D158000
DELISLE
AURELE

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POST CARD

605

MADE IN CANADA

CORRESPONDENCE

ADDRESS

~ VELOX ~

VELOX PLACE STAMP HERE VELOX

~ VELOX ~

D-158000

Auriole

Délisle

9 Fev

23 Juin

9-2-45

AWARDS—CANADIAN ARMY (ACTIVE)

1895
1887 M

FB

500M—1-44 (3467)
H.Q. 1772-45-8

FILE NO. 405-D-20240

SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT
DELISLE,	Aurele	D-158000	Cav.	C.A.C.

WAR SERVICE BADGE (CLASS) NO. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star France & Germany Star Defence Medal War Medal C.V.S.M. & Clasp	7615 9-11-49

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

MEMORIAL BAR
DATE DESP
(1) REGN. NO 1537

(1) MEDALS

PERSON ENTITLED TO Mrs. Claire DELISLE (WIDOW)

ADDRESS: 38 Laurier St.,
Terrebonne,
Que.,

(2) MEMORIAL CROSS

WIDOW Mrs. Claire DELISLE, (FRENCH)

DESP: MAR 20 1945
(2) REGN No. 16563

1887

ADDRESS: 38 Laurier St., TERREBONNE, Que.

(3) MEMORIAL CROSS

MOTHER Mme. Joseph DELISLE, (A2-70A) (FRENCH)

(3) DESP. MAR 29 1945
REGN No. 17029

1895

ADDRESS: Mascouche, Comte de L'Assomption, Que.

(I) SOLDIER'S NAME AND DESCRIPTION ON ATTESTATION

Regtl. No. D-158000

Surname (in capitals) DELISLE

Christian Names (in full) AURELE

Date of Birth 12 Sept. 1921

Place of Birth DESCHAMBAULT. P. QUEBEC

Citizenship CANADIAN,

Trade on Enlistment OPERATOR (SWELTER)

Nationality of Father at Birth CANADIAN. (FRENCH)

Nationality of Mother at Birth CANADIAN (FRENCH)

Religion ROMAN Catholic.

Enlisted at A-27 CdN. RECCE T.C.

Date 6-Feb-1943

Particulars of former service (if any) i.e. Regtl. No., Corps or Regiment and period. D639784 # 4 NRMA. 10 Oct 42 to 5-Feb 43

Signature of Soldier A. Delisle

Signature of Officer E.A.H. Weddell Lieut

Place ~~[illegible]~~ FIELD Date 6-Feb 1943

(IV) NEXT OF KIN

Any change becoming known is to be duly noted, with date of such change and reported by O.C. Unit to the Officer i/c Records.
NOTE.—No entry in these pages has any legal effect as a WILL (see pages 20 to 23)

Nearest degree of relationship		Names	Date
1st	Wife	Claire Delisle	
	Children	Jean-Claude	13.9.42
		Jean-Jacques	25.9.43
2nd	Father	Joseph Delisle	
	Mother	deceased	
3rd	*Brothers and Sisters	o Alexander Delisle	
		o Marcel Delisle	
4th	Other Relations (stating relationship)		

*State whether brothers are older or younger.

NOW LIVING

Latest known Address in full

38 Laurier St. Terrebonne P.Q.

do

Van Buren Maine U.S.A.

Mascouche P.Q.

Terrebonne P.Q.

(V) RANK and APPOINTMENT

Date	Rank and Appointment	Substantive, Temporary, Acting or Local (with or without pay)	Authority of Part II Orders	Signature of Officer
6-2-43	Trooper	W/P.	Dft 35	[illegible]
27.5.43	✓	✓	" 165	[illegible]

(VI) Certificate Applicable to all Arms, to be completed and signed by the C.O. Bn., etc., before a Soldier proceeds Overseas

TRAINED (passed Basic Training, and Advanced Training as laid down for his arm of the Service) ~~*except that he requires further training in:—*~~ *

Completed Basic Trng. [illegible]

Completed Advce. Trng. in accordance with syllabus laid down for Recce. T.C. [illegible]

Completed Basic Trng 29 Jan 44 Gunpowder Ft

Qualified in addition as under:—

Completed Advanced Trng as per Syllabus laid down for a Cdn Recce T.C.

Date 2 June 1943 G.H. White, Capt.

for Commanding

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

(VII) PARTICULARS OF TRAINING

Courses and Schools. Specialist Qualifications. Swimming, etc., showing result, Certificate number or authority. (Two lines may be used for each entry)	Date	Signature of Officer
Qual. Mustard Gas Test	26-2-43	[illegible]
" D.M. " "	20-2-43	[illegible]
" T.O.E.T.	1-3-43	[illegible]
Driver (W+T) Class III	2-4-43	[illegible]
Q. Dr. Mech. Grp. C	5-5-43	
Special [illegible] Course	Order 298	
17 Oct. to 10 Dec. 43 - Q2	22 Dec 43	[illegible] Young Lt.
Gas Chamber CAP	26 Jan 44	[illegible] Young Lt.
DVR Mech Mu. "C"	24-3-44	[illegible]

(VIII) SMALL ARMS RANGE COURSES

Year	Classification	Type of Weapon	If Table not completed, state parts fired	Signature of Officer
10 Jan 44	2nd Class	30x Rifle	1-2-3-4	[illegible] Young Lt.
17 Jan 44	2nd Class	Rifle	1-2-3-4-5	[illegible] Young Lt.
22 Jan 44	—	Grenades-Throwing	1 of 36-74-77	[illegible] Young Lt.
24 Jan 44	2nd Class	30x Stew	A-B-C	[illegible] Young Lt.
25 Jan 44	—	Pist	1-Bomb	[illegible] Young Lt.

(IX) EDUCATIONAL QUALIFICATIONS

Certificate, Specialist Qualifications, etc., Certificate number or authority. (Two lines may be used for each entry)	Place	Date	Signature of Officer
10 yrs Public	St Annes		
	Laparade	1935	[illegible]

(X) TRADE QUALIFICATIONS

(For men who have passed Trade Tests)

Trade	Group	Grade	Part II Order	Date	Signature of Officer
Jr Mech Asst	C.	(IV)	95.27-3-44	27-3-44	C.C. Watson K.

(XI) EMPLOYMENT WHILST SERVING

Period From	Period To	Nature of Employment	Remarks and Signature of O.C. Coy., etc.
6-2-43	~~Sep 43~~ ~~Feb 44~~ 4	In Training 1-Mon.-B Sqn.	F. A. Banks Lt
Sep 43		L.A.C. Kyl Dog	

To include (1) Regimental, (2) as Skilled Tradesmen, (3) as Specialist, e.g., Signaller or M. Gunner.

12

(XII) MEDICAL CLASSIFICATION

Date	Category or Grade	Medical Examiner of Recruits, or other Medical Authority	Date of last Examination	Signature of Medical Officer
6-2-43	"A.1"	M.F.M.2.		
JUL 11 1943		CAT. A1 CONFIRMED		
6-6-43	A1	M F M 2	11-7-43	

13

(XIII) PRESCRIPTION FOR GLASSES

Ophth., Centre:

Date of Exam.:

Frame No. (or measurements):

Date of Issue:

	Vision without Glasses	SPH	CYL	Axis Standard Notation	Vision with Glasses
R					
L					

Signature of M.O. ....

Ophth., Centre:

Date of Exam.:

Frame No. (or measurements):

Date of Issue:

	Vision without Glasses	SPH	CYL	Axis Standard Notation	Vision with Glasses
R					
L					

Signature of M.O. ....

(XIV) PARTICULARS OF DENTAL TREATMENT

Date	Required	Completed	SPECIFICATION Use authorized Abbreviations and Symbols	Signature of Dental Officer
27 Apr 43	✓		4 fill, proph	[illegible] Capt
19 Aug 43	✓		1X 3F PR.	[illegible] Capt
13 Dec 43		✓		[illegible] Capt
25 JUN-44	✓		2 F	[illegible] Gibson Capt

marriage **after** the date of a Will revokes that Will. Therefore, a Soldier, immediately upon his marriage, should make a new Will in order that, in the event of his death, his estate may be distributed in accordance with his wishes as shown in his Will.

7. The Will of a Soldier on Active Service is not invalid by reason that at the date it was made he was under the age of 21 years.

A Soldier who has made a Will before his enlistment, 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.

Date Rank or Appointment.

Before embarkation, each Soldier is recommended, particularly those who have real estate, to consider the necessity for executing a document appointing some person or Trust Company his Attorney to manage or otherwise deal with real estate during his absence from Canada; also to review his affairs in the light of any changes that may have occurred since the date of his last Will and, if desirable, make a formal Will and inform his Commanding Officer thereof as indicated at the top of this page, or make a Will on M.F.M. 10 or M.F.M. 10a (French) and hand it duly completed to his 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

Signature of Officer.

