

D136986
MATTHEWS
HENRY CHARL

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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

Section A—GENERAL INFORMATION

1. (a) Print name in full..... MATTHEWS, Henry Charles..... (b) Reg'l. No. D-136886
2. (a) Arm of service..... ARMY..... (b) Unit..... GEN. LIPTON..... (c) Rank..... 7th
3. (a) Date of birth..... 24 Jan. 1922..... (b) Have you any dependents? Yes..... (c) Place of residence at time of enlistment..... Montreal, Can
4. (a) Place of enlistment..... MONTREAL, QUEBEC, CANADA..... (b) Date of enlistment..... 11-2-42

PLEASE
LEAVE
BLANK

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school..... 13 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.)..... 6 yrs P. School
7. If you attended a university, give name of university and standing or degree secured.....
8. (a) Did you ever enter upon a trade apprenticeship?..... Yes..... (b) If so, for what occupation?..... Metal Worker..... (c) Did you finish it?..... --..... (d) If you did not finish it, how long did you serve at it?..... 2 yrs
9. (a) What languages do you speak fluently?..... Eng...... (b) What languages do you read well?..... E

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..... 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.).....
20. (a) Your specific occupation..... Sheet Metal Worker..... (b) Number of years' experience at this occupation with any employer..... 2 yrs
21. (a) Did your employer promise definitely to give you employment on discharge?..... No..... (b) Did your employer refuse to promise you employment on discharge?..... --..... (c) Do you wish to return to your former employment?..... 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?..... --..... (c) If so, in what kind of farming?..... --
25. (a) Were you born on a farm?..... No..... (b) How many years' actual farming experience have you had?..... --..... (c) In what provinces did you have experience?..... --

Section G—MISCELLANEOUS

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

DATE..... 12-2-42..... 194.....

SIGNATURE.....

Henry Charles Matthews

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

ORIGINAL
DUPLICATE
TRIPPLICATE

PAY BOOK ISSUED

FINGER-PRINTED

OCCUPATIONAL HISTORY FORM COMPLETED

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

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

Unit..... GEN LIST CA.

WSG

COMPLETED

Regimental Number D-136986

ACTIVE FORMATIONS AND UNITS OF THE CANADIAN ARMY

CHECKED BY
DIST. RECORD OFFICE

MAY 6 1943

D

No. 12

INITIALS

ATTESTATION PAPER

1. Surname..... MATTHEWS
2. Christian Names..... HENRY CHARLES
3. Present address..... Montreal
6312- 12th Avenue Rosemont, Quebec, Canada.
4. Date of birth..... 24 January 1923
5. Place of birth..... Canada Quebec Rosemont
(Country) (County or Province) (Town or Township)
6. Citizenship..... Canada
(Of What Country are You Now a Citizen)
7. Religion (state denomination)..... Roman Catholic
8. Trade or Calling..... Sheet Metal Worker
9. Married, Widower or Single..... Married
10. Name of next of kin..... Mrs Alexina Matthews (Pleming)
11. Relationship..... Wife
12. Address of next of kin..... Montreal See change
~~6312- 12th Avenue Rosemont, Quebec, Canada.~~
13. Do you belong to, or have you served in a Reserve Formation or Unit of The Canadian Army?..... NO
(If Yes, Give Unit and Dates of Service)
14. Have you served in (a) an Active Formation or Unit of The Canadian Army?..... NO
(Yes or No)
(If Yes, Give Regimental No. and Unit) (b) Any other Naval, Military, or Air Force?..... NO
(Yes or No) (If Yes, specify Unit and Period of Service)
15. Did you serve during the Great War 1914-1918?..... NO
(If Yes, specify Regimental No., Unit and Dates of Service)

DECLARATION TO BE MADE BY MAN ON ATTESTATION

HENRY CHARLES MATTHEWS

I, 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

Henry Charles Matthews
(Signature of recruit)

OATH TO BE TAKEN BY MAN ON ATTESTATION

HENRY CHARLES MATTHEWS

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

Witness.....

(Name)

(Rank)

Lt J. S. Deakin
126 msc

Henry Charles Matthews
(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

NO. 4-DISTRICT DEPOT A.F.

(Signature of Magistrate, Justice or Attesting Officer.

(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 MATTHEWS (Surname) HENRY CHARLES (Christian Names) Regimental Number D-136986

