D132254
TREMBLAY
JOSEPH

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OCCUPATIONAL HISTORY FORM COMPLETED

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M.F.M. 2 Fr.
A.F.B. 271
50M—1-42 (2876)
H.Q. 1772-39-1645

Doit être rempli en triplicata, désignant chaque exemplaire en biffant les deux termes inutiles

Unité R.C.A. C.A. N° Matricule D-132254

sur charge

ARMÉE CANADIENNE

FORMATIONS ET UNITÉS ACTIVES
FORMULE D'ENRÔLEMENT

1. Nom TREMBLAY
2. Prénoms JOSEPH GEORGES
3. Adresse actuelle 3456 rue Adam, Montreal, P., Quebec, Canada
4. Date de naissance 16 Juillet 1922
5. Lieu de naissance Canada (Pays) Quebec (Comté ou province) Montreal (Ville ou canton)
6. Religion (indiquez la confession) Catholique Romain
7. Métier ou profession Apprenti Mecanicien
8. Marié, veuf ou célibataire Celibataire
9. Nom du plus proche parent M. Georges Tremblay
10. Degré de parenté Pere
11. Adresse du plus proche parent 3456 rue Adam, Montreal, P., Quebec, Canada
12. Faites-vous partie d'une unité ou formation de réserve de l'armée canadienne ou y avez vous déjà servi? NON
    (Si oui, spécifiez l'unité et les dates de service)
13. Avez-vous servi dans (a) une formation ou unité active de l'armée canadienne? NON (Oui ou non)
    (Si oui, spécifiez le numéro matricule et l'unité)
    (*b*) Quelque autre armée de mer, de terre ou de l'air? NON (Oui ou non)
    (Si oui, spécifiez l'unité et la durée du service)
14. Avez-vous servi pendant la Grande Guerre de 1914-1918? NON
    (Si oui, spécifiez le numéro matricule, l'unité et les dates de service)

R.C.A.C.

DÉCLARATION FAITE PAR LA RECRUE LORS DE L'ENRÔLEMENT

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

Date 24 AOUT 1942. Georges Tremblay.
(Signature de la recrue)

SERMENT PRÊTÉ PAR LA RECRUE LORS DE L'ENRÔLEMENT

Je, soussigné, JOSEPH GEORGES TREMBLAY, promets sincèrement et jure (ou déclare solennellement) que je serai fidèle et porterai sincère allégeance à Sa Majesté.

Georges Tremblay.
(Signature de la recrue)

CERTIFICAT DU MAGISTRAT, DU JUGE DE PAIX OU DE L'OFFICIER CERTIFICATEUR

J'ai averti l'homme susnommé que s'il répondait faussement à l'une quelconque des questions précédentes, il s'exposerait aux rigueurs de la loi.

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

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

à MONTREAL SOUTH ce 24ieme jour de AOUT 19 42.

(Signature du magistrat, du juge de paix ou de l'officier certificateur)

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

N.B.—On désire signaler que quiconque répond faussement à l'une quelconque des questions précitées est passible d'un emprisonnement de six mois.

État de service de TREMBLAY (Nom) JOSEPH GOERGES (Prénoms) N° matricule D-132254

APTITUDES

Militaires: NIL

Professionnelles ou commerciales: NIL

Civiles ou de métier: MECHANIC APP'T.

Techniques: NLR

Langues: FRENCH ENGLISH

DEGRÉ D'INSTRUCTION

École supérieure ou Académie: NIL (années achevées) — Graduation ou Immatriculation: NIL (Spécifier)

*Collège: NIL

*Université: NIL

8 YRS PUBLIC SCHOOL

(*Mentionnez le nom de l'institution, les années ou cours achevés et les diplômes obtenus)

Toutes les recrues enrôlées le seront comme simples soldats, les nominations et les promotions à un grade supérieur devant être indiquées dans l'espace réservé ci-dessous à cette fin.

Rapport		État des promotions, abaissements de grade, mutations, maladies ou blessures, rapports, etc. à compter de la date de son enrôlement dans l'armée active	Grade indiqué	Prenant date le	Unité	Endroit	Autorisation	
Date	Reçu de						N°, Partie II, Ordres du jour. Liste des morts et blessés, etc.	Daté le
		Affecté lors de son enrôlement						
25-8-42.	DRO.	TOS. 4 DISTRICT DEPOT CA.	GNR	24-8-42.	4DD	MTL.STH.	4DD.PT.11.205	25-8-42.
		S.O.S. on transfer to C.A.(B) T.C.43 Sherbrooke, Que.	"	1-9-42	"	" "	" " 211	1-9-42
2-9-42	TC.43	T.O.S. AND ATTACHED FOR ALL PURPOSES	PTE.	2-9-42	TC.43	SHERB.	TC.43 Pt11 193-A	2-9-42
17-9-42	TC43	SOS on transfer to 1st Garrison Bn., ser#1 1352, St-Johns, Que.	Pte	17-9-42	TC43	Sherb.	TC43 Pt11 205 A	17-9-42
19-9-42		TOS. on Trans. from CA(B)TC #45, Sherbrooke Que	"	14-9-42	1 G.B.	St.Johns Que.	art 11 # 24	19-9-42
6-10-42		Att.for A.P.Ex.pay to Q's York Rgrs.	"	3-10-42	"	Niagara Camp	" 37	6-10-42
		AWL from 0130 hrs.8-11-42 (1st Posting)	"	8-11-42	"	"	D.O. 72 P.II	14-11-42
		Returned from AWL 1140hrs.8-11-42	"	8-11-42	"	"	D.O. 73 P.II	17-11-42
		Was admonished and forf. 1 days pay under FR&I for AWL from 0130hr.8-11-42 to 1140hr. 8-11-42 (10hrs 10min.) Total Forf.1dys pay	"	9-11-42	"	"	D.O. 74 P.II	17-11-42

Pour les inscriptions supplémentaires, se servir de M.F.M. 1 et 2 (a) (Fr.)

CERTIFICAT DE L'EXAMEN MÉDICAL

Nom en entier TREMBLAY JOSEPH GEORGES Lieu Montréal

Lieu Montréal Date August 19-42

PARTIE 1. Renseignements obtenus de la recrue.

