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| 18 JAN 1943 Previous Experience in Armed Forces | | 47 Classification: Military Specialties and Trade | S | | |
|--|---------------------------|--|-----------------------|---------------|------------|
| ARM or CORPS Type (C.E.F., N.P., etc.) Years Highest Rank Last Discharge (Yr.) | Special Training Received | Designation | Degree of Proficiency | Date | Authority |
| 1D. X.R.C. H. N. F. A.M. You Spr. Fel. 141. | Pavalry Maining . E | Brengunner. | 5 Qual. | 26/10/42 | 2058 |
| Date From—to Country Corps Unit and Sub-unit Rank 44 Principal Duty 11/1-27/14 Principal Duty 12/14-27/14 Princi | Performance 143 | Remarks re Outstanding or Limiting Factors 1. Opp. Borne C 2 Opp. Negt. 3 Phys. Appletic 4 Delib. Church 6. Map. Sal. 7. Nech Delf. | | (2) | |
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| | | 0 | | | |
| 46 Crime: Number Courts Martial Convictions Hospitalization | | Attitude to Interview: Antagonistic Reason for Joining Cdn. Army (if ascertain | | | ndifferent |
| 1/8 planto 1/1 dalla palle | Occasional Offender | 48 Suggested Possibilities for Employment (1) | | | |
| C.M H.Q. 1000:115 40/P & S/1246 | | Tests Indicated: 2nd Mental Other Apt. Interviewed by P. HOGLIN X Reviewed by | Pers | Trade Test as | |

| 5 | | | | | |
|-----|-------|---------|------|----|--|
| Mr. | Neil | MacKay | | | |
| 4 | 976 A | dam Str | eet, | | |
| | Mon | treal 4 | . Qu | e. | |

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-41,203 FD 320

DEPARTMENT OF NATIONAL DEFENCE ESTATES BRANCH OTTAWA, ONT.

| | | | | * |
|---------|---|------|------------------|-----------|
| | November | 30 | 194.4 | |
| | record and in the event of the n (according to law) on account o | | y Service estate | ANCH |
| MacKay, | William Ian, L/Sgt | D-35 | 55 MAN | 5 1945 |
| ••••••• | CANADIAN ARMY | | | OTTAWA TO |
| | | | A CIV | AL |

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.

Bontant

CWP/HO

Low Tylus Copt.

Director of Estates.

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 | | | INFORMANT'S S | TATEM | ENT |
|------------------------------|--|---|---|-------|---|
| of Rela- tion- ship | RELAT | | 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 D | eceased | Sockelon NA | | |
| 2 | Children of the | Deceased and | | | |
| | dates of their | Births | | | |
| 3 | Father of the D | eceased | NEIL T. MACKAY | 7 | Still aliae |
| 4 | Mother of the D | eceased | died when so | 7 cd | in was a bate |
| 5 | Brothers of the Deceased | Full Blood | | | |
| | | Half Blood | | | |
| 6 | Sisters of the Deceased | Full Blood | Mrs Bett Daugan | | |
| | | Half Blood | | | |
| 7 | Names of brothers of the full or the Deceased, who are death of each. | or sisters (whether e half blood) of the re dead, and date of | Names and ages of their children (if any) | | Address of their children |
| | | | | | |

ANSWER FULLY EACH QUESTION ON THIS PAGE PARTICULARS AS TO IDENTITY

| 8 | Full names of the deceased. | WILLIAM LAN MACKAY |
|----|--|--|
| 9 | Date of his birth. | Oct 9" 1913 |
| 10 | Place and date of his marriage. | N. A - |
| 11 | Place and date of his parents' marriage. | |
| | PARTICULARS OF D | OMICILE |
| 12 | Place where deceased was born. | Scolland |
| 13 | State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each. | (a) Aubec (b) Montreal (c) 20 gewa (d) |
| 14 | Nature of employment before enlistment. | Storemen Can Victors |
| 15 | State whether he owned the premises in which he lived, and, if so, where situated. | 20 |
| 16 | Name place where deceased stated he intended to make his permanent home. | Trouhere |
| | PARTICULARS OF | ESTATE |
| 17 | Did he leave a Will? If in your custody, please forward. | Ges |
| 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? | Ges hue two Lave Back books manager |
| 20 | Amount of War Savings Certificates held by deceased. Indicate where located. | nave nonfæd sienes |
| 21 | Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located. | 20 |
| 22 | If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein. | Jes my sister & |
| 23 | Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary. | Moure |
| | OTHER PARTICU | JLARS |
| 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. | No. |
| | (Note:—The government pays funeral expenses within the and burial is made Overseas as well as where death occurs and zone, and if a relative has already paid those expenses the Gover authorized in the Regulations. Any amount of such expenses is by the Government nor is it chargeable against the service estated | nment will reimburse such relative to the extent of the amount in excess of those authorized in the Regulations is not payable |

| *Insert degree of relationship for example, "Widow", "Father", "Brother", etc. * * * * * * * * * * * * * | DECLARATION at all the particulars shown on this form are correct, and a ratives that the deceased ever had in the degrees specified; and the deceased. of the deceased. | true and complete and that I am the |
|---|---|--|
| 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. | Lillian Gouldstone. 4976 Adam St Mouhe | Signature of Informant Address |
| | CERTIFICATE | |
| I hereby certify tha | t to the best of my knowledge and belief | ••••• |
| | Oue {Name of } is the fueld | of the Decease |
| above described. The | above Declaration was made by the Informant and signe | d in my presence |

M.D. No. 4 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.

Signature of Clergyman, Priest, Magistrate, Commissioner or

Notary Public or Com-missioned Officer of any of His Majesty's Forces.

(PLESSE TIME COMM

(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.)

OTHER PAPTICULARS

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

(7TH REC'CE REG'T) A.F.

N.B.—ATTENTION IS DRAWN TO THE FACT THAT ANY PERSON MAKING A FALSE ANSWER TO ANY OF TH

ABOVE QUESTIONS IS LIABLE TO A PENALTY OF SIX MONTHS' IMPRISONMENT

or Attesting Officer.

Office or Rank and Unit

or appointment.

