D16175
STRACHAN
JAMES

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MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

(1) MEDALS
PERSON ENTITLED TO Mrs. Mary S. Strachan Widow

(1)

ADDRESS: IIOI Graham Blvd., Apt. II, Montreal I6, P.Q.

(2) MEMORIAL CROSS

WIDOW Mrs. Mary S. Strachan,

(1550)

ADDRESS: 1774 Grand Trunk St., Montreal, P.Q.

Retd. 19-2-44

(2)

DESP. JAN 31 1944
REGN No. 4140

DESP. MAR 6 1944
REGN No. 6060

(3) MEMORIAL CROSS

MOTHER (DECEASED) See File

(3)

ADDRESS:

MEMORIAL B R

DATE DESP

REGN. NO 1509

15-1-44

AWARDS—CANADIAN ARMY (ACTIVE) M (1550) (1523) (M.J.A.)

100M—10-41 (2195)
H.Q. 1772-45-8

FILE No. 405-S-4045

SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. NO	RANK ON DISCHARGE	C.A.S.F. UNIT
STRACHAN,	James	D.16175	Spr. ~~Rtg.~~	R.C.E.

WAR SERVICE BADGE (CLASS) ELIGIBLE

GSC No. 005771 (9-4-46) RM. 5126 DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
Defence Medal	
War Medal, 1939-45	
CVSM & Clasp	
	2123

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

~~ORIGINAL~~
DUPLICATE
~~TRIPLICATE~~

M.F.M. 2
A.F.B. 271
480 M—8-39 (1696)
H.Q. 1772-45-18

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

Unit 4th FIELD COMPANY ROYAL CANADIAN ENGINEERS Regimental Number D 16175

CANADIAN ACTIVE SERVICE FORCE

ATTESTATION PAPER

1. Surname STRACHAN
2. Christian Names JAMES
3. Present address 1774 Grand Trunk St. Montreal. P.Q.
4. Date of birth 22 November 1894
5. Place of birth Scotland (Country) Angus (County or Province) Dundee (Town or Township)
6. Religion (state denomination) Presbyterian
7. Trade or Calling Carpenter
8. Married, Widower or Single Married
9. Name of next of kin Mary Louis Strachan.
10. Relationship Wife
11. Address of next of kin 1774 Grand Trunk Street Montreal. P.Q.
12. Have you served in any Naval, Military or Air Force? No
13. If previous war service, state arm, force and regimental particulars No
14. Do you now belong to or have you served in the Active Militia of Canada? No.

(Give unit and date of attestation)

DECLARATION TO BE MADE BY MAN ON ATTESTATION

I, James Strachan 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 7. Nov. 39. W B Quinlan Wit. James Strachan (Signature of recruit)

OATH TO BE TAKEN BY MAN ON ATTESTATION

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

James Strachan (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 this 7th day of November 1939.

Edward L. Thorne — Signature of Magistrate, Justice or Attesting Officer.

Capt. 4th Field Coy. R.C.E. — Office or Rank and Unit or appointment.

M. F. M. 2 (A) RECEIVED MAR 18 1940

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

Record of Service of S RACHAN (Surname) JAMES (Christian Names) Regimental Number D-16175

Qualifications

Military: None

Business or Professional: --

Trade or Civil: Carpenter & Joiner

Technical: --

Languages: English

Educational Qualifications

High School or Collegiate: -- (years completed)

Graduation or Matriculation: (specify)

*College: --

*University: --

*(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
8/11/39		Joined on appointment	SAPPER	7/11/39	4th FLD. R.C.E	MONTREAL	#75 PART II	8/11/39
		7 days Privilege Leave	"	6.7.40	"	Stanb	D.O 11(3)	13.7.40
		To draw Trades Pay 50c per diem	"	1.4.40	"	FD	14	31.7.40
		attached to 2nd bd Sd Pk Coy for all purposes	"	6.8.40	"	"	16	9.8.40
		" " attchd to 2nd FD Park Coy	"		1st RCE 1 CDN DIV	"	19	30.8.40
		leaves to be attchd to 2nd FD Pk Coy	"	2.9.40	1st Can Corps RCE	"	21	13.9.40
		Total forfeiture 2 days pay A.W.L. FR 91 (49 41) E	"	1.10.40	"	"	27	11.10.40
		7 days Privilege leave	"	27 Dec 40	"	"	176	31 Dec 40
		Hangase	Spr.	21 Dec 39				
		SOS CASF (CANADA) ON EMBARKATION AT ... ON 22 Dec 39 ... AND DISEMBARKED AT Gourock		3 Dec 39	4th Hd Coy	Lond	6	31 Jan 41
		SOS To S&H on Admt to 5 Gen Hospital	Spr.	18 Jan 41	4th Hd Coy	FD	Do 6	31 Jan 41
		TOS from 4 Sa Coy RCE & adm to 5 Gen Hospital		20 Jan 41	S&H	Bdn	DO 20	24 Jan 41

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

Are you receiving or have you in the past received, disability pension or compensation. If so give details

Date	
10-11-39	
17-11-39	
22-11-39	
22-11-39	
14-11-39	
24-11-39	
2-12-39	

Name in full

Part I

1. Age.....
a. Rheumatism
b. Tuberculosis
c. Bronchitis
d. Heart disease
e. Kidney
f. Gastro-intestinal
g. Rupture
h. Varicose veins
i. Flat or c...

