D448326
CAMIRE
ARMAND

Do not remove documents from this folder. Prepared for digitization project. Ces documents seront numérisés. Ne pas les déplacer.

(Death In Canada)

18-3-45

N.R.M.A.

AWARDS—CANADIAN ARMY (ACTIVE)

M

1934

C.B.

500M—1-44 (3467)
H.Q. 1772-45-8

FILE NO. 869-C-7784

SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT
CAMIRE	Armand	D-448326	Sol.	A-21 Co & EME Tc

WAR SERVICE BADGE (CLASS) NO. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
War Medal	4949. 5' '5' '50

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

MEMORIAL BAR

DATE DESP

(1)

REGN. NO 4222

(1) MEDALS

PERSON ENTITLED TO (5-5-50) Mr. Alphonse Camire, (father)

ADDRESS: 4 John Street,
Victoriaville, Quebec.

(2) MEMORIAL CROSS

WIDOW

(2)

ADDRESS:

(3) MEMORIAL CROSS

MOTHER Mme. Amanda Camire, (MFM5) (FRENCH)

1934

ADDRESS: 4 John St., VICTORIAVILLE, Que.

(3)

DESP. MAY 15 1945
REGN No. 18852

MILITIA BOOK M. 1

50M-5-42 (3997)
H.Q. 1977-39-1673
K.P. 79767

CANADIAN ARMY

SOLDIER'S SERVICE AND PAY BOOK

DON'T FORGET

Report immediately to your Commanding Officer any changes in name, address or relationship of your next-of-kin.

This is essential in the interests of yourself and your next-of-kin.

500 PADS OF 100-5-43 (21)
H. Q. 1772-39-1672-K. P. 80493

Militia Book M. 1 (Part I) Revised 1-10-42
50M—5-43 (9994)
H.Q. 1772-39-1672
K.P. 79767

SOLDIER'S SERVICE BOOK

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

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

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

INSTRUCTIONS TO SOLDIER

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

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

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

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

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

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

56357—1

FINGERPRINTED AND PHOTOGRAPHED	PLACE	DATE		
		DAY	MONTH	YEAR
	Kingston	27	2	45
M.F.M. 182 ISSUED	"	"	"	"
DUPLICATE M.F.M. 182 ISSUED				
"				
"				

(I) SOLDIER'S NAME AND DESCRIPTION ON ATTESTATION

Regtl. No. D.448326

Surname (in capitals) CAMIRE

Christian Names (in full) ARMAND.

Date of Birth 20 DEC 18

Place of Birth ST. NORBERT. QUEBEC

Citizenship CANADIAN

Trade on Enlistment CLERK + TRUCK DRIVER

Nationality of Father at Birth CANADIAN

Nationality of Mother at Birth " "

Religion R.C

Enlisted at SHERBROOKE. P.Q

Date 4-12-41

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

Signature of Soldier

Signature of Officer Mayerty Lt.

Place BARRIEFIELD Date 9. FEB 45

(IV) NEXT OF KIN NOW LIVING

Any change becoming known is to be duly noted with date of such change and reported by O.C. Unit to the Officer i/c Records.

NOTE.—No entry in these pages has any legal effect as a WILL (see pages 20 to 23)

Nearest degree of relationship		Names	Date	Latest known Address in full
1st	Wife			
	Children			
2nd	Father	MR ALPHONSE CAMIRE	9-2.45	4 St Victoriaville Quebec. John
	Mother			
3rd	*Brothers and Sisters			
4th	Other Relations (stating relationship)			

*State whether brothers are older or younger.

(V) RANK and APPOINTMENT

Date	Rank and Appointment	Substantive, Temporary, Acting or Local (with or without pay)	Authority of Part II Orders	Signature of Officer
4/2/41	Pte	Sub Ed	DD. 717	Muggeley Lt
1/4/43	"	1.50	" 36	

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

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

Completed Basic Training at C.A.B.T.C 43. 1941
6 Weeks

Qualified in addition as under:—

Nil

Date ~~9-2-45~~ 23-2-45 A G Colvin Capt

Commanding ARMY EXAMINER

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

(VII) PARTICULARS OF TRAINING

Courses and Schools. Specialist Qualifications. Swimming, etc., showing result, Certificate number or authority. (Two lines may be used for each entry)	Date	Signature of Officer

(VIII) SMALL ARMS RANGE COURSES

Year	Classification	Type of Weapon	If Table not completed, state parts fired	Signature of Officer

(IX) EDUCATIONAL QUALIFICATIONS

Certificate, Specialist Qualifications, etc., ~~Certificate number or authority.~~ (Two lines may be used for each entry)	Place	Date	Signature of Officer
6/10 L.P.	Quebec	1932	[illegible]

10

(X) TRADE QUALIFICATIONS

(For men who have passed Trade Tests)

Trade	Group	~~Grade~~	Part II Order	Date	Signature of Officer
Kl. 2					

11

(XI) EMPLOYMENT WHILST SERVING

Period		Nature of Employment	Remarks and Signature of O.C. Coy., etc.
From	To		
		Gen Duties	Macquarie Lt

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

(XII) MEDICAL CLASSIFICATION

Date	Category or Grade	Medical Examiner of Recruits, or other Medical Authority	Date of last Examination	Signature of Medical Officer
22/11/44	Ruchens - 20 - 111111		20/11/44	CHW
10/2/45	20/111111	Ruchens		

(XIII) PRESCRIPTION FOR GLASSES

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

Signature of M.O. ....

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

Signature of M.O. ....

(XIV) PARTICULARS OF DENTAL TREATMENT

Date	Re-quired	Com-plet-ed	SPECIFICATION Use authorized Abbreviations and Symbols	Signature of Dental Officer.
23/2/45.	✓		1 – F.	[signature]
7/3/45.		✓		[signature]

(XV) PARTICULARS OF SURGICAL APPLIANCES ISSUED

Particulars	Date	Signature of Medical Officer
Schick Neg	12/1/45	CHV
Typhus (3)	7/2/45	CHV

(XVI) PROTECTIVE INOCULATIONS

Nature of Vaccine, "T.A.B.T." Cholera, Plague, etc.	Date	Signature of Medical Officer
Vacc	12/12/41	CHV
T.A.B.T. 1	12/12/41	
2	29/1/42	
3	14/1/42	
Annual 1	22/1/43	
" " 2	21/9/44	
Typhus 1	12/1/45	
" " 2	30/1/45	CHV

(XVII) VACCINATION

Date Vaccinated	Signature of Medical Officer
12-12-41	CHV
Vacc 30.1.45	

(XVIII) MISCELLANEOUS ENTRIES

(For entries for which space is not otherwise provided)

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

Particulars	Date	Signature of Officer
Schick Test Neg	12/1/45	CHV
Furlough	29/6/43	
T.W. #455215 TO	12/7/43	
Furlough	5/7/44	
T.W. #624478 TO	18/7/44	
5 days New Years	1945	
Good Conduct		
Badge & Stripe	11/12/43	
Emb. leave		

D Mappelty Lt

No entry is to be made on this page without special instructions being issued

Particulars	Date	Signature of Officer

No entry is to be made on this page without special instructions being issued

Particulars	Date	Signature of Officer

(XIX) SOLDIERS' WILLS

1. The particulars of the next-of-kin should always be carefully inserted in the Form on pages 4 and 5 of this Book, but the Soldier must understand that the entries made there have no legal effect in respect to the disposition of his estate in the event of his death and therefore do not relieve him from the necessity of making a Will. Unless a Soldier duly makes a Will, his estate is dealt with in the same manner as that of any other person who dies without leaving a Will, and not only may the relative or person desired or intended to be benefited receive little or no share of the estate but the distribution thereof is delayed until such of the next-of-kin as may be legally entitled can be located. Therefore, though his estate may consist of no assets other than the amount of pay and allowances at credit and the belongings he has on his person or in camp, it is urgent that he make a Will which, when completed, is left with his Commanding Officer for transmission to the Record Office for safe custody and in the event of his death is forwarded firstly, to the Estates Branch, Department of National Defence, Ottawa, for administration and distribution of the Service estate, and secondly, if other assets (including real estate) make it necessary, to the Executor named in the Will.

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

in the Will where his signature would ordinarily appear, and immediately above their signatures on the Will the witnesses will write a memorandum as follows:—"The above Will has been first duly and audibly read over to this Soldier when he appeared to understand it and made his mark hereto in our presence as aforesaid". In such cases, however, it is recommended that the guidance of the Soldier's immediate superior Officer be obtained.

3. The Short Form of Will (see pages 23 and 24 of this Book) **may** be used by a Soldier on Active Service but it must be entirely in his own handwriting. It is pointed out, however, that under the laws of some of the Provinces of Canada, such a Will is ineffective as to real estate. Therefore a Soldier having a Canadian domicile and owning real estate should use the Will Form M.F.M.10 or 10a and appoint therein a responsible executor. A Soldier having a domicile out of Canada should not use the Short Form on page 24 because it may not comply with the law of such domicile.

4. No person who receives any benefit under a Will can be a witness. If a person to whom a Soldier intends to give any part of his estate is a witness of the Will, he will not be allowed to receive the intended gift. He may, however, be appointed an executor.

5. When making a Will it is not desirable that alterations be made in it. If, however, alterations **are** made by the Soldier in his Will, he and the two witnesses must write their initials in the margin opposite the alterations. Any changes in the provisions of a previously made Will can always be made by a new document called a Codicil which should refer to the previously made Will and then state the changes desired, and be dated and signed and witnessed in the same manner as the Will itself.

6. A completely new Will can at any time be made and in such case it revokes, or cancels, any Will of earlier date. The laws of all the Provinces of Canada, except one, and of most English speaking countries provide that

marriage **after** the date of a Will revokes that Will. Therefore, a Soldier, immediately upon his marriage, should make a new Will in order that, in the event of his death, his estate may be distributed in accordance with his wishes as shown in his Will.

7. The Will of a Soldier on Active Service is not invalid by reason that at the date it was made he was under the age of 21 years.

A Soldier who has made a Will before his enlistment, is recommended to inform his Commanding Officer where such Will has been deposited and the Commanding Officer shall upon receipt of such information forthwith complete the following certificate and despatch the same to the Officer i/c Records.

No. Rank Name
states that he has executed a Will and that the same has been deposited with

at Signature of Officer.
Rank or Appointment.
Date

Before embarkation, each Soldier is recommended, particularly those who have real estate, to consider the necessity for executing a document appointing some person or Trust Company his Attorney to manage or otherwise deal with real estate during his absence from Canada; also to review his affairs in the light of any changes that may have occurred since the date of his last Will and, if desirable, make a formal Will and inform his Commanding Officer thereof as indicated at the top of this page, or make a Will on M.F.M. 10 or M.F.M. 10a (French) and hand it duly completed to his Commanding Officer for transmission to the Record Officer concerned for safe custody.

