D144895
MALONEY
TOM

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# OCCUPATIONAL HISTORY FORM

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

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

PLEASE LEAVE BLANK

## Section A—GENERAL INFORMATION

1. (a) Print name in full MALONEY Tom (b) Reg'l. No. G-144895
2. (a) Arm of service ARMY (b) Unit 4 D.D. C.I.C. (R) CA. (c) Rank PTE
3. (a) Date of birth 2 nov. 22 (b) Have you any dependents? NO (c) Place of residence at time of enlistment PERKINS MILLS QUE.
4. (a) Place of enlistment MONTREAL SOUTH QUEBEC CANADA (b) Date of enlistment 18 avril 1944.

## Section B—EDUCATION AND TRAINING

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

## Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

10. (a) State whether you were WORKING or NOT WORKING at time of enlistment. (Enter here only "Working" or "Not Working", as case may be; particulars are asked for below) WORKING (b) At time of enlistment of what trade union or professional society were you a member? NO

## Section D—PARTICULARS CONCERNING THOSE WHO WERE UNEMPLOYED AT TIME OF ENLISTMENT

QUESTIONS 11 TO 17 REFER ONLY TO THOSE WHO ANSWER "NOT WORKING" IN QUESTION 10 (a)

11. Had you ever been employed fairly regularly since leaving school?
12. (a) If answer to 11 be "Yes", state exact trade or occupation at which you actually worked (b) State how long you had worked at this trade or occupation
13. If answer to 11 be "No", state exact trade or occupation for which you feel qualified
14. If you had been employed after leaving school, state when you last worked fairly regularly before enlistment
15. Give details of last employer, if any: Name Address
16. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.)
17. (a) If your last employment was in a business of your own, state nature and address of business (b) Date of discontinuing it

## Section E—PARTICULARS CONCERNING THOSE WHO WERE EMPLOYED AT TIME OF ENLISTMENT

QUESTIONS 18 TO 23 REFER ONLY TO THOSE WHO ANSWER "WORKING" IN QUESTION 10 (a). PLEASE READ THESE QUESTIONS AND REPLY TO THOSE APPLYING TO YOU AT TIME OF ENLISTMENT

IF YOU WERE AN EMPLOYEE WORKING FOR AN EMPLOYER UP TO THE TIME OF ENLISTMENT, PLEASE ANSWER QUESTIONS 18 TO 21

18. Name of employer C.I.P. GATINEAU MILLS QUEBEC. Address QUEBEC CANADA
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) PAPER MAKER
20. (a) Your specific occupation LABORER (b) Number of years' experience at this occupation with any employer 6 years old
21. (a) Did your employer promise definitely to give you employment on discharge? NO (b) Did your employer refuse to promise you employment on discharge? NIL (c) Do you wish to return to your former employment? NIL

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

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

## Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war? YES (b) Do you feel competent to operate a farm? YES (c) If so, in what kind of farming? GENERAL
25. (a) Were you born on a farm? NO (b) How many years' actual farming experience have you had? 7 years (c) In what provinces did you have experience? QUEBEC

## Section G—MISCELLANEOUS

26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge? no
27. If so, state nature of your plans (for example, do you plan to return to school, or have you been assured of a job, etc.) nil
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form nil

DATE 20 avril 1944. 194 SIGNATURE Tom Maloney

Q 69

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

DEPARTMENT OF NATIONAL DEFENCE
(Army)

# Personnel Selection Record

C.I.C. (Rifle) — Arm or Corps

Trade (if Tradesman or Trade Trainee)

Work in Arm (if Non-Tradesman)

I. D-144895 (Regt. No.) Pte. (Rank) M A L O N E Y, Tom (Name (surname first)) A (A or R) 21 (Age) (Med. Cat.)

English (Main Language) (Other Language(s)) Montreal South, Que. (Place (Unit) Interviewed) 20 Apr. 44 (Date Interviewed)

II. Revised Examination "M" Form "B"

D.D. 4 (Place Tested) 18 Apr. 44 (Date Tested) F.T. Brown, Maj. (By Whom)

106 (Total) IV (Group) Subtests 8 (1) 11 (2) 12 (3) 18 (4) 10 (5) 6 (6) 14 (7) 27 (8) Subtotals 31 (1-3) 28 (4-5) 47 (6-8) English (English or French)

Other Tests

PULHEMS
22 1111111

III. Educational Background

Completed Grade 3 in Quebec rural ungraded school from age 8 to 14. Repeated grades - did not care much for school. Left to work on father's farm.

