D129773
GELMAN
DANN

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

405-G-10078

P.A.

RECORDS OFFICE OVERSEAS.

CANADIAN MILITARY HEADQUARTERS.

GRAVES REGISTRATION CARD.

NAME GELMAN, David

RANK Tpr.

UNIT 27 Armd Regt., (SFR)

PLACE & DATE OF BIRTH JASSY, Roumania 22 Oct 1923

REGIMENTAL NO. D-129773

NEXT OF KIN & ADDRESS Father:
Mr. Boris GELMAN, Ste.Sophie,
Terrebonne Co., Quebec.

PARTICULARS OF HOSPITALISATION

DATE OF ADMISSION

NAME & LOCATION OF HOSPITAL

DIAGNOSIS

PARTICULARS OF DEATH.

DATE OF DEATH 8 Aug 44

PLACE OF DEATH No information.

HRS

CAUSE OF DEATH KILLED IN ACTION

PARTICULARS OF BURIAL

DATE OF BURIAL No information.

CEMETERY No information.

PLOT NO ROW GRAVE

DEATH CERT.NO

RELIGION Hebrew

DATE 15 Nov 45.

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

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

File No 415-G-10,078

VERIFICATION FORM

WAR SERVICE MEDALS 1939-45

No. D 129773 Name Gelman, David

Rank on Discharge Pte. Date of Discharge 8-8-44

Authority for Discharge or Retirement Deceased

Served in:

				Non-qualifying service
Canada	from	10-11-42	to 10-6-43	
	from		to	
United Kingdom	from	11-6-43	to 5-6-44	
	from		to	
Italy	from		to	
Northwest Europe	from	6-6-44	to 8-8-44 (K/a)	
---------	from		to	
---------	from		to	

Eligible for award of:

1939 - 45 Star OK ✓

~~Italy Star~~

France-Germany Star OK ✓

Defence Medal OK ✓

War Medal OK

Canadian Volunteer Service Medal OK ✓

with clasp OK

Verified by Annette Routhier

Date JUL 13 1946

Carded JUL 15 1946

HA 165 NO RIBBON DESPATCH

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: GELMAN, (Block letters)

Given names: David.

Do not write in this space

4. RESIDENCE

Street: No.

Official name of civil municipality or township: Ste-Sophie,

Municipal county: Terrebonne Co., 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): Roumania.

11. DATE OF BIRTH: October (Month) 22nd, (Day) 1923. (Year)

12. AGE OF DECEASED

Years	Months	Days	If less than one day old
20			....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	GELMAN, Boris.	
MOTHER (Maiden Name)		

19. Place of burial, cremation or removal: No information.

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) 8th, (Day) 1944. (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....

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

G. Gauvin Lt/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)

Director of Records, Dept. of National Defence.

OVERSEAS CASUALTY
CANADIAN ARMY

AUG 26 1946

105-A-1078

DISTRIBUTION OF SERVICE ESTATES 1mw. Estates Form "P. 4"

ARMY

Name: GELMAN (Surname) David (Christian Names) No.: D-129773

Tpr. (Rank) C.A. O/S (Unit) 8-8-44 (Date of Death)

AMOUNT

L.P.C. ..... $ 164.98

Date: April 20/45

Other Credits .....

Total 164.98

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Mother	Mrs. Sarah Gelman St. Sophie., TERREBONNE Co. P.Q. (Sole beneficiary under Will)	164.98

TO BE FORWARDED BY REG. MAIL. DIRECT:
L.A. TO TREAS. 25-6-45 QW

AUTHORITY

H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	164.98

CLASSIFIED BY: Original Signed by K. L. McCUAIG

EXAMINED BY

For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

Original signed by

(L. M. FIRTH) Colonel
Director of Estates

AUDITED FOR PAYMENT

For Chief Treasury Officer

75M—2-45 (6771)
H.Q. 1772-80-2

FOR COMPLETION AND RETURN BY

Form P. 64

Mr. Boris Gelman,
Ste Sophie.,
Co. Terrebonne, P.Q.

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

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

and the following number quoted:—

H.Q. 405-G-10,078 FD.319

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

September 30 1944

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

GELMAN, David, Trooper,

D.129773, Canadian Army.

it is necessary that certain information regarding the deceased and his relatives should be furnished the Estates Branch. You are asked therefore to read the enclosed memorandum before completing pages 2 and 3 of this form. The particulars required are to be carefully filled in and the Declaration on page 4 should then be signed in the presence of a Clergyman, Priest, Local Magistrate, Commissioner for Oaths, Notary Public or a Commissioned Officer of any of His Majesty's Forces who should be asked to complete and sign the Certificate. This form should then be returned to the above address.

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

ESTATES BRANCH
NOV 10 1944
H. Q.
OTTAWA
NATIONAL DEFENCE

GC/

Director of Estates.

M.F.W. 77
6-44 (4878)
H.Q. 1772-39-972

ANSWER IN FULL ALL APPLICABLE QUESTIONS

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

Degrees of Relationship	RELATIVES required to be accounted for		INFORMANT'S STATEMENT: NAME IN FULL of any Relative, if any, in each degree specified	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased.....		None		
2	Children of the Deceased and dates of their Births.....		None		
3	Father of the Deceased.....		Boris Gelman	60	Ste Sophie, Terrebonne Co., Que.
4	Mother of the Deceased.....		Sarah Gelman	60	As Above
5	Brothers of the Deceased	Full Blood	None		
		Half Blood			
6	Sisters of the Deceased	Full Blood	Mrs. Edith Goldstein	35	5376 Park Ave., Montreal, Que
			Mrs. Eva Hart.	32	4446A De Bullion St., Montreal, Que
			Miss Fanny Gelman	17	4446A De Bullion St.,
		Half Blood			

7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, *who are dead*, and date of death of each.	Names and ages of their children (if any)	Address of their children
	Rubin Gelman Apr. 1938 Nathan Gelman Nov 1918	~~Rubin Gelman~~	

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	DAVID GELMAN
9	Date of his birth.	1922
10	Place and date of his marriage.	N/A
11	Place and date of his parents' marriage.	Ukraine, Russia abt 1907

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Yessic, Rumania
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Rumania nine (9) months (b) Quebec, Canada, until death. (c) (d)
14	Nature of employment before enlistment.	Farmer
15	State whether he owned the premises in which he lived, and, if so, where situated.	No
16	Name place where deceased stated he intended to make his permanent home.	On the farm. Ste. Sophie. Terrebonne Co., Que.

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	No
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses,—was there a marriage contract dealing with property?	N/A
19	Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc., and the amount on deposit. Do you wish it administered with the pay account?	No
20	Amount of War Savings Certificates held by deceased. Indicate where located.	None
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	$100.00 $50.00 Registered $50.00 Bearer One carded in, One in possession of father.
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	No
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	No

OTHER PARTICULARS

24	Did the deceased after enlistment incur any debts for:— *(a)* His own separate board and lodging while on service. *(b)* Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	No
25	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	No

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

(PLEASE TURN OVER)

DECLARATION

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

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

*.....Father.....of the deceased.

