D147451
NEWBY
RUSSELL

Received.... M.F.M. 2 (Combining M.F.M. 103) 1,000,000—12-43 (3115) H.Q. 1772—39—1645 K.P. 96330

E-428871 Checked .... Card ✓ .... Observations

~~N.R.M.A. Clearing Depot 4~~

Rephoto-Film 1980A OCT 10 1944

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

Pte

FOR USE OF N.D.H.Q. ONLY	
Date Received	
Checked	
Carded	WSG COMPLETED
Hollerith	

Corps FB 1335 hrs "B" WING C.I.C.(R)

CANADIAN ARMY

~~Regimental~~ Number D-147451 ~~D-653501~~

ENROLMENT AND ATTESTATION PAPER

1. NEWBY (Surname) Russell (Christian Names)
2. Present Address 7258 rue Henri Julien, Montreal, Que.
3. (a) Date of birth 7 Oct 1925
   (b) Place of birth VANADA (Country) QUEBEC (County or Province) MONTREAL (Town or Township)
4. (a) Place of birth of Father CANADA QUEBEC MONTREAL
   (b) " " " " Mother CANADA (Country) QUEBEC (County or Province) MONTREAL (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 AJUSTEUR
8. (a) Name and address of last employer CANADIAN VICKERS CARTIERVILLE QUE
   (b) How long employed 9 ~~29~~ Mois
9. Married, Widower or Single Celibataire If married, how many children nil
10. Name of Next-of-Kin M. Russell Newby 11. Relationship Pere
12. Address of Next-of-Kin 7258 rue Henri Julien, Montreal, Que.
13. Previous Service (Navy, Army or Air Force) Units and dates NRMA D 653501 from 29 May 44 ~~nil~~ to 3 oct 44
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 Russell Newby
    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

FINGERPRINTED PHOTOGRAPHED MAY 31 1944

01 PTE

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

The above named was cautioned by me that if he made any false answers to any of the above questions he would be liable to be punished as provided by law.

The above questions and answers were then read to the above named in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to,

at Montreal Sth Que this 29th day of May 19 44

Signature of Magistrate, Justice Attesting or Enrolling Officer. Office or Rank and Unit or appointment.

[signature] capt Regt de Chat

NO. 4-DISTRICT DEPOT A.F.

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, NEWBY Russell, 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 4th October 1944 Russell Newby (Signature of Recruit)

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

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

Witness J.M. Boucher (Name) Cpl (Rank) Russell Newby (Signature of Recruit)

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

at St.Jerome, Que. this 4th day of October 1944 19

[signature] (P. Brosseau) Lieut.Col., (Signature of Magistrate, Justice or Attesting Officer.)

S-18 St.Jerome School of Army Instruction (Office or Rank and Unit or appointment)

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

TO BE FILLED IN BY DISTRICT DEPOT		
Fingerprinted	D.D. 4	
Photographed	D.D. 4	
Occupational History Form Completed	D.D. 4	31-5-44

(P)

5099
10
11-1-5
4
1
1-5
111111

Record of Service of NEWBY RUSSELL (Surname) (Christian Name)

Regimental Number ~~D-653501~~ D-147451

QUALIFICATIONS

Military

Business or Professional nil nil

Trade or Civil adjustor

Technical nil

Languages fr eng

EDUCATIONAL QUALIFICATIONS

High School or Collegiate: 2 yrs (years completed)

Graduation or Matriculation: nil (specify)

*College: nil

*University: nil 7 yrs pub sch

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

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

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
	31-5-44 DRO TOS NO 4 DISTRIC DEPOT C.A.	PTE	29-5-44	4DD	MTL TH	4DD PT II 134	31-5-44
	S.O.S. TO S.A.I. S-1x 18 St Jerome Que.	"	15-6-44	"	"	" " 1471	15-6-44
	TOS FROM D.D. 4	"	16 jun 44	S 18	St.Jerome	131	16 jun 44
	TO RECEIVE $1.40 PER DDEM.	"	29 sep 44	"	"	211	28 sep44.

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

Regimental No. D-147451 Rank Pte

Sheet No.

M.F.M. 1 & 2 (a)
300M—12-43 (3301)
H.Q. 1772-39-1646

Name NEWBY R.

Record of Promotions, Reductions, Transfers, Casualties, Reports, etc.—	Rank Shown	Effective Date	Unit	Place	Authority D.O. Number	Authority Dated
S.O.S. TO C.I.T.C. A_12 FARNHAM QUE	Pte	10 nov 44	S-18	St. Jerome	245	10 nov 44
T.O.S.	#	11 Nov 44	A-12	Farnham	273	13 Nov 44.
14 days furl from 15 to 28 Nov 44.	"	15 Nov 44	"	"	276	16 Nov 44.
5 days Xmas leave and 2 days emb. leave from 22 to 28 Dec 44. TW. A-643247	"	22 Dec 44	"	"	310	26 Dec 44.
$1.50 per diem	"	21 Dec 44	"	"	313	29 Dec 44.
SOS TO LES FUS. DE SHERBROOKE	"	29 Dec 44	"	"	315	31 Dec 44.
T.O.S. from A-12	"	30 Dec 44	F de S	Joliette	21	29 Dec 44
Att for all purposes to No. 2 Transit Camp	"	30 Dec44	F de S	Joliette	21	29 Dec 44
Cease Att. [illegible] to No2 Transit Camp DebertNS.	"	2 Jan 45	"	CAN	1	15 Jan 45
S.O.S. Cdn. Army (Can) on Embr " "	"	2 Jan 45	"	"	1	"
T.O.S. Cdn. Army (Overseas)	"	3 Jan 45	"	"	1	"
Disembark in UK wef	"	10 Jan 45	"	U.K.	1	"
Report for Duty 9 CITR "	"	11 Jan 45	"	"	1	"
S.O.S. to 9 CITR "		11 Jan 45	"	"	1	"
T.O.S. Fr. Fus de Sher. "		12 Jan 45	9 CITR	"	2	16 Jan 45
C138 SOS SOS to 4 CITR	Pte	26 Jan 45	9 CITR	UK	9	28 Jan 45
TOS TOS from 9 CITR	Pte	27 Jan 45	4 CITR	UK	23	28 Jan 45
C138 SOS SOS to X 4 List CIC	Pte	1 mar 45	4 CITR	UK	51	1 mar 45
TOS						
Deceased 1 APR. 45						
SOS SOS X4 to R de Mais	Pte	20 Mar 45	[illegible]	21 a G	75	28 Mar 45
TOS TOS from X4 list Inf Gen Ivalloc.	Pte	21 Mar 45	R de Mais	21 a gp	19	28 Mar 45
Died of Wounds.	Pte	1 apl 45	R de Mais		Caad. A561.	4 apl 45
~~SOS to X3 list R de M.~~	~~Pte~~	~~31 Mar 45~~	~~R de M~~	~~21 a gp~~	~~22~~	~~7 apl 45~~
SOS SOS Deceased. Died of wounds.	Pte	31 Mar 45	R de M	21 a gp	26	26 apl 45