IV. Occupational Background

6 years: Farm work.
1½ years: Helper millwright.

V. Military Background

Reported for Active Service at D.D. 4 on 18 Apr. 44.
T.O.S. at D.D. 4 on 18 Apr 44.

VI. Other Personal History and Appraisal

Tall man of good appearance and physique (5'9", 158 lbs.) Single. Has a brother in R.C.C.S. overseas. This recruit wishes also to be in signals.

Maloney seems to be smart enough to absorb extended training in C.I.C., although he might profit somewhat by E.B.T. Says he is more interested in army life now than previously.

Spends his leisure time with his girl friend. Enjoys fishing occasionally. Maloney says he is a good worker, is quite strong and enjoys being out-of-doors. States he has plenty of friends.

It was explained to Maloney that due to quota requirements, he would not be allocated to Signals. He is satisfied to serve in C.I.C. where his youth, strength and desire to succeed should help him become an efficient soldier.

Anglo-Saxon descent.

VII. Recommendations

C.I.C. (Rifle)
Eligible for Extended Training Group
in Basic Training.

MGF. (Signed) F.T. Brown, Major
MGF F.T. Brown, Major — Army Examiner

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

JF

See reverse side for further information and follow-up

FURTHER INFORMATION AND FOLLOW-UP

D-144895 - Pte. MALONEY, T. - first interviewed at D.D.4 on 20 Apr 44:
"N" Test Score:- 31/28/47 - 106 (E). Pulhems:- 22,1111111.

Maloney comes from Perkin's Mills, Que., not far from Ottawa. He has always lived in a small place, but nevertheless seems to be making a good adjustment to the Army. He is willing, tries hard at all times, and is expected to qualify with his platoon in ten weeks. He absorbs instructio n slowly, but this is mainly due to lack of education. He should make a good Infantryman in time.

CANADIAN INFANTRY CORPS.

C.I.(B).T.C.48,
St.Johns, Que. 27 Jun 44. A.E.Farebrother, Lieut., A.E.

| YOB | PULHEMS | DATE |
|---|---|---|
| 22 | 1111111 | 20-9-44 |

Present situation:

Maloney has completed his 8 weeks Corps training and has qualified on every branch laid down in Standard Infantry Corps training syllabus. He has adapted himself to the Army and his Company Commander reports him as a very good soldier, enters training with spirit but is slow, very retiring, he is neat and industrious, a good ranker. He is believed suitable as follows:

Suitable for operational duties overseas as N.T. in Canadian Infantry Corps.

CITC A-12 Farnham Que.
20 Sept 44

for: (M. LeBel) Capt.,
Army Examiner.

13. Oct. 44- 4 C.I.B.D.
N/T CIC - GD GGW

Sub 2 CBRO- 007 - 10 Nov. 44.

FOR COMPLETION AND RETURN BY

1

Form P. 64

Mrs. Hilda Maloney,
Perkins Mills,
Papineau Co., Que.

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

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

and the following number quoted:—

H.Q. 405-M-45,409 FD 236

# DEPARTMENT OF NATIONAL DEFENCE

## ESTATES BRANCH

### OTTAWA, ONT.

April 16 194 5

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

MALONEY, Tom, Pte. B.144895

Canadian Army

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

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

ESTATES BRANCH
APR 30 1945
H. Q.
OTTAWA
NATIONAL DEFENCE

W R Howard Capt
Director of Estates.

