D132964
MITCHELL
JOHN DAVID

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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 MITCHELL, John David (b) Reg'l. No. D-136064
2. (a) Arm of service Army (b) Unit R.C.A.M.C. #111 Q.A. (c) Rank Gnr
3. (a) Date of birth 1924 Jan 20 (b) Have you any dependents? No (c) Place of residence at time of enlistment Town of Mount-Royal, Que
4. (a) Place of enlistment Montreal South, Quebec. (b) Date of enlistment March 10th 1943.

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 18 yrs old (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 yrs public school 3 yrs high school
7. If you attended a university, give name of university and standing or degree secured no
8. (a) Did you ever enter upon a trade apprenticeship? Yes (b) If so, for what occupation? Machanic (c) Did you finish it? No (d) If you did not finish it, how long did you serve at it? 4 mths
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 Crane Address Terrill, Quebec.
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) "Navy Command"
20. (a) Your specific occupation Machanic helper (Aircraft) (b) Number of years' experience at this occupation with any employer 4 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? No (c) Do you wish to return to your former employment? No

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? Nil
25. (a) Were you born on a farm? No (b) How many years' actual farming experience have you had? Nil (c) In what provinces did you have experience? Nil

Section G—MISCELLANEOUS

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

DATE March 19th 194 5. SIGNATURE J P Mitchell

Pf

Q-46

"O" CARD COMPLETE

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

DEPARTMENT OF NATIONAL DEFENCE
(Army)

Infantry (R)
~~R.C.A.---A/A---N.M.---(HEAVY)~~
Arm or Corps

Trade (if Tradesman or Trade Trainee)

Personnel Selection Record

~~GUNNER~~ NON TRADESMAN.
Work in Arm (if Non-Tradesman)

I. H 132 964 | Pte. | M I T C H E L L, John. | A. | 19 | A
Regt. No. | Rank | Name (surname first) | A or R | Age | Med. Cat.

English. | | Montreal South, Que. | 19 March 43
Main Language | Other Language(s) | Place (Unit) Interviewed | Date Interviewed

II. Revised Examination "M"

M.D.-4 | 15-3-43 | L.Breton, Capt.
Place Tested | Date Tested | By Whom

Total	Group	Subtests 1	2	3	4	5	6	7	8	Subtotals 1–3	4–5	6–8	English or French
136	III	17	16	18	15	15	12	11	32	51	30	55	English.

Other Tests

III. Educational Background

Attended school from 7 to 18 years old. Completed grade 9 in city school repeated 2 grades. Hewas away in England 6 years. Did not pass once as he did now like teacher and found work hard.

IV. Occupational Background

Summer work (1 season) bush and Co. ass't shipper. Continental Can. Co. as machine operator (slitter) 3 months.
Ferry Command as aircraft cleaner 4th. class mechanic's helper, 4 months.

V. Military Background

2 years reserve R.M.R. (M.G.) private. Reported for enlistment in Active Army. 13 march 43.
T.O.S. D.D. 4 19/3/43

VI. Other Personal History and Appraisal

Subject has good youthful appearance; seems alert and interested. He is 5' 11½" weighs 160 lbs. Single. Living at home with parents. Reports normal home, all in good health. Subject has good health.had rheumatic fever last year. Interested in sport, plays rugby, soccer, baseball. Likes music, play piano for his own amusement. He is sociable and likes to go to parties, dances, etc. Says he has friends of both sexes. His hobby is radio, he has not been working on this long, he reads quite a lot about this. He appears to have good average intelligence. He is interested in R.C.A. and should be suitable as gunner.

VII. Recommendations

Infantry (R)
~~R.C.A.---A/A---N.M.---(HEAVY)~~

Rifleman -
~~GUNNER~~ NON TRADESMAN.

(Signed) W. E. Gagnon, Jr.
Army Examiner

M.E.Gagnon, Lt.

M.F.M. 196
100M—8-42 (5847)
H.Q. 1772-39-1916 Y1

See reverse side for further information and follow-up

FURTHER INFORMATION AND FOLLOW-UP

D-132964 Pte. Mitchell, John 19/3/43, 1st Interview.

T.O.S. T.C.41, 1/4/43. No sickness whilst here.
Training: No difficulties so far. Has already passed some T's.O.E.T.
Allocation: Would like to transfer to Infantry,(Toronto Scottish).

Re-allocated to Infantry (R) - Rifleman - Non-Tr.

C.A.(B)T.C. 41,
Huntingdon,Que. - 19/5/43.

(W.Sykes) Capt.- Army Examiner.

Suitable for overseas service.

MAY 16 1943

No. 1 Transit Camp.
Windsor, N. S.

Army Examiner

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
M.G.	R.F. 2ND. BN. R.M.R.	1½	PTE.	1942.	Basic Training.

43 CURRENT SERVICE: Date Enlisted 19.3.43. Place Enlisted MONTREAL SOUTH, QUE.

Date From—to	Country	Corps	Unit and Sub-unit	Rank 44	Principal Duty	Performance
19.3.43 - 26.3.43	CAN.	INF.	#5 O.D.	PTE.	RECRUIT.	
27.3.43 - 26.5.43	"	"	#41 HUNTINGDON	"	BASIC TRNG.	
27.5.43 - 8.8.43	"	"	AIR FARNHAM	"	ADV. " (C)	
9.8.43 - 26.8.43	"	"	# 1 TRANSIT CAMP	"	AWAITING O/S DRAFT.	
27.8.43 -	ENG	"	S.C.I.R.U.	"	REINFT.	

45

COURSES ATTENDED	PLACE	Date: From—to	Qualified as	Rating
UNIV. CARRIER COURSE.	FARNHAM, P.Q.	14.7.43 - 7.8.43	DVR. 1/c (T)	III

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

Civil Convictions — Fines — Hospitalization —

49 Psychiatric ☐ ☐ ☐ ☐ ☐

47 Classification: Military Specialties and Trades

Designation	Degree of Proficiency	Date	Authority
DRIVER 1/c (T)	CLASS III	7.8.43	PAY BOOK.

