

D24196
EVERSON
NORMAN CYRIL

DISTRIBUTION OF SERVICE ESTATES
ARMY

Name EVERSON, Norman C. No. D-24196
Surname Christian Names

Sgmn. R.C.C.S. 15-7-40
Rank Unit Date of Death

AMOUNT W.S.G. 75.00
L.P.C.....\$ 34.10

Date 4-5-46

Other Credits.....
Total..... 109.10

Prev. dist. 34.10
This dist. 75.00

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Mother	Mrs. Adeline Everson, 129 - 18th Ave., Lachine, Que. (Reimbursement for funeral expenses)	75.00

P4. TO TREAS.

MAY 9 1946

WSG

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	\$75.00
CLASSIFIED BY			EXAMINED BY		
			For Chief Treasury Officer		

DISTRIBUTION APPROVED AND AUTHORIZED

T. J. Kelly
.....
(L. M. FIRTH) Colonel
Director of Estates

AUDITED FOR PAYMENT

.....
For Chief Treasury Officer

DEPARTMENT OF NATIONAL DEFENCE
 NAVY ===== ARMY ===== AIR FORCE
STATEMENT OF WAR SERVICE GRATUITY

W84.802 2
 10477 ~~NAVY~~
 ARMY

DECEASED
 MEMBER'S
 NAME

Norman Cyril
 (CHRISTIAN NAMES)

EVERSON
 (SURNAME)

REGISTER NO. **D-20041**
 FILE NO. **405-E-339**
 DATE **21-2-46**
 SERVICE NO. **D-24196**
 FINAL RANK OR RATING **Sigmn.**
 DATE OF DISCHARGE **15-7-40**

PAYEE **Director of Estates**
 ADDRESS

DATE OF TERMINATION OF OVERSEAS SERVICE

DATE OF DISCHARGE

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS **303** EQUAL TO **10** COMPLETE PERIODS AT \$7.50

\$ **75.00**

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS LESS INELIGIBLE DAYS, EQUAL TO DAYS @ 25c. PER DAY

75.00

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY	\$
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE	\$
ADDITIONAL PAY	\$
	\$
	\$
DEPENDENTS' ALLOWANCE 1/30 OF \$	\$
TOTAL	\$ X7 = \$
NO. OF DAYS	183 X\$



D. WAR SERVICE GRATUITY

75.00

E. DEDUCTIONS

OVERPAYMENT OF	PAY AND ALLOWANCES	\$
	DEPENDENTS' ALLOWANCE	\$
	AND ASSIGNED PAY	\$
OTHER DEDUCTIONS		\$

F. TOTAL AMOUNT PAYABLE

75.00

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 **GMH** CHECKED BY *[Signature]*

TREASURY
 CHECKED BY *[Signature]* DATE *26/2/46*

[Signature]
 SERVICE REPRESENTATIVE

THE CANADIAN PENSION COMMISSION

MEMORANDUM

To. The Officer i/c Records, Department of
National Defence - ARMY.

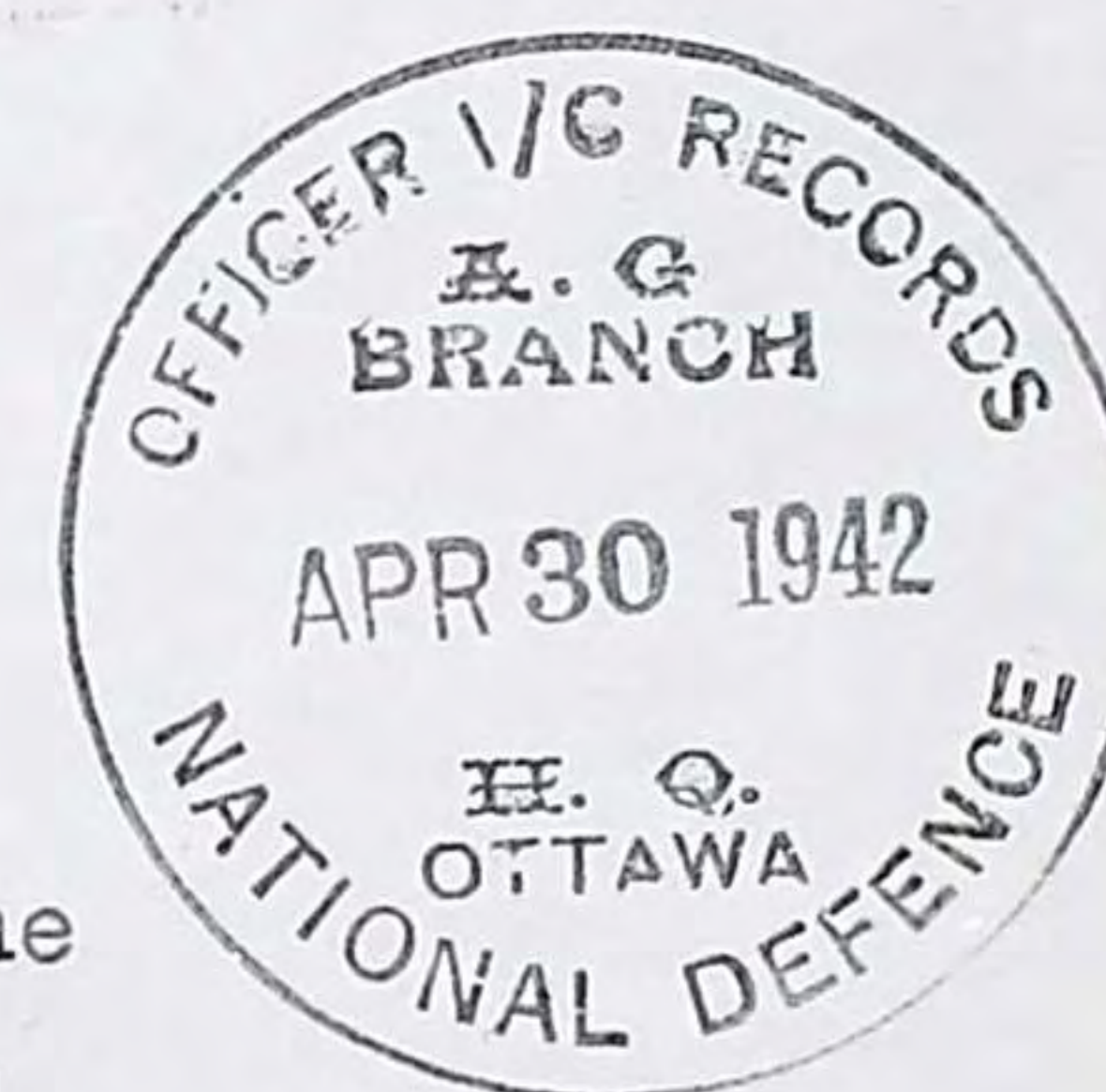
OTTAWA 27th April, 1942.

From. The Canadian Pension Commission.

P&NH 564-N

Your ref: H.Q. 405-E-339

#D-24196, Sgmn. Norman C. Everson
No. 1 Coy. 2nd Div. Sigs. C.A. (A.F.)



With reference to your letter of the 12th of August, 1940, you are advised that, under date of the 2nd of April, 1942, the Commission ruled that death was due to an accident which was incurred on service after May 21st, 1940, but did not arise out of, nor was it directly connected with, military service.

This information is furnished for the completion of your records.

B. O'Meara
for Canadian Pension Commission.

*Noted
Graves Reg.*

MEMORANDUM FOR
ADELINE.

P. 64

Mrs. William Everson, Esq.,

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

43 - 18th Ave.,

Lachine, P.Q.

