D3032
ROSS
THOMAS ALEXA

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~~ORIGINAL~~
DUPLICATE
~~TRIPLICATE~~

M.F.M. 2
A.F.B. 271
450M—5-40 (5237)
H.Q. 1772-39-1645

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

3RD CAN. MOTORCYCLE REGT. C.A.S.F.

Unit..... Regimental Number ~~D3040~~ D. 3032

CANADIAN ACTIVE SERVICE FORCE

ATTESTATION PAPER

1. Surname Ross
2. Christian Names Thomas Alexander
3. Present address 4168 St.Catherine St.,West, Montreal, Que
4. Date of birth 24 march 1907
5. Place of birth Scotland (Country) Ross-shire (County or Province) Munlochy (Town or Township)
6. Religion (state denomination) Presp.
7. Trade or Calling Chef
8. Married, Widower or Single Married
9. Name of next of kin Ross, Pansy Muriel
10. Relationship Wife
11. Address of next of kin 4168 St. Catherine St. Wes t, Montreal, Que
12. Do you belong to, or have you served in the Active Militia of Canada? Yes
    17th. D.Y.R.C.HUSSARS July 15, 1939 to July 1940
    (If Yes, Give Unit and Dates of Service)
13. Have you served in (*a*) The Canadian Active Service Force? No (Yes or No) (*b*) Any other Naval, Military, or Air Force? No (Yes or No) (If Yes, Give Regimental No. and Unit)
14. Did you serve during the Great War 1914-1918? No (Yes or No) (If Yes, specify Unit and Period of Service)

(If Yes, specify Regimental No., Unit and Dates of Service)

DECLARATION TO BE MADE BY MAN ON ATTESTATION

I, Thomas Alexander Ross do solemnly declare that the above particulars are true, and I hereby engage to serve in the Canadian Active Service Force so long as an emergency, i.e., war, invasion, riot or insurrection, real or apprehended, exists, and for the period of demobilization after said emergency ceases to exist, and in any event for a period of not less than one year, provided His Majesty should so require my services.

WITNESS

Date July 10, 1940 Thomas Alexander Ross (Signature of recruit)

OATH TO BE TAKEN BY MAN ON ATTESTATION

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

Thomas Alexander Ross (Signature of Recruit)

CERTIFICATE OF MAGISTRATE, JUSTICE OF THE PEACE OR ATTESTING OFFICER

The Recruit above-named was cautioned by me that if he made any false answers to any of the above questions he would be liable to be punished as provided by law.

The above questions and answers were then read to the recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me,

at MONTREAL this 10th. day of JULY 1940.

H. C. Newsth ..... {Signature of Magistrate, Justice or Attesting Officer.

3RD CAN. MOTORCYCLE REGT. C.A.S.F. ..... {Office or Rank and Unit or appointment.

N.B.—ATTENTION IS DRAWN TO THE FACT THAT ANY PERSON MAKING A FALSE ANSWER TO ANY OF THE ABOVE QUESTIONS IS LIABLE TO A PENALTY OF SIX MONTHS' IMPRISONMENT

Record of Service of Ross (Surname) Thomas Alexander (Christian Names) Regimental Number D. 3032

Qualifications

Military: None

Business or Professional: —

Trade or Civil: Chef

Technical: —

Languages: English

Educational Qualifications

High School or Collegiate: 2 years High School (years completed)

Graduation or Matriculation: No (specify)

*College: —

*University: —

Firt Rose Acd. Scotland

*(Name of institution, courses or years completed, and degrees obtained to be shown)

All enlisted personnel will be taken on as Private soldiers, appointments and promotions to higher rank to be shown as provided in the space below.

Report Date	Report From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., from date taken on Strength of Field Force	Rank Shown	Effective Date	Unit	Place	Authority Part II D.O. No. Cas. List, etc.	Authority Dated
		Joined on appointment T.O.S.	Trooper.	10-7-40.	3rd. CMCR	Montreal.	No.1.	10-7-40.
		Promoted.	A/Sgt.	10-7-40.	"	"	No.1.	10-7-40.
	D.O. Part II,N.198	Cook Class I, Trade Tests and Tradesmen's rates of Pay, 1940; Awarded Trade Pay	"	10-7-40	"	"	No. 83+89	25-10-40 17-10-40
27-1-41	3rd CMCR	Granted 14 days furlough	"	16-1-41	"=	"	No. XX 12	15 XX-1-41
20-3-41	17DYRCH	Proceeded to Debert Military Camp	"	24-2-41	17DYRCH	"	Supp. to No. 46	25-2-41
"	"	Arrived at Debert Military Camp	"	25-2-41	"	"	" " No. 46	"
16-4-41	"	Proceeded on command to Fifth Course for Cookery Instructors, R.C.A.S.C. School of Cookery, Camp Borden	"	26-3-41	"	Debert	Order No. 70	27-3-41
29-4-41	"	Returned from on Command to the Fifth Course for Cookery Instructors, R.C.A.S.C. School of Cookery, Camp Borden	"	26-4-41	"	"	" No. 97	29-4-41
23-6-41	"	S.O.S. as being deceased.	"	17-6-41	"	"	" No. 140	19-6-41

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

Name
1. Ag
a. Rh
b. Tu
c. Br
d. He
e. Ki
f. Ga
g. Ru
h. Va
i. Fl
j. Na
1. Ic
2. H
4. C
6. C
7. V
9. C
10. T
repor
and I
Speci
10-8-
10-8-
19-8-

CERTIFICATE OF MEDICAL EXAMINATION

Name in full Ross Thomas Alexander Date July 9, 1940

Part 1. Information obtained from the recruit.