Mackay William Tan Record of Service of Regimental Number. (Christian Names) (Surname) EDUCATIONAL QUALIFICATIONS QUALIFICATIONS High School) Graduation Collegiate Business or Professional. Matriculation *College Sir George Wms. (Commercial Course) Aircraft Production Trade or Civil. Technical 7 Years Public Schooling. English *(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 Report Authority Rank Shown Effective Date Unit Place | From whom received Part II D.O. No. Cas. List, etc. Dated Joined on appointment 20-2-41 20-2-41 17 DYRCH Montreal Part II No. 41 TOS 17th.DYRCH (7th.Rec'ce Reg't) A.F. S.O.S. on transfer to No. 4 Dist. Depot 24-2-41 23-2-41 No. 44 Attached from No. 4 Dist. Depot for duty rations, quarters & discipline 24-2-41 TOS 4 DIST DEPOT FROM HIS UNTI DYRCH 1MAR41 AND PROCEEDED ON COMMAND TO DYRCH CEASES TO BE ON COMMAND TO HIS UNIT DYRCH 4 MAr 41 BARRACKS. MONTREAL AND PORCEEDED ON COMMAND ABOVE ENTRY AMENDED TO READ " PROCEEDED COMMAND AND ATT. FOR ALL PURPOSES 13 monts pay purposeo Ceases to be Att. to TC 41 Htingdon. on 26-4-41 transfer to Unit 3rd Div Debert N.S. Htingdon. TC 41 Pt 11-79 26-4-41 26-4-41 TC 41 Authy. H.Q.-S20-2-3-8-ORG.RA. 19-4-41 Defensor. 21-4-41 For additional entries use M.F.M. 1 and 2 (a)

DYRCH Debert

17 DYRCH T.O.S. on transfer from T.C. 41 Huntingdon "

Granted 11 days Furlough

27-5-41

14-8-41

CERTIFICATE OF MEDICAL EXAMINATION

| | | btained from the re | ecruit. | | |
|--|--|--|--|--|--|
| | 4 4 | The state of the s | | the following diseases? | |
| a. Rheum | | no | | disease | no |
| | | no | | disease | |
| c. Bronch | itis or asthma | no | | epsy | |
| d. Heart | disease | no | | vous or mental disease | |
| | | no | | hilis | |
| | | no | | orrhoea | |
| | | no | | e you ever worn glasses?. | |
| | | no | | | |
| | | no | re | you now or have you in ceived disability pension ensation? If so, give det | or com- |
| | | | | | |
| J. Zitubili u | 1 O a D 1 O | | | Chiam Sam Signature of | |
| | * - 7 · · · · | T 1 | | | Applicant |
| | | Ishihara (CDU) | | | ••••••• |
| | | es normalA. | | | |
| the state of the Co | | | | n. The recruit must | be stripped. |
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| 2. Height | 5feet | $6\frac{1}{2}$ inches. | 3. Weig | ht. 161 | pounds. |
| 4. Comple | exionfair | Eyes Blue | 5. Deve | lopmentgo.od. | Good Wair |
| • | | Hair Fair | | | Poor |
| 2 (1) | | | 701 | UKI | 1 4 1941 |
| o. Chest i | | on full expansion | | inches. | A X7 7/284 |
| | | e of expansion | 2 | inches. | 1 // a o (|
| 7. Vision, | right20-30-2 | left. 20-30-3 | 8. He | aring, rightC.V20.! | leftC.V20! |
| Onditi | ion of mouth and tee | thgo.o. | .d. | | |
|). The ab | normalities (congenit | cal and pathological) for | ound on exar | nination are as follows | |
| | Alteration ca | rrying angle r | ight am | No.limitation | of function |
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| Part 3 | old fracture We, the examiner | at axe a a | ge8yrs | mentioned in Question | 2, Part 1, except as |
| Part 3 | old fracture We, the examiner the remarks. We have | at axe a a a serious a serious and no evidence of ave examined the Recr | the diseases | mentioned in Question stance with the pamphlet | 2, Part 1, except as 'Physical standards |
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DATES OF 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 Number of days in Hospital Date of Arrival DISEASE into Hospital STATION Station Day | Month | Year Day | Month | Year

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

Rank. Prooper

Name MACKAY, William Ian

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

| REPORT | | Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2) | | Effective Date | Unit | Place | Authority | | | | |
|---------|--------------------|---|--|----------------|----------|----------------|-----------|----------------|----------------|---------------------------------------|--|
| Date | From whom received | (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2) | Rank Shown | | | | Part | II D.O. No. Ca | as. List, etc. | Dated | |
| 3-9-41 | 17DYRCH | Awarded 7 days C.B. and a summary forfeiture of 7 | | | | | | | | | |
| | | days ORDINARY PAY for being A.W.L. from 0745hrs 20-8-41 to 0010 hrs 21-8-41. Total forfeiture | | | | | | | | | |
| | | is 8 days ordinary pay and 1 day allowances. | Tore | 21-8-41 | 17DYRCH. | Debert | 1711 | Pt.II. | 196 | 22-8-41 | |
| 3-9-51 | W) | Embarked for Overseas & S. O. S. Canada | 11 | 23-8-41 | ** | Halifax | u | 11 | 199 | 6-9-41 | |
| ر ا | | T.O.S. Can. Army Overseas Disembarked | # ************************************ | 24-8-41 | ** | Glasgow | 報 | 特 | TT. | · · · · · · · · · · · · · · · · · · · | |
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Rank

Sheet No.....

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

Name MACKAY W. L

| Date | From whom received | Record of Promotions, Reductions, Transfers, Casualties (Continuation of Folio 2, M.F.M. 1 or M.F. | s, Reports, etc. .M. 2) | Rank Shown | Effective Date | Unit | Place | Part II D.O. No. Cas. List, etc. | Dated |
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| | CILL | Embarked at | 13444 | tc.p.k. | | YRECCE | - 2/19 | 5°4 | 25966 |
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| se ac | dans MK. | 1471429 PTE MCKAYNIT | FATHER) 3 | 39.SL | RA.BR | omhey k | ENT | R.5 MEMO | 6 Deem |
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SERVICE AND CASUALTY FORM

PART I (For all ranks)

