

D136984
LOGAN
NELSON

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#1 boy no 1

ATTESTATION

NON-PERMANENT ACTIVE MILITIA OF CANADA

2nd. BATT'N. ROYAL MONTREAL REGT.

UNIT.....

REGTL. No. D527382

1. Surname? (Block letters)..... LOGAN L-250

2. Christian names?..... NELSON

3. Present address?..... 447 Prince Albert Ave.

Phone No.....

4. Date of Birth?..... June 29, 1924

5. British subject?..... Yes (2Fawicki.)

6. Occupation?..... Student

7. Religion?..... Presbyterian

8. Next of Kin..... Wallace Logan

9. Relationship?..... Father

Address..... 447 Prince Albert Avenue

10. Previous Naval, Military or Air Force Service.....
(Give particulars, qualifications, etc.)

None
40-5798

CERTIFICATE OF MEDICAL EXAMINATION

Height..... Weight..... Chest max..... min.....

Descriptive marks..... MFM-2

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

Date..... Signature.....

DECLARATION TO BE MADE ON ATTESTATION

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

OATH TO BE TAKEN

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

Signature of Witness..... A Radmore..... Signature of Man..... Nelson Logan

Dated this..... 13th..... day of..... January..... 19..... 42..... at..... Westmount.....

CERTIFICATE OF ATTESTING OFFICER

The recruit above-named was cautioned by me that if he made any false answers to any of the above questions he would be liable to be punished by law. The above questions were then read to the recruit in my presence. I have taken care that he understands each question and that his answer to each question has been duly entered and replied to, and the said recruit has made and signed the declaration and taken the oath.

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

Statement of Services

Promotions, Reductions, Transfers, Casualties, Annual Training, Qualification Certificates, etc.	Effective Date	Authority for Entry	Signatures of Officers Certifying Correctness of entries
Accepted for Service with effect from..... and posted to Recruits Class	13.1.42	Pt. 11 O. 2 16.1.42	<i>[Signature]</i> Officer Commanding Unit R.M.R.
Posted to Regt. Co. No. 1	26.1.42	Pt. 11 O. 4 31.1.42	<i>[Signature]</i>
PROCEEDED TO FARNHAM	28-6-42		<i>[Signature]</i>
RETURNED FROM FARNHAM	11-7-42		<i>[Signature]</i>
S.O.S. on transfer to RCASC Trades School	14.8.42	Pt. 11 O. 37 17.8.42	<i>[Signature]</i> <i>[Signature]</i>
Medals and Decorations			

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

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

Statement of Services

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

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

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

Statement of Services

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

I hereby assign to the Regimental Fund of the 2nd Bn. Royal Montreal Regiment all pay and allowances due me for annual training while serving with the said unit.

A. Radmore Nelson Logan...
Signature of Witness Signature of Man

Dated this 13th day of January 1942.

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

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

ORIGINAL
DUPLICATE
TRIPLICATE

Checked Card

FINGER-PRINTED

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

B OCCUPATIONAL HISTORY FORM COMPLETED

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

Unit ~~GEN LIST CA.~~ ^{eie} Regimental Number ~~D-134984~~ ⁰¹ _{PTE}

WSG
COMPLETED

ACTIVE FORMATIONS AND UNITS OF THE CANADIAN ARMY

ATTESTATION PAPER

1. Surname..... LOGAN
2. Christian Names..... NELSON ANDREW
3. Present address..... Howick, Quebec, Canada
4. Date of birth..... 29 June, 1924
5. Place of birth..... Canada (Country) Quebec (County or Province) Howick (Town or Township)
6. Citizenship..... Canada (Of What Country are You Now a Citizen)
7. Religion (state denomination)..... Presbyterian
8. Trade or Calling..... BENCH FITTER
9. Married, Widower or Single..... Single
10. Name of next of kin..... Mr. Wallace Earl Logan
11. Relationship..... Father
12. Address of next of kin..... Howick, Quebec, Canada
13. Do you belong to, or have you served in a Reserve Formation or Unit of The Canadian Army?..... YES
RMR RP D827382 February 1942 to date (2nd Battalion)
(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, NELSON ANDREW LOGAN, 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 11-9-42 Nelson Logan (Signature of recruit)

OATH TO BE TAKEN BY MAN ON ATTESTATION

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

Witness Nelson Logan (Signature of Recruit)

CERTIFICATE OF MAGISTRATE, JUSTICE OF THE PEACE OR ATTESTING OFFICER

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

The above questions and answers were then read to the recruit in my presence. I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me,

at MONTREAL SOUTH this 11TH day of SEPTEMBER 1942

[Signature] (Signature of Magistrate, Justice or Attesting Officer)
NO. 4-DISTRICT DEPOT A.F. (Officer or Rank and Unit or appointment)

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

Record of Service of LOGAN NELSON ANDREW Regimental Number D-136984
 (Surname) (Christian Names)

QUALIFICATIONS EDUCATIONAL QUALIFICATIONS

Military NIL High School } 2 YRS. Graduation } NIL
 or } (years completed) or } (specify)
 Business or Professional NIL Collegiate }
 Trade or Civil BENCH FITTER *College NIL
 Technical NIL *University NIL
 Languages FRENCH & ENGLISH 8 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.	Dated
Joined on appointment 14-9-42 DRO TOS NO.4 DISTRICT DEPOT CA.	PEE	11-9-42	4DD	MILSTH.	4DD PT.II-222	14-9-42
16-9-42 4 DD SOS on trans. to CA(B)TC 48 St Johns 28-9-42 TC48 T.O.S. FOR ALL PUR ON TRANS, FROM DD NO 4	"	18-9-42 19-9-42	" TC48	" ST JOHNS	" TC48 PTII D0131	18-9-42 19-9-42
13-11-42 TC48 RE-ALLOCATED FROM GEN LIST TO RCASC	"	10-11-42	"	"	" " A-174	10-11-42
17-11-42 " S.O.S. on transfer to A-19, Camp Borden, Ont.	"	17-11-42	"	"	" " A-180	17-11-42
18-11-42 St.Johns TOS A.19 R.C.A.S.C.(ADV)T.C.(Reinfnts)	"	18-11-42	RCASC TC	C.Borden	PT. II OR #283	19-11-42
6000- Qualified driver (I.C.) class 111 wheel.	"	10-12-42	"	"	Pt 11 Or# 305	14-12-42.
To draw Higher Rates of Pay (\$1.40 per diem)	"	1-1-43	"	"	Pt.II Ord. #19	22-1-43.
Proceeded on attachment to Cdn. Army Trade School, Hamilton, Ont., for all purposes to Attend Course No. 715	"	6-2-43	"	"	Pt. II Or#32	6-2-43
Att. f.a.p. from A-19 C.A.S.C., T.C.	"	7-2-43	CATS	Hamilton	D.O.36	11-2-43
Granted pay at the rate of \$1.50 per diem	"	11-3-43	"	"	D.O. 70A	22-3-43

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

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

Name LOGAN, N.A.

