D175572
MCDONOUGH
LEONARD DONAL

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FORMULE D'ANTÉCÉDENTS PROFESSIONNELS

LA PRÉSENTE FORMULE DOIT ÊTRE REMPLIE POUR CHAQUE MEMBRE DES FORCES ARMÉES. LES RENSEIGNEMENTS DEMANDÉS SONT DESTINÉS À L'USAGE DU COMITÉ CONSULTATIF GÉNÉRAL DE DÉMOBILISATION ET DE RÉTABLISSEMENT, INSTITUÉ PAR LE GOUVERNEMENT CANADIEN POUR ÉTUDIER DES PLANS DE RÉTABLISSEMENT DANS LA VIE INDUSTRIELLE DES MEMBRES DES FORCES ARMÉES APRÈS LEUR LICENCIEMENT. L'EXACTITUDE ET L'INTÉGRALITÉ DES RÉPONSES SERONT TRÈS UTILES AU COMITÉ.

PRIÈRE DE LIRE ATTENTIVEMENT LES INSTRUCTIONS AU VERSO DE LA COUVERTURE DU FORMULAIRE AVANT DE REMPLIR LA FORMULE

LAISSEZ EN BLANC

Partie A—RENSEIGNEMENTS GÉNÉRAUX

1. (a) Nom et prénoms (lettres moulées) McDONOUGH Leonard Donald (b) N° matricule D-175572
2. (a) Arme Army (b) Unité R.C.A. (FLD) CA (c) Rang Gnr.
3. (a) Date de naissance 27 Feb.1924 (b) Avez-vous des personnes à votre charge? Yes (c) Domicile au moment de l'enrôlement Montreal Que
4. (a) Lieu d'enrôlement Montreal South Que.Can. (b) Date d'enrôlement 19-4-43

Partie B—INSTRUCTION ET FORMATION

5. (a) Âge à la sortie définitive de l'école 17 yrs.old (b) Fréquentiez-vous l'école ou le collège au moment de l'enrôlement? NO
6. Indiquez exactement où vous en étiez dans vos études à l'école publique, technique ou secondaire (par exemple—"école publique, 4 ans," "école secondaire, 2 ans;" "immatriculation junior" ou "cours technique en imprimerie, 4 ans", etc.) 7 yrs.Pub.School 4 yrs.High School (Grad.)
7. Si vous avez fréquenté une université, indiquez-en le nom ainsi que la classe atteinte ou le grade obtenu NIL
8. (a) Êtes-vous déjà entré en apprentissage? Yes (b) Si oui, dans quel métier? Welder (c) Avez-vous complété votre apprentissage? NO (d) Si vous ne l'avez pas complété, combien de temps y avez-vous passé? 6 months
9. (a) Quelles langues parlez-vous couramment? English & French (b) Quelles langues lisez-vous facilement? English & French

Partie C—SITUATION AU MOMENT DE L'ENRÔLEMENT

10. (a) Indiquez si vous étiez EN EMPLOI ou EN CHÔMAGE au moment de l'enrôlement. (Inscrivez simplement "En emploi" ou "En chômage", selon le cas; les détails sont demandés plus bas) Working (b) Au moment de l'enrôlement de quel syndicat ouvrier ou société professionnelle étiez-vous membre? Yes International

Partie D—DÉTAILS CONCERNANT CEUX QUI CHÔMAIENT AU MOMENT DE L'ENRÔLEMENT

LES QUESTIONS 11 À 17 NE S'APPLIQUENT QU'À CEUX DONT LA RÉPONSE À LA QUESTION 10 (a) INDIQUE QU'ILS ÉTAIENT EN CHÔMAGE

11. Aviez-vous déjà été employé assez régulièrement depuis votre sortie de l'école?
12. (a) Si la réponse à (11) est "oui", indiquez exactement l'occupation ou le métier effectivement exercé (b) Durée d'emploi dans cette occupation ou métier?
13. Si la réponse à (11) est "non", indiquez exactement l'occupation ou le métier pour lequel vous vous estimez compétent
14. Si vous avez été employé après votre sortie de l'école, indiquez quand vous avez travaillé assez régulièrement pour la dernière fois avant l'enrôlement
15. Donnez des détails concernant votre dernier patron, le cas échéant: Nom Adresse
16. Genre d'affaires du patron (par exemple, "culture" ou "construction de bâtiments" ou "fabrique de chaussures" ou "fonderie de fonte" ou "magasin de détail", etc.)
17. (a) Si vous travailliez à votre propre compte lors de votre dernier emploi, indiquez la nature et l'adresse de votre entreprise (b) Quand l'avez-vous abandonnée?

Partie E—DÉTAILS CONCERNANT CEUX QUI TRAVAILLAIENT AU MOMENT DE L'ENRÔLEMENT

LES QUESTIONS 18 À 23 NE S'APPLIQUENT QU'À CEUX DONT LA RÉPONSE À LA QUESTION 10 (a) INDIQUE QU'ILS ÉTAIENT EN EMPLOI. VOUS ÊTES PRIÉ DE LIRE EN ENTIER CES QUESTIONS ET DE NE RÉPONDRE QU'À CELLES QUI S'APPLIQUENT À VOTRE CAS AU MOMENT DE L'ENRÔLEMENT

SI VOUS ÉTIEZ À L'EMPLOI D'UN PATRON AU MOMENT DE L'ENRÔLEMENT, PRIÈRE DE RÉPONDRE AUX QUESTIONS 18 À 21

18. Nom du patron Fairchild Aircraft Adresse Longueuil Que.
19. Genre d'affaires du patron (par exemple, "culture" ou "construction de bâtiments" ou "fabrique de chaussures" ou "fonderies de fonte" ou "magasin de détail", etc.) War plant
20. (a) Genre précis de votre occupation Spot welder (b) Nombre d'années d'expérience dans ce travail pour le compte de tout patron 1½ yrs.
21. (a) Votre patron vous a-t-il formellement promis de vous reprendre à son service à votre licenciement? no (b) Votre patron a-t-il refusé de promettre de vous reprendre à son service à votre licenciement? no (c) Désirez-vous retourner à votre ancien emploi? Yes

SI VOUS TRAVAILLIEZ À VOTRE PROPRE COMPTE AU MOMENT DE L'ENRÔLEMENT, C'EST-À-DIRE, SI VOUS EXPLOITIEZ UNE FERME, UN MAGASIN, UNE AGENCE ,OU SI VOUS EXERCIEZ UNE PROFESSION, OU SI VOUS ÉTIEZ ASSOCIÉ DANS L'UNE DE CES ENTREPRISES, PRIÈRE DE RÉPONDRE AUX QUESTIONS 22 ET 23

22. (a) Indiquez la nature du commerce ou la profession (b) Où était-il situé?
23. (a) Nombre d'années dans ce commerce? (b) Avez-vous fait ou vous proposez-vous de faire des plans pour reprendre à votre licenciement votre commerce ou un commerce d'une nature semblable?