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

| Unit 7 DYRCH (7th.Recce Regt) A.F. | | al Number | D-3555. |
|---|---|---------------|--|
| 1. Surname MACKAY | (17) Regiment or Corp | ps | Unit (Battn., etc) |
| 2. Christian Names. William Ian | | | ••••••••••••••••••••••••••••••••••••••• |
| 3. *Substantive Rank and Appointment. Gel. 9. Dec #2 | | | ••••••••••••••••• |
| *Acting Temporary or Local Rank | | | |
| mirring data | | •••••• | - 4 3 |
| *To be entered in pencil to facilitate alteration. | | | ••••• |
| 4. Place of birth Paisley, Scotland. | | | |
| 5. Date of birth as declared on attestation9. October 1915 | | | • |
| (A)(A) | A. S. T. S. | Date | Authority |
| 6. Date of enlistment. 20th February, 1941 | | | The Court State Co |
| 7. Place of enlistment Montreal South, Quebec, Canada | A | | Med Sod |
| 8. Residence at time of enlistment 4976 Adam St., Montreal | Que Canada | | |
| 9. (B) Special conditions (if any) of enlistment or rate of pay | | | |
| o. (D) opecial conditions (if any) of chilsumon of race of pay | ÷ | | • |
| 0. (C) Any subsequent variations of conditions of service | | | |
| Religion Church of England | | | |
| 2 If married state date Single | (19) Next of kin (entr | ies to be mad | le in pencil |
| 3. Trade on enlistment. Aircraft Production. | /lece // | lache | 24 Jather |
| Corps, trade and grade | | 1 | |
| 5. (D) Qualifications | | uda | hn /le. |
| 3. (E) Miscellaneous entries | , , | · | |
| | | Man | he at a |
| •••••••••••••••••••••••••••••••• | (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 Rep | | (b) | Record of sualties regarding promotions (acting, temporary, local | (d) | (e) | | (g) |
|---|--|-------------------------|--|----------------------|---------------------|--|--|
| Date | From whom received | Unit | or substantive), appointments, transfers, postings, attachments, &c., forfeiture of pay, wounds, accidents, admission to and discharge from Hospital, Casualty Clearing Stations, &c. Date of disembarkation and embarkation from a theatre of war (including furlough, &c.) in accordance with para. 2 of Note to Table I of Appendix III of Field Service Regulations, Volume I | Place of Casualty | Date of Casualty | Army rank as at (e) | Army Form or other authority for entry to be shown |
| 1/41 | 0.0. | 17.H. | Embarked to Chineses & SUS. Canada. | Halilar | 23-8-41 | The. | CH #199 01/6-9-4 |
| | | | 1.05 Ch Amus Carres | 1 | 24-8-41 | | |
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| | | | 7 days leave (PZ) no FTW | // | 10-3-42 | | F/7 1/3-4-42 |
| | | | Comment of 3 days C.B. In Ales I ha | | 21-2-21 | ,, | #10 1/10-4-42 |
| | | | awarded 3 days C.B. for Aw L for 2200 km 25-3-42 To 1220 km 26-3-42 | | J.L 2 | | J. D |
| | | | Thans Prave P-3 - F.T.W. | | | | 14- 8-7-42 |
| -7-42 | | | associated A/L/CK | | | | 36 25 7-42 |
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| | | | I can ape Mus John for | | 4 mar 44 | | 30 / mar 44 |
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500M-1-44 (3467) H.Q. 1772-45-8

FILE NO. 405-M-41, 203

L/Sgt. Willian Ian D-3555 C.A.C. MacKAY RANK ON SURNAME (IN BLOCK LETTERS) CHRISTIAN NAMES REG. No. C.A.S.F. UNIT DISCHARGE

WAR SERVICE

BADGE

(CLASS)

No.

DATE DESPATCHED:

ADDRESS:

| CAMPAIGN MEDALS | REGISTRATION NUMBER AND DATE DESPATCHED | | | | | | |
|---|--|--|--|--|--|--|--|
| 1939-45 Star | | | | | | | |
| France & Germany Star Defence Medal War Medal 1939-45 | | | | | | | |
| CVSM & Clasp | | | | | | | |
| | (THE REVERSE TO BE USED FOR ESTATE PURPOSES) | | | | | | |

| (1) MEDALS | | |
|---|----------|--------------|
| PERSON Miss Lillian Gouldstone ENTITLED TO | (Cousin) | MEMORIAL BAR |
| 4976 Adam Street, ADDRESS: Montreal 4, Que. | Oct. 45 | DATE DESP |
| (2) MEMORIAL CROSS | | REGN. NO |
| widow Single | | (2) |
| ADDRESS: | | |
| (3) MEMORIAL CROSS | | |
| MOTHER Deceased (MFM5) | | (3) |
| | | |
| ADDRESS: | | |
| | | |
| | | |
| | | |
| 6730 | 20-10 | -49 |

PARTICULARS OF FAMILY OF AN OFFICER OR OTHER RANK OF THE C.A.S.F. 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 C.A.S.F. or R.C.A.F. (ON ACTIVE SERVICE).
- (b) All questions, etc., must be completed.
- (c) Both copies of the form are to be forwarded by the Officer Commanding the unit for each officer and other rank, to the Paymaster, or Officer acting as such. The latter will transmit one copy, through the District, Command, or Camp Paymaster, to the Officer i/c Records, N.D.H.Q., Ottawa. The other copy will be retained by the Paymaster of the unit, when transferred to another unit the copy retained by the Paymaster will be sent to the Paymaster of the individuals new unit.

| (1) | Name of Officer of Other Rank. MACKAY. (Surname first—Christian names in full—Block capitals) |
|---------|--|
| | WILLIAM IAN |
| (2) | Regimental or Air Force Number and Rank. D=3.5.5.5. |
| (3) | Unit 17th DYRCH (7th RECCE Regt) AF. |
| (4) | Are you married?NO |
| (5) | If married, state, |
| | (a) Full name of your wife |
| | |
| 19.13.5 | (b) Present postal address of wifeN/.A |
| (6) | If married, have you been regularly supporting your wife? If not—state reasons |
| | |
| | Are you a widower?NO |
| (8) | Have you any children? NO. Number of boys. N/A Girls N/A |
| | Names and ages |
| | |
| (9) | If Dependents' Allowance is claimed in respect of children—state whether you have been regu- |
| | larly supporting them |
| | |
| | Give particulars of Guardians to whom Dependents' Allowance should be paid—if authorized. |
| | Name |
| | Postal Address |
| | N/A [SEE OTHER SIDE] |