THE SECRETARY,
DEPARTMENT OF NATIONAL DEFENCE,
OTTAWA, ONTARIO

Attention Administrator of Estates.
and the following number quoted:—

H.Q. 405-E-339 FD 134

DEPARTMENT OF NATIONAL DEFENCE
OTTAWA, ONT.

August 14, 1940.

For the purpose of record and in the event of there being any balance of pay, medals or memorials available for distribution (according to law) on account of the late

Sgm. Norman Cyril EVERSON,

No. D24196,

No. 1 Coy. 2nd Div'l. Sigs. RCCS

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 should then be signed in the presence of a Minister or Magistrate, who should be asked to complete and sign the Certificate. This form should then be returned to the above address.

Chas Smith

(L.M. Firth) Major,

Administrator of Estates.

~~Officer in Charge of Records~~

~~For Adjutant General's~~



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

Degrees of Relationship	RELATIVES required to be accounted for	APPLICANT'S STATEMENT			
		NAME IN FULL of any Relative, if any, in each degree inquired for	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 Soldier.....	NONE (SINGLE)			
2	Children of the Soldier and dates of their Births.....	NONE			
3	Father of the Soldier.....	William C. Everson	59	43-18 Avenue Lachine, Quebec.	
4	Mother of the Soldier.....	Adeline. Everson	55	43-18 Avenue Lachine, Quebec.	
5	Brothers of the Soldier	Full Blood	Charles A. Everson	28	43-18 Avenue Lachine, Quebec.
		Half Blood	None		
6	Sisters of the Soldier	Full Blood	Eileen F. Everson	24	43-18 Avenue Lachine, Quebec.
		Half Blood	None.		
7	Names of brothers or sisters (whether of the full or the half blood) of the soldier, who are dead, and date of death of each.	Names and ages of their children (if any)	Address of their children		
	NONE	NONE.			

IF NO RELATIVES IN THE DEGREES ABOVE ARE NOW LIVING, THE FOLLOWING PARTICULARS SHOULD BE GIVEN:—

		NAMES OF THOSE LIVING	Age	ADDRESS IN FULL
8	Grand-Parents of the Soldier.....			
9	Uncles and Aunts by blood of the Soldier (not Uncles and Aunts by marriage).....		Age	

FULL PARTICULARS AS TO IDENTITY

10	What is the full name of the deceased soldier?	<i>Norman Cyril Everson</i>
11	Give the month and year of his birth.	<i>June 26 1914.</i>
12	Where and when were his parents married?	<i>1911. St. Stephen's Church Lachine, Quebec.</i>
13	Was he ever married? If so, state exact place and date of marriage.	<i>No</i>
14	Did he leave a (later) Will? If so, it should be forwarded.	<i>No.</i>
15	Is there any other estate which will necessitate application being made for Probate or Letters of Administration?	<i>Yes.</i>

PARTICULARS OF DOMICILE

16	Where was deceased born?	<i>Sixth Avenue Lachine, Quebec</i>
17	In what province, country or state did he reside, and in which last?	<i>Lachine, Quebec (Home) stationed Barrifield Kingston</i>
18	How long in each?	<i>Lived in always in Lachine 8 months at Barrifield Ont.</i>
19	What was the nature of his employment?	<i>Steel worker.</i>
20	Did he occupy his own house or homestead? If so, where?	<i>No.</i>
21	Did he ever state verbally, or in writing, where he intended to make his permanent home?	<i>Lachine, Quebec.</i>
22	State your postal address in full.	<i>Mrs W. Everson 43-18 Avenue Lachine, Que.</i>

PARTICULARS AS TO CLAIMS

23	Have the funeral expenses been paid? If so, by whom?	<i>No.</i>
24	Are there any outstanding claims against the estate, if so, furnish full name and address of the Creditor or Creditors.	<i>None. except Funeral expenses.</i>

N.B.—Paragraph 24 refers to debts incurred for board and lodging, medical and funeral expenses, money loaned, goods purchased, etc., the undernoted information to be embodied in all claims submitted.

1. Name and address of Creditor.
2. Detailed statement of claim with date or dates incurred.
3. A certificate that the account is just and reasonable, that no payments have been made thereon and that the creditor holds no security therefor.

DECLARATION

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

I hereby declare that the foregoing particulars are correct, and a true and complete statement of all the relatives that the late soldier ever had in the degrees inquired for; and that I am the

* Mother of the deceased.

N.B. To be signed in full in the presence of a Minister or Magistrate.

Adeline Everson

Signature of Applicant

CERTIFICATE

I hereby certify that, to the best of my knowledge and belief Adeline Everson

*See above { Name of Applicant } is the Mother of the Soldier above described, and I believe the above Declaration and the Statement of Relatives made by the Applicant and signed in my presence to be complete and correct.

Dated at Lachine, Que this 25th day of August 1940

Signature of Minister or Magistrate (Rev) James R. Allen Qualification: Priest in charge of St. Stephen's Church, Lachine Address: 536 St. Joseph St. Lachine Que

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

Table with 2 columns: Question number (18-22) and corresponding text for providing details of relatives.

PARTICULARS AS TO CLAIMS

Table with 2 columns: Question number (23-25) and corresponding text for providing details of claims.

PROCEEDINGS of a* COMMITTEE OF ADJUSTMENT

*N.B.—As this form is applicable to any Board of Officers or Committee or Court of Inquiry, the blank is to be filled in accordingly.

The signature of each Officer composing the Board, etc., should be attached to the end of the proceedings.

assembled at Barriefield Camp, Ontario.

on the 13 Aug 40

by order of Lt.-Col. F.S. MacPherson,

for the purpose of securing an inventory and ascertaining the amount of preferential charges on the property of D-24196, Signn. Everson, N.C.

PRESIDENT

Captain J.M. Catto,

MEMBERS

Lieutenant J.H. Sanderson,

Lieutenant M.F.H. Webber

The COMMITTEE having assembled pursuant to order, proceed to secure and make an Inventory of all the effects of the deceased as are in camp as per Appendix A. attached.

These being forwarded to the Officer i/c Estates, NDHQ., by registered mail.

22/8 not rec'd yet

Ascertain the amount of preferential charges on the property of the deceased which are attached as:

