D137478
BROWN
MOE

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OCCUPATIONAL HISTORY FORM

THIS FORM IS TO BE COMPLETED FOR EACH MEMBER OF THE ARMED FORCES. THE INFORMATION SOUGHT IS FOR THE USE OF GENERAL ADVISORY COMMITTEE ON DEMOBILIZATION AND REHABILITATION, A COMMITTEE SET UP BY THE GOVERNMENT OF CANADA TO STUDY PLANS FOR ESTABLISHING IN INDUSTRIAL LIFE THE MEMBERS OF THE ARMED FORCES, AFTER DISCHARGE. ACCURACY AND COMPLETENESS IN ANSWERING WILL BE OF MUCH HELP TO THE COMMITTEE.

PLEASE READ CAREFULLY THE INSTRUCTIONS GIVEN ON THE INSIDE OF COVER BEFORE COMPLETING FORM

PLEASE LEAVE BLANK

Section A—GENERAL INFORMATION

1. (a) Print name in full MOE BROWN (b) Reg'l. No. D-137478
2. (a) Arm of service R.C.A. (b) Unit (A'1) C.A.T.C. (c) Rank Gnr.
3. (a) Date of birth 7 Oct 1911 (b) Have you any dependents? Yes. (c) Place of residence at time of enlistment Montreal, P.Q.
4. (a) Place of enlistment Montreal, P.Q. (b) Date of enlistment 15 Oct. 42

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 13 (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.) 1st Yr. High 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? (b) If so, for what occupation? (c) Did you finish it? (d) If you did not finish it, how long did you serve at it?
9. (a) What languages do you speak fluently? English & Jewish (b) What languages do you read well? English & Jewish

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? I.L.G.W.

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 H. Podbere, & Co. Address Montreal, P.Q.
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Ladie's Coats.
20. (a) Your specific occupation Ladie's Coats. (b) Number of years' experience at this occupation with any employer 10 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? 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? (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? (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.)
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form

25 March 43

DATE ..... 194..... SIGNATURE [signature]

R.C.A. "Q" CARD COMPLETE NON-TRADESMAN.

I. Regt. No. J 13478 Rank Pte Unit Active Date 17-10-42

Name BROWN, Moe Age 31 Place of Birth Kishavov, Rumania.

Date of Enlistment 16-10-42 Place of Enlistment Mtl-South, Que. Depot D.D. 4

Languages spoken English R. Recruit A A Med. Cat. A Place D.D. 4

II. M. Test D.D. 4 Date 17-10-42

Test	Score	S.M.	
1	12		SUB-TOTAL
2	11		39
3	16		S.M.
4	11		SUB-TOTAL
5	14		25
6	8		S.M.
7	9		SUB-TOTAL
8	18		35
Total	99	S.M.	S.M.
9			GRADE V (E)

Other Tests Name or Type	Date	Place	Score	Grade
ALLOCATED BUT NOT FULLY INTERVIEWED.				

III. Military Background

None.
Good attitude towards the army.

IV. Educational Background

Languages: Jewish: very good.
Russian: fair.
6th grade.

V. Occupational Background

Clothing Operator - 14 years.

VI. Arm Desired

Work in Arm Desired

Sports: skiing - swimming.

VII.

Single. Support of mother.
Good health.
Stability: good.
Can drive for 5 years.

P/G

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

VIII. Summary

Good stability.
Definitely limited intelligence.

IX. Suggestions

R.C.A. NON-TRADESMAN.

X. Signature of Interviewer	N.C.O.	Officer
		L. Breton, Captain, A.E.

XI. Action Taken

Date of Action

Follow-up

Soldiers Qualification Card

CONFIDENTIAL

CARDS PUNCHED

D-137478 | BROWN | MOE

Regt'l. Number | Last Name (Block letters) | First Name | Middle Names

Unit: 2 C.A.R.U.

1 Corps: R.C.A. 23-

2 Nationality: 08 Can. | By Birth | By Naturalization: ✓ | Country of Birth: Roumania

3 Father Racial Origin: Jewish. Mother: "

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

5 Age: 31 (Oct. '11) 6 Height: 5 ft. 8 in. 7 Weight: 130 8 Silhouette: 1 | 2 | 3 | 4

Eyes 9 Colour of: Hazel 10 Acuity: 1 | 2 | 3 10 Glasses ..... 11 Colour Vision: 1 | 2 | 3 | 4

12 Hearing: Acuity: 1 | 2 | 3 13 Speech Defects .....

14 Handedness: R | L | A 15 Med. Category: A

Cause .....

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

Health History .....

16 Education Level: Illiterate ..... El. 8 (12) Sec. ..... ( ) (Grade completed)

Conduct during school life: Educated in Roumania

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

19 Post Graduate	Course	From—To	Degree	Year

20 Specialized Training:

1. (Course) .....

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

21 2. (Course) .....

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

22 3. (Course) .....

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

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

23 Languages: Spoken fluently: English, Jewish, (Russian, a little)

02 30 21 Written well: " "

24 Main occupation: Description: "Clothing Machine Operator"

Last 2 yrs was Shop Foreman Estimate of skill .....

5226 Duration (from—to): Mar. '29 to Oct. '42 Weekly Wage: $30.00 to $35.00

Employer's Name and Address: H. Podbera Montreal, Que.

50 "M" Test | Score | S.M.

1	12	
2	11	
3	16	
4	11	
5	14	
6	8	
7	9	
8	18	
Tot.	99	S.M.

CAN. A

Test 9 Score: Sub-total 39 S.M. | Sub-total 25 S.M. | Sub-total 35 S.M. | Grade: E

51 OTHER MENTAL

Test .....

Score ..... Grade .....

Date .....

52a MECHANICAL APT.

Test .....

Score ..... Grade .....

Date .....

52b CLERICAL APT.

Test .....

Score ..... Grade .....

Date .....

53 TRADE TESTS

Trade and Grading	Date

54 OTHER

Test .....

Score ..... Grade .....

Date .....

25 Second Most Important Occupation; Description: Clothing Machine Operator Estimate of skill .....

dis. Duration (from—to): Jan. '28 to Mar. '29 Weekly Wage: $45.00 To $50.00

Employer's Name and Address: Rosenthal Montreal

26 Third Most Important Occupation: Estimate of skill .....

Duration (from—to) ..... Weekly Wage .....

Employer's Name and Address .....

Trade Union or Professional Society .....

Vehicles: 27 Heavy Truck ..... 28 Light Truck ..... 29 4 Auto W.R. 30 Motorcycle .....

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

35 Accident Prone .....

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

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

Job promised after discharge? Yes By whom? Name H. Podbera

Job Shop Foreman Address: Montreal, Que.

Other provision for post-discharge occupation .....

Type of work desired Shop Foreman

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

36 2 Marital Status: M ..... S ✓ W ..... D ..... Sep .....

Marital Problems .....

Age of wife ..... Wife's attitude to Service ..... Wife's Health .....

37 No. of Children ..... 38 No. of Dependents 0

Relationship of Dependents .....

No. of Brothers 2 No. of Sisters 2 Position in family 5

Status of home in childhood Broken (Father died '22)

RELIG- Hebrew

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

5 Mechanics ✓ Other .....

40 Sports: (1) Skating (2) ..... (3) .....

W Team Games and Position (1) .....

(2) ..... (3) .....

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

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

Theatrical ..... Other .....

CONFIDENTIAL

42 Previous Experience in Armed Forces

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

43 CURRENT SERVICE: Date Enlisted 16 Oct 8. '42 Place Enlisted Montreal. Que

Date From—to	Country	Corps	Unit and Sub-unit	Rank 44	Principal Duty	Performance
20 10/42 - 6 1/43	Can.	Inf.	CABTC-#41	Pte	Basic	
6 1/43 - 26 3/43	"	Art.	CATC A-1	Gnr.	Arty "	
5 4/43 -	Eng.	"	2 CARU.	"	A/Tk " "	

A

45 COURSES ATTENDED

COURSES ATTENDED	PLACE	Date: From—to	Qualified as	Rating

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

CLEAR

Civil Convictions ..... Fines ..... Hospitalization .....

49 Psychiatric ☐ ☐ ☐ ☐ ☐

C.M.H.Q. 1000:115
40/P&S/1246 (10/42)

47 Classification: Military Specialties and Trades

Designation	Degree of Proficiency	Date	Authority
Gnr.			

55 Type of Service Desired (1) Gnr. Lt. A.A (2) 039

Remarks re Outstanding or Limiting Factors

Deportment	Correct
Disposition	Cheerful
Appearance (grooming)	Neat
Physical appearance	
Map Reading	Sat
Military Knowledge	"
Mechanical Knowledge	"

Came to Can. Dec. 1927. Naturalized 6 yrs. later.

Claims he got along at school alright but was discriminated quite a bit because of his racial. As he puts it there was quite a bit of discrimination in a nice way.

Born in Bessarabia which was Russian territory at time of birth but became Roumanian terr. after last. Pleasant chap, seems more intelligent than score indicates. Good attitude towards army - was called up but went active right away. Very keen to get into Lt. A/A and claims he's been trying to transfer there all along.