| | If so, state her full name and Postal Address | |
|-------------|---|--|
| | ••••••••••••••••••••••••••••••••••••••• | |
| 1) | Is your father alive? YES | |
| | If so, state name and address, occupation | NEIL MACKAY. |
| (2) | 1976 Adam Street Montreal Quel If your father is a widower and is totally incapacit | |
| | or partial support? | |
| 13) | If sole or partial support of father who is a widowe | |
| | —state what amount per month you have given him | |
| | Also state reason he has no other means of support | |
| | reason for not providing full support? | |
| 14) | Is your mother alive? | |
| 14) | | |
| | If so, state name and address | ••••••••••••••••••••••••••••••••••••••• |
| 15) | If your mother is a widow, are you her sole or parti | ial support? N/A |
| | If sole or partial support of widowed mother—state | |
| 10) | prior to appointment or enlistment | |
| | Also state reason why she has no other means of su | |
| | | |
| | your reason for not providing full support? | /A |
| 17) | Are you contributing to the support of any dependent This may include any brothers 16 years of age or use solely supported and maintained as bona fide memment or enlistment. If so, state the following particulars:— | nts, other than those shown above?NQ nder, or any sisters 17 years of age or under, |
| 17) | Are you contributing to the support of any dependent This may include any brothers 16 years of age or used solely supported and maintained as bona fide memment or enlistment. | nts, other than those shown above?NO nder, or any sisters 17 years of age or under, bers of your household before your appoint- |
| 17) | Are you contributing to the support of any dependent This may include any brothers 16 years of age or use solely supported and maintained as bona fide memment or enlistment. If so, state the following particulars:— | nts, other than those shown above?NO nder, or any sisters 17 years of age or under, bers of your household before your appoint- |
| 17) | Are you contributing to the support of any dependent This may include any brothers 16 years of age or usolely supported and maintained as bona fide memment or enlistment. If so, state the following particulars:— Relationship | nts, other than those shown above?NO nder, or any sisters 17 years of age or under, bers of your household before your appoint- |
| 17) | Are you contributing to the support of any dependent This may include any brothers 16 years of age or usolely supported and maintained as bona fide memment or enlistment. If so, state the following particulars:— Relationship | nts, other than those shown above?NO nder, or any sisters 17 years of age or under, abers of your household before your appoint- |
| 17) | Are you contributing to the support of any dependent This may include any brothers 16 years of age or usolely supported and maintained as bona fide memment or enlistment. If so, state the following particulars:— Relationship | nts, other than those shown above?NO nder, or any sisters 17 years of age or under, abers of your household before your appoint- |
| | Are you contributing to the support of any dependent This may include any brothers 16 years of age or usolely supported and maintained as bona fide memment or enlistment. If so, state the following particulars:— Relationship | nts, other than those shown above?NO nder, or any sisters 17 years of age or under, abers of your household before your appoint- |
| | Are you contributing to the support of any dependent This may include any brothers 16 years of age or usolely supported and maintained as bona fide memment or enlistment. If so, state the following particulars:— Relationship | nts, other than those shown above?NO |
| | Are you contributing to the support of any dependent This may include any brothers 16 years of age or usolely supported and maintained as bona fide memment or enlistment. If so, state the following particulars:— Relationship | nts, other than those shown above? |
| | Are you contributing to the support of any dependent This may include any brothers 16 years of age or usolely supported and maintained as bona fide memment or enlistment. If so, state the following particulars:— Relationship | A N/A In the Ass. Co. (No. unknown) Give number of policy) Insurance Premium? The amount in addition to any other assignent is not in excess of the maximum monthly |
| | Are you contributing to the support of any dependent This may include any brothers 16 years of age or u solely supported and maintained as bona fide memment or enlistment. If so, state the following particulars:— Relationship | A N/A In the Ass. Co. (No. unknown) Give number of policy) Insurance Premium? The amount in addition to any other assignent is not in excess of the maximum monthly |
| | Are you contributing to the support of any dependent This may include any brothers 16 years of age or u solely supported and maintained as bona fide memment or enlistment. If so, state the following particulars:— Relationship | Anonths |
| | Are you contributing to the support of any dependent This may include any brothers 16 years of age or u solely supported and maintained as bona fide memment or enlistment. If so, state the following particulars:— Relationship | A nonths N/A In the Ass Co. (No. unknown) Give number of policy) Insurance Premium? The amount in addition to any other assignment is not in excess of the maximum monthly and the form is correct in each and every |

| NoD 3555 Rank L/Gpl. SGT. Name MACKAY, William Ian |
|--|
| Unit C.A.C. Date of death 12 October 1944 |
| Died atFrance- Molland |
| Cause Killed in action |
| Death occurred on strength of Forces.H.Q. 405 M 41,203 |
| N/K Mr. Neil Mackay, c/o Mrs. B. Dodgan, 59 Old Sneddon St., Paisley, Address 4976-Adam-St., -Montreal-4; -Quebec. Scotland. |
| Remains buried in Holland 21111282 22 NW Map IJZENDIJK Cemetery |
| GraveChocation |
| OVER- |

Photo placed on file.

Adegem Canadian Military C Adegem, Belgium.

REBURIAL

Grave 11, row F, plot 5.

& CR Form Despon JAN 2 1947

5M-10-44 (M-4414)

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

WILL

M.F. M.10 40/P & S/423 (3311)

[OVER]

| complete. | |
|--|---|
| | (1) I, William San Mac Kay, of the Montreal (City, Town Village, Township) |
| Address in civil life. | of 4976 Aclass, in the District of |
| | Province of Quebec, Proclaction Man aircraft. |
| | Regimental No. D.35.5.5, Unit 7. Reces. Rec. T, do hereby revoke all former Wills by me made and declare this to be my LAST WILL. |
| Relationship, names and address of | (2) I GIVE, DEVISE AND BEQUEATH unto |
| beneficiaries, and what each is to receive. | my Cousin |
| | Mis lillian faulitsline |
| | 4976 Aelam St. |
| | Montrial Inche Canada |
| | |
| | All my estate. |
| | |
| | Wamsh |
| Relationship, names and address of | (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 |
| residuary beneficiaries. | |
| | |
| | HAB AMPK |
| | (4) I appoint Ralph W. Montgomery 4617 Lefentain St. (Name) (Name) (Address) Montreal |
| | Masles M.H.B., to be the Executor Executrix of this my Last Will. |
| | IN WITNESS WHEREOF I have hereunto set my hand this . 1.5 day of |
| | Signed and acknowledged by the Testator as and for his last will 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. Signed and acknowledged by the Testator as and for his last will in the presence of us presence of us presence, at his request, and in the presence of each other have hereunto subscribed our names as witnesses. |
| First witness sign here. | (5) Signature Francis Wichware Montgomery Civil Address 4617 Seefontaine of Montreal Canada Civil Occupation aircraft Rivettes |
| | Civil Address 4617 Seefontaine St Montreal Canada |
| | Civil Occupation acrossed secretary |
| Second | Signature & F. Wormell. St Stephen. 90.08. |
| sign here. | Civil Address Civil Occupation Farmer. The 1972 1972 1972 1972 1972 1972 1972 1972 |
| | Civil Occupation Farmer. (Witnesses are not to be beneficiaries.) |

If you have already made your Will, do not fill in this Will, but mark on the front where your Will can be located or with whom it is deposited.

