D16218
ASHDOWN
WILLIAM HENRY

DEATH CERT. TO N.K.

BURIAL REPORT TO N.K. AUG 26 1944

RETURN TO BUR. OF STAT. 25-2-44.

ROYAL MESSAGE DESP'D. JAN 31 1944

CAN. MESSAGE DESP'D. 15-10-43.

REBURIAL

Bari Military Cemetery,
Bari, Italy.

Grave ~~18~~ 19, Row C, Plot 3.

HI & CR Form Despd. OCT 5 1946

(AUTH. O/S LEDGER & PHOTO)

Photographs
Despatched
MAR 31 1947

No D.16218, Rank Sapper Name ASHDOWN, William Henry.

Unit R.C.E. Date of death 6th. October, 1943.

Died at Italy.

Cause Killed in Action.

Death occurred on strength of Forces. HQ 405-A-6441 d15-10-43

N/K Mrs. Lillian Ashdown, Relationship Mother

Address 7757 McEachren Ave., Montreal, P.Q.

Remains buried in Cemetery

Italy, MR- Sheet 163. (S.Bartolommeo in Galdo) 1/100.000
North side of road, 100 yards on Volturara side of blown bridge. 855228.

Grave location

CWK ✓

OVER

CONTINUATION CARD M.F.M. 14

Regimental No. D16218 Name ASHDOWN W. H.

Part II D.O. No.	Date	PARTICULARS OF CASUALTY
50	4.12.42	9 days leave & Ration allow eff 17.26 Nov 42
13	29.3.43	Granted Regtl Tradesmen's Increase 1/1.65
20	21.5.43	Trades Increase 1.75 Per Diem 1 MAR 43
24	11-6-43	5 days leave ration allow eff 28 May-2 Jun 43
		Killed in Action W.E.F. 6 Oct 43 (B.C.) Pioneer "C"

M.F.M.—14A
40/P&S/67(8/42)

Part II D.O.		PARTICULARS OF CASUALTY
No.	Date	
10 ✓	12-3-43	7 days LEAVE & RATION Allow eff 24 Feb 3 MAR 43

CASUALTIES, ETC.

NATURE 4FC E. G. ABSENCE, PROMOTION, ETC.	PART 11, D. O. No.	DATE	REMARKS IF IN HOSPITAL, NOTE NAME, ETC.
TOS 13-11-39	82	14-11-39	
Trades Pay 1 Apr. 40 Group C .25	Ech 14		
FORFEITS 2 DYS PAY 19 MAY 41	" 27	16 MAY 41	
ATT. 2 Fd Pk RCE 7 Jul 41	" 36	11-7-41	
CEASE TO BE ATT. 2 Fd. Pk. RCE 21 JUL 41	38	21 Jul 41	QUALIFIED FIRST AID 21 JUL 41 Ech 39
SOS 4 Fd Coy RCE 2 APR 42	Ech 17	17-4-42	To 1 Emg Reinf Unit.
CEASE TO PAY Gp C 2 APR 42	17	17-4-42	
T.O.S. 4 Fd Coy RCE.	29	10 July 42	eff. 3 July 42 (CR 2-7-42)
Resumes Td Pay Gp "C"	30	17-7-42	eff. 3 July 42 (CR 10-7-42)
Adm 5 Fd Amb. 29 Jul 42	33	7-8-42	Disch 5 Fd Amb 30-7-42
Ceases Td Pay Gp "C"	36	28-8-42	eff 17 Aug 42 (CR 17-8-42)
Forfeits 8 days pay	36	28-8-42	eff 12 Aug 42 (CR 21-8-42)
Adm 5 Fd Amb eff 26-8-42	37	4-9-42	Disch 5 Fd Amb eff 28-8-42
Continues Td Pay "C"	171	8-8-42	eff 3 Apr 42
Ceases Td Pay "C"	171	8-8-42	eff 8 Apr 42
Resumes Td Pay "C"	171	8-8-42	" 9 Apr 42
Ceases Td Pay "C"	171	8-8-42	" 2 Jul 42
Trades Pay Pioneer "C"	43	16-10-42	" 1 Oct 42
Leave & Ration allw	34	14-8-42	" 5-12 Aug 42

R3 ✓ T. Pay C PIONEER "C" 4FC 47

NAME ASHDOWN WILLIAM HENRY

REGIMENTAL NO. D-16218 RANK Sapper,

ENLISTED AT Montreal PROMOTIONS, ETC. AND DATE Sapper

DATE 13011-39

IF SERVED PREVIOUSLY, STATE UNIT, ETC.

MARRIED, WIDOWER, OR SINGLE Single,

NEXT OF KIN ASHDOWN Lillian RELATIONSHIP Mother

ADDRESS OF 7757 McEachron Ave Montreal PQ $23.00/Feb43

ASSIGNMENT OF PAY, $ ~~20.00~~ 4.00 Great West Life Ass. Co. Pol. Mtl2 Winnipeg, Man. Log 102'39

ADDRESS Wife as above

DEPENDENT'S ALLOWANCE, ENTITLED OR NOT Entitled Eff. Jan. 1940

DATE APPLICATION FORWARDED TO DISTRICT PAYMASTER 24-11-39

IN WHOSE FAVOUR ~~Wife as above~~

M. F. M. 14
100M—9-39 (1873)
H.Q. 172-39-1662

Dead.

SERVICE AND CASUALTY FORM

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

PART I (For all ranks)

4th FIELD COMPANY

Unit ROYAL CANADIAN ENGINEERS Regimental Number D-16218.

