D138087 WRIGHT RONALD

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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.)

Regimental Number. D-138087

### ACTIVE FORMATIONS AND UNITS OF THE CANADIAN ARMY

		ATTESTATION PAPE	R
1.	Surname	WRIGHT	
2.	Christian Names	ROMALD	
3.	Present address	Fulford, Brome County,	uebec, Canada.
4.	Date of birth	21 July 1923	
5.	Place of birth(Country)	(County or Province)	(Town or Township)
	Citizenship  Religion (state denomination)	(Of What Country are You Now a Citizen) United Church of Canada	
	Trade or Calling	Laborer	
	Married, Widower or Single	Single	
10.	Name of next of kin	Mr George Wright	
11.	Relationship	Father	
12.	Address of next of kin	Fulford, Brome County, (	mebec, Canada,
		served in a Reserve Formation or Unit  (If Yes, Give Unit and Dates of Service)	
14.	······································	e Formation or Unit of The Canadian	Army?(Yes or No) (b) Any other Naval, Military, or
	rce?	(Yes or No) (If Yes, specify Unit and Period of Service) War 1914-1918?	W. 100
		f Yes, specify Regimental No., Unit and Dates of Service	
Ari per	I, RONALD WRIGHT  ove particulars are true, and I have so long as an emergency, i.e., iod of demobilization after said evear, provided His Majesty shows	ereby engage to serve in any Active war, invasion, riot or insurrection, reademergency ceases to exist, and in any ald so require my services.	Formation or Unit of The Canadal or apprehended, exists, and for event for a period of not less to
Da	te. 1 DECEMBRE 1942.	1 A on	ald Waright gnature of recruit)

I, RONALD WRIGHT do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty. Witness. (Name) (Signature of Recruit) (Rank)

### 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,

december 1942 19 ..... at...MONTREAL SONT ..day of ..... Signature of Magistrate, Justice or Attesting Officer. Officer or Rank and Unit clal Recruiting Officeror appointment.

Record of Service o	WRIGHT			RONALD		Regimental N	Imbor D-	138087
	QUALIFICATIONS (Surname)	(Christian Name	es)	Ept	JCATIONAL QUA	189	umber	•••••••••••••••••••••••••••••••••••••••
Military		High Scho	ol) NIL			Graduation )		
Business or Professional	NIL	or Collegiate		(years complete	ed)	or Matriculation	(s	pecify)
Trade or Civil	LABORER	*College	6 VRS P	UBLIC SO		aviati iculation j		
Technical	w NIL	*Univers	N	IL	•••••••••••••••••••••••••••••••••••••••			
Languages	ENGLISH					,		
	be taken on as Private soldiers, appointments and promotions to his	The state of the s			and degrees obtained to			
Record of Pro	motions, Reductions, Transfers, Casualties, Reports, etc., from date taken on Strength of Field Force	Rank Shown	Effective Date	Unit	Place		Authority	
Joined on appointment TO	S NO 4 DISTRICT DEPOT CA.	PTE	1-12-42	4DD	MTL.STH	Part II D.O. No. Ca		Dated 3-12-42
L	dmitted sick to Longueuil Mil. Hosp. ongueuil Que. ischarged from Longueuil Mil. Hosp.	Pte	3-12-42					5-12-42
	ongueuil Que.	Pte	5-12-42	88	10 18	22 97 61	294	7-12-42
(3.0.S. on tran	asfer to C.A.(B) T.C. 45 Sorel que	F1	18-12-4	***	<b>11</b>	F\$ \$9 \$3.	304	18-12-42
-12-42 CI45	TOS Pris sur l'effectif	11	19-12-42	CI45	Sorel,Q	CI45 PTII	294A	19-12-42
-12-42	est acc un conge de 1800hres le 28-12-42							
	a 1800hres le 2-1-43; aussi aut a rec une all de subs de \$0.50 par jour (5) jours		28-12-42	***	8	11 11	295A	21-12/42

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

Rayé de l'eff. sur transfert au A-12 Farnham, Que.

Disch from Pasteur Hosp Montreal

T.O.S. on temp attch from T.C. 45 Sorel Que. :

Admitto Pasteur Hosp Montreal Que Grantedconv leave fro m 22-4-43 tp 26-4-43 Aut to draw ration all \$0.50 per diem Art 196 F.R.&.I.