55 Type of Service Desired (1) Driver 1/c (T) (2) M/c.

Remarks re Outstanding or Limiting Factors		
Deportment	average.	Good attitude + good average ability.
Disposition	Pleasant, agreeable	seems stable + interested. Has M/c
Appearance (grooming)	average.	experience, but is capable of being
Physical appearance	Healthy.	trained. Good appearance but it is
Map Reading	average	somewhat spoiled by poor teeth.
Military Knowledge	average	
Mechanical Knowledge	—	

Reason for Joining Cdn. Army: Adventure.

Attitude to Interview: Antagonistic — Overanxious — Co-operative ✓ — Indifferent —

Tests Indicated: 51 — 52a — 52b — 53 — Other —

48 Suggested Possibilities for employment (1) Driver 1/c (T) (2) Pass M/c.

Interviewed by: T. L. Hoskin capt. Date: 7 Sept '43

Reviewed by: Date:

C.M.H.Q. 1000:115
40/P&S/1246(2609)

D-132964 | MITCHELL | JOHN | DAVID.

Regimental Number | Last Name (Block letters) | First Name | Middle Names

Soldiers Qualification Card

CONFIDENTIAL

Unit ~~5 C.I.R.U.~~ Perth. Rgt → A.T. 61.

2 Nationality: CANADIAN. | By Birth: | By Naturalization: 1928 | Country of Birth: ENGLAND.

3 Father Racial Origin: BRITISH-ENGLISH. Mother: " - "

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

5 Age 19/8. 26.1.24 6 Height 5 ft. 11½ in. 7 Weight 160. 8 Silhouette 1 2 3 4

Eyes 9 Colour of BROWN 10 Acuity ✓ 2 3 10 Glasses ..... 11 Colour Vision 1 2 3 4

12 Hearing: Acuity ✓ 2 3 13 Speech Defects .....

14 Handedness ✓ R L A 15 Med. Category "A"

Cause .....

Attitude to own health Reasonable. To Medical attention .....

Health History Rheumatic 7 ever 1942.

16 Education Level: Illiterate ..... El. ..... ( ) Sec. 9 (18) (Grade completed)

Conduct during school life —

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

19 Post Graduate	Course	From—To	Degree	Year

20 Specialized Training:

1. (Course) .....

At ..... From—To ..... Completed ? .....

21 2. (Course) .....

At ..... From—To ..... Completed ? .....

22 3. (Course) .....

At ..... From—To ..... Completed ? .....

Other trades papers, Diplomas Certificates or Qualifications .....

23 Languages: Spoken fluently ENGLISH.

Written well ..

24 Main occupation: Description AIRCRAFT CLEANER AND 4TH CLASS MECH'S HELPER. Estimate of skill Limited

Duration (from—to) 4 MOS - 1942 - 1943. Weekly Wage $20.

Employer's Name and Address FERRY COMMAND. DORVAL, QUE, CAN.

50 "M" CANADA

Test	Score	S.M.	Test 9 Score
1	17		Sub-total 51.
2	16		S.M.
3	18		
4	15		Sub-total 30.
5	15		S.M.
6	12		Sub-total 55.
7	11		S.M.
8	32		
Tot.	136		Grade C

English ✓ French .....

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 INFANTRY. (C.I.C.)

25 Second Most Important Occupation: Description: MACHINE OPERATOR. (automatic) Estimate of skill Unskilled.

Duration (from—to) 3 MOS - 1942. Weekly Wage $24.

Employer's Name and Address CONTINENTAL CAN. CO. MONTREAL, QUE, CAN.

26 Third Most Important Occupation: ASS'T SNIPPER. Estimate of skill Unskilled.

Duration (from—to) 1 MO. 1940. Weekly Wage $20.

Employer's Name and Address W. J. BUSH. MONTREAL, QUE, CAN.

Trade Union or Professional Society —

Vehicles: 27 Heavy Truck — 28 Light Truck — 29 Auto W 30 Motorcycle —

31 Farm Tractor — 32 Tracked Vehicle W. 33 Power Launch — 34 Aeroplane —

35 Accident Prone — Teamster D (HORSES)

Farming Experience: Wide ..... Limited ..... None ✓

District ..... Type .....

Job promised after discharge? NO By whom? Name —

Job — Address: —

Other provision for post-discharge occupation —

Type of work desired AIRCRAFT WORK.

Occupational history: Ambitious ..... Stable ✓ Accidental ..... Erratic .....

36 Marital Status: M ..... S ✓ W ..... D ..... Sep. .....

Marital Problems .....

Wife's or Husband's Age ..... Attitude to Service ..... Health .....

37 No. of Children ..... 38 No. of Dependents —

Relationship of Dependents —

No. of Brothers — No. of Sisters 1. Position in family 2.

Status of home in childhood —

Religious Denomination C.O.F.E.

39 Hobbies: Photography M ..... S ..... Radio ..... Engines .....

Mechanics ..... Other —

40 Sports: (1) FISHING. (2) SKATING (3) SWIMMING.

Team Games and Position (1) HOCKEY (DEFENCE)

(2) FOOT BALL (HALF) (3) BASEBALL (1ST)

41 Ability to Entertain: Music: String — Brass .....

Woodwind ..... Percussion — Piano ..... Vocal .....

Theatrical ..... Other —

FOR COMPLETION AND RETURN BY [redacted]

Form P. 64

Mr. Arthur Mitchell,
428 - Walpole Ave.,
Town of Mount Royal,
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-M-43,098 FD365

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

11 January 1945

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

MITCHELL, John David Private

D-132964 Can. Army O/S

ESTATES BRANCH JAN 27 1945 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.

EDM/EK

E.D. Murray Capt.
Director of Estates.