Record of Promotions, Reductions, Transfers, Casualties, Reports, etc.—

T.W.#A336153

Record of Promotions, Reductions, Transfers, Casualties, Reports, etc.—	Rank Shown	Effective Date	Unit	Place	Authority	
					D.O. Number	Dated
Granted furlough from 28 June 43 to 11 Jul. 43 & to draw ration allow. Of. 50¢ per diem	Pte.	as shown	C.A.T.S.	Hamilton	153	28 June 43
Ceases to be att. f.a.p. on return to unit.	P	14 July 43	"	"	167A	14 July 43
Ceases to be attached to C.A.T.S. Hamilton Ont. for a.p.	"	15-7-43	RCASC	C. BORDEN	172	17-7-43
Qualified Turner, Grade II Group "B"	"	4-8-43	"	"	188	5-8-43
Entitled to draw tradesmens rates of pay Group "C" (25¢ per diem)	"	4-8-43	"	"	191	9-8-43
SOS on posting to #2 Transit Camp Debert N.S.	"	13-8-43	"	"	195A	13-8-43
T.O.S. No.2(Temp.)Transit Camp DEBERT N S		14 AUG 43			75	14 AUG 43
S.O.S. No.2(Temp.)Transit Camp TOCDNARMYO/S		24 AUG 43			78	28 AUG 43
Awd 7 dyp to B. AWL abs 8 hrs 51 mins. A.A.Sec 15(1) for 1 dyp	Pte.	27 Sept 43	ICASC RU	UK	235	29 Sept 43
Att. FAP to 12 Bdn Flak Coy RCE	Pte	15 Oct 43	ICASC RU	UK	254	20 Oct 43
<i>C12</i> Platt 12 Fd Coy RCE	Pte	23 Nov 43	ICASC RU	UK	285	25 Nov 43
Reverts to Reg'l Rate of Pay, Turner "C"	Pte	29 Nov 43	CASC RU	UK	291	2 Dec 43
Qual as Turner <i>gpt B. 6</i>	Pte	20 Jan 44	ICASC RU	UK	29	4 Feb 44
Granted Trades Pay as Turner "C"	Pte	18 Mar 44	ICASC RU	UK	66	18 Mar 44
SOS to 2 Bdn Corp Co's bar Coy RCASC	Pte	18 Mar 44	ICASC RU	UK	66	18 Mar 44
<i>C12</i> SOS from 1 Bdn ASC Reef Unit TURNER "B"	Pte	19 Mar 44	ICASC RU	UK	3	24 Mar 44
AWARDED THE CANADIAN VOLUNTEER SERVICE MEDAL AND CLASP						
<i>C12</i> SOS to ICASC Reef Unit Turner "B"	Pte	15 Jan 44	ICASC RU	UK	61	13 Mar 44
<i>SOS</i> SOS to ICASC Reef Unit Turner "B"	Pte	30 Mar 44	ICASC RU	UK	5	8 April 44
<i>req</i> SOS from 2 cc car Coy Turner "C"	Pte	31 Mar 44	ICASC RU	UK	78	1 Apr 44
Reverts to Reg'l Rate of Pay Turner "C"	Pte	29 Apr 44	ICASC RU	UK	100	29 Apr 44
<i>m 106</i> Att. FAP to ICORU	Pte	25 Jun 44	ICASC RU	UK	150	27 Jun 44
Att. to 1 Bdn	Pte	29 Jun 44	ICASC RU	UK	155	3 July 44
<i>C12</i> Qual as Turner "C"	Pte	28 June 44	ICASC RU	UK	160	8 July 44
Granted T Pay Turner "E"	Pte	1 July 44	ICASC RU	UK	171	2 July 44
Qual as REASE Dm i/e Class III (W)	Pte	28 Jul 44	ICASC RU	UK	180	1 Aug 44
<i>C12</i> Turner "E" Red class as Dm i/e Class III	Pte	12 Aug 44	ICASC RU	UK	197	22 Aug 44
<i>C12</i> Turner "E" Reverts to RR of Pay Re Class Dm i/c	Pte	12 Aug 44	ICASC RU	UK	197	22 Aug 44
<i>C12</i> Trans from REASE to etc	Pte	1 Sept 44	ICASC RU	UK	206	1 Sept 44

Regimental No. D136984 Rank

Sheet No.

M.F.M. 1 & 2 (a)
250M-5-42 (4722)
H.Q. 1772-30-1646

Name LOGAN. N. A.

Record of Promotions, Reductions, Transfers, Casualties, Reports, etc.—

	Rank Shown	Effective Date	Unit	Place	Authority	
					D.O. Number	Dated
<p> <i>Plt</i> SOS SOS to Can Fus <i>Cpl</i> TOS TOS from 1 CASCRV on trans to PIC <i>Plt</i> SOS SOS to X4 Mar PIC TOS </p>	<p> <i>Plt</i> <i>Cpl</i> <i>Fus</i> </p>	<p> 1 Sept 44 2 Sept 44 5 Oct 44 </p>	<p> 1 CASCRV 1 Cdn Fus 1 Cdn Fus </p>	<p> UK UK UK </p>	<p> 206 34 46 </p>	<p> 1 Sept 44 8 Sep 44 5 Oct 44 </p>
<p> <i>Plt</i> Embarked at <u>UK</u> on <u>9 Oct 44</u> Disembarked at <u>France</u> on <u>10 Oct 44</u> </p>	<p> <i>Plt</i> </p>		<p> X4 Inf Call </p>	<p> 2 IAC </p>	<p> 45 </p>	<p> 17 Oct 44 </p>
<p> <i>Cpl</i> SOS SOS X4 Inf to H.I. of C <i>Cpl</i> TOS TOS from X4 Inf CIC after Mail </p>	<p> <i>Tpr</i> <i>Tpr</i> </p>	<p> 17 Oct 44 18 Oct 44 </p>	<p> X4 Inf Call H.I. of C </p>	<p> 2 IAC 2 IAC </p>	<p> 59 67 </p>	<p> 5 Nov 44 5 Nov 44 </p>
<p> SOS. SOS. Killed in action. Killed. </p>	<p> <i>Plt</i> <i>Plt</i> </p>	<p> 24 Mar 45 24 Mar 45 </p>	<p> H.I. of C H.I. of C </p>	<p> 21 a Sp G.G. A. </p>	<p> 19 56.1. </p>	<p> 14 Apr 45 4 Apr 45 </p>

M. J. M 182
issued 1-9-44

SERVICE AND CASUALTY FORM

PART I (For all ranks)