Rank or Appointment.

#12. D.H.Q.

Date Certificate or Will extracted.....

Signature of Officer.....

To whom sent.....

Unit or Dept.....

To whom sent.....

Unit or Dept.....

Date Will extracted.....

Signature of Officer.....

Solely for use on Active Service. The Will, on page 24, must **NOT** be used until you 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 all my estate to my mother, Mrs. Mary Bull, 999 High Street, Toronto.

(Signature) GEORGE BULL,
Private No. 30000,
Date 5th August, 1936. Cameron Highlanders.

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 remainder of my estate to my mother, Mrs. Mary Bull, 999 High Street, Toronto.

(Signature) GEORGE BULL,
Private No. 30000,
Date 5th August, 1936. Cameron Highlanders.

DUPLICATE

(*Doit être remplie en triplicata*)

FINGER-PRINTED

M.F.M. 103A
50M—4-42 (4204)
H.Q. 1772-39-1828

LOI DE LA MILICE

LOI DE MOBILISATION DES RESSOURCES NATIONALES, 1940

C.A.C. "BF" PERSONNEL DE LA L.M.R.N. 0945 HRS.

FORMULE D'ENRÔLEMENT

N° de série de l'avis d'appel L.M.R.N. E-77012 Matricule D-639784

1. Pris à l'effectif du dépôt central de la L.M.R.N. N° 4
2. Nom (Majuscules d'imprimerie) DELISLE
3. Prénoms en entier AURELE
4. Adresse actuelle 38 RUE LAURIER TERREBONNE QUEBEC CANADA
5. Lieu de naissance CANADA (Pays) QUEBEC (Comté ou province) DESCHAMBAULT (Ville ou canton)
6. Date de naissance 12 SEPTEMBRE 1921 7. Confession religieuse CATHOLIQUE ROMAIN
8. Signalement: Taille 5-7 Poids 153 Yeux BRUN Cheveux BRUN
   Teint MEDIUM Marques particulières SCAR:MAIN DROITE
9. Marié, célibataire, veuf? MARIE
10. Plus proche parent MME.CLAIRE DELISLE (Nom) Degré de parenté EPOUSE
    38 RUE LAURIER TERREBONNE QUEBEC CANADA (Adresse)
11. Profession ou emploi OPERATEUR
12. Service naval, militaire ou aérien antérieur NIL (Indiquer les unités et les dates de service)
13. Préférence pour la Marine? NIL Pour l'armée de terre? OUI (Arme)
    Pour l'Aviation? NIL
14. Emploi dans une industrie de guerre, le cas échéant CANADA CAR & MUN. ST.PAUL L'ERMITE

Aurele Delisle
(Signature de la recrue)

R.O. Gauthier Lieut.
(Signature et grade de l'officier enrôleur)

10 OCTOBRE 1942 194
(Date de la signature)

NO. 4-DISTRICT DEPOT A.F.

RENSEIGNEMENTS DU CENTRE D'INSTRUCTION

C.A.(B)T.C. No. 43
Sherbrooke, Que.

A. Versé au C.I. élémentaire N° 1 à Date 31-10-42
A accompli 82 jours d'instruction élémentaire.
26 JAN 1943
Gilman Lt. Ass't Adj't
(Date, signature et grade de l'officier enregistreur)

B. Versé au C.I. supérieure N° à Date
A accompli jours d'instruction supérieure.
Qualités de chef, positives Deviennent manifestes? Latentes?
Est passé dans Date
(M.R.C., formation ou unité de l'A.C., C.A.R.C.)
(Date, signature et grade de l'officier enregistreur)

C. Catégorie médicale à l'acceptation au centre d'instruction élémentaire "A"

ÉTAT DE SERVICE de DELISLE (Nom) AURELE (Prénoms) N° matricule D-639784

APTITUDES

1. Navales, militaires ou aériennes NIL
2. Commerciales ou professionnelles NIL
3. Civiles ou de métier OPERATOR
4. Techniques NIL
5. Langue maternelle FRENCH Quelles autres langues parlez-vous? ENGLISH Lisez-vous et écrivez-vous? BOTH Savez-vous conduire une automobile? YES

Savez-vous réparer un moteur? NIL Expérience culinaire? NIL Passe-temps favori? ALL SPORTS

DEGRÉ D'INSTRUCTION

6. École secondaire ou Académie: NIL (Années achevées) — Graduation ou immatriculation: NIL (Spécifier)
7. *Collège NIL
8. *Université 8 YRS. PUBLIC SCHOOL

(*Mentionner le nom de l'institution, les années ou cours complétés et les diplômes obtenus)

Toutes les recrues de la L.M.R.N. **sont** prises somme simples soldats, les nominations et les promotions à un grade supérieur devant être indiquées dans l'espace réservé ci-dessous à cette fin.

Rapport Date	Rapport Reçu de	État des promotions, abaissements de grade, mutations, maladies ou blessures, rapports, etc., à compter du passage dans une unité constituée	Grade indiqué	Prenant date le	Unité	Endroit	Autorisation N°, Partie II, Ordres du jour. Liste des morts et blessés, etc.	Autorisation Daté le
		PASSE du dépôt central de la L.M.R.N. N°						
14-10-42	DRO	TOS NO.4 DISTRICT DEPOT CA.	PTE	10-10-42	4DD	MTL STE	4DD PT.11-248	14-10-42
28-10-42	"	SOS on trans to CA(B) TC 43 Sherbrooke Que Pte		30-10-42	"	" "	" " 262	30-10-42
31-10-42	TC ~~WW~~ 43	TOS AND ATTACHED FOR ALL PURPOSES	"	31-10-42	TC 43	Sherb	TC 43 PtII 237-B	31-10-42
7-1-43	TC43	Promoted to the rank of A/L/CPL Inst. $4%) whilst so employed.	~~xxxxx~~ Pte	1-1-43	TC43	Sherb.	TC43 Ptll 8-B	7-1-43
29-12-42	TC43	Granted New Year's leave and allowance.	A/L/CPL Pte	29-12-42	TC43	Sher.	TC43 Ptll 285-B	29-12-42
18-1-43	TC43	Having attended regimental N.C.O's school is qualified instructor.	""	18-1-43	TC43	Sherb.	TC43 PtII 14-B	18-1-43
26-1-43	T.C. 43	SOS on transfer to CITC A-27 Dundurn Sask	Pte	26-1-43	T.C. 43	Sherb.	TC 43 PtII 21-B	26-1-43
		Having been att. to A-27 Cdn. Recce. T.C. F.A.P. Ceases to be so Att. and is S.O.S. #4 NRMA on being Attested to Can. Army (Active) A-27 Cdn. Recce. T.C. D/158000	Pte.	5-2-43	A-27	Dundurn	A-27 DO# 22	10-2-43

N° matricule D-639784 Grade PTE Nom DELISLE Prénoms AURELE

VACCINATIONS, INOCULATIONS, COMMISSIONS, RECLASSIFICATION DE LA CATÉGORIE MÉDICALE

Date	Détails succints et signature	Date	Détails succincts et signature	Date	Détails succincts et signature
OCT 15 '42	TABT J Ettours		URINE [illegible]		
NOV 12 1942	MWB				
DEC 1 1942	B MWB		X-RAY 149732 [illegible]		
OCT 15 '42	MCC J Ett				

GARNISON	Date d'arrivée à la garnison	Date de Admission à l'hôpital			Date de Sortie de l'hôpital			MALADIE	Nombre de jours à l'hôpital	Détails sur la nature et l'origine de la maladie; dire si elle était bénigne ou grave, si elle est entièrement guérie, et si un traitement spécial a été adopté. Dans le cas des maladies vénériennes, mentionner la nature de la maladie primaire et dire si on a prescrit le mercure. Si la maladie est accidentelle, spécifier si elle fut contractée en service et si un conseil d'enquête a été tenu. Détails et dates au sujet des fausses dents et des appareils chirurgicaux fournis.	Signature du médecin
		Jour	Mois	Année	Jour	Mois	Année				

OCCUPATIONAL HISTORY FORM COMPLETED

ceived..... Checked..... Card..... Observations.....

