D46268
FIDLER
EDWARD

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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 FIDLER. EDWARD (b) Reg'l. No. 046268.
2. (a) Arm of service Army (b) Unit Sherbrooke Fusiliers Regt (c) Rank Private
3. (a) Date of birth 26/11/1921 (b) Have you any dependents? No (c) Place of residence at time of enlistment North Hatley
4. (a) Place of enlistment Sherbrooke Que (b) Date of enlistment 19/8/40

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 15 yrs. (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.) 7 years Public School
7. If you attended a university, give name of university and standing or degree secured —
8. (a) Did you ever enter upon a trade apprenticeship? No (b) If so, for what occupation? — (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?

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 Robt. McVeity Address North Hatley
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Farmer
20. (a) Your specific occupation Farm Labourer (b) Number of years' experience at this occupation with any employer 2 yrs.
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? No (c) If so, in what kind of farming? —
25. (a) Were you born on a farm? No (b) How many years' actual farming experience have you had? 3 yrs (c) In what provinces did you have experience? Que.

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.)
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form Motor Mechanic

DATE 6-5-194 1 SIGNATURE E. Fidler

FOR COMPLETION AND RETURN BY

Form P. 64

Mr. Robert McVittee,
North Hatley, 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-F-6427 FD. 207

DEPARTMENT OF NATIONAL DEFENCE

ESTATES BRANCH

OTTAWA, ONT.

September 22 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

FIDLER, Edward, Trooper

D.46268, (C.A.)

ESTATES BRANCH OCT 3 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.

A Lemenson Capt
for Director of Estates.

GC/

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

12-8-44

FB

M

AWARDS—CANADIAN ARMY (ACTIVE) 1715

500M—1-44 (3467)
H.Q. 1772-45-8

FILE No. 405-F-6427

SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT
FIDLER,	Edward	D-46268	Tpr.	C.A.C.

WAR SERVICE BADGE (CLASS) NO. DATE DESPATCHED:

ADDRESS:

M.I.D

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star	
France-Germany Star	1562 17/1/50
Defence Medal	5
War Medal	
CVSM & Clasp	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

(1) MEDALS

PERSON ENTITLED TO Mrs. Mary P. ~~FIDLER (WIDOW)~~ BULLOCK (re-married)

ADDRESS: 43 Allens Road,
Southsea, Hants, England.

(1) 11-3-49

(2) MEMORIAL CROSS

WIDOW Mrs. Mary P. FIDLER, (ENGLISH)

1715

ADDRESS: 43 Allens Rd., Southsea, Portsmouth, Eng.

(2) DESP. NOV 21 1944
REGN No. 8305

(3) MEMORIAL CROSS

MOTHER Deceased. (MFM--5)

ADDRESS:

MEMORIAL B R

(3) DATE DESP

REGN. NO 640

Received.....Checked...F.....Card...✓.....Observations.....

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 (1696)
H.Q. 1772-45-18

Unité (Unit) THE SHERBROOKE FUSILIER REGIMENT C. A. S. F. Matricule (Regimental Number) 0-46268

~~Original~~
Duplicata
~~Triplicata~~

ARMÉE ACTIVE DU CANADA 01
CANADIAN ACTIVE SERVICE FORCE

Original
Duplicate
Triplicate

FORMULE D'ENRÔLEMENT
ATTESTATION PAPER

1. Nom (Surname) FIDLER
2. Prénoms (Christian Names) EDWARD
3. Adresse actuelle (Present Address) NORTH HATLEY P. QUEBEC CANADA
4. Date de naissance (Date of birth) 26th NOVEMBER 1921
5. Lieu de naissance (Place of birth) ENGLAND (Pays)—(Country) KNUTSFORD IN LANCASHIRE (Comté ou province)—(County or Province) (Ville ou canton)—(Town or Twp.)
6. Religion (State denomination) CHURCH OF ENGLAND
7. Métier ou profession (Trade or Calling) FARMING
8. Marié, veuf ou célibataire (Married, Widower or Single) ~~SINGLE~~ married
9. Nom du plus proche parent (Name of next of kin) ~~TOM KEELEY (SHERBROOKE P. QUE. CANADA)~~ See Change
10. Parenté de celui-ci (Relationship) ~~GUARDIAN~~ See Change
11. Adresse du plus proche parent (Address of next of kin) ~~GIBBS HOME SHERBROOKE P. QUE. CAN.~~ 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
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?) NO
(Indiquez l'unité et la date de l'enrôlement)
(Give unit and date of attestation)

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

Je, soussigné, EDWARD FIDLER, 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 19-8-40 Edward Fidler
(Signature de la recrue)
WITNESS Gerald Mellard

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

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

Edward Fidler
(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 19th jour de AUGUST 19 40

J Bethenberg Capt
(Signature du magistrat, du juge de paix ou de l'officier qui fait prêter le serment)
THE SHERBROOKE FUSILIER REGIMENT
(Titre, grade et unité ou emploi)
RECRUITING OFFICER. A. F.

