D144405
SHEA
WILLIAM PAUL

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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 DÉMOBILISATION 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) SHEA William Paul (b) N° matricule D-144405
2. (a) Arme ARMY (b) Unité R.C.A. (SP) CA (c) Rang GNR
3. (a) Date de naissance 4 JUNE 25 (b) Avez-vous des personnes à votre charge? NO (c) Domicile au moment de l'enrôlement WESTMOUNT QUEBEC
4. (a) Lieu d'enrôlement MONTREAL SOUTH QUEBEC (b) Date d'enrôlement 23 Feb 44

Partie B—INSTRUCTION ET FORMATION

5. (a) Âge à la sortie définitive de l'école 16 years (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 secondaire, 2 ans;" "immatriculation junior" ou "cours technique en imprimerie, 4 ans", etc.) 7 years PUBLIC SCHOOL 2 years HIGH 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? YES (b) Si oui, dans quel métier? MACHINIST (c) Avez-vous complété votre apprentissage? NO (d) Si vous ne l'avez pas complété, combien de temps y avez-vous passé? 3 YEARS
9. (a) Quelles langues parlez-vous couramment? ENG (b) Quelles langues lisez-vous facilement? ENG

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) NOT WORKING (b) Au moment de l'enrôlement de quel syndicat ouvrier ou société professionnelle étiez-vous membre? NO

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? YES
12. (a) Si la réponse à (11) est "oui", indiquez exactement l'occupation ou le métier effectivement exercé MACHINIST (b) Durée d'emploi dans cette occupation ou métier? 3 YEARS
13. Si la réponse à (11) est "non", indiquez exactement l'occupation ou le métier pour lequel vous vous estimez compétent XXXXXX NIL
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 Jan 1944
15. Donnez des détails concernant votre dernier patron, le cas échéant: Nom CRESWELL & POMEROY CO. LTD Adresse MONTREAL QUEBEC
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.) WAR WORK
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 Adresse
19. Genre d'affaires du patron (par exemple, "culture" ou "construction de bâtiments" ou "fabrique de chaussures" ou "fonderies de fonte" ou "magasin de détail", etc.)
20. (a) Genre précis de votre occupation (b) Nombre d'années d'expérience dans ce travail pour le compte de tout patron
21. (a) Votre patron vous a-t-il formellement promis de vous reprendre à son service à votre licenciement? (b) Votre patron a-t-il refusé de promettre de vous reprendre à son service à votre licenciement? (c) Désirez-vous retourner à votre ancien emploi?

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? NIL (c) Si oui, dans quel genre de culture? NIL
25. (a) Êtes-vous né sur une ferme? NIL (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.) TO BECOME A COMPOSER
28. Indiquez toute préférence pour un certain emploi ou toute ambition que vous pourriez avoir, autres que celles indiquées ailleurs sur la présente formule NIL

DATE 24 Feb 44 194..... SIGNATURE William Shea

SASS. HQCRU. 219/251 complete. ICITR

D-144405

This form will accompany the soldier's regimental documents at all times.

DEPARTMENT OF NATIONAL DEFENCE
(Army)

Personnel Selection Record

R.C.A.(S/P) — Arm or Corps
Trade (if Tradesman or Trade Trainee)
Work in Arm (if Non-Tradesman)

I.

D-144405	Gnr.	S H E A, William Paul	A	18	
Regt. No.	Rank	Name (surname first)	A or R	Age	Med. Cat.

English	French (Fair)	Montreal South, Que.	23 Feb 44
Main Language	Other Language(s)	Place (Unit) Interviewed	Date Interviewed

II. Revised Examination "M" Form "B"

D.D. 4 (Place Tested) — 11 Feb 44 (Date Tested) — F.T.Brown, Maj. (By Whom)

143	III	Subtests	17	13	10	23	21	10	16	33	Subtotals	40	44	59	English
Total	Group		1	2	3	4	5	6	7	8		1-3	4-5	6-8	English or French

Other Tests

PULHEMS
25 1111111

III. Educational Background

Completed grade 9 (2nd yr. H.S.) in Montreal. Attended 7 - 16. Favourite subjects: mathematics and English composition. Ranked in middle of class. Left because he preferred to work.

IV. Occupational Background

(1) 6 Months stock chaser. Fairchilds Aircraft, Longueuil, Que.
(2) 1 Year apprentice machinist, Canada Strip Mill, Mtl. East.
(3) 4 Months apprentice machinist, D.I.L., Westmount, Que.
(4) 5 Months (last) (to date) machinist improver. Cresswell Pomeroy, Montreal. (50¢ per hour).

V. Military Background

Reported for Active Service at D.D. 4 10 Feb 44.
T.O.S. at D.D. 4
23/FEB./44

VI. Other Personal History and Appraisal

Will be 19 years old on 5 June 1944.

Ht. 5' 8", wt. 128 lbs. Feels in good health. Good appearance and physique, slender build.

Single, living with parents in Montreal. Youngest of 5 brothers. 3 sisters.

Active in hockey, softball, tennis, basketball, swimming. . Sociable with both sexes. Likes music a great deal. Plays saxophone and guitar. Was member of Amateur band that gave entertainment for troops. Reads biography and books on music and the war.

Well informed in current events. Fairly good at arithmetic. M. test score accords with schooling and suggests high average learning ability.

Shea, has a brother in R.C.A. overseas, and another brother is a lieutenant in R.C.A. (R.F.) He had his heart set on joining the R.C.A., and resisted all efforts to dissuade him. As he obviously would not do good work in the Infantry, it was therefore felt that despite quota restructions, it would be in the best interests of the service to allocate him to R.C.A. He is accordingly suggested for R.C.A. (S/P).

VII. Recommendations

R.C.A. (S/P).
Suitable for Normal Training during Basic Training.

(Signed) .....
G.E.W. Johnson, 2/Lieut. Army Examiner

M.F.M. 196
200M—1-43 (8312)
H.Q. 1772-39-1916

HP

See reverse side for further information and follow-up

FURTHER INFORMATION AND FOLLOW-UP

D144405 Gnr SHEA W.P.

Will be 19 on 5 Jun 44. Has no training difficulties. Was an apprentice machinist for about two years. Plays saxaphone and guitar. Should have no trouble with training as a gunner.
R.C.A. (S.P.) N.T. Gunner. 4 Apr 44.