24-2-43

A-12

Farnla m

23-2-43

1-443

22-4-43

21-4-43

21-12/42

24-2-43

23-4-43

A/77 5-4-43

A-46

A-93

A 93

### CERTIFICATE OF MEDICAL EXAMINATION

	Date of Medical Examination
Part 1. Information obtained from the reci	
1. Age 2. Have you ever suffered from	
a. Rheumatismno	
b. Tuberculosis or pleurisyno	
c. Bronchitis or asthmano	m. Fits
d. Heart diseaseno	n. Nervous or mental diseaseno
e. Kidney or bladder diseaseno	
f. Stomach or bowel trouble	p. Gonorrhoeano
g. Ruptureno	
h. Varicose veinsno	and displifies manaism
i. Foot trouble	compensation? If so, give details
j. Nasal troubleno	Remail who
Thereby declare that I have not suffered	d from any diseases whatsoever except as stated above.
a sicrosy decided a may confidence	Rand Wright
	Signature of Applicant
Part 2. Information obtained by medical e	examination. THE RECRUIT MUST BE STRIPPED.
Medical Officer's Remarks on information as stated in	1 1 al C 1
	······································
1. Identification marks or scars	loft.arm.
2. Height5 feet9inche	s. 3. Weight1.4.3pounds. Good
	5. DevelopmentGoodFair
HairAuburm	Poor
9. Condition of mouth and teethgood	0 R - 3 / 4 x 90 - 20/30 DR.H.MICHAUD L - 3 / 4 x 90 - 20/40 DR.H.MICHAUD 8. Hearing, right ov 20 left cv 20
0. Blood Pressure:—S	ed if recruit is over 35 years of age, or if otherwise indicated)
2. The abnormalities (congenital and pathological) for	ound on examination are as follows:—
COLOR VISION ISHTHARA (CN) EAL	RS. NOSE THROAT & REFLEXES NORMAL
District and I continued to the same and the	DR.W.G. DALPE.
Physical examination negative	
3. Chest X-Ray No. 1922 Laboration	oratory at which takenD.P&N.HMtl
Part 3. We, the examiners, find no evidence of	
nd Instructions for the modical arramination of Dooms	ruit in accordance with the pamphlet "Physical Standards
	ruit in accordance with the pamphlet "Physical Standards its" and he is found fit for Category
	ruit in accordance with the pamphlet "Physical Standards its" and he is found fit for Category
pecial remarks when category lower than A	ruit in accordance with the pamphlet "Physical Standards its" and he is found fit for Category
President CAPT.  J.E. RACI	ruit in accordance with the pamphlet "Physical Standards its" and he is found fit for Category
President CAPT.  J.E. RACI	ruit in accordance with the pamphlet "Physical Standards its" and he is found fit for Category
President CAPT.  J.E. RACI  Oate 30 November 1942.	ruit in accordance with the pamphlet "Physical Standards its" and he is found fit for Category
pecial remarks when category lower than A.  H. GLICKMAN CAPT.  ate. 30 November 1942.	ruit in accordance with the pamphlet "Physical Standards nits" and he is found fit for Category
pecial remarks when category lower than A	ruit in accordance with the pamphlet "Physical Standards aits" and he is found fit for Category  Vision  rank  Member  TCOT M.D. A.G. MORP HY M.D.  RECLASSIFICATION OF MEDICAL CATEGORY
pecial remarks when category lower than A	ruit in accordance with the pamphlet "Physical Standards its" and he is found fit for Category  Vision  rank  Member  TCOT M.D. A.G. MORP HY M.D.  RECLASSIFICATION OF MEDICAL CATEGORY
pecial remarks when category lower than A.  H. GLI CKMAN CAPT.  President CAPT.  J.E. Member ACT  VACCINATIONS, INOCULATIONS, BOARDS,  Date  Brief details and signature  DEC 3 47  14 1943	ruit in accordance with the pamphlet "Physical Standards its" and he is found fit for Category  Vision  rank  Member  TCOT M.D. A.G. MORP HY M.D.  RECLASSIFICATION OF MEDICAL CATEGORY
President CAPT.  J.E. RACI  Oate. 30 November 1942.  VACCINATIONS, INOCULATIONS, BOARDS,  Date  Brief details and signature  DEC 3 '4?  14 1943  3 '42  5 1943  Date  December 1942  December 1942  December 1942  December 1942  December 1942  December 1942  December 1943  December 1943  December 1942  December 1943  December 1943  December 1943  December 1944  Decem	ruit in accordance with the pamphlet "Physical Standards nits" and he is found fit for Category
Perial remarks when category lower than A	ruit in accordance with the pamphlet "Physical Standards aits" and he is found fit for Category "A-2"  Vision  CLICAL Trank  Member HY M.D.  RECLASSIFICATION OF MEDICAL CATEGORY  Date  Brief details and signature  6-7-43  Recheck Cat. O arms Caligny Ruly
pecial remarks when category lower than A	ruit in accordance with the pamphlet "Physical Standards nits" and he is found fit for Category
President CAPT.  Ate. 30 November 1942.  VACCINATIONS, INOCULATIONS, BOARDS,  Date  Brief details and signature  DEC 3 '4?  14 1943  B '42  5 1943  DOC  DATE  DEC 3 '49  DEC 3	ruit in accordance with the pamphlet "Physical Standards nits" and he is found fit for Category "A-2"  Vision  COLO. Trank  Member  FCOT M.D. MORPHY M.D.  Brief details and signature  6-7-43 Recheck Cat. O arms Caligny Ruly  Brief details and signature
pecial remarks when category lower than A.  H. GLI CRMAN CAPT.  Date OBC 3 '47  14 1943;  3 '42  1943  Date OBC 3 '47  Date OB	ruit in accordance with the pamphlet "Physical Standards nits" and he is found fit for Category "A-2"  Vision  Color D rank  Member  MORP HY M.D.  RECLASSIFICATION OF MEDICAL CATEGORY  Date  Brief details and signature  6-7-43  Recheck Cat. O annu Caligny Rulu

	Date of			DAT	ES OF				Normalian	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from;
STATION	Arrival at the Station	in	Admission Hosp	oital		Discharg m Hospi Month		DISEASE	Number of days in Hospital	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In veneral cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of Inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied.  Signature of Medical Officer
rL. SOUTH.		3	Month 12	42	5 5	12	42	Inf.Meib,Cyst	2	LONGUEUIL MILITARY HOSPITAL (Improved) M. Colen
12 C.I.T.C.	24-2-43	1	4	43	21	4		A STATE OF THE STA		O Pasteur Institute cured on discharge.
			4. 15 gh							
			To the same				THE RESERVE			
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Rank P.t.e.

Sheet No.....

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

ame...Wright, R.

Record of Promotions, Reductions, Transfers, Casualties, Reports, etc.—	Rank Shown	Effective Date	Unit	Place		Luthority
Recurd of Fromotions, Reductions, Castalities, Castalities, Teoporas, Co.					D.O. Number	Dated
worlif undo r R'O 2772 and control A months and under 6 months granted						
Legister and the result of the second served 4 months and under 6 months granted rates of pay of \$1.40 pe deem under Art. 144 F.R.&.I.	Pte.	1-1-43	A-12	Farnham	92	22-4-433
Spec leave from 30-6-43 to 4-7-43 aut 50¢ p.d. T.W. A-471522	117	30-6-43	. 11	17	A-1.52	1-7-43
5505 Granted daily rates of pay of \$1.50	11	25-6-43	11	11		14-7-43
S.O.S. on proceeding to Serial No 599 C.A.O.	11	19-7-43	A-12	Farnham	A-167	19-7-43
SCS CA(AF) CALADA ON						
EWEARKATION ON!9.July.48						
T.O.S. C.A.(A.F.) OVERSEAS ON						••••••
						***************************************
TRANSFER ON 20 July 43.				***************************************		
AND DISEMBARKED ON 28 July 43.	Pte	29 Jul 43	501R21	21/	129	30 July 13
1.0.5. — 5 C.I.R.U.						
Sos Sosto Black Watch (1740)	Ito	7.00ty3	50/110	071	187	800t43
Jos JOS from 5 C/110	Pto	80ct 43	13.W.	077	61	12 CUT 43
adm tto #18 Fla amo Hosp + 1900	140	11110543	IST D.W.	40/7	0.8	2411105 43
mansferred from #18 stamus Horns 15 Ff 2 C Co	De De	11/1/05/12	12 12 4 D	7 7	60	241100 47
IWARDED THE CANADIAN VOLUNTEER SERVICE MEDAL AND CLASP	100	11100 92	M. 12 W	U./.L	0.8	29710072
AMARUEU IRE CARAVIAN IVIORICEN SERVICE MEDAL AND CHAST	-		-			
ON Embarked at VKonon		54944				
The Time of an	10	6 Jug 44	139A W	21 A96	37	14/2986
Disembarged at Missing	Pa	28 Jul 44	-	AET	A475	
38 SOS SOS TO X 6 HON IR HE MISSING	Ple	28 Lex4	RHE	21 ACD	44	Q Chay
Killed	Pli	25 Jul 44		ARF	A 482	25044
						0
ex 500 Sos Killed in Orchen	Ple	25 July	1 DUBLE Mal	21776-	47	1 Sept x
			l			l

a	-					
Sheet	No					
	TAL.	The second second		VENTURE PROPERTY.		

