D131129
SHEPHERD
LESTER

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 SHEPHERD LESTER JOHN (b) Reg'l. No. D-131129
2. (a) Arm of service ARMY (b) Unit CAN. ARM. CORPS (TANK) CA. (c) Rank GNR
3. (a) Date of birth 6 April 19[illegible] (b) Have you any dependents? Yes (c) Place of residence at time of enlistment 3410 Montclair e Ave. N.D.G. Mont. Que. Can.
4. (a) Place of enlistment MONTREAL SOUTH (b) Date of enlistment 20-4-42

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 18 (b) Were you attending school or college up to the time of enlistment? NO
6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.) 7 Years Public School
7. If you attended a university, give name of university and standing or degree secured
8. (a) Did you ever enter upon a trade apprenticeship? NO (b) If so, for what occupation? — (c) Did you finish it? — (d) If you did not finish it, how long did you serve at it? —
9. (a) What languages do you speak fluently? ENGLISH (b) What languages do you read well? ENGLISH

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

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

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

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

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

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

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

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

18. Name of employer BUILDING PRODUCTS LTD. Address 94, VILLE LASSALE QUE
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) ROOFING MATERIALS
20. (a) Your specific occupation CASHIER. (b) Number of years' experience at this occupation with any employer 1 YEARS
21. (a) Did your employer promise definitely to give you employment on discharge? YES (b) Did your employer refuse to promise you employment on discharge? NO (c) Do you wish to return to your former employment? YES

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

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

Section F—PARTICULARS OF FARMING EXPERIENCE

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

Section G—MISCELLANEOUS

26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge?
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.)
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form

DATE 20-4-42 194..... SIGNATURE Lester Shepherd

FOR COMPLETION AND RETURN BY

Form P. 64

Mrs. Isabella Shepherd,
3410 Montclaire Ave.,
Apt. 5 N.D.G.?
Montreal 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-S-10,271 FD 386

DEPARTMENT OF NATIONAL DEFENCE

ESTATES BRANCH

OTTAWA, ONT.

October 4 194 4

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

Shepherd, Lester John, Trooper NO. D.131129

Canadian Army

ESTATES BRANCH
OCT 12 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.

Director of Estates.

HO

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.....				
2	Children of the Deceased and dates of their Births.....				
3	Father of the Deceased.....				
4	Mother of the Deceased.....		Isabella Shepherd	65	3410 Montclair Ave Apt 5 Montreal
5	Brothers of the Deceased	Full Blood	Charles William Shepherd	34	3410 Montclair Ave apt 5 Montreal
			James Bertram Shepherd	30	2193 Inebrose Ave Montreal
		Half Blood			
6	Sisters of the Deceased	Full Blood	Ida Isabella Manhire	36	3415 King Edward apt 6 Montreal
		Half Blood			
7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, *who are dead*, and date of death of each.		Names and ages of their children (if any)		Address of their children

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Lester John Shepherd
9	Date of his birth.	April 6th 1916
10	Place and date of his marriage.	✓
11	Place and date of his parents' marriage.	Montreal. Oct. 24th 1906.

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Montreal
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Que. (b) Canada (c) (d) 28 years.
14	Nature of employment before enlistment.	Cashier
15	State whether he owned the premises in which he lived, and, if so, where situated.	✓
16	Name place where deceased stated he intended to make his permanent home.	Montreal

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?	✓
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?	✓
20	Amount of War Savings Certificates held by deceased. Indicate where located.	$400.00 home
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	$50.00 bearer home
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	The Mutual Life & Ass. Co. $81.00 Sun Life Ass. Co. " " $81.00 Isabella Shepherd $750.00
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	✓

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.	✓
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.	✓

(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

*.....Mother.....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.

.....Isabella Shepherd..... {Signature of Informant

.....3410 Mountclair Ave. Apt 5 Montreal. Address

CERTIFICATE

I hereby certify that to the best of my knowledge and belief ....Mrs. Isabella Shepherd.... {Name of informant} is the* ....mother.... of the Deceased above described. The above Declaration was made by the Informant and signed in my presence.

*See above.

Dated at ....St Ignatius Brisk October.... this ....11.... day of ....October.... 19 44

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces. ....(Rev) C. S. Bathurst S.J.... Qualification ....Parish priest....

Address ....7141 Sherbrooke St. West. Montreal, P.Q.

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

Personal belongings — to return small articles

Was killed during an attack on Botany a small town about 20 miles North West of Calais - France.