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

Reason for Joining Cdn. Army (if ascertainable) Called up - to but went active right away

48 Suggested Possibilities for Employment (1) .....

(2) .....

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

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

Interviewed by G.R. McCormick Capt. Date 19 May '43

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

Mrs. Ida Brown,
70 Rachel St. East,
Montreal 18, P. Q.

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

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

and the following number quoted:—

H.Q. 405-B-23,755 FD 302

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

21 Nov. 194 4

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

BROWN Moe, Gnr.

NO. D.137478 Canadian Army

ESTATES BRANCH NOV 28 1944 H.Q. OTTAWA NATIONAL DEFENCE

it is necessary that certain information regarding the deceased and his relatives should be furnished the Estates Branch. You are asked therefore to read the enclosed memorandum before completing pages 2 and 3 of this form. The particulars required are to be carefully filled in and the Declaration on page 4 should then be signed in the presence of a Clergyman, Priest, Local Magistrate, Commissioner for Oaths, Notary Public or a Commissioned Officer of any of His Majesty's Forces who should be asked to complete and sign the Certificate. This form should then be returned to the above address.

If there is insufficient space for complete particulars to be given opposite any question on pages 2 and 3 of this form, the space under "additional remarks" on page 4 should be used.

J.W. Pybus Capt
for Director of Estates.

CWP/BGS

M.F.W. 77
16M-10-44 (5854)
H.Q. 1772-39-972

ANSWER IN FULL ALL APPLICABLE QUESTIONS

STATEMENT of the Names, Ages and Addresses or Dates of Death, of all the relatives that the deceased ever had in each of the degrees specified below:

Degrees of Relationship	RELATIVES required to be accounted for		INFORMANT'S STATEMENT: NAME IN FULL of any Relative, if any, in each degree specified	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased.....				
2	Children of the Deceased and dates of their Births..... None				
3	Father of the Deceased.....				
4	Mother of the Deceased.....		IDA BROWN	64	70 Rachel St. E.
5	Brothers of the Deceased	Full Blood	SAM Brown	41	74 Rachel St. E.
			ISSIE BROWN	46	Somewhere in Russia
		Half Blood			
6	Sisters of the Deceased	Full Blood	Adele Volodarsky	44	4007 St-Urbain St.
			Edith Wayne	36	72 McNider
			Sonia Miller	34	70 Rachel St. E.
		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

8	Full names of the deceased.
9	Date of his birth.
10	Place and date of his marriage.
11	Place and date of his parents' marri
12	Place where deceased was born.
13	State, in order, the Province, State resided before enlistment and the pe
14	Nature of employment before enlist
15	State whether he owned the premise so, where situated.
16	Name place where deceased stated permanent home.
17	Did he leave a Will? If in your cus
18	If married, and domiciled in the Prov in the U.S.A. or in a Country under community of property between spou contract dealing with property?
19	Did he have a Bank, Post Office or ot give name and address of bank, etc., Do you wish it administered with th
20	Amount of War Savings Certificates where located.
21	Amount of Victory Loan Bonds he whether registered or bearer and wh
22	If deceased had life insurance, nam payable under each policy and the p therein.
23	Describe other assets, if any, and es space on page 4 if necessary.
24	Did the deceased after enlistment in (*a*) His own separate board and (*b*) Service clothing and equipm An itemized account for each such hereto, and if same is correct "approved" and sign same. particulars.
25	Have you or any other relative paid part thereof? If so, attach it amount paid, and by whom.
	(NOTE:—The government pays and burial is made Overseas as well zone, and if a relative has already pa authorized in the Regulations. An by the Government nor is it chargea

ONS

latives that the deceased ever

EMENT

e	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative

DECLARATION

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

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

*Mother of the deceased.

Witness. Ida. + Brown. Sam Miller. } Signature of Informant

70 RACHEL ST. EAST Address

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.

CERTIFICATE

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

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

Dated at ..... this 27 day of November 19 44

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces. Rev H Rotblatt Qualification MINISTER OF

Address 4367 Esplanade ave

Rev. H. ROTBLATT MINISTER OF PINKER SHUL CONGREGATION

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

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

FINGER-PRINTED

D

~~ORIGINAL~~
~~DUPLICATE~~
~~TRIPLICATE~~

M.F.M. 2
A.F.B. 271
750M—5-42 (4898)
H.Q. 1772-39-1645

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

Unit ~~GEN. LIST~~ R.C.A. CA Regimental Number D-137478

ACTIVE FORMATIONS AND UNITS OF THE CANADIAN ARMY

R.C.A. N.T.

ATTESTATION PAPER

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PHOTOGRAPHED

1. Surname ... BROWN
2. Christian Names ... MOE
3. Present address ... 70 Rachel Street, East, Montreal, Quebec, Canada.
4. Date of birth ... 7 October 1911
5. Place of birth ... Roumania (Country) ... (County or Province) ... KISHANEV (Town or Township)
6. Citizenship ... Canada (Of What Country are You Now a Citizen)
7. Religion (state denomination) ... Hebrew
8. Trade or Calling ... Operator (Clothing)
9. Married, Widower or Single ... Single
10. Name of next of kin ... Mrs. Ida Brown (Widow) D-012 VERIFIED. 4/31-42
11. Relationship ... Mother
12. Address of next of kin ... 70 Rachel Street, east, Montreal, 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

I, Moe BROWN, 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 16-10-42 ... Moe Brown (Signature of recruit)

OATH TO BE TAKEN BY MAN ON ATTESTATION

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

Witness ... (Name) (Rank) ... Moe Brown (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 16th day of OCTOBER 19 42

R.O. Gentleman Capt. (Signature of Magistrate, Justice or Attesting Officer.)

NO. 4-DISTRICT DEPOT A.F. (Officer or Rank and Unit or appointment.)

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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 BROWN (Surname) MOE (Christian Names) Regimental Number D-137478

Qualifications

Military: NIL

Business or Professional: NIL

Trade or Civil: OPERATOR (CLOTHING)

Technical: NIL

Languages: ENGLISH & JEWISH

Educational Qualifications

High School or Collegiate: NIL (years completed)

Graduation or Matriculation: NIL (specify)

*College: NIL

*University: NIL

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.	Authority: Dated
Joined on appointment 20-10-42 TOS NO 4 DISTRICT DEPOT CA	PTE	16-10-42	4DD	MTL STH	4DD PTII 253	20-10-42
SOS ON TRANSFER TO CA BTC 41 Huntingdon	"	30-10-42	"	" "	" " " 262	30-10-42
TC 41 TOS ON TRANSFER FROM 4 DD	PTE	31.10.42	TC 41	HTINGDON	TC 41 PT II - 217A	2-11-42
23-11-42 TC 41 Allocated to R.C.A.Auth. A.A.E. this centre	"		"	"	" " 235A	23-11-42
25-12-42 " Granted five days Xmas leave from 23rd Dec. to 28 Dec.42 at 0150 per day.	"	23-12-42	"	"	" " 261A	25-12-42
5-1-43 " S.O.S. to A-1 Petawawa	"	5-1-43	"	"	" " 3A	5-1-43
TOS (A1) C.A.T.C.	GNR.	6-1-43	A1 CATC	Petawawa	A-5	7-1-43
Amendement D.O. 70. Granted furlough to ~~22~~ 20 Mar 43.	do	9 Mar 43.	do	do	52	3 Mar 43.
" " Transport Warrant.	do	9 Mar 43	do	do	52	3 Mar 43.
SOS on proceeding Overseas	"	26mar43	"	"	73	27mar 43

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

CE

Name in full BROWN

Part 1. Information obta

1. Age 51 2. Have y

a. Rheumatism NO

b. Tuberculosis or pleurisy

c. Bronchitis or asthma

d. Heart disease

e. Kidney or bladder disease

f. Stomach or bowel trouble

g. Rupture

h. Varicose veins NO

i. Foot trouble NO

j. Nasal trouble

I hereby declare tha

Part 2. Information obta

Medical Officer's Remarks on info

1. Identification marks or scars

2. Height 5 feet

4. Complexion Med.

H

6. Chest measurement—Girth o

7. Vision, right 20

With Glasses— right

9. Condition of mouth and teeth

10. Blood Pressure:— S

11. Urinalysis N

12. The abnormalities (congenita

Color vision ishihar

13. Chest X-Ray N

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

Special remarks when category lo

ra

President

H. AUBRY MAJO

Date Oct. 15/4

VACCINATIONS,

Date	Brief deta
OCT 26 '42	Pte.
NOV 13 1942 DEC 19 '42	VMC
OCT 20 '42	CAT.
8-1-43	
22-1-43	CAT. 4 CONF

NOTE: Any corrections to entries rank and corps. Correcti

52	do	3 Mar 43.	
52	do	3 Mar 43.	
73	"	22 mar 43	
	do	9 Mar 43.	
	do	9 Mar 43	do
	"	5 C mar 43	"

Granted furlough to 20 Mar 43.
" Transport Warrant.
D.O. 70.
Amendment
SOS on proceedings

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

CERTIFICATE OF MEDICAL EXAMINATION

Date of Medical Examination

Name in full BROWN MOE Place MONTREAL Oct. 15/42

Part 1. Information obtained from the recruit.

