D142563
PIDPRYHORA
JOHN

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Cat A

Received ORIGINAL DUPLICATE ~~TRIPLICATE~~ Checked E Card ✓ Observations Binny O.

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

Corps INF (R) CA. Regimental Number D-142563

N.T.

FINGERPRINTED
PHOTOGRAPHED
SEP 1 1 1943

CANADIAN ARMY

ENROLMENT AND ATTESTATION PAPER

1. PIDPRYHORA (Surname) JOHN (Christian Names)
2. Present Address 489 Magdalen St. Montreal Que. Canada
3. (a) Date of birth 5 February 1922
   (b) Place of birth Canada (Country) Quebec (County or Province) Montreal (Town or Township)
4. (a) Place of birth of Father Ukraine Unknown Unknown
   (b) " " " " Mother Ukraine (Country) Unknown (County or Province) Unknown (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) Roman Catholic
7. Trade or calling (a) Laborer (a) Name and address of last employer: Defence Industries Limited 425 River Ave. Verdun, Que.
   (b) How long employed 4 months
9. Married, Widower or Single Single If married, how many children None
10. Name of Next-of-Kin Mr. Peter PIDPRYHORA 11. Relationship Father
12. Address of Next-of-Kin 489 Magdalen St. Montreal, Que. Canada
13. Previous Service (Navy, Army or Air Force) Units and dates YES.No.D-518806 BW (RHR) 3rd, Bn. (RF) from May 1942 to date.
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 John Pidpryhora.
    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

01 PTE

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 STH QUE this 10th day of SEP 1943

Samuel (Signature of Magistrate, Justice Attesting or Enrolling Officer.)
Capt. Rdem. (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, John PIDPRYHORA, 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 10 SEP 1943 John Pidpryhora. (Signature of Recruit)

18. OATH TO BE TAKEN BY MAN ON ATTESTATION

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

Witness Samuel Capt. (Name) (Rank) John Pidpryhora. (Signature of Recruit)

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

at MONTREAL STH QUE this 10th day of SEP 1943

NO. 4 DISTRICT DEPOT A.F.

Samuel (Signature of Magistrate, Justice or Attesting Officer.)
Capt. Rdem (Office or Rank and Unit or appointment)

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.

5404
10
8 MAY 44
111111

Record of Service of PIPRYHORA (Surname) JOHN (Christian Name) Regimental Number D-142563

QUALIFICATIONS

Military NIL

Business or Professional NIL

Trade or Civil LABORER

Technical NIL

Languages ENG UKR

EDUCATIONAL QUALIFICATIONS

High School or Collegiate NIL (years completed) Graduation or Matriculation NIL (specify)

*College NIL

*University NIL 6 YRS PUB SCH

* (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
11-9-43	DRO	TOS NO 4DISTRICT DEPOT CA.	PTE	10-9-43	4DD	MTL STH	4DD PT II 218	11-9-43
		SOS to CA(B)TC #48 St Johns Que	"	7 oct 43			240	7 oct 43.
8-10-43	BTC48	TOS on transfer from No.4 D.D.	"	8-10-43	BTC48	St.Johns	BTC48 PT.II A-336	8-10-43
3 DEC 43	"	SOS on trans. to C.I.T.C. A-12, Farnham	"	4 DEC 43	"	"	" A-285	4 DEC 43
		TOS on reosting from TC 48 St.Johns Que.	"	5-12-43	A-12	Farnham	A-288	7-12-43
		Granted daily rates of pay of $1.40	#	10-1-44	"	"	16	20-1-44
		Granted furlough under R.O. 699 combined with Spec Furlouhg under R.O. 699(4) from 25-2-55 to 9-3-44 incl with 50¢ per diem and T.W. A-642794	"	25-2-44	"	"	47	25-2-44
		Granted daily rates of pay of $1.50	"	10-3-44	"	"	66	18-3-44
		Adm. for AWL from 2359 hrs. 18-3-44 to 0100 hrs. 20-2-44 Total forfeitre 2 days pay		20-3-44	"	"	68	21-3-44

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

CERTIFICATE OF MEDICAL EXAMINATION

20. Surname PIDPRYHORA Christian Names JOHN C.R.S. M.D.4 Sept 7th 1943

Reception Centre ..... Military District ..... Date .....

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 21 Eyes (Colour) Hazel Hair Brown Height 5'6½" Weight 123

Identification marks and scars Scar right arm.

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

23. X-Ray No. 205827 Laboratory D.P.N.H. Report N.

Part I. History

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

(a) Eye trouble Yes

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

24. (Cont'd)

(c) Any broken bones or other injuries Yes. right little finger NO

Head injuries .....

(d) Spinal trouble NO

(e) Foot trouble NO

(f) Operations NO

(g) Ruptures NO

(h) Kidney or bladder trouble .....

(i) Gonorrhoea NO

(j) Varicose veins NO

(k) Haemorrhoids NO

(l) Rheumatism or joint trouble .....

Part II. Physical Examination

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

Vision (without glasses) Rt. 20/30 Lt. 20/30

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

Hearing (C.V.) Rt. O.K. Lt. O.K.

Ears (Drums) X Rt. ..... Lt. .....

Nose ..... Throat .....

Sinuses J. KOLBER.M.D

Remarks and Diagnosis

PULHEMS Grading E 1

H .....

E.A. STUART MAJOR?

R.C.A.M.C.

(Signature E.E.N.T. Specialist)

26. Cranium neg

Spine N

Extremities Fracture rt little finger

Hernia N

Genito-Urinary N

Rectum N

Varicose Veins N

Feet N

Abdominal N

Remarks and Diagnosis

PULHEMS Grading U 1

L 1

A. CARREAU M.D.

R.C.A.M.C.

(Signature of Surgeon)

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

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

JOHN PIDPRYHORA ..... J. Pidpryhora.
(Signature of Recruit)

A.KIMPTON M.D. ..... M.O. R.C.A.M.C.
(Witnessed by)

27. Physique: .

Good ..... Fair X ..... Poor .....

Chest: neg

Full expansion 35 ..... Range of Expansion 2 .....

Lungs: clear

Heart: B.P. Systolic ..... Diastolic .....

Not enlarged

No murmur

Abdomen neg

Skin neg

Glandular Systems neg

Remarks and Diagnosis:

PULHEMS Grading P 1

M. ARONOVITCH CAPT ..... R.C.A.M.C.
(Signature of Physician)

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

N.P.D.

PULHEMS Grading M 1

S 1

T.E. DANCEY MAJOR ..... 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
1922	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

H.P. WRIGHT MAJOR. ..... R.C.A.M.C.
(President of the Board)
NAME RANK

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 H.B. Wright Capt	13-3-44	1	1	1	1	1	1	1	H.B. Wright Capt
	VACCINATION H.B.W.									
23 Nov/43	TABT 2. J.W. Hughamell									
16-12-43	TABT 3 H.B. Wright Capt									
3-1-44	Typhus ICC H.B. Wright Capt									
10-2-44	Typhus ICC H.B. Wright Capt									
16-2-44	Typhus ICC H.B. Wright Capt									

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.

CASUALTIES, ETC.