20 26 d/26 apl 45

Regimental No. D-147451 Rank Pte Sheet No.

Name NEWBY R.

M.F.M. 1 & 2 (a)
300M—12-43 (3301)
H.Q. 1772-39-1646

Record of Promotions, Reductions, Transfers, Casualties, Reports, etc.—	Rank Shown	Effective Date	Unit	Place	Authority	
					D.O. Number	Dated
Embarkation						

VACCINATIONS, INOCULATIONS, CHANGES IN PULHEMS GRADINGS, ETC.

Date	Brief Details and Signature of M.O.	Date	Brief Details and Signature of M.O.	Date	P	U	L	H	E	M	S	Signature of M.O.

Sheet No.

POSTINGS FROM O/S CASUALTY LISTS

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

Regt'l No. D147451 Rank Pte Surname Newby Christian Name Russell

Unit	Hospt.	Admitted Day	Admitted Mo.	Admitted Year	Discharged Day	Discharged Mo.	Discharged Year	Hospt. Days	Disease or Injury	Remarks	Cas. List No.
Regt De Maison	—								Died of wounds 1-4-45	wnd 1-4-45	A 561
" "	—								SW (K&E) traumatic ampt lt arm pen wnd lt chest (Cause of death)		B 441

Records B3-49
H.Q. 1772-45-8
100M—7-44 (5202)

Date of Admission to C.C.S., M.C.S. or General or other Hospital and designation of medical unit to which admitted must be recorded hereunder immediately on admission. Brief clinical notes should be added later, dated and signed by the M.O.

ADM at the R.A.P. at 2?30 h.
the 31-3-45
Amputation Lt Arm
Hemorrage
Coramine given 1.7 cc
Tourniquet 9?5 h.
Pulse weak
Condition satisfactory
?. Gaudreault
capt

adm 18 CDN Fd Amb
S.W. (H.E.) Lt arm - amputation
Sucking wounds chest - bilateral
Ribs broken - three
Left arm amputated and
ligatured
Tourniquet Lt axilla applied
Coramine
Plasma 500 cc
Condition very poor
Evac 3 CCS
?. ? capt

ADM TO 3 CDN ?
HRS 0320 DATE 1 apr
A-D No 882 CAS LIST

This F.M. Card must not be destroyed. It must be transmitted with the patient if he is evacuated to U.K. Temperature charts or additional clinical notes may be sent with it, either in the same or in another envelope attached to the patient.

Additional Notes by Unit M.O. and Field Ambulance.

Morphia— Dose. Time and date given—	A.T. Serum— Dose and date given—
1/4 grain morphine 930 hrs P.M.	T.T 1cc 31.3.45
Date of Wound or onset of illness 2200 31/3/45	Religion— R.C.

Disease*	Microscopic Diagnosis*			
Malaria	B.T.	M.T.	Q.	Clin.
Dysentry	B.Ex.	Ehyst.	Indef. Ex.	

Malaria Treatment							
Days	1	2	3	4	5	6	7
Ateb. grms							
Quin. grs.							

NOTES.

Dead on arrival at 3 CCS. Cdn.
Amputation of Left Arm
and penetrating wound
of left side chest.
Death due to shock and
haemorrhage.

[illegible] Major
RCAMC

* Strike out where inapplicable.

Army Form W3118.
R.A.F. Form 3118.
Naval Form M 204.

FIELD MEDICAL CARD.

No. D14/451 Rank Pte
Name NEWBY, R
Unit R. de Mais

Battle Casualty. ~~Accidentally Wounded.~~ ~~"Sick."~~
(Strike out description which does not apply).

Diagnosis of Unit M.O.— S.W. Left Arm Amputation
Date seen by him— L. Gaudreault Capt.

No. of Field Ambulance—18 Cdn Fd Amb
Date of admission— march 31/45
Field Ambulance diagnosis— as above - verso -

C.C.S. or M.C.S. diagnosis (if altered from above)—

General or other Hospital diagnosis (alterations or additions)—

Wt 18254/229 1000m 7/40 F.W.W. & Co. 51-7385

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 .... Regimental Number D-147451

1. Surname NEWBY
2. Christian Names Russell
3. *Substantive Rank and Appointment
   *Acting Temporary or Local Rank
   giving date

   *To be entered in pencil to facilitate alteration.
4. Place of birth Montreal? P. Que. Canada
5. Date of birth as declared on attestation 7 oct 25
   (A)
6. Date of enlistment 4 oct 44
7. Place of enlistment St.Jerome, Que.
8. Residence at time of enlistment Montreal, Que. Canada
9. (B) Special conditions (if any) of enlistment or rate of pay
10. (C) Any subsequent variations of conditions of service
11. Religion Roman catholic
12. If married, state date n-a
13. Trade on enlistment Adjustor
14. Corps, trade and grade
15. (D) Qualifications
16. (E) Miscellaneous entries