WRH/HO

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

ANSWER IN FULL ALL APPLICABLE QUESTIONS

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

| Degrees of Relationship | RELATIVES required to be accounted for | | INFORMANT'S STATEMENT: NAME IN FULL of any Relative, if any, in each degree specified | Age | ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative |
|---|---|---|---|---|---|
| 1 | Widow of the Deceased | | Not married | | |
| 2 | Children of the Deceased and dates of their Births | | None | | |
| 3 | Father of the Deceased | | Thomas P. Maloney | 62 | Berkeley P.E. |
| 4 | Mother of the Deceased | | Hilda Bowen Maloney | 49 | Berkeley P.E. |
| 5 | Brothers of the Deceased | Full Blood | Patrick James | 28 | Berkeley P.E. |
| | | | Harry | 25 | in Germany as Pte |
| | | | Ernest | 16 | Berkeley P.E. |
| | | Half Blood | | | |
| 6 | Sisters of the Deceased | Full Blood | Hilda | 21 | Berkeley P.E. |
| | | | Vearea | 26 | Hull 39 Wright St. |
| | | | Helena | 18 | Berkeley P.E. |
| | | Half Blood | | | |

| 7 | Names of brothers or sisters (whether of the full or the half blood) of the Deceased, *who are dead*, and date of death of each. | Names and ages of their children (if any) | Address of their children |
|---|---|---|---|
| | Gordon – 6 years old. | | |

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

| | | |
|---|---|---|
| 8 | Full names of the deceased. | Joseph, Thomas, Mickael Maloney |
| 9 | Date of his birth. | November 2nd, 1921 |
| 10 | Place and date of his marriage. | — |
| 11 | Place and date of his parents' marriage. | Perkins, June 15th, 1915. |

PARTICULARS OF DOMICILE

| | | |
|---|---|---|
| 12 | Place where deceased was born. | Perkins, P. Q. |
| 13 | State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each. | (a)<br>(b) Always in Perkins.<br>(c)<br>(d) |
| 14 | Nature of employment before enlistment. | Millright, Helper at I. P. C. |
| 15 | State whether he owned the premises in which he lived, and, if so, where situated. | No — |
| 16 | Name place where deceased stated he intended to make his permanent home. | Perkins. |

PARTICULARS OF ESTATE

| | | |
|---|---|---|
| 17 | Did he leave a Will? If in your custody, please forward. | No — |
| 18 | If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses,—was there a marriage contract dealing with property? | — |
| 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? | yes! Provincial Bank of Canada Branch: Masson. Que — |
| 20 | Amount of War Savings Certificates held by deceased. Indicate where located. | — We dont know — |
| 21 | Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located. | — He had one, we dont know where it is. |
| 22 | If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein. | — No Insurance. |
| 23 | Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary. | Nothing but some old clothes. |

OTHER PARTICULARS

| | | |
|---|---|---|
| 24 | Did the deceased after enlistment incur any debts for:—<br>(a) His own separate board and lodging while on service.<br>(b) Service clothing and equipment.<br>An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars. | No debts as far as we know. |
| 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. | $50.00. Receipt in! |

(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

*father 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.

Thomas P. Maloney — Signature of Informant

Perkins, P.Q. — Address

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## CERTIFICATE

I hereby certify that to the best of my knowledge and belief Thomas P. Maloney (Name of informant) is the* father of the Deceased above described. The above Declaration was made by the Informant and signed in my presence.

*See above.

Dated at Perkins this 27th day of April 1945

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

J. V. Leroteau P.P. Qualification Parish Priest

Address Perkins, P.Q.

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**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

M.F.M. 2
(Combining M.F.M. 103)
1,000,000—12-43 (3115)
H.Q. 1772—39—1645
K.P. 96

~~N.R.M.A. Reporting Depot 4~~ 202080

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

| FOR USE OF N.D.H.Q. ONLY | |
|---|---|
| Date Received | |
| Checked | |
| Carded | |
| Hollerith | |