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

FINGERPRINTED—CAIB

État de service de FIDLER EDWARD Matricule D 46268
Record of Service of (Nom—Surname) (Prénoms—Christian Names) Regimental Number

APTITUDES
Qualifications

Militaires: None
Military

Professionnelles ou commerciales: None
Business or Professional

Civiles ou de métier: Farmer
Trade or Civil

Techniques: None
Technical

Langues: English
Languages

QUALITÉS ÉDUCATIONNELLES
Educational qualifications

Académies High School or Collegiate: 2 years (années complétées—years completed)

Graduation ou (or) Immatriculation Matriculation: None (Spécifier—Specify)

*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
		Affecté lors de son enrôlement / Joined on enlistment				SHERBROOKE, Que	Part 2 No. 16	Aug 28/40
1227-		THE SHERBROOKE FUSILIER REGIMENT	Private	19/8/40	A.T.R.			
22-8-40	S.F.R.	Granted subsistance allowance	"	19-8-40	"	"	Part 2 No. 18	22 Aug. 40
9-9-40	"	Cease to draw subsistance allowance	"	31-8-40	"	"	Part 2 No. 28	9 Sept. 40
22-8-40	"	AWL from ~~Forfeits x days pay for~~ AWL from 0130-21-10-40		21-10-40	"	"	" " 58	
22-8-40	"	Forfeits 1 days pay fro AWL 0130-21-10-40						
		until 1300 hrs 21-10-40	"	21-10-40	"	"	" " 58	22-8-40
3 March 41	"	Granted 14 days furlough from 3-3-41 16-3-41	"	3 Mar 41	"	"	Part 2 No. 48	3 Mar 41
16 Aug. 41	"	Granted 48 hours embarkation leave	"	7 Aug. 41	"	Ottawa	Part 2 No. 174	16 Aug. 41
		Occupational His tory Form	"	21 June 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 INVALIDITÉ. SI OUI, DONNEZ DÉTAILS... No...

20-8-41

19-8-40

Nom en e
Name in full

PAR
Part 1.

1. Age...

a. Rhumi
Rheumat

b. Tuberc
Tubercul

c. Bronch
Bronchit

d. Affecti
Heart dis

e. Malad
Kidney o

f. Gastri
Gastro-in

g. Hernie
Rupture

h. Varice
Varicose

i. Pieds
Flat or d

Observat
Examiners re

PAR
Part 2

1. Marq
Identif

2. Taill
Height

4. Teint
Compl

6. Tour
Chest

7. Vue,
Vision,

9. Conc
Condit

10. Les
The at

de la pa
aux inst

et il peu

Observa
Special rem

(Président)

Date

CERTIFICAT DE L'EXAMEN MÉDICAL
CERTIFICATE OF MEDICAL EXAMINATION

Nom en entier (Name in full) EDWARD FIDLER — Date 19-8-40

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

1. Age 19

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

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

Edward Fidler
(Signature de la recrue)—(Signature of recruit)

Observations des examinateurs (Examiners remarks re above) NONE

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).)
SCARS ON LEFT KNEE *

2. Taille (Height) 5 pieds (feet) 6½ pouces (inches).
3. Poids (Weight) 144 livres (pounds)
4. Teint (Complexion) FAIR Yeux (Eyes) BROWN Cheveux (Hair) LIGHT
5. Développement (Development) GOOD { Bon —Good / Passable —Fair / Médiocre —Poor }
6. Tour de poitrine—Circonférence, pleine expansion (Chest measurement—Girth on full expansion) 36½ pouces (inches) Degré d'expansion (Range of expansion) 2 pouces
7. Vue, œil droit (Vision, right) 20-20 œil gauche (left) 20-20
8. Ouïe, oreille droite (Hearing, right) W20 gauche (left) W20
9. Condition de la bouche et des dents (Condition of mouth and teeth) HEALTHY 02 CAVITIES
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:
WIDE INGUINAL RINGS NO IMPULSE
FLAT FEET BUT NO PAIN OR TENDERNESS

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

(Président)—(President) (Membre)—(Membre) (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
19-8-40	RE EXAM URINE NORMAL	Sept 12/40	Tab. 3. + JW
	EARS REFLEXES CAT. A.	Sept 26/40	Tetanus ICC + JW.
		Sept 26/40	Vacc. + JW.
	X RAY NO. 87444	Nov 20/40	Tetanus ICC + JW.
1-5-41	Re-exam a a JWF	2/5/41	No change in Cat. Fyles here.
		SEPT 23 41 TABT	JW

NOV 10 1942 TABT

RO Black Capt

20-8-42. N. V. T. 24 points.

