ne sera pas payée par le gouvernement ni ne sera à la charge de la succession militaire du défunt.)

(VOIR AU VERSO)

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

DÉCLARATION

Je, soussigné, déclare que les renseignements qui précèdent 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* Père du défunt.

N.B.—A être signée au long en présence d'un pasteur, prêtre, magistrat de la localité, commissaire ou notaire public.

Gédéon Rodrigue ..... Signature du déclarant

..... Adresse

CERTIFICAT

Je, soussigné, certifie que, autant que je sache

*Voir plus haut

Gédéon Rodrigue ..... Nom du déclarant

est le/la* père du défunt ci-dessus décrit et je crois que la liste des parents et des détails fournie par le déclarant et la déclaration ci-dessus, signée en ma présence, sont complètes et exactes.

Daté à Sherbrooke, P.Q. ce troisième jour de octobre 1944

Signature du pasteur, prêtre, magistrat, commissaire ou notaire public.

E. E. Lucient ..... Titre Commissaire C.S.

Adresse 74 sud rue Wellington, Sherbrooke, 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 et adresse 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 OBSERVATIONS SUPPLÉMENTAIRES.

6th August, 1944.

Mr. Gedeon Rodrigue,
101 Brooks Street,
Sherbrooke, Quebec.

Dear Mr. Rodrigue:

It was with deep regret that I learned of the death of your son, D.124761 Sergeant Camille Rodrigue, who gave his life in the Service of his Country in France on the 4th day of August, 1944.

From official information we have received, your son died as the result of wounds received 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,

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

SEP 2 - 1944

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

Gd.

GR/MA

18

FORM 6

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

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: RODRIGUE (*Block letters*)

Given names: Camille

Do not write in this space

4. RESIDENCE

Street: Brooks No. 101

Official name of civil municipality or township: Sherbrooke

Municipal county: Province: Quebec

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: September (Month) 16th (Day) 1919 (Year)

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

OCCUPATION

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

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	RODRIGUE, Gedeon	
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: (Month) (Day) 19.... (Year)

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: August (Month) 4th (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) Died of wounds received in action

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

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....

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

C.S.

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)

OVERSEAS CASUALTY CANADIAN ARMY

NOV 24 1944

Director of Records, Dept. of National Defence.

VOIR INSTRUCTIONS AU VERSO. 4-044

M.F. M 10a
35M—7-41 (1218)
H.Q. 1772-39-1657

FORMULE DE TESTAMENT

(1) Je, CAMILLE RODRIGUE, de la VILLE
(Nom au long)

de SHERBROOKE, dans le Comté ~~District~~ de SHERBROOKE,

Province de QUÉBEC, JOURNALIER,
(Occupation civile)

N° matricule D-124761, Unité 6 C.I.R.U, révoque par les présentes tous testaments que j'ai pu faire antérieurement et déclare que ceci est mon testament.

Noms et adresse des bénéficiaires

(2) JE LÈGUE à mon père Monsieur Gedeon Rodrigue 101 Brooks Sherbrooke P.Q. tous mes biens.

Noms et adresse des bénéficiaires résiduaires

(3) JE LÈGUE tout le reste de mes biens, quels qu'ils soient et où qu'ils soient, à

Original Received JUN 1 1944 L.D.E. ...

(4) JE NOMME Monsieur Gedeon Rodrigue
(Nom)

101 Brooks Sherbrooke P.Q. exécuteur ~~exécutrice~~ de mon présent
(adresse)

testament.

Signé et reconnu par le testateur, en présence de nous, présents en même temps, qui en sa présence et à sa demande, et en présence l'un de l'autre, avons immédiatement signé comme témoins.

(5) M. Atkinson

Signature du premier témoin

D' 6 C.I.R.U.
(Adresse)
(Les bénéficiaires ne peuvent être témoins)

Signature du second témoin

R. M. Trudeau Lt. 6.C.I.R.U.
(Adresse)

EN FOI DE QUOI j'ai signé ce 25 ème jour de AVRIL A.D. 19 44

C. Rodrigue
(Signature du soldat)

(VOIR AU VERSO)

INSTRUCTIONS

Si vous avez déjà fait votre testament, ne remplissez pas cette formule, mais dites seulement où votre testament pourra être ou à qui il a été confié.

