D142535
BERRY
HAROLD OWEN

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: BERRY Harold Owen ~~[illegible]~~ (b) Reg'l. No. D-142535
2. (a) Arm of service: Army (b) Unit: INF (R) CA (c) Rank: PTE
3. (a) Date of birth: 24 Aug 1924 (b) Have you any dependents? No (c) Place of residence at time of enlistment: Montreal, Quebec.
4. (a) Place of enlistment: Montreal South, Quebec. (b) Date of enlistment: 9th Sep. 1943.

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school: 13 yrs old (b) Were you attending school or college up to the time of enlistment? No
6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.): 6 yrs public school
7. If you attended a university, give name of university and standing or degree secured: no
8. (a) Did you ever enter upon a trade apprenticeship? no (b) If so, for what occupation? nil (c) Did you finish it? nil (d) If you did not finish it, how long did you serve at it? nil
9. (a) What languages do you speak fluently? English (b) What languages do you read well? English

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

10. (a) State whether you were WORKING or NOT WORKING at time of enlistment. (Enter here only "Working" or "Not Working", as case may be; particulars are asked for below): Working (b) At time of enlistment of what trade union or professional society were you a member? Nil

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: Belgo Mfgr Co. Address: Montreal, Quebec.
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.): Lighter flints
20. (a) Your specific occupation: Laborer (b) Number of years' experience at this occupation with any employer: 2 yrs.
21. (a) Did your employer promise definitely to give you employment on discharge? Yes (b) Did your employer refuse to promise you employment on discharge? No (c) Do you wish to return to your former employment? Yes

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

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

Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war? No (b) Do you feel competent to operate a farm? no (c) If so, in what kind of farming? nil
25. (a) Were you born on a farm? no (b) How many years' actual farming experience have you had? nil (c) In what provinces did you have experience? nil

Section G—MISCELLANEOUS

26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge? Yes
27. If so, state nature of your plans (for example, do you plan to return to school, or have you been assured of a job, etc.): To go back to former job.
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form: To be an electric welder.

DATE 9th Sept. 1943. SIGNATURE Harold Owen Berry

Mr. Harold Berry,
398 Congregation St.
Montreal 22, Que.

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-36,881 FD 97

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

March 24 1945

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

BERRY, Harold Owen, Pte.

D.142535 C.A.

ESTATES BRANCH
APR 5 1945
H. Q.
OTTAWA
NATIONAL DEFENCE

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

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

EDM/CF

for Director of Estates.

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

ANSWER IN FULL ALL APPLICABLE QUESTIONS

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

Degrees of Relationship	RELATIVES required to be accounted for		INFORMANT'S STATEMENT: NAME IN FULL of any Relative, if any, in each degree specified	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	NOT-MARRIED Widow of the Deceased		—		—
2	NONE. Children of the Deceased and dates of their Births		—		—
3	Father of the Deceased		Harold OWEN-BERRY		398 congregations MONTREAL Qc
4	Mother of the Deceased		Margaret. N. BERRY		398 congregation St MONTREAL Que
5	Brothers of the Deceased	Full Blood	O/S M. GEORGE-BERRY V. 81090 H.M.C.S. NEW-LISKEARD HALIFAX NS.		398 CONGREGATI MONTREAL
		Half Blood	—		—
6	Sisters of the Deceased	Full Blood	MARY. FLORENCE BERRY		398 CONGREGAT MONTRE
		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
	CLIFFORD-BERRY NOV-20/1929		NIL		—

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased. HAROLD. OWEN. BERRY	398- CONGREGATION-ST MONTREAL QUE
9	Date of his birth. 24- AUG. 1924	524 DUKE STREET MACKAYVILLE. QUE
10	Place and date of his marriage. not MARRIED	—
11	Place and date of his parents' marriage. SEPT-1923	GREENFIELD. PARK. QUE

PARTICULARS OF DOMICILE

12	Place where deceased was born. MACKAYVILLE QUE	524 DUKE STREET MACKAVILLE QUE
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each. Province of que	(a) PROVINCE-que. Canada (b) (c) (d)
14	Nature of employment before enlistment.	BELGO. IMPORT. M.FG. 6540: PARK. AVENUE. MONTREAL
15	State whether he owned the premises in which he lived, and, if so, where situated.	NO
16	Name place where deceased stated he intended to make his permanent home.	CANADA

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	NO
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses,—was there a marriage contract dealing with property?	NOT. MARRIED
19	Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc., and the amount on deposit. Do you wish it administered with the pay account?	NOT-IN. CANADA OVER-SEAS-NOT. KNOWN
20	Amount of War Savings Certificates held by deceased. Indicate where located.	NONE.
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	1- $50.00 Bond. REGISTERED IN MOTHER'S NAME
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	NO. INSURANCE
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	1- REFUND-CHEQUE-FOR. $35.83 ~~NONE~~ Refund for overpaid tax

OTHER PARTICULARS

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

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

(PLEASE TURN OVER)

DECLARATION

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

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

*mother of the deceased.

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

Mrs N. M. Berry — Signature of Informant

398 Congregation — Address

CERTIFICATE

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

See above. Mrs N. M. Berry (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 Montreal this 3rd day of April 1945

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

Hector Dion — Qualification Merchant

Address 1987 Wellington St

HECTOR DION
Commissaire de la Cour Supérieure
District de Montréal

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

Mr. & Mrs. W. A. Berry. grandfather & grandmother
Frontier Road Hemmingford que.
Mr. Alfred Berry. uncle.
Devonshire Road Greenfield Park
Mr. Frank Berry uncle. same address as above
Mr. Albert Berry uncle - Over-Seas

---

we also have two-tax Refund slips
These slips are for tax savings.
Refundable after the War

one - dated 1942 for the sum of - $29.00
one - dated 1943 " " " - $45.00
TOTAL $74.00

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

FINGERPRINTED
PHOTOGRAPHED

SEP 10 1943

~~ORIGINAL~~
DUPLICATE
~~TRIPLICATE~~
{ Copy designation to be shown by striking out terms not applicable.

M.F.M. 2
(Combining M.F.M. 103)
750M—6-43 (9375)
H.Q. 1772—39—1645

01/PTE

Corps INF(R) CA Regimental Number D-142535

N.T.