RECEVEZ-VOUS OU AVEZ-VOUS DÉJÀ REÇU UNE PENSION OU UNE COMPENSATION POUR INVALIDITÉ. SI OUI, DONNEZ DÉTAILS... No...

Matricule / Regtl. No. D 46268 Grade / Rank Private Nom / Surname FIDLER Prénoms / Christian Name EDWARD

Garnison — Station	Date d'arrivée à la garnison — Date of Arrival at the Station	Date de — Dates of: L'admission à l'hôpital — Admission into Hospital			La sortie de l'hôpital — Discharge from Hospital			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
		Jour — Day	Mois — Month	Année — Year	Jour — Day	Mois — Month	Année — Year				
S7M 18		17	11	41	23	11	41	Vincents Angina	7	Recovered to unit	[illegible]
Halifax, N.S.		8	7	42	14	7	42	Urgicorn Toe Nail	6	Recovered — to unit - duty	[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.)

AUG 1 1943 PERIOD JAN 31 1944

From ..... 19 ..... To ..... 19 .....

VERIFIED

12-44 DR

MILITIA BOOK M. 1

PART II

40/P & S/279 (3092)

6

CANADIAN ARMY

Soldier's Pay Book

(For use on Active Service)

Regt'l Number D 46268

Surname (Capitals) FIDLER

Christian Names in full EDWARD

27th CDN. ARMD. REGT. (Sher. Fus. R

PARTICULARS OF SOLDIER

Regimental Number D46768

Name in full (Surname first) FIDLER
EDWARD

Date of Attestation AUG. 20. 1940

State whether married, widower or single SINGLE

If married after enlistment, state date of marriage

If married, give full postal address of wife, or if widower, name and address of guardian of children, if any, or if single, name and address of next-of-kin, stating relationship to the soldier (see page 1—para. 6).

MR THOMAS KEEHY FRIEND
G.I.B.S. HOME SHERBROOKE, ~~ONT.~~ QUE.

PARTICULARS OF ASSIGNED PAY, ETC.

Assignment of pay:	Effective date:
(a) $ ~~70.00~~	~~MAR. 1943~~
(b) $ 25.00	Sep. 42.
(c) $	
(d) $	

Name, address and relationship of assignee:

(a) ROBERT MCNITTIE, GUARDIAN
NORTH HATLEY, ~~ONT.~~ QUE. CAN.

(b)

(c)

(d)

Dependents allowance, payable to: (state relationship)

CASUALTIES AFFECTING DAILY RATE OF PAY AND ALLOWANCES

Date effective	Particulars	Part II Order	Signature of Paymaster
20.5.43	ADJ. RATE OF PAY	18 3-6-43	PREVIOUS BOOK
7.8.43	Dr Mech Tr "C"	29 25.8.43	[illegible]

DAILY RATE OF PAY

Rate of Pay in Issue $	c.	Date Effective	Signature of Paymaster
1	50	20.5.43	PREVIOUS BOOK
1	75	7.8.43	[illegible]

Soldier's Signature C. Fidler

Book opens on 1 Aug 43 Balance Cr. or Dr. $ Up Below

Date	Particulars	Credits		Cash Payments and Other Charges: Local Currency		Cash Payments and Other Charges: Canad'n Currency		Assigned Pay		Deferred Pay and/or Restricted Pay		BALANCE: Debit		BALANCE: Credit		Signature of Paymaster or Officer Making Award
	Bals. Br't. Forward	9	79							8	00			10	79	[illegible]
Aug	Pay	46	50					20	00					87	29	[illegible]
31.7.43	9 dy RA 1024	6	03											43	32	[illegible]
7.8.43	MFM 513 Aug 43						34							42	98	[illegible]
AUG 14	A.R. 29			2-0-0		8	94							34	04	Kirkpatrick
" 28	AR 31			3.0.0		13	41							20	63	Karbunce
Sept	Pay	45	00					20	00					45	63	Karbunce
18	AR 42			1/-/-		4	47							41	16	Bernard H
Aug 25	Bal 314 1029/43	13	75							5	-			49	91	Karbunce
OCT 2	A.R. 38			11/0/0		49	12								74	Karbunce
Oct	Pay	54	25					20		5				79	99	Karbunce
OCT 27	A.R. 45			0/1/-		2	46							87	53	[illegible]
	Totals	256	32			78	79	60	00	90	00					

Balances only will be carried forward

Paymaster's Signature [illegible]

