D46216
DAVIDSON
JAMES

®

Mrs. Mary DAVIDSON
48 Winston Ave.,
SALFORD, England.

R.T.O.

OTTAWA, CANADA
ORIGINAL NO.
1556

Return to Sender. R.T.O.

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

(1) MEDALS

PERSON ENTITLED TO Turgeon (Re-married)
Mrs. Pauline ~~DAVIDSON~~ (WIDOW)

ADDRESS: 218-11th Ave.,
~~28A Worthington St.,~~
SHERBROOKE, Que. 15-12-49 DVA

(2) MEMORIAL CROSS

WIDOW Mrs. Pauline Davidson, (ENGLISH)

(1629)

ADDRESS: 28A Worthington St., SHERBROOKE, P.Q.

(3) MEMORIAL CROSS

MOTHER Mrs. Mary Davidson, (MFM-5) (ENGLISH)

(1629) 7 Bowen, St. Silk St., Salford 3, Lancs. England. (A2-70A)

ADDRESS: 48 Winston Ave., Salford, ENGLAND.

54 54 - 21 - 6 - 50

MEMORIAL BAR
(1)
DATE DESP
REGN. NO 4718

(2) DESP. SEP 1 1944
REGN No. 1555

Ret'd 27/10/44

(3) DESP. SEP 1 1944
REGN No. 1556

DESP. NOV 3 1944
REGN No. 2176

7-6-44

(O.C.L.-516)

AWARDS—CANADIAN ARMY (ACTIVE) M

(1629)

M.J.A.

500M—1-44 (3467)
H.Q. 1772-45-8

FILE NO. 405-D-4590

SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT
DAVIDSON,	James	D.46216	Tpr.	27th.Army Tank Regt.

WAR SERVICE BADGE (CLASS) NO. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star	
France & Germany Star	~~4035 22-10-49~~
Defence Medal	
War Medal	
CVSM & Clasp	MEDALS RET'D UNDELIV'D
	RET'D TO STOCK.

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

Received...Occupational History Form...Checked...E...Card...✓...Observations... P

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

M.F.M. 2 Fr.
A.F B. 271
120 M—8-39 (1/36)
H.Q. 1772-45-18

Unité / Unit: THE SHERBROOKE FUSILIER REGIMENT C. A. S. F.

Matricule / Regimental Number: D-46216

~~Original~~
Duplicata
~~Triplicata~~

ARMÉE ACTIVE DU CANADA 01
CANADIAN ACTIVE SERVICE FORCE

FORMULE D'ENRÔLEMENT
ATTESTATION PAPER

Original
Duplicate
Triplicate

1. Nom / Surname: DAVIDSON
2. Prénoms / Christian Names: HAMES
3. Adresse actuelle / Present Address: SUTTON P. QUEBEC CANADA
4. Date de naissance / Date of birth: 5th MARCH 1914
5. Lieu de naissance / Place of birth: (Pays)—(Country) ENGLAND (Comté ou province)—(County or Province) LANCASHIRE (Ville ou canton)—(Town or Twp.) MANCHESTER
6. Religion (State denomination): CHURCH OF ENGLAND
7. Métier ou profession / Trade or Calling: LABOURER
8. Marié, veuf ou célibataire / Married, Widower or Single: SINGLE
9. Nom du plus proche parent / Name of next of kin: ~~MARY DAVIDSON (MRS)~~ Mrs. Pauline Davidson (Gaulin)
10. Parenté de celui-ci / Relationship: ~~MOTHER~~ Wife
11. Adresse du plus proche parent / Address of next of kin: ~~48 WINGTON A...~~ ~~83 A Frontenac Street, Sherbrooke, Que.~~ ~~121A 2nd Avenue Sherbrooke, Quebec,~~ Canada. SEE CHANGE SEE CHANGE
12. Avez-vous servi dans les forces navales, militaires ou aériennes? / Have you served in any Naval, Military or Air Force? NO
13. Si vous avez accompli du service de guerre antérieur, spécifiez l'arme, la force et les détails régimentaires / If previous war service, state arm, force and regimental particulars: NO

NO
14. Faites-vous actuellement partie de la milice active du Canada ou avez-vous déjà servi dans cette force? / Do you now belong to or have you served in the Active Militia of Canada?

(Indiquez l'unité et la date de l'enrôlement)
(Give unit and date of attestation)

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

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

Date 9-VIII-40 Witness S. Ridler

x James Davidson
(Signature de la recrue)

AWL

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

Je, JAMES DAVIDSON, promets sincèrement et jure (ou déclare solennellement) que je serai fidèle et porterai sincère allégeance à Sa Majesté.

x James Davidson
(Signature de la recrue)

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

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

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

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

à SHERBROOKE P. QUE ce 9th jour de AUGUST 1940

I. Eckenburg Capt
(Signature du magistrat, du juge de paix ou de l'officier qui fait prêter le serment)

THE SHERBROOKE FUSILIER REGIMENT
A.F.
(Titre, grade et unité ou emploi)

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

Attention is drawn to the fact that any person making a false answer to any of the above questions is liable to a penalty of six months' imprisonment

(P)

FINGERPRINTED—CAIB

État de service de Davidson (Nom—Surname) (Prénoms—Christian Names)
Record of Service of

Matricule D46216
Regimental Number

APTITUDES
Qualifications

Militaires none
Military

Professionnelles ou commerciales none
Business or Professional

Civiles ou de métier labourer
Trade or Civil

Techniques none
Technical

Langues English
Languages

QUALITÉS ÉDUCATIONNELLES
Educational qualifications

Académies
High School or Collegiate (années complétées—years completed) one

Graduation ou (or) Immatriculation
Matriculation (Spécifier—Specify) none

*Collège none

*Université none
University

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

Toutes les recrues enrôlées le seront comme simples soldats, la nomination ou la promotion à un grade supérieur devant être indiquée dans l'espace ci-dessous prévu à cette fin
All enlisted personnel will be taken on as Private soldiers, appointments and promotions to higher rank to be shown as provided in the space below.

Rapport — Report: Date	Rapport — Report: Reçu de — From whom received	État des promotions, rétrogradations, mutations et permutations, maladies ou blessures rapports, etc., à compter de la date de son enrôlement dans les troupes de campagne — Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. from date taken on strength of Field Force	Grade indiqué — Rank shown	Prenant date le — Effective date	Unité — Unit	Endroit — Place	Autorisation — Authority: N°, Partie II, Ordres du jour. Liste des morts et blessés, etc. — Part II D.O. No. Cas. List, etc.	Autorisation — Authority: Daté le — Dated
1221		Affecté lors de son enrôlement / Joined on enlistment: THE SHERBROOKE FUSILIER REGIMENT C.A.S.F.	Private	9/8/40	S.F.R.	SHERBROOKE, Que.	Part 2 No. 14	Aug 16/40
		~~Granted 14 days leave ... 10-2-41 until 23-2-41~~	"	~~10-2-41~~	"	"	~~part ... 95~~	~~10-2-41~~
		Granted sub. all. from 9 Aug. 40 D.O. No. 18 dated 22 Aug. 40						
		Cease to draw sub. all. wef from 31 Aug. 40 No. 28 dated 9 Sept. 40						
19-10-40	S.F.R.	Admitted to ~~Sherb. Gen. Hosp.~~ Sick Bay	Pte.	16-10-40	S.F.R.	Sherbrooke	Part II No. 57	19-10-40
19-10-40	"	Discharged from ~~Sherb. Gen. Hosp.~~ Sick bay	"	18-10-40	"	"	" " " 57	19-10-40
28Dec40	"	Admitted to Hospital wef.(Sherb. Gen.)	"	18dec40	"	Sherbrooke	" " " 108	28 Dec 40
6 Jan41	"	Discharged from Sherb. Gen. Hospital	"	24 Dec40	"	Sherbrooke	" " " 4	6 Jan.41
6 Feb41	"	Granted Furlough from 10 Feb. 23 Feb. 41		10 Feb.40	"	Sherbrooke	" " " 30	6 Feb.41

Pour les entrées supplémentaires, se servir de M.F.M. 1 et 2 (a) (Fr.)
For additional entries use M.F.M. 1 and 2 (a) (Fr.)

RECEVEZ-VOUS OU AVEZ-VOUS DÉJÀ REÇU UNE PENSION OU UNE COMPENSATION POUR ...

FINGERPRINTED—OVIB

CERTIFICAT DE L'EXAMEN MÉDICAL
CERTIFICATE OF MEDICAL EXAMINATION

Nom en entier JAMES DAVIDSON Date 9-V111-40
Name in full

PARTIE 1. Renseignements obtenus de la recrue.
Part 1. Information obtained from the applicant.

1. Age 26 2. Avez-vous déjà souffert de l'une quelconque des maladies suivantes?
Have you ever suffered from any of the following diseases?

a. Rhumatisme NO
Rheumatism
b. Tuberculose NO
Tuberculosis
c. Bronchite ou asthme NO- PNEUMONIA age 24
Bronchitis or asthma
d. Affection cardiaque NO
Heart disease
e. Maladie du rein ou de la vessie NO
Kidney or bladder disease
f. Gastrite intestinale NO
Gastro-intestinal
g. Hernie NO
Rupture
h. Varices NO
Varicose veins
i. Pieds plats ou déformés NO
Flat or deformed feet
j. Affection nasale NO
Nasal trouble
k. Maladies des oreilles NO
Ear disease
l. Maladie des yeux NO
Eye disease
m. Epilepsie NO
Epilepsy
n. Maladie nerveuse ou mentale NO
Nervous or mental disease
o. Syphilis NO
p. Gonorrhée NO
Gonorrhœa
q. Avez-vous déjà porté des verres? ~~XX NO~~ YES
Have you ever worn glasses?

James Davidson
(Signature de la recrue)—(Signature of recruit)

Observations des examinateurs
Examiners remarks re above
(Q) AT AGE 12 FOR 2 YEARS.
(C) PNEUMONIA BUT SICK ONLY 10 DAYS.

PARTIE 2. Renseignements obtenus par l'examen médical. La recrue doit être déshabillée.
Part 2. Information obtained by medical examination. The recruit must be stripped.