1. Age 33 2. Have you ever suffered from any of the following diseases?

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

Thomas Alexander Ross
Signature of Applicant

Ears normal color vision (ishihara) CN A. Delahaye Capt N

URINE N

reflexes N

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

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

2. Height 5 feet 8½ inches. 3. Weight 190 pounds.

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

6. Chest measurement—Girth on full expansion 40 inches.
   Range of expansion 4 inches.

7. Vision, right 20-20 left 20-20 8. Hearing, right WV 20 left WV 20

9. Condition of mouth and teeth upper denture lower partial denture

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

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

Special remarks when category lower than A

J. L. Thomas Lieut (President) W C Stockwell Major (Member) Wm Glenha Capt (Member)

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature
19-8-40	TAB 10-8-40		
	3 10-8-40		
	19-8-40		
10-8-40	Vacc. (Small Pox)		
10-8-40	Tetanus Toxoid 1 c.c.		
4-11-40	Tetanus Toxoid 1 c.c.		
6-5-41	Revacc. (Small Pox)		

Regtl. No. D. 3032 Rank A/Serj Surname ROSS Christian Name THOMAS A

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.3032 Rank Sergeant Name ROSS, Thomas Alexander

Unit 17 D.Y.R.C.H. Date of death 17th June, 1941.

Died at No. 7 General Hospital, Debert Mil. Camp, N.S.

Cause Fractured skull with cerebral haemorrhage

Death occurred on strength of Forces.H.Q. 405-R-3085 d 17-6-41

N/K Mrs. Pansy Muriel Ross Relationship Widow

Address 4168 St. Catherine St. W., Montreal, P.Q.

Remains buried in Mount Royal Cemetery

Montreal, P.Q.

Grave location Lot 1094X

CHK.

CONTRACTORS ROLL FOR THIS SOLDIER'S GRAVE DESPATCHED AUG 29 1941

DEATH WAS DUE TO SERVICE

ROYAL MESSAGE DESP'D. 3-10-41.

CAN. MESSAGE DESP'D. 3-9-41.

AWARDS C.A.S.F.

1327

50M—5-40 (5079)
H.Q. 1772-45-8

SURNAME (IN BLOCK LETTERS) / CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT
ROSS, Thomas Alexander,	D.3032	Sgt.	3rd. Motorcycle Regt

FILE NO. 405-R-3085

WAR SERVICE BADGE (CLASS) NO. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
War Medal CVSM	~~CANCELLED~~ Med. Retd. Undelivered. Returned to stock. 2287- 7-11-49
	7438 6-4-50

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

MEMORIAL BAR

DATE DESP.....

REGN. NO 304

(1) MEDALS

PERSON ENTITLED TO: Mrs. P.M. ~~Ross~~ Hogan (Re-married) Widow

ADDRESS: 5225 Sherbrooke St. W., Apt. 79,
~~4168 St. Catherine St. W.,~~
Montreal, P.Q.
28, 2-12-44

(2) MEMORIAL CROSS

WIDOW: Mrs. Pansy Muriel Ross,

ADDRESS: 4168 St. Catherine St., West, Montreal, Quebec.

DESP. AUG 11 1941
REGN No. 609

(2)

(3) MEMORIAL CROSS

MOTHER

ADDRESS:

(3)

SERVICE AND CASUALTY FORM

M.F.M. 4 (Part I)
A.F.B. 103 (Part I)
500M—8-39 (1700)
H.Q. 1772-45-18

PART I (For all ranks)

Unit 3RD CAN. MOTORCYCLE REGT. C.A.S.F. Regimental Number D3032

1. Surname ROSS.
2. Christian Names Thomas Alexander
3. *Substantive Rank and Appointment A/Sgt.
   *Acting Temporary or Local Rank a/L/Sgt.
   giving date 10-7-43

*To be entered in pencil to facilitate alteration.

4. Place of birth Munlochy (Ross-shire) Scotland.
5. Date of birth as declared on attestation (A)
6. Date of enlistment 10-7-40
7. Place of enlistment Montreal, Que.
8. Residence at time of enlistment 4168 St. Catherine St.W. Montreal, Que.
9. (B) Special conditions (if any) of enlistment or rate of pay
10. (C) Any subsequent variations of conditions of service
11. Religion Presbyterian
12. If married, state date 14-5-37
13. Trade on enlistment Chef
14. Corps, trade and grade
15. (D) Qualifications None
16. (E) Miscellaneous entries

(17) Regiment or Corps: 3rd C.M.C.R.

Unit (Battn., etc):

(18) Medical

Category	Date	Authority
A	9-7-40	M.F.M. 2.

(19) Next of kin (entries to be made in pencil) Wife
Pansy Muriel Ross.
4168 St Catherine St W.
Montreal

(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.

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 individuals new unit.

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(1) Name of Officer of Other Rank ROSS THOMAS ALEXANDER
(Surname first—Christian names in full—Block capitals)

(2) Regimental or Air Force Number and Rank D. 3032 Sergeant

(3) Unit 3RD CAN. MOTORCYCLE REGT. C.A.S.F.

(4) Are you married? Yes

(5) If married, state,

(*a*) Full name of your wife ROSS PANSY MURIEL

(*b*) Present postal address of wife 4168 St. Catherine St West. Montreal

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

(7) Are you a widower? no

(8) Have you any children? no

If so, give number of boys and girls

Also their names and ages

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

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? no

If so, state name and address, occupation

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

(13) If sole or partial support of father who is a widower, totally incapacitated from earning a living —state what amount per month you have given him prior to joining C.A.S.F. or R.C.A.F. (Special Reserve) N/A
Also state reason he has no other means of support if partially supported by you, what is your reason for not providing full support?