~~ORIGINAL~~
DUPLICATE
~~TRIPLICATE~~

FINGERPRINTED & PHOTOGRAPHED

M.F.M. 2
A.F.B. 271
200M—10-40 (7370)
H.Q. 1772-39-1645

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

WSG COMPLETED

Unit A-27 CDN. RECCE. T.C. Regimental Number D-158000

01 TPR

CANADIAN ACTIVE SERVICE FORCE
ATTESTATION PAPER

CHECKED BY DIST. RECORD OFFICE JUL 11 1943 No. 12 INITIALS

PAY BOOK ISSUED

1. Surname DELISLE
2. Christian Names Aurele
3. Present address 38, Laurier St., Terrebonne, P. Que.
4. Date of birth 12th September, 1921
5. Place of birth Canada (Country) QUEBEC (County or Province) Deschambault (Town or Township)
6. Religion (state denomination) Roman Catholic
7. Trade or Calling Operator (Smelter)
8. Married, Widower or Single Married
9. Name of next of kin Mrs Claire Delisle
10. Relationship Wife
11. Address of next of kin 38, Laurier St., Terrebonne, P. Que.
12. Do you belong to, or have you served in the Active Militia of Canada? Yes
#D-639784, #4 NRMA? from 10th October, 1942 to date.
(If Yes, Give Unit and Dates of Service)
13. Have you served in (a) The Canadian Active Service Force? NO (Yes or No)
NA (If Yes, Give Regimental No. and Unit) (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
NA (If Yes, specify Regimental No., Unit and Dates of Service)

DECLARATION TO BE MADE BY MAN ON ATTESTATION

I, AURELE DELISLE 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 6th February, 1943 Aurele Delisle (Signature of recruit)

OATH TO BE TAKEN BY MAN ON ATTESTATION

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

Aurele Delisle (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 Dundurn Trng. Area, Dundurn, Sask. this 6th day of February, 19 43.

S/Waterman

(S.L. Waterman) Major, Administrative Officer — Signature of Magistrate, Justice or Attesting Officer.

A-27 Cdn. Recce. T.C. — 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

P

1401-
-
046
2

Record of Service of DELISLE, (Surname) Aurele (Christian Names) Regimental Number D- 158000

Qualifications

Military: #4 NMRA. from 10th Oct., 1942 to date
Business or Professional: Nil
Trade or Civil: Operator (Smelter)
Technical: Nil
Languages: French & English

Educational Qualifications

High School or Collegiate: Nil (years completed)
Graduation or Matriculation: 8 Yrs Public School (specify)
*College: Nil
*University: Nil
*(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
		Joined on appointment Having been attested and given Regt. number as shown is T.O.S. A-27 Cdn,Recce. T.C.	Tpr.	6-2-43	A-27	Dundurn	A-27 DO# 35	10-2-43
		BASIC PAY INCREASE	"	10-2-43	"	"	" DO# 64	13-3-43
Qual.	as DRIVER	WHEELED & TRACKED	Tpr.	2-4-43	"	"	" DO# 85	7-4-43
		Proceeded on furlough for the period 10-5-43 to 23-5-43 and leave of absence for the period 24-5-43 to 25-5-43 incl. and is to draw Rat. Allow. @ .50 per diem. T.W.#.A 373791	Tpr.	10-5-43	A-27	"	" DO# 113	10-5-43
		Having been tested by a District T.T.B. is Qual. as DRIVER MECH GROUP "C".	Tpr.	5-5-43	"	"	" DO# 111	8-5-43
		Admitted to Dundurn Mil. Hosp.	Tpr.	27-5-43	A-27	Dundurn	A-27 DO# 120	29-5-43
		DISCHARGED FROM Dundurn Mil. Hosp.	Tpr.	26-6-43	A-27	Dundurn	A-27 DO# 157	28-6-43
		Entitled to increased rate of pay $1.50 per diem.	Tpr.	27-5-43	A-27	Dundurn	A-27 DO# 165	7-7-43
		S.O. TO POINT OF EMBARKATION	Tpr.	13-7-43	A-27	Dundurn	A-27 DO# 169	13-7-43
		Granted compassionate leave with pay for the period 15-7-43 to 20-7-43 incl.	Tpr.	15-7-43	A-27	Dundurn	A-27 DO# 172	15-7-43
		Granted extension of compassionate leave for the period 21-7-43 to 26-7-43 incl. and is to draw Rat. Allow. @ 50¢ per diem.	Tpr.	21-7-43	A-27	Dundurn	A-27 DO# 175	19-7-43

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

JUL 17 1943

15-10-42
15-10-42
12-11-42
1-12-42
6-2-43
6-2-43

CERTIFICATE OF MEDICAL EXAMINATION

Name in full AURELE DELISLE

Place DUNDURN MILITARY HOSPITAL Date 6th FEBRUARY, 1943

Part 1. Information obtained from the recruit.

1. Age 21 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	YES - AUG.1941
g. Rupture	NO	q. Have you ever worn glasses?	NO
h. Varicose veins	NO		
i. Flat or deformed feet	NO	r Are you now or have you in the past received disability pension or compensation? If so, give details	NO
j. Nasal trouble	NO		

Aurele Délisle
Signature of Applicant

Apparently had Gonorrhea prior to enlistment in the Army.

This cleared up rapidly under Civilian Doctor.

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

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

Scar - Right hand - dorsum - over 1st Interosseous space.

2. Height 5 feet 7 3/4 inches. 3. Weight 151 pounds.

4. Complexion Medium Eyes Brown 5. Development Good (Good / Fair / Poor)

Hair Dk. Brown

6. Chest measurement—Girth on full expansion 38 inches.

Range of expansion 2 inches.

7. Vision, right 20/20 left 20/20 8. Hearing, right cv-20 left cv.-20

9. Condition of mouth and teeth Teeth good. Throat & mouth - Negative

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

Nil

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 "A1"

Special remarks when category lower than A

(C.A. Findlay) Maj. President — (H.F. McKenzie) A/Capt. Member — Member

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature
15-10-42	S.P. Vacc.		
15-10-42	TABT. 1.		
12-11-42	TABT. 2.		
1-12-42	TABT. 3.		
6-2-43	Urinalysis Neg.		
6-2-43	Xray Chest Neg. #149732		
JUL 11 1943	CAT. A) CONFIRMED		
6 Aug 43	Re checked A-1		

Regtl. No. D- 158000 Rank Trooper Surname DELISLE Christian Name Aurele

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				
Dundurn Mil. Hosp.	6-2-43	27	5	43	23	6	43	Contusions Chest & Abdomen	28	Improved. To D.P.&N.H. for G.I. Series.	[illegible]

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

Statement of Service of No. D-158000 Rank Tpr. Sheet No. 2.

Name DELISLE, A.

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
		Returned from Compassionate leave at 0200 hrs. 27-7-43	Tpr.	27-7-43	A-27	Dundurn	A-27 DO# 183	28-7-43
		S.O.S. to point of embarkation	Tpr.	12-8-43	A-27	Dundurn	A-27 DO#197	12-8-43
	T.O.S.	No.2(Temp.)Transit Camp DEBERT N,S,		13AUG43			74A	16AUG
	S.O.S.	No.2(Temp.)Transit Camp TOCDNARMYO/S		13SEPT43			92	12SEPT43
		SOS C.A. CANADA 12 sep 43						
		TOS C.A. OVERSEAS 13 sep 43						
		DISEMBARKED 19 sep 43 ✓						
		TOS 1 CACRU	Tpr.	20 Sep 43	1CACRU	UK	218	21 Sep 43.
		Granted T. Rate of Pay Dr. mech. "C"	Tpr.	20 Sep 43	1CACRU	UK	218	20 Sep 43
		On Spec. Flame Cse 4 att. T.of. to 6W/CTS.	TPR	14 Oct 43	1CACRU	UK	242	18 Oct 43
C87		off Spec Flame Cse C/at Tap. to 6W/CTS.	Tpr.	10 Dec. 43	1CACRU	UK	290	11 Dec. 43
C87		Qual. Q-2" Spec. Flame Cse	Tpr.	10 Dec 43	1CACRU	UK	298	22 Dec. 43
C87		Cease T. Pay as Dr. mech. "C"	Tpr.	21 March 44				
C87		Qual. Dr. Mech. MV "C" & Granted T. Pay	Tpr.	22 March 44	1CACRU	UK	45	27 March 44
	SOS	SOS to 3 CACRU	tpr	25 Jun 44	1CACRU	UK	153	26 Jun 44
C8	TOS	TOS from 1CACRU Dr. Mech MVC	Tpr	26 Jun 44	3CACRU	UK	146	27 June 44
C86		Trade Tested Qual as Dr. Mech VK "C"	Tpr.	2 Aug 44	3CACRU	UK	182	8 Aug 44
C8		Cease T/Pay Dr. Mech "C" Granted T/Pay Dr. Mech (T)	Tpr	2 Aug 44	3CACRU	UK	182	8 Aug 44
C8		Amd Cas A/DM/262 Qual Dr. M/C(T)	Tpr	26 Jun 44 / 17 Jul 44	3CACRU	UK	186	12 Aug 44

Statement of the Service of No. D 15800 Rank ..... Sheet No. .....

Name .....