1. Surname ASHDOWN.,
2. Christian Names William Henry.
3. *Substantive Rank and Appointment Sapper
   *Acting Temporary or Local Rank
   giving date
   *To be entered in pencil to facilitate alteration.
4. Place of birth Montreal, Que. Canada.
5. Date of birth as declared on attestation 11th. October 1918.
   (A)
6. Date of enlistment 13th. November 1939.,
7. Place of enlistment Montreal, Que. Canada.
8. Residence at time of enlistment 7757, McEachron Ave., Montreal, Que.
9. (B) Special conditions (if any) of enlistment or rate of pay
10. (C) Any subsequent variations of conditions of service
11. Religion Chruch of England.
12. If married, state date Single
13. Trade on enlistment Carpenter.
14. Corps, trade and grade R.C.E. Sapper. "C"
15. (D) Qualifications Pioneer
16. (E) Miscellaneous entries 25¢ per Diem Pay

(17) Regiment or Corps: RCE

Unit (Battn., etc): 4th Field Coy

(18) Medical

Category	Date	Authority
"A"	13.11.39	M.F.M. 2

(19) Next of kin (entries to be made in pencil)
Lillian Ashdown (Mother)
7757 McEachron Ave.,
Montreal Que

(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.
31 Jul 40	30 11	476 M	25 c per Diem Grade Pay Pioneer	Field	1 Apr 40	Spr	PT. II Do 14.
	"	"	7 Days P.L.	"	27 Jul 40	"	Do 15
2 Nov 40	OC	"	7 Days P. Leave	"	28 Oct 40	"	No 33 S/6 Nov 40
	SOS CASF (CANADA) ON EMBARKATION AT HALIFAX ON 21 Dec 39						
	TOS CASF (OVERSEAS) ON TRANSFER ON 22 Dec 39 AND DISEMBARKED AT GOUROCK ON 31 Dec 39						
15 Mar 41	OC	476 M	P. Leave (3)	Field	19 Mar 41	Spr	No 6. 31 Jan 41
15 May 41	"	"	A.W.L. Forf. 2 days Pay	"	10 May 41	"	18. 28 Mar 41
30 Jun 41	"	"	7 Days P Leave	"	26 Jun 41	"	27. 16 May 41
10 Jul 41	"	"	Attached 2 F P 6 M	"	7 Jul 41	"	34. 30 Jun 41
20 Jul 41	"	"	Cease to be attached 2 Cdn Hl Pk Coy.	"	20 Jul 41	"	36 11 Jul 41
25 Jul 41	"	"	Qualified 1st Aid	"	21 Jul 41	"	38 25 Jul 41
3 Sep 41	"	"	P. Leave 7 days W.W. Fort FTW	"	27 Sep 41	"	39 1 Aug 41
22 Dec 41	"	"	P. Leave 9 days W.W.F. FTW	"	20 Dec 41	"	49 3 Sep 41
24 Mar 42	"	"	P. Leave 7 days W.W.F. FTW	"	24 Mar 42	"	64 31 Dec 41
2 Apr 42	"	"	Adm 5 Field Ambul	"	2 Apr 42	"	14 31 Mar 42
7 Apr 42	"	"	Transf 1 Gen Hosp	"	2 Apr 42	"	16. 10 Apr 42
	"	"	SOS to 1 C&RU Adm 1 Gen Hosp	"	2 Apr 42	"	17. 14 Apr 42
	"	"	Ceases T.P. Pioneer "C"	"	2 Apr 42	"	17. 14 Apr 42
		E.R.U.	T.O.S. from 4 Fd Coy on adm to #1 Gen Hosp	Hawley	3 Apr 42	"	DO 62 - 22-4-42.
		"	Disch from #1 Gen. Hosp.	"	8 Apr 42	"	DO 51 - 9 Apr 42.
Cancelled PO 4144 22-5-42			To be A/Lt/Cpl	"	8-6-42	"	108. 15-6-42
		2 RT	SOS to 4 Fd. Coy R.C.E.	"	2-7-42	—	120. 122 - 2-7-42.
3 Jul 42	4 Fd Coy RCE		T.O.S. from 1 GERU	"	3 Jul 42	"	29: 10 Jul 42
12 Jul 42	OC	"	Recommd to draw T.P. Pioneer "C"	"	3 Jul 42	"	30 : 16 Jul 42
3 Aug 42	"	"	Adm 5 Fd Amb 29 Jul 42 Disch	"	30 Jul 42	"	33 7 Aug 42
5 Aug 42	"	"	7 days leave P.O.	"	5 Aug 42	"	34 - 14 Aug 42
17 Aug 42	"	"	Ceases trade pay Pioneer C	"	17 Aug 42	"	36 - 28 Aug 42
21 Aug 42	"	"	AWOL Forfeits 18 days pay	"	21 Aug 42	"	36 - 28 Aug 42
21 Aug 42	H.K.	"	Admitted 5 Fd Amb 26 Aug 42 Rendto 5 CCS.	"	26 Aug 42	"	37 - 4 Sep 42
21 Aug 42	"	"	Disch 4 Fd Amb 5 CCS.	"	28 Aug 42	"	37 - 4 Sep 42
1 Oct 42	"	"	Granted trade pay Pioneer C	"	1 Oct 42	"	43 - 16 Oct 42
26 Nov 42	"	"	7 days leave	"	26 Nov 42	"	50 - 4 Dec 42
3 Mar 43	"	"	7 day leave	"	3 Mar 43	"	10 - 12 Mar 43
			Granted Daily Rates of Pay of $1.65 per diem	"	1 Jan 43	"	13 - 29 Mar 43
			Granted Daily Rates of Pay of $1.75 per diem	"	1 Mar 43	"	20 - 21 Mar 43
3 Jun 43	"	"	5 days leave	"	28 May 43	"	24 - 11 Jun 43
	SOS CA UK ON EMBARKATION ON 15 Jun 43 TOS CA M ON 16 Jun 43 AND DISEMBARKED ON 10 Jul 43						Apr 30/43

SERVICE AND CASUALTY FORM #2

M.F.M. 4 (a) (Part II)
40/P & S/412 (2640)

(PART II)

Regiment or Corps.....Regimental Number D-16218

Substantive Rank.....Surname Ashdown.....Christian Names Wm Henry

Acting Temporary or Local Rank.....
(To be entered in pencil to facilitate alteration)

(a) Report		(b)	(c)	(d)	(e)	(f)	(g)
Date	From whom received	Unit	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	Place of Casualty	Date of Casualty	Army rank as at (e)	Army Form or other authority for entry shown
9 Jun 43	OC	47 Fd Coy	Next of Kin verified	UK	—	Spr	39 2 Sept 43
8 Oct 43	OC	47 Fd Coy	Killed in Action	M	6 Oct 43	Spr	47 9 Oct 43

Received..... Checked..... Card..... Observations.....