(17) Regiment or Corps	Unit (Battn., etc.)
C.I.C. (R) CA	

(18) Medical

Category	Date	Authority
1111111	29-5-44	M.F.M. 2

(19) Next of kin (entries to be made in pencil) Mr Russell Newby (father)
7253 Henri Julien St
Montreal Que
(20) E
(21) E
(22) E CANADA

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
			Rate of pay $1.50 Gen. Duty	Can.	21 dec 44	Pte	Do 313-44
		Fus de Sher.	S.O.S. Cdn. Army (Can) on Embr		wef 2 Jan 45		DO1/45
		"	T.O.S. " " (Overseas)		" 3 Jan 45		" "
		"	Disembark in UK wef 10 Jan45 and report for Duty 9 CITR		wef 11 Jan 45		" "
		"	S.O.S. to 9 CITR		wef. 11 Jan 45		" "
		9 CITR	T.O.S. Fr Fus de Sher.		wef 12 Jan 45		DO2/45
			S.O.S. to 4 CITR (Auth CRU (ORG) A-515 of 201600A)		wef 26-1-45		D.O. 9/45
		4 CITR	TOS FROM 9 CITR	U.K.	27 Jan 45	Pte	23/45
DELETE		~~4 CITR~~	~~SOS . TO X-4 LIST CIC ( ) (AUTH:UKAG 30/14 SER C6595/2C)~~	~~U.K.~~	~~22 Feb 45~~	~~"~~	~~45/45~~
		4 CITR	SOS TO X-4 LIST CIC ( ) (AUTH:UKAG 31/14 Ser.C 6614/2C)	U.K.	1Mar45	Pte	51/45
			EMBARKED U.K. 2 Mar 45 DISEMBARKED	N.W.E.	2 Mar 45		6 MAR 1945
			T.O.S. X4 LIST IGllm. (10 BN.)		2 Mar 45	Pte	
X4	13 Bn.	IGllm	SOS to Rde Mais	fd.	20 Mar 45	Pte.	75 Mar 45
27 Mar 45	Oc	Rde Mais	TOS from X4 List Inf Gen Unall	"	21 Mar 45	"	Do 19/45.
~~Apr 45~~			~~SOS to X3 List Rde Mais~~	~~"~~	~~31 Mar 45~~	~~"~~	~~Do 20/45~~ cancelled by Do 26/45
	~~X3 List~~		~~TOS from Rde Mais~~		~~1 Apr 45~~		~~43/45~~ cancelled by PO II Or 58/apr 45
25 Apr 45	Oc	Rde Mais	SOS deceased Died of wounds.		31 Mar 45	Pte	Do 26/45.

Doit être fait en double exemplaire

M.F.M. 5 (Fr.)
60M—7-40(5847-8)
H.Q. 1772-39-1651

DÉTAILS SUR LA FAMILLE D'UN OFFICIER OU SOLDAT DE L'ARMÉE ACTIVE DU CANADA, OU D'UN OFFICIER OU AVIATEUR DU CORPS D'AVIATION ROYAL CANADIEN (EN SERVICE ACTIF)

INSTRUCTIONS:

(*a*) Cette formule doit être remplie dès qu'un officier ou un soldat est nommé ou enrôlé dans l'armée active du Canada ou qu'un officier ou aviateur est nommé ou enrôlé dans le Corps d'aviation royal canadien (EN SERVICE ACTIF).

(*b*) Il faut répondre à toutes les questions, et donner tous les détails nécessaires.

(*c*) Les deux exemplaires de la formule visant chaque officier, ou soldat ou aviateur doivent être envoyés par le commandant de l'unité au payeur ou à l'officier qui le remplace. Ce dernier enverra un exemplaire au Chef des Archives du quartier général de la Défense nationale, Ottawa, par l'intermédiaire du payeur du district, de la région ou du camp. L'autre exemplaire sera retenu par le payeur de l'unité. En cas de mutation, cet exemplaire sera transmis au payeur de la nouvelle unité où l'intéressé aura été versé.

---

(1) Nom de l'officier, ou soldat, ou aviateur NEWBY, Russell.
(Noms et prénoms en entier et en lettres moulées)

(2) Matricule et grade Pte D-147451

(3) Unité C.I.C. (R)

(4) Êtes-vous marié? n-a

(5) Si oui, donnez

(*a*) le nom entier de votre épouse n-a

(*b*) l'adresse postale actuelle de votre épouse n-a

(6) Si vous êtes marié, avez-vous toujours fait vivre votre épouse? n-a

Sinon, donnez-en les raisons n-a

(7) Êtes-vous veuf? n-a

(8) Avez-vous des enfants? n-a Garçons n-a Filles n-a

Noms et âges n-a

(9) Si une allocation familiale est réclamée pour les enfants, dites si vous avez pourvu régulièrement à leurs besoins n-a

Donnez les détails quant au tuteur auquel l'allocation familiale doit être payée, si elle est autorisée.

Nom n-a

Adresse postale n-a

(VOIR AU VERSO)

(10) Vivez-vous en union libre avec une femme—que vous avez constamment fait vivre et reconnue publiquement comme votre épouse pendant au moins deux ans à venir jusqu'à votre nomination ou enrôlement? n-a

Dans l'affirmative, donnez son nom en entier et son adresse postale

n-a

(11) Est-ce que votre père vit encore? Oui.

Si oui, donnez son nom, son adresse et son emploi M. Russel Newby (Journalier)
7258 rue Henri Julien, Montreal, Que.