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

WSC COMPUTED

Corps C.I.C.(R) CA. **CANADIAN ARMY** Regimental Number D-144895

## ENROLMENT AND ATTESTATION PAPER

1. MALONEY (Surname) Tom (Christian Names)
2. Present Address Perkins Mills, Que.
3. (a) Date of birth 2 Nov 1922
   (b) Place of birth CANADA (Country) QUEBEC (County or Province) PERKINS MILLS (Town or Township)
4. (a) Place of birth of Father CANADA (Country) QUEBEC (County or Province) PERKINS MILLS (Town or Township)
   (b) " " " " Mother CANADA (Country) QUEBEC (County or Province) PERKINS MILLS (Town or Township)
5. Nationality CANADIEN
   (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) CATHOLIQUE ROMAIN
7. Trade or calling LABORER
8. (a) Name and address of last employer C.I.P. GATINEAU MILLS QUE.
   (b) How long employed 1½ Yr
9. Married, Widower or Single Single If married, how many children nil
10. Name of Next-of-Kin Mrs Hilda ~~Mr. Tom~~ Maloney (POWERS) 11. Relationship ~~Father~~ Mother
12. Address of Next-of-Kin Perkins Mills, Que.
13. Previous Service (Navy, Army or Air Force) Units and dates nil
14. (a) Former war service nil
    (b) In the armed forces of what country nil
    (c) Dates of such Service nil
15. Decorations and medals, if any nil
16. I do solemnly declare that the above particulars are true Tom Maloney
    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

C.A.A.

### 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 18th day of Apr 44 19

Raymond Chaubonneau } Signature of Magistrate, Justice Attesting or Enrolling Officer.
Capt. Le R. de Chât. } 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, Tom MALONEY, 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 18 April 44 Tom Maloney (Signature of Recruit)

### 18. OATH TO BE TAKEN BY MAN ON ATTESTATION

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

Witness [illegible] (Name) (Rank) Tom Maloney (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 18th day of Apr 19 44 4

Raymond Chaubonneau (Signature of Magistrate, Justice or Attesting Officer.)
Capt. Le R. de Chât. (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.

| TO BE FILLED IN BY DISTRICT DEPOT | | |
|---|---|---|
| Fingerprinted | D.D. 4 | |
| Photographed | D.D. 4 | |
| Occupational History Form Completed | D.D. 4 | 20-4-44 |

APR 20 1944

5404
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13 OCT 44
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OCT 44
//////

Record of Service of MALONEY (Surname) TOM (Christian Name) Regimental Number D-144895

## QUALIFICATIONS

Military: nil

Business or Professional: nil

Trade or Civil: laborer

Technical: nil

Languages: eng

## EDUCATIONAL QUALIFICATIONS

High School or Collegiate (years completed): nil

Graduation or Matriculation (specify): nil

*College: nil

*University: nil

Grade 3 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.

| This column for checking purposes only | 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 |
|---|---|---|---|---|---|---|---|
| | 20-4-44 DRO TOS NO 4DISTRICT DEPOT CA. | PTE | 18-4-44 | 4DD | MTL STH | 4DD PT II 98 | 20-4-44 |
| | S.O.S? to C.I.(B)T.C. 48 St-Johns, Que | " | 4 May 44 | " | " " | " 111 | 4 May 44 |
| | TOS on trans. from No.4 D.D. | " | 5 May 44 | BTC48 | St.Johns | D.O. #109 | 8 May 44 |
| | SOS to C.I.T.C. A-12 | " | 15 JUL 44 | " | " | " #168 | 15 JUL 44 |
| | T.O.S. | " | ~~16 July 44~~ | ~~A-12~~ | ~~Farnham~~ | " ~~171~~ | ~~17 July 44~~ |
| | $1.40 per diem | " | 18 Aug 44 | " | " | 201 | 21 Aug 44. |
| | Granted 4 days emb. leave. from 13 to 16 Sep. 44. | " | 13 Sep.44 | " | " | 221 | 13 Sep. 44. |
| | SOS TO SERIAL NO. 294C | " | 3 Oct 44 | " | " | 239 | 3 Oct 44. |
| | S.O.S., C.A. Canada 4 Oct 44 | | | | | | |
| | T.O.S., C.A. Overseas 5 Oct 44 | | | | | | |
| | Disembarked 12 Oct 44 | ✓ | ✓ | 4CIRD | U.K. | 260 | 14 Oct 44 |
| | Reported for Duty 13 Oct 44 | | | | | | |

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

## CERTIFICATE OF MEDICAL EXAMINATION

20. Surname MALONEY Christian Names Tom

Reception Centre DD 4 Military District MD 4 Date 18 Avr 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 22 Eyes (Colour) BLUE Hair BROWN Height 5-9 Weight 158

Identification marks and scars VAC. LEFT ARM

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

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

23. X-Ray No. A-2647 Laboratory ARMY RECEPTION CENTRE DISTRICT DEPOT NO. 4. Report [illegible]

### 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/ M

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

Ears (Drums) Rt. NEG. Lt. NEG.