QUALIFICATIONS

EDUCATIONAL QUALIFICATIONS

Military NIL High School } NIL Graduation } NIL
or }
Business or Professional NIL Collegiate } (years completed) }
Trade or Civil SHEET METAL WORKER *College NIL
Technical NIL *University NIL
Languages ENGLISH 7 YEARS 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 12-9-42 DRO TOS NO 4 DISTRICT DEPOT CA.	PTE	11-9-42	4DD	MTL STH	4DDPTII 221	12-9-42
1401 - S.O.S. on transfer to C.A.(B) T.C. 48 St. John's Que.	Pte	18-9-42	"	"	226	18-9-42
8-9-42 TC48 T.O.S. FOR ALL PUR ON TRANS FROM DD NO 4	"	19-9-42	TC48	ST JOHNS	TC48 PTII DO 131	19-9-42
13-11-42 " RE-ALLOCATED FROM GS TO CAC(PECCE) AND RE-MUSTERED AS A TROOPER	TPR	12-11-42	"	"	" A-176	12-11-42
17-11-42 " SOS on transfer to TC.A-27, Dundurn, Sask.	"	17-11-42	"	"	" " A-180	17-11-42
TOS A-27 CAC on transfer from #48 CABYE	"	18-11-42	A-27 CAC	Dundurn	A-27 CAC DO#128	21-11-42
AWL 0600 hrs 28-12-42 to 0200 hrs 31-12-42 Awarded 7 days C.B. Total Forfeiture 4 days Pay.	"	31-12-42	" "	"	" " DO# 2	2-1-43
Qualified as DRIVER (WHEELED) CLASS III	"	15-1-43	" "	"	" " DO# 20	23-1-43
Qualified as DRIVER (TRACKED) Class III	Tpr.	5-2-43	A-27	Dundurn	A-27 DO# 34	9-2-43
DAUGHTER: Mary Pauline Francis AT: Montreal? P.Q.	"	16-2-43	"	"	" DO#67	17-3-43

Statement of the Service of No...D-136986.....

Rank.....Tpr.....

Sheet No. 1.....

Name.....MATTHEWS, H. C.....

M.F.M. 1 & 2 (a)
20 M-11-36 (9359)
H.Q. 1772-45-18

REPORT		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	
Date	From whom received						Part II D.O. No. Cas. List, etc.	Dated
		Proceeded on Furlough for the period 1-4-43 to 14-4-43 and Leave of absence for the period 15-4-43 to 16-4-43 incl. and is to draw Rat. Allow. @ .50 per diem. T.W. A-367628	Tpr.	1-4-43	A-27	Dundurn	A-27 DO# 80	1-4-43
		Entitled to Increased rate of pay \$1.40	Tpr.	2-5-43	"	"	" DO# 106	3-5-43
		SOS TO P. OF EMBARKATION		MAY 9 1943	A-27 CDN. RECCE. T.C.	DUNDURN	#1/2	
		SOS C.A. CANADA		13 May 43				MAY 9 1943
		TOS C.A. OVERSEAS		14 May 43				
		✓ DISEMBARKED		22 May 43				
		✓ TOS No. 1. CACRU.	Tpr.	22 May 43	1 CACRU	U.K.	117 ✓	23 May 43
Sos.		✓ SOS to I.C.B. RD.	Tpr.	16 June 43	1 CACRU	U.K.	136	16 June 43
TOS		✓ TOS CAC A Sec. 4 X List RD. from 1 CACRU.	Tpr.	17 June 43	CAC A Sec. X List	U.K.	6A.	18 June 43
		SOS. Can Army U.K. Embarked.	Tpr.	28 June 43	CAC A Sec. X List	NA	11 A	25 July 43
		TOS. Can Army M.	Tpr.	29 June 43	CAC X List A Sec.	NA	11 A	25 July 43
		✓ Disembarked.	Tpr.	10 July 43	CAC A Sec. X List	NA	11 A	25 July 43
M66		✓ Pay Increase \$1.50	Tpr.	2 Jul 43	CAC-X Sec. A	NA	24-A	22 Oct 43
M66		Change of Address of H-of-H, Mrs Alexina Matthews (wife) to 5810 Chabot St, Montreal, Montreal P.Q.			CAC-X Sec. A		24-A	22 Oct 43
CY	S.O.S.	✓ S.O.S. to 4 Recce Regt	TPR	13 Nov 43	CAC X List A Sec	NA	29A	26 Nov 43
CY	T.O.S.	✓ T.O.S. from CAC X List A Sec	TPR	14 Nov 43	4 Recce	NA	55	26 Nov 43

Statement of the Service of No. D-136986Rank Tpr.Sheet No. 1Name MATTHEWS, H. C.M.F.M. 1 & 2 (a)
20 M-11-36 (9359)
H.Q. 1772-45-18

REPORT		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	
Date	From whom received						Part II D.O. No. Cas. List, etc.	Dated
		Proceeded on Furlough for the period 1-4-43 to 14-4-43 and Leave of absence for the period 15-4-43 to 16-4-43 incl. and is to draw Rat. Allow. @ .50 per diem. T.W.A-367628	Tpr.	1-4-43	A-27	Dundurn	A-27 DO# 80	1-4-43
		Entitled to Increased rate of pay \$1.40	Tpr.	2-5-43	"	"	DO# 106	3-5-43
SOS		SOS TO P. OF EMBARKATION	"	A-27 CDN. RECCE. I.C.	MAY 9 1943	DUNDURN	#112	MAY 9 1943
SOS		SOS C.A. CANADA	"	13 May 43	—	—	—	—
(C16) 28.3.44	TOS	TOS C.A. OVERSEAS	Tpr.	14 May 43	ICACRU	UK	117	23 May 43
		DISSEMBARKED	"	22 May 43	—	—	—	—
	TOS	TOS ICACRU	"	22 May 43	ICACRU	UK	117	23 May 43
SOS		SOS G. I. C.B.R.D	Tpr.	16 June 43	1-CACRU	UK	136	16 June 43
	TOS	TOS CAC A Sec: 4 x hist (A) from ICACRU	Tpr.	17 June 43	CAC A Sec	UK	6 A	18 June 43
SOS		SOS CA (UK) on Embarkation	—	28 June 43	—	—	—	—
	TOS	TOS CA (M)	Tpr.	29 June 43	CAC A Sec	NA	11-A	25 July 43
		Disembarked	—	10 July 43	X hist	—	—	—
		Pay Increase \$1.50	Tpr.	2 July 43	CAC x hist	NA	24-A	22 Oct 43
CHANGE of ADDRESS	Ngk M ¹⁶	Alexina Matthews (wife) G 5810 Chabot St	Tpr.	13 Nov 43	CAC x hist	NA	29 A	26 Nov 43
SOS		SOS G 4 Recce Regt	Tpr.	14 Nov 43	4 Recce	NA	55	26 Nov 43
	TOS	TOS from CAC x hist A Sec	Tpr.	30 Jan 44	4 Recce	CMF	CLA 395	11 Feb 44
(C16) 28.3.44		Killed						