1. Marques ou cicatrices d'identification (si celles-ci sont opératoires, obtenir les détails)
Identification marks or scars (If operative obtain history).
SMALL SCAR ACROSS MIDDLE LEFT THIGH ~~ANTER~~ ANTERIORLY

2. Taille ..... pieds ..... pouces. Height feet inches.
3. Poids ..... livres Weight pounds
4. Teint ..... Complexion Yeux ..... Eyes Cheveux ..... Hair
5. Développement Good Development {Bon —Good; Passable —Fair; Médiocre —Poor}
6. Tour de poitrine—Circonférence, pleine expansion 39¼ pouces inches Degré d'expansion 3 pouces
Chest measurement—Girth on full expansion; Range of expansion
7. Vue, œil droit ..... œil gauche ..... Vision, right left
8. Ouïe, oreille droite ..... gauche ..... Hearing, right left
9. Condition de la bouche et des dents
Condition of mouth and teeth
10. Les anormalités (congénitales et pathologiques) constatées lors de l'examen sont les suivantes:
The abnormalities (congenital and pathological) found on examination are as follows:
NONE

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

et il peut être classé dans la catégorie A

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

[signature] (Président)—(President) G Bhoomes Capt (Membre)—(Membre) C. a. Tomlinson M.D. (Membre)—(Member)

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

Date	Détails succints et signature / Brief details and signature	Date	Détails succints et signature / Brief details and signature
~~XXVIIIXXIX~~	9-V111-40	Sept 13/40	Vacc. T. G Wells
	RE EXAM URINE NORMAL	Sept 27	3 c. tetanus cc T. G W.
	EARS REFLEXES CAT. A.	Sept 27	Vacc. T. G W.
	X RAY NO. 8631 NEG	Nov 30	Tetanus 1cc T. G W.
1 May 42	Re-exam Cat. A [signature]	6/5/41	No change in Cat. [signature]
		SEPT 23 41 TABT	T. G W.

10-10-42 TABT ½ c.c. [signature]

20-8-42. N.V.T. 10 points. [signature]

VALIDITÉ. SI OUI, DONNEZ DÉTAILS.

Matricule / Regtl. No. D46216 Grade / Rank private Nom / Surname Davidson Prénoms / Christian Name James

Garnison — Station	Date d'arrivée à la garnison — Date of Arrival at the Station	L'admission à l'hôpital — Admission into Hospital: Jour — Day	Mois — Month	Année — Year	La sortie de l'hôpital — Discharge from Hospital: Jour — Day	Mois — Month	Année — Year	Maladie — Disease	Nombre de jours à l'hôpital — Number of days in hospital	Détails sur la nature et l'origine de la maladie; dire si elle était bénigne ou grave, si elle est entièrement guérie, et si un traitement spécial a été adopté. Dans le cas des maladies vénériennes, mentionner la nature de la maladie première et dire si on a prescrit le mercure. Si la maladie est accidentelle, spécifier si elle fut contractée en service et si un conseil d'enquête a été tenu. Détails et dates au sujet des fausses dents et des appareils chirurgicaux fournis. — Remarks on nature of the disease; how induced; if mild or severe; if completely recovered; 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 du médecin — Signature of Medical Officer
Sherbrooke, Que.	9-8-40	18	12	40	24	12	40	La Grippe	6	Sherbrooke General Hospital	T.T. Wells Capt.
"	"	15	3	41						P.D	T. Jones
		Sph.	Cyl.	Axis							
Prescription for glasses	R	-.50	-.75	180	BOB						
	L	-.50	-.50	80	BOB						
Debert Military N.S.		23	8	42	31	8	42	Furunculosis	8	Alcohol dressing - Healed - To unit	[illegible]

Pour les entrées supplémentaires, se servir de M.F.M. 1 et 2 (b) (Fr.)
For additional entries use M.F.M. 1 and 2 (b) (Fr.)

Statement of the Service of No. D- 46216 Rank private Sheet No.

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

Name DAVIDSON JAMES

REPORT Date	REPORT From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority Part II D.O. No. Cas. List, etc.	Authority Dated
21Feb41	S. F. R.	Was Married w. e. f.	Private	15 Feb.41	S. F. R.	Sherbrooke	Part II No40	21 Feb 41.
8 July	"	Reported AWL. from 0800hrs.	"	7 July41	"	St- Bruno	" No 142	8 July41
10 July	"	Awarded 7 days CB. & 3 Days pay for AWL.	"	10 July	"	St- Bruno	" No 144	10 July 41
25 July	"	On Command to Point Petre Ont. wef.	"	26 July	"	Cannaught	" No 156	25 July 41
31 July	"	Ceases to be on com. to Point Petre	"	31 July	"	"	" No 160	31 July 41
16 Aug. 41	"	Granted 48 hours embarkation leave	"	7 Aug 41	"	"	Part 2 No. 174	16 Aug. 41
1 Oct 41	"	Change of Address of Next of Kin	"		"	NFLD	Part 2 No. 205	1 Oct. 41
27 Dec.41	S.F.R.	Entrained Ottawa 10 Aug.41 arrived Nfld.	14 Aug.41		S.F.R.	Nfld.	Supp. art 2, 270	27 Dec.41
		Occupational History Form	"	21 June 41.				
14 Oct, 41	"	Admonished and placed under stoppages of pay to the amount of $5.42 for Losing by neglect his arms.	"	11 Oct 41	"	"	Part 2 No. 214	14 Oct. 41
24 Oct. 41	"	Part II Order No. 214 is hereby cancelled Bayonet as been found	"		"	"	Part 2 No. 223	24 Oct. 41
31 Dec.41	S.F.R.	Proceeding on Embarkation Leave is granted Transportation Warrant number A-45602	F us.	7 Aug.41	S.F.R.	Nfld.	Sup.Part 2, 273	31 Dec.41
2 Mar. 42	27 CAR	Embark St John's, Nfld. w.e.f. 16 Feb. 42 Detrain Debert, N.S. w.e.f. 19 Feb. 42	"	16x	27 CAR	DEBERT	Part 2 No. 9	2 Mar. 42
9 Mar. 42	"	Having been granted 14 days Furlough from 9 Mar. 42 to 22 Mar. 42 is issued with Transportation Warrant A-105505	"	5 Mar 42	"	"	Part 2 No. 13	9 Mar. 42
14 Mar. 42	"	S.F.R. disbanded is T.O.S. 27 CAR (SFR) and posted to H.Q. Squadron	Tpr.	14 Mar. 42	"	"	Part 2 No. 1	14 Mar. 42
24 Mar. 42	"	A.W.L. from 2359 hours 22 Mar. 42	"	22 Mar. 42	"	"	Part 2 No. 6	24 Mar. 42
30 Mar. 42	"	Was on 30 Mar. 42 Admonished for A.W.L. from 2359 hours 22 Mar. 42 until 2300 hours 29 Mar. 42 Total forfeiture of 7 days pay. Open arrest.	"	30 Mar. 42	"	"	Part 2 No. 11	30 Mar. 42
3 Apr. 42	"	Report the birth of a son Ronald James born at Sherbrooke, Que. w.e.f. 10 Mar. 42	"	10 Mar. 42	"	"	Part 2 No. 15	3 Apr. 42

Statement of the Service of No. D46216 Rank ..... Sheet No. .....

Name DAVIDSON J.

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

REPORT Date	REPORT From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority Part II D.O. No. Cas. List, etc.	Authority Dated
2 Apr. 42	27 CAR	Change address of next of kin	Tpr.		27 CAR	DEBERT	Part 2 No. 14	2 Apr. 42
6 Jun. 42	"	A.W.L. from 2359 hours 4 Jun. 42	"	4 Jun 42	"	"	Part 2 No. 65	6 Jun. 42
9 Jun. 42	"	Was on 8 Jun. 42, awarded 5 days C.B. and automatically forfeits 2 days pay for A.W.L. from 2359 hours 4 Jun. 42 until 2030 hours 6 Jun. 42 Total forfeiture of 2 days pay and allowances	"	8 Jun. 42	"	"	Part 2 No. 67	9 Jun. 42.
26 AUG.42	27 CAR	ADMITTED TO DEBERT MILITARY HOSP.	TROOPER	23 AUG.	27 CAR	DEBERT	PART 2 NO.128	26 AUG.42.
7 SEPT.42	27 CAR	A.W.L.FROM 0600 HRS.5 SEPT.42	TROOPER	5 SEPT.	27 CAR	DEBERT	PART 2 NO.137	7 SEPT.42.
2 SEP.42	27 CA R	DISCHARGED FROM DEBERT MILITARY HOSP.	TROOPER	31 AUG.	27 CAR	DEBERT	PART 2 NO.134	2 SEP.42.
17 Sep 42	"	Returned from A.W.L. at 1630	"	17 Sep42	"	"	Part 2 No. 145	18 Sep 42
17 Sep. 42	"	Awarded 72 hours detention and a frofeiture of 6 days pay and forfeits 13 days pau amd allowances for A.W.L. from 0600 hrs 5-9-42 to 1630 hrs 17-9-42.	"	17 Sep 42	"	"	Suppl. Part 2 No. 146	19 Sep 42
16 Sep. 42	"	Granted moeny allowance in leiu of rations while on leave from 6-8-42 to 10-8-42	"	16 Sep42	"	"	Suppl. Part 2 No. 143	16 Sep 42
30 SEP.42	27 CAR	ADMITTED TO DEBERT MILITARY HOSP.	TROOPER	28 SEP.	27 CAR	DEBERT	PART 2 NO.151	30 SEP. 42
30 SEP.42	27 CAR	PART II ORDER NO. 146 (S) DATED 19 SEP.42 is amended to read TOTAL FORFEITURE OF 21 DAYS PAY AND 18 DAYS ALLOWANCES.	TROOPER		27 CAR	DEBERT	PART 2 NO. 151	30 SEP.42.
12 OCT.42	27 CAR	DISCHARGED FROM DEBERT MILITARY HOSPITAL	TROOPER	12 OCT	27 CAR	DEBERT	PART 2 NO.158	12 OCT.42.
		S. O. S., C. A. Canada 27/10/42						
		T. O. S., C. A. Overseas 28/10/42						
		Disembarked Lanark 5/11/42	TPR.		27 Can	Aldershot	Part 2 No 6	9/11/42
		T. O. S.						

Statement of the Service of No. D46216 Rank............ Sheet No.............

Name DAVIDSON J.

REPORT Date	From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority Part II D.O. No. Cas. List, etc.	Dated
SOS		Sold to 2 C.A.C. fll on Disch from ~~on Disch from~~ 2 Cdn Armd Depot Gen. Op. "C"	Tpr.	16 Mar 44	X3 List C.A.C.	21 A.G.	10.	27 Mar 44
TS	20.70 20 Mar 44 TOS	TOS from C.A.C. X-3 List disch from ~~Hosp~~ 2 Cdn Armd Depot (Gen Oper "C") ~~Posted to ... ...~~	Tpr	17 Mar 44	2 CACRU C Reinf Increment	UK	68	17 Mar 44
m 23 SOS		SOS to 27 Armd Regt Gen Oper "C"	Tpr.	9 Apr 44	27 Armd R	UK	16	14 Apr 44
m 23	TOS	TOS from Reinf Increment (27 C.A.R.) Gen Op "C"	Tpr.	10 Apr 44	27 Armd R	UK	16	14 Apr 44
	M35	Awarded one Good Conduct Badge	Tpr	18 June 43	27 Armd R.	UK	18	25 Apr 44
		Killed	Tpr	7 Jun 44	27 Armd R.		A 457	18 Jun 44
SOS		SOS Killed in Action Gen Op "C"	Tpr	7 Jun 44	27 Armd R	21 A.G.	29	26 Jun 44
	TOS.							
		Embarked at.....U.K......on..3 Jun 44 Disembarked at..FRANCE...on..6 Jun 44	Tpr.		27 A. Regt	21 A Gp.	34	15 Jul 44

M.F.M. 1 & 2A
40/P & S/119

Statement of the Service of No. D 46216 Rank. Sheet No.