Partie F—DÉTAILS DE L'EXPÉRIENCE EN AGRICULTURE

24. (a) Désirez-vous vous livrer à la culture de la terre après la guerre? NO (b) Vous croyez-vous apte à exploiter une ferme? NO (c) Si oui, dans quel genre de culture? NIL
25. (a) Êtes-vous né sur une ferme? NO (b) Nombre d'années d'expérience effective dans la culture? NIL (c) Dans quelles provinces avez-vous acquis votre expérience? NIL

Partie G—DIVERS

26. Avez-vous pris des arrangements autres que ceux indiqués ci-dessus au sujet de votre rétablissement dans la vie civile après votre licenciement? NO
27. Si oui, indiquez la nature de vos projets (par exemple, vous proposez-vous de reprendre vos études, ou vous a-t-on assuré une position, etc.) NIL
28. Indiquez toute préférence pour un certain emploi ou toute ambition que vous pourriez avoir, autres que celles indiquées ailleurs sur la présente formule Electrician.

DATE 19th April 1943 194 SIGNATURE L. McDonough

Mrs Mary McDonough,
3605 St. Catherine St. E.,
Montreal, Que.

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

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

and the following number quoted:—

H.Q. 405-M-35, 999 FD 495

DEPARTMENT OF NATIONAL DEFENCE

ESTATES BRANCH

OTTAWA, ONT.

November 21, 1944

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

MCDONOUGH, Leonard Donald Pte

D175572 C.A. O/S

ESTATES BRANCH JAN 12 1945 H.Q. OTTAWA NATIONAL DEFENCE

it is necessary that certain information regarding the deceased and his relatives should be furnished the Estates Branch. You are asked therefore to read the enclosed memorandum before completing pages 2 and 3 of this form. The particulars required are to be carefully filled in and the Declaration on page 4 should then be signed in the presence of a Clergyman, Priest, Local Magistrate, Commissioner for Oaths, Notary Public or a Commissioned Officer of any of His Majesty's Forces who should be asked to complete and sign the Certificate. This form should then be returned to the above address.

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

Director of Estates.

/IDS

M.F.W. 77
16M-10-44 (5854)
H.Q. 1772-39-972

ANSWER IN FULL ALL APPLICABLE QUESTIONS

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

Degrees of Relationship	RELATIVES required to be accounted for		INFORMANT'S STATEMENT: NAME IN FULL of any Relative, if any, in each degree specified	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased				
2	Children of the Deceased and dates of their Births				
3	Father of the Deceased		Thos. McDonough deceased		
4	Mother of the Deceased		Mary McDonough	65	3605 St Catherine St Montreal 4
5	Brothers of the Deceased	Full Blood	Gordon McDonough	32	Overseas
		Half Blood			
6	Sisters of the Deceased	Full Blood	Evelyn McDonough	58	3605 St Catherine St Montreal 4
		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
	Lester McDonough Nov. 20 1944		
	Katherine McDonough Oct 23 1948		
	Vincent McDonough Mar 2 1926		

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Leonard Donald McDonough
9	Date of his birth.	27 Feb 1925
10	Place and date of his marriage.	
11	Place and date of his parents' marriage.	Montreal Oct 11th 1905

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Sydney N. S.
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) (b) Quebec (c) (d)
14	Nature of employment before enlistment.	Welder
15	State whether he owned the premises in which he lived, and, if so, where situated.	
16	Name place where deceased stated he intended to make his permanent home.	

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses,—was there a marriage contract dealing with property?	
19	Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc., and the amount on deposit. Do you wish it administered with the pay account?	
20	Amount of War Savings Certificates held by deceased. Indicate where located.	4 5-dollar
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	100 not registered
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	Canada Life ~~$175~~ $173 Mother Metropolitan ~~&~~ & 1,000 Mother
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	

OTHER PARTICULARS

24	Did the deceased after enlistment incur any debts for:— (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.	
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.	

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

(PLEASE TURN OVER)

DECLARATION

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

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

*.....Mother.....of the deceased.

N.B.—To be signed in full in the presence of a Clergyman, Priest, Local Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces.

Mary McDonough } Signature of Informant

3605 St Catherine St Montreal 4 Address

CERTIFICATE

I hereby certify that to the best of my knowledge and belief Mrs Mary McDonough

See above. ..... { Name of informant } is the Mother of the Deceased above described. The above Declaration was made by the Informant and signed in my presence.

Dated at St Alexis, Montreal this 6th day of January 6th 1945

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces. Rev. Norman F. Griffin Qualification Priest

Address St Alexis Rectory - 1650 Valois St. Montreal, Que.

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

Cat A ..... Checked ..... Card ..... Observations .....

OCCUPATIONAL HISTORY FORM COMPLETED

~~ORIGINAL~~
DUPLICATE
~~TRIPLICATE~~

BE

M.F.M. 2
A.F.B. 271
750M—5-42 (4398)
H.Q. 1772-39-1645

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

Unit ~~R.C.A.-(FID)---CA~~ INF.(R) Regimental Number D-175572

N.T.

ACTIVE FORMATIONS AND UNITS OF THE CANADIAN ARMY

01
PTE

ATTESTATION PAPER

FINGERPRINTED
PHOTOGRAPHED
APR 20 1943

1. Surname ..... McDONOUGH
2. Christian Names ..... LEONARD DONALD
3. Present address ..... 3605 St Catherine St East, Montreal, Quebec, Canada.
4. Date of birth ..... 27, February, 1924. 1924
5. Place of birth (Country) Canada (County or Province) Nova Scotia. (Town or Township) Sydney.
6. Citizenship (Of What Country are You Now a Citizen) Canada.
7. Religion (state denomination) Roman Catholic.
8. Trade or Calling ..... Spot Welder.
9. Married, Widower or Single ..... Single.
10. Name of next of kin ..... Mrs. Mary McDonough.
11. Relationship ..... Mother.
12. Address of next of kin ..... 3605 St Catherine St East, Montreal, Que.
13. Do you belong to, or have you served in a Reserve Formation or Unit of The Canadian Army? ..... No
(If Yes, Give Unit and Dates of Service)
14. Have you served in (*a*) an Active Formation or Unit of The Canadian Army? (Yes or No) No
(If Yes, Give Regimental No. and Unit) (*b*) Any other Naval, Military, or Air Force? (Yes or No) (If Yes, specify Unit and Period of Service) No.
15. Did you serve during the Great War 1914-1918? ..... No.
(If Yes, specify Regimental No., Unit and Dates of Service)

DECLARATION TO BE MADE BY MAN ON ATTESTATION

I, Leonard Donald MCDONOUGH, do solemnly declare that the above particulars are true, and I hereby engage to serve in any Active Formation or Unit of The Canadian Army 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 19-April-43 L. McDonough
(Signature of recruit)

OATH TO BE TAKEN BY MAN ON ATTESTATION

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

Witness (Name) (Rank) L. McDonough
(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 SOUTH QUE. this 19th day of APRIL 19 43

NO. 4-DISTRICT DEPOT A.F.