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

OCCUPATIONAL HISTORY FORM COMPLETED

ORIGINAL
DUPLICATE
TRIPLICATE

M.F.M. 2
A.F.B. 271
500M—7-41 (1131)
H.Q. 1772-39-1645

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

Unit CAN. ARM. CORPS (TANK) CA. Regimental Number D-131129

01

ACTIVE FORMATIONS AND UNITS OF THE CANADIAN ARMY

ATTESTATION PAPER

1. Surname SHEPHERD
2. Christian Names Lester John
3. Present address 3410 Montclaire Ave, Apt-5, N.D.G., Montreal, P. Que., Canada
4. Date of birth 6 April 1916
5. Place of birth Canada (Country) Quebec (County or Province) Montreal (Town or Township)
6. Religion (state denomination) Roman Catholic
7. Trade or Calling Cashier,
8. Married, Widower or Single Single
9. Name of next of kin Mrs. Isabella SHEPHERD
10. Relationship Mother
11. Address of next of kin 3410 Montclaire Ave, N.D.G., Apt-5, Montreal, P.Q. Canada
12. Do you belong to, or have you served in a Reserve Formation or Unit of The Canadian Army? YES.
D-405483, D.Y.R.C.H. RF. From July 1940 to Date.
(If Yes, Give Unit and Dates of Service)
13. 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)
14. Did you serve during the Great War 1914-1918? NO
(If Yes, specify Regimental No., Unit and Dates of Service)

DECLARATION TO BE MADE BY MAN ON ATTESTATION

I, Lester John SHEPHERD, 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 20 April 1942. Lester Shepherd (Signature of recruit)

OATH TO BE TAKEN BY MAN ON ATTESTATION

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

Lester Shepherd (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 20th day of April 1942. 19

Signature of Magistrate, Justice or Attesting Officer.

Officer or Rank and Unit or appointment.

NO. 4-DISTRICT DEPOT AF

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

FINGERPRINTED—CAIB

Record of Service of ..... (Surname) SHEPHERD (Christian Names) LESTER JOHN ..... Regimental Number D-131129

Qualifications		Educational Qualifications			
Military	NIL	High School or Collegiate	4 Years (years completed)	Graduation or Matriculation	Grad. (specify)
Business or Professional	NIL	*College	NIL		
Trade or Civil	CASHIER	*University	NIL		
Technical	NIL				
Languages	ENGLISH				

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

7 years Public (Montreal, P.Q.)

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

Report Date	Report From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., from date taken on Strength of Field Force	Rank Shown	Effective Date	Unit	Place	Authority Part II D.O. No. Cas. List, etc.	Authority Dated
1227-		Joined on appointment						
20-4-42	IRO	NO.4 DISTRICT DEPOT CA.	TPR ~~GNR~~	20-4-42	4DD.	MTL.STH.	4DD.PT11. No.93	20-4-42
15-5-42	4DD	SOS ON TRANS TO CA(B)T.C. 41,Huntingdon	"	15-5-42	"	"	" " 115	15-5-42
16.5.42	TC· 41	TOS on Trans from D. D. 4	"	16.5.42	TC. 41	Htingdon	TC. Pt II 73A	16.5.42
17-7-42	"	Granted embackation leave from 0600 hrs. 14-7-42 to 0900 hrs. 17-7-42	"	14-7-42	"	"	" " 125A	17-7-42
17-7-42	"	Posted to Sherbrooke Fusiliers Serial1044	"	17-7-42	"	"	" " 125A	17-7-42
20-7-42	"	SOS on transfer to Serial 1044 Debert,N.S.	"	20-7-42	"	"	" " 127A	20-7-42
23 JUL.42	27 CAR	T.O.S THIS UNIT FROM NO. 4 DISTRICT DEPOT	TPR	21 JUL.42	"27 CAR	DEBERT	PART 2 NO. 104	23 JUL.42

S. O. S., C. A. Canada ..... 27/10/42 .....

T. O. S., C. A. Overseas ..... 28/10/42 .....

Disembarked. Gourock 5/11/42

T. O. S. .....

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

27CAR Aldershot Part 2 No 6 9/11/42

CERTIFICATE OF MEDICAL EXAMINATION

Name in full SHEPHERD LESTER JOHN Place Mtl.

Place Mtl. Date 8 Apr. 42.

Part 1. Information obtained from the recruit.

1. Age 26 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

Lester Shepherd
Signature of Applicant.

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

1. Identification marks or scars. (If operative obtain history).

1 vac. left arm - little finger, right hand (injury)

2. Height 5 feet $5\frac{3}{4}$ inches. 3. Weight 138 pounds.

4. Complexion Fair Eyes Grey Hair Dark 5. Development Good (Good / Fair / Poor)

URINE 68848

6. Chest measurement—Girth on full expansion $33\frac{1}{2}$ inches.
Range of expansion $2\frac{1}{2}$ inches.

X-RAY 116244

7. Vision, right 20/30 left 20/60.
With Glasses— right left 8. Hearing, right cv 20 left cv 20

9. Condition of mouth and teeth Good

10. The abnormalities (congenital and pathological) found on examination are as follows

COLOR VISION ISHIHARA (CN) EARS NOSE THROAT & REFLEXES NORMAL
J.C. CALHOUN, Major.
Burnt little fingers, right hand.

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

H. Aubry Major — President
J.F. Mac Iver Capt. — Member
G. Garon — Member

H. AUBRY MAJOR J.F. MAC IVER CAPT. G. GARON M.D.

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature
APR 20 '42	TAD-T. L. Rutherford Capt		
JUN 25 1942	S.S.R.		
APR 20 '42	VACC L.O.R.		
20.7.42	[illegible]		

Regtl. No. D-131129 Rank ~~PONR~~ TPR Surname SHEPHERD Christian Name LESTER JOHN

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				

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

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

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

Name Shepherd L.J.