CERTIFICATE OF MEDICAL EXAMINATION

Name in full MATTHEW HENRY CHARLES Place Montreal Sept 9th, 1942. Date of Medical Examination

Part 1. Information obtained from the recruit.

1. Age 19
2. Have you ever suffered from any of the following diseases?
- a. Rheumatism NO
- b. Tuberculosis or pleurisy NO
- c. Bronchitis or asthma NO
- d. Heart disease NO
- e. Kidney or bladder disease NO
- f. Stomach or bowel trouble NO
- g. Rupture NO
- h. Varicose veins NO
- i. Foot trouble NO
- j. Nasal trouble NO
- k. Ear disease NO
- l. Eye disease NO
- m. Fits NO
- n. Nervous or mental disease NO
- o. Syphilis NO
- p. Gonorrhoea NO
- q. Have you ever worn glasses? NO
- r. Are you now or have you in the past received disability pension or compensation? If so, give details NO

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

Henry Charles Matthews
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 One vaccination left arm.
2. Height 5 feet 7 1/2 inches.
3. Weight 193 pounds.
4. Complexion Fair Eyes Blue 5. Development Good. Good Fair Poor
- Hair Fair
6. Chest measurement—Girth on full expansion 42 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 C V 20 left C V 20
9. Condition of mouth and teeth Good. Reflexes normal.
10. Blood Pressure:— S. D. (Required if recruit is over 35 years of age, or if otherwise indicated)
11. Urinalysis N 1
12. The abnormalities (congenital and pathological) found on examination are as follows:—
COLOR VISION ISHIHARA (CN) ears, nose, throat negative tonsils
enlarged W.G. DALPE M.D. Overweight. Hammer toe little toe right.
13. Chest X-Ray N No. 143232 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 J.F. Mac Iver rank G. Garon rank
President Member Member
H. AUBRY MAJOR J.F. MAC IVER CAPT. G. GARON M.D.

Date SEPT 9th, 1942.

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature
SEP 12 '42	<u>TAB-T. N. Kampman</u>		
2/10/42	<u>3 - T. Garon</u>		
SEP 12 '42	<u>143232</u>		
12-12-42	<u>TAB-T. 3/</u>		
MAY 9 1943	<u>CAT. 3/</u>		
	<u>CONFIRMED</u>		

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

Regtl. No. **D-136986**

Rank.....PTE

Surname..... MATTHEWS

Christian Name.....HENRY CHARLES

[illegible]

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

30-1-44
(O.C.L.-437)

AWARDS—CANADIAN ARMY (ACTIVE)

(1557)

100M—10-41 (2195)
H.Q. 1772-45-8

FB

MATTHEWS, Henry Charles	D-136986	Tpr.	FILE NO. 405-M-30225 4th Recce. Regt.
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	
Italy Star	
War Medal, 1939-45	
CVSM & Clasp	
	5215

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

(1) MEDALS

PERSON

ENTITLED TO

GARDINER

(re-married)

Mrs. Alexina Matthews // // // // // (Widow)

277 East 14th St., HAMILTON, Ont.

5810 Chabot Street,
Montreal, Que.

ADDRESS:

Jan. 45

MEMORIAL

DATE 2-12-49

REGN. NO. 6544

(2) MEMORIAL CROSS

WIDOW

Mrs. Alexina MATTHEWS,

(1557)

ADDRESS: 5810 Chabot St., MONTREAL, Que.

2)

DESP. MAR 28 1944
REGN No. 6301

(3) MEMORIAL CROSS

MOTHER

Mrs. Lily MATTHEWS,

(1557)

ADDRESS: 6299 - 12th Ave., ROSEMOUNT, Montreal, Que.

(3)

DESP. MAR 28 1944
REGN No. 6302

File No. 705-M-30225

VERIFICATION FORM

WAR SERVICE MEDALS 1939-45

No. D 136986 Name Matthews, Henry Charles.

Rank on Discharge TP Date of Discharge 30-1-44

Authority for Discharge or Retirement Deceased

Served in:

Non-qualifying
service

Canada from 11-9-42 to 13-5-43
from _____ to _____

United Kingdom from 14-5-43 to 28-6-43
from _____ to _____

Italy from 29-6-43 to 30-1-44 K/A.