M.F.W. 77
16M-10-44 (5854)
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.....		not married		
2	Children of the Deceased and dates of their Births.....		none		
3	Father of the Deceased.....		Arthur Stanley Mitchell	52	428, Walpole Avenue Town of Mount Royal Montreal 16. P.Q
4	Mother of the Deceased.....		Muriel Mitchell	45	428, Walpole avenue Town of Mount Royal Montreal 16. P.Q
5	Brothers of the Deceased	Full Blood	none		
		Half Blood	none		
6	Sisters of the Deceased	Full Blood	Patricia Joyce Mitchell	22	428, Walpole Avenue Town of Mount Royal Montreal 16. P.Q
		Half Blood	none		
7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, *who are dead*, and date of death of each.		Names and ages of their children (if any)		Address of their children
	none				

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	John David Mitchell
9	Date of his birth.	26th January 1926
10	Place and date of his marriage.	—
11	Place and date of his parents' marriage.	London England 1st June 1921

PARTICULARS OF DOMICILE

12	Place where deceased was born.	London England
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Quebec (b) 15 years (c) (d)
14	Nature of employment before enlistment.	R.A.F. Transport Command Dound testing batteries
15	State whether he owned the premises in which he lived, and, if so, where situated.	did not own premises in which he lived
16	Name place where deceased stated he intended to make his permanent home.	unknown

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?	not married
19	Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc., and the amount on deposit. Do you wish it administered with the pay account?	no
20	Amount of War Savings Certificates held by deceased. Indicate where located.	none
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	none
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	no
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	see over

OTHER PARTICULARS

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

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

(PLEASE TURN OVER)

DECLARATION

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

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

*Father of the deceased.

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

Arthur Stanley Mitchell — Signature of Informant

428, Walpole Avenue Town of Mount Royal Montreal 16 P.Q. — Address

CERTIFICATE

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

See above. Mitchell {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 26th day of January 1944

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

EDOUARD A. SHANAHAN
Commissioner Superior Court
District of Montreal

Address

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

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

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

There is the sum of $17.56/100 rebate for income tax deducted from the wages of my son while he was working at the R.A.F Transport command for the period from 1st January 1943 to 18th March 1943. I claimed for this on 30th April 1944. but has not yet been repaid.

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

Cat A

~~ORIGINAL~~
DUPLICATE
~~TRIPLICATE~~

E

OCCUPATIONAL HISTORY FORM COMPLETED

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

WSG COMPLETED

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

Unit ~~R.C.A.A.(ANM~~ Regimental Number D-132964

N.T.

ACTIVE FORMATIONS AND UNITS OF THE CANADIAN ARMY

ATTESTATION PAPER

FINGERPRINTED PHOTOGRAPHED

1. Surname: MITCHELL
2. Christian Names: John David
3. Present address: 428 Walpole Ave., Town of Mount Royal Que., Canada
4. Date of birth: 26 January 1924
5. Place of birth: England (Country) / (County or Province) / London (Town or Township)
6. Citizenship: Canada (Of What Country are You Now a Citizen)
7. Religion (state denomination): Church of England
8. Trade or Calling: Mechanic (Airxraft)
9. Married, Widower or Single: Single
10. Name of next of kin: Mr Arthur MITCHELL
11. Relationship: Father
12. Address of next of kin: 428 Walpole Ave., Town of Mount Royal Que., Canada
13. Do you belong to, or have you served in a Reserve Formation or Unit of The Canadian Army? Yes
    No. D-526937 2nd Bn RMR., (MG) RF., from Januar y 1941 to October 1942.
    (If Yes, Give Unit and Dates of Service)
14. Have you served in (*a*) an Active Formation or Unit of The Canadian Army? No
    (Yes or No)
    (If Yes, Give Regimental No. and Unit) (*b*) Any other Naval, Military, or Air Force? No
    (Yes or No) (If Yes, specify Unit and Period of Service)
15. Did you serve during the Great War 1914-1918? No
    (If Yes, specify Regimental No., Unit and Dates of Service)

DECLARATION TO BE MADE BY MAN ON ATTESTATION

I, John Mitchell, 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 19-March-43 J. D. Mitchell (Signature of recruit)

OATH TO BE TAKEN BY MAN ON ATTESTATION

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

Witness ..... (Name) ..... (Rank) J. D. Mitchell (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 QUE. this 19th day of March 19 43

NO. 4-DISTRICT DEPOT A.F.

Signature of Magistrate, Justice or Attesting Officer.

Lt Adj 6

Officer or Rank and Unit or appointment.

~~Special Recruiting Officer~~

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

5505

Record of Service of MITCHELL (Surname) JOHN David (Christian Names) Regimental Number D-132964

QUALIFICATIONS

Military: NIL
Business or Professional: NIL
Trade or Civil: MECHANIC
Technical: NIL
Languages: ENGLISH

EDUCATIONAL QUALIFICATIONS

High School or Collegiate: 2 Yrs. (years completed)
Graduation or Matriculation: Nil (specify)
*College: Nil
*University: Nil
7 Yrs. Public School
*(Name of institution, courses or years completed, and degrees obtained to be shown)

