

D46385
CHABOT
DIEUDONNE FRANC

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

Permalife
25% COTTON CONTENT

Permalife
25% COTTON CONTENT

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS
PERSON
ENTITLED TO

Mrs. Kate M. Chabot (Widow)

(French)

ADDRESS

946, rue Laporte,
MONTREAL, P.Q. 18 Jun 51

(1)

MEMORIAL BAR

(2) MEMORIAL CROSS

WIDOW

DATE DESP.....

(2) REGN. NO.....

1952

ADDRESS

(3) MEMORIAL CROSS

MOTHER

(3)

ADDRESS

AWARDS—CANADIAN ARMY (ACTIVE)

M

CHABOT, Dieudonne Francois X.J.		D 46385	S/Sgt	FILE No. 405-C-9292
SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No	RANK ON DISCHARGE	C A S.F. UNIT

WAR SERVICE

BADGE

(CLASS)

No.

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
CVSM & CLASP	9636 19-6-51
WAR MEDAL 1939-45	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

No D.46385 Rank S/Sergeant Name CHABOT, Dieudonne Francois
Fus.R.)

Xavier Joseph ✓

Unit 27th Arm'd.Regt.(Sher. Date of death 4th Dec., 1942.

Died at Niagara-on-the-Lake, Ontario.

Cause Killed by hit and run driver (R)

Death occurred on strength of Forces. HQ 405-C-9292 d4-12-42

N/K Mrs. Kate M. Chabot Relationship Widow

Address 946 Laporte Street, Montreal, P.Q.

Remains buried in Cote des Neiges Cemetery

Montreal, P.Q.

Grave location Lot 1476.

Private Memorial erected.

CHK

UNIT DOCUMENTS DID NOT INCLUDE M.F.M. 23. THIS COPY MADE UP FROM INFORMATION ON SOLDIER'S DOCUMENTS ON FILE IN RECORD OFFICE.

M.F.M. 23
100M-4-42 (4370)
H.Q. 1772-39-1677

CANADIAN ARMY

PROCEEDINGS ON DISCHARGE

N.L.R.
23-12-42

R. HAND
CODING

(These proceedings should be accompanied by the documents specified on fourth page)

Regimental No.	D-46385	Rank	S/Sgt
Surname	C H A B O T		
Christian name	Dieudonne Francois Xavier Joseph		
NOTE.—The name must agree strictly with that on enlistment unless changed subsequently by authority.			
Unit or Corps	11 Garrison Battalion		
Date of discharge	4-12-42		
Place of discharge	Niagara-on-the-Lake	Mil. Dist. No.	2
1. DESCRIPTION AT DATE OF DISCHARGE			
Age	26 years	months	Descriptive marks
Height	5 feet	5 $\frac{3}{4}$ inches	1 vacc. left arm.
Complexion	dark		
Eyes	brown		
Hair	black		
Trade	Accountant-Mechanic-Driver		
Intended place of residence	{		
(To be given as fully as practicable: i.e., mailing address)		Street and Number	P.O., City or Town, etc.
		Province	
2. The above-named man is discharged in consequence of "DE CEASED"			
Authority for discharge.....			
N.B.—The cause of discharge must be worded in accordance with Canadian Army Routine Orders as may be published. If discharged by superior authority, the number and date of the letter to be quoted.			
To be in the handwriting of the Commanding Officer, who will himself make identical entries on the discharge certificate and initial them.	3. Conduct while in the service has been, according to the records, etc.		
	N.B.—See K.R. Can. 385. This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company.		
	4. Special qualifications for employment in civil life. (Vide K.R. Can. 384.)		

(OVER)

5. He is in possession of the following number of G.C. Badges:

5A. Service Button (Class and number.....)
(If and when authorized)

No reference to G.C. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations.....

To be copied by the Command-
ing Officer on to the parch-
ment Discharge Certificate.

7. I have impartially enquired into all matters concerning this soldier's discharge brought before me
in accordance with Regulations.

(Place).....

(Date)..... *Commanding*.....

8. **Certificate to be signed by the Soldier on Discharge**

I hereby acknowledge that I received all my Pay, Allowances, and Clothing, and all just demands,
up to the present date, subject to the reservations of the claims noted on the third page, and that
I have received my permanent discharge certificate.

(Place)..... *(Signature of Soldier)*

(Date)..... *(Signature of Witness)*

When a soldier is absent through illness or any other cause and it is not desirable to forward these
proceedings to him for signature, a manuscript copy should be sent for the man to sign, and
when returned, should be attached here.

9. **Statement of Service**

(Date of enlistment—Canadian Army)..... **25-8-40**.....

(Date of discharge—Canadian Army)..... **4-12-42**.....

(Total Service—Canadian Army)..... years..... days

10. **Confirmation of Discharge**

The discharge of the above-named man is hereby confirmed.