Part II. D.O. No.	Part II. D.O. Date	Nature and particulars	If in Hospital note name
218	11-9-43	TOS DD4 & posted to B Wing wef. 10-9-43.	
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 transf from No.4 D.D. w.e.f 8-10-43.	
		P. & A. LED. AGREES NOV 19 1943	
A-285	4DEC43.	SOS TC#48 St.J hnsQue on trans to A-12 FArhham Que. WEF 4 DEC?43.	
288	7-12-43	TOS A-12 Farnham wef 5 Dec 43.	
302	23-12-43	Granted christmas leave from 23 Dec to 27 Dec inc	
16	20-1-44	Granted rates of pay of $1.40 wef 10 Jan 44	
47	25-2-44	Granted furl combined with spec furl from 25 Feb 44 to 9 March 44 inc warrant and r.a. of $0.50 per d.	
66	18-3-44	Granted rates of pay of $1.50 wef 10March 44	

No. D-142563 RANK Pte NAME PIDPRYHORA John

*Married
*~~Widower~~
*Single

*Place of {*Appointment / *Enlistment} Montreal South Que

Date of {*Appointment / *Enlistment} 10 Sept 43

RATE OF PAY

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	10 Jan 44		
66	18-3-44				1.50	10 March 44		

ASSIGNMENTS

Name and Address of Assignees	Effective Date	Amount
~~5th Victory Loan 1-11-43~~		~~8.40~~
Matrona PIDPRYHORA(mother) 489 Magdalen St,Montreal.	Volunt 1-4-44	20.00
Total.....		

DEPENDENTS' ALLCES. No. Deps.....

Date Application Forwarded	Relationship	Amount Awarded	Effective Date

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

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

*Delete words which are inapplicable.

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.....

M.F.M. 14A
200M-5-42 (4724)
H.Q. 1772-39-1662

V

CARD SEQUENCE NO. _____

NO. RANK NAME

CASUALTIES, ETC.

PART II D. O. No.	DATE	NATURE AND PARTICULARS	IF IN HOSPITAL NOTE NAME
68	21-3-44	On 20 March 44 admonished for AWL from 2359 hrs 18 March 44 to 0100 hrs 20 March 44 Total 2 days' pay	
73	27-3-44	SOS to No1 Trg Bde Debert N.S wef 26 Mar 44	
99	28-3-44	TOS No1 Trg Bde Gp on TR from A-12 wef 27-3-44	
125	23-4-44	att to & transit wef 21-4-44	
131	27-4-44	Pos o/s Serial 294C wef 27-4-44	
120	7.5.44	T.O.S. C.A.(O) wef 1.5.44	
		TOS 4 C.I.R.U. wef 8.5.44	
~~124~~		~~S.O.S. 4 C.I.R.U. W.E.F. 1.6.44 to 12 [illegible] BRG~~	
162	23.6.44	S.O.S. 4 C.I.R.U. W.E.F. 22.6.44 to 2 C.B.R.G. (R.H.C)	
		TOS 11 Bn. X4 Tist. W.e.f. 23-6-44.	

Regimental No. D-142563 Rank Pte Sheet No. 1

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

Name BIDRYHORA, John

Record of Promotions, Reductions, Transfers, Casualties, Reports, etc.—	Rank Shown	Effective Date	Unit	Place	Authority D.O. Number	Authority Dated
S.O.S. to No. 1 Trg. Bde, Debert, N.S.	Pte	26-3-44	A-12	Farnham	73	27-3-44
T.O.S. TRG BDE GP	,,	27.3.44	TR BD GP	DEBERT	99	23 3 44
S.O.S. TRG. BDE. GP. TO SERIAL 294C	,,	27.APR44	TR. BD. GP	DEBERT	131	27.APR44
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 8-5-44	,,	8-5-44	4C1RU	UK	120	7-5-44
M106 SOS SOS. to 11 Bn. 2 C BR G. (RHC. Black watch)	Pte	22 Jun 44	4C1RU	UK	162	23 Jun 44
TOS SOS C86 TOS TOS from X4 L 1RHC.	Pte	27 June 44	1 BCRW	21 Ap	34	7 July 44
C86 Embarked at UK on Disembarked at France on	Pte	5 July 44 6 July 44	BCRW.	21 A Gp	37	14 July 44
Missing C86 SOS SOS to X6 list 1RHC MISSING	Pte Pte	28 Jul 44 28 Jul 44	RHC	AEF 21 A Gp	A475 44	9 Aug 44
Killed	Pte	25 Jul 44		AEF	A482	25 July 44
C86 SOS SOS Killed In Action	Pte	25 July 44	1 BCR watch	21 A G	47	1 Sept 44

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

(1) MEDALS

PERSON ENTITLED TO: Mrs.Matrona Pidpryhora - Mother

ADDRESS: 489 Magdalen St.,
MONTREAL, Que.

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER Mrs. Matrona Pidpryhora (ENGLISH)

1709
ADDRESS: 489 Magdalen St., Montreal, Que., (MFM5.)

MEMORIAL BAR
(1)
DATE DESP.....
REGN. NO 4588

(2)

(3)
DESP. DEC 4 1944
REGN No. 8712

25-7-44

AWARDS—CANADIAN ARMY (ACTIVE)

1709 M FEB.

500M—1-44 (3407)
H.Q. 1772-45-8

FILE NO. 405-P-15676

SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT
PIDPRYHORA,	John	D.142563	Pte.	1st.Roy.Highrs.of C.

WAR SERVICE BADGE (CLASS) NO. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star France & Germany Star War Medal CVSM & Clasp	6965-28-3-50

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

COPY - OC

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

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

INSTRUCTIONS

(*a*) This form is to be completed immediately an officer or other rank is appointed to, or enlisted in, the Canadian Army (AF) or R.C.A.F. ON ACTIVE SERVICE.
(*b*) All questions, etc., must be completed.
(*c*) Upon completion, the form will, in the case of the Army personnel, be forwarded to the District Records Officer for transmission to Officer i/c Records (Army) N.D.H.Q., Ottawa. In the case of R.C.A.F. personnel the form will be forwarded to R.C.A.F. Records Officer, Dept. of National Defence for Air, Ottawa.

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

(2) Regimental or Official Number and Rank D-142563 Pte.

(3) Unit Inf (R) CA

(4) Are you married? No (5) If married, state,

(*a*) Full name of your wife

(*b*) Present postal address of wife

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

(7) Are you a widower? No

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

Names and ages

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

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

Name

Postal Address

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

If so, state her full name and postal address

[SEE OTHER SIDE]

(11) Is your father alive?.....Yes.....If so state name and address, occupation....Mr....Peter...Pidpryhora - Laborer,...489...Magdalen...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?.....

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

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

(14) Is your mother alive?.....Yes.....If so, state name and address.....Mrs....Matrona...Pidpryhora... (Kornoga) 489 Magdalen St., Montreal, Quebec, Canada.....

(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 enlistment.....

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

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

Relationship.....

Full Name.....

Postal Address.....

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

(18) Are you insured?.....no.....If so, in what company?.....
(Give number of policy)

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

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

Date 11-9-43 (Sgd) John Pidpryhora
(Signature of officer or man)

(Sgd) F. Gaudette, 2/Lt.

Date 11-9-43 for Officer Commanding No.4 District Depot AF

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

No D.142563 Rank Private Name PIDPRYHORA, John

Unit Black Watch (R.H.R.) Date of death 25th July, 1944.

Died at France.

Cause Killed in action.

Death occurred on strength of Forces.H.Q. 405-P-15676

N/K Mr. Peter Pidpryhora, Relationship Father

Address 489 Magdalen Street, Montreal, P.Q.