D. H. F. Completed.

~~ORIGINAL~~
DUPLICATE
~~TRIPLICATE~~

Deceased

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 Coy. R.C.E. (CASF) Regimental Number D-16218

CANADIAN ACTIVE SERVICE FORCE

ATTESTATION PAPER

01
SPR

1. Surname ASHDOWN.
2. Christian Names William Henry.
3. Present address 7757, McEachron Ave., MONTREAL., Que.
4. Date of birth 11 October 1918.
5. Place of birth Canada (Country) Quebec. (County or Province) Montreal. (Town or Township)
6. Religion (state denomination) Church of England.
7. Trade or Calling Carpenter.
8. Married, Widower or Single Single.
9. Name of next of kin Lillian ASHDOWN.
10. Relationship Mother.
11. Address of next of kin 7757, McEachron Ave., MONTREAL., QUE.
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, William Henry ASHDOWN. 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 13 Nov. 1939. W B Graham Wit. William Henry Ashdown (Signature of recruit)

OATH TO BE TAKEN BY MAN ON ATTESTATION

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

William Henry Ashdown (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 13th. day of November 1939. 19

Edward C. Thorne (Signature of Magistrate, Justice or Attesting Officer.)

CAPT. R.C.E. (Office or Rank and Unit or appointment.)

M.F.M. 2 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

FINGERPRINTED—CAIB

P

Record of Service of ASHDOWN. (Surname) William Henry. (Christian Names) Regimental Number D-16218

Qualifications

Military: NIL.

Business or Professional: NIL.

Trade or Civil: Carpenter.

Technical: NIL.

Languages: English.

Educational Qualifications

High School or Collegiate: NO. (years completed)

Graduation or Matriculation: NO. (specify)

*College: NO.

*University: NO.

*(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
14	Nov 1939	Joined on appointment	Sapper	13/11/39	4th Fd Sqn ~~Sapper~~	Montreal	Part II #81	14/11/39
		SOS CASF (CANADA) ON EMBARKATION AT HALIFAX ON 21 Dec 39						
		22 Dec 39 TOS CASF (OVERSEAS) ON TRANSFER ON ... AND DISEMBARKED AT GOUROCK ON 31 Dec 39			4 Fd Coy	Fd	Do	31 Jan 40
3104								
—								
—		Attached 1 Fd Coy to 24.5.40	"	23.5.40	"	Kent	D.O. #122	24.5.40
183		To draw Trades Pay 25c per diem	"	1.4.40	~~Field~~	FD	14	31.7.40
1		7 days priv leave	"	~~2024~~ 7.40	"	"	15	2.8.40
		Granted 7 dys Privilege to 4.11.40	"	28.10.40	4th Fd Coy RCE	"	33	6.11.40
		7 dys Privilege leave	Spr	19 Mar 41	4 Fd Coy	Fd	18	28 Mar 41
		Awh 8 May 41 Total Forfeit 12 dys pay 149 FRT	Spr	10 May 41	4 Fd Coy	Fd	27	16 May 41
		leave 7 dys Privilege	Spr	2 July 41 26 June 41	4 Fd Coy	Fd	34	30 June 41
		Attchd to 2 Fd PK Coy RCE for R & O Disciplinary	Spr	7 July 41	4 Fd Coy	Fd	36	11 July 41

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

Are you receiving or have you in the past received, disability

CERTIFICATE OF MEDICAL EXAMINATION

Name in full William Henry Ashdown Date 13/11/39

Part 1. Information obtained from the recruit.

1. Age 21 2. Have you ever suffered from any of the following diseases?

a. Rheumatism	no	j. Nasal trouble	no
b. Tuberculosis	nO	k. Ear disease	no
c. Bronchitis or asthma	no	l. Eye disease	no
d. Heart disease	no	m. Epilepsy	no
e. Kidney or bladder disease	no	n. Nervous or mental disease	no
f. Gastro-intestinal	no	o. Syphilis	no
g. Rupture	no	p. Gonorrhoea	no
h. Varicose veins	no	q. Have you ever worn glasses?	no
i. Flat or deformed feet	no		

William Henry Ashdown
William Ashdown
(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.)
Scars on knee right I vaccination on left arm

2. Height 5 feet 6¾ inches. 3. Weight 135 pounds.

4. Complexion fair Eyes blue Hair L.brown 5. Development good (Good / ~~Fair~~ / ~~Poor~~)

6. Chest measurement—Girth on full expansion 36 inches.
Range of expansion 2½ inches.

7. Vision, right 20/20 left 20/20 8. Hearing, right W.V.20 left W.V.20

9. Condition of mouth and teeth good

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

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

Special remarks when category lower than A

President Member Member

Pension or compensation. If so give details. . . No

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature
17-11-39.	T.A.B.	26.2.40	2nd ATT. (Com. C&K)
22-11-39.	3	8 Feb 41	TAB 50 c.c.
25-11-39.		30 Sept 40	TET TOX 1 cc
25-11-39.	VAC.	14 Jan 42	T.ABT 5 cc
	VAC. " NEGATIVE "		
15-11-39.	X-Ray - Chest. # 32154.		
	" NEGATIVE "		
20-11-39.	Recheck:-Urine,Ears,Eyes,		
	Nervous System. Physical. "	NORMAL	"
2-12-39.	Tetanus - Toxoid 1.C.C.		
	M.S.Brook,Capt.		

Regtl. No. D-16218 Rank Sapper. Surname ASHDOWN. Christian Name William Henry.

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. ..... Rank ..... Sheet No. .....

