D129896
KINGSBURY
OLIVER PETER

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Coat A. ~~OCCUPATIONAL HISTORY FORM COMPLETED~~ B Unit

~~ORIGINAL~~
~~DUPLICATE~~
~~TRIPLICATE~~ BL

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 R.C.E. Co. Regimental Number D-129896

ACTIVE FORMATIONS AND UNITS OF THE CANADIAN ARMY

N.T.

ATTESTATION PAPER

FINGER-PRINTED

1. Surname XXXXXXX KINGSBURY
2. Christian Names Oliver Peter,
3. Present address 138 Milton St., Montreal, Quebec, Canada
4. Date of birth 21 July 1906
5. Place of birth Canada (Country) Quebec, (County or Province) Hull. (Town or Township)
6. Citizenship Canada (Of What Country are You Now a Citizen)
7. Religion (state denomination) Roman Catholic,
8. Trade or Calling Drill Sharpener,
9. Married, Widower or Single Single,
10. Name of next of kin Mr. Oliver Kingsbury,
11. Relationship Father,
12. Address of next of kin 50 Papineau St., Hull Quebec, Canada
13. Do you belong to, or have you served in a Reserve Formation or Unit of The Canadian Army? No
    (If Yes, Give Unit and Dates of Service)
14. Have you served in (*a*) an Active Formation or Unit of The Canadian Army? 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.

GALT-MONTREAL 9SM

DECLARATION TO BE MADE BY MAN ON ATTESTATION

I, Oliver Peter KINGSBURY, 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 9 JANUARY 1943 Oliver Kingsbury
(Signature of recruit)

OATH TO BE TAKEN BY MAN ON ATTESTATION

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

Witness (Name) (Rank) Oliver Kingsbury
(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 SUD this 9th day of JANUARY 1943

NO. 4-DISTRICT DEPOT A.F.

Signature of Magistrate, Justice or Attesting Officer. Capt. R. Rde M.

Officer or Rank and Unit or appointment. Special Recruiting Officer

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 KINGSBURY (Surname) OLIVER PETER (Christian Names) Regimental Number D-129896

Qualifications		Educational Qualifications			
Military	NIL	High School or Collegiate	NIL (years completed)	Graduation or Matriculation	NIL (specify)
Business or Professional	NIL				
Trade or Civil	DRILL SHARPENER	*College	NIL		
Technical	no	*University	NIL -3 rd GRADE PUB SCH.		
Languages	FRENCH & 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						
11-1-43 DRO TOS NO. 4 DISTRICT DEPOT C .	SPR	9-1-43	4 DD	MTL STH	4 DD PT II 8	11-1-43
SOSON TRANSFER TO CABTC 47 Valleyfield	"	20 Jan 43	"	" "	" " " 16	20 Jan 43
21-1-43 TC 47 TOS and attached for all purposes to TC47 on transfer from No.4 D. Auth. 2-44-2 & M.S. 2-60 d)18-1-43.	Spr	21-1-43	T. 47	Valleyf.	Part II No. 14	21-1-43.
31-3-43 " SOS on transfer to R.C.E. T.C. A-5, Petawawa, Ont.,	"	31-3-43	"	"	Part 11, # 67	31-3-43.
T.O.S. A5, C.E.T.C. ofr all purposes	Sapper	1-4-43	E.T.C.	PETAWAWA	D.O. # 80	5-4-43
Qualified Pioneer R.C.E. Group C	Spr	2-4-43	E.T.C.	PETAWAWA	D.O.#83	8-4-43
Eligible to receive pay increase at the rate of $1.40 per diem.	Sapper	7-5-43	E.T.C.	Petawawa	D.O.#120	21-5-43.
S.O.S. (A5) C.E.T.C. for all purposes on posting to 23rd Fd. Coy. RCE Sussex, N.B.	Sapper	10-6-43	E.T.C.	PETAWAWA	D.O.#138	11-6-43
T.O.S. 23Fd. Coy. R.C.E. f.a.p. on transfer from A.5 C.E.T.C.	-	11-6-43	23Fd. Coy.	Sussex, N.B.	60	21-6-43.

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

CERTIFICATE OF MEDICAL EXAMINATION

Name in full KINGSBURY OLIVER PETER Place MONTREAL QUE Date of Medical Examination JAN 7 1943

Part 1. Information obtained from the recruit.

1. Age 36 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.

Oliver Kingsbury
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.
2. Height 5 feet 4¾ inches. 3. Weight 138 pounds.
4. Complexion Med. Eyes Blue Hair Bron Grey
5. Development Good (Good / Fair / Poor)
6. Chest measurement—Girth on full expansion 37½ inches. Range of expansion 2½ inches.
7. Vision, right 20/30 left 20/30
   With Glasses— right left
8. Hearing, right cv 20 left cv 20
9. Condition of mouth and teeth Several missing-few caries Reflexes fast
10. Blood Pressure:— S. D. (Required if recruit is over 35 years of age, or if otherwise indicated)
11. Urinalysis N -
12. The abnormalities (congenital and pathological) found on examination are as follows:—
    Color vision Ishihara (CN) Deviated septum, eears, throat neg. WG.Dalpe Harch respiration rt apex- moderate flat feet-flexible-no complaints
13. Chest X-Ray N No 16507 Laboratory at which taken D.P.N.B. MONTREAL QUE

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

P.E. Bourgeau M.D. rank President
S. Venne M.D. rank Member
R. Boucher M.D. rank Member

Date JAN 7 1943

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature
JAN 7 '43	TAB. T ICC Lieut Capt		
JAN 7 '43	VACCINATION 2nd TAB T. Lieut		
JAN 29 1943	TA B T I cc. Lieut Capt		
DA-2-43	CAT. A CONFIRMED PETAWAWA		
APR 2 1943			

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.

Regtl. No. D-129896 Rank SPR XXX Surname KINGSBURY Christian Name OLIVER PETER

STATION	Date of Arrival at the Station	Dates of						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
		Admission into Hospital			Discharge from Hospital						
		Day	Month	Year	Day	Month	Year				

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

Name KINGSBURY, O. Spr Regt. No. D-129896

Unit 23 Fd Coy RCE → 6 Can Fd Coy

Diagnosis V.D.S.

Where V.D. originated Canada

Test of Cure date Place

REMARKS: Information taken from MFW 295 4 Dec 43 f.