Remains buried in St.Martin de Fontenay 024-602 Cemetery

Grave location

CWK

OVER

BURIAL REPORT TO N.K. APR 13 1946

RETURN TO BUR. OF STAT. AUG 8 1945

SEP 21 1944

ROYAL MESSAGE DESP'D.

CAN. MESSAGE DESP'D. 5-9-44.

Temp BR sent to NK & Map

REBURIAL

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

Grave 11, row D, plot 4

H I & CR Form Despd. JAN - 9 1947

Photographs

Despatched

SEP 24 1947

FOR COMPLETION AND RETURN BY **Form P. 64**

Mr Peter Pidpryhora,
489 Magdalen St.,
Montreal,
P.Q.

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

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

and the following number quoted:—

H.Q. 405-P-15, 676 FD 392

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

October 17, 44

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

PIDPRYHORA, John Pte

D142563 C.A.O/S

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.

ESTATES BRANCH NOV 15 1944 H.Q. OTTAWA NATIONAL DEFENCE

Director of Estates.

JMR/IDS

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

ANSWER IN FULL ALL APPLICABLE QUESTIONS

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

Degrees of Relationship	RELATIVES required to be accounted for		INFORMANT'S STATEMENT NAME IN FULL of any Relative, if any, in each degree specified	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased.....				
2	Children of the Deceased and dates of their Births.....				
3	Father of the Deceased.....		PETER PODPRYHORA	62	489 Magdalen St Montreal 22, P.Q.
4	Mother of the Deceased.....		MATRONA PODPRYHORA	58	489 Magdalen St Montreal 22, P.Q.
5	Brothers of the Deceased	Full Blood	Steve Podpryhora	38	489 Magdalen St Montreal P.Q.
			Mike Podpryhora	36	Same.
			Paul Podpryhora	34	"
			Nicholas Podpryhora overseas	21	"
		Half Blood			
6	Sisters of the Deceased	Full Blood	Mrs. Annie Bates	29	49 Premier Ave W. Kirkland Lake, Ont.
			Mrs. Mary Bazuk	27	2070 McGill College Montreal. Apt. 4.
			Mrs. Stella Zdaniuk	25	623 Clarion St Montreal P.Q.
		Half Blood			
7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, *who are dead*, and date of death of each.		Names and ages of their children (if any)		Address of their children

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	PIDPRYHORA. JOHN.
9	Date of his birth.	February 5th ~~1920~~ 1921
10	Place and date of his marriage.	Nil.
11	Place and date of his parents' marriage.	Austria 15 October 1905

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Montreal.
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) Montreal, Quebec. (c) (d)
14	Nature of employment before enlistment.	Labourer
15	State whether he owned the premises in which he lived, and, if so, where situated.	Nil.
16	Name place where deceased stated he intended to make his permanent home.	Montreal, Canada.

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	Nil.
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?	Nil.
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?	Nil.
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.	Nil.
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	Nil.
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	Nil.

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.	Nil.
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.	Nil.

(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

*Brother-in-law 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.

Joseph Zdaniak. {Signature of Informant}

623 Charron St. Montreal 22 Address

CERTIFICATE

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

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

Dated at Montreal this 14th day of November 1944

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

Rev. C. J. Kondratiuk, OMM. Qualification Parish priest

Address 2388 Iberville St. Montreal 24 P. Q.

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

There is approximately $90.00 due to the deceased, for over payment of Income Tax for the year 1942-43. I filed the returns myself, in favor of my brother-in-law. If something could be done in securing the above amount, it would be appreciated by the mother of deceased, as he was partial support of his mother.

CANADIAN ARMY (ACTIVE), OVERSEAS

FINANCIAL RECEIPT

(2)

RECEIPT No. 53 15 Aug 44 19

RECEIVED FROM Capt. J.L. Duchartel

THE SUM OF 150 francs

being

Cash effects on deceased

D-142563 Pte

PIDPRYHORA, J.

1 - RHC

Certified a True Copy,

Craig Roberts Capt.

? ? ? ? ?, Capt.

Command Paymaster or Field Cashier

15/8/44 19 Field Place

M.F.M. 503
520 books of 100—9-41 (1775)
H.Q. 1772-39-1877

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

CANADIAN MILITARY HEADQUARTERS

ESTATES BRANCH
INVENTORY

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

No., RANK and NAME ....D-142563....Pte....Pidryhora....J.....(Deceased).....

RECEIVED FROM 2nd Echlon 21 Army Group

C-52743 Pte McDonald S.J.

CHECKED BY C-5591 Pte Patterson L.K. ..... DATE ....8 Dec 44.....

1	Prayer Book		

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

TRIPLICATE — with effects.

.....J K Patterson Pte.....
for OC 1 Cdn KSD

CANADIAN MILITARY
ESTATES
11 DEC 1944
BRANCH
HEADQUARTERS

TL

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

ARMY

PIDPRYHORA, John — D.142563

Name: ..... No.: .....

Surname — Christian Names

Pte. — C.A. O/S — 25-7-44

Rank — Unit — Date of Death

AMOUNT 34.90

L.P.C. .....$

Date: 18-4-45

Other Credits ..... ~~34.90~~

Total .....

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Mother	Mrs. Matrona Pidpryhora, 489 Magdalen Street, MONTREAL, P. Q. (Sole beneficiary under will)	34.90

TO BE FORWARDED BY REG. MAIL DIRECT.

P4. TO TREAS. 4-6-45 CW

AUTHORITY

H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	$34.90

CLASSIFIED BY Original Signed by K. L. McCUAIG

EXAMINED BY

For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

Original signed by P.

(L. M. FIRTH) Colonel
Director of Estates

AUDITED FOR PAYMENT

For Chief Treasury Officer

75M—2-45 (6771)
H.Q. 1772-80-2

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

ARMY GL

Name: PIDPRYHORA John No.: D.142563
Surname Christian Names

PTE C.A. O/S 25-7-44
Rank Unit Date of Death

AMOUNT

L.P.C. $ 34.90

Date: 20-12-45

Other Credits 14.24

Total 49.14

Prev dist. 34.90
This dist. 14.24

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Mother	Mrs Matrona Pidpryhora 489 Magdalen St., Montreal, P.Q. (Sole beneficiary under will)	14.24

P4. TO TREAS. 10-1-46, Q.M.

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	14.24

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

N.R-216

75M—2-45 (6771)
H.Q. 1772-80-2

FORM CAS. 3—5M-2-44 (3752) H.Q. 54-27-70-2 VOL 18 - K P. 1723

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION MISSING PERSONNEL

NUMBER D-142563 RANK Pte. SERVICE UNIT I R H C

NAME PIDPRYHORA, John,

DATE OF BIRTH 5-2-22

MARITAL STATUS PRESENT Single

MARITAL STATUS ON ENLISTMENT Single

NEXT OF KIN Mr. Peter Pidpryhora, (Father)

ADDRESS 489 Magdalen Street,
Montreal, Quebec.

AUTHORITY CAS. SIG. NO. 8779

CASUALTY DETAILS Missing

DATE 28-7-44

Date and place of enlistment: 10-9-43 Montreal So., Que.

Occupation Labourer

DIRECTOR OF RECORDS
N.D.H.Q.

6

Δ-T

DISTRIBUTION

COPY 5 C.R. FILE COPY (1 TO INCOME TAX, 2 TO DEPT. OF LABOUR, 3 TO CHIEF TREASURY OFFICER, 4 TO D.A.B.)

