D15141
BARRETTE
PAUL

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FORMULE 6

BUREAU FÉDÉRAL DE LA STATISTIQUE—COPIE DU BULLETIN DE DÉCÈS—QUÉBEC

N'écrivez pas dans cet espace

1. LIEU DU DÉCÈS

Comté municipal | Nom officiel de la municipalité civile ou du canton | *Apposer un X sur le mot qui s'applique à cette municipalité ou ce territoire* — *Cité* | *Ville* | *Village* | *Paroisse* | *Canton*

Rue | No. | Hôpital ou institution

2. SÉJOUR

(a) dans l'hôpital ou l'institution	*Années*	*Mois*	*Jours*	(b) dans la municipalité du décès	*Années*	*Mois*	*Jours*	(c) dans la province	*Années*	*Mois*	*Jours*	(d) au Canada (s'il s'agit d'un immigré)	*Années*	*Mois*	*Jours*

3. NOM DU DÉFUNT

Nom de famille..... (*Lettres moulées*)

Noms de baptême ou prénoms.....

N'écrivez pas dans cet espace

4. RÉSIDENCE

Rue..... No.....

Nom officiel de la municipalité civile ou du canton.....

Comté municipal..... Province.....

5. SEXE	6. NATIONALITÉ (Citoyenneté)	7. ORIGINE RACIALE	8. Célibataire, marié, veuf ou divorcé (*Ecrire l'un de ces mots*)

9. Si le défunt était marié, nom de son conjoint

10. LIEU DE NAISSANCE (Province ou pays)

11. DATE DE NAISSANCE..... (jour) (mois) (année)

12. ÂGE DU DÉFUNT	Années	Mois	Jours	Si âgé de moins d'un jour
				.....hrs. ou.....min.

OCCUPATION

13. Métier, profession ou occupation, ex. **tisserand, voiturier, employé de bureau,** etc.....

14. Genre d'industrie ou d'entreprise, tel que **filature de coton, industrie du bois, banque,** etc.....

15. Dernière date à laquelle le défunt vaquait à ce travail

16. Nombre d'années occupées dans cette profession

	17. NOM	18. LIEU DE NAISSANCE (Province ou pays)
PÈRE		
MÈRE (Nom de fille)		

19. Lieu de l'inhumation, de l'incinération ou destination du transport

20. Date de l'inhumation.....19.....

21. LIEU DE L'ENREGISTREMENT DE CETTE SÉPULTURE

(a) Nom de la paroisse ou église.....

(b) Municipalité civile de.....

(c) Comté municipal.....

(d) Date..... (jour) (mois) (année) 19.....

CERTIFICAT MÉDICAL CONFIDENTIEL DE DÉCÈS

22. Date du décès..... (jour) (mois) 19..... (année)

23. JE CERTIFIE PRÉSENTEMENT que j'ai donné mes soins au défunt depuis le .....19.....jusqu'au.....19.....

que je l'ai vu vivant pour la dernière fois le.....19.....

24. CAUSE DU DÉCÈS

I

Cause immédiate

Mentionner la maladie, blessure ou complication, causant la mort, **non pas** son syndrome final, tel: syncope, asphyxie, asthénie, etc.

(a).....

dû à

États morbides, s'il y en a, ayant produit la cause immédiate (Les indiquer dans l'ordre chronologique inverse de leur apparition).

(b).....

dû à

(c).....

II

Autres conditions morbides (importantes seulement) ayant contribué au décès mais n'ayant aucune portée sur la cause immédiate.

.....

.....

III Si une maladie contagieuse est mentionnée à ce certificat, donner

(a) Date d'éclosion.....19.....

(b) Durée de la maladie.....jours

25. S'il s'agit d'une femme, y avait-il état puerpéral?.....

26. Y a-t-il eu intervention chirurgicale?.....Date de l'opération.....19.....

Constatations.....Y a-t-il eu autopsie?.....

27. Dans les cas où le décès est attribuable à des causes extérieures (violence):—

Accident, suicide ou homicide..... (Spécifier) Date.....19.....

Manière de la blessure..... (Dans quelle circonstance)

Nature de la blessure.....

Indiquer si la blessure a été infligée **au lieu du travail, dans l'habitation ou dans un endroit public**.....

Signature.....**M.D.**

Adresse.....**Date**.....19.....

28. Signature de la personne qui remplit la formule (vicaire, coroner, autorité d'un hôpital, etc.)

.....

Cette signature autorise le collecteur à accepter la formule comme authentique.

29. Nom du ministre du culte gardien du registre de l'État civil où est inscrit l'acte de cette sépulture.

.....

(For English see other side)

FORM 6

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not write in this space

1. PLACE OF DEATH — Municipal county: IN THE FIELD(FRANCE) — Official name of civil municipality or township: — *Place an X over the word which applies to this municipality or this territory* | City | Town | Village | Parish | Township

Street — No. — Hospital or Institution

2. LENGTH OF STAY — (a) In hospital or institution ... Years ... Months ... Days ... (b) In municipality where death occurred ... Years ... Months ... Days ... (c) In Province ... Years ... Months ... Days ... (d) In Canada (if immigrant) ... Years ... Months ... Days

3. NAME OF DECEASED — Surname: BARRETTE (Block letters) — Given names: Paul

4. RESIDENCE — Street ... No. — Official name of civil municipality or township: Maple Grove — Municipal county: Beauharnois — 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: September (Month) 10 (Day) 1910 (Year)

12. AGE OF DECEASED — Years: 33 — Months — Days — If less than one day old ... hrs. or ... min.

OCCUPATION

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

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	Deceased	
MOTHER (Maiden Name)		

19. Place of burial, cremation or removal: France

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

21. PLACE OF REGISTRATION OF THIS BURIAL

(a) Name of parish or church

(b) Civil municipality of

(c) Municipal county

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

Do not write in this space

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death ... (Month) June (Day) 6 19 44 (Year)

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

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

24. CAUSE OF DEATH

I

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

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

II

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

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

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

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

State findings ... Was there an autopsy?

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

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

Manner of injury ... (How sustained)

Nature of injury

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

Signed ... M.D.

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

28. Signature of person who fills in the form (curate, coroner, hospital authority, etc.) — C. Gauvin C.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
FEB 23 1945

Director of Records, Dept. of National Defence.

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

NUMBER D-15141 RANK Sergeant SERVICE UNIT 16th Field Company R.C.E. (C.A.)

NAME BARRETTE, Paul

DATE OF BIRTH

DAY 10th MONTH September YEAR 1910 ~~Date Enlisted: 15-7-40~~

MARITAL STATUS Single Religion: Roman Catholic

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

ADDRESS 1430 Leclaire St., Viauville, Montreal, Quebec. ADDRESS D.A.B.