Samuel
(Signature of Magistrate, Justice or Attesting Officer.)

H. Reem
(Officer or Rank and Unit or appointment.)

~~Special Recruiting Officer~~

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 MCDONOUGH (Surname) LEONARD DONALD (Christian Names) Regimental Number D-175572

Qualifications

Military: NIL

Business or Professional: 5606 NIL

Trade or Civil: SPOT WELDER

Technical: NIL

Languages: ENGLISH & FRENCH

Educational Qualifications

High School or Collegiate: 4 Yrs. (years completed) Graduation or Matriculation: Grad. (specify)

*College: NIL

*University: NIL

7 Yrs. Public School

*(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.

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
20 Joined on appointment ~~19~~-4-43 DRO TOS NO 4 DISTRICT DEPOT CA	GN R	19-4-43	4DD	MTL STH	4DD PTII ~~93~~ 94	30 ~~19~~-4-43
27 Apr 43 4DD SOS on trans to CABTC No. 48 St. Johns, Que.	"	29 Apr43	"	"	" " 102	29Apr43
30-4-43 BTC48 TOS on transfer from No. 4 DD	Gnr.	30-4-43	BTC48	St.Johns	BTC48PtIINo.A-99	1-5-43
" Re-allocated to INF(R) and remustered as	Pte.	26-6-43	"	"	" " A-148	28-6-43
14-7-43 " SOS on transfer to CITC A-12, Farnham, Que.	"	14-7-43	"	"	" " A-163	15-7-43
T.O.S. on temp att on reposting from T.C. 48 St.Johns, Que	"	15-7-43	A-12	Farnham	A-164	15-7-43
Granted daily rates of pay of $1.40	"	19-8-43	"	"	A-194	19-8-43
Granted 14 days furlough from 14-9-43 to 27-9-43 with 50¢ per diem ration allowance. Issued T.W. A-469313	Pte.	14-9-43	A-12	Farnham	A216	14-9-43
S.O.S. TO SERIAL NO. 3850	"	5-10-43	"	"	A-234	5-10-43
ATT NO.1 TRANSIT CAMP		6.10.43	#1 TRANSIT	WINDSOR, N.S.	256	7.10.43
SOS NO.1 TRANSIT CAMP		24.11.43	#1 TRANSIT	WINDSOR, N.S.	299	25.11

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

CERTIFICATE OF MEDICAL EXAMINATION

Name in full McDONOUGH LEONARD DONALD Place Mtl. Date of Medical Examination 14 April 1943

Part 1. Information obtained from the recruit.

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

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

I hereby declare that I have not suffered from any diseases whatsoever except as stated above.

D. McDonough
Signature of Applicant

Part 2. Information obtained by medical examination. THE RECRUIT MUST BE STRIPPED.

Medical Officer's Remarks on information as stated in Part 1
Scarleft fever at 13 years.
Underweight for height.

1. Identification marks or scars 1 vac. left arm.
2. Height 5 feet 7 inches. 3. Weight 124 pounds.
4. Complexion Med. Eyes Brown 5. Development Fair (Good / Fair / Poor)
   Hair Brown
6. Chest measurement—Girth on full expansion 35 inches. Range of expansion 3 inches.
7. Vision, right 20/20 left 20/60
   With Glasses— right .... left .... 8. Hearing, right cv 20 left cv 20
9. Condition of mouth and teeth good
10. Blood Pressure:— S........ D........ (Required if recruit is over 35 years of age, or if otherwise indicated)
11. Urinalysis -N-
12. The abnormalities (congenital and pathological) found on examination are as follows:—
COLOR VISION ISHIHARA (CN) EARS NOSE THROAT NEGATIVE.
Heart and lungs normal. abdomen negative. J.C. CALHOUN, Major.
no hernia. Spine & extremities normal. Reflexes active.
13. Chest X-Ray N No. 182901 Laboratory at which taken D.P. & N.H., Mtl.

Part 3. We, the examiners, find no evidence of the diseases mentioned in question 2, Part 1, exccpt 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........

J.E. Mathieu Major rank	F. Strain Capt. rank	Arthur M. Wineberg Capt. rank
J.E. MATHIEU MAJOR (President)	F. STRAIN CAPT. (Member)	ARTHUR M. WINEBERG CAPT. (Member)

Date 14 April 1943.

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature
APR 20 '43	TAB. T ICC [signature]		
APR 20 '43	VACCINATION [signature]		
22-5-43	TAB T icc [initials]		
22-6-43	" " 3 [initials]		
27/7/43	YOB 24 P 1 U 1 L 1 H 1 E 1 M 1 S 1 [signature]		
29/9/43	Recheck cat. A 130 lbs [signature]		

NOTE: Any corrections to entries made must be initialled by the Officer making them. Such Officer will indicate his rank and corps. Corrections are not to be written over the original entry.

Regtl. No. D-175572 Rank GNR. Surname MCDONOUGH Christian Name LEONARD DONALD

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)

No. D-175572 RANK GNR NAME McDONOUGH Leonard Donald *Married ~~*Widower~~ *Single

Place of {*Appointment *Enlistment} Montreal South Que Date of {*Appointment *Enlistment} 19 Apr 43

RATE OF PAY NR 50

D.O. No.	Date of D.O.	Rank	Group	P.F. or A.S.	Daily Rate	Effective Date	If liable Pen. Ded.	REMARKS
94	20.4.43	Pte			1.30	19.4.43		
194	19-8-43	—			1.40	19.8.43		
34	15.2.44	—			1.50	19.10.43		

ASSIGNMENTS

Name and Address of Assignees	Effective Date	Amount
Mrs Mary McDonough	1.5.43	20.00
3605 St Catherine St E		
Montreal Que		~~8.40~~
	~~May 45~~	~~20.40~~
(Mother)		
~~$8.40 May to Oct./43 inc. Fourth Victory Bond~~		

DEPENDENTS' ALLCES. No. Deps.....

Date Application Forwarded	Relationship	Amount Awarded	Effective Date

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

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

*Delete words which are inapplicable.

M. F. M. 14
200M-10-42 (6723)
H.Q. 1772-39-1662

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

Occupational Form Completed..... Yes

CASUALTIES, ETC.