REPORT Date	REPORT From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority Part II D.O. No. Cas. List, etc.	Authority Dated
		Granted P.L. with W.A.	Tpr.	27 Nov. 6 Dec 42	27 A.R.	U.K.	4.	11 Dec 42
	D09 Pay 43	Leave to 3 Mar 43 with W/A	Tpr	~~23~~ 24 Feb 43	27 A Tk R	UK	5	11 Mar 43
		Increase to 1.50 p.d.	Tpr	1 Jan 43	27 CA Tk R	UK	8	29 Mar 43
		Failed to Qual. Dus. Opr Gp. "C"	Tpr	29 Apr 43	27 A Tk R	UK	18	3 Apr 43
		Qual. Gun. Op. "C"	Tpr	24 Jun 43	27 A Tk R	UK	26	31 Jul 43
		Ltd Pay Gnr Opr "B"	Tpr	24 June 43	27 A Tk R	U.K.	31	9 Sept 43
		AWARDED THE CANADIAN VOLUNTEER SERVICE MEDAL AND CLASP						
		Embarked at UK on		3 June 44				
		Disembarked at Normandy on	Tpr	6 June 44	27 Armd R	21 A Gp	34	15 July 44
	SOS	SOS Killed in Action Gnr Opr "C"	Tpr	13 Aug 44	27 CAR	21 A Gp	49	29 Aug 44
		Killed	Tpr	13 Aug 44	27. CAR.	A.E.F	a 483	27 August

27 ARMOURED REG.T
THE SHER FUS R

SERVICE AND CASUALTY FORM

PART I (For all ranks) 7 Army Tank Regt

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

Unit 6AN. ARM. CORPS, (TANK) CA. Regimental Number D-131129

1. Surname SHEPHERD
2. Christian Names LESTER, JOHN
3. *Substantive Rank and Appointment Tpr
   *Acting Temporary or Local Rank
   giving date
   *To be entered in pencil to facilitate alteration
4. Place of birth MONTREAL P.Q. CA.
5. Date of birth as declared on attestation APRIL 6th. 1916
   (A)
6. Date of enlistment 20-4-42
7. Place of enlistment MONTREAL SOUTH P.Q.
8. Residence at time of enlistment 3410 MONTCLAIRE AVE., APT-5, MONTREAL P.Q. CA.
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 NIL
13. Trade on enlistment CASHIER
14. Corps, trade and grade 27 RIU-OPER.
15. (D) Qualifications
16. (E) Miscellaneous entries Jmo gfo "C"

(17) Regiment or Corps: 27 CIAR (SFR) CAC

Unit (Battn., etc):

(18) Medical

Category	Date	Authority
A	8/41	Medical Board

(19) Next of kin (entries to be made in pencil)
Mrs Isabella Shepherd (Mother)
3410 Montclaire Ave
N.D.G. Apt 5,
Montreal P.Q.

(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
9/11/42		27 CAR	To 5 Can Army O/S	Gibraltar	28/10/42	Tpr.	PC 2 No 6
9/11/42		27 CAR	L.S.D. City Army Pools	Liverpool	27/10/42	Tpr.	PC 2 No 6
			Disembarked 5 11 42				
11-12-42	27 CAR	27 CAR	9 days P.L. from 27-11- to 5-12-42	U.K.		Tpr.	PC 2 No 4
			UNIT REDESIGNATED 27 CDN ARMY TANK REGT				
3-3-43	27 CAR	27 CAR	9 days P.L.	Field	23-2-43 3-3-43	Tpr.	5 of 11/3/43
25/3/43	CR	27 CAR	Granted Daily Rates of Pay of $1.50 per diem	Field	1/1/43	Tpr.	5 of 29 Mar 43.
27/4/43	CR	27 CAR	Failed to Qual. Inf. Op.	Field	29/4/43	Tpr.	18 of 3/6/43
3/7/43	CR	27 CAR	Granted 7 days P.L. plus 2 travel days (9 days)	Field	1/6/43	Tpr.	24 of 17/7/43
21 Jul 43	CR	27 CAR	Qual. Inf. Op. "C"	Field	20 Jun 43	Tpr.	26 of 21 Jul 43.
			27 ARMOURED REGT				
	CR	27 CAR	Granted trade pay at rate of 5 per diem Gun Op. "C"	Field	24 June 43	Tpr.	31 of 8 Sep 43
20 Jan 44	CR	"	Awarded Canadian Volunteer Service Medal and Clasp	"	10 JAN. 44	"	4/22 Jan 44
		27 AR	Embarked U.K. 3 Jun. 44 Disembarked France 6 Jun. 44				34/15 Jul 44
	OC	27 AR	SOS Killed in action (Gun Op "C")	Fd	13 Aug 44	✓	49/29 Aug 44

B.