Deceased

HOLD—20
40/P & S/1251 (3169)

1247 - 4 Pubs 32 Made obsolescent 7 Aug 43

A.F.I.—1247 LOCATION

MFW 295 from AMD 5 to Army 6 Dec 43 f.
1247 From Army to 4 CMC. 20 Jan 44.b
From 4 CMC. TO 3 CMC. 27 Mar.44.c.
From 3 CMC. TO 3 Div. 13 Apr. 44.c.
From 1 Ech. to records. 26 Sep 44. b

M.F.M. 14A
200M-5-42 (4724)
H.Q. 1772-39-1682

CARD SEQUENCE NO._____

NO. D129896 RANK SPR. NAME KINGSBURY, O.P.

CASUALTIES, ETC.

PART II D. O. NO.	PART II D. O. DATE	NATURE AND PARTICULARS	IF IN HOSPITAL NOTE NAME
CAS. 1.	5 JAN 43	S.O.S. 23 CONFD COY TO #1 CERU ON ADM. TO NO. 12 CGH WEF 29 DEC 43.	
4	6-1-44	T.O.S. NO. 1 CERU 2 Gen Hosp (Pioneer 'C')	30 Dec 43
3	5-1-44	Disc from 12 Gen Hosp (Pioneer 'C')	4-1-44
50	29.2.44	ADMITTED to 4 CMC wef - - - - - - - - - -	24 FEB. 44.
52	2: 3. 44	Disc from 4 CMC wef	2nd Mch 44
52	6. 4. 44	SOS to 6 Fd Coy. (Pion "C")	wef 6 Apr 44
15	7-4-44	T O S. 6 Fd Coy RCE (Pioneer "C") wef 7.4.44 (Recd 8mm)	
16		TOS 6 Cdn Fd Coy RCE from R. Inor. wef 10. Apr 44	
16	17 Apr 44	SOS 6 Cdn Fd Coy RCE (R.I) wef 9 Apr 44.	
31	14-7-44	Embarked U.K. wef 3rd June 44.	
31	"	Disembarked Trans. 6 June 44.	
CR. 63	26-7-44	Killed in action on 26 July 44. SOS. wef 26 July 44	

CASUALTIES, ETC.

PART II D. O. NO.	DATE	NATURE AND PARTICULARS	IF IN HOSPITAL NOTE NAME
8	11-1-43	TOS DD4 and posted to "B" Wing w.e.f. 9-1-43	
16	20-1-43	SOS on trans to #47 Valleyfield. Que. w.e.f. 20-1-43	
14	JAN 21 '43	T. O. S. C. A. (B) T. C. No. 47. w e. f. JAN 21 '43	
67	31-3-43	SOS TC.47, Valleyfield, Que. on tr. to R.C.E. T.C. A-5, Petawawa, Ont. w.e.f. 31-3-43.	
80	5-4-43	T.O.S.A-5 CETE for all purposes on transfer from #47 CABTC Valleyfield, P.Q. effec 1-4-43.	
83	8-4-43	Trade Tested at A-5 CETC and qualified as a Pioneer R.C.E. Group C effec. 2-4-43.	
98	26-4-43	A mitted to P.M.H. 23-4-43 (Discharged 1-5-43 D.O.104)	
120	21 May 43	Entitled to draw 1.40 per day eff. 7May43 R.O.2757 & 2772	
138	11 Jun 43	S.O.S. Ap5 CETC f.a.p. on transfer to 23rd Field Coy RCE Sussex N.B. effec. 10Jun43.	
60	21-6-43.	T.O.S. 23 Fd. Coy, R.C.E. f.a.p. on transfer from A-5 C.E.T.C. w.e.f. 11 June '43.	
62	30-6-43.	Granted furlough from 26 June 43 to 9 July 43 and is entitled to draw 14 days r/a at 1.50 per diem Warrant No: A-430600.	
69	19-7-43	S.O.S Can army Canada Wef 16-7-43	
70	20-7-43	T.O.S " " Overseas " 17-7-43	
3	16-8-43	GRTD REG PAY 1.50 WEF 9 Jul 43	
3	16-8-43	GRTD T/P PIONEER C " 1 aug 43.	
4	20-9-43	Grtd. 9 days P.L. & R.A. 25 Aug to 2 Sept 43.	
35	26-11-43	S.O.S. 23 Can Fd. Coy to NO 1 CERU Wef 22 NOV/43	
282	24-11-43	TOS 1 CERU. 23NOV43. (PIONEER C)	
295	9 DEC 43	SOS TO 23 FD. COY R.C.E.	
16	17-12-43	TOS 23 CDN FD COY Wef 10-12-43 (PIONEER C) 9 DEC 43.	

M. F. M. 14
300M-5-41 (323-4)
H. Q. 1772-39-1662

*MARRIED
*WIDOWER
*SINGLE

NO. D-129896 RANK SPR NAME KINGSBURY Oliver Peter

PLACE OF ENLISTMENT Montreal South Que DATE 9 Jan 1943

RATE OF PAY PIONEER

D. O. NO.	DATE	RANK	GROUP	P. F. OR A. S.	DAILY RATE	IF LIABLE PEN. DED.	REMARKS
					1.30		
120 21	May 43	Spr.			1.40		Eff. 7 May 43.
3	16-8-43	"			1.50		" 9-7-43.
3	16-8-43	"	C		1.75		" 1-8-43

ASSIGNMENTS

N/A

ASSIGNEE	EFFECTIVE DATE	AMOUNT	TOTAL
4th Vict. Bond	May to Oct /43 incl.		8.40
REC. GEN. S-V-L (FATHER) OLIVER KINGSBURY 50 PAPINEAU ST. HULL P Q	NOV/43		8.40
			15.00
	NOV/43		23.40

DEPENDENTS' ALLOWANCES NO.

DATE APPLICATION FORWARDED	RELATIONSHIP	AMOUNT AWARDED	EFFECTIVE DATE

OUTFIT OR CLOTHING } ALLOWANCE $ PAID ON

REHABILITATION GRANT $ PAID

*DELETE WORDS WHICH ARE INAPPLICABLE

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

OCCUPATIONAL FORM COMPLETED

sd

Regimental No. D129896 Rank ~~D129896~~ SAPPER. Sheet No. 2.