Part II. D.O. No.	Date	Nature and particulars	If in Hospital note name
94	20-4-43	TOS DD4 & Posted to "B Wing" wef 19-4-43	
102	29-4-43	SOS to #48 St. Johns, Que wef 29-4-43	
A-99	1-5-43	TOS CABTC#48 wef. 30-4-43.	
		P. & A. LEDGER AGREES JUN 9 1943	
A-163	15-7-43	SOS ON TFR TO CITC A-12 FARNHAM QUE WEF 14 JUL 43	
164	15-7-43	TOS A-12 Farnham, wef 15-7-43	
194	19-8-43	Granted rate of pay $1.40 wef 19-8-43	
216	14-9-43	granted 14 days furlough from Sep-14-43 to Sep-27-43 autho. R/A .50 a day W.T.	
234	5-10-43	SOS A-12 Farhham, Que., on transfer No. 1 Transit Camp Windsor, NSs wef 5OCT43 Ser.No. 3850	
256	7.10.43	att'd #1 Transit Camp eff 6.10.43	
299	25 Nov. 43	Ceases to be att'd on proceeding overseas eff. 24 Nov. 43.	
26[illegible]	2-12-43	SOS C.A. (CAN) 25-11-43. TOS. C.A. (ENG) 26-11-43	
262	2-12-43	TOS 6 CIRU. FR. O/S	2-12-43
267	9.12.43.	SOS- 6 C.I.R.U to 5 C.I.R.U	8.12.43
239	10-12-43	TOS from 6 C I R U wef 9 Dec 43.	

CONTINUATION CARD M.F.M. 14

Regimental No. .... Name ....

Part II D.O. No.	Part II D.O. Date	PARTICULARS OF CASUALTY
58.	17.3.44	S.o.S to 4 CIRU wef 16.3.44
79a	19.3.44	T.O.S. 4 C.I.R.U. W.E.F. 17.3.44 fm 5 C.I.R.U.
115A	MAY	S.O.S. 4 C.I.R.U. W.E.F. to Ex Ward Sn. 28/5/4
		SOS To #4 INST (HYPE) 4 BN 1 CBRGp 23-5-44
		SoS to Hel P. E. Regt wef 27.5.44
52	29.5.44	T.O.S. H.P.E. (F.U.) -29-5-44
		S.O.S. H.P.E. (F.U.)-13-6-44 (CR-17-6-44
		T.O.S. " " -14-6-44
		Killed in action 4.9.44

M.F.M.—14A
40/P&S/67(3129)

Statement of the Service of No. D175542 Rank ..... Sheet No. 2

Name Medonough L D

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
			P6					
		SOS Cdn Army(Can)on Embark	"	25Nov43	6CIRU	U.K.	262	Dec43
		TOS " " (Overseas)	"	26Nov43	"	"	"	"
		Disembark in U.K.	"	2 Dec43	"	"	"	"
		Reported for duty at 6CIRU	"	2 Dec43	"	"	"	"
(C80) SOS		SOS to 5CIRU	Pte	8Dec43	6CIRU	UK	267	8Dec43
(C95)	TOS	TOS from 6CIRU	Pte	9 Dec 43	5CIRU	UK	239	10 Dec 43
(C95)		Granted daily Regtl rate of pay $1.50	Pte	19 Oct 43	5CIRU	UK	34	15 Feb 44
(C95) SOS		SOS to 4CIRU	Pte	16 Mar 44	5CIRU	UK	56	17 Mar 44
	TOS	TOS from 5 CIRU	pte	17 Mar 44	4CIRU	UK	79A	19 March 44
X34 SOS		SOS to exercise Ward	pte	2 May 44	4CIRU	UK	115A	3 May 44
M106	TOS	TOS from X4 list	Pte	29 may 44	H. PER.	AA1	54	5 Jun 44
M106		S.O.S. C.A. (U.K.) on embarkation 2 may 44	Pte		XLH PER.	AA1	35	19 may 44
		T.O.S. C.A. (M) 3 May 44						
		Disembarked 16 may 44						
SOS								
C84	TOS	TOS from X32 H+PER	Pte	16 June 44	H+PER	AA1	59	21 June 44
M161	SOS	Killed in action	Pte	4 Sep 44	H&PER	AA1	87	15 Sep 44
M164		Killed		4 Sep 44	H P&ER.	AA1	A489	15 Sept 44

No D. 175572 Rank Private Name McDONOUGH, Leonard Donald

Unit Hastings & P.E. Regt. Date of death 4th Sept., 1944.

Died at Italy.

Cause Killed in action.

Death occurred on strength of Forces. H.Q. 405-M-35999

N/K Mrs. Mary McDonough, Relationship Mother

Address 3605 St. Catherine Street E., Montreal, Quebec.

Remains buried in Cemetery

MR 921881 Village of San Maria besidehouse on main street ~~under trees at entrance to house sh 109/4~~ Coriano, Italy.

Grave Location Grave 9.

CHK

OVER—

4-9-44

AWARDS—CANADIAN ARMY (ACTIVE)

M 1786

500M—1-44 (3467)
H.Q. 1772-45-8

FB

FILE NO. 405-M-35999

SURNAME (IN BLOCK LETTERS) CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT
McDONOUGH, Leonard Donald	D-175572	Pte.	H. & P.E. Regt.

WAR SERVICE BADGE (CLASS) NO. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star Italy Star	7362. 5/4/50
War Medal, 1939-45 CVSM & Clasp	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

MEMORIAL B^R

DATE DESP. (1)

REGN. NO. 1610

(1) MEDALS

PERSON ENTITLED TO Mrs. Mary McDonough,

ADDRESS: 3605 St. Catherine St., East,
MONTREAL,
Que.

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(2)

(3) MEMORIAL CROSS

MOTHER Mrs. Mary McDONOUGH, (ENGLISH)

1786

ADDRESS: 3605 St. Catherine St. East, MONTREAL, Que.

(3)

DESP. JAN 22 1945
REGN No. 11516

M.F.M. 5
250M—7-42 (5227)
H.Q. 1772-39-1651

PARTICULARS OF FAMILY OF AN OFFICER OR OTHER RANK OF THE CANADIAN ARMY (AF) OR R.C.A.F. (ON ACTIVE SERVICE)

INSTRUCTIONS.

(*a*) This form is to be completed immediately an officer or other rank is appointed to, or enlisted in, the Canadian Army (AF) or R.C.A.F. ON ACTIVE SERVICE.

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

(*c*) Upon completion, the form will, in the case of Army personnel, be forwarded to the District Records Officer for transmission to Officer i/c Records (Army) N.D.H.Q., Ottawa. In the case of R.C.A.F. personnel the form will be forwarded to R.C.A.F. Records Officer, Dept. of National Defence for Air, Ottawa.