N.B.—To be signed in full in the presence of a Clergyman, Priest, Local Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces.

.....Boris Gilman.....{Signature of Informant

.....Address

CERTIFICATE

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

See above. .....Gilman.....{Name of informant} is the.....Father.....of the Deceased above described. The above Declaration was made by the Informant and signed in my presence.

Dated at.....Montreal.....this.....7th.....day of.....November.....19 44

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces.

.....S. Hershcovn..... Qualification.....Rabbi

Address.....5365 Park ave

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

(If the deceased has no living relatives of the degrees shown on page 2, the names and addresses and relationship of other relatives should be set out below.)

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

M.F.M. 5
300M—1-43 (7930)
H.Q. 1772-39-1651

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

INSTRUCTIONS

(*a*) This form is to be completed immediately an officer or other rank is appointed to, or enlisted in, the Canadian Army (AF) or R.C.A.F. ON ACTIVE SERVICE.
(*b*) All questions, etc., must be completed.
(*c*) Upon completion, the form will, in the case of the Army personnel, be forwarded to the District Records Officer for transmission to Officer i/c Records (Army) N.D.H.Q., Ottawa. In the case of R.C.A.F. personnel the form will be forwarded to R.C.A.F. Records Officer, Dept. of National Defence for Air, Ottawa.

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

(2) Regimental or Official Number and Rank D-129773 Sapper

(3) Unit RCE.CA.

(4) Are you married? NO (5) If married, state,

(*a*) Full name of your wife

(*b*) Present postal address of wife

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

(7) Are you a widower? NO

(8) Have you any children? NO Number of boys Girls

Names and ages

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

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

Name

Postal Address

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

If so, state her full name and postal address

[SEE OTHER SIDE]

(11) Is your father alive? Yes If so state name and address, occupation Mr. Boris Gelman Farmer
Ste. Sophie Terrebonne City Quebec Canada.

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

(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

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

(14) Is your mother alive? Yes If so, state name and address Mrs. Sarah Gelman
Ste. Sophie Terrebonne City Quebec, Canada.

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

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

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

(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

Full Name

Postal Address

Amount contributed monthly during the past six months

(18) Are you insured? NO If so, in what company?
(Give number of policy)

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

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

Date 11-11-42 (Sgd) David Gelman
(Signature of officer or man)

)Sgd) R.D. Smithe Capt. ?

Date 11-11-42 Officer Commanding #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.)

[illegible]d this whole Form and Instructions on other side before commencing to complete.

WILL

M.F.M. 10
150M—6-42 (4820)
H.Q. 1772-39-1656

(1) I, DAVID GELMAN (Name in Full), of the Village (City, Town, Village, Township)

Address in civil life.

of Ste Sophie, in the County / District of TERREBONNE

Province of Quebec, Farmer (Civil Occupation)

Regimental No. D-129773, Unit rce.ca., do hereby revoke all former Wills by me made and declare this to be my LAST WILL.

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

(2) I GIVE, DEVISE AND BEQUEATH unto "MyMother"Mrs SARAH GELMAN

Residing at: Ste Sophie, Terrebonne Cty, Quebec Canada.

All my estate both real and personal.

D.G.

Relationship, names and address of residuary beneficiaries.

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

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

D G

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

IN WITNESS WHEREOF I have hereunto set my hand this 11th day of November 1942.

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

David Gelman (Signature of soldier)

First witness sign here.

(5) Signature M. Lambert

Civil Address 1920 St Joseph Blvd E. Montreal Que

Civil Occupation Merchant.

Second witness sign here.

Signature Bernita Bourtois

Civil Address Hawkesbury Ont.

Civil Occupation Teacher

(Witnesses are not to be beneficiaries.)

[OVER]

405-H-10078

SUPPLEMENTARY

FIELD SERVICE — In lieu of Army Form B.2090A

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

REGIMENT OR CORPS: 27 Cdn Armd Regt — Squadron, Troop Battery or Company:

Officer's Personal No (if known) Soldier's Army No: D129773 — Rank: Tpr

Surname: GELMAN — Christian Names: D.

Died x — Date: 18 Aug 44 — Place:

Cause of Death: Killed

Nature and Date of Report: 3011c/301 13 Aug 44

By whom made: 27 Cdn Armd Regt

x Specially state if killed in action, or died from wounds received in action, or from exposure while on military duty, or from injury while on military duty.

Burial — Place: BURIAL PARTICULARS NOT AVAILABLE — Date:

By whom reported:

State whether he leaves a Will or not

(a) in Army Book 64: No

(b) as a separate document: Not Rec'd

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 deceased officer or soldier of his wishes as to the diposal 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: Belgium, 16 Apr 45

Signature of Officer in charge of Section Adjutant-General's Office at the Base: Emily Robertson for Officer i/c Cdn Sec 2nd Ech HQ 21 A Gp.

25M-12-44 (6215)
H.Q. 1064-81-3

DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE

4
ARMY

STATEMENT OF WAR SERVICE GRATUITY

DECEASED MEMBER'S NAME: David (CHRISTIAN NAMES) GELMAN (SURNAME)

REGISTER NO. D-2759
FILE NO. 405-G-10078
DATE 22-11-45
SERVICE NO. D-129773
FINAL RANK OR RATING Tpr.
DATE OF DISCHARGE 8-8-44

PAYEE Mr. Boris GELMAN,
ADDRESS St. Sophie,
Terrebonne Cty, P.Q.

DATE OF TERMINATION OF OVERSEAS SERVICE 8-8-44

	$	¢
A. TOTAL QUALIFYING SERVICE NO. OF DAYS 638/30 EQUAL TO 21 COMPLETE PERIODS AT $7.50	157.50	
B. QUALIFYING OVERSEAS SERVICE No. of Days 425 LESS 8 INELIGIBLE DAYS, EQUAL TO 417 DAYS @ 25c. PER DAY (SEE PAR. 2 OVERLEAF FOR EXPLANATION)	104.25	
	261.75	
C. SUPPLEMENT FOR OVERSEAS SERVICE		

DAILY RATES AT DISCHARGE

PAY	$ 1.50
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE	$ 1.25
ADDITIONAL PAY	$ .25
	$
	$
DEPENDENTS' ALLOWANCE 1/30 OF $	$
TOTAL	$ 3.00 X7 = $ 21.00
NO. OF DAYS 425/183	X $ 21.00 = 48.77

D. WAR SERVICE GRATUITY	310.52
E. DEDUCTIONS OVERPAYMENT OF PAY AND ALLOWANCES $	
DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $	
OTHER DEDUCTIONS $	
F. TOTAL AMOUNT PAYABLE	310.52