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

Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., from date taken on Strength of Field Force	Rank Shown	Effective Date	Unit	Place	Authority: Part II D.O. No. Cas. List, etc.	Authority: Dated
20 Joined on appointment ~~19~~-3-43 DRO TOS NO 4 DISTRICT DEPOT CA	GNR~~PTE~~.	19-3-43	4DD	MTL STH	4DD PTII ~~47~~ 68	20 ~~19~~-3-43
SOS on trans to CA(B)TC #41 Huntingdon Que	Gnr	1 Apr 43	"	" "	" " 78	1 Apr 43
TOS ON TRANSFER FROM 4DD		PTE 2 APR 43		TC 41 HTINGDON,	PT II - 78 A	6-APR-43
2-6-43 SOS on transfer to A-12 Farnham Que	"	2-6-43 xTEXAX	TC 41	" "	" " " 130 A	2-6-43
To SOS on temp att on repo from CA(B)TC #41 Huntingdon	"	3-6-43	A-12	FARNHAM	A-128	3-6-43.
Awarded 3 days' confinement to barracks for "AWL" from 2230 hrs." 19-7-43 to 1045 hrs. 20-7-43 Total forfeiture One day's pay.		20-7-43	"	"	A-170	22-7-43
Spec leave from 6-8-43 to 10-8-43 incl with 50¢ per diem T.". A-471301	"	6-8-43	"	"	A-186	10-8-43
Granted daily rates of pay of $1.40 per diem.	"	19-7-43	"	"	A-186	10-8-43
Re-allocated to Inf.(R)	"	11-8-43	"	"	A-187	11-8-43
S.O.S. TO SERIAL 3850	"	15-8-43	"	"	A-191	16-8-43
#1 TRANSIT CAMP		16 8 43	#1 TRANSIT	WINDSOR, N.S.	210	17 8 43
SOS NO 1 TRANSIT CAMP		26 8 43	#1 TRANSIT	WINDSOR, N.S.	220	27 8 43

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

CER

Name in full MITCHELL

Part 1. Information obta

1. Age 19 2. Have y
a. Rheumatism Rheumati
b. Tuberculosis or pleurisy
c. Bronchitis or asthma
d. Heart disease
e. Kidney or bladder disease
f. Stomach or bowel trouble
g. Rupture no
h. Varicose veins no
i. Foot trouble
j. Nasal trouble

I hereby declare tha

Part 2. Information obta

Medical Officer's Remarks on info
M No heart sign

1. Identification marks or scars
2. Height 5 feet 1
4. Complexion Med. Ey
Ha
6. Chest measurement—Girth or
7. Vision, right 20/
With Glasses— right
9. Condition of mouth and teeth
10. Blood Pressure:— S
11. Urinalysis
12. The abnormalities (congenital
COLOR VISION ISH
Reflexes eyes no
" Knee ar
13. Chest X-Ray No

Part 3. We, the examiners, reported in the remarks. We hav and Instructions for the medical e

Special remarks when category lov

H. AUBREY MAJOR

Date 13 March 1943.

VACCINATIONS, I

Date	Brief details
MAR 20 '43	T.A.B. T.IC
MAR 20 '43	VACCINATI
APR 16 '43	T.A.B. V.2
MAY 7 '43	T.A.B.T. 3
MAY 27 '43	T.A.B.T. 3
22-6-43	Revaccinated

NOTE: Any corrections to entries m
rank and corps. Correction

CERTIFICATE OF MEDICAL EXAMINATION

Name in full MITCHELL JOHN David Place Mtl. Date of Medical Examination 13 March 1943

Part 1. Information obtained from the recruit.

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

a. Rheumatism Rheumatic fever yes
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

J B Mitchell

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

Signature of Applicant

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

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

M No heart sign at present.

1. Identification marks or scars 1 vac. left arm - Birthmark on right thigh.
2. Height 5 feet 11½ inches. 3. Weight 156 pounds.
4. Complexion Med. Eyes Brown Hair Brown 5. Development Good (Good / Fair / Poor)
6. Chest measurement—Girth on full expansion 39½ inches. Range of expansion 3½ inches.
7. Vision, right 20/20 left 20/20
With Glasses— right left 8. Hearing, right cv 20 left cv 20
9. Condition of mouth and teeth fair
10. Blood Pressure:— S. D. (Required if recruit is over 35 years of age, or if otherwise indicated)
11. Urinalysis N
12. The abnormalities (congenital and pathological) found on examination are as follows:—
COLOR VISION ISHIHARA (CN) EARS NOSE THROAT NEGATIVE.
Reflexes eyes normal DR. JEAN LAPOINTE.
" Knee ankle jerks absent.
13. Chest X-Ray N No. 17/6927 Laboratory at which taken D.P. & N.H., Mtl.

Part 3. We, the examiners, find no evidence of the diseases mentioned in question 2, Part 1, exccpt 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 rank — President
J. Jean Desrosiers rank — Member
G. Garon rank — Member

H. AUBRY MAJOR — ST. JEAN DESROSIERS M.D. — G. GARON M.D.

Date 13 March 1943.

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature
MAR 20 '43	TAB. T ICC P Cion capt.		
MAR 20 '43	VACCINATION C C		
APR 16 '43	T.A.B.T. 2 Allen Capt.		
MAY 7 '43	T.A.B.T. 3 Allen Capt		
MAY 27 '43	Category reviewed & Adv Lead		
12-8-43	Recheck Cat. A Astroffmajor		

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

A-187 11-8-43 " "
A-191 16-8-43 " "
11-8-43 " "
15-8-43 " "

TRANSIT WINDSOR, N.S. 2 10 1 7 8 '43
#1 TRANSIT WINDSOR, N.S. 2 20 2 7 8 '43
1 6 8 '43 #1 TRANSIT CAMP
For additional entries use M.F.M. 1 and 2
SOS. NO 1 TRANSIT CAMP
S.O.S. TO SERIAL 3850
#1 TRANSIT CAMP
Re allocated to Inf. (R)

Regtl. No. D-132964 Rank GNR. Surname MITCHELL Christian Name JOHN DAVID

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

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

Statement of the Service of No. 0132964 Rank Gnr. Sheet No.