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION (DEATH)

NUMBER D.142563 RANK Private SERVICE UNIT 1st Royal Highlanders of Canada (C.A.).

NAME PIDPRYHORA, John

DATE OF BIRTH 5-2-22 DATE OF ENLISTMENT 10-9-43

MARITAL STATUS Single RELIGION Roman Catholic

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

ADDRESS 489 Magdalen St., Montreal, P.Q. ADDRESS D.A.B.

ADDITIONAL PERSON TO BE NOTIFIED ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. Canrecords 9640 H.Q. 405-P-15,676

CASUALTY DETAILS Killed in action DATE 25-7-44

FRANCE.

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

26-8-44

DIRECTOR OF RECORDS

FORM NO. CAS. 6
25M-4-44 (4184)
I.Q. 1772-39-1989-1990

6

BTC

COPY FOR DOCUMENT FILE

FORMULE D'ANTÉCÉDENTS PROFESSIONNELS

LA PRÉSENTE FORMULE DOIT ÊTRE REMPLIE POUR CHAQUE MEMBRE DES FORCES ARMÉES. LES RENSEIGNEMENTS DEMANDÉS SONT DESTINÉS À L'USAGE DU COMITÉ CONSULTATIF GÉNÉRAL DE DEMOBILISATION ET DE RÉTABLISSEMENT, INSTITUÉ PAR LE GOUVERNEMENT CANADIEN POUR ÉTUDIER DES PLANS DE RÉTABLISSEMENT DANS LA VIE INDUSTRIELLE DES MEMBRES DES FORCES ARMÉES APRÈS LEUR LICENCIEMENT. L'EXACTITUDE ET L'INTÉGRALITÉ DES RÉPONSES SERONT TRÈS UTILES AU COMITÉ.

PRIÈRE DE LIRE ATTENTIVEMENT LES INSTRUCTIONS AU VERSO DE LA COUVERTURE DU FORMULAIRE AVANT DE REMPLIR LA FORMULE

LAISSEZ EN BLANC

Partie A—RENSEIGNEMENTS GÉNÉRAUX

1. (a) Nom et prénoms (lettres moulées) PIDPRYHORA John (b) N° matricule D-142563
2. (a) Arme Army (b) Unité INF (R) CA (c) Rang PTE
3. (a) Date de naissance 5 Feb 1922 (b) Avez-vous des personnes à votre charge? No (c) Domicile au moment de l'enrôlement Montreal, Que.
4. (a) Lieu d'enrôlement Montreal South, Quebec. (b) Date d'enrôlement 10th Sep 1943.

Partie B—INSTRUCTION ET FORMATION

5. (a) Âge à la sortie définitive de l'école 14 yrs old (b) Fréquentiez-vous l'école ou le collège au moment de l'enrôlement? No
6. Indiquez exactement où vous en étiez dans vos études à l'école publique, technique ou secondaire (par exemple—"école publique, 4 ans," "école secondiare, 2 ans;" "immatriculation junior" ou "cours technique en imprimerie, 4 ans," etc.) 6 yrs public school
7. Si vous avez fréquenté une université, indiquez-en le nom ainsi que la classe atteinte ou le grade obtenu no
8. (a) Êtes-vous déjà entré en apprentissage? no (b) Si oui, dans quel métier? nil (c) Avez-vous complété votre apprentissage? nil (d) Si vous ne l'avez pas complété, combien de temps y avez-vous passé? nil
9. (a) Quelles langues parlez-vous couramment? English & Ukranian (b) Quelles langues lisez-vous facilement? English & Ukran.

Partie C—SITUATION AU MOMENT DE L'ENRÔLEMENT

10. (a) Indiquez si vous étiez EN EMPLOI ou EN CHÔMAGE au moment de l'enrôlement. (Inscrivez simplement "En emploi" ou "En chômage", selon le cas; les détails sont demandés plus bas) Working (b) Au moment de l'enrôlement de quel syndicat ouvrier ou société professionnelle étiez-vous membre? nil

Partie D—DÉTAILS CONCERNANT CEUX QUI CHÔMAIENT AU MOMENT DE L'ENRÔLEMENT

LES QUESTIONS 11 À 17 NE S'APPLIQUENT QU'À CEUX DONT LA RÉPONSE À LA QUESTION 10 (a) INDIQUE QU'ILS ÉTAIENT EN CHÔMAGE

11. Aviez-vous déjà été employé assez régulièrement depuis votre sortie de l'école?
12. (a) Si la réponse à (11) est "oui," indiquez exactement l'occupation ou le métier effectivement exercé (b) Durée d'emploi dans cette occupation ou métier?
13. Si la réponse à (11) est "non," indiquez exactement l'occupation ou le métier pour lequel vous vous estimez compétent
14. Si vous avez été employé après votre sortie de l'école, indiquez quand vous avez travaillé assez régulièrement pour la dernière fois avant l'enrôlement
15. Donnez des détails concernant votre dernier patron, le cas échéant: Nom Adresse
16. Genre d'affaires du patron (par exemple, "culture" ou "construction de bâtiments" ou "fabrique de chaussures" ou "fonderie de fonte" ou "magasin de détail," etc.)
17. (a) Si vous travailliez à votre propre compte lors de votre dernier emploi, indiquez la nature et l'adresse de votre entreprise (b) Quand l'avez-vous abandonnée?

Partie E—DÉTAILS CONCERNANT CEUX QUI TRAVAILLAIENT AU MOMENT DE L'ENRÔLEMENT

LES QUESTIONS 18 À 23 NE S'APPLIQUENT QU'À CEUX DONT LA RÉPONSE À LA QUESTION 10 (a) INDIQUE QU'ILS ÉTAIENT EN EMPLOI. VOUS ÊTES PRIÉ DE LIRE EN ENTIER CES QUESTIONS ET DE NE RÉPONDRE QU'À CELLES QUI S'APPLIQUENT À VOTRE CAS AU MOMENT DE L'ENRÔLEMENT

SI VOUS ÉTIEZ À L'EMPLOI D'UN PATRON AU MOMENT DE L'ENRÔLEMENT, PRIÈRE DE RÉPONDRE AUX QUESTIONS 18 À 21

18. Nom du patron D.I.L. Adresse Verdun, Que.
19. Genre d'affaires du patron (par exemple, "culture" ou "construction de bâtiments" ou "fabrique de chaussures" ou "fonderie de fonte" ou "magasin de détail," etc.) Ammunitions.
20. (a) Genre précis de votre occupation Laborer (b) Nombre d'années d'expérience dans ce travail pour le compte de tout patron 4 mths.
21. (a) Votre patron vous a-t-il formellement promis de vous reprendre à son service à votre licenciement? No (b) Votre patron a-t-il refusé de promettre de vous reprendre à son service à votre licenciement? no (c) Désirez-vous retourner à votre ancien emploi? nil

SI VOUS TRAVAILLIEZ À VOTRE PROPRE COMPTE AU MOMENT DE L'ENRÔLEMENT, C'EST-À-DIRE, SI VOUS EXPLOITIEZ UNE FERME, UN MAGASIN, UNE AGENCE OU SI VOUS EXERCIEZ UNE PROFESSION, OU SI VOUS ÉTIEZ ASSOCIÉ DANS L'UNE DE CES ENTREPRISES, PRIÈRE DE RÉPONDRE AUX QUESTIONS 22 ET 23

22. (a) Indiquez la nature du commerce ou la profession (b) Où était-il situé?
23. (a) Nombre d'années dans ce commerce? (b) Avez-vous fait ou vous proposez-vous de faire des plans pour reprendre à votre licenciement votre commerce ou un commerce d'une nature semblable?

