D15061
FISHER
ROBERT

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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 Fisher R. (b) Reg'l. No. D-15061
2. (a) Arm of service Army (b) Unit (c) Rank Sapper
3. (a) Date of birth (b) Have you any dependents? (c) Place of residence at time of enlistment Toronto
4. (a) Place of enlistment (b) Date of enlistment

## Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 17 (b) Were you attending school or college up to the time of enlistment? No
6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.) 6 A Grade
7. If you attended a university, give name of university and standing or degree secured
8. (a) Did you ever enter upon a trade apprenticeship? (b) If so, for what occupation? (c) Did you finish it? (d) If you did not finish it, how long did you serve at it?
9. (a) What languages do you speak fluently? English (b) What languages do you read well?

## 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 ease 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 Address Glove die maker
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Leather Goods Factory Sewer
20. (a) Your specific occupation (b) Number of years' experience at this occupation with any employer
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? No (c) Do you wish to return to your former employment? Yes

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

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

## Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war? (b) Do you feel competent to operate a farm? (c) If so, in what kind of farming?
25. (a) Were you born on a farm? (b) How many years' actual farming experience have you had? (c) In what provinces did you have experience?

## 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.) N/A Returned to former employment
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form

DATE 31/5/41 194..... SIGNATURE R. Fisher

CARDS PUNCHED-1

CONFIDENTIAL.

Soldiers Qualification Card

Regt'l. Number 1506 | Last Name FISHER | First Name ROBERT | Middle Names ALOYSIUS

Unit 16TH FIELD Coy. R C E

1 Corps — CODED 316

2 Nationality 08 CANADIAN | By Birth | By Naturalization | Country of Birth CANADA

3 Racial Origin BRITISH

4 Language spoken in home: French ... Other ... English

5 Age 20 9/12 Height 5'10" 7 Weight 185 8 Silhouette 1 2 3 4

Eyes: 9 Colour of BLUE 10 Acuity 1 2 3 10 Glasses ... 11 Colour Vision 1 2 3 4

12 Hearing: Acuity 1 2 3 13 Speech Defects ...

14 Handedness R L A 15 Med Category A.

Cause ...

Attitude to own health GOOD To Medical attention NORMAL

Health History NORMAL

16 Education Level: Illiterate ... E ... S 9TH 16YRS (Grade completed)

Conduct during school life NORMAL

| 17 University or 18 Professional | Course Taken | Years Completed | Degree |
|---|---|---|---|
| | | | |
| | | | |

| 19 Post Graduate | Course | From—To | Degree |
|---|---|---|---|
| | | | |
| | | | |

Specialized Training:

20 1. ... (Course)
At ... From—To ... Completed ...

21 2. ... (Course)
At ... From—To ... Completed ...

22 3. ... (Course)
At ... From—To ... Completed ...

Other trades papers. Diplomas Certificates or Qualifications ...

23 Languages: Spoken fluently ENGLISH
02 Written well " "

24 Main occupation: Description STEELWORKER. (GLOVE DIE MAKING)
8394
Estimate of skill GOOD
Duration (from—to) 1938-1940 Weekly Wage 18.00
Employer's Name and Address HARPER DYEWORKS MONTREAL QUE

50 "M" Test | Score | SM
1 | 18 | | S 37
2 | 11 | | SM
3 | 8 | |
4 | 21 | | S 44
5 | 23 | | SM
6 | 5 | | S 44
7 | 11 | | SM
8 | 25 | |
Tot. | 122 | SM | Grade D
9

51 OTHER MENTAL
Test ...
Score ... L. Grade ...
Date ...

52 MECHANICAL
Test ...
Score ... Grade ...
Date ...

52 CLERICAL APT.
Test ...
Score ... Grade ...
Date ...

53 TRADE TEST
1. Score ... G. ... Date ...
2. Score ... G. ... Date ...
3. Score ... G. ... Date ...
4. Score ... G. ... Date ...

54 OTHER
Test ...
Score ... Grade ...
Date ...

25 Second Most Important Occupation: Description:
Estimate of skill ...
Duration (from—to) ... Weekly Wage ...
Employer's Name and Address ...

26 Third Most Important Occupation:
Estimate of skill ...
Duration (from—to) ... Weekly Wage ...
Employer's Name and Address ...

Trade Union or Professional Society ...

Vehicles: 27 Heavy Truck ... 28 Light Truck ... 29 Auto ... 30 Motorcycle ...
31 Farm Tractor ... 32 Tracked Vehicle ... 33 Power Launch ... 34 Aeroplane ...
35 Accident Prone ...

Farming Experience: Wide ... Limited ...
District ... Type ...

Job promised after discharge YES. By whom? Name HARPERS
Address MONTREAL
Other provision for post-discharge occupation ...
Type of work desired STEELWORKER.
Occupational history: Ambitious ✓ Accidental ...
Stable ... Erratic ...

36 Material Status: M ... S ✓ W ... D ... Sep. ...
2 Marital Problems ... (Remarks)
Age of wife ... Wife's attitude to Service ... Wife's Health ...
37 No. of Children ... No. Brothers 6. No. Sisters 1
Position in family 3 38 No. Dependents 1
Relationship of Dependents MOTHER.
Status of home in childhood NORMAL

39 Hobbies: Photography M ... S ... Radio ... Engines ...
Mechanics ... Other ...
40 Sports: (1) BOXING (2) ... (3) ...
B Team Games and Position (1) BASEBALL.
3 (2) HOCKEY. (3) ...
1 41 Ability to Entertain: Music: String ... Brass ...
Woodwind ... Percussion ... Piano ... Vocal ...
Theatrical ... Other ...

11 AUG 1942

42 Previous Experience in Armed Forces

| ARM or CORPS | Type (C.E.F., N.P., etc.) | Years Highest Rank | Last Discharge (Yr.) | Special Training Received |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

43 CURRENT SERVICE: Date Enlisted 11/7/40 Place Enlisted MONTREAL. QUE

| Date From—to | Country | Corps | Unit and Sub-unit | Rank 44 | Principal Duty | Performance |
|---|---|---|---|---|---|---|
| 11/7/40 - 1/7/41 | CAN. | RCE. | 16th Fd) Coy | SPR | TRAINING | GOOD |
| 1/7/41 - | GB. | " | " " | " | PIONEER. (SECTION) | 387" |
| | | | | | | |
| | | | | | | |
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| | | | | | | |
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| | | | | | | |
| | | | | | | |
| | | | | A | | |

45 COURSES ATTENDED

| | PLACE | Date From—to | Qualified as | Rating |
|---|---|---|---|---|
| | | | | |
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46 Crime: Number Courts Martial Convictions ..... Hospitalization .....

Number Civil Convictions ..... Minor Offender ..... Occasional Offender .....

0 Chronic Major Offender ..... Chronic Minor Offender ..... Occasional Offender .....

49 Psychiatric ☐☐☐☐☐

47 Classification: Military Specialties and Trades

| Designation | Degree of Proficiency | Date | Authority |
|---|---|---|---|
| PIONEER 387 | C | 16/6/41 | P. Book. |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

55 Type of Service Desired (1) SATISFIED IN R.C.E. (2) .....

Remarks re Outstanding or Limiting Factors

APP. ✓ Fly APP. + DISP ✓
MIL — MAP. READ — MECH —

BK. A/CPL. HASMITH J.D

Attitude to Interview: Antagonistic ..... Overanxious ..... Co-operative ✓ ..... Indifferent .....

Reason for Joining Cdn. Army (if ascertainable) ..... DUTY. .....

48 Suggested Possibilities for Employment (1) ..... (2) .....

Tests Indicated: 2nd Mental ..... Mech. Apt. ..... Clerical Apt. .....

Other Apt. ..... Pers. ..... Trade Test as .....

Interviewed by R.A. Wallace Lieut RCE Date 6/4/42

Reviewed by ..... Date .....

C.M.H.Q. 1000:115
40/P & S/1246

FOR COMPLETION AND RETURN BY



Form P. 64

Mrs. Catherine Fisher,
5639 Waverley St.,
Montreal 14, P. Q.

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

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

and the following number quoted:—

H.Q. 405-F-4285 FD 186

# DEPARTMENT OF NATIONAL DEFENCE
## ESTATES BRANCH
### OTTAWA, ONT.

1st December 194

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

FISHER Robert, Spr.

D.15061 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 DEC 11 1944 H.Q. OTTAWA NATIONAL DEFENCE

for Director of Estates.

CWP/BGS

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..... | | X | | |
| 2 | Children of the Deceased and dates of their Births..... | | X | | X |
| 3 | Father of the Deceased..... | | John Joseph Fisher | 56 | 5639 |
| 4 | Mother of the Deceased..... | | Catherine Hughes Fisher | 55 | 5639 Waverley St Montreal P.Q. |
| 5 | Brothers of the Deceased | Full Blood | R. P Fisher<br>W Fisher<br>M. Fisher<br>G. Fisher | 29<br>24<br>19<br>17<br>16 | 5639 Waverley St Montreal P.Q. |
| | | Half Blood | | | |
| 6 | Sisters of the Deceased | Full Blood | Mary Fisher | 14 | |
| | | 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 |
| | James Arthur Fisher Sept-14-Jan-38<br>Feb-44. | | | | |

ANSWER FULLY EACH QUESTION ON THIS PAGE

## PARTICULARS AS TO IDENTITY

| | | |
|---|---|---|
| 8 | Full names of the deceased. | Robert Aloysius Fisher |
| 9 | Date of his birth. | Oct Aug 6 - 22 |
| 10 | Place and date of his marriage. | |
| 11 | Place and date of his parents' marriage. | April 21 - 13 Montreal |

## PARTICULARS OF DOMICILE

| | | |
|---|---|---|
| 12 | Place where deceased was born. | Montreal |
| 13 | State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each. | (a) (b) Quebec (c) (d) |
| 14 | Nature of employment before enlistment. | Messenger |
| 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. | |

## PARTICULARS OF ESTATE

| | | |
|---|---|---|
| 17 | Did he leave a Will? If in your custody, please forward. | |
| 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? | |
| 20 | Amount of War Savings Certificates held by deceased. Indicate where located. | |
| 21 | Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located. | |
| 22 | If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein. | |
| 23 | Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary. | |

## OTHER PARTICULARS

| | | |
|---|---|---|
| 24 | Did the deceased after enlistment incur any debts for:—<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. | X |
| 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. | X |

(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-Mother-Wife 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.

John Joseph Finlayson — Signature of Informant

5639 Waverley St. Montreal 702 — Address

## CERTIFICATE

I hereby certify that to the best of my knowledge and belief Mrs. John Joseph Finlayson is the* Mother of the Deceased above described. The above Declaration was made by the Informant and signed in my presence.

*See above.

Dated at Montreal this 6 day of December 19 44

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

Francis J. Singleton Qualification Parish Priest

Address 5580 St. Urbain St. Montreal.