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

TREASURY	
CHECKED BY	DATE

Kurkin Capt
SERVICE REPRESENTATIVE

COMPUTATION OF WAR SERVICE GRATUITY

MEMBER'S NAME DAVID (Christian Names) GELMAN (Surname) — Register No. D 2759

PAYEE'S NAME MR. BORIS GELMAN (Christian Names) (Surname) — File No. 405-G-10078

ADDRESS ST. SOPHIE TERREBONNE CTY. — P.Q. — Date 21-11-45

Service No. D 129773

Final Rank TPR

DATE OF TERMINATION OF OVERSEAS SERVICE 8-8-44 — Date of Discharge 8-8-44

	AMOUNT $	c
A. TOTAL QUALIFYING SERVICE No. of day 638 / 30 = 21 (8) Periods @ $7.50	157	50
B. QUALIFYING OVERSEAS SERVICE No. of days 425 less 8 Ineligible days, equal 417 Days @ 25c. per day	104	25
C. SUPPLEMENT FOR OVERSEAS SERVICE	261	75
Daily Rate of Pay $ 1.50 — Subsistence Allowance $ 1.25 — Additional Pay $ .25 — Dependents' Allowance 1/30 $ ✓ $ ✓ TOTAL $ 3.00 × 7 = $ 21.00 No. of Days 425 / 183 × $ 21.00	48	77
D. WAR SERVICE GRATUITY Computed By Gates	310	52
E. DEDUCTIONS Overpayment of (1) Pay & Allowance $ (2) D.A. & A.P. $ Other Deductions $ Entered By		
F. AMOUNT PAYABLE (This amount is payable in ..... monthly instalments of $ ..... each)	310	52

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

$ ..... × 30 = $ .....

REMARKS

50M—8-45 (7827)
H.Q. 1764-81-3

CANADA

DEPARTMENT OF NATIONAL DEFENCE

ARMY

In reply quote No. D-129773

WSG 18

Your File Reference:-
H.Q. 405.G.10,078.

Paymaster-General,
War Service Gratuity Branch,
No. 8 Temporary Building,
O T T A W A.

Serial No. D.2759

RECEIVED
NOV 17 1945
PAYMASTER GENERAL
W.S.G. Branch

Re:. D-129773 - Tpr. GELMAN - David

1. Reference your memorandum of September 18th, 1945.

2. The Dependents' Allowance Board has found that Mr. B. Gelman was DEPENDENT on the marginally-named at the date of casualty, as required by Section 4 of the War Service Grants Act.

DEPENDENTS' ALLOWANCE BOARD

B44/YB

For R. O. G. Bennett, Chairman.

M.F.A. 1326A
1,000M—1-45 (6496)
H.Q. 1772-39-2009

pension Feb. 5-45

D 2759

FORM NO. 1

Register No. .....

Nominal Roll No. .....

H.Q. File No. 405-G-10078

To: P.M.G.

CANADIAN ARMY (ACTIVE)

Computation of Service

Recalled 5-9

WAR SERVICE GRANT

Regt. No.	Rank when S.O.S.	Surname	Christian Name in Full
D-129773	tpr.	GELMAN,	DAVID

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. 10 Nov 42	T.O.S.	T.O.S.
S.O.S. 8 Aug 44 MD	S.O.S. MD	S.O.S. MD
Total Days 638	Total Days	Total Days

Total Service ..... 638 ..... DAYS

—	Total Service	Less Non-qualifying Service	Net Service
Western Hemisphere	213	—	213
Overseas Service	425	—	425
Totals	638	—	638
Add Non-qualifying Service			—
Total Service	638	—	638

EMBARKATION DETAILS: TOS O/S 11 June 43

1. Date S.O.S. Overseas ..... 8 Aug 44 .....

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

REMARKS:

KILLED IN ACTION 8 AUG 44

Computer's Signature ..... J. F. O'Leary .....

Checker's Signature ..... [illegible] .....

Date Computed ..... 12 April 45 .....

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

BATTLE CASUALTY
CASUALTY SECTION EXTRACT FORM

This Space is for the **RED X** See Below

Message Received from .....CFA/291/57266.....

.....

Time Message Received.....

Date Message Received.....13 AUG 44.....

Theatre: AEF

Regimental No.	Rank	Name	Full Christian Names
D129773	TPR	GELMAN	DAVID

Unit.....27 ARMD REGT (SFR).....

SERIAL: 104H

CASUALTY PARTICULARS

KILLED IN ACTION 8 AUG 44

"A" 479

Hospital Admitted To.....Date.....

Hospital Transferred To.....Date.....

Hospital Transferred To.....Date.....

Hospital Discharged From.....Date.....

IMPORTANT—Always Give Full Address and Relationship of all Next of Kin—IN PLAIN CLEAR PRINTING

Next of Kin.....MR BORIS GELMAN..... Relationship.....(FATHER).....

.....STE SOPHIE TERREBONNE COUNTY P.Q. CANADA.....

.....

.....

Home Town .....AS ABOVE.....

Cable No. .....9196.....

Inland Tel. No. .....

NOTE: If the Next of Kin resides in the British Isles or U. S. A. MARK RED X in UPPER LEFT HAND SQUARE

IMPORTANT

.....
Verification Clerks Signature

CFA 48
40/P & S/1568 (6218)

31

WSG 15-12-44

The Canadian Red Cross Society

RED CROSS ENQUIRY BUREAU

130 Queen St.
~~18 RIDEAU STREET~~ OTTAWA, CANADA

April 3, 1945.

Col. R.T.E. Hicks-Lyne,
Acting Director of Records,
Department of National Defence,
O T T A W A.

ATTENTION: Major Barwick.

E

Dear Major Barwick: Re: Pte. David GILMAN,
D.129773, Canadian
Sherbrooke Fusiliers.

We have received an enquiry from the family of the above-named soldier, reported killed in action on August 8, 1944, for some details of his death.

Apparently from the information forwarded to us, the family have received a letter from the Casualties Officer advising that Pte. Gilman's personal effects were destroyed.

Have you any information on your records which would enable us to reply to this enquiry?

Yours sincerely,

Georgina Cook

Mrs. Jackson W. Cook,
Acting Director.

GC/ED

26

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

Register No. D2759

File No. H.Q.405-G-10078

WAR SERVICE GRANTS ACT 1944

OTTAWA, December 22nd 1944

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

Service No. D129773

Name D. GELMAN
Christian Name Surname

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

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

Names of persons in receipt of D.A. and amount of monthly award	Name	Amount $
	~~_____~~	
	~~_____~~	
	~~_____~~	
If no D.A. in issue, list names of persons in receipt of A.P., who may be classed as dependents under W.S.G. Act, 1944 and amount of monthly assignment.	Boris Gelman FATHER	10 00
	A.P. Disc. 1.9.44	
Names of persons to whom assigned pay was continued by supplementary award after death.		
Amount of overpayment of dependents allowance and/or assigned pay deductible from the War Service Gratuity and name of person to whom paid		

JAN 4 - 1945

_____ 194___

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

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

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

_____ 194____

_____
for C.T.O.

24

☐ Navy
☒ Army
☐ Air Force
(Mark X opposite Force in which you last served.)