ADDITIONAL PERSON TO BE NOTIFIED ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. Canrecords 6890 H.Q. 405-B-28,666

CASUALTY DETAILS Killed in action DATE 6-6-44

LAST WILL ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO M.F.M.5. ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO DATE 22-6-44

5

MM

OFFICER I/C RECORDS

5

COPY FOR C.R. FILE

MEMORANDUM POUR

Monsieur Romulus Lavallée,

Notaire,

751 Place d'Armes,

Montréal, P. Qué.

Prière d'adresser toute communication subséquente à ce sujet à:

L'ADMINISTRATEUR DES SUCCESSIONS,
MINISTÈRE DE LA DÉFENSE NATIONALE,
OTTAWA, ONTARIO

et de citer le numéro suivant:

Q.G. 405-B-28,666 FD.93

MINISTÈRE DE LA DÉFENSE NATIONALE
DIVISION DES SUCCESSIONS
OTTAWA, ONTARIO

ce 30 août 1944

Afin de les consigner dans nos dossiers et au cas où il y aurait une succession militaire à distribuer (conformément à la loi) au nom de feu

BARRETTE, Paul,

Sgt.,

No. D.15141, Armée Canadienne

ESTATES BRANCH SEP 11 1944 H.Q. OTTAWA NATIONAL DEFENCE

il est nécessaire que les renseignements voulus concernant le défunt et les membres de sa famille soient fournis à l'intérieur de cette formule, en stricte conformité des instructions imprimées. Les détails exigés doivent être inscrits comme il faut et la déclaration au verso doit être ensuite signée en présence d'un pasteur, prêtre, magistrat de la localité, commissaire ou notaire public, que l'on priera de compléter et signer le certificat. Cette formule doit être ensuite renvoyée à l'adresse mentionnée ci-dessus.

La succession militaire d'un défunt, dont l'administration incombe à la division des successions, comprend tout reliquat de solde et d'allocations au crédit du défunt, l'argent en main et les effets personnels qui sont sous le contrôle des autorités militaires. Pour entrer en possession de ces valeurs, il n'est pas nécessaire que les personnes qui y ont légalement droit fassent homologuer le testament en cour ou, si le défunt était intestat, qu'elles obtiennent des lettres d'administration de sa succession.

En plus de voir à l'administration de ces valeurs militaires, l'administrateur des successions est autorisé à retirer, au compte du gouvernement, tous les fonds (jusqu'à concurrence d'un montant défini) déposés au nom du défunt dans les banques, bureaux de poste ou autres institutions financières au Canada et outre-mer, sans frais ni dérangement pour les personnes ayant légalement droit à la succession, et de distribuer cet argent en même temps que tout reliquat de solde. De même, les certificats d'épargne de guerre et les bons de la victoire que possédait le défunt peuvent être rachetés et distribués de la même façon, ou transférés au nom des personnes qui y ont légalement droit. Ces certificats et bons ne doivent pas être envoyés à l'administrateur des successions avant qu'il les demande.

S'il y a d'autres valeurs nécessitant une demande d'homologation du testament ou de lettres d'administration, l'administrateur des successions pourra transférer et remettre les valeurs militaires à l'exécuteur ou à l'administrateur nommé par la Cour, afin que toute la succession, militaire et autre, soit traitée comme un tout.

Les renseignements que vous donnerez aux pages 2 et 3 de cette formule seront donc un facteur qui aidera à déterminer si toute la succession du défunt peut ou non être entièrement distribuée par l'administrateur des successions aux personnes qui y ont légalement droit, c'est-à-dire, sans qu'il soit nécessaire de faire homologuer le testament ou administrer la succession.

Si l'espace destiné aux questions des pages 2 et 3 de cette formule n'est pas suffisant pour donner tous les détails, il faudra alors se servir de l'espace réservé aux "observations supplémentaires", à la page 4.

~~L'administrateur des successions,~~

M.F.W. 77a
1M-9-43 (2070)
H.Q. 1772-39-972.-K.P.

Pour Le directeur des successions.

RÉPONDRE AU LONG À TOUTES LES QUESTIONS APPLICABLES

ÉTAT des noms, âges et adresses, ou dates de décès, de tous les parents du défunt, à chacun des degrés spécifiés ci-dessous.

Degrés de parenté	PARENTS à signaler		TÉMOIGNAGE DU DÉCLARANT — NOM ET PRÉNOMS de tout parent de chacun des degrés mentionnés	Age	ADRESSE AU LONG de chaque parent survivant, en regard de son nom, et date du décès de tout parent décédé
1	Veuve du défunt.....		aucune		
2	Enfants du défunt et dates de naissance.....		aucuns		
3	Père du défunt.....		Arthur Barrette	39.	décédé le 9 décembre 1917
4	Mère du défunt.....		Diana Laforest	59	1430 Lebaire Montréal
5	Frères du défunt	Frères germains	Joseph Barrette	41	Paroisse St Stanislas
			Albert Barrette	39	Village Beauharnois
			Arthur Barrette	31	1430 Lebaire Montréal
			Delphonce Anna Barrette	32	Baie St-Paul, Maison St
			" Irène Barrette épse de Philippe Vinet	27	Paroisse de Beauharnois
		Demi-frères	aucun		
6	Sœurs du défunt	Sœurs germaines			
		Demi-sœurs	aucune		
7	Noms des frères ou sœurs (germains ou non) du défunt, qui sont décédés, et date de décès de chacun d'eux		Noms et âges de leurs enfants, le cas échéant		Adresse de leurs enfants
			Edgar Barrette age 11 mois		Chicoutimi P.Q
			Louis Arthur " " 10 mois		
			Lonce Barrette " 19 mois		
			David Barrette " 2 ans		Winnipeg Manitoba

RÉPONDRE AU LONG À TOUTES LES QUESTIONS SUR CETTE PAGE

DÉTAILS D'IDENTITÉ

8	Nom et prénoms du défunt.	Barrette Joseph Paul-Emile
9	Date de sa naissance.	10 septembre 1910
10	Lieu et date de son mariage.	aucun
11	Lieu et date du mariage de ses parents.	St-Fulgence Comté Chicoutimi P.Q 1er octobre 1901

DÉTAILS DE DOMICILE

12	Lieu où le défunt est né.	Ville de Chicoutimi
13	Indiquer, par ordre, la province, l'état et/ou le pays où le défunt a résidé avant son engagement, et la durée dans chaque cas.	(a) (b) (c) (d) Province de Québec
14	Nature de son emploi avant son engagement.	ingénieur mécanicien
15	Indiquer s'il était propriétaire de la maison où il demeurait. Le cas échéant, à quel endroit?	il n'a jamais été propriétaire
16	Indiquer le lieu où le défunt entendait vivre d'une façon permanente.	Province de Québec