(14) Is your mother alive? no

If so, state name and address

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

(16) If sole or partial support of widowed mother—state what amount per month you have given her prior to joining C.A.S.F. or R.C.A.F. (Special Reserve) n/a
Also state reason why she has no other means of support, if partially supported by you what is your reason for not providing full support?

(17) Are you contributing to the support of any dependents, other than those shown above? no
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? n/a

(19) Are you insured? yes

If so, in what Company? Prudential Life Metrepolitan 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.

Thomas Alexander Ross
(Signature of officer or man)

Date July 10/40

3RD CAN. MOTORCYCLE REGT. C.A.S.F.

Officer Commanding Lt. and Asst. Adjt.

Date 19/7/40

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.

MEMORANDUM FOR

Mrs. Pansy Muriel Ross,
4168 St. Catherine Street, West,
Montreal, Quebec.

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

THE SECRETARY,
DEPARTMENT OF NATIONAL DEFENCE,
OTTAWA, ONTARIO
ATTENTION: ADMINISTRATOR OF ESTATES

and the following number quoted:—

H.Q. 405-R-3058 FD 324

DEPARTMENT OF NATIONAL DEFENCE
OTTAWA, ONT.

June 27, 1941

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

ROSS, Thomas Alexander, Sgt.

No. D.3032, 7th Recce. Regt. (17th DYRCH) (AF)

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

(L.M. Firth) Major,
Administrator of Estates.

M.F.W. 77
3M-5-40 (4995)
H.Q. 1772-39-972

ESTATES
BRANCH
JUL 4 1941
OTTAWA.
NATIONAL DEFENCE

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 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 Deceased.....		PANSY MURIEL ROSS	31	4168 ST. CATHERINE ST. WEST. MONTREAL. P.Q.
2	Children of the Deceased and dates of their Births.....		NONE		
3	Father of the Deceased.....		THOMAS ROSS.	—	DEAD.
4	Mother of the Deceased.....		MARY ROSS.	—	DEAD.
5	Brothers of the Deceased	Full Blood	ANDREW ROSS ALEXANDER ROSS.	— —	SCOTLAND "
		Half Blood			
6	Sisters of the Deceased	Full Blood	NOT KNOWN. -		
		Half Blood			

	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
7		NOT KNOWN.	

ONLY 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 Deceased.....	N/A		
9	Uncles and Aunts by blood of the Deceased (not Uncles and Aunts by marriage).....	N/A.	Age	

FULL PARTICULARS AS TO IDENTITY

10	What is the full name of the deceased?	THOMAS ALEXANDER ROSS
11	Give the month and year of his birth.	24 MARCH 1907.
12	Where and when were his parents married?	MUNLOCHY SCOTLAND - JUNE 18. 1891
13	Was he ever married? If so, state exact place and date of marriage.	YES. SEE OTHER SIDE
14	Did he leave a (later) Will? If so, it should be forwarded.	YES. ATTACHED TO MILITARY DOCUMENTS ON ENLISTMENT.
15	Is there any other estate which will necessitate application being made for Probate or Letters of Administration?	NO

PARTICULARS OF DOMICILE

16	Where was deceased born?	MUNLOCHY. SCOTLAND.
17	In what Province, Country or State did he reside, and in which last?	QUEBEC. ONLY
18	How long in each?	18 YEARS
19	What was the nature of his employment?	PASTRYCOOK
20	Did he own the house or homestead in which he lived? If so, where?	NO.
21	Did he ever state verbally, or in writing, where he intended to make his permanent home?	MONTREAL. P.Q.
22	State your postal address in full.	4168 ST. CATHERINE ST. WEST MONTREAL. P.Q.

PARTICULARS AS TO CLAIMS

23	Have the funeral expenses been paid? If so, by whom?	NO -
24	Are there any outstanding claims against the estate? If so, furnish full name and address of each Creditor in this space and enclose his Bill of Account. (See Note Below).	YES. - WILLIAM WRAY INC. 2075 UNIVERSITY. ST. MONTREAL. P.Q. - (FUNERAL EXPENSES)

NOTE.—Paragraph 24 refers to debts incurred for board and lodging, medical and funeral expenses, money borrowed, goods purchased, etc.; the following information to be embodied in all accounts submitted:—

1. Name and address of Creditor.
2. Detailed statement of particulars of claim with date or dates incurred.
3. At the end of his statement the creditor should certify that the account is just and reasonable, that no payments save as shown, have been made thereon and that he holds no security therefor; the creditor should then sign same, and if you admit that the claim is correct, then you "O.K." the bill and sign same.

(PLEASE TURN OVER)

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 deceased ever had in the degrees inquired for; and that I am the

*Widow of the deceased.

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

Pansy Muriel Ross — Signature of Informant

CERTIFICATE

I hereby certify that, to the best of my knowledge and belief Pansy Muriel Ross — {Name of Informant} is the *widow — of the Deceased above described, and I believe the above Declaration and the Statement of Relatives made by the Informant and signed in my presence to be complete and correct.

*See above

Dated at Westmount. P.Q. this 1st day of July 1941.

Signature of Clergyman, ~~Priest or Magistrate~~ William Orr Mulligan. D.D. Qualification Minister of Religion.

Address 351 Melville Ave. Westmount. P.Q.

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 of each surviving Relative enquired after is stated in its proper place in the Statement opposite.

For further information. I may state that I have known Mrs. Pansy Muriel Ross for twelve years as a member of my congregation: that I officiated at the marriage of her late husband Thomas Alexander Ross on the 14th of May 1937. (see Church Register. 1937. Page 63). - and that I officiated at his funeral on 24th June 1941. (see Church Register. 1941. Page 153). Signed. William Orr Mulligan. D.D.

M.F.B. 371
100M — 3-41 (9717)
H.Q. 1772-39-164

REPORT ON WOUNDS, INJURIES, SICKNESS OR DEATH

(To be rendered to N.D.H.Q. in Duplicate)

See " NOTES " on reverse side.