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

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

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

Received DEC 17 1941 Checked ✓ Card ✓ Observations

~~ORIGINAL~~
DUPLICATE
~~TRIPLICATE~~

M.F.M. 2
A.F.B. 271
450M—5-40 (5237)
H.Q. 1772-39-1645

*(To be completed in triplicate. Copy designation to be shown by striking out terms not applicable.)*

Unit 16 Fd Coy RCE Regimental Number D-15061

# CANADIAN ACTIVE SERVICE FORCE
## ATTESTATION PAPER

01 SRA

1. Surname FISHER
2. Christian Names ROBERT
3. Present address 5487 St Urbain St Montreal, Que Canada
4. Date of birth 6 August 1921
5. Place of birth Canada (Country) Quebec (County or Province) Montreal (Town or Township)
6. Religion (state denomination) Roman Catholic.
7. Trade or Calling Steel Worker
8. Married, Widower or Single Single
9. Name of next of kin Mrs Catherine Fisher
10. Relationship Mother.
11. Address of next of kin ~~5487 St Urbain St.~~ Montreal, Que Canada *See Change*
12. Do you belong to, or have you served in the Active Militia of Canada? np
(If Yes, Give Unit and Dates of Service)
13. Have you served in (*a*) The Canadian Active Service Force? no (Yes or No)
no (If Yes, Give Regimental No. and Unit) (*b*) Any other Naval, Military, or Air Force? (Yes or No) (If Yes, specify Unit and Period of Service)
14. Did you serve during the Great War 1914-1918? no
(If Yes, specify Regimental No., Unit and Dates of Service)

## DECLARATION TO BE MADE BY MAN ON ATTESTATION

I, ROBERT FISHER do solemnly declare that the above particulars are true, and I hereby engage to serve in the Canadian Active Service Force 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 11 July 40 S Patterson Witness Robert Fisher (Signature of recruit)

## OATH TO BE TAKEN BY MAN ON ATTESTATION

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

Robert Fisher (Signature of Recruit)

## CERTIFICATE OF MAGISTRATE, JUSTICE OF THE PEACE OR ATTESTING OFFICER

The Recruit 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 recruit 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, and the said recruit has made and signed the declaration and taken the oath before me,

at Montreal, Que this 11th day of July 19 40

H W Bates Major — Signature of Magistrate, Justice or Attesting Officer.

COMMANDING No. 4 DISTRICT DEPOT, C. A. S. F. — Office or Rank and Unit or appointment.

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

FINGERPRINTED

Record of Service of FISHER (Surname) ROBERT (Christian Names) Regimental Number D- 15061

**Qualifications**

Military: no
Business or Professional: no
Trade or Civil: Steel Worker
Technical: no
Languages: English

**Educational Qualifications**

High School or Collegiate: no (years completed)
Graduation or Matriculation: no
no (specify)
*College: no
*University: no
7 Years Public Schooling
*(Name of institution, courses or years completed, and degrees obtained to be shown)

All enlisted personnel will be taken on as Private soldiers, appointments and promotions to higher rank to be shown as provided in the space below.

| Report Date | Report From whom received | Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., from date taken on Strength of Field Force | Rank Shown | Effective Date | Unit | Place | Authority Part II D.O. No. Cas. List, etc. | Authority Dated |
|---|---|---|---|---|---|---|---|---|
| 11 Jul 40 | D.R.O | Joined on appointment No 4 DISTRICT DEPOT C.A.S F | Spr | 11Jul40 | 4 DD | Montreal | 4 DD Pt II 174 | 11 Jul 40 |
| 5 Aug 40 | 4DD | Trsfd to his Unit | " | 5Aug 40 | " | " | " " 196 | 5 Aug 40 |
| ✓ 31 Aug 40 | " | T.O.S. 16th Field Coy. R.C.E. CASF | " | 6 Aug 40 | 16thFld. Coy.RCE | " | 16th.Fld.Coy.RCE Pt.11 D.O.No. 20 | 6 Aug 40 |
| 12-11-40 | 16th Fld. Coy, RCE | Trade tested Tinsmith Helper, Group C. | " | 7-10-40 | " | Debert | 16th Fld Coy, RCE Pt. 11, D.O. # 64 | 12-11-40 |
| 19-12-40 | " | Trade Tested as Carpenters Helper Class II Group "C" | " | 4-11-40 | " | " | 16th.Fld.Coy.RCE Pt II D.O. No.80 | 19-12-40 |
| 19-12-40 | " | Trade Tested as Pioneer Group II Gr. "C" | " | 4-11-40 | " | " | 16th.Fld.Coy.RCE Pt II D.O. No.80 | 19-12-40 |
| 30-12-40 | " | Proceeded on furlough | " | 29-12-40 | " | " | " 82 | 30-12-40 |
| 22-1-41 | " | Returned from furlough | " | 18-1-41 | " | " | " 8 | 22-1-41 |
| 15-3-41 | " | Awarded 5 days Confinement to Barracks under A.A.40 for Conduct to the Prejudice of good order & military discipline | " | 13-3-41 | " | " | " 27 | 15-3-41 |
| 13-4-41 | " | Proceeded on Easter Leave | " | 10-4-41 | " | " | " 36 | 13-4-41 |
| 17-4-41 | " | Returned from " " | " | 15-4-41 | " | " | " 37 | 17-4-41 |

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

1. 2. 4. 6. 7. 9. 10.

## CERTIFICATE OF MEDICAL EXAMINATION

Name in full Fisher Robert Date July 8 1940

**Part 1. Information obtained from the recruit.**

1. Age ~~19~~ 18 2. Have you ever suffered from any of the following diseases?

| | | | |
|---|---|---|---|
| a. Rheumatism | no | k. Ear disease | no |
| b. Tuberculosis | no | l. Eye disease | no |
| c. Bronchitis or asthma | no | m. Epilepsy | no |
| d. Heart disease | no | n. Nervous or mental disease | no |
| e. Kidney or bladder disease | no | o. Syphilis | no |
| f. Gastro-intestinal | no | p. Gonorrhoea | no |
| g. Rupture | no | q. Have you ever worn glasses? | no |
| h. Varicose veins | no | r. Are you now or have you in the past received disability pension or compensation? If so, give details | no |
| i. Flat or deformed feet | no | | |
| j. Nasal trouble | no | | |

Robert Fisher
Signature of Applicant

Ears normal. Reflexes normal. Heart and lungs normal. CHEST V
Col. vis. (Ishihara) C N G.E.Scharfe Capt. X RAY V

**Part 2. Information obtained by medical examination. The recruit must be stripped.**

1. Identification marks or scars. (If operative obtain history.)
1 vacc left arm.

2. Height 5 feet 9 inches. 3. Weight 175 pounds.

4. Complexion Fair Eyes Blue Hair Fair

5. Development Good (Good / Fair / Poor)

6. Chest measurement—Girth on full expansion 38 inches.
Range of expansion 4 inches.

7. Vision, right 20-20 left 20-20 8. Hearing, right WV 20 left WV 20

9. Condition of mouth and teeth Good

10. The abnormalities (congenital and pathological) found on examination are as follows

**Part 3.** We, the examiners find no evidence of the diseases mentioned in Question 2, Part 1, except as reported in the remarks. We have examined the Recruit in accordance with the pamphlet "Physical standards and Instructions for the medical examination of recruits" and he is found fit for Category A

Special remarks when category lower than A

A J McCain Capt. (President) R P Howard Lieut (Member) F. J. Queenan Lt (Member)

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

| Date | Brief details and signature | Date | Brief details and signature |
|---|---|---|---|
| 27-7-40 | ≡ TAB. 3. | | |
| " | Telanus Tox. | | |
| " | Vacc. | | |
| 23-11-40 | TET TOXOID 1cc | | |
| 24.2.41 | Recram Capt | | |

Regtl. No. D-15061 Rank Spr Surname FISHER Christian Name ROBERT

| STATION | Date of Arrival at the Station | Dates of Admission into Hospital | | | Dates of Discharge from Hospital | | | DISEASE | Number of days in Hospital | Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. | Signature of Medical Officer |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Day | Month | Year | Day | Month | Year | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | |

25 Jul 43 60/Fisher, R.A./1 (A.G.4b) 3

Summary of a Court of Inquiry held on the 21 May 43 by order of Major T.R. Murphy, O.C. 16th Cdn Fd Coy R.C.E., for the purpose of inquiring into and rendering a report on accident involving Cdn Army Vehicle CZ-4206752 8-cwt, Ford 4x2 , on charge to this unit and British Army Vehicle No. A-26397, Austin Heavy Ambulance on charge to 189 C (M) T. Coy RASC. and the subsequent injuries sustained on 14th May 1943.

PRESIDENT - Lieut. J.L. Yeats, R.C.E.

MEMBERS - Lieut. C.B. Ross R.C.E.
Lieut. S.M. Schofield, R.C.E.

All of 16th Cdn Fd Coy R.C.E.

The opinion of the court is as follows:-
1. As a result of the accident, D-15061 Spr Fisher, R.A. received injuries which will probably not interfere with his future efficiencey as a soldier. B-67145 Spr Clegg H.C. received injuries which probably will interfere with his future efficiency as a soldier.

2. All personnel in the 16th Field Company Vehicle No. CZ4206752 were on military duty at the time of the accident.

3. The 16th Fd Coy Vehicle CZ-4206752 suffered damage amounting to £18-0-0. The cost of repairs to the British Vehicle No. A26397 was not determined.

4. It appears from the evidence that the drivers of both vehicles involved in the accident were travelling at excessive rates of speed. It also appears that Pte Langmead did not take proper precautions to overtake the 11 Field Coy RCE vehicle. Further evidence shows that Spr Fisher driving the 16th Fd Coy Vehicle made no attempt to brake his vehicle when he saw the British ambulance in his path.

REMARKS BY T.R. Murphy, Major R.C.E O.C. 16th Cdn Fd Coy, R.C.E.:
"I concur".

REMARKS BY R.H. Cassidy, Lt-Col., C.R.E. 3 Cdn Div:
"Concur"

REMARKS BY JAD CRAIG Major A/AA & QMG, for and by the direction of: KG BLACKADER Brigadier, A/GOC, 3 Cdn Div:
"I concur in the findings of the Court. Therefore as Spr Fisher R A was partially responsible for the collision he was to the same degree responsible for his injury. However, B.67145 Spr Clegg, H C being a passenger was in no way responsible for the injuries he received." (24 Jun 43)

P.T.O.

REMARKS BY JAD CRAIG Major A/AA & QMG for and by the direction of KG BLACKADER Brigadier, A/G.O.C. 3 Cdn Inf Div.:
"I do not entirely concur with the opinion of the Court in respect to para 4.

(a) The evidence does not conclusively show that the two vehs were travelling at excessive rates of speed. The evidence particularly of Ptes Longmead, J.T. and Miller, Y.A. judging the speed of an approaching veh from their own moving veh is not reliable.

(b) Pte Longmead does not state when she saw Fishers veh.

(c) The question of braking the veh against swerving off the road to avoid a head on collision is a matter of split second judgment. Fisher did take action to avoid a head on collision. The unsettled question is how much time did Fisher have if the English amb turned out.