M.F.M. 1 & 2 (a)
300M—1-43 (8255)
H.Q. 1772-39-1646

Name Kingsbury Oliver Peter

Record of Promotions, Reductions, Transfers, Casualties, Reports, etc.—	Rank Shown	Effective Date	Unit	Place	Authority D.O. Number	Authority Dated
Granted furlough from 26 June 43 to 9 July 43 and is entitled to draw 14 days Rta at 0.50 per diem. Warrant No. A-430600	SAPPER.	26 June 43	23 Fd. Coy.	Sussex, N.B.	62	30 June 43
S.O.S. Canadian Army Canada on embarkation	"	16 July 43	"		69	19 July 43.
T.O.S. Canadian Army Overseas	"	17/7/43	"	—	70	20/7/43
Disembarked 22 July 43 UK. Reported for duty at Wentworth Hall.	"	22 July 43	"		70	20 July 43
C28 SOS. SOS to ICERU. Pioneer C.	Spr.	22 Nov 43	23 Fld Coy	UK.	14.	3 Dec 43
TOS. TOS from 23 Fld Coy. Pioneer C.	Spr.	23 Nov 43	ICERU.	UK.	282.	24 Nov 43.
SOS. C28 SOS to 23 Fld Coy. Pioneer C.	Spr.	9 Dec 43.	ICERU	UK.	295.	9 Dec 43
C36, TOS. TOS from ERU Pioneer C.	Spr.	10 Dec 43	23 Fld Co.	UK.	16	17 Dec 43
SOS. C28. SOS to ICERU. Pioneer C. adm 12 C.G.H.	Spr.	29 Dec 43.	23 Fld Coy	UK.	1.	7 Jan 44.
TOS C28. TOS from 23 Fld Coy Pioneer C. adm 12 Gen.	Spr	30 Dec 43.	ICERU	UK.	4.	6 Jan 44.
C28.						
C28 Discharged from 12 Cdn Gen Hosp. Pioneer C.	Spr.	4 Jan 44	ERU	UK	3.	5 Jan 44.
C28. adm to 4 CRC.	Spr	24 Feb 44	ERU.	UK.	50.	29 Feb 44.
C28. Discharged from 4 CRC	Spr.	25 Feb 44.	ERU.	UK.	52.	2 Mar 44.
SOS SOS. to Rft Incr 6 Fld Coy. Pioneer C	Spr	6 Apr 44	ERU	UK	82	6 Apr 44
M47 TOS. TOS. Rft Incre from ICERU. Pioneer C	Spr	7 Apr 44	Reinf Incr 6 Fld Coy	UK	15	7 Apr 44
M47 SOS SOS to Rft Incr 6 Fld Coy.	Spr	9 Apr 44	Reinf Incr 6 Fld Coy	UK	16	17 Apr 44
M47 TOS TOS from Rft Incr 6 Fld Coy. Pioneer C	Spr	10 Apr 44	6 Fld Coy.	UK	16	17 Apr 44
Embarked at UK on 3 Jun 44						
Disembarked at France on 6 June 44	Spr	—	6 Fld Coy	21 A.G.	31.	14 July 44
C28 SOS Killed in Action	Spr	26 Jul 44	6 Fd Coy	21 A Gp	35	7 Aug 44
Killed	Spr	26 Jul 44		AEF	A474	30 July 44.

Regimental No. D-129896 Rank

Sheet No.

M.F.M. 1 & 2 (a)
300M—1-43 (8255)
H.Q. 1772-39-1646

Name Kingsbury O.P.

Record of Promotions, Reductions, Transfers, Casualties, Reports, etc.—	Rank Shown	Effective Date	Unit	Place	Authority	
					D.O. Number	Dated

26-7-44

FB

AWARDS—CANADIAN ARMY (ACTIVE) (1682) M

500M—1-44 (3467)
H.Q. 1772-45-8

FILE No. 405-K-7651

KINGSBURY, Oliver Peter	D-129896	Spr.	R.C.E.
SURNAME (IN BLOCK LETTERS) CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT

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	544 14/11/49

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

MEMORIAL B R
DATE DESP 8/1/52
REGN. No. 4725
CANCELLED

(1) MEDALS
PERSON
ENTITLED TO Mrs. Alexine Kingsbury (Mother)

ADDRESS: 55 Montcalm St. ~~50 Papineau St.~~ Hull, Que. (12-11-51) ~~July-45~~

(2) MEMORIAL CROSS
WIDOW

ADDRESS:

(2)

(3) MEMORIAL CROSS
MOTHER Mrs. Exzelina KINGSBURY, (MFM5) (ENGLISH)

(1682)

ADDRESS: 50 Papineau St., HULL, Que.

(3)

DESP. OCT 24 1944
REGN No. 2898

42 II

This form will accompany the soldier's regimental documents at all times.

DEPARTMENT OF NATIONAL DEFENCE
(Army)

Personnel Selection Record

R.C.E. 23 Fld Coy.
Arm or Corps

Trade (if Tradesman or Trade Trainee)

SAPPER.
Work in Arm (if Non-Tradesman)

I. D129896 | Pte | K I N G S B U R Y Oliver | A | 36 | A
Regt. No. | Rank | Name (surname first) | A or R | Age | Med. Cat.

English | French (fair) | District Recruiting Centre | 11 Jan 43
Main Language | Other Language(s) | Place (Unit) Interviewed | Date Interviewed

II. Revised Examination "M"

M.D. 4 | 8 Jan 43 | L.Breton, Capt.
Place Tested | Date Tested | By Whom

116 | IV | Subtests 14 16 3 19 20 10 20 14 | Subtotals 33 39 44 | (E)
Total | Group | 1 2 3 4 5 6 7 8 | 1-3 4-5 6-8 | English or French

Other Tests

III. Educational Background

3rd grade.

IV. Occupational Background

Drill sharpener for 8 years.
Lumber camps.
Saw Mills.

V. Military Background

None.

VI. Other Personal History and Appraisal

Sports: baseball, hockey, swimming.

Single.
Good health.
Category "A".
Intelligence and learning ability: Average.
Good stability.
Good appearance.

VII. Recommendations

R.C.E. SAPPER NON TRADESMAN.

(Signed) L.Breton, Capt.
Army Examiner

M.F.M. 196
100M—8-42(5607)
H.Q. 1772-39-1916

Y1

See reverse side for further information and follow-up

M.F.M. 5
250M—7-42 (5227)
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 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.

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(1) Name of Officer or Other Rank.... KINGSBURY. JR.
(Surname first—Christian names in full—Block capitals)
OLIVER PETER.

(2) Regimental or Official Number and Rank.... D 129896 ~~PTE.~~ SPR

(3) Unit.... R.C.E. CA.