1. Regimental No. D 3032 Rank A/Sergeant

Name Thomas Alexander (Christian names) Ross (Surname)

Unit 17th. Duke of York's Royal Canadian Hussars (Title in full) (7th. Rec'ce. Reg't.) C.A. { ~~P.F.~~ C.A.S.F. ~~N.P.A.M.~~

2. Nature of casualty sustained Fractured skull.

at (place) Debert, N.S. (date) 17-6-41 (time) 1920 hrs.

3. First reported to No. 7 General Hospital, Debert, N.S.

at (place) Debert, N.S. (date) 17-6-41 (time) 1935 hrs.

ACTION TAKEN (up to time of referring to higher authority)

Admitted to No. 7 General Hospital (Debert Military Hospital) at 1935 hours.

4. Is injury or disability serious (or trivial) Deceased.

Signature J. Thomas Boulton Capt M.O.

5. Has a Court of Inquiry been held Yes. Date 18-6-41
(Attach statement explaining any delay)

6. List of Witnesses (Attachments A, B, C, etc.)
Separate attachments for each witness marked as above will be forwarded including one from the M.O. who first attended the officer or soldier.

7. Certificate by Commanding Officer: —

(*a*) (i) Was officer or soldier on duty at time of casualty? YES

(ii) If so, indicate what duty he was performing N/A

(*b*) Is the injury, etc., considered as directly attributable to Military Service as such? No.

(*c*) What were the particular service conditions which caused the injury, etc.? n/a

(*d*) Was the injury, etc., due to negligence —

(i) On the part of the injured? No.

(ii) On the part of another individual or individuals? No.

(iii) What was the nature of the negligence? n/a

C. F. Smith (Signature)

Place Debert Military Camp, N.S. O.C. (C. F. SMITH) Lt. Col.
Officer Commanding
17th Duke of York's Royal Canadian Hussars
(7th Rec'ce. Reg't.) A.F.

Date 24-6-41 19 P.T.O.

8. **Certificate by Officer or soldier: —**

I have read the foregoing and have no remarks to make.

Place ..... (Signature)

Date ..... (Rank)

9. Remarks by District Officer Commanding (Formation Commander) —

I consider Sergeant Ross was on duty and not to blame.

A.D.C.

(Signature)

(C.B.Price) Rank and

Place Debert, N.S. Major-General. G.O.C. Appointment

Date 28th June, 1941. 3rd Canadian Division. (Formation)

A.D.C.

10. Received at National Defence Headquarters —

Date ..... (Signature) — Staff Officer

11. Forwarded to Canadian Pension Commission —

Date ..... (Signature) — Staff Officer

NOTES: (i) All paragraphs not applicable will be entered "N.A."

(ii) Where a Court of Inquiry has been held, this report must accompany the proceedings. In such case the attachments called for in para. 6. will not be required.

(iii) Where no Court of Inquiry has been held, the necessary details in this report must be sufficiently complete so that the report can be used in the future when it is no longer possible to obtain additional evidence.

DEPARTMENT OF NATIONAL DEFENCE

Driver's Report of Vehicle Accident, Property Damage, Collision, Theft, Fire

1. Date of accident 17TH JUNE 1941 at 1900 hours
2. Occurred at ON TRURO HIGHWAY (Street and number) FIVE MILES FROM DEBERT CAMP, DEBERT, N.S. City Province
3. Dept. vehicle number 1595 Make INDIAN M/C Type "45 Solo"
4. Speed of Dept. vehicle at time of accident TWENTY-FIVE miles per hour.
5. Condition of brakes GOOD 6. Chains? ----------
7. Condition of road POOR, UNDER REPAIR. 8. Visibility GOOD
9. If at night; were all front and rear lights turned on at time of accident?
10. Was your vehicle loaded or empty? PASSENGER ON PILLION SEAT
11. If loaded, approximate weight and number of persons carried lbs. and persons.
12. If unauthorized passengers were carried state names and circumstances
13. On what side of the street or road was your vehicle travelling? CENTRE OF ROAD
14. Was your vehicle stationary, moving forward or backward? MOVING FORWARD
15. Under what authority was your vehicle being operated? CONVOY DUTY
16. What specific duty were you detailed to perform? D.R.DUTY.
17. State briefly whether you gave any warning by conventional signs, horn, etc
18. Describe briefly damage to the Department's vehicle, and give estimate of cost of repairs
NIL.
19. Brief description of how the accident occurred The M/C hit a rut in the road then while still off balance hit a slippery part of the road which was under repairs.
20. Witnesses:

NAMES	ADDRESSES	TEL. NOS.
D-3589 Tpr.LeBoeuf,K.R.	17th D.Y.R.C.Hussars "A"	Debert.
D-3597 Tpr. Plouffe, M.	17th D.Y.R.C.Hussars "C"	Debert.
D-3416 Cpl. McGill.	17th D.Y.R.C.Hussars "C"	Debert.

21. Number of injured persons:

NAMES	ADDRESSES	TEL. NOS.
D-3032 Sgt. Ross, T.A.	17th D.Y.R.C.Hussars.	Debert.

22. Action taken in respect to injured persons First aid rendered by D-3315 A/Sgt. Voss, D-95652 A/L/Cpl Martin. Civilian car used to transport to No. 7 General Hospital.

M.F.C. 795
25M—11-40 (8358-9)
H.Q. 1772-39-1616

DAMAGE TO PROPERTY OF OTHERS

23. Make of vehicle.....Number of cylinders.....Type.....

24. Year of manufacture.....Licence number.....

25. Name of owner.....Address .....Tel. number.....

26. Name of operator.....Address .....Tel. number.....

27. Operator's licence number.....

28. On what side of street/road was his vehicle?.....

29. Was it stationary, moving forward or backward?.....

30. Did the operator give you any warning?.....

31. If so, how?.....

32. Describe briefly the damage to the vehicle.....

.....