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

Unit GEN. LIST CA. *H 4120*

Regimental Number D-136984

1. Surname <u>LOGAN</u>	(17) Regiment or Corps	Unit (Battn., etc)	
		<u>C.I.C</u>	<u>Can Ins</u>
2. Christian Names <u>Nelson Andrew</u>			
3. *Substantive Rank and Appointment			
*Acting Temporary or Local Rank			
giving date <u>14-9-42</u>			
<small>*To be entered in pencil to facilitate alteration.</small>			
4. Place of birth <u>Howick, Que. Canada</u>	(18) Medical		
5. Date of birth as declared on attestation <u>29-6-24</u>			
(A)	Category	Date	Authority
6. Date of enlistment <u>11-9-42</u>	<u>"A"</u>	<u>13-8-42</u>	<u>M F M 2</u>
7. Place of enlistment <u>Mtl. Sth. Que. Canada</u>			
8. Residence at time of enlistment <u>Howick, Que. Canada</u>			
9. (B) Special conditions (if any) of enlistment or rate of pay			
10. (C) Any subsequent variations of conditions of service			
11. Religion <u>Presbyterian</u>			
12. If married, state date <u>Single.</u>	(19) Next of kin (entries to be made in pencil)		
13. Trade on enlistment <u>Bench Fitter.</u>	<u>Mr. Wallace Carl Logan</u>		
14. Corps, trade and grade	<u>Father</u>		
15. (D) Qualifications	<u>Howick, Que. Can.</u>		
16. (E) Miscellaneous entries			
	(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		(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
Date	From whom received						
	Qualified driver (I.C.) class 111 wheel. Eff. 10-12-42				Pt 11	Or# 305	d/14-12-42. A-19 RCASC (ADV) T.C.
	Qual. Turner	Grade II Group "B"	Eff. 4-8-43		Pt 11	Or# 188	d/5-8-43. A-19 RCASC (ADV) T.C.
					24 Aug 43		
					25 Aug 43		
					31 Aug 43		
		T.O.S. 1 CDN. A.S.C. REIN. UNIT FROM Canada		U.K.	2 Sep 43	Pte	214-4 Sep 43
		CASERU	was on 27 rep 43 awarded 7 days 6B for H.W.L. from 23.59 hrs 25 Sep 43 to 08.50 hrs 26 Sep 43 (Aberdeen 8 hrs 51 min) A.A. SEC 15(1) Harpell / days pay art 149 (1) A.F.R. 41				
		CASERU	Attached dep to 12 Cdn Ad Coy R.C.F. C.T.B.P. dep to 12 Cdn Ad Coy R.C.F.	U.K.	15 Oct 43	Pte	254-20 Oct 43
		CASERU	Reverts to Regt. Rate of Pay Turner "C"	U.K.	23 Nov 43	Pte	285-25 Nov 43
			Qualified as Turner "C"	U.K.	29 Nov 43	Pte	291-2 Dec 43
			Awarded Cdn Volunteer Service Medal & Class	U.K.	20 Jan 44		29-4 Feb 44
			Granted Grades Pay as Turner "C"	U.K.	15 Jan 44		61-13 Mar 44
			SOS to 2 Cdn Corps Car Coy (Turner "B") amended by DO: 131 (P.F. 8. Inver.)	U.K.	18 Mar 44		66-18 Mar 44
			T.O.S. from 1 CASERU (Turner "B")		19 Mar 44		3-23 Mar 44
			SOS to 1 CASERU (Turner "B")	Ed	30 MAR 44	Pte	5 d/8 Apr 44
			T.O.S. from 2 Cdn Corps Car Coy (Turner "C")	U.K.	31 Mar 44		78-1 Apr 44
			Reverts to Regt. Rate of Pay	U.K.	29 Apr 44		100-29 Apr 44
			U.K. BA. dep to 1 C.C. O.D. on completion of T.O.	U.K.	29 Jun 44		155-3 Jul 44
			Qual as Turner "C"	U.K.	28 Jun 44		160-8 Jul 44
			Qual as Driver Class II & 111	U.K.	1 Jul 44		171-29 Jul 44
			Reclassified as Pte (class II) (Turner "C")	U.K.	18 Jul 44		180-1 Aug 44
			Reverts to Regt. Rate of Pay on being reclassified	U.K.	12 Aug 44		197-22 Aug 44
			Trans. to R.C.A.C. & O.C.I.C.	U.K.	1 Sep 44		197-22 Aug 44
			SOS via Cdn Auxiliaries	U.K.	1 Sep 44		206-1 Sep 44
			T.O.S. from 2nd from CASERU	U.K.	1 Sep 44		206-1 Sep 44
			7 dys Pte	U.K.	2 Sep 44	Sms	314 8 Sep 44
				U.K.	25-9-44		42
				U.K.	5.10.44		46

Amended by DO: 84
d/11 Apr 44

Amended by DO: 84
205
86-13 Apr 44

15 Mar 44 R.I 66 2 Cdn Corps Car Coy

31 Mar 44 CR " "

Amended by DO: 86
15 Apr 44 T.O.S. CASERU

SOS (OVERSEAS) ON TRANSFER ON 25 Aug 43 AND DISSEMBARKED AT

T.O.S. 1 CDN. A.S.C. REIN. UNIT FROM Canada

Attached dep to 12 Cdn Ad Coy R.C.F. C.T.B.P. dep to 12 Cdn Ad Coy R.C.F. Reverts to Regt. Rate of Pay Turner "C" Qualified as Turner "C" Awarded Cdn Volunteer Service Medal & Class Granted Grades Pay as Turner "C" SOS to 2 Cdn Corps Car Coy (Turner "B") amended by DO: 131 (P.F. 8. Inver.) T.O.S. from 1 CASERU (Turner "B") SOS to 1 CASERU (Turner "B") T.O.S. from 2 Cdn Corps Car Coy (Turner "C") Reverts to Regt. Rate of Pay

U.K. BA. dep to 1 C.C. O.D. on completion of T.O. Qual as Turner "C" Qual as Driver Class II & 111 Reclassified as Pte (class II) (Turner "C") Reverts to Regt. Rate of Pay on being reclassified Trans. to R.C.A.C. & O.C.I.C. SOS via Cdn Auxiliaries T.O.S. from 2nd from CASERU 7 dys Pte

SOS to 2nd last C/O

SERVICE AND CASUALTY FORM

M.F.M. 4(a) (Part II)
40/P & S/412

(PART II)

Regiment or Corps Regimental Number D136984

Substantive Rank Surname LOGAN Christian Names N. H.

Acting Temporary or Local Rank
(To be entered in pencil to facilitate alteration)

(a) Report		(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
Date	From whom received						
			Embarked 5 Oct 44 Disembarked 45 OCT 1944 and TOS XA. C.I.C. (10Bm) ref Belg 18 Oct 44 24 Dec 45	France 6 Oct 44 Belg 18 Oct 44 24 Dec 45	17 Dec 44 18 Oct 44 24 Dec 45	Pte PL-	59-100069 67/44 19/45
	14010 OC	H41	TOS from 14010				
	OC	H41	SOS KILLED IN ACTION				

CERTIFICATE OF MEDICAL EXAMINATION

Date of Medical Examination

Name in full LOGAN NELSON ANDREW Place MONTREAL AUG. 13th 1942

Part 1. Information obtained from the recruit.