DEPARTMENT OF NATIONAL DEFENCE

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

Application for War Service Gratuity

(Canadian Armed Forces)

D-2759

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

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

2. Christian Names DAVID
(Print)

3. Service No. D-129773 4. Paid rank or rating at date of termination of Service SPR

5. Address, in full, to which payments of gratuity are to be forwarded MR. BORIS GELMAN, ST. SOPHIE, TERREBONNE CTY. PQE.

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

Service (Navy, Army or Air Force)	Service No.	Final Rank or Rating	Date of Commencement of Service	Date of Termination of Service
ARMY	D-129773	SAPPER	10 NOV 42	8 AUG 44

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

8. Have you during the present War, while *not* a member of the Canadian Armed Forces, been appointed to or enlisted in any of the Naval, Military or Air Forces of His Majesty (other than the Canadian Armed Forces)? NO If so, state the Force or Forces, with dates of commencement and termination of service. N/A

Having ~~now ceased to serve on~~ BEEN REPORTED KILLED IN ACTION Active Service, I hereby apply for payment of the War Service Gratuity.

(Date)

(X) Boris Gelman
(FATHER)
(Signature of Applicant)

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

BORIS GELMAN
(FATHER)

NOTE: When completed this form is to be mailed to the Headquarters of the Service in which you last served. Viz:
Navy—The Secretary, Naval Board, Naval Service Headquarters, Ottawa. (To be accompanied by Certificate of Service in the case of ratings.)
Army—The Secretary, Department of National Defence (Army), Ottawa. Attention: Paymaster-General.
Air Force—The Secretary, Department of National Defence for Air, Ottawa. Attention: Records Officer.

20

8th September, 1944.

Mr. Boris Gelman,
Ste. Sophie,
Co. Terrebonne, Quebec.

Dear Mr. Gelman:

It was with deep regret that I learned of the death of your son, D129773 Trooper David Gelman, who gave his life in the Service of his Country in France on the 8th day of August, 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,

Major - General
Adjutant - General

AUG 28 1944

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

/EMA

16

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION (DEATH)

NUMBER D.129773 RANK Trooper SERVICE UNIT 27th Army Tank Regiment R.C.A. (C.A.)

NAME GELMAN, David

DATE OF BIRTH 22nd October, 1923 DATE OF ENLISTMENT 10-11-42

MARITAL STATUS Single RELIGION Hebrew

NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 RELATIONSHIP Father NAME Boris Gelman,

ADDRESS Ste. Sophie, ADDRESS D.A.B.

ADDITIONAL PERSON TO BE NOTIFIED Co. Terrebonne, P.Q. ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. Canrecords 9196 H.Q.405-G-10,078

CASUALTY DETAILS Killed in action DATE 8-8-44

FRANCE

LAST WILL ATTACHED TO NOTIFICATION TO A. OF E.? NA 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

5 COPY FOR C. R. FILE

DISTRIBUTION— 1-CDN. PENSION COMM. 2-CHAIRMAN D.A.B. 3-D.A.B. 4-CHAPLAIN SER. 6-DOC. FILE 7-GRAVES REG. 8-A.B. & C. LISTS.

LEAVE OF ABSENCE - C.A.R.O. 1935

APPLICATION, PRECIS OF EVIDENCE, AND RECOMMENDATIONS

See notes on page 4.

M.D. or Div. File Ref. _____ -

Date _____

TO BE COMPLETED BY SOLDIER'S COMMANDING OFFICER

1. (a) Reg'tl No. D/129773 Rank & Name Tpr. GELMAN, D.

(b) Name of Unit No.1 C.A.C.T.R. (Reinf.)

(c) Date of enlistment or enrolment 10 Nov.42 Med. Cat.,reason & date A-1

(d) Date T.O.S. above Unit 25 Jan. 43

(e) Period of leave applied for 2 months

(f) Present state of soldier's training and how employed Wireless completed- has yet to do Gunnery(advanced)

(g) Conduct of soldier no entrées on M.F.M.6

(h) Has he assigned pay? Yes To whom? Father

Amount? $15.00 When first made? 1 Oct. 42

If no Dependent's allowance, why? -

(j) Is strength of Unit up to W.E.? yes If in the negative, give particulars as to reinfs.

(k) Supporting evidence attached hereto from disinterested parties, R.C.M.P., D.B.T., Physicians, etc.

2 statutory declarations

doctor's certificate

(l) Recommendation of C.O. Unit, with reasons, where not otherwise obvious.

Recommended

(A. McGoun) Lieut.-Col., R.T.R.
Name & Rank

Date of recommendation 28 April, 1943 O.C. #1. C.A.C.T.R.
Unit

TO BE COMPLETED BY GENERAL OR DISTRICT OFFICER COMMANDING

2. Recommendation

RECOMMENDED.

(A.C. Spencer) Brigadier,
Commander, Camp Borden.

Date of recommendation _____

Leave for WAR INDUSTRY (Employer's application to be attached)

(a) Name of former Employer who is now asking for soldier's services

(b) Nature of employer's industrial activity

(c) Is the soldier a craftsman? (State fully experience and work as such)

(d) Length of time soldier formerly employed by applicant (give dates)

(e) Nature of soldier's employment before enlistment

(f) If leave is granted to soldier, what will be,

(i) Nature of employment?

(ii) Grading of employment?

(iii) Rate of wages?

(g) What effort made by employer to secure or train replacement?

(h) Period soldier's services will be required?

---

4. Compassionate leave for soldiers returning to AGRICULTURAL, (If soldier was formerly engaged in agriculture and will return to such occupation if leave granted)

(a) Owner of farm Mr. B. Gelman Relationship to applicatn Father

Location of farm St. Sophie De Lacorne, Que.

(b) How long did soldier work on this farm prior to enlistment or enrolment? 6 yrs. In what capacity? (Owner or employee employee

(c) Acreage of farm 80 In pasture 25 In woods 15

Acreage cultivated 40 In Grain 20 In Hay 15

Acreage in summer fallow

Acreage in fruit In vegetables 5
(Specify kind)

(d) Number of horses 1 Hogs - Sheep -

Milch cows 4 Other Cattle Poultry 600

(e) Value of farm $ Encumbrances? $
Value of machinery $ Encumbrances? $
Is farm operated by horses or power? (i.e. tractor, etc.)

(f) What assistance is or could be made available fro m neighbours or relatives other than family on farm?