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
M.47		Awarded C.U.S.M. & clasp	Tpr	6 Aug 44	3 CAC RU	U.K.	185	11 Aug 44
	SOS	SOS to X 4 LIST CAC DUR MECH T "C"	Tpr.	27 Aug 44	3 CAC RU	U.K.	197	26 Aug 44.
		Embarked at UK on 25 Aug 44						
		Disembarked at France on 26 Aug 44						
	TOS	& TOS X 4 list 26 Aug 44 Dur Mech TR "C"	Tpr	26 Aug 44	XL CAC "C"	21 A Gp	39	4 Sep 44
M.49	SOS	SOS to 1 Cdn Armd Pers Carrier Sqn	Tpr	1 Sep 44	XL CAC (C)	21 A Gp	40	7 Sep 44
M.49	TOS	TOS from X 4 list CAC (C)	Tpr	2 Sep 44	1 Armd Pers Carr Sqn	21 A Gp	1	12 Sep 44
ex SOS		SOS to 1 Cdn Armd Pers Carrier Regt (TKC Dur Mech CAC)	Tpr	24 Oct 44	1 Armd Pers Carrier Sqn	2 UAG	11	22 Nov 44
ex	TOS	TOS from CM 811 1 Cdn Armd Personnel (Dur Mech TKC Carrier Sqn CAC)	Tpr	25 Oct 44	1 Armd Pers Carrier Regt	2 UAG	1	22 Nov 44

DEAD BELIEVED KILLED 9 FEB (AEF)

		Killed	Tpr.	9 Feb 45.	1 Cdn Pers Carr Rgt	21 A Gp.	Cas L. A. 543.	18 Feb 45
SOS		SOS. Deceased. Dr of Mech Th "C"	Tpr.	9 Feb 45	1 Cdn Pers Carr Rgt	21 A Gp.	11	17 Feb 45

SERVICE AND CASUALTY FORM

PART I (For all ranks)

M.F.M. 4 (Part I)
A.F.B. 103 (Part I)
150M—5-41 (512)
H.Q. 1772-39-1649

Unit A-27 Cdn. Recce. T.C. Regimental Number D-158000

1. Surname DELISLE
2. Christian Names Aurele
3. *Substantive Rank and Appointment Tpr.
   *Acting Temporary or Local Rank
   giving date 6-2-43.
   *To be entered in pencil to facilitate alteration.
4. Place of birth Deschambalult, Quebec. Canada
5. Date of birth as declared on attestation 12-Sept-21
   (A)
6. Date of enlistment 6-2-43
7. Place of enlistment Dundurn Sask.
8. Residence at time of enlistment 38 Laurier St. Terrebonne, P.Q
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 18 Sept 42
13. Trade on enlistment OPERATOR (smelter)
14. Corps, trade and grade
15. (D) Qualifications DUR MECH TK "C"
16. (E) Miscellaneous entries

(17) Regiment or Corps: Cdn. Recce. — Unit (Battn., etc): A-21 I.C.

(18) Medical

Category	Date	Authority
A1.	6-2-43	M.F.M.2
CAT. A1 CONFIRMED A1	JUL 11 1943 6-8-43	MFM2.

(19) Next of kin (entries to be made in pencil) Wife
Mrs Claire DELISLE
38 Laurier St.
Terrebonne. P.Q.

(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.

No. D-158000 RANK Tpr. NAME DELISLE Aurele

*Married *Widower *Single

Place of {*Appointment *Enlistment} Montreal South, Que.

Date of {*Appointment *Enlistment} "A" 6-2-43

RATE OF PAY DM(T) "C" "R" 10-10-42

D. O. No.	Date	Rank	Group	P. F. or A. S.	Daily Rate	If Liable Pen. Ded.	REMARKS
35	10-2-43	Tpr		AS	$1.30		
64	13-3-43	Tpr.		AS	1.40		Eff ~~XXXXX~~ 10-2-43
165	7-7-43	Tpr		AS	1.50		Eff 27-5-43
218	20-9-43	Tpr	A.M. "C"	AS	1.75		wef 20-9-43
75	27-3-44	"	~~[illegible]~~	"	1.75		wef 22-3-44 . Dvm. TK.

ASSIGNMENTS

Name & Address of Assignee	Effective Date	Amount
DELISLE, Mrs. Claire(W)	~~1-2-43~~	~~23.00~~
38 Laurier Ave, MFM 19	~~1-2-43~~	~~23.00~~
Terrebonne Que.	1-12-43	29.00
Total.....		

DEPENDENTS' ALLCES. No. Deps.

Date Application Forwarded	Relationship	Amount Awarded	Effective Date
16-10-42	Wife&1	35.00	10-10-42
	Son	12.00	
	C.L.B.	2.60	

*Outfit *Clothing } Allce. $..... Paid on.....

Rehabilitation Grant $..... Paid on.....

*Delete words which are inapplicable.

M. F. M. 14

200M—10-41 (2231)
H.Q. 1772-39-1662

In Receipt of Pension under Pension Act or Militia Pension Act (1910) $..... P.A.

Occupational Form Completed Yes

Part II D.O. No.	Part II D.O. Date	
35	10-2-43	TOS A-27 Cdn.Recce.T.C. on attestation. Eff.6-2-43
64	13-3-43	Rate of pay per day $1.40 Eff 10-2-43
111	8-5-43	Qual as Dr Mech Group "C" Eff 5-5-43
113	10-5-43	Furl. lve.&allce. 10-5-43 to 25-5-43 16 days $8.00
130	29-5-43	Ad Dundurn, Mil Hosp. 27-5-43
157	28-6-43	Dis. Dundurn Mil Hosp. 26-6-43
165	7-7-43	Pay increase to $1.50 eff 27-5-43
172	15-7-43	Granted Compassionate Lve. ~~XXXX~~ with pay 15-7-43 to 20-7-43 incl. Allce. 6days $3.00
175	19-7-43	Granted extension of Compassionate Lve. For period 21-7-43 to 26-7-43 incl. 6 days $3.00
183	28-7-43	Ret. fr. Compassionate Lve. 27-7-43
197	12-8-43	SOS A-27 Cdn.Recce.T.C. to O/Deas eff.12-8-43
THA	16-8-43	T.O.S. 1742(T)T.C. - eff/Pay 13 - F.A.P. 16-8-43.
90	17-9-43	S.O.S. To serial #1142 Eff. 13-9-43
218	20-9-43	TOS C.A(O) eff. 13-9-43 & TOS #1 CACRU eff. 20-9-43
218	20-9-43	Granted tdmn rate of pay as L.M. Group C wef 20-9-43 on being T.O.S.
242	18-10-43	Proc. Spec. Flame Crse att. f.a.p. 6 Wing C.J.S. wef 17-10-43 - off 290-11-12-43 Rtd from Spec. Flame Crse ceases att. f.a.p. 6 Wing C.J.S. 10-12-43

CONTINUATION CARD M.F.M. 14

Regimental No. D 158000 Name Delisle Aurele

Part II D.O. No.	Date	PARTICULARS OF CASUALTY
38	12-2-44	9 dys P.L. with R.A. wef 2-2-44 - 11-2-44 rtd
75	27-3-44	Qual. as D.M. (MV) "C" wef 22-3-44.
75	27-3-44	Ceases T/P as D.M. and regranted T/P as
153	26-6-44	D.M. (MV) "C" wef 22-3-44.
"	"	S.O.S. 1 C.A.C.R.U. to 3 C.A.C.R.U. wef 25-6-44 (D.M.M.V. "C")
146	27-6-44.	TOS 3 CACRU. from 1 CACRU. 26-6-44 Dvr Mech MV "C"
182	8-8-44	T.T. & Qual Dvr Mech TK "C" wef 2-8-44
182		Cease T.P. Dvr Mech MV "C" wef 1-8-44 &
		Grant T.P. Dvr Mech TK "C" wef 2-8-44
197	26-8-44	SOS 3 CACRU to X-4 List CAC eff. 24-8-44 (Dvr Mech TK "C")
CR		SOS 9 CBRB to "F" Sqn 25 CADR wef 29-8-44 (Dvr Mech TK C)

M.F.M.—14A
40/P&S/67 (3400)

TOS X-4 List CAC "D" F Sqn wef 30 Aug

Part II D.O. No.	Date	PARTICULARS OF CASUALTIES
		SOS X-4 List CAC →D← F Sqn to 6 Sqn wef 30 Aug
	31/8/44	Att X-4 list CAC (D) 6 Sqn 25 CADR
	1/9/44	Cease att X-4 list CAC (D) 6 Sqn 25 CADR
1	12/9/44	TOS 1 Cdn Armd Personnel Carrier Sqn wef 2 Sep 44
1	22-11-44	SOS TO 1 CDN ARMD PERS CARR REGT. } wef 24-10-44
1	22-11-44	TOS from CM 811 1 Cdn Armd Pers Carr Sqn wef 25-10-44
CR 66	10.1.45	SOS (Killed in action) wef 9 Feb 45

DIVISIONAL REGISTRAR
ADMINISTRATIVE DIVISION "E"
SEP 9 1941
Dept. of National War Services
MONTREAL, QUE.