DÉTAILS DE LA SUCCESSION

17	A-t-il laissé un testament?	oui
18	Si le défunt était marié et domicilié dans la province de Québec ou dans un état des État-Unis d'Amérique ou dans un pays où il existe communauté de biens entre les époux, existait-il un contrat se rapportant à la propriété?	célibataire
19	Avait-il un compte d'épargnes dans une banque, un bureau de poste ou autre institution? Le cas échéant, donner le nom et l'adresse de la banque, etc., et le montant déposé.	Non
20	Montant des certificats d'épargne de guerre que possédait le défunt.	aucun à ma connaissance
21	Montant des bons de la victoire que possédait le défunt.	aucun " " "
22	Si le défunt possédait des polices d'assurance-vie, donner les noms des compagnies et la somme payable en vertu de chacune des polices, ainsi que le nom de la personne qui y est nommée bénéficiaire. Décrire les autres valeurs, le cas échéant, et en donner le montant approximatif.	aucune: pas que je sache
23	Est-il nécessaire de faire une demande d'homologation du testament ou de lettres d'administration (voir la page 1)?	Non

AUTRES DÉTAILS

24	Après son engagement, le défunt avait-il contracté des dettes: (a) pour ses propres logement et pension pendant qu'il était dans les forces armées. (b) pour habits et équipement militaires. Un état détaillé de chacun de ces comptes doit être annexé à cette formule et, s'ils sont exacts, veuillez y inscrire "approuvé" et signer votre nom. Si vous les croyez inexacts, donnez des détails.	pas que je sache aucune dette à ma connaissance
25	Est-ce que les frais funéraires ont été payés, entièrement ou en partie, par vous-même ou un autre parent? Le cas échéant, annexez des états détaillés indiquant les montants payés, et par qui?	Non étant mort en France

(Remarque:—Le gouvernement paye les frais funéraires, jusqu'à concurrence de montants déterminés par les règlements, lorsque le militaire est décédé et inhumé outre-mer, de même lorsqu'il est décédé et inhumé au Canada ou ailleurs en Amérique du Nord; si un parent a déjà payé les frais funéraires, ceux-ci lui seront remboursés par le gouvernement jusqu'à concurrence du montant fixé par les règlements. Cependant, si les frais excèdent ce montant, la différence ne sera pas payée par le gouvernement ni ne sera à la charge de la succession militaire du défunt.)

(VOIR AU VERSO)

*Insérez le degré de parenté, par exemple: "veuve", "père", "frère", etc.

DÉCLARATION

Je, soussigné, déclare que les renseignements qui précèdent sont exacts et constituent une liste fidèle et complète de tous les parents que le défunt ait jamais eus aux degrés signalés; et que je suis

le/la* mère du défunt.

N.B.—A être signée au long en présence d'un pasteur, prêtre, magistrat de la localité, commissaire ou notaire public.

Diana Burrette McDonald — Signature du déclarant

1630 Rue Leclair Montréal — Adresse

CERTIFICAT

Je, soussigné, certifie que, autant que je sache Diana Barrette épouse en premières de Arthur Barrette décédé, et épouse en secondes noces de Archie McDonald, contremaître Montréal — Nom du déclarant

*Voir plus haut

est le/la* mère du défunt ci-dessus décrit et je crois que la liste des parents et des détails fournie par le déclarant et la déclaration ci-dessus, signée en ma présence, sont complètes et exactes.

Daté à Montréal ce 21ème jour de septembre 1944.

Signature du pasteur, prêtre, magistrat, commissaire ou notaire public. — Romulus Gravelle — Titre Notaire

Adresse 4744 Rue Adam Cité de Montréal

REMARQUE.—Avant d'accorder le certificat qui précède, il faut veiller à ce que le déclarant donne des détails concernant le décès de tout parent qu'il déclare être décédé et que les nom et prénoms et adresse de chaque parent survivant visé soient inscrits à l'endroit voulu dans la déclaration qui est vis-à-vis.

(Si le défunt n'a aucun parent vivant des degrés signalés à la page 2, il faudrait donner ci-après les noms et adresses, et le degré de parenté, d'autres parents.)

SE SERVIR DE L'ESPACE CI-DESSOUS SI VOUS DÉSIREZ FAIRE DES OBSERVATIONS SUPPLÉMENTAIRES.

No D15141 Rank Sgt. Name BARRETTE, Paul

Unit R.C.E. Date of death 6-6-44

Died at France

Cause Killed in action.

Death occurred on strength of Forces. HQ 405-B-28666 d 22-6-44

N/K Mrs. Diana McDonald Relationship Mother

Address 1430 Leclaire St. Viauville, Montreal, Quebec.

Remains buried in Cemetery

Grave location MR.009851 sheet 7E/5. St. Aubin-Ser-Mer South of damaged house W of Track between lateral Roads. France

CHK

OVER-

DEATH CERT. TO N.K.

BURIAL REPORT TO N.K. JAN 23 1946

RETURN TO BUR. OF STAT. FEB 23 1945

ROYAL MESSAGE DESP'D. JUL 15 1948

CAN. MESSAGE DESP'D. 29/6/44

REBURIAL

Beny-sur-Mer Canadian Military Cemetery
Beny-sur-Mer, France.

Grave 13, row H, plot 1.

HI & CR Form Despd. MAR 3 - 1947

Photographs
Despatched
JUN 25 1947

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: Barrette Paul (b) Reg'l. No. D15141
2. (a) Arm of service: army (b) Unit: 16th Fd Coy RCE (c) Rank: L/Cpl.
3. (a) Date of birth: 10 Sept 1922 (b) Have you any dependents? No (c) Place of residence at time of enlistment: Beauharnois PQ
4. (a) Place of enlistment: # 4 DD (b) Date of enlistment: 15 July 1940.

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school: 12½ years (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.): 5 years public school
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? No (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? French + English (b) What languages do you read well? French + English

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

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

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

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

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

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

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

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

18. Name of employer: Beauharnois Light Heat + Power Co. Address: Beauharnois PQ
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.): Supplying power
20. (a) Your specific occupation: Mechanic (b) Number of years' experience at this occupation with any employer: 8 years
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?

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.)
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form: None

DATE: fill in 194..1 SIGNATURE: Paul Barrette

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 individual's new unit.

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

(2) Regimental or Air Force Number and Rank D-15141 Sapper

(3) Unit 16th Fd Coy RCE

(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 N/A

[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 (Stepfather)

If so, state name and address, occupation Archie McDonald Beauharnois Quebec Canada General Foreman

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

(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 Diana Barrette McDonald Beauharnois Quebec Canada

(15) If your mother is a widow, are you her sole or partial support? N/A

(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 N/A

Postal Address N/A

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.

Paul Barrette
(Signature of officer or man)

Date 15 July 1940

W C Bates Major

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

Date 15 July 1940

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.

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

(1) MEDALS

PERSON ENTITLED TO Mrs. Diana McDONALD (MOTHER)

ADDRESS: 1430 Leclaire St.,
Viauville, Montreal, P.Q.

MEMORIAL BAR

(1) DATE DESP.