D-403483

ATTESTATION

NON-PERMANENT ACTIVE MILITIA OF CANADA

UNIT 17TH D.Y.R.C. HUSSARS REGIMENT REGTL. No. 1691

1. Surname? (Block letters) SHEPHERD
2. Christian names? LESTER JOHN S-163
3. Present address? 3410 Montclair Ave. apt. 5.
   Phone No. —
4. Date of Birth?* April 6th 1916 5. British subject? Yes
6. Occupation? Clerk 7. Religion? R.C.
8. Next of Kin Mrs. Isabella Shepherd 9. Relationship? Mother
   Address same as above.
10. Previous Naval, Military or Air Force Service
    (Give particulars, qualifications, etc.)
    None 42-25129

CERTIFICATE OF MEDICAL EXAMINATION

Height 5' 6½" Weight 127 Chest max 34" min 32"

Descriptive marks Small mole left groin near elbow

I have examined the above named man in accordance with instructions laid down in Instructions for the R.C.A.M.C. and C.D.C. 1937 Appendix V and find him fit Category A

Date Aug. 7th 1940 Signature Sgd. Major Ross.

DECLARATION TO BE MADE ON ATTESTATION

I, the undersigned Lester John Shepherd do sincerely and solemnly declare that to the best of my knowledge and belief, the above answers (made by me) to the foregoing questions are true; that I am willing to be attested for the term of three years or until legally discharged, and do understand the nature and terms of this engagement, that I will safeguard all clothing, arms and equipment issued to me and will return same when required, and that I will report any change in address of myself, or my next of kin to my Commanding Officer.

OATH TO BE TAKEN

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

Sgd. Sgd. Lester Shepherd

Signature of Witness Signature of Man

Dated this 15th day of August 1940 at Montreal

CERTIFICATE OF 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 by law. The above questions 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 and replied to, and the said recruit has made and signed the declaration and taken the oath.

Sgd. B. C. Hutchison.

Signature of Magistrate, Justice of Peace, or Attesting Officer.

M.F.B. 235d

*To be shown day, month, year—Example:—25-8-39.

Statement of Services

Promotions, Reductions, Transfers, Casualties, Annual Training, Qualification Certificates, etc.	Effective Date	Authority for Entry	Signatures of Officers Certifying Correctness of entries
Accepted for Service with effect from.....	8/8/40	R.O. 3	for Officer Commanding
		W.R.	Unit 17th DYRCH.
Attended Comp	1940		
" "	1941		
S.O.S.	18/4/41	R.O. 19/41	ENLISTMENT 7th RECCE. A.F.
Medals and Decorations			

NOTE.—These entries are to be made from time to time as they occur and certified by the Officer making the entry.

Attestations to be made out in duplicate, the original being forwarded to be filed in Regimental Orderly Room, the duplicate to be kept in the Battery, Squadron, Company, etc.

M.F.B. 235d

Statement of Services

Promotions, Reductions, Transfers, Casualties, Annual Training, Qualification Certificates, etc.	Effective Date	Authority for Entry	Signatures of Officers Certifying Correctness of entries
Accepted for Service with effect from.....			..... Officer Commanding
			Unit.....

NOTE.—These entries are to be made from time to time as they occur and certified by the Officer making the entry.

Attestations to be made out in duplicate, the original being forwarded to be filed in Regimental Orderly Room, the duplicate to be kept in the Battery, Squadron, Company, etc.

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

(1) MEDALS

PERSON

Deceased Oct 22/48

ENTITLED TO Mrs. Isabella Shepherd (Mother)

ADDRESS: 3410 Montclaire Avenue,
Apt. 5, N.D.G.,
MONTREAL, P.Q.

MEMORIAL BAR
(1)
DATE DESP.
REGN. NO. 3441
CANCELLED

(2) MEMORIAL CROSS

WIDOW Single

ADDRESS:

(2)

(3) MEMORIAL CROSS

MOTHER Mrs. Isabella Shepherd, (ENGLISH)

1732 3410 Montclaire Ave., Apt.5,
ADDRESS: N.D.G. Montreal, Que.

(3)
DESP. DEC 6 1944
REGN No. 9085

13-8-44

AWARDS—CANADIAN ARMY (ACTIVE) 1732

C.B.
500M—1-44 (3467)
H.Q. 1772-45-8

FILE No. 405-S-10,271

V-8621

SURNAME (IN BLOCK LETTERS) CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT
SHEPHERD Lester John	D-131129	Tpr.	Army Tank Regt.

WAR SERVICE
BADGE
(CLASS) NO.

ADDRESS:

42-25129 M
P

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star	
~~France & Germany Star~~	
Defence Medal	
War Medal	
C.V.S.M. & Clasp	
	3141 14-11-49

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

CASUALTIES, ETC.

PART II D. O. NO.	DATE	NATURE AND PARTICULARS	IF IN HOSPITAL NOTE NAME
93	20-4-42	TOS DD4 posted to "B" Wing. Eff,20-4-42.	
115	15-5-42	SOS on transf. to #41 Huntingdon. Eff,15-5-42	
73A	16.5.42	TOS TC 41 wef 16.5.42	
125A	17.7.42	GRANTED EMBARK LEAVE from 0600 hrs. 14.7.42 to 0900 hrs 17.7.42	
127A	20.7.42	SOS ON TRANS TO SHERBROOKE FUS DE BERT NS WEF 20.7.42	
104	23-7-42	TOS 27th CAR trsf from No 41 C.A.(B) T.C. Huntingdon P.Q. Mustered Tpr posted to A. Sqn. eff 21-7-42	
138S	9/9/42	Granted special leave from 8/9---12/9/42	
6	9/11/42	SOS CDN ARMY CANADA eff 27/10/42. TOS " " O/S 28/10/42.	
4	11/12/42	9 days P/L 27/11-6/12/42 with Ration Allce.	
5	11-3-43	9 days P/L with rat. allce 23-2-3-3-43	
8	29-3-43	Granted 1.50 daily rates 1-1-43	
24	17/7/43	9 days P/L 4-13/6/43 with ration allce.	
26	31/7/43	Qualified Gnr-Oper "C" eff 24/6/43.	
31	9/9/43	Granted T/P Gnr-Oper "C" eff 24/6/43.	