The Officer receiving such Will shall complete the following certificate:—

Certificate M.F.M..... received and forwarded to the Officer i/c Records at

Signature of Officer.
Rank or Appointment.

Date Certificate or Will extracted.....

Signature of Officer.....

To whom sent.....

Unit or Dept.....

To whom sent.....

Unit or Dept.....

Date Will extracted.....

Signature of Officer.....

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

SHORT FORM OF WILL

(Write Will on next page)

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

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

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

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

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

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

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

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

WILL

(For use if the Soldier has not already made a Will or wishes to alter one already made. See instructions on page 23).

Signature.....

Rank, Regt'l Number.....

.....

Date.....

MILITIA BOOK M. 1

PART I

50M—5-43 (9994)
H.Q. 1772-39-1672
K.P. 79767

CANADIAN ARMY

SOLDIER'S SERVICE BOOK

(For use on Active Service)

DON'T FORGET

Report immediately to your Commanding Officer any changes in name, address or relationship of your Next-of-kin.

This is essential in the interests of yourself and your next-of-kin.

Reg. No.....

Surname (Capitals).....

Christian Names in full.....

FUSILIERS DE SHERBROOKE. N.P.A.M.

MFM 82A
192M-8-40 (C653)
H.Q. 1772-39-1774

LOI DE LA MILICE

Loi de Mobilisation de Ressources Nationales, 1940

ENROLEMENT

MILICE ACTIVE NON PERMANENTE DU CANADA

NO. MATRICULE D 448326

Pris à l'effectif de N.P.A.M. CENTRE D'ENTRAINEMENT 43
(Unité de la Milice)

1. Nom (Caractère d'imprimerie) Camire
2. Prénoms (au long) Armand
3. Adresse actuelle 4 rue John Victoriaville
4. Lieu de naissance St-Norbert Date de naissance 20 sept .1918
5. Religion C.R. 6. Profession Ouvrier
7. Plus proche parent Alphonse Camire Victoriaville
(Nom et adresse)

8. Signalement : Taille 5'5" Poids 126
Yeux Bruns Cheveux Bruns

9. Préférence, le cas échéant, pour le service de la Marine, de l'Armée, ou de l'Aviation (Donnez des détails, aptitudes, etc.)

Daté ce 9 jour de oct. 1940

Centre d'instruction No. 43

Armand Camire
(Signature de l'homme)

Paul Gendron Capt.
(Signature et grade de l'officier effectuant l'enrôlement).

Sceau du certificat d'instruction

N.P.A.M. TRAINING CENTRE
Sceau No. 43
COURSE 1
ENDING
NOV 7 1940

Adrien Boucher
Signature de l'officier apposant le sceau

(*To be completed in triplicate*)

M.F.M. 103
200M—5-41 (442) (971)
H.Q. 1772-39-1828

MILITIA ACT

THE NATIONAL RESOURCES MOBILIZATION ACT, 1940

N.R.M.A. PERSONNEL

ENROLMENT FORM

RE-DOCUMENTED

R C O C.

N.R.M.A. Serial Number of Notice of Call E. 8047 Regimental Number D- 448326

1. Taken on Strength of No. 4 N.R.M.A. Clearing Depot

2. Surname (Block Letters) CAMIRE

3. Christian Names (in full) ARMAND

4. Present Address 4 Rue John, Victoriaville, Quebec. Canada.

5. Place of Birth Canada. (Country) Quebec. (County or Province) St-Norbert. d'Arthaba s (Town or Township)

6. Date of Birth 1918 le 20 Dec. 7. Religion—Denomination Roman Catholic.

8. Physical Description: Height 5'4" Weight 120 Eyes Bruns Hair Bruns

Complexion Fair Identification marks

9. Married, Single, Widower? Single

10. Next-of-Kin Mr. Alphonse Camire (Name) Relationship Père

4 Rue John, Victoriaville, Quebec. Canada. (Address)

11. Trade or Occupation Commis et Trucker

12. Previous Naval, Military or Air Service T.C. 43 Oct. 1940 (State Units and Dates of Service)

13. Preference, if any, for, R.C.N.? Army? (Arm of Service) R.C.A.F.?

14. Employment in War Industry, if any

Armand Camire
(Signature of Man)

C Burland Lieut.
(Signature and Rank of Enrolment Officer)

Decembre le 4 1941
(Date of Signature)

TRAINING CENTRE PARTICULARS

A. Attached to Basic T.C. No. 43 at Sherbrooke. Quebec. Can. Date Decembre 4 1941

Completed Days Basic Training.

(Date, Signature, and Rank of Recording Officer)

B. Attached to Advanced T.C. No. at Date

Completed Days Advanced Training.

Qualities of Leadership, Positive Becoming Evident? Dormant?

Transferred to (R.C.N., formation or unit of the C.A., R.C.A.F.) Date

(Date, Signature and Rank of Recording Officer) A.

C. Medical Category on acceptance at Basic Training Centre

RECORD OF SERVICE of CAMIRE (Surname) ARMAND (Christian Names) Regimental Number D-448326

Qualifications

1. Naval, Military, or Air: NIL
2. Business or Professional: NIL
3. Trade or Civil: Commis-Trucker.
4. Technical: Nil
5. Languages, etc. Francaise (mother tongue) Can speak? Nil Can read and write? French Can drive a car? Oui Repair a motor? Nil Cooking experience? Nil Hobby Hockey

Educational Qualifications

6. High School or Collegiate: Primaire (years completed) Graduation or Matriculation: Nil (specify)
7. *College: Nil
8. *University: Nil

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

All N.R.M.A. 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 TRANSFER from N.R.M.A. Clearing Depot No.						
5-12-41	REGISTRAR	T.O.S. & ATTACHED FOR ALL PURPOSES	PTE	4-12-41	T.C. 43	SHERBROOKE	PT II 117B.	5-12-41
4-2-42	T.C. 43	SOS ON TRANSFER T O RCOCTC. BARRIEFIELD	"	4-2-42	" "	" "	" " 24-B	4-2-42
		T.O.S. - A.P. - RCOCTC - FROM NO H3 A.T.C.	"	5-2-42	RCOC TC BARRIEFIELD		14	11-2-42
		Admitted to K.M. Hospital	"	2-3-42	"	"	19	4-3-42
		Discharged from K.M. Hospital	"	11-3-42	"	"	23	12-3-42
		Ceased to be attached A-21 T C (COC) for AP Instl Training and his d.o.d. HHQ N.R.M.A. Clearing depot on posting to A-21 A.U. (member No of D.H.Q.)	"	30-4-42	"	"	40	30-4-42
		T.O.S. A-21 T.C. as member Home Defence	"	1-5-42	"	"	100	1-5-42
		Granted Furlough 29-6-42 to 13-7-42	"	29-6-42	"	"	148	26-6-42
		Granted permission to marry Miss Edwidge Lionel of 29 Kingswood Ave St Vital, Manitoba.	"	15-7-42	"	"	80	21-7-42
		Discharged from K.M. Hospital	"	21-7-42	"	"	171	22-7-42
		Special leave 16-9-42 to 20-9-42	"	16-9-42	"	"	234	2-10-42
		Special leave granted 21-10-42 to 25-10-42	"	21-10-42	"	"	257	28-10-42
		Granted New years leave from 29-12-42 to 2-1-43	"	29-12-42	"	"	300	17-12-42
		Discharged from K.M. Hospital	"	29-1-43	"	"	32	6-2-43
		Authy to draw the rate of one dollar & fifty cents (1.50) per diem (C.O. 486 28-12-42)	"	1-1-43	"	"	36	11-2-43
		Granted special leave 11-3-43 to 14-3-43	"	11-3-43	"	"	76	29-3-43
		Granted special leave from 19-5-43 to 22-5-43	"	14-5-43	"	"	133	3-6-43
		Furlough from 29-6-43 to 12-7-43 &	"					
		joined T.W. # 45-5215.	"	29-6-43	"	"	150	22-6-43

Page 2

	T.O.S. A-21 T.C. as member Home Defence	"	1-5-42	"	"	100	1-5-42
	Granted Furlough 29-6-42 to 13-7-42	"	29-6-42	"	"	148	25-6-42
	Granted permission to marry Miss Edith Lane of 29 Kingswood Ave St Vital, Manitoba.	"	15-7-42	"	"	80	21-7-42
	Discharged from K M Hospital	"	21-7-42	"	"	177 ~~80~~	22-7-42 ~~21-7-42~~
	Special leave 16-9-42 to 20-9-42	"	16-9-42	"	"	234	2-10-42
	Special leave granted: 21-10-42 to 25-10-42	"	21-10-42	"	"	257	29-10-42
	Granted New years leave from 29-12-42 to 2-1-43	"	29-12-42	"	"	300	17-12-42
	Discharged from B. M. Hospital	"	29-1-43	"	"	Do 32	6-2-43
	Cuth to draw the rate of one dollar & fifty cents ($5.0) per diem (60486 28-12-42)	"	1-1-43	"	"	36	11-2-43
	Granted special leave 11-3-43 to 14-3-43	"	11-3-43	"	"	76	29-3-43
	Granted special leave from 19-5-43 to 22-5-43	"	14-5-43	"	"	133	3-6-43
	Furlough from 29-6-43 to 12-7-43 & issued T.W. # 45-5215	"	29-6-43	"	"	150	22-6-43
	Granted special leave from 16-9-43 to 19-9-43	"	16-9-43	"	"	233	27-9-43
	Having served two years in the Canadian Army (R.F.) without having any entry on his Field Conduct Sheet is entitled to wear Good Conduct Badge (One stripe) under provisions of C.A.R.O. 635	"	4-12-43	"	"	309	22-12-43
	Granted New Years Leave from 29-12-43 to 2-1-44	"	29-12-43	"	"	9	12-1-44
	Special leave from 11-2-44 to 14-2-44	"	11-2-44	"	"	58	9-3-44
	Granted sp. leave 14-4-44 to 17-4-44	"	14-4-44	"	"	DO. #100	26-4-44
	Granted furlough & ration allce. 5 Jul44 to 18 Jul 44 & Warrant #624478	"	5 Jul 44	"	"	DO. #162	4 Jul 44

Regtl. No. D-448326 Rank Pte. Surname Armand Christian Names Camire

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief Details and Signature	Date	Brief Details and Signature	Date	Brief Details and Signature
12-12-41	Vacc. M. Whitaker Capt	6/2/42	Cat A confirmed [illegible]	NOV 22 1944	Y.O.B. 20 P 1 U 1 L 1 H 1 E 1 M 1 S 1 CHV [illegible] Capt
12-12-41	T.A.B. x 3	22-1-43	Annual T.A.B.T. [illegible]	12-1-45	Typhus 1.
JAN 29 1942	[illegible]	JUL 8 - 1943	Y.O.B. 18 P 1 U 1 L 1 H 1 E 1 M 1 S 1 W.E. Keith Capt	24-1-45	Schick Neg. [illegible]
JAN 14 1942	[illegible]	21-9-44	T.A.B.T.A. [illegible]	30-1-45	Vaccination Typhus (2) [illegible]
JAN 14 1942					

STATION	Date of Arrival at Station	Dates of Admission into Hospital: Day	Month	Year	Dates of Discharge from Hospital: Day	Month	Year	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. 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
K.M.H. Isolation		2	3	42	11	3	42	Measles 0105	10	Cured. To unit.	[illegible]
K.M.H. Isolation		13	7	42	21	7	42	N.Y.D. (G.U.) (1099)	8	Apparently cured. To unit.	[illegible]
Barrefield Mil. Hosp.		30	1	43	5	2	43	Grippe 0109	7	Cured. To Duty	[illegible]

Page 4

M.F.M. 2
(Combining M.F.M. 103)
1,000,000—12-43 (3115)
H.Q. 1772—39—1645
K.P. 96

NRMA Serial No. E-8047

ORIGINAL
DUPLICATE
TRIPLICATE
Copy designation to be shown by striking out terms not applicable.