1. Age 18 2. Have you ever suffered from any of the following diseases?
- | | | | |
|-----------------------------------|-----------|--|-----------|
| a. Rheumatism..... | <u>NO</u> | k. Ear disease..... | <u>NO</u> |
| b. Tuberculosis or pleurisy..... | <u>NO</u> | l. Eye disease..... | <u>NO</u> |
| c. Bronchitis or asthma..... | <u>NO</u> | m. Fits..... | <u>NO</u> |
| d. Heart disease..... | <u>NO</u> | n. Nervous or mental disease..... | <u>NO</u> |
| e. Kidney or bladder disease..... | <u>NO</u> | o. Syphilis..... | <u>NO</u> |
| f. Stomach or bowel trouble..... | <u>NO</u> | p. Gonorrhoea..... | <u>NO</u> |
| g. Rupture..... | <u>NO</u> | q. Have you ever worn glasses?..... | <u>NO</u> |
| h. Varicose veins..... | <u>NO</u> | r. Are you now or have you in the past received disability pension or compensation? If so, give details..... | <u>NO</u> |
| i. Foot trouble..... | <u>NO</u> | | |
| j. Nasal trouble..... | <u>NO</u> | | |

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

Nelson Logan
Signature of Applicant

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

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

1. Identification marks or scars 1 Vacc left arm. Partical amp 2nd toe left foot
2. Height 5 feet 6 inches. 3. Weight 128 pounds. Good
Fair
Poor
4. Complexion Medium Eyes Bron 5. Development Good
Hair Brown
6. Chest measurement—Girth on full expansion 35 1/2 inches. Range of expansion 4 1/2 inches.
7. Vision, right 20/20 left 20/20
With Glasses— right..... left.....
8. Hearing, right CV20 left CV20
9. Condition of mouth and teeth Good Reflexis normal
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 (C.N.) EARS NOSE & THROAT NEGATIVE W.E. DALPE
RIGHT INQUIN RING ENLARGED
NO DISABILITY WITH LEFT FOOT DISCAL AMP "ND TOE"
13. Chest X-Ray N No. 137977 Laboratory at which taken.....

Part 3. We, the examiners, find no evidence of the diseases mentioned in question 2, Part 1, except as reported in the remarks. We have examined the Recruit in accordance with the pamphlet "Physical Standards and Instructions for the medical examination of Recruits" and he is found fit for Category "A"

Special remarks when category lower than A

H. Aubry rank *S.J. Desrosiers* rank *P.E. Bourgeault* rank
President Major Member Member Member Member
H. AUBRY MAJOR S.J. DESROSIERS M.D. P.E. BOURGEAULT M.D.

Date.....

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature
SEPT 1 1942	<i>TAB 7 J 26 115</i>		
7-11-42	<i>See last ATC</i>		
14-11-42	<i>79 200</i>		
SEPT 1 1942	<i>200</i>		
NOV 25 1942	RE-EXAMINED CAT. <u>A</u> COMPLETE		
	RE-EXAMINED "NORMAL" URINE		
9-7-43	EARS AND REFLEXES, CATEGORY <u>A</u>		
AUG 9 1943	Re-Examined by Medical Board Category Confirmed <u>A</u>		

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

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

(1) MEDALS
PERSON
ENTITLED TO

Mrs. Martha A. Logan (Mother)

ADDRESS: Howick, Quebec

Mar. 46

(2) MEMORIAL CROSS
WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER Mrs. Martha LOGAN, (M.F.M.5) (ENGLISH)

1927
ADDRESS: HOWICK, Que.

MEMORIAL BAR

(1)

DATE DESP

REGN. NO.

1298

(2)

(3)

DESP. MAY 5 1945

REGN No. 18517

24-3-45

AWARDS—CANADIAN ARMY (ACTIVE) 1927

E. G.

500M—i-44 (3467)
H.Q. 1772-45-8

M

FILE NO. 405-L-24,359

LOGAN, Nelson Andrew

D-136984

Pte.

Highland L. I.

SURNAME (IN BLOCK LETTERS)

CHRISTIAN NAMES

REG. NO.

RANK ON DISCHARGE

C.A.S.F. UNIT

WAR SERVICE

BADGE

(CLASS)

NO.

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS

REGISTRATION NUMBER AND DATE DESPATCHED

1939-45 Star
France & Germany Star
Defence Medal
War Medal, 1939-45
CVSM & Clasp

8607-16.11.49

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

NO. D. 136984 Rank Private Name LOGAN, Nelson Andrew

Unit H. L. I. of C. Date of death 24th March, 1945

Died at Germany

Cause Killed in action

Death occurred on strength of Forces H.Q. 405-L-24,359

N/K Mr. Wallace Earl Logan Relationship Father

Address Howick, Quebec.

Remains buried in nr. Bienen, Germany, 9th CIB Temp Cemetery
Cdn. Mil. Cem. MR 048553 Rees sh 420 R.1 G.4

Grave location

OVER

BURIAL REPORT TO N.K.

JUL 26 1946

RETURN TO BUR. OF STAT.

JUN 19 1945

ROYAL MESSAGE DESP'D.

APR 18 1945

CAN. MESSAGE DESP'D.

APR 25 1945

Temp B R sent to N K

REBURIAL

Nijmegen Canadian Military Cemetery,
4 miles S.E. of Nijmegen, Holland.

Grave 13, row A, plot 19.

HI & CR Form Despd. DEC 3 - 1946

Photographs

Despatched

JAN 3 - 1948

10M-1-45 (M-4608)

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

NUMBER	D-136984	RANK	Private	SERVICE UNIT	The Highland Light Infantry of Canada (CA)
NAME	LOGAN, Nelson Andrew				
DATE OF BIRTH DAY	29th	MONTH	June	YEAR	1924
				Date Enlisted:	11-9-42
MARITAL STATUS	Single		Religion: Presbyterian		
NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 RELATIONSHIP ADDRESS	Father Howick, Quebec.		NAME ADDRESS D.A.B.	Mr. Wallace Earl Logan,	
ADDITIONAL PERSON TO BE NOTIFIED	ADDRESS				
PARENTS NAME ADDRESS (IF SOLDIER MARRIED OVERSEAS)					
AUTHORITY CAS. SIG. NO.	Canrecords - 7714A		H.Q.-405-L-24,359		
CASUALTY DETAILS	Killed in action		DATE	24-3-45	

WESTERN EUROPEAN THEATRE OF WAR

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

9-4-45

[Handwritten signature]

O/S with ASC 8/L3121

OFFICER I/C RECORDS

6

COPY FOR DOCUMENT FILE

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, Nelson Andrew LOGAN, of the Village
(Name in Full) (City, Town, Village, Township)

Address in
civil life.

of Howick, in the County of Chateauguay
District of

Province of Quebec, Bench Fitter
(Civil Occupation)

Regimental No. D-136984, Unit GEN.LIST 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. Martha LOGAN.**

Residing at: Howick, Que., Canada.

N.A.

All my estate both real and personal.

Relationship,
names and
address of
residuary
beneficiaries.

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

N.A.

(4) I appoint _____
(Name) (Address)

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

IN WITNESS WHEREOF I have hereunto set my hand this 14th day of September
1942.