S.O.S. to #1 Transit Camp - overseas reinforcement - Driver Operator -RCA.
Eff. .....1 Jul 44.
Auth HQS 8251 fd.736 (Org A3A2) d/18 May 44.
A3 C.A.T.C., Shilo Camp 15 Jun 44 (J.E.Lysecki) Captain,
A.E., A3 C.A.T.C.

- 1 CARU 6 July 44. No confidence, will not develope into tradesman Is surely G.D. om outlook and if pressed will probably balk. Because of attitude will be better left G.D.

Rec: G.D.
H. Roberts Lt.
(H. N. Roberts) Lieut.
S.P.Officer 1 CARU

13 CIB - Remustered to CIC Sept 44 - completed conversion trg with Can Fus and SOS to 1 CIRU 20 Oct 44. W Greenley Maj

FOR COMPLETION AND RETURN BY 1 **Form P. 64**

Mrs. Helena Shea,
4047 Dorchester Street, W.,
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-S-31587 FD 355

DEPARTMENT OF NATIONAL DEFENCE

ESTATES BRANCH

OTTAWA, ONT.

5th. July, 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

SHEA, William Paul, Pte., D-144405
Canadian Army

ESTATES BRANCH
AUG 25 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.

GEB/B

L. R. Laird Col.
Director of Estates.

M.F.W. 77
6M—4-45 (7053)
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.....		Walter Joseph Shea	67	4047 Dorchester St. W. Montreal, Que
4	Mother of the Deceased.....		Helena Claire Shea	59	" "
5	Brothers of the Deceased	Full Blood	Joseph W. Albert Shea	39	481 Victoria Ave St. Lambert P. Que
			Albert Maurice Shea	30	4047 Dorchester St W Montreal P. Que
			Robert Charles Shea	28	" "
			Raymond Patrick Shea	22	" "
		Half Blood			
6	Sisters of the Deceased	Full Blood	Helen Marian Caulder	37	367 Kitchener Ave Westmount Que
			Kathleen Mary Lavoie	35	4854 Patricia Ave Montreal Que
			Lorraine Eileen Shea	25	4047 Dorchester St W. Montreal Que.
		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.	William Paul Shea
9	Date of his birth.	June 5th 1925
10	Place and date of his marriage.	—
11	Place and date of his parents' marriage.	Montreal Que May 23rd 1905

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Montreal P. Que.
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Quebec (b) Canada (c) (d)
14	Nature of employment before enlistment.	Employed in Defence plant
15	State whether he owned the premises in which he lived, and, if so, where situated.	—
16	Name place where deceased stated he intended to make his permanent home.	Montreal Que

PARTICULARS OF ESTATE

17	Did the deceased leave a Will other than a Service Will? If in your custody, please forward. If not, can you state where it is?	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?	—
19	(a) Did he have a Bank, Post Office or other deposit account? (b) Give name and address of bank, etc., and the amount on deposit. (c) Do you wish it administered with the pay account? (d) If it is a joint account, state the survivor's name and relationship to the deceased.	No
20	Amount of War Savings Certificates purchased by the deceased and registered in his name. State where located.	—
21	(a) Amount of Victory Loan Bonds left by deceased. (b) State whether bearer or registered. (c) State in whose name they are registered. (d) During what loan were they purchased? (1st, 2nd, 3rd, etc.) (e) In whose possession, and address, are they?	—
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	—
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	—

OTHER PARTICULARS

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

(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.

Mrs. Helena Shea — Signature of Informant

4047 Dorchester St. W. Montreal P.Que. — Address

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

CERTIFICATE

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

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

Dated at Montreal this 25th day of August 19 45

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

Abraham Gilday Qualification Commissioner Superior Court

Address 5460 Park Ave Apt 8 Montreal

NOTE.—Before granting the above Certificate, care should be taken to see that the informant gives particulars concerning the death of any Relative stated by him or her to have died, and that the full name and address and age of each surviving Relative specified is stated in its proper place in the Statement opposite.

(If the deceased has no living relatives of the degrees shown on page 2, the names and addresses and relationship of other relatives should be set out below.)

USE SPACE BELOW FOR ANY ADDITIONAL REMARKS YOU MAY WISH TO MAKE

Please inform me when I may expect to receive the following:
Pay due my son for Dec. 1945
Five pounds (5£) deposited by him with paymaster in Holland -
Assignment of $20 from his Dec. pay to his father -
Full gratuities accruing to him

Mrs. Helena Shea

August 23rd 1945

Commissioner Superior Court
District of Montreal

Received 4-Apr-44 Re Photo IDEN. CARD ISSUED ✓ N.V. "B" 10 Apr 44 Checked 1-Apr-44 Card Observations

FINGERPRINTED
PHOTOGRAPHED
FEB 24 1944

WSC COMPLETED

Bimy O

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

M.F.M. 2
(Combining M.F.M. 103)
750M—4-43 (9375) (786-828)
H.Q. 1772—39—1645

Corps R.C.A. (SP) CA Regimental Number B144405

OCCUPATIONAL HISTORY FORM COMPLETED

CANADIAN ARMY

ENROLMENT AND ATTESTATION PAPER

1. SHEA (Surname) William Paul (Christian Names)
2. Present Address 4047 Dorchester Street, West, Montreal, P.Q. Canada
3. (a) Date of birth 5 June, 1925 Westmount,
   (b) Place of birth Canada (Country) Quebec (County or Province) Montreal (Town or Township)
4. (a) Place of birth of Father Canada (Country) Quebec (County or Province) Sherbrooke (Town or Township)
   (b) " " " " Mother Canada (Country) Quebec (County or Province) Montreal (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) Student-Machinist Apprentice (a) Name and address of last employer:
   Creswell-Pomeroy Co.Ltd.
   Oxford Ave, NDG, Montreal, P.Q. Can.
   (b) How long employed 5 Months.
9. Married, Widower or Single Single If married, how many children Nil
10. Name of Next-of-Kin Mrs. Helena SHEA (WALKER) 11. Relationship Mother
12. Address of Next-of-Kin 4047 Dorchester Street, West, Westmount, P.Q. 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

X William Shea
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

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 23rd day of Feb 1944

L. LaBrosse Capt. — Signature of Magistrate, Justice Attesting or Enrolling Officer.
Gen List C.A.(A) — 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, William Paul SHEA, 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 23rd Feb 1944. William Shea (Signature of Recruit)

18. OATH TO BE TAKEN BY MAN ON ATTESTATION

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

Witness Robert Esmond Pte (Name) (Rank) William Shea (Signature of Recruit)

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

at Montreal South this 23rd day of Feb 1944

L. LaBrosse Capt. (Signature of Magistrate, Justice or Attesting Officer.)
Gen List C.A.(A) (Office or Rank and Unit or appointment)

NO. 4 DISTRICT DEPOT A.F.