- (1) Example: I, John Charles Jones, of the City of Marlowe, in the County of Carleton, Province of Ontario, Mechanic, Regimental No. 1234, Royal Blankshire Regiment.
- (2) If only one beneficiary for all your estate, complete as example: "my wife, Mary Jones, of 26 Cherry Ave., Ottawa, Ont., all my estate", in which event, strike out clause (3) entirely.

If more than one beneficiary, set out in clause (2) what each is to receive, such as

"my wife, Mary Jones, 26 Cherry Ave., Ottawa, Ont., \$...........00, and my household goods and effects",

"my brother, Thomas Jones, 80 Yonge St., Toronto, Ont., \$..........00",

"my sister, Margaret Jones, 80 Yonge St., Toronto, Ont., \$.........00",

"my friend, John Smith, 60 LaSalle St., Winnipeg, Man., \$..........00",

and any personal gift, if desired. Then complete clause (3) as to the balance of your estate.

- (3) If balance of estate is to one person, complete as example: "my wife, Mary Jones, 26 Cherry Ave., Ottawa, Ont.". Another example: "my father, Jack Jones, and mother, Jessie Jones, 80 Yonge St., Toronto, Ont., equally", or as desired.
- (4) Fill in name of Executor or Executrix, example: "John Doe, 24 Smith Street, Blankville, Ontario, Salesman", or, if Executrix, "Jane Doe" and address. A beneficiary under the Will may be appointed Executor or Executrix. It is preferable that the person appointed as Executor should not be on, or likely to be on, Active Service.
- (5) The soldier will date the Will and sign same. Two witnesses must sign in the presence of the soldier, and each witness fill in his or her full civil address and occupation. No one who is a beneficiary shall act as a witness. It is preferable, though not essential, that the witnesses be persons not on Active Service.

 When completed, leave Will (both copies) with Commanding Officer for transmission to the Records Office for safe custody.

4,5

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

D3555 NUMBER

RANK Laude Sergeant

October

SERVICE UNIT CAC (CA)(17 Duke of

NAME MAC. KAY, William Ian

DATE OF BIRTH

9th

YEAR 1915

Date enlisted: 20-2-41

MARITAL STATUS

Single

Religions C. of E.

NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 RELATIONSHIP

ADDRESS

Father

Quebec. Montreal.

ADDRESS D.A.B.

ADDITIONAL PERSON

TO BE NOTIFIED

ADDRESS

PARENTS NAME

ADDRESS IF SOLDIER (MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO.

CASUALTY DETAILS

Killed in action

DATE 12-10-44

FRANCE

LAST WILL ATTACHED TO NOTIFICATION TO A. OF E.?

YES/NO

M.F.M.5. ATTACHED TO YES/NO ROCCO

OFFICER I/C RECORDS

COPY FOR DOCUMENT FILE

CANADIAN MILITARY HEADQUARTERS

No.17316.....

RECORDS OFFICE

CASUALTY REPORT

| NAME (in full) MCKAY WILLIAM IAN |
|---|
| NO.D3555 RANK L/SGT UNIT 7 RECCE REGT. |
| HOSPITAL (U.K. only) In which death took place, if applicable |
| R.U. (U.K. only) to which posted on admission to Hospital |
| CASUALTY KILLED DATE 12 OCT.44LIST# A506 PLACE AEF |
| If P.O.W. or INTERNED, NUMBER & ADDRESS |
| PREVIOUSLY REPORTED DATE |
| Alleliamon Lieut |
| Molleliamon Lieut (L.S. APPLEFORD) Major OIC - R. 5 WING. CAS. SECT. |
| NEXT OF KIN |
| 1. CANADA or U.S.A YES/MO (If NO, Complete #2) |
| 2. NAME (In full) |
| RELATIONSHIP ADDRESS |
| |
| 3. ANY RELATIVES IN U.K. from M.F.M.5. or any other source, including |
| children born Overseas. IF NONE so state |
| |
| Date of Marriage, if known |
| |
| Dup.Will to 0 i/c Estates WILL, EFFECTS, ETC. |
| |
| iss Lillian Gouldstone, 4976 Adam Street Montreal Quebec. (Relationship) EXECUTOR Ralph W. Montgomery. |
| 1. NO WILL HEREWITH DATED 15.6.44BENEFICIARY COUSIN iss Lillian Gouldstone, 4976 Adam Street Montreal, Quebec. (Name) (Address) ACCOUNT - NAME OF BANK, etc. MONTEL HEREWITH DATED 15.6.44BENEFICIARY COUSIN (Relationship) EXECUTOR Ralph W. Montgomery, 4617 Lafontain St, Montreal. |
| ADDRESS |
| 3. KIT PRIVATELY STORED - NAME OF CUSTODIAN |
| 4. Particulars of DEBTS, Remarks, etc. |
| |
| |
| Date Nov 1 Cant William Cant |
| ORIGINAL - With WILL if any to OIC 7.3 Wing Non Effectives |
| ORIGINAL - With WILL, if any to OIC ESTATES, C.M.H.Q. OCC ESTATES, C.M.H.Q. OCC ESTATES, C.M.H.Q. CANADIAN MILITARY HEADQUARTERS |
| DPLICATE - To File |

OCCUPATIONAL HISTORY FORM

THIS FORM IS TO BE COMPLETED FOR FACH MEMBER OF THE ARMED FORCES. THE INFORMATION SOUGHT IS FOR THE USE OF GENERAL ADVISORY COM-MITTEE ON DEMOBILIZATION AND REHABILITATION, A COMMITTEE SET UP BY THE GOVERNMENT OF CANADA TO STUDY PLANS FOR ESTABLISHING IN INDUSTRIAL LIFE THE MEMBERS OF THE ARMED FORCES, AFTER DISCHARGE. ACCURACY AND COMPLETENESS IN ANSWERING WILL BE OF MUCH HELP TO THE COMMITTEE.