Examiner's ...

Part 3

1. Identifi...
Small...
2. Height...
4. Comple...
6. Chest m...
7. Vision ...
With
9. Conditi...
10. The abn...

reported in ...
and Instruc...

Special rem...

CERTIFICATE OF MEDICAL EXAMINATION

Name in full JAMES STRACHAN Date 2-10-39

Part 1. Information obtained from the recruit.

1. Age 45

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

James Strachan
(Signature of Recruit)

Examiner's remarks re above

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

1. Identification marks or scars. (If operative obtain history.)
Small finger on left hand partially off-Burn scar on right leg-
2 vaccination marks on left arm

2. Height 5 feet 6¼ inches.
3. Weight 159 pounds.
4. Complexion Fair Eyes Grey Hair Brown
5. Development Good (Good / Fair / Poor)
6. Chest measurement—Girth on full expansion 39½ inches.
Range of expansion 2 inches.
7. Vision, right 20-60 left 20-60
With glasses 20-20 20-20
8. Hearing, right WV 20 left WV 20
9. Condition of mouth and teeth Two plates
10. The abnormalities (congenital and pathological) found on examination are as follows
Slight varicose veins

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 V

Special remarks when category lower than A
Eyesight

President — Member — Member

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature
10-11-39.	T.A.B. 3	2-12-39	Remaining Physical Formal. MSbookbapt
17-11-39.		5-12-39.	Hemoroid Tags. MSb.
22-11-39.		26-2-40	2nd ATT. (Cor. CEK)
22-11-39.	VAC.	30SEPT40	TET TOX 1 cc
	VAC. Successful.		
14-11-39.	X-Ray - Chest. # 32057. "NEGATIVE".		
24-11-39.	Recheck: urine, ears, nervous system, eyes 10/10 R. 10/10 L. c̄ glasses. Normal. MSbookbapt.		
2-12-39.	Tetanus Toxoid 1cc. MSbookbapt.		

give details of any injuries received, disability in the past, pension or compensation. If so, give details

Regtl. No. D-16175 Rank Sapper Surname STRACHAN Christian Name JAMES.

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				

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

Statement of the Service of No. D.16175. Rank ..... Sheet No. .....

Name Strachan James

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
		Transferred to Middlesex G.10 Y. W.1.	Spr.	22 Jan 41			Casual.	29 Jan 41
		T.o.p. from 4th Gren. 4th Fld Coy R.C.E.	"	20 Jan 41	E.H.U.	Bordon	D.O. 21	25 Jan 41
		S.O.S. to Can Base Depot and placed in Cat "E"	"	2 April 41	"	"	" 78	4 April 41
		T.O.S. from 1 R.C.E. H.U	"	3.4.41	1 CBD	Kafonk Bks.	76	4.4.41
		P.L. to 25.4.41.	"	18.4.41	"	"	85.	18.4.41
		S.O.S. TO CANADA		JUN 2 1941	—	Grenby	117	1.6.41
16-6-41		TOS ON POSTING FROM HIS UNIT OVERSEAS	"	1-6-41	4.DD	MIL SOUTH	4.DD PT II NO 141	16-6-41
30-6-41	4 DD	ADMITTED SICK TO ST.ANNES HOSPITAL.	"	27-6-41	"	"	" " 153	30-6-41
7-7-41	4DD	DISCHARGED WHILE IN STE ANNES HOSPITAL UNDER THE PROVISIONS OF R. 502 AS" UNABLE TO MEET THE REQUIRED MILITARY PHYSICAL STANDARDS" UNDER THE PROVISIONS OF ART O 1029 PARA 10 WITH EFFECT FROM		7-7-41			D.O. 159	7-7-41
		HAVING SERVED FOR SIX MONTHS AND HAVING SHOWN HIMSELF TO BE PROVIDED WITH SATIS FACTORY CIVILIAN CLOTHING IS CREDITED WITH $ 35.00 UNDER THE PROVISIONS OF ART 187 (I)(A) F.R.&.I.						

SERVICE AND CASUALTY FORM

PART I (For all ranks)

M.F.M. 4 (Part I)
A.F.B. 103 (Part I)
43M—11-36 (9360)
H.Q. 1772-45-18

Unit 4th.Field Company R.C.E.(CASF) Regimental Number D-16175

1. Surname STRACHAN
2. Christian Names JAMES
3. *Substantive Rank and Appointment DAPPER
   *Acting Temporary or Local Rank
   giving date
   *To be entered in pencil to facilitate alteration.
4. Place of birth 22 November 1894.
5. Date of birth as declared on attestation Dundee Scotland.
   (A)
6. Date of enlistment 7 November 1939
7. Place of enlistment Montreal P.Q.
8. Residence at time of enlistment 1774 Grand Trunk St.
9. (B) Special conditions (if any) of enlistment or rate of pay
10. (C) Any subsequent variations of conditions of service
11. Religion Presbyterian.
12. If married, state date Married. 20-2-13
13. Trade on enlistment Carpenter & Joiner
14. Corps, trade and grade
15. (D) Qualifications
16. (E) Miscellaneous entries

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

(18) Medical

Category	Date	Authority
D	27 JAN. 41	D.O. 34. 9 Feb. 41.