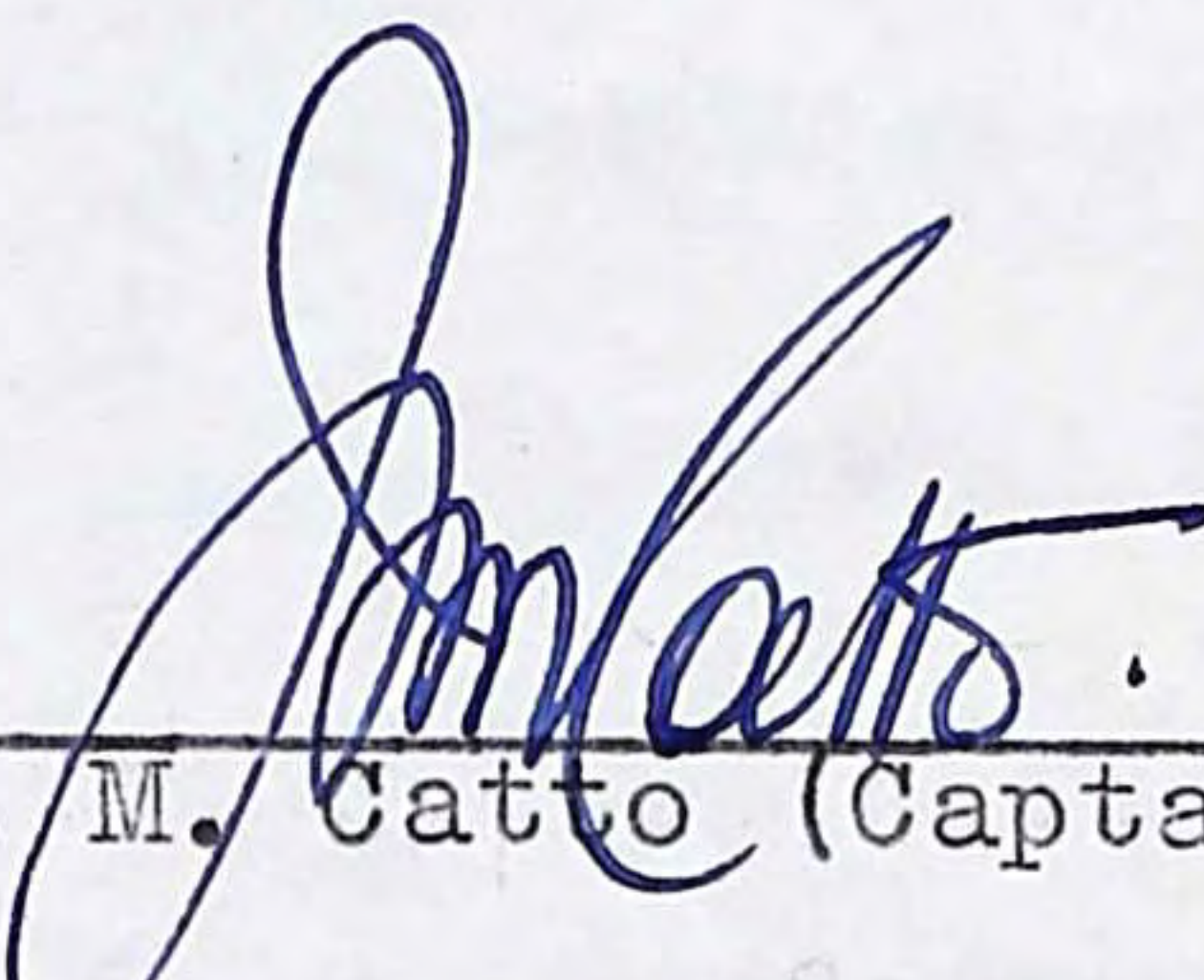
Appendix B - Deficiencies of Clothing & Equip.

Appendix C - Certified Copy of letter from Chief of Police, Dorval, Quebec.

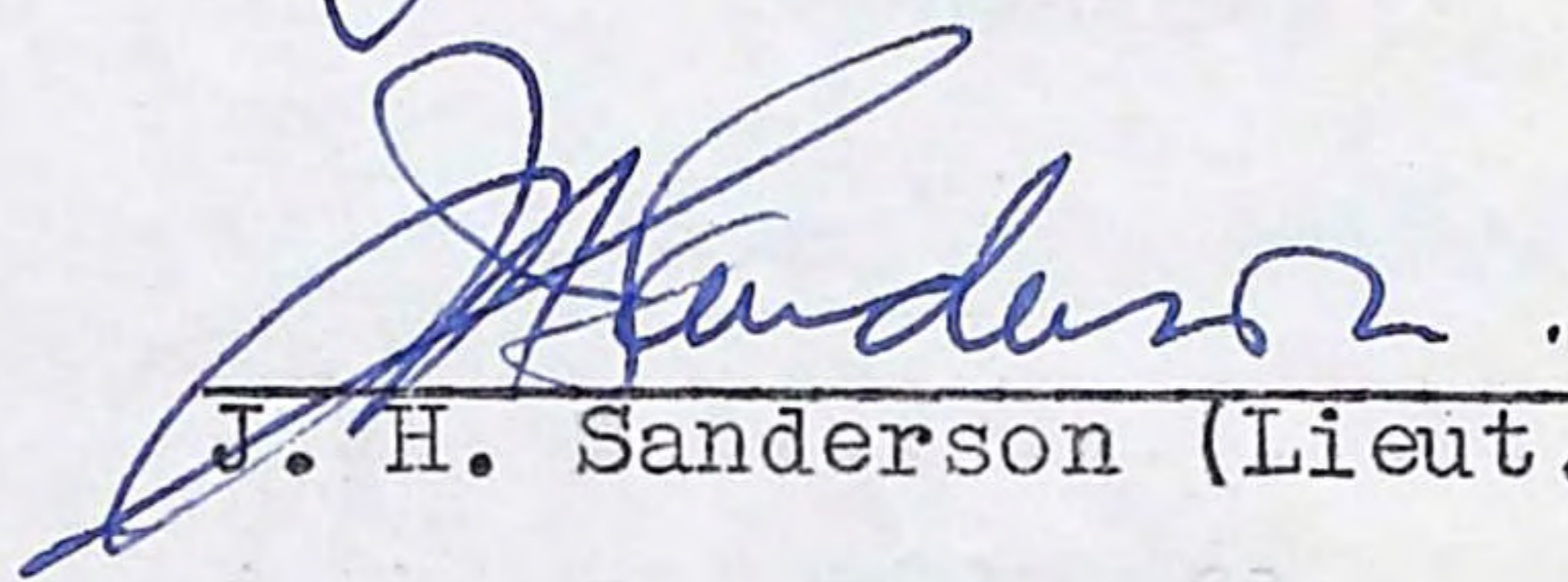
Appendix D - M.F.D. 930A.

The funeral expenses amounted to \$353.00 and the account of the undertaker - Leathers Funeral Home - 339 St. Joseph St., Montreal - has been obtained in the

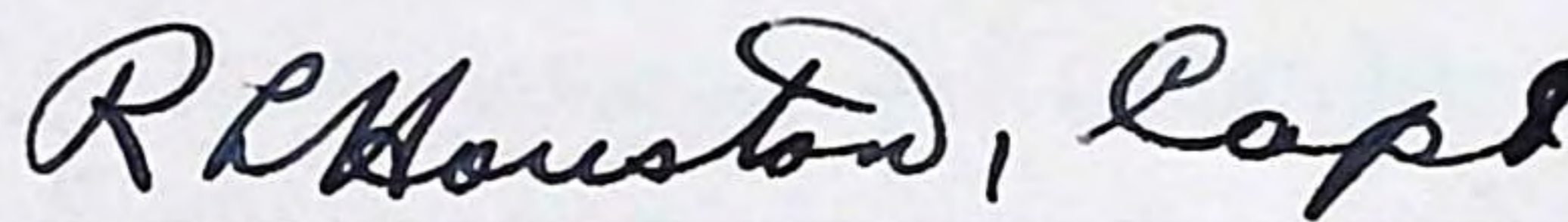
form of two bills, of which one, in duplicate for \$50.00 has been forwarded to the District Paymaster M.D. No. 3, and the other in duplicate for the balance of \$303.00 is annexed to this report.