---

(1) Name of Officer or Other Rank McDONOUGH
(Surname first—Christian names in full—Block capitals)
Leonard Donald

(2) Regimental or Official Number and Rank D-175572 Gnr.

(3) Unit R.C.A. (FLD) CA

(4) Are you married? NO

(5) If married, state,

(*a*) Full name of your wife nil

(*b*) Present postal address of wife nil

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

(7) Are you a widower? no

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

Names and ages nil

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

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

Name nil

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..................nil..................

....

....

11) Is your father alive?..................NO..................

If so, state name and address, occupation..................nil..................

....

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

(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..............

..................nil..................

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

(14) Is your mother alive?..................Yes..................

If so, state name and address..........Mrs. Mary McDONOUGH (DOYLE)
3605 St. Catherine St. East, Montreal Que.Can.

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

(16) If sole or partial support of widowed mother—state what amount per month you have given her prior to appointment or enlistment......$60.00..................

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?..... one sister working,helping to support

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

If so, state the following particulars:—

Relationship..........nil..................

Full Name.......................................

Postal Address.......................................

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

....

(18) Are you insured?..........Yes..................

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

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

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

L. D. McDonough
(Signature of officer or man)

Date 19-4-43..................

....

For Officer Commanding P. Gerard Lund
NO. 4-DISTRICT DEPOT A.F.

Date..........19-4-43..................

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.)

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION (DEATH)

NUMBER D.175572 RANK Pte SERVICE UNIT Hastings Prince Edward Regiment (GA).

NAME MCDONOUGH, Leonard Donald

DATE OF BIRTH 27th February 1924 DATE OF ENLISTMENT 19-4-43

MARITAL STATUS Single RELIGION Roman Catholic

NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 RELATIONSHIP Mother NAME ADDRESS D.A.B. Mrs. Mary McDonough

ADDRESS 3605 St. Catherine St. E., Montreal, Que.

ADDITIONAL PERSON TO BE NOTIFIED ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. 701A H.Q.405-M-55,999 DATE

CASUALTY DETAILS Killed in action 4-9-44

MEDITERRANEAN

PAL

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 21-9-44

FORM NO. CAS. 6
25M-4-44 (4184)
H.Q. 1772-39-1989-1990

DIRECTOR OF RECORDS

6

COPY FOR DOCUMENT FILE

H & PER

Hast & P.E. Regt.

SERVICE AND CASUALTY FORM

PART I (For all ranks)

M.F.M. 4 (Part I)
A.F.B. 103 (Part I)
200M—8-42 (5892)
H.Q. 1772-39-1649

Unit ~~R.C.A. (FLD) CA INF (R)~~ Regimental Number D-175572

1. Surname MC DONOUGH
2. Christian Names LEONARD DONALD
3. *Substantive Rank and Appointment Pte
   *Acting Temporary or Local Rank
   giving date 19 avril 43.
   *To be entered in pencil to facilitate alteration.
4. Place of birth SYDNEY N.S. CANADA
5. Date of birth as declared on attestation 27 fev. 1924
   (A)
6. Date of enlistment 19 avril 43
7. Place of enlistment MONTREAL SOUTH QUE
8. Residence at time of enlistment 3605 RUE STE-CATHERINE EST MONTREAL QUE CANADA
9. (B) Special conditions (if any) of enlistment or rate of pay
10. (C) Any subsequent variations of conditions of service
11. Religion CATHOLIQUE ROMAIN
12. If married, state date CELIBATAIRE
13. Trade on enlistment SPOT WELDER
14. Corps, trade and grade
15. (D) Qualifications
16. (E) Miscellaneous entries

(17) Regiment or Corps: C SC

Unit (Battn., etc.): H & PER

(18) Medical

Category	Date	Authority
"A"	14-4-43	mfm 2

(19) Next of kin (entries to be made in pencil)
Mrs. Mary Mc Donough (mere)
3605 Rue Ste-Catherine Est, Montreal,
Que, Canada.

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

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

(a) Report: Date	(a) Report: From whom received	(b) Unit	(c) Record of 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
		A-12	Granted Rate of pay $1.40	FARNH	19-8-43	Pte	194-19-8-43
		6CIRU	SOS Cdn Army (Can) on Embarked	U.K.	25Nov43	"	262-2Dec 43
			TOS " " (Overseas)	"	26Nov43	"	"
			Disembarked in U.K.	"	2 Dec43	"	"
			Reported for duty at 5 CIRU	"	2 Dec43	"	262-2Dec 43
		6CIRU	SOS to 5 CIRU (Auth 444/AT 76/1(SCA) d/5 Dec 43	U.K.	8Dec43	"	267-8 Dec 43
		5CIRU	TOS from 6CIRU	U.K.	9 Dec 43	Pte	239 10 Dec 43
		5CIRU	New rates of Pay 1.50	UK	19 Oct 43	Pte	34 15 Feb 44
	SOS.	5CIRU	to 4CIRU	UK	16 Mar 44	Pte	58 17 Mar 44
		4CIRU	TOS from 5CIRU	"	16 Mar 44	"	29A + 19 Mar 44
	~~SOA~~	4CIRU	to [illegible]	UK	2.5.44	Pte	115A/44
	SOS CA 77	ON EMBARKATION	ON 2 May 44 TOS CA M ON 3 May 44 AND DISEMBARKED		ON 16 May 44		X35/44
	X4 (3Bn)	H&PER	T.O.S. X4 List (3 Bn) H&PER	Field	16 May 44	Pte	X35/44
24 May 44	3 Bn	"	Posted to X4 List (4 Bn)	"	24 May 44	"	X39/44
28 May 44	X4 (4 Bn)	"	SOS X4 List (4 Bn) to HPER	"	28 May 44	"	X40/44
31 May 44	OC	"	TOS from X4 List (4 Bn) HPER	"	29 May 44	"	54/44
17 Jun 44	"	"	SOS to X3 List HPER Injured (acc)	"	13 Jun 44	"	59/44
	X3	"	TOS from H&PER	"	14 Jun 44	"	X49/44
	X3	"	SOS to H&PER	"	15 Jun 44	"	X49/44
17 Jun 44	O.C.	"	TOS from X3 List HPER	"	16 Jun 44	"	59/44
12 Sep 44	AFW3014	Dvr 362	SOS Killed in Action	"	4 Aug 44	"	87/44

S/

SERVICE AND CASUALTY FORM

M.F.M.4 (a) (Part II)
40/P&S/412 (3006)

(Part II)

Regiment or Corps H+PER Regimental Number D175572

Substantive Rank Pte Surname McDonough Christian Names L. D.