Date	Particulars	Credits	Cash Payments and Other Charges: Local Currency	Cash Payments and Other Charges: Canad'n Currency	Assigned Pay	Deferred Pay and/or Restricted Pay	BALANCE: Debit	BALANCE: Credit	Signature of Paymaster or Officer Making Award
1943									
Oct 27	Bals. Br't. Forward	117 53				90 00		87 53	[illegible]
Nov	Pay	54 50			20	5		55 03	[illegible]
5	AR 46		10-	44 70				10 33	[illegible]
	Pay RA 1042	6 03						16 36	[illegible]
Nov 5	Pay A/P Leg at Nov.				15 00	(15 00)		16 36	[illegible]
30	A.R. 50		1-10	6 71				9 65	[illegible]
Dec	Pay	54 25			25			38 90	[illegible]
3	1043 Fortiday			1 75				* 36 15	[illegible]
14	AR 57		6.10.0	29 06				* 8 09	[illegible]
	CR 27 Dec 28 days Fort			49 00			40 91		[illegible]
Jan	Pay	54 25			25		11 66	~~11 66~~	[illegible]
Jan 44	NOIFPC# 3 MFM 514		0/2/7	58			12 24	~~12 08~~	C. O. Rochon Capt
	Totals	284 56		131 80	85	80 -			

Balances only will be carried forward

If you do not wish to draw all pay due
PLACE THE AMOUNT DESIRED
opposite date of pay day.

12 APR 1944

Feb. 15	Aug. 15 £2.0.0
Feb. 28	Aug. 31 £3.0.0
Mar. 15	Sep. 15 £1.0.0
Mar. 31	Sep. 30
Apr. 15	Oct. 15
Apr. 30	Oct. 31 10/-
May 15	Nov. 15
May 31	Nov. 30 £1.10.0
Jun. 15	Dec. 15
Jun. 30	Dec. 31 £2.0.0
Jul. 15	Jan. 15
Jul. 31	Jan. 31

25.75
29
55.00
149
80
69.10
80
10.90
224
13.6

M. F. M. 14 ✓
300M-5-41 (323-4)
H. Q. 1772-39-1662

*MARRIED
*WIDOWER
*SINGLE

NO. D-46268 RANK Pte NAME FIDLER Edward

PLACE OF ENLISTMENT Sherbrooke P.Q. DATE Aug 19 1940

RATE OF PAY

D. O. NO.	DATE	RANK	GROUP	P. F. OR A. S.	DAILY RATE	IF LIABLE PEN. DED.	REMARKS
16	20/8/40	Pte		A S	1.30		TOS on enlistment
14	6/5/43	Tpr			1.40		Increased rate.
18	3/6/43	"			1.50		
29	25/8/43	"	"C"		1.75		Eff 7/8/43.

ASSIGNMENTS

ASSIGNEE	EFFECTIVE DATE	AMOUNT	TOTAL
~~Dep. North Am. Life~~	~~10/40~~	~~3.87~~	~~3.87~~
Mrs Mary Patricia FIDLER - Wife,			
43, Allens Road, Southsea,			
Portsmouth, Eng.	5/44	25 -	25.00
			~~3.87~~

DEPENDENTS' ALLOWANCES NO.

DATE APPLICATION FORWARDED	RELATIONSHIP	AMOUNT AWARDED	EFFECTIVE DATE
15/4/44	NIL Wife		

OUTFIT OR CLOTHING } ALLOWANCE $ PAID ON

REHABILITATION GRANT $ PAID

*DELETE WORDS WHICH ARE INAPPLICABLE

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
16	20/8/40	TOS Sherbrooke Fusilier Reg't eff 19/8/40	
18	22/8/40	Sub. Allce $.85¢ per diem eff 19/8/40	
28	9/9/40	Sub. Allce cancelled eff 31/8/40	
58	22/10/40	A.W.L. 1 day forfeits 1 days pay	
48	5/3/41	Granted furlough fr 3/3/41---16/3/41	
240	17/11/41	Admitt'd Lesters Field Hptl eff 17/11/41	
245	24/11/41	Dischg'd " " " " 23/11/41	
13	9/3/42	Granted furlough fr 9/3/42---22/3/42	
11	30/3/42	A.W.LK. forfeits 15 days pay	
58	27/5/42	Qualifird Driver IC 111 (W) eff 20/5/42	
75	18-6-42	A.W.L. 2359 hours 17-6-42	
81	25-6 42	A.W.L. 8th Day of absence	
89	6-7-42	A.W.L. Forfeits 31 days pay	
90	7-7-42	Att'd to detention eff: 6-7-42	
96	14-7-42	Admitt'd to Debert Milt Hptl from Branch. Detention Brrrks eff 8-7-42	
96	14-7-42	Dischg'd from Debert Milt Hptl. & returns to Branch Detebtion Brrks eff 14-7-42	

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

CARD SEQUENCE No. 2

NO. -46268 RANK Tpr. NAME FIDLER E.