(1) (Exemple) Je, Jean-Baptiste Duval, de la cité de Québec, dans le comté de Québec-Centre, Province de Québec, mécanicien, N° matricule 1234, Royal 22ème Régiment, par les présentes.....

(2) Si vous ne désirez nommer qu'un seul bénéficiaire, remplissez la formule comme suit: Je lègue à "mon épouse, Marie Duval: tous mes biens",— et dans ce cas, retranchez la clause (3).—Si vous désirez nommer plus d'un bénéficiaire, dites ce que vous voulez donner à chacun, ainsi par exemple

"mon épouse, Marie Duval: $.....00, et mon ménage";
"mon frère, Thomas Duval: $.....00";
"ma sœur, Marguerite Duval: $.....00";
"mon ami, Jean Côté: $.....00";

et tout cadeau personnel que vous désirez faire.

(3) Si vous voulez léguer le reste de vos biens à une seule personne, nommez cette personne, comme "mon épouse, Marie Duval". Si vous voulez léguer le reste de vos biens à plusieurs personnes, nommez ces personnes, comme "ma mère et mon père, en parts égales". (Vous pouvez répartir les parts inégalement et de la façon que vous désirez.)

(4) Inscrivez le nom de l'exécuteur ou de l'exécutrice, comme "Jean Caron, 24 rue St-Jean, Québec, Province de Québec", ou, si c'est une femme, comme "Jeanne Caron", et donnez son adresse. (Le bénéficiaire ou le légataire peut être validement nommé exécuteur testamentaire.) Il n'est pas nécessaire de nommer un exécuteur ou une exécutrice si vos biens ne comprennent que votre solde (salaire), vos allocations ("allouances"), votre équipement et vos effets personnels.

(5) Deux témoins doivent signer en présence du soldat, et chaque témoin doit donner son adresse au long.—Voyez à ce que le soldat inscrive la date et signe de sa signature ordinaire.

(6) Ne nommez pas un soldat comme votre exécuteur testamentaire.

ESTATES BRANCH
JAN 2 1945
OTTAWA
NATIONAL DEFENCE

G/17-5-6

2 G. 405-R-10.229

Department Nationale Defence
Army
Ottawa Canada

ESTATES BRANCH
MAY 14 1945
H. Q.
OTTAWA.
NATIONAL DEFENCE

Monsieur

Je vien vous demandé si vous voulez vous depé pour nous fere parvenire les effets personnelle de notre fils Camille Rodrigue Sergent D.124761 décédé le 4 aout 1944 en normendi nous avons rien reçu se que je tien le plus a recevoire cest sa montre de bras qui étai une montre de prix en vous remercien d'avance je demeure,

Mme Gedéon Rodrigue

101 Brooks Sherbrooke.

TL

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

ARMY

Name: RODRIGUE (Surname) Camille (Christian Names) No.: D124761

Rank: Sgt. Unit: C.A. O/S Date of Death: 4-8-44

AMOUNT

L.P.C. $ 209.83

Date: 12-6-45 Other Credits

Total 209.83

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Father	Gedeon Rodrigue, 101 Brooks Street, SHERBROOKE, Que.. (sole beneficiary under will)	209.83 R

TO BE FORWARDED BY REG. MAIL DIRECT.

P4. TO TREAS. 18-7-45 QW

AUTHORITY

H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	$209.83

CLASSIFIED BY Original Signed by K. L. McCUAIG

EXAMINED BY

For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

Original signed by

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

AUDITED FOR PAYMENT

For Chief Treasury Officer

50M—8-44 (5426)
H.Q. 1772-80-2

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

DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

4
ARMY

DECEASED MEMBER'S NAME: Camille (CHRISTIAN NAMES) RODRIGUE (SURNAME)

REGISTER NO. D-21163
FILE NO. 405-R-10292
DATE 25-4-46
SERVICE NO. D-124761
FINAL RANK OR RATING Sgt.
DATE OF DISCHARGE 4-8-44

PAYEE ADDRESS: Mr. Gedeon RODRIGUE,
101 rue Brooks,
Sherbrooke, P.Q.