Nose NEG. Throat TONSILS X

Sinuses NEG.

**Remarks and Diagnosis**

Pulhems grading H 1 E 1

J. OSWALD Capt. 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 NO

(g) Ruptures NO

(h) Kidney or bladder trouble NO

(i) Gonorrhoea NO

(j) Varicose veins NO

(k) Haemorrhoids NO

(l) Rheumatism or joint trouble NO

26. Cranium NEG.

Spine N

Extremities N

Hernia N

Genito-Urinary N

Rectum N

Varicose Veins N

Feet High arches No complaints

Abdominal NEG.

**Remarks and Diagnosis**

Pulhems grading P 1 U 1 L 1

A. CARREAU M.D. 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

Tom Maloney
(Signature of Recruit)

A. CARREAU M.D. R.C.A.M.C.
(Witnessed by)

27. Physique:

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

Chest: YES

Full expansion NEG. Range of Expansion 2½

Lungs: 38

No adv.sounds

Heart: B.P. Systolic 130 Diastolic 88

NO MURMURS

Abdomen NEG.

Skin NEG.

Glandular Systems NEG.

**Remarks and Diagnosis:**

PULHEMS Grading P 1

H. W. [illegible] Capt. R.C.A.M.C.
(Signature of Physician)

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

POOR MOTIVATION -WELL BUILT - NO COMPLAINTS

Pulhems grading M 1 S 1

Candidate for special E.B.T.C.

J.C.M. [illegible] Capt. R.C.A.M.C.
(Signature of Psychiatrist)

**Part III**

29. Profile to be assigned.

| Year of Birth | P | U | L | H | E | M | S |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
| 22 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |

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

ORIGINAL MFM1 OR MFM2

C. G. Lears Lt.

A. L. NETHERWOOD LT. COL. R.C.A.M.C.
(President of the Board)

HP

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

Schick Test Pos
Diph Toxoid 3 May 44

30. (b) Changes or confirmation in present 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. |
|---|---|---|---|---|---|---|---|---|---|---|
| | B-W-NEGATIVE | 12-9-44 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | [illegible] Capt |
| APR 26 44 | TYPHUS-1/CC | | | | | | | | | |
| | TAB. T 100 | | | | | | | | | |
| APR 26 44 | VACCINATION | | | | | | | | | |
| 16 May 44 | TABT 100 & Typhus | | | | | | | | | S Gordon Capt |
| 9 June 44 | TABT & Typhus | | | | | | | | | S Gordon Capt |
| 16 June 44 | Diph Toxoid | | | | | | | | | S [illegible] |
| 12-9-44 | Typhus Ra Inoc | | | | | | | | | [illegible] Capt |

**NOTE:** (a) Any corrections to entries must be initialled by the officers making them.
(b) (i) Profile in Part III (29) is not to be changed after once assigned.
(ii) Subsequent changes in 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. ..... Rank ..... Sheet No. .....

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

Name .....

| | Record of Promotions, Reductions, Transfers, Casualties, Reports, etc— | Rank Shown | Effective Date | Unit | Place | Authority DO Number | Authority Dated |
|---|---|---|---|---|---|---|---|
| ex | Gtd Regt'l Pay .$ 1.50 | Pte | 18 Dec 44 | 4 EIR | UK | 265 | 20 Dec 44 |
| ex SOS | SOS to XY list 2 EBRG | Pte | 9 Nov 44 | 3 EITR | UK | 7 | 10 Nov 44 |
| ex | TOS Unit Redesignated to | | | 3 EITR | Auth AD 166/44 | | |
| C3 | SOS SOS XY list (13 BN) to 1 E Scot R | Pte | 20 Nov 44 | X list R de Brand | 21 A Gp | 93 | 23 Dec 44 |
| C3 | TOS TOS from XY list R de Brand | Pte | 21 Nov 44 | 1 E Scot Regt | 21 A Gp | 57 | 26 Dec 44 |
| ex | Embarked at UK on 10 Nov 44 | | | | | | |
| | Disembarked at NW Europe on 11 Nov 44 | Pte | | X h R de C | 2 MG | 74 | 23 Nov 44 |
| C138 | missing | Pte | 18 Feb 45 | 6 SR | | A547 | 28 Feb 45 |
| | Killed | Pte | 18 Feb 45 | 6 SR | 6 BAF | 552 | 7 Mar 45 |
| DO19 d/15 Mar 45 SOS | SOS to XB list CSR | Pte | 18 Feb 45 | CSR | 21 A Gp | 16 | 6 Mar 45 |
| SOS | SOS. Killed in action | Pte | 18 Feb 45 | CSR | 21 A Gp | 19 | 15 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 ~~4 DD~~. C.I.C. (R) CA. Regimental Number D-144895