(19) Next of kin (entries to be made in pencil) WIFE
Kathleen Louise Strachan

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

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

(a) Report: Date	(a) Report: From whom received	(b) Unit	(c) Record of all casualties regarding promotions (acting, temporary, local or substantive), appointments, transfers, postings, attachments, &c., forfeiture of pay, wounds, accidents, admission to and discharge from Hospital, Casualty Clearing Stations, &c. Date of disembarkation and embarkation from a theatre of war (including furlough, &c.) in accordance with para. 2 of Note to Table I of Appendix III of Field Service Regulations, Volume I	(d) Place of Casualty	(e) Date of Casualty	(f) Army rank as at (e)	(g) Army Form or other authority for entry to be shown
							Part II Orders
Aug 40	3011	4 F Coy	Attached to 2nd PK Coy (all purposes)	Field	6 Aug 40	Spr	DO 16
	"	"	Grades Pay 50 c p.d.	"	1 Apr 40	"	DO 14
	"	"	Leaves to be attached 2 F Coy	"	2 Sep 40	"	P.T. II DO #21 - 6 Sep 40
4 Oct 40	06	"	Forfeits 2 Days Pay F.R. & I. 149-1-A.E.	"	1 Oct 40	"	No 27 DO " Oct 40
30 Dec 40	"	"	7 Days P. Leave	"	27 Dec 40	"	No 46 - 31 Dec 40
28 Jan 41	"	"	S.O.S. to 1 Engineer H. Unit (admitted 5th General Hosp).	"	18 Jan 41	"	No 6 - 31 Jan 41
		1 Eng H.U.	T.O.S. from 4th Field Coy R.C.E.	London	20 Jan. 41	"	DO 21 - 25 Jan. 41
	"		S.O.S. to Base Depot and	"	2 April 41	"	DO 78 - 4 April 41
			placed in Cat "E"				
		1 C.B.D.	T.O.S. from 1. R.C.E. Hold. Unit	Seaforth Bks	3.4.41	"	76 - 4.4.41
	"		P.R. to 25.4.41.	"	18.4.41	"	85 - 18.4.41
		1 CBD	S.O.S. TO CANADA		JUN 2 1941		117 - 1.6.41

No D.16175 Rank Sapper Name STRACHAN, James

Unit R.C.E. Date of death 14th Sept., 1943.

Died at Ste. Anne de Bellevue Hospital, P.Q.

Cause Carcinoma of the tongue.

Death WAS Due.CPC.d 6-11-43 HQ 405-S-4045 d 18-9-43

N/K Mrs. Mary Strachan Relationship Widow

Address 1774 Grand Trunk St., Montreal, P.Q.

Remains buried in Mount Royal Cemetery

Montreal, P.Q.

Grave location Grave 392, Section 943.

CHK

CONTRACTOR'S ROLL FOR THIS SOLDIER'S GRAVE DESPATCHED JAN 21 1944

M.F.M. 7 A
25M—5-40 (5240)
H.Q. 1772-39-1653

CANADIAN ACTIVE SERVICE FORCE

DISCHARGE CERTIFICATE

This is to Certify that No. D-16175 (Rank) SAPPER

Name (in full) James STRACHAN enlisted in

the "4TH. FIELD CY. ROYAL CANADIAN ENGINEERS."

CANADIAN ACTIVE FIELD FORCE at Montreal, Que. on the 7th

day of September 1939.

He served in CANADA AND ENGLAND

and is now discharged from the service by reason of Unable to meet the required military physical standards. R.O. 1029., Para. 10.

THE DESCRIPTION OF THIS SOLDIER on the DATE below is as follows:—

Age	46 Years 7 Months	Marks or Scars	Small Finger Left Hand Partially off
Height	5' 6¼"		Burn Scar Right Leg
Complexion	Fair		2 Vaccinations Left Arm
Eyes	Grey		
Hair	Brown		

James Strachan
Signature of Soldier

Date of Discharge

No. 4 DISTRICT DEPOT A-F JUL 7 1941 MONTREAL SOUTH, P.Q.

Issuing Officer

Lieutenant
Rank

Date 7th July 1941.

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Record Office, Department of National Defence, Ottawa, Canada.

DUPLICATE FOR FILE

(P.T.O.)

CANADIAN ACTIVE SERVICE FORCE

SUPPLEMENTARY DECLARATION

Name STRACHAN James. Rank Sapper.

Unit 4th FIELD COMPANY ROYAL CANADIAN ENGINEERS Regimental Number D-16175

I, James STRACHAN.,

having been enlisted in the Canadian Militia, and by my Declaration dated the 7th. day of NOVEMBER 1939., having engaged to serve in the Canadian Active Service Force as set forth in said Declaration, do further declare that I hereby engage to serve on active service in the Canadian Active Service Force anywhere in Canada, and also beyond Canada and Overseas, for the duration of the present war, and for the period of demobilization thereafter, and in any event for a period of not less than one year, provided His Majesty should so long require my services.

Witness Edward C. Thorne James Strachan
Signature of soldier.

7. Nov. 39
Date

NOTE.—This Declaration to be completed in triplicate; one copy to be attached to each original duplicate and triplicate of Attestation Paper M.F.M. 2. If M.F.M. 2 has already been despatched to Records Office, N.D.H.Q., the original of this Declaration will be forwarded thereto for attachment.