(12) Si votre père est veuf et complètement incapable de gagner sa vie, êtes-vous son soutien unique ou partiel? n-a

(13) Si vous êtes le soutien unique ou partiel de votre père qui est veuf et totalement incapable de gagner sa vie, dites quel montant par mois vous lui donniez avant votre nomination ou enrôlement n-a

Si vous subveniez partiellement à son entretien, dites aussi pourquoi il n'a pas d'autres moyens de subsistance et pourquoi vous n'assuriez pas entièrement son entretien?

n-a

(14) Est-ce que votre mère vit encore? Oui

Dans l'affirmative, donnez son nom et son adresse Mme Georgette Newby
7258 rue Henri Julien, Montreal, Que.

(15) Si votre mère est veuve, êtes-vous son soutien unique ou partiel?

n-a

(16) Si vous êtes le soutien unique ou partiel de votre mère veuve, indiquez la somme mensuelle que vous lui donniez avant votre nomination ou enrôlement n-a

Si vous subveniez partiellement à son entretien, dites aussi pourquoi elle n'a pas d'autres moyens de subsistance et pourquoi vous n'assuriez pas entièrement son entretien?

n-a

(17) Contribuez-vous à l'entretien de personnes à charge, autres que les susnommées? n-a
Ceci peut comprendre des frères âgés de 16 ans ou moins, ou des sœurs âgées de 17 ans ou moins, que vous faisiez vivre uniquement à titre de membres de votre maison avant votre nomination ou enrôlement

Si oui, donnez les détails suivants:—

Degré de parenté n-a

Nom en entier n-a

Adresse postale n-a

Montant de la contribution mensuelle au cours des six derniers mois

n-a

(18) Êtes-vous assuré? Oui

Si oui, dites dans quelle compagnie? Metropolitan Life Ins. Co., Ltd.
(Indiquez le numéro de la police)

Avez-vous pris les dispositions nécessaires pour le paiement de votre prime d'assurance? Oui Sinon, et s'il s'agit d'une prime mensuelle, vous pouvez déléguer le montant de cette prime en plus de toute autre délégation que vous désirez faire, pourvu que la délégation totale ne dépasse pas le montant maximum qui peut être délégué.

Je certifie par la présente que les renseignements par moi donnés sur cette formule sont exacts sous tous rapports.

Russell Newby
(Signature de l'officier, soldat, ou aviateur)

Date 4 Oct 44.

(P. Brosseau.) Lieut.-Col.
Officier Commandant S-18 S.A.I. St.Jerome, Que.

Date 4 Oct 44.

N.B.—Si les parents de l'officier, soldat ou aviateur sont les parents adoptifs, on est prié de modifier en sonséquence les questions qui se rapportent au père ou à la mère.

Q-76-17

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-147451 — Regt. No.; Pte. — Rank; NEWBY, Russell. — Name (surname first); "A" N.R.M.A. — A or R; 18 — Age; Med. Cat.

French — Main Language; English — Other Language(s); Montreal South, Que. — Place (Unit) Interviewed; 30 May 44. — Date Interviewed

II. Revised Examination "M"

Form "A"; D.D. 4 — Place Tested; 5 May 44 — Date Tested; F.T.Brown, Major. — By Whom

153 — Total; II — Group; Subtests 14 17 16 21 23 12 23 27 (1 2 3 4 5 6 7 8); Subtotals 47 44 62 (1-3 4-5 6-8); French — English or French

Other Tests
Call No. E-428871 PULHEMS 25 1111111 22 Dec44

III. Educational Background

Completed Grade IX (equivalent to 2nd year high school) from ages 6 to 15 years. Was above average in school. Fond of geography and history. Good in mathematics. Had to leave school to work.

English spoken fairly well but needs practice. Can read and write well.

IV. Occupational Background

4 months - Messenger in grocery store.
1½ years - Apprentice electrician.
9 months - Adjuster (airplane assembler) - Canadian Vickers. Earning 62¢ per hour at time of call.

V. Military Background

Reported for O.M.E. at 4 D.D. on 5 May 44.
Reported under N.R.M.A. at 4 D.D. on 29 May 44.
T.O.S. at 4 D.D. on 29 May 44
Atst. General Service on 4 Oct 44

VI. Other Personal History and Appraisal

Will be 19 on 7 Oct 44.

This is a keen, snappy, intelligent looking youth of clean and pleasant appearance. A bit immature but very ambitious, he likes to know the why and wherefore of things and impresses as being a go-getter. In spite of his small stature, 5'5" - 115 lbs., he shows traits of leadership which will likely develop with his maturing. He is not willing to sign for G.S., but intends to do his best as N.R.M.A. He answers questions quickly and accurately.

Born in a modest community, third of 10 healthy children he has had a happy, well guided youth. Interested actively in most of the common sports, he seems to enjoy physical exercise. A forward attitude and a ready smile tend to enrich his personality and make him good company. Enjoys spare time activities such as woodworking and tinkering with mechanics. His general knowledge is broad for a man of his age and he constantly endeavours to develop it through reading on social science, Travel Digests and some fiction.

"M" score reveals a high army learning ability. Interview agrees with this and it is expected that a fewmonths of military life will reveal this lad to be an asset to the Army. A quick and thorough adjustment is anticipated in his case. As he has no preference for any of the Corps, several of the combatant arms, for which he is suitable because of perfect profile, are discussed with him and a suggested possible allocation to Infantry meets with his immediate approval.

VII. Recommendations

C.I.C. (RIFLE)
French Speaking Unit.
Enriched Training.

(Signed) L Roger Valade
Army Examiner
L. Roger Valade, Lieut.

L

M.F.M. 196
200M—1-43 (7957)
H.Q. 1772-39-1916

See reverse side for further information and follow-up

D-147451

FURTHER INFORMATION AND FOLLOW-UP

~~D-653501~~ Pte NEWBY, R. First Int: D.D. 4 on 30 May 44.

14-17-16-21-23-12-23-27---47-44-62---153 (A) (F) 25-1111111 29 May 44.

Military Background:

Reported for O.M.E. at D.D. 4 on 5 May 44.- Reported under N.R.M.A. and T.O.S. at D.D. 4 on 29 May 44.- T.O.S. at S18 St-Jerome S.A.I. on 16 Jun 44.