1. Âge 20 2. Avez-vous déjà souffert de l'une quelconque des maladies suivantes?

a. Rhumatisme NO
b. Tuberculose ou pleurésie NO
c. Bronchite ou asthme NO
d. Affection cardiaque NO
e. Maladie du rein ou de la vessie NO
f. Affection stomacale ou intestinale NO
g. Hernie NO
h. Varices NO
i. Mal aux pieds NO
j. Affection nasale NO
k. Maladie des oreilles NO
l. Maladie des yeux REQUIRES GLASSES
m. Convulsions NO
n. Maladie nerveuse ~~ou mentale~~ STATES SO
o. Syphilis NO
p. Gonorrhée NO
q. Avez--vous déjà porté des lunettes? NO
r. Touchez-vous actuellement ou avez-vous touché antérieurement une pension ou autre indemnité d'invalidité?—Si oui, donnez des détails... NO

Georges Tremblay
(Signature de la recrue)

PARTIE 2. Renseignements obtenus par l'examen médical. LA RECRUE DOIT ÊTRE DÉSHABILLÉE.

1. Marques particulières ou cicatrices (si celles-ci sont opératoires, obtenir les détails) URINE N
1 vacc left arm.
X-RAY 13972

2. Taille 6 pieds 1½ pouces. 3. Poids 136 livres

4. Teint Medium Yeux Brown Cheveux Brown

5. Développement Good { Bon / Passable / Médiocre

6. Tour de poitrine—Circonférence, pleine expansion 34 pouces Degré d'expansion 3 pouces

7. Vue, droite 20/40 gauche 20/40 8. Ouie, droite CV 20 gauche CV 20

Avec lunettes, droite gauche

9. État de la bouche et des dents Good Reflexes normal

10. Les anomalies (congénitales et pathologiques) constatées lors de l'examen sont les suivantes:
Color vision Ishihara (CN) Ears nose throat normal H. Michaud M. D.
Pigeon breast

PARTIE 3. Nous les examinateurs, ne trouvons aucune trace des maladies énumérées dans la question 2 de la partie 1, sauf ce qui est mentionné dans les observations. Nous avons examiné la recrue conformément aux instructions de la brochure "Aptitudes physiques et instructions visant l'examen médical des recrues", et elle est jugée apte pour la catégorie "A"

Observations spéciales lorsque la catégorie est inférieure à A

E. S. Harding (Président) — J. E. Racicot (Membre) — A. G. Morphy (Membre)

E. S. HARDING M. D. J. E. RACICOT M. D. A. G. MORPHY M. D.

VACCINATIONS, INOCULATIONS, COMMISSIONS, RECLASSIFICATION DE LA CATÉGORIE MÉDICALE

Date	Détails succincts et signature	Date	Détails succincts et signature
AUG 25 '42	TAB J — Vaccinated Capt.		
apr. 1. 43	3 — Vaccinated Capt.	30 July 43	
Aug 6. 43	3		
AUG 25 '42	VAC — VAC		
30 July 43			

Y.O.B.	P.	U.	L.	H.	E.	M.	S.
22	2	1	1	1	1	1	2

E. A. Stevens Capt.

No. 23 BASIC TRAINING CENTRE NEWMARKET, ONT. SEP 2 - 1943 CATEGORY A1 CONFIRMED

Vaccinated Capt.

N° matricule D-132254 Grade GNR Nom TREMBLAY Prénoms ~~D-132254~~ JOSEPH GEORGES

Garnison	Date d'arrivée à la garnison	Date de — Admission à l'hôpital			Date de — Sortie de l'hôpital			Maladie	Nombre de jours à l'hôpital	Détails sur la nature et l'origine de la maladie; dire si elle était bénigne ou grave, si elle est entièrement guérie, et si un traitement spécial a été adopté. Dans le cas des maladies vénériennes, mentionner la nature de la maladie primaire et dire si on a prescrit le mercure. Si la maladie est accidentelle, spécifier si elle fut contractée en service et si un conseil d'enquête a été tenu. Détails et dates au sujet des fausses dents et des appareils chirurgicaux fournis.	Signature du médecin
		Jour	Mois	Année	Jour	Mois	Année				

Pour les inscriptions supplémentaires, se servir de **M.F.M. 1 et 2 (b)** **(Fr.)**

Statement of the Service of No. D-132254 Rank PTE. Sheet No. 2

Name TREMBLAY Joseph Georges

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

REPORT Date	REPORT From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority Part II D.O. No. Cas. List, etc.	Authority Dated
		Ceases to be attached Q.Y.R. f.a.p. except pay.	PTE.	16-11-42	1 G.B.	Niagara Camp	D.O. # 75	18-11-42
		Attached to N.M.H. for Rations	"	22-1-43	"	"	D.O. 17 P.II	22-1-43
		Granted New Years Leave and Ration All. of 50¢ per diem from 30-12-42 to 3-1-43	"	30-12-42	"	"	D.O. 1A	1-1-43
		Ceases to be attached Niagara Military Hospital for Rations.	"	25-1-43	"	"	D.O. 19	25-1-43
		Granted 14 days Furlough and Ration All. of 50¢ per diem from 27-1-43 to 9-2-43. Issued with C.A. T.W. - A.335935	"	27-1-43	"	"	D.O. 20	26-1-43
		Returned from Furlough 2200 Hours	"	9 Feb 43	"	"	D.O. 33	10 Feb 43
		Admitted Camp Borden Military Hospital.	"	15Feb43	"	"	D.O. 38	16 Feb 43
		Transfered from C.B.M.H. to Christie Street Hospital	"	22 Mar.43	"	"	D.O. 68 P.II	23 Mar.43
		Discharged from Christie Street Hospital.	"	5 April 43	"	"	D.O. 79 P.II	6 April 43
		Admitted to Camp Borden Military Hospital	"	7 April 43	"	"	D.O. 80 P.II	7 April 43
		Discharged from Camp Borden Military Hospital	"	14 Apr 43	"	"	D.O. 87	15 Apr. 43
		Admitted to Niagara Military Hospital.	"	1 May 43	"	Allanburg	104	8 May 43
		Discharged from N.M.H.	"	17 May 43	"	"	114	25 May 43
		In accord. with. R.O. 2757 & 2772 is ent. to incr. of pay of $1.40 per diem	"	1 May 43	"	"	122	9 June 43
		In Accord with R.O. 2757 & 2772 is ent. to incr. of Pay of $1.50	"	2 Jul 43	"	"	150	30 July 43
		Granted Embarkation leave and ration allowance of 50¢ per diem 1-8-43 until 5-8-43 TW A 337365	"	1 Aug 43	"	"	153	4 Aug 43
		S.O.S. 1st Garrison Battalion, C.A. f.a.p. on transfer to No. 23 C.A.(B) T.C. Newmarket, Ontario.	"	23 Aug.43	"	"	161 A	20 Aug.43
		TOS #23 BTC f.a.p. incl pay from 1st Garrison battalion, C.A.	do	24 Aug 43	#23BTC	Newkt.	D.O. 200	23 Aug 43