CASUALTIES, ETC.

PART II D. O. No.	DATE	NATURE AND PARTICULARS	IF IN HOSPITAL NOTE NAME
101	20-7-42	Having completed sentence ceases to be Att'd Branch Detention Brrks for rations quarters & discipline eff 17-7-42 ✓	
138S	9/9/42	Granted special leave from 4/9---10/9/42	
152	1/10/42	A.W.L. from 0200hrs eff 1/10/42	
157	9/10/42	A.W.L.(9th day)	
169	23/10/42	Returned from A.W.L. 2100 hrs eff 20/10/42	
169	23/10/42	Pt 11 ord no 168 d/22/10/42 in so far as the m/n is concerned is hereby cancelled.	
170	24/10/42	On 23/10/42 awarded (28) days detention, automatically forfeits (20) days P/A placed under stoppages of pay in the amount of$10.34 Cost of apphrenson for A.W.L. Absent (19) days	
		(b) Losing by neglect equpiment and necessaires to the amount of $28.50	
		Total forfeiture (50) days P/A plus $10. 34	

CASUALTIES, ETC.

PART II D. O. No.	DATE	NATURE AND PARTICULARS	IF IN HOSPITAL NOTE NAME
6	9/11/42	SOS CDN ARMY CANADA eff 27/10/42.	
		TOS " " O/S 28/10/42.	
5	11-3-43	9 Days PL with rat. allce 23-2-43 3-3-43	
14	6/5/43	Rate of pay increased to $1.40 eff 20/3/43.	
18	3/6/43	" " " " 1.50 20/5/43.	
24	17/7/43	9 days P/L 28/5-6/6/43 with ration allce.	
25	24/7/43	Proceeded on CMHQ Course No 1045 Dvr Mech AFV and att to 1 C.O.R.U. fap wef 12 Jul 43.	
29	25/8/43	Ret'd from CMHQ Course #1045 eff 7/8/43.	
29	25/8/43	Qualified Dr-Mech (Tk) "C" eff 7/8/43.	
29	25/8/43	Granted T/P Dr-Mech (Tk) "C" eff 7/8/43.	
42	29/11/43	9 days P/L 5-14/11/43 with ration allce.	
43	Dec 43	22 Nov 43 awd 7 days CB – AWL 23 hrs 7 days pay F.R.I. 149(1)(a)	
1	7/1/44	On 27/12/43 awarded 28 days F.P. & a forf of 28 days pay for an offence under AA 9(2).	
1	7/1/44	Att to 1 Cdn Fd Pun Camp eff 29/12/43.	
6	4/2/44	Ceases att to 1 Cdn Fd Pun Camp eff 23/1/44.	
11	10/3/44	9 dys PL&RA 19-28/2/44	
11	"	granted perm to marry Patricia Mary Wallen wef 1-4-44 CMHQ 1000.110A Mar1/44	

LOWE-MARTIN CO. LIMITED D83960

CONTINUATION CARD M.F.M. 14

Regimental No. D-46268 Name E. FIDLER

Part II D.O. No.	Date	PARTICULARS OF CASUALTY
16	14/4/44	On 3/4/44 adm & auto forfs 1 days pay for AWL from 2000 hrs 1/4/44 to 1800 hrs 2/4/44 (Absent 22 hrs).
17	21/4/44	Married with permission to Miss Mary Patricia WALLEN at New Forest, Southampton eff 8/4/44.
CR	13/8/44	SOS 27 CAR (SFR), killed in action, eff 12/8/44.

M.F.M.—14A
(40/P&S/6743400)

File No. 105-J-6427

VERIFICATION FORM

WAR SERVICE MEDALS 1939-45

No. A-46268 Name Fidler Edward

Rank on Discharge Tpr. Date of Discharge 12 Aug. 44

Authority for Discharge or Retirement Deceased

Served in:

				Non-qualifying service
Canada	from 19 Aug. 40	to 27 Oct. 42		
	from	to		
United Kingdom	from 28 Oct. 42	to 5 June 44		
	from	to		
Italy	from :-	to		
Northwest Europe	from 6 June 44 (killed in action)	to 12 Aug. 44		
---------	from	to		
---------	from	to		

Eligible for award of:

1939 - 45 Star ok

~~Italy Star~~

France-Germany Star ok

Defence Medal ok

War Medal ok

Canadian Volunteer Service Medal ok

with Clasp ok

M

NO RIBBON DESPATCH

Verified by Georgette Patrice

Date 9 July 46

Carded JUL 9 1946

HA 165

File Copy

Quote No. HQ 405-F-6427(Records-C)

DEPARTMENT OF NATIONAL DEFENCE

ARMY

Ottawa, Canada.
21st August 1944.