.....

.....

.....

.....

33. Describe briefly the damage to property other than the vehicle described in para. 23 above.....

.....

.....

.....

.....

.....

.....

34. The cost of repairs applicable to para. 32 and/or para. 33 above is estimated by me to be, in the case of para. 32, $.....; in the case of para. 33 $.....

35. Did you discuss the accident with anyone or make any statement with respect thereto?.....

.....

36. If so, to whom and to what effect?.....

.....

.....

.....

.....

37. Did the operator or occupants of the vehicle described in para. 23 above discuss the accident or make any statement with respect thereto?.....

38. If so, to whom and to what effect?.....

39. State whether or not the vehicle described in para. 23 above is insured against public liability and property damage. If so, state the name of the Insurance Company.....

.....

.....

.....

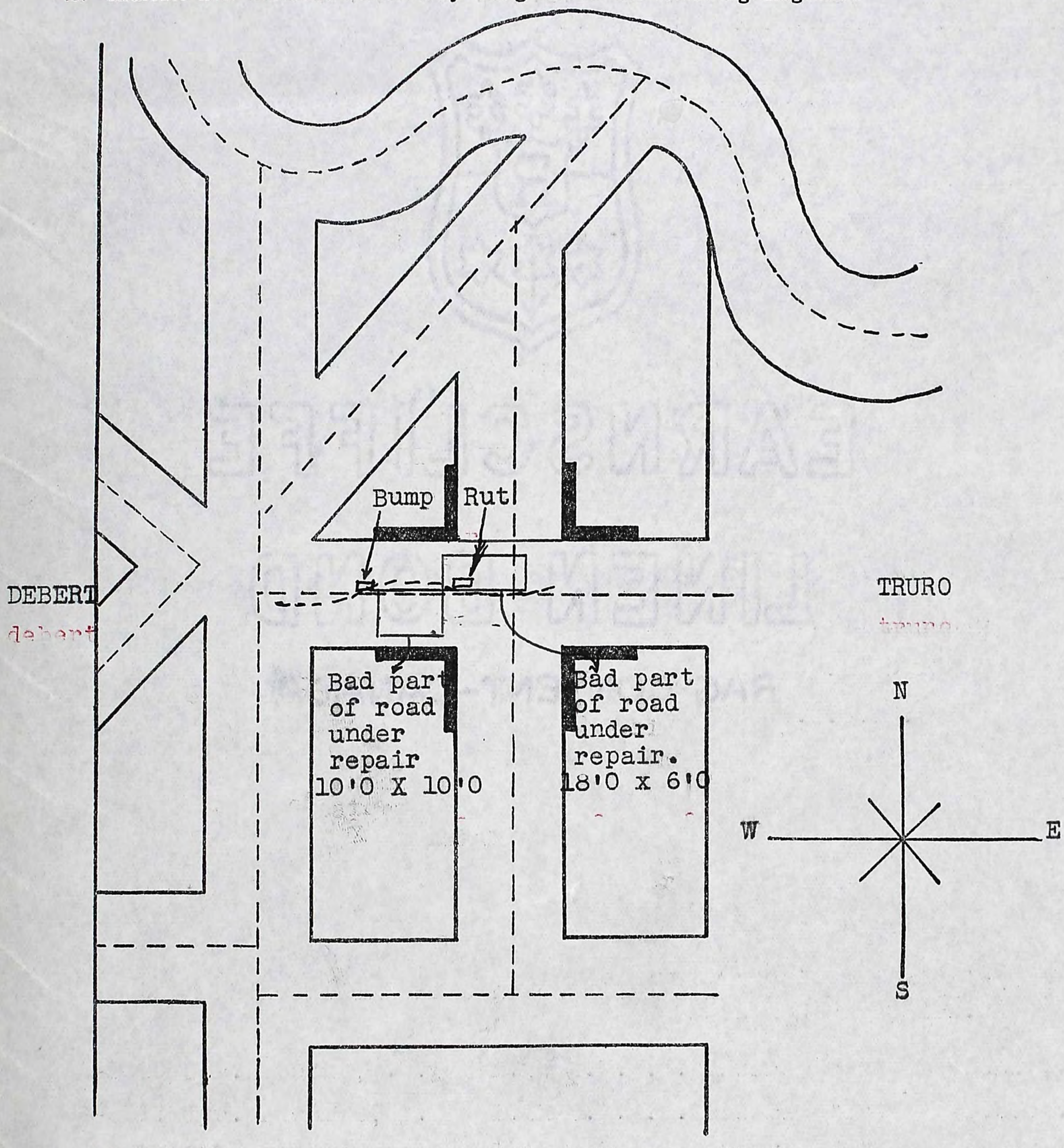
GENERAL REMARKS

40. How many accidents have you had in the last five years? NONE

41. How long have you been driving a Government vehicle? 1 YEAR

42. Classification as an I.C. operator, class—One, Two, Three CLASS THREE

43. Indicate how accident occurred by using one of the following diagrams:



44. Did you report the accident to a police officer? If so, state officer's number, name and address

.....

45. Remarks not covered by questionnaire, but considered relevant.....

.....

.....

.....

Debert, N.S. 18th June, 1941
Place and Date

Sgt. E.R.C. Wooley D-3164
Signature and rank of Operator of Departmental vehicle

*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.