M.F.M. 2 (x)
120M—9-39

M. F. M. 2 (x)
RECEIVED
MAR 18 1940

502

37/87/1

CANADIAN ARMY (A.F.) AND R.C.A.F. ON ACTIVE SERVICE
CANADA

M. F. D. 930A
300M—3-41 (9813-4)
H.Q. 1772-39-1548

LAST PAY CERTIFICATE

Regtl. or Official No. D-16175 Rank and Name Spr. Strachan J.

of "D" WING Company, etc. No. 4 District Depot C.A. Regiment, etc., on

(~~Transfer, Posting or~~ Discharge) to (Unit and Station) on July 7th., 194 1

Reason for discharge RO.502 Physically unfit Authority: D.O. 159/2

On TRANSFER OF OFFICER or WARRANT OFFICER, Class I

Outfit allowance of $ has been paid by the Treasury Officer, Military District No. or Air Command.

REMARKS:

State (1) Date of appointment or enlistment November 7th., 1939

(2) If individual has dependents eligible for Dependents Allowance, has application been submitted? Yes

(3) Has assignment of pay been made? Yes If so, amount $25.00 effective date September 1940

(4) In the case of Officers in receipt of a Service (P. F.) Pension state monthly deduction $

The following is a statement of the account of the above named from July 1st. to July 7th., 194 1 the inclusive date of transfer, posting or discharge.

Dr. PARTICULARS	AMOUNT		Cr. PARTICULARS	AMOUNT	
Balance Dr. from last account			Balance Cr. from last account	2.	00
First Monthly Payment			Regimental Pay 7 days at $ 1.30	9.	10
Casual Payments AR.560	3.	00	Tradesmen's Pay days at $		
# Payment on ~~Transfer, Posting or~~ Discharge AR.576	.	29	Additional Pay (Give particulars)		
Assigned Pay 7/30 of $25.00	5.	83	days at $		
Regimental Charges			Allowances (Give particulars) days		
Public Stoppages (Give particulars):			at $		
# Clothing Allow. AR.577	35.	00	Clothing Allowance	35.	00
# Rehab. Grant AR.578	14.	00	Rehab. Grant 30 days @ $1.30		
Assigned Pay	25.	00	D.O. 159 d/7-7-41.	39.	00
M.F.C. #512	1.	98			
# R.G. Cheques to D.P.&.N.H.					
To Balance Cr. (To be paid by new unit)			By Balance Dr. (To be deducted by new unit)		
Total	85.	10	Total	85.	10

RECEIVED JUL 14 1941 CENTRAL REGISTRY H.Q.M.D.4

I certify that the above is a true and correct statement of the account of the above named on transfer, posting or discharge.

Jacques Cartier Barracks
Montreal South, Quebec
(Place)

July 9th., 1941
(Date)

Major
Paymaster or Accountant Officer.

(W. DEAN O'CONNOR) Major
PAYMASTER
#4 DISTRICT DEPOT C.A.S.F.

STRACHAN J.

CONFIDENTIAL.

No. of enclosure in Form 48 .....
Serial No. in A. & D. Book or in Form 38. } 1223/41

Army Form I 1220.
R.A.F. Form 39.

HOSPITAL OR SICK LIST—RECORD CARD.

Surname Strachan
Christian Names Jas
Rank Spr.
Unit 4th Fed Coy RCE
Army or R.A.F. No. D 16175
Branch or Trade
Age 46
Total Service
Under instruction as
Hospital or Station rendering this form 5 Cdn General Hospital

Dates of :—

Arrival as direct admission ..... from .....
" transfer 13-3-41 from Middlesex Hospital London.
Discharge to duty .....
" as an invalid or to unit for invaliding .....
Transfer 28-3-41 to ~~To I Wing~~ Can. Base Depot.
Death .....
Number of days under treatment 16

CLINICAL NOTES:

Disease or injury Carcinoma of tongue.

New disease supervening, and date

Operation, nature and date

Anæsthetic, and method of administration

MEDICALS

ENTERED ON CAS. CARDS

CAS. LIST 362/374

Date	Previous history of case and family, if relevant
13.3.41	Transferred from Middlesex Hospital following completion of course of deep x-ray therapy for carcinoma of tongue.

Condition on admission

Appearance of irritable area right anterior margin of tongue in Sept 1940. Paid no attention to tongue until January 1941 when he noticed raised white area on right margin of tongue about ½" in diameter. Admitted to hospital 19 January 1940. Diagnosis Carcinoma of Tongue Transferred to Middlesex Hospital

N.B.—In the event of an error in diagnosis, the disease or injury entered will be crossed out in such a way as to remain legible, and the new disease or injury will be entered above it. In the event of a new disease supervening it will be entered in the space allotted.

Date. | Progress of case 22 January 1940. Received 24 X-ray treatments / 22 to lesion on tongue and 2 to under surface of lower jaw.

Physical Exam. Temp 98. Pulse 70

Eyes. Pupils equal - react to L.T.A.

Mouth.

Tongue - smooth raised grayish yellow area 1" long by ¼" wide along right anterior margin of tongue. No marked induration of tongue or muscles in floor of mouth - No evidence of enlarged glands.

Chest. negative. Heart normal

Abdomen. negative

Reflexes. normal

J.D. Turner Capt

29. Mar. 41 Medical Board. Category "D"

J.D. Turner Capt.