## POSTINGS FROM O/S CASUALTY LISTS

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

TTavem	Hospt.	ADMITTEI		DISCHARGED	Hospt	DISEASE OF INJURY	INJURY REMARKS C		
Unit	HOSPT.	Day Mo.	Year Da	y Mo. Ye	Hospt. Days	DISEASE OF INJURY	ICEMAKES	Cas. List No.	
igh of Cantow	)					missing 28-7-44.		a-475	
0.0						Killed 25-7-44		a-483	
					•••••				

Records B3-49 H.Q. 1772-45-8 100M-5-43 (9999)

## SERVICE AND CASUALTY FORM

PART I (For all ranks)

M.F.M. 4 (Part I) A.F.B. 103 (Part I)

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

Regimental Number.....D-138087

CONTRACTOR OF THE PARTY OF THE			(17) Regiment or Corps	IInit (Botto ota)
	1.	Surname WRIGHT		Unit (Battn., etc.)
	2.	Christian Names RONALD		
The state of the s	3.	*Substantive Rank and Appointment		
		*Acting Temporary or Local Rank		
		giving date		
	de	*To be entered in pencil to facilitate alteration.		
		Place of birth FULFORD QUE CAN		• • • • • • • • • • • • • • • • • • • •
	5.	Date of birth as declared on attestation21july1923		
	6	Date of enlistment 1 dec 42		Authority
A SEPTEMBER 1		Place of enlistmentMTL STH QUE CAN		-42 MFM 2
		Residence at time of enlistmentF.IJILF.ORDBROMEC.TYQ.		
		(B) Special conditions (if any) of enlistment or rate of pay		
		······································		
	10.	(C) Any subsequent variations of conditions of service		
	-1.27	TINTERRON OUT OUT OUT A		
		Religion UNITED CHURCH OF CANADA		
		If married, state dateSINGLE	(19) Next of kin (entries to	be made in pencil)
	-	Trade on enlistmentLABORER.	Mr. Jearge Ul	Latet falling
		Corps, trade and grade(D) Qualifications		
		(E) Miscellaneous entries	11 - 11 11 - 12 112 1 1 1 1 1 1 1 1 1 1	y Will Connade
	-0.			
			(20) E	
			(21) E	
			(22) E	
		•••••••••••••••••••••••••••••••••••••••		

### Notes-

- (A) Here enter particulars of any subsequent claim as to actual age after verification of birth certificate.
- (B) Whether for home service only, enlisted at special rates of pay, etc.
- (C) If to be retained on home service, period if specified to be stated; also authority and on what grounds; see (A) above.
- (D) Signaller, Farrier, etc.
- (E) Instructions regarding allotment of these sub-heads will be made as may be necessary after mobilization.

	(a	a.)	(b)	(e)	(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	A Place of Casualty	Date of Casualty	Army rank as at (e)	Army Form or other authority for entry to be shown
				ence estes \$ 150 S.C.O. C.A. (I.F.) ONNADA ON		The second second		9163 14 les 143
				EMBARKATILLIA 19 July 43				
				TRANSFER ON 20 July 43				
				TOS - 5 CIRU.  505 to PHC.  7.0.S. from 5 c PRU anth Dem.	UK.	8 Det 43 8 Det 43	Pte	129 30 fely 43 183 80 ft 43 61. 12 Oct 43
				Remod 5 2 c c 5.  Awarded Canadian Volunteer Service Wedal and Clasp		1170043 1770043 1770043	Phi	68-24 70043. 68-24 70043. 68-24 70043. 30-16 Run 44
0	bue Do46			Embarked U.K. fullyDisembarked Fr	ance	26 July	Pla	37-14 Jul 44 44-9/aug 44
Cu		oe	RAC.	Sof. Deceased Killed in action	> ol.	25 jul 44	Pha	47 Sef 44
							· · · · · · · · · · · · · · · · · · ·	

1.34 ...

No D. 138087 Rank Private Name WRIGHT, Ronald Date of death 25th July, 1944. Unit Black Watch (R.H.R.) Died at France. Killed in action. Cause . Don'th occurred on strength of Forces. H.Q. 405-W-15968 Relationship Father Mr. George Wright N/K Address Fulford, P.Q. Cemetery Remains buried in MR.024602 St. Martin de Fontenay Grave Location

### REBURIAL

24 1946 1944 STAMIAR TO N.K. DESP BURIAL REPORT ROYAL MESSAGE RETURN TO BUR CAN. MESSAGE

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

Grave 1, Row D, Plot 1.

HI & CR Form Despde FEB 5 1947
Photographs

OCT 8 1947

Despatched

### AWARDS—CANADIAN ARMY (ACTIVE) (1693)

500M-1-44 (3467) H.Q. 1772-45-8
H () 1772 4F 0

				FILE NO. 405-W-15968
WRIGHT, Ronald		D-138087	Pte.	Black Watch
SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT

WAR SERVICE

BADGE

(CLASS)

No.

the same of the same and the same of the s

-

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star France & Germany Star Defence Medal War Medal, 1939-45 CVSM & Clasp	7752 19-1-50
	(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL	REQUETRATION NOT DATE OF DESPATOR
PERSON Mrs. Vers Wright Mother ENTITLED TO	DATE DESP
Folford, P.Q. ADDRESS:	REGN. NO. 2747
(2) MEMORIAL CROSS	
WIDOW	. (2)
ADDRESS:	
(3) MEMORIAL CROSS	DESP. NOV 3 1944
Mrs. Vera WRIGHT, (MFM5) (ENGLISH)	(3) REGN No. 5-378
(1693) ADDRESS: FULFORD, Que.	

ND -	138087		Pte	NAME	WRI	HT	Rona		*M/A *W/6 *Sing	
Place of	Place of {*Appointment   Montreal South, Que. Date of {*Appointment   1-12-42									
	RATE OF PAY									
D.O. No.	Date	Rank	Group F	P.F. or A.S. D	aily Rate	Effectiv Date	e If liable Pen. Ded.	RE	MARKS	
92	22.4.43	0,		1	.30			,		
160	107.43	tto		1	.49	Loto	3/-4.7	3		
163	14.7-4	3.		1	1.50	25-	643.			
						-				
		ASSIGI	NMENTS	200			DEPEND	ENTS' ALLCE	S. No. Deps	
N	ame and Add	ress of Assi	gnees	Effective	Amo	unt	Date Applicati Forwarded	on   Relationship	Amount	Effective
441	to 1	70 700	1	1-5-16	3 8	140	-			
	ra Wri		other)	1-8-4	10.	00				
Fulfe	ord, Qu	e · (Vo)	L.)							
60 Vici	ory Los	14 8,0	to WE	- 1-5-4	4					
					1					
				otal						- //
Renabilit	ation Grant \$		aid on				2 (4676) Act	Receipt of Pension und or Militia Pension Act	(1910) \$	es.
*De	lete words wh	nich are ina	pplicable.		E	I.Q. 177	2-39-1662 Occ	upational Form Compl	eted	