M.F.M. 1 & 2 (a)
700 M—8-39 (1697)
H.Q. 1772-45-13

Name Spr. W.H. Ashdown. D16218

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
	Dom 15 Aug 41	leaves To be attend. To 2. Y. PK leg	Spr.	20 ~~21~~ July 41	H Fed leg	UK	28	25 July 41
		Qualified. First Aid Course	Spr.	21 July 41	H Fed leg	UK.	39 ✓	1. Aug 41.
		7 days P/ leave No FTW To 4 Oct 41	Spr.	27 Sept 41	H Fed leg	UK.	49	30 Sept 41
		7 days P. h FTW To 29 Dec 41	Spr.	20 Dec 41	H Fed leg	UK.	64	31 Dec 41
		7 dy. P leave F.TW To 31 Mar 42.	Spr.	24 Mar 42	H Fed leg	UK.	14	31 Mar 42.
		admt 5 Fed. Amb.	Spr.	2 April 42.	H Fed leg	UK.	16.	10 April 42.
		Trans To 1 Gen Hosp	Spr.	2 April 42.	H Fed leg	UK.	17	17 April 42
		leaves Trades pay Pioneer C	Spr.	2 April 42	H Fed leg	UK	17	17 April 42
SOS		SOS To 1 & R U on admt 1 Gen H.	Spr.	2 April 42	H Fed leg	UK	17 Casualty	7 April 42. 17 April 42
	TOS.	TOS from 4 Can Fld Coy on adm 1 Gen Hosp	Spr	3 Apr 42	& RU	UK	62.	22 Apr 42.
Cancelled 171 28 Aug 42		~~To continue trade pay for 30 days "C"~~	Spr	3 Apr 42	& R U H Fed leg.	UK	63 Casualty	23 Apr 42 13 April 42
		Discharged from #1 General Hospital	Spr	8 Apr 42	& R U	UK	51	9 Apr 42
Cancelled 114 22 June 42		~~To be A/1/Cpl~~	~~A/1/Cpl~~	~~8 Jun 42~~	~~ERU~~	~~UK~~	~~108~~	~~15 June 42~~
SOS	T	S.O.S. to 4 Fld Coy RCE	Spr.	2 July 42	& R U.	UK.	122	2 July 42.
	TOS.	TOS from 1 & RU.	Spr.	3 July 42.	4 Fld Coy	UK	29	10 July 42.
		Re. commences Trades pay Pioneer "C"	Spr.	3 July 42.	H Fed leg	UK.	30.	17 July 42.
		admt To 5 Fed. Amb.	Spr.	29 July 42	H Fed leg	UK	33.	7 Aug 42
		Discharged 5 Fed Amb.	Spr.	30 July 42	H Fed leg	UK	33	7 Aug 42
		7 day P/ leave	Spr.	12/5 Aug 42	H Fed leg	U.K.	34	14 Aug 42.

Statement of the Service of No. D16218 Rank ..... Sheet No. .....

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

Name W. H. Ashdown

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
		Leaves Trades pay Pioneer 'C'	Spr	17 Aug 42	4 Fd Coy	UK	36	28 Aug 42
		AWOL 12 Aug 42. Forf 8 days pay F.R.T. 9.149	Spr	21 Aug 42	4 Fd Coy	UK	36	28 Aug 42
		Admit to 5 Fd Amb	Spr	26 Aug 42	4 Fd Coy	UK	37	4 Sept 42
		Removed from 5 Fd Amb to 5 CCS	Spr	26 Aug 42	4 Fd Coy	UK	37	4 Sept 42
		Discharged from 5 CCS	Spr	28 Aug 42	4 Fd Coy	UK	37	4 Sept 42
	T.P.	Resumes Pioneer "C"	Spr	1 Oct 42	4 Fd Coy	UK	43	16 Oct 42
		Continues T.P. "C"	Sapper	3 Apr 42	E.R.U	UK	171	28 Aug 42
		Ceases T.P. "C" 8 Apr 42 Recommences	Sapper	8 Apr 42	E.R.U	UK	171	28 Aug 42
		Ceases T.P. "C" (S.O.S.)	Sapper	2 July 42	E.R.U.	UK	171	28 Aug 42
		Prov: leave to 26 Nov: 42	Spr	14 Nov: 42	4 Fld Coy	UK	50	4 Dec 42
		Prov: leave to 3 Mar 43	Spr	24 Feb: 43	4 Fld Coy	UK	10	12 Mar 43
		4 months Prof. Ser Pay $1.65	Spr	1 Jan 43	4 Fld Coy	UK	13	29 Mar 43
		Embarked S.O.S. Ldn Army (UK)	Spr	15 June 43	4 Fld Coy	NA	30	27 July 43
		T.O.S. Ldn Army (Am)	Spr	16 June 43	4 Fld Coy	NA	30	27 July 43
Trip made up 22 Oct 43		Disembarked	Spr	10 July 43	4 Fld Coy	NA	30	27 July 43
		S.O.S. Killed in Action C.M.F.	Spr	6 Oct 43	4 Fd Coy	NA	47 CL A 342 4 Oct 43	9 Oct 43

M.F.M. 10
160 M—8-39 (1706)
H. Q. 1772-45-18.

FORM OF WILL No. 1

To be used by a Soldier desirous of leaving a portion of his personal estate to one person, and the balance of his personal estate to another person

I ASHDOWN., William Henry. (Name in full)

Number D-16218. of the Canadian Active Service Force

4th. Field Coy. R.C.E (CASF)
(Unit or Corps) (Give full title of Unit)

do hereby revoke all former Wills by me made, and declare this to be my LAST WILL. I bequeath my personal estate consisting of " CLOTHING ". And all personal belongings.

(Here describe fully personal estate)

unto Mother. Mrs. Lillian ASHDOWN.,
7757, McEachran.,
MONTREAL. Que.

Name and Address of person or persons to whom it is to go and **relationship.**

absolutely, and the residue of my personal estate and everything that I can give or dispose of

Insurance. " THE METROPOLITAN INS. CO. "
(Here describe remaining assets)

unto Mother. Mrs. Lillian ASHDOWN.
7757, McEachron St.
MONTREAL. Que.

Name and Address of person or persons to whom it is to go and **relationship.**

NOTE.—If Soldier owns **Real Estate,** Form 10A should be completed.

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

IN WITNESS WHEREOF I have hereunto set my hand this

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

29 day of November A.D. 1939

William Henry Ashdown
(*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: Gilbert Turner

Address in full: 1475 Aird Ave.

2nd witness to sign here: John E. Halladay.

Address in full: 844 Liverpool St. P.Q.

FORM 6

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not write in this space

1. PLACE OF DEATH

Municipal county: IN THE FIELD (ITALY)

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 (*Block letters*)

Surname: ASHDOWN.

Given names: William Henry.

Do not write in this space

4. RESIDENCE

Street: McEachran Avenue. No. 7757

Official name of civil municipality or township: Montreal,

Municipal county: Province: Quebec.