No assistance as neighbours cannot get enough help for themselves.

---

5. Compassionate leave for soldiers returning to FISHING (If soldier was formerly engaged in fishing and will return to such occupation if leave granted)

(a) Owner of fishing boat?_____

(b) Size of fishing boat?_____

How many men required to operate fishing boat?_____

(c) Nature of fishing (deep sea, coastal lake or river)_____

Place where fishing done?_____

Kind of fish caught and months when fishing normally done_____

---

6. Leave on General Compassionate Grounds

(a) Reasons for application_____

(b) How does soldier intend to earn livlihood? (Nature of employemtn and name of employer)

(c) What guarantee has he of employment? (Wages and duration and place)

---

7. PARTICULARS OF SOLDIER AND FAMILY

(a) Members of soldier's family living at home

Age	Relationship	Occupation Nature and Place	Wages per week	Health
60	Mother			
16	Sister	-left school when I enlisted to help on farm.		

(b) Members of family not living at home

Age	Relationship	Occupation	Nature & place including distance from soldier's home	Wages per week	Health
60	Father	Night Watchman	-Montreal- unable to do farm work due to health.		

NOTE: If health of any of (a) is shown as other than good a medical certificate will be attached showing length and nature of illness, degree of capacity for work, estimated date of recovery.

8. In what respect, if any, have conditions changed since enrolment or enlistment?

9. When was soldier examined by a Civilian Doctor for N.R.M.A. training (i.e. Notice - Medical Examination)?

Did he then apply for postponement of training?

If he applied what was decision of National War Services Board?

If he did not apply why did he not do so?

State fully any change in family circumstances since application made to Mobilization Board

10. State fully in what respect extreme hardship exists to dependents

Sister or Father unable to do Spring Chores-impossible to get any outside help.

11. Detail financial circumstances of dependents, and in what respect these would be improved if Amy pay and allowances cut off on grant of leave.

12. List periods of leave already given, excluding passes up to 6 days or annual furlough

13. Age? 19 Married or Single? Single No. of Children?

Ages of children? Does wife reside with soldier's parents?

If not, where?

14. I conscientiously belive and declare that the information above set out is true and hereby apply for leave of absence:

From 10th May 194 3. To 10th July 194 3.

Date 28 April, 194 3. David Gelman
(Soldier's Signature)

NOTE: (a) All paras. will be completed in every case except 3, 4, 5 and 6. Paras. 3, 4 5, and 6 will be completed only as applicable.

(b) Supporting evidence will be attached.

(c) In applications for extension of leave or, by a soldier while on leave,

(i) This pro forma will NOT be mailed to applicant for completion, but completed by Auxiliary Service or Investigating Officer.

(ii) If pro forma has already been completed, and on file, it need not again be completed, but supporting documentary evidence alone will be sufficient Any change of circumstance will be carefully set out.

4

Re : D/129773 - Tpr. Gelman D.

AFFIDAVIT OF ABE LAGUNOW

CANADA)
)
PROVINCE OF QUEBEC)
)
DISTRICT OF TERREBONNE)

I, ABE LAGUNOW, farmer residing in the Parish of Ste-Sophie de Lacorne, County of Terrebonne, Province of Quebec, Canada, being duly sworn, depose and say :-

I am 31 years old;

I am farmer in the Parish of Ste-Sophie de Lacorne, county of Terrebonne;

I know very well Mr. B. Gelman, farmer of the said Parish of Ste-Sophie de Lacorne; father of D.Gelman;

Mr. B. Gelman, is the owner of a farm measuring in superficies about eighty (80) acres, whereof about forty-five (45) acres are under cultivation;

Mr. B. Gelman besides that has four cows, one horse, three hundred chickens, and 300 baby chickens;

Mr. B. Gelman is a sick man who cannot do all his work on his farm without help; and he has only one son, D.Gelman, who is actually at Camp Borden Training Centre.

I know that it is actually extremely hard to have farm help this time, due to the fact that nearly all people are in the army or working in the war plants.

The above mentioned facts are true to the best of my knowledge.

And I have signed at the Town of St-Jerome, this twenty-sixth day of April 1943.

Sworn before me at the Town
of St-Jerome, this 26th of
April 1943.

A. Lagunow

Jacques Leonard
NOTARY PUBLIC.

V

Re : D/129773 - Tpr. Gelman D.

AFFIDAVIT OF WILLIE ZARITSKY

CANADA)
)
PROVINCE OF QUEBEC)
)
DISTRICT OF TERREBONNE)

I, Willie Zaritsky, farmer residing in the Parish of Ste-Sophie de Lacorne, County of Terrebonne, Province of Quebec, Canada, being duly sworn, depose and say :-

I am 28 years old;

I am a farmer by occupation residing in the Parish of Ste-Sophie de Lacorne, county of Terrebonne;

I know very well Mr. B. Gelman, farmer of the said Parish of Ste-Sophie de Lacorne and D. Gelman, his only son.

Mr. B. Gelmmn is the owner of a farm measuring about eighty (80) acres in superficies, whereof about forty-five (45) acres are cultivated;

Mr. B. Gelman's stock consists of four cows, one horse, three hundred chickens, etc.,

Mr. B. Gelman is actually alone and cannot do all his work without help, on account of his illness.

Under the actual conditions it is very hard to have farm help; all people able to work being actually in the military camps or in war plants.

Unless D.Gelman above named, who is the only aon of Mr. B.Gelman, obtain a leave, that farm will probably not be ploughed and sowed for next season.

Moreover the fences need repair and the fire wood for next winter has to be cut; the father being unable to do that work.

The above mentioned facts are true to the best of my khowledge.

And I have signed at the Town of St-Jerome, this twenty-sixth day of April 1943.

W Zaritsky

Sworn before me at the Town of St-Jerome this 26th of April 1943.

Adrien Legaré

NOTARY PUBLIC.

No D.129773 Rank Trooper Name GELMAN, David

Unit R.C.A. Date of death 8th August, 1944.

Died at France.

Cause Killed in Action.

Death occurred on strength of Forces.H.Q. 405-G-10078

N/K Mrs. Boris Gelman, Relationship Father.

Address Ste. Sophie, Co. Terrebonne, P.Q.

Remains buried in Cemetery

BAYEUX MEMORIAL

CWK

Grave location

BURIAL REPORT TO N.K.

RETURN TO BUR. OF STAT: AUG 26 1946

ROYAL MESSAGE DESP'D. SEP 6 1944

CAN. MESSAGE DESP'D. 1-9-44

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

(1) MEDALS

PERSON ENTITLED TO Mother Mrs. Sarah Gelman, Ste. Sophie, Co. Terrebonne, P.Q.

ADDRESS:

(2) MEMORIAL CROSS

WIDOW Single (M.F.M.5.)