1. Surname MALONEY
2. Christian Names Tom
3. *Substantive Rank and Appointment Pte 18-4-44
   *Acting Temporary or Local Rank
   giving date

*To be entered in pencil to facilitate alteration.

4. Place of birth Perkins Mills, Quebec, Can.
5. Date of birth as declared on attestation 2 nov 22
   (A)
6. Date of enlistment 18 April 44
7. Place of enlistment Montreal-South, Quebec, Can.
8. Residence at time of enlistment Perkins Mills, Quebec, Can.
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 Laborer
14. Corps, trade and grade
15. (D) Qualifications
16. (E) Miscellaneous entries

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

(18) Medical

| Category | Date | Authority |
|---|---|---|
| 22 1111111 | 18-4-44 | M.F.M. 2 |

(19) Next of kin (entries to be made in pencil) (mother)
Mrs. Estella Maloney
Perkins Mills Que Can

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

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

| (a) Report: Date | (a) Report: From whom received | (b) Unit | (c) Record of all casualties regarding promotions (acting, temporary, local or substantive), appointments, transfers, postings, attachments, &c., forfeiture of pay, wounds, accidents, admission to and discharge from Hospital, Casualty Clearing Stations, &c. Date of disembarkation and embarkation from a theatre of war (including furlough, &c.) in accordance with para. 2 of Note to Table I of Appendix III of Field Service Regulations, Volume I | (d) Place of Casualty | (e) Date of Casualty | (f) Army rank as at (e) | (g) Army Form or other authority for entry to be shown |
|---|---|---|---|---|---|---|---|
| | | | S.O.S., C.A. Canada 4 Oct 44 | | | | |
| | | | T.O.S., C.A. Overseas 5 " 44 | | | | |
| | | | Disembarked 12 " 44 | | | | 260 14 Oct 44 |
| | | | Reported for Duty 12 " 44 | UK | 13 Oct 44 | Pte | |
| | SOS | 4C IRU 3C ITR | Granted $1.50 per diem 2/ | UK | 18 Oct 44 | pte | 265-20 Oct 44 |
| | | | to X-4 2C BRS | " | 9 Nov 44 | " | 7 10 Nov 44 |
| | | | Embarked UK 10 Nov 44 Disembarked NW Europe | | 11 Nov 44 | Pte | 74 NOV 1944 |
| | | | and TOS X4 Rde Chaud (10 Bn ) wef | | 10 Nov 44 | | |
| 18 Dec 44 | X-4 (13 Bn) | Rde Chaud | SOS to Rde Chaud PR3/1160 | Lord | 20 Nov 44 | Pte | 93/44 |
| RAR3/ | 1160 | ICSR | TOS from Rde Chaud | | 21 Nov 44 | | 5th Recov. |
| 1 Mar 45 | HS | | SOS to X-6 hist ICSR | | 18 Feb 45 | | 16 Mar 45 19/45 |
| 10 Mar 45 | HS | | SOS K/A | | 18 Feb 45 | | 19 Mar 45 |

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 MALONEY Tom
(Surname first—Christian names in full—Block capitals)

(2) Regimental or Official Number and Rank D-144895 PTE

(3) Unit 4 D.D. C.I.C. (R) CA.