DATE OF TERMINATION OF OVERSEAS SERVICE $/ 4-8-44

A. TOTAL QUALIFYING SERVICE
1410
NO. OF DAYS 1415 / 30 EQUAL TO 47 COMPLETE PERIODS AT $7.50 — $ 352.50

B. QUALIFYING OVERSEAS SERVICE
No. OF DAYS 326 LESS 5 INELIGIBLE DAYS, EQUAL TO 321 DAYS @ 25c. PER DAY — 80.25
SEE PAR. 2 OVERLEAF FOR EXPLANATION

432.75

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY	$ 2.20
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE	$ 1.25
ADDITIONAL PAY	$ —
	$
	$
DEPENDENTS' ALLOWANCE 1/30 OF $	$
TOTAL	$ 3.45 ×7 = $ 24.15
NO. OF DAYS 326 / 183	×$ 24.15

0 — 43.02

D. WAR SERVICE GRATUITY — 475.77

E. DEDUCTIONS OVERPAYMENT OF PAY AND ALLOWANCES $
DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $
OTHER DEDUCTIONS $

F. TOTAL AMOUNT PAYABLE — 475.77

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	[illegible]

TREASURY CHECKED BY	DATE
V. Birmingham	29/4/46

G. L. [illegible] Capt.
SERVICE REPRESENTATIVE

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-124761 Sgt. Rodrique C. (Deceased)

RECEIVED FROM ~~Officer i/c Estates~~ 1 Can Gen Hosp

C-5591 Pte. Patterson D.K.

CHECKED BY B-126252 Cpl. Sislofsky A. DATE 28 Oct 44

1	Wrist Watch "Abra"		
1	Leather Wallet		
1	Identification Card MFM 182		
1	MBM 1 Parts 1 and 11 to Officer i/c Estates		
1	MBM 1 Part 111		
1	Religious Medallion on Chain with two white tags		
1	Red Identification Disc		
1	Receipt from Units Paymaster to Officer i/c Estates		
	Miscellaneous Cards and Papers		
1	ATS Engagement Diary		

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

TRIPLICATE — with effects.

A Sislofsky Sgt
for OC 1 Cdn KSD

CANADIAN MILITARY
ESTATES
31 OCT 1944
BRANCH
H. QUARTERS

5/7B CFA 187
40/P & S/2180 (7060)

CANADIAN MILITARY HEADQUARTERS

ESTATES BRANCH
INVENTORY

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

No., RANK and NAME .....D-124761 Sgt. Rodrique C. ..... Dec'd

RECEIVED FROM .....E.H.Q. Cdn. Section 2nd. Rch 21 Army Grp.
D-86094 Pte. Morris E.A.

CHECKED BY .....B-73775 Cpl. Todd F.A. ..... DATE 6 March 45

AND .....

1	"I" Disc.		
1	Note Book		
	Postcards		
3	Handkerchiefs		

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

QUADRUPLICATE—with effects.

F.A. Todd Cpl
.....
for OC 1 Cdn KSD

CANADIAN MILITARY
ESTATES
9 - MAR 1945
BRANCH
HEADQUARTERS

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

CANADIAN ACTIVE SERVICE FORCE

District.....

OVERSEAS

Dispersal Area.....

LAST PAY CERTIFICATE

(All Ranks)

Regtl No. D.124761. Rank and Name Rodrique, C. A/Sgt.

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

(~~Transfer or~~ Discharge) ..... to ..... on 4th August, 1944.

Reason Death. Authority : C.C.L. "A"476. d/6th August, 44.

The following is a statement of the account of the above-named from 1st August, to 31st August, 1944. the inclusive date of transfer or discharge.

Dr Particulars	Amount		Cr Particulars	Amount	
Balance Dr from last account			Balance Cr from last account	159	29
First Monthly Payment			Regimental Pay 31 days @ $2.20	68	20
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) :			Def. Pay Interest.	2	23
			Cash Effects. SOCR.14747.		11
To Balance Cr Free	53	83			
To Balance Cr Deferred	156	00	By Balance Dr		
Total	229	83	Total	229	83

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

Remarks

Assigned Pay $20.00 (F) Stopped eff. September, 44.

Assigned pay $16.80 (6th V.L.) Cancelled. eff. May 44.

Compiled by B. McKercher.

Checked by J. M. Clapham

Date 13th April, 1945.

Certified correct D. Crowley
for Chief Treasury Officer, Overseas

AR.