### CASUALTIES, ETC.

Part I	I. D.O.	Nature and particulars  If in Hospital note name
No.		
293	5-12-	12 TOS DD4 & posted to "B" Wing wef 1-12-42 12 Adm to Longueil Hosp wef 3-12-42
294 304	7-12-	2 Discharged from Congueil Hospwef 5-12-42 -42 SOS on trans to #45 Sorel. wef 18-12-42
295A	21-12	2-42 TOS C.A.(B)T.O#45, Sorel, Que., wef 19-12-42 -42 Granted 5 days leave of absence with sub. all. at .50 par day. from 1800 hrs. 28-12-42 to 1800 hrs. 2-1-43.
		par day, from 1800 hrs. 28-12-42 to 1800 hrs. 2-1-43. b-43 SOS on trans. to Al2 Farnham wef 23-Feb-43
46	24-6	-43 TOS A-12 Farnham wef 24-2-43
77	5-4-	43 Admitted to Pasteur Hosp wef 1-4-43 -43 Discharged from Pasteur Hosp wef 21-4-43
92	22-4	-43 Granted convalescent leave from 22-4-43
92	22-4-4	to 26-4-43 and autho. to receive R.A. of \$0.50
152	1-7-	13 Granted special leave from 30-6-43 to 4-7-43 inc warrant
	148	and r.a. of \$0.50 per d.
100	-	

and the	E SUL	
Part I	I. D.O.	Nature and particulars  If in Hospital note name
No.	Date	
		43 Granted rates of pay of \$1.40 wer 25-6-43 familly by
163	14-7-4	3 Granted rates of pay of \$1.50 per d wef 25-6-43
		-43 SOS A-12 on proceeding overseas on serial 599
129	30.7.43	Tos CAO wef 20 Sela Tos# 5000000000000000000000000000000000000
187.	8.10.43	Tos CAO wef 20 Jely Tos # 5CIRU 29 July 43.
614 CK.	8-10-43.	708 1RHe from 6 CIRU meg. 8-10-43.
18/8aCR	16.11.43.	Dischil fun No 2 Cdn. CCS. Web. 10 Nov 43. 11/11/13
74/ CR	17.12.43.	PL 1970 28 NOY 43 (RA).
CR.	28-Q-44	PL 1970 28 NOV 43 (RA). PL 1570 24 Feb 44 (RA). AWO Com V. S. M& C WEF 1 DIN 444 End in UK. Wy 5/7/44. Diemb. France wy 6/7/44 SoSto X. b. Seat (1-RHC) Mirring wy 28/7/614
30/1/ER	6-6-44	AWO CON V. SIMYE WEF I DUN 44
37/25	14/1/44	End in MK. Wel 5/7/44. Meemb. France wel 6/7/44
DA	28/7/44	205 to x. b. Kest (1-1240) muring wil 28/7/214
200	-	
	. a	

### OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION (DEATH) NUMBER 1138087 SERVICE UNIT RANK Private B ttalion Royal NAME Highlanders of Camda Bonnld DATE OF ENLISTMENT DATE OF BIRTH 1-12-42 21-7-1923 RELIGION MARITAL STATUS Single United Church NEXT OF KIN AS SHOWN ON NAME M.F.M. 1, 2 & 5 RELATIONSHIP Mr. George ADDRESS ADDRESS Fulford, ue bec. D.A.B. ADDITIONAL PERSON ADDRESS TO BE NOTIFIED PARENTS NAME **ADDRESS** IF SOLDIER MARRIED OVERSEAS CASUALTY DETAILS AUTHORITY CAS. SIG. NO. DATE Eilled in action 25-7-44 FRANCE M.F.M.5. ATTACHED TO LAST WILL ATTACHED TO NOTIFICATION TO A. OF E.? NOTIFICATION TO A. OF E.? YES/NO YES/NO FORM NO. CAS. 6 25M-4-44 (4184) H.Q. 1772-39-1989-1990 DIRECTOR

COPY FOR DOCUMENT FILE

5M-1-46 (8548) H.Q. 1064-81-3 DEPARTMENT OF NATIONAL DEFENCE ARMY AIR FORCE ARMY WAR SERVICE GRATUITY STATEMENT OF DECEASED D-16972 MEMBER'S WRIGHT Ronald REGISTER NO. NAME (CHRISTIAN NAMES) (SURNAME) 405-W-15968 FILE NO. Mrs. Vera WRIGHT, 30-3-46 DATE D-138087 ADDRESS Fulford, Que. SERVICE NO. Pte. FINAL RANK OR RATING 25-7-44 25-7-44 DATE OF DISCHARGE DATE OF TERMINATION OF OVERSEAS SERVICE A. TOTAL QUALIFYING SERVICE 603 EQUAL TO 150.00 COMPLETE PERIODS AT \$7.50 NO. OF DAYS\_ B. QUALIFYING OVERSEAS SERVICE INELIGIBLE DAYS, EQUAL TO 369 DAYS @ 25c. PER DAY No. of Days 372 LESS 3 242.25 C. SUPPLEMENT FOR OVERSEAS SERVICE DAILY RATES AT DISCHARGE \$ 1.50 PAY SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE ADDITIONAL PAY DEPENDENTS' ALLOWANCE 1/30 OF \$ X7 = \$ 19.25 \$ 2.75 TOTAL ×\$ 19.25 NO. OF DAYS 372 39.13 D. WAR SERVICE GRATUITY OVERPAYMENT OF PAY AND ALLOWANCES \$ E. DEDUCTIONS DEPENDENTS' ALLOWANCE AND ASSIGNED PAY \$ OTHER DEDUCTIONS F. TOTAL AMOUNT PAYABLE G. YOUR PORTION OF GRATUITY IS-100% OF \$ DEPENDENTS' ALLOWANCE IN ISSUE TO YOU \$\_ TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$ CERTIFICATE I CERTIFY THAT THE AMOUNT HAS BEEN CORRECTLY COMPUTED AND IS PAYABLE IN ACCORDANCE WITH THE TERMS OF THE WAR SERVICE GRANTS ACT, 1944 AND THE REGULATIONS ISSUED THEREUNDER. TREASURY

DATE

SERVICE REPRESENTATIVE

CHECKED BY

PREPARED BY

### FIELD SERVICE

9/3 | B Army Form B. 2090A. (5504)

MBR

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

REGIMENT OR CORPS Squadron, Troop Battery or Company Pte  Officer's Personal No. (if known) D-138087 Rank  Soldier's Army No.  Surname Wright Christian Names R.					
Nature and Date of Report					
By whom made  * Specially state if killed in action, or died from wounds received in action, or from illness due to field operations or to fatigue, privation or exposure while on military duty, or from injury while on military duty.  * St. Martin de Fontenay 024602  * Date					
$\begin{cases} \text{Burial } \\ \text{By whom reported} \end{cases} \qquad $					
State whether he leaves $a$ Will or not $a$ in Army Book 64					
All private documents and effects received from the front or hospital, as well as A. B. 64, should be examined, and if any will is found it should be at once forwarded to the War Office.  Any report received as to verbal expressions by a deceased officer or soldier of his wishes as to the disposal of his estate should be forwarded to the War Office at once, supported by a certified statement of the person who actually received the information.  In the case of a soldier a duplicate of this report is to be sent to the Paymaster at the Base, together with the deceased's A. B. 64 (after withdrawal of any will from the latter), for transmission to the Paymaster who compiles the soldier's account.					
Station and Date  Signature of Officer in charge of Section Adjutant-General's Office at the Base  Signature of Officer in charge of Section Adjutant-General's Office at the Base  Signature of Officer in charge of Section Adjutant-General's Office at the Base  Signature of Officer in charge of Section Adjutant-General's Office at the Base  Signature of Officer in charge of Section Adjutant-General's Office at the Base  Signature of Officer in charge of Section Adjutant-General's Office at the Base  Signature of Officer in charge of Section Adjutant-General's Office at the Base  Signature of Officer in charge of Section Adjutant-General's Office at the Base  Signature of Officer in charge of Section Adjutant-General's Office at the Base  Signature of Officer in charge of Section Adjutant-General's Office at the Base  Signature of Officer in charge of Section Adjutant-General's Office at the Base  Signature of Officer in charge of Section Adjutant-General's Office at the Base  Signature of Officer in charge of Section Adjutant-General's Office at the Base  Signature of Officer in charge of Section Adjutant-General's Officer in charge of Section Adjutant-General Adj					