Statement of the Service of No. B-132254 Rank Pte. Sheet No. 2

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

Name TREMBLAY Joseph Georges

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
		Re -allocated to Inf. (others)	Pte.		#23BTC	N wmkt.	D.O. 209	2 Sep 43
		SOS 23 (B) T C f.a.p. incl. pay to 1Transit Camp	do	6-9-43	(B) TC	Nmkt.	D. O. 212	[illegible]
		ATT'D NO.1 TRANSIT CAMP		7. 9.43	#1 TRANSIT	WINDSOR, N.S.	230	8. 9.43
		SOS NO.1 TRANSIT CAM		1. 39.43	#1 TRANSIT	WINDSOR, N.S.	237	1. 39.43
		SOS Cdn Army (can) on embark	Pte	13 Sep 43	6. CIRU	U.K.	# 200	22 Sep 43
✓		SOS " " Overseas	"	14 Sep 43	"	"	"	"
✓		Disembarked in UK	"	19 Sep 43	"	"	"	"
✓		Reported for duty 6 CIRU	"	20 Sep 43	"	"	# 200	22 Sep 43
M38 SOS ✓		S.O.S to R de M	Pte	25 Nov 43	6 CIRU	UK	256	25 Nov 43
M38 ✓	TOS	T.O.S. from #6 C.I.R.U.	Pte	26 Nov 43	R de M	UK	63	30 Nov 43.
(C.S.)		AWARDED THE CANADIAN VOLUNTEER SERVICE MEDAL AND CLASP	Pte	24 Jan 44	R de M	UK	13	10 Mar 44
		Embarked at UK on 5 Jul 44						
✓		Disembarked at France on 9 Jul 44	Pte		R de M	21 Gp	38	14 Jul 44
✓		Awd for 10 days Pay AA40	Pte	17 Jul 44	R d M	21 A Gp	41	23 Jul 44
✓	ex	Killed	Pte	19 Jul 44		AEF	A 474	30 July 44.
ex	SOS	SOS Killed action	Pte	19 Jul 44	R d M	21 Ag	43	3 Aug 44

19-7-44

FB

AWARDS—CANADIAN ARMY (ACTIVE) (1667) M

500M—i-44 (3467)
H.Q. 1772-45-8

SURNAME (IN BLOCK LETTERS) / CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT
TREMBLAY, Joseph Georges	D-132254	Pte.	Regt. de Mais.

FILE NO. 405-T-5792

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 1939-45 C.V.S.M. & Clasp	142 3/11/49

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS
PERSON ENTITLED TO: Mrs. Marie Anne Tremblay — Mother

ADDRESS: 2024 Nicolet,, Montreal, Que. (2-11-49)

MEMORIAL BAR
(1)
DATE DESP
REGN. NO 1708

(2) MEMORIAL CROSS
WIDOW

ADDRESS:

(3) MEMORIAL CROSS
MOTHER: Mme Marie-Anne TREMBLAY, (MFM5) (FRENCH)
(1667)

ADDRESS: 3456, rue Adam, MONTREAL, Que.

(3)
DESP. OCT 13 1944
REGN No. 2920

W-HWE

R.C.A. MEDIUM "Q" CARD COMPLETE N.T.

I. Regt. No. D-132254 Rank Pte. Unit ~~R.C.A.~~ DD.4 Date 24-8-42

Name TREMBLAY, Jos. Georges Age 20 Place of Birth Montreal-Que.

Date of Enlistment August /42 Place of Enlistment MTL. south P.Q. Depot D.D. 4

Languages spoken French R. Recruit A A' Med. Cat. A Place D.D.4

II. M. Test Date 24-8-42

Test	Score	S.M.	
1	17		SUB-TOTAL
2	10		39 S.M.
3	12		
4	22		SUB-TOTAL 40
5	18		S.M.
6	13		SUB-TOTAL 50
7	14		S.M.
8	23		
Total	129	S.M.	GRADE III(F)
9			

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

Allocated but not fully interviewed.

III. Military Background

No previous military experience.

IV. Educational Background

English fair.
Grade VIII.

V. Occupational Background

Helper machinist 7 months.
Labourer 2 years.

VI. Arm Desired — Work in Arm Desired

VII.

Single.
Supports his family.
Father is invalid.
Healthy.
Drinks moderately.

A. H.

M.F.M. 196
50M—7-42 (5144)
H.Q. 1772-39-1916

VIII. Summary

Stability average.
Intelligence average.

IX. Suggestions

R.C.A. Medium Gunner N.T.

X. Signature of Interviewer	N.C.O.	Officer
G. Benoit	SGT.G. Benoit.	

XI. Action Taken — Date of Action

Follow-up — 31 Jul 43

This soldier has completed B.T. and is ready to be moved. He has a Pulhems P2 -S2.- Consider him to be capable of combatant service and preferably with a French Unit. He has a M score which places him above average ability.

I concur in his outward movement and would recommend Inf. others. French Unit.

W.H. Martin

.....

(W.H.Martin) Lieut.
A.E., H.Q., M.D. No. 2

WHM/RJ

11 Aug 43

interviewed as of this date - no change from previous interview d/ 31 July 43

W.H. Martin Lieut
R.E. H.Q. M.D. No 2

#23 B.T.C. NEWMARKET, Ontario. — 27 Aug 43

This man was reinterviewed today for allocation purposes: This bright French Canadian youth is very keen to be allocated to a French speaking unit. He agrees that it might be simpler to do this if he were in Infantry (Others).

Inf.(Others) - N.T. French Canadian unit if at all possible.

GN. KENNEDY, apt.
for D.J. HYNES, Capt.
Army Examiner

COPY/MV

M.F.M. 5
150M—1-42 (3165)
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 TREMBLAY, Joseph Georges
(Surname first—Christian names in full—Block capitals)

(2) Regimental or Official Number and Rank D-132254 Gnr.

(3) Unit R.C.A. CA

(4) Are you married?

(5) If married, state,

(*a*) Full name of your wife

(*b*) Present postal address of wife

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

(7) Are you a widower? No

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

Names and ages

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

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

Name

Postal Address

[SEE OTHER SIDE]

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

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

.....

.....

(11) Is your father alive? Yes

If so, state name and address, occupation Mr. Georges Tremblay (Invalid)
3456 Adam St., Montreal, Que., Canada.

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

(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.....
$80.00

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

(14) Is your mother alive? Yes

If so, state name and address Mrs. Marie Anne Tremblay
3456 Adam St., Montreal, Que., Canada.