Signed and acknowledged by the Tes-
tator, 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.

Nelson Logan
(Signature of soldier)

First witness
sign here.

(5) Signature Gene Langlois
Civil Address 6811 Avenue Cadore
Civil Occupation carpenter

Second witness
sign here.

Signature Roger Dupuis
Civil Address St. Jacques G. Wm de la
Civil Occupation Accountant

(Witnesses are not to be beneficiaries.)

[OVER]

CATS Hamilton
On Command

T.C. A-19 Camp Baden, Ont.

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

DEPARTMENT OF NATIONAL DEFENCE

RCASC
Arm or Corps

"Q" CARD COMPLETE

Trade (if Tradesman or Trade Trainee)

Personnel Selection Record

Driver 1-c
Work in Arm (if Non-Tradesman)

I. D 136984 Pte LOGAN, Nelson, Andrew "A" 18 "A"
Regt. No. Rank Name (surname first) A or R Age Med. Cat.
English French (a little) CABTC St*Johns' PQ 29 Oct 1942
Main Language Other Language(s) Place (Unit) Interviewed Date Interviewed

II. Revised Examination "M"
Booklet No A 54342 CABTC No 48 27 Oct 1942 EH LaPierre
Place Tested Date Tested By Whom AE
162* II Subtests 19 19 18 25 27 11 11 32 Subtotals 56 52 54 English
Total Group 1 2 3 4 5 6 7 8 1-3 4-5 6-8 English or French
Other Tests * Second trial; no MFM 196 in Regtl Documents

III. Educational Background

Grade IX (but not completed) at Howick PQ
3 months at Dominion Technical School, Montreal;
Completed above at age 16 yrs.

IV. Occupational Background

4 months: R.C.A. Victor C; inspecting all incoming material;
2 months: bench fitter at Fairchild's Aircraft;
Can drive car and light truck has license;

1 yr in RES Bn of R.M.R.

V. Military Background

Joined in Aug 1942; General List;
18 Sep 1942: to CABTC No 48 for BT; is doing well;

VI. Other Personal History and Appraisal

Single; parents living; in good health;
2nd of 2 brothers; elder brother in RCAF;
Own health good; finds Army food good;
Is doing well in training;
Sleeps restfully; gets along well with other men;
PREFERENCE: RCASC as Driver 1-c to become later Driver-Mechanic;
Social Accomplishments: piano-accordion; vocal;
Sports: swimming, hockey, softball, rugby (CdN) basketball,
Hobbies: some stamp-collecting; occasional reading: current events and some fiction;

Intelligence and learning ability: above average;
Stability: good; no entries on MFM 6;
Appearance: 135 lbs stripped, 5 ft 7 1/2 inches; rather slim;
Character traits: quiet, self-possessed, friendly, willing

VII. Recommendations

Carry on and complete BT; should prove good risk in RCASC as Driver and if found suitable as Driver-Mechanic.

(Signed) E. H. LaPierre Capt.
Army Examiner

(E. H. La Pierre) Capt.

I. Regt. No. D-136984 Rank Pte. Unit R.C.A.S.C.-D.D.-4 Date 11-9-42.
 Name LOGAN, Nelson Andrew Age 18 Place of Birth Howick, Que.
 Date of Enlistment Sept. 42. Place of Enlistment Montreal South, Q. Depot D.D.-4
 Languages spoken English. R. Recruit A. A. Med. Cat. A. Place D.D.-4

II. M. Test D.D.-4			Other Tests	Date	Place	Score	Grade
Test	Score	S.M.	Name or Type				
1	17		SUB-TOTAL				
2	19		51				
3	15		S.M.				
4	25		SUB-TOTAL				
5	24		49				
6	12		S.M.				
7	11		SUB-TOTAL				
8	28		51				
Total	151	S.M.	GRADE				
9			111 (E)				

III. Military Background

7 months '42 in R.M.R. as Pte.
 1 summer camp '42 at Farnham.

IV. Educational Background

French is very good.

Grade 9th.
 3 months Tech. School as bench fitter.
 Bilingual.

V. Occupational Background

4 months Incoming inspector at R.C.A. Victor.
 4 months Bench fitter at Fairchild.

VI. Arm Desired

Work in Arm Desired

Sports: swimming, hockey, softball, basketball.
 Hobby: mechanics.

VII.

2 children- healthy family.
 1 brother in R.C.A.F.
 Normal home atmosphere.
 Willing, sensible, adaptable, has initiative and self-confidence.
 Conscientious.
 Ambitious.
 Interested in mechanics.
 Likes army life.
 Wants to be with R.C.A.S.C. as D.M.
 Suitable as such.

VIII. Summary

Average intelligence.
Fair stability.
Willing, sensible, adaptable, initiative, self-confident. Bilingual. Drives.

IX. Suggestions

R.C.A.S.C. (D.D.T.C.) AUTOMOTIVE TRADESMAN
Driver Mechanic.

X. Signature of Interviewer

N.C.O.

Officer

Beaugrand Champagne
Beaugrand-Champagne, Lieut.

XI. Action Taken

Date of Action

Follow-up

Camp Borden, Ont.

5 Aug 43

As interview not possible, M.F.M.196 and documents have been checked, and it would appear therefrom that this soldier is suitable for Overseas Service at this time.

R. Guyot
(Roger Guyot) Capt. A.E.
A.19 RCASC(A)T.C.

To be made out in duplicate

M.F.M. 5
45M-6-41 (684-5)
H.Q. 1772-33-1054

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

INSTRUCTIONS.

- (a) This form is to be completed immediately an officer or other rank is appointed to, or enlisted in, the Canadian Army (AF) or R.C.A.F. ON ACTIVE SERVICE.
- (b) All questions, etc., must be completed.
- (c) Both copies of the form are to be forwarded by the Officer Commanding the unit for each officer and other rank, to the Paymaster, or Officer acting as such. The latter will transmit one copy, through the District, Command, or Camp Paymaster, to the Officer i/c Records, N.D.H.Q., Ottawa. The other copy will be retained by the Paymaster of the unit, when transferred to another unit the copy retained by the Paymaster will be sent to the Paymaster of the individual's new unit.

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

NELSON ANDREW

(2) Regimental or Official Number and Rank..... **D-136984** **Pte**

(3) Unit..... **GEN.LIST 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?..... **NIL**

(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..... **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. Wallace Earl LOGAN -electrician-
Howick, Que., 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 Martha LOGAN
Howick, Que., Canada.

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

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

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

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

If so, state the following particulars:—

Relationship

Full Name

Postal Address

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

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

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

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

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

Walter Logan
(Signature of officer or man)

Date14-9-42.....

Beauchen Sweet
Officer Commanding.....

Date14-9-42.....

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.

NO. 4-DISTRICT DEPOT A.F.