Condition on discharge Carcinoma of tongue removed. Category D.

Signature of Medical Officer J.D. Turner Capt.

Date 28. Mar. 41

To be made out in duplicate.

M.F.M. 5
88M—11-36 (9359)
H.Q. 1772-45-18

PARTICULARS OF FAMILY OF AN OFFICER OR SOLDIER OF THE CANADIAN [redacted] FORCE ACTIVE SERVICE

INSTRUCTIONS.

(*a*) This form is to be completed immediately an officer or soldier is appointed to, or enlisted in, the [redacted] C.A.S.F.

(*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 soldier, to the Paymaster, or Officer acting as such. The latter will transmit one copy, through the District or Camp Paymaster, to the Chief Paymaster, N.D.H.Q., Ottawa. The other copy will be retained by the Paymaster until the unit arrives Overseas, when it will be forwarded to the Chief Paymaster, Canadian Overseas Intermediate Base.

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(1) Name of Officer or Soldier STRACHAN JAMES
(Surname first—Christian names in full—Block capitals)

(2) Regimental Number D-16175.

(3) Unit 4th FIELD COMPANY ROYAL CANADIAN ENGINEERS CASF

(4) Are you married? Yes

(5) If married, state,

(*a*) Full name of your wife Mary Lewis Strachan

(*b*) Present postal address of wife 1774 Grand Trunk Street Montreal 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? No. —

If so, give number of boys and girls —

Also their names and ages —

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

Give particulars of Guardian to whom Separation Allowance should be paid—if authorized—

Name ~~Mrs. Mary Lewis~~

Postal Address ~~1774 Grand Trunk Street Montreal, Que.~~

(SEE OTHER SIDE).

20.00

(10) Have you a common-law wife—whom you have been regularly supporting and publicly representing as your wife? No

If so, state her full name and Postal Address

(11) Is your father alive? No

If so, state name and address

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

(13) If sole support of father who is a widower—state what amount per month you have given him prior to joinin[redacted] C.A.S.F. N/A

Also state reason he has no other means of support

(14) Is your mother alive? No

If so, state name and address

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

(16) If sole support of widowed mother—state what amount per month you have given her prior to joining [redacted] C.A.S.F.

Also state reason why she has no other means of support

(17) Are you insured? Yes

If so, in what Company? Prudential

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.

James Lhachan
(Signature of officer or man)

Date 15th Nov. 1939.

4th FIELD COMPANY
ROYAL CANADIAN ENGINEERS

Edward L. Stone
Officer Commanding

Date 16th Nov. 1939.

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

RECEIVED 27 JAN 1941 A.M.D. 4.

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

STATION No. 5 General Hospital, RCAMC. Taplow, Bucks. DATE 21 Jan 41

1. 1 (*a*) Unit 4th Fld Coy R.C.E. (*b*) Regimental No. D16175 (*c*) Rank Spr

(*d*) Surname Strachan (*e*) Christian name James

(*f*) Home address 1774 Grand Trunk St. Montreal, P.Q. Canada

(*g*) Next of Kin Mrs. Lewis Strachan (*h*) Relationship Wife

(*i*) Address of Next of Kin 1774 Grand Trunk St. Montreal, P.Q. Canada

2. Age last birthday 46 Date of birth 22 Oct 1894

3. Enlistment, or Appointment (if an Officer) (*a*) Place Montreal (*b*) Date 7 Nov 1939

4. Personal description:

(*a*) Height 5'6¾" (*b*) Weight 175 lbs. (stripped) (*c*) Complexion ruddy

(*d*) Colour of hair Light Brown (*e*) Colour of eyes blue (*f*) Identification marks, Scars, etc. (1) amp. left hand div. V. (2) Burn leg (R) above ankle, porters-lat. 3" diameter

5. Former trade or occupation Carpenter and joiner

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	2 C.E.F.	270
	1 C.A.S.F.	68

Invalid's Statement	Periods From	Periods To
Canada	7 Nov 39	20 Dec 39
England	31 Dec 39	present date
France or other theatres of War		

7. Original disease, or injury Epithelioma tongue

(*a*) Date of origin Sept 1940 (*b*) Place of origin England

(*c*) Cause unknown

M. F. B. 227.

400M.—11-18.
1772-30-117.

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (*a*) Weakness—slight, moderate, marked, etc; (*b*) Loss, complete or partial, of an organ or member, or of its functions; (*c*) Necessity for rest of the body, or of some of its parts, for therapeutic reasons; (*d*) Any other restrictions in choice of occupation.)

(a) No ~~(b) No~~ (c) No (d) No

(b) Yes, partial loss of tongue. JVS

9. Present condition—(*a*) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

Objective - fungating firm tumor on right border of tongue in anterior 1/3. It is about ⅝" in diameter. No enlargement of regional lymph glands discovered.

Subjective Lesion is a little tender and a little itchy, otherwise does not trouble him.

(*b*) Has the invalid now any affection of the following systems, not described in Section 9 (*a*) above?
(Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

Nervous System: No — Cardio-Vascular System: No (If pulse rate is abnormal, B. P. will be taken.) — Genito-Urinary System: Yes (Albumen and Sugar will be excluded.)