1. Age 31 2. Have you ever suffered from any of the following diseases?

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

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

Signature of Applicant

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

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

1. Identification marks or scars 3 vac left arm
2. Height 5 feet 6½ inches. 3. Weight 145 pounds. Good / Fair / Poor
4. Complexion Med. Eyes Brown Hair Brown 5. Development good
6. Chest measurement—Girth on full expansion 36½ inches. Range of expansion 2½ inches.
7. Vision, right 20/30 left 20/30
With Glasses— right left 8. Hearing, right CV 20 left CV 20
9. Condition of mouth and teeth good reflexes n/r sluglish
10. Blood Pressure:— S. N D. (Required if recruit is over 35 years of age, or if otherwise indicated)
11. Urinalysis
12. The abnormalities (congenital and pathological) found on examination are as follows:—

Color vision ishihara (CN) ears nose throat neg. Dr. W.G. Dalpe.

13. Chest X-Ray N No. 150289 Laboratory at which taken D.P. & N.H. MTL.

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

Special remarks when category lower than A

H Aubry Major rank — President
P.E. Bourgeau rank — Member
R. Boucher rank — Member

H. AUBRY MAJOR P.E. BOURGEAU M.D. R. BOUCHER M.D.

Date Oct. 15/42

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature
OCT 20 '42	M.B. [illegible] Capt		
NOV 13 1942	B.A. [illegible] Capt		
DEC 19 '42	VAC [illegible]		
OCT 20 '42	CAT. [illegible] CONFIRMED PETAWAWA		
8-1-43	CAT. A CONFIRMED PETAWAWA [illegible]		
22-1-43			

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.

20-9-44

AWARDS—CANADIAN ARMY (ACTIVE) 1791 M

C.B.
500M—1-44 (3467)
H.Q. 1772-45-8

FILE NO 405-B-23,755

SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT
BROWN	Moe	D-137478	Gnr.	R.C.A.

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 C.V.S.M. & Clasp	3409 14-10-49

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

MEMORIAL BAR

DATE DESP.....

REGN. NO 4282

(1) MEDALS

PERSON ENTITLED TO Mrs. Ida BROWN (MOTHER)

ADDRESS: 70 Rachel St. E.,
MONTREAL 18, Que.

(2) MEMORIAL CROSS

WIDOW

(2)

ADDRESS:

(3) MEMORIAL CROSS

MOTHER Mrs. Ida Brown, (ENGLISH)

1791

ADDRESS: 70 Rachel St. E., Montreal 18, Que.

(3)

DESP. JAN 29 1945
REGN No. 11861

Statement of the Service of No. D. 137478. Rank Gnr. Sheet No. 1.

Name Brown. Vol.

REPORT Date	REPORT From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2. M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority Part II D.O. No. Cas. List. etc.	Authority Dated
		SOS - CANADIAN ARMY (CANADA) ON EMBARKATION AT ..... ON 29-3-43.						
		TOS - CANADIAN ARMY (OVERSEAS) ON TRANSFER ON 30-3-43. ..... AND DISEMBARKED AT ..... ON 3-4-43.						
		TOS - 2 CANADIAN ARTILLERY UNIT.	Gnr.	4-4-43.	2 Cabu	U.K.	86.	6-4-43.
		Incr R. RCJ Pay $1-40	Gnr	16 Dec 43	2 CabU	mb	138	5 June 43
		Incr R. RCJ Pay $1-50	Gnr	16 Apr 43	2 CabU	mb	138	5 June 43
SOS		SOS & Y A/T 16	Gnr	10 June 43	2 CabU	mb	142	10 June 43
	TOS	TOS from 2 CabU.	Gnr	16 June 43	Y A/T 16	mb	27	17 June 43
		D.C.A. (U.K.) on embarkation ..... 11 hours 43						
		S.C.A. ( ) ..... 12 hours 43						
		Disembarked ..... 27 hours 43	Gnr	27 hours 43	7 A/T Regt	cmt	1	4 June 44
SOS								
CB	TOS	TOS from X4 L. RCA (B) 6 Bn	Gnr	6 July 44	7 A/TK Regt	AA 1	34	13 July 44
HM 140		Killed.	Gnr.	20 Sep 44	7 A/TK Regt.	AA1	A 484.	29/9/44
CB SOS		SOS Killed in Action	Gnr	20 Sept 44	7 A/TK Regt	A.A.1	53	27 Sept 44

(a) Report		(b)	(c)	(d)	(e)	(f)	(g)
Date	From whom received	Unit	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	Place of Casualty	Date of Casualty	Army rank as at (e)	Army Form or other authority for entry to be shown
			SOS - CANADIAN ARMY (CANADA) ON EMBARKATION				
			AT ..... ON 22-3-43.				
			TOS - CANADIAN ARMY (OVERSEAS) ON TRANSFER				
			ON 30-3-43. AND DISEMBARKED AT				
			..... ON 3-4-43.				
			TOS - 2 CANADIAN ARTILLERY Reinf. UNIT.	UK	4-4-43	Gnr	86-6-4-43.
11 May 43		2 Cdn Bty	Pte W Money awee.	UK	10-17 May 43	Gnr	116
10 June 43		2 Cdn Ir	SOS to 7 AIT Regt.	UK	10 June 43	Gnr	142.
11 Jun 43		7 AIT	TOS from 2 C A R U.	"	11 Jun 43	"	27 D Jun 43
Embarked ? May (CALK)			11 Reinf TOS CAN 12 May 43. Disembarked 21 May 43				10 Jun 44
Jun 44	C.R.	7 A.I.Tk	SOS to X-3 list RCA (B)	Field	18 Jun 44	Gnr	30/44
	X-3	RCA (B)	TOS from 7 AIT Regt	"	19.6.44	"	x 83/44
C R 310	6 Bn	"	Posted to 6 Bn	"	28.6.44	"	x 87/44
C R	"	"	SOS to 7 AIT Regt	"	5.7.44	"	x 87/44
Jul 44	C R	7 A.I.Tk	TOS from X-4 list RCA (B)	"	6 Jul 44	"	34/44
AFW 3047 36 7 Pte 4 27 Sep 44			SOS Killed in Action	Field	26 Sep 44	Gnr	53/44

SERVICE AND CASUALTY FORM

PART I (For all ranks)

M.F.M. 4 (Part I)
A.F.B. 103 (Part I)
150M—3-42 (3885)
H.Q. 1772-39-1649

Unit ~~GEN. LIST~~ CA R.C.A. Regimental Number D 137478

1. Surname BROWN	(17) Regiment or Corps R.C.A.	Unit (Battn., etc) 7A Tk.
2. Christian Names Moe		
3. *Substantive Rank and Appointment Gnr		
*Acting Temporary or Local Rank		
giving date 16-10-42		
*To be entered in pencil to facilitate alteration.		
4. Place of birth Roumania Kishanev	(18) Medical	
5. Date of birth as declared on attestation 7 Oct. 1911		
(A)	Category A	Date 15-10-42 / Authority MFM 2
6. Date of enlistment 16-10-42		
7. Place of enlistment Mtl. Sth. Que.		
8. Residence at time of enlistment 70 Rachael St. E. Mtl. Que. Can.		
9. (B) Special conditions (if any) of enlistment or rate of pay		
10. (C) Any subsequent variations of conditions of service		
11. Religion Hebrew		
12. If married, state date Single	(19) Next of kin (entries to be made in pencil) Mrs Ida Brown Mother	
13. Trade on enlistment Operator (Clothing)	70 Rachel St	
14. Corps, trade and grade	Montreal Que	
15. (D) Qualifications		
16. (E) Miscellaneous entries	(20) E 12 D Feb 44	
	(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.

TAIT

SERVICE AND CASUALTY FORM

(PART II)

M.F.M.4 (a) (Part II)
40/P&S/412 (3006)

Regiment or Corps 7th Lt Regt Arm Regimental Number D-137478

Substantive Rank ..... Surname Brown Christian Names M.

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

(a) Report: Date	(a) Report: From whom received	(b) Unit	(c) Record of all casualties regarding promotions (acting, temporary, local or substantive), appointments, transfers, postings, attachments, &c., forfeiture of pay, wounds, accidents, admission to and discharge from Hospital, Casualty Clearing Stations, &c. Date of disembarkation and embarkation from a theatre of war (including furlough, &c.) in accordance with para. 2 of Note to Table 1 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 shown
29/3/17	Hdqrs	X-3	Admn. to N. Staffs (S)	Killed	17 June 44	Gnr	X86/44
30/5/17	"	"	Disch. from 14 C.C.S.	"	17 June 44	"	C/744
3/10/17	"	"	Admn. to 14 C.C.S.	"	17 June 44	"	17/44
					24		

Sheet No.....

POSTINGS FROM O/S CASUALTY LISTS

To be attached to M.F.M. 1 or M.F.M. 2

Regt'l No. D137478 Rank Gnr. Surname Brown Christian Name Moe.

Unit	Hospt.	Admitted			Discharged			Hospt. Days	Disease or Injury	Remarks	Cas. List No.
		Day	Mo.	Year	Day	Mo.	Year				
7 anti tank Reg	R.C.A.								Killed - 20-9-44		A-494
7 anti/T.K. Reg.	14 Cdn Gen.	17	6	44	27	6	44	10	Acute enteritis		C 1579

Records B3-49
H.Q. 1772-45-8
100M—7-44 (5202)

LABORATORY REPORT

Blood smear negative for M.P's.