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

(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.... N L

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

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

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.... NIL

[SEE OTHER SIDE]

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

If so, state her full name and Postal Address.....NO.....

.....

.....

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

If so, state name and address, occupation MR. OLIVER IKINGSBURY

.....50 PAPINEAU ST HULL QUECANADA. PAPER MILL EMPLOYEE.

(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. MRS. EXZELINA KINGSBURYX (GRENON.).....

If so, state name and address.....50 PAPINEAU HULL QUE 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.....NIL.....

Postal Address.....NIL.....

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

.....

(18) Are you insured?.....NO.....

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.

Oliver Kingsbury
.....
(Signature of officer or man)

Date.....11 JANUARY 1943.....

Harwood, Lt.
.....
Officer Commanding.....

Date.....11 JANUARY 1943.....

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.)

CONFIDENTIAL

42 Previous Attendance in Armed Forces

MAR 18 1944

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

43 CURRENT SERVICE: Date Enlisted 9.1.43. Place Enlisted

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

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

Designation	Degree of Proficiency	Date	Authority
Pioneer R.C.E.	Gp. C		

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.....

Soldiers Qualification Card

CODED

Regt'l. Number	Last Name	First Name	Middle Names
D129596	KINGSBURY	OLIVER	Peter

Unit 1 CERU — Deceased

1 Corps RCE

2 Nationality: Can — By Birth: ✓ — By Naturalization: — Country of Birth: Canada

3 Racial Origin: —

4 Language spoken in home: French ✓ Other: — English ✓

5 Age: 21 Y 1906.

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: A ✓

Cause: —

Attitude to own health: — To Medical attention: —

Health History: —

16 Education Level: Illiterate — E 3(0) — 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: English French

Written well: " "

24 Main occupation: Description: Drill Sharpener

Estimate of skill: —

Duration (from—to): 8 years.

Weekly Wage: —

Employer's Name and Address: —

50 "M"

Test	Score	SM	
1	14		S. Tot. 33
2	16		SM
3	3		
4	19		S. Tot. 39
5	20		SM
6	10		S. Tot. 44
7	20		SM
8	14		
Tot.	116	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: —

Estimate of skill: —

Duration (from—to): — Weekly Wage: —

Employer's Name and Address: —

26 Third Most Important Occupation: —

Estimate of skill: —

Duration (from—to): — Weekly Wage: —

Employer's Name and Address: —

Trade Union or Professional Society: —

Vehicles: 27 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 —

No D.129896 Rank Sapper, Name KINGSBURY, Oliver Peter,

Unit R.C.E. Date of death 26th July, 1944.

Died at FRANCE.

Cause Killed in Action.

Death occurred on strength of Forces.H.Q. 405-K-7651

N/K ~~Oliver Kingsbury,~~ Mrs. Alexina Kingsbury, Relationship Father. Mother (DECEASED)

Address 50 Papineau Street, Hull, Quebec.

Remains buried in Beny-Sur-Mer, France Cemeter

Grave location Plot XXVIII C.A.K.

OVER-

REBURIAL

Beny-sur-Mer Canadian Military Cem.
Beny-sur-Mer, France.

Grave 15, row B, plot 12.

HI & CR Form Despd. NOV 21 1946

Photographs
Despatched
JUL 14 1947

BURIAL REPORT TO N.K. FEB 4 1946

RETURN TO BUR. OF STAT. FEB 26 1945

ROYAL MESSAGE DESP'D. AUG 13 1944

CAN. MESSAGE DESP'D. 21-8-44

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 ..... D129896 Spr Kingsbury O.F. (dec'd) .....

RECEIVED FROM ..... Cdn Sec GHQ 2 Echelon .....

CHECKED BY ..... H66974 Sgt Munson N C
M 105819Spr Spartz J N **DATE** 23 Oct 44 .....

1	Red Identity disc		
1	Leather wallet		
	Misc Coins		
1	Relig. Medal.		
1	Rel. Statue		
1	Cdn Soldier's handbook		
1	Leather shaving case		
1	Shaving brush		
1	razor		
1	toothbrush		
1	button stick		
	Consumable toilet articles removed.		

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

TRIPLICATE — with effects.

Norman Munson Sgt
.....
for OC 1 Cdn KSD

FOR COMPLETION AND RETURN BY

Form P. 64

Mr. Oliver Kingsbury,
50 Papineau St.,
Hull, 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-K-7651, FD 336

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

September 2nd, 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

KINGSBURY, Oliver Peter, Spr.

No. D-129696, Canadian Army.

ESTATES BRANCH
SEP 11 1944
H.Q.
OTTAWA.
NATIONAL DEFENCE

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.

CA.

for Director of Estates.
Capt

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.....		Oliver Kingsbury	63	50 Papineau St Hull Que.
4	Mother of the Deceased.....		Alefina Kingsbury	61	50 Papineau St Hull Que
5	Brothers of the Deceased	Full Blood	Annie Kingsbury	36	172 Celina St Oshawa Ont.
			Hector Kingsbury Pte	29	Italy
			George Kingsbury	26	35 Graham St Hull.
			Morris Kingsbury	24	50 Papineau St "
			Tom Kingsbury Pte "	20	France.
			Oscar Kingsbury	17	50 Papineau St Hull.
		Half Blood	None		
6	Sisters of the Deceased	Full Blood	Jean Kingsbury	34	179 Dupont. Hull.
			Rhea Kingsbury	32	29 Hilliam St Thomas
			Rose Kingsbury	28	50 Papineau Hull.
		Half Blood	None		
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
			None		

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Oliver Peter Kingsbury
9	Date of his birth.	July 21, 1906.
10	Place and date of his marriage.	~~Home~~
11	Place and date of his parents' marriage.	Hull November 13, 1905

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Hull Que.
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Ontario — (b) (c) (d) Quebec 2 yrs.
14	Nature of employment before enlistment.	Tool Grinder
15	State whether he owned the premises in which he lived, and, if so, where situated.	~~Home~~
16	Name place where deceased stated he intended to make his permanent home.	Hull.

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?	None
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?	None.
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.	None
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	None
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	None

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.	None
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.	None

(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. September 8/44

Mr. Olivier Kingsbury 50 Papineau St. Hull Que

Rev. C. Lorrain Bélanger, Priest / curate } Signature of Informant

Holy Redeemer Parish - Hull, Que. Address

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.