Northwest Europe from _____ to _____

-----from _____ to _____

-----from _____ to _____

Eligible for award of:

1939 - 45 Star OK

Italy Star OK

~~France-Germany Star~~

Defence Medal NE

War Medal 1939-45 OK

Canadian Volunteer Service Medal OK

with clasp 6

Verified by Edna Laine

Date OCT 8 1946

Carded OCT 9 1946

HA 165

NO RIBBON DESPATCH

To be made out in duplicate

M.F.M. 5
45M-6-41 (664-5)
H.Q. 1772-30-1064

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.....MATTHEWS, Henry Charles
(Surname first—Christian names in full—Block capitals)

(2) Regimental or Official Number and Rank.....D-136986 Pte

(3) Unit.....Gen³ List CA

(4) Are you married?.....YES

(5) If married, state,

(a) Full name of your wife.....Mrs. Alexina Matthews (Fleming)

(b) Present postal address of wife.....6312 12th Ave Rosemont, Mtl Que., Canada

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

.....Yes

(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. Henry Frank Matthews

(Tinsmith) 6299 12th Ave Rosemont Mtl, Que., Canada

(12) If your father is a widower and is totally incapacitated from earning a living—are you his sole or partial support?.....NO

(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. Lily Matthews

6299 12th Ave., Rosemont Mtl Canada

(15) If your mother is a widow, are you her sole or partial support?.....NO

(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.....NIL

Full Name.....

Postal Address.....

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

NIL

(18) Are you insured?.....Yes

If so, in what Company?.....Metropolitan

(Give number of policy)

Have you made arrangements for payment of your Insurance Premium?.....Yes

If not, and it is a monthly premium, you may assign the amount in addition to any other assignment you wish to make, provided the total assignment is not in excess of the maximum monthly amount which may be assigned.

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

Henry Charles Matthews
(Signature of officer or man)

Date 12-9-42

NOT SENT TO BUREAU

Officer Commanding.....

Date 12-9-42

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.

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

NUMBER **D.136986** RANK **Trooper**

SERVICE UNIT **4th Recce.
Regiment (C.A.).**

NAME **MATTHEWS, Henry Charles**

DATE OF BIRTH
DAY **24th** MONTH **January** YEAR **1923**

MARITAL STATUS **Married** RELIGION--**Roman Catholic**

NEXT OF KIN AS SHOWN ON
M.F.M. 1, 2 & 5 RELATIONSHIP

Wife

NAME
ADDRESS
D.A.B.

Mrs. Alexina Matthews,

ADDRESS

**5810 Chebot Street,
Montreal, Quebec.**

ADDITIONAL PERSON
TO BE NOTIFIED

ADDRESS

PARENTS NAME

ADDRESS
(IF SOLDIER
MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO.

Canrecords 4736

H.Q. 405-M-30,225

CASUALTY DETAILS

Killed in action

DATE

30-1-44

LAST WILL ATTACHED TO
NOTIFICATION TO A. OF E.?

YES/NO

M.F.M.5, ATTACHED TO
NOTIFICATION TO A. OF E.?

YES/NO

DATE

16-2-44

OFFICER I/C RECORDS

BTC

6

COPY FOR DOCUMENT FILE

CANADIAN MILITARY HEADQUARTERS

No. 2543

RECORDS OFFICE

CASUALTY REPORT

NAME (in full) MATTHEWS Henry Charles
(Surname) (Christian Names)
RANK Tpr No. D-136986 UNIT 4th Cdn. Recce Regt. CAC
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 30 Jan 44 PLACE C.M. Force.
(If ex U.K. specify theatre)
If P.O.W. or INTERNED, number and address _____
PREVIOUSLY REPORTED _____ DATE L. S. APPLEFORD (Major)
Officer i/c R.5. Wing Casualty Sect.

NEXT OF KIN

1. CANADA or U.S.A. - YES/NO (If NO, complete No.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 _____
4. Date of MARRIAGE, if known _____

WILL, EFFECTS ETC.

1. ~~NO~~ WILL HERE (or) WILL HERewith DATED 21 Jan 43 BENEFICIARY wife
Mrs. G. Matthews 6312-17th Ave Rosemount Trill EXECUTOR _____
(NAME) (ADDRESS)
2. BANK ACCOUNT - Name of Bank etc. _____ A/c No. _____
address _____
3. KIT PRIVATELY STORED - Name of custodian _____
address _____
4. Particulars of DEBTS; REMARKS, etc. _____

Date FEB 23 1944

B.E. WILLAN
B.E. WILLAN (A/Capt)
Officer i/c R.3. Wing Non-Effectives.
for Officer i/c Records.
Canadian Military Headquarters.

Original - with Will, if any, to
O.i/c Estates, C.M.H.Q.
Duplicate--to file.

CANADIAN ACTIVE SERVICE FORCE

OVERSEAS

LAST PAY CERTIFICATE

(All Ranks)

District.....

Dispersal
Area.....

Regtl. No. D. 136986 Rank and Name MATTHEWS. H.C. Pte.

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

~~Transfer~~ or Discharge)..... on 30. Jan. 44. 19.....