Partie F—DÉTAILS DE L'EXPÉRIENCE EN AGRICULTURE

24. (a) Désirez-vous vous livrer à la culture de la terre après la guerre? no (b) Vous croyez-vous apte à exploiter une ferme? no (c) Si oui, dans quel genre de culture? nil
25. (a) Êtes-vous né sur une ferme? no (b) Nombre d'années d'expérience effective dans la culture? nil (c) Dans quelles provinces avez-vous acquis votre expérience? nil

Partie G—DIVERS

26. Avez-vous pris des arrangements autres que ceux indiqués ci-dessus au sujet de votre rétablissement dans la vie civile après votre licenciement? Yes
27. Si oui, indiquez la nature de vos projets (par exemple, vous proposez-vous de reprendre vos études, ou vous a-t-on assuré une position, etc.) nil
28. Indiquez toute préférence pour un certain emploi ou toute ambition que vous pourriez avoir, autres que celles indiquées ailleurs sur la présente formule To be a machinist.

DATE 11-9-43 194 SIGNATURE John Pidpryhora.

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, John PIDPRYHORA, of the city
(Name in Full) (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-142563, 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 MOTHER" Mrs. Matrona PIDPRYHORA (Kornoga)

Residing at: 489 Magdalen St., Montreal, Quebec, Canada.

All my estate both real and personal.

J. P.

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

J. P.

(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 11th 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.

John Pidpryhora
(Signature of soldier)

First witness sign here.

(5) Signature Georges Lalancette

Civil Address 10 Angell St. Montreal

Civil Occupation Painter

Second witness sign here.

Signature Antonio Lacerra

Civil Address Carillon Que.

Civil Occupation Police Constable

(Witnesses are not to be beneficiaries.)

[OVER]

FORM 6

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not write in this space

1. PLACE OF DEATH

Municipal county: IN THE FIELD (FRANCE)

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: PIDPRYHORA (*Block letters*)

Given names: John

Do not write in this space

4. RESIDENCE

Street: Magdalen Street, No. 489

Official name of civil municipality or township: Montreal,

Municipal county: Province: Quebec.

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

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

10. BIRTHPLACE (Province or Country): Quebec

11. DATE OF BIRTH: February (Month) 5th, (Day) 1922. (Year)

12. AGE OF DECEASED: Years 22 | 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	PIDPRYHORA, Peter	
MOTHER (Maiden Name)		

19. Place of burial, cremation or removal: France

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

21. PLACE OF REGISTRATION OF THIS BURIAL

(a) Name of parish or church

(b) Civil municipality of

(c) Municipal county

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

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: July (Month) 25th, (Day) 19 44. (Year)

23. I HEREBY CERTIFY that I attended deceased from ....19.... to....19....

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

24. CAUSE OF DEATH

I

Immediate cause Give disease, injury or complication which caused death, **not** the mode of dying, such as heart failure, asphyxia, asthenia, etc.: (a) Killed in action.

due to

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

due to

(c)

II

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

III If a communicable disease is mentioned on this certificate, give (a) Date of appearance....19.... (b) Duration of disease....days

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

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

State findings....Was there an autopsy?....

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

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

Manner of injury.... (How sustained)

Nature of injury....

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

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

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

OVERSEAS CASUALTY CANADIAN ARMY

AUG 8 1945

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

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

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

(Voir l'autre côté pour le français)

Director of Records, Dept. of National Defence.

405-P-15676

RECORDS OFFICE OVERSEAS.

CANADIAN MILITARY HEADQUARTERS.

GRAVES REGISTRATION CARD.

NAME PIDPRYHORA John

RANK Pte.

UNIT Black Watch.

PLACE & DATE OF BIRTH Montreal. Quebec. 5 Feb. 1922.

REGTL NO. D-142563

NEXT OF KIN & ADDRESS FATHER.

Mr Peter PIDPRYHORA.

489 Magdalen St., Montreal, P.Q. CANAda

PARTICULARS OF HOSPITALISATION

DATE OF ADMISSION

NAME & LOCATION OF HOSPITAL

DIAGNOSIS

PARTICULARS OF DEATH.

DATE OF DEATH 25 Jul 44.

PLACE OF DEATH France

HRS

CAUSE OF DEATH KILLED (Prev. reported missing)

PARTICULARS OF BURIAL

DATE OF BURIAL 14 Aug 44

CEMETERY St.Martin de Fontenay 7F/1 024-602

PLOT NO 2 ROW 3 GRAVE ~~xx~~ 17

DEATH CERT.NO

DATE OF REGN OF DEATH CERT.

RELIGION Roman Catholic

DATE 21 Sep 45

A R Dillon Lt.
for (M.Bluteau) Capt.
For COLONEL,
O i/c Records,
CANADIAN MILITARY HEADQUARTERS

Extracted from Burial Records,
RECORDS OFFICE OVERSEAS,
ACTON LONDON W.3.

MFM 510
40/P & S/254 (3444)

CANADIAN ACTIVE SERVICE FORCE
OVERSEAS

District.....

Dispersal Area.....

LAST PAY CERTIFICATE
(All Ranks)

Regtl No. D.142563. Rank and Name Pidpryhora J. Pte.

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

(Transfer or Discharge)..... to..... on 25th. July 19 44.

Reason Death. Authority : C.C.L. "A" 482 d/25th. Aug.44.

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

Particulars	Dr Amount		Particulars	Cr Amount	
Balance Dr from last account			Balance Cr from last account	9	52
First Monthly Payment AR d/4.7.44.	4	47	Regimental Pay 31 days @ $ 1.50	46	50
Casual Payments			Tradesmen's Pay .....days at $		
Payments on Transfer or Discharge			Additional Pay (Give particulars) ..... days at $		
Assigned Pay	20	00			
Regimental Charges			Allowances (Give particulars) .....days at $		
Public Stoppages (Give particulars) :					
			Cash effects S.O.C.R. 14719	3	35
To Balance Cr Free	34	90	By Balance Dr		
To Balance Cr Deferred			By Balance Dr		
Total	59	37	Total	59	37

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

Remarks :

Assnd. Pay of $20.00 (M) stopped eff. Aug.44.

The above statement has been compiled entirely from Treasury records, no paybook being available.

Compiled by D. McKercher.

Checked by E.H.Clark

Date 3rd. February 19 45.

P.H.

Certified correct A. Lapslick
for Chief Treasury Officer, Overseas

R.A.

File No 405-P-15676

VERIFICATION FORM

WAR SERVICE MEDALS 1939-45

No. D-142563 Name Pidpryhora John

Rank on Discharge Pte. Date of Discharge 25-7-44.

Deceased

Authority for Discharge or Retirement

Served in:

			Non-qualifying service
Canada	from 10-9-43	to 30-4-44	
	from	to	
United Kingdom	from 1-5-44	to 5-7-44	
	from	to	
Italy	from	to	
Northwest Europe	from 6-7-44	to 25-7-44 K/A	
	from	to	
	from	to	

Eligible for award of:

1939 - 45 Star	ok
Italy Star	
France-Germany Star	ok
Defence Medal	NE
War Medal	o.k.
Canadian Volunteer Service Medal	o.k.
with clasp	o.k.