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

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

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

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

If so, state the following particulars:—

Relationship .....

Full Name .....

Postal Address .....

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

.....

(18) Are you insured? Yes

If so, in what Company? Prudential Ins. Co.
(Give number of policy)

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

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

(Sgd.) Georges Tremblay
(Signature of officer or man)

Date 25-8-42

(Sgd.) R.O. Grothe, Capt.

Officer Commanding No.4 DISTRICT DEPOT A.F.

Date 25-8-42

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 Experience in Armed Forces

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

43 CURRENT SERVICE: Date Enlisted 24-8-42 Place Enlisted Montreal

Date From—to	Country	Corps	Unit and Sub-unit	Rank 44	Principal Duty	Performance
24-8-42	Canada	R.C.A.	Sherbrooke.	Pte.	Basic training	
15-9-42	"	12 Bat.	St John.	"		
15-10-42	"	"	Niagara on the Lake	"	Guard duty.	
13-9-43	G.B.	G.L.	#6 C.I.R.U.	"		
				A		

45 COURSES ATTENDED

COURSES ATTENDED	PLACE	Date: From—to	Qualified as	Rating

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

0 Civil Convictions ..... Fines 1/1 days Pay ..... Hospitalization 2 months and 015 days.

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
Rifleman.			

55 Type of Service Desired (1) Infantry 123 (2) .....

Remarks re Outstanding or Limiting Factors

Deportment	Tells that he had only 3 weeks of Basic Training having been hospitalized during his Basic for V.D.'s. Is young, a little nervous and does not seem very reliable but is cooperative and willing. Has always been employed as Guard duties in Canada. Requires more training. Should have some aggressiveness.
Disposition	
Appearance (grooming)	
Physical appearance	
Map Reading	
Military Knowledge	
Mechanical Knowledge	

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

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

48 Suggested Possibilities for Employment (1) Infantry R. Rifleman. (2) .....

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

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

Interviewed by R. Sarneay capt Date 11-10-43

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

Soldiers Qualification Card

CONFIDENTIAL

CODED 5 — —

Deceased

Unit 6 C.I.R.U.

Regt'l. Number	Last Name (Block letters)	First Name	Middle Names
D132254	TREMBLAY	JOSEPH	GEORGES

CARDS PUNCHED

Nationality	By Birth	By Naturalization	Country of Birth
08 Canadian	✓		Canada

3 Father Racial Origin 2. French Canadian
Mother do.

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

5 Age 21 6 Height 6 ft. 2½ in. 7 Weight 160 8 Silhouette 1 2 3 4

Eyes 1922 9 4 Colour of Brown 10 1 Acuity 1 2 3 10 Glasses 11 Colour Vision 1 2 3 4

12 Hearing: Acuity 1 2 3 13 Speech Defects

14 Handedness R L A 15 1 Med. Category A 30-7-43

Cause

Attitude to own health Normal. To Medical attention

Health History

16 Education Level: Illiterate El. 10 (16 Sec. ( ) (Grade completed) 9

Conduct during school life

17 University or Institution 18 Professional	Course Taken	Years completed	Degree	Year

19 Post Graduate	Course	From—To	Degree	Year

20 Specialized Training:
1. (Course)
580 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 11 02. Languages: Spoken fluently French English
Written well do do.

24 Main occupation: Description Apprentice Mechanic
See Sect 20 Estimate of skill
Duration (from—to) 1½ yrs Weekly Wage $50.00.
Employer's Name and Address Fraser Brace. Montreal

50 "M" Cdn. Test 9 Score

Test	Score N	S.M.	
1	17		Sub-total
2	10		39
3	12		S.M.
4	22		Sub-total
5	18		40
6	13		S.M.
7	14		Sub-total
8	23		50
Tot.	129	S.M.	S.M.
			Grade C

51 OTHER MENTAL
Test
Score Grade
Date

52a MECHANICAL APT.
Test
Score Grade
Date

52b CLERICAL APT.
Test
Score Grade
Date

53 TRADE TESTS

Trade and Grading	Date

54 OTHER
Test
Score Grade
Date

1 Corps inf. GEN-LIST

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 — None —
District Type

Job promised after discharge? No By whom? Name
Job Address:
Other provision for post-discharge occupation None.
Type of work desired Mechanic
Occupational history: Ambitious Stable Accidental Erratic

36 2. Marital Status: M S ✓ W D Sep.
Marital Problems
Age of wife Wife's attitude to Service Wife's Health

37 No. of Children 38 No. of Dependents 0
Relationship of Dependents
No. of Brothers No. of Sisters 5 Position in family 6
Status of home in childhood
Religion R.C.

39 Hobbies: Photography M S Radio Engines
Mechanics Other

40 3. Sports: (1) (2) (3)
Team Games and Position (1) Baseball.
(2) Softball. (3)

41 6. Ability to Entertain: Music: String Brass
Woodwind Percussion Piano Vocal Baryton
Theatrical Other

No D.132254 Rank Private Name TREMBLAY, Joseph Georges,

Unit Regt. de Mais, Date of death 19th July, 1944.

Died at France

Cause Killed in Action.

Death occurred on strength of Forces.H.Q. 405-T-5792

N/K Mr. George Tremblay, Relationship Father.

Address 3456 Adam Street, Montreal, Quebec.

Remains buried in Cemeter

Caen (Faub Vancelles) MR 025674. Close 18th Fld Amb at present. France.

Grave location

CHK ✓

OVER

BURIAL REPORT TO N.K. APR 23 1946

RETURN TO BUR. OF STAT. NOV 24 1944

ROYAL MESSAGE DESP'D. AUG 14 1944

CAN. MESSAGE DESP'D. AUG 11 1944

REBURIAL

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

Grave 14, Row B, Plot 6.

HI & CR Form Despd. FEB 3 1947

Photographs
Despatched
OCT 8 1947

FOR COMPLETION AND RETURN BY

Form P. 64

Mr. George Tremblay,
3456 Adam Street,
Montreal,
Quebec.

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-T-5792 FD 391

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

September 9 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

TREMBLAY, Joseph Georges, Pte.,

No. D.132254 Canadian Army

ESTATES BRANCH SEP 18 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.