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

(a) Report Date	(a) Report From whom received	(b) Unit	(c) Record of all casualties regarding promotions (acting, temporary, local or substantive), appointments, transfers, postings, attachments, &c., forfeiture of pay, wounds, accidents, admission to and discharge from Hospital, Casualty Clearing Stations, &c. Date of disembarkation and embarkation from a theatre of war (including furlough, &c.) in accordance with para. 2 of Note to Table 1 of Appendix III of Field Service Regulations, Volume I	(d) Place of Casualty	(e) Date of Casualty	(f) Army rank as at (e)	(g) Army Form or other authority for entry shown
289/10	H+P.E.R	X 3	Adm to 7 C.L.F.A. SICK	Field	13 June 44	Pte	X51/44
292/31	"	"	Disc. 7 C.L.F.A.	"	16 June 44	"	

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

WILL

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

(1) I, Leonard Donald McDONOUGH, of the City
(Name in Full) (City, Town, Village, Township)

Address in civil life.

of Montreal, in the County / District of Hochelaga

Province of Quebec, Spot Welder
(Civil Occupation)

Regimental No. D-175572, Unit R.C.A. (FLD) CA, do hereby revoke all former Wills by me made and declare this to be my LAST WILL.

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

(2) I GIVE, DEVISE AND BEQUEATH unto " My Mother"

D. McD.

Mrs. Mary McDONOUGH (DOYLE)

Residing at: 3605 St. Catherine Street, east, Montreal, Quebec, Canada.

All my estate both real and personal.

Relationship, names and address of residuary beneficiaries.

(3) I GIVE, DEVISE AND BEQUEATH all the rest and residue of my estate, both real and personal, of whatsoever kind and wheresoever situate unto

D. McD.

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

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

IN WITNESS WHEREOF I have hereunto set my hand this 19th day of April 19 43

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.

D. McDonough
(Signature of soldier)

First witness sign here.

(5) Signature Roland Girard
Civil Address 261 St. Georges Trois Rivieres
Civil Occupation office Clerk

Second witness sign here.

Signature Victor Dugas
Civil Address 7108 Lacommandelle Montreal
Civil Occupation Clerk

(Witnesses are not to be beneficiaries.)

[OVER]

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

Surname: McDONOUGH (*Block letters*)

Given names: Leonard Donald

Do not write in this space

4. RESIDENCE

Street: St. Catherine St. E., No. 3605

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): Nova Scotia

11. DATE OF BIRTH: February (Month) 27th, (Day) 1924. (Year)

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

OCCUPATION

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

14. Kind of industry or business, as **cotton-mill, lumbering, bank,** etc.:

15. Date deceased last worked at this occupation:

16. Total years spent in this occupation:

	17. NAME	18. BIRTHPLACE (Province or Country)
FATHER	Deceased	
MOTHER (Maiden Name)		

19. Place of burial, cremation or removal: 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: September (Month) 4th, (Day) 19 44. (Year)

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

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

24. CAUSE OF DEATH

I

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

(a) Killed in action.

due to

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

(b)

due to

(c)

II

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

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

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

(b) Duration of disease....days

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

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

State findings.... Was there an autopsy?

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

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

Manner of injury....
(How sustained)

Nature of injury....

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

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

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

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

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 27 1945

Director of Records, Dept. of National Defence.

405-M-35999

P.A.

RECORDS OFFICE OVERSEAS.

CANADIAN MILITARY HEADQUARTERS.

GRAVES REGISTRATION CARD.

NAME MC DONOUGH, Leonard Donald. PLACE & DATE OF BIRTH Nova Scotia. CANADA 27 Feb. 1924.

RANK Pte. REGIMENTAL NO. D-175572

UNIT Hast & P.E. Regt. NEXT OF KIN & ADDRESS MOTHER.

Mrs Mary MC DONOUGH,

3605 St. Catherine St.E., Montreal.

Quebec. CANADA.

PARTICULARS OF HOSPITALISATION.

DATE OF ADMISSION NAME & LOCATION OF HOSPITAL

DIAGNOSIS

PARTICULARS OF DEATH.

DATE OF DEATH 4 Sep. 44. PLACE OF DEATH ITALY

HRS

CAUSE OF DEATH KILLED IN ACTION

PARTICULARS OF BURIAL.

DATE OF BURIAL 5 Sep 44 CEMETERY Village of San Maria beside house on Main Street under trees at entrance to house SH 109/4

PLOT NO ROW GRAVE 9

CORIANO M.R. 921881

DEATH CERT NO.

RELIGION Roman Catholic.

DATE 15 Oct 45

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

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

MILITIA BOOK M. 1

PART I

250M—10-42 (5040-2 & 5232)
H.Q.1772-39-1672

CANADIAN ARMY

SOLDIER'S SERVICE BOOK

(For use on Active Service)

Reg. No. D175572

Surname (Capitals) MC DONOUGH

Christian Names in full LEONARD DONALD

M. 1 (Part I). Revised 1-10-42
(5040-2 & 5232)
-1672

RVICE BOOK

a Book M. 1 (Part II)
ctive service.)

her than those on page 24
M. 1, connected with the
'm of Will) is to be made
the Officer Commanding
pany to which the man

tries will be initialled by

—

TO SOLDIER

ly responsible for the safe

his book on your person
ervice.

ok whenever called upon to
'y authority, viz.: Officer,
itary Policeman.

ke any entry in this book
of Will on page 24; see
), and disobedience of this
is offence.

t any entry is lacking or
e book, you will report the
tary superior.

retain this book after dis-
vices, but should you lose
not be replaced.

Militia Book M. 1 (Part I). Revised 1-10-42
250M—10-42 (5040-2 & 5232)
H.Q. 1772-39-1672

SOLDIER'S SERVICE BOOK

(Soldier's Pay Book, Militia Book M. 1 (Part II) will be issued for active service.)

Every entry in this book (other than those on page 24 of this part of Militia Book M. 1, connected with the making of a Soldier's short form of Will) is to be made under the superintendence of the Officer Commanding the squadron, battery or company to which the man belongs or is attached.

Alterations in any of the entries will be initialled by an officer.

INSTRUCTIONS TO SOLDIER

1. You will be held **personally responsible** for the safe custody of this book.

2. You will **always carry this book** on your person when on duty, and on active service.

3. You must produce the book whenever called upon to do so by a competent military authority, viz.: Officer, Warrant Officer, N.C.O. or Military Policeman.

4. You must not alter or make any entry in this book (except as regards short form of Will on page 24; see instructions on pages 20 to 23), and disobedience of this order will be treated as a serious offence.

5. Should you consider that any entry is lacking or incorrect, or should you lose the book, you will report the matter to your immediate military superior.

6. You will be permitted to retain this book after discharge as a record of your services, but should you lose the book after discharge it cannot be replaced.