Name. Davidson J.

REPORT Date	REPORT From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority Part II D.O. No. Cas. List, etc.	Authority Dated
		Priv. Leave with M.A.	Tpr.	13/20 Nov 42	27 CAR	UK	7	13 Nov 42
~~SOS~~ Canc	Canc DUTd/31 Dec 43	~~SOS to HQ 4 Armd Div~~	~~Tpr~~	~~15 Dec 42~~	~~27 Armd R~~	~~UK~~	~~5~~	~~18 Dec 42~~
Canc DO2d/6 Jan 43	~~TOS~~	~~TOS from 27 Arm Regt.~~	~~Tpr.~~	~~16 Dec 42~~	~~HQ 4 CAD~~	~~UK~~	~~9~~	~~19 Dec 42~~
		ATT. to 1 C.R.U. Japs.	TPR	7 Mar 43	27 CATR	UK	6	18 Mar 43
		Ceases ATT. to 1 C.R.U. Jap	TPR	12 Mar 43	27 Army Tk R	UK	7	25 Mar 43
		Regtl Rate of Pay $1.40 per diem	TPR	1 Feb 43	27 Army TKR	UK	14	6 May 43
		Regtl Rate of Pay $1.50 per diem	Tpr	1 Apr 43	27 Army TKR	UK	14	6 May 43
Change	of Address.	NofK Pauline Davidson (Wife)	c/o Mrs	a. Gaulin. RR1	27 Army TK. #	UK Lennoxville Que. Can.	24	17 July 43
		Qual. Gun Op 'C'	Tpr.	9 Aug 43	27 ArmdR	UK	30	2 Sep. 43
		Granted T.P. as Gun. op. 'C'	Tpr	9 Aug 43	27 ArmdR	UK	31	9 Sep. 43
		Adm to 14 Fd. Amb & Reinf from 14 Fd amb. to 1 Spec Hosp	Tpr.	25 Sep 43	27 A Regt.	UK	35	7 Oct 43
		Disch from 1 Spec. Hosp.	Tpr	7 Oct 43	27 A Regt.	UK	37	22 Oct 43
(CS)		Adm to 5 Cdn F.DS	Tpr	29 Dec 43	27 A Regt	UK	1	7 Jan 43
C20		SOS to X3 List CAC "C" Gun op "C" admitted to 2 Cdn Gen Hosp.	Tpr	29 Dec 43	27 A Regt	UK.	13	24 Mar 44
		AWARDED THE CANADIAN VOLUNTEER SERVICE MEDAL AND CLASP						
		Reinf from 2 Gen Hosp to 2 Conv Depot.	Tpr	22 Feb 44	X3 List CAC.	210 Grp.	10.	27 Mar 44
	(M35)	Disch from Alton Conv. Hosp.	Tpr.	22 Feb 44		UK.	CL	
C20 SOS		SOS to 27 Cdn Armd Regt. Gun op "C"	Tpr	24 Mar 44	2 CACRU	UK.	74.	24 Mar 44
C20	SOS	TOS from 2 CACRU. Gun op "C"	Tpr	25 Mar 44	27 CA Rgt	UK	14	31 Mar 44

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

NUMBER D46216 RANK Tpr. SERVICE UNIT The 27th Army Tank Regt., (CA)

NAME DAVIDSON, James

DATE OF BIRTH DAY 5th MONTH March YEAR 1914 Enlisted: 9-8-40

MARITAL STATUS Married Religion - ChurchofEngland

NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 RELATIONSHIP Wife NAME Mrs. Pauline Davidson

ADDRESS 28A Worthington St., Sherbrooke P.Q. ADDRESS D.A.B.

ADDITIONAL PERSON TO BE NOTIFIED ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. 6976 H.Q. 405-D-4590

CASUALTY DETAILS Killed in Action DATE 7-6-44

LAST WILL ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO M.F.M.S. ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO DATE 20-6-44

ET

OFFICER I/C RECORDS

6

COPY FOR DOCUMENT FILE

Sheet No.

POSTINGS FROM O/S CASUALTY LISTS

To be attached to M.F.M. 1 or M.F.M. 2

Regt'l No. D-46216 Rank Tpr. Surname Davidson, Christian Name James

Unit	Hospt.	Admitted Day	Admitted Mo.	Admitted Year	Discharged Day	Discharged Mo.	Discharged Year	Hospt. Days	Disease or Injury	Remarks	Cas. List No.
(Sher. Fus Regt)					7	10	43	12-	(F)		C-1167
27 Army Tank Regt-	+ Spec.	25	9	43					V.D.G.		C-1155
1 Field Regt RCA	17 Cdn. Gen.	30	12	43					Left ing. hernia		C-1337
					22	2	44	54			C-1296.
"	Acton. Conv.	25	1	44.					Conv. Lt. ing. hernia.	In. f. 17 Cdn. Gen.	C-1267
"									Killed 7-6-44		A-457

Records B3-49
H.Q. 1772-45-8
100M—5-43 (9999)

Statement of the Service of No. D-46216 Rank TROOPER Sheet No. 3

M.F.M. 1 & 2 (a)
250M—7-41 (1151)
H.Q. 1772-39-1646

Name DAVIDSON, JAMES.

REPORT		Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority	
Date	From whom received						Part II D.O. No. Cas. List, etc.	Dated
13 NOV.42	27 CAR	GRANTED 7 DAYS P.L. FROM 0600 HRS. 13 NOV.						
		42 TO 0600 HRS 20 NOV. 42. GRANTED MONEY						
		ALLOWANCE IN LIEU OF RATIONS WHILEON LEAVE	TPR.	13 NOV.	27 CAR	ALDERSHOT	PART 2 NO.7	13 NOV.42.

Statement of the Service of No. D-46216 Rank TROOPER Sheet No. 3

M.F.M. 1 & 2 (a)
250M—7-41 (1151)
H.Q. 1772-39-1646

Name DAVIDSON, JAMES.

REPORT		Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority	
Date	From whom received						Part II D.O. No. Cas. List, etc.	Dated
13 NOV.42	27 CAR	GRANTED 7 DAYS P.L. FROM 0600 HRS. 13 NOV.						
		42 TO 0600 HRS 20 NOV. 42. GRANTED MONEY						
		ALLOWANCE IN LIEU OF RATIONS WHILEON LEAVE	TPR.	13 NOV.	27 CAR	ALDERSHOT	PART 2 NO.7	13 NOV.42.

Statement of the Service of No. D- 46216 Rank Private Sheet No.

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

Name DAVIDSON JAMES

REPORT Date	REPORT From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority Part II D.O. No. Cas. List, etc.	Authority Dated
21Feb41	S. F. R.	Was Married w. e. f.	Private	15 Feb.41	S. F. R.	Sherbrooke	Part II No40	21 Feb 41.
8 July	"	Reported AWL. from 0800hrs.	"	7 July41	"	St- Bruno	" No 142	8 July41
10 July	"	Awarded 7 days CB.& 3 Days pay for AWL.	"	10 July	"	St- Bruno	" No 144	10 July 41
25 July	"	On Command to Point Petre Ont. wef.	"	26 July	"	Cannaught	" No 156	25 July 41
31 July	"	Ceases to be on comd to Point Petre	"	31 July	"	"	" No 160	31 July 41
16 Aug. 41	"	Granted 48 hours embarkation leave	"	7 Aug 41	"	"	Part 2 No. 174	16 Aug. 41
1 Oct 41	"	Change of Address of Next of Kin	"		"	NFLD	Part 2 No. 205	1 Oct. 41
27 Dec.41	S.F.R.	Entrained Ottawa 10 Aug.41 arrived Nfld.	14 Aug.41		S.F.R.	Nfld.	Supp. Part 2, 270	27 Dec.41
		Occupational History Form	"	21 June 41.				
14 Oct, 41	"	Admonished and placed under stoppages of pay to the amount of $5.42 for Losing by neglect his arms.	"	11 Oct 41	"	"	Part 2 No. 214	14 Oct. 41
24 Oct. 41	"	Part II Order No. 214 is hereby cancelled Bayonet as been found	"		"	"	Part 2 No. 223	24 Oct. 41
31 Dec.41	S.F.R.	Proceeding on Embarkation Leave is granted Transportation Warrant number A-45602	F us.	7 Aug.41	S.F.R.	Nfld.	Sup.Part 2, 273	31 Dec.41
2 Mar. 42	27 CAR	Embark St John's, Nfld. w.e.f. 16 Feb. 42 Detrain Debert, N.S. w.e.f. 19 Feb. 42	"	xxx	27 CAR	DEBERT	Part 2 No. 9	2 Mar. 42
9 Mar. 42	"	Having been granted 14 days Furlough from 9 Mar. 42 to 22 Mar. 42 is issued with Transportation Warrant A-105505	"	5 Mar 42	"	"	Part 2 No. 13	9 Mar. 42
14 Mar. 42	"	S.F.R. disbanded is T.O.S. 27 CAR (SFR) and posted to H.Q. Squadron	Tpr.	14 Mar. 42	"	"	Part 2 No. 1	14 Mar. 42
24 Mar. 42	"	A.W.L. from 2359 hours 22 Mar. 42	"	22 Mar. 42	"	"	Part 2 No. 6	24 Mar. 42
30 Mar. 42	"	Was on 30 Mar. 42 Admonished for A.W.L. from 2359 hours 22 Mar. 42 until 2300 hours 29 Mar. 42 Total forfeiture of 7 days pay. Open arrest.	"	30 Mar. 42	"	"	Part 2 No. 11	30 Mar. 42
3 Apr. 42	"	Report the birth of a son Ronald James born at Sherbrooke, Que. w.e.f. 10 Mar. 42	"	10 Mar. 42	"	"	Part 2 No. 15	3 Apr. 42

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

Name ....