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ty		ship	Date.													
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						Single		mode	disease, injury which caused dea of dying, such as ia, asthenia, etc.	heart fa	ailure, due					
9. If manname of w	ife or hu	ive us-	#					The second second								
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10. BIRT	HPLAC	CE						immedi	ate cause).		(c).	)				
(Province		ntry)	peder					Other	II morbid condition	ons (if i	mpor- (	5	1			
11. DATE OF BIRTH (Month) (Day) (Year)		4	tant)	contributing to d	leath but	not	•••••									
12. AGE DECEA		Years	Months	Days	The state of the s	n one day old		cause.					4 7			
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	13. Tra	ade, profession o	r					giv		incate,	(b) Duratio	on of d	isease		da	ys
E l	nd of v	vork, as spinner, office clerk, et									1	0				
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		as cotton-milling, bank, etc		1 10	Total record			26. Wa	s there a surgical o	peration?	<u>Vi</u>	Date of	7		1	9
0 15	Dat	e deceased last	t	16. 8	Total years pent in this ccupation			Cto	to findings		65	Cha.	Westh	oro on ou	tongu?	
	orked a				18. I	BIRTHPLACE (Province or		27. If	death was due to ex	xternal ca	uses (violenc	e) fill i	n also the followin	g:—	opsy r	
		17. NA	AME			Country)		1	cident, suicide or he	omicida	14	Ca	Date			0
FATH	ER							Ac	cident, suicide of in	Ciliciae	(State wh	nich)	Date			
		WRIGH	ir c	leorge				Ma	nner of injury			(Ho	w sustained)			
MOTH (Maiden N								Na	ture of injury							
19. Place	of buri	ial, cre-						Sp	ecify whether injury	y occurred	d in					
matio	n or r	removal	cance					ine	austry, in nome,	or in pur	one prace					
20. Date	of buris	al				19		Sign	ned							M.D.
OF		Name of parish						Add	ress			ĭ	Date			19
FON		Civil muni-		••••••			28. Sig		f person who fills	s in the	form		me of clergyman vil Status in wh	in charge	of Regi	ster of
ATI SUR	c	ipality of					(cu	rate, cor	oner, hospital auth	ority, etc	.)	Ci- bu	vil Status in wh rial was made.	nch regis	tration c	of this
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THE						10	This sign	nature	thorizes the colle	ector to	accept					
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							Dir	ecto:	r of hec	ords	· Dept	6.	or Matic	HBIL	nere	mee.

465-10-15968

### RECORDS OFFICE OVERSEAS.

## CANADIAN MILITARY HEADQUARTERS.

GRAVES REGISTRATION CARD.

NAME WRIGHT, Ronald.	PLACE & DATE OF BIRTH 21 Jul 11923.
RANK Pte.	REGIMENTAL NO. D-138087
UNIT Black Watch.	NEXT OF KIN & ADDRESS FATHER.
	Mr George WRIGHT.
	Fulford Brome Co. P.Q. CANADA.
P.A.	RTICULARS OF HOSPITALISATION
DATE OF ADMISSION	NAME & LOCATION OF
DIAGNOSIS	HOSPITAL
PRINTED TO THE PRINTED BY THE REST OF THE PRINTED BY THE PRINTED B	
	PARTICULARS OF DEATH.
DATE OF DEATH 25 Jul 44.	PLACE OF DEATH FRANCE
HRS	
CAUSE OF DEATH KILLED (	Prev. reported missing)
CAUSE OF DEATH KILLED (	Prev. reported missing)
P	ARTICULARS OF BURIAL
	ARTICULARS OF BURIAL  Stl Martin de Fontenay Cdn.  CEMETERY Cem. 024602
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DATE OF BURIAL 14 AUG 44 PLOT NO 3 ROW 4 GRAVE 1 DEATH CERT.NO	ARTICULARS OF BURIAL  Stl Martin de Fontenay Cdn.  CEMETERY Cem. 024602

# BATTLE CASUALTY CASUALTY SECTION EXTRACT FORM

	Message Received from	21/CAS/2711				
This Space						
is for the RED X See Below	Time Message Received  Date Message Received		Theatre			
Regimental No. Ra	nk Name		Ful	l Christian Names		
D 138087 P	TE WRIGH	r	RONALD			
UnitB.	LACK WATCH	• • • • • • • • • • • • • • • • • • • •		SERIAL		
	CASUALTY PARTIC	ULARS				
MOM	KILLED 25 JUL 44					
(Prev report	ted missing 25 JUL	44 A475	8779)	66A 194 82		
Hospital Admitted To			te			
Hospital Transferred To		Da	te			
Hospital Transferred To			te			
Hospital Discharged From			te			
IMPORTANT—Always Gi	ve Full Address and Relation	nship of all Next of Kin—	-IN PLAIN CLI	EAR PRINTING		
Next of Kın	MR GEORGE WRIGHT		elationship	FATHER		
	RIXIX XF.U.L.F.O.	RD. BROME. CO. PQ. C.	AN			
Note: If the Next of Kin sides in the British Isles U. S. A. MARK RED in UPPER LEFT HASQUARE	s or	VIE				
IMPORTANT	Cable No					
	Inland Tel. No. 9.6.	99				
CFA 48 40/P & S/1568 (6218)		Ve	rification Clerks			

	(1) I, Ronald WRIGHT  (Name in Full)	of the Village (City, Town, Village, Township)
Address in civil life.	of, in the County of, in the District of	
	Province of Quebec	Laborer
	Regimental No. D-138087  all former Wills by me made and declare this to be respectively.	(Civil Occupation)  M. A. 4 D.D., do hereby revoke my LAST WILL.
Relationship, names and address of		e, Mrs. Vera WRIGHT,
beneficiaries, and what each is to receive.	Residing at: Fulford, Brome Co.,	Que. Can.
	All my estate both real and pers	sonal.
72 1		
names and address of residuary beneficiaries.	(3) I Give, Devise and Bequeath all the rest and residu of whatsoever kind and wheresoever situate unto	
20		
	(4) I appoint	
	(Name)	(Address)
	(CIVII Occupation)	e Executor of this my Last Will. Executrix
	IN WITNESS WHEREOF I have hereunto set my	hand this Znaday of December
	19.4.2. Signed and acknowledged by the Tes-)	
	tator, in the presence of us present at the same time who in his presence, at his request, and in the presence of each other have hereunto subscribed	Ronald Wrigh
	our names as witnesses.	(Signature of soldier)
First witness sign here.	(5) Signature Civil Address / 920	Alsher & Mondone
	Civil Occupation	
Second witness	Signature / Like	
sign here.	Signature Mul Cacco Contacto Van	tion
	Civil Occupation Eccambant	
	(Witnesses are not to be beneficiaries.)	