Present Situation:

Pte Newby impresses mainly by his highly cooperative attitude but rather limited military breeding. In fact he is reported upon as doing his best and achieving satisfactory progress on training.

Adaptation to the milieu is normal and interest in his Arm still vivid. Time and observation will make a very serviceable soldier of this trainee on a/c of high learning ability, determination, and physique.

To be supervised in view of possible promotion.

Recommendation: 1. C.I.C.
2. Suitable for C.T.C.

St-Jerome, Que. 10 Aug 44
GG:RG

L.Constantineau, Lieut. A.E.

-o-o-o-o-o-o-o-o-o-o-

Follow-up:

Upon completion of one month training with Instructional Wing is recommended to proceed on stream.

Recommendation: (1) C.I.C. (Rifle)
(2) Suitable for C.T.C.

St.Jerome, Que. 27 Sep 44
MG/

L. Constantineau, Lieut. A.E.

D-147451 Pte. NEWBY, R. 25/1111111 Dec 44

Present situation:

This man has completed his Corps training at A-12 Farnham Que and has qualified on every branch laid down in Standard training syllabus. He has adapted himself to the Army and his Coy. Comd mentions that he is a good soldier, willing, cheerful and an example for the others.

Suitable for operational duties overseas in C.I.C. as Non-Tradesman.

CITC A-12 Farnham Que. 22 Dec 44 (M. LeBel)Capt. A.E.

TOS UK No 9 CITR wef 11 Jan 45 and reinterviewed:-

Bright and cheerful disposition. This SPO was impressed by his favorable attitude.

(Capt)
SPO - 9 CITR

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 NEWBY Russell (b) Reg'l. No. D-653501
2. (a) Arm of service Army (b) Unit 4 DD C.I.C.(E) (c) Rank Pte
3. (a) Date of birth 7-10-25 (b) Have you any dependents? no (c) Place of residence at time of enlistment Mtl Quebec
4. (a) Place of enlistment Montreal South Quebec (b) Date of enlistment 29-5-44

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 15yrs (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.) 9th grade
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? Fr Eng (b) What languages do you read well? Fr Eng

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

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

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

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

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

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

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

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

18. Name of employer CANADIAN VICKERS Address Cartierville, Quebec
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Aircraft Plant
20. (a) Your specific occupation Adjustor (b) Number of years' experience at this occupation with any employer 9 months
21. (a) Did your employer promise definitely to give you employment on discharge? yes (b) Did your employer refuse to promise you employment on discharge? nil (c) Do you wish to return to your former employment? yes

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

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

Section F—PARTICULARS OF FARMING EXPERIENCE

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

Section G—MISCELLANEOUS

26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge? 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 UNDECIDED

DATE 31 May 44 194...... SIGNATURE Russell Newby

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

MEMORIAL BAR

DATE DESP.

REGN. NO. 4849

(1) MEDALS

PERSON ENTITLED TO Mrs. Georgette Newby - Mother

ADDRESS: 7258 Henri Julien St.,
MONTREAL IO, Que.

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER Mrs. Georgette NEWBY, (M.F.M.5) (ENGLISH)

1933

ADDRESS: 7258 Henri Julien St. MONTREAL 10, Que.

(1)

(2)

(3)

DESP. MAY 21 1945
REGN No. 19118

1-4-45

AWARDS—CANADIAN ARMY (ACTIVE)

M 1933

E. G.

500M—1-44 (3467)
H.Q. 1772-45-8

FILE NO. 405-N-5155

SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT
NEWBY,	Russell	D-147451	Pte.	Le Regt.de Mais.

WAR SERVICE BADGE (CLASS) NO. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star	
~~France & Germany Star~~	
War Medal	4398. 13-2-50
C.V.S.M. & Clasp	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

NUMBER D 147451 (D 653501) RANK Private SERVICE UNIT Le Regiment de Maisonneuve (C.A.)

NAME NEWBY, Russell

DATE OF BIRTH DAY 7th MONTH October YEAR 1925 Date enlisted: 4-10-44

MARITAL STATUS Single Religion: Roman Catholic

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

ADDRESS 7258 Henri Julien St., Montreal 10, Que. ADDRESS D.A.B.

ADDITIONAL PERSON TO BE NOTIFIED ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. 7717A H.Q.405-N-5155

CASUALTY DETAILS Died of wounds. DATE 1-4-45

Western European Theatre of War.

LAST WILL ATTACHED TO NOTIFICATION TO A. OF E.? jmd YES/NO jmd

M.F.M.5. ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO S/L 4560 O/S with #4 C.I.T.R.

DATE 9-4-45

OFFICER I/C RECORDS

6

COPY FOR DOCUMENT FILE

his 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, Russell NEWBY (Name in Full), of the CITY (City, Town, Village, Township)

Address in civil life.

of MONTREAL, in the County / District of HOCHELAGA

Province of QUEBEC, ADJUSTOR (Civil Occupation)

Regimental No D-653501, Unit 4DD C.I.C.(R), do hereby revoke all former Wills by me made and declare this to be my LAST WILL.

Relationship, names and address of beneficiaries, and what each is to receive.

(2) I GIVE, DEVISE AND BEQUEATH unto

"MY FATHER"

Mr. RussellNEWBY

R. N.

Residing At: 7258 Henri Julien St., Montreal, Quebec, Canada

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

R. N.

(4) I appoint Mr. Russell NEWBY (Name) 7258 Henri JulienSt., Montreal, Quebec, Canada (Address)

CABINET MAKER (Civil Occupation), to be the Executor ~~Exxxxxxx~~ of this my Last Will.

IN WITNESS WHEREOF I have hereunto set my hand this 31st day of May 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.

Russell Newby (Signature of soldier)

First witness sign here.

(5) Signature André Lavoie
Civil Address 20 1e Ave Grand Mère P.Q.
Civil Occupation Journaliste

Second witness sign here.