CANADIAN ARMY

ENROLMENT AND ATTESTATION PAPER

WSG COMPLETED

1. BERRY (Surname) HAROLD OWEN [illegible]. (Christian Names)
2. Present Address 398 Congregation Street, Montreal, Que., Canada
3. (a) Date of birth 24 August, 1924
   (b) Place of birth Canada (Country) Quebec (County or Province) Mackayville (Town or Township)
4. (a) Place of birth of Father Canada Quebec Montreal
   (b) " " " Mother England (Country) UNKNOWN (County or Province) Portsmouth (Town or Township)
5. Nationality Canadian
   (To what country do you now owe allegiance) if naturalized give certif. no. date and place of issue. If not naturalized so state.
6. Religion (state denomination) Church of England
7. Trade or calling (a) Laborer
   (a) Name and address of last employer: Belgo Mfg. Company, 6540 Park Avenue, Montreal.
   (b) How long employed 28 Months.
9. Married, Widower or Single Single If married, how many children None
10. Name of Next-of-Kin Mr. Harold Owen Berry. 11. Relationship Father
12. Address of Next-of-Kin 398 Congregation Street, Montreal, Que., Canada
13. Previous Service (Navy, Army or Air Force) Units and dates None.
14. (a) Former war service None.
    (b) In the armed forces of what country None.
    (c) Dates of such Service None.
15. Decorations and medals, if any None.
16. I do solemnly declare that the above particulars are true

Harold Owen Berry
Signature of Recruit, or in the case of N.R.M.A. personnel who refuse to sign, signature of officer under Regn. 8 (d) (I) R.A.S.R. 1941

OCCUPATIONAL HISTORY FORM COMPLETED

16a CERTIFICATE OF MAGISTRATE, JUSTICE OF THE PEACE ATTESTING OR ENROLLING OFFICER

The 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 above named 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,

at MONTREAL SOUTH this 9 day of Sept. 1943

[signature] { Signature of Magistrate, Justice Attesting or Enrolling Officer.
Capt. [illegible] { Office or Rank and Unit or appointment.

ITEMS 17, 18 AND 19 WILL NOT BE COMPLETED UNLESS A MAN ENLISTS FOR GENERAL SERVICE ANYWHERE.

17. DECLARATION TO BE MADE BY MAN ON ATTESTATION

I, ~~[illegible]~~ Harold Owen BERRY ~~Jr.~~, 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 9 Sept. 1943 Harold Owen Berry. (Signature of Recruit)

18. OATH TO BE TAKEN BY MAN ON ATTESTATION

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

Witness [signature] (Name) L/Cpl. (Rank) Harold Owen Berry. (Signature of Recruit)

19. The above named recruit has made and signed the declaration and taken the oath before me.

at MTL. STH. this 9 day of Sept. 1943

[signature] (Signature of Magistrate, Justice or Attesting Officer.)
Capt. [illegible] (Office or Rank and Unit or appointment)

NO. 4-DISTRICT DEPOT

P

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

Div. Reg.

5404
10
7 may 44
/////

Record of Service of BERRY ~~H.~~ (Surname) ~~HARRY~~ HAROLD OWEN (Christian Name) Regimental Number D-142535

QUALIFICATIONS

Military: NIL

Business or Professional: NIL

Trade or Civil: LABORER

Technical: NIL

Languages: ENGLISH

EDUCATIONAL QUALIFICATIONS

High School or Collegiate: NIL (years completed)

Graduation or Matriculation: NIL (specify)

*College: NIL

*University: NIL

6 yrs. public school

* (Name of institution, courses or years completed, and degrees obtained to be shown)

All personnel whether G.S. (General Service) or N.R.M.A. will be taken on strength as private soldiers. Postings, appointments and promotions should be shown in the spaces below.

REPORT Date	REPORT From whom received	Record of Postings, Promotions, Reductions, Transfers, Casualties, Reports, etc, from and including date taken on strength.	Rank Shown	Effective Date	Unit	Place	AUTHORITY Part II D.O. No. Cas. List, etc.	AUTHORITY Dated
10-9-43	DRO	TOS NO 4 DISTRICT DEPOT CA	PTE	9-9-43	4DD	MTL STH.	4DD TPII 217	10-9-43
		S.O.S. TO CA(B)TC #48 ST JOHNS QUE	Pte	7 Oct 43	"	"	" 240	7 Oct 43
8-10-43	BTC48	TOS on trans from No.4 D.D.	"	8-10-43	BTC48	St.Johns	TC48 PT.II A-236	8-10-43
4 DEC 43	"	SOS on trans. to C.I.T.C. A-12, Farnham	"	4 DEC 43	"	"	" A-285	4 DEC 43
		TOS on repos ting from TC 48 St.Johns,Que.	"	5-12-43	A-12	Farnham	A-288	7-12-43
		Granted daily rates of p y of $1.40	"	9-1-44	"	"	16	20-1-44
		Granted 16 days leave combining Annual furlough under R.O. 699 and Embarkation leave under R.O. 699(4) from 22-3-44 to 6-4-44 incl with 50¢ p.d.r.a. and T.W. A-642917	"	22-3-44	"	"	69	22-3-44
		Granted $1.50 p.d.	"	9-3-44	"	"	82	6-4-44
		S.O.S. to SERIAL No. ~~599~~ 294-C. C.A.O.	"	27-4-44	"	"	100	27-4-44

(to sheet 1)

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

CERTIFICATE OF MEDICAL EXAMINATION

20. Surname BERRY Christian Names HAROLD OWEN

Reception Centre C.R.S. Military District 4 Date SEPT.4,1943.

The medical examination is divided into three parts. The history in Part 1, item 24, (a) to (z), is taken by a Medical Officer. Part II sections items 25, 26, 27 and 28 are filled in by the respective Specialist. Part III is completed by the President of the Board.