Name Mitchell John David

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
		S.O.S. C.A.(A.F.) CANADA ON						
		EMBARKATION ON Aug 26 43						
		T.O.S. C.A.(A.F.) OVERSEAS ON						
		TRANSFER ON Aug 27 43						
		AND DISEMBARKED ON 1 Sept 43						
		T.O.S. — 5 C.I.R.U.						
	5 C.I.R.U.		Gnr.	2-9-43	5 C.I.R.U.	U.K.	157 4 Sept	43
		Granted daily Regtl pay $1.50	Pte	1 Oct 43	5 C.I.R.U.	U.K.	189	11 Oct 43
SOS		SOS to Hot Dog pay $1.50	Pte	25 Oct 43	5 C.I.R.U.	U.K.	202	26 Oct 43
		S.O.S. C.A. (U.K.) on embarkation 26 Oct 43						
(cgs)		T.O.S. C.A. (M) 27 Oct 43	Pte		x HPER	NA	33 A	16 Nov 43
		Disembarked 8 Nov 43						
(cgs) SOS		SOS to Perth R x 4 (4 Bn)	Pte	7 Jan 44	x HPER	CMF	7A	22 Jan 44
	TOS	TOS x 4 list from x 4 HPER.	Pte	8 Jan 44	Perth R x 4	CMF.	6.	26 Jan 44.
SOS								
	T.O.S.	T.O.S. from x 4 list - P.R. (4 Bn)	Pte.	20 Jan 44.	P.R.	N.A.	5	25 Jan 44
SOS		SOS to x 3 list Perth Regt	Pte	28 Jan 44	Perth Regt	NA	15	29 Feb 44.
	TOS	Adm to 15 C F H		3 Jan 44			C14 59	17 Jan 44

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

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

Name.....

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
	✓	Adm 1 C S H		30 Jan 44			C	
	✓	Disch 1 C S H		25 Feb 44			C	
Ob	✓	Disch 15 Gen.	Pte	23 July 44	Perth R	C 1501		6 Sept 44
ex SOS	✓	SOS XY hist (4 Bn) to Perth R	Pte	19 Sept 44	X hist Perth R	AA1	96	26 Sept 44
M166	✓ TOS	TOS from X4 dist Perth R.	Pte	20 Sep 44	Perth R.	AA1	70	25 Sep 44
	✓ ex	AWARDED THE CANADIAN VOLUNTEER SERVICE MEDAL AND CLASP	Pte	19 Sept 44	Perth R	AA1	84	25 Nov 44
		KILLED 8 DEC 44						
		Killed	Pte.	8 Dec 44.	Perth R.	C.L.	A 525.	21 Dec 44.
SOS.		SOS. Killed in action	Pte.	8 Dec 44	Perth Rgt.	AA1	89.	22 Dec 44

SERVICE AND CASUALTY FORM

PART I (For all ranks)

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

Unit R.C.A. A/AMM Regimental Number D-132964

		(17) Regiment or Corps	Unit (Battn., etc.)
1. Surname	MITCHELL		
2. Christian Names	JOHN David	The Perth Regt. Can. Inf. Corps	Perth Regt
3. *Substantive Rank and Appointment			
*Acting Temporary or Local Rank	pte		
giving date			

*To be entered in pencil to facilitate alteration.

		(18) Medical		
		Category	Date	Authority
4. Place of birth	LONDON ENGLAND			
5. Date of birth as declared on attestation (A)	26-1-24			
6. Date of enlistment	19-3-43	CAT "A"	13-3-43	M.F.M.2
7. Place of enlistment	MONTREAL SOUTH QUE CAN	A	12.8.43.	
8. Residence at time of enlistment	428 Walpole Ave. Mount-Royal Town, Que.			
9. (B) Special conditions (if any) of enlistment or rate of pay				
10. (C) Any subsequent variations of conditions of service				
11. Religion	CHURCH OF ENGLAND			
12. If married, state date	Single			
13. Trade on enlistment	Mechanic			
14. Corps, trade and grade				
15. (D) Qualifications				
16. (E) Miscellaneous entries				

(19) Next of kin (entries to be made in pencil)

(father)
Wm Arthur Mitchell
428 Walpole Ave
Town of Mount Royal Que

(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
			Non tradesman				
			Daily Rate of 1.40		19.7.43	Pte	
			S.O.S. C.A.(A.F.) CANADA ON				
			EMBARKATION ON 26 AUG 43.				
			T.O.S. C.A.(A.F.) OVERSEAS ON				
			TRANSFER ON 27 AUG 43.				
			AND DISEMBARKED ON 1 SEP 43.				
			T.O.S. — 5 C.I.R.U.	U.K.	2/9/43	Pte.	157 4 Sep 43.
		5 CIRU	Daily Rates of 1.50	UK	1 Oct 43	Pte	189 11 Oct 43
	SOS	5 CIRU	To Hot Dog	UK	25 Oct 43	PTE	202 26 Oct 43.
			SOS CA UK ON EMBARKATION ON 27 Oct 43 TOS CA M ON 28 Oct 43 AND DISEMBARKED		8 Nov 43		33A/43
							Perth
x 4		H&PE	SOS to Perth Regt (4 Bn)	Field	7 Jan 44	Pte	7A/44
	4 Bn	Perth	TOS from H&PE (1 Bn)	M	8 Jan 44	Pte	6/44
	4 Bn	Perth	SOS to Perth R	M	19 Jan 44	Pte	6/44
17 Jan 44	1 Dev Rfts	Gen 1	TOS from ~~[illegible]~~ x-4 List Perth R (4 Bn)	Field	20 Jan 44	pte	5 - Jan 44
	OC	Perth	SOS to x-3 List Perth R	Field	28 Jan 44	pte	15 - Feb 44
	x3	Perth	TOS from Perth R	M	29 Jan 44	Pte	14/44
	x3	Perth	adm 24 CFA	M	28 Jan 44	Pte	13/44
	x-3	Perth	adm 4 CCS	M	29 Jan 44	Pte	13/44
	x-3	Perth	adm 1 Gen Hosp	M	30 Jan 44	Pte	13/44
	x-3	Perth	Posted to x-4 List (4 Bn)	M	15 Mar 44	Pte	x - 21/44
29 Mar 44	4 Bn	Perth	Posted to x-4 List (3 Bn)	M	29 Mar 44	Pte	x - 26/44
5 Apr 44	x-4 (3 Bn)	Perth	Posted to x-3 List	M	31 Mar 44	Pte	x - 27/44
11 May 44	x-3 List	Perth	Posted to x-4 List (3 Bn)	M	10 May 44	Pte	x - 39/44
4 Jun 44	x-4 (3 Bn)	Perth	Posted to x-3 List	M	3 Jun 44	Pte	x - 50/44
8 Sep 44	3 Bn x-3	Perth	Posted to x-4 List (3 Bn)	M	6 Sep 44	pte	x - 89/44
8 Sep 44	3 Bn x-4	Perth	Posted to x-4 List (4 Bn)	M	7 Sep 44	pte	x - 89/44
19 Sep 44	4 Bn x-4	Perth	SOS to Perth R	M	19 Sep 44	pte	x - 96/44
16 Sep 44	5CD/178	Perth	TOS from X-4 (4 Bn) Perth	M	20 Sep 44	Pte	70 - Sep 44.
26 Oct 44	OC	Perth	Awded C V S M & C	M	19 Sep 44	pte	84 - Nov 44.
18 Dec 44	1 AFW 3014	Ser 447 P30	SOS killed in action	M	8 Dec 44	pte	89 - Dec 44