56357—1

3-52

(I) SOLDIER'S NAME AND DESCRIPTION ON ATTESTATION

Regtl. No. D-175572

Surname (in capitals) McDONOUGH

Christian Names (in full) LEONARD DONALD

Date of Birth 27-2-24

Place of Birth Sydney N.S. Can.

Citizenship Canadian

Trade on Enlistment Spot Welder

Nationality of Father at Birth CANADIAN

Nationality of Mother at Birth "

Religion R.C.

Enlisted at Montreal Que Can

Date 19-4-43

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

Signature of Soldier L. D. McDonough

Signature of Officer [illegible]

Place Mtl Que Can Date 20/4/43.

I S S.

(IV) NEXT OF KIN

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

NOTE.—No entry in these pages has any legal

Nearest degree of relationship		Names	Date
1st	Wife		
	Children		
2nd	Father		
	Mother	Mary McDonough	19-4-43
3rd	*~~Brothers~~ ~~and~~ Sisters	Miss. Evelyn McDonough.	19/4/43.
4th	Other Relations (stating relationship)		

*State whether brothers are older or younger.

NOW LIVING

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

effect as a WILL (see pages 20 to 23)

Latest known Address in full

3405 St Catherine St East
Montreal Que Can

As Above

(V) RANK and APPOINTMENT

Date	Rank and Appointment	Substantive, Temporary, Acting or Local (with or without pay)	Authority of Part II Orders	Signature of Officer
14-4-43	Pte		4/D 94	[signature]

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

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

Completed Basic Training in accordance with Standard Syllabus. 25-6-43.

[signature] Lieut

Td OETSURU 17-12-43 [signature] Lt.

Completed [illegible] Basic Training S.C.I.R.U. 29 Dec 44 [signature] Lieut

Qualified in addition as under:—

Completed Advance Training in accordance with Standard Syllabus. A-12- C.I.T.C.

[illegible]

Date SEP 4 1943

Commanding [signature] Capt.

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

Completed Advanced Training S.C.I.R.U. 26 Feb 1944 [signature] Lt

(VII) PARTICULARS OF TRAINING

Courses and Schools. Specialist Qualifications. Swimming, etc., showing result, Certificate number or authority. (Two lines may be used for each entry)	Date	Signature of Officer
6" Pounder Q. II	11-9-43	[signature]

(VIII) SMALL ARMS RANGE COURSES

Year	Classification	Type of Weapon	If Table not completed, state parts fired	Signature of Officer
21 Aug. 1943	II	Rifle		[signature] Lt.
21 Aug. 1943	II	L.M.G.		
13 Jan 44	I	Rifle	1-5	[signature] Lieut
12 Jan 44	"	LMG	1-3	
12 Jan 44		Grenades	36 & 69	
14 Jan 44		2" Mortar		
14 Jan 44		Sten		

(IX) EDUCATIONAL QUALIFICATIONS

Certificate, Specialist Qualifications, etc., Certificate number or authority. (Two lines may be used for each entry)	Place	Date	Signature of Officer
Gd. XII.	Montreal.	1940.	[illegible]

(X) TRADE QUALIFICATIONS

(For men who have passed Trade Tests)

Trade	Group	Grade	Part II Order	Date	Signature of Officer

(XI) EMPLOYMENT WHILST SERVING

Period		Nature of Employment	Remarks and Signature of O.C. Coy., etc.
From	To		

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

(XII) MEDICAL CLASSIFICATION

Date	Category or Grade	Medical Examiner of Recruits, or other Medical Authority	Date of last Examination	Signature of Medical Officer
14-4-43	A	M F M 2		F R Macheath
23 Apr 44	A	Conf		[signature]

(XIII) PRESCRIPTION FOR GLASSES

	Vision without Glasses	SPH	CYL	Axis Standard Notation	Vision with Glasses	Ophth., Centre:	Date of Exam.:
						Frame No. (or measurements):	Date of Issue:
R							
L							

Signature of M.O...

	Vision without Glasses	SPH	CYL	Axis Standard Notation	Vision with Glasses	Ophth., Centre:	Date of Exam.:
						Frame No. (or measurements):	Date of Issue:
R							
L							

Signature of M.O...

(XIV) PARTICULARS OF DENTAL TREATMENT

Date	Required	Completed	SPECIFICATION Use authorized Abbreviations and Symbols	Signature of Dental Officer
30 APR 43	✓		9F - PR.	[illegible]
27 Sep 43	✓		9F Prophy.	[illegible] Capt.
8 DEC 43	✓		4F PP.	[illegible] Capt.

(XV) PARTICULARS OF SURGICAL APPLIANCES ISSUED

Particulars	Date	Signature of Medical Officer
T.A.B.T	24-7-44	McLernes Capt

(XVI) PROTECTIVE INOCULATIONS

Nature of Vaccine, "T.A.B.T." Cholera, Plague, etc.	Date	Signature of Medical Officer
T A B T / 1 cc	APR 20 '43	FRM
1 cc	22-5-43	FRM
3 1 cc	22-6-43	FRM
Typhus 1 cc	FEB 2	[illegible]
Typhus 1 cc	8 Feb 44	[illegible] Capt
" 1 cc	15 Feb 44	[illegible]
A Typhus 1 cc	24-7-44	McLernes Capt

(XVII) VACCINATION

Date Vaccinated	Signature of Medical Officer
APR 20 1943	HK MacRae Lieut

(XVIII) MISCELLANEOUS ENTRIES

(For entries for which space is not otherwise provided)

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

Particulars	Date	Signature of Officer
X Ray 182901	14-4-43	FRM
"M" TEST (REV.) COMP. / CARD COMPLETE	9 Dec 43	B. A. Robertson Capt
FINGERPRINTED—CAIB		
6 Lambert list CAP.	4/1/44	C. H. Mackie
EXP DM	6-1-44	W.R. Trudeau
Blood Group O.	MAY 19 1944	
SOS Cdn Army Canada	20 Nov 43	
TOS Cdn Army UK	21 Nov 43	
SOS Cdn Army UK	18 Apr 44	[illegible] Capt
TOS Cdn Army CMF	19 Apr 44	

(XIX) SOLDIERS' WILLS

1. The particulars of the next-of-kin should alwa carefully inserted in the Form on pages 4 and 5 of Book, but the Soldier must understand that the en made there have no legal effect in respect to the dispos of his estate in the event of his death and therefor not relieve him from the necessity of making a Unless a Soldier duly makes a Will, his estate is with in the same manner as that of any other p who dies without leaving a Will, and not only may relative or person desired or intended to be bene receive little or no share of the estate but the distrib thereof is delayed until such of the next-of-kin as ma legally entitled can be located. Therefore, thoug estate may consist of no assets other than the amou pay and allowances at credit and the belongings he on his person or in camp, it is urgent that he make a which, when completed, is left with his Comman Officer for transmission to the Record Office for custody and in the event of his death is forwarded fi to the Estates Branch, Department of National Def Ottawa, for administration and distribution of Service estate, and secondly, if other assets (inclu real estate) make it necessary, to the Executor nam the Will.