FOR USE OF N.D.H.Q. ONLY	
Date Received	
Checked	
Carded	
Hollerith	

WSG COMPLETED

Corps R.C.O.C. **CANADIAN ARMY** Regimental Number D-448326

ENROLMENT AND ATTESTATION PAPER

1. CAMIRE (Surname) Armand (Christian Names) FINGERPRINTED
2. Present Address 4 Rue John, Victoriaville, Que. PHOTOGRAPHED
3. (a) Date of birth 20th Dec. 1918
   (b) Place of birth Canada (Country) Quebec (County or Province) St. Norbert d'Arthabas (Town or Township)
4. (a) Place of birth of Father Canada Quebec St. Norbert d'Arthabas
   (b) " " " " Mother Canada (Country) Quebec (County or Province) St. Norbert d'Arthabas (Town or Township)
5. Nationality Canada
   (To what country do you now owe allegiance) if naturalized give certif. no. date and place of issue. If not naturalized so state.
6. Religion (state denomination) Roman Catholic
7. Trade or calling Clerk & Trucker
8. (a) Name and address of last employer ~~Rowland~~ Raheault & Freres Co. Victoriaville, Que. (b) How long employed One Years.
9. Married, Widower or Single Single If married, how many children Nil
10. Name of Next-of-Kin Mr. Alphonse Camire 11. Relationship Father
12. Address of Next-of-Kin 4 Rue John Victoriaville, Que.
13. Previous Service (Navy, Army or Air Force) Units and dates ~~Nil~~
    MILITARY - T.C 43 - Oct-4-1940
14. (a) Former war service Nil
    (b) In the armed forces of what country Nil
    (c) Dates of such Service Nil
15. Decorations and medals, if any Nil
16. I do solemnly declare that the above particulars are true

Camiré Armand

Signature of Recruit, or in the case of N.R.M.A. personnel who refuse to sign, signature of officer under Regn. 8 (d) (I) R.A.S.R. 1941

16a CERTIFICATE OF MAGISTRATE, JUSTICE OF THE PEACE ATTESTING OR ENROLLING OFFICER

The 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 above named 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,

at Barriefield this Tenth day of February 1945

(A.E. Dancause) Capt
(A.E. Dancause) Colonel
A-21 COMEME TC

Signature of Magistrate, Justice Attesting or Enrolling Officer.
Office or Rank and Unit or appointment.

ORIGINAL ENROLMENT
4 December 1941

ITEMS 17, 18 AND 19 WILL NOT BE COMPLETED UNLESS A MAN ENLISTS FOR GENERAL SERVICE ANYWHERE.

17. DECLARATION TO BE MADE BY MAN ON ATTESTATION

I, ..., hereby engage to serve in any Active Formation or Unit of the Canadian Army so long as an emergency, i.e., war, invasion, riot or insurrection, real or apprehended, exists, and for the period of demobilization after said emergency ceases to exist, and in any event for a period of not less than one year, provided His Majesty should so require my services.

Date ....
(Signature of Recruit)

18. OATH TO BE TAKEN BY MAN ON ATTESTATION

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

Witness ....
(Name) (Rank) (Signature of Recruit)

19. The above named recruit has made and signed the declaration and taken the oath before me.

at ..... this ..... day of ..... 19.....

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

..... (Office or Rank and Unit or appointment)

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

TO BE FILLED IN BY DISTRICT DEPOT	
Fingerprinted	Yes
Photographed	Yes
Occupational History Form Completed	

Record of Service of CAMIRE (Surname) Armand (Christian Name) Regimental Number D-448326

QUALIFICATIONS

Military: Nil

Business or Professional: Nil

Trade or Civil: Clerk & Trucker

Technical: Nil

Languages: French

EDUCATIONAL QUALIFICATIONS

High School or Collegiate: ~~Nil~~ PRIMAIRE (years completed)

Graduation or Matriculation: Nil (specify)

*College: Nil

*University: Nil

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

All personnel whether G.S. (General Service) or N.R.M.A. will be taken on strength as private soldiers. Postings, appointments and promotions should be shown in the spaces below.

This column for checking purposes only	Record of Postings, Promotions, Reductions, Transfers, Casualties, Reports, etc, from and including date taken on strength.	Rank Shown	Effective Date	Unit	Place	AUTHORITY	
						Part II D.O. No. Cas. List, etc.	Dated
	T.O.S. & att. for all purposes	Pte.	4 Dec.41	#43 T.C.	Sherbrooke	D.O. #117-B	5 Dec.41

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

CERTIFICATE OF MEDICAL EXAMINATION

20. Surname CAMIRE Christian Names ARMAND

Reception Centre Bell, Ont. Military District # 3. Date 10 Feb. '45

The medical examination is divided into three parts. The history in Part 1, item 24, (a) to (z), is taken by a Medical Officer. Part II sections items 25, 26, 27 and 28 are filled in by the respective Specialist. Part III is completed by the President of the Board.

21. Age 26 Eyes (Colour) Brown Hair Brown Height 5'4" Weight 134

Identification marks and scars .....

22. Urinalysis (a) Albumen neg (b) Microscopic (if albumen positive) ..... (c) Sugar neg

" recheck (a) " ..... (b) " " ..... (c) Blood sugar .....

23. X-Ray No. 26275 Laboratory #4. Report 5/12/41.

Part I. History

24. Have you now or did you ever have any of the following diseases?

(a) Eye trouble ..... No.

(b) Nose, throat, sinus or ear trouble ..... No.

(c) Any broken bones or other injuries ..... No.

Head injuries ..... No.

(d) Spinal trouble ..... No

(e) Foot trouble ..... No

(f) Operations ..... No

(g) Ruptures ..... No

(h) Kidney or bladder trouble ..... no.

(i) Gonorrhoea ..... 2 1/2 yrs ago. Yes.

(j) Varicose veins ..... No.

(k) Haemorrhoids ..... No.

(l) Rheumatism or joint trouble ..... Yes.

Backache.

Part II. Physical Examination

25. The Medical Officers will complete this part and indicate "negative" or describe positive findings.

Vision (without glasses) Rt. 20/20 Lt. 20/20

(with glasses) Rt. 20/..... Lt. 20/.....

Hearing (C.V.) Rt. — Lt. —

Ears (Drums) Rt. neg Lt. neg

Nose neg Throat neg

Sinuses neg

Remarks and Diagnosis

Pulhems grading H 1 E 1

..... R.C.A.M.C.

(Signature E.E.N.T. Specialist)

26. Cranium neg

Spine neg

Extremities neg

Hernia neg

Genito-Urinary neg

Rectum neg

Varicose Veins neg

Feet neg.

Abdominal neg

Remarks and Diagnosis

Pulhems grading P 1 U 1 L 1

..... R.C.A.M.C.

(Signature of Surgeon)

CERTIFICATE OF MEDICAL EXAMINATION (cont'd.)

24. (Cont'd)

(m) Tuberculosis ..... no

(n) Bronchitis or other lung trouble ..... Yes
Chronic Bronchitis

(o) Asthma or Hay Fever ..... no

(p) Heart Disease ..... no

(q) Rheumatic Fever ..... no

(r) Kidney Disease ..... no

(s) Stomach, Bowel or Rectal trouble ..... no

(t) Diabetes ..... no

(u) Goitre ..... no

(v) Syphilis ..... no

(w) Fits or fainting ..... no

(x) Nervous disorders ..... no

(y) Have you been in the Active Army in this war? ..... NRMA 3 yrs

(z) Are you now or have you in the past received disability pension or compensation? ..... no

Carrie Leonard
(Signature of Recruit)

Hoagland Capt
(Witnessed by) R.C.A.M.C.

27. Physique :

Good ..... Fair ..... Poor .....

Chest :

Full expansion 35½ Range of Expansion 1½"

Lungs : neg

Heart : B.P. Systolic 128 Diastolic 82

neg

Abdomen neg

Skin .....

Glandular Systems neg

Remarks and Diagnosis :

PULHEMS Grading P 1

R.C.A.M.C.
(Signature of Physician)

28. Psychiatrist's Report **Remarks and Diagnosis :**

Pulhems grading M 1 S 1

R.C.A.M.C.
(Signature of Psychiatrist)

Part III

29. Profile to be assigned.

Year of Birth	P	U	L	H	E	M	S
18	1	1	1	1	1	1	1

Certificate correct

This profile is not to be changed. See note (c).

R.C.A.M.C.
(President of the Board)

30. (a) Vaccination — Inoculations Serodiagnostic tests to be initialled by M.O.

30. (b) Changes or confirmation in present profile to be signed by M.O. or President of Medical Board.

Date	Use one line and write plainly.	Date	P	U	L	H	E	M	S	Signature of M.O.
12-12-41	Vacc.& TABT (1)	10 Feb 45	1	1	1	1	1	1	1	
29-1-42	TABT (2)									
14-1-43	TABT (3)									
22-1-43	TABT Ann.									
21-9-44	TABT Ann.									
12-1-45	Typh.& Schick Neg.									
30-1-45	Typh (2) Vacc.									
7.2.45	Typhus (3) Vacc.									

NOTE : (a) Any corrections to entries must be initialled by the officers making them.
(b) (i) Profile in Part III (29) is not to be changed after once assigned.
(ii) Subsequent changes in profile to be entered in Part III (30) (b).
(c) Officers making changes must enter their rank. Corrections ARE NOT to be written OVER original entry.