CERTIFICATE

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

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

Dated at.....this.....day of.....19.....

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

Address.....

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

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION (DEATH)

NUMBER D.129896 RAN Sapper SERVICE UNIT 6th Field Company R.C.E. (C.A)

NAME KINGSBURY, Oliver Peter

DATE OF BIRTH 21st July, 1906 DATE OF ENLISTMENT 9-1-43

MARITAL STATUS Single RELIGION Roman Catholic

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

ADDRESS 50 Papineau St., Hull, Que. ADDRESS D.A.B.

ADDITIONAL PERSON TO BE NOTIFIED ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. Canrecords 8544 H.Q.405-K-7651

CASUALTY DETAILS Killed in action DATE 26-7-44

L.M.

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 11-8-44

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

MA

DIRECTOR OF RECORDS

6

COPY FOR DOCUMENT FILE

(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	Army rank as at (e)	(g) Army Form or other authority for entry to be shown
			~~E.T.C. Qualified Pioneer R.C.E. Group G Petawawa 2-4-43 Spr D.O.#83 d/8-4-43~~				
16-7-43		23 Fd. Coy. R.C.E.	S.O.S. Canadian Army Canada Cy Embarkation		16-7-43	Spr.	PT. 2 # 69 D/19-7-43
17/7/43		"	T.O.S. Canadian Army Overseas		17/7/43	"	" " 70 d/20/7/43
21-5-43		"	To Draw Reg. Pay of 1.40 per Diem		7-5-43	"	" " 120 d 21-5-43
2-4-43		E.T.C.	Qualified Pioneer R.C.E. GPC		2-4-43	"	" " 83 d/8-4-43
16-8-43		23 Field Coy	To draw Reg. Pay $1.50 per diem	Field	9-7-43	"	" " #3 d/16-8-43
"		"	To draw T.P. as Pioneer Group C.	"	1-8-43	"	" " #3 d/16-8-43
20 July 43	O.C.	23rd Fd RCE	Disembarked U.K. 22 July 43 Reported for Duty at Wentworth Hall 23 July 43	U.K.	23 July 43	Spr.	Pt. 2 No. 70 d/20 July 43
		—	SOS to ICERU (Pioneer "C")	—	22 Nov 43		14 - 3 Dec 43
		ERU	TOS from 23 Fd. Coy RCE (Pioneer "C")	"	23 Nov 43	"	282 - 24 Nov 43.
		"	SOS to 23 Fd. Coy RCE (Pioneer "C")	"	9 Dec 43	"	295 - 9 Dec 43
		23 Fd Coy	TOS from ICERU (Pioneer "C")	Field	10 Dec 43	Spr	16: 17 Dec 43
		"	SOS to ICERU on adm to 12 Cdn Gen Hosp (Pioneer "C")	"	29 Dec 43	Spr	1: 7 Jan 44.
		ERU	TOS from 23 Fd Coy RCE on Adm to 12 Gen Hosp (Pioneer C)	UK	30 Dec 43	"	4 - 6 Jan 44
		ERU	Disch from 12 G Hosp (Pion C)	UK	4 Jan 44	"	3 - 5 Jan 44
		"	Adm to 4 CMC	"	24 Feb 44	"	50 - 29 Feb 44
		"	Disch from No 4 C.M.C.	"	1. 3. 44	"	52 d/2 Mar 44
		"	SOS to 6 Fd. Coy RCE (Pioneer "C")	"	6 Apr 44	"	82 - 6 Apr 44
Demand 312		6 Fd Coy	TOS Rft Incr from ICERU (Pioneer "C")	Field	7 Apr 44	"	15 - 7 Apr 44
11 Apr 44	O.C.	"	SOS Rft Incr to unit W.E (Pioneer "C")	"	9 Apr 44	"	16 - 17 Apr 44
"	"	"	TOS unit W.E. from Rft Incr (Pioneer "C")	"	10 Apr 44	"	16 - 17 Apr 44
		"	Embarked U.K. 3 Jun 44 Disembarked France.....		6 Jun 44	"	31 - 14 Jul 44
1 Aug 44	Hosp Sec	"	SOS deceased. Killed in action. Pioneer "C"	"	26 Jul 44	"	35 - Aug 44

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-129896

1. Surname KINGSBURY
2. Christian Names OLIVER PETER
3. *Substantive Rank and Appointment
   *Acting Temporary or Local Rank Spr
   giving date 9 jan. 43 -

*To be entered in pencil to facilitate alteration.

4. Place of birth HULL QUE CAN
5. Date of birth as declared on attestation 21 july 1906
   (A)
6. Date of enlistment 9 jan 43.
7. Place of enlistment MTL STH QUE CAN.
8. Residence at time of enlistment 138 MILTON ST MONTREAL QUE CAN.
9. (B) Special conditions (if any) of enlistment or rate of pay
10. (C) Any subsequent variations of conditions of service
11. Religion ROMAN CATHOLIC.
12. If married, state date SINGLE.
13. Trade on enlistment DRILL SHARPENER.
14. Corps, trade and grade Pioneer "C"
15. (D) Qualifications
16. (E) Miscellaneous entries

(17) Regiment or Corps: R.C.E.
Unit (Battn., etc.): 6 Cdn Fd Coy

(18) Medical

Category	Date	Authority
"A" 7	jan 43	MFM 2.

(19) Next of kin (entries to be made in pencil)
Mr. Oliver Kingsbury (father)
50 Papineau St, Hull, Que, Can.

(20) E
(21) E
(22) E

NOTES—

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

OCCUPATIONAL HISTORY FORM

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

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

PLEASE LEAVE BLANK

Section A—GENERAL INFORMATION

1. (a) Print name in full KINGSBURY OLIVER PETER. (b) Reg'l. No. D 120096
2. (a) Arm of service ARMY (b) Unit R.C.E. CA. (c) Rank SPR.
3. (a) Date of birth 21 JUL 06 (b) Have you any dependents? NO (c) Place of residence at time of enlistment MONTREAL.
4. (a) Place of enlistment MTL. STH. (b) Date of enlistment 9-1-43

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 10 YRS. (b) Were you attending school or college up to the time of enlistment? NIL
6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.) 3 YR PUB SCHOOL.
7. If you attended a university, give name of university and standing or degree secured NIL
8. (a) Did you ever enter upon a trade apprenticeship? YES. (b) If so, for what occupation? DRILL SHARPENER. (c) Did you finish it? YES. (d) If you did not finish it, how long did you serve at it? NIL
9. (a) What languages do you speak fluently? ENG. & FRENCH. (b) What languages do you read well? FR ENG.