Signature S. Gaskell
Civil Address Magog Que.
Civil Occupation Student

(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
DCF RECORDS
FEB 9 1946
WILL SEC.
N. D. H. Q.

JUN 13 1944

WILL RECEIVED IN
DOCUMENT SECTION
JUN 14 1944
RECORD OFFICE
NAT. DEF. H. Q.

REBURIAL

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

Grave 15, row A, plot 14.

HI & CR Form Despd. JAN 2 1947

Photographs
Despatched
JAN 12 1948

BURIAL REPORT TO N.K. JUL 30 1946

RETURN TO BUR. OF STAT. JUN 7 1945

ROYAL MESSAGE DESP'D. APR 18 1945

CAN. MESSAGE DESP'D. APR 25 1945

Temp B R sent to N K

10M-1-45 (M-4608)

NO. D.147451 Rank Private Name NEWBY, Russell

Unit Regt. de Maisonneuve Date of death 1st April, 1945

Died at Germany.

Cause Died of wound received in action

Death occurred on strength of Forces H.Q. 405-N-5155

N/K Mr. Russell Newby Relashionship Father

Address 7258 Henri Julien St., Montreal 10, Que.

Remains buried in Germany Temp Cdn Mil MO 2 933523 sh Cemetery
4203 P"1" R"B" G"4"

CHK ✓

Grave location

OVER -

CERTIFICATE OF MEDICAL EXAMINATION

20. Surname NEWBY Christian Names Russel

Reception Centre DD 4 Military District MD 4 Date 29 Mai 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 5'5" Weight 115

Identification marks and scars Scar left cheek

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

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

23. X-Ray No. M- 24613 Laboratory ARMY RECEPTION CENTRE DISTRICT DEPOT NO. 4 Report N

Part I. History

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

(a) Eye trouble N

(b) Nose, throat, sinus or ear trouble

N

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. Lt.

Nose N Throat N

Sinuses N

Remarks and Diagnosis

Z

Pulhems grading H 1 E 1

L. MOTTRAM CAPT. R.C.A.M.C.
(Signature E.E.N.T. Specialist)

24. (Cont'd)

(c) Any broken bones or other injuries

N

Head injuries N

(d) Spinal trouble N

(e) Foot trouble N

(f) Operations N

(g) Ruptures N

(h) Kidney or bladder trouble N

(i) Gonorrhoea N

(j) Varicose veins N

(k) Haemorrhoids N

(l) Rheumatism or joint trouble N

26. Cranium N

Spine N

Extremities N

Hernia N

Genito-Urinary N

Rectum N

Varicose Veins N

Feet N

Abdominal N

Remarks and Diagnosis N.A.D.

Pulhems grading P 1 U 1 L 1

A.G.B. HEBERT MAJOR R.C.A.M.C.
(Signature of Surgeon)

CERTIFICATE OF MEDICAL EXAMINATION (cont'd.)

24. (Cont'd)

(m) Tuberculosis N

(n) Bronchitis or other lung trouble N

(o) Asthma or Hay Fever N

(p) Heart Disease N

(q) Rheumatic Fever N

(r) Kidney Disease N

(s) Stomach, Bowel or Rectal trouble N

(t) Diabetes N

(u) Goitre N

(v) Syphilis N

(w) Fits or fainting N

(x) Nervous disorders N

(y) Have you been in the Active Army in this war? N

(z) Are you now or have you in the past received disability pension or compensation? N

Russell Newby
(Signature of Recruit)

C.F. SEARS CAPT. R.C.A.M.C.
(Witnessed by)

27. Physique:

Good X Fair Poor

Chest:

Full expansion 34½ Range of Expansion 2

Lungs: Neg

Heart: B.P. Systolic 125 Diastolic 80

Neg

Abdomen N

Skin N

Glandular Systems N

Remarks and Diagnosis:

2 pds Underweight
Muscular.

PULHEMS Grading P 1

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

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

Pulhems grading M 1 S 1

T.C.R. CHALKE 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
25	1	1	1	1	1	1	1

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

CERTIFIED TRUE COPY OF ORIGINAL MFM1 OR MFM2
NAME RANK

E.C.

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.

Date	Use one line and write plainly.
29-5-44	Pulhems Recheck.
	A.R.C.
JUN 6 '44	B-W-NEGATIVE
JUN 6 '44	TAB. T ICC
	VACCINATION
7-7-44	(2) TABT [signature]
21-7-44	(3) TABT. [signature]

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

Date	P	U	L	H	E	M	S	Signature of M.O.
	1	1	1	1	1	1	1	A. TRUAX MAJOR
6.10.44	TYPHUS 1							[signature]
3.10.44	" 2							[signature]
20.10.44	" 3							[signature]
13.10.44	Shick neg							[signature]
21/12/44	1	1	1	1	1	1	1	G. Rochon [illegible]

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.

10th April, 1945.

Mr. Russell Newby,
7258 Henri Julien Street,
Montreal 10, Quebec.

Dear Mr. Newby,

It was with deep regret that I learned of the death of your son, D147451 Private Russell Newby, who gave his life in the Service of his Country in the Western European Theatre of War on the 1st day of April, 1945.

From official information we have received, your son died as the result of wounds received 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

APR 10 1945

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

Mem x Mother
14-4-45

13

/OLD

405-N-5155
D.R. 2 (D)

CERTIFICATE OF DEATH

THIS IS TO CERTIFY that according to information received at the Department of National Defence from the overseas authorities, No. D.147451, Private Russell NEWBY, of Le Regiment de Maisonneuve, Canadian Army, died on the 1st of April, 1945, of wounds received in action.

(C.L. Laurin) Colonel,
Director of Records.

Officer authorized to sign certificates of death and/or presumption of death for the Canadian Army.

Department of National Defence,
Ottawa, Canada.
April 18th, 1945.

17

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: NEWBY, (*Block letters*)

Given names: Russell,

Do not write in this space

4. RESIDENCE

Street: Henri Julien, No. 7258

Official name of civil municipality or township: Montreal,

Municipal county: Province: Quebec.