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.

2501
8
20/4/44
111111

Record of Service of SHEA (Surname) WILLIAM PAUL (Christian Name) Regimental Number D144405

QUALIFICATIONS

Military: NIL

Business or Professional: NIL

Trade or Civil: STUDENT MACHINIST APP:

Technical: 1 YEAR. MTL TECH SCHOOL(MECHANICAL DRAUGHTSMAN)

Languages: ENGLISH

EDUCATIONAL QUALIFICATIONS

High School or Collegiate: 2 YEARS (years completed) NIL

Graduation or Matriculation: NIL (specify)

*College:

*University: NIL

7 YEARS 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
24-2-44	DRO	TOS NO.4 DISTRICT DEPOT CA	GNR	23-2-44	4 DD	MTLSTH	4 DD PT 11-50	24-2-44.
		SOS TO C.A.T.C. A-3 Camp Shilo, Man.	"	28 Feb	44 "	" "	" 53	28 Feb 44
		TOS on t'fer from No. 4 DD Montreal	Gnr.	29 Feb	44 A3 CATC	Shilo	#56	3 Mar 44
		Granted Embark. leave to 1 Jun 44	Gnr.	28 Jun	44 A3 CATC	Shilo	158	23 Jun 44
		To receive $1.40 per diem	Gnr.	23 Jun	44 A3 CATC	Shilo	162	28 Jun 44
		S.O.S. to #1 Transit Camp.	Gnr.	1Jul	44 A3 CATC	SHILO	164	30 Jun 44
		T.O.S. No 1 Transit Camp. Windsor. N.S. from Camp. Shilo -	"	2-7-44	No 1 T.C.	Windsor	#164	5-7-44
		SOS #1 TRANSIT CAMP TO SERIAL 292		11 7.44	#1 TRANSIT	WINDSOR, N.S.	169	11 7.44
		S. O. S. - C.A. (A.F.) CANADA ON EMBARKATION ON 12 Jul 44						
		T.O.S. - C.A. (A.F) OVERSEAS ON TRANSFER ON 13 Jul 44						
		AND DISEMBARKED ON 19 Jul 44						
		T. O. S. - 1 C.A.R.U.	gnr	20Jul44	1 CARU	CK	172	21 Jul 44

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

CERTIFICATE OF MEDICAL EXAMINATION

20. Surname SHEA Christian Names WILLIAM PAUL

Reception Centre D.D. Military District 4 Date 11-2-44

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 18 Eyes (Colour) Blue Hair Brown Height 5'-8" Weight 128

Identification marks and scars Birthmark in back

---

22. Urinalysis (a) Albumen NEG (b) Microscopic (if albumen positive) ..... (c) Sugar NEG

" recheck (a) " ..... (b) " " ..... (c) Blood sugar .....

---

23. X-Ray No. A-1245 Laboratory A.R.C. D.D.4 Report NEG

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

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/- F

Hearing (C.V.) Rt. 20 Lt. 20

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

Nose NEG Throat Tonsils + +

Sinuses NEG

Remarks and Diagnosis

Pulhems grading H 1 E 1

L. Mottram/Lieut. R.C.A.M.C.
(Signature E.E.N.T. Specialist)

---

24. (Cont'd)

(c) Any broken bones or other injuries

NO

Head injuries NO

(d) Spinal trouble NO

(e) Foot trouble NO

(f) Operations APPENDIX YES

(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

LH

26. Cranium NEG

Spine N

Extremities N

Hernia N

Genito-Urinary N

Rectum N

Varicose Veins N

Feet N

Abdominal N

Remarks and Diagnosis

Pulhems grading P 1 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 .....

William Shea
(Signature of Recruit)

J.E. BERNIER M.D. R.C.A.M.C.
(Witnessed by)

27. Physique :

Good GOOD Fair ..... Poor .....

Chest :

Full expansion 35 Range of Expansion 2½

Lungs : Clear.

Heart : B.P. Systolic 125 Diastolic 85

Heart normal P.R. 72

Abdomen NEG. Good scar.

Skin NEG

Glandular Systems NEG

Remarks and Diagnosis :

PULHEMS Grading P 1

ALM. ROY M.D. R.C.A.M.C.
(Signature of Physician)

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

Pulhems grading M 1 S 1

W. Preslin/Capt. R.C.A.M.C.
(Signature of Psychiatrist)

Part III

29. Category (or profile) to be assigned.

Year of Birth	P	U	L	H	E	M	S
25	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
A.L. DELAHAYE LT/COL.
NAME RANK

A.L. DELAHAYE LT/COL. 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.
FEB 28 44	Bl Req. L/Cpl Drummond	9-3-44	1	1	1	1	1	1	1	R Hayward Capt
FEB 28 '44	TAB. T ICC	16-6-44	1	1	1	1	1	1	1	
	VACCINATION L/Cpl Drummond									
9-3-44	TAB T. ICC R Hayward Capt									
8/4/44	TAB T ICC R Hayward Capt									
9-3-44	Typhus R Hayward Capt									
8/4/44	TYPHUS R Hayward Capt									
16-6-44	TYPHUS 3									

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. D144405 Rank ..... Sheet No. .....

MFM 1 & 2a
40/P & S/119 (4398)

Name Slea. W. P.