J. M. Catto (Captain) President

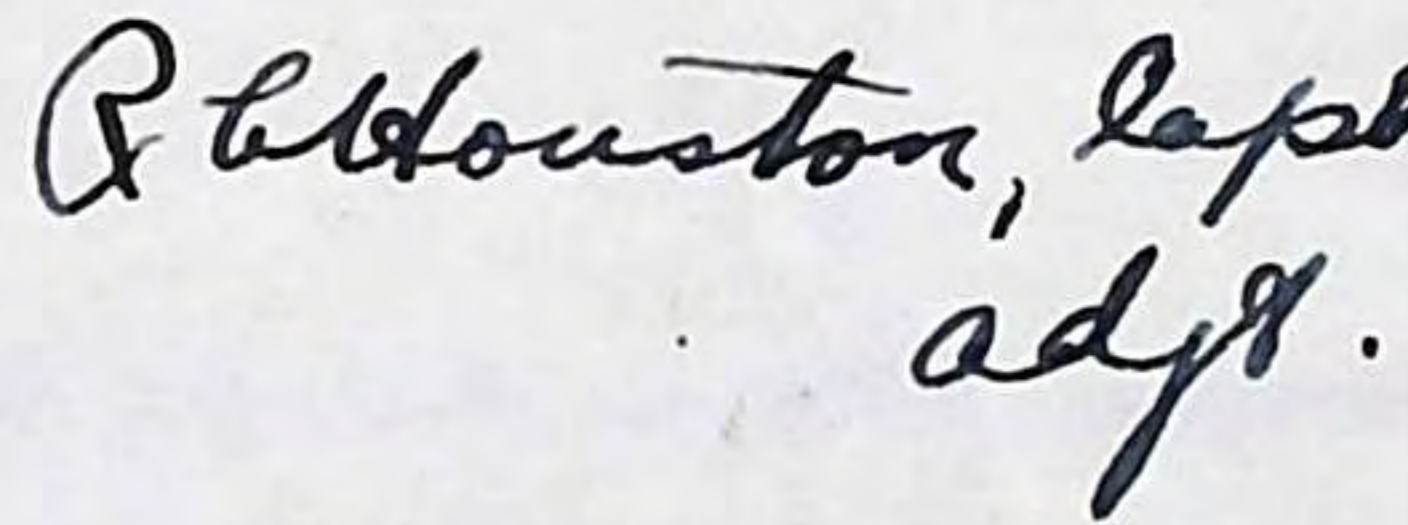


J. H. Sanderson (Lieut.) Member

for 

M.F.B. Webber (Lieut.) Member


Lieut Webber is now on embarkation leave from C.S.T.C.


R. Houston, Capt
advt.

REMARKS OF THE D.O.C., M.D. No. 3.

Forwarded:

Kingston, Ontario.
17th August 1940.



(F.L. Armstrong) Brigadier,
D.O.C., M.D. No. 3.

A.

26 July 1940

INVENTORY

Personal effects of

D24196 Sigm. Everson N.C.
Sigs.2 Cdn.Div., C.A.S.F.

- 1 Money Belt
- 2 Letters
- 1 Bundle of books
- 1 Photo Folder
- 1 Tobacco Pouch
- 1 Pipe
- 2 Soap Dishes
- 1 Waist Belt
- 1 Fountain Pen
- 1 Flashlight (without cells)
- 1 Tooth Brush Holder
- 1 Mirror, Metal
- 1 Medal
- 1 tube Dental Cream
- 3 Tins Polish
- 1 Eraser
- 1 Signal Sweater
- 1 Suit Pyjamas
- 5 Prs. Socks
- 2 Wool Scarves
- 2 Polish Cloths
- 2 Face Cloths
- 3 Handkerchiefs
- 1 Watch & Chain.

Checked and Forwarded to
Officer i/c Estates, N.D.H.Q. Ottawa
by registered Mail.

Committee of Adjustment

Capt.
 Lieut.
 Lieut.

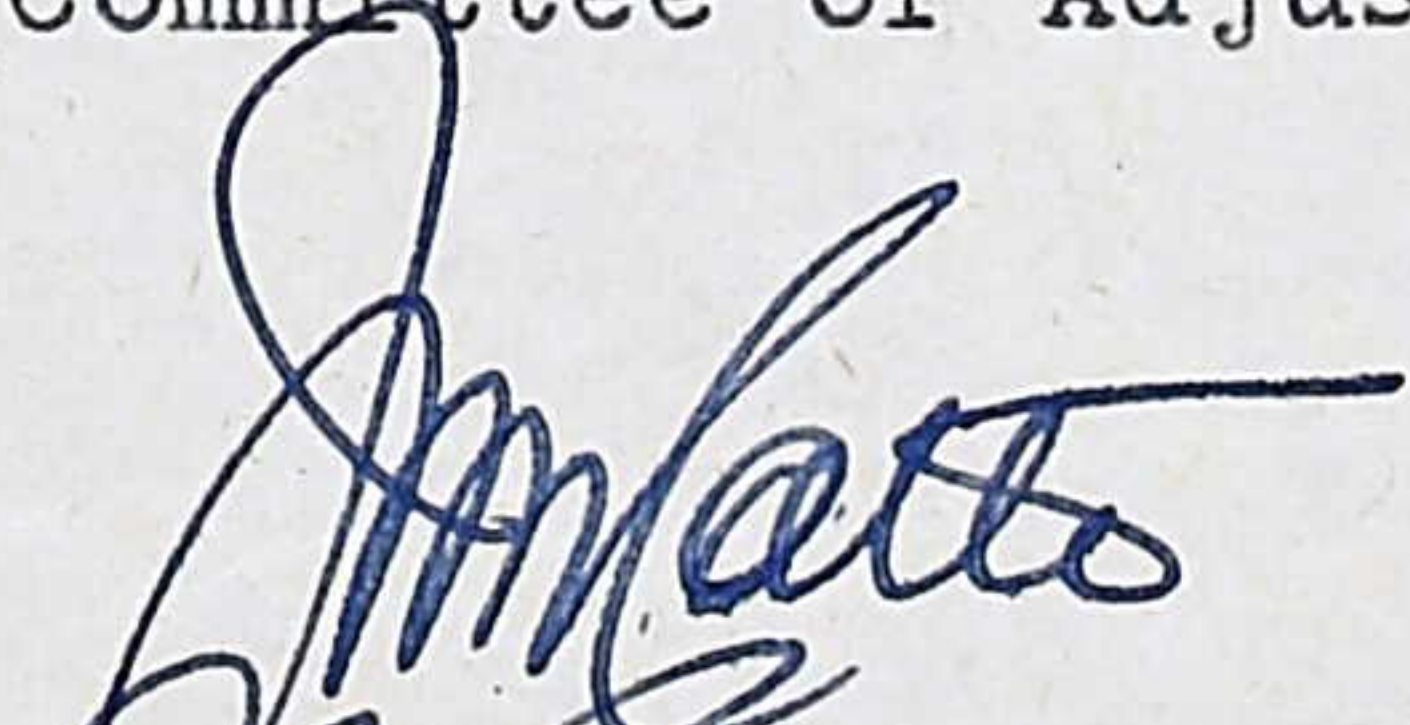
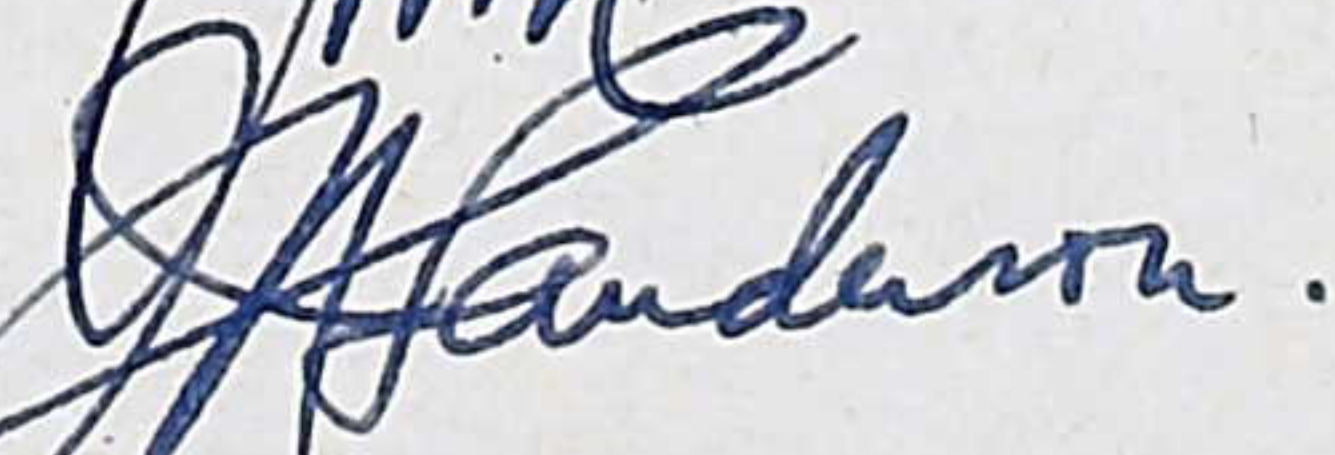
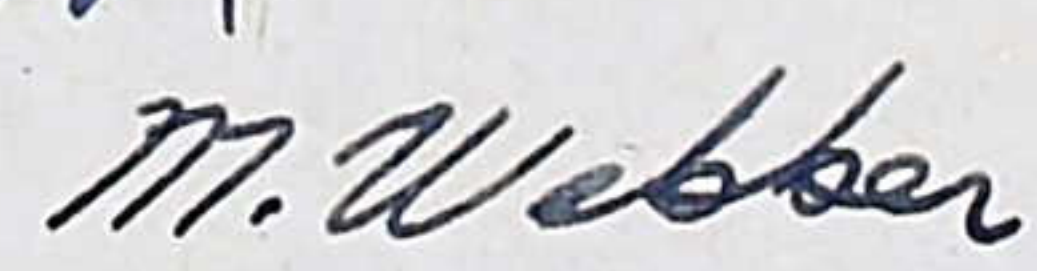
B