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)	Rank Shown	Effective Date	Unit	Place	Authority	
Date	From whom received						Part II D.O. No. Cas. List, etc.	Dated
2 Apr. 42	27 CAR	Change address of next of kin	Tpr.		27 CAR	DEBERT	Part 2 No. 14	2 Apr. 42
6 Jun. 42	"	A.W.L. from 2359 hours 4 Jun. 42	"	4 Jun 42	"	"	Part 2 No. 65	6 Jun. 42
9 Jun. 42	"	Was on 8 Jun. 42, awarded 5 days C.B. and automatically forfeits 2 days pay for A.W.L. from 2359 hours 4 Jun. 42 until 2030 hours 6 Jun.42 Total forfeiture of 2 days pay and allowances	"	8 Jun. 42	"	"	Part 2 No. 67	9 Jun. 42.
26 AUG.42	27 CAR	ADMITTED TO DEBERT MILITARY HOSP.	TROOPER	23 AUG.	27 CAR	DEBERT	PART 2 NO.128	26 AUG.42.
7 SEPT/42	27 CAR	A.W.L.FROM 0600 HRS.5 SEPT.42	TROOPER	5 SEPT.	27 CAR	DEBERT	PART 2 NO.137	7 SEPT.42.
2 SEP.42	27 CAR	DISCHARGED FROM DEBERT MILITARY HOSP.	TROOPER	31 AUG42	27 CAR	DEBERT	PART 2 NO.134	2 SEP.42
17 Sep 42	"	Returned from A.W.L. at 1630	"	17 Sep42	"	"	Part 2 No. 145	18 Sep 42
17 Sep 42	"	Awarded 72 hours detention and a frofeiture of 6 days pay and forfeits 13 days pau and allowances for A.W.L. from 0600 hrs 5-9-42 to 1630 hrs 17-9-42.	"	17 Sep 42	"	"	Suppl. Part 2 No. 146	19 Sep 42
16 Sep 42	"	Granted moeny allowance in leiu of rations while on leave from 6-8-42 to 10-8-42	"	16 Sep42	"	"	Suppl. Part 2 No. 143	16 Sep 42
30 SEP.42	27 CAR	ADMITTED TO DEBERT MILITARY HOSP.	TROOPER	28 SEP.	27 CAR	DEBERT	PART 2 NO.151	30 SEP. 42
30 SEP.42	27 CAR	PART II ORDER NO. 146 (S) DATED 19 SEP.42 is amended to read TOTAL FORFEITURE OF 21 DAYS PAY AND 18 DAYS ALLOWANCES.	TROOPER		27 CAR	DEBERT	PART 2 NO. 151	30 SEP.42.
12 OCT.42	27 CAR	DISCHARGED FROM DEBERT MILITARY HOSPITAL	TROOPER	12 OCT	27 CAR	DEBERT	PART 2 NO.158	12 OCT.42.
		S. O. S., C. A. Canada 27/10/42			27 Car	Aldershot	Part 2 No 6	9/11/42
		T. O. S., C. A. Overseas 28/10/42						
		Disembarked Gourock 5/11/42						
		T. O. S.						

CASUALTIES, ETC.

Part II D.O. No.	Date	
		J. Davidson D-46216
14	16/8/40	TOS Sherbrooke Fusilier Reg't eff 9/8/40
18	22/8/40	Sub. Allce $.85¢ per diem eff 9/8/40
28	9/9/40	Sub. Allce cancelled eff 31/8/40
108	28/12/40	Admitt'd Sher. Gen. Hptl eff 18/12/40
4	6/1/41	Dischg'd " " " " 24/12/40
30	6/2/41	Granted furlough frm 10/2/41-23/2/41
40	21/2/41	Married eff 15/2/41
144	10/7/41	A.W.L. 3 days forfeits 3 days pay
156	25/7/41	Command AA. LMG. Point Petre ont eff 26/7/41
13	9/3/42	Granted furlough fr 9/3/42-22/3/42
6	24/3/42	A.W.L. 2359hrs eff 22/3/42
11	30/3/42	A.W.L. forfeits 7 days pay
15	3/4/42	Birth of a son eff 10/3/42
65	6/6/42	A.W.L. 2359 hrs eff 4/6/42
67	9/6/42	A.W.L. 1 day 20 hrs forfeits 2 days pay
106	10/8/42	Special Leave 6/8/42- 10/8/42
128	26/8/42	Admitted to Debert Milt Hptl. eff 23/8/42
137	7/9/42	A.W.L. from 0600hrs 5/9/42
145	18/9/42	Returns from A.W.L. eff 17/9/42

No. D-40216 RANK Pte NAME DAVIDSON James *Married *Widower *Single X

Place of { *Appointment *Enlistment } Sherbrooke P.Q. Date of { *Appointment *Enlistment } Aug 9 1940

RATE OF PAY

D. O. No.	Date	Rank	Group	P. F. or A. S.	Daily Rate	If Liable Pen. Ded.	REMARKS
14	16/8/40	Pte		A.S.	1.30		TOS on enlistment
14	6/5/43	Tpr			1.50		Increased rate.
31	9/9/43	"	"C"		1.75		Eff 9/8/43.

ASSIGNMENTS

Name & Address of Assignee	Effective Date	Amount	
Mrs Pauline Davidson			
~~XXXXXXXXXXXXXXXXXXXX~~ 121A Second Ave.,			
Sherbrooke P.Q.	4/42	25	00
Total.....		25	00

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

Date Application Forwarded	Relationship	Amount Awarded		Effective Date
25/2/41	Wife & child	47	00	
		47	00	

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

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

*Delete words which are inapplicable.

M. F. M. 14

200M—10-41 (2231)
H.Q. 1772-39-1662

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

Occupational Form Completed.....

CASUALTIES, ETC.

Part II D.O. No.	Part II D.O. Date	
9/19	-12-42	TOS. HQ. Sqn. 4 CAD from 27 C.A.Regt. w.e.f. 16 Dec. 42.
6	18-3-43	Att f.a.p. to 1 CRU Eff: 7-3-43
7	25-3-43	Ceases att. to 1 CRU eff: 12-3-43
11	16-4-43	7 days PL with rat. allce 24-31-3-43
14	6/5/43	Rate of pay increased to $1.40 eff 1/2/43.
14	6/5/43	" " " " 1.50 1/4/43.
24	17/7/43	9 days P/L 25/6-4/7/43 with ration allce.
30	2/9/43	Qualified Gnr-Oper "C" eff 9/8/43.
31	9/9/43	Granted T/P Gnr-Oper "C" eff 9/8/43.
34	30/9/43	9 days P/L 11-20/9/43 with ration allce.
35	7/10/43	Adm to 14 Cdn Fd Amb eff 25/9/43.
35	7/10/43	Rem'd to 1 Cdn Spec Hptl eff 25/9/43.
37	22/10/43	Disch from 1 Cdn Spec Hptl eff 7/10/43.
1	7/1/44	Adm to 5 Cdn FDS eff 29/12/43.
1	7/1/44	9 days P/L 17-26/12/43 with ration allce.
bl 1/30/3/44		SOS 27 EAR to "X" List CAC wef 29 Dec 44, on Adm to No 2 CGH.
10	27-3-44	SOS to 2 CA CRU wef 16 Mar 44 on discharge 2 CGH. Gnr Op "C"

No. D-46216 RANK Pte NAME DAVIDSON, James *Married *Widower *Single

Place of { *Appointment *Enlistment } Sherbrooke, P.Q., Canada. Date of { *Appointment *Enlistment } 9-8-40

RATE OF PAY

D. O. No.	Date	Rank	Group	P. F. or A. S.	Daily Rate	If Liable Pen. Ded.	REMARKS
		Tpr			1.30		Prev Card.

ASSIGNMENTS

Name & Address of Assignee	Effective Date	Amount
DAVIDSON, Pauline (W)	1-4-42	25.00
Total.....		

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

Date Application Forwarded	Relationship	Amount Awarded	Effective Date
25-2-41	Wife & child	47.00	

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

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

*Delete words which are inapplicable.

M. F. M. 14

200M—10-41 (2231)
H.Q. 1772-39-1662

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

Occupational Form Completed.....

CASUALTIES, ETC.

PART II D. O. No.	DATE	NATURE AND PARTICULARS	IF IN HOSPITAL NOTE NAME
68	17/3/44	TOS 2 CACRU from X-3 List eff 17/3/44.	
74	24/3/44	SOS 2 CACRU to Reinf Incr 27 CAR eff 24/3/44.	
14	31/3/44	TOS 27 CAR Reinf Incr from 2 CACRU eff 25/3/44.	
16	14/4/44	SOS Reinf Incr 27 CAR to 27 CAR eff 9/4/44.	
16	14/4/44	TOS 27 CAR (SFR) from Reinf Incr eff 10/4/44.	
18	25/4/44	Awarded 1 good conduct badge eff 18/6/43.	
CR	14/6/44	SOS 27 CAR (SFR), killed in action 7/6/44.	

Forward

LOWE-MARTIN CO. LIMITED D83960

M.F.M. 14A
200M-1-42 (2934)
H.Q. 1772-39-1662

CARD SEQUENCE NO. 3

ND-46216 RANK Tpr NAME DAVIDSON J.

CASUALTIES, ETC.

PART II D. O. No.	DATE	NATURE AND PARTICULARS	IF IN HOSPITAL NOTE NAME
151	30/9/42	Part 11 Ord No 146 d/18/9/42(S) is amended to read (21) days P/And 18 days allowances not as shown.	
158	12/10/42	Discharged from Debert Milt Hptl. eff 12/10/4	
7	13/11/42	Granted 7 days P.L. from 13/11/42 to 20/11/42 Entitled to money allowance in lieu of rationa	
6	9/11/42	SOS Cdn army Canada 27/10/42, TOS Cdn army Overseas 28/10/42	
		~~SOS on Reposting to HQ. Sqn 4. Armd. Div, 15/11/42~~	

Forward

OCCUPATIONAL HISTORY FORM

THIS FORM IS TO BE COMPLETED FOR EACH MEMBER OF THE ARMED FORCES. THE INFORMATION SOUGHT IS FOR THE USE OF GENERAL ADVISORY COMMITTEE 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

PLEASE LEAVE BLANK

Section A—GENERAL INFORMATION

1. (a) Print name in full DAVIDSON James (b) Reg'l. No. D 46216
2. (a) Arm of service army (b) Unit SHERBROOKE FUSILIER REG'T (c) Rank Pte
3. (a) Date of birth 5 Mar '24 (b) Have you any dependents? YES (c) Place of residence at time of enlistment SUTTON P. Q.
4. (a) Place of enlistment SHERBROOKE P. Q. (b) Date of enlistment 9 Aug '40

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 14 (b) Were you attending school or college up to the time of enlistment? No
6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.) 2 Yrs. High
7. If you attended a university, give name of university and standing or degree secured N/A
8. (a) Did you ever enter upon a trade apprenticeship? NO (b) If so, for what occupation? N/A (c) Did you finish it? (d) If you did not finish it, how long did you serve at it?
9. (a) What languages do you speak fluently? English (b) What languages do you read well? English

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

10. (a) State whether you were WORKING or NOT WORKING at time of enlistment. (Enter here only "Working" or "Not Working", as case may be; particulars are asked for below) Working (b) At time of enlistment of what trade union or professional society were you a member? None

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
14. If you had been employed after leaving school, state when you last worked fairly regularly before enlistment
15. Give details of last employer, if any: Name Address
16. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.)
17. (a) If your last employment was in a business of your own, state nature and address of business (b) Date of discontinuing it

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 Kenneth ~~##~~ Spicer ~~######~~ Address Sutton P. Q.
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Lumbering
20. (a) Your specific occupation Wood Cu tter (b) Number of years' experience at this occupation with any employer 5yrs.
21. (a) Did your employer promise definitely to give you employment on discharge? No (b) Did your employer refuse to promise you employment on discharge? No (c) Do you wish to return to your former employment? No

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 (b) Where was it located?
23. (a) Number of years engaged in this business (b) Have you made, or will you make plans to return to the same or a similar business on discharge?

Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war? No (b) Do you feel competent to operate a farm? (c) If so, in what kind of farming?
25. (a) Were you born on a farm? (b) How many years' actual farming experience have you had? (c) In what provinces 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? No
27. If so, state nature of your plans (for example, do you plan to return to school, or have you been assured of a job, etc.) N/A
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form Mining

DATE II June '41 194...... SIGNATURE James Davidson

Doit être fait en double exemplaire

M.F.M. 5 (Fr.)
30M — 3-40 (4227-8)
H.Q. 1772-39-1651

DÉTAILS SUR LA FAMILLE D'UN OFFICIER OU SOLDAT DE L'ARMÉE ACTIVE DU CANADA, OU D'UN OFFICIER OU AVIATEUR DU CORPS D'AVIATION ROYAL CANADIEN (RÉSERVE SPÉCIALE)

INSTRUCTIONS:

(*a*) Cette formule doit être remplie dès qu'un officier ou un soldat est nommé ou enrôlé dans l'armée active du Canada ou qu'un officier ou aviateur est nommé ou enrôlé dans le Corps d'aviation royal canadien (Réserve spéciale).

(*b*) Il faut répondre à toutes les questions, et donner tous les détails nécessaires.

(*c*) Les deux exemplaires de la formule visant chaque officier, ou soldat ou aviateur doivent être envoyés par le commandant de l'unité au payeur ou à l'officier qui le remplace. Ce dernier enverra un exemplaire au Chef des Archives du quartier général de la Défense nationale, Ottawa, par l'intermédiaire du payeur du district, de la région ou du camp. L'autre exemplaire sera retenu par le payeur de l'unité. En cas de mutation, cet exemplaire sera transmis au payeur de la nouvelle unité où l'intéressé aura été versé.

---

(1) Nom de l'officier, ou soldat, ou aviateur DAVIDSON, JAMES
(Nom et prénoms en entier et en lettres moulées)

(2) Matricule et grade D 46216 PRIVATE

(3) Unité SHERBROOKE FUSILIER REGIMENT C.A.S.F.

(4) Êtes-vous marié? NO

(5) Si oui, donnez

(*a*) le nom entier de votre épouse N/A

(*b*) l'adresse postale actuelle de votre épouse N/A

(6) Si vous êtes marié, avez-vous toujours fait vivre votre épouse? N/A

Sinon, donez-en les raisons N/A

(7) Êtes-vous veuf? NO

(8) Avez-vous des enfants? N/A

Si oui, indiquez le nombre de garçons et de filles N/A

Donnez aussi leurs noms et leurs âges N/A

(9) Si une allocation familiale est réclamée pour les enfants, dites si vous avez pourvu régulièrement à leurs besoins N/A

Donnez les détails quant au tuteur auquel l'allocation familiale doit être payée, si elle est autorisée.

Nom N/A

Adresse postale N/A

(VOIR AU VERSO)

(10) Vivez-vous en union libre avec une femme — que vous avez constamment fait vivre et reconnue publiquement comme votre épouse pendant au moins deux ans à venir jusqu'à votre enrôlement? NO

Dans l'affirmative, donnez son nom en entier et son adresse postale N/A

(11) Est-ce que votre père vit encore? NO

Si oui, donnez son nom, son adresse et son emploi N/A

(12) Si votre père est veuf et complètement incapable de gagner sa vie, êtes-vous son soutien unique ou partiel? N/A

(13) Si vous êtes le soutien unique ou partiel de votre père qui est veuf et totalement incapable de gagner sa vie, dites quel montant par mois vous lui donniez avant de faire partie de l'A.A.C. ou du C.A.R.C. (Réserve spéciale) N/A

Si vous subveniez partiellement à son entretien, dites aussi pourquoi il n'a pas d'autres moyens de subsistance et pourquoi vous n'assuriez pas entièrement son entretien? N/A

(14) Est-ce que votre mère vit encore? YES

Dans l'affirmative, donnez son nom et son adresse DAVIDSON, MARY

48 WINSTON AVE., SALFORD, ENGLAND

(15) Si votre mère est veuve, êtes-vous son soutien unique ou partiel? NO

(16) Si vous êtes le soutien unique ou partiel de votre mère veuve, indiquez la somme mensuelle que vous lui donniez avant de faire partie de l'A.A.C. ou du C.A.R.C. (Réserve spéciale). N/A Si vous subveniez partiellement à son entretien, dites aussi pourquoi elle n'a pas d'autres moyens de subsistance et pourquoi vous n'assuriez pas entièrement son entretien? N/A

(17) Contribuez-vous à l'entretien de personnes à charge, autres que les susnommées?

Si oui, donnez les détails suivants: —

Degré de parenté N/A

Nom en entier N/A

Adresse postale N/A

Montant de la contribution mensuelle au cours des six derniers mois

N/A

(18) Avez-vous des frères âgés de pas plus de 16 ans ou des sœurs âgées de pas plus de 17 ans dont vous assuriez entièrement l'entretien comme faisant partie réellement de votre maison avant votre nomination ou enrôlement? N/A

(19) Êtes-vous assuré? NO

Si oui, dites dans quelle compagnie? N/A
(Indiquez le numéro de la police)

Avez-vous pris les dispositions nécessaires pour le paiement de votre prime d'assurance? N/A. Sinon, et s'il s'agit d'une prime mensuelle, vous pouvez déléguer le montant de cette prime en plus de toute autre délégation que vous désirez faire, pourvu que la délégation totale ne dépasse pas le montant mensuel maximum qui peut être délégué.

Je certifie par la présente que les renseignements par moi donnés sur cette formule sont exacts sous tous rapports.

James Davidson
(Signature de l'officier, soldat, ou aviateur)

Date 9th AUGUST, 1940

~~Lt-Col~~ [signature] Major
for Officier Commandant
THE SHERBROOKE FUSILIER REGIMENT
C.A.S.F.

Date AUG 26 1940

N.B. — Dans la présente formule l'expression père comprend un père adoptif et l'expression mère comprend une mère adoptive; toutefois, l'expression juste doit être, au besoin, substituée à celle de la formule.

Place	Date of offence	Rank	Cases of drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks
Debert, N.S.	4/6/42	Tpr		(4) A.A. 15(1) Absenting himself without leave from 2359 hrs 4/Jun /42 until he surrendered at 2030 hours 6/Jun/42. Absent 1 day 20 hours 31 min.	Cpl Lapointe Cpl Beakes	5 days C.B.	8/Jun/42	Capt. A.G. Sangster	Auto. Forf. to 2 days pay.

Killed in action

No. D-46216 Name Davidson, J. Sqn., Battery, or Company } Corps C.A.C. Date of enlistment } 9-8-40 G.C. Badges } 18-1-44 Service or Proficiency Pay } N/A

M.F.M. 6 (A.F.B. 122) 500M—8-39 (1703) H.Q. 1772-45-18

Date of last entry in Company Conduct Sheet } N/A No. and date of last drunk } N/A Period not reckoning towards freedom from extra fine } N/A Sheet No. 1 Signature O.C. Company, etc. } Capt. Character

Place	Date of offence	Rank	Cases of drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks
~~Sheet destroyed 9/Feb/41 ....Last entry...NIL...NIL cases drunkenness....Last instance NIL~~									Capt.
St. Bruno	7/7/41	Pte	-	(1) A.A. 15 (1) Absenting himself without leave from 0800 hrs 7/7/41 until 2030 hrs 9/JUL/41. Absent 2 days 12 hrs 30 mins.	C.S.M Harris	7 days C.B.	10/7/41	Capt. C.C Skinner	Aut. forf. 3 days pay.
St John's Nfld.	16/11/41	Fus	-	(2) A.A.40 Conduct to the prejudice, etc., causing a disturbance in the vicinity of Grace hospital	Pte. J.W. Lonergan Bdr. R.J. Patterson	3 days C.B.	18/Nov/41	Capt. C. E. Skinner	
St. John's Nfld.	18/1/42	Fus	-	(3) A.A. 40. Conduct, etc; Neglecting to obey an order given by an N.C.O.	Sjt. Fowlis	5 days C.B.	18/1/42	Major W.L. Tomkins	

Improper Entry deleted 15 nov 43

(P.T.O.)