Member H.D. - H.W.E. 448326

No. D-448326 RANK Pte NAME CAMIRE Armand

•~~MARRIED~~
•~~WIDOWER~~
•SINGLE

PLACE OF ENLISTMENT Sherbrooke Que DATE 4-12-41

RATE OF PAY

D.O. No	DATE	RANK	DAILY RATE	REMARKS
1173	5-12-41	Pte	$ 1.30	1.30 hrs
36	11-2-43	PTE	1.50	EFF 1-1-43

ASSIGNMENTS

ASSIGNEE	EFFECTIVE DATE	AMOUNT	TOTAL
Mrs. Amanda CAMIRE	1-10-44	20.00	
4 John St., (Mother)			
Victoriaville, P.Q.			

DEPENDENTS' ALLOWANCES

DATE APPLICATION FORWARDED	RELATIONSHIP	AMOUNT AWARDED	EFFECTIVE DATE
Vol.			

•DELETE WORDS WHICH ARE INAPPLICABLE

M.F.M. 111
100M—2-41 (9405)
H.Q. 1772-39-1801

CASUALTIES, ETC.

PART II D. O. No.	DATE	
1175	5-12-41	T.O.S. C.A.(B)T.C. #43 w.e.f. 4-12-41
24B	5-2-42	SOS on transfer RCOC Barriefield 4-2-42
14	10-2-42	TOS R.C.O.C.T.C. on trans. from #43 B.T.C. Eff. 5-2-42
19	4-3-42	Ad. to K.M. Hosp. Eff. 2-3-42
23	12-3-42	Disc. from K.M. Hosp. Eff. 11-3-42
40	30-4-42	Cease to be att'd to A-21 T.C.(COC) for all purp. incl. pay & SOS NRMA Clearing Depot on post to A-21 as a mem H.D.Eff. 30-4-42
171	22-7-42	Disch. K.M. Hosp. Eff. 21-7-42
234	2-10-42	Spec Leave. 16-9-42 to 20-9-42
257	29.10.42	Spec Leave 21.10.42 to 25.10.42
300	17.12.42	New years Leave 29-12-42 to 2-1-43
32	6-1-43	DISCH. FROM B.M. HOSP. EFF. 29-1-43
36	11-2-43	REST. PAY 1.5% EFF. 1-1-43
76	29.3.43	Special Leave 11-3-43 to 14-3-43
133	3-6-43	Spec Leave 19-5-43 to 22-5-43
150	22.6.43	Furlough 29-6-43 to 12-7-43
233	27.9.43	Special Leave 16-9-43 to 19-9-43

H.W.E.

This form will accompany the soldier's regimental documents at all times.

DEPARTMENT OF NATIONAL DEFENCE
(Army)

Personnel Selection Record

R.C.O.C.
Arm or Corps

Trade (if Tradesman or Trade Trainee)

Non-Tradesman.
Work in Arm (if Non-Tradesman)

I.

D-448326	Pte.	CAMIRE, A.	R	24	A
Regt. No.	Rank	Name (surname first)	A or R	Age	Med. Cat.

French		A-21, C.O.C.T.C., Barriefield.	24-11-43
Main Language	Other Language(s)	Place (Unit) Interviewed	Date Interviewed

II. Revised Examination "M"

B.F.-37454

A-21, COC TC. 27-1-43 J.H. McQuaig. Lt.
Place Tested Date Tested By Whom

82	V	Subtests	9	11	11	17	11	4	7	12	Subtotals	31	28	23	French.
Total	Group		1	2	3	4	5	6	7	8		1-3	4-5	6-8	English or French

Other Tests PULHEMS
18 1111111

III. Educational Background

Completed Grade V in Rural Quebec School at the age of 14 years. Repeated 2 grades, which he claims was because of poor memory.

IV. Occupational Background

Worked on father's farm for 5 years. Odd jobs on construction work, carpenter's helper and labourer, no steady employment for 2 years. Helper on grocery delivery truck in Victoriceville, Que. for 2 years.

V. Military Background

Completed 30 days compulsory military training at Sherbrooke, Que. December 1940. Enrolled at Sherbrooke 4 Dec. 41 and completed 2 months of Basic Training, failing to qualify in First Aid, Fieldcraft, Map Reading & Fundamental Trng. Trans. to A-21,4 Feb.42. Employed on Gen. Duties for 2 Mths.,fireman 14 Mths. and Hut Orderly for past 6 months.

VI. Other Personal History and Appraisal

A clean-cut young man of slight build, who is the fourth in a family of ten children. All other members of family have grade VIII education. Camire claims his education was hampered by having to assist father on farm,since he was the oldest of five brothers.

Claims he is susceptible to colds and bronchitis, having been admitted to the hospital on two occasions because of this and once for V.D.G. occasioned in Montreal while on furlough. Spends spare time skating, swimming and attending movies, no other sports or hobbies.

Desires to become a driver, but has no intentions of enlisting active. Claims he has driven delivery trucks but has never held civilian operator's permit.

He is satisfactorily employed in this centre and has no entries on his M.F.M. 6. Seems well-suited to present duties of hut orderly.

VII. Recommendations

R.C.O.C. General Duties.

(Signed) A.H. Humble Capt.,
(A.H. HUMBLE) Army Examiner

See reverse side for further information and follow-up

Regimental No. D-448526 Rank Pte. Sheet No. One.

M.F.M. 1 & 2 (a)
300M—5-43 (154)
H.Q. 1772-39-1646

Name CAM RE Arm nd

Record of Promotions, Reductions, Transfers, Casualties, Reports, etc.—	Rank Shown	Effective Date	Unit	Place	Authority	
					D.O. Number	Dated
T.O.S. & attached for all purposes	Pte.	4 Dec.41	#43 T.C.	Sherbrooke	117	5 Dec.41
S.O.S. on transfer to RCOC TC B'field, Ont.	"	4 Feb.42	"	"	24	4 Feb.42
T.O.S. f.a.p. RCOC TC from #43 B.T.C.	"	5 Feb.42	RCOC TC	B'field	14	11 Feb.42
Admitted to Kingston Military Hospital	"	2 Feb.42	"	"	19	4 Mar.42
Discharged from Kingston Military Hospital	"	11 Mar.42	"	"	23	12 Mar.42
Ceases to be att. A-21 T.C. for all purposes and is SOS NRMA Clearing depot on posting to A-21 as Member H.D.	"	30 Apr.42	"	"	40	30 Apr.42
T.O.S. A-21 T.C. as Member Home Defence	"	1 May.42	"	"	100	1 May.42
Granted furlough 29 Jun.42 to 13 Jul.42	"	29 Jun.42	"	"	148	25 Jun.42
Granted permission to marry Miss Edith Love of 29 Kingswood Ave. St. Vital, Man.	"	15 Jul.42	"	"	80	21 Jul.42
Discharged from Kingston Military Hospital	"	21 Jul.42	"	"	171	22 Jul.42
Granted special leave from 16 Sep.42 to 20 Sep.42	"	16 Sep.42	"	"	234	2 Oct.42
Granted special leave from 21 Oct.42 to 25 Oct.42	"	21 Oct.42	"	"	257	29 Oct.42
Granted New Years Leave from 29 Dec.42 to 2 Jan.43	"	29 Dec.42	"	"	300	17 Dec.42
Discharged from Barriefield Military Hospital	"	29 Jan.43	"	"	32	6 Feb.43
Auth. to draw the rate of one dollar & fifty cents per diem	"	1 Jan.43	"	"	36	11 Feb.43
Granted special leave 11 Mar.43 to 14 Mar.43	"	11 Mar.43	"	"	76	29 Mar.43
Granted special leave from 19 May.43 to 22 May43	"	19 May.43	"	"	133	3 Jun.43
Granted furlough from 29 Jun.43 to 12 Jul.43 and issued with T.W.#455215	"	29 Jun.43	"	"	150	22 Jun.43
Granted special leave from 16 Sep.43 to 19 Sep.43	"	16 Sep43	"	"	233	27 Sep.43
Entitled to wear Good conduct Badge (one stripe)	"	4 Dec.43	"	"	309	22 Dec.43
Granted New Years Leave from 29 Dec.43 to 2 Jan.44	"	29 Dec.43	"	"	9	12 Jan.44
Granted special leave from 11 Feb.44 to 14 Feb.44	"	11 Feb.44	"	"	58	9 Mar.44
Granted sp. leave 14 Apr.44 to 17 Apr.44	"	14 Apr.44	"	"	100	26 Apr.44
Granted furlough and ration allce. 5 Jul.44 to 18 Jul.44 and T.W.#624478	"	5 Jul.44	"	"	162	4 Jul.44
Granted 5 days New Years leave and ration allce to 2 Jan.45	"	29 Dec.44	"	"	2	3 Jan.45

RE: CAMIRE, Armand D-448,326.-

NEXT OF KIN.- Date of birth.-

FATHER:- ALPHONSE CAMIRE (17 août 1885).-(17 Aug 85)

MOTHER: AMANDA HENRI (1er mars 1888).-(1 Mar 88)

SISTERS:-

1.- MARIA CAMIRE-NADEAU, Arthabaska, P. Q. (26 décembre 1913).-(26 Dec 13)
2.- ROSE CAMIRE-ROUSSEAU, Princeville, P. Q. (29 mars 1915).-(29 Mar 15)
3.- JEANNE CAMIRE-LEFEBVRE, Victoriaville, P. Q. (12 novembre 1917) (12 Nov 17)
4.- Laurette Camiré, (8 juin 1923).- (8 Jun 23)
5.- RITA CAMIRE, Victoriaville (31 juillet 1927) (31 Jul 27)

BROTHERS:-

1.- ANDRE CAMIRE, (27 août 1928) (27 Aug 28)

2.- Raymond Camiré (12 mars 1930).-(12 Mar 30)

Victoriaville, the 29th of March 1945.-

"N"

"N"

(N)

M.F.M. 105
100M—8-41 (1340)
H.Q. 1772-39-1797

REINFORCEMENT
TRAINING RECORD

Regt'l No. D-448326 Name Camiré F.

Unit Reserve Rank Pte

No. of weeks' training completed. 7. 6

General standard attained.

(a) Military efficiency. good. (b) Conduct good.

(c) Leadership fair. (d) Rifle Range Course (A, Q or C) Q.

(e) Other remarks

Rank A Lieutenant

Basic Training Centre No. 43

Considered not to have retained 1942 Drug.

Lt. Taylor Major
PTS Coy. A 21.
28 Feb 45

No. of weeks' training completed.

General standard attained.

(a) Military efficiency (b) Conduct

(c) Leadership

(d) Other remarks

Rank

Advanced Training Centre No.

QUALIFICATION

BASIC T.C.

Subject	Date		Initials Coy. Comdr.	Subject	Date		Initials Coy. Comdr.
Drill		Q	PL	S.A.T., L.M.G.	28/1/42	Q	PL
Physical Training		Q	PL	P.A.G., T.O.E.T.	29/1/42	Q	PL
First Aid		C	PL	P.A.G. Gas Chbr. Test	29/1/42		PL
Marching		Q	PL	Fieldcraft		C	PL
Rifle, T.O.E.T.	7/1/42	Q	PL	Map Reading		C	PL
S.A.T. A.Tk. Rifle (Boys)	10/1/42	Q	PL	Fundamental Trng.		C	PL
S.A.T. A.A. (Rifle & L.M.G.)		Q	PL	P.A.D.			
S.A.T. Pistol	27/1/42	Q	PL	Army Wrestling			
Bayonet Fighting		Q	PL				

ADVANCED T.C.