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

*M ~~XXXXXX~~
*~~XXXXXX~~
*SINGLE

NO. D-131129 RANK Tpr NAME SHEPHERD Lester John

PLACE OF ENLISTMENT Montreal South, Que. DATE 20-4-42

RATE OF PAY

D. O. NO.	DATE	RANK	GROUP	P. F. OR A. S.	DAILY RATE	IF LIABLE PEN. DED.	REMARKS
					$1.30		
8	29/3/43	Tpr			1.50		1-1-43
31	9/9/43	"	"C"		1.75		Eff 24/6/43.

ASSIGNMENTS

ASSIGNEE	EFFECTIVE DATE	AMOUNT	TOTAL
Mrs. Isabella SHEPHERD, 3410 Montclaire Ave., Apt. 5, N.D.G., MONTREAL, Que.			
	~~1-5-42~~	~~10.00~~	
	~~XXXXXXXXXXXXXXXXXXXX~~		
(Mother)	10/43	30.00	

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

LL

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

OCCUPATIONAL FORM COMPLETED Yes.

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

CARD SEQUENCE No. 2

No. D-131129 RANK TPR. NAME L.J. SHEPHERD

CASUALTIES, ETC.

PART II D. O. No.	DATE	NATURE AND PARTICULARS	IF IN HOSPITAL NOTE NAME
35	7/10/43	9 days P/L 17-26/9/43 with ration allce.	
11	10-3-44	9dys PL&RA 19-28/2/44	
34	15/7/44	Emb UK 3-6-44; Disemb France 6-6-44.	
CR	20/8/44	SOS 27 CAR (SFR), killed in action, eff 13/8/44.	

No D.131129 Rank Trooper Name SHEPHERD, Lester John

Unit C.A.C. Date of death 13th August, 1944.

Died at France.

Cause Killed in action.

Death occurred on strength of Forces.H.Q. 405-S-10271

N/K Mrs. Isabella Shepherd, Relationship Mother

Address 3410 Montclaire Avenue, Apt. 5, N.D.G. Montreal, P.Q.

Remains buried in Cdn Temp Cem. Mondeville, plot 4 row Cemetery
Grave 3

Grave location

CHK

OVER-

BURIAL REPORT TO N.K. APR 13 1946

RETURN TO BUR. OF STAT AUG 6 1945

ROYAL MESSAGE DESP'D. OCT 9 1944

CAN. MESSAGE DESP'D. OCT 3 1944

Temp BR sent to NK & Map

REBURIAL

Bretteville-sur-Laize Cdn. Mil. Cem.,
Bretteville-sur-Laize, France.

Grave 16, Row F, Plot 11.

H I & CR Form Despd. JAN 22 1947

Photographs
Despatched
SEP 27 1947

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

NUMBER D131129 RANK Trooper SERVICE UNIT 27th Army Tank Regiment (CA)

NAME SHEPHERD, Lester John

DATE OF BIRTH DAY 5- MONTH April YEAR 1916 Enlistment: 20-4-42

MARITAL STATUS Single Religion: Roman Catholic

NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 RELATIONSHIP Mother NAME Mrs. Isabella Shepherd

ADDRESS 3410 Montclaire Ave.Apt.5 ADDRESS D.A.B. N.D.G.Montreal,P.Q.

ADDITIONAL PERSON TO BE NOTIFIED ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. 9725 H.Q.405-S-10,272

CASUALTY DETAILS Killed in action DATE 13-8-44

FRANCE

LAST WILL ATTACHED TO NOTIFICATION TO A. OF E.? PER YES/NO M.F.M.5. ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO DATE 31-8-44

OFFICER I/C RECORDS

6

COPY FOR DOCUMENT FILE

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 SHEPHERD
(Surname first—Christian names in full—Block capitals)
Lester John

(2) Regimental or Official Number and Rank D-131129 Tpr.

(3) Unit CAN.ARM CORPS.(TANK) 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
NIL

(7) Are you a widower? NO

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

NO

(11) Is your father alive? NO

If so, state name and address, occupation N/A

NIL

(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 Isabella Shepherd.

3410 Montclaire Ave., N.D.G. MONTREAL P.Q.

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

(16) If sole or partial support of widowed mother—state what amount per month you have given her prior to appointment or enlistment $45.00 per Month.

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? Brothers Helping.

(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 NIL

Full Name .....

Postal Address .....

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

NIL

(18) Are you insured? YES

If so, in what Company? UNKNOWN
(Give number of policy)

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

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

Lester Shepherd
(Signature of officer or man)

Date 20-4-42

Alb Humphries Maj.
Officer Commanding

Date 20-4-42 NO. 4-DISTRICT DEPOT A.F.