REGN. NO 9235

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(2)

(3) MEMORIAL CROSS

MOTHER Mrs. Diana McDonald, (ENGLISH)

(1619)

ADDRESS: 1430 Leclaire St., Viauville, MONTREAL, P.Q.

(3) DESP. SEP 13 1944
REGN No. 1818

6-6-44
(O.C.L.-510)

AWARDS—CANADIAN ARMY (ACTIVE) (1619)

M

M.J.A.
500M—1-44 (3467)
H.Q. 1772-45-8

FILE NO. 405-B-28666

SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT
BARRETTE,	Paul	D.15141	Sgt.	R.C.E.

WAR SERVICE
BADGE
(CLASS) NO. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star	3204 - 13 - 10 - 49
France & Germany Star	
Defence Medal	
War Medal	
C.V.S.M. & Clasp	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

SERVICE AND CASUALTY FORM

M.F.M. 4 (a) (Part II)
40/P & S/412 (8/42)

(PART 11)

Regiment or Corps: 16 Cdn Fd Coy R.E.C. Regimental Number: D-15141

Substantive Rank: ~~A/Sgt~~ Sgt Surname: BARRETTE Christian Names: Paul

Acting Temporary or Local Rank:

(To be entered in pencil to facilitate alteration) 4 Sep 43

(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 shown
30 nov 42	O.C.	16 Fd Coy	att fap to 1 Cdn Corps Trg Centre to 4 Dec 42	Field	30 nov 42	A/Sgt	52 - 11 Dec 42
6 Feb 43	"	"	Ceases Trades Pay Eng Art. B	"	30 Jan 43	"	7 - 18 Feb 43
"	"	"	Granted Trades Pay Pioneer C	"	31 Jan 43	"	7 - 18 Feb 43
16 Feb 43	"	"	7 days P.L. to 23 Feb 43 with m.a.	"	16 Feb 43	"	8 - 25 Feb 43
19 mar 43	"	"	Ceases Trades Pay Pioneer C	"	1 Feb 43	"	12 - 25 mar 43
"	"	"	Granted Trades Pay Eng. Art. B	"	2 Feb 43	"	12 - 25 mar 43
	31 Mar. 43	Trades Qualifications certified as satisfactory by O.C. unit under O.R.O. 105					
24 may 43	"	"	9 days P.L.	Field	24 may 43	"	23 3 June 43
3 jun 43	"	"	Vacates as Engine Artificer "B"	"	3 jun 43	"	
			Appointed A/Sgt (Non-Wadesman)	"	4 jun 43	"	
			Continues $2.40 per diem	"	4 jun 43	"	25 17 jun 43
16 jul 43	O.C.	16 Fd Coy	att fap to R.E. Wing C.T.C. Dundonald Camp, Hoon, Ayr	"	20 jul 43	A/Sgt	30 - 22 jul 43
	"	"	Ceases att fap to R.E. Wing CTC	"	29 jul 43	"	36 - 1 Sep 43
6 Sep 43	"	"	Confirmed Sergeant	"	4 Sep 43	"	38 - 17 Sep 43
	"	"	Awarded Canadian Volunteer Service Medal and Clasp	"	15 Jan 44	Sgt	5 - 28 Jan 44
8 June 44	"	"	SOS deceased. Killed in action	"	6 June 44	"	26 - June 44

(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	Army rank as at (e)	(g) Army Form or other authority for entry to be shown
			PROCEEDED OVERSEAS		JUN 18 1941		
5-7-41	11th R.C.E.		S.O.S. b.A.(b) on Emb at Halifax on 21 June 1941 Disembarked: Gourock and in T.O.S. b.A.(a) 22 June 1941	Aldershot	22-6-41		D.O. PT II #61
15-8-41	O.C.	16 Fd. Coy	Confirmed in Rank of Corporal	Field	1-8-41	Cpl.	Pl. 11th 7 15-8-41
26 Sep 41	"	"	Proceeded on Anti-Gas Course - Borden	"	21 Sep 41	"	-- 15 26 Sep 41
3 Oct 41	"	"	Returned from Anti-Gas Course "	"	27 Sep 41	"	-- 17 3 Oct 41
10 Oct 41	"	"	Qualified as Fitter Helper Group "C"	"	23 Jun 41	"	-- 18 10 Oct 41
17 Oct 41	"	"	" " Engr. Artificer Group "B"	"	1 Aug 41	"	-- 19 17 Oct 41
24 Oct 41	"	"	Ceases to draw Trades Pay Pioneer "C"	"	30 Sep 41	"	-- 20 24 Oct 41
"	"	"	Granted Trades Pay Fitter Helper "C"	"	1 Oct 41	"	-- 20 "
30 Nov 41	"	"	Attached to 569 Army Troop Coy R.C.E. for R. & D.	"	24 Nov 41	"	-- 26 30 Nov 41
22 Jan 42	"	"	(P-1) 7 days Leave with warrant 16 Jan to 22 Jan 42	"	16 Jan 42	"	-- 5 31 Jan 42
31 Dec 42	"	"	Ceases to be attached to 569 Army Troop Coy R.E.	"	31 Dec 41	"	-- 6 6 Feb 42
13 Feb 42	"	"	Ceases Trades Pay Fitter "C"	"	31 Dec 41	"	-- 8 20 Feb 42
"	"	"	Granted Trades Pay Engine Art. "B"	"	1 Jan 42	"	-- 8 "
28 Mar 42	"	"	P-2 7 days P Leave FTW	"	29 Mar 42	"	16-10 Apr 42
10 Jun 42	"	"	Adm 22 FA & Dismiss 5 C.C.S.	"	9 Jun 42	"	26 d/16 Jun 42
10 Jun 42	"	"	To be A/L/Sgt	"	8 Jun 42	A/L/Sgt	26 d/16 Jun 42
11 Jun 42	"	"	Discharged from 5 C.C.S.	"	11 Jun 42	"	27 d/23 Jun 42
31 Aug 42	"	"	SOS to 1 CERU while attend Cmd Q Course No 102 Sec 4(b) Fd. Engs. NCO's (Cmd) Depot Bn. RE. (4 wks)	"	1 Sep 42	"	38-10 Sep 42
"	"	"	Ceases trade pay. Eng. Artif. "B"	"	1 Sep 42	"	38-10 Sep 42
		E.R.U.	TOS from 16 Fd. Coy. R.C.E.	U.K.	2-9-42	"	187 16-9-42
		"	Continue's T.P. Eng. Artificer "B"	"	2-9-42	"	187 16-9-42
		"	RETURNED FROM COURSE	"	29-9-42	"	Do. 189 - 30-9-42.
		"	~~SOS to 16 Fd Coy RCE~~				
		"	CEASES T. PAY Group B. ON RETURNING FROM COURSE	"	29-9-42	"	Do. 189 - 30-9-42.
		"	Recom. to draw T.pay ON REINFQUTS. Group B)	"	30-9-42	"	189 - 30-9-42.
		"	SOS. Co. 16 Fd. Co. R.C.E.	"	1-10-42	"	200 - 1-10-42.
		"	CEASES T. PAY Group B.	"	1-10-42	"	200 - 1-10-42.
	O.C.	16 Fd Coy.	T.O.S. from No. 1 C.R.U.	Field	2 Oct 42	"	42 - 8 Oct 42
15 Oct 42	"	"	Leave - 7 days - (F.3) Money allowance	"	14 Jul 42	"	45 - 20 Oct 42
23 Oct 42	"	"	Appointed Lance Sergeant	"	8 Sep 42	L/Sgt.	46 - 4 Nov 42
"	"	"	(F-4) 10 days P.L. to 1 Nov 42 with R.A.	"	22 Oct 42	"	46 - 4 Nov 42
3 Nov 42	"	"	Granted Trades Pay Eng. Art. Group B	"	2 Oct 42	"	47 - 11 Nov 42
3 Nov 42	"	"	Qual. "Passed Suitable as Unit Instructor at NCO's Fd. Eng. Course No. 102 Sec 5	"	29 Sep 42	"	47 11 Nov 42