No. 14 CANADIAN GENERAL HOSPITAL
PATHOLOGY
18 JUN 1944
F. W. Wigglesworth ..... Major
R.C.A.M.C.

Date Specimen received ..... O. i/c Laboratory.

Date Report despatched ..... Station.....

SENDER'S No. .....

C.F.A. 8. (Army Form I.3212)
40/P & S/1440 (3316)
(Pads of 100.)

LABY. REPORT No. 3219H

REQUEST FOR LABORATORY EXAMINATION

Name and Initials (in block capitals) ... BROWN -M ... Official No. & { Rank / Rating } ... Gnr. D.129478 ... Age ... 21

Ship or Unit ... 1 A/Tk. Regt. R.C.A. ... Hospital ... Ward ... H2 F13

To Officer i/c Laboratory at ... No 14 Canadian General Hospital R. C. A. M. C. ...

Accompanying Specimen of ... Blood ...

Examination required:— ... M.P's ...

Points requiring special investigation:— ...

Diagnosis—Short statement of case, including treatment and progress, and references to any previous laboratory reports:—

Repeat Mal. smear
Temp. 101

Station ... No 14 Canadian General Hospital R. C. A. M. C. ...

Date and hour of collection ... 18 June — 1130 hrs ... M.O. i/c Case

Maj. Beaven per K.H.

P.T.O.

June 18.

LABORATORY REPORT

Specimen useless as it is mixed with urine & toilet paper.

June 19.

Macro: Liquid grayish-black stool
No gross blood or mucus

Micro: Direct smear is negative for motile trophozoites but shows a few cysts like
Iodine prep is negative for cysts & ova.

Benzidene Test for occult blood.
Positive ++++

No. 14 CANADIAN GENERAL HOSPITAL
PATHOLOGY
19 JUN 1944
F. W. Wightman Major
R.C.A.M.C.

Date Specimen received ..... O. i/c Laboratory.

Date Report despatched ..... Station.....

SENDER'S No. .....

C.F.A. 8. (Army Form I.3212)
40/P & S/1440 (3316)
(Pads of 100.)

LABY. REPORT No. H330 C.

REQUEST FOR LABORATORY EXAMINATION

Name and Initials (in block capitals) BROWN- M. Official No. & { Rank / Rating } Gnr. D12478 Age 29

Ship or Unit 1 A/Tk Regt. Hospital 14 Ward H3 (F.3)

To Officer i/c Laboratory at N.o 14 Canadian General Hospital R. C. A. M. C.

Accompanying Specimen of Stool

Examination required:— Ova + culture & report to follow

Points requiring special investigation:— .....

Diagnosis—Short statement of case, including treatment and progress, and references to any previous laboratory reports:—

Diarrhoea for 3 days.
T 101 +

N.o 14 Canadian General Hospital R. C. A. M. C.

Station .....

Date and hour of collection 18 June

L. W. Brown
Maj.
M.O. i/c Case

P.T.O.

SENDER'S No. .....

C.F.A. 8. (Army Form I.3212)
40/P & S/1440 (3316)
(Pads of 100.)

LABY. REPORT No. 3215-H

REQUEST FOR LABORATORY EXAMINATION

Name and Initials (in block capitals) Brown. M. Official No. & { Rank / Rating } Gnr. D12/7478 Age 29

Ship or Unit 7 A/Tk Regt. R.C.A. Hospital 14 Ward H2 (F13)

To Officer i/c Laboratory at No 14 Canadian General Hospital R. C. A. M. C.

Accompanying Specimen of Blood film

Examination required:— for M. P.

Points requiring special investigation:— .....

Diagnosis—Short statement of case, including treatment and progress, and references to any previous laboratory reports:—

T 102°
Headache -

Station No 14 Canadian General Hospital R. C. A. M. C.

Date and hour of collection 17 June 44 Lt Brown M.O. i/c Case

P.T.O.

LABORATORY REPORT

Sputa smear negative for M. T's.

No. 14 CANADIAN GENERAL HOSPITAL
PATHOLOGY
17 JUN 1944
F. W. Wigglesworth
Major
R.C.A.M.C.

Date Specimen received ..... O. i/c Laboratory.

Date Report despatched ..... Station.....

SENDER'S No. .....

C.F.A. 8. (Army Form I.3212)
40/P & S/1440 (3316)
(Pads of 100.)

LABY. REPORT No. 3340 H.

REQUEST FOR LABORATORY EXAMINATION

Name and Initials (in block capitals) Brown M. Official No. & { Rank / Rating } Gnr. D127478 Age 29

Ship or Unit 7 A Tk Regt. Hospital 14 Ward Hz. (F13)

To Officer i/c Laboratory at No 14 Canadian General Hospital R. C. A. M. C.

Accompanying Specimen of Blood

Examination required:— for Touchet.

Points requiring special investigation:— .....

Diagnosis—Short statement of case, including treatment and progress, and references to any previous laboratory reports:—

Abd. cramps. nausea
mild fever.
tender in R. U. Quad

Station No 14 Canadian General Hospital R. C. A. M. C.

Date and hour of collection 30 June 44 1000 hrs

L. W. Brown Maj. M.O. i/c Case

P.T.O.

LABORATORY REPORT

Fouchet Test for Bilirubin in Serum - Positive ++ Trace.

No. 14 CANADIAN GENERAL HOSPITAL
PATHOLOGY
22 JUN 1944
A. F. B. ~~Major~~ Lt
R.C.A.M.C.

Date Specimen received ..... O. i/c Laboratory.

Date Report despatched ..... Station.....

LABORATORY REPORT

Brown liquid. No mucus.

Culture - Negative.

14 CAN. GEN. HOSPITAL
PATHOLOGY
No. 23 JUN 1944
A. F. Ballajor
R.C.A.M.C.

Date Specimen received ..... O. i/c Laboratory.

Date Report despatched ..... Station.....

SENDER'S No. .....

C.F.A. 8. (Army Form I.3212)
40/P & S/1440 (3316)
(Pads of 100.)

LABY. REPORT No. 3477B

REQUEST FOR LABORATORY EXAMINATION

Name and Initials (in block capitals) BROWN M ..... Official No. & { Rank / Rating } D 127478 Age .....

Ship or Unit ..... Hospital #14 Can Gen Ward H2 (F13)

To Officer i/c Laboratory at .....

Accompanying Specimen of Stool

Examination required:— Culture

Points requiring special investigation:— .....

Diagnosis—Short statement of case, including treatment and progress, and references to any previous laboratory reports:—

Station #14 Can. Gen Hosp.

Date and hour of collection June 19/44 Major Brown M.O. i/c Case

P.T.O.

REPORT OF RADIOLOGICAL EXAMINATION.

Negative

JUN 19 1944

Date .....

.....
Radiologist.

.....
Unit.

Hospital A & D No. .....

8200

X-RAY REQUISITION

Regt No. D137478 Rank Gnr Age 29

Unit 7 A/Tk Regt. R.C.A.

Name Brown M. (stretcher)

Ward 14 (F13)

Examination Requested Chest

Clinical Diagnosis T 101⁴ – some cough

Information desired pain in lower chest.

Ward

Unit .....

Date 18 June 44

Lt Brown Maj.

Medical Officer i/c Case.

CFA 70
40/P & S/1610 (3796)

NO. 14 CANADIAN GENERAL HOSPITAL, C.M.F.

Regt'l No.	Rank	Name	Unit	Ward
D-127478	Gnr.	Brown Mac.	R.C.A. 7 Art/Tk. Regt.	H2. F/B.

~~Sulphanilen~~ide - Su~~lphadia~~zine - Su~~lphapyri~~dine - Sulphaguanadine - Su~~lphathia~~zole.
(Express dosage in grammes)

Sulphaguanadine gm vi q 4 then gms. iii q.4.h.

Date June	20	21.	22	23	24							
0200		gm iii	gm iii	gm iii								
0400												
0600		" iii	" iii	gm iii								
0800												
1000		gm iii	gm iii	gm iii	gm iii							
1200	gm vi											
1400	gm iii	gm iii	gm iii	gm iii								
1600												
1800	gm iii	gm iii	gm iii		Died							
2000												
2200	gm iii	gm iii	gm iii	gm iii								
2400												
~~Daily~~ Totals	gm. xv	gm. 38	gm. 51 ~~45~~	gm 66.								

F13

No. 14 Canadian General Hospital C.A.M.C.

Medical Unit

No. D 137478 Rank Gnr.

Name BROWN - M.

Age 29 Unit 7 A/Tk. Rgt - R.C.A.