Subject	Date	Standard reached	Initials Coy. Comdr.	Subject	Date	Standard reached	Initials Coy. Comdr.
Drill							
Physical Training							
Marching				Field Craft			
Map Reading				Field Training			
Fundamental Training				Field Engineering			
Protection against Gas				Digging and Wiring			
P.A.D.				Cooking in the Field			
Bayonet Fighting				Driver M/C			
Rifle, T.O.E.T.				Driver I/C			
" " Classification				Driver Tractor			
L.M.G. T.O.E.T.				Driver Tank			
" " Classification				Driver Bren Carrier			
S.A.T. Anti-Aircraft				Signals V.T.			
A.Tk. Rifle T.O.E.T.				Signals W.T.			
M.M.G., T.O.E.D.D. & I.				Signals R.T.			
" " Classification				Cooking			
Mortars 2" T.O.E.T.				Clerk-Typing			
" " Practices				Clerk-Shorthand			
Mortars 3" T.O.E.M.D.				Trades			
" " Practices							
V.T.J.D. & F.O.				Courses Taken			
J.D. Test				Other Qualification			
Range Finding T.O.E.T.							
Range Takers Test							
Grenade, Rifle							
Grenade, Hand							

T.O.E.T. Date completed to be shown.
Signal Classification and date to be shown.
Standard Reached Where no regulation Standard is given in manuals, the following will be used:—
A—Above average—Q—Qualified.
C—Requires further training to bring up to Q.
Classification To show Standard and date—if not classified Last Practice fired to be shown.

1. NO.	2. RANK OR RATING	3. SURNAME	4. CHRISTIAN NAMES
D-448326	Pte.	CAMIRE	Armand

5. UNIT OR SHIP	6. DATE OF CASUALTY	7. H.Q. FILE NO.	8. RELIGION
A-21 C.O. & E.M.E. Training Centre, Barriefield, Ontario	18 Mar 1945	H.Q. M.D. No. 3 File No. K.55-C-2640 (A)	Roman Catholic

9. CIRCUMSTANCES OF CASUALTY	10. NAME, RELATIONSHIP AND ADDRESS OF NEXT OF KIN
Appendectomy 19 Feb 45; operated on by civilian, Dr. Jean-Marie Becotte, at Hotel Dieu Hospital (St. Joseph), Arthabaska, P.Q.; Congestion of Lungs followed; died of Cerebral Embolism in hospital on 18 Mar 45.	Father, Alphonse Camire, 4 John St., Victoriaville, P.Q.

11. LOCATION OF UNIT AT TIME OF CASUALTY
M.P.O. 302, Barriefield, Ontario

NOTE:—Items 12, 13 and 14 are not to be completed until grave is permanently located.

12. CEMETERY	13. LOCATION OF CEMETERY	14. GRAVE LOCATION	15. REGISTERED NO. OF GRAVE
Cemetery of Saint Martyrs Canadiens Parish, Victoriaville, P.Q.	Part of the official cemetery of the Township of Arthabaska (Ste. Victoire Parish), Victoriaville, P.Q.	Grave..... Plot..... Row..... Plot reserved for common graves, at the west side of the fence, in the cemetery of Saint Martyrs Canadians Parish of Victoriaville, which forms part of lot number ninety-nine (P.99) which forms part of the official cemetery of the township of Arthabaska, (Ste. Victoire Parish).	

16. PHOTOGRAPH OF GRAVE TAKEN	17. EXPOSURE NO.	18. PHOTOGRAPH OF GRAVE AND CEMETERY SUPPLIED TO
No	Nil	N/A

19. FURTHER PARTICULARS ON REVERSE SIDE OF SHEET.

M. F. W. 2643
50m.—11-22
H. Q. 1772-39-1458

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 A-21 C.O. & E.M.E. Training Centre, Barriefield, Ontario

Regt'l No. D-448326 Rank Pte.

Name in full CAMIRE, Armand

Date and place of birth 20 Sep 1918 - Parish of St. Norbert d'Arthabas, P.Q.

Married or single Single

Enlisted, when and where 4 Dec 1941 - No. 4 D.D., Montreal, P.Q.

Died — Date 18 Mar 1945
Place Hotel Dieu Hospital, Arthabaska, P.Q.
Cause of death Cerebral Embolism, following appendectomy and congestion of Lungs.

Buried — Date 21 Mar 1945
Name of cemetery Saint Martyrs Canadian Parish
Location of cemetery Victoriaville, P.Q.

Whether he leaves a Will or not, and if so, where deposited: No record of Will at Unit

Statement as to existence of any personal effects: No personal effects at Unit.

Latest particulars as to Next of Kin: Father, Alphonse Camire, 4 John St., Victoriaville, P.Q.

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

R. G. Peat Lieut.-Colonel,
(R.G. Peat) Officer Commanding
A-21, C.O. & E.M.E. T.C., Barriefield, Ontario.

Date 10 Apr 45

Secretary, Department of National Defence.

Forwarded, please.

W. B. MacGregor Major
D.O.C., M.D. 3

Date 14 April 1945.

M.F.W. 2570
25M—6-41 (758)
H.Q. 1772-39-1356

3

FOR F.T. Please.

A.G.'s

23 Apr 45

Mr. Alphonse Camire,
4 John Street,
Victoriaville, Quebec.

Dear Mr. Camire:

It was with deep regret that I learned of the death of your son, D.448326 Private Armand Camire, who died while in the Service of his Country in Canada on the 18th day of March, 1945.

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.

Yours sincerely,

(A.E. Walford),
Major-General,
Adjutnat-General.

GR

7

Director of Estates

Regimental No. D.448326 Rank Private

CAMIRE Armand
Surname Christian Names

Unit A.21 Co & EME TC

Date of death 18 Mar 45 Place of Death Canada(Arthabaska, Que)

Casualty Details Died-Cerebral embolism following appendectomy ....and congestion of lungs at Hotel Dieu Hospital, Arthabaska, Que

Next-of-kin Alphonse Camire Relationship Father

Address 4 John St., Victoriaville, Que

Will No record of Will in Record Office to date

Date 2 May 45

110

EXCERPT OF M.F.M.~~S~~ dated 4 Dec 41

(1) Are you married? NO Children?

Wife's name and address) Names and Ages

(2) Is your father alive? YES If so, state name and address
Mr. Alphonse Camire 4 John St., Victoriaville, Que
(Journalier)

(3) Is your mother alive? YES If so, state name and address
Mrs. Amanda Camire 4 John St., Victoriaville, Que

(4) Are you insured? YES If so, in what company?
La Sauvegarde

Posted
/NJH a.m.D.2

ESTATES LIAISON

12

THE CANADIAN PENSION COMMISSION

MEMORANDUM

To.....Pension Medical Examiner,...MONTREAL.....

From.....Head Office.....

.....Ottawa,...May 19th, 1945.....

D-448326 Pte. CAMIRE Armand.

P & N H
D.V.A. 270-A

The Department of National Defence, Army,

officially reports that the marginally named was reported -

Died - Cerebral embolism following appendectomy and congestion of lungs at Hotel Dieu Hosp. Arthabaska, Que,

on the 18th March, 1945 on service in Canada.

No decision has been issued under Section 11-2.

His next of kin is reported as - Father -
Alphonse Camire,
4 John St.,
Victoriaville, P.Q.

The Addressograph Stencil shows payment of Assigned Pay of

$ 20.00 a month to -

Mrs. Amanda Camire,
4 John St.,
Victoriaville, P.Q.

(Relationship not stated)

As no D.A. was payable the Commission will not take any action unless a claim is filed.

/LR

E. Clewes,
for
Canadian Pension Commission.

C.P.C. - C.N. 2 25M-11-44 Req 1145

NO D.448326 Rank Private Name CAMIRE, Armand

Unit R.C.O.C. Date of death 18th March, 1945.

Died at Hotel Dieu Hospital, Arthabaska, P.Q.

Cause Cerebral embolism following appendectomy and congestion of lungs.

Death occurred on strength of Forces H.Q. 869-C-7784

N/K Mr. Alphonse Camire Relationship Father

Address 4 ~~John Street~~ St-Felix St., Victoriaville, P.Q.

Remains buried in St. Martyrs Canadiens Cemetery

Victoriaville, P.Q.

Grave location CHK

CONTRACTOR'S ROLL FOR THIS SECTION
GRAVE DESPATCHED
DEC 3 1945

BURIAL REPORT TO N.K.

RETURN TO BUR. OF STAT.

ROYAL MESSAGE DESP'D.

CAN. MESSAGE DESP'D.

10M-1-45 (M-4608)

CANADA

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION (DEATH)

(b) A.R.9.C 21-5-45:

NUMBER D.448323 RANK Private SERVICE UNIT

NAME CAMIRE Armand A.21 Co & Bn. 10

DATE OF BIRTH 20 Dec 1918 DATE OF ENLISTMENT 4 Dec 41

MARITAL STATUS Single RELIGION Roman Catholic

NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 RELATIONSHIP Father NAME Alphonse Camire

ADDRESS 4 John St., Victoriaville, P.Q. ADDRESS D.A.B.

ADDITIONAL PERSON TO BE NOTIFIED ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. XXXX H.Q. File M.F.W. 8570 H.Q. 869-C-7784

CASUALTY DETAILS DATE

Died - Cerebral embolism following appendectomy and congestion of lungs at Hotel Dieu Hosp. Arthabaska, Que. 18-5-45

Records show that this soldier served in Canada only.

LAST WILL ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO M.F.M.5. ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO DATE 23-4-45

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

DIRECTOR OF RECORDS

6

COPY FOR DOCUMENT FILE

DEPARTMENT OF PENSIONS AND NATIONAL HEALTH

Proceedings of a Medical Board of Inquiry on Death of a Patient

Completed at: D.V.A., 379 Common St., Mtl. (PLACE) May 4th, 1945. (DATE)

1. Name in full CAMIRE, Armand 2. Reg. No. D-448326 3. Ex-Rank: Pte.

4. Military Unit C.O.C. Training Centre, Barriefield, Ont. 5. C.P.C. No. ---

6. Date of Admission to Treatment by this Department: February the 19th, 1945.

7. Duration of Treatment: 29 days 8. Date of Death: March 18th, 1945.

9. Place of Death: Hotel Dieu Hospital, Arthabaska, Que.

CAUSE OF DEATH

10. (*I*) *Immediate Cause.* Give disease, injury or complication which caused death, not the mode of dying, such as heart failure, asphysia, asthenia, etc.
Morbid Conditions, if any, giving rise to immediate cause, (stated in order proceeding backwards from immediate cause.)