SERVICE AND CASUALTY FORM

PART I (For all ranks)

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

Unit: 16 Fd Coy RCE Regimental Number: D-15141

1. Surname: BARRETTE
2. Christian Names: PAUL
3. *Substantive Rank and Appointment: Sgt
   *Acting Temporary or Local Rank:
   giving date: 4 Sep 43
   *To be entered in pencil to facilitate alteration.
4. Place of birth: Chicoutimi, Quebec, Canada.
5. Date of birth as declared on attestation: 10th.Sept.1910
   (A)
6. Date of enlistment: 15th. July 1940
7. Place of enlistment: Montreal, Quebec, Canada.
8. Residence at time of enlistment: Maple Grove, Beauharnois, Que.
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
13. Trade on enlistment: Mechanic
14. Corps, trade and grade: MILLWRIGHT III C M.O.H 169 / PIONEER III C M.O.B 1985
15. (D) Qualifications:
16. (E) Miscellaneous entries:

(17) Regiment or Corps: R.C.E.
Unit (Battn., etc): 16th Field Coy

(18) Medical

Category	Date	Authority
A	12-7-40	M.F.M. 2
A	22-2-41	M.F.M. 2

(19) Next of kin (entries to be made in pencil)
Mrs. D. McDonald (mother)
1430 Leclaire Street
Viauville
Montreal, Quebec.

(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.

Statement of the Service of No. D15141 Rank ..... Sheet No. .....

Name Barrette Paul

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
		Reverts to Reg. Rates of pay. Eng Art "B"	Hsgt	31 Jan 43	16 Fld bay	UK	4.	18 Feb: 43
		Granted T.P. Pioneer "C"	Hsgt	1 Feb: 43	16 Fld bay	UK	4.	18 Feb: 43
		Priv leave	L/Sgt	16/23 Feb 43	16 Fd Coy	UK	8	25 Feb 43
		Granted T.P Eng. Art "B" (Pioneer "C")	Hsgt	2 Feb: 43	16 Fld bay	UK	12	25 Mar 43
		Vacates as Eng art "B"	Hsgt	3 June 43				
		Appointed A/Sgt (non-Trademan)	A/Sgt	4 June 43				
		Continues $2.40 per diem	A/Sgt	4 June 43	16 Fld bay	UK	25	14 June 43
		Attd fab to R.E. Wing CTC. Dundonald Camp	Sgt	20 July 43	16 Fld Coy	UK	30	22 July 43
		Ceases attd to R.E. Wing C.T.C.	Sgt	29 July 43	16 Fld Coy	UK	36	1 Sept 43
		Confirmed in Rank of Sgt.	Sgt	4 Sept 43	16 Fld Coy	UK	38	14 Sept 43
		AWARDED THE CANADIAN VOLUNTEER SERVICE MEDAL AND CLASP						
		Killed	Sgt	6 Jun 44	16 Fd Coy		CLA 456	16 Jun 44
		Embarked at UK on 3 Jun 44. Disembarked at France on 6 June 44	Sgt		16 Fd Coy	21 A G	32	16 July 46

Statement of the Service of No. D15-141 Rank ..... Sheet No. .....

Name Barrette Paul

M.F.M.1 & 2A
40/P & S/119

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
		~~Ceases to hold appt. of A/L/Sgt. and~~ appointed L/Sgt.	L/Sgt.	28 Aug 42	16 Fld Coy	UK	37	3 Sept 42
	Obs. for rank	Ceases trades pay Eng Art "B"	Spr.	1 Sep 42	16 Fld Coy	UK	38	10 Sept 42
	SOS	S.O.S to ERU while att. Course 102 Sec 4(6) att. 1 Bde Bn RE	L/Sgt.	1 Sep 42	16 Fld Coy	UK	38	10 Sept 42
	TOS.	TOS from 16 Fld Coy R.C.E. (CMHQ Course)	L/Sgt	2 Sep 42	ERU	UK	187	16 Sept 42
		On Course, Continues trade pay Trade 147 Eng Art "B"	L/Sgt	2 Sep 42	ERU	UK	187	16 Sept 42
SOS.		SOS on posting 16 Fd Coy	L/Sgt	1 Oct 42	E.R.U.	U.K.	200	1 Oct 42
	TOS.	from ERU	L/Sgt	2 Oct 42	16 Fd Coy	UK	42	8 Oct 42
		Clears T.P. group "B"	L/Sgt	1 Oct 42	ERU	UK	200	1 Oct 42
		Returned from CMHQ Course 102 Sec 5(7)	L/Sgt	29 Sep 42	ERU	UK	199	30 Sep 42
		Ceases Trade pay "B" on returning from Course	L/Sgt	29 Sep 42	ERU	UK	199	30 Sep 42
		Recommences Trade pay "B" Engine Art on Reinf Quota	L/Sgt.	30 Sep 42	ERU	UK	199	30 Sep 42
NEW ADDRESS (N.O.K.)		1430 LECLAIRE ST. VIAUVILLE MONTREAL P.Q.	L/Sgt		18 Fld Coy	UK	43	15 Oct 42
		Leave	L/Sgt	14/21 July 42	16 Fd Coy	UK	45	28 Oct 42
		appointed L	L/Sgt	8 Sep 42	16 Fd Coy	UK	46	4 Nov 42
		Leave.	L/Sgt	22/1 Nov 42	16 Fd Coy	UK	46	4 Nov 42
		Qual on CMHQ course no 102 sec 5(7)	L/Sgt	29 Sept 42	16 Fd Coy	UK	47	11 Nov 42
		Grants TP as Eng. Art "B"	L/Sgt	2 Oct 42	16 Fd Coy	UK	47	11 Nov 42
		Attd f.a.p. to 1 bde Training Centre to 4 Dec 42	L/Sgt	30 Nov 42	16 Fld Coy	UK	52	11 Dec 42

Statement of the Service of No. D 15141 Rank Cpl Sheet No.