Diagnosis

Date of Admission 17 June 44

Date	June													
	17		18		19		20				21		22	
Day of Disease	3	8	10	3	8	3	9	10	3	8	10	3	8	10
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
106°														
105°														
104°														
103°														
102°														
101°														
100°														
99°														
98°														
97°														
96°														
Pulse	120	120	92	104	84	80	76	88	84	90	64	76	76	64
Respirations	18	22	20	20	20	18	18	20	18	20	20		TD	20
Motions														

CFA 71
40/P&S/1611(3073

Date.....	22		23				24		25						
Day of Disease.....	3	8	10	3	8	10	3	8	10	3	8				
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	
106°															
105°															
104°															
103°															
102°															
101°															
100°															
99°															
98°															
97°															
96°															
Pulse.....	68	72	60	64	80	84	90		92						
Respirations	20	20	20	20	20	20	20		20						
Motions.....															

Date of Admission to F.D.S., 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.

June 17/44

Wellcome 0700 hrs today.

Suddenly seized with acut

Cramps and diarrhea. Frequent

Stools (liquid). Felt faint

& leaks sick temp 103+

Abdom - tender but no def.

no localization

Impression - Acut Enteritis

Treatment Sulphaguanidine

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.

Army Form W3118.
R.A.F. Form 3118.
Naval Form M204.

FIELD MEDICAL CARD.

*No. D-137478 Rank Gnr.
Name Brown. M
Unit 7 Cdn A/Tk Regt

* In cases of Enemy Prisoners of War serial number allotted by A.F.W. 3000.

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

Diagnosis of Unit M.O.—

Date seen by him—

No. of Field Ambulance—7 Cdn C. L. F. Amb
Date of admission— 17-June-44
Field Ambulance diagnosis—

Acute Enteritis Prob. Salt Stick

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

General or other Hospital diagnosis (alterations or additions)—

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	Religion— Hebrew. Age: 29.

Sulphanilamide. Dose in grammes. Time and date given.

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

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

NOTES.

* Strike out where inapplicable.

(6215) Wt.36767 800m (12) 12/42 Gp.697 C&SLtd.

F13. 6170

Hosp. A & D No. C-~~9070~~-44

deceased

CFA 6 (Revised)
In lieu of AFI 1220
(Not to be used for British Wounded.)

HOSPITAL OR SICK LIST RECORD

D/27478 BROWN MOE

Regtl. No. Surname Christian Names

Rank Gnr. Unit 7 A/Tk. Rgt'E. R.C.A. Age 29

Hospital No 14 Canadian General Hospital C.A.M.C.

DATES OF :—

Admission 17 June 44 from 7.L.F.A. Discharge to Duty 27 June 44 Unit C.B.R.D.

Transfer from ,, for Conv. to

Transfer to

No. of days under treatment 11 Death

Theatre of Operations C.M.F. Medical Category on admission A

on discharge A.

CLINICAL NOTES :

Disease or Injury Acute Enteritis Code No. 0921

(final diagnosis) ,, ,,

,, ,,

Operation, nature and date

Anaesthetic

MEDICALS AAI

ENTERED ON CAS. CARD. CAS. LIST.

MEDICAL NOTES :

T.P.R. 101.3 - 120 - 18.

Complaints - Diarrhoea, Nauseated, Feverish } since this morning.
Vomited = once.

P.H. C.M.F. ~~Feb 1944~~ Dec 1943 - malaria = 0 jaundice = 0 dependency = 0 V.D. = 0
operations = 0 Has had daily mepacrine for past 2 mos.

Present Illness - Felt well until 0200 hrs this morning when he woke up with headache, diarrhoea and abd. cramps. Vomited a couple of times - Has had 10 stools since - watery - no blood. Cramps are relieved after bowel moots. Has not eaten anything outside of unit rations. No sore throat - no cough nor pain in chest.

PTO

On Exam = well d. & n. does not look acutely ill
face slightly flushed.
pupils equal & react to accom - clean -
throat - tonsils not enlarged - sl. red - no exudate
- no cervical adenopathy - neck flexible.
Chest - expansion good - perc. resonant
few rales left ~~Supra~~ scapular area.
heart. neg - no murmurs. not enlarged
Abd - soft - not tender liver = 0 Spl = 0
G.U. & Rectum = neg.

R. Mist Bis. Co. A.P.C.

18 June - T 102° - had two or three watery stools during night
abd. soft - no masses. few rales left chest.
Spec stool to lab. - Bl. film for M.P. = neg.

19 June - Repeat film for M.P. = neg.

20 June Still having watery diarrhoea & occas. vomiting Temp. down and feels a lot better. Start Sulphaguanidine & Fouchet for bilirubin
Some tenderness in R.U. Quad. liver + (?)
Stool exam = no gross blood nor mucus. neg for ova cysts. Occult blood ++

PRECIS OF CASE HISTORY & RECOMMENDATIONS

X-ray chest = neg.

22 June - Only one movt. yesterday - feels fine - appetite good.
Fouchet = very faintly positive

23 June - Stool exam = neg.

25 June - Normal daily stool - feels O.K. Exam neg.

To C.B.R.D. in two days -

Signature of MO i/c Case Lw Brocon Maj

Date 25 June 44

Hospital A & D No. C-8170-44

A.M.D.2—1
In lieu of A.F. W.3017
40/P & S/2 (3166)

HOSPITAL DISCHARGE NOTIFICATION

To: Officer Commanding CBRD (7 A/T Regt RCA) (Unit)

It is notified for your information that the undermentioned was discharged from No.14 Can General Hospital, R.C.A.M.C., admitted on 17-June-44 194.....

Disch/~~Trans~~ to Duty on 27-June-44 194.....

He shall attend the first Unit Sick Parade after reporting to his Unit. This document must be passed to the Medical Officer of the Unit immediately.

Name BROWN M. No. D-127478 Rank Gnr

Diagnosis Acute Enteritis 0921 (code) M.O. i/c Case L.W.Brown (Major)

..... (code)

..... (code)

Precis Case History:

Sudden onset of acute diarrhoea with abdominal cramps and nausea 17-June-44.
Had 10 watery stools since early this morning-no blood-no mucus.
Vomited twice.
Past history-negative.
On admission T.102- dehydrated- face flushed.
Exam. negative except for a few non persistant rales in left lower chest and slight general tenderness over lower abdomen.
Liver-0. spleen-0. Blood film neg for MP.
X ray chest-neg.Stool exam-neg. Temp.normal in 48 hrs. Diarrhoea cleared up on Sulphaguanidene in two days.(had69 grms)

Recommendation: 25-June-44. Has been up and afebrile for five days with normal stools etc.

27-June-44. Discharged to duty.

L.W. Brown Major
For Officer Commanding

No.14 Cdn.Gen.Hosp. RCAMC.

A II-137478

PARTICULARS

Full Name MOE BROWN

Address MONTREAL, QUEBEC, CANADA

Trade or Occupation CLOAK OPERATOR

Place & Date of Birth (hen known) KISHINEV, LAPUSHA, ROUMANIA

7th OCTOBER 1911

Subject or Citizen of ROUMANIA

Married
Single SINGLE
Widower (Widow)
Name of Wife

Parents Subjects of ROUMANIA
Citizens

Age 24 Years, Height 5 feet 7 inches

Colour WHITE Complexion DARK

Colour of Eyes BROWN Colour of Hair BLACK

Visible Distinguishing Marks MOLES ON LEFT CHEEK

Countersigned

SGD. OMER CODERRE
Chief Clerk of Naturalization

F.1048

NUMBER SERIES A

THE NATURALIZATION ACT

CERTIFICATE OF NATURALIZATION

I, the undersigned, Secretary of State of Canada, do hereby certify and declare that

MOE BROWN whose particulars are endorsed hereon,

is hereby naturalized as a British Subject, that he is entitled to all political and other rights, and privileges, and subject to all obligations duties and liabilities to which a natural born British subject is entitled or subject, and that he ha s to all intents and purposes the status of a natural born British subject.

In testimony whereof I ha ve hereunto subscribed my name and affixed the Seal of the Department of the Secretary of State of Canada, this EIGHTEENTH day of DECEMBER 19 35

This certificate shall be effective on and

from EIGHTEENTH day of DECEMBER 19 35

Signed W. P. J. O'MEARA
Under Secretary of State

FERNAND RINFRET
Secretary of State o f Canada

V

CERTIFICATE RE : ALIEN

I MOE BROWN

REGIMENTAL No. D-137478 Rank Pte

do solemnly declare the following to be a true statement;--

PLACE OF BIRTH KISHANEV, RUMANIA

DATE OF BIRTH 7TH OCT. 1911

FATHER'S NAME NIL

FATHER'S ADDRESS NIL (Country) NIL (Prow., County or State)

NIL (City or Town) NIL (Street and Number)

FATHER'S NATIONALITY NIL

MOTHER'S NAME MRS. IDA BROWN (WIDOW)

MOTHER'S ADDRESS CANADA (Country) QUEBEC (Prow., County or State)

MONTREAL (City or Town) 70 RACHEL ST. EAST (Street and Number)

MOTHER'S NATIONALITY CANADIAN (RUMANIAN)

PORT OF ARRIVAL IN CANADA MONTREAL VIA NEW YORK

DATE OF ARRIVAL IN CANADA 6 DEC. 1927

ADDRESS IN CANADA 70 RACHEL ST. EAST, MONTREAL, QUE.,CANADA.
(Last residence prior to enlistment)

x Moe Brown
(Signature of Soldier)

WITNESS Louis D'Hebert

PLACE MONTREAL SOUTH QUE CANADA

DATE 19TH OCT. 1942.