26th July 1940

The Following deficiencies found in
D24196 Sigmn. Everson N.C.

Battle Dress-	
Blouses Serge	1
Trousers Serge	1
Boots, Ankle, prs.	1
Caps, Field Service	1
Shirts, Flannel, Khaki	1
Drawers, Cotton, Shorts	1
Shirts, Cotton, W/SS	1

Committee of Adjustment

	Capt.
	Lieut.
	Lieut.

C O P Y

(seal)

TOWN OF DORVAL

Dorval P.Q. July 26th.1940

Department of National Defence
c/o Officer Commanding
2nd Divisional Signals C.A.S.F.
Barriefield Camp
Kingston, Ontario.

re; K-55-E-48

Dear Sir-

1. I am in receipt of your letter dated July 24th, 1940, with reference to D24196, Sigmn.N.C.Everson.

All what I have in possession is 2 military caps and a soldier's bag which contains verious articles.

My records teels me that cap No.D24221 is for Everson, and cap No.D24108 for Berlinguette.

2. We were informed that Mr.Everson has been buried with his uniform.

I am taking this opportunity to send you cap No.24221 by this registered mail and I am keeping cap No.24108 together with the soldier's bag in my possession knowing that both belongs to the soldier Berlinguette, 4282 St.Antoine Street, Montreal, and must add that he is still under medical care at the Victoria Hospital.

Hoping the information given abovewill meet with your request, and knidly rest assure that I am always at your disposal for any other information you may require with the above named soldier.

I remain

Yours Truly

(Signed) J.D.Boyer

Director of the Police Dep't.
of the Town of Dorval.

JDB/FC

John D. Boyer
Certified True Copy

Lieut.Col.
Sigs.2 Cdn.Div.,C.A.S.F.

CANADIAN ACTIVE SERVICE FORCE

LAST PAY CERTIFICATE

Regtl. No. D-24196 Rank and Name SIGNALMAN EVERSON, Norman Cyril
of 1st Reinf. Company, etc. 2nd. Div. Sigs. C.A.S.F. Regiment, etc., on
(Transfer or Discharge) Decease to on 15-7-40 19
Reason for discharge Having been killed in a motor accident Authority: H.Q. M.D.#3
letter 55-E-48 dated 29-7-40

ON TRANSFER OF OFFICER

Outfit allowance of \$ N.A. has been paid by the District Treasury Officer, Military District No.

REMARKS:

- State (1) Date of appointment or enlistment..... 15-9-39
(2) If individual has dependents eligible for Dependents Allowance, has application been submitted? NO
(3) Has assignment of pay been made? yes If so, amount 4.90 effective date 1-7-40

The following is a statement of the account of the above named from 1-7-40 to 31-7-40 19... the inclusive date of transfer or discharge.

DR.		CR.	
Particulars	Amount	Particulars	Amount
Balance Dr. from last account.....		Balance Cr. from last account.....	
First Monthly Payment.....		Regimental Pay <u>31</u> days at..... \$ <u>1.30</u>	<u>40.30</u>
Casual Payments.....		Technical Pay..... days at..... \$	
Payment on Transfer or Discharge.....		Additional Pay (Give particulars)..... days at..... \$	
*Assigned Pay.....	<u>4.90</u>	Allowances (Give particulars)..... days at..... \$	
Regimental Charges.....			
Public Stoppages (Give particulars):			
<u>A.W.L. 1dys. pay</u>	<u>1.30</u>		
To Balance Cr. (To be paid by new unit).....	<u>34.10</u>	By Balance Dr. (To be deducted by new unit).....	
Total.....	<u>40.30</u>	Total.....	<u>40.30</u>

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

Barriefield, Ont.
(Place)
July 31, 1940
(Date)

D.C.N. Wilson Captain
(D.C.N. Wilson) Paymaster
2nd. Div. Sigs. C.A.S.F.

*Assigned Pay to be charged in payroll of the individual's outgoing unit on transfer.

Harold Leather

TELEPHONE, LACHINE 107

Zone 8.

Leather's Funeral Home Reg'd.

339 St. Joseph Street.

Lachine August 12 1940

Invent Col L. S. Mc Pherson

Officer Commanding
Reg - 2 - Cdn. Div. C.A. S.L.

To funeral of the late Norman Cyril Morrison

Casket.....	Solid Oak		✓
Embalming.....			✓
Hearse.....			✓
Limousine.....			
Notice in paper.....	The Star		✓
Removing.....	from morgue		✓
Flower Car.....	8 ⁰⁰ (1)		
Burial Garment.....			
Cemetery.....			
Hairdressing.....			
Flowers.....			
Outer Case.....	15 ⁰⁰		
Candelabra.....			

175	81218
23	
5	

EXTRAS 23⁰⁰

Tax

303	2
-----	---

Please make Cheques & Drafts payable to Leather's Funeral Home Reg'd.

The Administrator of Estates

Regimental No. **D.24196** Rank. **Sgt.**

EVERSON

NORMAN CYRIL

.....
Surname

.....
Christian Names

Unit..... **No. 1 Coy. 2nd Div'l Signals, R.C.C.S.**

Date of Death..... **July 15, 1940** Place of Death..... **Lachine, P.Q.**

Next-of-kin..... **William Everson** Relationship..... **Father** ...
as shown in M.F.M. 2

Address..... **43-18th Avenue, Lachine, P.Q.**

M.F.M. 5..... **Copy herewith.**

Will..... **No record of M.F.M.10(Will) on file in Record Office**

Date..... **August 10, 1940.**

[Handwritten signature]



[Handwritten signature: W.E.L. Coleman]

(W.E.L. Coleman)
Major,
Officer i/c Records,
for Adjutant-General.

To be made out in duplicate

M.F.M. 5
90M-3-40 (4225-6)
H.Q. 1772-39-1651

PARTICULARS OF FAMILY OF AN OFFICER OR OTHER RANK OF THE C.A.S.F. OR
R.C.A.F. (SPECIAL RESERVE)

INSTRUCTIONS.