The prime cause of the accident from the evidence indicates that W105096 Pte Longmead J.A. a member of the A.T.S. did not take proper precautions to ensure the rd was clear. The evidence does not confirm "improper conduct" on the part of Spr Fisher, R.A. B.67145 Spr Clegg, H.C. being a passenger was in no way responsible for the injuries he received." (27 Jun 43)

REMARKS BY John S Adam, Major D.A.A.G. By direction for GOC 1 Cdn Corps:
"There is no evidence of improper conduct within the meaning of Overseas RO. 2022 and 3275 on the part of Spr Fisher R.A. and Spr Clegg, H.C. The direction for the disposal of the cost of repairs has been submitted on Road Accident Report". (1 Jul 43)

Original to Officer i/c Records C.M.H.Q.

Refer to folio 51 on 18/Pers/1

APPROVED:

See Road Accident Report submitted direct by 3 Cdn Div. There is no evidence of "Improper Conduct" on the part of Spr Fisher within the meaning of Overseas RO 2022 and 3275

22 Sep 43.

(John S Adam) Major
DAAG
By direction for GOC -- 1 Cdn Corps

Concur,

I concur with the findings of the Court that both drivers should be held to blame for the accident in that a greater degree of caution should have been taken. The driver of the Cdn WD Veh D-15061 Spr Fisher R was on duty. He was placed under stoppages of pay in the amount of £1-0-0.

~~(E A COTE) Lt-Col~~, A/ AA & QMG,
for and by direction of:
(RFL KELLER) Major-General,
GOC 3 Cdn Inf Div

10 Sep 43

PRESIDENT

J.L. Yeats Lieut
Lieut, RCE
J.L. Yeats, Lieut, R.C.E.
16th Cdn Fd Coy, R.C.E.

MEMBERS

C.B. Ross
Lieut, R.C.E
C.B. Ross, Lieut, R.C.E.
16th Cdn Fd Coy, R.C.E.

S.M. Schofield, Lieut
Lieut, R.C.E
~~E.M. Peto~~, R.C.E.
16th Cdn Fd Coy, R.C.E.

I Concur.

T.R. Murphy
T.R. Murphy, Major, R.C.E.
O.C. 16th Cdn Fd Coy, R.C.E.

Concur,
Roll J Carey
DAAG

I concur with the findings of the Court that both drivers should be held to blame for the accident in that a greater degree of caution should have been taken. The driver of the Cdn WD Veh D-15061 Spr Fisher R was on duty. He was placed under stoppages of pay in the amount of £1-0-0.

A Macdonald major DAAG&QMG
~~(E A COTE) Lt-Col~~, A/ AA & QMG,
for and by direction of:
(RFL KELLER) Major-General,
GOC 3 Cdn Inf Div

10 Sep 43

REPORT

The opinion of the Court is as follows:-

1. As a result of the accident, D-15061 Spr. Fisher R.A. received injuries which will probably not interfere with his future efficiency as a soldier. B-67145 Spr. Clagg H.C. received injuries which probably will interfere with his future efficiency as a soldier.

2. All personnel in the 16th Field Company Vehicle No. CZ4206752 were on military duty at the time of the accident.

3. The 16th Fd Coy Vehicle CZ-4206752 suffered damage amounting to £18-0-0. The cost of repairs to the British Vehicle No.426397 was not determined.

4. It appears from the evidence that the drivers of both vehicles involved in the accident were travelling at excessive rates of speed. It also appears that Pte. Langmead did not take proper precautions to ensure that the road was clear before attempting to overtake the 16th Field Coy RCE vehicle. Further evidence shows that Spr. Fisher driving the 16th Fd Coy vehicle made no attempt to brake his vehicle when he saw the British ambulance in his path.

# REPORT ON WOUNDS OR OTHER INJURIES, EXCEPT ON WOUNDS RECEIVED IN ACTION

No. D15061 Rank Spr. Name Fisher R.A.

Unit 16th Cdn Fd Coy RCE was reported on the 14th May 19 43

suffering from Contusion nose and Right Shoulder, laceration upper lip

The disability is of a minor nature, and in all probability will not interfere with his future efficiency as a soldier.

*Here insert "claims" or "does not claim."

He * claims that he was in the performance of military duty at the time of the accident.

(If the soldier makes no claim that he was on duty at the time, the certificate below should be signed by him).

STATION In the Field

A.B. Wilkes Capt. RAMC
Medical Officer in charge

DATE 14th May, 1943

## CERTIFICATE TO BE SIGNED BY SOLDIER

I, D15-061 Spr. Fisher R.A. hereby declare that the injury sustained by me on the 14th May, 1943 did ~~not~~ occur while I was in the performance of military duty.

R.A. Fisher
Soldier's Signature

STATION In the Field

A.B. Wilkes Capt. RAMC
Signature of Medical Officer

DATE 14th May, 1943

## CERTIFICATE OF COMMANDING OFFICER

(This certificate will be completed only in case of trivial injury where the soldier claims to have been injured while on duty).

†Here insert "occurred" or "did not occur."

I certify that the injury to the above named soldier † occurred while he was in the performance of military duty.

‡If "on duty," the nature of the duty should be stated, and whether the soldier was in any way to blame. The date of the injury and the place where it occurred should also be stated.

‡ He was driving 8-cwt vehicle C2-4206752 on exercise "Curly Kale" and at the time of the accident on May 14, 1943 was proceeding to the scene of operations at which his platoon was. Accident occurred 223804 A Court of Inquiry is being held to investigate this accident.

The soldier has been so informed.

DATE 30 May, 1943

STATION In the Field

A.B. Buckley Major, RCE
Commanding O.C. 16th Fd Coy, R.C.E.

M. F. B. 371
50M—10-39 (2331)
H.Q. 1772-39-164

405-F-4285
(Records 3)

August 7th, 1946.

Mrs. Catherine Fisher,
5639 Waverley St.,
Montreal 14, P.Q.

D-15061 Spr. FISHER, Robert

Dear Madam:

I am directed to forward to you a Certificate to denote that your son was mentioned in despatches for distinguished service and that His Majesty the King has recorded his high appreciation of the services rendered.

The Honourable the Minister of National Defence expresses his sincere regret that your son did not survive to receive the award so gallantly earned.

Would you please acknowledge receipt at your early convenience.

Yours truly,

(A.C. Chadwick) Major,
for Director of Records,
for Adjutant-General.

MV

DESP. AUG 8 1946
REGN No. 10801

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: Robert (CHRISTIAN NAMES) FISHER (SURNAME)

REGISTER NO. D-20110
FILE NO. 405-F-4285
DATE 26-2-46
SERVICE NO. D-15061
FINAL RANK OR RATING Spr.
DATE OF DISCHARGE 6-10-44

PAYEE Mrs. Catherine FISHER,
ADDRESS 5639 Waverley St.,
Montreal (14) P.Q.

DATE OF TERMINATION OF OVERSEAS SERVICE 6-10-44

| | | $ ¢ |
|---|---|---|
| A. TOTAL QUALIFYING SERVICE | | |
| 1530 NO. OF DAYS 1538/30 EQUAL TO 51 COMPLETE PERIODS AT $7.50 | | 382.50 |
| B. QUALIFYING OVERSEAS SERVICE | | |
| No. of Days 1192 LESS 8 INELIGIBLE DAYS, EQUAL TO 1184 DAYS @ 25c. PER DAY | | 296.00 |
| | | 678.50 |
| C. SUPPLEMENT FOR OVERSEAS SERVICE | | |
| DAILY RATES AT DISCHARGE | | |
| PAY | $ 1.50 | |
| SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE | $ 1.25 | |
| ADDITIONAL PAY | $ .25 | |
| | $ | |
| | $ | |
| DEPENDENTS' ALLOWANCE 1/30 OF $ | $ | |
| TOTAL | $ 3.00 X7 = $ 21.00 | |
| NO. OF DAYS 1192/183 | X $ 21.00 | 136.79 |
| D. WAR SERVICE GRATUITY | | 815.29 |
| E. DEDUCTIONS OVERPAYMENT OF PAY AND ALLOWANCES | $ | |
| DEPENDENTS' ALLOWANCE AND ASSIGNED PAY | $ | |
| OTHER DEDUCTIONS | $ | |
| F. TOTAL AMOUNT PAYABLE | | 815.29 |

G. YOUR PORTION OF GRATUITY IS— 100%

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

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

△T

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

| PREPARED BY | CHECKED BY |
|---|---|
| KRK | |

TREASURY

| CHECKED BY | DATE |
|---|---|
| G. Petitclerc. | 1/3/46 |

SERVICE REPRESENTATIVE

# COMPUTATION OF WAR SERVICE GRATUITY

MEMBER'S NAME ROBERT FISHER. (Christian Names) (Surname) — Register No. D20110

PAYEE'S NAME MRS CATHERINE FISHER (Christian Names) (Surname) — File No. 405-F-4285

ADDRESS 5639 WAVERLEY ST. MONTREAL 14 — P.Q. — Date 22-2-46

DATE OF TERMINATION OF OVERSEAS SERVICE 6-10-44 — Service No. D15061

Final Rank SPR — Date of Discharge 6-10-44

| | AMOUNT $ | c |
|---|---|---|
| *A.* TOTAL QUALIFYING SERVICE<br>No. of day 1538 / 30 = 51 Periods @ $7.50 | 382 | 50 |
| *B.* QUALIFYING OVERSEAS SERVICE<br>No. of days 1192 less 8 Ineligible days,<br>equal 1184 Days @ 25c. per day | 296 | 00 |
| *C.* SUPPLEMENT FOR OVERSEAS SERVICE | 678 | 50 |
| Daily Rate of Pay $ 1.50 | | |
| Subsistence Allowance $ 1.25 | | |
| Additional Pay $ 25 | | |
| Dependents' Allowance 1/30 $ ✓ $ ✓ | | |
| TOTAL $ 3.00 × 7 = $ 21.00 | | |
| No. of Days 1192 / 183 × $ 21.00 | 136 | 79 |
| *D.* WAR SERVICE GRATUITY | 815 | 29 |
| Computed By Isates | | |
| *E.* DEDUCTIONS<br>Overpayment of<br>(1) Pay & Allowance $<br>(2) D.A. & A.P. $<br>Other Deductions $ | | |
| Entered By JGW | | |
| *F.* AMOUNT PAYABLE<br>(This amount is payable in .....monthly instalments of $.....each) | 815 | 29 |

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

$..... × 30 = $.....

REMARKS

100M—9-45 (8069)
H.Q. 1764-81-3

COPY ONLY

Mrs. Catherine Fisher,
5639 Waverley St.,
Montreal 14,
Quebec.

February 2, 1946.

Dear Sirs:-

I am hereby applying for some information regardint the gratuity of my tow sons who were killed in action, OVERSEAS, during the year, 1944.

Their names and (last know) addresses are as follows:-

(1)

D-137146 Rfn. FISHER, J. P.
1st Btn., "B" Coy. #1 C.B.R.D.,
British North African Forces,
Canadian Army Overseas.

Killed:- FEBRUARY 28, 1944.

(2)

D-15061 Spr. FISHER, R. A.,
16th Field Company,
3rd Canadian Division, R. C. E.,
B.W.E.F., Can. Army Overseas.
France.

Killed:- OCTOBER 6, 1944.