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

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

10. BIRTHPLACE (Province or Country): Quebec.

11. DATE OF BIRTH: October (Month) 11th. (Day) 1918. (Year)

12. AGE OF DECEASED

Years	Months	Days	If less than one day old
24			....hrs. or....min.

OCCUPATION

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

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	ASHDOWN, William.	
MOTHER (Maiden Name)		

19. Place of burial, cremation or removal: Italy.

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

21. PLACE OF REGISTRATION OF THIS BURIAL

(a) Name of parish or church:

(b) Civil municipality of:

(c) Municipal county:

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

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: October (Month) 6th. (Day) 19 43. (Year)

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

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

24. CAUSE OF DEATH

I

Immediate cause — Give disease, injury or complication which caused death, **not** the mode of dying, such as heart failure, asphyxia, asthenia, etc.

(a) Killed in action.

due to

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

(b)....

due to

(c)....

II

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

....

....

III If a communicable disease is mentioned on this certificate, give

(a) Date of appearance....19....

(b) Duration of disease....days

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

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

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

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

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

Manner of injury.... (How sustained)

Nature of injury....

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

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

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

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

J. B. Radine

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

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

(Voir l'autre côté pour le français)

OVERSEAS CASUALTY
CANADIAN ARMY

FEB 25 1944

for Director of Records, Dept. of National Defence.

To be made out in duplicate

M.F.M. 5
200M—2-41 (9495-6)
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*) Both copies of the form are to be forwarded by the Officer Commanding the unit for each officer and other rank, to the Paymaster, or Officer acting as such. The latter will transmit one copy, through the District, Command, or Camp Paymaster, to the Officer i/c Records, N.D.H.Q., Ottawa. The other copy will be retained by the Paymaster of the unit. When transferred to another unit the copy retained by the Paymaster will be sent to the Paymaster of the individual's new unit.

---

(1) Name of Officer or Other Rank ASHDOWN WILLIAM HENRY
(Surname first—Christian names in full—Block capitals)

(2) Regimental or Official Number and Rank D.16218

(3) Unit Royal Canadian Engineers 4th Fld. Coy. R.C.E.

(4) Are you married? No

(5) If married, state,

(*a*) Full name of your wife

(*b*) Present postal address of wife

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

(7) Are you a widower? No

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

Names and ages

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

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

Name

Postal Address

[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

(11) Is your father alive? Yes

If so, state name and address, occupation William Ashdown
7757 McEachran Ave., Montreal, P.Q.

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

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

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

(14) Is your mother alive? Yes

If so, state name and address Lillian Ashdown
7757 McEachran Ave., Montreal, P.Q.

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

(16) If sole or partial support of widowed mother—state what amount per month you have given her prior to appointment or enlistment

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

(17) Are you contributing to the support of any dependents, other than those shown above?
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

Full Name

Postal Address

Amount contributed monthly during the past six months

(18) Are you insured? Yes

If so, in what Company? Metropolitan Life
(Give number of policy)

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

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

(Sgd) William Ashdown
(Signature of officer or man)

Date 13-11-39

(Sgd) Edward C. Thom, Capt. ???
for Officer Commanding 4 Fld. Coy. R.C.E.

Date 13-11-39

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.

MEMORANDUM FOR

P. 64

Mrs. Lillian Ashdown,
7757 McEachran Ave.,
Montreal, Que.

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

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

and the following number quoted:—

H.Q. 405-A-6441 F.D.188

DEPARTMENT OF NATIONAL DEFENCE

ESTATES BRANCH

OTTAWA, ONT.

October 28th, 1943

ESTATES BRANCH NOV 2 1943 H. Q. OTTAWA NATIONAL DEFENCE

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

ASHDOWN, William Henry, Sapper

D.16218 C. A.

it is necessary that the requisite information regarding the deceased and his relatives should be furnished on the inside of this form in strict accordance with the printed instructions. The particulars required are to be carefully filled in and the Declaration on the back should then be signed in the presence of a Clergyman, Priest, Local Magistrate, Commissioner for Oaths or Notary Public, who should be asked to complete and sign the Certificate. This form should then be returned to the above address.

A deceased's Service estate, the administration of which is the responsibility of the Estates Branch, consists of any balance of pay and allowances at credit, cash on hand and the personal effects which are under the control of the Service authorities. To obtain such assets, it is not necessary for the person(s) legally entitled thereto to obtain through the Courts Probate of the Will, or if none, Letters of Administration of his estate.

In addition to the administration of those Service assets, the Administrator of Estates is authorized to withdraw into Government account any funds (within a defined amount) on deposit to the deceased's credit in Banks, Post Offices or other financial institutions in Canada and Overseas, without expense or trouble to the person(s) legally entitled to the estate, and to distribute such funds at the same time as any balance of pay is distributed. Also, War Savings Certificates and Victory Loan Bonds owned by the deceased may be redeemed and similarly distributed, or transmitted into the name(s) of the person(s) legally entitled. Such Certificates and Bonds should not be forwarded to the Administrator of Estates until they are requested.

If there are other assets which necessitate an application for Probate or Letters of Administration, the Administrator of Estates may transfer and hand over the Service assets to the executor or administrator appointed by the Court so that all the estate, Service and otherwise, may be dealt with as a whole.

The information given by you on Pages 2 and 3 of this form is therefore of importance in determining whether or not the deceased's assets are such that they may all be administered by the Administrator of Estates to the person(s) legally entitled, that is, without the need for Probate or Administration.

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

R. G. Phelan Capt.

(R. G. Phelan) Capt.,
for (L. M. Firth) Lt.-Col.
Administrator of Estates.

M.F.W. 77
6M-4-43 (9515)
H.Q. 1772-39-972

FFC/MK

ANSWER IN FULL ALL APPLICABLE QUESTIONS

STATEMENT of the Names, Ages and Addresses or Dates of Death, of all the relatives that the deceased ever had in each of the degrees specified below.