M.F.M. 5
250M—7-42 (5227)
H.Q. 1772-39-1651

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

INSTRUCTIONS.

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

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

(*c*) Upon completion, the form will, in the case of Army personnel, be forwarded to the District Records Officer for transmission to Officer i/c Records (Army) N.D.H.Q., Ottawa. In the case of R.C.A.F. personnel the form will be forwarded to R.C.A.F. Records Officer, Dept. of National Defence for Air, Ottawa.

---

(1) Name of Officer or Other Rank MITCHELL
(Surname first—Christian names in full—Block capitals)
John David

(2) Regimental or Official Number and Rank D-132964 Gnr

(3) Unit R.C.A. A/AM 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? no

If so, state her full name and Postal Address nil

(11) Is your father alive? Yes

If so, state name and address, occupation Mr. Arthur MITCHELL - Mathematician

428 Walpole Ave., Town of Mount-Royal, Quebec Canada.

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

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

nil

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

(14) Is your mother alive? Yes

If so, state name and address Mrs. Muriel MITCHELL (DODWELL)

428 Walpole Ave., Town of Mount-Royal, Quebec, Canada.

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

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

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

(17) Are you contributing to the support of any dependents, other than those shown above? 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:—

nil

Relationship

Full Name

Postal Address

Amount contributed monthly during the past six months

No

(18) Are you insured?

If so, in what Company? nil

(Give number of policy)

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

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

J. Mitchell
(Signature of officer or man)

Date March 19th 1943.

H. H. Eastwood 2/Lt.
Officer Commanding

Date March 19th 1943.

NO. 4 DISTRICT DEPOT A.F.

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

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

WILL

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

(1) I, John David MITCHELL, of the town
(Name in Full) (City, Town, Village, Township)

Address in civil life.

of Mount-Royal, in the County District of Jacques Cartier

Province of Quebec, Mechanic (Aircraft)
(Civil Occupation)

Regimental No. D-132964, Unit R.C.A. A/ANM 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. Muriel MITCHELL(Dodwell)
Residing at: 428 Walpole Ave., Town of Mount-Royal, Quebec, Canada.

All my estate both real and personal.

J.F.M.

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

J.F.M.

(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 19th day of March 1943.

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.

J.F. Mitchell
(Signature of soldier)

First witness sign here.

(5) Signature Vera Tonakino
Civil Address 5700-19th Ave Rem't montreal
Civil Occupation Clerk

Second witness sign here.

Signature V. Dugas
Civil Address 7108 Hermaville Montreal
Civil Occupation Clerk.

(Witnesses are not to be beneficiaries.)

[OVER]

In lieu of CFA 187

196

CANADIAN MILITARY HEADQUARTERS

ESTATES BRANCH

INVENTORY
Of personal effects received by Casualty
Section No. 1 C.K.S.D.

No RANK & NAME... D-132964 Pte. Mitchell J.D. ..... Dec'd

RECEIVED FROM.... G.H.Q. Cdn. Section 2nd. Ech AAI
M-16018 Pte. Murdoch W.J.

CHECKED BY..... B-73775 Pte. Todd F.A. ....DATE.... 31 Jan 45 .....

1	Booklet "This Army"	
1	New Testament	
1	Metal Cig Case	
1	Quartz Souvenir	
1	German Belt	
	Snapshots	
1	Red "I" Disc.	
1	Prayer Book	
1	Autograph Book	
1	Souvenir Italian Coin	
3	(BR) Postal Orders Total Value	1-5-0 to Offr. I/C Estates

ORIGINAL) To Officer i/c Estates with
Duplicate) original inventory, if any.

Triplicate — with effects

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

CFA 187
40/P & S/2180 (4066)

CANADIAN MILITARY HEADQUARTERS

ESTATES BRANCH
INVENTORY

196

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

No., RANK and NAME ..... D-132964 Pte. Mitchell J.D. ..... Dec'd

RECEIVED FROM ..... G.H.Q. Cdn. Section 2nd. Ech AA .I.

CHECKED BY ..... M-16018 Pte. Murdoch W.J.
B-73775 Pte. Todd F.A. ..... DATE ..... 29 Jan 45

1	Five Year Diary		
	Letters		
1	Address Book		
1	New Testament		
5	Snapshots		
2	Photos in Folders		
3	Postcards		

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

TRIPLICATE — with effects.

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

FORM CAS. 8—25M-8-44 (5381) H.Q. 54-27-70-2 VOL. 18

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

DEATH

NUMBER D-132964 RANK Pte. SERVICE UNIT

NAME MITCHELL John David

DATE OF BIRTH 26-1-24 OCCUPATION Aircraft Mechanic

MARITAL STATUS PRESENT SINGLE MARITAL STATUS ON ENLISTMENT SINGLE

DATE OF ENLISTMENT 19-3-43

NEXT OF KIN ADDRESS Mr. Arthur Mitchell, 428 Walpole Ave., Town of Mount Royal, Montreal, P.Q.