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

(*a*) Full name of your wife NIL

(*b*) Present postal address of wife NIL

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

(7) Are you a widower? NIL

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

Names and ages NIL

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

NIL

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

Name NIL

Postal Address NIL ?

(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

NIL

[SEE OTHER SIDE]

(11) Is your father alive? YES If so state name and address, occupation MR. TOM MALONEY
PERKINS MILLS CO. PAPINEAU QUEBEC CANADA (FARMER)

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

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

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

(14) Is your mother alive? YES If so, state name and address MRS. HILDA MALONEY (POWERS)
PERKINS MILLS CO PAPINEAU QUEBEC CANADA

(15) If your mother is a widow, are you her sole or partial support? NO

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

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

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

Relationship NIL

Full Name NIL

Postal Address NIL

Amount contributed monthly during the past six months NIL

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

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

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

Date 20 avril 1944. Tom Maloney
(Signature of officer or man)

---

Date 20 avril 1944. Officer Commanding

NO. 4 DISTRICT DEPOT A.F.

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

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

CANADIAN MILITARY HEADQUARTERS

# ESTATES BRANCH
# INVENTORY

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

No., RANK and NAME ~~XXXX~~ D-144895 Pte Maloney T. Dec'd

RECEIVED FROM G.H.Q. Cdn Section 2nd. Ech 21 Army Grp.

CHECKED BY B-73775 Cpl Todd F.A. DATE 3 May 45

AND A-37530 Pte Groves W.H.

| | | | |
|---|---|---|---|
| 1 | 7th V/L Receipt to Offr i/c Estates | | |
| | Photos | | |
| 1 | Ring | | |
| 1 | Fountain Pen | | |
| 1 | Pencil | | |
| 1 | Wallet | | |
| 2 | Div Patches | | |
| 2 | Reg'l Titles | | |
| 1 | Handkerchief | | |

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

QUADRUPLICATE—with effects.

F.A. Todd cpl
for OC 1 Cdn KSD

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, Tom MALONEY (Name in Full), of the VILLAGE (City, Town, Village, Township)

Address in civil life.

of PERKINS MILLS, in the County/District of PAPINEAU

Province of QUEBEC, LABORER (Civil Occupation)

Regimental No D-144895, Unit 4 D.D. C.I.C. (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. HILDA MALONEY (POWERS)

RESIDING AT PERKINS MILLS CO. PAPINEAU QUEBEC CANADA

T. M

ALL MY ESTATE BOTH REAL AND PERSONAL.

Relationship, names and address of residuary beneficiaries.

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

T. M.

(4) I appoint MRS. HILDA MALONEY (POWERS) (Name) PERKINS MILLS CO. PAPINEAU QUEBEC CANADA (Address)

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

IN WITNESS WHEREOF I have hereunto set my hand this 20 day of april 1944.

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.

Tom Maloney (Signature of soldier)

First witness sign here.

(5) Signature Marcelle Cau
Civil Address 115-Esgasford Joliette P. Que
Civil Occupation Photographe

Second witness sign here.

Signature André Lessard
Civil Address 261 Ste Anne Grand Mère P. Que
Civil Occupation Journaliste

(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.

R. D
D OF RECORDS
MAY 9 1946
WILL SEC.
N.D. H.Q.

ESTATES BRANCH
APR 10 1945
H.Q.
OTTAWA
NATIONAL DEFENCE

D.R. 10

WILL RECEIVED IN
DOCUMENT SECTION
MAY 5 1944
RECORD OFFICE
NAT. DEF. H.Q.

Receipt is Acknowledged

MAY 4 1944

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

# OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

NUMBER D-144895 RANK Private

SERVICE UNIT The Canadian Scottish Regiment (C.A.)

NAME MALONEY, Tom

DATE OF BIRTH DAY 2nd MONTH November YEAR 1922 Date Enlisted: 18-4-44

MARITAL STATUS Single

Religion: Roman Catholic

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

NAME Mrs. Hilda Maloney,

ADDRESS Perkins Mills, Papineau Co., Que.

ADDRESS D.A.B.