	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc—	Rank Shown	Effective Date	Unit	Place	Authority DO Number	Authority Dated
M147	SOS SOS to Cdn Fus. (13 CIB) Remust to CIC	Gnr	8 Sep 44	1 CARU	UK	215	9 Sep 44
M149	TOS TOS from 1 CARU	Gnr	9 Sep 44	1 Cdn Fus	UK	36	12 Sep 44
C86	SOS SOS to 1 CIRU	Fus	20 Oct 44	1 Cdn Fus	UK	57	20 Oct 44
C86	TOS TOS from Cdn Fus	Pte	21 Oct 44	1 CIRU	UK	214	22 Oct 44
M177	UMV redesignated to			1 CITR	AO	166/44	
CIT	~~Att fap to 4 CITR~~ cancl D.O. 14 d/ 18 Nov 44 M177	~~Pte~~	~~10 Nov 44~~	~~3 CITR~~	~~UK~~	~~8~~	~~11 Nov 44~~
CIT SOS	SOS to 3 CITR.	Pte	8 Nov 44	1 CITR	UK	5	9 Nov 44
CIT TOS	TOS from 1 CITR	Pte	9 Nov 44	3 CITR	UK	8	11 Nov 44
CIT SOS	SOS to 4 CITR	Pte	9 Nov 44	3 CITR	UK	13	17 Nov 44
CIT TOS	TOS from 3 CITR	Pte	10 Nov 44	4 CITR	UK	19	23 Nov 44
CIT	Grtd Daily Regt Pay $1.50	Pte	23 Aug 44	4 CITR	UK	24	29 Nov 44
CIT SOS	SOS to X4 CIC	Pte	30 Nov 44	4 CITR	UK	25	30 Nov 44
	TOS						
CIT	Embarked at UK on 1 Dec 44						
	Disembarked at NW Europe on 2 Dec 44	Pte		X Inf Gen Un	21 AG	92	13 Dec 44
CIT SOS	SOS X4 list (13 Bn) to Cam of C	Pte	8 Dec 44	X list Inf G Un	21 AG	97	20 Dec 44
	TOS TOS from X 4 list Inf Gen Unall.	Pte	9 Dec 44	C of C	21 a Gp	65	26 Dec 44
C138	SOS SOS to X3 list C of C	Pte	23 Jan 45	QOCH	21 a G	10	31 Jan 45
CIT	S.O.S. TOS SOS X3 to Cam of C	Pte	30 Jan 45	X list QOCH	21 AG	17	10 Feb 45
C151	TOS. T.O.S. from X3 list C of C.	Pte	31 Jan 45	QOCH	21 AG	11	6 Feb 45
	Killed 26-2-45						
SOS	SOS to X3 list C of C	Pte	18 Feb 45	QOCH	21 a gp	16	25 Feb 45
SOS	SOS X3 list to Cameron of Canada. Killed	Pte	26 Feb 45	QOCH	C.L.A	551	7/3/45
	TOS TOS from X3 list C of C.	Pte	21 Feb 45	X L C of C	21 a gp	26	5 Mar 45
		Pte	22 Feb 45	QOCH	21 a gp	18	4 Mar 45
SOS	SOS Deceased.	Pte	26 Feb 45	QOCH	21 a gp	19	11 Mar 45

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 ~~R.C.A. (SP)~~ CA Regimental Number D144405

1. Surname SHEA
2. Christian Names William Paul
3. *Substantive Rank and Appointment Pte
   *Acting Temporary or Local Rank
   giving date
   *To be entered in pencil to facilitate alteration.
4. Place of birth Montreal, Que.
5. Date of birth as declared on attestation 5 Jun 25
   (A)
6. Date of enlistment 23 Feb 44
7. Place of enlistment Mtl. South, Que.
8. Residence at time of enlistment 4047 Dorchester St. W. Westmount, Que.
9. (B) Special conditions (if any) of enlistment or rate of pay
10. (C) Any subsequent variations of conditions of service
11. Religion RC
12. If married, state date Single
13. Trade on enlistment Student Machinist LApp.
14. Corps, trade and grade
15. (D) Qualifications
16. (E) Miscellaneous entries

(17) Regiment or Corps	Unit (Battn., etc.)
C/C	

(18) Medical

Category	Date	Authority
Profile	11 Feb 44	MFM 2

(19) Next of kin (entries to be made in pencil)
Mrs Helena Shea (Walker) Mother
4047 Dorchester St W. Mtl. Que.

(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. (A.F.) CANADA ON EMBARKATION ON 12 Jul 44				
			T.O.S. - C.A. (A.F.) OVERSEAS ON TRANSFER ON 13 Jul 44 AND DISEMBARKED ON 19 Jul 44				
	OC	1CARU	T. O. S. - 1 C.A.R.U.	UK	20 Jul 44	gm	Do 172 21 Jul 44
	"	A3CATC	To draw $1.40	Can	20 Jun 44	gm	" 162 28 Jun 44
Entered in Error		~~SOS~~	~~to Cdn Fus (13 C I B)~~	UK	11-8-44	"	" 191 d/12-8-44
	SOS	1Cam	to Cdn Fus (13 C I B)	UK	8 Sep 44	Gnr	215 d/9 Sep 44
12-9-44	TOS	Cdn Fus	TOS from 1 CARU	"	9-9-44	Pte	Do 36
26-9-44		✓	9 dup P/L MA	✓	12-9-44	fus	42
		✓	SOS to 1CIRU	✓	20 Oct 44	✓	57 20 Oct 44
	TOS	1CIRU	from Cdn Fus	✓	21 Oct 44	✓	2/4/44
		1CITR	Unit re-designated as 1 CITRU	UK	1 Nov 44	Pte	1/44
	SOS	1CITR	to 3 CITR	UK	8 Nov 44	Pte	6/44
	TOS	3CITR	from 1 CITR	UK	9 Nov 44	pte	8 - 11 Nov 44
(Cancelled Do 14)		~~"~~	~~Att fap to 4CITR~~	~~UK~~	~~10 Nov 44~~	~~"~~	~~8 - 11 Nov 44~~
		3CITR	SOS to 4 CITR	UK	9 Nov 44	pte	13 - 17 Nov 44
Cancelled by DO 19/44		4 CITR	~~ATT F.A.P. FROM 3 CITR~~	~~U.K.~~	~~10 Nov 44~~	~~"~~	~~8/44~~
		"	TOS FROM 3 CITR	"	10 Nov 44	"	19/44
		"	Rates of Pay $1.50	U.K.	23 Aug 44	Pte	24/44
		4 CITR	SOS TO X-4 LIST CIC (UKAG/18/17 Ser. C6392/4C)	U.K.	30 Nov 44	"	25/44
			Embarked 1 Dec 44 Disembarked	NWE	2 Dec 44	"	92 DEC 1944
			and TOS X4. CIC (11 Bw) wef	"	1 Dec 44	"	
	X4CIC	13 Bn	SOS to Cam of Can	✓	8 Dec 44	Pte	97 Dec 44
		C of C	TOS from X 4 List INF GEN UNALL	FIELD	9DEC44	Pte	65 DEC 44
		C of C	SOS to X 3 List C of C	Field	23JAN45	Pte	10 d/JAN 45
29 Jan 45	X3	✓	TOS from C of C	✓	24 Jan 45	✓	12/45
	✓	✓	S.O.S. to Cams of C.	✓	30 Jan 45	✓	17/45
		C of C	TOS from X 3 List C of C	Field	31JAN45	Pte	11 d/FEB 45
		C of C	SOS to X 3 List C of C	Field	18FEB45	Pte	16 d/FEB 45
23 Feb 45	X3	✓	TOS from C of C	✓	19 Feb 45	✓	24/45
	✓	✓	SOS to Cams of C	✓	21 Feb 45	✓	26/45
		C of C	TOS from X 3 List C of C	Field	22FEB45	Pte	18 d/MAR 45