Commissioner of Income Tax,
Department of National Revenue,
Ottawa, Ontario.

National Registration Division,
Department of Labour,
Ottawa, Ontario.

The undermentioned Canadian Army Casualty is forwarded for your information, please:

Regimental No. D46268 Rank Trooper

Surname FIDLER

Christian Names Edward

Nature of Casualty Killed in action

Date of Casualty 12-8-44

Address at time of enlistment North Hatley, Que.

Date of enlistment: 19-8-40

Date of Birth 26-11-21

Marital Status (On enlistment) Single

Marital Status (Present) Married

Occupation Farming

Name and address of Next-of-Kin Mr. Robert McVittee North Hatley, Que

(C.L. Laurin) Colonel,
Director of Records,
for Adjutant-General.

GR/LF

Mr. Robert McVittee,
North Hatley, Quebec.

Dear Mr. McVittee:

It was with deep regret that I learned of the death of D46268 Trooper Edward Fidler, who gave his life in the Service of his Country in France on the 12th day of August, 1944.

From official information we have received, Trooper Fidler 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 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

SEP 2 - 1944

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

/EMA

EM

11

405-F-6427

FIELD SERVICE MBR

Army Form B. 2090A.

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

REGIMENT OR CORPS: R.Regt of C — Squadron, Troop, Battery or Company:

Officer's Personal No. (if known) / Soldier's Army No.: D-46268 — Rank: Pte

Surname: Fidler — Christian Names: E

Died — Date: 12 Aug 44 — Place: France

Cause of Death*: K/A

Nature and Date of Report: A.F.W 3014/ 96 28 Aug 44

By whom made: Cdn Sec GHQ 2nd Ech 21 A Gp

* Specially state if killed in action, or died from wounds received in action, or from illness due to field operations or to fatigue, privation or exposure while on military duty, or from injury while on military duty.

Burial — Place: France Field around edge by hedge Bretteville — Date: 14 Aug 44

By whom reported: C.F. 037478

State whether he leaves a Will or not

(a) in Army Book 64: No

(b) as a separate document: Not Received

2

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 a deceased officer or soldier of his wishes as to the disposal 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: France 8 Sept 44

Signature of Officer in charge of Section Adjutant-General's Office at the Base: W Ramie Lieut

for Officer i/c

Cdn Sec GHQ 2nd Ech 21 A Gp.

Wt. 46939 917 500M. 3/40 M. & S., Ltd. 51-6239

Director of Estates

Regimental No. D.46268 Rank TRooper

FIDLER Edward
Surname Christian Names

Unit 27th Army Tank Regiment (C.A.)

Date of Death 12-8-44 Place of Death Overseas (France)

Next-of-kin Mrs. Mary Patricia Fidler Relationship Wife

Address 43 Allens Rd., Southsea, Portsmouth, Eng.

Mr. Robert McVittee (Friend)

North Hatley, Que.

M.F.M. 5 Copy Herewith.

Will Will d/29-10-40 herewith.

Date 14-9-44

ESTATES BRANCH SEP 19 1944 H.Q. OTTAWA NATIONAL DEFENCE

for (C.L. Laurin) Colonel,
Director of Records,
for Adjutant-General.

GEC/ME

No D.46268 Rank Trooper Name FIDLER, Edward

Unit C.A.C. Date of death 12th August, 1944.

Died at France.

Cause Killed in Action.

Death occurred on strength of Forces.H.Q. 405-F-6427

N/K Mrs. Mary Patricia Fidler, Relationship Widow

Address ~~c/o Mrs. Vinet, 502 St. Helene Street, Montreal 23, 43 Allens Road, Southsea, Portsmouth, England. P.Q.~~
43 Allens Road, Southsea, Portsmouth, England.

Remains buried in Cemetery

CHK

MR 037478 Field around edge by hedge, Bretteville, France.

Grave location

OVER

BURIAL REPORT TO N.K.

RETURN TO BUR. OF STAT. FEB 23 1945

ROYAL MESSAGE DESP'D. SEP 16 1944

CAN. MESSAGE DESP'D. 1-9-44

REBURIAL

Bretteville-sur-Laize Cdn. Mil. Cem.
Bretteville-sur-Laize, France.

Grave 11, row C, plot 9

HI & CR Form Despd. NOV 14 1946

Photographs
Despatched
AUG 29 1947

PHOTO
REDESP'D
9-9-47.

FORM 6

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not write in this space

1. PLACE OF DEATH

Municipal county: IN THE FIELD (FRANCE)

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: FIDLER (Block letters)

Given names: Edward

Do not write in this space

4. RESIDENCE

Street: No.:

Official name of civil municipality or township: North Hatley,

Municipal county: Province: Quebec.