JL

for Director of Estates.

on board 9

p 64

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.....		Tremblay Georges	59	3456 Adam, Montreal Que.
4	Mother of the Deceased.....		De Gagné, Marie-Anne	62	3456 Adam, Montreal Que.
5	Brothers of the Deceased	Full Blood	nil		
		Half Blood	nil		
6	Sisters of the Deceased	Full Blood	1) Tremblay, Juliette, married to Mongeau Armand 2) Tremblay, Blanche, married To Philippe Brousseau 3) Tremblay Florilda, married To Robillard Jacques 4 Tremblay Bernadette, married to E. Jeneau 5. T " " Jeanne d'Arc, " " Broullard Cedar	38 37 33 25 23	3456 Adam, Montreal 1879 Davidson, Montreal 3456 Adam, Montreal 2025 Nicolet " 3282 Adam, "
		Half Blood	nil		
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
			nil		

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Joseph Georges Tremblay.
9	Date of his birth.	~~Montreal~~ Prov. of Quebec July 16th 1922
10	Place and date of his marriage.	single
11	Place and date of his parents' marriage.	Les Eboulements, Que., 6 novembre 1905

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Montreal, Prov. of Quebec
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Montreal, Que, from his birth (b) (c) to his mutation overseas (d)
14	Nature of employment before enlistment.	helper mechanic, United Shipyards.
15	State whether he owned the premises in which he lived, and, if so, where situated.	no.
16	Name place where deceased stated he intended to make his permanent home.	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?	nil
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?	nil
20	Amount of War Savings Certificates held by deceased. Indicate where located.	nil
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	$50 probably registered to his father's or mother's name — located in England.
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	Prudential Life — $470. Beneficiaries were legal heirs.
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.	father has paid $50. for funeral service " " " $30 " masses " " " $10. " funeral expenses.

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

(PLEASE TURN OVER)

DECLARATION

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

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

*father of the deceased.

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

Georges Fremtlay sa Signature of Informant

Vernon Eugene Jobin - 205 rue Valois 3456 adam Address

CERTIFICATE

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

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

Dated at Montreal this 16th day of September 1944

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

J.R. Gregoire C.C.S Qualification

J. R. GREGOIRE
Commissaire de la Cour Superieure
District de Montreal

Address 3605 d'orlais Est

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

Please in the future, send french forms.

TL

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

ARMY

Name: TREMBLAY (Surname) Joseph G. (Christian Names) No.: D132254

Pte. (Rank) C.A. O/S (Unit) 19-7-44 (Date of Death)

AMOUNT

L.P.C. ..... $ 26.22

Date: 6-6-45

Other Credits .....

Total 26.22

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Mother	Mrs. Marie-Anne Tremblay, 3456 Adam Street, MONTREAL, Que.. (sole beneficiary under will)	26.22 R

TO BE FORWARDED BY REG. MAIL DIRECT.
P4. TO TREAS. 29-8-45 CW

AUTHORITY

H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	$26.22

CLASSIFIED BY: Original Signed by K. L. McCUAIG

EXAMINED BY

For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

Original signed by

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

AUDITED FOR PAYMENT

For Chief Treasury Officer

50M—8-44 (5426)
H.Q. 1772-80-2

Exhibit A-5

Personal effects of:

D-132254 Pte Tremblay J.G.

R de Mais.

1 Wallet leather ✓

Red Identity Disc.

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION (DEATH)

NUMBER D.152254 RANK Private SERVICE UNIT Regiment de Maisonneuve (CA).

NAME TREMBLAY, Joseph Georges

DATE OF BIRTH 16th July 1922 DATE OF ENLISTMENT 24-7-42

MARITAL STATUS Single RELIGION Roman Catholic

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

ADDRESS 3456 Adam St., Montreal, QUE. ADDRESS D.A.B.

ADDITIONAL PERSON TO BE NOTIFIED ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. 8443 H.Q.405-T-5792

CASUALTY DETAILS Killed in action DATE 19-7-44

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 2-8-44

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

PAL

DIRECTOR OF RECORDS

6

COPY FOR DOCUMENT FILE

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 ...Tremblay, Joseph Georges... (b) Reg'l. No. ...R-122054...
2. (a) Arm of service ...RCA... (b) Unit ...R.C.A.A. C1... (c) Rank ...Gnr...
3. (a) Date of birth ...16 July 1922... (b) Have you any dependents? ...Yes... (c) Place of residence at time of enlistment ...Montreal, Que...
4. (a) Place of enlistment ...[illegible]... (b) Date of enlistment ...[illegible]...

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school ...17 yrs... (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.) ...4 yrs H. 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? ...Yes... (b) If so, for what occupation? ...Appr. Machinist... (c) Did you finish it? ...—... (d) If you did not finish it, how long did you serve at it? ...8 mths...
9. (a) What languages do you speak fluently? ...E/F... (b) What languages do you read well? ...Both...

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 ...Fraser Brace... Address ...Montreal, Que...
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) ...Steel Plant...
20. (a) Your specific occupation ...Appr-Machinist... (b) Number of years' experience at this occupation with any employer ...3 mths...
21. (a) Did your employer promise definitely to give you employment on discharge? ...No... (b) Did your employer refuse to promise you employment on discharge? ...—... (c) Do you wish to return to your former employment? ...—...

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? ...—... (c) If so, in what kind of farming? ...—...
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? ...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.) ...Follow my trade...
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form ...Nil...

DATE ...25-3-42... 194...

SIGNATURE ...Georges Tremblay...

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, Joseph Georges Tremblay (Name in Full), of the City (City, Town, Village, Township)

Address in civil life.

of MONTREAL, in the County District of Hochelaga

Province of Quebec, Appr-Mechanic (Civil Occupation)

Regimental No D-1 32254, Unit R.C.A. 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. Marie-Anne TREMBLAY

Residint a t 3456 Adam St., Montreal, Que., Canada

All my estate both real and personal.

G. T.

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

G. T.

(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 25th day of Aug., 19 42

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.

Georges Tremblay. (Signature of soldier)

First witness sign here.

(5) Signature Henri Langlais

Civil Address 1680 St Louis Lachine

Civil Occupation Journalier

Second witness sign here.

Signature Ch Taillefer Cpl

Civil Address 521 King Westmount 6

Civil Occupation marin

(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 | 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 IN THE FIELD (FRANCE) 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 TREMBLAY (*Block letters*) Given names Joseph George

4. RESIDENCE — Street No. 3456 Official name of civil municipality or township Outremont Municipal county Montreal Province

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 (Month) July (Day) 16th (Year) 1922

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

OCCUPATION

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

14. Kind of industry or business, as **cotton-mill, lumbering, bank,** etc. Mechanic Apprentice

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)	TREMBLAY, George	

19. Place of burial, cremation or removal France.

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

21. PLACE OF REGISTRATION OF THIS BURIAL

(a) Name of parish or church

(b) Civil municipality of

(c) Municipal county

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

Do not write in this space

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death .....19..... (Month) (Day) (Year)

23. I HEREBY CERTIFY that I attended deceased from July 19th 44

.....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

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**

OVERSEAS CASUALTY CANADIAN ARMY

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

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

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

.....