Mr. George Wright,
Fulford, P. Q.

LICENTIN, of all the relatives that the decessed ever

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-W-16,968 FD 437

# DEPARTMENT OF NATIONAL DEFENCE ESTATES BRANCH OTTAWA, ONT.

28 Sep 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

WRIGHT

Ronald, Pte.

No. B.138087

Canadian Army

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.

correlate two-in the state being against

CSBGS

December Copt for Director of Estates.

Brothers

M.F.W. 77 6-44 (4878) H.Q. 1772-39-972 Bourn I. 6st

### 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:

egrees	HALL DA CONCAS		INFORMANT'S STATEMENT						
of Rela- tion- ship		accounted for	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 D	eceased							
	41	AND SE							
2	Children of the dates of their	Deceased and Births							
		* 13.2 W	Dinno's						
			vers unithermo Versettie.						
3	Father of the D	eceased	Geo Mright						
4	Mother of the D	Deceased	mrs Vera Wright						
		Sgmi Full Blood	Sten Wright D 9 5 72 Ele Bruce Wright D 10	900	aversias 1 aversias				
5	Brothers of the Deceased		Classon Mright		Julford				
		Half Blood	Seonard West Seon West		Bonville				
		shalf	miss Gertrude West- mrs Lyford Smith		Lynn mas				
6	Sisters of the	Full Blood	mrs Robert Gurtis		Synn mas montreal				
99.639	Deceased								
		Half Blood							
7	Names of brothers of the full or the Deceased, who a death of each.	or sisters (whether the half blood) of the re dead, and date of	Names and ages of their children (if any)		Address of their children				

# ANSWER FULLY EACH QUESTION ON THIS PAGE PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Rosalof Lungh							
9	Date of his birth.	July 20-1923							
10	Place and date of his marriage.								
11	Place and date of his parents' marriage.								
	PARTICULARS OF D	OMICILE							
12	Place where deceased was born.	Fulford, Que.							
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) (b) (c) (d)							
14	Nature of employment before enlistment.	slowing with form							
15	State whether he owned the premises in which he lived, and, if so, where situated.	<b>77</b>							
16	Name place where deceased stated he intended to make his permanent home.	Fulford, Que.							
	PARTICULARS OF	ESTATE							
17	Did he leave a Will? If in your custody, please forward.								
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses,—was there a marriage contract dealing with property?								
19	Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc., and the amount on deposit. Do you wish it administered with the pay account?								
20	Amount of War Savings Certificates held by deceased. Indicate where located.								
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and-where located.								
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.								
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.								
	OTHER PARTICULARS								
24	Did the deceased after enlistment incur any debts for:— (a) His own separate board and lodging while on service. (b) Service clothing and equipment.  An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.								
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.								
	(Note:—The government pays funeral expenses within the and burial is made Overseas as well as where death occurs and zone, and if a relative has already paid those expenses the Governauthorized in the Regulations. Any amount of such expenses is by the Government nor is it chargeable against the service estat	nment will reimburse such relative to the extent of the amount n excess of those authorized in the Regulations is not payable							

\* Insert degree of relationship for example, "Widow", "Father", statement of all the relatives that the deceased ever had in the degrees specified; and that I am the "Brother", etc.

\*\*

N.B.—To be signed in full in the presence of a Clergyman, Piblic or Commissioner or Notary Public or Commissioned Officer of any

DECLARATION

Signature and complete that all the particulars shown on this form are correct, and a true and complete that the deceased ever had in the degrees specified; and that I am the many specified in the presence of a Clergyman, Public or 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	
*See above.	ve. { Name of informant } is the*	of the Deceased
	above described. The above Declaration was made by the Informant a	nd signed in my presence.
Date	ated at Fulford, Que. this 24th day of	5 1944
Signature of Priest, Mag	e of Clergyman, Magistrate,	Showly
missioned (	ned Officer of any Majesty's Forces.	

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

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## DISTRIBUTION OF SERVICE ESTATES



SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Mother	Mrs. Vera Wright, FULFORD, P. M.	118.51
		(Sole beneficiary under will)	
		P4. TO TREAS, 16/1/20	
		BE FORWARDED BY REG. MAIL DIRECT/	

AUTHORITY

H.Q. VOTE PRI H.Q. OBJ. AMOUNT

9999 731 00 00 001 \$118.51

CLASSIFIED BY DY

K. L. McCUAIG

For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

Original signed by

(L. M. Firth) Colonel
Director of Estates

AUDITED FOR PAYMENT

File No. 405-10-15-968

### VERIFICATION FORM

### WAR SERVICE MEDALS 1939-45

No. /	1-138087 Name / Marie	ill- No	rald
Rank on Di	ischarge bte /	Date of Disch	narge 25-7-44
Authority	for Discharge or Retirement		Deceased
Served in:			Non-qualifying service
Canada	from /-/2-42 to	19-7-43	
	fromto		
United Kingdom	from 20-7-43 to	5-7-2-4	
	fromto		
Italy	from to		
Northwes	t from 6-7-44 to	25-7-44	11/2
	fromto		
	from to		
Eligibl	e for award of:		
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HA 165			

		FORM I	No. 1			
Register No	D-1697	2		11 No. D-4	39	
To: P.M.G.			H.Q. File N	0.405-U	-1596	
TO. P.IVI.G.		CANADIAN ARI	MY (ACTIVE)			
		Computation	of Service			
		WAR SERVIC	CE GRANT			
Regt. No.	Rank when S.O.S.	Surname	e	Christian Na	me in Full	
5-138087	PTE	WRIGHT		ROWALD		
	ERMINATION OF SI	ERVICE:				
1st Enlistn		K1460		CARO	(	
2nd Enlist				CARO	(	
				CARO		
3rd Enlist:	ment	Total Se	rvice	CAICO		
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		Total Days				
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EMBARKATION  1. Date S  REMARKS:	DETAILS: O.S. Overses	ATTENDED TO THE PARTY OF THE PA	2 Date S.O.S	Overseus		
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	Signature	Thrushy				
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Date Con.	.pacca	4	EDTERTED that	ititlement to benefit	o under the TIT-	
				Act, 1944, has been		
			OTT OCT AICC STIOMI			

500M—11-44 (6012) H.Q. 1772-45-8

DIRECTOR OF RECORDS.

### Details of Non-Qualifying Service

### Western Hemisphere—

Forfeits for	From	То	Effective Date	Days	Total
••••••					
•••••••••••••••••••••••••••••••••••••••					PARTE DE ANTE
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SEVENIE ACE TEACH	With the later of the later				
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## CANADIAN ACTIVE SERVICE FORCE District....

## OVERSEAS

Dispersal Area.....