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

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

10. BIRTHPLACE (Province or Country): England

11. DATE OF BIRTH: November (Month) 26th, (Day) 1921. (Year)

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

OCCUPATION

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

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	Deceased	
MOTHER (Maiden Name)		

19. Place of burial, cremation or removal: France

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) 19 (Year)

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: August (Month) 12th, (Day) 19 44. (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)

OVERSEAS CASUALTY CANADIAN ARMY

FEB 23 1945

Director of Records, Dept. of National Defence.

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, Fidler Edward (Name in Full), of the City (City, Town, Village, Township)

Address in civil life.

of Sherbrooke, in the County ~~District~~ of St. Francis,

Province of Quebec, Laborer (Civil Occupation)

Regimental No. D-46268, Unit S.F.R. c.a.s.f., do hereby revoke all former Wills by me made and declare this to be my LAST WILL.

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

(2) I GIVE, DEVISE AND BEQUEATH unto

Mr. R. McVittie, of North Hatley, Quebec.
all my estate and personal effects.

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 Mr. R. McVittie (Name) North Hatley, Quebec. (Address)

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

IN WITNESS WHEREOF I have hereunto set my hand this 29 day of October 1940

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.

Edward Fidler
(Signature of soldier)

First witness sign here.

(5) Signature J. F. O'Leary

Civil Address Bishopton, Que.

Civil Occupation Mail Carrier

Second witness sign here.

Signature

Civil Address

Civil Occupation

(Witnesses are not to be beneficiaries.)

[OVER]

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

DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE

4
ARMY

STATEMENT OF WAR SERVICE GRATUITY

DECEASED MEMBER'S NAME: Edward (CHRISTIAN NAMES) FIDLER (SURNAME)

REGISTER NO. D-7635
FILE NO. 405-F-6427
DATE 19-6-45
SERVICE NO. D-46268
FINAL RANK OR RATING Tpr.
DATE OF DISCHARGE 12-8-44

PAYEE: Mrs. Mary P. FIDLER,
ADDRESS: 43 Allens Road, Southsea, Hants, Eng.

DATE OF TERMINATION OF OVERSEAS SERVICE 12-8-44

		$ ¢
A. TOTAL QUALIFYING SERVICE	1320 NO. OF DAYS 1327/30 EQUAL TO 44 COMPLETE PERIODS AT $7.50	330.00
B. QUALIFYING OVERSEAS SERVICE	No. of Days 601 LESS 7 INELIGIBLE DAYS, EQUAL TO 594 DAYS @ 25c. PER DAY (SEE PAR. 2 OVERLEAF FOR EXPLANATION)	148.50
		478.50
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 $ 37.20 $ 1.24; TOTAL $ 4.24 X7 = $ 29.68; NO. OF DAYS 601/183 X$ 29.68	97.47
D. WAR SERVICE GRATUITY		575.97
E. DEDUCTIONS	OVERPAYMENT OF PAY AND ALLOWANCES $; DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $; OTHER DEDUCTIONS $	
F. TOTAL AMOUNT PAYABLE		575.97

RECEIVED
JUN 25 1945
WAR SERVICE GRATUITY DIVISION, ARMY TREASURY

G. YOUR PORTION OF GRATUITY IS— 100%

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

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

29

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
KRM	

TREASURY	
CHECKED BY	DATE
N. McClelland	26/6/45

SERVICE REPRESENTATIVE

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

ARMY HG

Name: FIDLER (Surname) Edward (Christian Names) No.: D.46268

Tpr. (Rank) C.A.O/S (Unit) 12-8-44 (Date of Death)

AMOUNT

L.P.C. $ 310.87

Date: 29-8-45

Other Credits

Total 310.87

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Widow	Mrs. Mary P. Fidler, 43 Allens Road, Southsea Hants, England. (1/2 per community of property) (1/2 per assignment of beneficiary of will)	$310.87

P4. TO TREAS. 4-10-45, a.m.

AUTHORITY

H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	$310.87

CLASSIFIED BY

D

EXAMINED BY

For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

(L. M. FIRTH) Colonel
Director of Estates

AUDITED FOR PAYMENT

For Chief Treasury Officer

75M—2-45 (6771)
H.Q. 1772-80-2

3/45A MFM 510
40/P&S/254 (7012)

CANADIAN ACTIVE SERVICE FORCE

District.....

OVERSEAS

Dispersal Area.....

LAST PAY CERTIFICATE

(All Ranks)

Regtl No. D46268 Rank and Name FIDLER. E. Tpr.

of (Unit) ..... on .....

(~~Transfer~~ or Discharge) ..... to ..... on 12th. August. 19 44.

Reason Death Authority: C.C.L."A" 480 d/19th August.44.