N'ENVOYEZ PAS CETTE FORMULE À OTTAWA

Après l'avoir remplie adressez-la directement au Registraire de Division concerné.
(L'adresse du Registraire de Division apparaît sur l'avis d'appel à l'examen médical)

FORMULE D'EXAMEN MÉDICAL ET DE CERTIFICAT

MINISTÈRE DES SERVICES NATIONAUX DE GUERRE
LOI DE 1940 SUR LA MOBILISATION DES RESSOURCES NATIONALES

Numéro d'ordre de l'avis d'appel: E- 77012

IMPORTANT—MÉDECIN EXAMINATEUR: Insérez ici le numéro d'ordre de l'avis d'appel de l'homme examiné.

Les registraires de division utiliseront ces formules pour dresser les copies de l'original de la formule d'examen médical et de certificat.

PREMIÈRE PARTIE

Nom et prénoms DELISLE (Ecrire en lettres moulées) (Nom de famille) Aurele (Prénoms)

Lieu de naissance Deschambault (Ville, cité ou village) Province canadienne Que (ou autre pays) Date de naissance 12 Sept 1921

Résidence fixe R.R. # 3 St Henri de Mascouche (Numéro et rue) (Bureau de poste ou itinéraire de facteur rural) (Ville ou village) (Province)

Répondre aux questions suivantes par "oui" ou par "non".

Avez-vous déjà souffert de l'une quelconque des maladies ou affections suivantes?

Rhumatisme? non Tuberculose? non Bronchite ou asthme? non Maladie de cœur? non

Maladie du rein ou de la vessie? non Maladie de l'estomac ou des intestins? non Hernie? non

Varices? non Maladie des pieds? non Maladie du nez? non des oreilles? non des yeux? non

Crises épileptiques? non Maladie nerveuse ou mentale? non Syphilis? non

Gonorrhée? oui Avez-vous déjà porté des verres? non Vous a-t-on déjà rejeté comme inapte au service militaire? non Touchez-vous une indemnité ou une pension d'invalidité? no (Oui ou non) Si oui, de quelle source?

Localité Mascouche (Ville, cité ou village) Province Que Date 3 Sept 1941

* - ?

Signé: Aurele Delisle

L'homme examiné doit signer ici en présence du médecin examinateur. → Signature du sujet.

OK PP

DEUXIÈME PARTIE

Observations du médecin examinateur. (Anamnèse claire et concise de toute maladie ou affection déclarée ci-dessus)

Examen somatique (sur la peau nue)

1. Taille 5 pieds; 9 pouces. 2. Poids 150 livres.
3. Teint clair Couleur des yeux bruns 4. Constitution vigoureuse {Vigoureuse / Moyenne / Débile} Biffer mentions inutiles.
   Couleur des cheveux bruns
5. Périmètre thoracique à l'ampliation maxima 38 pouces.
   Étendue de l'ampliation 35 pouces.
6. (*a*) Acuité visuelle sans verres correcteurs: Œil droit 20-20 Œil gauche 20-20
   (*b*) Si le sujet porte des verres, acuité visuelle avec verres correcteurs: Œil droit
   Œil gauche
7. Acuité auditive: Oreille droite v.p.20 Oreille gauche
8. Bouche et dents bonnes
   Indiquer la nature et l'emplacement de toutes dents artificielles
9. Si le sujet est atteint de quelque invalidité, congénitale ou pathologique, qui le range dans une catégorie inférieure à "A", désigner ici, clairement et laconiquement, la nature de ladite invalidité

Sous traitement pour gonorrhée depuis le 17 uillet 1941- ecoulement encore abondant

TROISIÈME PARTIE

Après avoir examiné le sujet précité, d'après les instructions relatives aux aptitudes physiques et à l'examen médical des recrues, je le certifie apte à être rangé dans la catégorie suivante:

Catégorie "A" .....
" "B I" .....
" "B II" .....
" "C I" .....
" "C II" .....
" "D" "D"
" "E" .....

Signé:
Signature Dr J. Beaulac (Médecin examinateur)
Adresse Terrebonne
Date 3 Sept 1941

-57-

(Important — Voir au verso)

INSTRUCTIONS

1. Seul un médecin diplômé, autorisé à exercer sa profession au Canada et nommé par le ministre des Services nationaux de Guerre à la fonction de médecin examinateur conformément aux Règlements de 1940 sur les Services nationaux de Guerre (Recrues), aura qualité pour examiner le sujet et remplir la présente formule.

2. Le médecin examinateur est tenu d'examiner le sujet et de remplir la présente formule d'après les instructions relatives aux aptitudes physiques et à l'examen des recrues dont il recevra un exemplaire.

3. Dès qu'il aura rempli la présente formule, le médecin examinateur la postera ou la remettra lui-même au registraire de la division administrative du ministère des Services nationaux de Guerre où réside le sujet. L'adresse du registraire de division apparaît dans le coin supérieur de gauche de l'avis d'appel à l'examen médical.

4. Le ministère des Services nationaux de Guerre versera aux médecins examinateurs dûment nommés les honoraires fixés pour l'examen de chaque sujet. Aussi les médecins examinateurs s'abstiendront-ils de présenter toute note supplémentaire. La présente formule, dûment remplie, tiendra lieu et place de la note du médecin. Les honoraires seront versés aussitôt que possible après le dernier jour du mois.

5. Dès qu'il recevra la présente formule, dûment remplie, le registraire de la division administrative où réside le sujet estampillera la date où la formule lui sera parvenue, et il en tapera, ou en fera taper quatre copies identiques, chacune revêtue de la date à laquelle l'original de la formule a été reçu du médecin examinateur. Chaque copie ainsi dressée sera certifiée conforme par le registraire de division ou par une personne nommée par lui à cette fin.

Le registraire de division conservera la première copie. Il en annexera une copie à la formule originale reçue du médecin examinateur, et expédiera aussitôt ces deux documents au ministère des Services nationaux de Guerre, à Ottawa. Il expédiera la troisième copie au représentant du ministère de la Défense nationale, et la quatrième — si toutefois le sujet a été déclaré apte à l'instruction militaire et avisé de se rendre à un centre d'instruction militaire — à l'Officier commandant du centre d'instruction militaire où le sujet aura reçu instruction de se rendre; autrement, le registraire de division conservera la quatrième copie dactylographiée.

6. Personne ne doit, sans autorisation, avoir en sa possession un exemplaire de la présente formule.

L'article 12 (3) des Règlements de 1940 sur les Services nationaux de Guerre (Recrues) se lit comme suit:

"Dans tous les cas où un doute peut s'élever sur le bien-fondé d'un certificat d'inaptitude à l'instruction militaire délivré par le médecin examinateur à l'égard d'un homme qu'il a examiné, le registraire de division pourra donner à l'intéressé un autre avis lui enjoignant de subir un autre examen; dans ce cas, l'homme se présentera aux temps et lieu indiqués par le registraire de division pour être examiné par trois médecins nommés par le Ministre. Ces trois médecins examinateurs examineront l'homme, et s'ils ne confirment pas le certificat donné par le médecin qui a procédé au premier examen, ils délivreront un autre certificat, qui sera définitif et probant."

L'article 36 des Règlements de 1940 sur les Services nationaux de Guerre (Recrues) se lit comme suit:

"Tout médecin examinateur qui, en fournissant des renseignements sous le régime des présents règlements, fait sciemment une déclaration inexacte ou signe un certificat inexact, sera coupable d'une infraction et passible, sur déclaration sommaire de culpabilité, d'un emprisonnement pour une période d'au plus six mois ou d'une amende d'au plus cent dollars, ou à la fois de l'emprisonnement et de l'amende."

(Voir les Règlements de 1940 sur les Services nationaux de Guerre (Recrues)

NE CONCERNE PAS LE MÉDECIN EXAMINATEUR

L'espace ci-dessous est réservé au médecin du centre d'instruction militaire

Faire ici un relevé circonstancié de toute maladie ou invalidité dont il n'a pas été fait mention précédemment: —

A

.....

.....

.....

.....

Signature ..... G. T. Ryan M.D.
Médecin militaire du Centre d'instruction militaire

Numéro dans la Milice active non permanente.....

Nom ou numéro du centre d'instruction ..... D.D.H. ..... 10-10-42.