Degrees of Relationship	RELATIVES required to be accounted for		INFORMANT'S STATEMENT: NAME IN FULL of any Relative, if any, in each degree specified	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased.....				
2	Children of the Deceased and dates of their Births.....				
3	Father of the Deceased.....		William Ashdown		7757 McEachran Ave Montreal
4	Mother of the Deceased.....		Lillian Ashdown		7757 McEachran Ave. Montreal
5	Brothers of the Deceased	Full Blood	Walter Nov 19th 1919		Died at one year of age
		Half Blood	Edwin Ashdown Born April 22. 1895 age 48		7739 McEachran Ave. Montreal
6	Sisters of the Deceased	Full Blood	Irene Ashdown age 26		7757 McEachran Ave Montreal
			Muriel Ashdown " 21		7757 McEachran Ave. Montreal
		Half Blood			
7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, *who are dead*, and date of death of each.		Names and ages of their children (if any)		Address of their children

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased	William, Henry Ashdown
9	Date of his birth	Nov 11th 1918
10	Place and date of his marriage.	Unmarried
11	Place and date of his parents' marriage.	Nov. 1st 1916 Montreal P. Que

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Woman's Maternity Hospital Prince Arthur Street
13	State, in order, the Province, State and/or Country in which he resided before enlistment and the period of time in each.	(a) Montreal P. Que (b) (c) (d) Quebec, 24 years
14	Nature of employment before enlistment.	assistant pro Mount Royal Golf Club
15	State whether he owned the premises in which he lived and, if so, where situated.	no
16	Name place where deceased stated he intended to make his permanent home.	Montreal

PARTICULARS OF ESTATE

17	Did he leave a Will?	no
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses, — was there a marriage contract dealing with property?	not Married
19	Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc. and the amount on deposit.	no
20	Amount of War Savings Certificates held by deceased.	none
21	Amount of Victory Loan Bonds held by deceased.	none
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary there. Describe other assets, if any, and estimated value thereof. Mrs. Lillian Ashdown	Prudential Insurance Co Metropolitan Co $250 $170 Great West. - $14.00 deducted during war period
23	Is application for Probate or Letters of Administration necessary (see page 1)?	No

OTHER PARTICULARS

24	Did the deceased after enlistment incur any debts for:— (a) His own separate board and lodging while on service. (b) Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	no
25	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	no

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

(PLEASE TURN OVER)

DECLARATION

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

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

N. B. To be signed in full in the presence of a Clergyman, Priest, Local Magistrate, Commissioner or Notary Public.

7757 McEachran. Park Extension (Signature of Informant)

Montreal Address

CERTIFICATE

I hereby certify that, to the best of my knowledge and belief Mrs. Lillian Ashdown {Name of Informant} is the* Mother of the Deceased above described, and I believe the above Declaration and the Statement of Relatives and of particulars made by the Informant and signed in my presence to be complete and correct.

*See above.

Dated at Montreal this first day of November 1943

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public } Roland Bodger Qualification Minister of Religion (C.of E.)

Address 7497 Champagneur Ave. Montreal

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

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

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

MFM 510
40/P & S/254 (3444)

CANADIAN ACTIVE SERVICE FORCE
OVERSEAS

District.....

Dispersal Area.....

LAST PAY CERTIFICATE
(All Ranks)

Regtl No. D.16218. Rank and Name Ashdown, W.H. Spr.

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

(~~Transfer or~~ Discharge) ..... to ..... on 6th October, 19 43.

Reason Death. Authority : C.C.I. "A"342. d/14 Oct 43.

The following is a statement of the account of the above-named from 1st Oct to 31st Oct 19 43. the inclusive date of transfer or discharge.

Dr Particulars	Amount		Cr Particulars	Amount	
Balance Dr from last account			Balance Cr from last account	109	00
First Monthly Payment			Regimental Pay 31 days @ $ 1.50	46	50
Casual Payments			Tradesmen's Pay 31 days at $ .25¢	7	75
Payments on Transfer or Discharge			Additional Pay (Give particulars) days at $		
Assigned Pay	20	00			
Regimental Charges			Allowances (Give particulars) days at $		
Public Stoppages (Give particulars) :			Cash Effects. O.R.136111	2	24
			(PO. A/c "Hastings No.59748")		
			Def. Pay Interest.		05
To Balance Cr Free	136	54			
Deferred	9	00	By Balance Dr		
Total	165	54	Total	165	54

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

Remarks

Assigned Pay $4.00 (Gt.W. Life Ass. Co). stopped eff. Oct 43.

Assigned Pay $20.00 (M) Stopped eff. Nov 43.

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

Compiled by C. Sanderson.

Checked by [signature]

Date 26th August, 19 44.

Certified correct [signature]
for Chief Treasury Officer, Overseas

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 ASHDOWN, William Henry (b) Reg'l. No. D-16218
2. (a) Arm of service Army (b) Unit 4 Fd Coy. R.C.E. (c) Rank Spr
3. (a) Date of birth 11 Oct 18 (b) Have you any dependents? no (c) Place of residence at time of enlistment Montreal
4. (a) Place of enlistment Montreal (b) Date of enlistment 13 Nov 39

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school (b) Were you attending school or college up to the time of enlistment?
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.)
7. If you attended a university, give name of university and standing or degree secured
8. (a) Did you ever enter upon a trade apprenticeship? (b) If so, for what occupation? (c) Did you finish it? (d) If you did not finish it, how long did you serve at it?
9. (a) What languages do you speak fluently? English (b) What languages do you read well?

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

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

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

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

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

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

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

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

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

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

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

Section F—PARTICULARS OF FARMING EXPERIENCE

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

Section G—MISCELLANEOUS

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

DATE 5 Jul 43 194 SIGNATURE [signature]
for Officer i/c Records, C.M.H.Q.

FH

CANADIAN NATIONAL TELEGRAPHS

DAY LETTER ☐

NIGHT LETTER ☒

CASUALTY (REPORT DELIVERY)

OTTAWA

TO:-

OCTOBER 13 1943

MRS LILLIAN ASHDOWN
7757 MCEACHRAN AVENUE
MONTREAL QUEBEC

5963 REGRET DEEPLY D16218 SAPPER WILLIAM HENRY ASHDOWN OFFICIALLY REPORTED KILLED IN ACTION SIXTH OCTOBER 1943 STOP FURTHER INFORMATION FOLLOWS WHEN RECEIVED

Director of Records

PREPAID

OFFICER I/C RECORDS

M.F.M. 267
50M-11-42 (7151)
H.Q. 1772-39-1989

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

NUMBER D.16218 RANK Sapper SERVICE UNIT 4th Field Company RCE (C.A.)