N.B. (If parent(s) of the officer or other rank concerned has (have) been replaced by foster parent(s), questions relating to fathers and/or mothers above should be altered and answered as applicable.

12th September, 1944.

Mrs. Isabella Shepherd,
3410 Montclair Avenue, Apt. 5,
N.D.G., Montreal, Quebec.

Dear Mrs. Shepherd:

It was with deep regret that I learned of the death of your son, D131129 Trooper Lester John Shepherd, who gave his life in the Service of his Country in the Western European Theatre of War on the 13th 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,

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

SEP 8 - 1944

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

/EMA

12

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: SHEPHERD (Block letters)

Given names: Lester John

Do not write in this space

4. RESIDENCE

Street: Montclaire No.: 3410

Official name of civil municipality or township: Montreal

Municipal county: Province: Que.

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

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

10. BIRTHPLACE (Province or Country): Que.

11. DATE OF BIRTH: April (Month) 6th, (Day) 1916 (Year)

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

OCCUPATION

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

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		
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: 3

(b) Civil municipality of:

(c) Municipal county:

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

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: August (Month) 13th (Day) 19 44 (Year)

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

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

24. CAUSE OF DEATH

I

Immediate cause Give disease, injury or complication which caused death, **not** the mode of dying, such as heart failure, asphyxia, asthenia, etc.: (a) Killed in action

due to

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

due to

(c)....

II

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

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

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

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

State findings....Was there an autopsy?

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

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

Manner of injury (How sustained)

Nature of injury

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

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

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

CANADIAN CASUALTY OVERSEAS ARMY

AUG 6 1945

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

G. Freeman 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 Natl. Defence

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

WILL

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

(1) I, Lester John Shepherd, of the City
(Name in Full) (City, Town, Village, Township)

Address in civil life.

of Montreal, in the County / District of Hochelaga

Province of Quebec, Sashier
(Civil Occupation)

Regimental No. D-131129, Unit Can Arm Corps Tank 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 Mother" Mrs Isabella Shepherd.

Residing at;- 3410 Montclaire Ave., N.D.G. Montreal P.Q.

L.S.

All my estate both real and personal.

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

L.S.

(4) I appoint
(Name) (Address)

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

IN WITNESS WHEREOF I have hereunto set my hand this 20 day of April 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.

Lester Shepherd
(Signature of soldier)

First witness sign here.

(5) Signature A. Boucher. D. Bergeron.
Civil Address Lt Eulalie P.Q. Officer: P.Q.
Civil Occupation Clerk.

Second witness sign here.

Signature Louis D. Hébert. Pte
Civil Address 4300 Chambord St. Montreal P.Q.
Civil Occupation Salesman

(Witnesses are not to be beneficiaries.)

[OVER]

File No 405-S-10271

REBURIAL

NO D131129

RANK TPR

NAME SHEPHERD L. J.

NAME OF CEMETERY Bretteville-sur-Laize Canadian Military Cemetery

LOCATION OF CEMETERY Bretteville-sur-Laize, France.

GRAVE LOCATION Grave 16 Row F Plot 11

AUTHORITY 54-27-88-2 Vol. 20

Reburial list.

H.Q. 405-S-10,271 D.R. 2(C)

13th April, 1946.

Mrs. Isabella Shepherd,
3410 Montclaire Avenue, Apt. 5,
N.D.G., Montreal, P.Q.

Dear Madam:

Information has just been received from overseas that the remains of your son, D131129 Trooper Lester John Shepherd, have been carefully exhumed from the original place of interment and reverently reburied in grave 16, row F, plot 11, of Bretteville-sur-Laize Canadian Military Cemetery, Bretteville-sur-Laize, France. Marked map is enclosed. This is a recognized military burial ground and will receive care and maintenance in perpetuity.

The grave will have been marked with a temporary cross which will be replaced in due course by a permanent headstone suitably inscribed. While it cannot now be stated when this work of permanent commemoration will begin, before any action is taken you will be communicated with and an opportunity will be given you to submit a short personal inscription of your own choice for engraving on the headstone. Therefore, if you should change your address would you be good enough to inform the undersigned.

Yours faithfully,

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

/EFH

KD

H.Q. 405-S-10271
R. 4 (B).

27th September, 1947.

Mrs. Isabella Shepherd,
3410 Montclaire Avenue, Apartment 5,
N.D.G.,
Montreal, Quebec.

Dear Mrs. Shepherd:

I am forwarding herewith a photograph of the grave and marker over the burial place of your late son, D131129 Trooper Lester John Shepherd, the location of which is grave 16, row F, plot 11, Bretteville-sur-Laize Canadian Military Cemetery, Bretteville-sur-Laize, France.

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

Yours faithfully,

MR.

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

Encl.

/EM

May 2nd 1945

Mrs. Isabelle Shepherd
3410 Montclaire Ave. Apt. 5
N.D.G. Montreal, Que.

Director of Records
A. G. Branch
MAY 4 1945
Nat. Defence HQ
Ottawa, Canada.

405-S-10271.

Dear Sir:-

Please send the death certificate of the late Leslie John Shepherd Re: D.131129

To the above address.