- (a) This form is to be completed immediately an officer or other rank is appointed to, or enlisted in, the C.A.S.F. or R.C.A.F. (Special Reserve.)
- (b) All questions, etc., must be completed.
- (c) Both copies of the form are to be forwarded by the Officer Commanding the unit for each officer and other rank, to the Paymaster, or Officer acting as such. The latter will transmit one copy, through the District, Command, or Camp Paymaster, to the Officer i/c Records, N.D.H.Q., Ottawa. The other copy will be retained by the Paymaster of the unit, when transferred to another unit the copy retained by the Paymaster will be sent to the Paymaster of the individual's new unit.

-
- (1) Name of Officer or Other Rank EVERSON, Norman Cyril
(Surname first—Christian names in full—Block capitals)
43-18th Ave., Lachine, Que.
- (2) Regimental or Air Force Number and Rank D. 24196
- (3) Unit No. 1 Company 2nd Divisional Signals, C.A.S.F.
- (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?.....
- (8) Have you any children?.....
If so, give number of boys and girls.....
Also their names and ages.....
- (9) If Dependents' Allowance is claimed in respect of children—state whether you have been regularly supporting them.....
.....
- Give particulars of Guardian 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 12 months immediately prior to 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 Everson
43-18th Ave., Lachine, Que.

(12) If your father is a widower and is totally incapacitated from earning a living—are you his sole or partial support? No

(13) If sole or partial support of father who is a widower, totally incapacitated from earning a living—state what amount per month you have given him prior to joining C.A.S.F. or R.C.A.F. (Special Reserve)

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 Adeline Everson
43-18th Ave., Lachine, Que.

(15) If your mother is a widow, are you her sole or partial support? No

(16) If sole or partial support of widowed mother—state what amount per month you have given her prior to joining C.A.S.F. or R.C.A.F. (Special Reserve).....

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?.....
If so, state the following particulars:—

Relationship

Full Name.....

Postal Address.....

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

(18) Have you any Brothers 16 years of age or under or Sisters 17 years of age or under solely supported and maintained by yourself as Bona Fide members of your household before your enlistment or appointment?.....

(19) 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? 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.

(Sgd) Norman Cyril Everson

(Signature of officer or man)

Date 15/19/39

P. Raymond, Lt.-Col.

Sept. 20, 1939

Officer Commanding 4th Divisional Sigs.

Date

N.B. In the above form the term Father includes Foster Father; the term Mother includes Foster Mother, the form should, however, be changed to read accordingly and applicable.

EML

(Militia Service)

August 12, 1940.

Canadian Pension Commission,
Ottawa, Ontario.

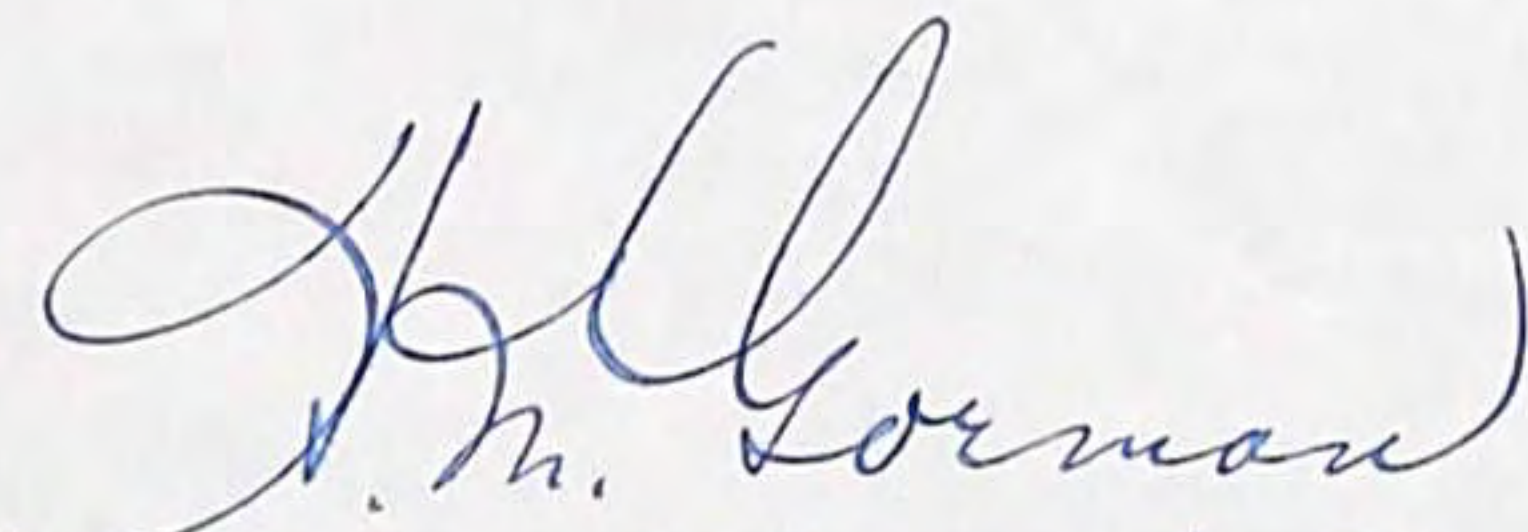
Gentlemen:

Re D. 24196-Sgmn. Norman C. EVERSON

Information has been received by the Department of National Defence that the above-named soldier died on the 15th of July, 1940, at Lachine, P.Q. Death is said to have been caused by an automobile accident.

The next-of-kin of this soldier is recorded as his father, Mr. William Everson, 43-18th Avenue, Lachine, P.Q.

Yours truly,

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

J. M. L.

4



JWS

Department of National Defence

IN REPLY PLEASE QUOTE

No. K. 55-E-48

DR

Kingston, Ontario 3rd August 1940



The Secretary,
Department of National Defence,
Ottawa, Ontario.

No. D. 24196, Sigmn. N.C. Everson,
No. 1 Coy., 2nd Div. Sigs, C.A.S.F.
Deceased.

405-E-339

1. With reference to the death of the marginally named man, herewith report submitted by the District Officer Commanding, Military District No. 4:-

"1. Sigmn. Everson and Sigmn. Berlinguette, both of No. 1 Coy. 2nd Div. Sigs. C.A.S.F. were enroute to Montreal, where they were proceeding on week-end leave. They were apparently hitch-hiking along the Montreal Lakeshore road when they were picked up by a Mr. Michael Boyczuk and two girls, near Coteau Landing.

2. Mr. Boyczuk, the driver, apparently lost control of the car which crashed into a tree, killing Mr. Boyczuk, Sigmn. Everson and one of the girls. The other two passengers, Sigmn. Berlinguette and the other young lady were seriously injured. The survivors of the accident are both in hospital and it will be a very long time before they can appear before a Court of Inquiry to give evidence regarding the circumstances of the accident; they are the only living witnesses.

3. The Coroner advises that the inquest has been adjourned "Sine die". A further report will be forwarded to you when available, after the Court of Inquiry is held, which it is expected will not be for an other two months."

2. The Officer Commanding 2nd Canadian Divisional Signals has advised that the date and approximate time of the accident was 0200 hours. 15th July 1940.

3. Report of Death (M.F.W. 2570) and Graves Ledger Sheet (M.F.W. 2643) are enclosed herewith.

W. 2643 retained in O.R.
8/8/40. JBR

[Handwritten signature] 2

(F.L. Armstrong) Brigadier,
D.O.C., M.D. No. 3.