NAME ASHDOWN, William Henry

DATE OF BIRTH
DAY 11th MONTH October YEAR 1918

MARITAL STATUS Single

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

ADDRESS 7757 McEachran Ave., Montreal, Quebec. ADDRESS D.A.B.

ADDITIONAL PERSON TO BE NOTIFIED ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. Canrecords 3509 H.Q. 405-A-6441

CASUALTY DETAILS Killed in Action DATE 6-10-43

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 15-10-43

OFFICER I/C RECORDS

5

COPY FOR C.R. FILE

H.Q. 405-A-6441 (Records-C)

October 19th, 1943.

Mrs. Lillian Ashdown,
7757 McEachran Ave.,
Montreal, Quebec

Dear Madam:

I deeply regret to inform you that your son, D.16218 Sapper William Henry Ashdown, gave his life in the Service of his Country in the Mediterranean Theatre of War on the 6th day of October 1943.

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

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

We pay tribute to the sacrifice he so bravely made.

Yours sincerely,

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

GR/BTC

File No. 405-A-6441

REBURIAL

NO D.16218

RANK Sapper

NAME ASHDOWN, W.H.

UNIT R. C. E.

DATE OF DEATH 6th October, 1943

CAUSE OF DEATH Killed in Action.

NAME OF CEMETERY Bari Military Cemetery

LOCATION OF CEMETERY Bari, Italy

GRAVE LOCATION Plot 3, Row C, Grave 18

AUTHORITY H.Q. 54-27-88-2 Vol. 12

405-A-6441
(Records G)

August 26th, 1944.

Mrs. Lillian Ashdown,
7757 McEachern Avenue,
Montreal, P. Q.

No. D.16218, Sapper William H. ASHDOWN

Dear Madam:

With reference to the regretted death of your son, the marginally named Canadian soldier, I am to advise that information has recently been received from overseas that his remains have been reinterred in grave 18, row C, plot 3 of the Bari Military Cemetery at Bari, Italy.

The grave will have been marked with a temporary cross which will be replaced in due course by a permanent headstone suitably inscribed. For obvious reasons it cannot now be stated when this work of permanent commemoration will begin, but you may rest assured that before it is carried out you will be communicated with and given an opportunity of selecting a short personal inscription for engraving upon the memorial.

Yours truly,

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

D 5

☐ Navy
☐ Army
☐ Air Force
(Mark X opposite Force in which you last served.)

DEPARTMENT OF NATIONAL DEFENCE

M.F.M. 441
1 Mil. 9-44 (5449)
H.Q. 1772-39-2326

Application for War Service Gratuity

(Canadian Armed Forces)

A complete reply must be given to every question in this application. If any question is not applicable, "N.A." is to be inserted.

1. Surname on termination of service ASHDOWN (Print)

2. Christian Names WILLIAM HENRY (Print)

3. Service No. D-16218 4. Paid rank or rating at date of termination of Service SAPPER

5. Address, in full, to which payments of gratuity are to be forwarded MRS. LILLIAN ASHDOWN 7757 McEACHRAN AVE., PARK EXTENSION MONTREAL #15.

6. State below your period or periods of service in the Armed Forces of Canada during the present war.

Service (Navy, Army or Air Force)	Service No.	Final Rank or Rating	Date of Commencement of Service	Date of Termination of Service
ARMY	D-16218	SAPPER	DATE UNKNOWN YEAR. 1939	KILLED ON ACTIVE SERVICE OCT. 6. 1943.

7. Have you during the present War, while a member of the Canadian Forces, been attached, loaned or seconded to any of the Naval, Military, or Air Forces of His Majesty or of any power allied or associated with His Majesty? ..... If so, state name of Force or Forces .....

8. Have you during the present War, while *not* a member of the Canadian Armed Forces, been appointed to or enlisted in any of the Naval, Military or Air Forces of His Majesty (other than the Canadian Armed Forces)? ..... If so, state the Force or Forces, with dates of commencement and termination of service. .....

Having now ceased to serve on Active Service, I hereby apply for payment of the War Service Gratuity.

NOV. 10, 1944 (Date)

Lillian Ashdown (Signature of Applicant)

If name signed in space above represents a change from name given in question 1, insert here the name at termination of service. As cheques will be prepared in the name given in question 1, a specific address in question 5 is particularly essential.

NOTE: When completed this form is to be mailed to the Headquarters of the Service in which you last served. Viz:
Navy—The Secretary, Naval Board, Naval Service Headquarters, Ottawa. (To be accompanied by Certificate of Service in the case of ratings.)
Army—The Secretary, Department of National Defence (Army), Ottawa. Attention: Paymaster-General.
Air Force—The Secretary, Department of National Defence for Air, Ottawa. Attention: Records Officer.

The Administrator of Estates.

Regimental No. D.16218 Rank Sapper

ASHDOWN William Henry
Surname Christian Names

Unit 4th Field Company, R.C.E.

Date of Death 6-10-43 Place of Death Overseas

Next-of-kin Mrs. Lillian Ashdown Relationship Mother

Address 7757 McEachran Avenue, Montreal, P.Q.

M.F.M.5 Copy herewith.

Will Original Will d/29-11-39 herewith.

Date Oct. 21, 1943.

HMG/KVB

W.E.L. Coleman

(W.E.L. Coleman) Colonel,
Director of Records,
for Adjutant-General.

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

ARMY

Name: ASHDOWN, William H. No.: D.16218
Surname Christian Names

Spr. C.A. O/S 6-10-43
Rank Unit Date of Death

AMOUNT

L.P.C. $ 145.54

Date: 27-11-44

Other Credits

Total 145.54

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Mother	Mrs. Lillian Ashdown, 7757 McEachran Avenue, MONTREAL, Que., (Sole beneficiary per will)	145.54

TO BE FORWARDED BY REG. MAIL DIRECT.