Special Senses: Yes — Respiratory System: No — Integumentary System: As above

Disturbances of Mentality: No — Digestive System: No — Muscular System: No

Osseous and Joint Systems: No — Any other general condition: Yes

G.U. - occasional nocturia 1-2 times.
Eyes - reading glasses
Dentures do not fit well.

10. (*a*) History (of the condition referred to in Section 9 (*a*).)

In September 1940 patient noticed tender "itchy" area on right side of tongue. It has not increased in size as far as he can tell, but as it did not heal, and resolve, he reported sick and was sent to this hospital.

10.—(*b*) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (*a*).)

Childhood disease. Burn right leg in childhood.
Dig V. left hand cut off by plane - 1907.

(*c*) (Here give a description of wounds, scars and deformities.

as in 4 (f.) Thus

11.—(*a*) Did the disabling condition have its origin before enlistment ?

(*b*) If so, has it been aggravated by Service ? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

12. Was the disability caused, or aggravated ; (*a*) by intemperance, or improper conduct ; or (*b*) by unreasonable refusal to accept treatment ? (a) (b) No.

The regimental documents will be referred to.
(If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one ? Indefinite

14. Treatment (Case reports, general or special, should be secured and attached where possible.)

None

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit ? Yes
(If the answer is "yes" state nature of treatment required and probable duration)

Radiation

16. Can the former trade or occupation be resumed ? uncertain
(If not, briefly state why)

17. Recommendations. That he be examined by a Medical Board and disposal considered.

R.H. Lindale Capt RCAMC
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned James Strachan have heard the description of my disability and present condition read, and am satisfied (~~or not satisfied~~) with it. (If dissatisfied, statement should follow.)

I complain in addition of nil

James Strachan Rank.
Signature of invalid examined.

No. 5 Canadian General Hospital, RCAMC.

Taplow, Bucks.
21 Jan 41

SPECIALIST'S REPORT

D16175 Spr. Strachan, James, 4th Field Company, R.C.E.

This man has a nodule in the right side of his tongue, which has been present for four months. Clinically it is epithelioma. There are no glands palpable in the neck. He should have radiation treatment and surgery. As radiation treatment cannot be given in this hospital, I recommend that he be transferred to a civilian hospital for full care.

R W Richardson
Lt-Col. RCAMC
Officer i/c Division of Surgery

OPINION OF THE MEDICAL BOARD

18. Does the Board concur with the preceding report? If not, give differing opinions, with reasons, quoting the number of the answer criticised.

We concur

19. Is the invalid fit for

~~(*a*) General service,~~	~~(Category A)~~	~~(Yes or~~ No.)
~~(*b*) Service abroad, not general service,~~	~~(" B)~~	~~(Yes or~~ No.)
~~(*c*) Home service (Canada only),~~	~~(" C)~~	~~(Yes or~~ No.)
(*d*) Temporarily unfit.	(" D)	(Yes ~~or No.~~)
~~(*e*) Unfit for service in Categories A, B and C~~	~~(" E)~~	~~(Yes or~~ No.)

20. It is certified that the invalid

(*a*) Does require treatment. (Give the nature of the condition and of the treatment required and its probable duration.)

Yes - radiation treatment - duration indefinite

~~(*b*) Does not require treatment.~~

~~(*c*) Should pass under his own control.~~

(*d*) Should not pass under his own control.

(Strike out condition not applicable.)

21. It is recommended that the invalid be discharged. (When not for discharge add special recommendation.)

from hospital and sent to Middlesex Hospital for treatment

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

E W Clark Major *President.*

PLACE Taplow, Bucks.

W. Elvin Major

DATE 21 Jan 41

Kenneth Hamilton Major

Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned.....understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness..... Signed.....

Should the refusal of the invalid to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

President

PLACE.....

DATE.....

Members

APPROVED BY

Assistant Director of Medical Services.

DATE.....

D.A.D.M.S. CANADIAN TROOPS. 25 JAN 1941 ALDERSHOT - BORDON AREA.

APPROVED BY

Director General of Medical Services.

~~Lt. Colonel,~~ Major

DATE.....for (D. M. Luton), Colonel,

Senior Medical Officer
Canadian Military Headquarters.

JAN 27 1941

8/XUK/10

Date of enlistment } 7/11/39 Sheet No. 2

No. D-16175 Name STRACHAN J. Squ., Batty., or Company } No. 1 E.H.U. Corps R.C.E.

Date of last entry in Company Conduct Sheet } 26/9/40 No. and date of last drunk } nil G.C. Badges } Nil Long Service and G.C. Pay } Nil. Signature O.C. Company, etc. } J. M. Lankier Lieut.

Place	Date of offence	Rank	Cases of Drunkenness	Offence	Names of Witnesses	Punishment Awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks
Brigade Camp	26/9/40	Spr.		A.W.L. 10½ hrs.	L/Cpl. Ferguson Cpt. Liberty	Forfeits 1 days pay.	1/10/40	Capt. Cassidy	
	Old offence destroyed after 6 months service								

Army Form B.122

[P.T.O.

SJR

CANADA

QUOTE NO. 405-S-4045 (DR)

Department of National Defence

- ARMY -

Ottawa, Canada,

April 9, 1942

Mr. James Strachan,
1774 Grand Trunk Street,
MONTREAL, P.Q.