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)

NOV 24 1944

Director of Records, Dept. of National Defence

405-T-5792

RECORDS OFFICE OVERSEAS.

CANADIAN MILITARY HEADQUARTERS.

GRAVES REGISTRATION CARD.

NAME TREMBLAY, Joseph Georges

RANK Pte

UNIT R de Mais

PLACE & DATE OF BIRTH Montreal, QUE? CAN. 16 Jul 1922.

REGTL NO. D-132254

NEXT OF KIN & ADDRESS FATHER

MR: Georges TREMBLAY

3456 Rue Adam, Montreal, Que, CANADA.

PARTICULARS OF HOSPITALISATION

DATE OF ADMISSION

DIAGNOSIS

NAME & LOCATION OF HOSPITAL

PARTICULARS OF DEATH.

DATE OF DEATH 19 JUL 44 .

HRS

CAUSE OF DEATH KILLED

PLACE OF DEATH

PARTICULARS OF BURIAL. CAEN (FAUB VANCELLES)

DATE OF BURIAL 24 JUL 44

PLOT NO ROW

DEATH CERT NO.

RELIGION Roman Catholic

CEMETERY 025674 CLOSE 18 FIELD AMB AT PRESENT

GRAVE

DATE OF REGN OF DEATH CERT

DATE 1 OCT. 45

M. BLUTEAU (CAPT)
For COLONEL
O i/c RECORDS,
CANADIAN MILITARY HEADQUARTERS

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

CANADA

IN REPLY PLEASE QUOTE
No. M. 1-T-2905(REC)

DEPARTMENT OF NATIONAL DEFENCE
ARMY

PLEASE PLACE ON FILE AND P.A.

Montreal Que, 17 Apr 1943.

405-T-5792

Can. Army Identification Bureau,
Records Office,
No. 8 Temporary Building,
OTTAWA, Ont.

B-132254, Pte. TREMBLAY, J.Georges.

The marginally named appeared on M.F.M. 183 no. 4066, with the notation "RE-PHOTO".

2. This office having no record of this other rank, it is therefore impossible to have his documents marked to this effect.

3. Any further action that should be considered necessary, it is presumed will be taken by your office.

(C.A.Brosseau)Lt-Colonel,
District Records Officer,
Military District No. 4.

IDENTIFICATION BUREAU A.G. BRANCH APR 19 1943 H.Q. OTTAWA CANADIAN ARMY

NAT. DEF. B. 440
2,000 M—4-42 (4322)
H.Q. 1772-39-767

No. D132254 Name Trembley J. G. Sqn., Battery, or Company | Corps Infantry | Date of enlistment 24.8.42 | G.C. Badges | Service or Proficiency Pay $1 50/100

M.F.M. 6
(A.F. B.122)
40/P & /S136 (2965)

Date of last entry in Company Conduct Sheet nil | No. and date of last drunk nil | Period not reckoning towards freedom from extra fine | Sheet No. 1 | Signature O.C. Company, etc. Leon Bruneau Character

Place	Date of offence	Rank	Cases of drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks
old sheet destroyed after two years service CARO 2084 Capt J H. Clinton Leon Bruneau									
Field	17-7-44	Pte		AA 40 W.O.A.S conduct to the prejudice on the 17.6.44 had eaten his emergency ration chocolate	Lt. D.V. Trembley	10 days pay	17-7-44	Lt Col H L Bisaillon	Forf 10 days pay FKI 149 lb

(P.T.O.)

MFM 510
40/P & S/254 (3444)

CANADIAN ACTIVE SERVICE FORCE

OVERSEAS

District.....

Dispersal Area.....

LAST PAY CERTIFICATE

(All Ranks)

Regtl No. D.132254. Rank and Name Trembley J.G. Gnr.

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

(Transfer or Discharge).....to.....on 19th. 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 ✓	13	93
First Monthly Payment AR d/4.7.44.	4	47	Regimental Pay 31 days @ $ 1.50	46	50
Casual Payments AR 26 d/14.7.44.	2	24	Technical Pay .....days at.....$		
Payments on Transfer or Discharge			Additional Pay (Give particulars) .....days at.....$		
Assigned Pay	23	00			
Regimental Charges			Allowances (Give particulars).....days at.....$		
Public Stoppages (Give particulars) :					
3 days Forf. DO 41.	4	50			
To Balance Cr Free	26	22	By Balance Dr		
To Balance Cr Deferred			By Balance Dr		
Total	60	43	Total	60	43

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

Remarks :

Assnd. Pay of $23.00 (M) stopped eff Aug.44. ✓

Assnd. Pay of $8.40 (6th V.L.) stopped eff May 44. ✓

(Amount re-credited is included in Bal. B/F at 1st.

July 44.

Compiled by W. Blackburn.

Checked by C Bell

Date 26th. January 1945.

P.H.

Certified correct R W Hodgeman
for Chief Treasury Officer, Overseas

File No 5/05-I-5792

P.A.

VERIFICATION FORM

WAR SERVICE MEDALS 1939-45

No. D 132254 Name TREMBLAY Joseph Georges

Rank on Discharge Pte Date of Discharge 19-7-44

Deceased

Authority for Discharge or Retirement

Served in:			Non-qualifying service
Canada	from 27-7-42	to 13-9-43	
	from	to	
United Kingdom	from 14-9-43	to 5-7-44	
	from	to	
Italy	from	to	
Northwest Europe	from 6-7-44	to 19-7-44	K.I.A.
---------	from	to	
-- ------	from	to	

Eligible for award of:

1939 - 45 Star ok

~~Italy Star~~

France-Germany Star ok

Defence Medal ok

1939-45 War Medal ok

Canadian Volunteer Service Medal ok

with clasp

M

NO RIBBON DESPATCH

Verified by Esther Staley

Date 13-9-46

Carded SEP 14 1946

IA 165

QG 405-T-5792 DR 2(c).

le 23 avril 1946.

Monsieur,

Des renseignements maintenant reçus d'outre-mer, indiquent que les restes de votre fils, le soldat Joseph Georges TREMBLAY, matricule D-132254, ont maintenant été soigneusement exhumés de l'endroit original d'inhumation et respectueusement inhumés de nouveau dans la tombe 14, rang B, lot 6, du cimetière militaire canadien Bretteville-sur-Laize, à Bretteville-sur-Laize, en France. (Carte marquée ci-jointe). Ce cimetière est un lieu de sépulture reconnu et l'entretien en sera perpétuel.