Original in Ottawa

Thanking you in advance and hoping to hear from you soon,
I remain,

Yours very truly,

(Signed) Mrs. Catherine Fisher(Mother)

1886

FORM NO. 1

Register No. C D. 1721 Nominal Roll No. D. 587

H.Q. File No. 405-F-4285

To: P.M.G.

**CANADIAN ARMY (ACTIVE)**

**Computation of Service**

WAR SERVICE GRANT

| Regt. No. | Rank when S.O.S. | Surname | Christian Name in Full |
|---|---|---|---|
| D-150611 | 1SPR. | FISHER | ROBERT. |

REASON FOR TERMINATION OF SERVICE:

1st Enlistment KILLED IN ACTION CARO ( )

2nd Enlistment CARO ( )

3rd Enlistment CARO ( )

**Total Service**

| 1ST ENLISTMENT | 2ND ENLISTMENT | 3RD ENLISTMENT |
|---|---|---|
| T.O.S. 11 JULY 40 | T.O.S. | T.O.S. |
| S.O.S. 6 OCT 44 MD 7S | S.O.S. nil - MD | S.O.S. MD |
| Total Days 1549 | Total Days | Total Days |

**Total Service** 1549 DAYS

| —— | Total Service | Less Non-qualifying Service | Net Service |
|---|---|---|---|
| **Western Hemisphere** | 346 | NIL | 346 |
| **Overseas Service** | 1203 | 11 | 1192 |
| Totals | 1549 | 11 | 1538 |
| Add Non-qualifying Service | | | 11 |
| **Total Service** | | | 1549 |

EMBARKATION DETAILS:

1. Date S.O.S. Overseas 6 OCT 44 2. Date S.O.S. Overseas

REMARKS:

KILLED IN ACTION 6 OCT 44

Computer's Signature A.H. Thomas

Checker's Signature Lt Reamsbey Sgt

Date Computed 9 May 45+

all Doc's show above dates. T.O.S. + S.O.S. Sgt

CERTIFIED that entitlement to benefits under the War Service Grants Act, 1944, has been established, based on service shown herein.

C. L. LAURIN,
Colonel,
DIRECTOR OF RECORDS.

500M—11-44 (6012)
H.Q. 1772-45-8

## Details of Non-Qualifying Service

**Western Hemisphere—**

| Forfeits for | From | To | Effective Date | Days | Total |
|---|---|---|---|---|---|
| | | | | | |

Total NIL

**Overseas:** T.O.S. 22 JUN 41 T.O.S. T.O.S.

S.O.S. 6 OCT 44 S.O.S. S.O.S.

| | | | | | |
|---|---|---|---|---|---|
| FORFEITS | AA 40 - CARO 2084 | | 6 MAY 42 | 7 | 7 |
| AWL | FR 9 149 (1) | AR 15-6 | 26 JULY 43 | 1 | 1 |
| FORFEITS | FR 9 149 (2) | | 7 MAR 44 | 3 | 3 |

Total 11

CASUALTIES ONLY
For purpose of W.S.G.
Casualities include death
subsequent to discharge.

Register No. C.D. 1721

File No. 405-F-4285

WAR SERVICE GRANTS ACT 1944

Ottawa 8th February, 1946

To: Chief Treasury Officer,
Dependents' Allowance and Assigned Pay Branch

Service No. D-15061

Name Robert, (Christian Name) Fisher, (Surname)

Please supply the following information in respect of the marginally named at the time of his discharge or death and return this form in duplicate along with the file to the undersigned.

K. W. Rice

(K. W. RICE) Captain,
for Paymaster-General.

| | Name | Amount |
|---|---|---|
| Names, address and relationship of persons in receipt of D.A. and amount of monthly award. | Nil | $ Nil |
| If no D.A. in issue, list names, address and relationship of persons in receipt of A.P. who may be classed as Dependents under W.S.G. Act, 1944, and amount of monthly assignment. | Mrs Catherine Fisher | 2000 |
| Names, address and relationship of persons to whom assigned pay was continued by supplementary award after death. | | |
| Amount of overpayment of dependents' allowance and/or assigned pay deductible from the War Service Gratuity and name of person to whom paid. | | |

Nil

L Bedard

13/2 1946

For Chief Treasury Officer,
D.A. & A.P. Branch

C.T.O., D.A.&.A.P.

Overpayments of D.A. and/or A.P. recovered from W.S.G. $ _____

_____ 194__

_____
for C.T.O.

403-F-4285

P.A.

RECORDS OFFICE OVERSEAS.

CANADIAN MILITARY HEADQUARTERS.

GRAVES REGISTRATION CARD. /K

NAME FISHER, Robert

RANK Spr.

UNIT 16 Field Coy., R.C.E.

PLACE & DATE OF BIRTH 6 Aug 1921
MONTREAL, Quebec.

REGIMENTAL NO D-15061

NEXT OF KIN & ADDRESS Mother:
Catherine FISHER, 5639 Waverley St.,
MONTREAL, Quebec.

PARTICULARS OF HOSPITALISATION

DATE OF ADMISSION

NAME & LOCATION OF HOSPITAL

DIAGNOSIS

PARTICULARS OF DEATH

DATE OF DEATH 6 Oct 44

PLACE OF DEATH BELGIUM

HRS

CAUSE OF DEATH KILLED

PARTICULARS OF BURIAL

DATE OF BURIAL 20 OCT 44

CEMETERY Belgium, Leopold Canal
009017 on top of dyke sh 21/31.
1/50,000.

PLOT NO ROW GRAVE

DEATH CERT.NO

RELIGION Roman Catholic

DATE 20 OCT 45

(M. BLUTEAU) Capt.,
for COLONEL,
O i/c Records,
CANADIAN MILITARY HEADQUARTERS.

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

# DISTRIBUTION OF SERVICE ESTATES

ARMY

IM Estates Form "P. 4"

Name: FISHER (Surname) Robert (Christian Names) No.: D-15061

SPR. (Rank) C.A. O/S4 (Unit) 6-10-44 (Date of Death)

## AMOUNT

L. P. C. ..... $ 257.15

Date: 20-7-45

Other Credits .....

Total ..... 257.15

| SHARE | RELATIONSHIP | NAME AND ADDRESS | AMOUNT |
|---|---|---|---|
| All | Mother | Mrs. Catherine Fisher<br>5639 Waverley St.,<br>MONTREAL, P.Q.<br><br>(Sole beneficiary under will) | 257.15 |

P4. TO TREAS. 14-9-45, 9 A.M.

AUTHORITY

| H.Q. F.E. No. | VOTE | PRI | H.Q. SUB. | OBJ. | AMOUNT |
|---|---|---|---|---|---|
| 9999 | 731 | 00 | 00 | 001 | 257.15 |

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

75M—2-45 (6771)
H.Q. 1772-80-2

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

# CANADIAN ACTIVE SERVICE FORCE

District.....

## OVERSEAS

Dispersal Area.....

# LAST PAY CERTIFICATE

## (All Ranks)

Regtl No. D15061 Rank and Name FISHER. R. Spr.

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

(Transfer or Discharge).....to.....on 6th. October. 19 44.

Reason Death Authority : C.C.L."A" 503 d/20th Oct.44.

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

| Dr | | | | Cr | | |
|---|---|---|---|---|---|---|
| Particulars | Amount | | | Particulars | Amount | |
| Balance Dr from last account | | | | Balance Cr from last account | 219 | 85 |
| First Monthly Payment | | | | Regimental Pay 31 days at $1.50 | 46 | 50 |
| Casual Payments | | | | Tradesmen's Pay 31 days at $ .25¢ | 7 | 75 |
| Payments on Transfer or Discharge | | | | Additional Pay (Give Particulars) ..... days at $ | | |
| Assigned Pay | 20 | 00 | | | | |
| Regimental Charges | | | | Allowances (give particulars) ..... days at $ | | |
| Public Stoppages (give particulars) : | | | | | | |
| | | | | Def. Pay Interest | 3 | 05 |
| To Balance Cr Free | 153 | 15 | | | | |
| To Balance Cr Deferred | 104 | 00 | | By Balance Dr | | |
| Total | 277 | 15 | | Total | 277 | 15 |

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

Remarks

Assnd Pay $20.00 (M) Stopped eff November.1944.

ESTATES BRANCH
MAY 17 1945
E. Q.
OTTAWA
NATIONAL DEFENCE

Compiled by C. Sanderson.

Checked by J. Fulford

Date 28th. April. 1945. 19

Certified correct D. A. Fowler
for Chief Treasury Officer, Overseas

MW.

COPY SLG

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..... FISHER ROBERT
(Surname first—Christian names in full—Block capitals)

(2) Regimental or Official Number and Rank..... D-15061 Sapper

(3) Unit..... 16 Fd. Coy RCE CASF

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

(*a*) Full name of your wife.....

(*b*) Present postal address of wife.....

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

.....

(7) Are you a widower?..... No

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

Names and ages.....

.....

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

.....

.....

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

Name.....

Postal Address.....

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

If so, state her full name and postal address.....

.....

.....

[SEE OTHER SIDE]

(11) Is your father alive? Yes ..... If so state name and address, occupation John Fisher .....
(Fireman C.P.R.) 5487 St. Urbain St., Montreal, Que. Canada .....

(12) If your father is a widower and is totally incapacitated from earning a living—are you his sole or partial support? No .....

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

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

(14) Is your mother alive? Yes ..... If so, state name and address Mrs. Catherine Fisher .....
5487 St. Urbain St., Montreal, Que. .....

(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 .....

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

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

Relationship .....

Full Name .....

Postal Address .....

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

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

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

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

Date 11 July, 1940. ..... Robert Fisher .....
(Signature of officer or man)

---

H. E. Bates, Major .....

Date 11 July, 1940. ..... Officer Commanding No. 4 District Depot C.A.S.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.)

H.Q. 405-F-4285 D.R. 2(D)

2nd January, 1946.

Mrs. Catherine Fisher,
5639 Waverley Street,
Montreal 14, Que.

Dear Madam:

Information has just been received from overseas that the remains of your son, D15061 Sapper Robert Fisher, have been carefully exhumed from the original place of interment and reverently reburied in grave 3, row D, plot 5, of Adegem Canadian Military Cemetery, Adegem, Belgium. Marked map is enclosed. This is a recognized military burial ground and will receive care and maintenance in perpetuity.

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

Yours faithfully,

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

9.8.

/EFH

# BATTLE CASUALTY
## CASUALTY SECTION EXTRACT FORM

This Space is for the **RED X** See Below

Message Received from .....21/CAS/4664.....

.....

Time Message Received.....

Date Message Received.....15 OCT.....

Theatre **AEF**

| Regimental No. | Rank | Name | Full Christian Names |
|---|---|---|---|
| D 15061 | SPR | FISHER | ROBERT |

Unit.....16 FD COY RCE.....

SERIAL 718

"A" 503

CASUALTY PARTICULARS

KILLED 6 OCT 44

Hospital Admitted To.....Date.....

Hospital Transferred To.....Date.....

Hospital Transferred To.....Date.....

Hospital Discharged From.....Date.....

IMPORTANT—Always Give Full Address and Relationship of all Next of Kin—IN PLAIN CLEAR PRINTING

Next of Kin CATHERINE FISHER Relationship MOTHER

5639 WAVERLEY ST.

MONTREAL QUE

CAN.