SERVICE AND CASUALTY FORM

3/14B MFM 4(a) (Part II) 40/P&S/412 (6548)

(Part II)

Regiment or Corps..... Regimental Number D/144405

Substantive Rank..... Surname Shea Christian Names W.P.

Acting Temporary or Local Rank.....

(To be entered in pencil to facilitate alteration)

(a) Report		(b)	(c)	(d)	(e)	(f)	(g)
Date	From whom received	Unit	Record of all casualties regarding promotions (acting, temporary, local or substantive), appointments, transfers, postings, attachments, &c., forfeiture of pay, wounds, accidents, admission to and discharge from Hospital, Casualty Clearing Stations, &c. Date of disembarkation and embarkation from a theatre of war (including furlough, &c.) in accordance with para. 2 of Note to Table I of Appendix III of Field Service Regulations, Volume I	Place of Casualty	Date of Casualty	Army rank as at (e)	Army Form or other authority for entry to be shown
		Pte	SAS - Killed in Action	Fd	26 Feb 45	Pte	19 d/ 31 Jan 45

50-69

CASUALTIES, ETC.

Part II. D.O. No.	Part II. D.O. Date	Nature and particulars	If in Hospital note name
50	24-2-44	TOSD D 4 posted to B Wing wef 23-2-44	
53	28-2-44	SOS DD 4 to CATC A-3 Camp Shilo wef 28-2-44	
56	3-44	TOS A3 CATC on trans from #4 D.D. Montreal, Que eff. 29-2-44	
158	23-6-44	Embarkation Lve & R/A 28-6/1-7-44 incl.	
~~612~~ 162	28-6-44	Entitled 1.40 per diem Eff.23-6-44	
164	30.6.44	S.O.S. TO NO I ~~TRAINING BRIGADE~~ TRANSIT CAMP 1-7-44	
164	5-6-44	TOS no 1 Transit Camp eff 2-7-44	
169	11-7-44	SOS Overseas Serial 292 eff 11-7-44	
172	21.7.44	TOS 1 CARU from Canada eff 20 July 44 ([redacted])	
~~141~~	~~12-8-44~~	~~SOS 1 CARU To Cdn Fus wef 11 Aug 44~~	
215	9 Sept 44	S.O.S. 1 CARU. To Cdn. Fus. (13 C I B) wef. 8 Sept. 44	
36	12-9-44	TOS Can Fus from #1 CARU wef 9 Sept 44.	
42	26-9-44	Granted 7 days Pl with RA. 25-9-44 to 1-10-44.	
57	20.10.44	SOS Can Fus to 1 CIRU wef 20. 10. 44	
214	22.10.44	TOS 1 CIRU wef 21.10.44	
1	1.11.44	UNIT Redesignated 1 CITR wef 1.11.44	
		~~SOS 1 CITR wef ..... to Units~~	
5	9.11.44	SOS 1 CITR TO 3 CITR wef 8 NOV. 44	

No. D-144405 RANK Gnr NAME SHEA William Paul *Married *Widower *Single XXXX

Place of {*Appointment *Enlistment} Montreal South Que. Date of {*Appointment *Enlistment} 23-2-44

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
50	24-2-44	Gnr.			1.30			eff. 23-2-44
162	28-6-44	Gnr.		AS	1.40	23-6-44		

ASSIGNMENTS

Name and Address of Assignees	Effective Date	Amount	
SHEA JOSEPH MR(F) 4047- DORCHESTER ST. W. MONTREAL	1-7-44	20	00
Total.....			

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

Date Application Forwarded	Relationship	Amount Awarded		Effective Date

*Outfit {Allce. $.....Paid on.....
*Clothing {
Rehabilitation Grant $.....Paid On.....
*Delete words which are inapplicable. sd

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.....

CONTINUATION CARD M.F.M. 14

Regimental No. D144405 Name Pte Shea W. P.

Part II D.O. No.	Part II D.O. Date	PARTICULARS OF CASUALTY
8	11-11-44	TOS 3CITR from 1CITR wef 9-11-44
13	17-11-44	SOS 3CITR to 4CITR wef 9-11-44
19	23-11-44	TOS 4CITR to 1CITR wef 10-11-44
25	30-11-44	SOS 4CITR to X-4 list CIC wef 30-11-44
		SOS 2IBn to Coms of Con wef 9-12-44
65	26-12-44	TOS CMC from 13 CBRAN 9-12-44
		SOS CMC to X3 list - SICR 23-1-45
11	6-2-45	TOS CMC from X3 list 31-1-45
		SOS CMC to X3 list 16-2-45 'SICK'
	26/45	SOS X3 to CMC. 21 Feb 45
		TOS Team of Team from X-3 list wef 22-2-45
		SOS Team of Team 26-2-45 "Killed in Action"

M.F.M.—14A
40/P&S/67 (3400)

NO D.144405 Rank Private Name SHEA, William Paul

Unit Q.O.C.H. of Canada Date of death 26th of February, 1945

Died at Germany

Cause Killed in action

Death occurred on strength of Forces H.Q. 405-S-31587

N/K Mrs. Helena Shea Relationship Mother

Address 4047 Dorchester St. W., Westmount, Montreal 6, P.Q.