21. Age 19 Eyes (Colour) Blue Hair Brown Height 5-7¼ Weight 163½

Identification marks and scars scar left leg, left knee

22. URINALYSIS (a) Albumen N (b) Sugar N (c) Microscopic (if albumen positive)

23. X-Ray No. 205703 Laboratory D.P.&.N.H. MTL. Report N

Part I. History

24. Have you now or did you ever have any of the following diseases?

(a) Eye trouble NO

(b) Nose, throat, sinus or ear trouble NO

24. (Cont'd)

(c) Any broken bones or other injuries NO

Head injuries NO

(d) Spinal trouble NO

(e) Foot trouble NO

(f) Operations NO

(g) Ruptures NO

(h) Kidney or bladder trouble NO

(i) Gonorrhoea NO

(j) Varicose veins NO

(k) Haemorrhoids NO

(l) Rheumatism or joint trouble NO

Part II. Physical Examination

25. The Medical Officers will complete this part and indicate "negative" or describe positive findings.

Vision (without glasses) Rt. 20/20 Lt. 20/20

(with glasses) Rt. 20/ Lt. 20/

Hearing (C.V.) Rt. cv20 Lt. cv20

Ears (Drums) Rt. O.K. Lt. O.K.

Nose x Throat tonsils xx

Sinuses

Remarks and Diagnosis

PULHEMS Grading E 1

H 1

E.A.STUART,MAJOR. R.C.A.M.C.
(Signature E.E.N.T. Specialist)

26. Cranium NEG

Spine NEG

Extremities NEG

Hernia NEG

Genito-Urinary NEG

Rectum NEG

Varicose Veins NEG

Feet NEG

Abdominal NEG

Remarks and Diagnosis

PULHEMS Grading U 1

L 1

R.THERRIEN,CAPT. R.C.A.M.C.
(Signature of Surgeon)

CERTIFICATE OF MEDICAL EXAMINATION (cont'd.)

24. (Cont'd)
(m) Tuberculosis NO
(n) Bronchitis or other lung trouble NO
(o) Asthma or Hay Fever NO
(p) Heart Disease NO
(q) Rheumatic Fever NO
(r) Kidney Disease NO
(s) Stomach, Bowel or Rectal trouble NO
(t) Diabetes NO
(u) Goitre NO
(v) Syphilis NO
(w) Fits or fainting NO
(x) Nervous disorders NO
(y) Have you been in the Active Army in this war? NO
(z) Are you now or have you in the past received disability pension or compensation? NO

HAROLD OWEN BERRY *Harold Owen Berry*
(Signature of Recruit)

A.KIMPTON,MD. M.O. R.C.A.M.C.
(Witnessed by)

27. Physique:
Good X Fair ..... Poor .....
Chest:
Full expansion 38 Range of Expansion 3
Lungs: Normal
Heart: B.P. Systolic ..... Diastolic .....
Norm$_a$l
Abdomen Neg.
Skin Neg.
Glandular Systems Neg.
Remarks and Diagnosis:

PULHEMS Grading P 1

SIMON S.SPERBER,MD. R.C.A.M.C.
(Signature of Physician)

28. Psychiatrist's Report **Remarks and Diagnosis:**

PULHEMS Grading M 1
S 1

P.O.LEHMANN?Capt. R.C.A.M.C.
(Signature of Psychiatrist)

Part III

29. Category (or profile) to be assigned. A

Year of Birth	P	U	L	H	E	M	S
1924	1	1	1	1	1	1	1

This category (or profile) is not to be changed. See note (c).

CERTIFIED TRUE COPY OF ORIGINAL MFM1 OR MFM2
NAME RANK

H.F. WRIGHT, MAJOR R.C.A.M.C.
(President of the Board)

30. (a) Vaccination — Inoculations Serodiagnostic tests to be initialled by M.O.

30. (b) Changes or confirmation in present category (or profile) to be signed by M.O. or President of Medical Board.

Date	Use one line and write plainly.	Date	P	U	L	H	E	M	S	Signature of M.O.
	TAB. T ICC VACCINATION	13-4-44	1	1	1	1	1	1	1	
23 Mar/43	TAB T 2.									
16-12-43	TAB.T 1 cc									
23-2-44	Typhus 1 cc									
1-3-44	Typhus 1 cc.									
8-3-44	Typhus 1 cc									

NOTE: (a) Any corrections to entries made must be initialled by the officers making them.
(b) (i) Category (or profile) in Part III (29) is not to be changed after once assigned.
(ii) Subsequent changes in category (or profile) to be entered in Part III (30) (b).
(c) Officers making changes must enter their rank. Corrections ARE NOT to be written OVER original entry.

Regimental No. D-142535 Rank Pte. Sheet No. 1

Name BERRY, H.O.

MFM 1 & 2a
40/P & S/119 (3913)

	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc—	Rank Shown	Effective Date	Unit	Place	Authority DO Number	Authority Dated
	S.O.S., C.A. Canada 30-4-44						
	T.O.S., C.A. Overseas 1-5-44						
	Disembarked 7-5-44						
	Reported for Duty 7-5-44	Pte.	—	4 CIRU	UK.	120	-44
M106	Passed unit / st aid crse.	Pte	15 May 44	4 CIRU	UK.	136	24 May 44
	CR att unit 6 Pdr crse	Pte	10 Jul 5 Aug 44	4 CIRU	UK	204	9 Aug 44
M119	SOS SOS to X-4 List SD&GH	Pte	16 Aug 44	4 CIRU	UK	210	17 Aug 44
Cfb	Embarked at UK on		16 Aug 44				
	Disembarked at France on	Pte	17 Aug 44	X4 SDGH	21 AG	32	1 Sep 44
M119	SOS SOS to SD&GH	Pte	21 Aug 44	X4 SD&GH	21 A Gp	33	8 Sep 44
	TOS from X4 List SD&G	Pte	22 Aug 44	SD&G.	21 A Gp	49	3 Sep 44
DECEASED	21 FEB 45.						
	Killed.	Pte.	21 Feb 45	SD&G Highrs	21 A Gp.	CLAS 47	28 Feb 45
SOS	SOS Killed in action.	Pte.	21 Feb 45	SD&G Highrs	21 A Gp.	21	1 Mar 45

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

WILL

M.F.M. 10
150M—2-43 (8280)
H.Q. 1772-39-1656

(1) I, Harold Owen BERRY (Name in Full), of the city (City, Town, Village, Township)

Address in civil life.

of Montreal, in the County / District of Jacques Cartier

Province of Quebec, Laborer (Civil Occupation)

Regimental No. D-142535, Unit INF (R) 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 FATHER" Mr. Harold Owen BERRY.