M

NO RIBBON DESPATCH

Verified by H. Menard

Date 1-8-46

Carded AUG 2 1946

AD

IIA 165

H.Q. 405-P-15,676 D.R. 2(C)

13th April, 1946.

Mr. Peter Pidpryhora,
489 Magdalen Street,
Montreal, P.Q.

Dear Sir:

Information has just been received from overseas that the remains of your son, D142563 Private John Pidpryhora, have been carefully exhumed from the original place of interment and reverently reburied in grave 11, row D, plot 4, 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.

/EFH

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

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.

13

(I) SOLDIER'S NAME AND DESCRIPTION ON ATTESTATION

Regtl. No. D-142563.

Surname (in capitals) Pidpryhora.

Christian Names (in full) John N.

Date of Birth 5 Feb. 1922.

Place of Birth Montreal Que Can.

Citizenship Canadian

Trade on Enlistment Laborer

Nationality of Father at Birth Ukrainian.

Nationality of Mother at Birth Ukrainian.

Religion R.C.

Enlisted at Montreal South Que Can

Date 10-9-43.

Particulars of former service (if any) i.e. Regtl. No., Corps or Regiment and period. D. 518806. Bn (RHR.) 3rd Bn. (RF). May 1942 to date

Signature of Soldier John Pidpryhora

Signature of Officer [illegible]

Place Mtl Sth Que Canada Date 11-9-43

(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)

Nearest degree of relationship		Names	Date
1st	Wife		
	Children		
2nd	Father	Mr. Peter Pidgeyhora.	10/9/43.
	Mother	Mrs. Mate Pidgeyhora	10/9/43.
3rd	*Brothers and Sisters		
4th	Other Relations (stating relationship)		

*State whether brothers are older or younger.

NOW LIVING

Latest known Address in full
489 Magdalen St. Montreal Que Canada.
489 Magdalen St. Montreal Que Canada

CANCELLED

CANCELLED

(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
10-9-43	[illegible]		4 1)1)218	[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

J. L. Pitt-Tansley Lieut

Completed Advanced Trg. in accordance with Standard Syllabus.

7 - FEB 1944

J. Knight, Lt.

Qualified in addition as under:— [illegible] Capt.

OC "F" Coy

Date.....

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

(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 T H Grades	Montreal Que	1935	J. W. Knight.

(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		

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
7-9-43	"A"	M. I. M. 2.		
11-9-43		Y.O.B. P U L H E M S 22 1 1 1 1 1 1 1		
13-3-44	22	1-1-1-1-1-1-1-1-		
30-5-44				

(XIII) PRESCRIPTION FOR GLASSES

	Vision without Glasses	SPH	CYL	Axis Standard Notation	Vision with Glasses	Ophth., Centre:	Date of Exam.:
R	6/18	+4.75			6/9	Frame No. (or measurements):	Date of Issue: 18/1/44 1st pair.
L	6/18	+4.75	+1.00	80	6/9		

Signature of M.O. Gerard Lippert Lt

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

Signature of M.O.

(XIV) PARTICULARS OF DENTAL TREATMENT

Date	Required	Completed	Use authorized Abbreviations and Symbols	Signature of Dental Officer
11 Sept 43	✓		2F – PR	[illegible]
14 Jan 44			CVD repair base dec'd 2 Reg.	
9 Mar 44		✓	1X	[illegible]
22 Mar 44	✓		1F Prophy	[illegible]
23 " "	✓	AII	treatment completed	[illegible]
9 May 44		✓		[illegible]

(XV) PARTICULARS OF SURGICAL APPLIANCES ISSUED

Particulars	Date	Signature of Medical Officer

(XVI) PROTECTIVE INOCULATIONS

Nature of Vaccine, "T.A.B.T." Cholera, Plague, etc.		Date	Signature of Medical Officer
T.A.B.T.	1 c.c.	11-9-43	[illegible] Capt
T.A.B.T.	1 c.c.	23 Nov/43.	[illegible]
T.A.B.T.	1 c.c.	16-12-43	[illegible]
Typhus	1 c.c.	3-1-44	[illegible]
Typhus	1 c.c.	10-2-44	[illegible]
Typhus	1 c.c.	16-2-44	[illegible]
Typhus	1 c.c.	30-5-44	[illegible]

(XVII) VACCINATION

Date Vaccinated	Signature of Medical Officer
11-9-43	[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. 205827 N.	7-8-43	[illegible] Capt
Embarkation leave granted		[illegible]
Gas Chamber		
C.A.P.	29 Nov 43	
Chlorine	3 Jan 44	
D.M.	4 Feb 44	C.I.T. [illegible]
Mustard	4 Feb 44	[illegible]
N.F.R. 182 issued	5 Apr 44	[illegible]
"O" CARD COMPLETE	12 May 44	[illegible]
"M" TEST (REV.) COMPLETE		
Issued part III	20-6-44	[illegible]

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
Signature of Officer.
Rank or Appointment.

H.Q.M.D.4.

Date Certificate or Will extracted.....

Signature of Officer.....

To whom sent.....

Unit or Dept.....

To whom sent.....

Unit or Dept.....

Date Will extracted.....

Signature of Officer.....

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.

MILITIA BOOK M. 1

PART I

100M—3-43 (9189-90)
H.Q 1772-39-1672

CANADIAN ARMY

SOLDIER'S SERVICE BOOK

(For use on Active Service)

Reg. No. S-142563

Surname (Capitals) PIDDUBNYAK

Christian Names in full JOHN

FINGERPRINTED
PHOTOGRAPHED
SEP 1 1 1943

OVERSEAS—Militia Book M. 1 Part III
40/P & S/1894 (2570)
CANADA —M.F.C. 800
750M 11-43 (2570)
H.Q. 1772-39-1643
K.P. 93282

CANADIAN ARMY
CLOTHING AND EQUIPMENT
STATEMENT

Regt'l. No. D-142563

Rank PTE

Name PERRY HOBA, J.

Date of Attestation 10-9-43

Original Unit [illegible] Station [illegible]

Home Address
(Reserve Unit
Personnel Only)

ARTICLE	QUANTITY					
Anklets, web, prs.	1	1				
Blouses, Battle-dress	2	1				
Bonnet, tam-o'shanter						
Boots, ankle, prs.	2	2				
Boots, rubber, high, prs.						
Boots, leather, high, prs.						
Bonnet, drab, Irish						
Cap, field service	2	1				
Cap, mechanic						
Cap, tank battalion						
Drawers, Cellular (cotton) short, prs.	2	2				
Drawers, Woollen, prs.	2					
Gloves, knitted, drab, prs.	1					
Greatcoat, drab	1	1				
Initials of Soldier	J.B.					
Initials of QM or Rep.	JCS					

ARTICLE	QUANTITY					
Jacket sweater, or jersey pullover	1	1				
Overalls, combination	1	1				
Overalls, blouses, denim						
Overalls, trousers, denim						
Shirts, Angola, drab or flannel khaki	2	2				
Shoes, canvas, prs.	1					
Socks, prs.	4	4				
Trousers, battle-dress, prs.	1	1				
Vests, woollen						
Badges, cap	1	1				
Badges, arm, drab, crowns						
Badges, arm, drab, crown in wreath.						
Badges, arm, Tank Bn.						
Badges, shoulder, "CANADA", prs.	3	3				
Initials of Soldier	J.B.					
Initials of QM or Rep.	JCS					