(a) Report: Date	From whom received	(b) Unit	(c) Record of all casualties regarding promotions (acting, temporary, local or substantive), appointments, transfers, postings, attachments, &c., forfeiture of pay, wounds, accidents, admission to and discharge from Hospital, Casualty Clearing Stations, &c. Date of disembarkation and embarkation from a theatre of war (including furlough, &c.) in accordance with para. 2 of Note to Table I of Appendix III of Field Service Regulations, Volume I	(d) Place of Casualty	(e) Date of Casualty	(f) Army rank as at (e)	(g) Army Form or other authority for entry to be shown
30 Sept 41		S.F.R.	Embarkation	Ottawa	10-8-41.	Pte	
			Disembarkation	Nfld	14-8-41.		
9/11/42		27 CAR	T.O.S. Cdn Army O/S	Aldershot	28/10/42	Tpr.	Pt. 2 No. 6
9/11/42		27 CAR	S.O.S. Cdn Army Canada	Halifax	27/10/42	Tpr.	Pt. 2 No. 6
			Disembarked 5 11 42				
18-12-42		27 CAR	S.O.S. to Cdn Army Overseas	UK	15-12-42	Tpr.	Pt 2 No 6.
~~-do-~~		~~H Q 4CAD~~	~~T.O.S. from 27 Cdn Armd Regt~~ Cancelled	~~Field~~	~~16 Dec 42~~	~~"~~	~~40 21/19 Dec 42~~
UNIT REDESIGNATED			27 CDN ARMY TANK REGT				
12-3-43	C.R.	27 CATR	Att. f.a.p. to 1 C.R.U.	Field	7-3-43	Tpr.	6 d/18/3/43
20-3-43	C.R.	27 CATR	Ceased att. f.a.p. to 1 C.R.U.	Field	12/3/43	Tpr.	7 d/25/3/43.
7/4/43	C.R.	27 CATR	7 days P.L.	Field	24/3/43	Tpr.	11 d/26 Apr 43.
28/4/43	C.R.	27 CATR	Granted a daily Reg'tl rate of pay of $1.40 4 months proficient service	Field	1/2/43	Tpr.	14 d/6/5/43.
28/4/43	C.R.	27 CATR	Granted a daily Reg'tl rate of pay of $1.50 per diem 6 months proficient service	Field	1/4/43	Tpr.	14 d/6/5/43.
3/7/43	C.R.	27 CATR	Granted 7 days P.L. plus 48 hrs pass (9 days)	Field	25/6/43	Tpr.	24 d/17/7/43
3/7/43	C.R.	27 CATR	Change N. of K.	Field	3/7/43	Tpr.	24 d/17/7/43
			27 ARMOURED REG'T				
9 Aug 43	TTB-R	27 AR	Qual Gnr Op "C"	Field	9/8/43	Tpr	30/d/12/9/43
	C.R.	27 AR	Granted Trades pay Gnr Op "C"	Field	9 Aug 43	Tpr.	31 d/28 Sep 43
2 Oct 43	Ech.	27 AR	Adm to 14 Fd Amb	Field	23 Sep 43	Tpr.	35 d/7 Oct 43
28 Sep 43	Ech.	27 AR	Rem'd from 14 Fd Amb to 1 Spec Hosp	Field	25 Sep 43	Tpr.	35 d/7 Oct 43.
7 Oct 43	"	27 AR	Disch from 1 Cdn Spec Hosp	Field	7 Oct 43	Tpr.	37 d/22 Oct 43.
3 Jan 44	Ech.	27 AR	Adm to 5 Cdn FDS	Field	29 Dec 43	Tpr.	1 d/7 Jan 44
5 Jan 44	C.R.	27 AR	Awarded Canadian Volunteer Service Medal and Clasp	"	15 JAN. 44	"	4/27 Jan 44
			Rem'd from 5 Cdn FDS to 2 Cdn Gen Hosp	Field	29 Dec 43	Tpr	13/24 Mar 44
			SOS to X 3 List CAC on adm to 2 Cdn Gen Hosp ~~XXXXX~~ Gnr Op "C"	Field	29 Dec43	Tpr	13/24 Mar 44
21 Mar 44	C.R.	X3 CAC	Tos on adm to 2 C.G.H. (Gnr Op "C")	—	30 Dec 43	—	10-27 Mar 44
21 Mar 44	—	—	S.o.S to 2 CACRU on discharge 2 C.G.H. Gnr Op "C"	—	16 Mar 44	—	10-27 Mar 44
	O.C.	2CACRU	TOS fm CAC "X-3" List (27 CAR) having been Disch fm #2 Cdn Gen Hosp (Gnr Op C)		17Mar44	Tpr	#68 d/18 Mar 44
	O.C.	2CACRU	SOS to 27 C.A.R. (Reinf Increment) (Gnr Oper "C")	U.K.	24Mar44	Tpr	#74 d/24 Mar 44
		27AR	TOS ReinInc from2CACRU GNROP"C"	Field	25Mar44	Tpr	14/31 Mar 44

27 ARMOURED REG'T
THE SHER FUS R

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 Sherbrooke Fusillier Reg't. A.C.A. Regimental Number D-46216

27 Army Tank Regt

1. Surname Davidson
2. Christian Names James
3. *Substantive Rank and Appointment Trooper
   *Acting Temporary or Local Rank
   giving date

*To be entered in pencil to facilitate alteration.

4. Place of birth Manchester (Lancashire/ England.
5. Date of birth as declared on attestation March 5th 1914
   (A)
6. Date of enlistment Aug. 9th 1940
7. Place of enlistment Sherbrooke Que.
8. Residence at time of enlistment Sutton Que. Can.
9. (B) Special conditions (if any) of enlistment or rate of pay
10. (C) Any subsequent variations of conditions of service
11. Religion Church of England.
12. If married, state date Single
13. Trade on enlistment Labourer
14. Corps, trade and grade N.A. GUNNER Jmr op "C"
15. (D) Qualifications
16. (E) Miscellaneous entries

(17) Regiment or Corps: 27 Tank (SFR) Que

Unit (Battn., etc):

(18) Medical

Category	Date	Authority
(A1)	9/8/40	M.F.M.2

(19) Next of kin (entries to be made in pencil) (WIFE)
Mrs Pauline Davidson c/o
Mrs A. Gaulin RR 1 [illegible] P.Q.
Que, Canada

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

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

SERVICE AND CASUALTY FORM

(PART II)

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

Regiment or Corps ..... Regimental Number D46216

Substantive Rank ..... Surname DAVIDSON Christian Names James

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

(a) Report		(b)	(c)	(d)	(e)	(f)	(g)
Date	From whom received	Unit	Record of all casualties regarding promotions (acting, temporary, local or substantive), appointments, transfers, postings, attachments, &c., forfeiture of pay, wounds, accidents, admission to and discharge from Hospital, Casualty Clearing Stations, &c. Date of disembarkation and embarkation from a theatre of war (including furlough, &c.) in accordance with para. 2 of Note to Table 1 of Appendix III of Field Service Regulations, Volume I	Place of Casualty	Date of Casualty	Army rank as at (e)	Army Form or other authority for entry shown
	Ech	27 AR	SOS to 27 Armoured Reg't Gnr Op "C"	Field	9 Apr 44	Tpr	16/14Apr 44
	27 AR	27 AR	TOS from Rft Increment Gnr Op "C"	Field	10 Apr 44	Tpr	16/14 Apr 44
	CR.	27AR	Awarded 1 Good Conduct Badge	"	18 Jun 43	"	18/25 Apr 44
16Jun44	CR	27AR	SOS killed in action	Field	7Jun44	Tpr	29/26 Jun 44

No D.46216 Rank Trooper Name DAVIDSON, James

Unit Royal Canadian Armoured Corps 27 ARMY TK. REGT. Date of death 7th June, 1944.

Died at ~~Italy.~~ WESTERN EUROPE.

Cause Killed in action.

Death occurred on strength of Forces.HQ 405-D-4590 d 20-6-44

N/K Mrs. Pauline Davidson Relationship Widow

Address 28A Worthington Street, Sherbrooke, P.Q.

Remains buried in Cemetery

~~MR 5728 1/250 opposite Campobasso Cemetery, Italy 36, Benevento, Campobasso, Italy.~~

Entered in error

Grave location

CHK ✓

BAYEUX MEMORIAL

DEATH CERT. TO N.K.

BURIAL REPORT TO N.K.

RETURN TO BUR. OF STAT. OCT 25 1946

ROYAL MESSAGE DESP'D.

CAN. MESSAGE DESP'D. 27/6/44

2009

FORM No. 1

Register No. ..... Nominal Roll No. .....

H.Q. File No. .....

To: P.M.G.

CANADIAN ARMY (ACTIVE)

Computation of Service

WAR SERVICE GRANT

Regt. No.	Rank when S.O.S.	Surname	Christian Name in Full
D46216	Tpr	DAVIDSON	JAMES

REASON FOR TERMINATION OF SERVICE:

1st Enlistment ..... Deceased ..... CARO ..... ( )

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

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

Total Service

1ST ENLISTMENT	2ND ENLISTMENT	3RD ENLISTMENT
T.O.S. 9 Aug 40	T.O.S.	T.O.S.
S.O.S. 7 Jun 44 MD O/S	S.O.S. MD	S.O.S. MD
Total Days 1399	Total Days	Total Days

Total Service ..... 1399 DAYS

—	Total Service	Less Non-qualifying Service	Net Service
Western Hemisphere	810	33	777
Overseas Service	589	—	589
Totals	1399	33	1366
Add Non-qualifying Service			33
Total Service			1399

EMBARKATION DETAILS:

1. Date S.O.S. Overseas 7 Jun 44 ..... 2. ~~Date S.O.S. Overseas~~ .....

REMARKS:

KILLED IN ACTION 7 Jun 44

Computer's Signature D. Smith

Checker's Signature R. Kennedy

Date Computed 16 May 45

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

P. Pearson
Capt

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

500M—11-44 (6012)
H.Q. 1772-45-8

Details of Non-Qualifying Service

Western Hemisphere—

Forfeits for	From	To	Effective Date	Days	Total
AWL	7 Jul 41	9 Jul 41			3
AWL	22 Mar 42	29 Mar 42			7
AWL	4 Jun 42	6 Jun 42			2
AWL	5 Sep 42	17 Sep 42		13	
For FAA 46			17 Sep 42	6	
Detn	(3 days con. with AWL)		17 Sep 42	2	21
				Total	33

Overseas: T.O.S. 28 Oct 42 T.O.S. T.O.S.

S.O.S. 7 Jun 44 S.O.S. S.O.S.

				Total	Nil

File No 405-D-4520

VERIFICATION FORM

WAR SERVICE MEDALS 1939-45

No. D 46216 Name Davidson, James

Rank on Discharge _____ Date of Discharge _____

Authority for Discharge or Retirement Deceased

Served in:

				Non-qualifying service
Canada	from 9-8-40	to 27-10-42		
	from	to		
United Kingdom	from 28-10-42	to 5-6-44		
	from	to		
Italy	from :-	to		
Northwest Europe	from 6-6-44	to 7-6-44	Killed in action	
---------	from	to		
---------	from	to		

Eligible for award of:

1939 - 45 Star O.K

---------- _____

~~Italy Star~~ _____

France-Germany Star OK

Defence Medal OK

War Medal OK

Canadian Volunteer Service Medal with Clasp OK

M

N.R.D

Verified by Edna Sauve

Date JUN 29 1946

Carded JUL 2 1946

HA 165

FORM 6

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not write in this space

1. PLACE OF DEATH — Municipal county: IN THE FIELD (WESTERN EUROPE) — Official name of civil municipality or township: — Place an X over the word which applies to this municipality or this territory: City | Town | Village | Parish | Township — Street: — No. — Hospital or Institution:

2. LENGTH OF STAY

(a) In hospital or institution	Years	Months	Days	(b) In municipality where death occurred	Years	Months	Days	(c) In Province	Years	Months	Days	(d) In Canada (if immigrant)	Years	Months	Days

3. NAME OF DECEASED

Surname: DAVIDSON. (Block letters)

Given names: James.

4. RESIDENCE

Street: No.

Official name of civil municipality or township: Sutton.

Municipal county: Province: Quebec.

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

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

10. BIRTHPLACE (Province or Country): England.

11. DATE OF BIRTH: March (Month) 5th. (Day) 1914. (Year)

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

OCCUPATION

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

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

15. Date deceased last worked at this occupation:

16. Total years spent in this occupation:

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

19. Place of burial, cremation or removal: Body not recovered.

20. Date of burial: ....19....

21. PLACE OF REGISTRATION OF THIS BURIAL

(a) Name of parish or church:

(b) Civil municipality of:

(c) Municipal county:

(d) Date: (Month) (Day) (Year) 19....

Do not write in this space

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: June (Month) 7th. (Day) 1944. (Year)

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

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

24. CAUSE OF DEATH

I

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

due to

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

due to

(c)....

II

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

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

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

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

State findings.... Was there an autopsy?

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

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

Manner of injury.... (How sustained)

Nature of injury....

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

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

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

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

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

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

(Voir l'autre côté pour le français)

CASUALTY CANADIAN ARMY

OCT 25 1946

Director of Records, Dept. of National Defence.