To be made in triplicate

F-1075

M.F.M. 5
150M—1-42 (3165)
H.Q. 1772-39-1651

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

INSTRUCTIONS.

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

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

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

---

(1) Name of Officer or Other Rank BROWN MOE
(Surname first—Christian names in full—Block capitals)

(2) Regimental or Official Number and Rank D-137478 Pte

(3) Unit GEN LIST CA.

(4) Are you married? Single

(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? Nil Number of boys ..... Girls .....

Names and ages Nil

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

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

Name Nil

Postal Address .....

[SEE OTHER SIDE]

(10) Have you a common-law wife—whom you have been regularly supporting and publicly representing as your wife for at least 2 years immediately prior to appointment or enlistment?.....

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

.....

.....

(11) Is your father alive?.....Nil.....

If so, state name and address, occupation.....Nil.....

.....

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

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

.....Nil.....

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

(14) Is your mother alive?.....Yes.....

If so, state name and address.....Mrs Ida BROWN

70 Rachel St East Montreal.P.Q.

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

(16) If sole or partial support of widowed mother—state what amount per month you have given her prior to appointment or enlistment.....$40.00.....

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?.....Nil.....
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?.....London Life Ins Co.....
(Give number of policy)

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

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

Mod Brown
.....
(Signature of officer or man)

Date.....19 Oct 1942.....

R.D. Smith-Capt.
.....
Officer Commanding.....

Date.....19 Oct 1942.....

NO. 4-DISTRICT DEPOT A.F.

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

DENTAL RECORD—M.F.B. 465

CANADIAN DENTAL CORPS

Chart existing dental conditions. **1**

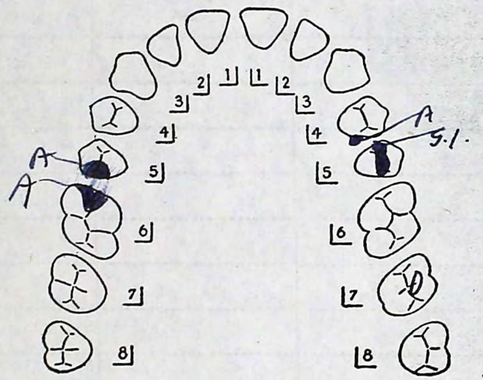
Detail only necessary treatment. **2**

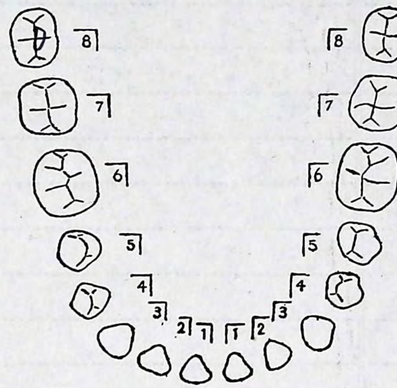
NAME BROWN BROWN MOE RANK PTE AGE 31 REG. No. [illegible]-137478

UNIT GEN.L IT CA DATE 16-10-42 19

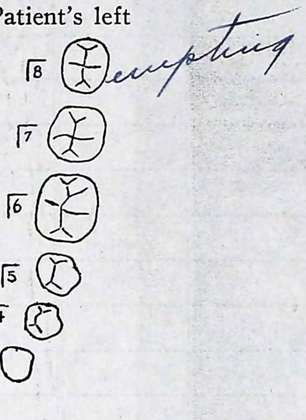
Use black, blue or blue black ink. Write plainly and abbreviate as indicated below.

Patient's right





Patient's left



ORAL HYGIENE {Good / ~~Fair~~ / ~~Neglected~~} — Strike out inapplicable words.

PROPHYLAXIS required {Yes / ~~No~~}

MUCOSA

(Describe any pathological condition briefly)

Abbreviations:—

X	Irreparable teeth—extraction		
A	Amalgam		
Ce	Cement		
S	Synthetic Porcelain		
F	Foil		
GI	Gold	Inlay	
PI	Porcelain	Inlay	
GC	Gold	Crown	
PC	Porcelain	Crown	
RC	Richmond	Crown	
JC	Jacket	Crown	

Treatment

RC	Root Canal	
V's	Vincent's	
Pe	Periodontia	
Misc.	Miscellaneous	
Ra	X-Ray	
Br	Bridge	
PD	Partial	Denture
CU	Complete Upper	Denture
CL	Complete lower	Denture
A	Adjustment	Denture

Irreparable tooth—Mark with an X drawn through diagram of tooth.
Caries—Outline defective tissue. Do not fill in space.
Edentulous Space—Indicate by a line drawn mesio-distally through diagram of missing teeth.
Restoration—Sketch outline of all serviceable restorations and write description in space adjoining diagram of teeth.

M.F.B. 465
8M pads of 100-5-42 (4681)
H.Q. 1772-39-950

G. Gipson Lieut
Signature and unit of examining officer

M.O. 21 CDN. C.D.C.

Indicate surfaces of teeth as follows:

Mesial — M
Distal — D
Incisal — I
Occlusal — O
Labial — La
Buccal — Bu
Lingual — Ll

Indicate tooth by the notation below.

8 7 6 5 4 3 2 1	1 2 3 4 5 6 7 8
8 7 6 5 4 3 2 1	1 2 3 4 5 6 7 8
Patient's right	Patient's left

Date	Notation Symbol	Description of Treatment	Signature of Operator	Date	Notation Symbol	Description of Treatment	Signature of Operator
8-1-43	Pe. Treat.	Dealing.	A.A. Brightman Capt.				
11 Jan 43		Prop.	A.A. Brightman Capt				
19 Jan 43	⌐8	X	A. A. Brightman Capt.				
22-1-43	P.O.	Treat.	A A Brightman Capt.				

Brown M

DENTAL RECORD—M.F.B. 465

CANADIAN DENTAL CORPS

Chart existing dental conditions. **1**

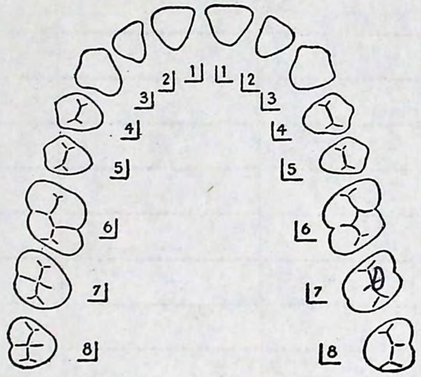
Detail only necessary treatment. **2**

NAME BROWN ~~BROWN~~ MOE RANK ~~PTE~~ GNR AGE 31 REG. No. d-137478

UNIT ~~GEN. I IT CA~~ CATC (A) "D" Br DATE ~~16~~ 20-10-42 19

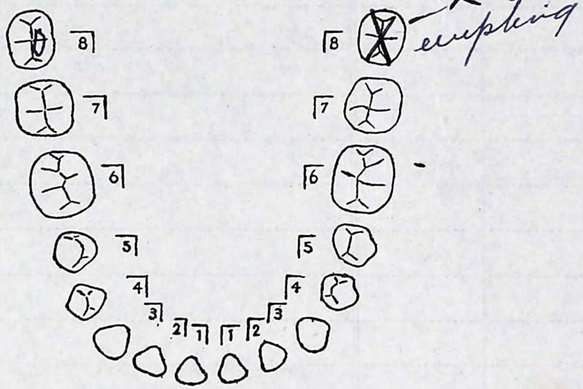
Use black, blue or blue black ink. Write plainly and abbreviate as indicated below.

Patient's right



1 C.

Patient's left



× erupting

1 C.

ORAL HYGIENE { Good / ~~Fair~~ / ~~Neglected~~ } Strike out inapplicable words.

PROPHYLAXIS required { Yes / ~~No~~ }

MUCOSA

(Describe any pathological condition briefly)

Abbreviations:—

X Irreparable teeth—extraction
A Amalgam
Ce Cement
S Synthetic Porcelain
F Foil

Inlay: GI Gold, PI Porcelain

Crown: GC Gold, PC Porcelain, RC Richmond, JC Jacket

Treatment: RC Root Canal, V's Vincent's, Pe Periodontia, Misc. Miscellaneous, Ra X-Ray

Br Bridge

Denture: PD Partial, CU Complete Upper, CL Complete lower, A Adjustment

Irreparable tooth—Mark with an X drawn through diagram of tooth.
Caries—Outline defective tissue. Do not fill in space.
Edentulous Space—Indicate by a line drawn mesio-distally through diagram of missing teeth.
Restoration—Sketch outline of all serviceable restorations and write description in space adjoining diagram of teeth.

M.F.B. 465
8M pads of 100-5-42 (4681)
H.Q. 1772-39-950

G. G. Jones Capt

Signature and unit of examining officer

NO. 24 COY. C.D.C.

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

NUMBER D.137478 RANK Cnr. SERVICE UNIT 7 Anti Tank Regiment R.C.A. (CA).

NAME BROWN, Mac

DATE OF BIRTH DAY 7th MONTH October YEAR 1911 Enlisted: 16-10-42

MARITAL STATUS Single Religion: Hebrew

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

ADDRESS 70 Rachel St. E., Montreal 18, Que.