ARTICLE	QUANTITY					
Badges, arm, drab, Royal Arms						
Badges, arm, drab, Royal Arms in Wreath						
Bags, kit, universal	6K					
Braces	1					
Brass, cleaning	6K					
Brush, button, brass	6K					
Brush, clothes	6K					
Brush, hair	1					
Brush, shaving	1					
Brush, shoe, blacking	1					
Brush, shoe, polishing	1					
Brush, tooth	1					
Cap, comforter	1					
Chevrons						
Initials of Soldier	JR					
Initials of QM or Rep	JCT					

ARTICLE	QUANTITY					
Combs, hair	1	1				
Discs, identity, sets, with cord	1	1				
Dressing, field	1	1				
Fork, NS Table	1	1				
Holdall	1	1				
Housewife, complete	1	1				
Knife, clasp	1	1				
Knife, table	1	1				
Lanyard, knife	1	1				
Razor, safety, with blade	1	1				
Patches, distinguishing, prs						
Shorts, gymnasium	6K					
Spoons, NS dessert	1	1				
Vest, cotton, gym	6K					
Initials of Soldier	JR					
Initials of QM or Rep	JCT					

ARTICLE	QUANTITY					
Towels, hand	2	2				
Unit or Corps titles, prs.						
Attachments, brace						
Bag, ration	1					
Belts, waist	1	1				
Bottles, water	1	1				
Braces, WE (Right)	1	1				
(Left)	1	1				
Carriers, cartridge	1	1				
Carriers, waterbottle						
Cases, binoculars						
Cases, pistol						
Covers, breech, rifle		1				
Initials of Soldier						
Initials of QM or Rep						

ARTICLE	QUANTITY					
Cover, mess tin						
Frogs, web, bayonet	1	1				
Haversack	1	1				
Helmet, steel	1	1				
Net camouflage helmet	1	1				
Packs	1	1				
Pockets Compass		1				
Pouches, amm, pistol						
Pouches, basic	2	2				
Pouches, utility { Front						
Pouches, utility { Rear		1				
Slings, rifle, web	1	1				
Straps, shoulder, haversack { left	1					
Straps, shoulder, haversack { right	1	2				
Straps, web, supporting	2	2				
Tins, mess, TP	1	1				
Initials of Soldier						
Initials of QM or Rep						

ARTICLE.	QUANTITY					
Veil, face, camouflage						
Yoke						
Capes, A/G	1	1				
Respirators, A/G, complete with haversack	1	1				
Outfits, A/D	1	1				
Ointment, A/G	2	2				
Eyeshields, A/G, pk of 6	1	1				
Detectors, Individual prs.	2	2				
Wallet, A/G		1				
Blanket 1098		1				
Mug, drinking		1				
Sheet, ground	1	1				
Initials of Soldier	J.P.					
Initials of QM or Rep.	JCJ	A				

ARTICLE	QUANTITY					
Rifle No. 4MK1 (Regt'd No.) 79C 9531 (10L9518)	1	1				
Bayonet No. 4MK1 w/scabbard 4MK 801	1	1				
Bottles, oil	1	1				
Pullthroughs, single	1	1				
Rods, cleaning, pistol						
Carbine, Mach. (Regt'd No.) (.....)						
Magazines, Carbine						
Pistol Revolver No. (Regt'd No.) (.....)						
Ctges, SA, revolver .380 in.						
Ctges, SA, .303 in Mk VII		50				
Initials of Soldier	J.P.					
Initials of QM or Rep.	JCJ	A				

ADDITIONAL ISSUES — CANADA ONLY

ARTICLE	QUANTITY					
Belts, waist, leather, brown or web 1½"	[illegible]	1				
Boots ankle, felt, prs.						
Boots, insoles, prs.						
Boots, lumberman's rubber prs.						
Buttons, G.S., large						
Buttons, G.S., small						
Cap, winter, melton cloth	[illegible]	[illegible]				
Coat waterproof						
Helmet, sun						
Jackets, Khaki drill						
Jackets, serge, drab, O.C.						
Initials of Soldier	[illegible]	[illegible]				
Initials of QM or Rep.	[illegible]	[illegible]				

CANCELLED

ARTICLE	QUANTITY					
Mitts, pullover, leather, prs.	1					
Muffler, khaki	1					
Necktie, black	[illegible]					
Pin, collar, safety	[illegible]					
Puttees, prs.						
Rubbers, prs.						
Shirts, khaki, cotton						
Shirts, undercotton	2					
Shoes, leather, black, prs.						
Socks, black, prs.	[illegible]					
Trousers, khaki drill, prs.						
Trousers, khaki drill, short, prs.	1					
Trousers, serge, drab, N.P. prs.						
Initials of Soldier	[illegible]					
Initials of QM or Rep.	[illegible]					

CANCELLED

ARTICLE	QUANTITY					
.....						
.....						
Badges, shoulder, Canada, drill, prs..						
Blacking, tins.....	1					
Boot dressing, tins.....	1					
Bootlaces, prs.....	1					
.....						
Protectors, ear.....						
Sponge, pipeclay.....						
Lanyard, pistol.....						
.....						
.....						
.....						
.....						
Initials of Soldier.....	J.C.					
Initials of QM or Rep.....	R.F.					

CANCEL

CERTIFICATE TO BE SIGNED BY INSPECTING OFFICER AT EACH KIT INSPECTION

Certified that the record detailed in this statement has been checked with the articles in possession of the soldier and found correct.

SIGNATURE	DATE	SIGNATURE	DATE
J. Beaudet Capt.	6 Apr 43		

CLOTHING SIZES RECORD

ARTICLE	SIZES
Anklets	#2
Battle Dress, blouse	4
Battle Dress, trousers	2
Cap or bonnet	7 1/4
Boots, ankle	8 E
Gloves	11
Facepiece, respirator	Normal.
Greatcoat	5-
Helmet steel, lining	7 1/4
Overalls, combination	32.
Jersey, pullover	32
Shirts, Angola, drab	15.
Vest, woollen	32
Drawers, cellular	32
Drawers, woollen	02

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: John (CHRISTIAN NAMES) PIDPRYHORA (SURNAME)

REGISTER NO. D-8794

PAYEE: Mrs. Mationa PIDPRYHORA,

ADDRESS: 489 Magdalen St., Montreal, P.Q.

FILE NO. 405-P-15676

DATE 23-8-45

SERVICE NO. D-142563

FINAL RANK OR RATING Pte.

DATE OF TERMINATION OF OVERSEAS SERVICE 25-7-44

DATE OF DISCHARGE 25-7-44

		$	¢
A. TOTAL QUALIFYING SERVICE			
3+0	NO. OF DAYS 318/30 EQUAL TO 10 COMPLETE PERIODS AT $7.50	75.00	
B. QUALIFYING OVERSEAS SERVICE			
No. of Days 86	LESS 18 INELIGIBLE DAYS, EQUAL TO 68 DAYS @ 25c. PER DAY	17.00	
	SEE PAR. 2 OVERLEAF FOR EXPLANATION	92.00	
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 86/183	X$ 19.25	9.05	
D. WAR SERVICE GRATUITY		101.05	
E. DEDUCTIONS OVERPAYMENT OF	PAY AND ALLOWANCES $		
	DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $ 20.00	20.00	
OTHER DEDUCTIONS	$		
F. TOTAL AMOUNT PAYABLE		81.05	

G. YOUR PORTION OF GRATUITY IS— 100%

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

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

△T

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
KHK	M/K

TREASURY

CHECKED BY	DATE
[signature]	3/9/45

Kenneth Grant
SERVICE REPRESENTATIVE

405-P-15676

FIELD SERVICE

9/31B Army Form B. 2090A. 40/P & S/2551 (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.

m A-475
K/A-A482

REGIMENT OR CORPS: 1 R.H.C. — Squadron, Troop Battery or Company:

Officer's Personal No. (if known) Soldier's Army No.: D-142563 — Rank: Pte

Surname: P/D Pryhora — Christian Names: J.