PROCEEDINGS of a* COURT OF INQUIRY

assembled at DEBERT, N.S.

on the 18TH JUNE, 1941

by order of LIEUT.-COL C.F.SMITH, Officer Commanding 17th D.Y.R.C.Hussars (7th Rec'ce Reg't) C.A.

for the purpose of inquiring into the circumstances surrounding the death of D-3032 A/Sgt. Ross. T.A.

PRESIDENT

C.A. Baerman, Capt. 17th DYRCH.

MEMBERS

C.W. MacLean Lieut. 17th DYRCH.

D.L. deVolpi, Lieut. 17th DYRCH

The court having assembled pursuant to order, proceed to hear evidence as under.

Witness No. 1. D-3164 Trooper Wooley E.R.C., being duly sworn, states:-

The convoy moved off at 1842 hours. At the spot where the accident occurred, I slowed down to 25 M.P.H. to cross two bad patches in the road which were overlapping; one being on the right hand side of the road and the other on the left. On hitting said patches, the motorcycle, No. 1595 was thrown to the right first, then to the left, motorcycle No.1595 falling on its left side and D-3032 A/Sgt Ross, T.A. falling off on his back in the center of the road. I then cut the switch and attended as much as possible to D-3032 A/Sgt. Ross, T.A., at the same time calling for assistance from No. 2 truck in the convoy, the first having been up ahead.

Q1 At what speed was the Convoy travelling ?
A1 30 M.P.H.

Q2 What were weather and road conditions ?
A2 Weather condition good. Road at point of accident, bad.

Q3 At what time did the accident occur ?
A3 At approximately 1900 hours.

Q4 How far were you from your starting point ?
A4 About five miles.

Q5 What was your duty on the convoy ?
A5 Police work and general supervision.

Q6 How many years have you been driving a motorcycle ?
A6 Nine years.

Q7 How long have you been driving a Government vehicle?
A7 For One year.

Q8 Was there any damage to the vehicle ?
A8 No.

Q9 Have you had any previous accidents ?
A9 No.

Q10 Are you a qualified Driver, according to Army standards ?
A10 Yes, class 3.

Witness No.2. D-3597 Tpr. Plouffe, J.M.W. having been duly sworn, states:-

I was driving the second truck No. 1623 in the convoy. As we were coming along the highway, I was some 500 yards behind the first truck and was trying to pick up that interval at a speed of 35 M.P.H. when the motorcycle No. 1595 passed me. About a hundred yards in front of me the motorcycle No. 1595 appeared to hit a bump and then skidded to the right, falling on the left side. As I approached, D-3164 Tpr. Wooley, E.R.C. signalled me to stop. I did so and saw the motorcycle No. 1595on top of D-3032 A/Sgt. Ross, T.A.'s foot. I dismounted and helped to remove motorcycle No. 1595 and also to render what assistance I was able.

Q1 What was the condition of the road at the scene of the accident.
A1 The road was wet and under repair.

Witness No. 3. D-3589 Tpr. LeBoeuf,K.R., having been duly sworn, states:-

I was driving the third truck No.1612 in the convoy at a speed of approximately 30 M.P.H. when the motor-cycle No.1595 passed me with a passenger on the pillipn. I was about 75 yards from the truck in front No.1623; I noticed motorcycle No.1595 swerve and fall. Truck No.1623 in front stopped and I pulled in behind him, I dismounted and saw that D-3032 A/Sgt. Ross, T.A.'s left foot was under the motorcycle No. 1595, the right heel of D-3032 A/Sgt. Ross, T.A.'s shoe had been torn off. I dismounted and rendered what assistance I was able. A. civilian car driver stopped and offered to drive D-3032 A/Sgt. Ross T.A. to the hospital. This being done, I continued in the convoy.

Q1 What was the road like ?
A1 Bad and slippery owing to repairs.

Q2 How was D-3032 A/Sgt. Ross, T.A., lying.
A2 Head on the concrete, body on the earth.

Witness No. 4. D-3416 A/Cpl McGill, L.A. having been duly sworn, states:-

I was a passenger on the first truck No. 1623 and was in a position to see what was occurring in the rear. I saw the motorcycle, No. 1595 moving up to the front of the convoy. As it came to a portion of the road under repair it slowed down and swerved trying to ride between two bad portions. In turning, the motorcycle No. 1595 skidded and as it hit some pavement it appeared to lean first to the right and then to the left throwing D-3032 A/Sgt Ross T.A. off the bike, along with the driver D-3164 Tpr. Wooley E.R.C. who immediatley arose and turned off his motor. D-3032 A/Sgt Ross T.A. did not move. Our truck No. 1623 then pulled out of sight.

Witness No. 5. D-3315 A/Sgt. Voss, G.F. having been duly sworn, states:-

I was a passenger in the back of truck No. 1612 which was the third in the convoy. The truck stopped rather quickly. We waited a few seconds, then noticing people getting off other tlucks asked what was the matter and upon being told that there was an accident, dismounted and saw D-3032 A/Sgt. Ross, T.A. in the arms of D-3164 Tpr. Wooley, E.R.C., who appeared to be lifting him from the machine. As I am a qualified first aid man, I rushed forward. I immediately noticed that D-3032 A/Sgt Ross, T.A. was unconscious and bleeding profusedly from the back of the head. Examination showed a large head wound. By this time D-95652 A/L/Cpl Martin, W.H. arrived on the scene from another of the trucks in the convoy. We proceeded to loosen his clothing around neck and body at the same time dispatching two troopersto a nearby farmhouse for water. A clean cloth was soaked in water then wrung out and placed on D-3032 A/Sgt Ross, T.A's head wound, temples and face. A civilian car was used to transport D-3032 A/Sgt Ross T.A. to the hospital as quickly and as carefully as possible, under the care of D-95652 A/L/Cpl Martin, W.H. and myself. We arrived at the hospital at 1920 hours. On inquiring after returning to Camp, I was advised that D-3032 A/Sgt. Ross, T.A. had died at 2035 hours.