Home Town SAME

Cable No. 2286A

Inland Tel. No. .....

NOTE: If the Next of Kin resides in the British Isles or U.S.A. MARK RED X in UPPER LEFT HAND SQUARE

IMPORTANT

M126 M-12

Verification Clerks Signature

21

4/20A CFA 48 40/P & S/1568 (6847)

405-J-4285

# FIELD SERVICE

9/31B Army Form B. 2090A. 40/P & S/2551 (5504)

**REPORT of Death of an Officer or a Soldier to be forwarded to the War Office with the least possible delay after receipt of notification of death. See Table II, Appendix III, Field Service Regulations, Vol. I.**

REGIMENT OR CORPS: 16 Cdn Fd Coy RCE — Squadron, Troop Battery or Company: .....

Officer's Personal No. (if known) Soldier's Army No.: D15061 — Rank: Spr.

Surname: Fisher. — Christian Names: R.

Died — Date: 6 Oct 44 — Place: Belguim

Cause of Death*: Killed.

Nature and Date of Report: A.F.W. 3014/141 — 18 Oct 44

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

* Specially state if killed in action, or died from wounds received in action, or from illness due to field operations or to fatigue, privation or exposure while on military duty, or from injury while on military duty.

Burial — Place: Belguim Leopold Canal 009017 on top of dyke — Date: 20 Oct 44

21/31 1/50 000

By whom reported: Capt. E. Sim. 16 Cdn Fd Coy RCE

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

(b) as a separate document: Not Received

All private documents and effects received from the front or hospital, as well as A. B. 64, should be examined, and if any will is found it should be at once forwarded to the War Office.

Any report received as to verbal expressions by a deceased officer or soldier of his wishes as to the disposal of his estate should be forwarded to the War Office at once, supported by a certified statement of the person who actually received the information.

In the case of a soldier a duplicate of this report is to be sent to the Paymaster at the Base, together with the deceased's A. B. 64 (after withdrawal of any will from the latter), for transmission to the Paymaster who compiles the soldier's account.

Station and Date: Belguim 31 Oct 44

Signature of Officer in charge of Section Adjutant-General's Office at the Base: Eric G. Robb Capt.

for Officer i/c

Cdn Sec GHQ 2nd Ech 21 A Gp.

FORM 6

# DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not write in this space

**1. PLACE OF DEATH** — Municipal county: IN THE FIELD(Belgium) — 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: FISHER (Block letters)

Given names: Robert

**4. RESIDENCE**

Street: 5487 No.

Official name of civil municipality or township: St. Urbain St. 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: August (Month) 8th (Day) 1921 (Year)

| 12. AGE OF DECEASED | Years | Months | Days | If less than one day old |
|---|---|---|---|---|
| | 23 | | | ....hrs. or....min. |

**OCCUPATION**

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

**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 | John Fisher | Que. |
| MOTHER (Maiden Name) | | |

**19.** Place of burial, cremation or removal: Belgium

**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: 9 (Month) (Day) ....19.... (Year)

Do not write in this space

## CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

**22.** Date of death: October (Month) 6th (Day) 1944 (Year)

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

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

### 24. CAUSE OF DEATH

**I**

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

due to

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

due to

(c)....

**II**

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

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

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

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

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

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

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

Manner of injury....
(How sustained)

Nature of injury....

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

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

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

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

C. Gauvin L.S.

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

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

**(Voir l'autre côté pour le français)**

OVERSEAS CASUALTY CANADIAN ARMY

MAY 12 1945

Director of Records Dept. of Nat'l Defence

H.Q. 405-F-4285

(12)

## HONOURS AND AWARDS

Regt.No. R-15061 Rank Spr.
(at time of award)

Name Robert F. I. SMITH

Unit R.C.E.
(at time of award)

Awarded Mention in Despatches

Authority G.G. #13 dy 31-3-45

Director of Records
A. G. Branch.
APR 9 1945
Nat. Defence Hqr
Ottawa, - Canada.

I/c Honours & Awards.

H.A.98

11

11th November, 1944.

Mrs. Catherine Fisher,
5639 Waverley Street,
Montreal 14, Quebec.

Dear Mrs. Fisher:

It was with deep regret that I learned of the death of your son, D15061 Sapper Robert Fisher, who gave his life in the Service of his Country in the Western European Theatre of War on the 6th day of October, 1944.

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

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

We pay tribute to the sacrifice he so bravely made.

Yours sincerely,

A. E. WALFORD
Major-General
Adjutant-General

NOV 7 1944

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

Mem x- Mother
22-11-44.

/EMA

12

# OFFICIAL CANADIAN ARMY CASUALTY NOTIFICATION

NUMBER D-15061 RANK Spr. SERVICE UNIT R.C.E. (

NAME FISHER, Robert

DATE OF BIRTH
DAY 6th MONTH August YEAR 1921 Enlisted: 11-7-40

MARITAL STATUS Single Religion: Roman Catholic

NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 RELATIONSHIP Mother
ADDRESS 5639 Waverley St., Montreal 14, Que.
NAME ADDRESS D.A.B. Mrs. Catherine Fisher

ADDITIONAL PERSON TO BE NOTIFIED ADDRESS

PARENTS NAME
ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. 2286A H.Q.405-F-4285
CASUALTY DETAILS Killed in action DATE 6-10-44

FRANCE

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

M.F.M.5. ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO S/L 686 O/S with 16 Fd. Coy. R.C.E.

DATE 3-11-44

OFFICER I/C RECORDS

P&P 5 Gen.

COPY FOR C.R. FILE

5639 Waverley St.
Montreal Que
Can. Jan 8 [illegible]
5-45-70
Jno B. Fisher

Dear Sir

Can you furnish me
any information as to how or
where the above address of my
Son is now posted at present.
He is one of three of my boys at
present in England.

No 2-33907 Kindly book for
300 Cigarettes ordered and paid for
Rec'd 13-41 from W. C. MacDonald Inc
Mrs. John Fisher

Sheet No.....

# POSTINGS FROM O/S CASUALTY LISTS

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

Regt'l No. D-15061 Rank Spr Surname Fisher Christian Name Robert.

| Unit | Hospt. | Admitted | | | Discharged | | | Hospt. Days | Disease or Injury | Remarks | Cas. List No. |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Day | Mo. | Year | Day | Mo. | Year | | | | |
| 1 Corps R.U. | 2 Con Gen. | 22 | 11 | 43 | 4 | 12 | 43 | 12. | Non Spec. Penile Ulcer | | C-1219 |
| | | | | | | | | | NYD. | | C-1217 |
| 16 Field Coy RCE. | " | | | | | | | | Killed 6-10-44 | | A 503 |

Records B3-49
H.Q. 1772-45-8
100M—5-43 (9999)

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

# WILL

M.F.M. 10
60M—3-40 (4386)
H.Q. 1772-39-1656

(1) I, ROBERT FISHER (Name in Full), of the City (City, Town, Village, Township)

Address in civil life.

of Montreal, in the County District of ,

Province of Quebec, Steel Worker (Civil Occupation)

Regimental No. 15061, Unit 16 fd Coy RCE CASF do hereby revoke all former Wills by me made and declare this to be my LAST WILL.

RF

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

(2) I GIVE, DEVISE AND BEQUEATH unto "my mother" Mrs Catherine Fisher residing at 5487 St Urbain St. Montreal Quebec Canada, my entire estate.

RF

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

(4) I appoint
(Name) (Address)

, to be the Executor / Executrix of this my Last Will.
(Civil Occupaton)

IN WITNESS WHEREOF I have hereunto set my hand this 11 day of July

19 40

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.

Robert Fisher
(Signature of soldier)

First witness sign here.

(5) Signature George Roberts Pte.

Civil Address C.M.C.A. Drummond St. Montreal, Que.

Civil Occupation Driver.

Second witness sign here.

Signature J. A. Warren Sgt.

Civil Address 8034 St. Denis St. Montreal Que.

Civil Occupation Clerk.

(Witnesses are not to be beneficiaries.)

[OVER]

# THE CANADIAN PENSION COMMISSION

## MEMORANDUM

To.....Pension Medical Examiner,....MONTREAL

From.....Head Office.....

.....Ottawa,...November 15th, 1944.....

D-15061 Spr. FISHER, Robert

P. & N. H.600-R

The Department of National Defence, Army

officially reports that the marginally named was reported -

Killed in Action

on the 6th Oct., 1944 on service Overseas.

His next of kin is reported as - Mother -
Mrs. Catherine Fisher,
5639 Waverley St.,
Montreal 14, Que.

The Addressograph Stencil shows payment of Assigned Pay of

$ 20.00 a month to -
Mrs. Catherine Fisher,
5639 Waverley St.,
Montreal, P.Q.

As no D.A. was payable the Commission will not take any action unless a claim is filed.

/FD

E. Clewes,
for
Canadian Pension Commission.

C.P.C. - C.N. 2 25M-11-44 Req 1145

Statement of the Service of No. D-15061 Rank SAPPER Sheet No. 2

M.F.M. 1 & 2 (a)
700 M—8-39 (1697)
H.Q. 1772-45-18

Name ROBERT FISHER

| REPORT Date | REPORT From whom received | Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2) | Rank Shown | Effective Date | Unit | Place | Authority Part II D.O. No. Cas. List, etc. | Authority Dated |
|---|---|---|---|---|---|---|---|---|
| 31-5-41 | 16th.Fld. Coy.RCE | Proceeded on Special Leave | Spr. | 31-5-41 | 16th.Fld Coy.RCE | Debert | 16th.Fld.Coy.RCE Pt.II D.O. 51 | 31-5-41 |
| 7-6-41 | " | Returned from " " | " | 4-6-41 | " | " | " 53 | 7-6-41 |
| 5-7-41 | " | S.O.S. C.A. (e) on ends of Relief on 21 June 1941 C.A. (e) 1 July 41 elsewhere Gourock Pond is 105 22 June 1941 | " | 22-6-41 | " | | " #61 | 5-7-41 |
| 3116 | | Landing leave to 2 Aug 41 w.w. | Spr. | 28 July 41 | 16th Fld Coy | U.K. | D.O #7 | 15 aug 41 |
| — | | Attd. to 569 Army Troop Coy R.E. for rats & grits | Spr | 24 nov 41 | 16 Fld Coy | UK | Do 26 | 30 nov 41 |
| 183-3 | | Ceases to be attd. to 569 Army Troop Coy R.E. | Spr | 18 dec 41 | 16 Fld Coy | UK | Do 31 | 31 dec 41 |
| 403 | | P/Leave 1 w.w. to 7 Jan. 42 | Spr | 31 dec 41 | 16 Fld Coy | UK | Do 3 | 16 Jan 42 |
| 1 | | P/leave to 16 Apr 42 7.7.45. | Spr | 9 Apr 42 | 16 Fd Coy | UK | 18 | 20 Apr 42 |
| — | | AA Sec 40 Awd 4 days FP for 3 days pay 7R3 149 | Spr | 6 May 42 | 16 Fld Coy | UK. | 21 | 12 |
| 4 | | P/leave to 10 July 42. | Spr. | 3 July 42 | 16 Fld Coy | UK. | 31. | 23 July 42. |
| address N-S-K. now. | | 5639 Waverley St. Montreal Canada | Spr. | | 16 Fld Coy | UK. | 36. | 27 Aug 42 |
| | | Qualified Driver (C (Wheeled) 11 | Spr. | 26 Aug 42 | 16 Fld Coy | UK. | 37. | 3 Sept 42. |
| | | Proc. on Junior leaders Course and. and qtd & fwd to ERD | Spr. | 4 Sept 42 | 16 Fd Coy | UK. | 39 | 17 Sept 42. |
| | | Returned from above Course | spr | 26 Sep 42 | 16 Fd Coy | UK | 41 | 30 Sep 42 |
| | | Awarded "Q 11" CMH & horse q | Sgt | 29 Sept 42 | 16 Fd Coy | UK. | HH | 24 Oct 42 |
| | | 12 days P leave To 7 Mar 43 | Sgt | 27 Oct 42 | 16 Fd Coy | UK | H4 | 11 Mar 43. |
| | | 10 days P leave To 6 Feb 43 | Sgt | 24 Jan 43 | 16 Fd Coy | UK. | 6 | 11 Feb 43 |
| ✓ | | 6 Mth Brt Serv Pay $1.75 Pioneer "c" | Spr. | 1 Jan 43. | 16 Fd Coy | UK. | 13 | 29 Mar 43 |
| | | AA (15)1, 3 days C.B. Forfeits 1 days pay | Spr | 26 July 43 | 16 Fld Coy | UK | 32 | 5 Aug 43 |

Statement of the Service of No. D 15061 Rank ..... Sheet No. .....