Remains buried in Germany MR 014470 sh. Calcar 4203 Cemetery

Grave location CHK ✓

OVER-

BURIAL REPORT TO N.K. AUG 8 1946

RETURN TO BUR. OF STAT. SEP 19 1945

ROYAL MESSAGE DESP'D. APR 17 1945

CAN. MESSAGE DESP'D. MAR 23 1945

Temp BR sent to NK & Map

REBURIAL

Nijmegen Canadian Military Cemetery,
4 mile s S.E. of Nijmegen, Holland.

Grave 4, row B, plot 24.

HI & CR Form Despd. JAN 24 1947

Photographs
Despatched
JAN 22 1948

10M-1-45 (M-4608)

26.2.45

AWARDS—CANADIAN ARMY (ACTIVE)

1896 M

D.W.

500M—1-44 (3467)
H.Q. 1772-45-8

FILE NO. 405-S-31587

V-8614

SURNAME (IN BLOCK LETTERS) CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT
SHEA, William Paul	D.144405	Pte.	Queen's Own C. Highrs

WAR SERVICE BADGE (CLASS) NO. DATE DESPATCHED:

ADDRESS:

42-24165 M
P

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star France-Germany Star War Medal CVSM & Clasp	
	6016 13-3-50

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH
MEMORIAL BAR
DATE DESP
(1)
REGN NO 15/17
CANCELLED

(1) MEDALS

PERSON ENTITLED TO Mrs. Helena Shea (Mother)
4047 Dorchester Street West,
Westmount,
ADDRESS: MONTREAL 6, P.Q.

Some address 3.4.45

(2) MEMORIAL CROSS

WIDOW

(2)

ADDRESS:

(3) MEMORIAL CROSS

MOTHER Mrs. Helena Shea ENGLISH

1896

ADDRESS: 4047 Dorchester St. W., Westmount, Montreal 6, Que.

(3)
DESP. APR 5 1945
REGN No. 17/63

ST MICHAEL'S CHURCH
MONTREAL P.Q.
CANADA

FEB 17th 1941

BAPTISM CERTIFICATE

NAME William Paul Justin Shea

BORN 5th June 1925

BAPTIZED 15th June 1925

FATHER'S NAME Walter Joseph Shea

MOTHER'S NAME Helena Walker

Sponsors. Edward Lionel Rivard
Lillian Shea

Baptized by Rev. William J. Gough., Priest.

Which extract, we, the undersigned Priest, certify to be conforable to the orginal, as deposited in the Arbhives of the said Paris for the year ninetten hundred and twenty five.

Signed....William Byrd
Priest Curate

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

NUMBER D-144405 RANK Private SERVICE UNIT The Queen's Own Cameron Highlanders of Canada (C.A.)

NAME SHEA, William Paul

DATE OF BIRTH DAY 5th MONTH June YEAR 1925 Date Enlisted: 23-2-44

MARITAL STATUS Single Religion: Roman Catholic

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

ADDRESS 4047 Dorchester Street W. ADDRESS D.A.B. Westmount, Montreal 6, Que.

ADDITIONAL PERSON TO BE NOTIFIED ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. Canrecords - 6756A H.Q.405-S-31,587

CASUALTY DETAILS Killed in action DATE 26-2-45

WESTERN EUROPEAN THEATRE OF WAR

LAST WILL ATTACHED TO NOTIFICATION TO A. OF E.? MM YES/NO M.F.M.5. ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO DATE 12-3-45

C/S with R.C.A. S/14236

OFFICER I/C RECORDS

Gn. 6

COPY FOR DOCUMENT FILE

13th March, 1945.

Mrs. Helena Shea,
4047 Dorchester Street West,
Westmount, Montreal 6, Quebec.

Dear Mrs. Shea:

It was with deep regret that I learned of the death of your son, D144405 Private William Paul Shea, who gave his life in the Service of his Country in the Western European Theatre of War on the 26th 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

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

Mrs. + mother
19.3.45

/EMA/EMA

8

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 territ: 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: SHEA

Given names: William Paul (*Block letters*)

Do not write in this space

4. RESIDENCE

Street: Dorchester W. No.: 4047

Official name of civil municipality or township: Montreal

Municipal county: Province: Que.

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

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

10. BIRTHPLACE (Province or Country): Que.

11. DATE OF BIRTH: June (Month) 5th (Day) 1925 (Year)

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

OCCUPATION

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

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: SHEA, Walter Joseph	
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: ....19.... (Month) (Day) (Year)

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: Feb. (Month) 26th (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....; (State which) Date....19....

Manner of injury.... (How sustained)

Nature of injury....

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

OVERSEAS CASUALTY CANADIAN ARMY

COPIED Archives Canada

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.

Director of Records, Dept. of Nat'l. Defence

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)

SEP 19 1945

...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, William Paul SHEA, of the CITY
(Name in Full) (City, Town, Village, Township)

Address in civil life.

of WESTMOUNT, in the County District of JACQUES CARTIER

Province of QUEBEC, APP. MACHINIST
(Civil Occupation)

Regimental No. D144405, Unit 4 DD RCA(SP)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. Helena SHEA(WALKER)

RESIDING AT: 4047 Dorchester St., W., Westmount, Que.

ALL MY ESTATE BOTH REAL AND PERSONAL.

W S

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

W S

(4) I appoint Mrs. Helena SHEA(WALKER) 4047 DorchesterST, W.Westmount Que.
(Name) (Address)

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

IN WITNESS WHEREOF I have hereunto set my hand this 24th day of Feb 19 44.

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.

William Shea
(Signature of soldier)

First witness sign here.

(5) Signature Morris Trager
Civil Address 631 Bloomfield Ave. Montreal
Civil Occupation Bookkeeper

Second witness sign here.

Signature Maurice Jalbert
Civil Address 4091 De Lorimier St. Montreal
Civil Occupation Clerk

(Witnesses are not to be beneficiaries.)