Ql. At what time did the accident occur ?
Al 1900 hours.

Witness No.6. D-109270 A/Sgt Ross, A.F.C. having been duly sworn, states:-

I was in charge of the D.R.s. As the convoy left camp, I proceeded to check intervals and speeds. I halted some 1/4 of a mile before the place where the accident occurred to check the intervals in the convoy. It was then 1858 hours. The convoy had nearly passed when I noticed it halting. I immediately proceeded up the convoy, where I saw D-3032 A/Sgt Ross, T.A. on his back in the middle of the road. The machine was on its stand on the side of the road. The speed, the convoy was travelling was 30 miles per hour. On returning to camp I checked the distance and found it to be 5.4 miles which we had covered in about 18 minutes. This you will note gives an average speed of 20 miles in the hour.

Signed at Debert, N. S. this 20th day of june 1941.

(C.A.Baerman) Capt. 17H. PRESIDENT

(C.W. MacLean) Lieut. I7H. } MEMBERS.

(D.L.deVolpi) Lieut. I7H. }

In my opinion D-3032 Sgt. Ross. T.A. was on duty at the time of the accident and was in no way to blame for the accident.

(C.F.Smith) Lieut.-Col.
Commanding 17th DYRCH,
(7th Rec'ce Reg't) C.A.

From the evidence of the Proceedings I consider Sergeant Ross was on duty and not to blame.

(C.B.Price) Major-General.
G.O.C. 3rd Canadian Division.

Debert, N.S.
28th June, 1941.

APPROVED

OTTAWA, ONT. MAJOR-GENERAL,
Date 9/7/41 ADJUTANT-GENERAL.

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: 17th Duke of York's Royal Canadian Hussars (7th Rec'ce Reg't) C.A.

Regt'l No.: D 3032 Rank: Sergeant

Name in full: Thomas Alexander Ross

Date and place of birth: 24 March 1907 Munlochy, Ross-shire, Scotland.

Married or single: Married

Enlisted, when and where: 10 July 1940 at Montreal, Que.

Died — Date: 17 June 1941

Place: No. 7 General Hospital at Debert Military Camp

Cause of death: Fractured skull with cerebral hemorrhages

Buried — Date:

Name of cemetery:

Location of cemetery:

Whether he leaves a Will or not, and if so, where deposited: Will deposited with the Department of National Defence Ottawa, Ont.

Statement as to existence of any personal effects:

Latest particulars as to Next of Kin: Mrs. Pansy Muriel Ross (Wife)
4168 St. Catherine St., West, Montreal, Que.

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

E. F. Smith
(C. F. SMITH) Lt. Col.
Officer Commanding
17th Duke of York's Royal Canadian Hussars
(7th Rec'ce. Reg't.) A.F.
Officer Commanding

Date: JUN 17 1941

Secretary, Department of National Defence.

Forwarded, please.

for D.O.C., M.D.
GOC Sichorn

Date: 18 6/41

M.F.W. 2570
20M—7-40 (6121-2)
H.Q. 1772-39-1356

Posted Docs 47, 1

P.A.

File No 485-R-3055

VERIFICATION FORM

WAR SERVICE MEDALS 1939-45

No. D3032. Name Ross Thomas Alexander

Rank on Discharge Sgt. Date of Discharge 17-6-41.

Deceased

Authority for Discharge or Retirement _____

Served in:

			Non-qualifying service
Canada	from 10-7-40	to 17-6-41.	Fractured Skull laceration and Haemorrhage of the brain.
	from	to	
United Kingdom	from	to	
	from	to	
Italy	from	to	
Northwest Europe	from	to	
---------	from	to	
-- ------	from	to	

Eligible for award of:

~~1939 - 45 Star~~ _____

---------- _____

~~Italy Star~~ _____

~~France-Germany Star~~ _____

~~Defence Medal~~ _____

War Medal ok ✓

Canadian Volunteer Service Medal ok ✓ BP

~~with clasp~~ _____

M

Verified by J.R. Legault.

Date AUG 7 1946 ~~AUG 8 1946~~

Carded _____

NO RIBBON DESPATCH

IIA 165

M. F. D. 930 A
350M-8-40 (6594-5)
H.Q. 1772-39-1548

C.A.S.F. & R.C.A.F.

CANADA

LAST PAY CERTIFICATE

Regtl. No. D 3032 Rank and Name A/Sgt. ROSS, THOMAS ALEXANDER

of ..... Company, etc., 17th. DYRC Hussars (7th.Rec'ce Regiment, etc., on .....

(Transfer, Posting or Discharge) Deceased 17/6/41 to ..... (Unit and Station) on .....194.....

Reason for discharge ..... Authority: Part 11 Order No.140

On TRANSFER OF OFFICER or WARRANT OFFICER, Class I

Outfit alowance of $ n/a has been paid by the Treasury Officer, Military District No. ..... or ..... Air Command.

REMARKS:

State (1) Date of appointment or enlistment 10/7/40

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

(3) Has assignment of pay been made? Yes If so, amount $45.00 effective date March 1941

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

ESTATES BRANCH JUL 15 1941 H.Q. OTTAWA. NATIONAL DEFENCE

The folowing is a statement of the account of the above named from June 1st to June 30th 194 1 the inclusive date of transfer, posting or discharge.