Yours truly

I. Shepherd. (M)

(7)

26

File No 405-S 10 271

VERIFICATION FORM

WAR SERVICE MEDALS 1939-45

No. D 131 129 Name SHEPHERD LESTER JOHN.

Rank on Discharge Lpr. Date of Discharge 13-8-44

Authority for Discharge or Retirement Deceased

Served in:

				Non-qualifying service
Canada	from 20-4-42	to 17-10-42		
	from	to		
United Kingdom	from 18-10-42	to 5-6-44		
	from	to		
Italy	from	to		
Northwest Europe	from 6-6-44	to 13-8-44		Kia
----------	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

M

Verified by H. G. Palen

Date 17-8-46

Carded AUG 19 1946

NO RIBBON DESPATCH

HA 165

(4066)

CANADIAN MILITARY HEADQUARTERS

ESTATES BRANCH
INVENTORY

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

No., RANK and NAME .....D-131129 Tpr. Shepherd L. J. (Deceased).....

RECEIVED FROM .....H.Q. No. 1 C.K.S.D.
C-5591 Pte. Patterson L.K.

CHECKED BY .....B-126252 Cpl. Sislofsky A. DATE .....20 Oct 44.....

1	Kit Bag		
1	Kit Bag Handle		
2	Pair Pyjamas		
1	Khaki Dress Shirt		
1	Pair Braces		
2	Pair Socks		
1	Diary		
1	Prayer Book		
	Negatives		
	Souvenir Leave Guides and Booklets		
2	Suits Cotton Underwear		
1	Pair Woollen Gloves		
1	Gym Shirt		
2	Ties		
1	Khaki Dress Shirt		
1	Pair K.D. Shorts		
1	Safety Razor in Leather Case		
	Letters		
	Snapshots		
1	Anti-Gas Wallet		
1	Small Photograph in Metal Frame		
2	Army Pamphlets		
1	Pair Div Patches		

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

A Sislofsky Sgt
for OC 1 Cdn KSD

40/P & [illegible] 54 (3444)

CANADIAN ACTIVE SERVICE FORCE
OVERSEAS

District.....

Dispersal Area.....

LAST PAY CERTIFICATE
(All Ranks)

Regtl No. D.131129 Rank and Name Shepherd, L.J. Tpr.

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

(~~Transfer or~~ Discharge)..... to..... on 13th August, 19 44.

Reason Death. Authority : C.C.L. "A"483. d/27th August, 44

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

Dr Particulars	Amount		Cr Particulars	Amount	
Balance Dr from last account			Balance Cr from last account	77	86
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	30	00			
Regimental Charges			Allowances (Give particulars) days at $		
Public Stoppages (Give particulars) :					
To Balance Cr Free	102	11			
Deferred			By Balance Dr		
Total	132	11	Total	132	11

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

Remarks :

Assigned Pay $30.00 (M) Stopped eff. September, 44.

The above statement has been compiled from Treasury Records, the latest paybook not being available.

Compiled by M. Durham.

Checked by [signature]

Date 14th February, 19 45.

Certified correct [signature]
for Chief Treasury Officer, Overseas

AR.

TL

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

ARMY

Name: SHEPHERD (Surname) Lester J. (Christian Names) No.: D131129

Rank: Tpr. Unit: C.A. O/S Date of Death: 13-8-44

AMOUNT

L.P.C. $ 102.11

Date: 1-5-45

Other Credits

Total 102.11

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Mother	Mrs. Isabella Shepherd, 3410 Montclaire Avenue, Apt. 5, N.D.G., MONTREAL, Que., (sole beneficiary under will)	102.11

P4. TO TREAS 4/6/45

TO BE FORWARDED BY REG. MAIL DIRECT.

AUTHORITY

H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	$102.11

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

Duplicate

M.F.B. 371
300M—7-41 (1087)
H.Q. 1772-39-164

REPORT ON INJURIES

Other than Wounds Received in Action

1. Certificate to be signed by injured officer or soldier:

I, D.131129 (a) (number) Tpr. (b) (rank) SHEPHERD (c) (surname) LESTER JOHN (Christian names in full)

17TH Hssrs. attached C.A. (P)T.C.41 (d) (unit) hereby declare that the injury sustained by me

on the 1st July 1942 (e) (date of casualty) did* ~~did not*~~ occur while I was in the performance of military duty.

L. J. Shepherd
(Signature of officer or soldier)

Huntingdon Military Hospital, Huntingdon, Que. (station) 2nd July 1942 (date)

2. (a) Description of injuries Little finger, left right hand, ~~xxxxxx~~ moderate swelling and tenderness at proximal interphalangeal joint and some limitation of movement.

(b) Are the injuries serious or of such a nature that they *might* be the exciting cause of disability later? No

(c) Whether admitted to hospital or sick in quarters? —— to hospital

(d) How long before initial treatment was given? 20 hours.

Date July 2nd 1942 Signature of medical officer H. Mendelson Lieut

3. Short statement by injured person of the circumstances of the injury (see instruction 5). Signed statements of witnesses, or of persons to whom the injured person may have mentioned his injury, to be attached (see instructions 3 and 4):

Right little finger was broken four years ago while playing baseball and has been deformed since then. Yesterday 1st July 1942 while playing catcher for "C" Company in the Baseball game I was hit in the finger by the ball.