[OVER]

NOTE

If you have already made your Will, do not fill in this Will, but mark on the front where your Will can be located or with whom it is deposited.

(1) Example: I, John Charles Jones, of the City of Marlowe, in the County of Carleton, Province of Ontario, Mechanic, Regimental No. 1234, Royal Blankshire Regiment.

(2) If only *one* beneficiary for all your estate, complete as example: "my wife, Mary Jones of 26 Cherry Ave., Ottawa, Ont., all my estate," in which event, strike out clause (3) entirely.

If *more than one* beneficiary, set out in clause (2) what each is to receive, such as

"my wife, Mary Jones, 26 Cherry Ave., Ottawa, Ont., $.....00, and my household goods and effects,"
"my brother, Thomas Jones, 80 Yonge St., Toronto, Ont., $.....00,"
"my sister, Margaret Jones, 80 Yonge St., Toronto, Ont., $.....00,"
"my friend, John Smith, 60 LaSalle St., Winnipeg, Man., $.....00,"

and any personal gift, if desired. Then complete clause (3) as to the balance of your estate.

(3) If balance of estate is to one person, complete as example: "my wife, Mary Jones, 26 Cherry Ave., Ottawa, Ont." Another example: "my father, Jack Jones, and mother, Jessie Jones, 80 Yonge St., Toronto, Ont., equally," or as desired.

(4) Fill in name of Executor or Executrix, example: "John Doe, 24 Smith Street, Blankville, Ontario, Salesman," or, if Executrix, "Jane Doe" and address. A beneficiary under the Will may be appointed Executor or Executrix. It is preferable that the person appointed as Executor should not be on, or likely to be on, Active Service.

(5) The soldier will date the Will and sign same. Two witnesses must sign in the presence of the soldier, and each witness should fill in his or her full civil address and occupation. No one who is a beneficiary shall act as a witness. It is preferable, though not essential, that the witnesses be persons not on Active Service.

When completed, leave Will with Commanding Officer for transmission to the Records Office for safe custody.

GENERAL

The laws of all but one of the Provinces of Canada provide that marriage subsequent to the date of the Will revokes that Will. Therefore, a soldier immediately upon his marriage must make a new Will in order that, in the event of his death, his estate may be distributed in accordance with his wishes as set out in such new Will.

RECEIVED
D OF RECORDS
APR 26 1946
WILL SEC.
N. D. H. Q.

D. R. 10

Receipt is Acknowledged
MAR 9 1944
(C. L. LAURIN) Colonel
Director of Records
for Adjutant-General

WILL RECEIVED IN
DOCUMENT SECTION
MAR 10 1944
RECORD OFFICE
NAT. DEF. H. Q.

File No 405-5-3/5-87

REBURIAL

NO J. 144405

RANK Private

NAME Shea - W. P.

NAME OF CEMETERY Nijmegen Canadian Military Cemetery.

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

GRAVE LOCATION Grave 4 Row B Plot 24

AUTHORITY 54-27-88-2 Vol. 21

Reburial list.

H.Q.405-S-31587
D.R. 2(C)

8th August, 1946.

Mrs. Helena Shea,
4047 Dorchester St. W.,
Westmount,
Montreal 6, P.Q.

Dear Madam:

Information has just been received from overseas that the remains of your son, D144405 Private William Paul Shea, have been carefully exhumed from the original place of interment and reverently reburied in grave 4, row B, plot 24, 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,

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

FBR/LB

D.V.A. 405-S-31587
R. 4 (B).

Ottawa,

22nd January, 1948.

Mrs. Helena Shea,
4047 Dorchester Street West,
Westmount,
Montreal 6, Quebec.

Dear Mrs. Shea:

I am forwarding herewith a photograph of the grave and marker over the burial place of your late son, D/44405 Private William Paul Shea, the location of which is grave 4, row B, plot 24, Nijmegen Canadian Military Cemetery, four miles South-East of Nijmegen, Holland.

Any errors appearing in the inscription will be corrected when the permanent headstone is placed.

Yours faithfully,

A/Director,
War Service Records.

Encl.

/EMA

DEPT. OF WAR DEF.
JUN 25 1946
DEPENDENTS ALLOWANCE BOARD

Tuesday, June 25th 1946

Dept. of National Defence (Army)
Estates Branch -

Dear Sirs -

With reference to my
son's gratuities, I would appreciate
it very much, if you would
send me his gratuities, to which
I am entitled.

I refer to Pte. William Paul
Shea D. 144405, who was killed
in action on February 26th 1945.
I am his mother, and he
made a will, at the time he
enlisted, naming me as his

sole beneficiary.

He was in the service of
only one year at the time of his
death and had been pending
me twenty dollars every month.
I think this matter should have
been adjusted long ago, as it is
already one and a half years ago,
since my darling boy, gave his
life for his country.
Hoping to hear from you
without further delay -

I remain
Sincerely Yours
Mrs. Helena Shea

4047 Dorchester St. West
Westmount
P. Q.

Tuesday, March 26th / 1946

ESTATES BRANCH MAR 27 1946 H. Q. OTTAWA NATIONAL DEFENCE

Dept. of National Defence
Estates Branch
Mr. G. E. Baird Ottawa Canada

Dear Sir -

Enclosed please find receipt for cheek amounting to $90.19 in connection with my pers estate, which you have despatched. Would you kindly advise me when I shall receive this gratuities or where to write, regarding this matter -

As it is now well over a year since he was killed

I think this matter should have been adjusted by now.

Hoping to hear from you soon and thanking you for your kindness

Sincerely Yours
Mrs. Helen Shea

3/45A MFM 510
40/P&S/[illegible]4 (8550)

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

District .....

Dispersal Area .....

1st Amended.

Regtl No. **D144405** Rank and Name **SHEA. W.P.J. Pte.**

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

(~~Transfer~~ or Discharge) **--to--** on **26th Feb:45.** 19 .....

Reason **Death** Authority : **CCL."A" 551/7th Mar.45.**

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

Particulars	Dr Amount		Particulars	Cr Amount	
Balance Dr from last account			Balance Cr from last account	42	26
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			
Regimental Charges			Allowances (give particulars) ..... days at ..... $		
Public Stoppages (give particulars) :					
			C.Eff SOCR 16560	3	17
			" " " 16560		41
			✓ Credit OR 148269	22	35
To Balance Cr — Free	90	19			
To Balance Cr — Deferred			By Balance Dr		
Total	110	19	Total	110	19

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

Remarks

A.P. $20.00 (F) Stopped eff March.45.