(Place)..... *(Signature)*.....

(Date)..... *Commanding*.....

Statement of the Service of No. **D-46385**Rank **L/Sergeant**Sheet No. **5**Name **CHABOT, Dieudonne, Francois Xavier, Joseph****M.F.M. 1 & 2 (a)**
250M-7-41 (1151)
H.Q. 1772-39-1646

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
		CANADIAN SCHOOL OF ARMY ADMINISTRATION, ST JOHN'S, QUE., IS QUALIFIED Q I	L/SGT.	10 APR. 42	27 CAR	DEBERT	PART 2 NO. 58	30 MAY 42
29 JUNE 42	27 CAR	HAVING BEEN MEDICALLY RE EXAMINED IS RE CATEGORIZED FROM "A" TO "C-1"	"	19 MAY 42	27 CAR	DEBERT	PART 2 NO. 84	29 JUNE 42
30 JUNE 42	27 CAR	HAVING CEASED TO BE EMPLOYED AT HIS TRA- DE, CEASES TO DRAW TRADESMEN'S RATES OF PAY, AS CLERK CLASS I, UNDER GROUP "C"	"	30 JUN 42	27 CAR	DEBERT	PART 2 NO. 85	30 JUNE 42
1 JULY 42	27 CAR	PROMOTED TO THE RANK OF SERGEANT, WITH PAY OF RANK, ON AUTHORITY OF HIS COMMAND- ING OFFICER	SERGEANT	1 JULY 42	27 CAR	DEBERT	PART 2 NO. 86	1 JULY 42
3 JULY 42	27 CAR	STRUCK OFF STRENGTH THIS UNIT ON TRANSFER TO NO. 4 DISTRICT DEPOT, JACQUES CARTIER BARRACKS, MONTREAL SOUTH, QUE.	SERGEANT	3 JULY 42	27 CAR	DEBERT	PART 2 NO. 88	3 JULY 42
7-7-42	4 DD	T.O.S. on transfer from his Unit, Debert, N.S.	S/SGT.	4-7-42	4 DD	Mtl Sth.	4DD Pt. II #163	7-7-42
10-7-42	"	Posted to "A" wing (Unattached List).	Sergeant	9-7-42	"	"	" " 165	9-7-42
25-8-42	4 DD	SOS on trans. to No. 1 Spec. Ser. Inf Bn Serial 1352 CA(B)TC 48 Stv Johns, Que.	Sergeant	24-8-42	4 DD	MTL, STH.	4 DD PT 11. /204	24-8-42
7/8/42		T.O.S. on trans. from "A. D. D. Montreal, que.	Sergeant	7/8/42	S.S.I.B.	St. J. M. que.	" 5	7/8/42
9/9/42		To draw Tradesmen pay C.C.I. Group "C"	A/S/Sgt.	7/8/42	1. Gr. Bn.	"	" 15	9/9/42
9-10-42		Promoted to the Rank of S/Sgt. without pay.	"	8-10-42	"	Niagara Camp	" 40	9-10-42

Statement of the Service of No. **D-46385**Rank **L/ Sergeant**Sheet No. **4**Name **CHABOT, Diéudonne, Francois Xavier, Joseph****M.F.M. 1 & 2 (a)**
250M-7-41 (1151)
H.Q. 1772-39-1646

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 MAR. 42	S.F.R.	EMBARK ST JOHN'S, Nfld. W.E.F. 8 FEB. 42						
		DETRAIN. DEBERT, N.S. W.E.F. 11 FEB. 42	L/SGT	8 FEB. 42	S.F.R.	DEBERT	PART 2 NO. 9	2 MAR. 42
12 MAR. 42	"	PROCEEDED ON COMMAND FOR A FOUR WEEKS COURSE ("E" WING) AT CANADIAN SCHOOL OF ARMY ADMINISTRATION, ST JOHN'S, QUE.	"	12 MAR. 42	S.F.R.	"	PART 2 NO. 16	12 MAR. 42
14 MAR. 42	27 CAR	SHERBROOKE FUSILIER REGIMENT DISBANDED IS TAKEN ON STRENGTH 27 CDN ARMD REGT (SHER FUS R) AND POSTED TO HQ SQUADRON	"	14 MAR. 42	27 CAR	DEBERT	PART 2 NO. 1	14 MAR. 42
13 APR. 42	"	RETURNED FROM ON COMMAND "E" WING COURSE AT CANADIAN SCHOOL OF ARMY ADMINISTRATION ST JOHN'S, QUE.	"	11 APR. 42	"	"	PART 2 NO. 21	13 APR. 42
5 MAY 42	"	CONFIRMED IN THE RANK OF CORPORAL, ON AU- THORITY OF HIS COMMANDING OFFICER	"	1 DEC. 41	"	"	PART 2 SUPPL. NO. 38	5 MAY 42
16 MAY 42	"	GRANTED 14 DAYS FURLOUGH FROM 16 MAY 42 TO 29 MAY 42 IS ISSUED WITH TRANSPORTATION WARRANT A-106103	"	14 MAY 42	"	"	PART 2 NO. 48	16 MAY 42
30 MAY 42	"	HAVING ATTENDED ADVANCED CLERKS, C.S.Ms. AND ORDERLY ROOM CLERKS ("E" WING) AT THE						