DR. PARTICULARS	AMOUNT		CR. PARTICULARS	AMOUNT	
Balance Dr. from last account			Balance Cr. from last account	-	-
First Monthly Payment A.R.#32	14	00	Regimental Pay 30 days at $ 2.20	66	00
Casual Payments			Trademen's Pay 30 days at "C" $ .25	7	50
Payment on Transfer, Posting or Discharge			Additional Pay (Give particulars) ..... days at $		
Assigned Pay	45	00	Allowances (Give particulars) .....days at $		
Regimental Charges					
Public Stoppages (Give particulars):			Other Credits		
			(Money found on deceased	2	29
			Royal Bank Government Draft)		
To Balance Cr. (To be paid by new unit)	16	79	By Balance Dr. (To be deducted by new unit)	-	-
Total	$ 75	79	Total	$ 75	79

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

Debert Military Camp, N.S.
(Place)

June 19th. 1941
(Date)

C. H. Wadman
Paymaster.

1450 2 29 16 79

(C. H. WADMAN) Capt. & Paymaster
17th Duke of York's Royal Canadian Hussars
(7th Rec'ce. Reg't.) A.F.

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

WILL

M.F.M. 10
60M—3-40 (4386)
H.Q. 1772-39-1656

(1) I, Thomas Alexander Ross (Name in Full), of the City (City, Town, Village, Township)

Address in civil life.

of Montreal, in the County District of Hochelaga,

Province of Quebec, Chef (Civil Occupation)

Regimental No. D 3032, Unit 3RD CAN. MOTORCYCLE REGT, C.A.S.F., do hereby revoke all former Wills by me made and declare this to be my LAST WILL.

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

(2) I GIVE, DEVISE AND BEQUEATH unto my Wife

Pansy Muriel Ross - 4168 St Catherine. W
Montreal . P. Q.

all my estate

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

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

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

IN WITNESS WHEREOF I have hereunto set my hand this 3rd day of Jan

19 41

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.

Thomas Alexander Ross
(Signature of soldier)

First witness sign here.

(5) Signature Melville Bailey

Civil Address 11, Hall Avenue, Everett, Mass. U.S.A.

Civil Occupation Accountant.

Second witness sign here.

Signature Romio Fourcaudes

Civil Address 356 Prayer Street apt 34 Montreal

Civil Occupation Clerk.

(Witnesses are not to be beneficiaries.)

[OVER]

116

5225 Sherbrooke W.
Oct. 9th. 1941.

Dear Sir,

I wish to acknowledge receipt of personal effects of my husband Sgt. J. A. Ross, D 3032, 7th. Recce. Regt. (17th D. Y. R. C. H.) September 24th. Also cheque for $16.79 which I received October 8th.

May I take this opportunity to express my thanks to you.

Sincerely,

Nancy M. Ross.

FORM No. 1

Regis[redacted] No. CD 1927 Nominal Roll No. D 5795

H.Q. File No. 405-R-5056

To: P.M.G.

CANADIAN ARMY (ACTIVE)

Computation of Service

WAR SERVICE GRANT

Regt. No.	Rank when S.O.S.	Surname	Christian Name in Full
D:3032	A/SGT	ROSS	THOMAS ALEXANDER

REASON FOR TERMINATION OF SERVICE:

1st Enlistment ..... DECEASED ..... CARO ..... ( )

2nd Enlistment ..... CARO ..... ( )

3rd Enlistment ..... CARO ..... ( )

Total Service

1ST ENLISTMENT	2ND ENLISTMENT	3RD ENLISTMENT
T.O.S. 10 JUL 40	T.O.S.	T.O.S.
S.O.S. 17 JUN 41 MD 6	S.O.S. MD	S.O.S. MD
Total Days 343	Total Days	Total Days

Total Service 343 DAYS

——	Total Service	Less Non-qualifying Service	Net Service
Western Hemisphere	343		343
Overseas Service			
Totals	343		343
Add Non-qualifying Service			
Total Service			343

EMBARKATION DETAILS:

1. Date S.O.S. Overseas ..... 2. Date S.O.S. Overseas .....

REMARKS:

DIED WHILST ON ACTIVE SERVICE 17 JUN 41

Computer's Signature ..... [signature]

Checker's Signature ..... [signature]

Date Computed 14 FEB 46

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

[signature]

C. L. LAURIN,
Colonel,
DIRECTOR OF RECORDS.

500M—11-44 (6012)
H.Q. 1772-45-8

5M-1-46 (8548)
H.Q. 1064-81-3

4
ARMY

DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

DECEASED MEMBER'S NAME: Thomas Alexander ROSS
(CHRISTIAN NAMES) (SURNAME)

REGISTER NO. D-20692
FILE NO. 405-R-3085
DATE 21-3-46
SERVICE NO. D-3032
FINAL RANK OR RATING A/Sgt.
DATE OF DISCHARGE 17-6-41

PAYEE: Mrs. Pansy M. ROSS,
ADDRESS: c/o Mrs. Pansy M. Hogan, 5225 Sherbrooke St. W., Apt. 79, Montreal - P.Q.

DATE OF TERMINATION OF OVERSEAS SERVICE

		$	¢
A. TOTAL QUALIFYING SERVICE	NO. OF DAYS 343/30 EQUAL TO 11 COMPLETE PERIODS AT $7.50	82.50	
B. QUALIFYING OVERSEAS SERVICE	NO. OF DAYS ____ LESS ____ INELIGIBLE DAYS, EQUAL TO ____ DAYS @ 25c. PER DAY		
		82.50	
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		82.50
E. DEDUCTIONS — OVERPAYMENT OF PAY AND ALLOWANCES	$	
DEPENDENTS' ALLOWANCE AND ASSIGNED PAY	$	
OTHER DEDUCTIONS	$	
F. TOTAL AMOUNT PAYABLE		82.50

G. YOUR PORTION OF GRATUITY IS— 100%

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

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

ΔT

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

PREPARED BY	CHECKED BY
[illegible]	[illegible]

TREASURY	
CHECKED BY	DATE
[illegible]	23/3/46

SERVICE REPRESENTATIVE