PLEASE READ CAREFULLY THE INSTRUCTIONS GIVEN ON THE INSIDE OF COVER BEFORE COMPLETING FORM

| Section A—GENERAL INFORMATION 1. (a) Print name in full | PLEASE LEAVE BLANK |
|---|--------------------------|
| Section B—EDUCATION AND TRAINING 5. (a) State age on finally leaving school | |
| 9. (a) What languages (b) What languages do you speak fluently? | |
| 10. (a) State whether you were WORKINGorNOTWORK- ING at time of enlistment. (Enter here only "Work- ing" or "Not Working", as case may be; particu- lars are asked for below). (b) At time of en- listment of what trade union or professional society were you a member?. | |
| Section D—PARTICULARS CONCERNING THOSE WHO WERE UNEMPLOYED AT TIME OF ENLISTMENT QUESTIONS 11 TO 17 REFER ONLY TO THOSE WHO ANSWER "NOT WORKING" IN QUESTION 10 (a) | |
| 11. Had you ever been employed fairly regularly since leaving school? 12. (a) If answer to 11 be "Yes", state exact trade or occupation at which you actually worked. (b) State how long you had worked at this trade or occupation. | |
| 13. If answer to 11 be "No", state exact trade or occupation for which you feel qualified | |
| when you last worked fairly regularly before enlistment | |
| Section E—PARTICULARS CONCERNING THOSE WHO WERE EMPLOYED AT TIME OF ENLISTMENT QUESTIONS 18 TO 23 REFER ONLY TO THOSE WHO ANSWER "WORKING" IN QUESTION 10 (a). PLEASE READ THESE QUESTIONS AND REPLY TO THOSE APPLYING TO YOU AT TIME OF ENLISTMENT | |
| IF YOU WERE AN EMPLOYEE WORKING FOR AN EMPLOYER UP TO THE TIME OF ENLISTMENT, PLEASE ANSWER QUESTIONS 18 TO 21 18. Name of employer | |
| 19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) 20. (a) Your (b) Number of years' experience at specific occupation | |
| IF YOU WERE WORKING ON YOUR OWN UP TO THE TIME OF ENLISTMENT, THAT IS TO SAY, OPERATING A FARM, A STORE, AN AGENCY, OR IN PROFESSIONAL PRACTICE, OR AS A PARTNER IN ANY SUCH LINE, PLEASE ANSWER QUESTIONS 22 AND 23 22. (a) State nature of business, or professional practice | |
| Section F—PARTICULARS OF FARMING EXPERIENCE 24. (a) Do you wish to engage (b) Do you feel competent (c) If so, in what in farming after the war? to operate a farm? kind of farming? 25. (a) Were you (b) How many years' actual (c) In what provinces born on a farm? farming experience have you had? did you have experience? | |
| Section G—MISCELLANEOUS 26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge? | |
| DATE June 17th, 194 SIGNATURE William Dan M | La des |

| FORM 6 | DOMINION BUREAU OF STAT | ISTICS | QUEBEC DEATH TRANSCRIPT | Do not |
|--|--|------------|--|----------|
| 1. PLACE OF | Municipal civil municipal county TITE FIELD (HOLL, Atylet) towns | ali- | Place an X over the word which applies to this municipality or this territory City Town Village Parish Township | write in |
| DEATH | Street No. | | Hospital or Institution | |
| 2. LENGTH OF STAY | (a) In hospital Years Months Days (b) In municipality where tion | Months | Days Years Months Days (d) In Canada Years Months Days (if immigrant) Years Months Days | |
| 3. NAME | Surname | Do not | CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH | |
| OF | (Block letters) | write in | | |
| DECEASED | Given names | this space | 22. Date of death October 19 19 (Year) | |
| E C | Adam Street M. 49 | ine. | 23. I HEREBY CERTIFY that I attended deceased from | |
| 4. O Official na | me of | 0 | | |
| ty or town | ship | | 19 to | |
| Municipal county | Omohon. | | and last saw halive on | |
| | NATIONALITY 7. RACIAL ORIGIN 8. Single, Married, | | 24. CAUSE OF DEATH | |
| | NATIONALITY (Citizenship) 7. RACIAL ORIGIN Widowed or Divorced (Write the word) | | Immediate cause | |
| 7.5 | Single | | Give disease, injury or complication which caused death, not the | |
| 9. If married gi | ve | | mode of dying, such as heart failure, due to asphyxia, asthenia, etc. | |
| name of wife or hu band of deceased | ls- | | Morbid conditions, if any, giving (b) | |
| En listuide | | | order proceeding backwards from due to | |
| 10. BIRTHPLAC | try) | | immediate cause). | |
| 11. DATE OF | 000000000000000000000000000000000000000 | | Other morbid conditions (if impor- (| |
| BIRTH | (Month) (Day) (Year) | | Other morbid conditions (if important) contributing to death but not causally related to immediate | |
| 12. AGE OF DECEASED | Years Months Days If less than one day old | | cause. | 9 |
| | hrs. ormin. | | If a communicable disease is (a) Date of appearance | |
| 13 Tro | de, profession or | | give (L) D | |
| 6 kind of w | ork, as spinner, | | (b) Duration of diseasedays | F-20 |
| | office clerk, etc | 1 | 25. If a woman, was there a puerperal condition? | |
| business, | as cotton-mill, as, bank, etc | | | |
| O | deceased last 16. Total years spent in this | | 26. Was there a surgical operation?Date of | |
| | this occupation occupation | | State findings | - |
| | 17. NAME 18. BIRTHPLACE (Province or | | 27. If death was due to external causes (violence) fill in also the following:— | 1 |
| | Country) | | Accident, suicide or homicide | |
| FATHER | 750 m77 8 77 | | (State which) | P |
| MOTHER | Meckay Meil | | Manner of injury | - 3 |
| (Maiden Name) | | | Nature of injury | 1 |
| 19. Place of buris | | | Specify whether injury occurred in industry, in home, or in public place | 1 |
| TANADISE. | | Augustical | Articastry, in nome, or in public place | 1 |
| 20. Date of burial | 19 | | Signed M.D. | 1 |
| | ame of parish | | | 1 |
| ZZ | vil muni- | 20 0: | Address Date 19 | 9. |
| OF TO | pality of | (cur | nature of person who fills in the form cate, coroner, hospital authority, etc.) 29. Name of clergyman in charge of Register of Civil Status in which registration of this | 0 |
| A CHACH | unicipal | <u> </u> | burial was made. | 0 |
| PL | шиоу | | Gis. | w. |
| (d) D | | This sign | nature authorizes the collector to accept this form as authentic. (Voir l'autre côté pour le français) | |
| | (Month) (Day) (Year) | 73.0 | | |
| | | 1/23 | rector of Records, Dept. of National Defence | |