ADDRESS:

(3) MEMORIAL CROSS

MOTHER Mrs. Sarah Gelman, (M.F.M.5.)(ENGLISH)

(1706)

ADDRESS: Ste. Sophie, Terrebonne Co. Que.

MEMORIALS B F

(1) DATE DESP

REGN. NO 285

(2)

DESP. NOV 21 1914

(3) REGN No. 8193

8-8-44

AWARDS—CANADIAN ARMY (ACTIVE)

(1706)

M C.B.

C.O.M.—1-44-(3467)
H.Q. 1772-45-8

FILE NO. 405-G-10,078

SURNAME (IN BLOCK LETTERS) CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT
GELMAN, David	D-129773	Tpr.	R.C.A.

WAR SERVICE BADGE (CLASS) NO. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star France & Germany Star Defence Medal War Medal C.V.S.M. & Clasp	4119 - 22/10/49

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

CONTINUATION CARD M.F.M. 14

Regimental No. D-129773 Name D. GELMAN

Part II D.O. No.	Part II D.O. Date	PARTICULARS OF CASUALTY
18	25/4/44	Granted T/P Operator CAC "C" eff 13/4/44.
CR	10/8/44	SOS 27 CAR (SFR), killed in action, eff 8/8/44.

M.F.M.—14A
(49/P&S/67/3400)

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

Montreal South, Que.
*MARRIED PLACE OF ENLISTMENT
*WIDOWER AND DATE
*SINGLE 10 Nov. 42

No. D-129773 RANK Spr. NAME GELMAN David

RATE OF PAY

D. O. No.	DATE	RANK	GROUP	P. F. OR A. S.	DAILY RATE	IF LIABLE PEN. DED.	REMARKS
					1.30		
65A	16-3-43	Tpr.		A.S.	1.40		w/e 10-3-43
115a	14-5-43.	Tpr.		A S	1.50		eff 10-5-43.
18	25/4/44	Tpr	"C"		1.75		Eff 13/4/44.

ASSIGNMENTS

ASSIGNEE	EFFECTIVE DATE	AMOUNT	TOTAL
Mr. Boris GELMAN,		~~15.00~~	
Ste-Sophie, Que.		10. ~~00~~	
Co. Terrebonne,			
~~Dec. 42~~			
4th V.L.Bond	1-5-43	8.40	18.40
(Father) 5 V L		8 40	
6 V L 8.40.			

DEPENDENTS' ALLOWANCES

DATE APPLICATION FORWARDED	RELATIONSHIP	AMOUNT AWARDED	EFFECTIVE DATE

OUTFIT ALLOWANCE $ PAID ON
*DELETE WORDS WHICH ARE INAPPLICABLE

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

PART II D. O. NO.	DATE	
273	12-11-42	TOS DD4 & posted to "B" Wing wef 12-11-42
280	20-11-42	SOS on trans to #48 St Johns wef 20-11-42
184	NOV 21 1942	T.O.S. C.A. (B) T.C. No. 48 w.e.f. NOV 21 1942
A-217-31-12-42-		Gr. New Yr.L. wef.29-12-42-tp-4-1-43-& 5 days RA.
A-19	JAN 26 1943	S.O.S. C.A. (B) T.C. No. 48 w.e.f. JAN 26 1943 on transfer ot A-8 Camp Borden, Ont.
23	28-1-43	TOS A8 CAC w/e 27-1-43
115	14-5-43	Granted furl. 17-5-43 to 30-5-43 RA.50¢per diem.
120	20-5-43	SOS A8 on reposting to #1 CAC TR eff 20-5-43
1	21-5-43	TOS #1 CAC TR eff 21-5-43
10A	7-6-43	SOS #1 CACTR to Can. Army Overseas eff 6-6-43
156	20-6-43	TOS C.A.(O) w.e.f. 11 June 43. TOS 2 C.A.C.R.U. w.e.f. 19 June 43.
179	15 Jul43.	SOS to 27 CATR wef 15 Jul 43
24	17/7/43	TOS 27 CATR (SFR) from 2 CACRU eff 16/7/43.
36	14/10/43	9 days P/L 17-26/7/43 with ration allce.
42	29/11/43	9 days P/L 12-21/11/43 with ration allce.
15	7/4/44	9 days P/L 17-26/3/44 with ration allce.
17	21/4/44	Qualified Operator CAC "C" eff 13/4/44.

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

~~ORIGINAL~~
DUPLICATE
~~TRIPLICATE~~

FINGER-PRINTED

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

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

Unit ~~N.C.M.P.~~ CAC (OTHER) Regimental Number D-129773

ACTIVE FORMATIONS AND UNITS OF THE CANADIAN ARMY

ATTESTATION PAPER

N.T.

1. Surname GELMAN
2. Christian Names DAVID
3. Present address Ste Sophie, Terrebonne County, Que., Canada.
4. Date of birth 22 October 1923
5. Place of birth Roumania (Country) (County or Province) Jassy (Town or Township)
6. Citizenship Canadian (Of What Country are You Now a Citizen)
7. Religion (state denomination) Hebrew
8. Trade or Calling Farmer
9. Married, Widower or Single Single
10. Name of next of kin Mr Boris Gelman
11. Relationship Father
12. Address of next of kin Ste Sophie, Terrebonne County, Que., Canada.
13. Do you belong to, or have you served in a Reserve Formation or Unit of The Canadian Army? No
    (If Yes, Give Unit and Dates of Service)
14. Have you served in (*a*) an Active Formation or Unit of The Canadian Army? No (Yes or No)
    (If Yes, Give Regimental No. and Unit) (*b*) Any other Naval, Military, or Air Force? No
    (Yes or No) (If Yes, specify Unit and Period of Service)
15. Did you serve during the Great War 1914-1918? No
    (If Yes, specify Regimental No., Unit and Dates of Service)

C.A.A.

DECLARATION TO BE MADE BY MAN ON ATTESTATION

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

Date 10TH NOVEMBER 1942. David Gelman (Signature of recruit)

OATH TO BE TAKEN BY MAN ON ATTESTATION

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

Witness ..... (Name) (Rank) David Gelman (Signature of Recruit)

CERTIFICATE OF MAGISTRATE, JUSTICE OF THE PEACE OR ATTESTING OFFICER

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

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

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

at MONTREAL SOUTH this 10TH day of NOVEMBER 19 42

NO. 4-DISTRICT DEPOT A.F.

Samuel (Signature of Magistrate, Justice or Attesting Officer.)

Special Recruiting Officer (Officer or Rank and Unit or appointment.)