Name Fisher K.

M.F.M. 1 & 2 (a)
709 M—8-39 (1697)
H.Q. 1772-45-18

| REPORT Date | REPORT From whom received | Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2) | Rank Shown | Effective Date | Unit | Place | Authority Part II D.O. No. Cas. List, etc. | Authority Dated |
|---|---|---|---|---|---|---|---|---|
| Cancelled by DO 4 7- 18 Nov 43 | | ~~Mus Shtg of Hosp to 1 Manage to (Pioneer "C")~~ ~~Pte to Retain~~ | ~~Spr~~ | ~~31 Aug 43~~ | ~~16 Fld Coy~~ | ~~UK~~ | ~~35~~ | ~~1 Sept 43~~ |
| C4 SOS | | SOS to 1 C.E.R.U. on adm to Hosp (Pioneer "C") | Spr | 22 Nov 43 | 16 Fld Coy | UK | 49 | 30 Nov 43. |
| C4 | TOS | TOS from 16 Fld Coy RCE on adm to Hosp | Spr | 23 Nov 43 | ERU | UK | 286 | 29 Nov 43. |
| C4 | | Admitted to 22 Can Fld Amb | Spr | 22 Nov 43 | 16 Fld Coy | UK | 49 | 30 Nov 43. |
| C4 | | Removed from 22 Fld Amb to 2 Gen Hosp (Pioneer "C") | Spr | 22 Nov 43 | 16 Fld Coy | UK | 49 | 30 Nov 43. |
| C4 | | Discharged from 2 Gen Hosp | Spr | 4 Dec 43 | ERU | UK | 292 | 6 Dec 43. |
| C4 | | Failed to Qualify as Carpenter | Spr | 7 Dec 43 | ERU | UK | 296 | 10 Dec 43. |
| SOS C4 | | SOS to 23 Fld Coy RCE (Pioneer "C") | Spr | 16 Dec 43 | ERU | UK | 301 | 16 Dec 43. |
| C4 | TOS | TOS from 1 CERU (Pioneer "C") | Spr | 17 Dec 43 | 23 Fld Coy | UK | 17 | 24 Dec 43. |
| SOS | C28. | SOS to 16 Fd Coy Pioneer C. | Spr. | 31 Dec 43 | 23 Fd Coy | UK | 1 | 7 Jan 44. |
| TOS | C4 | TOS from 23 Fld Coy RCE (Pioneer "C") | Spr | 1 Jan 44 | 16 Fld Coy | UK | 2 | 13 Jan 44 |
| | | AWARDED THE CANADIAN VOLUNTEER SERVICE MEDAL AND CLASP | | | | | | |
| (W.118) | | Awd 3 days pay 3 days CB. AH 40 | Spr. | 7 Mar 44 | 16 Fd Coy | UK. | 11. | 13 Mar 44 |
| | | Embarked at UK 4 Jun 44 | Spr. | | 16 Fd Coy | 21 A.G. | 32 | 14 July 44 |
| | | Disembarked at France on 6 Jun 44 | | | | | | |
| W.140 | | KILLED | Spr. | 6 Oct 44 | 16 Fd Coy | REF | A503. | 20 Oct 44 |
| D | SOS | Sapr SOS Killed in Action | Spr | 6 Oct 44 | 16 Fd Coy | 21 HS | 469 | 24 Oct 44 |

Statement of the Service of No. D-15061 Rank SAPPER Sheet No. 2

Name ROBERT FISHER

M.F.M. 1 & 2 (a)
700 M—8-39 (1697)
H.Q. 1772-45-18

| REPORT Date | REPORT From whom received | Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2) | Rank Shown | Effective Date | Unit | Place | Authority Part II D.O. No. Cas. List, etc. | Authority Dated |
|---|---|---|---|---|---|---|---|---|
| 31-5-41 | 16th.Fld. Coy.RCE | Proceeded on Special Leave | Spr. | 31-5-41 | 16th.Fld Coy.RCE | Debert | 16th.Fld.Coy.RCE Pt.II D.O. 51 | 31-5-41 |
| 7-6-41 | " | Returned from " " | " | 4-6-41 | " | " | " 53 | 7-6-41 |
| 15-8-41 | ✓ | Proceeded on 5 days landing leave from 0600 hrs. 28-7-41 to 0600 hrs. 2-8-41. with T.W. | ✓ | | ✓ | England | C.OF R.C.E. D.O. 7 | 15-8-41 |

Roman Catholic

# SERVICE AND CASUALTY FORM D- 15061

M.F.M. 4 (Part I)
A.F.B. 103 (Part I)
500M—8-39 (1700)
H.Q. 1772-45-18

PART I (For all ranks)

286

Unit 16 Fd Coy RCE CASF Regimental Number D-15061

| | (17) Regiment or Corps | Unit (Battn., etc) |
|---|---|---|
| 1. Surname FISHER | | |
| 2. Christian Names ROBERT | R.C.E. | 16th Field Coy. |
| 3. *Substantive Rank and Appointment Spr | | |
| *Acting Temporary or Local Rank | | |
| giving date | | |
| *To be entered in pencil to facilitate alteration. | | |
| 4. Place of birth Montreal Quebec Canada | (18) Medical | |
| 5. Date of birth as declared on attestation 6 August 1921 | | |
| (A) | Category / Date / Authority | |
| 6. Date of enlistment 11 July 1940 | A 8-7-40 M.F.M. 2 | |
| 7. Place of enlistment Montreal Quebec Canada | A 24-2-41 M.F.M. 2 | |
| 8. Residence at time of enlistment 5487 St Urbain St 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 Single | (19) Next of kin (entries to be made in pencil) (Mother) | |
| 13. Trade on enlistment Steel Worker | | |
| 14. Corps, trade and grade ~~PIONEER~~ TINSMITH HELPER C M.D.6 1985 ~~PIONEER II C M.D.6 2511~~ | Mrs Catherine Fisher | |
| 15. (D) Qualifications | | |
| 16. (E) Miscellaneous entries Driver 4/c (W) | 5639-Waverley Street, Montreal Quebec Canada | |
| | (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 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 | Army rank as at (e) | (g) Army Form or other authority for entry to be shown |
|---|---|---|---|---|---|---|---|
| | | | PROCEEDED OVERSEAS JUN 18 1941 | | | | |
| 5-7-41 | 16 MRCE | | S.O.S. C.A.(C) on Embt at Halifax on 21 Jun 1941 | | | | |
| | | | disembarked Greenock via S.O.S. C.A.(C) 22 Jun 1941 | Aldershot | 22-6-41 | | Do A # #61 |
| 15-8-41 | O.C. | 16 Fd Coy | Landing Leave 5 Days | Field | 28-7-41 | Spr. | Pt II # 7 15-8-41 |
| 30 Nov 41 | " | " | attached to 569 Comy Troops Coy R.E. for R. & Q. | " | 24 Nov 41 | " | -- 26 30 Nov 41 |
| 22 Dec 41 | " | " | Ceases to be attached to 569 Comy Troops Coy R.E. | " | 18 Dec 41 | " | -- 31 31 Dec 41 |
| 6 Jan 42 | " | " | 7 Days Leave with warrant (P-1) | " | 31 Dec 41 | " | -- 3 16 Jan 42 |
| 10 Apr 42 | " | " | P-2 7 days P Leave FTW | " | 9 Apr 42 | " | 18-20 Apr 42 |
| 13 Jul | " | " | P-3 7 days P.L. | " | 3 Jul 42 | " | 31 - 23 Jul 42 |
| 22 Aug 42 | " | " | Address - N.o.K changed to 5639 Waverley St. Mtl. | Field | 22 Aug 42 | Sapper | 36-27 Aug 42 |
| 7 Sep 42 | " | " | Att. Sep. to Mo. CERU - on Junior Leaders Course | " | 7 Sept 42 | " | 39 - 17 Sep 42 |
| | " | " | Qualified Driver M.C. (wheeled) | " | 26 Aug 42 | " | 37 - 3 Sep 42 |
| 26 Sep 42 | " | " | Rtd. from Course Ceases att. Sep. to 1 CERU. | " | 26 Sep 42 | " | 42 - 8 Oct 42 |
| 14 Oct 42 | " | " | Qualified (Q.II) at Junior Leaders Course | " | 29 Sep 42 | " | 44 - 22 Oct 42 |
| 28 Oct 42 | " | " | (F-3) 12 days P.L. to 7 Nov 42 with R.A. | " | 27 Oct 42 | " | 47 - 11 Nov 42 |
| 27 Jan 43 | " | " | 10 days P.L. to 6 Feb 43 with R.A. | " | 27 Jan 43 | " | 6 - 11 Feb 43 |
| | | | Granted Daily Rates of Pay of $ 1.75 per diem | " | 4 Jan 43 | " | 13 - 29 Mar 43 |
| | | | 31 Mar. 43 Trade Qualification certified as satisfactory by C.C. and under C.R.O. 3905 | | | | |
| 9 Apr 43 | O.C. | 16 Fd Coy | 9 days P.L. | " | 28 Apr 43 | " | 20 13 May 43 |
| 27 Jul 43 | " | " | Forf 1 days pay FR&I 149(1)(a) A.A. 15(1) | | | | |
| | | | A.W.L. 15 hours | Field | 26 Jul 43 | " | 32 - 5 Aug 43 |
| | | | ~~Stop of 1.00 FR&I 159(2) Damage to (W.D. Veh.)~~ | " | ~~31 May 43~~ | " | ~~38 - 17 Aug 43~~ Cancelled D.O. 47/43 A.P. |
| 24 Nov 43 | Hosp CR | 16 Fd Coy | Adm to 2 Cdn Fd amb | Field | 22 Nov 43 | Spr | 49 - 30 Nov 43. |
| " | " | " | Rem'd to 2 Cdn Gen Hosp. | " | 22 Nov 43 | " | 49 - 30 Nov 43 |
| " | " | " | SOS to 1 CERU on adm to 2 Cdn Gen Hosp (Pioneer "C") | " | 22 Nov 43 | " | 49 - 30 Nov 43 |
| | | ERU | TOS from 16 Fd Coy RCE on adm to 2 Gen Hosp (Pioneer C.) | 4 H | 23 Nov 43 | " | 286 - 29 Nov 43 |
| | | " | Patch from 2 Gen Hosp (Pion C) | " | 4 Dec 43 | " | ~~291~~ 292 - 6 Dec 43 |
| | | " | Failed to Qualify Carp (STTB) | " | 7 Dec 43 | " | 295 - 10 Dec 43 |
| | | " | SOS to 23 Fd. Coy (Pioneer C") | " | 16 Dec 43 | " | 304 16 Dec 43. |
| | | 23 Fd Coy | TOS from 1 CERU (Pioneer "C") | Field | 17 Dec 43 | Spr | 17: 24 Dec 43 |
| EA2/2559/d/27 Dec 43. | | " | SOS to 16 Cdn Fd Coy RCE (Pioneer "C") | " | 31 Dec 43 | " | 1: 7 Jan 44 |
| 1 Jan 44 | O.C. | 16 Fd Coy | TOS from 23 Fd Coy (Pioneer "C") | " | 1 Jan 44 | " | 2 - 13 Jan 44 |
| | " | " | Awarded Canadian Volunteer Service Medal and Clasp | " | 15 Jan 44 | " | 5 - 28 Jan 44 |
| 8 Mar 44 | " | " | AA 40. awarded 3 days C.B. & a forf of 3 days pay FR&I 149(2) | " | 7 Mar 44 | " | 11 - 13 Mar 44 |
| | " | | Embarked U.K. 4 Jun 44 Disembarked France.... | | 6 Jun 44 | " | 32 - 14 Jul 44 |