NAME ADDRESS D.A.B. Mrs. Ida Brown

ADDITIONAL PERSON TO BE NOTIFIED

ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. 1326A

CASUALTY DETAILS H.Q.405-B-23,755

Killed in action

DATE 20-9-44

MEDITERRANEAN

LAST WILL ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO PAL

M.F.M.5. ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO S/L 2525 O/S with R.C.A.

DATE 7-10-44

OFFICER I/C RECORDS

6

COPY FOR DOCUMENT FILE

REBURIAL

Coriano Ridge British Empire Cemetery,
2 miles North of Coriano, Italy.

Grave 3 row B, plot 13.
(Multiple Grave)

HI & CR Form Despd. OCT 12 1946

BURIAL REPORT TO N.K. JAN 15 1946

RETURN TO BUR. OF STAT. NOV 29 1945

ROYAL MESSAGE DESP'D. OCT 19 1944

CAN. MESSAGE DESP'D. OCT 16 1944

397986

No D.137478 Rank Gunner Name BROWN, Moe

Unit R.C.A. Date of death 20th Sept., 1944.

Died at Italy.

Cause Killed in action.

Death occurred on strength of Forces.H.Q. 405-B-23755

N/K Mrs. Ida Brown, Relationship Mother

Address 70 Rachel Street E., Montreal 18, Quebec.

Remains buried in Cemetery

Grave location

OVER

1880

FORM NO. 1

Register No..... Nominal Roll No.....

H.Q. File No.....

To: P.M.G.

CANADIAN ARMY (ACTIVE)

Computation of Service

WAR SERVICE GRANT

Regt. No.	Rank when S.O.S.	Surname	Christian Name in Full
D-139478	Gnr	BROWN	MOE

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. 16 Oct 42	T.O.S.	T.O.S.
S.O.S. 20 Sep 44 MD 0/S	S.O.S. MD	S.O.S. MD
Total Days 706	Total Days	Total Days

Total Service ..... 706 ..... DAYS

—	Total Service	Less Non-qualifying Service	Net Service
Western Hemisphere	165	—	165
Overseas Service	541	—	541
Totals	706	—	
Add Non-qualifying Service			—
Total Service			706

EMBARKATION DETAILS:

1. Date S.O.S. Overseas 20 Sep 44 2. Date S.O.S. Overseas .....

REMARKS:

KILLED IN ACTION 20 Sep 44

Computer's Signature ..... D. L. Smith

Checker's Signature ..... J. F. O'Leary

Date Computed ..... 9 May 45

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

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

500M—11-44 (6012)
H.Q. 1772-45-8

Details of Non-Qualifying Service

Western Hemisphere—

Forfeits for	From	To	Effective Date	Days	Total
				Total	Nil

Overseas: T.O.S. 30 Mar 43 T.O.S. T.O.S.

S.O.S. 20 Sep 44 S.O.S. S.O.S.

MFM 710
40/P & S (3444)

CANADIAN ACTIVE SERVICE FORCE
OVERSEAS

District.....

Dispersal Area.....

LAST PAY CERTIFICATE
(All Ranks)

Regtl No. D.137478. Rank and Name Brown. M. Gnr.

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

(Transfer or Discharge) ~~XXXXX~~ to.....on 20th. Sept. 19 44.

Reason Death. Authority : C.C.L. "A" 494 d/29th. Sept. 44.

The following is a statement of the account of the above-named from 1st. Sept. to 30th. Sept. 19 44. the inclusive date of transfer or discharge.

Particulars	Dr Amount		Particulars	Cr Amount	
Balance Dr from last account			Balance Cr from last account	84	75
First Monthly Payment AR 99 d/10.9.44.	8	94	Regimental Pay 30 days @ $ 1.50	45	00
Casual Payments			Technical Pay ..... days at ..... $		
Payments on Transfer or Discharge			Additional Pay (Give particulars) .... days at ..... $		
Assigned Pay	23	00			
Regimental Charges			Allowances (Give particulars) ..... days at ..... $		
Public Stoppages (Give particulars) :					
			Cash effects S.O.C.R. 37311		9
To Balance Cr Free	97	90			
To Balance Cr Deferred			By Balance Dr		
Total	129	84	Total	129	84

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

Remarks :

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

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

Amount re-credited is included in Bal. B/F at 1st. Sept. 44.

The above statement has been compiled from Treasury records, the latestpaybook not being available.

Compiled by D.P. Maloney.

Checked by E V Collins

Date 1st. March. 19 45.

P.H.

Certified correct D. A. Bowley
for Chief Treasury Officer, Overseas

ENDORSEMENTS

DEBITS AND/OR CREDITS SUBSEQUENT TO ISSUE OF L P C
Prior to compilation of statement below

Date	Unit	Payments	Amount Dr		Amount Cr		Paymaster's Signature
		Balance from L P C					

Explanation of Debit Balance :-

STATEMENT OF ACCOUNT

Date		Particulars	Dr		Cr	
		Balance as shown above				
		Pay and Allowances from ..... to				
		Assigned Pay months of				
		Civilian Clothing Allowance				
		Boat Expense Money				
		Train Expense Money				
		Miscellaneous Debits (give details)				
		Miscellaneous Credits (give details)				
		TOTAL				

DEBITS AND/OR CREDITS SUBSEQUENT TO COMPILATION OF ABOVE STATEMENT

Date	Unit	Particulars	Dr		Cr		Signature of Paying Officer

Place of Embarkation.....
Date of Embarkation.....
Place of Disembarkation..... HM Transport.....
Date of Disembarkation.....

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

CANADIAN MILITARY HEADQUARTERS

ESTATES BRANCH
INVENTORY

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

No., RANK and NAME ..... D-137478 Gnr. Brown M. ..... Dec'd

RECEIVED FROM ..... C.H.Q. Cdn. Section 2nd. Ech A.A.I.
M-16018 Pte. Murdoch W.J.
B-73775 Pte. Todd F.A.

CHECKED BY ..... DATE 20 Dec 44

2	Jewish Prayer Books		
	Letters		
1	Identity Bracelet		
1	Woolen Sweater		
1	Money Belt		
12	French Coins		
1	Cdn. Coin 1 Cent		
1	Cdn. Ten Cent Piece to C.P.M.		
1	English Coin		
1	Lanyard		
2	Keys		

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

TRIPLICATE — with effects.

J A Todd Pte

for OC 1 Cdn KSD

D.137478 GNR.M.BROWN (JEW)
B.17676 BDR. J.T. CHAPELL
B.43722 GNR. A.E. HODGES
K.18066 SGT. M. VANNORMAN
R.C.A.
20.9.44

a/k col

Gnr Brown M.

Graves Registration & Enquiries
(Records) C.M.F. 20

G R Pl
3 B 13

CORIANO Ridge
Britsh Empire Cemetery

File No 405 - B - 23755

R E B U R I A L

NO D.137478

RANK Gunner

NAME BROWN, M.

HEBREW

NAME OF CEMETERY Coriano Ridge British Empire Cemetery

LOCATION OF CEMETERY 2 miles North of Coriano, Italy.

GRAVE LOCATION Plot 13. Row B. Grave 3(M.G.)

AUTHORITY 54-27-88-2 Vol.

Reburial list.

34

FORMULE 6

BUREAU FÉDÉRAL DE LA STATISTIQUE—COPIE DU BULLETIN DE DÉCÈS—QUÉBEC

N'écrivez pas dans cet espace

1. LIEU DU DÉCÈS — Comté municipal | Nom officiel de la municipalité civile ou du canton | *Apposer un X sur le mot qui s'applique à cette municipalité ou ce territoire* — *Cité | Ville | Village | Paroisse | Canton*

Rue ..... No. ..... Hôpital ou institution .....

2. SÉJOUR — (a) dans l'hôpital ou l'institution ..... *Années* ..... *Mois* ..... *Jours* ..... | (b) dans la municipalité du décès ..... *Années* ..... *Mois* ..... *Jours* ..... | (c) dans la province ..... *Années* ..... *Mois* ..... *Jours* ..... | (d) au Canada (s'il s'agit d'un immigré) ..... *Années* ..... *Mois* ..... *Jours* .....

3. NOM DU DÉFUNT

Nom de famille ..... (*Lettres moulées*)

Noms de baptême ou prénoms .....

N'écrivez pas dans cet espace

RÉSIDENCE

4. Rue ..... No. .....

Nom officiel de la municipalité civile ou du canton .....

Comté municipal ..... Province .....

5. SEXE	6. NATIONALITÉ (Citoyenneté)	7. ORIGINE RACIALE	8. Célibataire, marié, veuf ou divorcé (*Ecrire l'un de ces mots*)

9. Si le défunt était marié, nom de son conjoint .....

10. LIEU DE NAISSANCE (Province ou pays) .....

11. DATE DE NAISSANCE ..... (jour) (mois) (année)

12. ÂGE DU DÉFUNT	Années	Mois	Jours	Si âgé de moins d'un jour
				.....hrs. ou.....min.