L. J. Shepherd

*Strike out whichever is not applicable.

4. Statement of Commanding Officer:

(*a*) Was the individual in the performance of military duty? Yes.

(*b*) Nature of duty N/A

(*c*) Was it incurred in a game or other form of physical recreation definitely organized with the approval of the unit commander? Yes

(*d*) If it was incurred on leave, was such leave with or without pay? N/A

(*e*) Was anyone else to blame? No

(i) Whom? N/a

(*f*) Did the injury occur on military premises and if so in what part of such premises? Company Parade Ground

(*g*) Court of Inquiry:

(i) Has one been held? No.

(ii) Will one be held?

(iii) Date and place

Date 7 July 1942 Commanding Lt.-Col.
C.A.(B)T.C. No. 41.

5. Remarks of District Officer Commanding or Division Commander:

Date

6. Received by N.D.H.Q.

7. Forwarded to D.P.N.H.

INSTRUCTIONS

1. This form is to be rendered within 48 hours after the event in all cases of accidental or self-inflicted injuries to an officer or soldier involving:

(*a*) death,

(*b*) absence from duty for 48 hours or more, or

(*c*) absence from duty of less than 48 hours when the medical officer should invariably be consulted as to whether the injury may be the exciting cause of disability later.

(*d*) in all accidents involving personnel whether there is evidence of injury or not.

2. A separate form is to be used in respect to each individual affected.

3. This form is to be rendered notwithstanding the holding of a court of inquiry or investigation. If a court of inquiry is held a copy of this form is to be included in the proceedings.

4. Full statements are to be taken by an officer from the witnesses of the accident or, where there was no witness, from any persons to whom the injured officer or soldier may have mentioned his injury immediately after the occurrence. These statements, when obtainable will be signed by the persons making them, and by the officer who takes them, and will be forwarded with this form. Where it is intended to take disciplinary action, duplicates of these statements should be retained by the unit for use in lieu of a summary of evidence.

5. Where it is possible to obtain it, a statement from the injured officer or soldier will also be forwarded. This, however, should not be used as evidence against him in any subsequent disciplinary proceedings.

6. This form will be prepared in triplicate, one copy to be retained by the unit and the two other copies to be forwarded to N.D.H.Q., through the usual channels. Where a Court of Inquiry is held the copies to be forwarded to N.D.H.Q. will be attached to the proceedings.

SPECIAL INSTRUCTIONS AS TO EVIDENCE IN CASES OF SELF-INFLICTED WOUNDS

7. In these cases the statements mentioned in paragraphs 4 and 5 above should bring out all material points, e.g., statements to the effect that the witness was with the accused standing on the fire step (or sitting in a dug-out); that the accused was cleaning his rifle; position of safety catch, magazine, etc., if known; muzzle of rifle on toe of foot; hand on muzzle; that accused pulled trigger; that the rifle was afterwards examined and an empty cartridge case was found in chamber; that accused was seen to be wounded; what accused said ("I have shot myself," "I did not know it was loaded," etc.).

8. An officer or a soldier is specially trained in the safe use of his rifle and revolver, and evidence of any neglect of the ordinary precautions as to their handling in such cases usually has considerable bearing on the question of negligence. In cases of wilful self-wounding the fullest possible evidence should be obtained; unless the evidence is conclusive this charge should not be used. The charge will therefore usually be laid under section 40 Army Act—"Conduct to the prejudice of good order and military discipline in wounding himself through negligently handling a rifle," and an alternative charge to this effect should be made, even if the accused is to be tried under section 18 for wilful maiming.

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: Lester John (CHRISTIAN NAMES) SHEPHERD (SURNAME)

REGISTER NO. D-87
FILE NO. 405-S-10271
DATE 5-11-45
SERVICE NO. D-131129
FINAL RANK OR RATING Tpr.
DATE OF DISCHARGE 13-8-44

PAYEE Mrs. Isabella SHEPHERD,
ADDRESS 3410 Montclaire Ave., Apt.5, Montreal - N.D.G. - P.Q.

DATE OF TERMINATION OF OVERSEAS SERVICE 13-8-44

	$ ¢
A. TOTAL QUALIFYING SERVICE NO. OF DAYS 847/30 EQUAL TO 28 COMPLETE PERIODS AT $7.50	210.00
B. QUALIFYING OVERSEAS SERVICE No. OF DAYS 656 LESS 7 INELIGIBLE DAYS, EQUAL TO 649 DAYS @ 25c. PER DAY (SEE PAR. 2 OVERLEAF FOR EXPLANATION)	162.25
	372.25
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 656/183 X$ 21.00	75.28
D. WAR SERVICE GRATUITY	447.53
E. DEDUCTIONS OVERPAYMENT OF PAY AND ALLOWANCES $; DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $; OTHER DEDUCTIONS $	
F. TOTAL AMOUNT PAYABLE	447.53

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
[illegible]	[illegible]

TREASURY	
CHECKED BY	DATE
A. Woodhouse	15/11/45

[illegible]
SERVICE REPRESENTATIVE