Reason Death Authority: C.C.L. "A" 395 d/11th Feb. 44.

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

Dr.			Cr.		
Particulars	Amount		Particulars	Amount	
Balance Dr. from last account.....			Balance Cr. from last account.....	64	03
First Monthly Payment.....			Regimental Pay <u>31</u> days at <u>\$ 1.50</u>	46	50
Casual Payments <u>AR65d/15.1.44</u>	4	47	Tradesmen's Pay..... days at <u>\$</u>		
Payments on Transfer or Discharge.....			Additional Pay (Give particulars).....		
Assigned Pay.....	23	90 days at <u>\$</u>		
Regimental Charges.....			Allowances (Give particulars)..... days		
Public Stoppages (Give particulars):			at <u>\$</u>		
<u>Rem: to Can: Cheque No 84292</u>	75	00	<u>Cash Effects J.V. 1699</u>	1	34
<u>d/25. Feb. 44.</u>					
To Balance Cr. { Free.....	9	40			
{ Deferred.....			By Balance Dr.		
Total.....	111	87	Total.....	111	87

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

Remarks:

Assnd Pay \$23.00 (W) stopped eff 1. Feb. 44.

Compiled by M. Durham.

Checked by E. Melark

Date 17th Aug. 44. 19.....

Certified correct E. Hill

for Chief Treasury Officer, Overseas.



CANADIAN MILITARY HEADQUARTERS

ESTATES BRANCH
INVENTORY

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



No., RANK and NAME D-136986... ~~Pte~~ Tpr. Matthews, H.C. (Dec'd).....

RECEIVED FROM Cdn. Sec. G.H.Q. Second Echelon.....

CHECKED BY L17349 Pte Bailey, N.S.
G-28969 Pte. Armstrong L.C. DATE 29 March 44.....

- | | |
|---|------------------------|
| 1 | Straight Razor |
| 1 | Cap Badge |
| 1 | Pair Nail Clippers |
| 1 | Comb |
| 1 | Pair Tweezers |
| 1 | Crucifix and Medallion |

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

pte M. Cathcart
for OC 1 Cdn KSD

13

Mrs. Alexina Matthews,
 5810 Chabot Street,
 Montreal, Quebec.

Any further communication on this subject should be addressed to:—

THE ADMINISTRATOR OF ESTATES,
 DEPARTMENT OF NATIONAL DEFENCE,
 OTTAWA, ONTARIO.

and the following number quoted:—

H.Q. 405-M-30225 FD 113

DEPARTMENT OF NATIONAL DEFENCE
 ESTATES BRANCH
 OTTAWA, ONT.

April 10, 1944

For the purpose of record and in the event of there being any Service estate available for distribution (according to law) on account of the late

Tpr. Henry Charles MATTHEWS, No. D.136986

C. A.



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.

RGP/JMcF

(R.G. Phelan) Capt.,
 for (L.M. Firth) Lt.-Col.,
 Administrator 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.....	Aleina Fleming Matthews	19	5810. Chabot St. Montreal. P.Q.	
2	Children of the Deceased and dates of their Births.....	Pauline Matthews born Jan 16 th 1943	1 yr.	5810. Chabot St. Montreal. P.Q.	
3	Father of the Deceased.....	Harry Matthews	58	6299-12 th Ave. Room 1. Montreal	
4	Mother of the Deceased.....	Lily Matthews	55	6299-12 th Ave. Room 1. Montreal	
5	Brothers of the Deceased	Full Blood	Basil Matthews	28	6289-12 th Ave. Room 1. Mtl.
		Full Blood	Edwin Matthews	16	6299-12 th Ave. Room 1. Montreal
		Full Blood	Louis Matthews	29	7123 Carnice, St. Montreal. P.Q.
		Half Blood	none		
6	Sisters of the Deceased	Full Blood	none		
		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.	Henry Charles Matthews
9	Date of his birth.	Jan. 24 th . 1923
10	Place and date of his marriage.	Montreal, Quebec. June 6 th . 1942
11	Place and date of his parents' marriage.	Birmingham, England. July 11 th , 1911.

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Montreal, 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) always in Montreal. (b) (c) P.Q. (d)
14	Nature of employment before enlistment.	Fitter & sheet metal worker
15	State whether he owned the premises in which he lived, and, if so, where situated.	no.
16	Name place where deceased stated he intended to make his permanent home.	Montreal, P.Q.

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?	No.
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.	4 Savings certificates. located at Montreal P.Q.
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.	Because of death overseas Policy became not valid.
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	None

OTHER PARTICULARS

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

(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

* Widow of the deceased.

Witness: J. M. Chaubault

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.

Notary Mrs. Alexina Matthews

{ Signature of Informant

5810 - C habar st.

Address

CERTIFICATE

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

*See above.

Matthews

{ Name of informant

is the* widow of the Deceased

above described, and I believe the above Declaration and the Statement of Relatives and of Particulars made by the Informant and signed in my presence to be complete and correct.

Dated at Montreal

this 25th

day of

April

19 44

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

J. M. Chaubault

Qualification:

Notary

Address

1876 Rosemount Boulevard Montreal

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

DISTRIBUTION OF SERVICE ESTATES

CM

Estates Form "P. 4"

ARMY.