ADDITIONAL PERSON TO BE NOTIFIED

ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. Cgnrecords - 6890A H. q.405-M-45,409

CASUALTY DETAILS Previously reported missing in action now officially reported killed in action

DATE 18-2-45

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 20-3-45

O/S with #4 CIRU S/14397

Marjorie Lamb

OFFICER I/C RECORDS

Gn. 6

COPY FOR DOCUMENT FILE

FORM 6

# DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not write in this space

**1. PLACE OF DEATH**

Municipal county: IN THE FIELD (GERMANY)

Official name of civil municipality or township:

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

Street: No.: Hospital or Institution:

**2. LENGTH OF STAY**

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

**3. NAME OF DECEASED**

Surname: MALONEY (Block letters)

Given names: Tom

Do not write in this space

**4. RESIDENCE**

Street: No.:

Official name of civil municipality or township: Perkins Mills,

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: November (Month) 2nd, (Day) 1922. (Year)

| 12. AGE OF DECEASED | Years | Months | Days | If less than one day old |
|---|---|---|---|---|
| | 22 | | | ....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 | MALONEY, Tom | |
| MOTHER (Maiden Name) | | |

19. Place of burial, cremation or removal: Germany

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

**21. PLACE OF REGISTRATION OF THIS BURIAL**

(a) Name of parish or church:

(b) Civil municipality of:

(c) Municipal county:

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

## CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: February (Month) 18th, (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**

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

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

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

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

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

(Voir l'autre côté pour le francais)

Director of Records, Dept. of National Defence.

OVERSEAS CASUALTY CANADIAN ARMY

MAY 25 1945

18-2-45

AWARDS—CANADIAN ARMY (ACTIVE) M 1912

FEB.

500M—1-44 (3467)
H.Q. 1772-45-8

FILE NO. 405-M-45409

| SURNAME (IN BLOCK LETTERS) | CHRISTIAN NAMES | REG. NO. | RANK ON DISCHARGE | C.A.S.F. UNIT |
|---|---|---|---|---|
| MALONEY, | Tom | D.144895 | Pte. | Can.Scot.Regt. |

WAR SERVICE BADGE (CLASS) NO. DATE DESPATCHED:

ADDRESS:

| CAMPAIGN MEDALS | REGISTRATION NUMBER AND DATE DESPATCHED |
|---|---|
| 1939-45 Star<br>France & Germany Star<br>War Medal, 1939-45<br>CVSM & Clasp | 3869 - 30/3/50. |
| | |
| | |

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

MEMORIAL BAR

DATE DESP

REGN. NO 364

(1) MEDALS

PERSON ENTITLED TO Mrs. Hilda Maloney (Mother)

ADDRESS: Perkins Mills, Papineau Co., Que. Mar. 46

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER Mrs. Hilda Maloney (ENGLISH)

1912

ADDRESS: Perkins Mills, Papineau Co., Que.,

(1)

(2)

(3)

DESP. APR 20 1945

REGN No. 17791

JOSEPH THOMAS MICKAEL

NO. D.144895 Rank Private Name MALONEY, ~~Tom~~

Unit Can. Scottish Regt. Date of death 18th Feb., 1945.

Died at Germany

Cause Killed in action

Death occurred on strength of Forces H.Q. 405-M-45409

N/K Mrs. Hilda Maloney Relationship Mother

Address Perkins Mills, Papineau Co., Que.

Remains buried in Germany sh 4203 931527 Pl. 1 Row Xl Cemetery Grave 13

Grave location

GHK

OVER-

BURIAL REPORT TO N.K. AUG 2 1946

RETURN TO BUR. OF STAT. MAY 25 1945

ROYAL MESSAGE DESP'D. APR 17 1945

CAN. MESSAGE DESP'D. APR 5 1945

Temp B R sent to N K

REBURIAL

Nijmegen Canadian Military Cemetery,
4 miles S.E. of Nijmegen, Holland.
Grave 3, row G, plot 9.
HI & CR Form Despd. JAN 2 1947
Photographs
Despatched
JAN 10 1948

10M-1-45 (M-4608)

Berkeis, April 11th 1945

**Received** from Thomas P. Maloney

Fifty 100 Dollars

for High-Mass of funeral —

$ 50.00 J. V. Kroteau Pr. Cur. —