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

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

10. BIRTHPLACE (Province or Country): Quebec.

11. DATE OF BIRTH: October (Month) 7th (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.: Adjuster.

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	NEWBY, Russell,	
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: April (Month) 1st (Day) 1945 (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) Died of wounds received 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)

OVERSEAS CASUALTY
CANADIAN ARMY

JUN 7 1945

Director of Records, Dept. of Natl. Defence

H.Q. 405-N-5155
D.R. 2 (b)

13th November, 1945

Mrs. Georgette Newby,
7258 Henri Julien Street,
Montreal 10, Quebec.

Dear Mrs. Newby:

I am in receipt of a letter from the Director of Estates in which he requests that you be advised concerning the death and burial of your late son, D.147451 Private Russell Newby.

With deep regret I wish to inform you that your son was wounded and died of wounds on the 1st day of April, 1945 when his unit, the Regiment de Maisonneuve participated in active operations against the enemy in the vicinity of Bedburg, Germany.

A map of the area in which your late son's remains was buried is enclosed herewith for your retention. The village of Bedburg is not shown thereon; however it is located approximately a mile and a half South-East of Cleve which is marked in red on the map.

Yours truly,

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

GR/ME

FOR COMPLETION AND RETURN BY

1

Form P. 64

Mr. Russell Newby,
7258 Henri Julien St.,
Montreal 10, Quebec.

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-N-5155 FD 463

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

April 24 1945

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

NEWBY, Russell, Pte.

D147451 C.A. O/S

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

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

ESTATES BRANCH MAY 11 1945 H.Q. OTTAWA NATIONAL DEFENCE

Director of Estates.

EDM/JL

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.....				
2	Children of the Deceased and dates of their Births.....				
3	Father of the Deceased.....		Russell Newby	49	7258 Henri-Julien Montréal. Que.
4	Mother of the Deceased.....		Georgette Newby	41	7258 Henri-Julien Montréal Que.
5	Brothers of the Deceased	Full Blood	Roger Newby	22	7258 Henri Julien Montréal Que.
			Raymond Newby	15	7258 Henri Julien Montréal Que.
			Robert Newby	7	7258 Henri Julien Montréal Que.
			Marcel Newby	2	7258 Henri Julien Montréal Que.
		Half Blood			
6	Sisters of the Deceased	Full Blood	Yvette Newby	20	7258 Henri Julien Montréal Que.
			Annette Newby	17	7258 Henri-Julien Montréal Que.
			Marie-Thérèse Newby	13	7258 Henri Julien Montréal Que.
			Pauline	11	7258 Henri Julien Montréal Que.
			Liliane	9	7258 Henri Julien Montréal 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.	Joseph Armand Russell Newby
9	Date of his birth.	7 octobre 1925
10	Place and date of his marriage.	✓
11	Place and date of his parents' marriage.	Montréal 15 juin 1922

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Montreal Paroisse Ste Cécile
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) (b) Montréal all his life. (c) (d)
14	Nature of employment before enlistment.	War Industries at Vickers's
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.	We dont know.

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?	no.
20	Amount of War Savings Certificates held by deceased. Indicate where located.	$10. The Metal Craft mfg. Co 1176 St Antoine st. W. Montreal
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	$50. St-Jérome, bearer 7258 Henri Julien Montreal.
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	Metropolitan Ins. Co. $273.45 Association Nationale Bénéfices mutuels $22. Russell Newby father Georgette Newby mother
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.	We dont think so.
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.	We have, the account is inclosed

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

(PLEASE TURN OVER)

DECLARATION

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

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

*.....Mother.....of the deceased.

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

.....Mme Georgette Newby..... {Signature of Informant

.....7258 Henri Julien.....Address

CERTIFICATE

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

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

Dated at.....Montreal.....this.....28th.....day of.....april.....19.....45

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

.....J.L. Olivier..... Qualification.....Curé.....

Address.....215 De Castelnau.....

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

I, his mother, want everything he had when he died, such as his bracelet watch, his identification bracelet his neck chain + medal his two rings one with his initials the other with a grenade on it. his pen + pencil cigarette case his money belt with the money he had I know he had because he told me in his letter that he could not spend it. All the letters he had received from his family. his lighter. I give the four parcels he did not received to the Red Cross. As souvenir I would like to receive his kepi they wear in Summer and the Beret in Winter Everything that was found in his kit bag should be welcome as the last souvenirs for a poor mother of nine other children We also would like to know exactly where he died in Holland or Germany because his last letter was sent from Germany on the 30th march and he died the 1st April. we want more details about it. I want to know the name + adress if possible of the padre of his unit when he died. Thank you.

His mother.

adress above.

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

4
ARMY

DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

DECEASED MEMBER'S NAME: Russell (CHRISTIAN NAMES) NEWBY (SURNAME)

REGISTER NO. D-18098
FILE NO. 405-N-5155
DATE 22-3-46
SERVICE NO. D-147451
FINAL RANK OR RATING Pte.
DATE OF DISCHARGE 1-4-45

PAYEE Director of Estates

ADDRESS

DATE OF TERMINATION OF OVERSEAS SERVICE 1-4-45

		$ ¢
A. TOTAL QUALIFYING SERVICE	NO. OF DAYS 180 (180) / 30 EQUAL TO 6 COMPLETE PERIODS AT $7.50	45.00
B. QUALIFYING OVERSEAS SERVICE	NO. OF DAYS 88 LESS INELIGIBLE DAYS, EQUAL TO DAYS @ 25c. PER DAY	22.00
		67.00
C. SUPPLEMENT FOR OVERSEAS SERVICE		
	DAILY RATES AT DISCHARGE: PAY $ 1.50; SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE $ 1.25; ADDITIONAL PAY $; $; $; DEPENDENTS' ALLOWANCE 1/30 OF $; $	
	TOTAL $ 2.75 X7 = $ 19.25; NO. OF DAYS 88 / 183 X $ 19.25	9.26
		76.26
D. WAR SERVICE GRATUITY		
E. DEDUCTIONS	OVERPAYMENT OF PAY AND ALLOWANCES $; DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $; OTHER DEDUCTIONS $	
F. TOTAL AMOUNT PAYABLE		76.26