(a) Brain embolism.
due to
(b) Acute appendicitis, complicated
due to by congestion of the lungs.
(c)

(*II*) *Other Morbid Condition* (if important) contributing to death but not casually related to immediate cause.

(
(
(

11. (a) Duration of (Sec. 10 - I) yrs. mos. days
(b) Duration of (Sec. 10 - II) yrs. mos. days
12. (a) Was there a surgical operation? Date of operation
(b) Reason for operation
(c) State findings
13. Previous History of Illness subsequent to date of discharge from the army, except as under 14.

14. History of Final Illness: The patient was vomiting, his bowels had not moved since three days, the pain was particularly acute in the right side at the MacBurney point. The appendix appeared congested and hard so in state of sub-acute infection. The appendix was removed. The patient was improving when on March 18th at 5.45 P.M. the patient woke up to go to the toilet and suddenly fell down, and died five minutes later.
15. Was death caused or hastened by misconduct or neglect? No.

16. If a Post Mortem examination was held, note the findings on the back of this form. In cases where the cause of death is unknown or uncertain, a Post Mortem should be held, but only with the consent of the next of kin; if the next of kin objects to a Post Mortem, the case must be referred to the local Coroner for his decision as to actual cause of death, if no next of kin available a friend, or Clergyman, or other responsible person can give consent.

17. If Post Mortem was not held, state reason:

18. Remarks:

W. Lawrence President.

Dr. C. Ant. Gilbert Member.

Approved W. Lawrence
District Administrator "A" District.

N.B.--This form to be prepared in duplicate and distributed as follows:

1. One copy to District Office, C.P.C.
2. One Copy to Head Office, C.P.C., Ottawa.

(If in United States, the form should be completed by the attending physician, only)

P. & N.H. 280 5M-2-44 Req. 1346

DOMINION OF CANADA - MEDICAL SERVICES

CASE HISTORY SHEET

Serial No.....
in A. and D. Book

I Hospital Hotel-Dieu Arthabaska P.Qué. Force Active

Active F. No D-448526 Rank Pte Unit or Ship C.O.C.Training Center
Reserve F. No..... " ..... " " Barrieffield Ont.
C.E.F. No. ..... " ..... " "
Others No. ..... " ..... " "
Surname Camiré Christian Names Armand
Address 4 St Félix Victoriaville P.Qué.
Age 20 Trade Religion R.C. Total Service (Mos.) 36 Months
Next-of-Kin Mr. Alphonse Camiré Relationship Father
Address of Next-of-Kin 4 St Félix Victoriaville P.Qué.
Admitted direct (as transfer) from Direct Date Feb 19th Class A

Disposal) Discharged to Duty, Medical Board, Home or Died Died Date March 18th Class D.A.T.P.
of case) Transferred to ..... Date ..... Class 18
Condition on Discharge (or transfer) ..... Days in Hospital .....
Final Diagnosis Acute appendicitis complicated by congestion of the lungs

II Admission Note:

Patient examined by Dr.J.M.Becotte Arthabaska

The patient was vomiting and complaning of a pain in the stomach
Temp. was 99.2° F.
The pain was particularly acute at the MacBurney region

Provisional Diagnosis: Acute appendicitis 0923

Lt Arthur Gilbert Med
Signature of Admitting Officer.

III History and Physical Examination (in chronological order) Date Feb. 19th 1945

At the date Dr.Becotte was called upon for this patient, the patient was vomiting, his bowels had not moved since three days, the pain was particularly acute in the right side at the MacBurney point. Temp. was 99.2

The patient said he had previous attacks of appendicitis and once an operation was suggested when in service.

Dr.Becotte the attending surgeon found that appendicectomy was urgent, and the opeation was performed the same morning.

The appendix appeared congested and hard so in state of sub-acute infection. The appendix was removed.

All other observations as to complications after the operation are noted in the clinical notes.

The patient suddenly died on March the 10th 1945 at 6 P.M.

Date.....

Lt Arthur Gilbert Med
Medical Officer i/c Case.

P & N.H. 100 100M-12-43 Req 1214
R.C.A.F. M. 33
Militia MFB 313A
R.C.N. M2000

K.P. 85256
FORMULE F

Cette formule placée dans une enveloppe marquée "Statistique fédérale-Franco. Pénalite pour usage-illégal—$300," et correctement adressée, jouira de la FRANCHISE POSTALE

PROVINCE DE QUÉBEC — BULLETIN DE DÉCÈS — MINISTÈRE DE LA SANTÉ, ET DU BIEN-ÊTRE SOCIAL

1. LIEU DU DÉCÈS — Comté municipal: Athabaska — Nom officiel de la municipalité civile ou du canton: Athabaska — *Apposer un X sur le mot qui s'applique à cette municipalité ou ce territoire*: Cité | Ville | Village | Paroisse | Canton

Rue: Des Etables — No. — Hôpital ou institution: Hotel-Dieu St Joseph

2. SÉJOUR — (a) dans l'hôpital ou l'institution: Années / Mois 1 / Jours — (b) dans la municipalité du décès: Années / Mois / Jours — (c) dans la province: Années / Mois / Jours — (d) au Canada (s'il s'agit d'un immigré): Années / Mois / Jours

3. NOM DU DÉFUNT — Nom de famille: Lamirè (Lettres moulées) — Noms de baptême ou prénoms: Armand

4. RÉSIDENCE — Rue: 4 St Félix — No. — Nom officiel de la municipalité civile ou du canton: Victoriaville — Comté municipal: Arthabaska — Province: Que.

5. SEXE	6. NATIONALITÉ (Citoyenneté)	7. ORIGINE RACIALE	8. Célibataire, marié, veuf ou divorcé (Ecrire l'un de ces mots)
M	Can.	B	Célibataire

9. Si le défunt était marié, nom de son conjoint

10. LIEU DE NAISSANCE (Province ou pays): St Norbert P. Que

11. DATE DE NAISSANCE: 20 (jour) Sept. (mois) 1918 (année)

12. ÂGE DU DÉFUNT: Années 26 | Mois 5 | Jours 26 | Si âgé de moins d'un jour: ..... hrs. ou ..... min.

OCCUPATION

13. Métier, profession ou occupation, ex. **tisserand, voiturier, employé de bureau**, etc.: Militaire

14. Genre d'industrie ou d'entreprise, tel que **filature de coton, industrie du bois, banque**, etc.

15. Dernière date à laquelle le défunt vaquait à ce travail: 18 Fév. 1945

16. Nombre d'années occupées dans cette profession

17. NOM	18. LIEU DE NAISSANCE (Province ou pays)
PÈRE: Damien Alphonse	Que.
MÈRE (Nom de fille): Henri Amanda	Que.

19. Lieu de l'inhumation, de l'incinération ou destination du transport: Paroisse St Christophe Victoriaville

20. Date de l'inhumation ..... 19.....

21. LIEU DE L'ENREGISTREMENT DE CETTE SÉPULTURE

(a) Nom de la paroisse ou église

(b) Municipalité civile de

(c) Comté municipal

(d) Date ..... (jour) ..... (mois) ..... 19..... (année)

Nom de l'entrepreneur de pompes funèbres *(Pour les cités seulement)*

ÉCRIRE LISIBLEMENT AVEC UNE ENCRE INDÉLÉBILE.
CECI EST UN DOCUMENT PERMANENT.
Chaque information doit être donnée minutieusement.

Le médecin traitant, ou le coroner, doit gratuitement remplir, signer et délivrer ce certificat médical et y attester la ou les causes du décès. Pour rendre son attestation CONFIDENTIELLE, il doit la recouvrir de l'appendice attaché, humecter le pourtour gommé et le coller avec soin dans le cadre approprié. Il doit ensuite certifier par ses initiales le recto de cet appendice.

PLIER EXACTEMENT AU POINTILLÉ et ÉVITER DE LAISSER BAILLER

CERTIFICAT MÉDICAL CONFIDENTIEL DE DÉCÈS

22. Date du décès: 18 (jour) Mars (mois) 19 45 (année)

23. JE CERTIFIE PRÉSENTEMENT que j'ai donné mes soins au défunt depuis le 19 Déc. 1945 jusqu'au 18 Mars 1945

que je l'ai vu vivant pour la dernière fois le ..... 19.....

24. CAUSE DU DÉCÈS

I **Cause immédiate** — Mentionner la maladie, blessure ou complication, causant la mort, **non pas** son syndrome final, tel: syncope, asphyxie, asthénie, etc.: (a) Embolie cérébrale

États morbides, s'il y en a, ayant produit la cause immédiate (Les indiquer dans l'ordre chronologique inverse de leur apparition).
dû à (b) Congestion
dû à (c) Pulmonaire

II **Autres conditions morbides** (importantes seulement) ayant contribué au décès mais n'ayant aucune portée sur la cause immédiate: Appendicectomie

III Si une maladie contagieuse est mentionnée à ce certificat, donner: (a) Date d'éclosion ..... 19..... (b) Durée de la maladie ..... jours

25. S'il s'agit d'une femme, y avait-il état puerpéral? .....

26. Y a-t-il eu intervention chirurgicale? Oui Date de l'opération 19 Déc. 1945

Constatations ..... Y a-t-il eu autopsie?

27. Dans les cas où le décès est attribuable à des causes extérieures (violence):—

Accident, suicide ou homicide ..... Date ..... 19.....
(Spécifier)

Manière de la blessure .....
(Dans quelle circonstance)

Nature de la blessure .....

Indiquer si la blessure a été infligée **au lieu du travail, dans l'habitation ou dans un endroit public** .....

Signature Dr Jos Beaudoin M.D.

Adresse Athabaska Date 20 Mars 1945

28. Signature de la personne qui remplit la formule (vicaire, coroner, autorité d'un hôpital, etc.)

Cette signature autorise le collecteur à accepter la formule comme authentique.

29. Nom du ministre du culte gardien du registre de l'État civil où est inscrit l'acte de cette sépulture.

(3)

(For English see other side)

N.B. *When the medical practitioner initials "B" or "C", the clergy must not permit burial or the municipal authority allow transport until the health regulations or those of the coroner's Act have been fulfilled. It is sufficient that these authorities have only a general statement as to the cause of death to decide what procedure is to be followed.*

AUTHORITY FOR BURIAL or TRANSPORT

I, the undersigned licensed medical practitioner and signer of this confidential medical certificate, declare, by placing my initials in the appropriate space, that the person named in this certificate died from:—

A — natural causes (non—violent, non—contagious, non—epidemic) — 3. J.M.B.