405-M-41,203

RECORDS OFFICE OVERSEAS. CANADIAN MILITARY HEADQUARTERS. GRAVES REGISTRATION CARD.



| NAME MACKAY William Ian | PLACE & DATE OF BIRTH 9 Oct 1915 |
|---|--|
| RANK L/SGT | REGIMENTAL NO. D.3555 |
| UNIT 7 RECCE REGT AEF PARTICULARS OF | NEXT OF KIN & ADDRESS FATHER, Mr. Neil MACKAY, 4976 Adam Street, MONTREAL MONTREAL BROMLEY HOSPITALISATION KENT. |
| DATE OF ADMISSION DIAGNOSIS | NAME & LOCATION OF HOSPITAL |
| PARTICULAR | S OF DEATH |
| DATE OF DEATH 12 Oct 44 | PLACE OF DEATH Holland. |
| HRS | |
| CAUSE OF DEATH KILLED | |
| PARTICULARS | OF BURIAL |
| DATE OF BURIAL 25 Oct 44 | |
| PLOT NO ROW 1 ·GRAVE 4 | |
| DEATH CERT. NO | |
| RELIGION Church of England | |
| | DATE 20 Oct 45 |
| Extracted from Burial Records, RECORDS OFFICE OVERSEAS, | (M.BLUTEAU) Capt. for COLONEL O i/c Records, CANADIAN MILITARY HEADQUARTERS |

ACTON, LONDON W.3.

MIT

O. H. M. S. S. DE S. M.

GRAVE PHOTO

No. Cdn. N/K°

29-10-47.

R. 4 (B).

M. F. B. 1483 500M-9-46 (9587)

H. Q. 1772-39-



L/SGT. MACKAY, W.I.

K/A 12-10-44

Hear Graves tongo Constant CANADIAN CE nruk 1471429 Pt. Ine Hay 117 399 S.L.R.A. Bromley Kent . England.

O 3 3 3 ATTESTATIONREGTL. No. 1. Surname? (Block letters)... 2. Christian names?... dan. Maisonneuve 3. Present address? Phone No. 4. Date of Birth 6. Occupation? Olern 7. Religion?... 10. Previous Naval, Military or Air Force Service. (Give particulars, qualifications, etc.) CERTIFICATE OF MEDICAL EXAMINATION Weight 156 Chest max 38 min. 34 Height... Descriptive marks I have examined the above named man in accordance with instructions laid down in Instructions for Signature..... DECLARATION TO BE MADE ON ATTESTATION I, the undersigned.......do sincerely and solemnly declare that to the best of my knowledge and belief, the above answers (made by me) to the foregoing questions are true; that I am willing to be attested for the term of three years or until legally discharged, and do understand the nature and terms of this engagement, that I will safeguard all clothing, arms and equipment issued to me and will return same when required, and that I will report any change in address of myself, or my next of kin to my Commanding Officer. OATH TO BE TAKENdo sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty. Signature of Man Signature of Witness Dated this day of 19 at CERTIFICATE OF ATTESTING OFFICER The recruit above-named was cautioned by me that if he made any false answers to any of the above

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 by law. The above questions 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 and replied to, and the said recruit has made and signed the declaration and taken the oath.

Signature of Magistrate, Justice of Peace, or Attesting Officer.

M.F.B. 235d

*To be shown day, month, year-Example:-25-8-39.

Statement of Services

| Promotions, Reductions, Transfers, Casualties, Annual Training, Qualification Certificates, etc. | Effective Date | Authority for Entry | Signatures of Officers Certifying Correctness of entries |
|---|-------------------|------------------------|--|
| Accepted for Service with effect from | 6/8/40 | R.O. 2. | Officer Commanding Unit |
| Attended Camp. | | R.Q. 10 | B. a. Brady |
| | | 77# RECCE | REGT AF |
| | | | |
| | | | |
| | | | |
| Medals and Decorations | | | |
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NOTE.—These entries are to be made from time to time as they occur and certified by the Officer making the entry.

Attestations to be made out in duplicate, the original being forwarded to be filed in Regimental Orderly Room, the duplicate to be kept in the Battery, Squadron, Company, etc.

| Promotions, Reductions, Transfers, Casualties, Annual Training, Qualification Certificates, etc. | Effective Date | Authority for Entry | Signatures of Officers Certifying Correctness of entries |
|---|-------------------|------------------------|---|
| Accepted for Corvine with effect from | | | |
| Accepted for Service with effect from | | | Officer Commanding |
| | | | Unit |
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NOTE.—These entries are to be made from time to time as they occur and certified by the Officer making the entry.

Attestations to be made out in duplicate, the original being forwarded to be filed in Regimental Orderly Room, the duplicate to be kept in the Battery, Squadron, Company, etc.

3/45A MFM 510 CANADIAN ACTIVE SERVICE FORCE

OVERSEAS

Dispersal Area....

LAST PAY CERTIFICATE

(All Ranks)