TL

DISTRIBUTION OF SERVICE ESTATES

ARMY

Estates Form "P. 4"

Name: DAVIDSON, James (Surname / Christian Names) No.: D.46216

Tpr. (Rank) G.A. O/S (Unit) 7-6-44 (Date of Death)

AMOUNT

L.P.C. $ 40.40

Date: 6-3-45

Other Credits

Total 40.40

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Widow	Mrs. Pauline Davidson, 28A Worthington Street, SHERBROOKE, Que., (Sole beneficiary under will)	R 40.40
		TO BE FORWARDED BY REG. MAIL DIRECT. E4. TO TREAS. 16-4-45	

AUTHORITY

H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	$40.40

CLASSIFIED BY Original Signed by K. L. McCUAIG

EXAMINED BY

For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

Original signed by

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

AUDITED FOR PAYMENT

For Chief Treasury Officer

50M—8-44 (5426)
H.Q. 1772-80-2

FOR COMPLETION AND RETURN BY

Form P. 64

Mrs. Pauline Davidson,
28A Worthington St.,
Sherbrooke, Que.

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

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

and the following number quoted:—

H.Q. 405-D-4590, F.D.112

DEPARTMENT OF NATIONAL DEFENCE

ESTATES BRANCH

OTTAWA, ONT.

August 30th, 1944

For the purpose of record and in the event of there being any Service estate available for distribution (according to law) on account of the late

DAVIDSON, James, Tpr.

No. D46 216, Canadian Army

ESTATES BRANCH OCT 4 1944 H.Q. OTTAWA NATIONAL DEFENCE

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

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

C Stevenson Capt
for Director of Estates.

CA.

M.F.W. 77
6-44 (4878)
H.Q. 1772-39-972

ANSWER IN FULL ALL APPLICABLE QUESTIONS

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

Degrees of Relationship	RELATIVES required to be accounted for		INFORMANT'S STATEMENT: NAME IN FULL of any Relative, if any, in each degree specified	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased		Pauline Davidson	24	28a Worthing St, Sherbrooke Que.
2	Children of the Deceased and dates of their Births		Ronald James Davidson	2 1/2	Same as above
			Shirley Ann Davidson	1 yr	— do —
3	Father of the Deceased		James Dead. No Information		
4	Mother of the Deceased		Mary Davidson	unknown	England
5	Brothers of the Deceased	Full Blood	4 Brothers All in England. No particulars available		
		Half Blood	None		
6	Sisters of the Deceased	Full Blood	1 Sister		England
		Half Blood	None		

7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, *who are dead*, and date of death of each.	Names and ages of their children (if any)	Address of their children
	No	particulars	available

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	James Saunders
9	Date of his birth.	Mar 5/14
10	Place and date of his marriage.	Sherbrooke Que Feb 14/41
11	Place and date of his parents' marriage.	Unknown Probably England

PARTICULARS OF DOMICILE

12	Place where deceased was born.	England
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Quebec. (b) (c) (d)
14	Nature of employment before enlistment.	Laborer.
15	State whether he owned the premises in which he lived, and, if so, where situated.	No.
16	Name place where deceased stated he intended to make his permanent home.	—

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	No.
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?	Community of 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?	No.
20	Amount of War Savings Certificates held by deceased. Indicate where located.	No.
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	No.
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	No.
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	Personal Effects only

OTHER PARTICULARS

24	Did the deceased after enlistment incur any debts for:— (a) His own separate board and lodging while on service. (b) Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	No
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 amounts authorized in the Regulations, where death occurs and burial is made Overseas as well as where death occurs and burial is made in Canada or elsewhere in the North American zone, and if a relative has already paid those expenses the Government will reimburse such relative to the extent of the amount authorized in the Regulations. Any amount of such expenses in excess of those authorized in the Regulations is not payable by the Government nor is it chargeable against the service estate of the deceased.)

(PLEASE TURN OVER)

DECLARATION

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

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

*Widow of the deceased.

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

Mrs Pauline Davidson } Signature of Informant

28a Worthington St Sherbrooke Que. Address

CERTIFICATE

I hereby certify that to the best of my knowledge and belief Pauline Davidson { Name of informant } is the* widow of the Deceased above described. The above Declaration was made by the Informant and signed in my presence.

*See above.

Dated at Sherbrooke Que this 3 day of Oct 1944

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces.

Qualification Commissioner of the Superior Court District of St-Francis.

Address 45 Wellington St No Sherbrooke Que.

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

(If the deceased has no living relatives of the degrees shown on page 2, the names and addresses and relationship of other relatives should be set out below.)

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

COPY I.E.P.

To be made out in duplicate

M.F.M. 5
150M—7-41 (1122)
H.Q. 1772-39-1651

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

INSTRUCTIONS.

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

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

(*c*) Both copies of the form are to be forwarded by the Officer Commanding the unit for each officer and other rank, to the Paymaster, or Officer acting as such. The latter will transmit one copy, through the District, Command, or Camp Paymaster, to the Officer i/c Records, N.D.H.Q., Ottawa. The other copy will be retained by the Paymaster of the unit, when transferred to another unit the copy retained by the Paymaster will be sent to the Paymaster of the individual's new unit.

---

(1) Name of Officer or Other Rank ..... DAVIDSON, James
(Surname first—Christian names in full—Block capitals)

(2) Regimental or Official Number and Rank ..... D 46216 Private

(3) Unit ..... Sherbrooke Fusilier Regiment C.A.S.F.

(4) Are you married? ..... No

(5) If married, state,

(*a*) Full name of your wife .....

(*b*) Present postal address of wife .....

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

(7) Are you a widower? ..... No

(8) Have you any children? ..... Number of boys ..... Girls .....

Names and ages .....

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

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

Name .....

Postal Address .....

[SEE OTHER SIDE]

(10) Have you a common-law wife—whom you have been regularly supporting and publicly representing as your wife for at least 2 years immediately prior to appointment or enlistment? No.....

If so, state her full name and Postal Address.....

.....

.....

(11) Is your father alive? No

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

.....

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

(13) If sole or partial support of father who is a widower, totally incapacitated from earning a living —state what amount per month you have given him prior to appointment or enlistment.....

.....

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

(14) Is your mother alive? Yes

If so, state name and address DAVIDSON, Mary

48 Winston Ave., Salford, England.

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

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

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

(17) Are you contributing to the support of any dependents, other than those shown above?.....
This may include any brothers 16 years of age or under, or any sisters 17 years of age or under, solely supported and maintained as bona fide members of your household before your appointment or enlistment.

If so, state the following particulars:—

Relationship .....

Full Name .....

Postal Address .....

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

.....

(18) Are you insured? No

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

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

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

(Sgd.) James Davidson
(Signature of officer or man)

Date 9th AUGUST, 1940.

(Sgd.) M.W. McNaulty ? Lt.Col.

Officer Commanding THE SHERBROOKE FUSILIER REGIMENT C.A.S.F.

Date.....

N.B. (If parent(s) of the officer or other rank concerned has (have) been replaced by foster parent(s), questions relating to fathers and/or mothers above should be altered and answered as applicable.

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

WILL

M.F.M. 10
100M-8-40 (6538)
H.Q. 1772-39-1656

(1) I, James DAVIDSON (Name in Full), of the Town (City, Town, Village, Township)

Address in civil life.

of Sutton, in the County/District of Brome,

Province of Quebec, labourer (Civil Occupation)

Regimental No. D-46216, Unit S.F.R. 1044, do hereby revoke all former Wills by me made and declare this to be my LAST WILL.

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

(2) I GIVE, DEVISE AND BEQUEATH unto

My wife, Pauline Davidson, of 23 High Street, Sherbrooke, P. Quebec, Canada, all of my estate.

Relationship, names and address of residuary beneficiaries.

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

(4) I appoint Pauline Davidson (Name) 23 High St., Sherbrooke, P. Que. (Address)

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

IN WITNESS WHEREOF I have hereunto set my hand this 25th day of Feb 1941.

Signed and acknowledged by the Testator, in the presence of us present at the same time who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as witnesses.

James Davidson (Signature of soldier)

First witness sign here.

(5) Signature Herbert Y. Patten.

Civil Address Office-Clerk 135 Drummond St., Sherbrooke, Que., Can.

Civil Occupation Office Clerk

Second witness sign here.

Signature W. H. Rieder

Civil Address Richmond, P. Que., Canada

Civil Occupation Bank clerk.

(Witnesses are not to be beneficiaries.)

[OVER]

405-D-4590

RECORDS OFFICE OVERSEAS.

CANADIAN MILITARY HEADQUARTERS.

GRAVES REGISTRATION CARD.

NAME DAVIDSON, James.

PLACE & DATE OF BIRTH LANCASHIRE, ENGLAND. 5 Mar. 1914

RANK Tpr.

REGIMENTAL NO D.46216

UNIT 27 Arm'd Regt. C.A.C.

NEXT OF KIN & ADDRESS WIFE.
Mrs. Pauline DAVIDSON,
C/o Mrs. A GAULIN, RR #1 Lennoxville
QUE. CANADA.

PARTICULARS OF HOSPITALISATION

DATE OF ADMISSION

NAME & LOCATION OF HOSPITAL

DIAGNOSIS

PARTICULARS OF DEATH

DATE OF DEATH 7 Jun 44.

PLACE OF DEATH No information.

HRS

CAUSE OF DEATH KILLED.

PARTICULARS OF BURIAL

DATE OF BURIAL No information.

CEMETERY No information.

PLOT NO. ROW NO. GRAVE NO.

DEATH CERTIFICATE NO

DATE OF REGN OF DEATH CERT

RELIGION Church of England.

DATE 13 Sep 45.

Noted
2(D)

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

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

27

405D 4590

SUPPLEMENTARY

FIELD SERVICE

In lieu of Army Form B.2090A

REPORT of Death of an Officer or a Soldier to be forwarded to the War Office with the least delay after receipt of notification of death. See Table II, Appendix III, Field Service Regulations, Vol I.

REGIMENT OR CORPS 27 Cdn Armd Regt Squadron, Troop Battery or Company

Officer's Personal No (if known) D46216 Rank Tpr
Soldier's Army No

Surname DAVIDSON Christian Names J.

Died: Date 7 Jun 44 Place

Cause of Death x Killed

Nature and Date of Report Tele 4580 16 Jun 44

By whom made ARCO

x Specially state if killed in action, or died from wounds received in action, or from exposure while on military duty, or from injury while on military duty.

Burial: Place BURIAL PARTICULARS NOT AVAILABLE Date

By whom reported

State whether he leaves a Will or not: (a) in Army Book 64 No.

(b) as a separate document Not Rec'd

All private documents and effects received from the front or hospital, as well as A.B. 64, should be examined, and if any will is found it should be at once forwarded to the War Office.

Any report received as to verbal expressions by deceased officer or soldier of his wishes as to the diposal of his estate should be forwarded to the War Office at once, supported by a certified statement of the person who actually received the information.