Died — Date: - — Place: France

Cause of Death*: K/A

Nature and Date of Report: A.F.W.3014/92 d.24 Aug 44

By whom made: Cdn Sec GHQ 2 Ech 21 A Gp

* 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.

Burial — Place: St.Martin de Fontenay 024-602 — Date: 14 Aug 44

By whom reported: C.F.

State whether he leaves a Will or not — (a) in Army Book 64: No

(b) as a separate document: Not Received.

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: France, 15 Sep 44

Signature of Officer in charge of Section Adjutant-General's Office at the Base: for Officer i/c

Cdn Sec GHQ 2 ech 21 A Gp

21

Montreal. Feb. 9/45.

405-P-15,676

Dear Sirs:

I wish to obtain the date of Commencement of Service, of my late son D-142563, Pte. John Pidgeon, who has been killed in action overseas.

As this information is of vital importance to me, I trust that you will forward this information to me at the earliest date possible. Thanking you in advance for your kind attention, I remain

Yours Respectfully
Mrs. P. Pidgeon
489 Magdalen St
Montreal. P.Q.

Director of Records
A. G. Branch.
FEB 13 1945
Nat. Defence Hqr
Ottawa, - Canada

(10)

18

H.Q.405-P-15,676
(D.R.5(a))

February 23, 1945.

Mrs. P. Pidpryhora,
489 Magdalen Street,
Montreal, Quebec.

Re: D-142563 Pte. John Pidpryhora

Dear Madam:

With reference to your letter of February 9th regarding your son the marginally named soldier, you are advised records indicate he was taken on strength the Canadian Army (Active) on the 10th day of September 1943.

Yours truly,

(R.T.E. Hicks-Lyne) Colonel,
Acting Director of Records,
for Adjutant-General.

FMD:ELW

20

CANADIAN PACIFIC
TELEGRAPHS

DAY LETTER [X]

NIGHT LETTER [ ]

MV

CASUALTY (REPORT DELIVERY)

OTTAWA 5 August 1944

TO:- MR PETER PIDPAYHORA
489 MAGDALEN ST
MONTREAL QUE

4004 MINISTER OF NATIONAL DEFENCE DEEPLY REGRETS TO INFORM YOU THAT D142563 PRIVATE JOHN PIDPRYHORA HAS BEEN OFFICIALLY REPORTED MISSING IN ACTION TWENTYEIGHTH JULY 1944 STOP WHEN FURTHER INFORMATION BECOMES AVAILABLE IT WILL BE FORWARDED AS SOON AS RECEIVED

DIRECTOR OF RECORDS

PREPAID

OFFICER I/C RECORDS

M.F.M. 268
50M-11-42 (7150)
H.Q. 1772-39-1990

3

n.q.407-r-17,070
(Records-C)

Mr. Peter Pidpryhora,
489 Magdalen St.,
Montreal, P.Q.

16th August, 1944

Dear Mr. Pidpryhora,

I am directed to inform you, with regret, that official information has been received by cable from Canadian Military Headquarters, England, advising that your son, D142563 Private John Pidpryhora, was reported missing in action on the 28th day of July, 1944

The report that your son is missing, does not necessarily mean that he has been killed in action, as he may be temporarily separated from his regiment or be a prisoner of war, and if, in fact, he has been taken prisoner, it may be some time before an official notification to that effect is received. Should you receive any card or letter from your son, or should news of him reach you from any other source, it will be appreciated if you will at once forward any information received to the Director of Records, Department of National Defence, Ottawa.

I am enclosing herewith a copy of "Notes for the general information and guidance of the next-of-kin or other relatives of soldiers reported missing, deceased, prisoners of war or interned" together with the pamphlet "Advice to the relative of a man who is missing" which, no doubt, will be of interest and assistance to you.

In the meantime, I am to ask you to be good enough to notify this Office of any change in your address.

RP/BL

Yours truly,

Colonel,
Director of Records,
for Adjutant-General.

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M.F.M. 268
50M-4-44(4186)
H.Q. 1772-39-1990

RT

CANADIAN PACIFIC TELEGRAPHS

DAY LETTER [X]

NIGHT LETTER [ ]

CASUALTY (REPORT DELIVERY)

OTTAWA 24 AUGUST 1944.

TO:- MR PETER PIDPRYHORA
489 MAGDALEN STREET
MONTREAL QUE

10840 MINISTER OF NATIONAL DEFENCE DEEPLY REGRETS TO INFORM YOU THAT D142563 PRIVATE JOHN PIDPRYHORA 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

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4.55 - P - 15,676

Montreal August 27/44.

To Whom It May Concern.

C-23-8-44

Sirs:

I wish to obtain proper information regarding my son; D142563, Pte. John Pidgryhora. I have received several telegrams this month; on your telegram of Aug. 4th 1944, he has been officially reported missing on the 28th of July, 1944; then on your telegram of Aug. 24/44 he has been officially reported killed in action on the 25th of July.

A.G. BRANCH
REC'D
NAT. DEFENCE HQRS.
OTTAWA, CANADA
AUG 29 10:43

According to word received by my younger son, who is also overseas, my son John is to be well & safe; as stated in the letter sent to me by my younger son on August 2, 1944. This is surely a mystery to me, which I hope you can solve for me. I would appreciate it, if you would get me the proper information on D142563 Pte. John Pidgryhora and forward same to me. He was attached to the Black Watch Reg't. Trusting that you will send this information as soon as possible, I remain, Yours Respectfully,

Director of Records
A. G. Branch
AUG 29 1944
Nat. Defence HQrs.
Ottawa, Canada

Mr. Peter Pidgryhora
489 Magdalen St.
Montreal. 22.

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MAIN FILE
CHARGED TO C
SINCE 23-8-44
L. P. PASSED
AUG 28 1944
TO C

H. Q. 405-P-15,676
(Records-C)

31 August, 1944.

Mr. Peter Pidpryhora,
489 Magdalen Street,
Montreal, Quebec.

Dear Mr. Pidpryhora:

We have your letter of the 27th of August which requests further information regarding your son D-142563 Private John Pidpryhora.

We regret to inform you that your son is still officially listed in our records as having been killed in action, and to date we have had no further information about him.

If you could forward to us the number, rank name and initial of your younger son who states that his brother was safe and well in his letter of August 2nd, we could make further inquiries from the authorities overseas.

Please be assured that if in the meantime any information is available we will forward it to you immediately.

Yours truly,

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

JDM/VDB

13

7th September 1944.

Mr. Peter Pidpryhora,
489 Magdalen Street,
Montreal, Quebec.

Dear Mr. Pidpryhora:

It was with deep regret that I learned of the death of your son, D142563 Private John Pidpryhora, 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,

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

SEP 2 - 1944

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

fgw.

/EMA

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