B — violent, sudden, accidental or unexpected death (Coroner)

C — natural causes BUT of INFECTIOUS or CONTAGIOUS nature (Health regulations)

and that the body MUST NOT be embalmed, transported or buried without the authority of the coroner (Ch. 153, R. S.), or unless in conformity with the Public Health Act or the regulations made thereunder.

and that the competent municipal authority may authorize the transport of the body, and the clergy carry out the burial in the regular manner.

The medical certificate under this sealed flap is CONFIDENTIAL and SECRET.
No one has the right to see it until it reaches the statistical offices of the Ministry of Health. Anyone who breaks this seal is liable to prosecution.

K.P 85256
FORM F

This form if placed in an envelope, marked "Dominion Statistics—Free, penalty for improper use $300," and properly addressed will pass through the mail "Free".

PROVINCE OF QUEBEC — STATISTICAL RETURN OF DEATH — MINISTRY OF HEALTH AND SOCIAL WELFARE

1. PLACE OF DEATH — Municipal county: Arthabaska | Official name of civil municipality or township: Arthabaska | *Place an X over the word which applies to this municipality or this territory*: City | Town | Village | Parish | Township

Street: Des Etables No. | Hospital or Institution: Hotel Dieu St. Joseph

2. LENGTH OF STAY — (a) In hospital or institution: Years / Months / Days | (b) In municipality where death occurred: Years / Months / Days | (c) In Province: Years / Months / Days | (d) In Canada (if immigrant): Years / Months / Days

3. NAME OF DECEASED (Block letters)
Surname: Camire
Given names: Armand

4. RESIDENCE
Street: 4 St. Felix No.
Official name of civil municipality or township: Victoriaville
Municipal county: Arthabaska Province: Que

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

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

10. BIRTHPLACE (Province or Country): St. Norbert, Que

11. DATE OF BIRTH: 20 (Day) Sep (Month) 1918 (Year)

12. AGE OF DECEASED	Years	Months	Days	If less than one day old
	26	5	26	....hrs. or ....min.

OCCUPATION
13. Trade, profession or kind of work, as **spinner, teamster, office clerk,** etc.: Soldier
14. Kind of industry or business, as **cotton-mill, lumbering, bank,** etc.: —
15. Date deceased last worked at this occupation: 18 Feb 45
16. Total years spent in this occupation.

17. NAME	18. BIRTHPLACE (Province or Country)
FATHER: Alphonse CAMIRE	Que
MOTHER (Maiden name): Amanda HENRI	Que

19. Place of burial, cremation or removal: St. Martyrs Parish, Victoriaville
20. Date of burial: 21 March 1945

21. PLACE OF REGISTRATION OF THIS BURIAL
(a) Name of parish or church
(b) Civil municipality of
(c) Municipal county
(d) Date (Day) (Month) (Year)

Name of Undertaker (*For cities only*)

WRITE PLAINLY WITH UNFADING INK.
THIS IS A PERMANENT RECORD.
Every item of information should be carefully supplied.

The attending physician, or coroner, shall without charge fill in, sign and release this medical certificate. In order that his statement be CONFIDENTIAL, he must cover the medical certificate with the attached flap by moistening the gummed edge and sticking it down carefully. He shall then initial the obverse of the flap.
FOLD EXACTLY ON THE DOTTED LINE AND SMOOTH DOWN TO AVOID BULGING.

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: 18 (Day) March (Month) 45 (Year)

23. I HEREBY CERTIFY that I attended deceased from 19 Feb. 1945 to 18 March 1945
and last saw h.im alive on 18 March 1945

24. CAUSE OF DEATH

I
Immediate cause Give disease, injury or complication which caused death, **not** the mode of dying, such as heart failure, asphyxia, asthenia, etc.: (a) Cerebral Embolism

due to

Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause): (b) Congestion of the lungs

due to

(c) appendectomy

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

III If a communicable disease is mentioned on this certificate, give (a) Date of appearance ....19.... (b) Duration of disease ....days

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

26. Was there a surgical operation? Yes Date of 19 Feb 1945
State findings: Was there an autopsy?

27. If death was due to external causes (violence) fill in also the following:—
Accident, suicide or homicide Date ....19....
(State which)
Manner of injury
(How sustained)
Nature of injury
Specify whether injury occurred in **industry, in home, or in public place**

Signed (Sgd) Dr. J. M. Becotte M.D.
Address Arthabaska Date 18 Mar 1945

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

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

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

(Voir l'autre côté pour le français)

N.B. Lorsque le médecin initiale à "B" ou à "C," l'autorité canonique ne peut autoriser l'inhumation, ou l'autorité sanitaire municipale le transport, sans que les prescriptions des règlements d'hygiène ou celles de la loi des coroners soient remplies. Il suffit à ces autorités de posséder un renseignement d'ordre général quant à la cause du décès pour décider de la procédure à suivre.

Le certificat médical sous ce pli scellé est CONFIDENTIEL et SECRET.
Nul n'a le droit d'en prendre connaissance avant son arrivée aux bureaux de compilation du Ministère de la Santé, et quiconque brise ce pli scellé s'expose aux sanctions ordinaires de la loi.

AUTORISATION DE PROCÉDER À L'INHUMATION et au TRANSPORT
JE, SOUSSIGNÉ, MÉDECIN LICENCIÉ et signataire du présent certificat médical confidentiel, atteste, en apposant mes initiales à l'espace approprié, que la personne nommée à ce certificat a succombé à:—

A — une cause naturelle, non violente, non infectieuse, ni épidémique

B — une mort violente, subite, accidentelle, ou impréVue (*Coroner*)

C — une cause naturelle, MAIS INFECTIEUSE ou CONTAGIEUSE (*Règlements d'hygiène*)

et qu'on NE PEUT procéder à l'ensevelissement, ni au transport ni à l'inhumation sans se conformer aux prescriptions de la loi des coroners (Ch. 153 S. R.) ou de la loi de l'Hygiène publique et des règlements faits sous son empire.

et que l'autorité municipale compétente peut autoriser le transport du cadavre, ainsi que l'autorité canonique l'inhumation, en la manière ordinaire.

DOIT ÊTRE REMPLIE ET RENVOYÉE PAR

Formule P. 64

Monsieur Alphonse Camire,
4, rue John,
Victoriaville, Québec.

Prière d'adresser toute communication subséquente à ce sujet au:

DIRECTEUR DES SUCCESSIONS,
MINISTÈRE DE LA DÉFENSE NATIONALE,
OTTAWA, ONTARIO

et de citer le numéro suivant:
Q.G. 869-C-7784 FD.10

MINISTÈRE DE LA DÉFENSE NATIONALE
DIVISION DES SUCCESSIONS
OTTAWA, ONTARIO

9 mai 1945

Afin de les consigner dans nos dossiers et au cas où il y aurait une succession militaire à distribuer (conformément à la loi) au nom de feu

CAMIRE, Armand, Soldat,

D.448326, Armée Canadienne,

il est nécessaire que les renseignements voulus concernant le défunt et les membres de sa famille soient fournis à la Division des successions. Vous êtes donc prié de lire le mémorandum ci-inclus avant de remplir les pages 2 et 3 de cette formule. Les détails exigés doivent être inscrits comme il faut et la déclaration à la page 4 doit être ensuite signée en présence d'un pasteur, prêtre, magistrat de la localité, commissaire instrumentaire, notaire public, ou officier de l'une quelconque des forces de Sa Majesté, que l'on priera de compléter et signer le certificat. Cette formule doit être ensuite renvoyée à l'adresse mentionnée ci-dessus.

ESTATES BRANCH
MAY 16 1945
H.Q. OTTAWA
NATIONAL DEFENCE

Si l'espace destiné aux questions des pages 2 et 3 de cette formule n'est pas suffisant pour donner tous les détails, il faudra alors se servir de l'espace réservé aux "remarques supplémentaires", à la page 4.

/GC

Le directeur des successions,
Col.

M.F.W. 77a (French)
3M—10-44 (5704)
H.Q. 1772-39-972

RÉPONDRE AU LONG À TOUTES LES QUESTIONS APPLICABLES

ÉTAT des noms, âges et adresses, ou dates de décès, de tous les parents du défunt, à chacun des degrés spécifiés ci-dessous.

Degrés de parenté	PARENTS à signaler		TÉMOIGNAGE DU DÉCLARANT — NOM ET PRÉNOMS de tout parent de chacun des degrés mentionnés	Age	ADRESSE AU LONG de chaque parent survivant, en regard de son nom, et date du décès de tout parent décédé
1	Veuve du défunt.....		Célibataire majeur.----------		
2	Enfants du défunt et dates de naissance.....		Nil.-.....		
3	Père du défunt.....		ALPHONSE CAMIRE	59	4 rue St-Félix, Victoriaville, Qué.-
4	Mère du défunt.....		Amanda Henri-Camiré	57	4 rue St-Félix, Victoriaville, Qué.-
5	Frères du défunt	Frères germains	Gérard Camiré	24	4 rue St-Félix, Victoriaville, Qué.-
			Henri Camiré	17	" "
			André Camiré	16	" "
			Raymond Camiré	15	" "
		Demi-frères			
6	Sœurs du défunt	Sœurs germaines	Maria Camiré Nadeau	32	Arthabaska, Qué.-
			Marie-Rose Camiré-Rousseau	30	Princeville, Qué.-
			Marie-Jeanne Camrié-Lefebvre	28	Victoriaville, Qué.-
			Laurette Camiré	22	Victoriaville, Qué.-
			Rita Camiré	18	Victoriaville, Qué.-
		Demi-sœurs			
7	Noms des frères ou sœurs (germains ou non) du défunt, *qui sont décédés*, et date de décès de chacun d'eux		Noms et âges de leurs enfants (le cas échéant)		Adresse de leurs enfants
			Nil.....		