Name: **MATTHEWS** **Henry C.** No.: **D.136986**
Surname Christian Names
Rank **Tpr.** Unit **C.A., O/S** Date of Death **30/1/44**

AMOUNT

Date: **14-12-44**
L.P.C.....\$ **9.40**
Other Credits..... **20.55**
Total..... **29.95**

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Widow	Mrs. Alexina Matthews, 5810 Chabot Street, Montreal, Que. (Sole beneficiary per will)	\$29.95
TO BE FORWARDED BY REG. MAIL DIRECT.			
P4. TO TREAS. 8/1/45 04			

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	\$29.95
CLASSIFIED BY Original Signed by K. L. McCUAIG			EXAMINED BY For Chief Treasury Officer		

DISTRIBUTION APPROVED AND AUTHORIZED

**Original signed by
L. M. FIRTH****(L. M. FIRTH) Lt.-Colonel
Administrator of Estates**

AUDITED FOR PAYMENT

For Chief Treasury Officer

ESTATES BRANCH

May 3, 1944.

Mrs. Alexina Matthews,
5810 Chabot Street,
Montreal, Quebec.

MATTHEWS, Henry Charles, Tpr. (Deceased)
No. D.136986, C.A.

Dear Mrs. Matthews:

Thank you for completing and returning
to us our Form P.64.

We have on file here a Will made by your husband in which he named you sole beneficiary of his estate. A photostatic copy of this Will was forwarded to the Insurance Company. There is always the possibility that your husband may have made a later Will overseas. It will probably be midsummer before the report reaches us which would contain this Will and any particulars of your husband's Last Pay Account and personal effects.

If the War Savings Certificates mentioned in your answers to our form are registered in your husband's name we will be very pleased to assist you in having them transferred to your name, or having them sold and the proceeds distributed with your husband's pay account.

We can do nothing until the report from overseas reaches us. As soon as it does we will communicate with you again. In the meantime, would you kindly retain the Certificates in your possession.

Yours faithfully,

(C. Stevenson) Capt.,
for (L.M. Firth) Lt.-Col.,
Administrator of Estates.

CS:MS

MILITIA BOOK M. 1

250M-10-12 (5040-2 & 5232)

H.O. 1772-35-1472

CANADIAN ARMY

SOLDIER'S SERVICE

AND

PAY BOOK

D-136986 H.C. *Spencer*

DECEASED

Militia Book M. 1 (Part I) Revised 1-10-42
250M—10-42 (5040-2 & 5232)
H.Q. 1772-39-1672

SOLDIER'S SERVICE BOOK

(Soldier's Pay Book, Militia Book M. 1 (Part II)
will be issued for active service.)

Every entry in this book (other than those on page 24 of this part of Militia Book M. 1, connected with the making of a Soldier's short form of Will) is to be made under the superintendence of the Officer Commanding the squadron, battery or company to which the man belongs or is attached.

Alterations in any of the entries will be initialled by an officer.

INSTRUCTIONS TO SOLDIER

1. You will be held **personally responsible** for the safe custody of this book.
2. You will **always carry this book** on your person when on duty, and on active service.
3. You must produce the book whenever called upon to do so by a competent military authority, viz.: Officer, Warrant Officer, N.C.O. or Military Policeman.
4. You must not alter or make any entry in this book (except as regards short form of Will on page 24; see instructions on pages 20 to 23), and disobedience of this order will be treated as a serious offence.
5. Should you consider that any entry is lacking or incorrect, or should you lose the book, you will report the matter to your immediate military superior.
6. You will be permitted to retain this book after discharge as a record of your services, but should you lose the book after discharge it cannot be replaced.

(I) SOLDIER'S NAME AND DESCRIPTION ON ATTESTATION

Regtl. No. D-136986Surname (in capitals) MATTHEWSChristian Names (in full) HENRY CHARLESDate of Birth 24-1-23Place of Birth ROSEMONT, QUE. CANADACitizenship CANADIANTrade on Enlistment Sheet metal worker ClassA.Nationality of Father at Birth EnglandNationality of Mother at Birth EnglandReligion Roman CatholicEnlisted at Montreal Stch, QuebecDate 11-19-42 11 SEP 42

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

Signature of Soldier [Signature]Signature of Officer [Signature]Place Dundurn, Sask. Date 7-5-43

(IV) NEXT OF KIN

Any change becoming known is to be duly noted with date of
NOTE.—No entry in these pages has any legal

Nearest degree of relationship		Names	Date
1st	Wife	Mrs. Alexina Mathews	
	Children	Mary Pauline Francis Mathews	
2nd	Father	Mr. Henry Frank Mathews	
	Mother		
3rd	*Brothers and Sisters		
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

5810 Chabot Street
Montcalm Montreal Que
Canada

6299, 12 Ave Rosemont Montreal
Quebec

[illegible]

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

Completed adv. Inq in accordance
with Standard Specifications for
a Can Reese T.C.