# SERVICE AND CASUALTY FORM

M.F.M. 4(a) (Part II)
40/P & S/412

(PART II)

Regiment or Corps 16 CDN FD COY RCE Regimental Number D15061

Substantive Rank Sapper Surname FISHER Christian Names Robert

Acting Temporary or Local Rank

(To be entered in pencil to facilitate alteration)

| (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 |
|---|---|---|---|---|---|---|---|
| AFW.3014 Ser 141 d/18 OCT | | 16FdCoy | SOS killed in action Pioneer "C" | Field | 6 OCT | 44 Spr | DO 49 d/OCT 44 |

**To be made out in duplicate**

**M.F.M. 5**
90M—3-40 (4225-6)
H.Q. 1772-39-1651

# PARTICULARS OF FAMILY OF AN OFFICER OR OTHER RANK OF THE C.A.S.F. OR R.C.A.F. (SPECIAL RESERVE)

INSTRUCTIONS.

(*a*) This form is to be completed immediately an officer or other rank is appointed to, or enlisted in, the C.A.S.F. or R.C.A.F. (Special Reserve.)

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

(*c*) Both copies of the form are to be forwarded by the Officer Commanding the unit for each officer and other rank, to the Paymaster, or Officer acting as such. The latter will transmit one copy, through the District, Command, or Camp Paymaster, to the Officer i/c Records, N.D.H.Q., Ottawa. The other copy will be retained by the Paymaster of the unit, when transferred to another unit the copy retained by the Paymaster will be sent to the Paymaster of the individuals new unit.

---

(1) Name of Officer of Other Rank FISHER ROBERT
(Surname first—Christian names in full—Block capitals)

(2) Regimental or Air Force Number and Rank D-15061 Sapper

(3) Unit 16 Fd Coy RCE CASF

(4) Are you married? No

(5) If married, state,

(*a*) Full name of your wife N/A

(*b*) Present postal address of wife N/A

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

(7) Are you a widower? NO

(8) Have you any children? NO

If so, give number of boys and girls N/A

Also their names and ages N/A

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

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

Name N/A

Postal Address

[SEE OTHER SIDE]

(10) Have you a common-law wife—whom you have been regularly supporting and publicly representing as your wife for at least 12 months immediately prior to enlistment? No

If so, state her full name and Postal Address N/A

(11) Is your father alive? YES

If so, state name and address, occupation John Fisher 5487 St Urbain St. Montyreal Que Canada Fireman (CPR)

(12) If your father is a widower and is totally incapacitated from earning a living—are you his sole or partial support? No

(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 joining C.A.S.F. or R.C.A.F. (Special Reserve) N-A

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

(14) Is your mother alive? YES

If so, state name and address Mrs Catherine Fisher 5487 St Urbain St Montreal

(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 joining C.A.S.F. or R.C.A.F. (Special Reserve) N/A

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? N/A

(17) Are you contributing to the support of any dependents, other than those shown above NO
If so, state the following particulars:—

Relationship N/A

Full Name

Postal Address

Amount contributed monthly during the past six months N/A

(18) Have you any Brothers 16 years of age or under or Sisters 17 years of age or under solely supported and maintained by yourself as Bona Fide members of your household before your enlistment or appointment? NO

(19) Are you insured? NO

If so, in what Company? N/A
(Give number of policy)

Have you made arrangements for payment of your Insurance Premium? N/A
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.

Robert Fisher
(Signature of officer or man)

Date 11 July 1940.

H R Bates Major

Officer Commanding COMMANDING No. 4 DISTRICT DEPOT, C. A. S. F.

Date

N.B. In the above form the term Father includes Foster Father; the term Mother includes Foster Mother, the form should, however, be changed to read accordingly and applicable.

# CASUALTIES, ETC.

| NATURE<br>E. G. ABSENCE, PROMOTION, ETC. | PART 11, D. O. | | REMARKS<br>IF IN HOSPITAL, NOTE NAME, ETC. |
|---|---|---|---|
| | No. | DATE | |
| T.O.S. 4 DD. | 174 | 11-7-40 | |
| Posted toNo.14GenHos.forR&Q | 182 | 19-7-40 | Eff.18-7-40 |
| Ceases to be posted 14GenHos) Posted to Farnham Mil.Camp) | 193 | 1-8-40 | Eff.1-8-40 |
| SOS to Camp Borden | 196 | 5-8-40 | |
| To 16 Fd. Coy. RCE | | | |
| TOS 16 Fd.Coy.RCE. | 20 | 31-8-40 | Eff.6-8-40 |
| Proceeded on Furlough | 8r | 20-12-40 | " 29-12-40 |
| Rtnd from " | 8 | 22-1-41 | " 18-1-41 |
| Proc on Easter Leave | 36 | 13-4-41 | " 10-4-41 |
| Rtnd " " | 37 | 17-4-41 | " 15-4-41 |
| granted T.P. G.C. Pioneer | 56 | 14-6-41 | " 1-5-41 |
| T.O.S. C.A. overseas | 61 | 5-7-41 | " 22-6-41 |
| Offence under A.A. Sect 40 AA | 21 | 12/5/42 | Forf 7 days Pay 7R1 149 (1B.) |
| Proceeded on Junr Leaders Course No 1 CERU | 39 | 17-9-42 | wef. 7-9-42 |
| Qualified Fld Engrs course No 9 Mil Duties | CR | 14.10.42 | 4-9-42 to 29-9-42 |
| Granted P.L. 3-10 July 42 | 31 | 23-7-42 | 7 days |

Pioneer
Tinsmith Hlpr
Carp Hlpr.

16 Fd. Coy. RCE.

NAME FISHER ROBERT

REGIMENTAL NO. D-15061 RANK Spr.

ENLISTED AT Montreal, Que. PROMOTIONS, ETC. AND DATE

DATE 11 July 1940.

IF SERVED PREVIOUSLY, STATE UNIT, ETC.

MARRIED, WIDOWER, OR SINGLE Single

NEXT OF KIN Catherine Fisher RELATIONSHIP Mother

ADDRESS OF ~~5487 St. Urbain~~ 5639 Waverley St. Montreal, Que. Canada.

ASSIGNMENT OF PAY, $ 20.00 Eff. Aug. 1940.

ADDRESS Same as above

DEPENDENT'S ALLOWANCE, ENTITLED OR NOT No.

DATE APPLICATION FORWARDED TO DISTRICT PAYMASTER 13 July 1940.

IN WHOSE FAVOUR Mother.

M. F. M. 14

5M—6-40 (3678)

H.Q. 1772-39-1662

# CASUALTIES, ETC.

| NATURE<br>E. G. ABSENCE, PROMOTION, ETC. | PART II. D. O. | | REMARKS<br>IF IN HOSPITAL, NOTE NAME, ETC. |
|---|---|---|---|
| | NO. | DATE | |
| Rtnd from Junr Leave to Unit | 42 | 8-10-42 | wef 26-9-42 |
| Qualified .. .. .. | 44 | 22-10-42 | " 29-9-42 |
| Granted 12 days Prior Leave | 47 | 11-11-42 | " 27 Oct — 7 Nov 42 |
| Granted 10 days Prior Leave | 6 | 11-2-43 | " 27 Jan - 6 Feb 43 |
| Tradesmens Rate (Pioneer) 1-7-5 | 13 | 29-3-43 | " 1 Jan 43 |
| 10 days Prior Leave (R.A.) | 20 | 13-5-43 | " 28 Apl - 7 May 43 |
| AWL 24-25 July 43 | AR 32 | 5-8-43 | Forf 1 days pay FR 1 149 (1) A. |
| 7 days prior Leave R.A. | 34 | 19-8-43 | wef 26 July - 3 Aug 43 |
| A.A.40 Damage to Vehicle £1-0-0. | 38 | 17-9-43. | To pay £1-0-0. 31 Aug 43. |
| 9 days prior Leave R A | 47 | 18-11-43 | wef 9-18-Nov 43 |
| SOS TO No 1 CERU (Pioneer (C) | 49 | 30-11-43 | wef 22 Nov 43 |
| T.O.S. NO 1 C.E.R.U. | 286 | 29-11-43 | 2 Gen Hosp 23 Nov 43 |
| Disc from 2 Gen Hosp Failed T. Test | 292 | 5-12-43 | w.e.f. 4 Dec 43 |
| SOS to 23 Fd Coy | 296 | 10-12-43 | ex Corp. 7 Dec 43 |
| S.O.S. To 16 Fd Coy RCE | 301 | 16-12-43 | w.e.f. 16 Dec 43 |
| TOS 16 Fd Coy RCE (PIONEER) | Cas. 41 | 31-12-43 | wef 31 Dec 43 |
| ~~to Transmit C Coy off Roll C~~ | Z | 13 JAN 44. | wef 1 Jan 44 |
| | | | ~~wef 4 JAN 44~~ |

| Part II D.O. | | PARTICULARS OF CASUALTIES |
|---|---|---|
| No. | Date | |
| 11 | 13/3/44 | A.A.40. Fork. 3 days Leave PR.I 149(2) wef 8 Mar 44 |
| 11 | 13/3/44 | 9 days Paris Leave P.R. wef 23 Feb - 3 Mar 44 |
| 32 | 14/7/44 | Embark England 4/6/44 Disemb France 6/6/44 |
| CR134 | 7/10/44 | SOS Deceased wef 6 Oct 44 - Killed In Action. |

No D-15061 Rank Sapper Name FISHER, Robert

Unit R.C.E. Date of death Oct. 6th, 1944

Died at ~~France~~ BELGIUM.