RÉPONDRE AU LONG À TOUTES LES QUESTIONS SUR CETTE PAGE

DÉTAILS D'IDENTITÉ

8	Nom et prénoms du défunt.	CAMIRE ARMAND.-
9	Date de sa naissance.	20 septembre 1918.-
10	Lieu et date de son mariage.	Célibataire majeur.- ~~St-Norbert-d'Arthabaska,-Qué.-~~
11	Lieu et date du mariage de ses parents.	St-Norbert d'Arthabaska, Qué., 17 août 1909.-

DÉTAILS DE DOMICILE

12	Lieu où le défunt est né.	St-Norbert d'Arthabaska, Qué.-
13	Indiquer, par ordre, la province, l'état et/ou le comté où le défunt a résidé avant son engagement, et la durée dans chaque cas.	(a)St-Norbert d'Arthabaska. 20 ans. (b)Victoriaville, Qué.--- 6 ans.- (c) (d)
14	Nature de son emploi avant son enrôlement.	Camioneur.-
15	Indiquer s'il était propriétaire de la maison où il demeurait. Le cas échéant, à quel endroit?	Non, il vivait avec ses parents.-
16	Indiquer le lieu où le défunt entendait vivre d'une façon permanente.	Victoriaville, Qué.-

DÉTAILS DE LA SUCCESSION

17	A-t-il laissé un testament? Si vous en avez la garde, veuillez nous le transmettre.	Non pas dans le civil, à moins qu'il ait testé une fois enrôlé.....?????
18	Si le défunt était marié et domicilié dans la province de Québec ou dans un état des États-Unis d'Amérique ou dans un pays où il existe communauté de biens entre les époux, existait-il un contrat se rapportant à la propriété?	Nil.-
19	Avait-il un compte d'épargne dans une banque, un bureau de poste ou autre institution? Le cas échéant, donner le nom et l'adresse de la banque, etc., et le montant déposé. Désirez-vous qu'il soit administré avec le compte de solde?	Oui.- Banque de Montréal, Victoriaville, Compte No.1650: $954.11... Oui.-
20	Montant des certificats d'épargne de guerre que possédait le défunt. Indiquer l'endroit où ils se trouvent.	Nil.....
21	Montant des bons de la victoire que possédait le défunt. Indiquer s'ils sont enregistrés ou payables au porteur, ainsi que l'endroit où ils se trouvent.	Nil..... .....
22	Si le défunt possédait des polices d'assurance-vie, donner les noms des compagnies et la somme payable en vertu de chacune des polices, ainsi que le nom de la personne qui y est nommée bénéficiaire.	"La Sauvegarde" Police No.106982 $1,000.00 Bénificiaire: ALPHONSE CAMIRE.-
23	Décrire les autres valeurs, le cas échéant, et en donner le montant approximatif. Se servir de l'espace à la page 4, au besoin.	NIL.....

AUTRES DÉTAILS

24	Après son engagement, le défunt avait-il contracté des dettes: (a) pour ses propres logement et pension pendant qu'il était dans les forces armées. (b) pour habits et équipement militaires. Un état détaillé de chacun de ces comptes doit être annexé à cette formule et, s'ils sont exacts, veuillez y inscrire "approuvé" et signer votre nom. Si vous les croyez inexacts, donnez des détails.	N ON..... NIL..... NIL.....
25	Est-ce que les frais funéraires ont été payés, entièrement ou en partie, par vous-même ou un autre parent? Le cas échéant, annexez des états détaillés indiquant les montants payés, et par qui.	AUCUNEMENT, par personne, attendons Votre règlement final.....

(REMARQUE:—Le gouvernement paye les frais funéraires, jusqu'à concurrence de montants déterminés par les règlements, lorsque le militaire est décédé et inhumé outre-mer, de même lorsqu'il est décédé et inhumé au Canada ou ailleurs en Amérique du Nord; si un parent a déjà payé les frais funéraires, ceux-ci lui seront remboursés par le gouvernement jusqu'à concurrence du montant fixé par les règlements. Cependant, si les frais excèdent ce montant, la différence ne sera pas payée par le gouvernement ni ne sera à la charge de la succession militaire du défunt.)

(VOIR AU VERSO)

*Insérez le degré de parenté, par exemple: "veuve", "père", "frère", etc.

DÉCLARATION

Je, soussigné, déclare que tous les renseignements contenus dans cette formule sont exacts et constituent une liste fidèle et complète de tous les parents que le défunt ait jamais eus aux degrés signalés; et que je suis le/la* PERE ..... du défunt.

N.B.—A être signée au long en présence d'un pasteur, prêtre, magistrat de la localité, commissaire, notaire public ou officier de l'une quelconque des forces de Sa Majesté.

Alphonse Camirè ..... Signature du déclarant

4 rue St-Félix, Victoriaville, Qué.- ..... Adresse

CERTIFICAT

Je, soussigné, certifie que, autant que je sache A LPHONSE CAMIRE, 4 rue St-Félix, Victoriaville, Qué ..... Nom du déclarant

*Voir plus haut

est le/la* PERE ..... du défunt ci-dessus décrit. La déclaration ci-dessus a été faite par le déclarant et signée en ma présence.

Daté à Victoriaville, - - ce quatorzième - - jour de mai - - - - - 19 45

Signature du pasteur, prêtre, magistrat, commissaire, notaire public ou officier de l'une quelconque des forces de Sa Majesté.

Horace Bergeron. ..... Titre NOTAIRE. - - - -

Adresse 199 rue Notre-Dame, Victoriaville, Qué.-

REMARQUE.—Avant d'accorder le certificat qui précède, il faut veiller à ce que le déclarant donne des détails concernant le décès de tout parent qu'il déclare être décédé et que les nom et prénoms, ainsi que l'adresse et l'âge de chaque parent survivant visé soient inscrits à l'endroit voulu dans la déclaration qui est vis-à-vis.

(Si le défunt n'a aucun parent vivant des degrés signalés à la page 2, il faudrait donner ci-après les noms et adresses, et le degré de parenté, d'autres parents.)

SE SERVIR DE L'ESPACE CI-DESSOUS SI VOUS DÉSIREZ FAIRE DES REMARQUES SUPPLÉMENTAIRES.

IMPORTANT.-

Tous ces renseignements ont été donnés à l'enquêteur du COMITE DE REGLEMENT, en date du 29 mars 1945, et cela en cinq copies.-

Il nous importe très nécessairement, et cela d'une manière urgente que vous nous informiez si le défunt a laissé un TESTAMENT dans l'armée, pour que nous voyons, sans délai, à la réclamation de l'assurance, puisque vous ne vous occupez pas de ces règlements. -

Et je vous autorise par ces présentes à adresser toutes communications concernant mon fils décédé, au

Notaire HORACE BERGERON,
199 rue Notre-Dame,
VICTORIAVILLE, Qué.-

Alphonse Camirè

CANADIAN ARMY (A)

LAST PAY CERTIFICATE

M.F.D. 930A
750M—9-43 (1730)
H.Q. 1772-39-1548

Regtl. No. D 44826 Rank and Name CAMIRE Armand

of C.O.& EME TC A 21 Unit, on

(Transfer, Posting or Discharge) to (Unit and Station) on March 18 1945

Reason for discharge DEATH Authority DO 80 April 4 1945

On TRANSFER of OFFICER or WARRANT OFFICER, Class I

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

REMARKS:

State (1) Date of appointment or enlistment 4-12-41,

(2) If individual has dependents eligible for Dependents Allowance, has application been submitted? no

(3) Has assignment of pay been made? YES If so, amount $ 20.00

Effective date 1.10.44 N.E. 1.4.45

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

"I"

The following is a statement of the account of the above named from Mar 1 to 31 1945 the inclusive date of transfer, posting or discharge.

Dr. PARTICULARS	AMOUNT $	c.	Cr. PARTICULARS	AMOUNT $	c.
Balance Dr. from last account			Balance Cr. from last account	8	78
First Monthly Payment			Regimental Pay 31 days at $ 1.50	46	50
Casual Payments			Tradesmen's Pay ... days at $		
Payment on Transfer, Posting or Discharge			Additional Pay (Give particulars)		
Assigned Pay	20	00	... days at $		
Regimental Charges			Allowances (Give particulars)		
Public Stoppages (Give particulars):			... days at $		
To Balance Cr. (To be paid by new unit)	35	28	By Balance Dr. (To be deducted by new unit)		
Total	55	28	Total	55	28

Barrfield Ont. (Place)

April 5th 1945 (Date)

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

W. C. Lewis, Lt.
Paymaster or Accounting Officer

by Major I.T.Dewar.

DISTRIBUTION OF SERVICE ESTATES

lmw.

Estates Form "P. 4"

ARMY

Name: CAMIRE, Armand, No.: D-148326
Surname Christian Names

Pte. A-21 Co. & EME TC 18-3-45
Rank Unit Date of Death

AMOUNT

L.P.C.....$ 35.28

Date: 14 July 45. Other Credits..... 957.58

Total..... 992.86

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
17/36	Father	✓ Alphonse Camire, 4 Rue St. - Felix, VICTORIAVILLE, Que. ($\frac{1}{4}$ As of next of kin entitled)	468.85 R
2/9		(2/9 For benefit of 4 minors)	
1/4	Mother	✓ Mrs. Amanda Henri, Camire, 4 Rue St.- Felix, VICTORIAVILLE, Que.	248.21 R
1/18	Brother	✓ Gerard Camire, 4 Rue St.- Felix, VICTORIAVILLE, Que.	55.16 R
1/18	Sister	✓ Maria Camire Nadeau, ARTHABASKA? Que.	55.16 R
1/18	Sister	✓ Maria-Rose Camire Rousseau, PRINCEVILLE, Que.	55.16 R
1/18	Sister	✓ Marie-Jeanne Camrie Lefebvre, VICTORIAVILLE, Que.	55.16 R
1/18	Sister	✓ Laurette Camire, VICTORIAVILLE, Que.	55.16 R
		(As next-of-kin entitled)	

P4. TO TREAS. 13-8-45 Q.M.

AUTHORITY

H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	$992.86

CLASSIFIED BY

EXAMINED BY

For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

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

AUDITED FOR PAYMENT

For Chief Treasury Officer

50M—8-44 (5426)
H.Q. 1772-80-2

CENTRAL REGISTRY A...
PERS SEC.
JUN 21 1945
File Chgd. to
Referred to

FORM No. 1

Register No. A-12620

Nominal Roll No. D-288

To: P.M.G.

H.Q. File No. 869-C-1784

CANADIAN ARMY (ACTIVE)

Computation of Service

WAR SERVICE GRANT

N.R.M.A. C.R.

Regt. No.	Rank when S.O.S.	Surname	Christian Name in Full
D-448326	PTE	CAMIRE	ARMAND

ADDITION ENTERED

REASON FOR TERMINATION OF SERVICE:

1st Enlistment (30 DAYS-SERVICD- CARO ( )

2nd Enlistment DECEASED. CARO ( )

3rd Enlistment CARO ( )

Total Service

1ST ENLISTMENT	2ND ENLISTMENT	3RD ENLISTMENT
T.O.S. 9 OCT 40	T.O.S. 4 DEC 41	T.O.S.
S.O.S. 7 NOV 40 MD 3	S.O.S. 18 MAR 45 MD 3	S.O.S. MD
Total Days 30 ✓	Total Days 1201 ✓	Total Days

Total Service 1231 DAYS

—	Total Service	Less Non-qualifying Service	Net Service
Western Hemisphere	1231	✓	1231
Overseas Service	✓	✓	✓
Totals	1231	✓	1231
Add Non-qualifying Service			✓
Total Service			1231 ✓

EMBARKATION DETAILS:

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

REMARKS: DIED WHILST IN SERVICE MAY - 4 1945 18 March 45

Computer's Signature E Lasanlon

Checker's Signature B McNamee

Date Computed 3 May 45

N.R.M.A.

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

NO SERVICE IN THE ALUTIAN ISLAND or Is

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

500M—11-44 (6012)
H.Q. 1772-45-8