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

Section A—GENERAL INFORMATION

1. (a) Print name in full LOGAN, Nelson Andrew (b) Reg'l. No. D-136984
 2. (a) Arm of service ARMY (b) Unit GEN. LIST CA. (c) Rank Pte
 3. (a) Date of birth 29 June 1924 (b) Have you any dependents? No (c) Place of residence at time of enlistment Howick, Que.,
 4. (a) Place of enlistment Montreal South Que., (b) Date of enlistment 11-9-42

PLEASE LEAVE BLANK

Section B—EDUCATION AND TRAINING

5. (a) State age on 17 yrs 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.) 2 yrs High 8 yrs Public 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? Bench Fitter (c) Did you finish it? No (d) If you did not finish it, how long did you serve at it? 1 yr
 9. (a) What languages do you speak fluently? Eng. Fr. (b) What languages do you read well? Eng. Fr.

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

10. (a) State whether you were Working WORKING or NOT WORKING at time of enlistment. (Enter here only "Working" or "Not Working", as case may be; particulars are asked for below)
 (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 Fairchild Aircraft Address Longueuil Que.,
 19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Aircraft Fact.
 20. (a) Your specific occupation Bench Fitter (b) Number of years' experience at this occupation with any employer 1 yr
 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? Yes

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

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

Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war? No (b) Do you feel competent to operate a farm? No (c) If so, in what kind of farming?
 25. (a) Were you born on a farm? (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.) same as
 28. State any employment preference or ambition you may have, other than indicated elsewhere in this form. Machinist.

DATE 14-9-42 194. SIGNATURE Nelson Logan

CANADIAN MILITARY HEADQUARTERS

**ESTATES BRANCH
INVENTORY**

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

No., RANK and NAME **D-176984 Pte LOGAN Nelson, A.** **Dec 14**

RECEIVED FROM **2. Feb 21. AGP**

CHECKED BY .. **L-27614 Pte Johanson V.P.** DATE **29 June 45**

AND **751900 Pte Rae H.F.**

Watermans Pen & Pencil Set in Case
(Pencil Damaged)
Wallet (Leather)

FURTHER EFFECTS/-to CANADA



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

W.P. Johanson PTE
.....
for OC 1 Cdn KSD

BRANCH HEADQUARTERS

ESTATES BRANCH

INVENTORY

TO BE USED BY THE
ESTATES BRANCH



CANADIAN MILITARY HEADQUARTERS

**ESTATES BRANCH
INVENTORY**

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

No., RANK and NAME D-136984 Pte Logan N.A. (Dec'd)

RECEIVED FROM Cdn 2nd Ech 21 Army Gp.

CHECKED BY H-195540 Pte MacKinnon A.E. DATE 17 May 45

AND K-69603 Pte MacKenzie W.

1	Snapshots	
1	Drivers Cert.	
1	Trades School Cert (#8195)	



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

QUADRUPPLICATE—with effects.

[Handwritten signature]

for OC 1 Cdn KSD



Register No. D-17259

Nominal Roll No. D-452

To: P.M.G.

H.Q. File No. HO 5-A-24359

CANADIAN ARMY (ACTIVE)
Computation of Service

WAR SERVICE GRANT

Regt. No.	Rank when S.O.S.	Surname	Christian Name in Full
<u>D136984</u>	<u>PLT</u>	<u>LOGAN</u>	<u>NELSON ANDREW</u>

REASON FOR TERMINATION OF SERVICE:

1st Enlistment..... Deceased CARO ()
 2nd Enlistment..... CARO ()
 3rd Enlistment..... CARO ()

Total Service

1ST ENLISTMENT	2ND ENLISTMENT	3RD ENLISTMENT
T.O.S. <u>11 SEP 42</u>	T.O.S.	T.O.S.
S.O.S. <u>24 MAR 45</u> MD. <u>0/5</u>	S.O.S. MD.	S.O.S. MD.
Total Days..... <u>926</u>	Total Days.....	Total Days.....

Total Service

926 DAYS

	Total Service	Less Non-qualifying Service	Net Service
Western Hemisphere.....	<u>348</u>	<u>0</u>	<u>348</u>
Overseas Service.....	<u>578</u>	<u>1</u>	<u>577</u>
Totals.....	<u>926</u>	<u>1</u>	<u>925</u>
Add Non-qualifying Service.....			<u>1</u>
Total Service			<u>926</u>

EMBARKATION DETAILS:

1. Date S.O.S. Overseas 24 MAR 45 2. Date S.O.S. Overseas

REMARKS:

Computer's Signature.....

Checker's Signature.....

Date Computed.....

Peter North (CPL)
KILLED IN ACTION
20 JUL 45 24 MAR 45

CERTIFIED that entitlement to benefits under the War Service Grants Act, 1944, has been established, based on service shown herein.

C. L. Laurin
 C. L. LAURIN,
 Colonel,
 DIRECTOR OF RECORDS.

DEPARTMENT OF NATIONAL DEFENCE
NAVY ===== ARMY ===== AIR FORCE
STATEMENT OF WAR SERVICE GRATUITY

2
ARMY

9850

DECEASED
MEMBER'S
NAME

Nelson Andrew **LOGAN**
(CHRISTIAN NAMES) (SURNAME)

REGISTER NO. D-17259
FILE NO. 405-L-24359
DATE 29-1-46
SERVICE NO. D-136984
FINAL RANK OR RATING Pte.
DATE OF DISCHARGE 24-3-45

PAYEE **Director of Estates**
ADDRESS

DATE OF TERMINATION OF OVERSEAS SERVICE **24-3-45**

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS **925** EQUAL TO **30** COMPLETE PERIODS AT \$7.50 **225.00**

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS **577** LESS **25** INELIGIBLE DAYS, EQUAL TO **552** DAYS @ 25c. PER DAY **138.00**
SEE PAR. 2 OVERLEAF FOR EXPLANATION

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** X 7 = \$ **19.25**
NO. OF DAYS **577** X \$ **19.25**
183



D. WAR SERVICE GRATUITY

423.70

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

F. TOTAL AMOUNT PAYABLE

423.70

G. YOUR PORTION OF GRATUITY IS—

100%

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

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 **KIM** CHECKED BY **M**

TREASURY
CHECKED BY **D. Bickerton** DATE **8 2 46**

K. R. Coart
SERVICE REPRESENTATIVE

DISTRIBUTION OF SERVICE ESTATES
ARMY

Name LOGAN, Nelson A. No. D-136984
Surname Christian Names

Pte. C.A. O/S 24-3-45
Rank Unit Date of Death

AMOUNT

W.S.G. 423.70
L.P.C. \$ 150.42
Other Credits.....
Total..... 574.12
Prev. dist. 150.42
This dist. 423.70

Date 15-3-46

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Mother	Mrs. Martha Agnes Logan, Howick, Que. (Sole beneficiary per will)	423.70

P4. TO TREAS.
MAR 27 1946

WSG

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	\$423.70
CLASSIFIED BY			EXAMINED BY		
			For Chief Treasury Officer		