Cause Killed in action

Death occurred on strength of Forces.H.Q. 405-F-4285

N/K Mrs. Catherine Fisher Relationship Mother

Address 5639 Waverley St., Montreal 14, Que.

Remains buried in Cemetery
MR 009017 on top of dyle sheet 21/31 1/50.000 ,
Leopold Canal, Belgium.

CWK

Grave location

OVER-

REBURIAL

Adegem Canadian Military Cem.
Adegem, Belgium.

Grave 3, row D, plot 5.

HI & CR Form Despd. NOV 16 1946

Photographs
Despatched
OCT 27 1947

BURIAL REPORT TO N.K. JAN 2 1946

RETURN TO BUR. OF STAT. MAY 12 1945

ROYAL MESSAGE DESP'D. NOV 29 1944

CAN. MESSAGE DESP'D. DEC 12 1944

5M-10-44 (M-4414)

A.F.W3084

Number D-15061

Name Fisher, R.

Rank Sgr. Religion R.C.

Arm R.C.E.

Branch if R.A.; Regt. if Foot Guards or Infantry

**NOT** to be filled in by Soldier.

Diagnosis .....

Disposal.....

A.F.W3084

Number D-15061

Name Fisher, R.

Rank Sgr. Religion R.C.

Arm R.C.E.

Branch if R.A.; Regt. if Foot Guards or Infantry

**NOT** to be filled in by Soldier.

Diagnosis .....

Disposal.....

A.F.W3084

Number D-15061

Name Fisher, R.

Rank Sgr. Religion R.C.

Arm R.C.E.

Branch if R.A.; Regt. if Foot Guards or Infantry

**NOT** to be filled in by Soldier.

Diagnosis .....

Disposal.....

A.F.W3084

Number D-15061

Name Fisher, R.

Rank Sgr. Religion R.C.

Arm R.C.E.

Branch if R.A.; Regt. if Foot Guards or Infantry

**NOT** to be filled in by Soldier.

Diagnosis .....

Disposal.....

wilson 5-S

Dock. 2 S

shesty 3 S

Farnell 1 oz

Phone
Bournemouth 7228
Ask for Annerley Court.
Message for Miss Hernan
Baker

MILITIA

CANADIAN MILITIA

# SOLDIER'S SERVICE

AND

# PAY BOOK

## ...RS OF DENTAL TREATMENT

| Date | Required | Completed | Specification<br>Use authorized Abbreviations and Symbols | Signature of Dental Officer |
|---|---|---|---|---|
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## (1) SOLDIER'S NAME AND DES...RIPTION ON ATTESTATION

Regtl. No. D- 15061

Surname (in capitals) FISHER

Christian Names (in full) ROBERY

Date of Birth AUG. 6 1921

Place of Birth MONTREAL QUE CANADA

Trade on Enlistment STEEL WORKER

Nationality of Father at birth ENGLISH

Nationality of Mother at birth ENGLISH

Religion R.C.

Enlisted at MONTREAL

Date JULY. 11. 1940

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

Signature of Soldier R. Fisher

Signature of Officer [illegible]

Place I-T-F. Date 27-2-43

## (II) NEXT OF KIN

Any change becoming known is to be duly noted with date of

**NOTE.—No entry in these pages has any legal**

| Nearest degree of relationship | | Names | Date |
|---|---|---|---|
| 1st | Wife | | |
| | Children | | |
| 2nd | Father | JOHN FISHER | |
| | Mother | CATHERINE FISHER | |
| 3rd | *Brothers and Sisters | REGINALD FISHER<br>WILLIAM FISHER<br>JOHN FISHER<br>MICHAEL FISHER<br>FRANCAIS FISHER<br>JOSEPH FISHER | |
| 4th | Other Relations (stating) relationship) | | |

*State whether brothers are older or younger.



**NOW LIVING**

such change and reported by O.C. Unit to the Officer i/c Records.

**effect as a Will (see pages 20 to 23)**

| Latest known Address in full |
|---|
| |
| |
| |
| |
| |
| 5639 WAVERLY ST. MTL. QUE CANADA |
| |
| " " " " |
| |
| R.C.R. C.A. |
| R.C.A. C.A. |
| 5487 ST. URBAIN ST MONTREAL QUE |
| " " " |
| " " " |
| " " " |
| |
| |

**(III) RANK and APPOINTMENT**

| Date | Rank and Appointment | Substantive, Temporary, Acting or Local (with or without pay) | Authority of Part II Orders | Signature of Officer |
|---|---|---|---|---|
| 11-7-40 | SPR. | | 400-174 | Emrys |
| 19-7-40 | " | | 400-182 | Emrys |
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**(IV) Certificate Applicable to all Arms, to be completed and signed by the C.O. Bn., etc., before a Soldier proceeds Overseas**

TRAINED (passed Recruit's Course as laid down for his arm of the Service) *except that he requires further training in:—**

Bridging. Class III - Dec 42.

Demolitions - Class II - Jan 43.

Emrys

Qualified in addition as under :—

Date.....

* If no further training required, strike out words in italics and initial.

## (V) PARTICULARS OF TRAINING

| Courses and Schools. Specialist Qualifications. Swimming, etc., show'g result | Date | Signature of Officer |
|---|---|---|
| J.L. COURSE 9 II | 28-9-42 | [illegible] |
| P.T.O # 99 | 25-10-42 | [illegible] |
| | | |
| | | |
| | |

## (VII) EDUCATIONAL QUALIFICATIONS

| Certificate, Specialist Qualifications, etc. | Place | Date | Signature of Officer |
|---|---|---|---|
| PUBLIC SCHOOL | MONTREAL | 1936 | |
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7-12-48

TRADE TESTED
S.T.T.B.

## (VIII) TRADE RECORD

(For men in receipt of tradesmen's rates of pay only)

| Trade | Group | Class | Remarks, e.g., On enlistment; Re-classified; Re-mustered, etc. | Date | Signature of Officer |
|---|---|---|---|---|---|
| POINEER | C | II | MD 6 DO 2511 | | |
| CARPENTER | C | II | MD 6 DO 2511 | | |
| TINSMITH HELP. | C | II | MD 6 DO 1985 | | |
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11

## (IX) EMPLOYMENT WHILST SERVING

| Period | | Nature of Employment | Remarks and Signature of O.C. Coy., etc. |
|---|---|---|---|
| From | To | | |
| | | | |
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To include (1) Regimental, (2) as Skilled Tradesmen, (3) as Specialist, e.g., Signaller or M. Gunner.



## (X) MEDICAL CLASSIFICATION

| Date | Category or Grade | Medical Examiner of Recruits, or other Medical Authority | Signature of Medical Officer |
|---|---|---|---|
| 8-1-40 | A | MTL. MED. BOARD | G LARGE |
| 24-2-41 | A | RE-EXAM | G LARGE |
| | | | |
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## (XIV) PROTECTIVE INOCULATIONS

| Nature of Vaccine, "T.A.B." Cholera, Plague, etc. | Date | Signature of Medical Officer |
|---|---|---|
| T.A.B. | 27-7-40 | Embkn H. |
| 3 | 5-8-40 | Emb. |
| | 14-8-40 | Emb. |
| TET TOXID 1cc | 27-7-40 | Emb. |
| TET TOXID 1cc | 23-11-40 | Emb. |
| THBE | 11-10-41 | Emb. |
| TAB.T. ½ cc | 7-9-42 | Emb. |
| T.A.B.T. | 8-11-43 | C Portugal |
| TYPHUS ½ cc | 6-1-44 | [illegible] |
| " ½ cc | 13-1-44 | [illegible] |
| " 1cc | 20-1-44 | [illegible] |
| " 1cc | 25-4-44 | [illegible] |

## (XV) VACCINATION

| Date Vaccinated | Signature of Medical Officer |
|---|---|
| 27-7-40 | Embkn H. |
| 16 MAR 44 | Emb C Portugal |

FINGERPRINTED—CAIB



## (XVI) MISCELLANEOUS ENTRIES

(For entries for which space is not otherwise provided)

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

| Particulars | Date | Signature of Officer |
|---|---|---|
| X-RAY NEG | 8-7-40 | Embkn H. |
| M-TEST COMPLETE | 6-4-42 | Emb. |
| Q " " | 6-4-42 | Emb. |
| TOEFT RIFLE | 23-2-42 | Emb. |
| " GAS | 23-2-42 | Emb. |
| 5TH PRIV LEAVE W/TW | 27/1/43. | Emb. |
| 6TH PRIV LEAVE T.W. | 30-4-43. | Embkn H. |
| GAS CHAMBER TEST | 2-2-43 | Embkn H. |
| GAS CHAMBER RESPERATOR LIGHT MK II | 30-8-43 | |
| AWARDED CDN VOLUNTEER SERVICE MEDAL & CLASP | 27/1/44 | Embkn H. |
| Prov. Leave T.W. | 23/2/44 | Embkn H. |
| Gas. Chamber | 14/4/44 | Embkn H. |
| Aud 1 Silver Chev. wef | 11-7-41 | Embkn H. |
| Aud 2 Red Chev wef. | 11-7-43. | Embkn H. |
| Emb U.K. | 4/6/44 | Embkn H. |
| Disemb France | 6/6/44 | |

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

No. Rank Name

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

Signature of Officer.
Rank or Appointment.

Date

Soldiers who possess real estate and who have not made a Will are recommended to make a formal Will before embarkation when action as indicated above should be taken, or to make a Will on one of the forms provided, M.F.M. 10 with one or more beneficiaries or M.F.M. 10a in the case of a soldier owning real estate, and to hand this document duly executed to their Commanding Officer for transmission to the Record Officer concerned for safe custody.

The Officer receiving such Will shall complete the following certificate—

**Certificate**

M.F.M. 10 received and forwarded to the Officer i/c Records at N.D.H.Q.

Signature of Officer.
Rank or Appointment.

Date Certificate or Will extracted.....

Signature of Officer.....

To whom sent.....

Dept.....



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

## SHORT FORM OF WILL
(Write Will on next page)

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

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

In the event of my death I give the whole of my property and effects to my mother, Mrs. Mary Bull, 999 High Street, Toronto.

(Signature) GEORGE BULL,
Private No. 30000,

Date 5th August, 1936.

The following is a specimen of a Will leaving legacies to more than one person :—

In the event of my death, I give $10.00 to my friend, Miss Rose Smith, of No. 1, High Street, London, and I give $5.00 to my sister, Miss Maud Bull, 999 High Street, Toronto, and I give the remaining part of my property to my mother, Mrs, Mary Bull, 999 High Street, Toronto.

(Signature) GEORGE BULL,
Private No. 30000,

Date 5th August, 1936.