Date _____

Commanding

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

Courses and Schools.
Specialist Qualifications.
Swimming, etc., showing result,
Certificate number or authority.
(Two lines may be used for each entry)

Qual	205 T 9 Milwaukee	Exa	15-12-42
"	D.M. GAS TEST	BASIC	
"	DRIVER (W) CLASS III	15-1-43	
"	DRIVER (T) CLASS III	5-2-43	
"	TOET for RIFE, LMG	31-5-46	
	Summe, gas, FE, MR, ALI mfg	10-6-43	


 J. J. J. J. J.

> of Clarence (H)

[illegible]

(IX) EDUCATIONAL QUALIFICATIONS

[illegible]

10

(X) TRADE QUALIFICATIONS

(For men who have passed Trade Tests)

[illegible]

III

(XI) EMPLOYMENT WHILST SERVING

[illegible]

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

(XII) MEDICAL CLASSIFICATION

[illegible]

14


Signature of M.O.....Signature of M.O.....[illegible]

[illegible]

(XVI) PROTECTIVE INOCULATIONS

Nature of Vaccine, "T.A.B.T." Cholera, Plague, etc.	Date	Signature of Medical Officer
1 T.A.B.T.	12-9-42	<i>[Signature]</i>
2 ..	7-11-42	
3 ..	12-12-42	
TABT 0.5cc.	16/6/43	<i>[Signature]</i>
Typh Vacc (icc con)	9 Jan 44	

(XVII) VACCINATION

Date Vaccinated	Signature of Medical Officer
12-9-12	

(XVIII) MISCELLANEOUS ENTRIES

(For entries for which space is not otherwise provided)

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

Particulars	Date	Signature of Officer
X-RAY NO 143232 NEG	9-9-42	[Signature]
FINGERPRINTED & PHOTOGRAPHED		
O.H.FORM COMPLETE		
"TEST (REV.) COMPLETE"	-CAN-	
M.F.M. 196.	11.9.42	
"Q" CARD COMPLETE	9.6.43	B. CONWAY

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

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

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

No. Rank Name
states that he has executed a Will and that the same has been deposited with
at

Date

Signature of Officer.
Rank or Appointment.

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

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

Certificate M.F.M. received and forwarded to the Officer i/c Records at
Signature of Officer.
Rank or Appointment.

Signature of Officer

Date Certificate or Will extracted

Unit or Dept.

To whom sent

To whom sent

Unit or Dept.

Date Will extracted

Signature of Officer

MILITIA BOOK M. 1

PART I

250M—10-42 (5040-2 & 5232)
H.Q.1772-39-1672

CANADIAN ARMY

SOLDIER'S SERVICE BOOK

(For use on Active Service)

Reg. No. D-136986

Surname (Capitals) Matthews

Christian Names in full Henry Charles

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

SHORT FORM OF WILL

(Write Will on next page)

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

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

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

(Signature) **GEORGE BULL,**
Private No. 30000,
Cameron Highlanders.

Date 5th August, 1936.

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

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

(Signature) **GEORGE BULL,**
Private No. 30000,
Cameron Highlanders.

Date 5th August, 1936.

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

WILL

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

In the event of my
death, I give all my estate
to my Wife Mrs. A. Matthews
6312-12th Ave. Rosemont
Montreal Que Canada.

June 21st H.C. Matthews
1943. Apr. D-136986

Signature H.C. Matthews

Rank, Reg't Number Apr. D-136986

Date June 21st 1943.

Feb 16th 1944:

REC'D A.G. BRANCH
NAT. DEFENCE HQS
OTTAWA, CANADA

Mrs Henry Matthews
6299-12th Avenue

Rosemount
Montreal
Que

Dear Sir

1944 FEB 17

15:13

I am writing in reference to a telegram; Mrs Henry C. Matthews 5810. Chabot Street received on Friday the 11th of Feb. stating that my son TPR - Henry Charles Matthews D-136986, was reported killed in Italy on January the 30th. His name was not on the list in the Star yesterday. and we are truly hoping his death is a mistake. Will you please try to find out and let me know, as we are all so brokenhearted and the suspense is driving me crazy

Yours respectfully

Mrs H. C. Matthews

405-M-30225
(Records C)

21 February, 1944.

Mrs. Henry Matthews,
6299 12th Avenue,
Rosemount, Montreal,
Quebec.

Dear Mrs. Matthews:

In reply to your letter of the 16th instant, I deeply regret to inform you that official information has been received from Canadian Military Headquarters Overseas advising that your son, D136986 Trooper Henry Charles Matthews, was killed in action on the 30th day of January, 1944.

You are further advised that his name will appear in a casualty list being published in the press in the near future.

May I express my deepest sympathy in your bereavement.

Yours very truly,

R. A. L.
(C. L. Laurin) Colonel,
Director of Records,
for Adjutant-General.

ND/EKG

19th February, 1944.

Mrs. Alexina Matthews,
5810 Chabot Street,
Montreal, Quebec.

Dear Mrs. Matthews,

It is with deep regret that I learned of the death of your husband, D136986 Trooper Henry Charles Matthews, who gave his life in the Service of his Country in the Mediterranean Theatre of War on the 30th day of January, 1944.

From official information we have received, your husband was killed in action against the enemy. You may be assured that any additional information received will be communicated to you without delay.

The Minister of National Defence and the Members of the Army Council have asked me to express to you and your family their sincere sympathy in your bereavement.

We pay tribute to the sacrifice he so bravely made.