DISTRIBUTION APPROVED AND AUTHORIZED

T. G. K. G.
.....
(L. M. FIRTH) Colonel
Director of Estates

AUDITED FOR PAYMENT

Mr. Wallace Earl Logan,

Howick, 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-L-24359 FD 18

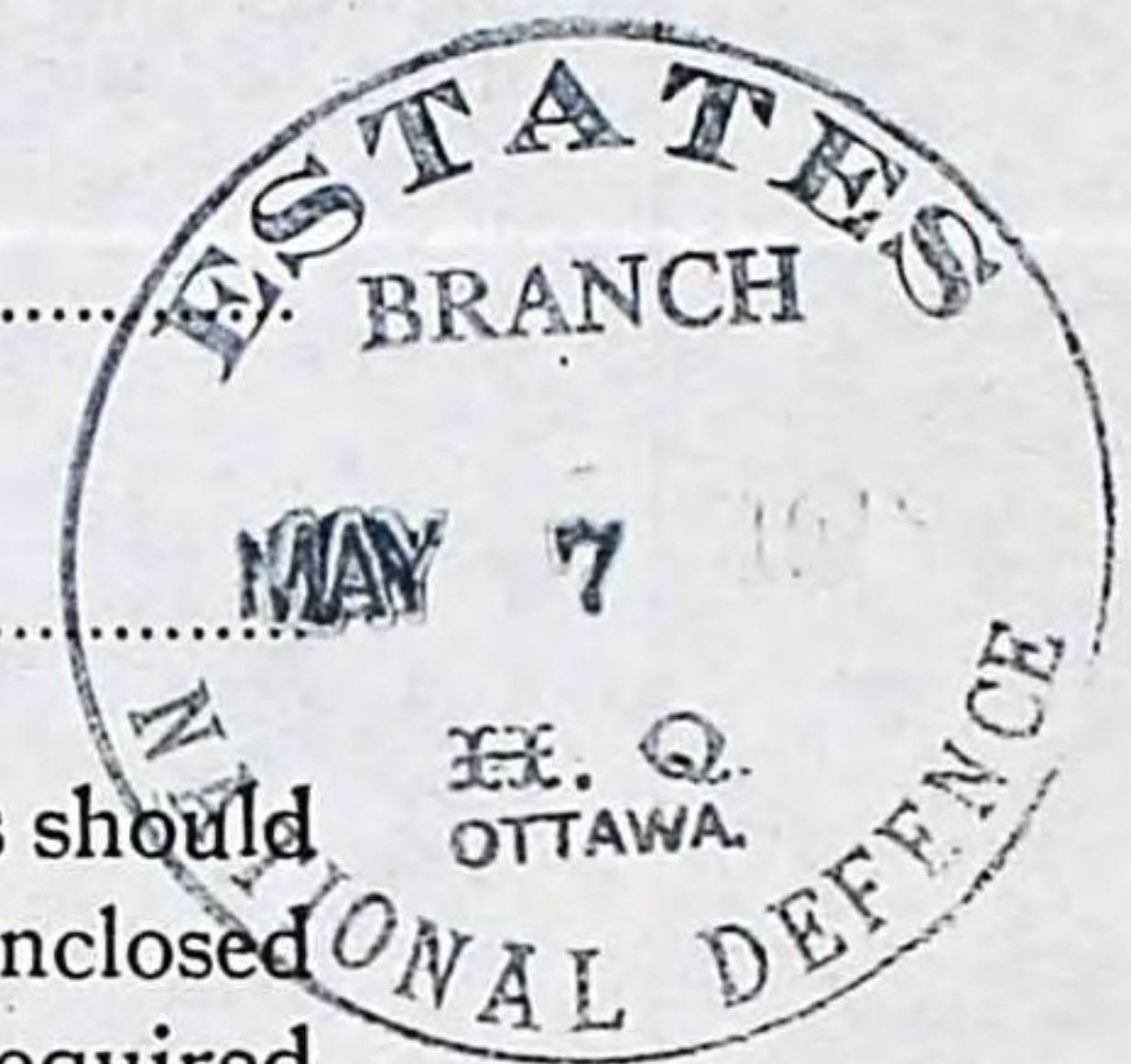
DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

April 23 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

LOGAN, Nelson Andrew, Pte.

D136984 C.A. Overseas.



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.

Robert Smith
Col.

EDM/JL

Director of Estates.

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.....	Wallace Carl Logan	49	Howick Quebec
4	Mother of the Deceased.....	Martha Agnes Logan	49	Howick Quebec
5	Brothers of the Deceased	Full Blood	Ralph Wallace Logan 27	R.C.A.F. Clinton Ont
		Half Blood		
6	Sisters of the Deceased	Full Blood		
		Half Blood		
7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, who are dead, and date of death of each.	Names and ages of their children (if any)	Address of their children	

ANSWER FULLY EACH QUESTION ON THIS PAGE
PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Nelson Andrew Logan
9	Date of his birth.	June 29, 1924
10	Place and date of his marriage.	
11	Place and date of his parents' marriage.	Howick, Dec. 14, 1915.

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Howick, 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) Quebec (b) County of Chateauguay 18 years. (c) (d)
14	Nature of employment before enlistment.	Howick High School
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.	Howick, Quebec

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	No
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses,—was there a marriage contract dealing with property?	—
19	Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc., and the amount on deposit. Do you wish it administered with the pay account?	No
20	Amount of War Savings Certificates held by deceased. Indicate where located.	5 Certificates Canadian Bank Howick
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	2 50% Bearer Bonds Canadian Bank Commerce Howick.
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	—
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	✓

OTHER PARTICULARS

24	Did the deceased after enlistment incur any debts for:— (a) His own separate board and lodging while on service. (b) Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	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.

Wallace E Logan.....

{Signature of Informant

Howick, Que...... Address

CERTIFICATE

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

See above. Logan { 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 Howick, Que this third day of May 1945

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

G. B. Bingham.....

Qualification Clergyman

Address Howick, Que......