La tombe a dû être marquée temporairement d'une croix qui sera remplacée, en temps opportun, par une pierre tombale permanente portant une inscription appropriée. Pour des raisons évidentes, nous ne pouvons dire à quelle date commencera ce travail de commémoration permanente, mais vous pouvez être assuré qu'à ce moment, nous communiquerons avec vous et nous vous donnerons l'occasion de choisir une courte inscription personnelle destinée à être gravée sur le mémorial. Par conséquent, nous vous saurions gré de nous informer de tout changement dans votre adresse.

Veuillez agréer, monsieur, mes sincères salutations.

Pour l'adjudant général,

(C.L. Laurin) colonel,
directeur des archives.

M. George Tremblay,
3456, rue Adam,
Montréal, Qué.

/MA

k M. 1 (Part I) Revised 1-10-42
3 (9189-90)
39-1672

ERVICE BOOK

litia Book M. 1 (Part II)
r active service.)

(other than those on page 24
k M. 1, connected with the
form of Will) is to be made
of the Officer Commanding
ompany to which the man

entries will be initialled by

S TO SOLDIER

ally responsible for the safe

this book on your person
e service.

book whenever called upon to
tary authority, viz.: Officer,
Military Policeman.

make any entry in this book
rm of Will on page 24; see
23), and disobedience of this
ious offence.

hat any entry is lacking or
the book, you will report the
ilitary superior.

to retain this book after dis-
services, but should you lose
annot be replaced.

(XIV) PARTICULARS OF DENTAL TREATMENT

Date	Required	Completed	SPECIFICATION Use authorized Abbreviations and Symbols	Signature of Dental Officer
		See J. 15		

(I) SOLDIER'S NAME AND DESCRIPTION ON ATTESTATION

Regtl. No. D 132254

Surname (in capitals) TREMBLAY

Christian Names (in full) JOSEPH GEORGES

Date of Birth 16 JULY 1922

Place of Birth MONTREAL QUEBEC, CANADA

Citizenship CANADIAN

Trade on Enlistment MECHANIC

Nationality of Father at Birth FRENCH CANADIAN

Nationality of Mother at Birth FRENCH CANADIAN

Religion ROMAN CATHOLIC

Enlisted at MONTREAL SOUTH CANADA

Date 24 AUG. 1942

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

Signature of Soldier J. G. Tremblay.

Signature of Officer

Place ALLHNBURG ONT Date 30 JULY 1943

(IV) NEXT OF KIN

Any change becoming known is to be duly noted with date of such change and reported by O.C. Unit to the Officer i/c Records.
NOTE.—No entry in these pages has any legal effect as a WILL (see pages 20 to 23)

Nearest degree of relationship		Names	Date
1st	Wife		
	Children		
2nd	Father	GEORGES. TREMBLAY	
	Mother	MARIE ANNE TREMBLAY	
3rd	*Brothers and Sisters	JULIETTE, MONGEAU BLANCHE BROUSSEAU	
4th	Other Relations (stating relationship)		

*State whether brothers are older or younger.

NOW LIVING

Latest known Address in full
3456 RUE ADAM, MONTREAL QUE
3456 RUE ADAM MONTREAL QUE
3456 RUE ADAM MONTREAL QUE 1879 DAVIDSON ST MONTREAL QUE

(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

(VIII) SMALL ARMS RANGE COURSES

Year	Classification	Type of Weapon	If Table not completed, state parts fired	Signature of Officer
	Zeroing	Rifle		[signature] capt
	51-C-6909			
5 Nov 43	2nd class	Rifle	1 2 3 5 6 7	[signature] capt

(IX) EDUCATIONAL QUALIFICATIONS

Certificate, Specialist Qualifications, etc., Certificate number or authority. (Two lines may be used for each entry)	Place	Date	Signature of Officer
GRADE 9	MONTREAL	1938	J. A. Wilson Lieut.

(X) TRADE QUALIFICATIONS

(For men who have passed Trade Tests)

Trade	Group	Grade	Part II Order	Date	Signature of Officer

(XI) EMPLOYMENT WHILST SERVING

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

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

(XII) MEDICAL CLASSIFICATION

Date	Category or Grade	Medical Examiner of Recruits, or other Medical Authority	Date of last Examination	Signature of Medical Officer
19 Aug 42	A	MFB 2.	19 [redacted] 42	
			30-7-43	Med Adjutant 2. Capt.

(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	Required	Completed	Specification Use authorized Abbreviations and Symbols	Signature of Dental Officer
17Aug43		✓		M. Harris
18-1-44	✓		5F & Pro	[illegible] Capt
25-2-44		✓		[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. } 3.	25-8-42	W. Dolphin Capt.
T.A.B.T.	1-4-43	
T.A.B.T.	6.8.43.	
Typh vs 1/4 cc.	30-12-43	[illegible] Capt
Typh. 1/2 cc	7-1-44	[illegible] Capt
Typh. 1 cc	20-1-44	Paulrobert Capt
TYPH. 1 cc	14/2/44	Paulrobert Capt

(XVII) VACCINATION

Date Vaccinated	Signature of Medical Officer
25-8-42	W. Dolphin Capt.
9/2/44	Paulrobert Capt
Immediate	

(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
FINGERPRINTED—CAIB		
"M" TEST (REV.) COMPLETE		
"Q" CARD COMPLETE	11-10-43	R. Sameay Capt
Issued with	28/3/44	
M F M 182		
Service Chevrons		
Reds CARD 4613 wef	24-8-43	Leon Bussey

No entry is to be made on this page without special instructions being issued

Particulars	Date	Signature of Officer
Cdn. Medal & clasp	20/3/44 Do-13	Con Bennett
Blood grouping		
Test Noi group O	2-6-44	

No entry is to be made on this page without special instructions being issued

Particulars	Date	Signature of Officer

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.

Rank or Appointment.

Date

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..... received and forwarded to the Officer i/c Records at

Signature of Officer.

Rank or Appointment.

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.

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

WILL

(For use if the Soldier has not already made a Will or wishes to alter one already made. See instructions on page 23).

Signature.....

Rank, Regt'l Number.....

.....

Date.....

40/P&S/2438(5149) **A.F.W3084**

Number D-132254

Name Tremblay J G

Rank Pte Religion R.C.

Arm Infantry

Branch if R.A.; Regt. if Foot Guards or Infantry

NOT to be filled in by Soldier.

Diagnosis .....

Disposal .....

A.F.W30

Number D-132254

Name Tremblay J G

Rank Pte Religion R.C.