Yours sincerely,

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

FEB 17 1944
(H.F.G. Letson),
Major-General,
Adjutant-General.

ACB/SJR

7

Additional Notes by Unit M.O. and Field Ambulance.

Morphia— Dose. Time and date given—	A.T. Serum— Dose and date given—
Date of Wound or onset of illness <i>30 Jan 44</i>	Religion— <i>RC</i>
	<i>Age 21 M</i>

Disease*	Microscopic Diagnosis*			
Malaria	B.T.	M.T.	Q.	Clin.
Dysentery	B.Ex.	Ehyst.	Indef. Ex.	

Malaria Treatment							
Days	1	2	3	4	5	6	7
Ateb. grms							
Quin. grs.							

NOTES.

30 Jan 44
Wounded about 1800 hrs.
Given 3 bottles of blood between
2000 - 2100 hrs. Also 1cc
adrenaline 1:1000. Some slight
to 4 C.S.A. improvement
M. J. J. J.

* Strike out where inapplicable.

Army Form W3118.
R.A.F. Form 3118.
Naval Form M 204.

FIELD MEDICAL CARD.

No. *D136986* Rank *TPR*
Name *MATHEWS. H.C.*
Unit *4 CDN. RECCE. REGT. (4 P.L.D.C.)*

Battle Casualty. ~~Accidentally Wounded.~~ "Sick."
(Strike out description which does not apply).

Diagnosis of Unit M.O. *Shell wounds (H.E.)*

2 head arm leg. 2 shoulder *EA*

Date seen by him—*30 Jan 44*

No. of Field Ambulance—*4 Cdn.*

Date of admission—*30 Jan 44*

Field Ambulance diagnosis—*Dead on Arrival*

C.C.S. or M.C.S. diagnosis (if altered from above)—

General or other Hospital diagnosis (alterations or additions)—

Date of Admission to C.C.S., M.C.S. or General or other Hospital and designation of medical unit to which admitted must be recorded hereunder immediately on admission. Brief clinical notes should be added later, dated and signed by the M.O.

HADS.

Dead on arrival
Blanton

This F.M. Card must not be destroyed. It must be transmitted with the patient if he is evacuated to U.K. Temperature charts or additional clinical notes may be sent with it, either in the same or in another envelope attached to the patient.

May 21st 1946

Mrs H. F. Matthews
6299-12th Ave
Rosemount-
Montreal 36

405-M-302225

Dear Sir

Dear

I am writing to you in
reference to my son, Henry
Charles Matthews (TPA D136986)
who was killed in Italy January
30th 1944.

I wish to ask you if it could
be made possible for me to
have a photograph of his
grave, it is all I have now, to
look forward too. I am told
that only a wife is to have
one, but I cannot quite
believe that a Mother, would
not get one. Trusting you
will do what you can for,
not only me, but all Mothers.

Yours very respectfully
Mrs Henry F. Matthews

quote No

(405-M-302225)

(Records C)

No D.136986 Rank Trooper Name MATTHEWS, Henry Charles

Unit 4th Recce. Regt. (4 PLDG) Date of death 30th January, 1944.

Died at Italy

Cause Killed in action

Death occurred on strength of Forces. HQ 405-M-30225 d16-2-44

N/K Mrs. Alexina Matthews Relationship Widow

Address 5810 Chabot Street, Montreal, P.Q.

Remains buried in _____ Cemetery

Car Post MR 323142 Dundee Cross Rds. ~~France~~

Grave location _____

CHK ✓

OVER—

DEATH CERT. TO N.K.

BURIAL REPORT TO N.K.

RETURN TO BUR. OF STAT.

ROYAL MESSAGE DESP'D.

CAN. MESSAGE DESP'D.

21-2-44.

FEB 25 1945

NOV 24 19

FEB 2 1944

REBURIAL

Morro River Cemetery,
Ortona, Italy.

Grave 1, row A, plot 7.

Photographs

Despatched

JUN 7 1947

405-M-30,225
D.R. 2(D)

23rd February, 1945.

Mrs. Alexina Matthews,
5810 Chabot Street,
Montreal, P.Q.

No. D.136986, Trooper Henry C. MATTHEWS

Dear Madam:

With reference to the regretted death of your husband, the marginally named Canadian soldier, I am to advise that information has recently been received from overseas that his remains have been carefully exhumed from the original place of interment and reverently reburied in grave 1, row A, plot 7, of Morro River Cemetery, Ortona, Italy. 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 it is carried out you will be communicated with and given an opportunity of selecting a short personal inscription for engraving upon the memorial. Would you, therefore, be kind enough to inform this office of any change in your address.

Yours truly,

G. B. Radine
for R.T.E. Hicks-Lyne, Colonel,
Acting Director of Records,
for Adjutant-General.

FBR/EMC

405-M-30225
(Records G)

CERTIFICATE OF DEATH

THIS IS TO CERTIFY that according to information received at the Department of National Defence from the overseas authorities, No. D.136986, Trooper Henry Charles MATTHEWS, of the 4th Reconnaissance Regiment, Canadian Army, was killed in action on the 30th of January, 1944.

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

Department of National Defence,
Ottawa, Canada.
March 17th, 1944.

JBH.

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