Name Barrette Paul

M.F.M.1 & 2A
40/P & S/119

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
3116	—	Landing leave to 16 July 41 w.w.	a/Cpl	11 July 41	16th Fld Coy	U.K.	D.O. # 64	11 July 41
—		Confirmed in the rank of Cpl	Cpl	1 aug 41	16th Fld Coy	U.K.	DO # 7	15 aug 41
055-2		Proceeded on Anti-Gas course-Bordon-C.T.S.	Cpl	21 sept 41	16th Fld Coy	U.K.	Do " 15	26 sept 41
183		Completed course-Ceases to be att. to C.T.S.	Cpl	27 sept 41	16th Fld Coy C.T.S.	U.K	Do " 17 Do " 105	3 oct 41 29 sept 41
1		Qualified "Fitter helper C"	Cpl	23 June 41	16 Fld Coy	U.K	Do " 18	10 oct 41
—		Qualified "Eng. Artificer B"	Cpl	1 aug 41	16 Fld Coy	U.K	Do " 19	17 oct 41
74		Ceases trades pay "Pioneer C"	Cpl	30 sept 41	16 Fld Coy	U.K	Do 20	24 oct 41
		To draw trades pay "Fitter helper C"	Cpl	1 oct 41	16 Fld Coy	U.K	Do " 20	24 oct 41
		Qualified "Q" C.M.H.Q course "815 sec. 2	Cpl	21/27 sept 41	16 Fld Coy	U.K	course	report
		Att'd to 569 Army Troop Coy. R.E. for rts + grts	Cpl	24 nov 41	16 Fld Coy	U.K	Do " 26	30 nov 41
		Ceases to be att'd. to 569 Army Troop Coy. R.E.	Cpl	31 dec 41	16 Fld Coy	U.K	Do 3	16 Jan 42
		P/leave 1 w.w. to 22 Jan. 42	Cpl	16 Jan 42	16 Fld Coy	U.K	Do 5	31 Jan 42
		Ceases to draw trades pay as Fitter C	Cpl	31 Dec. 41	16 Fld Coy	U.K	Do 8.	20 Feb. 42.
		Resumes trades pay Eng: Art: "B"	Cpl	1 Jan 42	16 Fld Coy	U.K	Do 8.	20 Feb. 42.
		P/leave F.T.W. to 5 April 42.	Cpl.	29 Jan 42	16 Fld Coy	U.K	16	10 Apr 42
		Admitted to 22 Fld Ambulance	Cpl.	9 June 42	16 Fld Coy	U.K.	26.	16 June 42.
		Transferred to S.C.C.S.	Cpl.	9 June 42	16 Fld Coy	U.K	26.	16 June 42
		To be a/L/Sgt.	a/L/Sgt.	8 June 42	16 Fld Coy	U.K	26	16 June 42.
		Discharged S.C.C.S.	a/L/Sgt.	16 June 42	16 Fld Coy	U.K.	27.	23 June 42.

Received JUL 17 1941 Checked ..... Card ..... Observations ..... E — 0

~~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- 15141

CANADIAN ACTIVE SERVICE FORCE

ATTESTATION PAPER

09 X 5G

1. Surname BARRETTE
2. Christian Names PAUL
3. Present address Maple Grove, Beauharnois, Que Canada
4. Date of birth 10 September 1910
5. Place of birth Canada (Country) Quebec (County or Province) Chicoutimi (Town or Township)
6. Religion (state denomination) Roman Catholic.
7. Trade or Calling Mechanic
8. Married, Widower or Single Single
9. Name of next of kin Mrs Diana Barrette McDonald (Remarried)
10. Relationship Mother. SEE CHANGE
11. Address of next of kin 8447 Belleoul ave. Jetieonville, Montreal ~~Maple Grove, Beauharnois,~~ Que Canada
12. Do you belong to, or have you served in the Active Militia of Canada? no
(If Yes, Give Unit and Dates of Service)
13. Have you served in (*a*) The Canadian Active Service Force? no (Yes or No) (If Yes, Give Regimental No. and Unit) no (*b*) Any other Naval, Military, or Air Force? no (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, PAUL BARRETTE 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 15 Jul 40 Paul Barrette (Signature of recruit)

J. L. Alan Witness

OATH TO BE TAKEN BY MAN ON ATTESTATION

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

Paul Barrette (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 15th day of July 19 40

H C 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—CAIB

Record of Service of BARRETTE (Surname) PAUL (Christian Names) Regimental Number D- 15141

QUALIFICATIONS Dual. Eng. Artif. B. S.I.T.B. 1941

Military: no

Business or Professional: no

Trade or Civil: Mechanic

Technical: no

Languages: English and French

EDUCATIONAL QUALIFICATIONS

High School or Collegiate: no (years completed)

Graduation or Matriculation: 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		Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., from date taken on Strength of Field Force	Rank Shown	Effective Date	Unit	Place	Authority	
Date	From whom received						Part II D.O. No. Cas. List, etc.	Dated
15 Jul40	D.R.O	Joined on appointment No 4 DISTRICT DEPOT C.A.S.F	Spr	15Jul40	4 DD	Montreal	4 DD Pt II 178	15 Jul 40
5Aug40		Trans to his unit	"	5 Aug40	4DD	Montreal	4DD Pt II 196	5 Aug40
✓ 31-8-40	4DD	T.O.S 16th Fld Coy. RCE CASF	"	6 Aug 40	16th Fld Coy.RCE	"	16th Fld. Coy.RCE Pt. 11. D.O.No 20	31-8-40
✓ 6-8-40	16th Fld. Coy. RCE	Promoted to the Rank of A/L/Cpl	A/L/Cpl	6-8-40	"	Debert	16th Fld. COy.RCE Pt.11 D.O.No 1	6-8-40
9-12-40	"	Proceeded on furlough	"	8-12-40	"	"	16th Fld Coy RCE Pt.11 D.O. No 76	9-12-40
30- 12-40	"	Returnde from Furlough.	"	31-12-40	"	"	16th Fld Coy RCE Pt.11 D?O.No 82	30-12-40
12-11-40	"	Trade tested as Pioneer, Group C	"	9-8-40	"	"	16th Fld Coy,RCE Pt.11, D.O.# 64	12-11-40
31-3-41	"	Proceeded on leave	"	14-3-41	"	"	" 33	31-3-41
"	"	Returned from leave	"	19-3-41	"	"	" "	"
26-4-41	"	To be A/Cpl.	"	25-4-41	"	"	" 40	26-4-41
25-5-41	"	Proceeded on pass	"	24-5-41	"	"	" 48	24-5-41
30-5-41	"	Returned from pass	"	28-5-41	"	"	" 50	30-5-41
5-7-41	"	S.O.S. 2A.(b) on emb at Halifax on 21 June 1941 Disembarked Gourock and to T.O.S. 6A(a) 22 June 1941 1 July 41	"	22-6-41	"	"	" #61	5-7-41

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

Name in
P
1. Age
a. Rhe
b. Tub
c. Bro
d. Hea
e. Kid
f. Gas
g. Rup
h. Var
i. Flat
j. Nas

I
1. Ide

2. He
4. Co
6. Ch
7. Vis
9. Co
10. Th

Pa
Supporte
and Ins
Special

Date
27-7-
"
9-11-
22.24

CERTIFICATE OF MEDICAL EXAMINATION

Name in full Barrette Paul Date July 12, 1940

Part 1. Information obtained from the recruit.