OCCUPATION

13. Métier, profession ou occupation, ex. **tisserand, voiturier, employé de bureau,** etc .....

14. Genre d'industrie ou d'entreprise, tel que **filature de coton, industrie du bois, banque,** etc .....

15. Dernière date à laquelle le défunt vaquait à ce travail .....

16. Nombre d'années occupées dans cette profession .....

	17. NOM	18. LIEU DE NAISSANCE (Province ou pays)
PÈRE		
MÈRE (Nom de fille)		

19. Lieu de l'inhumation, de l'incinération ou destination du transport .....

20. Date de l'inhumation ..... 19.....

21. LIEU DE L'ENREGISTREMENT DE CETTE SÉPULTURE

(a) Nom de la paroisse ou église .....

(b) Municipalité civile de .....

(c) Comté municipal .....

(d) Date ..... 19..... (jour) (mois) (année)

CERTIFICAT MÉDICAL CONFIDENTIEL DE DÉCÈS

22. Date du décès ..... 19..... (jour) (mois) (année)

23. JE CERTIFIE PRÉSENTEMENT que j'ai donné mes soins au défunt depuis le .....19.....jusqu'au.....19.....

que je l'ai vu vivant pour la dernière fois le.....19.....

24. CAUSE DU DÉCÈS

I

Cause immédiate Mentionner la maladie, blessure ou complication, causant la mort, **non pas** son syndrome final, tel: syncope, asphyxie, asthénie, etc. (a) ..... dû à

États morbides, s'il y en a, ayant produit la cause immédiate (Les indiquer dans l'ordre chronologique inverse de leur apparition). (b) ..... dû à (c) .....

II

Autres conditions morbides (importantes seulement) ayant contribué au décès mais n'ayant aucune portée sur la cause immédiate. .....

III Si une maladie contagieuse est mentionnée à ce certificat, donner (a) Date d'éclosion.....19..... (b) Durée de la maladie.....jours

25. S'il s'agit d'une femme, y avait-il état puerpéral? .....

26. Y a-t-il eu intervention chirurgicale? .....Date de l'opération.....19.....

Constatations .....Y a-t-il eu autopsie? .....

27. Dans les cas où le décès est attribuable à des causes extérieures (violence):—

Accident, suicide ou homicide .....Date.....19..... (Spécifier)

Manière de la blessure ..... (Dans quelle circonstance)

Nature de la blessure .....

Indiquer si la blessure a été infligée **au lieu du travail, dans l'habitation ou dans un endroit public** .....

Signature.....**M.D.**

Adresse.....**Date**.....**19**.....

28. Signature de la personne qui remplit la formule (vicaire, coroner, autorité d'un hôpital, etc.)

.....

Cette signature autorise le collecteur à accepter la formule comme authentique.

29. Nom du ministre du culte gardien du registre de l'État civil où est inscrit l'acte de cette sépulture.

.....

(For English see other side)

FORM 6

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not write in this space

1. PLACE OF DEATH

Municipal county: IN THE FIELD (ITALY)

Official name of civil municipality or township:

Place an X over the word which applies to this municipality or this territory

City | *Town* | *Village* | *Parish* | *Township*

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: BROWN

Given names: Moe

(*Block letters*)

Do not write in this space

4. RESIDENCE

Street: Rachel St. E. No.: 70

Official name of civil municipality or township: Montreal

Municipal county: Province: Que.

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

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

10. BIRTHPLACE (Province or Country): Romania

11. DATE OF BIRTH: October (Month) 7th (Day) 1911 (Year)

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

OCCUPATION

13. Trade, profession or kind of work, as **spinner, teamster, office clerk,** etc.: Operator (Clothing)

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

15. Date deceased last worked at this occupation

16. Total years spent in this occupation

	17. NAME	18. BIRTHPLACE (Province or Country)
FATHER		
MOTHER (Maiden Name)		

19. Place of burial, cremation or removal: Italy

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

21. PLACE OF REGISTRATION OF THIS BURIAL

(a) Name of parish or church

(b) Civil municipality of

(c) Municipal county

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

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: September (Month) 20th (Day) 19 44 (Year)

23. I HEREBY CERTIFY that I attended deceased from

....19.... to....19....

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

24. CAUSE OF DEATH

I

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

(a) Killed in action.

due to

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

(b)

due to

(c)

II

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

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

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

(b) Duration of disease....days

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

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

State findings.... Was there an autopsy?

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

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

Manner of injury....
(How sustained)

Nature of injury....

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

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

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

OVERSEAS CASUALTY CANADIAN ARMY

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

This signature authorizes the collector to accept this form as authentic.

29. Name of clergyman in charge of Register of Civil Status in which registration of this burial was made.

(Voir l'autre côté pour le français)

Director of Records, Dept. of Natl. Defence

NOV 29 1945

H05-B-23755

Read this whole Form and Instructions on other side before commencing to compl[illegible]e.

WILL

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

(1) I, MOE BROWN (Name in Full), of the City (City, Town, Village, Township)

Address in civil life.

of Montreal, in the County District of Hochelaga

Province of Quebec, Operator Clothing (Civil Occupation)

Regimental No. D-137478, 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 IDA BROWN

FAST

Residing at: 70 Rachel St Montreal Quebec Canada.

All my estate both real and personal.

M.B.

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

M.B.

(4) I appoint ..... (Name) (Address)

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

IN WITNESS WHEREOF I have hereunto set my hand this 19th day of October 1942.

Signed and acknowledged by the Testator, in the presence of us present at the same time who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as witnesses.

Moe Brown
(Signature of soldier)

First witness sign here.

(5) Signature Paul Emile Libert

Civil Address 5160 Montana Montreal

Civil Occupation accountant

Second witness sign here.

Signature Louis D. Hetu, B.C.

Civil Address 4300 Chomedey St. Montreal P.Q.

Civil Occupation Salesman

(Witnesses are not to be beneficiaries.)

[OVER]

COPY

M.F.M. 5
300M—1-43 (7930)
H.Q. 1772-39-1651

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

INSTRUCTIONS

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

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

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

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

(2) Regimental or Official Number and Rank ..... D 137478 Private

(3) Unit ..... Gen List CA

(4) Are you married? ..... NO ..... (5) If married, state,

(*a*) Full name of your wife .....

(*b*) Present postal address of wife .....

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

.....

(7) Are you a widower? ..... NO .....

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

Names and ages .....

.....

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

.....

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

Name .....

Postal Address .....

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

If so, state her full name and postal address .....

.....

.....

[SEE OTHER SIDE]

(11) Is your father alive? NO If so state name and address, occupation .....

.....

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

(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 .....

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

(14) Is your mother alive? Yes If so, state name and address Mrs. Ida Brown

70 Rachel St. East, Montreal, P.Q.

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

(16) If sole or partial support of widowed mother—state what amount per month you have given her prior to appointment or enlistment $40.00

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

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

Relationship .....

Full Name .....

Postal Address .....

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

(18) Are you insured? Yes If so, in what company? London Life Ins. Co.
(Give number of policy)

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

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

Date 19 Oct 42 (Sgd) Moe Brown
(Signature of officer or man)

(Sgd) R.O. Grothe? Capt.

Date 19 Oct 42 Officer Commanding #4 District Depot

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.)

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

DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

4 ARM

DECEASED MEMBER'S NAME: Moe (CHRISTIAN NAMES) BROWN (SURNAME)

REGISTER NO. D-10207

FILE NO. 405-B-23755

PAYEE: Mrs. Ida Brown,

ADDRESS: 70 Rachel St., East Montreal, 18, P.Q.

DATE 30-5-45

SERVICE NO. D-137478

FINAL RANK OR RATING Gnr.

DATE OF TERMINATION OF OVERSEAS SERVICE 20-9-44

DATE OF DISCHARGE 20-9-44

	$	¢
A. TOTAL QUALIFYING SERVICE NO. OF DAYS 706/30 EQUAL TO 23 COMPLETE PERIODS AT $7.50 (690 (16))	172.50	
B. QUALIFYING OVERSEAS SERVICE No. of Days 541 LESS 16 INELIGIBLE DAYS, EQUAL TO 525 DAYS @ 25c. PER DAY — SEE PAR. 2 OVERLEAF FOR EXPLANATION	131.25	
	303.75	

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY	$ 1.50	
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE	$ 1.25	
ADDITIONAL PAY	$	
	$	
	$	
DEPENDENTS' ALLOWANCE 1/30 OF $ 25.00	$ .83	
TOTAL	$ 3.58 × 7 = $ 25.06	
NO. OF DAYS 541/183	× $ 25.06	74.08

RECEIVED
JUN 2 1945
WAR SERVICE GRATUITY DIVISION, ARMY TREASURY

D. WAR SERVICE GRATUITY		377.83
E. DEDUCTIONS OVERPAYMENT OF PAY AND ALLOWANCES	$	
DEPENDENTS' ALLOWANCE AND ASSIGNED PAY	$	
OTHER DEDUCTIONS	$	
F. TOTAL AMOUNT PAYABLE		377.83

G. YOUR PORTION OF GRATUITY IS— 100%

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

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

24

ΔT

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

PREPARED BY	CHECKED BY
PJ	

TREASURY	
CHECKED BY	DATE
R. J. Gravel	4.6.45

SERVICE REPRESENTATIVE