ADDRESS ON ENLISTMENT Town of Mount Royal, Montreal, P.Q.

AUTHORITY CAS. SIG. NO. 4562A HQ; 405-M-43098

CASUALTY DETAILS Killed in action

DATE 8-12-44

EL/

DIRECTOR OF RECORDS
N.D.H.Q.

3

DISTRIBUTION

COPY 3 C.R. FILE COPY (1 TO COMMISSIONER OF INCOME TAX, 2 TO DEPT. OF LABOUR)

Δ-T

CANADIAN MILITARY HEADQUARTERS No 20341

RECORDS OFFICE

H

C A S U A L T Y R E P O R T

NAME (in full) MITCHELL, John David

NO. D-132964 RANK PTE UNIT PERTH REGT.

HOSPITAL (U.K. only) in which death took place, if applicable ---

R.U. (U.K. only) to which posted on admission to Hospital ---

CASUALTY KILLED DATE 8 DEC 44 LIST# A 525 PLACE AAI

If P.O.W. or INTERNED, NUMBER & ADDRESS ---

PREVIOUSLY REPORTED --- DATE ---

(L.S.) APPLEFORD) Major
OIC - R.5 WING.CAS.SECT

NEXT OF KIN

1. CANADA or U.S.A. - YES/~~NO~~ (If NO, Complete #2)
2. NAME (In full) ---

   RELATIONSHIP --- ADDRESS ---

   ---

3. ANY RELATIVES IN U.K. from M.F.M. 5 or any other source, including children born Overseas. If NONE so state ---

   ---

   Date of Marriage, if known ---

WILL, EFFECTS, ETC.

1. NO WILL HERE (or) WILL HEREWITH DATED --- BENEFICIARY ---
   (Relationship)

   --- EXECUTOR ---
   (Name) (Address)
2. BANK ACCOUNT - NAME OF BANK, etc --- A/C NO ---

   ADDRESS ---
3. KIT PRIVATELY STORED - NAME OF CUSTODIAN ---
4. Particulars of DEBTS, Remarks, etc. ---

Date JAN 1-1945

Lt Bignell Lt.

ORIGINAL - With WILL, if any tp
OIC ESTATES, C.M.H.Q.

(B.E. WILLIAN) Capt.
OIC - R.3 WING NON-EFFECTIVES
for Officer i/c Records
CANADIAN MILITARY HEADQUARTERS

DUPLICATE - To File

405-M-43098

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not write in this space

E	Municipal county: IN THE FIELD (ITALY)	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
TH	Street	No.	Hospital or Institution

TH AY	(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

E

Surname: MITCHELL (Block letters)

Given names: John David

Walpole Avenue No. 428

name of municipality or township: Town of Mount Royal

RES Municipal county: Province: Quebec

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

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

10. BIRTHPLACE (Province or Country): England

11. DATE OF BIRTH: January (Month) 26th (Day) 1924 (Year)

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

OCCUPATION

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

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	Mitchell Arthur	
MOTHER (Maiden Name)		

19. Place of burial, cremation or removal: Italy

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

21. PLACE OF REGISTRATION OF THIS BURIAL

(a) Name of parish or church

(b) Civil municipality of

(c) Municipal county

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

Do not write in this space

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: December (Month) 8th (Day) 1944 (Year)

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

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

24. CAUSE OF DEATH

I

Immediate cause Give disease, injury or complication which caused death, **not** the mode of dying, such as heart failure, asphyxia, asthenia, etc.

(a) Killed in action

due to

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

(b)

due to

(c)

II

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

III If a communicable disease is mentioned on this certificate, give

(a) Date of appearance ... 19...

(b) Duration of disease ... days

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

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

State findings ... Was there an autopsy?

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

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

Manner of injury ... (How sustained)

Nature of injury

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

OVERSEAS CASUALTY CANADIAN ARMY P.A.

OCT 8 1944

Signed ... M.D.

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

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

[signature] C.S.

Director of Deptrds.

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.

Dept. of National Defence

(Voir l'autre côté pour le francais)

405-M-43098

EEB

RECORDS OFFICE OVERSEAS.

CANADIAN MILITARY HEADQUARTERS.

GRAVES REGISTRATION CARD.

NAME MITCHELL, John David.

RANK Pte.

UNIT Perth Regt. AAI.

PLACE & DATE OF BIRTH London, England. 26 Jan 1924.

REGTL NO D-132964

NEXT OF KIN & ADDRESS Father.
Mr Arthur MITCHELL
428 Walpole Ave., Town of Mount Royal
Quebec, Canada.

PARTICULARS OF HOSPITALIISATION.

DATE OF ADMISSION

NAME & LOCATION OF HOSPITAL

DIAGNOSIS

PARTICULARS OF DEATH

DATE OF DEATH 8 Dec 44.

PLACE OF DEATH ITALY

HRS

CAUSE OF DEATH KILLED IN ACTION.

PARTICULARS OF BURIAL

DATE OF BURIAL 9 December 44

CEMETERY ITALY 1/25,000 SH 89/3 N.E.
MR 475398

PLOT NO ROW NO GRAVE NO 3

DEATH CERTIFICATE NO

DATE OF REGN OF DEATH CERT

RELIGION C. of E.

DATE 20 October 1945

M. BLUTEAU (CAPT)
for Officer i/c Records,
CANADIAN MILITARY HEADQUARTERS.

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

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

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

District.....

Dispersal Area.....

Regtl No. D132964 Rank and Name MITCHELL. J.D. Pte.

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

(~~Transfer~~ or Discharge).....on 8th.December 1944.

Reason Death Authority: C.C.L."A" 525 d/21st Dec.44.