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

Record of Service of GELMAN (Surname) DAVID (Christian Names) Regimental Number D-129773

Qualifications		Educational Qualifications			
Military	NIL	High School or Collegiate	NIL (years completed)	Graduation or Matriculation	NIL (specify)
Business or Professional	NIL				
Trade or Civil	FARMER	*College	8 YEARS PUBLIC SCHOOL		
Technical	NIL	*University	NIL		
Languages	ENGLISH				

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

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

Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., from date taken on Strength of Field Force	Rank Shown	Effective Date	Unit	Place	Authority: Part II D.O. No. Cas. List, etc.	Authority: Dated
Joined on appointment 12-11-42 DRO TOS NO 4 DISTRICT DEPOT CA.	SPR	10-11-42	4 DD	MTL STH	4 DD PT II-272	12-11-42
S.O.S. on transf. to C.A.(B)T.C.48, St. Johns, Que	"	20-11-42	"	"	" 280	20-11-42
21-11-42 DD 4 TOS for all purposes on transfer from DD4	"	21-11-42	BTC 48	St.Johns	TC48 PT II A-18	21-11-42
9-1-43 TC48 Granted New Years Leave from 1800 hrs 29-12-42 to 0600 hrs 4-1-43 and is auth. to draw .50 per diem rat. all. for that period	"		"	"	" " A217	30-12-42
23-1-43 " Re-allocated from RCE to CAC (OTHER) and Re-mustered as a Trooper	TPR	23-1-43	"	"	" " A18	25-1-43
26-1-43 " SOS on transfer to T.C. A-8, Camp Borden,	"	26-1-43	"	"	" " A-19	26-1-43
ATTACHED TO AS CACATC FOR A/P FOR ADV. TRG.	do	27-1-43	AS CAC	Borden	AS CAC D.O. 23	28-1-43
Qualified Driver Oper. Gpr C	se	17-4-43	#1 CACTR	Borden	#1 CACTR D.O. 102	29-4-43
Granted furlough from 17 May to 30 May 43, with ration allowance of .50¢ per diem and warrant No. A-413381.	do	17 May 43	AS CACATC	do	AS CAC D.O. 115	14 May 43
SOS on Reposting to #1 C.A.C.T.R.	do	20-5-43	do	do	do D.O. 120	20-5-43
TOS #1 C.A.C.T.R.	do	21-5-43	#1 CACTR	DO	#1 CACTR D.O. 1	21-5-43

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

CERTIFICATE OF MEDICAL EXAMINATION

Name in full GELMAN DAVID Place MONTREAL Date of Medical Examination NOV. 9/42

Part 1. Information obtained from the recruit.

1. Age 19, 2. Have you ever suffered from any of the following diseases?

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

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

David Gelman
Signature of Applicant

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

Medical Officer's Remarks on information as stated in Part 1

1. Identification marks or scars 1 vac left arm scar abdomen
2. Height 5 feet 2¾ inches. 3. Weight 133 pounds.
4. Complexion Fair Eyes Blue Hair Fair
5. Development good (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
With Glasses— right left 8. Hearing, right CV 20 left CV 20
9. Condition of mouth and teeth few caries other fair
10. Blood Pressure:— S. D. (Required if recruit is over 35 years of age, or if otherwise indicated)
11. Urinalysis N - reflexes normal
12. The abnormalities (congenital and pathological) found on examination are as follows:—
Color vision ishihara (CN) ears nose throat n/g. Dr. H.Michaud. normal
Flat feet no callouses no disability
13. Chest X-Ray N No. 134753 Laboratory at which taken d.P. & N.H. MTL.

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

C.T. Lundon Capt rank E.C. Brooks Capt rank W. Tremblay Lt Col rank
President C.T. LUNDON CAPT. Member E.C. BROOKS CAPT. Member W. TREMBLAY LTL COLL

Date NOV. 9/42

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature
NOV 12 '42	TABT Gibson Lt		
8-12-42	Tg + Tu.		
7-1-43	Tg — T Lt		
NOV 12 '42	Vac		
12-1-43	B-Exam CWD - 9 Comp		
JUN 2 1943	Cat A Confirmed Bell Lt		

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

D-129773

Regtl. No..... Rank SPR Surname GELMAN Christian Name DAVID

STATION	Date of Arrival at the Station	Dates of Admission into Hospital			Dates of Discharge from Hospital			DISEASE	Number of days in Hospital	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of Inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied.	Signature of Medical Officer
		Day	Month	Year	Day	Month	Year				
A 8 Unit		20	4	43	23	4	43	V1 Influ.	3	Good Att. D Sat.	

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

Regimental No. D-129773 Rank Trooper Sheet No. 1

M.F.M. 1 & 2 (a)
250M—5-42 (4722)
H.Q. 1772-39-1646

Name GELMAN David

Record of Promotions, Reductions, Transfers, Casualties, Reports, etc.—	Rank Shown	Effective Date	Unit	Place	Authority D.O. Number	Authority Dated
SOS to Cdn. Forces Overseas For Pay w.e.f. 6-6-43: f.a.p. w.e.f. 8-6-43	Trooper	8-6-43	#1 CACTR	Borden	10A	7-6-43
1402 S.O.S. C.A. (C) on embarkation	"	10Jun43	2 CACRU	U.K.	156	20Jun43
T.O.S; C.A. (O) disembarked 18 Jun.43	"	11Jun43	"	"	156	20Jun43
0448-3 Reported for duty	"	19Jun43	"	"	156	20Jun43
AOA AOA to 27 Cdn. Army T.K. Regt.	Tpr.	15 July 43	2 CACRU	UK	179	15 July 43
TOS TOS from 2 CACRU	Tpr.	16 July 43	27 A.TK.Regt.	UK	24	16 July 43
CE Qual. Op TAC "E"	Tpr	13 Apr 44	27 Arm'd R	UK	17	21 Apr 44
Embarked at UK on 3 Jun 44						
Disembarked at France, on 6 Jun 44	Tpr		27 Arm R	21 A Gp	34	15 Jun 44
Killed						
CE SOS SOS Killed in Action Gp TAC "E"	Tpr	8 Aug 44	27 Arm'd R	AEF	A479	19 Aug 44
	Tpr	8 Aug 44	27 Arm R	21 A Gp	48	27 Aug 44

27 ARMCURED REG'T
THE SHER FUS R

SERVICE AND CASUALTY FORM

PART I (For all ranks)

M.F.M. 4 (Part I)
A.F.B. 103 (Part I)
200M—8-42 (5892)
H.Q. 1772-39-1649

Unit R.C.E. CA. Regimental Number D-129773

1. Surname GELMAN
2. Christian Names DAVID
3. *Substantive Rank and Appointment Tpr
   *Acting Temporary or Local Rank
   giving date 10 nov 42
   *To be entered in pencil to facilitate alteration.
4. Place of birth JASSY ROUMANIA
5. Date of birth as declared on attestation 22 oct 1923
   (A)
6. Date of enlistment 10 nov 42
7. Place of enlistment MTL STH QUE CANADA
8. Residence at time of enlistment STE-SOPHIE, Cty Terrebonne, 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 HEBREW
12. If married, state date SINGLE
13. Trade on enlistment FARMER
14. Corps, trade and grade
15. (D) Qualifications
16. (E) Miscellaneous entries Op CAC "C"
    Qual Dvr OPR "C"
    CFA 65 7408 27 May 44