| Regtl No. D3 | 555 Rank and Name | θ | MA | CKAY. | I/Sgt. W.I. | | |
|------------------|---|---------|---------|--------|--|--------|---|
| of (Unit) | | | ·. | | onon | | |
| (Transfer or Dis | charge) | | ta | | on 12th.October. | 19.4 | 4. |
| Reason Dea | a th | | | | Authority: C. C. L. "A" 506 d/27th | Oct. 4 | 4. |
| | ng is a statement of the acc te of transfer or discharge | | | d from | 1st October. to 31st.Octobe | r19.4. | 4 |
| | Particulars | | Amou | nt | Particulars | Amou | nt |
| Balance Dr from | n last account | | | , | Balance Cr from last account | 859 | 20 |
| First Monthly P | ayment | | | | Regimental Pay. 22days at 1.70 Regimental Pay. 22days at \$190 | 41 | 8.0 |
| Casual Payment | s | | | | Tradesmen's Paydays at\$ | | |
| Payments on Tr | ansfer or Discharge | | | | Additional Pay (Give Particulars)\$ | | |
| Assigned Pay | | | | | | | |
| Regimental Cha | rges | | | | Allowances (give particulars)days at\$ | | |
| | s (give particulars): Service Est: J\ | 12.038 | 11 | 18 | Def.Pay Interest | 36 | 96 |
| | | | | | | | |
| | | | | | | | |
| | (Free | | 183 | 08 | | | |
| To Balance Cr | Deferred | | 759 | 00 | By Balance Dr | | |
| | | | 942 | 08 | | | |
| | Total | | 953 | 26 | Total | 953 | 2 |
| Remarks | AND/ | OR CRED | ITS END | ORSED | JECT TO ANY CHARGES ON THE REVERSE HEREOF | | |
| | | | | | | | |
| | | | | | | | • |
| | | | | | MAY 2 VON | 1015 | ····· |
| | y I. Noble. | | | | Certified correct Decree for Chief Treasury Officer, Overse | | |

DISTRIBUTION OF SERVICE ESTATES

ARMY

Rank Sct.

Unit O.A. 0/S

Date of Death AMOUNT L.P.C. \$ 738.35 942.08 Other Credits..... Total...... 1680.43 942.08 Prev. dist. This dist. SHARE RELATIONSHIP NAME AND ADDRESS AMOUNT Lillian Gouldstone, 738.35 All Cousin 4976 Adam St., Montreal 4, Que. (Sole beneficiary per will) P4. TO TREAS. APR 181946

| AUTHOR | RITY | | | | |
|------------------|------|-----|--------------|-------------|-------------|
| H.Q. F.E. No. | VOTE | PRI | H.Q. SUB. | овј. | AMOUNT |
| 9999 | 732 | 00 | .00 | 001 | \$738.35 |
| CLASSIFIED BY | | | EXAMINED BY | | |
| | 11) | | For C | hief Treasu | ıry Officer |

DISTRIBUTION APPROVED AND AUTHORIZED

WSG

(L. M. FIRTH) Colonel Director of Estates

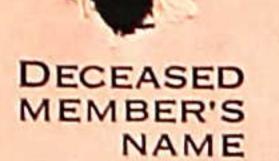
AUDITED FOR PAYMENT

DEPARTMENT OF NATIONAL DEFENCE

ARMY AIR FORCE

(SURNAME)





ADDRESS

William Ian

MAC KAY

REGISTER NO.

405-M-41203 FILE NO. 12-12-45

Director of Estates

SERVICE NO.

(CHRISTIAN NAMES)

FINAL RANK OR RATING 12-10-44 DATE OF DISCHARGE

12-10-44 DATE OF TERMINATION OF OVERSEAS SERVICE A. TOTAL QUALIFYING SERVICE NO. OF DAYS 1319 EQUAL TO 43

322.50 COMPLETE PERIODS AT \$7.50

B. QUALIFYING OVERSEAS SERVICE

29 INELIGIBLE DAYS, EQUAL TO 1113
SEE PAR. 2 OVERLEAF FOR EXPLANATION No. of Days 1142LESS

DAYS @ 25c. PER DAY

278.25

600.75

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

\$ 1.90 SUBSISTENCE OR LODGING \$ 1.25 AND PROVISION ALLOWANCE ADDITIONAL PAY

\$ 3.15 TOTAL ×\$ 22.05 NO. OF DAYS 1142

JAN 14 1946

ARMY

x7 = \$22.05137.60

D. WAR SERVICE GRATUITY

OVERPAYMENT OF

OTHER DEDUCTIONS

DEPENDENTS' ALLOWANCE 1/30 OF \$

PAY AND ALLOWANCES \$ DEPENDENTS' ALLOWANCE AND ASSIGNED PAY \$

F. TOTAL AMOUNT PAYABLE

E. DEDUCTIONS

738.35

738.35

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 KRM

TREASURY

SERVICE REPRESENTATIVE

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

FF

CANADIAN NATIONAL TELEGRAPHS

| DAY | LETTER | |
|-----|--------|--|
| | | |

NIGHT LETTER

CASUALTY (REPORT DELIVERY)

OTTAWA

TO:-

OCTOBER 1944

H ANK MAT ONK

MR NEIL MACKAY 4976 ADAM ST MONTREAL 4

8792 MINISTER OF NATIONAL DEFENCE DEEPLY REGRETS TO INFORM YOU THAT D3555 LANCE SERGEANT WILLIAM IAN MACKAY HAS BEEN OFFICIALLY REPORTED KILLED IN ACTION TWELFTH OCTOBER 1944 STOP IF ANY FURTHER INFORMATION BECOMES AVAILABLE IT WILL BE FORWARDED AS SOON AS RECEIVED

PREPAID

DIRECTOR OF RECORDS

9th November, 1944.

Mr. Neil Mackay, 4976 Adam Street, Montreal 4, Quebec.

Dear Mr. MacKay:

It was with deep regret that I learned of the death of your son, D3555 Lance Sergeant William Ian Mackay, who gave his life in the Service of his Country in the Western European Theatre of War on the 12th day of October, 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.

mem X - Single -mother deceased

16-11-4+

Yours sincerely, A. E. WALFORD Major-General Adjutant - General

NOV 4 1944 (A.E. Walford), Major-General, Adjutant-General.

/EMA

H.Q. 405-M-41203 D.R. 2 (C) 4th March, 1946. Mr. Neil Mackay, c/o Mrs. B. Dougan, 59 Old Sneddon St., Paisley, Scotland. Dear Mr. Mackay: Information has just been received from overseas that the remains of your son, D3555 Lance Sergeant William Ian Mackay, have been carefully exhumed from the original place of interment and reverently reburied in grave 11, row F, plot 5, of Adegem Canadian Military Cemetery, Adegem, Belgium. Marked map is enclosed. This is a recognized military burial ground and will receive care and maintenance in perpetuity. The grave will have been marked with a temporary cross which will be replaced in due course by a permanent headstone suitably inscribed. While it cannot now be stated when this work of permanent commemoration will begin, before any action is taken you will be communicated with and an opportunity will be given you to submit a short personal inscription of your own choice for engraving on the headstone. Therefore, if you should change your address would you be good enough to inform the undersigned. Yours faithfully, 3. B. Rading for C.L. Laurin, Colonel, Encl. Director of Records, for Adjutant-General.