WAR SERVICE BADGE
SERVICE CLASS No. 005771

Dear Sir,

With reference to your application of recent date, herewith War Service Badge, Service Class, number as marginally noted, together with corresponding Certificate (which must be carried at all times when the Badge is worn), issuable in respect of your service in the Canadian Army (Active).

The Certificate must be signed in place provided.

Please complete and tear off the perforated Form of Receipt at the bottom of this letter, and return to this Department in the envelope enclosed for that purpose, which requires no postage.

Yours truly,

(W. E. L. COLEMAN) Lt.-Col.
Officer i/c Records,
for Adjutant-General.

B.C.

FUNERAL RECORD OF JAMES STRACHAN - REG. NO. D-16175

FUNERAL FROM:-	AMOUNT PAID BY THE D. P. & N. H.	TOTAL AMOUNT PAID:-	FUNERAL DIRECTED BY:
Seale & Sons	$75.00		District Administrator.
Opening of grave	$5.00		
		$80.00.	

The body was cremated and the ashes were buried in the soldiers' plot, Mount-Royal Cemetery, Section G-943, grave no. 392.

Information Sheet

FROM:- District Administrator,
Montreal, Que.

TO:- The Administrator of Estates,
Dept. of National Defence,
OTTAWA, Ont.

and

Deputy Minister,
Dept. of Pensions & National Health,
Daly Building,
OTTAWA, Ont.

REGIMENTAL NUMBER:-	D-16175
RANK:-	Sapper.
NAME IN FULL:-	STRACHAN. James.
MARRIED OR SINGLE:-	Married.
NAME AND ADDRESS OF NEXT OF KIN:-	Mrs. Mary Strachan (wife) 1774 Grand Trunk St. Montreal, P.Q.
DATE AND PLACE OF ENLISTMENT:-	Montreal. 7.11.39
DATE AND PLACE OF DEATH:-	Ste. Anne's Hospital. 14.9.43
DID DECEASED LEAVE A FORM OF WILL?	No.
IF SO, HAS SAME BEEN FORWARDED TO THE ADMINISTRATOR OF ESTATES?	N.A.
DID DECEASED HAVE ANY PERSONAL EFFECTS?	No.
IF SO, HAVE THEY BEEN FORWARDED TO THE ADMINISTRATOR OF ESTATES?	N.A.
IF NOT, WHAT DISPOSITION HAS BEEN MADE OF THEM?	N.A.

No National Registration card.

M.F.M. 10 (a)
120 M—8-39 (1707)
H.Q. 1772-45-18

FORM OF WILL No. 2

To be used by a soldier who owns Real Estate

I STRACHAN JAMES (Name in full)

Number D16175 of the Active Service Canadian [redacted] Force

4TH FD. COMPANY (Unit or Corps) ROYAL CANADIAN ENGINEERS (Give full title of Unit)

do hereby revoke all former Wills by me made, and declare this to be my last Will.

I bequeath all my real estate situated at 1774 AND 1772 GRAND TRUNK ST MONTREAL QUE CANADA (Full particulars concerning property)

CONSISTING OF ONE BUILDING AND PROPERTY

unto MARY LEWIS STRACHAN
1774 GRAND TRUNK ST
MONTREAL QUE CANADA

(Name and Address of person or persons to whom it is to go, and relationship.)

absolutely, and my personal estate consisting of ASSETTS AND ACCRUED PAY (Here describe fully personal estate)

unto AS ABOVE

(Name and Address of person or persons to whom it is to go, and relationship.)

NOTE.—Personal Estate includes Pay, Effects, Money in Bank, Stock Certificates, etc., in fact everything except Real Estate.

AND I HEREBY APPOINT MARY LEWIS STRACHAN (Name of Executor or Executrix) Executor

of this My Will, presently residing at 1774 GRAND TRUNK ST MONTREAS (Address of Executor-rix)

IN WITNESS WHEREOF I have hereunto set my hand this

IMPORTANT NOTE
This must be signed and dated by the soldier himself.

EIGHTH day of DECEMBER A.D. 1939

James Strachan
(Signature of Soldier)

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.

1st witness to sign here: E. L. Muttice

Address in full: 2087 ST LUKE ST MONTREAL QUE

2nd witness to sign here: F. Summerton

Address in full: 467 Bangrapation montreal

405-S-4045
(Records-HA)

January 18th, 1944.

Mrs. Mary E. Strachan,
1774 Grand Trunk Street,
Montreal, P.Q.

D.16175, Pte. STRACHAN, James

Dear Madam:-

The Honourable the Minister of National Defence wishes to extend his sincere sympathy on learning of the death of your husband, which has recently been reported to this Department.

As the death of your husband was related to his service in the Canadian Army, you will shortly receive a Silver Memorial Cross given by the Canadian Government as a slight token of appreciation of the sacrifice you have made.

As the mother of this ex-soldier will, if living, also be entitled to the Memorial Cross, I am to ask that you be so good as to furnish her full name and present address, or in the alternative, the approximate date of her death.

Please quote reference number 405-S-4045 (Records-HA) in your reply.

Yours truly,

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

H.A.22

February 7th
1944

To.
Department
of.
National Defence.
Army. No 405.-5-4045
Records. A.A.

Director of Records
A. Branch.
FEB 8 1944
Nat Library Hdq.
Ottawa Canada

Dear Sir

Thank you for very nice Memoranda books.