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

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not
write in
this space

1. PLACE OF DEATH	Municipal county	IN THE FIELD (GERMANY)		Official name of civil municipality or township	Place an X over the word which applies to this municipality or this territory City Town Village Parish Township											
	Street	No.			Hospital or Institution											
2. LENGTH OF STAY	(a) In hospital or institution	Years	Months	Days	(b) In municipality where death occurred	Years	Months	Days	(c) In Province	Years	Months	Days	(d) In Canada (if immigrant)	Years	Months	Days
3. NAME OF DECEASED	Surname	LOGAN			Do not write in this space	CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH										
	Given names	Nelson Andrew				22. Date of death	March 24th			19	45					
4. RESIDENCE	Street	No.			23. I HEREBY CERTIFY that I attended deceased from											
	Official name of civil municipality or township	Howick		19..... to.....19.....											
Municipal county	Province			and last saw him.....alive on.....19.....												
5. SEX	6. NATIONALITY (Citizenship)	7. RACIAL ORIGIN	8. Single, Married, Widowed or Divorced (Write the word)			24. CAUSE OF DEATH										
M			Single			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										
9. If married give name of wife or husband of deceased					Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause). (b) due to											
10. BIRTHPLACE (Province or Country)					Other morbid conditions (if important) contributing to death but not causally related to immediate cause. (c)											
11. DATE OF BIRTH					III If a communicable disease is mentioned on this certificate, (a) Date of appearance.....19											
12. AGE OF DECEASED					(b) Duration of disease.....days											
13. Trade, profession or kind of work, as spinner, teamster, office clerk, etc.					25. If a woman, was there a puerperal condition?.....											
14. Kind of industry or business, as cotton-mill, lumbering, bank, etc.					26. Was there a surgical operation?.....Date of.....19.....											
15. Date deceased last worked at this occupation					State findings.....Was there an autopsy?.....											
16. Total years spent in this occupation					27. If death was due to external causes (violence) fill in also the following:—											
17. NAME					Accident, suicide or homicide.....Date.....19.....											
18. BIRTHPLACE (Province or Country)					Manner of injury.....(How sustained).....											
FATHER					Nature of injury.....											
MOTHER (Maiden Name)					Specify whether injury occurred in industry, in home, or in public place.....											
19. Place of burial, cremation or removal					Signed.....											
20. Date of burial					Address.....											
21. PLACE OF REGISTRATION OF THIS BURIAL					Date.....											
(a) Name of parish or church					28. Signature of person who fills in the form (curator, coroner, hospital authority, etc.)											
(b) Civil municipality of					29. Name of clergyman in charge of Register of Civil Status in which registration of this burial was made.											
(c) Municipal county					This signature authorizes the collector to accept this form as authentic.											
(d) Date					(Voir l'autre côté pour le français)											

Director of Records

Dept. National Defence

OVERSEAS CASUALTY
CANADIAN ARMYJUN 19 1945
M.D.

M.F.M. 268
50M-9-44 (5635)
H.Q. 1772-39-1990

CANADIAN PACIFIC TELEGRAPHS

JPB

FILE H.Q. 405-1-24,359

CASUALTY (REPORT DELIVERY)

OTTAWA 3 APRIL 1945

TO:- MR WALLACE EARL LOGAN
HOWICK P QUE

68600 REGRET DEEPLY D136984 PRIVATE NELSON ANDREW LOGAN
HAS BEEN OFFICIALLY REPORTED KILLED IN ACTION TWENTYFOURTH MARCH
1945 STOP YOU SHOULD RECEIVE FURTHER INFORMATION DETAILS BY MAIL
DIRECT FROM THE UNIT IN THE THEATRE OF WAR STOP TO PREVENT POSSIBLE
AID TO OUR ENEMIES DO NOT DIVULGE DATE OF CASUALTY OR NAME OF UNIT

wa
PREPAID

DIRECTOR OF RECORDS *4*

MILITIA BOOK M. 1

PART I

100M—3-43 (9189-90)
H.Q 1772-39-1672

CANADIAN ARMY

SOLDIER'S SERVICE BOOK

(For use on Active Service)

Reg. No. D 136 984

Surname (Capitals) LOBAN

Christian Names in full Nelson Andrew

(I) SOLDIER'S NAME AND DESCRIPTION ON ATTESTATION

Regtl. No. D 136984
 Surname (in capitals) LOBAN
 Christian Names (in full) Nelson Andrew
 Date of Birth 29 June 1924
 Place of Birth Howick, Quebec Canada
 Citizenship Canadian
 Trade on Enlistment Bench Fitter

Nationality of Father at Birth Canadian
 Nationality of Mother at Birth Canadian
 Religion Presbyterian
 Enlisted at Montreal, Quebec Canada
 Date 11-9-42

Particulars of former service (if any) i.e. Regtl. No., Corps or Regiment and period. PMR (RF) D 627387
Feb 1942 to date (incl. Btw)

Signature of Soldier N.A. Logan

Signature of Officer L.A. Cameron

Place Camp Borden Date 6-8-43

Ontario Canada

(IV) NEXT OF KIN

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

NOTE.—No entry in these pages has any legal

Nearest degree of relationship		Names	Date
1st	Wife		
	Children		
2nd	Father	Wallace Earl Logan	
	Mother <i>NK</i>	Martha Agnes Logan	
3rd	*Brothers and Sisters	John Wallace Logan	
4th	Other Relations (stating relationship)		

*State whether brothers are older or younger.

NOW LIVING

such change and reported by O.C. Unit to the Officer i/c Records. effect as a WILL (see pages 20 to 23)

Latest known Address in full

Howick, Quebec Canada

Howick Quebec Canada

(XIII) PRESCRIPTION FOR GLASSES

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

Signature of M.O.

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

Signature of M.O.

(XIV) PARTICULARS OF DENTAL TREATMENT

Date	Re-quired	Com-plet-ed	SPECIFICATION Use authorized Abbreviations and Symbols	Signature of Dental Officer
19-8-43	V		3c 1x	R. Gerson Capt.
2-3-44	V		3F 1x	H. H. Windsor
2 March 44	✓	✓	LSX	Al. M. ...
6 Sept 44	V		2F	Gash ...
22/9/44		✓		J. G. Capt.

(XV) PARTICULARS OF SURGICAL APPLIANCES ISSUED -

Particulars	Date	Signature of Medical Officer
TYPHUS BOOSTER	35-11-44	[Signature]
TABT	11/12/44	[Signature]
TYPHUS. 1cc	17-3-45	[Signature]

(XVI) PROTECTIVE INOCULATIONS

Nature of Vaccine, "T.A.B.T." Cholera, Plague, etc.	Date	Signature of Medical Officer
TABT 1	14-9-42	A.L. Mackenzie Capt.
2	7-10-42	
3	14-11-42	
TABT 1/2 cc	25-11-43	Brotman Capt.
Typhus 1cc	2-3-44	[Signature]
" " 1cc	14-3-44	[Signature]
" " 1cc	20-5-44	[Signature]
Vacc TYPHUS 1cc	6-9-44	[Signature]

(XVII) VACCINATION

Date Vaccinated	Signature of Medical Officer
14-9-42	A.L. Mackenzie Capt.
2-3-44 (1/2)	[Signature]

(XVIII) MISCELLANEOUS ENTRIES

(For entries for which space is not otherwise provided)
NOTE.—No entry on this page has any legal effect as a WILL

Particulars	Date	Signature of Officer
X Ray Neg # 137977	13-8-42	[Signature]
Finger Printed		[Signature]
M. TEST (REV.) COMPLETE	20/9/43	[Signature]
"O" CARD COMPLETE		[Signature]
mbms But 19 issued	22-1-44	[Signature]

FINGERPRINTED—CAIB

Donated Blood 26-5-44 ICASCRM [Signature]
 Awarded 1 Red Cross. ICASCRM. 22-6-44 [Signature]
 Awarded 1st Lt [Signature]
 Army Med & Class 15 Jan 44 [Signature]
 MFM 182 issued Aug 44
 Identification dog tag issued [Signature]
 M 307 VI Part III issued [Signature]
 Rifle zeroed 9-9-44 [Signature]
 Priv leave 25-9-44 [Signature]
 SOS to X4 List C.I.C. DOUB 5-10-44 [Signature]