2. The Soldier's Will should **preferably** be made on the Will Form,—M.F.M. 10 (English) or M.F.M. (French)—provided for that purpose and on which also printed a number of helpful instructions. T forms are obtained through the Commanding O of each Unit. A separate sheet of paper **may** be but in such case the general form of the Will as sho the Form M.F.M. 10 or 10a should be carefully foll The Soldier will date the Will and at the bottom sign his name in the presence of two witnesses w the same time in the presence of each other and o Soldier will also sign their respective names. If Soldier cannot write, he will make his mark in the

Signature of Officer .... Unit or Dept. ....

Date Certificate or Will extracted .... To whom sent ....

To whom sent ....

Unit or Dept. ....

Date Will extracted ....

Signature of Officer ....

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

SHORT FORM OF WILL

(Write Will on next page)

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

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

In the event of my death I give all my estate to my mother, Mrs. Mary Bull, 999 High Street, Toronto.

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

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

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

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

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: Leonard Donald (CHRISTIAN NAMES) MC DONOUGH (SURNAME)

REGISTER NO. D-1177
FILE NO. 405-M-33999
DATE 11-10-45
SERVICE NO. D-175572
FINAL RANK OR RATING Pte.
DATE OF DISCHARGE 4-9-44

PAYEE Mrs. Mary MC DONOUGH
ADDRESS 3605 St. Catherine St. E.,
Montreal, P.Q.

DATE OF TERMINATION OF OVERSEAS SERVICE 4-9-44

	$ ¢
A. TOTAL QUALIFYING SERVICE — NO. OF DAYS 505 / 30 EQUAL TO 16 (48) COMPLETE PERIODS AT $7.50	120.00
B. QUALIFYING OVERSEAS SERVICE — No. OF DAYS 284 LESS 25 INELIGIBLE DAYS, EQUAL TO 259 DAYS @ 25c. PER DAY (SEE PAR. 2 OVERLEAF FOR EXPLANATION)	64.75
	184.75

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY	$ 1.50
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE	$ 1.25
ADDITIONAL PAY	$
	$
	$
DEPENDENTS' ALLOWANCE 1/30 OF $	$
TOTAL	$ 2.75 ×7 = $ 19.25
NO. OF DAYS 284 / 183	× $ 19.25 = 29.87

D. WAR SERVICE GRATUITY — 214.62

E. DEDUCTIONS — OVERPAYMENT OF
PAY AND ALLOWANCES $
DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $
OTHER DEDUCTIONS $

F. TOTAL AMOUNT PAYABLE — 214.62

G. YOUR PORTION OF GRATUITY IS— 100%

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU $ ______ OF $ = $
TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

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

[signature]
SERVICE REPRESENTATIVE

36

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

CANADIAN ACTIVE SERVICE FORCE

District.....

OVERSEAS

Dispersal Area.....

LAST PAY CERTIFICATE

(All Ranks)

Regtl No. D.175572 Rank and Name Mc.DONOUGH L.D. Gnr.

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

(~~Transfer~~ or Discharge) ..... to ..... on 4th.September. 19 44.

Reason Death Authority: C.C.L."A" 489 d/15th.Sept.44.

The following is a statement of the account of the above-named from 1st.September to 30th.September. 19 44. the inclusive date of transfer or discharge.

Dr Particulars	Amount		Cr Particulars	Amount	
Balance Dr from last account			Balance Cr from last account	85	91
First Monthly Payment AR56.d/1.9.44	6	71	Regimental Pay 30 days at $1.50	45	00
Casual Payments			Tradesmen's Pay ..... days at ..... $		
Payments on Transfer or Discharge			Additional Pay (Give Particulars) ..... days at ..... $		
Assigned Pay	20	00	Allowances (give particulars) ..... days at ..... $		
Regimental Charges					
Public Stoppages (give particulars):			Cash Effects SOCR 22787		09
To Balance Cr — Free	104	29	By Balance Dr		
To Balance Cr — Deferred					
Total	131	00	Total	131	00

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

Remarks

(1) Assnd Pay $20.00 (M) Stopped eff.October.1944.

ESTATES BRANCH
APR 9 1945
OTTAWA
NATIONAL DEFENCE

Compiled by M.Durham.

Checked by I. M. Crapton.

Date 21st.March. 19 45.

Certified correct [signature]
for Chief Treasury Officer, Overseas

MW.

M.F.M. 267
50M-4-44 (4185)
H.Q. 1772-39-1989

CANADIAN NATIONAL TELEGRAPHS

AC

405-M-35,999

DAY LETTER ☐

NIGHT LETTER ☐

CASUALTY (REPORT DELIVERY)

OTTAWA

15 SEPTEMBER 1944

TO:-

MRS MARY MCDONOUGH
3605 ST CATHERINE ST E
MONTREAL QUE

3643 MINISTER OF NATIONAL DEFENCE DEEPLY REGRETS TO INFORM YOU THAT D175572 PRIVATE LEONARD DONALD MCDONOUGH HAS BEEN OFFICIALLY REPORTED KILLED IN ACTION FOURTH SEPTEMBER 1944 STOP IF ANY FURTHER INFORMATION BECOMES AVAILABLE IT WILL BE FORWARDED AS SOON AS RECEIVED

PREPAID

DIRECTOR OF RECORDS

4

Mrs. Mary McDonough,
3605 St. Catherine St. E.,
Montreal, Quebec.

Dear Mrs. McDonough:

It was with deep regret that I learned of the death of your son, D175572 Private Leonard Donald McDonough, who gave his life in the Service of his Country in the Mediterranean Theatre of War, on the 4th day of September, 1944.

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

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

We pay tribute to the sacrifice he so bravely made.

Yours sincerely,
H. F. G. LETSON
Major - General
Adjutant - General

OCT 3 1944
(A.C. Spencer),
Brigadier,
Vice Adjutant-General.

EM

7

H.Q. 405-M-35999
R. 4 (B).

9th May, 1947.

Mrs. Mary McDonough,
3605 St. Catherine Street East,
Montreal, Quebec.

Dear Mrs. McDonough:

I am forwarding herewith a photograph of the grave and marker over the burial place of your late son, D175572 Private Leonard Donald McDonough, the location of which is grave 9, row H, plot 2, Gradara British Empire Cemetery, Gradara, Italy.

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

Yours faithfully,

BoR.

Encl.

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

/EMA