REPORT OF DEATH OF A SOLDIER

TO BE FORWARDED TO THE SECRETARY, DEPARTMENT OF NATIONAL DEFENCE, (MARKED "FOR OFFICER IN CHARGE OF RECORDS") IMMEDIATELY AFTER DATE OF DEATH

Unit..... Signals - 2nd Canadian Division, C.A.S.F.....

Reg't No. D24196..... Rank..... Signalman.....

Name in full..... Everson, Norman Cyril.....

Date and place of birth..... Lachine, Quebec, Canada 26 June 1914.....

Married or single..... Single.....

Enlisted, when and where..... 15 September 1939 - Montreal, P. Q., Canada.....

Died	{	Date..... 15 July 1940.....	Buried	{	Date.....
		Place..... Lachine, P. Q., Canada.....			Name of cemetery.....
		Cause of death..... Automobile Accident.....			Location of cemetery.....

Whether he leaves a Will or not, } NO
and if so, where deposited }

Statement as to existence }
of any personal effects }

Latest particulars as to }
Next of Kin }
William Everson
Father
43 - 18th Avenue, Lachine, P. Q.

I hereby certify that Next of Kin and District Headquarters have been informed.
(Strike out Next of Kin if not informed)

Secretary, Department of National Defence.

Forwarded, please.

Major [Signature]
D.O.C., M.D. 3

[Signature] Lieut.-Col.
Officer Commanding
Signals, 2nd Canadian Division CASF

Date..... 1 August 1940.....

Date..... 3-8-40.....

M.F.W. 2570

5M-11-39 (3005)
H.Q. 1772-39-1356

*Noted
HAI*

Dont être remplie en triplicate, désignant chaque exemplaire en biffant les deux termes inutiles.
To be completed in triplicate. Copy designation to be shown by striking out terms not applicable.

M.F.M. 2 (Fr.)
A.F.B. 271
30M-11-36 (9359)
H.Q. 1772-45-18

Unité.....No. 1 Coy - 2nd Div. Sigs. CASF Matricule.....D-24196
Unit Regimental Number

~~Original~~
~~Duplicate~~
~~Triplicate~~

ARMÉE ACTIVE DU CANADA CANADIAN ACTIVE SERVICE FORCE

Original
Duplicate
Triplicate

DUPLICATE

FORMULE D'ENRÔLEMENT ATTESTATION PAPER

- Nom.....**Everson**
Surname
- Prénoms.....**Norman Cyril**
Christian Names
- Adresse actuelle.....**43 18th Ave., Lachine, Que.**
Present Address
- Date de naissance.....**June 26, 1914**
Date of birth
- Lieu de naissance.....**Canada Quebec Lachine**
Place of birth (Pays)-(Country) (Comté ou province)-(County or Province) (Ville ou canton)-(Town or Twp.)
- Religion.....**C. of E.**
(state denomination)
- Métier ou profession.....**Steel-worker Inspector**
Trade or Calling
- Marié, veuf ou célibataire.....**Single**
Married, Widower or Single
- Nom du plus proche parent.....**William Everson**
Name of next of kin
- Parenté de celui-ci.....**Father**
Relationship
- Adresse du plus proche parent.....**43 18th Ave. Lachine, Que.**
Address of next of kin
- Avez-vous servi dans les forces navales, militaires ou aériennes?.....**No**
Have you served in any Naval, Military or Air Force?
- Si vous avez accompli du service de guerre antérieur, spécifiez l'arme, la force et les détails régimentaires.....
If previous war service, state arm, force and regimental particulars
- Faites-vous actuellement partie de la milice active du Canada ou avez-vous déjà servi dans cette force?.....
Do you now belong to or have you served in the Active Militia of Canada?
No
(Indiquez l'unité et la date de l'enrôlement)
(Give unit and date of attestation)

DÉCLARATION FAITE PAR L'HOMME LORS DE L'ENRÔLEMENT DECLARATION TO BE MADE BY MAN ON ATTESTATION

Je, soussigné, **Norman Cyril Everson**, déclare solennellement que les renseignements ci-dessous mentionnés sont vrais et je m'engage, par les présentes, à servir dans l'armée active du Canada, tant qu'il existera ou que l'on aura à craindre une guerre, une invasion, une émeute ou une insurrection, aussi bien que pour la période de démobilisation après que la dite crise aura cessé, et, en tout cas, pour une période d'au moins un an, si Sa Majesté requiert mes services.

Date.....**15/9/39**

Norman C. Everson
(Signature de la recrue)

SERMENT PRÊTÉ PAR LA RECRUE LORS DE L'ENRÔLEMENT OATH TO BE TAKEN BY MAN ON ATTESTATION

Je,.....**Norman Cyril Everson**, promets sincèrement et jure (ou déclare solennellement) que je serai fidèle et porterai sincère allégeance à Sa Majesté.

Norman Cyril Everson
(Signature de la recrue)

CERTIFICAT DU MAGISTRAT, DU JUGE DE PAIX OU DE L'OFFICIER QUI FAIT PRÊTER LE SERMENT CERTIFICATE OF MAGISTRATE, JUSTICE OF THE PEACE OR ATTESTING OFFICER

J'ai averti l'homme susnommé que s'il répondait inexactement à l'une quelconque des questions précédentes, il serait passible de punition, tel que prévu par la loi.

Les questions et les réponses ci-dessus lui furent ensuite lues en ma présence.

Je me suis assuré qu'il comprenait chaque question et que sa réponse à chacune d'elles a été dûment inscrite telle qu'il l'a donnée, et il a fait et signé la déclaration ci-dessus et a prêté serment devant moi,

à **Montreal** ce **15th** jour de **Sept** 19 **39**

Abraham
(Signature du magistrat, du juge de paix ou de l'officier qui fait prêter le serment)

Major H. H. Du Sgl.
(Titre, grade et unité ou emploi)

N.B. On désire attirer l'attention sur le fait que toute personne qui répond inexactement à l'une quelconque des questions ci-dessus est passible d'un emprisonnement de six mois.

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

Etat de service de..... **MM Everson** **Norman Cyril**
 Record of Service of (Nom—Surname) (Prénoms—Christian Names)

Matricule..... **D-24196**
 Régimental Number

APTITUDES
 Qualifications

QUALITÉS ÉDUCATIONNELLES
 Educational qualifications

Militaires..... **Nil**
 Military

Professionnelles ou commerciales..... **Lathe Worker, Steel Insp.**
 Business or Professional

Civiles ou de métier..... **Nil**
 Trade or Civil

Techniques..... **Nil**
 Technical

Langues..... **English**
 Languages

Académies..... **2 Yrs. High**
 High School or Collegiate (années complétées—years completed)

Graduation ou (or) Immatriculation (Spécifier—Specify)
 Matriculation

*Collège.....

*Université.....
 University

*(Mentionnez le nom de l'institution, les années ou cours complétés et les diplômes obtenus)
 (Name of institution, courses or years completed, and degrees obtained to be shown)

Toutes les recrues enrôlées le seront comme simples soldats, la nomination ou la promotion à un grade supérieur devant être indiquée dans l'espace ci-dessous prévu à cette fin.
 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.