Residing at: 398 Congregation St., Montreal, Quebec, Canada.

H.O.B.

ALL MY ESTATE BOTH REAL AND PERSONAL.

Relationship, names and address of residuary beneficiaries.

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

H.O.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 9th day of September 19 43.

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.

x Harold Owen Berry (Signature of soldier)

First witness sign here.

(5) Signature J. Fonnick
Civil Address 8578 Berri St Mtl
Civil Occupation Salesman

Second witness sign here.

Signature George Flanagan
Civil Address St Angele de Monnoir
Civil Occupation Painter

(Witnesses are not to be beneficiaries.)

[OVER]

3/45A MFM 510
40/P&S/254 (7012)

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

District..................

Dispersal Area..................

Regtl No. D142535 Rank and Name BERRY H.O. PTE.

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

(~~Transfer~~ or Discharge).................. ~~to~~.................. on 21st February 19 45.

Reason Death Authority : C.C.L."A" 547/28th Feb.45.

The following is a statement of the account of the above-named from 1st Feb: to 28th Feb: 19 45 the inclusive date of transfer or discharge.

Dr Particulars	Amount		Cr Particulars	Amount	
Balance Dr from last account			Balance Cr from last account	55	00
First Monthly Payment			Regimental Pay 28 days at $1.50	42	00
Casual Payments			Tradesmen's Pay .... days at .... $		
Payments on Transfer or Discharge			Additional Pay (Give Particulars) .... days at .... $		
Assigned Pay	20	00	Allowances (give particulars) .... days at .... $		
Regimental Charges					
Public Stoppages (give particulars) :					
To Balance Cr Free	77	00			
To Balance Cr Deferred			By Balance Dr		
Total	97	00	Total	97	00

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

Remarks

Assnd Pay $20.00 (M) Stopped eff March.45.

Compiled by A.Bell.

Checked by E.Wright

Date 25th Aug.45. 19

Certified correct D. Howley
for Chief Treasury Officer, Overseas

MW

C

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

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

INSTRUCTIONS.

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

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

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

---

(1) Name of Officer or Other Rank BERRY
(Surname first—Christian names in full—Block capitals)
Harold Owen

(2) Regimental or Official Number and Rank D-142535 Pte

(3) Unit INF (R) CA

(4) Are you married? No

(5) If married, state,

(*a*) Full name of your wife nil

(*b*) Present postal address of wife nil

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

(7) Are you a widower? no

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

Names and ages nil

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

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

Name nil

Postal Address .....

[SEE OTHER SIDE]

(10) Have you a common-law wife—whom you have been regularly supporting and publicly representing as your wife for at least 2 years immediately prior to appointment or enlistment? no

If so, state her full name and Postal Address nil

(11) Is your father alive? Yes

If so, state name and address, occupation Mr. Harold Owen BERRY - Mechanic
398 Congregation St., Montreal, Quebec, Canada.

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

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

nil

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

(14) Is your mother alive? Yes

If so, state name and address Mrs. Margaret BERRY (Norton)
398 Congregation St., Montreal, Quebec, Canada.

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

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

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

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

If so, state the following particulars:—

Relationship nil

Full Name

Postal Address

Amount contributed monthly during the past six months

(18) Are you insured? no

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

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

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

x Harold Owen Berry
(Signature of officer or man)

Date 9th September 1943,

Officer Commanding

Date 9th September 1943.

NO. 4 DISTRICT DEPOT A.F.

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

A/TK.

SERVICE AND CASUALTY FORM

Part I (For all ranks)

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

Unit INF (R) CA. Regimental Number D-142535

1. Surname BERRY
2. Christian Names Harold Owen ~~II~~
3. *Substantive Rank and Appointment Pte
   *Acting Temporary or Local Rank
   giving date 9 Sept 43
   *To be entered in pencil to facilitate alteration.
4. Place of birth Mackayville Que. Can.
5. Date of birth as declared on attestation Aug. 24th 1924
   (A)
6. Date of enlistment 9-9-43
7. Place of enlistment Mtl. South Que. Can.
8. Residence at time of enlistment 398 Congregation St. 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 Church of England
12. If married, state date ~~Single~~
13. Trade on enlistment Laborer
14. Corps, trade and grade
15. (D) Qualifications
16. (E) Miscellaneous entries

(17) Regiment or Corps | Unit (Battn., etc.)

(18) Medical

Category	Date	Authority
A	4-9-43	M.F.M. 2
24-1-1-1-1-1-1-1	13-4-44	M.F.M. 2

(19) Next of kin (entries to be made in pencil) (Father)
Mr. Harold Owen Berry
398 Congregation St.
[illegible]

(20) E.
(21) E.
(22) E.

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

(a) Report: Date	(a) Report: From whom received	(b) Unit	(c) Record of all casualties regarding promotions (acting, temporary, local or substantive), appointments, transfers, postings, attachments, &c., forfeiture of pay, wounds, accidents, admission to and discharge from Hospital, Casualty Clearing Stations, &c. Date of disembarkation and embarkation from a theatre of war (including furlough, &c.) in accordance with para. 2 of Note to Table I of Appendix III of Field Service Regulations, Volume I	(d) Place of Casualty	(e) Date of Casualty	(f) Army rank as at (e)	(g) Army Form or other authority for entry to be shown
			S.O.S., C.A. Canada 30 April 44				
			T.O.S., C.A. Overseas 1 May 44				
			Disembarked 7 May 44				
		4CIRU	Reported for Duty 7 May 44	UK	—	Pte.	120-44
		4CIRU	Passed Unit F.A. Crse	UK	20.5.44	Pte	136-24-5-44
		✓	Qualified "91" on 6 pdr. Crse	✓	5 Aug 44	—	204-9 Aug 44
	SOS	〃	X4 List - 2 CBRG	✓	16-8-44	PTE	210-17 Aug 44
			[Em]barked U.K. 6 Aug 44 Disembarked France		7 AUG 1944		32 1944
X4	SD&GH	11 Bn	T.O.S. "X" LIST	✓	7 AUG 1944		32 1944
✓	✓	~~10 Bn~~	SOS to SD&GH	✓	21 Aug	Pte	33 1944
1 Sept 44	OG	SD&GH	TOS from X4 list	Fd	22 Aug 44	Pte	49 Sept 44
	✓	✓	SOS Killed in action	✓	21 Feb 45	✓	21 - Feb 45

6th March, 1945.