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

10. (a) State whether you were WORKING or NOT WORKING at time of enlistment. (Enter here only "Working" - or "Not Working", as case may be; particulars are asked for below) EMPLOIED. (b) At time of enlistment of what trade union or professional society were you a member? N.L

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

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

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

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

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

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

18. Name of employer DUFRESNE ENGINEERIN Address MONTREAL.
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) CONSTRUCTION.
20. (a) Your specific occupation DRILL SHARPENER. (b) Number of years' experience at this occupation with any employer 7 YRS.
21. (a) Did your employer promise definitely to give you employment on discharge? NIL (b) Did your employer refuse to promise you employment on discharge? NIL (c) Do you wish to return to your former employment? YES.

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

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

Section F—PARTICULARS OF FARMING EXPERIENCE

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

Section G—MISCELLANEOUS

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

DATE 11 JANUARY 1943. 194 SIGNATURE Oliver Kingsbury

Read 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, OLIVER PETER KINGSBURY (Name in Full), of the CITY (City, Town, Village, Township)

Address in civil life.

of MONTREAL., in the County District of JACQUES CARTIER.

Province of QUE., DRILL SHARPENER. (Civil Occupation)

Regimental No. D 129896, Unit R.C.E. CA., do hereby revoke all former Wills by me made and declare this to be my LAST WILL.

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

(2) I GIVE, DEVISE AND BEQUEATH unto

" MY FATHER. "

MR. OLIVER KINGSBURY.

RESIDING AT : 50 PAPINEAU HULL QUE CANADA.

ALL MY ESTATE BOTH REAL & PERSONAL.

O K

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

O K

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

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

IN WITNESS WHEREOF I have hereunto set my hand this 11 day of JANUARY 19 43

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.

Oliver Kingsbury (Signature of soldier)

First witness sign here.

(5) Signature A Masson
Civil Address 1586 Cartier Montreal
Civil Occupation Ass't Mgr.

Second witness sign here.

Signature R. Archambault
Civil Address 2022 Montcalm Montreal
Civil Occupation stock keeper.

(Witnesses are not to be beneficiaries.)

[OVER]

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: KINGSBURY (Block letters)

Given names: Oliver Peter

Do not write in this space

4. RESIDENCE

Street: Milton No. 138

Official name of civil municipality or township: Montreal

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: July (Month) 21st (Day) 1906 (Year)

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

OCCUPATION

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

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	KINGSBURY Oliv~~i~~er	
MOTHER (Maiden Name)		

19. Place of burial, cremation or removal: France

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

21. PLACE OF REGISTRATION OF THIS BURIAL

(a) Name of parish or church:

(b) Civil municipality of:

(c) Municipal county:

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

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: July (Month) 26th (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**....

OVERSEAS CASUALTY CANADIAN ARMY

FEB 26 1945

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

[signature] 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)

Director of Records, Dept. of National Defence.

405-K-7651

RECORDS OFFICE OVERSEAS.

CANADIAN MILITARY HEADQUARTERS.

GRAVES REGISTRATION CARD.

P. A.

NAME KINGSBURY, Oliver Peter

RANK Spr

UNIT 6 Fd Coy

PLACE & DATE OF BIRTH Hull, Quebec, CANADA. 21 JUl 1906

REGTL NO. D-129896

NEXT OF KIN & ADDRESS FATHER
Mr Oliver KINGSBURY
50 Papineau St, Hull, Que, CANADA.

PARTICULARS OF HOSPITALISATION

DATE OF ADMISSION

DIAGNOSIS

NAME & LOCATION OF HOSPITAL

PARTICULARS OF DEATH.

DATE OF DEATH 26 JUL 44.

HRS

CAUSE OF DEATH KILLED.

PLACE OF DEATH FRANCE

PARTICULARS OF BURIAL.

DATE OF BURIAL 26 Jul 44

PLOT NO 28 ROW

DEATH CERT NO.

DATE OF REGN OF DEATH CERT

CEMETERY Beny-Sur-Mer 7E/5 987813

GRAVE 10

RELIGION Roman Catholic

DATE 22 Sep 45

(A. [illegible]) Capt.
For COLONEL
O i/c RECORDS,
CANADIAN MILITARY HEADQUARTERS

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

27

DON'T FORGET

Report immediately to your Commanding Officer any changes in name, address or relationship of your next-of-kin.

This is essential in the interests of yourself and your next-of-kin.

500 PADS OF 100-5-43 (21)
H. Q. 1772-39-1672-K. P. 80493

CHECKED WITH MF M4
4 APR 44 Bothwell Ont.

(I) SOLDIER'S NAME AND DESCRIPTION ON ATTESTATION

Regtl. No. D 129896

Surname (in capitals) KINGSBURY

Christian Names (in full) OLIVER Peter

Date of Birth 21 July 1906

Place of Birth Hull, Quebec

Citizenship Canadian

Trade on Enlistment Drill Sharpener

Nationality of Father at Birth ~~British~~ Canadian

Nationality of Mother at Birth ~~British~~ Canadian

Religion Roman Catholic

Enlisted at Montreal South, Que.

Date 9 Jan 43.

Particulars of former service (if any) i.e. Regtl. No., Corps or Regiment and period. N/A

Signature of Soldier O. P. Kingsbury

Signature of Officer Adjt. Lt.

Place Sussex, N.B. Date 5 July 43

(IV) NEXT OF KIN

Any change becoming known is to be duly noted with date of

NOTE.—No entry in these pages has any legal

Nearest degree of relationship		Names	Date
1st	Wife		
	Children	Next of Kin	
2nd	Father	Oliver Kingsbury	
	Mother	Alexina Kingsbury	
3rd	*Brothers and Sisters	Aime Kingsbury Younger Hector " " Maurice " " Jeanne Comeau " Rose Kingsbury " Rea Sebbly "	
4th	Other Relations (stating relationship)		

*State whether brothers are older or younger.

NOW LIVING

such change and reported by O.C. Unit to the Officer i/c Records.

effect as a WILL (see pages 20 to 23)

Latest known Address in full

Correct Address

50 Papineau St, Hull, Quebec

50 Papineau St., Hull, Quebec.

172 Alexina St, Oshawa Ont.
C.A.D.
M 138 Milton St Montreal P.Q.
72 Charlevoix Hull Quebec
50 Papineau St " "
St Thomas Ont

(V) RANK and APPOINTMENT

Date	Rank and Appointment	Substantive, Temporary, Acting or Local (with or without pay)	Authority of Part II Orders	Signature of Officer
9-1-43.	SPR.	Subst.	4DD #8.	Cassple Lt.