In the case of a soldier a duplicate of this report is to be sent to the Paymaster at the Base, together with the deceased's A.B. 64 (after withdrawal of any will from the latter), for transmission to the Paymaster who compiles the soldier's account.

Station and Date: Belgium 18 Apr 45

Signature of Officer in charge of Section Adjutant-General's Office at the Base: Eric G Roberts Capt., for Officer i/c Cdn Sec 2nd Ech HQ 21 A Gp

26

CASUALTY SECTION EXTRACT FORM

A.457.

Message Received from 21/CAS/280.

Time Message Received

Date Message Received 16 June.44.

AEF

REGIMENTAL No.	RANK	NAME	FULL CHRISTIAN NAMES
D.46216	TPR.	DAVIDSON.	JAMES

UNIT 27 ARMOURED REGIMENT.C.A.C.

KILLED 7 June.44.

CASUALTY PARTICULARS—KILLED—MISSING—WOUNDED—DIED—S.I. or D.I.

(*This information must be clearly stated*)

Hospital Admitted to .... Date ....

Hospital Transferred to .... Date ....

Hospital Transferred to .... Date ....

Hospital Discharged from .... Date ....

1044/1

ENTERED ON CAS. CARD CAS. LIST. A-457

FOR VERIFICATION CLERK

IMPORTANT NEXT-OF-KIN IMPORTANT

If next-of-kin is in CANADA—Give full Address and Relationship.
If next-of-kin is in U.S.A.—Give full Address and Relationship.
If next-of-kin is in BRITISH ISLES—Give full Address and Relationship.

NEXT-OF-KIN MRS. PAULINE DAVIDSON RELATIONSHIP WIFE

Note: If the next-of-kin resides in the British Isles or U.S.A., mark Red X in upper left-hand square.

Address C/o MRS. A. GAULIN
R.R # 1 LENNOXVILLE QUE.

Home Town SUTTON QUE.

Cable No. 1976

23

1453 m43

Verification Clerk's Signature.

23

C.F.A. 48
40/P & S/1568 (1/43)

25M-12-44 (6215)
H.Q. 1064-81-3

4
ARMY

DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

DECEASED MEMBER'S NAME: James (CHRISTIAN NAMES) DAVIDSON (SURNAME)

PAYEE: Mrs. Pauline DAVIDSON,
ADDRESS: 28 A. Worthington St.,
Sherbrooke - P.Q.

REGISTER NO. D-9913
FILE NO. 405-D-4590
DATE 11-5-45
SERVICE NO. D-46216
FINAL RANK OR RATING Tpr.
DATE OF DISCHARGE 7-6-44

DATE OF TERMINATION OF OVERSEAS SERVICE 7-6-44

	$ ¢
A. TOTAL QUALIFYING SERVICE 1350 — NO. OF DAYS 1368 / 30 EQUAL TO 45 COMPLETE PERIODS AT $7.50	337.50
B. QUALIFYING OVERSEAS SERVICE — No. of Days 589 LESS 18 INELIGIBLE DAYS, EQUAL TO 571 DAYS @ 25c. PER DAY (SEE PAR. 2 OVERLEAF FOR EXPLANATION)	142.75
	480.25
C. SUPPLEMENT FOR OVERSEAS SERVICE	
DAILY RATES AT DISCHARGE: PAY $ 1.50; SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE $ 1.25; ADDITIONAL PAY $ .25; $; $; DEPENDENTS' ALLOWANCE 1/30 OF $ 63.12 $ 2.10; TOTAL $ 5.10 X7 = $ 35.70; NO. OF DAYS 589 / 183 X$ 35.70	114.90
D. WAR SERVICE GRATUITY	595.15
E. DEDUCTIONS — OVERPAYMENT OF PAY AND ALLOWANCES $; DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $; OTHER DEDUCTIONS $	
F. TOTAL AMOUNT PAYABLE	595.15

G. YOUR PORTION OF GRATUITY IS— 100%

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

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

25

RECEIVED
MAY 24 1945
WAR SERVICE GRATUITY DIVISION, ARMY TREASURY

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

PREPARED BY	CHECKED BY

TREASURY	
CHECKED BY	DATE
A. L. Goodhouse	24/5/45

SERVICE REPRESENTATIVE

COMPUTATION OF WAR SERVICE GRATUITY

MEMBER'S NAME JAMES DAVIDSON (Christian Names) (Surname) — Register No. D-9913

PAYEE'S NAME Mrs Pauline Davidson (Christian Names) (Surname) — File No. 405-D-4590

Date 10 May 45

ADDRESS 28A Worthington St Sherbrooke P.Q. — Service No. D-46216

Final Rank Gnr

DATE OF TERMINATION OF OVERSEAS SERVICE 7 Jun 44 — Date of Discharge 7 Jun 44

	AMOUNT $	c
A. TOTAL QUALIFYING SERVICE No. of days $\frac{1368}{30}$ = 45 (18) Periods @ $7.50	337	50
B. QUALIFYING OVERSEAS SERVICE No. of days 589 less 18 Ineligible days, equal 571 Days @ 25c per day	142	75
C. SUPPLEMENT FOR OVERSEAS SERVICE Daily Rate of Pay $ 1.50 Subsistence Allowance $ 1.25 Additional Pay $ .25 Dependents' Allowance 1/30 $ 63.12 $ 2.10 TOTAL $ 5.10 × 7 = $ 35.70 No. of Days $\frac{589}{183}$ × $ 35.70	480	25
	× 114	90
D. WAR SERVICE GRATUITY	595	15
Computed By		
E. DEDUCTIONS — Overpayment of (1) Pay & Allowance $ (2) D.A. & A.P. $ Other Deductions $		
Entered By		
F. AMOUNT PAYABLE (This amount is payable in ..... monthly instalments of $..... each)	595	15

G. Monthly instalment not to exceed *daily rate* of Pay & Allowances per (C)

$..... × 30 = $.....

REMARKS

21

100M-11-44 (6087)
H.Q. 1764-81-3

Copy of D 9913

APPLICATION FOR WAR SERVICE GRATUITY BY

DEPENDENTS OF DECEASED PERSONNEL - (Canadian Army)

1. I hereby make application for payment of War Service Gratuity to which I may be entitled in respect of the under-mentioned deceased member of the Canadian Army.

(a) Surname DAVIDSON

(b) Christian Names JAMES

(c) Regimental No. D 46216

(d) Rank at time of decease TROOPER

2. I hereby submit the following particulars in support of my application:-

(a) Surname DAVIDSON

(b) Christian Names PAULINE

(c) Relationship to deceased ~~WIFE~~ WIFE

(d) Address in full MRS PAULINE DAVIDSON
28A WORTHINGTON ST.
SHERBROOKE QUE.

Yours truly,

Date April 16/45

Pauline Davidson
(Signature of Applicant)

20

CASUALTIES ONLY
For purposes of W.S.G.
Casualties include death
subsequent to discharge.

Register No. D.9913

File No. 405-D-4590

WAR SERVICE GRANTS ACT 1944

Ottawa April 16 1945

To: Chief Treasury Officer,
Dependents' Allowance and Assigned Pay Branch

Service No. D.46216

Name J. Davidson,
Christian Name Surname

Please supply the following information in respect of the marginally named at the time of his discharge or death and return this form in duplicate along with the file to the undersigned.

K.W. Rice
(K.W. Rice) Lieutenant,
for(A.R. Mortimore) Brigadier,
Paymaster-General

	Name	Amount
Names and relationship of persons in receipt of D.A. and amount of monthly award.	Mrs Pauline Davidson	$ 63.12
	wife + 2 children	
If no D.A. in issue, list names and relationship of persons in receipt of A.P. who may be classed as dependents under W.S.G. Act, 1944 and amount of monthly assignment		
Names and relationship of persons to whom assigned pay was continued by supplementary award after death.		
Amount of overpayment of dependents' allowance and/or assigned pay deductible from the War Service Gratuity and name of person to whom paid.		

MAY 3 - 1945

194

For Chief Treasury Officer,
D.A. & A.P. Branch

C.T.O., D.A.&.A.P.

Overpayments of D.A. and/ or A.P. recovered from W.S.G. $

194

for C.T.O.

17

405-D-4590

20/11/44

Mrs. Mary Davidson
9. Bow St. Silk St
Salford 3. Lancs. Eng

Dear Sir

received Memorial bross on behalf of my Son Tpr. J. Davidson No. D 46216 I thank you very much for I had nothing in memory of my Son but I know he died for a good cause it was just the way he wished the last time we met. he was the youngest of 5 Sons am very proud of them all so I thank you again

Yours Mrs Mary Davidson

Director of Records
A. G. Branch
DEC 6 1944
Nat. Defence Hqrs
Ottawa, Canada

Noted
H. A. R.
A. B.

14

DEPARTMENT OF NATIONAL DEFENCE
ARMY

(R)
Records (HA2)

Mrs. Pauline DAVIDSON,
28 A Worthington St.,
SHERBROOKE, P.Q.

File No. 405-D-4590

Nat. Defence Hqr
Ottawa, - Canada

OTTAWA, 27 Oct. 1944

Regt. No. and Name D-46216 Tpr. DAVIDSON, James

For the purpose of record and in the event of there being any Memorials available for distribution on account of the ex-soldier marginally noted, it is necessary that the following information be furnished, please. It would be appreciated if you would complete and return this Form at your earliest convenience.

A.C. Chadwick

(A.C. Chadwick) Major,
Secretary, Sub-Committee Awards Board,
for Adjutant-General.

Relatives Required to account for	Name in full of relative	Address in full	(or) date of death
~~Widow of Soldier~~			
~~Father of Soldier~~			
Mother of Soldier	MRS. MARY DAVIDSON	7 BOWEN, ST. SILK, ST. SALFORD 3, LANCS.	ENGLAND

Mother's Name & full Address PLEASE

If the soldier was married, please state exact place and date of marriage.

MARRIED FEB. 15-1941 ST-PATRICK CHURCH SHERBROOKE.

DECLARATION

I HEREBY DECLARE that the above particulars are correct, that the particulars given in this Statement are a true and complete Statement of the relatives of the soldier in the degrees inquired for; and that I am the

WIDOW of the deceased.

#Insert degree of relationship:-
For example, - "Widow", "Father", etc.

Mrs Pauline Davidson
(Signature)

28 A Worthington St.
Sherbrooke P.Q.
(Address)

OCT-31-1944
(Date)

Noted
H.A.2
J.B.

A2-70A

13

Mrs. Pauline Davidson,
28A Worthington St.,
Sherbrooke, P.Q.

Dear Mrs. Davidson:

It is with deep regret that I learned of the death of your husband, D46216 Trooper James Davidson, who gave his life in the Service of his Country in France, on the 7th day of June 1944.

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

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

We pay tribute to the sacrifice he so bravely made.

Yours sincerely,

H. F. G. LETSON
Major - General
Adjutant - General

JUN 23 1944

(H.F.G. Letson),
Major-General,
Adjutant-General.

GR/ET

8