Mr. Harold Berry,
398 Congregation Street,
Montreal 22, Quebec.

Dear Mr. Berry:

It was with deep regret that I learned of the death of your son, D142535 Private Harold Owen Berry, who gave his life in the Service of his Country in the Western European Theatre of War on the 21st day of February, 1945.

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

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

We pay tribute to the sacrifice he so bravely made.

Yours sincerely,

A. E. WALFORD
Major - General
Adjutant - General

MAR 15

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

New x - mother
14-3-45

/EMA

8

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

4
ARMY

DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

DECEASED MEMBER'S NAME: Harold Owen (CHRISTIAN NAMES) BERRY (SURNAME)

REGISTER NO. D-16382

FILE NO. 405-B-36881

PAYEE Director of Estates

DATE 10-1-46

ADDRESS

SERVICE NO. D-142535

FINAL RANK OR RATING Pte.

DATE OF TERMINATION OF OVERSEAS SERVICE 21-2-45

DATE OF DISCHARGE 21-2-45

A. TOTAL QUALIFYING SERVICE — NO. OF DAYS 532 / 30 EQUAL TO 17 COMPLETE PERIODS AT $7.50		$ 127.50
B. QUALIFYING OVERSEAS SERVICE — No. of Days 297 LESS 22 INELIGIBLE DAYS, EQUAL TO 275 DAYS @ 25c. PER DAY — SEE PAR. 2 OVERLEAF FOR EXPLANATION		68.75
		196.25
C. SUPPLEMENT FOR OVERSEAS SERVICE — DAILY RATES AT DISCHARGE		
PAY	$ 1.50	
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE	$ 1.25	
ADDITIONAL PAY	$	
	$	
	$	
	$	
DEPENDENTS' ALLOWANCE 1/30 OF $	$	
TOTAL	$ 2.75 X7 = $ 19.25	
NO. OF DAYS 297 / 183	X$ 19.25	31.24
D. WAR SERVICE GRATUITY		227.49
E. DEDUCTIONS — OVERPAYMENT OF PAY AND ALLOWANCES	$	
DEPENDENTS' ALLOWANCE AND ASSIGNED PAY	$	
OTHER DEDUCTIONS	$	
F. TOTAL AMOUNT PAYABLE		227.49

G. YOUR PORTION OF GRATUITY IS— 100%

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

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

ΔT

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

PREPARED BY	CHECKED BY
KRM	

TREASURY	
CHECKED BY	DATE
McGibson	17/1/46

Kenneth Grant
SERVICE REPRESENTATIVE

COMPUTATION OF WAR SERVICE GRATUITY

MEMBER'S NAME Harold Owen (Christian Names) Berry (Surname) — Register No. D-16352

File No. 405-B-36881

PAYEE'S NAME Estates (Christian Names) (Surname) — Date 9-1-46

ADDRESS — Service No. D-142535

Final Rank PTE

DATE OF TERMINATION OF OVERSEAS SERVICE 21-2-45 — Date of Discharge 21-2-45

	AMOUNT $	c
(22)		
A. TOTAL QUALIFYING SERVICE No. of day ~~532~~ / 30 = 17 Periods @ $7.50	127	50
B. QUALIFYING OVERSEAS SERVICE No. of days 297 less 22 Ineligible days, equal 275 Days @ 25c. per day	68	75
C. SUPPLEMENT FOR OVERSEAS SERVICE Daily Rate of Pay $ 1.50 Subsistence Allowance $ 1.25 Additional Pay $ — Dependents' Allowance 1/30 $ — $ — TOTAL $ 2.75 × 7 = $ 19.25 No. of Days 297 / 183 × $ 19.25	196	25
	31	24
D. WAR SERVICE GRATUITY Computed By Monty	227	49
E. DEDUCTIONS Overpayment of (1) Pay & Allowance $ (2) D.A. & A.P. $ Other Deductions $ Entered By		
F. AMOUNT PAYABLE (This amount is payable in ..... monthly instalments of $ ..... each)	227	49

G. Monthly instalment not to exceed *daily rate* of Pay & Allowances per (C)

$ ..... × 30 = $ .....

REMARKS

100M—9-45 (8069)
H.Q. 1764-81-3

Director of Estates

Regimental No. D.142535 Rank Private

BERRY Harold Owen
Surname Christian Names

Unit The Stormont Dundas & Glengarry Highrs. (C.A.)

Date of death 21 Feb 45 Place of Death Overseas (Western European)

Casualty Details Killed in action

ESTATES BRANCH MAR 16 1945 H.Q. OTTAWA NATIONAL DEFENCE

Next-of-kin Mr. Harold Berry Relationship Father

Address 398 Congregation Street,
Montreal 22, Que.,

Will Will d/ 9 Sep 43 herewith

Date 15 Mar 45

EXCERPT OF M.F.M.5 dated 9 Sep 43

(1) Are you married? NO. Children?

Wife's name and address) Names and Ages

(2) Is your father alive? Yes If so, state name and address
Mr. Harold Owen Berry, - Mechanic
398 Congregation St., Montreal Quebec.

(3) Is your mother alive? Yes If so, state name and address
Mrs. Margaret Berry (Norton)
398 Congregation St., Montreal Quebec.

(4) Are you insured? No. If so, in what company?

JEC/MBR.

ESTATES LIAISON.

MH

Estates Form "P. 4"

DISTRIBUTION OF SERVICE ESTATES

ARMY

Name BERRY, (Surname) Harold O. (Christian Names) No. D-142535

Pte. (Rank) C.A. O/S (Unit) 21-2-45 (Date of Death)

AMOUNT

W.S.G. L.P.C. $ 227.49 77.00

Date 6-3-46

Other Credits 35.83

Total 340.32

Prev.dist. 112.83
This dist. 227.49

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Father	Harold O. Berry, 398 Congregation St., Montreal, P.Q. (Sole beneficiary per will)	227.49

P4. TO TREAS.