# LAST PAY CERTIFICATE

(All Ranks)

			onon			
Transfer or Discharge)	to	•••••	on 25th July	19	44.	
leason			Authority : C. C. L. "A"482 d/25tl	h Aug	44.	
The following is a statement of the account he inclusive date of transfer or discharge.		e-named Or	from lat July to 31st July		44	
Particulars	Amount		Particulars		Amount	
Salance Dr from last account			Balance Cr from last account	85	27	
			Regimental Pay. 31 days @ \$ 1.50.  Technical Paydays at\$	ar and a	TOTAL PERSON AND	
Payments on Transfer or Discharge			Additional Pay (Give particulars)			
Assigned Pay	10	00	Allowances (Give particulars)days			
Regimental Charges			at\$			
Public Stoppages (Give particulars):			Def. Pay Interest.	<b>1</b>	21.	
	25			•••••		
(Deferred	700	00	By Balance Dr			
Total	132	98	Total	132	98	
BALANCI AND/OR CREI	E GIVEN DITS END	IS SUI	BJECT TO ANY CHARGES ON THE REVERSE HEREOF			
			d eff. August, 44. Cancelled. eff. May 44. The			
		uded	in the Balance B/F at 30th	June	44.	
				••••••		
					••••••	

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

-							
IN	ST	R	I)(	C1	T	01	NS.

- (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.

The territorial transfer and the print of this print the territorial territori

(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.

and the second contract of the second of

	Name of Officer or Other Rank WRIGHT  (Surname first—Christian names in full—Block capitals)  Ronald
	Regimental or Official Number and Rank D-138087 Pte Unit INF (R) CA
` '	Are you married? No
(5)	If married, state,  (a) Full name of your wife  nil
chi	(b) Present postal address of wifenil
(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 nil Girls Mames and ages.
	If Dependents' Allowance is claimed in respect of children—state whether you have been regularly supporting them nil
OFFICE OF STREET	Give particulars of Guardians to whom Dependents' Allowance should be paid—if authorized
	Namenil
	Postal Address

(10)	Have you a common-law wife—whom you have been regularly supporting and publicly repre-
	senting 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? Yes
	If so, state name and address, occupation Mr. George WRIGHT
	Filford, Brome County vue. Can. farmer
(12)	If your father is a widower and is totally incapacitated from earning a living—are you his sole
	or partial support?
	If sole or partial support of father who is a widower, totally incapacitated from earning a living
(10)	
	—state what amount per month you have given him prior to appointment or enlistment
	Also state reason he has no other moone of supports if partially supported by you what is your
	Also state reason he has no other means of support; if partially supported by you, what is your reason for not providing full support?
	Is your mother alive? Yes WRICHT
1 120	If so, state name and address
	Fulford, Brome Co. Que. Can.
(15)	If your mother is a widow, are you her sole or partial support?
(16)	If sole or partial support of widowed mother—state what amount per month you have given her
	prior to appointment or enlistmentnil
	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?
	Relationship
	Full Name
	Postal Address
	the property of the second sec
	Amount contributed monthly during the past six months
(18)	Are you insured?
	If so, in what Company? nil (Give number of policy)
	Have you made arrangements for payment of your Insurance Premium?
la sin	I hereby certify that the information given by me on this form is correct in each and every
	particular.  Ronauld Wright
	Date Devember 2nd 1942 (Signature of officer or man)
Med Fel	December 2nd 1942 Officer Commanding
N.E	Date



efond

Militia Book M. 1 (Part I) Revised 1-1 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.

### (XIV) PARTICULARS OF DENTAL TREATMENT

Date	Re- quired	Com- plet- ed	SPECIFICATION  Use authorized Abbreviations and Symbols	Signature of Dental Officer
			* •	
				•
	9			

	(I) SOLDIER'S NAME AND DESCRIPTION ON ATTESTATION
No. of	Regtl. No. D-138087
	Surname (in capitals)
	Christian Names (in full) RONALD
'n	Date of Birth 21-7-23 Place of Birth Fulford - Quelue - Canada
	Citizenship
	Trade on Enlistment.
	Nationality of Father at Birth.
	Nationality of Mother at Birth
	Religion United Charch Enlisted at Montreal Stuth - Queler
	Date 1-12-4-2
	Particulars of former
	Regtl. No., Corps or
	Regiment and per- iod.
	Signature of Soldier. Romald Weight
	Signature of Officer Allelero Lelect
	Place 7 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2

(VI) Certificate Applicable to all Arms, to be completed and signed by the C.O. Bn., etc., before a Soldier proceeds Overseas
TRAINED (passed Basic Training, and Advanced Training as laid down for his arm of the Service) except that he requires further training in:
ms arm of the service) except the merequines for the Mile,
amplied Desic Fram
Cette Tio 105.
64 2/14
Constell Basie Tra (Represher) 501.18. 4
10 Step 43 7, Willeams Fier
Completed Advanced Training 5.C.I.R.U. 2. Completed Advanced Training 5.C.I.R.U.
Qualified in addition as under:
Compared and of and
ceco dend dend de
al 4-12-
25-6-40
Date 5 July 42
Commanding Medlero Lillet
*If no further training required, strike out words in italics and initial

.

# (VII) PARTICULARS OF TRAINING

Courses and Schools.  Specialist Qualifications.  Swimming, etc., showing result,  Certificate number or authority.  (Two lines may be used for each entry)	Date Signature of Officer
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# III) SMALL ARMS RANGE COURSES

Signature of Officer	Sage of the sage o	36		B MB	Maskund &	Las Cash		
If Table not completed, state parts				1	1-5	7		
Type of Weapon	RIELE	P4 .	2 10 h	Ken	FIFE G	1.1.6		
Classification	AA	A	90	0	2 K. (52)	İst		
Year	1943	1,4	2 2	CH 43	Sep 1943	DEC 143		

### (IX) EDUCATIONAL QUALIFICATIONS

Certificate, Specialist Qualifications, etc., Certificate number or authority. (Two lines may be used for each entry)	Place	Date -	Signature of Officer
6 yrs & lementary	Hulford Qu	1936	Coroalbut Sk.
***************************************			
••••••			6
			······································
			***************************************
			***************************************

### (X) TRADE QUALIFICATIONS

(For men who have passed Trade Tests)

Trade	Group	Grade	Part II Order	Date	Signature of Officer
	A SECTION AND PROPERTY OF SECURITY				
	A STATE OF THE PARTY OF THE PAR	Company of the Compan			2.4
					••••••
ACCOUNT OF THE PARTY OF THE PAR	ALCOHOL: De CHUR SONNE SEL	WITH THE PERSON OF REPORT OF THE PERSON OF T			

### (XI) EMPLOYMENT WHILST SERVING

Period		Nature of Employment	Remarks and Signature of		
From	То	Tractic of Employment	Remarks and Signature of O.C. Coy., etc.		
1000142		BEGINENTAL	Dushi		
		(	Japan Carpy		
	195 700				
	To include (1)	Regimental, (2) as Skilled Tradesme e.g., Signaller or M. Gunner.	n. (3) as Specialist		

### (XII) MEDICAL CLASSIFICATION

					2 0
	Date	Category or Grade	Medical Examiner of Recruits, or other Medical Authority	Date of last Exam- ination	Signature of Medical Officer
30	-11-42	"A-2"	M.F.M.2.		(D) fiel
6	7-43	- 4-2"	Richigh Tamban		AMI
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4					<u>ت</u>
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### (XIV) PARTICULARS OF DENTAL TREATMENT