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

TRAINED (passed Basic Training, and Advanced Training as laid down for his arm of the Service) *except that he requires further training in:—**

Completed basic training in accordance with Standard Syllabus 16 Mar 43
R J Kennedy LIEUT

Qualified in addition as under:—

Date.....

Commanding.....

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

(VII) PARTICULARS OF TRAINING

Courses and Schools. Specialist Qualifications. Swimming, etc., showing result, Certificate number or authority. (Two lines may be used for each entry)	Date	Signature of Officer
Gas Chamber (DM)	8/2/44	[illegible]
4 Weeks Basic CERU	22-2-44	[illegible] Lt
5 Weeks Adv. CERU	29-3-44	[illegible] Lt

(VIII) SMALL ARMS RANGE COURSES

Year	Classification	Type of Weapon	If Table not completed, state parts fired	Signature of Officer

(IX) EDUCATIONAL QUALIFICATIONS

Certificate, Specialist Qualifications, etc., Certificate number or authority. (Two lines may be used for each entry)	Place	Date	Signature of Officer
Trade V. Pass	Pembrooke Ont	1915	H Millward Lieut

(X) TRADE QUALIFICATIONS

(For men who have passed Trade Tests)

S.T.T.B.

Trade	Group	Grade	Part II Order	Date	Signature of Officer
Pioneer	C.	1	#830/8-4-43	2-4-43	Allsopp Lt.

(XI) EMPLOYMENT WHILST SERVING

Period		Nature of Employment	Remarks and Signature of O.C. Coy., etc.
From	To		
		Training (A.T.S.) Ref.	H Whittaker Lieut

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

(XII) MEDICAL CLASSIFICATION

Date	Category or Grade	Medical Examiner of Recruits, or other Medical Authority	Date of last Examination	Signature of Medical Officer
7-1-43.	A	M F M 2.		
2-4-43	A	Confirmed		

(XIII) PRESCRIPTION FOR GLASSES

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

Signature of M.O. ....

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

Signature of M.O. ....

(XIV) PARTICULARS OF DENTAL TREATMENT

Date	Re-quired	Com-plet-ed	SPECIFICATION Use authorized Abbreviations and Symbols	Signature of Dental Officer
3/9/43	✓		PDU.	[illegible] Capt
27/9/43		✓	PDU inserted	[illegible] Capt

(XV) PARTICULARS OF SURGICAL APPLIANCES ISSUED

Particulars	Date	Signature of Medical Officer

(XVI) PROTECTIVE INOCULATIONS

Nature of Vaccine, "T.A.B.T." Cholera, Plague, etc.	Date	Signature of Medical Officer
T.A.B.T. (1)	01-1-43.	JRM
T.A.B.T (2)	29-1-43	
T.A.B.T. (3)	26-2-43	
T/phus I C C	2.2.44	W Davies Capt.
" I C C.	9.2.44	W.A. Davies.
" I. C. C.	17.2.44	W.A. Davies.
TABT ½ cc	9-3-44	RAB
Typhus I C C	31.3.44	18 D

(XVII) VACCINATION

Date Vaccinated	Signature of Medical Officer
11 Jan 43.	JRM

(XVIII) MISCELLANEOUS ENTRIES

(For entries for which space is not otherwise provided)

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

Particulars	Date	Signature of Officer
X RAY No. 165077	7-1-43.	H Millward Lieut
Granted P.L. from 25-6-43 to 2-9-43 Sickness & Birth		J Brunton Lt.
action money Fifteen of sation		
FINGERPRINTED—CAIB		
M Test Complete		Chaplin Lt
P/L Not 7 days from	20 Sept 43	Chaplin Lt
P/L 7 days.	30 Dec 43	Lt Hemsley Capt
MBM. PT III	7 Dec 43	D.G. McDonald Lt
Rifle No 82 C 9903	8/2/44	D.G. McDonald Lieut
Issued MFM 182	31.3.44	J Cottingham WS
Issued Sheet Bk		
T.O.S. O.S	17-7-43	J Brunton Lt
REST PAY 1.50	9-7-43	
ON 9 JAN 44 ENTITLED TO 1 QSARU CHEV.	22-5-44	J Hanley Lt.
EMBARKED - UK	3 JUN 44	J Hanley Lieut
DISEMBARKED - FRANCE	6 JUN 44	

marriage **after** the date of a Will revokes that Will. Therefore, a Soldier, immediately upon his marriage, should make a new Will in order that, in the event of his death, his estate may be distributed in accordance with his wishes as shown in his Will.

7. The Will of a Soldier on Active Service is not invalid by reason that at the date it was made he was under the age of 21 years.

A Soldier who has made a Will before his enlistment, is recommended to inform his Commanding Officer where such Will has been deposited and the Commanding Officer shall upon receipt of such information forthwith complete the following certificate and despatch the same to the Officer i/c Records.

No. Rank Name
states that he has executed a Will and that the same has been deposited with
at Signature of Officer.
Date Rank or Appointment.

Before embarkation, each Soldier is recommended, particularly those who have real estate, to consider the necessity for executing a document appointing some person or Trust Company his Attorney to manage or otherwise deal with real estate during his absence from Canada; also to review his affairs in the light of any changes that may have occurred since the date of his last Will and, if desirable, make a formal Will and inform his Commanding Officer thereof as indicated at the top of this page, or make a Will on M.F.M. 10 or M.F.M. 10a (French) and hand it duly completed to his Commanding Officer for transmission to the Record Officer concerned for safe custody.

The Officer receiving such Will shall complete the following certificate:—

Certificate M.F.M. 10 received and forwarded to the Officer i/c Records at N.D.H.Q Ottawa
Signature of Officer.
Rank or Appointment.
Reid Lieut.

Date Certificate or Will extracted.....
Signature of Officer.....
To whom sent.....
Unit or Dept.....

To whom sent.....
Unit or Dept.....
Date Will extracted.....
Signature of Officer.....

Solely for use on Active Service. The Will, on page 24, must **NOT** be used until you have been placed under orders for Active Service.