MAY 3 1946

WSG

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	$227.49

CLASSIFIED BY

EXAMINED BY

For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

(L. M. Firth) Colonel
Director of Estates

AUDITED FOR PAYMENT

For Chief Treasury Officer

40M—8-45 (7876)
H.Q.1772-45-27

File No. 405-B-36881

REBURIAL

NO D-142535

RANK Private

NAME Berry - H. O

NAME OF CEMETERY Nijmegen Canadian Military Cemetery,

LOCATION OF CEMETERY 4 miles S.E. of Nijmegen, Holland.

GRAVE LOCATION Grave 3 Row F Plot 10

AUTHORITY 54-27-88-2 Vol. 21

Reburial list.

H.Q. 405-B-36,881 D.R. 2(C)

11th July, 1946.

Mr. Harold Berry,
398 Congregation St.,
Montreal 22, Que.

Dear Sir:

Information has just been received from overseas that the remains of your son, D142535 Private Harold Owen Berry, have been carefully exhumed from the original place of interment and reverently reburied in grave 3, row F, plot 10, of Nijmegen Canadian Military Cemetery four miles South-East of Nijmegen, Holland. 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,

R.

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

13 D.

File No 405-B-56881

VERIFICATION FORM

WAR SERVICE MEDALS 1939-45

No. D142535 Name BERRY HAROLD OWEN

Rank on Discharge Pte Date of Discharge 21-2-45

Authority for Discharge or Retirement Deceased.

Served in:				Non-qualifying service
Canada	from 9-9-43	to 30-7-44		
	from	to		
United Kingdom	from 1-5-44	to 16-8-44		
	from	to		
Italy	from	to		
Northwest Europe	from 17-8-44	to 21-2-45	Killed in Action	
---------	from	to		
---------	from	to		

Eligible for award of:

1939 - 45 Star OK

~~Italy Star~~

France-Germany Star OK

Defence Medal NE

War Medal OK

Canadian Volunteer Service Medal OK

with Clasp OK

M

Verified by [illegible]

Date 18-6-46

Carded JUN 18 1946

NRD

HA 165

5/7B CFA 187
40/P & S/2180 (7060)

CANADIAN MILITARY HEADQUARTERS

ESTATES BRANCH
INVENTORY

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

No., RANK and NAME ....D-142535.....Pte.....Berry.....H.O.....(DECEASED).....

RECEIVED FROM .....2nd Echelon 21 Army Group.....

CHECKED BY .....C-5591 Pte Patterson L.K.....DATE .....6 April 45.....

AND B-6410 Rfn Shaw R.V.

	Snapshots		
1	Prayer Book		

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

QUADRUPLICATE—with effects.

L.K. Patterson PX
.....
for OC 1 Cdn KSD

CANADIAN
ESTATE
9 - APR 1945
BRANCH
HEADQUARTERS

DON'T FORGET

Report immediately to your Commanding Officer any changes in name, address or relationship of your next-of-kin.

This is essential in the interests of yourself and your next-of-kin.

500 PADS OF 100-5-43 (21)
H. Q. 1772-39-1672-K. P. 80493

F. & P.
10. Sep. 43

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

WILL

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

Signature.....

Rank, Regt'l Number.....

.....

Date.....

Militia Book M. 1 (Part I) Revised 1-10-42
100M—3-43 (9189-90)
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.

56357—1

(I) SOLDIER'S NAME AND DESCRIPTION ON ATTESTATION

Regtl. No. D142535

Surname (in capitals) BERRY

Christian Names (in full) HAROLD, OWEN,

Date of Birth 24 August 1924.

Place of Birth Mackayville, Quebec, Canada

Citizenship Canadian

Trade on Enlistment Laborer

Nationality of Father at Birth Canadian

Nationality of Mother at Birth ENGLISH

Religion Church of England

Enlisted at Montreal South, Quebec, Canada

Date 9/9/43.

Particulars of former service (if any) i.e. Regtl. No., Corps or Regiment and period. nil

Signature of Soldier Harold Owen Berry

Signature of Officer [illegible] Marcel Côté [illegible]

Place Mtl Sth, Que Canada Date 10/9/43

(IV) NEXT OF KIN

Any change becoming known is to be duly noted with date of such change and reported by O.C. Unit to the Officer i/c Records.

NOTE.—No entry in these pages has any legal effect as a WILL (see pages 20 to 23)

NOW LIVING

Nearest degree of relationship		Names	Date	Latest known Address in full
1st	Wife			
	Children			
2nd	Father	Harold Owen Berry	9/9/43	398 Congregation St. Montreal, Quebec, Canada.
	Mother	~~MARGARET BERRY~~	9/9/43	~~398 CONGREGATION ST MONTREAL QUE CANADA.~~
3rd	*Brothers and Sisters	Nil		
4th	Other Relations (stating relationship)	Mrs. Dorothy Mitchell (Aunt) D128677 Pte A. J. Berry (Uncle)		396 Congregation St. Montreal P.Q. 2CIB Wilkships, RCOC.

*State whether brothers are older or younger.

(V) RANK and APPOINTMENT

Date	Rank and Appointment	Substantive, Temporary, Acting or Local (with or without pay)	Authority of Part II Orders	Signature of Officer
9/9/43	Pte		4DD 217	[illegible]

(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:—*~~*

Completed Basic Training in accordance with Standard Syllabus 3 DEC 43

[illegible] Capt Inf "R"

Completed Advanced Training in accordance with Standard Syllabus at A-12 C.I.T.C., Farnham, Que. on 3rd March 1944 [illegible] Maj OC "[illegible]" Coy

Qualified in addition as under:—

Rifle	P	2" Mortar	P
Bren	P	S.M.C	P
J.D.	P	T.M.C	P
P.I.A.T.	P	Gas	P
Grenade	P		
Bayonet	P		

[illegible] Capt.

Date 16 May 44.

Commanding.