✓ Cdn. Bank of Commerce. Cheque # F.41645.

Compiled by ..... **M. Durham.** .....

Checked by ..... *L Broughton* .....

Date ..... **7th Dec. 1945.** 19 .....

Certified correct ..... *W Blackburn.* .....
for Chief Treasury Officer, Overseas

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

CANADIAN MILITARY HEADQUARTERS

ESTATES BRANCH
INVENTORY

2 2 4

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

No., RANK and NAME .....D-144405 Pte Shea W P..... Dec'd.....

RECEIVED FROM .....Cdn 2nd Ech 21 Army Group.....

CHECKED BY .....B-81759 Sgt Graves J G..... DATE .....20 Apr 45.....

AND .....B-6410 Pte Shaw R V.....

1	Glengarry & Badge.		
2	Shoulder Badges (Wpg Gren).		
5	Cloth Insignia.		

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

QUADRUPLICATE—with effects.

.....
for OC 1 Cdn KSD

5/7B CFA 187
40/P & S/2180 (8080)
(Pads of 100)

CANADIAN MILITARY HEADQUARTERS

ESTATES BRANCH
INVENTORY

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

No., RANK and NAME D-144405 Pte Shea W.P. (Dec'd)

RECEIVED FROM Cdn 2nd Ech 21 A Gp

CHECKED BY L-17349 Sgt Bailey N.S. DATE 25 Sept 45

AND M--7303 Pte Harvey H.C.

2	Fountainx pens		
1	Photo in folder		
2	Prayer books		
1	Leather walletx W/snaps (Blood stained)		
	FURTHER EFFECTS to CANADA		

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

QUADRUPLICATE—with effects.

N.S. Bailey Sgt
for OC 1 Cdn KSD

D.A.

File No 405-S-315-87

VERIFICATION FORM

WAR SERVICE MEDALS 1939-45

No. D144405 Name SHEA WILLIAM PAUL

Rank on Discharge Pte Date of Discharge 26-2-45

Authority for Discharge or Retirement Deceased

Served in:

				Non-qualifying service
Canada	from	23-2-44	to 12-7-44	
	from		to	
United Kingdom	from	13-7-44	to 1-12-44	
	from		to	
Italy	from		to	
Northwest Europe	from	2-12-44	to 26-2-45	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 OK ✓

Canadian Volunteer Service Medal OK ✓

with clasp OK, BP

M

Verified by H. G. Palen

Date 16-8-46

Carded ~~AUG 16 1946~~

NO RIBBON DESPATCH

HA 165

5M-1-46 (8548)
H.Q. 1064-81-3

2
ARMY

DEPARTMENT OF NATIONAL DEFENCE

NAVY ARMY AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

WS G485-3854

DECEASED MEMBER'S NAME: William Paul (CHRISTIAN NAMES) SHEA, (SURNAME)

PAYEE: DIRECTOR OF ESTATES

ADDRESS:

REGISTER NO. D-23816
FILE NO. 405-S-31587
DATE 22-8-46
SERVICE NO. D-144405
FINAL RANK OR RATING Private
DATE OF DISCHARGE 26-2-45

DATE OF TERMINATION OF OVERSEAS SERVICE 26-2-45

	$ ¢
A. TOTAL QUALIFYING SERVICE NO. OF DAYS 370/30 EQUAL TO 12 COMPLETE PERIODS AT $7.50	90.00
B. QUALIFYING OVERSEAS SERVICE NO. OF DAYS 229 LESS 10 INELIGIBLE DAYS, EQUAL TO 219 DAYS @ 25c. PER DAY	54.75
	144.75
C. SUPPLEMENT FOR OVERSEAS SERVICE DAILY RATES AT DISCHARGE PAY $1.50 SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE $1.25 ADDITIONAL PAY $ $ $ DEPENDENTS' ALLOWANCE 1/30 OF $ $ TOTAL $2.75 X7 = $19.25 NO. OF DAYS 229/183 X$19.25	24.09
D. WAR SERVICE GRATUITY	168.84
E. DEDUCTIONS OVERPAYMENT OF PAY AND ALLOWANCES $ DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $ OTHER DEDUCTIONS $	
F. TOTAL AMOUNT PAYABLE	168.84

G. YOUR PORTION OF GRATUITY IS— 100%

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

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

ΔT

ESTATES BRANCH SEP 17 1946 H. Q. OTTAWA NATIONAL DEFENCE

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	TREASURY CHECKED BY	DATE
AS.	R	R. L. Doce	26/8/46

G L Mathews Capt
SERVICE REPRESENTATIVE

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

ARMY ✓ GL

Name SHEA William P. No. D.144405
Surname Christian Names

PTE C.A.O.S. 26-2-45
Rank Unit Date of Death

AMOUNT

W.S.G. 168.84
L.P.C. $ 90.19

Date 24-9-46

Other Credits.....

Total..... 259.03
Prev dist. 90.19
This dist. 168.84

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Mother	Mrs Helena Shea 4047 Dorchester St. W. Westmount, MOntreal, P.Q. (sole beneficiary under will)	168.84

P4. TO TREAS.
SEP 26 1946

W.S.G.

AUTHORITY

H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	168.84

CLASSIFIED BY

D

EXAMINED BY

For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

(L. M. FIRTH) Colonel
Director of Estates

AUDITED FOR PAYMENT

For Chief Treasury Officer

50M—5-46 (9153)
H.Q.1772-45-27

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

~~ARMY~~ ARMY GL

Name SHEA William P. No. D.144405
Surname Christian Names

PTE C.A. O/S 26-2-45
Rank Unit Date of Death

AMOUNT

L.P.C. $ 90.19

Date 15-1-46

Other Credits

Total 90.19

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Mother	Mrs Helena Shea 4047 Dorchester St., W., Westmount, MOntreal, P.Q. (Sole beneficiary under will)	90.19

P4. TO TREAS. 29-1-46 N.R.#230 Q.W.

AUTHORITY

H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	90.19

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