RAPPORT REPORT		Etat des promotions, rétrogradations, mutations et permutations, maladies ou blessures, rapports, etc., à compter de la date de son enrôlement dans les troupes de campagne Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., from date taken on strength of Field Force	Grade indiqué Rank shown	Prenant date le Effective date	Unité Unit	Endroit Place	Autorisation Authority	
Date	Reçu de From whom received						N ^o , Partie 11, Ordres du jour, Liste des morts et blessés, etc. Part II D.O. No Cas. List, etc.	Daté le Dated
		Affecté lors de son enrôlement } Joined on enlistment } Taken on strength 2nd Div. Sigs. and posted to Number 1 Company	Sigmn.	15-9-39	2nd Div, Sigs.	Montreal P.O.	4th Div. Sigs. R.O. #22	16-9-39
		Admitted to Kingston Military Hospital	"	29-9-39	"	Bfld. Conc. "Camp	2nd Div. Sigs. R.O. #118	30-10-39
		Discharged from Kingston Military Hospital	"	2-1-40	"	"	2nd Div Sigs. R.O. #3	6-1-40
		Reported to Barriefield Conc. Camp	"	27-11-39	"	"	2nd. Div. Sigs. R.O. #35	27-11-39
		Awarded 2 days C.B. on 30-1-40 & forfeits 1 Day	"	30-1-40	"	"	2nd Div Sigs R.O. #33	2-2-40
		P.R.&I. A.W.L. from 0630 hrs.	"	7-3-40	"	"	"	"
		min.	"	21-3-40	"	"	#68	"
		Granted Furlough 2 days C.B. 9 days pay. A.W.L. from 0630 hrs. 5-7-40 until 0200 hrs. 6-7-40 (absent 19)	"	8-7-40	"	"	2nd Div Sigs R.O. #74	8-7-40

Pour les entrées supplémentaires, se servir de **M.F.M. 1 et 2 (a) (Fr.)**
 For additional entries use **M.F.M. 1 and 2 (a) (Fr.)**
 Recevez-vous ou avez-vous déjà reçu une pension ou compensation pour invalidité? Si oui, donnez détails.....

CERTIFICAT DE L'EXAMEN MÉDICAL
CERTIFICATE OF MEDICAL EXAMINATION

Nom en entier **EVERSON, Norman C.**
 Name in full

Date **15/9/39.**

PARTIE 1. Renseignements obtenus de la recrue.

Part 1. Information obtained from the applicant.

1. Age **25** 2. Avez-vous déjà souffert de l'une quelconque des maladies suivantes?
 Have you ever suffered from any of the following diseases?
- | | |
|---|--|
| a. Rhumatisme..... No | j. Affection nasale..... No |
| Rheumatism | Nasal trouble |
| b. Tuberculose..... No | k. Maladie des oreilles..... No |
| Tuberculosis | Ear disease |
| c. Bronchite ou asthme..... No | l. Maladie des yeux..... No |
| Bronchitis or asthma | Eye disease |
| d. Affection cardiaque..... No | m. Epilepsie..... No |
| Heart disease | Epilepsy |
| e. Maladie du rein ou de la vessie..... No | n. Maladie nerveuse ou mentale..... No |
| Kidney or bladder disease | Nervous or mental disease |
| f. Gastrite intestinale..... No | o. Syphilis..... No |
| Gastro-intestinal | |
| g. Hernie..... No | p. Gonorrhée..... No |
| Rupture | Gonorrhoea |
| h. Varices..... No | q. Avez-vous déjà porté des verres?..... No |
| Varicose veins | Have you ever worn glasses? |
| i. Pieds plats ou déformés..... No | |
| Flat or deformed feet | |

Norman C. Everson
 (Signature de la recrue) — (Signature of recruit)

Observations des examinateurs.....
 Examiners remarks re above

PARTIE 2. Renseignements obtenus par l'examen médical. La recrue doit être déshabillée.

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

1. Marques ou cicatrices d'identification (si celles-ci sont opératoires, obtenir les détails).....
 Identification marks or scars (If operative obtain history)
1 scar on the left knee. 1 scar on the right knee.
1 vaccination on the left arm.
2. Taille..... **5** pieds..... **5 6** pouces..... 3. Poids..... **131** livres.....
 Height..... feet..... inches..... Weight..... pounds
4. Teint..... **Fair** Yeux..... **Blue** 5. Développement..... **good**
 Complexion..... Eyes..... Hair..... Development.....
 Cheveux..... **Blond** { Bon — Good
 { Passable — Fair
 { Médiocre — Poor
6. Tour de poitrine—Circonférence, pleine expansion..... **33 1/2** pouces Degré d'expansion..... **2** pouces
 Chest measurement—Girth on full expansion..... inches..... Range of expansion..... inches
7. Vue, œil droit..... **20/30** œil gauche..... **20/30** 8. Ouïe, oreille droite..... **20/20** gauche..... **20/20**
 Vision, right..... left..... Hearing, right..... left.....
9. Condition de la bouche et des dents..... **good**
10. Les anomalies (congénitales et pathologiques) constatées lors de l'examen sont les suivantes:
 The abnormalities (congenital and pathological) found on examination are as follows:

PARTIE 3. Nous, les examinateurs, ne trouvons aucune trace des maladies énumérées dans la question 2 de la partie 1, sauf tel que mentionné dans les observations. Nous avons examiné la recrue conformément aux instructions de la brochure "Physical Standards and Instructions for the medical examination of Recruits", et il peut être classé dans la catégorie..... **A**

Observations spéciales lorsque la catégorie est inférieure à A.....
 Special remarks when category lower than A

D. P. Ross **So. Col.** *James P. ...* *A. J. ...*
 (Président) — (Member) — (Member)

VACCINATIONS, INOCULATIONS, COMMISSIONS, RECLASSIFICATION DE LA CATÉGORIE MÉDICALE
VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Détails succints et signature Brief details and signature	Date	Détails succints et signature Brief details and signature
Nov. 22/39	Re-exam Normal urine, eyes, reflexes etc. Col. A D. P. Ross	24-1-40	John ...
3	15-11-39 22-11-39 Vaccination 25-11-39 X-ray Chest. neg.	5-3-40	2-4 Tet 70x 50-4

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

NO

1.30

#164

NAME.....EVERSON.....NORMAN.....CYRIL.....

REGIMENTAL NO. D-24196..... RANK Signalman.....

ENLISTED AT Montreal, Que. PROMOTIONS, ETC. AND DATE.....

DATE.....15th September, 1939.....

IF SERVED PREVIOUSLY, STATE UNIT, ETC.....

MARRIED, WIDOWER, OR SINGLE Single.....

NEXT OF KIN Everson William..... RELATIONSHIP Father.....

ADDRESS OF 43 - 18th Ave., Lachine, Que.....

ASSIGNMENT OF PAY, \$ 4 c 90 eff. 1/7/40.....

ADDRESS Metropolitan Life Ins. Co. Ottawa Ont.....

DEPENDENT'S ALLOWANCE, ENTITLED OR NOT.....

DATE APPLICATION FORWARDED TO DISTRICT PAYMASTER.....

IN WHOSE FAVOUR.....

M. F. M. 14
100M-9-39 (1873)
H.Q. 1772-39-1662

CASUALTIES, ETC.

NATURE E. G. ABSENCE, PROMOTION, ETC.	PART 11, D. O.		REMARKS IF IN HOSPITAL, NOTE NAME, ETC.
	No.	DATE	
<i>Hospital.</i>	118.	30/12/39.	<i>eff. 29/12/39. X.M.H.</i>
<i>out</i>	3	3/1/40.	<i>" 2/1/40. "</i>
<i>"</i>	5	5/1/40.	<i>" " "</i>
<i>A.W.L. fr. 0630 hrs. 29/1/40.</i>	29	29/1/40.	
<i>To 2145 29/1/40 2 days CB 1 day pay</i>	33	2/2/40	
<i>Reelough. 7/3/40. 21/3/40</i>	68	8/3/40	
<i>A.W.L. from 0630 hrs. 15/7/40 to 0200 hrs 6/7/40</i>	174	8/7/40	<i>2 days b.B. 1 day pay eff 8/7/40</i>
<i>S.O.S. (Deceased).</i>	187	30/7/40	<i>effect 15/7/40</i>