*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
attended 6-pounder course at A-12 C.I.T.C. Farnham, Que. Qual: Q.	27 Jan 44 till 10 Feb 44	[illegible] Maj
First Aid Course 4 CITU	16 May 44	J.W.K. [illegible] Capt
N.Y. TEST FAIR		
QUAL 6 pdr Cse. Q1. (U.K.)	D.O. 204 9 Aug 44	[illegible] Capt
2 weeks basic refresher	12 Aug. 44	

(VIII) SMALL ARMS RANGE COURSES

Year	Classification	Type of Weapon	If Table not completed, state parts fired	Signature of Officer
1944	II	Rifle		[illegible] Maj
1944	II	L.M.G.		
1944	~~X Exp~~	Rifle	Prac 1, 2 & 3	J.W.K. [illegible] Capt
1944	2nd	Bren	Prac 1 & 2	J.W.K. [illegible] Capt
1944	1st	Rifle	Prac 1, 2, 3, 4, 5	J.W.K. [illegible] Capt

(IX) EDUCATIONAL QUALIFICATIONS

Certificate, Specialist Qualifications, etc., Certificate number or authority. (Two lines may be used for each entry)	Place	Date	Signature of Officer
6th Grade	MONTREAL	1936	[illegible]

(X) TRADE QUALIFICATIONS

(For men who have passed Trade Tests)

Trade	Group	Grade	Part II Order	Date	Signature of Officer

(XI) EMPLOYMENT WHILST SERVING

Period		Nature of Employment	Remarks and Signature of O.C. Coy., etc.
From	To		
9 Sep 43		Rifleman	[signature] Capt

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

(XII) MEDICAL CLASSIFICATION

Date	Category or Grade	Medical Examiner of Recruits, or other Medical Authority	Date of last Examination	Signature of Medical Officer
4/9/43.	A	M.F.M. 2		[signature]
4/9/43	YOB 24 | P 1 | U 1 | L 1 | H 1 | E 1 | M 1 | S 1			[signature]
13-4-44	24 - 1 1 1 1 1 1 1			[signature]
11 Aug 44		Conf		[signature]

(XIII) PRESCRIPTION FOR GLASSES

Date of Exam.:	Ophth., Centre:	Date of Issue:	Frame No. (or measurements):

	Vision without Glasses	SPH	CYL	Axis Standard Notation	Vision with Glasses
R					
L					

Signature of M.O.....

Date of Exam.:	Ophth., Centre:	Date of Issue:	Frame No. (or measurements):

	Vision without Glasses	SPH	CYL	Axis Standard Notation	Vision with Glasses
R					
L					

Signature of M.O.....

(XIV) PARTICULARS OF DENTAL TREATMENT

Date	Required	Completed	Specification: Use authorized Abbreviations and Symbols	Signature of Dental Officer
10 Sep 43	✓		3X - 13F - P.L.D. Pr	B Davison Capt
18 Apr '44	✓		9F PLD PR.	J Hubbard Capt
8 May 44	✓		6F	L G Richardson Capt
14 June 44		✓		L G Richardson Capt

(XV) PARTICULARS OF SURGICAL APPLIANCES ISSUED

Particulars	Date	Signature of Medical Officer
TABT 2cc Typhus 1cc	28 Nov 44	[illegible]

(XVI) PROTECTIVE INOCULATIONS

Nature of Vaccine, "T.A.B.T." Cholera, Plague, etc.	Date	Signature of Medical Officer
TABT 1cc	10-9-43	[illegible] Capt
TABT 2cc	23 Nov/43	G.H. Ingham Lt
TABT 1cc	14/12/43	[illegible]
Typhus 1cc	23-2-44	[illegible]
Typhus 1cc	1-3-44	[illegible]
Typhus 1cc	8-3-44	S. [illegible] Lt.
Typhus Booster	1 Aug 44	[illegible]

(XVII) VACCINATION

Date Vaccinated	Signature of Medical Officer
10-9-43	[illegible] Capt

(XVIII) MISCELLANEOUS ENTRIES

(For entries for which space is not otherwise provided)

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

Particulars	Date	Signature of Officer
XRAY # 205703 H	4/9/43	[illegible] Capt
Granted Ent. Leave Gas Compound SM	18 Feb. 44	[illegible] Capt
Fingerprinted	10 Sep 43	J.W.H.S.
Donated blood	5 Jun 44	
Part III issued	17-6-44	C.R. Hiltz

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

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

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

No. Rank Name

states that he has executed a Will and that the same has been deposited with

at Signature of Officer.

Date Rank or Appointment.

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

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

Certificate M.F.M. 10 received and forwarded to the Officer i/c Records at H.Q.M.D. 4 Signature of Officer.

Rank or Appointment.

Date Certificate or Will extracted.....

Signature of Officer.....

To whom sent.....

Unit or Dept.....

Date Will extracted.....

Signature of Officer.....

To whom sent.....

Unit or Dept.....

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

SHORT FORM OF WILL

(Write Will on next page)

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

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

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

(Signature) GEORGE BULL,
Private No. 30000,
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.

REBURIAL

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

Grave 3, row F, plot 10.

HI & CR Form Despd. OCT 10 1947

Photographs
Despatched
NOV 26 1947

BURIAL REPORT TO N.K. JUL 11 1946

RETURN TO BUR. OF STAT. MAY 22 1945

ROYAL MESSAGE DESP'D. MAR 10 1945

CAN. MESSAGE DESP'D. MAR 19 1945

Temp B R sent to N K

10M-1-45 (M-4608)

B-600

NO. D.142535 Rank Private Name BERRY, Harold Owen

Unit S.D. & G. Highrs. Date of death 21st Feb.,1945.

Died at Germany

Cause Killed in action 462428

Death occurred on strength of Forces H.Q. 405-B-36,881

N/K Mr. Harold Berry, Relationship Father

Address 398 Congregation St.,Montreal 22, Que.

Remains buried in Germany Cdn Mil Cem 93155270 Calcar Cemetery
R.2 G.17

Grave location

CHK

OVER

CONTINUATION CARD M.F.M. 14

Regimental No. D 142535 Name Pte Berry Harold Owen

Part II D.O. No.	Part II D.O. Date	PARTICULARS OF CASUALTY
210	17.8.44	S.O.S. 4 C.I.R.U. W.E.F. 16.8.44 to ~~[illegible]~~ X-4 list 2 CBRG (SD & G H)
204	9.8.44	attend unit 6 Pdr. course Qual Q1
R		SOS 10 BN TO SD & G H. EFF 21 AU
49	3.9.44	TOS - SD & G 22 Aug 44
21.	1/3/45.	S.O.S. Killed in Action on 21 Feb. 45 enemy shelling

M.F.M.—14A
40/P&S/67 (3400)

CASUALTIES, ETC.