The following is a statement of the account of the above-named from 1st. August. to 31st. August. 19 44. the inclusive date of transfer or discharge.

Dr			Cr		
Particulars	Amount		Particulars	Amount	
Balance Dr from last account			Balance Cr from last account	275	70
First Monthly Payment			Regimental Pay 31 days at $ 1.50	46	50
Casual Payments			Tradesmen's Pay 31 days at $ .25¢	7	75
Payments on Transfer or Discharge			Additional Pay (Give Particulars) days at $		
Assigned Pay	25	00	Allowances (give particulars) days at $		
Regimental Charges					
Public Stoppages (give particulars):					
			Def. Pay Interest	5	47
			Cash Effects SOCR 16275		45
To Balance Cr Free	115	87			
Deferred	195	00	By Balance Dr		
Total	335	87	Total	335	87

BALANCE GIVEN IS SUBJECT TO ANY CHARGES AND/OR CREDITS ENDORSED ON THE REVERSE HEREOF

Remarks

Assnd Pay $25.00 (W) Stopped eff September.1944.

The above statement has been compiled from Treasury Records, the latest P/Book not being available.

DEPT. OF NATIONAL DEFENCE
BRANCH
MAY 9 1945
H.Q.
OTTAWA

Compiled by M. Durham.

Checked by J. Leland

Date 27th. April. 1945. 19

Certified correct D. A. Bewley
for Chief Treasury Officer, Overseas

MW

Form No. 1 **2743**

Register No. D-7635

Nominal Roll No. D-160

H.Q. File No. 405-F-6427

TO: P.M.G.

CANADIAN ARMY (ACTIVE)
COMPUTATION OF SERVICE
WAR SERVICE GRANT

Regt. No.	Rank When S.O.S.	Surname	Christian Name in Full
D-46268	tpr.	FIDLER,	EDWARD

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. 19 Aug 40	T.O.S.	T.O.S.
S.O.S. 12 Aug 44 MD O/S	S.O.S. MD	S.O.S. MD
Total Days 1455	Total Days	Total Days

TOTAL SERVICE 1455 DAYS

25

	Total Service	Less Non-qualifying Service	Net Service
WESTERN HEMISPHERE	800	74	726
OVERSEAS SERVICE	655	54	601
Totals	1455	128	1327
Add Non-qualifying Service			128
TOTAL SERVICE			1455

EMBARKATION DETAILS:
tos o/s 28 Oct 42

1. Date S.O.S. Overseas 12 Aug 44

2. Date S.O.S. Overseas

REMARKS:

KILLED IN ACTION
12 Aug 44

Computer's Signature J. O'Leary

Checker's Signature R. Kennedy

Date Computed 28 March 45

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

W.O. Long, Capt.
(C.L. Laurin) Colonel,
Director of Records.

DETAILS OF NON-QUALIFYING SERVICE

WESTERN HEMISPHERE

Forfeits for	from	to	Eff. Date	Days	Total
Awh.	0130 21 Oct 40	1300 21 Oct 40			1
Awh.			30 MAR 42		15
Awh.	2359 17 June 42	1715 29 June 42		12	
DETENTION			4 July 42	14	
C/A	1715 29 June 42	3 July 42	Incl.	5	31
Awh.	0200 1 Oct 42	2100 20 Oct 42		20	
DETENTION			24 Oct 42	28	
C/A	21 Oct 42	23 Oct 42	Incl.	3	
T.O.S. O/S			28 Oct 42	24	27
				TOTAL	74

OVERSEAS

T.O.S. 28 Oct 42 T.O.S. ..... T.O.S. .....

S.O.S. 12 Aug 44 S.O.S. ..... S.O.S. .....

Bal of Det	d/24 Oct 42		28 Oct 42		24
A.A. 15(1)			22 Nov 43		1
A.A. 9(2)			27 DEC 43		28
A.A. 15(1)			3 APR 44		1
				TOTAL	54

CFA 187
40/P & S/2180 (4066)

CANADIAN MILITARY HEADQUARTERS

ESTATES BRANCH
INVENTORY

of personal effects received by
Casualty Section, No. 1 CKSD

No., RANK and NAME D-46268 Tpr Fidler E Dec'd

RECEIVED FROM Cdn Sec GHQ 2nd Echelon AAI

CHECKED BY M-105819 Spr Spartz J N
B-81759 Sgt Graves J G DATE 16 Jan 45

I	Rosary.	
I	Leather Case.	
I	Necklace.	
I	Lighter(No Name).	
I	Red "I" Disc.	

ORIGINAL } To Officer i/c Estates with
DUPLICATE } original inventory, if any.

TRIPLICATE — with effects.

[signature] Sgt
for OC 1 Cdn KSD