1. Age 29 2. Have you ever suffered from any of the following diseases?

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

Paul Barrette
Signature of Applicant

Ears normalcolor vision (ishihara) CN G.E.Scharfe Capt. URINE ✓
Reflexes N X'RAY ✓

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

1. Identification marks or scars. (If operative obtain history.)
1. vacc lt. bibthmark lt. shoulder

2. Height 5 feet 8¾ inches. 3. Weight 209 pounds.

4. Complexion med Eyes brown Hair black 5. Development good (Good / Fair / Poor)

6. Chest measurement—Girth on full expansion 42 inches.
Range of expansion 3 inches.

7. Vision, right 20-20 left 20-20 8. Hearing, right wv20 left wv20

9. Condition of mouth and teeth caries

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

President capt R. Ferguson Lt. Member Member

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature
27-7-40	TAB 3.		
"	Tetanus Toxoid Vacc.		
"			
9-11-40	TET TOXOID ICC		
22241	Reexamin Cat A		

Regtl. No. D- 15141 Rank Spr Surname BARRETTE Christian Name PAUL

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				
		4									
		5									
		6									
		7									

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

H.Q. 405-B-28666
R. 4 (B).

25th June, 1947.

Mrs. Diana McDonald,
1430 Leclaire Street,
Viauville,
Montreal, Quebec.

Dear Mrs. McDonald:

I am forwarding herewith a photograph of the grave and marker over the burial place of your late son, D15141 Sergeant Paul Barrette, the location of which is grave 13, row H, plot 1, Beny-sur-Mer Canadian Military Cemetery, Beny-sur-Mer, France.

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

Yours faithfully,

Encl.

for H.M. Jackson, Lt.-Col.,
Director of Records,
for Adjutant-General.

/EMA

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

CANADIAN MILITARY HEADQUARTERS

ESTATES BRANCH
INVENTORY

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

No., RANK and NAME D-15141 Sgt. Barrette, P. (Dec'd)

RECEIVED FROM Cdn Sec G.H.Q. 2nd Echelon, 21 Army Gp.

CHECKED BY H-195540 Pte. MacKinnon, A.E.
H-37449 Sgt. Cathcart, M.O. DATE 12 Jul 44

1	Cigarette Lighter		
1	Rosary		
1	Leather Wallet		
1	Crucifix (Broken)		
1	Diploma		
1	M.F.M. SS		
	Photos		

Ser 55

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

TRIPLICATE — with effects.

Sgt M.O. Cathcart
for OC 1 Cdn KSD

Director of Estates

Regimental No. D.15141 Rank Sgt.

BARRETTE Paul
Surname Christian Names

Unit 16th Field Company R.C.E (CA)

Date of Death 6-6-44 Place of Death Overseas (France)

Next-of-kin Mrs. Diana McDonald Relationship Mother

Address 1430 Leclaire St., Viauville, Montreal, Que.

M.F.M. 5 Copy herewith

Will Will d/15-7-40

Date 30-6-44

ESTATES BRANCH
JUL 7 1944
H. Q.
OTTAWA.
DEPARTMENT OF NATIONAL DEFENCE

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

HMG/FT

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, PAUL BARRETTE (Name in Full), of the City (City, Town, Village, Township)

Address in civil life.

of Beauharnois, in the County / District of Beauharnois,

Province of Quebec, Mechanic (Civil Occupation)

Regimental No. D-15141, Unit 16th Fd Coy RCE, do hereby revoke all former Wills by me made and declare this to be my LAST WILL.

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

PB

(2) I GIVE, DEVISE AND BEQUEATH unto " MyMother, Diana Barrette MCDonald (Remarried)

Residingat Beauharnois Quebec Canada,
All my aestate"

Relationship, names and address of residuary beneficiaries.

PB

(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)

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

IN WITNESS WHEREOF I have hereunto set my hand this 15 day of July

1940

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.

PB Paul Barrette (Signature of soldier)

First witness sign here.

(5) Signature J. A. Warren Jnr.

Civil Address 8334 St Denis St Montreal Que

Civil Occupation Clerk

Second witness sign here.

Signature William Henry McCrady Pte

Civil Address 744 Egan Ave. Verdun Que

Civil Occupation Clerk

(Witnesses are not to be beneficiaries.)

[OVER]

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

00

G.A.

Name: BANARTYNE (Surname) Christian Names PAUL No.: D.25141

Sgt. (Rank) Unit G.A. O/S Date of Death 6-6-44

AMOUNT

L.P.C. $ 646.40

Date: 2-3-49

Other Credits

Total 646.40

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Mother	Mrs. Diana McDonald, 1430 Leclaire St., Montreal, Que. (sole beneficiary under will)	$646.40 R

TO BE FORWARDED BY REG. MAIL DIRECT.
P4. TO TREAS. 16-4-49

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	646.40

CLASSIFIED BY
Original Signed by
K. L. McCUAIG

EXAMINED BY

For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

Original signed by
L. M. FIRTH
(L. M. FIRTH) Lt.-Colonel
Administrator of Estates

AUDITED FOR PAYMENT

For Chief Treasury Officer

50M--8-44 (5426)
H.Q. 1772-80-2

OTTAWA, 26th June, 1944

Mrs. Diana McDonald,
1450 Leclaire Street,
Viauville, Montreal, Que.

Dear Mrs. McDonald:

It is with deep regret that I learned of the death of your son, D15141 Sergeant Paul Barretto, who gave his life in the service of his Country in France, on the 6th day of June, 1944.

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

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

We pay tribute to the sacrifice he so bravely made.

Yours sincerely,

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

JUN 24 1944

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

GP/LPL

1

Director of Estates

Regimental No. D.15141 Rank Sgt.

BARRETTE Paul
Surname Christian Names

Unit 16th Field Company R.C.E (CA)

Date of Death 6-6-44 Place of Death Overseas (France)

Next-of-kin Mrs. Diana McDonald Relationship Mother

Address 1430 Leclaire St., Viauville, Montreal, Que.