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

Particulars	Dr Amount		Particulars	Cr Amount	
Balance Dr from last account			Balance Cr from last account	6	18
First Monthly Payment			Regimental Pay 31 days at $ 1.50	46	50
Casual Payments			Tradesmen's Pay .....days at .....$		
Payments on Transfer or Discharge			Additional Pay (Give particulars) ....days at .....$		
Assigned Pay	20	00			
Regimental Charges			Allowances (Give particulars) .....days at .....$		
Public Stoppages (Give particulars):					
			Cash Credit OR#141884 ≠	2	24
			Cash Credit OR#142510 x	3	35
To Balance Cr Free	38	27			
To Balance Cr Deferred			By Balance Dr		
Total	58	27	Total	58	27

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

Remarks:

Assnd Pay $20.00 (M) Stopped eff Jan.1945.

Assnd Pay $8.40 (7th V.L.)Cancelled eff Nov:1944.

≠ B.P.O. No. L.1./59 767074 for 10/-

x B.P.O's L.1/53. 472075 for 10/-

F.3/33 264108 for 5/-

Compiled by C.A. Brown.

Checked by .....

Date 18th.June.1945.19.....

Certified correct .....
for Chief Treasury Officer, Overseas

MW

MII

Estates Form "P. 4"

DISTRIBUTION OF SERVICE ESTATES

ARMY

Name MITCHELL, John D. No. D-132964
Surname Christian Names

Pte. C.A. O/S 8-12-44
Rank Unit Date of Death

AMOUNT

W.S.G. $ 324.44
L.P.C. $ 38.27

Date 25-2-46

Other Credits.....

Total..... 362.71

Prev.dist. 38.27
This dist. 324.44

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Mother	Mrs. Muriel Mitchell, 428 Walpole Ave., Mount Royal, Montreal 16, P.Q. (Sole beneficiary per will)	324.44

P4 TO TREAS.

MAR 13 1946

WSG

AUTHORITY

H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	$324.44

CLASSIFIED BY

EXAMINED BY

For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

T.J.K.G.

(L. M. Firth) Colonel
Director of Estates

AUDITED FOR PAYMENT

For Chief Treasury Officer

30M—1-46 (8630)
H.Q. 1772-45-27

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

WS 11.606 2
8971

DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE — ARMY

STATEMENT OF WAR SERVICE GRATUITY

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

PAYEE Mrs. Director of Estates

ADDRESS

REGISTER NO. D-16485
FILE NO. 405-M-43098
DATE 8-1-46
SERVICE NO. D-132964
FINAL RANK OR RATING Pte.
DATE OF DISCHARGE 8-12-44

DATE OF TERMINATION OF OVERSEAS SERVICE 8-12-44

	$	¢
A. TOTAL QUALIFYING SERVICE — NO. OF DAYS 630/30 EQUAL TO 21 COMPLETE PERIODS AT $7.50	157.50	
B. QUALIFYING OVERSEAS SERVICE — No. OF DAYS 470 LESS INELIGIBLE DAYS, EQUAL TO ___ DAYS @ 25c. PER DAY (SEE PAR. 2 OVERLEAF FOR EXPLANATION)	117.50	
	275.00	

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 $ ___	$	
TOTAL	$ 2.75 X7 = $ 19.25	
NO. OF DAYS 470/183	X $ 19.25	49.44

D. WAR SERVICE GRATUITY — 324.44

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

F. TOTAL AMOUNT PAYABLE — 324.44

G. YOUR PORTION OF GRATUITY IS— 100%

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

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

ΔT

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

PREPARED BY	CHECKED BY
KRM	

TREASURY

CHECKED BY	DATE
A. Carberry	14/1/46

SERVICE REPRESENTATIVE

ESTATES BRANCH JAN 22 1946 H.Q. OTTAWA NATIONAL DEFENCE

M.F.M. 267
50M-4-44 (4185)
H.Q. 1772-39-1989

CANADIAN NATIONAL TELEGRAPHS

DAY LETTER ☐

NIGHT LETTER ☐

EL/ 405-M-43098

CASUALTY (REPORT DELIVERY)

OTTAWA 18 DECEMBER 1944

TO:- MR ARTHUR MITCHELL
428 WALPOLE AVE
TOWN OF MOUNT ROYAL
MONTREAL P Q

23054 MINISTER OF NATIONAL DEFENCE DEEPLY REGRETS TO INFORM YOU THAT D132964 PTE JOHN DAVID ~~MIX~~ MITCHELL HAS BEEN OFFICIALLY REPORTED KILLED IN ACTION EIGHTH DECEMBER 1944 STOP IF ANY FURTHER INFORMATION BECOMES AVAILABLE IT WILL BE FORWARDED AS SOON AS RECEIVED STOP TO PREVENT POSSIBLE AID TO OUR ENEMIES DO NOT DIVULGE DATE OF CASUALTY OR NAME OF UNIT

PREPAID

DIRECTOR OF RECORDS

4

29th December, 1944.

Mr. Arthur Mitchell,
428 Walpole Avenue,
Town of Mount Royal,
Montreal, Quebec.

Dear Mr. Mitchell:

It was with deep regret that I learned of the death of your son, D132964 Private John David Mitchell, who gave his life in the Service of his Country in the Mediterranean Theatre of War on the 8th day of December, 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,

A. E. WALFORD
Major-General
Adjutant-General

DEC 28 19[illegible]

(A.E. Walford),
Major-General,
Adjutant-General.

7

mem x- mother
5-1-45

/IAP

H.Q. 405-M-43098
(D.R. 2(C))

23rd August, 1946.

Mr. Arthur Mitchell,
428 Walpole Avenue,
Town of Mount Royal,
Montreal, Quebec.

Dear Sir:

Information has just been received from overseas that the remains of your son, D132964 Private John David Mitchell, have been carefully exhumed from the original place of interment and reverantly reburied in grave 18, row G, plot 6, of Ravenna British Empire Cemetery, five miles West of Ravenna, Italy. 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.

/EMA