Station	Entré à l'hôpital			Sorti de l'hôpital le			Maladie	N.B. — Indiquer s'il s'est agi d'une maladie grave ou bénigne et si la guérison a été complète. S'il s'est agi d'un accident, indiquer s'il y a eu Conseil d'enquête et, le cas échéant, la date où l'accidenté a reçu un appareil orthopédique ou prothétique.
	Jour	Mois	Année	Jour	Mois	Année		

Copie certifiée conforme à l'original.

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 DELISLE Aurele (b) Reg'l. No. D-639784 H. 158002
2. (a) Arm of service C.A.C. (b) Unit Reinforcement (c) Rank Tpr.
3. (a) Date of birth 12 Sept. 21 (b) Have you any dependents? 1 (c) Place of residence at time of enlistment Terrebonne
4. (a) Place of enlistment Montreal (b) Date of enlistment 10 Oct. 1942

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 16 Yrs. old (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.) 3 yrs. High
7. If you attended a university, give name of university and standing or degree secured N/A
8. (a) Did you ever enter upon a trade apprenticeship? Yes (b) If so, for what occupation? Driver, Caterpillar (c) Did you finish it? No (d) If you did not finish it, how long did you serve at it? 4 months
9. (a) What languages do you speak fluently? French (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) Yes (b) At time of enlistment of what trade union or professional society were you a member? International Union

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

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

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

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

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

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

18. Name of employer Canadian Car & Munition Address Cherrier Plant
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Defence Industry
20. (a) Your specific occupation Operater (b) Number of years' experience at this occupation with any employer 2½ yrs.
21. (a) Did your employer promise definitely to give you employment on discharge? N/A (b) Did your employer refuse to promise you employment on discharge? N/A (c) Do you wish to return to your former employment? NO

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

Section F—PARTICULARS OF FARMING EXPERIENCE

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

Section G—MISCELLANEOUS

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

DATE Feb. 6th 194 3 SIGNATURE A. Delisle

File No. 405-D-20240

VERIFICATION FORM

WAR SERVICE MEDALS 1939-45

No. D158000 Name Delisle, Aurele

Rank on Discharge Tpr. Date of Discharge 9-2-45.

Authority for Discharge or Retirement Deceased

Served in:

				Non-qualifying service
Canada	from	6-2-43	to 12-9-43	
	from		to	
United Kingdom	from	13-9-43	to 25-8-44.	
	from		to	
Italy	from :-		to	
Northwest Europe	from	26-8-44	to 9-2-45 (deceased)	
---------	from		to	
---------	from		to	

Eligible for award of:

1939 - 45 Star OK

~~Italy Star~~

Italy Star

France-Germany Star OK

Defence Medal OK

War Medal OK

Canadian Volunteer Service Medal OK

with Clasp OK

M

Verified by Annette Routhier

Date JUL 3 1946 ~~JUL 9 1946~~ DB

Carded

NRD

HA 165

F.T.

23rd February, 1945.

Mrs. Claire Delisle,
38 Laurier Street,
Terrebonne, Quebec.

Dear Mrs. Delisle:

It was with deep regret that I learned of the death of your husband, D158000 Trooper Aurele Delisle, who gave his life in the Service of his Country in the Western European Theatre of War on the 9th day of February, 1945.

From official information we have received, your husband 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.C. Spencer),
Brigadier,
Acting Adjutant-General.

/EMA

9

405-D-20240
D.R. 2 (D)

CERTIFICATE OF DEATH

THIS IS TO CERTIFY that according to information received at the Department of National Defence from the overseas authorities, No. D.158000, Trooper Aurele DELISLE, of the Canadian Armoured Corps, Canadian Army, was killed in action on the 9th of February, 1945.

(R.T.E. Hicks-Lyne) Colonel,
Acting Director of Records.

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

Department of National Defence,
Ottawa, Canada.
February 28th, 1945.

Mem x. Widow
A 2-70 re Mother
1/3/45 H.A.3

15

A5H3

405-D-20240

FIELD SERVICE

Army Form B. 2090A.

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: 1 Cdn ArmdPers Carrier — Squadron, Troop, Battery or Company:

Officer's Personal No. (if known) / Soldier's Army No.: D 158000 — Rank: Tpr.

Surname: Delisle. — Christian Names: A.

Died — Date: 9 Feb 45 — Place: Germany

Cause of Death*: Killed

Nature and Date of Report: 301lc/10 Feb 45

By whom made: 1 C.A.R.C.R.

* 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: Long side of house Cross rds Bomshof 845554 sheet 4202 1/25 000 Cleve 3rd Edition AEF — Date: 9 Feb 45

By whom reported: H/Capt. H.S.B. Harper 1 C.A.P.C.R.

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

(b) as a separate document: Not Rec'd

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: Belgium, 6 Mar 45

Signature of Officer in charge of Section Adjutant-General's Office at the Base: Eric G Roberts Capt. for Officer i/c

Edn Sec 2nd Ech HQ 21 A Gp.

Wt. 46939/917 500M. 3/40 M. & S., Ltd. 51-6239

23

CANADA

QUOTE NO. H.Q. 405-D-20,240 D.R. 2(C)

DEPARTMENT OF NATIONAL DEFENCE
ARMY

OTTAWA, CANADA,

18th July, 1946.

F.T.

Mrs. Claire Delisle,
38 Laurier St.,
Terrebonne, Que.

Dear Madam:

Information has just been received from overseas that the remains of your husband, D158000 Trooper Aurele Delisle, have been carefully exhumed from the original place of interment and reverently reburied in grave 12, row C, plot 25, of Nijmegen Canadian Military Cemetery, four miles South-East of Nijmegen, Holland. Marked map is enclosed. This is a recognized military burial ground and will receive care and maintenance in perpetuity.

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

Yours faithfully,

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

/EMA

NAT. DEF. A-168-A
2,000M—11-43 (2777)
H.Q. 1772—39—376

Director of Estates

Regimental No. D.158000 ..... Rank. Trooper .....

DELISLE ..... Aurele .....
Surname Christian Names

ESTATES BRANCH
MAR 8 1945
H.Q. OTTAWA
NATIONAL DEFENCE

Unit..... 1st Armoured Personnel Carrier Regt. C.A.C. (CA) .....

Date of death. 9- Feb 45 ..... Place of Death. Overseas (France) .....

Casualty Details.. Killed in Action .....

.....

.....

Next-of-kin.. Mrs. Claire Delisle ..... Relationship.. Wife .....

Address..... 38 Laurier St.,, Terrebonne,, Quebec. .....

.....

.....

Will..... d/14 Oct 42 .. d/6 Feb 43 herewith .....

Date..... 7 Mar 45.

EXCERPT OF M.F.M.5 dated.. 6 Feb 43 .....

(1) Are you married?.... Yes ..... Children?.. One girl .....

Wife's name and address). Claire Delisle ..... Names and. Jean Claude .....
38 Laurier St.,, ...
Terrebonne, P.Q. Ages .....

(2) Is your father alive?... Yes .. If so, state name and address.....

..... Joseph Delisle .....

..... Van Buren,, Maine .....

(3) Is your mother alive?... Yes .. If so, state name and address.....

..... Yvonne Henry. Delisle .....

..... Van Buren,, Maine U.S.A. .....

(4) Are you insured?..... Yes .. If so, in what company?.....

..... Metropolitan Life Ins. Coy .....

JEC/FMR

ESTATES LIAISON

No D.158000 Rank Trooper Name DELISLE, Aurele

Unit C.A.C. Date of death 9th Feb.,1945

Died at Germany

Cause Killed in action

Death occurred on strength of Forces.H.Q. 405-D-20,240

N/K Mrs. Claire Delisle, Relationship Wife

Address 38 Laurier Street, Terrebonne, Quebec.

Remains buried in Long side of house cross rds Bomshof Cemetery
845554 sheet 4202 Cleve 3rd Edition AEF
Germany

CHK

Grave location

OVER

BURIAL REPORT TO N.K. JUL 20 1946

RETURN TO BUR. OF STAT. JUN 13 1945

ROYAL MESSAGE DESP'D. MAR 1 1945

CAN. MESSAGE DESP'D. MAR 7 1945

Temp B R sent to N K HI & CR Form D dspd. OCT 23 1946

Photographs

Despatched

DEC 8 1947

REBURIAL

Canadian Military Cemetery,
4 miles S.E. of Nijmegen, Holland.
Grave 12, row C, plot 25.

Nijmegen C

5M-10-44 (M-4414)

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

NUMBER D-158000 RANK Trooper SERVICE UNIT 1st Armoured Personnel Carrier Regiment C.A.C. (C.A.)

NAME DELISLE, Aurele

DATE OF BIRTH DAY 12th MONTH September YEAR 1921 Date Enlisted: 6-2-43

MARITAL STATUS Married Religion: Roman Catholic

NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 RELATIONSHIP Wife NAME Mrs. Claire Delisle,

ADDRESS 38 Laurier Street, Terrebonne, Quebec. ADDRESS D.A.B.