Date	Re- quired	Completed	Specification  Use authorized Abbreviations and Symbols	Signature of Dental Officer
deT-43	/		4- F - BR - Paophy	Mulotanke
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Date of Exam.:	Date of Issue:	
Ophth., Centre:	Frame No. (or measurements):	
Vision with Glasses		
Axis Standard Notation		
CYL		
SPH		
Vision without Glasses		

Vision with Glasses M.0 Signature of Vision without Glasses R

Signature of

Particulars	Date	Signature of Medical Officer
Typsley lee	11/4/44.	R. Ohlhi Cost
(XVI) PROTECT	TIVE INOCULA	TIONS
Nature of Vaccine, "T.A.B.T." Cholera, Plague, etc.	Date	Signature of Medical Officer
T.A.B.T.	c 14-1-4	
3/4	25-2-6	13
TABT/2CC	7-12-	13 Robble Cont
and the second of the second o	39/12	44 R. Ballie
	12/1/4	14 P. Balke.
(XVII)	VACCINATION	
Date Vaccinated	Signa	ture of Medical Officer
3-12-42	4K	2 Lett

### (XVIII) MISCELLANEOUS ENTRIES

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

Particulars  HRan Mag 7592121	Date	Signature of Officer
+ Kay Neg 7592121	30 11 110	
一 一	30-11-42	All hell
D. IVI. EAP.	1.8. 43. 1-8-43	T. L. HOTKING
CAP. RESP. CHK.	7 7 7 7 0	Hande
PRIVICES PAIR & free Westant De	6 New 19 Der 1621	The Lieu
	9. /	Calor and
	The second secon	Jaylon Janes -
	3.0.30	7.
	1/19 Jun 44	deybod
		***************************************

1. The particulars of the next-of-kin should alw carefully inserted in the Form on pages 4 and 5 Book, but the Soldier must understand that the made there have no legal effect in respect to the disp of his estate in the event of his death and theref not relieve him from the necessity of making a Unless a Soldier duly makes a Will, his estate is with in the same manner as that of any other who dies without leaving a Will, and not only m relative or person desired or intended to be B receive little or no share of the estate but the distri thereof is delayed until such of the next-of-kin as r 🛴 🖹 legally entitled can be located. Therefore, thou! estate may consist of no assets other than the amore pay and allowances at credit and the belongings on his person or in camp, it is urgent that he make which, when completed, is left with his Comm? Officer for transmission to the Record Office for custody and in the event of his death is forwarded to the Estates Branch, Department of National Div Ottawa, for administration and distribution Service estate, and secondly, if other assets (inc. real estate) make it necessary, to the Executor na the Will.

2. The Soldier's Will should preferably be ma on the Will Form, -M.F.M. 10 (English) or M.F. E. (French)—provided for that purpose and on which also printed a number of helpful instructions. forms are obtained through the Commanding of each Unit. A separate sheet of paper may by but in such case the general form of the Will as sh the Form M.F.M. 10 or 10a should be carefully fol-The Soldier will date the Will and at the bottor sign his name in the presence of two witnesses the same time in the presence of each other and Soldier will also sign their respective names. Soldier cannot write, he will make his mark in the

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.

GEORGE BULL, (Signature)

Private No. 30000. Date 5th August, 1936. Cameron Highlanders.

The following is a specimen of a Will leaving legacies

to more than one person:—

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

(Signature) GEORGE BULL,

Private No. 30000. Date 5th August, 1936. Cameron Highlanders.

whom



### 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-138087
Surname (Capitals) WRIGHT
Christian Names in full RONALD

Ronald, you askeld me 18 submi teasons not previously made known to your department. as I was drawing \$10.00 monthly assigned har I the my son my son also his will being Ednade 28 1945 of By your letter GENERAL GENERAL W.SGPBIRDER to need more proof, Epilos Sould you kindly advise me what, further proof you require and I will submit my full coposation. Yours truly (Mrs Vera Wright)

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



# CANADIAN NATIONAL TELEGRAPHS

DAY	LETTER	X

REH

NIGHT LETTER

CASUALTY (REPORT DELIVERY)

OTTAWA

23rd AUGUST 1944

TO:- MR GEORGE WRIGHT FULFORD QUEBEC

12822 MINISTER OF NATIONAL DEFENCE DEEPLY REGRETS TO INFORM YOU THAT D138087 PRIVATE RONALD WRIGHT PREVIOUSLY REPORTED MISSING IN ACTION HAS NOW BEEN OFFICIALLY REPORTED KILLED IN ACTION TWENTYFIFTH JULY 1944 STOP IF ANY FURTHER INFORMATION BECOMES AVAILABLE IT WILL BE FORWARDED AS SOON AS RECEIVED

PREPAID

DIRECTOR OF RECORDS

8th September, 1944.

Mr. George Wright, Fulford, Quebec.

Dear Mr. Wright:

It was with deep regret that I learned of the death of your son, D138087 Private Ronald Wright, who gave his life in the Service of his Country in France on the 25th day of July, 1944.

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

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

We pay tribute to the sacrifice he so bravely made.

Yours, sincerely,
Major - General

SEP 5 - 19/1/

Adjutant - General

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

/BEA

1h

Fulford. Pere. September 24,1945. Department of National Defence, Ottawa, Canada BRANCH SEP 25 1945

EX. Q. TAWA CANAL DELET Dear Sin: Enclosed Alease find receipt for one hundred eighteen dollars and fifty one cents, which Treceived in June. Will you kindly send me an itemized account for the am I not entitled to a Pension? Would for please send me the

particulars on how to receive any gratuity also on how to obtain the pension, which I feel is my due. Awaiting your reply. I am. yours truly, Vera Wright (mrs Vera Wright).

	REBURIAL			
NO D. 138		4.		
RANK ALE			43-48-48-48-48-48-48-48-48-48-48-48-48-48-	
NAME WRIGHT	D.			
NAME OF CERETERY Brette	ville-sur-Laize Cana	adian Mi	Litary	Cemetery
LOCATION OF CERETERY	Bretteville-sur-La	ize Fran	ace.	
GRAVE LOCATION	Grave Row	Plot		
AUTHORITY	54-27-88-2 Vol.	20	- Marie Marie Company	-
	Reburial list.			

24th April, 1946.

Mr. George Wright, Fulford, P.Q.

Dear Sir:

Information has just been received from overseas that the remains of your son, Dl38087 Private Ronald Wright, have been carefully exhumed from the original place of interment and reverently reburied in grave 1, row D, lot 1, of Bretteville-sur-Laize Canadian Military Cemetery, Bretteville-sur-Laize, France. Marked map is enclosed. This is a recognized military burial ground and will receive care and maintenance in perpetuity.

The grave will have been marked with a temporary cross which will be replaced in due course by a permanent headstone suitably inscribed. While it cannot now be stated when this work of permanent commemoration will begin, before any action is taken you will be communicated with and an opportunity will be given you to submit a short personal inscription of your own choice for engraving on the headstone. Therefore, if you should change your address would you be good enough to inform the undersigned.

Yours faithfully,

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

NO.