G. YOUR PORTION OF GRATUITY IS— 100%

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

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

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

PREPARED BY	CHECKED BY
XIM	[illegible]

TREASURY	
CHECKED BY	DATE
McGibson	28/3/46

[illegible]
SERVICE REPRESENTATIVE

MH

Estates Form "P. 4"

DISTRIBUTION OF SERVICE ESTATES

ARMY

Name NEWBY, Russell No. D-147451
Surname Christian Names

Pte. C.A. O/S 1-4-45
Rank Unit Date of Death

AMOUNT

W.S.G. 76.26
L.P.C. $ 25.82

Date 25-4-46

Other Credits

Total 102.08

Prev.dist. 25.82
This dist. 76.26

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Mother	Mrs. Georgette Newby, 7258 Henri Julien, Montreal 10, P.Q. (Sole beneficiary per will)	76.26

P4: TO TREAS.
APR 27 1946

WSG

AUTHORITY

H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	$76.26

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

30M—1-46 (8630)
H.Q. 1772-45-27

H.Q. 405-N-5155
(D.R. 2(C))

30th July, 1946.

Mr. Russell Newby,
7258 Henri Julien Street,
Montreal 10, Quebec.

Dear Sir:

Information has just been received from overseas that the remains of your son, D147451 Private Russell Newby, have been carefully exhumed from the original place of interment and reverently reburied in grave 15, row A, plot 14, of Nijmegen Canadian Military Cemetery, four miles South-East of Nijmegen, Holland. Marked map is enclosed. This is a recognized military burial ground and will receive care and maintenance in perpetuity.

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

Yours faithfully,

R.

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

/EMA

KJD.

File No 105-N-5155

P.A.

VERIFICATION FORM

WAR SERVICE MEDALS 1939-45

No. D147451 Name NEWBY RUSSELL

Rank on Discharge Pte Date of Discharge 1-4-45

Authority for Discharge or Retirement Deceased

Served in:

				Non-qualifying service
Canada	from 4-10-44	to	2-1-45	
	from	to		
United Kingdom	from 5-1-45	to	2-3-45	
	from	to		
Italy	from	to		
Northwest Europe	from 3-3-45	to	1-4-45	D/W
----------	from	to		
----------	from	to		

Eligible for award of:

1939 - 45 Star ok

~~Italy Star~~

France-Germany Star ok

Defence Medal NE

War Medal ok

Canadian Volunteer Service Medal ok

with clasp ok

M

Verified by [illegible]

Date 30-7-46

Carded JUL 30 1946

HA 165

RIBBON DESPATCH

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

CANADIAN MILITARY HEADQUARTERS

ESTATES BRANCH
INVENTORY

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

No., RANK and NAME D-147451 Pte Newby R. (Dec'd)

RECEIVED FROM Cdn 2nd Ech 21 Army GP.

CHECKED BY H-195540 Pte MacKinnon A.E. DATE 16 May 45

AND K-69603 Pte MacKenzie W.

	Assorted Post Cards	
1	Prayer Book	
	Letters	
1	Rel Picture in Case	
7	Souv Bank Notes (German)	

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

QUADRUPLICATE—with effects.

for OC 1 Cdn KSD

CANADIAN MILITARY
ESTATES
19 MAY 1945
BRANCH
HEADQUARTERS

577B CFA 187
40/P & S/2180 (7060)

CANADIAN MILITARY HEADQUARTERS

ESTATES BRANCH
INVENTORY

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

No., RANK and NAME D-147451 Pte NEWBY Russell Deceased.

RECEIVED FROM Can 2 Sch 21 Army Grp.

CHECKED BY M-7303 Pte Harvey H C DATE 27 June 45

AND L-27614 Pte Johanson W P

1	Prayer book		
1	Blood donor card		
2	Crucifix (1 in case)		
1	Souvenir note		
1	Pen & pencil set (Parker)		
1	Religious medal		
1	Religious pin		
1	Mass card		

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

QUADRUPLICATE—with effects.

H C Harvey Pte
for OC 1 Cdn KSD

CANADIAN ... ESTATES
29 JUN 1945
BRANCH
HEADQUARTERS

3/45A MFM 510
40/P&S/254 (8550)

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

District..........

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

Regtl No. D147451 Rank and Name NEWBY R. PTE

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

(~~Transfer~~ or Discharge).......... to— on 1st Apl.45. 19..........

Reason Death Authority : CCL."A" 561/4th Apl.45.

The following is a statement of the account of the above-named from 1st Apl. to 30th Apl.45. 19.......... the inclusive date of transfer or discharge.

Dr / Cr

Particulars	Amount		Particulars	Amount	
Balance Dr from last account			Balance Cr from last account	9	22
First Monthly Payment			Regimental Pay 30 days at $ 1.50	45	00
Casual Payments			Tradesmen's Pay ..... days at ..... $		
Payments on Transfer or Discharge			Additional Pay (Give Particulars) ..... days at ..... $		
Assigned Pay $20.00 and $8.40	28	40	Allowances (give particulars) ..... days at ..... $		
Regimental Charges					
Public Stoppages (give particulars) :					
To Balance Cr — Free	25	82			
To Balance Cr — Deferred			By Balance Dr		
Total	54	22	Total	54	22

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

Remarks

A.P. $20.00 (M) Stopped eff May.45.

A.P. $8.40 (7th V.L.) Stopped eff May.45.

Compiled by L.G.Waldron.

Checked by L Broughton

Date 19th Oct.45. 19.....

Certified correct W Blackmore
for Chief Treasury Officer, Overseas

MW