SHORT FORM OF WILL

(Write Will on next page)

If a Soldier on active service, or under orders for active service, wishes to make a short Will, he may do so on next page. **It must be entirely in his own handwriting and must be signed by him and dated.** The full names and addresses of the persons whom he desires to benefit, and the sum of money or the articles of property which he desires to leave to them, must be clearly stated. **The mere entry of the name of an intended legatee on the next page without any mention of what the legatee is to receive is of no legal value.**

The following is a specimen of a Will leaving all to one person:—

In the event of my death I give all my estate to my mother, Mrs. Mary Bull, 999 High Street, Toronto.

(Signature) GEORGE BULL,
Private No. 30000,
Date 5th August, 1936. Cameron Highlanders.

The following is a specimen of a Will leaving legacies to more than one person:—

In the event of my death, I give $10.00 to my friend, Miss Rose Smith, of No. 1, High Street, London, and I give $5.00 to my sister, Miss Maud Bull, 999 High Street, Toronto, and I give the remainder of my estate to my mother, Mrs. Mary Bull, 999 High Street, Toronto.

(Signature) GEORGE BULL,
Private No. 30000,
Date 5th August, 1936.. Cameron Highlanders.

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

DEPARTMENT OF NATIONAL DEFENCE

NAVY ARMY AIR FORCE

WS6 79
1781

2
ARMY

STATEMENT OF WAR SERVICE GRATUITY

DECEASED MEMBER'S NAME: Oliver Peter (CHRISTIAN NAMES) KINGSBURY (SURNAME)

PAYEE: Director of Estates.

ADDRESS:

REGISTER NO. D-5347
FILE NO. 405-K-7651
DATE 19-6-45
SERVICE NO. D-129896
FINAL RANK OR RATING Pte.
DATE OF DISCHARGE 26-7-44

DATE OF TERMINATION OF OVERSEAS SERVICE 26-7-44

	$ ¢
A. TOTAL QUALIFYING SERVICE NO. OF DAYS 565 (30) EQUAL TO 18 COMPLETE PERIODS AT $7.50	135.00
B. QUALIFYING OVERSEAS SERVICE NO. OF DAYS 376 LESS 25 INELIGIBLE DAYS, EQUAL TO 351 DAYS @ 25c. PER DAY SEE PAR. 2 OVERLEAF FOR EXPLANATION	87.75
	222.75
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 376 (183) X$ 21.00	43.15
D. WAR SERVICE GRATUITY	265.90
E. DEDUCTIONS OVERPAYMENT OF PAY AND ALLOWANCES $ DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $ OTHER DEDUCTIONS $	
F. TOTAL AMOUNT PAYABLE	265.90

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
KRM	[signature]	[signature]	25-6-45

[signature]
SERVICE REPRESENTATIVE

MFM 510
40/E[illegible]/254 (3444)

CANADIAN ACTIVE SERVICE FORCE
OVERSEAS
LAST PAY CERTIFICATE
(All Ranks)

District.....

Dispersal Area.....

Regtl No. D.129896 Rank and Name KINGSBURY. OLP. SPR.

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

~~XXXXXXXXXX~~ Discharge)..... tx on 26th July 19 44

Reason Death Authority: C.C.L."A"474 d/30th July/44.

The following is a statement of the account of the above-named from 1st July to 31st July 19 44 the inclusive date of transfer or discharge.

Particulars	Dr Amount		Particulars	Cr Amount	
Balance Dr from last account			Balance Cr from last account	97	83
First Monthly Payment			Regimental Pay 31 days @ $ 1.50	46	50
Casual Payments			Tradesmen's Pay 31 days at $ 25¢	7	75
Payments on Transfer or Discharge			Additional Pay (Give particulars) ..... days at ..... $		
Assigned Pay	15	00			
Regimental Charges			Allowances (Give particulars) ..... days at ..... $		
Public Stoppages (Give particulars):					
			Def: Pay Interest	1	42
			Cash Effects J.V.735	67	61
To Balance Cr Free	127	11			
To Balance Cr Deferred	79	00	By Balance Dr		
	206	11			
Total	221	11	Total	221	11

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

Remarks:

Assigned Pay of $15.00 (F) stopped eff: Aug/44.

Assigned Pay of $8.40 (6th V.Loan) cancelled eff: May/44.

The amount re-credited is included in the balance brought forward at the 1st July/44.

ESTATES BRANCH FEB 19 1945 H.Q. OTTAWA DEPT. OF NATIONAL DEFENCE

Compiled by M.Durham.

Checked by E.McClark

Date 8th February, 19 45

DS.

Certified correct [signature]
for Chief Treasury Officer, Overseas

MHD

CANADIAN NATIONAL TELEGRAPHS

DAY LETTER [X]

NIGHT LETTER [ ]

CASUALTY (REPORT DELIVERY)

OTTAWA 31 JULY 1944

TO:-

MR OLIVER KINGSBURY
50 PAPINEAU ST
HULL QUE

19500 MINISTER OF NATIONAL DEFENCE DEEPLY REGRETS TO INFORM YOU D129896 SAPPER OLIVER PETER KINGSBURY HAS BEEN OFFICIALLY REPORTED KILLED IN ACTION TWENTYSIXTH JULY 1944 STOP IF ANY FURTHER INFORMATION BECOMES AVAILABIE IT WILL BE FORWARDED AS SOON AS RECEIVED

DIRECTOR OF RECORDS

PREPAID

OFFICER I/C RECORDS

M.F.M. 267
50M-11-42 (7151)
H.Q. 1772-39-1989

18th August, 1944.

Mr. Oliver Kingsbury,
50 Papineau St.,
Hull, Que.

Dear Mr. Kingsbury:

It was with deep regret that I learned of the death of your son, D129896 Sapper Oliver Peter Kingsbury, who gave his life in the Service of his Country in France on the 26th day of July, 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,

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

AUG 15 1944

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

7

H.Q. 405-K-7651
R. 4 (B).

14th July, 1947.

Mrs. Alexina Kingsbury,
50 Papineau Street,
Hull, Quebec.

Dear Mrs. Kingsbury:

I am forwarding herewith a photograph of the grave and marker over the burial place of your late son, D129896 Sapper Oliver Peter Kingsbury, the location of which is grave 15, row B, plot 12, Beny-sur-Mer Canadian Military Cemetery, Beny-sur-Mer, France.

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

Yours faithfully,

for H.M. Jackson, Lt.-Col.,
Director of Records,
for Adjutant-General.

Encl.

/EMA