M.F.M. 5 Copy herewith

Will Will d/15-7-40

Date 30-6-44

Mem. x Mother, 8/44 - HQ²

HMG/FT

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

9

25M-12-44 (6215)
H.Q. 1064-81-3

4
ARMY

DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

DECEASED MEMBER'S NAME: Paul (CHRISTIAN NAMES) BARRETTE (SURNAME)

REGISTER NO. D-5197
FILE NO. 405-B-28666
DATE 15-3-45
SERVICE NO. D-15141
FINAL RANK OR RATING L/Sgt.
DATE OF DISCHARGE 6-6-44

PAYEE Mrs. Diana McDONALD,
ADDRESS 1430 Leclaire St,
Viauville, Montreal, P.Q.

DATE OF TERMINATION OF OVERSEAS SERVICE 6-6-44

	$ ¢
A. TOTAL QUALIFYING SERVICE 1410 — NO. OF DAYS 1423 / 30 EQUAL TO 47 COMPLETE PERIODS AT $7.50	352.50
B. QUALIFYING OVERSEAS SERVICE — No. OF DAYS 1081 LESS 13 INELIGIBLE DAYS, EQUAL TO 1068 DAYS @ 25c. PER DAY (SEE PAR. 2 OVERLEAF FOR EXPLANATION)	267.00
	619.50
C. SUPPLEMENT FOR OVERSEAS SERVICE — DAILY RATES AT DISCHARGE: PAY $ 1.90; SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE $ 1.25; ADDITIONAL PAY $ .50; $; $; $ — DEPENDENTS' ALLOWANCE 73% OF $ — TOTAL $ 3.65 X7 = $ 25.55 — NO. OF DAYS 1081 / 183 X$ 25.55	150.93
D. WAR SERVICE GRATUITY	770.43
E. DEDUCTIONS — OVERPAYMENT OF PAY AND ALLOWANCES $; DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $; OTHER DEDUCTIONS $	—
F. TOTAL AMOUNT PAYABLE	770.43

G. YOUR PORTION OF GRATUITY IS— 100%

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

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

RECEIVED MAR 20 1945 WAR SERVICE GRATUITY DIVISION, ARMY TREASURY

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
KRM	

TREASURY

CHECKED BY	DATE
N.G. Plumbell	23-3-45

Knowlton
SERVICE REPRESENTATIVE

ΔT

COMPUTATION OF WAR SERVICE GRATUITY

MEMBER'S NAME Paul (Christian Names) BARRETTE (Surname) — Register No. D5197

File No. 405-B-28666

PAYEE'S NAME MRS DIANA (Christian Names) McDONALD (Surname) — Date 13-3-45

ADDRESS 1430 LECLAIRE ST. VIAUVILLE, MONTREAL — P.Q. — Service No. D15141

Final Rank L/SGT

DATE OF TERMINATION OF OVERSEAS SERVICE 6-6-44 — Date of Discharge 6-6-44

	AMOUNT $	c
A. TOTAL QUALIFYING SERVICE No. of day $\frac{1423}{30}$ = 47 (13) Periods @ $7.50	352	50
B. QUALIFYING OVERSEAS SERVICE No. of days 1081 less 13 Ineligible days, equal 1068 Days @ 25c per day	267	00
C. SUPPLEMENT FOR OVERSEAS SERVICE Daily Rate of Pay $ 1.90 Subsistence Allowance $ 1.25 Additional Pay $ .50 Dependents' Allowance 1/30 $ ✓ $ ✓ TOTAL $ 3.65 × 7 = $ 25.55 No. of Days $\frac{1081}{183}$ × $ 25.55	619	50
	150	93
D. WAR SERVICE GRATUITY Computed By Gates	770	43
E. DEDUCTIONS Overpayment of (1) Pay & Allowance $ (2) D.A. & A.P. $ Other Deductions $ Entered By		
F. AMOUNT PAYABLE (This amount is payable in 1 monthly instalments of $ 770.43 each)	770	43

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

$ ..... × 30 = $ .....

REMARKS

23

100M-11-44 (6087)
H.Q. 1764-81-3

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

NUMBER D-15141 RANK Sergeant SERVICE UNIT 16th Field Company R.C.E. (C.A.)

NAME BARRETTE, Paul

DATE OF BIRTH

DAY 10th MONTH September YEAR 1910 Date Enlisted: 15-7-40

MARITAL STATUS Single Religion: Roman Catholic

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

ADDRESS 1430 Leclaire St., Viauville, Montreal, Quebec. ADDRESS D.A.B.

ADDITIONAL PERSON TO BE NOTIFIED ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. Canrecords 6890 H.Q. 405-B-28,666

CASUALTY DETAILS Killed in action DATE 6-6-44

LAST WILL ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO M.F.M.5. ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO DATE 22-6-44

MM

OFFICER I/C RECORDS

6

COPY FOR DOCUMENT FILE

P.9 105.B-28666

DEPARTMENT OF NATIONAL DEFENCE

PUBLIC RELATIONS (ARMY)

CANADIAN ARMY

JULY 16, 1944

OFFICIAL CASUALTY LIST NO. M-510

OVERSEAS

CANADA'S ROLL OF HONOUR

THE MINISTER OF NATIONAL DEFENCE ANNOUNCES WITH DEEP REGRET THE FOLLOWING CASUALTIES. THE NEXT-OF-KIN HAVE ALREADY BEEN NOTIFIED.

OFFICERS

KILLED IN ACTION
****

SASKATCHEWAN REGIMENT

1. SHINNAN, ROBERT GIBSON, CAPT., MRS. MARGARET SHINNAN (MOTHER), 602 DEWDNEY AVE., REGINA, SASK.

WOUNDED
****

CENTRAL ONTARIO REGIMENT

2. GORDON, THOMAS COY, A/CAPT., MRS. MARY A. GORDON (MOTHER), 112 MERRITT ST. W., WELLAND, ONT.

MISSING
****

ROYAL CANADIAN ARTILLERY

3. PURCELL, GEORGE EDWARD, MAJOR, MRS. EDITH PURCELL (MOTHER), COLEBROOK, ONT.

4. YOUNG, JOHN DOUGLAS, MAJOR, MRS. WILLMOT MAUDE YOUNG (MOTHER), 29 ROXBOROUGH APTS., OTTAWA, ONT.

WESTERN ONTARIO REGIMENT

5. CANCEL ALL REFERENCE.

NEW BRUNSWICK REGIMENT

6. TUCKER, HERBERT HAROLD, LIEUT., MRS. BEVERLEY CLAIR TUCKER (WIFE), 605 3RD ST., HELENA, MONTANA, U.S.A.

WARRANT OFFICERS, N.C.O.s AND MEN

KILLED IN ACTION
****

ROYAL CANADIAN CORPS OF ENGINEER

10

7. BARRETTE, PAUL, SGT., D15141, MRS. DIANA McDONALD (MOTHER), 1430 LECLAIRE ST., VIAUVILLE, MONTREAL, QUE.