ADDITIONAL PERSON TO BE NOTIFIED ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. Canrecords - 6256A H.Q.405-D-20,240

CASUALTY DETAILS Killed in action DATE 9-2-45

FRANCE

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 22-2-45

MM O/S with 1 CACRU S/L 3160 Recce.

M S Dobbie Lieut.

OFFICER I/C RECORDS

6

COPY FOR DOCUMENT FILE

FORM 6

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not write in this space

1. PLACE OF DEATH

Municipal county: IN THE FIELD(GERMANY) | Official name of civil municipality or township:

Place an X over the word which applies to this municipality or this territory

City | Town | Village | Parish | Township

Street: | No.: | Hospital or Institution:

2. LENGTH OF STAY

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

3. NAME OF DECEASED

Surname: DELISLE (*Block letters*)

Given names: Aurele

Do not write in this space

4. RESIDENCE

Street: Laurier No. 38

Official name of civil municipality or township: Terrebonne

Municipal county: Province: Que

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

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

10. BIRTHPLACE (Province or Country): Quebec

11. DATE OF BIRTH: Sept. (Month) 12th (Day) 1921 (Year)

12. AGE OF DECEASED: Years 24 | 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.: Operator (Smelter)

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	Joseph Delisle	
MOTHER (Maiden Name)		

19. Place of burial, cremation or removal: Germany

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

21. PLACE OF REGISTRATION OF THIS BURIAL

(a) Name of parish or church:

(b) Civil municipality of:

(c) Municipal county:

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

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: February 9th (Month) (Day) 45 (Year) 19....

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**....

OVERSEAS CASUALTY CANADIAN ARMY

JUN 13 1945

Signed ....M.D.

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

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

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

Director of Records

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)

Dept. National Defence

DOIT ÊTRE REMPLIE ET RENVOYÉE PAR

Formule P. 64

Madame Claire Bélisle,
38 rue Laurier,
Terrebonne,
P.Q.

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

DIRECTEUR DES SUCCESSIONS,
MINISTÈRE DE LA DÉFENSE NATIONALE,
OTTAWA, ONTARIO

et de citer le numéro suivant:

Q.G. 405-D-20,240 FD316

MINISTÈRE DE LA DÉFENSE NATIONALE
DIVISION DES SUCCESSIONS
OTTAWA, ONTARIO

Ottawa, 15 mars, 1945

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

DELISLE, Aurele.TRP.(Décédé)

No. D158000, Armée Canadienne

ESTATES BRANCH
MAR 22 1945
H.Q. OTTAWA
NATIONAL DEFENCE

il est nécessaire que les renseignements voulus concernant le défunt et les membres de sa famille soient fournis à la Division des successions. Vous êtes donc prié de lire le mémorandum ci-inclus avant de remplir les pages 2 et 3 de cette formule. Les détails exigés doivent être inscrits comme il faut et la déclaration à la page 4 doit être ensuite signée en présence d'un pasteur, prêtre, magistrat de la localité, commissaire instrumentaire, notaire public, ou officier de l'une quelconque des forces de Sa Majesté, que l'on priera de compléter et signer le certificat. Cette formule doit être ensuite renvoyée à l'adresse mentionnée ci-dessus.

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 "remarques supplémentaires", à la page 4.

Pour Le directeur des successions,

M.F.W. 77a (French)
3M—10-44 (5704)
H.Q. 1772-39-972

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.....		Claire Lachapelle(Delisle)	23	38 rue Laurier Terrebonne,Que
2	Enfants du défunt et dates de naissance.....		Jean Claude Délisle	2½	38 rue Laurier Terrebonne,Que
			Jean Jacques Délisle	1½	38 rue Laurier Terrebonne Que
3	Père du défunt.....		Jos. Délisle	62	Mascouche, Comté Assomption Que.
4	Mère du défunt.....		Yvonne Henri (Délisle)	53	Mascouche Comté Assomption Que
5	Frères du défunt	Frères germains	Marcel Délisle	34	Mascouche, Comté Assomption Que
		Demi-frères			
6	Sœurs du défunt	Sœurs germaines	Alexandra Délisle	30	rue St-André Terrebonne Que
			Gisele Délisle	27	a/s Sun Life Bldg Montreal Que
		Demi-sœurs			
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) Tous vivant.		Adresse de leurs enfants

RÉPONDRE AU LONG À TOUTES LES QUESTIONS SUR CETTE PAGE

DÉTAILS D'IDENTITÉ

8	Nom et prénoms du défunt.	Aurèle Délisle
9	Date de sa naissance.	12 sept. 1921
10	Lieu et date de son mariage.	Terrebonne 18 Sept.1942
11	Lieu et date du mariage de ses parents.	A Longueuil, 23 avril, 1906

DÉTAILS DE DOMICILE

12	Lieu où le défunt est né.	Deschambault, P.Que.
13	Indiquer, par ordre, la province, l'état et/ou le comté où le défunt a résidé avant son engagement, et la durée dans chaque cas.	(a) Mascouche, 17 ans (b) Terrebonne 6 ans (c) (d)
14	Nature de son emploi avant son enrôlement.	Canadian Car Munitions Limited St-Paul l'Ermite, (Munitions) "Plan Cherrier"
15	Indiquer s'il était propriétaire de la maison où il demeurait. Le cas échéant, à quel endroit?	Non
16	Indiquer le lieu où le défunt entendait vivre d'une façon permanente.	Terrebonne

DÉTAILS DE LA SUCCESSION

17	A-t-il laissé un testament? Si vous en avez la garde, veuillez nous le transmettre.	Aucun testament
18	Si le défunt était marié et domicilié dans la province de Québec ou dans un état des États-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?	Aucun contrat de mariage
19	Avait-il un compte d'épargne 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. Désirez-vous qu'il soit administré avec le compte de solde?	Aucun compte de banque au Canada Environ $100.00 dans une banque en Hollande d'après ses lettres
20	Montant des certificats d'épargne de guerre que possédait le défunt. Indiquer l'endroit où ils se trouvent.	Aucun certificat à ma connaissance
21	Montant des bons de la victoire que possédait le défunt. Indiquer s'ils sont enregistrés ou payables au porteur, ainsi que l'endroit où ils se trouvent.	Aucun à ma connaissance
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.	Metropolitan Life Ins. Co. $500.00, payable à moi-même
23	Décrire les autres valeurs, le cas échéant, et en donner le montant approximatif. Se servir de l'espace à la page 4, au besoin.	Aucune autre valeur

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.	Non Non Nul
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.	Payé par moi-même tel que reçu annexé.

(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)

DÉCLARATION

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

Je, soussigné, déclare que tous les renseignements contenus dans cette formule 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* l'épouse du défunt.

N.B.—A être signée au long en présence d'un pasteur, prêtre, magistrat de la localité, commissaire, notaire public ou officier de l'une quelconque des forces de Sa Majesté.

Mme Claire Délisle — Signature du déclarant

38 rue Laurier, Terrebonne, Que. — Adresse

CERTIFICAT

Je, soussigné, certifie que, autant que je sache

Mme.Vve. Claire Lachapelle (Délisle) — Nom du déclarant

*Voir plus haut

est le/la* l'épouse du défunt ci-dessus décrit. La déclaration ci-dessus a été faite par le déclarant et signée en ma présence.

Daté à Terrebonne, ce Vingtième jour de mars 19 45

Signature du pasteur, prêtre, magistrat, commissaire, notaire public ou officier de l'une quelconque des forces de Sa Majesté.

V. Lefebvre

Titre Greffier Cour de Magistrat

Adresse 43 rue St-Joseph, Terrebonne, P.Que.

COUR DE MAGISTRAT DISTRICT DE TERREBONNE VILLE DE TERREBONNE

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, ainsi que l'adresse et l'âge 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 REMARQUES SUPPLÉMENTAIRES.

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

WILL

M.F.M. 10
150M—6-42 (4820)
H.Q. 1772-39-1656

(1) I, Aurele DELISLE (Name in Full), of the CITY (City, Town, Village, Township)

Address in civil life.

of TERREBONNE, in the County District of TERREBONNE

Province of QUEBEC, OPERATOR (Civil Occupation)

Regimental No D-639784, Unit N.R.M.A. & D.D., do hereby revoke all former Wills by me made and declare this to be my LAST WILL.

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

(2) I GIVE, DEVISE AND BEQUEATH unto "My wife, Mrs. Claire DELISLE ,

Residing at: 38 Laurier St., Terrebonne, Que., Canl

All my estate both real and personal.

F. D.

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

A. D.

(4) I appoint ..... (Name) (Address)

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

IN WITNESS WHEREOF I have hereunto set my hand this 14th day of October 19 42.

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.