(17) Regiment or Corps	Unit (Battn., etc.)
CDN, ARMD. CORPS.	No. 2 CDN. ARMD. CORPS — R. U.
	27 CAMR

(18) Medical

Category	Date	Authority
"A"	9 nov 42	MFM 2

(19) Next of kin (entries to be made in pencil)
Mr. Boris Gelman (father)
Ste-Sophie, Cte Terrebonne, 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: 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
	#1	CACTR	Qyal. Dvr. Oper. Grp C	Borden	17-4-43	Tpr.	D.O. 102 d/29-4-43
	O.C.	2CACRU	S.O.B.C.A.(C) On Embarkation	Can.	10Jun43	Tpr	D.O.#156 d/20 Jun 43
	O.C.	2CACRU	T.O.S. C.A.(O)Disembk.18 Jun43	U.K.	11Jun43	Tpr	D.O.#156 d/20 Jun 43
	O.C.	2CACRU	Reported for duty.	U.K.	19Jun43	Tpr	D.O.#156 d/20 Jun 43
	O.C.	2CACRU	SOS to 27 Cdn Army Tank Regt	U.K.	15JUL43	Tpr	#179 15 JUL 43
	2CACRU	27CATR	TOS from 2 CACRU	Field	16Jul43	Tpr	24 d/17/7/43
			27 ARMOURED REGT				
			Granted $1.40 per diem 4 months		10 Mar 43	Tpr	65A 16 Mar 43
			Granted $1.50 per diem 6 months		10 May 43	"	115A d/14 May 43
	TTB	27AR	Qual Op CAC "C"	Field	13 Apr 44	"	17/21 Apr 44
	CR.	"	Granted tradesmens rates of pay Op CAC "C"	"	13 Apr 44	"	18/25 Apr 44
		27AR	Embarked U.K. 3 Jun 44 Disembarked France.	6 Jun 44		"	34/15 Jul 44
	OC	"	SOS killed in action Op CAC 'C'	"	8 Aug 44	"	48/27 Aug 44

C.M.H.Q. 40:1.
40/P & S/52 (3076)

Y'S SER[illegible]CE
this Label across Flap.
of tearing Envelope.

Sheet No.....

POSTINGS FROM O/S CASUALTY LISTS

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

Regt'l No. D-129773 Rank Tpr. Surname Gelman Christian Name David

Unit	Hospt.	Admitted			Discharged			Hospt. Days	Disease or Injury	Remarks	Cas. List No.
		Day	Mo.	Year	Day	Mo.	Year				
27 Armd Regt	C								Killed 8-8-44		A-479

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

Regimental No. D-129773 Rank Trooper Sheet No. 1

M.F.M. 1 & 2 (a)
250M—5-42 (4722)
H.Q. 1772-39-1646

Name GELMAN David

Record of Promotions, Reductions, Transfers, Casualties, Reports, etc.—	Rank Shown	Effective Date	Unit	Place	Authority	
					D.O. Number	Dated
SOS to Cdn. Forces Overseas For Pay w.e.f. 6-6-43: f.a.p. w.e.f. 8-6-43	Trooper	8-6-43	#1 CACTR	Borden	10A	7-6-43
S.O.S. C.A. (C) on embarkation	"	10Jun43	2 CACRU	U.K.	156	20Jun43
T.O.S. C.A. (O) disembarked 18 Jun.43	"	11Jun43	"	"	156	20Jun43
Reported for duty	"	19Jun43	"	"	156	20Jun43

To be made out in duplicate

M.F.M. 5
150M—7-41 (1122)
H.Q. 1772-39-1651

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

INSTRUCTIONS.

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

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

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

---

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

.....DAVID.....

(2) Regimental or Official Number and Rank.....D-129773.....SPR.....

(3) Unit.....RCE.CA.....

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

(5) If married, state,

(*a*) Full name of your wife.....NIL.....

.....

(*b*) Present postal address of wife.....NIL.....

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

.....NIL.....

(7) Are you a widower?.....NIL.....

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

Names and ages.....NIL.....

.....

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

.....

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

Name.....NIL.....

Postal Address.....

.....

[SEE OTHER SIDE]

(10) Have you a common-law wife—whom you have been regularly supporting and publicly representing as your wife for at least 2 years immediately prior to appointment or enlistment?.....

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

.....

.....

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

If so, state name and address, occupation Mr BORIS GELMAN FARMER

.....STE SOPHIE TERREBONNE CTY QUEBEC CANADA.....

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

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

.....NIL.....

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

(14) Is your mother alive?.....YES.....

If so, state name and address.....MRS SARAH GELMAN

.....STE SOPHIE ,TERREBONNE CTY QUEBEC CANADA.....

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

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

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

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

If so, state the following particulars:—

Relationship .....NIL.....

Full Name .....

Postal Address .....

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

.....

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

If so, in what Company?.....NIL.....

(Give number of policy)

Have you made arrangements for payment of your Insurance Premium?.....Nil.....
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.

.....David Gelman.....
(Signature of officer or man)

Date.....11 NOV 1942.....

.....R. O. Earnshaw Capt.....
Officer Commanding.....

Date.....11 NOV 1942.....

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.

CERTIFICATE RE : ALIEN

I GELMAN David

REGIMENTAL No. D-129773 Rank SPR

do solemnly declare the following to be a true statement;--

PLACE OF BIRTH JASSY, RUMANIA

DATE OF BIRTH 22ND OCTOBER, 1923.

FATHER'S NAME MR. BORIS GELMAN

FATHER'S ADDRESS CANADA (Country) QUE. (Prow., County or State)

TERREBONNE CTY, (City or Town) STE. SOPHIE (Street and Number)

FATHER'S NATIONALITY CANADIAN (RUMANIAN) NATURALIZED

MOTHER'S NAME MRS. SARAH GELMAN

MOTHER'S ADDRESS CANADA (Country) QUE. (Prow., County or State)

TERREBONNE CTY, (City or Town) STE. SOPHIE (Street and Number)

MOTHER'S NATIONALITY CANADIAN

PORT OF ARRIVAL IN CANADA HALIFAX, N.S.

DATE OF ARRIVAL IN CANADA 1924

ADDRESS IN CANADA STE. SOPHIE, TERREBONNE CTY, QUE., CANADA.
(Last residence prior to enlistment)

David Gelman
(Signature of Soldier)

WITNESS M. Gelman

PLACE MONTREAL, SOUTH, QUE., CANADA.

DATE 11TH NOVEMBER, 1942.

To be made in triplicate

F-1075