Part II. D.O. No.	Part II. D.O. Date	Nature and particulars	If in Hospital note name
217	10-9-43	TOS DD4 & posted to B Wing wef. 9-9-43¾	
240	7-10-43	SOS DD4 to " 48 St Johns Que.eff. 7-10-43.	
A-236	8-10-43	TOS T.C. 48 St Johns, Que on transfer fron No 4 D.D. wef. 8 OCT 43.	
		P. & A. LED. AGREES	
A-285	4DEC43	.SOSTC#48 St.Johns Que on trans to A-12 Farnham Que. WEF 4 DEC43.	
288	7-12-43	TOS A-12 Farnham wef 5 Dec 43	
303	24-12-43	Granted christmas leave from 24 to 28 Dec inc	
16	20-1-44	Granted rates of pay of $1.40 wef 9 Jan 44	
89	22-3-44	Granted 16 days leave combining Annual furl and embarkation leave from 22 March 44 to 6Apr44 inc warrant and r.a. of $0.50 per d.	
82	6-4-44	Granted rates of pay $1.50 wef 9 Mar 44	
100	27-4-44	SOS A.12 CITC PROC.o/s serial ~~599~~ 294-C wef 27 Apr 44	
120	7.5.44	T.O.S. [illegible] wef 1 May 44	
		T.O.S. 4 C.I.R.U. WEF 8 May 44	
136	24.5.44	attended unit First aid course (Passed)	

No. D-142535 RANK Pte NAME BERRY Harold Owen *Married *Widower *Single

Place of {*Appointment *Enlistment} Montreal South, Que. Date of {*Appointment *Enlistment} 9 Sep 43

RATE OF PAY NR 425

D.O. No.	Date of D.O.	Rank	Group	P.F. or A.S.	Daily Rate	Effective Date	If liable Pen. Ded.	REMARKS
					1.30			
16	20-1-44				1.40	# 9 Jan 44		
82	6-4-44	Pte			1.50	9 Mar 44		

ASSIGNMENTS

Name and Address of Assignees	Effective Date	Amount
Mrs. Margaret BERRY, 398 Congregation St., Montreal, PQ. (Mother) (Vol.)	1-10-43	20.00
~~5th Victory Loan~~	~~1-11-43~~	~~8.40~~
Total		~~28.40~~

DEPENDENTS' ALLCES. No. Deps.

Date Application Forwarded	Relationship	Amount Awarded	Effective Date

*Outfit *Clothing {Allce. $ ..... Paid on .....

Rehabilitation Grant $ ..... Paid On .....

*Delete words which are inapplicable.

JPM

M. F. M. 14
200M-2-43 (8705)
H.Q. 1772-39-1662

In Receipt of Pension under Pension Act or Militia Pension Act (1910) $ ..... P.A.

Occupational Form Completed Yes.

1889 C.B.

21-2-45

AWARDS—CANADIAN ARMY (ACTIVE)

M

500M—1-44 (3467)
H.Q. 1772-45-8

FILE No. 405-B-36,881

SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT
BERRY	Harold Owen	D-142535	Pte.	S.D.& G.Highrs.

WAR SERVICE BADGE (CLASS) NO. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star France-Germany Star	6598 21/3/50
War Medal CVSM & Clasp	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

(1) MEDALS

PERSON ENTITLED TO Harold O. BERRY (FATHER)

ADDRESS: 398 Congregation St.,
MONTREAL 22, Que.

MEMORIAL BAR

(1) DATE DESP

REGN. NO 2129

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(2)

(3) MEMORIAL CROSS

MOTHER Mrs. Margaret Berry, (MFM5) (ENGLISH)

1889

ADDRESS: 398 Congregation St., MONTREAL 22, Que.

(3) DESP. MAR 21 1945
REGN No. 16673

FORM 6

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not write in this space

1. PLACE OF DEATH

Municipal county: IN THE FIELD (GERMANY)

Official name of civil municipality or township:

Place an X over the word which applies to this municipality or this territory: City | Town | Village | Parish | Township

Street: No.: Hospital or Institution:

2. LENGTH OF STAY

(a) In hospital or institution	Years	Months	Days	(b) In municipality where death occurred	Years	Months	Days	(c) In Province	Years	Months	Days	(d) In Canada (if immigrant)	Years	Months	Days

3. NAME OF DECEASED

Surname: BERRY (Block letters)

Given names: Harold Owen

Do not write in this space

4. RESIDENCE

Street: Congregation Street, No. 398

Official name of civil municipality or township: Montreal,

Municipal county: Province: Quebec.

5. SEX: M

6. NATIONALITY (Citizenship):

7. RACIAL ORIGIN:

8. Single, Married, Widowed or Divorced (*Write the word*): Single

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

10. BIRTHPLACE (Province or Country): Quebec

11. DATE OF BIRTH: August (Month) 24th, (Day) 1924. (Year)

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

OCCUPATION

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

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	BERRY, Harold	
MOTHER (Maiden Name)		

19. Place of burial, cremation or removal: Germany

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

21. PLACE OF REGISTRATION OF THIS BURIAL

(a) Name of parish or church:

(b) Civil municipality of:

(c) Municipal county:

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

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: February (Month) 21st, (Day) 19.... 45. (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....

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 francais)

Director of Records, Dept. of National Defence.

OVERSEAS CASUALTY
CANADIAN ARMY
MAY 22 1945

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

NUMBER D-142535 RANK Private SERVICE UNIT The Stormont Dundas & Glengarry Highrs. (C.A.)

NAME BERRY, Harold Owen

DATE OF BIRTH

DAY 24th MONTH August YEAR 1924 Date Enlisted: 9-9-43

MARITAL STATUS Single Religion: Church of England.

NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 RELATIONSHIP Father NAME Mr. Harold Berry,

ADDRESS 398 Congregation St., Montreal 22, Que. ADDRESS D.A.B.

ADDITIONAL PERSON TO BE NOTIFIED ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. Canrecords - 6460A H.Q.405-B-36,881 DATE 21-2-45

CASUALTY DETAILS Killed in action

WESTERN EUROPEAN THEATRE OF WAR

LAST WILL ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO M.F.M.5. ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO DATE 5-3-45

MM

O/S with Inf RU

S/L 3933

OFFICER I/C RECORDS

6

COPY FOR DOCUMENT FILE