Aurele Delisle
(Signature of soldier)

First witness sign here.

(5) Signature Jean Claude Payette
Civil Address 3694 Rosedale Montreal
Civil Occupation Accountant

Second witness sign here.

Signature Louis D. Hebert Jr
Civil Address 4300 Chambord St. Montreal. P 2.
Civil Occupation Salesman

(Witnesses are not to be beneficiaries.)

[OVER]

NOTE

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

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

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

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

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

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

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

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

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

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

GENERAL

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

D. R. 10 JAN 26 1946

M.F.M. 5
150M—1-42 (3165)
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 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.

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(1) Name of Officer or Other Rank DELISLE, AURELE
(Surname first—Christian names in full—Block capitals)

(2) Regimental or Official Number and Rank D- 158000

(3) Unit A-27 Cdn. Recce. T.C. Dundurn Trng. Area

(4) Are you married? Yes

(5) If married, state,

(*a*) Full name of your wife Claire DELISLE, 1

(*b*) Present postal address of wife 38 Laurier St., Terrebonne, P.Que.

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

(7) Are you a widower? No

(8) Have you any children? Yes Number of boys 1 Girls Nil

Names and ages Jean Claude 13th September, 1942

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

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

Name Mrs Claire Delisle

Postal Address 38, Laurier St., Terrebonne, P.Que.

[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 2 years immediately prior to appointment or 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 Joseph Delisle, Van Buren, Maine, U.S.A. General Contractor

(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. 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 Yvonne Henry Delisle, Van Buren, Maine, U.S.A.

(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 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
This may include any brothers 16 years of age or under, or any sisters 17 years of age or under, solely supported and maintained as bona fide members of your household before your appointment or enlistment.

If so, state the following particulars:—

Relationship N/A

Full Name N/A

Postal Address N/A

Amount contributed monthly during the past six months

(18) Are you insured? Yes

If so, in what Company? Metropolitan Life Ins. Coy. (# Unknown)
(Give number of policy)

Have you made arrangements for payment of your Insurance Premium? Yes
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.

F. Delisle
(Signature of officer or man)

Date 6th February, 1943

Officer Commanding A-27 Cdn. Recce. T.C. Dundurn, Sask.

Date 5th February, 1943

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.)

5M-1-45 (6393) (FR.)
H.Q. 1064-81-3

4

ARMY

DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

DECEASED MEMBER'S NAME: Aurele (CHRISTIAN NAMES) DELISLE (SURNAME)

REGISTER NO. D-8360
FILE NO. 405-D-20240
DATE 14-6-45
SERVICE NO. D-158000
FINAL RANK OR RATING Tpr.
DATE OF DISCHARGE 9-2-45

PAYEE Mrs. Claire DELISLE,
ADDRESS 38 Laurier St.,
Terrebonne - P.Q.

DATE OF TERMINATION OF OVERSEAS SERVICE 9-2-45

A. TOTAL QUALIFYING SERVICE		
NO. OF DAYS 735/30 EQUAL TO 24 COMPLETE PERIODS AT $7.50		$ 180.00
B. QUALIFYING OVERSEAS SERVICE		
No. OF DAYS 515 LESS 15 INELIGIBLE DAYS, EQUAL TO 500 DAYS @ 25c. PER DAY		125.00
SEE PAR. 2 OVERLEAF FOR EXPLANATION		305.00
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 $ 63.12	$ 2.10	
TOTAL	$ 5.10 X7 = $ 35.70	
NO. OF DAYS 515/183	X$ 35.70	100.47
D. WAR SERVICE GRATUITY		405.47
E. DEDUCTIONS OVERPAYMENT OF PAY AND ALLOWANCES	$	
DEPENDENTS' ALLOWANCE AND ASSIGNED PAY	$	
OTHER DEDUCTIONS	$	
F. TOTAL AMOUNT PAYABLE		405.47

RECEIVED
JUN 20 1945
WAR SERVICE
GRATUITY DIVISION,
ARMY TREASURY

G. YOUR PORTION OF GRATUITY IS— 100%

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

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

AT

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

PREPARED BY	CHECKED BY	TREASURY CHECKED BY	DATE
KBS		Eileen Stockdale	6/7/45

Kuskin Lt
SERVICE REPRESENTATIVE

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

ARMY TJ

Name DELISLE Aurele No. C-158000
Surname Christian Names

Tpr. C.A. O/S 9-2-45
Rank Unit Date of Death

AMOUNT

L.P.C. $ 101.61

Date 13 Oct 45

Other Credits

Total 101.61

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Widow	Mrs. Claire Delisle 38 Laurier St. Terrebonne, P.Q. (Sole beneficiary under Will)	101.61 R

P4. TO TREAS. 8-11-45 Q.M.

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	101.61

CLASSIFIED BY

D

EXAMINED BY

For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

L.

(L. M. Firth) Colonel
Director of Estates

AUDITED FOR PAYMENT

For Chief Treasury Officer

40M—8-45 (7876)
H.Q.1772-45-27

FORM No. 1

Register No. [redacted]

Nominal Roll No.

H.Q. File No. 405-D-20240

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-158000	TPR.	DELISLE	AUREL

REASON FOR TERMINATION OF SERVICE:

1st Enlistment DECEASED CARO ( )

2nd Enlistment CARO ( )

3rd Enlistment CARO ( )

Total Service

1ST ENLISTMENT	2ND ENLISTMENT	3RD ENLISTMENT
T.O.S. 6 Feb 43	T.O.S.	T.O.S.
S.O.S. 9 Feb 43 MD O/S	S.O.S. MD	S.O.S. MD
Total Days 733	Total Days	Total Days

Total Service 735 DAYS

—	Total Service	Less Non-qualifying Service	Net Service
Western Hemisphere	219	—	219
Overseas Service	516	—	516
Totals	735	-	735
Add Non-qualifying Service			
Total Service			735

EMBARKATION DETAILS:

1. Date S.O.S. Overseas 9 FEB 43 2. Date S.O.S. Overseas

REMARKS: N.R.M.A service from 10 Oct 42 to 5 Feb 43 D-639784

Computer's Signature R Cropley

Checker's Signature

Date Computed 18 June 43

KILLED IN ACTION 9 FEB 43

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

L. Domoney Capt

for 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 ....

Overseas: T.O.S. 13 SEP. 43 ✓ T.O.S. .... T.O.S. ....

S.O.S. 9 FEB. 45 S.O.S. .... S.O.S. ....

Total ....

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

CANADIAN ACTIVE SERVICE FORCE

District.....

OVERSEAS

Dispersal Area.....

LAST PAY CERTIFICATE

(All Ranks)

Regtl No. D158000 Rank and Name DELISLE. A. Tpr.

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

(~~Transfer~~ or Discharge).....to.....on 9th.February.1945.19.....

Reason Death Authority : C.C.L."A" 543 d/18.Feb.45.

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

Particulars	Dr Amount		Particulars	Cr Amount	
Balance Dr from last account			Balance Cr from last account	63	48
First Monthly Payment			Regimental Pay 28 days at $ 1.50	42	00
Casual Payments			Tradesmen's Pay 28 days at $ 25¢	7	00
Payments on Transfer or Discharge			Additional Pay (Give Particulars) ..... days at $		
Assigned Pay	29	00			
Regimental Charges			Allowances (give particulars) ..... days at $		
Public Stoppages (give particulars) :					
			Cash Effects SOCR 43847	17	53
			Cash Effects SOCR 43847		37
			Def.Pay Interest		16
To Balance Cr Free	97	54			
To Balance Cr Deferred	4	00	By Balance Dr		
Total	130	54	Total	130	54

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

Remarks

Assnd Pay $29.00 (W) Stopped eff March.1945.

The above statement has been compiled from Treasury Records, the latest paybook not being available.

May it be noted, please, that the latest payment received by Treasury for this soldier is dated 10th December.1944.

Compiled by W.W.Marsh.

Checked by B.M. Wadsworth

Date 14th.August.1945.19...

Certified correct E Landauson
for Chief Treasury Officer, Overseas

MW

5/7B CFA 187
40/P & S/2130 (7065)

214

CANADIAN MILITARY HEADQUARTERS

ESTATES BRANCH
INVENTORY

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

No., RANK and NAME ..... D-158000 DELISLE A. TPR DEC'D .....

RECEIVED FROM ..... GHQ CDN SEC 2nd Ech 21 Army Group .....

CHECKED BY ..... A-117006 Gnr Schwartz M ..... DATE ..... 14 Mar 45 .....

AND ..... B-38320 L/Cpl Turnbull T. C. .....

2	Metal Crucifixes.		
1	Red Leather Wallet.		
1	Red "I" Disc.		

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

QUADRUPLICATE—with effects.

..... W. Schwartz Gnr .....
for OC 1 Cdn KSD