P4. TO TREAS.
14-12

AUTHORITY

H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	$145.54

CLASSIFIED BY

Original Signed by
K. L. McCUAIG

EXAMINED BY

For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

Original signed by
L. M. FIRTH

(L. M. Firth) Lt.-Colonel
Administrator of Estates

AUDITED FOR PAYMENT

For Chief Treasury Officer

50M—8-44 (5426)
H.Q. 1772-80-2

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

DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE

4
ARMY

STATEMENT OF WAR SERVICE GRATUITY

DECEASED MEMBER'S NAME: William Henry (CHRISTIAN NAMES) ASHDOWN (SURNAME)

REGISTER NO. D-5
FILE NO. 405-A-6441
DATE 11-10-45
SERVICE NO. D-16218
FINAL RANK OR RATING Spr.
DATE OF DISCHARGE 6-10-43

PAYEE Mrs. Lillian ASHDOWN,
ADDRESS 7757 McEachran Ave.,Park Extension, Montreal (15) P. Que.

DATE OF TERMINATION OF OVERSEAS SERVICE 6-10-43

		$ ¢
A. TOTAL QUALIFYING SERVICE	NO. OF DAYS 1414/30 EQUAL TO 47 COMPLETE PERIODS AT $7.50	352.50
B. QUALIFYING OVERSEAS SERVICE	NO. OF DAYS 1375 LESS 4 INELIGIBLE DAYS, EQUAL TO 1371 DAYS @ 25c. PER DAY (SEE PAR. 2 OVERLEAF FOR EXPLANATION)	342.75
		695.25
C. SUPPLEMENT FOR OVERSEAS SERVICE	DAILY RATES AT DISCHARGE: PAY $1.50; SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE $1.25; ADDITIONAL PAY $ .25; $; $; $; DEPENDENTS' ALLOWANCE 1/30 OF $ ___ $; TOTAL $3.00 ×7 = $21.00; NO. OF DAYS 1375/183 ×$21.00	157.79
D. WAR SERVICE GRATUITY		853.04
E. DEDUCTIONS	OVERPAYMENT OF: PAY AND ALLOWANCES $; DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $; OTHER DEDUCTIONS $	
F. TOTAL AMOUNT PAYABLE		853.04

G. YOUR PORTION OF GRATUITY IS— 100 $

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

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

ΔT

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

PREPARED BY	CHECKED BY
KRM	

TREASURY	
CHECKED BY	DATE
[illegible]	24/10/45

[illegible]
SERVICE REPRESENTATIVE

COMPUTATION OF WAR SERVICE GRATUITY

MEMBER'S NAME WILLIAM HENRY ASHDOWN (Christian Names) (Surname) — Register No. D5

PAYEE'S NAME MRS LILLIAN ASHDOWN (Christian Names) (Surname) — File No. 405-A-6441

Date 11-10-45

ADDRESS 7757 MSEASHRAN AVE. PARK EXTENSION MONTREAL 15, P.Q. — Service No. D16218

Final Rank Gnr

DATE OF TERMINATION OF OVERSEAS SERVICE 6/10/43 — Date of Discharge 6/10/43

	AMOUNT $	c
A. TOTAL QUALIFYING SERVICE No. of days 1414/30 = 47 Periods @ $7.50	352	50
B. QUALIFYING OVERSEAS SERVICE No. of days 1375 less 4 Ineligible days, equal 1371 Days @ 25c. per day	342	75
C. SUPPLEMENT FOR OVERSEAS SERVICE	695	25
Daily Rate of Pay $ 1.50 Subsistence Allowance $ 1.25 Additional Pay $ .25 Dependents' Allowance 1/30 $ ..... $ —— TOTAL $ 3.00 × 7 = $ 21.00 No. of Days 1375/183 × $ 21.00	157	79
D. WAR SERVICE GRATUITY Computed By Mantey	853	04
E. DEDUCTIONS Overpayment of (1) Pay & Allowance $..... (2) D.A. & A.P. $..... Other Deductions $..... Entered By		
F. AMOUNT PAYABLE (This amount is payable in ..... monthly instalments of $ ..... each)	853	04

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

$..... × 30 = $.....

REMARKS

50M—8-45 (7827)
H.Q. 1764-81-3

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

CANADIAN MILITARY HEADQUARTERS

ESTATES BRANCH
INVENTORY

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

No., RANK and NAME: D-~~126~~ 16218 Spr. Ashdown, W.H. 4 Fd Coy RCE (Dec'd)

RECEIVED FROM: Cdn. Sec. F.H.Q. 2nd Echelon

CHECKED BY: B-74031 Cpl. Milsom, K.
C-65216 Pte. Howe R.C. DATE: 16 Feb 44

1	Post office savings book #59748 (to O i/c Estates)		

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

TRIPLICATE — with effects.

H. E. Palmer, Capt.
for OC 1 Cdn KSD

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

CANADIAN MILITARY HEADQUARTERS

ESTATES BRANCH
INVENTORY

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

No., RANK and NAME D.16218 Spr. ASHDOWN W. H. (Dec'd)

RECEIVED FROM HQ I CKSD

CHECKED BY L.2864 Cpl. Halik, H.
B.131628 Sgt Smith, E.L. DATE 11 Jan 45

1	Kit Bag	1	Rel i gious Booklet	
4½	pr Socks		Postcards & Greeting Cards	
1	Sport Shirt		Per sonal Letters	
1	Sweater, woolen	1	Bru sh	
1	Scarf	1	Thimble	
1	Money Belt, leather	1	Flashlight Reflector	
1	Polishing Cloth		~~xxxxxxxxxxxx~~	
1	Neck Tie	2	Flashlight Batteries	Rem'd
1	White Cloth	1	bottl e Silvo	for
2	Souvenir Daggers	1	pkt C ig. Papers --	Distr.
3	Suit Hangers	1	Kit B ag	
1	Leather Case, small, ~~xxxxx~~ shaving			
1	Safety Razor			
1	Pipe (broken)	1	Breech Cover, rifle	
1	Penknife on chain	2	FS C aps	GI RTS RSD
1	~~xxxxx~~ Eraser	1	BD Tunic	
1	Lanyard			
2	Zippers			
1	Electric Iron & Cord, Sold for £ 0-10-0 To.. Cpl Bentley (ATS)			
1	Kit Bag Handle			
1	Padlock			
1	Note Book			
1	Diary Book (not personal)			
1	New Testament			
	Envelopes & Writing Paper, in folder			

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

E Smith Sgt
for OC 1 Cdn KSD