Arm Infantry

Branch if R.A.; Regt. if Foot Guards or Infantry

NOT to be filled in by Soldier.

Diagnosis .....

Disposal .....

A.F.W3084

Number D-132254

Name Tremblay J G

Rank Pte Religion R.C.

Arm Infantry

Branch if R.A.; Regt. if Foot Guards or Infantry

NOT to be filled in by Soldier.

Diagnosis .....

Disposal .....

A.F.W3084

Number D-1322554

Name Tremblay J G

Rank Pte Religion R.C.

Arm Infantry

Branch if R.A.; Regt. if Foot Guards or Infantry

NOT to be filled in by Soldier.

Diagnosis .....

Disposal .....

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

DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

4
ARMY

DECEASED MEMBER'S NAME: Joseph Georges (CHRISTIAN NAMES) TREMBLAY (SURNAME)

REGISTER NO. D-9519

FILE NO. 405-T-5792

PAYEE Mrs. Marie A. TREMBLAY,

ADDRESS 3456 Adam St.,
Montreal (4) P.Q.

DATE 18-5-45

SERVICE NO. D-132254

FINAL RANK OR RATING Pte.

DATE OF TERMINATION OF OVERSEAS SERVICE 19-7-44

DATE OF DISCHARGE 19-7-44

		$	¢
A. TOTAL QUALIFYING SERVICE 660 — NO. OF DAYS 685/30 EQUAL TO 22 COMPLETE PERIODS AT $7.50		165.00	
B. QUALIFYING OVERSEAS SERVICE — No. of Days 300 LESS 25 INELIGIBLE DAYS, EQUAL TO 275 DAYS @ 25c. PER DAY		68.75	
SEE PAR. 2 OVERLEAF FOR EXPLANATION			
		233.75	
C. SUPPLEMENT FOR OVERSEAS SERVICE			
DAILY RATES AT DISCHARGE			
PAY	$ 1.50		
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE	$ 1.25		
ADDITIONAL PAY	$		
	$		
	$		
DEPENDENTS' ALLOWANCE 1/30 OF $ 25.00	$ .83		
TOTAL	$ 3.58 X7 = $ 25.06		
NO. OF DAYS 300/183	X $ 25.06	41.08	
D. WAR SERVICE GRATUITY		274.83	
E. DEDUCTIONS — OVERPAYMENT OF PAY AND ALLOWANCES	$		
DEPENDENTS' ALLOWANCE AND ASSIGNED PAY	$		
OTHER DEDUCTIONS	$		
F. TOTAL AMOUNT PAYABLE		274.83	

RECEIVED
MAY 24 1945
WAR SERVICE GRATUITY DIVISION, ARMY TREASURY

G. YOUR PORTION OF GRATUITY IS— 100%

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

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

△T

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

PREPARED BY	CHECKED BY
KRM	

TREASURY

CHECKED BY	DATE
R. J. Gravel	31.5.45

SERVICE REPRESENTATIVE

DEPARTMENT OF FINANCE
CANADA

Ref. Fifth V.L.

Ottawa, April 19, 1945.

ESTATES BRANCH
APR 20 194
H.Q.
OTTAWA.
NATIONAL DEFENCE

Director of Estates,
Department of National Defence (Army),
Estates Branch,
Ottawa, Ontario.

Re: D.132254 Pte. Joseph George Tremblay (deceased)

With reference to your letter of the 8th ultimo, file 405-T-5792 FD 391, we wish to advise that the Fifth Victory Loan $50.00 bond No. L.7.H 1462805, purchased by the above mentioned, was registered in the name of George Tremblay and mailed to him on July 4, 1944, at 3456 Adam Street, Montreal, Que.

We have no record of further bonds purchased by the deceased.

Father

R.L. Casselman

R. L. Casselman,
Chief Clerk,
Employees Instalment Purchase Plan.

MN/B

405-T-5792

FIELD SERVICE

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

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

REGIMENT OR CORPS } R de Mais ..... Squadron, Troop Battery or Company } .....

Officer's Personal No. (if known) Soldier's Army No. } D-132254 ..... Rank Pte

Surname TREMBLAY ..... Christian Names J.G.

Died { Date 19 Jul 44 ..... Place France

Cause of Death* K/A

Nature and Date of Report A.F.W.3014/69 d. 28 Jul 44

By whom made Cdn Sec GHQ 2 Ech 21 A Gp

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

Burial { Place CAEN (Faub Vaucelles) 025674 ..... Date 24 Jul 44

Close 18th Fld Amb at present

By whom reported C.F.

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

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

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

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

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

Station and Date } England 10 Aug 44 ..... Signature of Officer in charge of Section Adjutant-General's Office at the Base } W Racine Lieut for Officer i/c

Cdn Sec GHQ 2 Ech 21 A Gp

CANADIAN PACIFIC TELEGRAPHS

DAY LETTER [X]

NIGHT LETTER [ ]

CASUALTY (REPORT DELIVERY)

OTTAWA 28 JUILLET 1944

TO:- M GEORGE TREMBLAY
3456 RUE ADAM
MONTREAL QUE

17984 MINISTRE DE LA DEFENSE NATIONALE REGRETTE PROFONDEMENT VOUS INFORMER SOLDAT GEORGES JOSEPH TREMBLAY D132254 OFFICIELLEMENT PORTE TUE AU COMBAT DIX NEUF JUILLET 1944 STOP SI NOUS RECEVONS DES RENSEIGNEMENTS SUPPLEMENTAIRES NOUS VOUS LES TRANSMETTRONS AUSSITOT

le directeur des archives militaires

PREPAID

OFFICER i/c RECORDS

M.F.M. 268
50M-11-42 (7150)
H.Q. 1772-39-1990

Ottawa, le 11 Aout, 1944

Cher monsieur,

C'est avec un profond regret que j'apprends le décès de votre fils, le soldat Joseph Georges TREMBLAY, matricule D-132254, qui a donné sa vie au service de sa patrie en France le 19 juillet 1944.

D'après les renseignements officiels que nous avons reçus, votre fils a été tué au combat contre l'ennemi. Vous pouvez compter que sur réception de détails supplémentaires, nous vous les communiquerons sans délai.

Le Ministre de la Défense nationale et les membres du Conseil de l'Armée me chargent de vous offrir, à vous-même et à votre famille, leurs sincères condoléances dans votre deuil.

Nous rendons hommage au soldat Tremblay pour son vaillant sacrifice.

Votre bien dévoué,

l'adjudant-général,

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

AUG 7 1944

(H.F.G. Letson),
major-général.

M. Georges Tremblay,
3456, rue Adam,
Montréal, Qué.