Only you put Private on it instead of Paper. But I guess that is immaterial.

I am sorry you had to remind me about his mother, but I was trying to get the information for you

P.S. His Mother died
in Boughty Ferry.
By Dundee.
Scotland.

wished for.

D. 16145: Sapper. James.
Strachan's mother
died 20 years ago & her
name was (Christina,
Bannerman, Forne, Strachan)
but I am sorry to say
I have no way of knowing
the month or date she died.

Again thanking you for
the nice cross

Yours Truly.
Mrs. Mary S. Strachan

2511

Form No. 1

Register No. D-6688 B4 3580

Nominal Roll No. D-138

H.Q. File No. 405 S 40 x 5

TO: P.M.G.

X

CANADIAN ARMY (ACTIVE)
COMPUTATION OF SERVICE
WAR SERVICE GRANT

Regt. No.	Rank When S.O.S.	Surname	Christian Name in Full
D16175	Spr	Strachan	James

Reason for Termination of Service:

1st Enlistment Med unfit CARO 1029 ( )

2nd Enlistment CARO ( )

3rd Enlistment CARO ( )

T.O.T.A.L S.E.R.V.I.C.E

1st Enlistment	2nd Enlistment	3rd Enlistment
T.O.S. 7 Nov 39	T.O.S.	T.O.S.
S.O.S. 7 July 41 MD 4	S.O.S. MD	S.O.S. MD
Total Days 609	Total Days	Total Days

TOTAL SERVICE 609 DAYS

	Total Service	Less Non-qualifying Service	Net Service
WESTERN HEMISPHERE	80	nil	80
OVERSEAS SERVICE	529	2	527
Totals	609	2	607
Add Non-qualifying Service			2
TOTAL SERVICE			609

EMBARKATION DETAILS:

1. Date S.O.S. Overseas 2 June 41

2. Date S.O.S. Overseas

REMARKS: Deceased 14 Sept 43

Computer's Signature [illegible] for

Checker's Signature John C. Gustar

Date Computed 27 Nov 44

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

[illegible] Arthur for
(C.L. Laurin) Colonel,
Director of Records.

4

DETAILS OF NON-QUALIFYING
SERVICE

WESTERN HEMISPHERE

Forfeits for	from	to	Eff. Date	Days	Total
				TOTAL	

T.O.S. 22 Dec 39 T.O.S. T.O.S.

OVERSEAS

S.O.S. 2 June 41 S.O.S. S.O.S.

ank			1 Oct 40	2	2

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: James (CHRISTIAN NAMES) STRACHAN (SURNAME)

REGISTER NO. D-6688
FILE NO. 405-S-4045
DATE 19-3-45
SERVICE NO. D-16175
FINAL RANK OR RATING Spr.
DATE OF DISCHARGE 7-7-41

PAYEE Mrs. Mary L. STRACHAN,
ADDRESS 1101 Graham Blvd. Apt. 11,
Montreal (16) P.Que.

DATE OF TERMINATION OF OVERSEAS SERVICE 2-6-41

	$ ¢
A. TOTAL QUALIFYING SERVICE — NO. OF DAYS 607 (600) / 30 EQUAL TO 20 COMPLETE PERIODS AT $7.50	150.00
B. QUALIFYING OVERSEAS SERVICE — NO. OF DAYS 527 LESS INELIGIBLE DAYS, EQUAL TO DAYS @ 25c. PER DAY (SEE PAR. 2 OVERLEAF FOR EXPLANATION)	131.75
	281.75
C. SUPPLEMENT FOR OVERSEAS SERVICE	
DAILY RATES AT DISCHARGE: PAY $ 1.30; SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE $ .85; ADDITIONAL PAY $; $; $; DEPENDENTS' ALLOWANCE 1/30 OF $ 35.00 $ 1.17; TOTAL $ 3.32 X7 = $ 23.24; NO. OF DAYS 527 / 183 X$ 23.24	66.93
D. WAR SERVICE GRATUITY	348.68
E. DEDUCTIONS — OVERPAYMENT OF PAY AND ALLOWANCES $; DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $; OTHER DEDUCTIONS $	
F. TOTAL AMOUNT PAYABLE	348.68

G. YOUR PORTION OF GRATUITY IS— 100%

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

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

RECEIVED
MAR 22 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	TREASURY CHECKED BY	DATE
[redacted]		J. H. R. Marcoux	23/3/45

Kurlu Lt
SERVICE REPRESENTATIVE

File No 405-S-4045

VERIFICATION FORM

WAR SERVICE MEDALS 1939-45

No. H-16175 Name Strachan James.

Rank on Discharge Spr Date of Discharge 27-6-41.

Deceased

Authority for Discharge or Retirement

Served in:

				Non-qualifying service
Canada	from 7-11-39	to 21-12-39		
	from	to		
United Kingdom	from 22-12-39	to 27-6-41		died after army discharge (14-9-43)
	from	to		
Italy	from	to		
Northwest Europe	from	to		
	from	to		
	from	to		

Eligible for award of:

~~1939 - 45 Star~~

~~Italy Star~~

~~France-Germany Star~~

Defence Medal Sh

War Medal Sh

Canadian Volunteer Service Medal Soh

with clasp

M

NA

Verified by D Foster

Date 4-9-46.

Carded SEP 4 1946

NO RIBBON DESPATCH

HA 165