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

Unit SHERBROOKE FUSILIER REGIMENT C.A.S.F. Regimental Number 0-46385

CANADIAN ACTIVE SERVICE FORCE
ATTESTATION PAPER

1. Surname CHABOT
2. Christian Names DIEUDONNE FRANCOIS XAVIER JOSEPH
3. Present address 1039 PRUD'HOMME AVE., MONTREAL P. QUEBEC CANADA
4. Date of birth 27 SEPTEMBRE 1913 (1913)
5. Place of birth CANADA P. QUEBEC MONTREAL
(Country) (County or Province) (Town or Township)
6. Religion (state denomination) ROMAN CATHOLIC
7. Trade or Calling ACCOUNTANT-MECHANIC-DRIVER
8. Married, Widower or Single MARRIED
9. Name of next of kin MRS. KATE MAY
10. Relationship WIFE
11. Address of next of kin 946 Laporte St., St. Henry, Montreal
1039 PRUD'HOMME AVE., MONTREAL P. QUEBEC CANADA
12. Do you belong to, or have you served in the Active Militia of Canada? NO
13. Have you served in (a) The Canadian Active Service Force? NO
(If Yes, Give Unit and Dates of Service)
(b) Any other Naval, Military, or Air Force? NO
(If Yes, Give Regimental No. and Unit)
(Yes or No) (If Yes, specify Unit and Period of Service)
14. Did you serve during the Great War 1914-1918? NO
(If Yes, specify Regimental No., Unit and Dates of Service)

DECLARATION TO BE MADE BY MAN ON ATTESTATION

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

Date AUGUST 25th, 1940
Witness: M. Oliver (Signature of recruit)

OATH TO BE TAKEN BY MAN ON ATTESTATION

I, DIEUDONNE FRANCOIS XAVIER JOSEPH do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.
Dieudonne Chabot (Signature of Recruit)

CERTIFICATE OF MAGISTRATE, JUSTICE OF THE PEACE OR ATTESTING OFFICER

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

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

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

at SHERBROOKE this 25th day of AUGUST 1940

[Signature]
THE SHERBROOKE FUSILIER REGIMENT
C.A.S.F.

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

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

Record of Service of CHABOT (Surname) DIETUDONNE FRANCOIS XAVIER JOSEPH (Christian Names) Regimental Number D 46385

QUALIFICATIONS

Military none
Business or Professional BOOKKEEPER 4 YEARS
Trade or Civil AUTOMOBILE MECHANIC PLUMBER ACCOUNTANT
Technical 9 MONTHS MONTREAL TECHNICAL SCHOOL
Languages FRENCH AND ENGLISH

EDUCATIONAL QUALIFICATIONS

High School } 2 years HIGH SCHOOL Graduation } NONE
or } (years completed) or }
Collegiate }
*College 2 YEARS ST. IGNACE COLLEGE
*University NONE
N/A

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

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

REPORT		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
26 AUG. 40	S.F.R.	TAKEN ON STRENGTH THIS UNIT AND POSTED TO BTN H.Q.	PTE	25 AUG. 40	S.F.R.	SHERBROOKE	PART 2 NO. 20	26 AUG. 40
26 AUG. 40	"	GRANTED SUBSISTANCE ALLOWANCE	"	25 AUG. 40	"	"	PART 2 NO. 20	26 AUG. 40
9 SEPT 40	"	DEASES TO DRAW SUBSISTANCE ALLOWANCE	"	1 SEPT. 40	"	"	PART 2 NO. 40	9 SEPT 40
19 NOV. 40	"	ADMONISHED FOR DRUNKENNESS (1st OFFENCE)	"		"	"	PART 2 NO. 78	19 NOV. 40
1 FEB. 41	"	ADMITTED TO SHERBROOKE GENERAL HOSPITAL	"	31 JAN. 41	"	"	PART 2 NO. 27	1 FEB. 41
1 FEB. 41	"	DISCHARGED FROM SHERBROOKE GENERAL HOS- PITAL	"	31 JAN. 41	"	"	PART 2 NO. 27	1 FEB. 41
25 JAN. 41	"	HAVING BEEN TESTED, CLASSIFIED AS CLERK CLASS I IN ACCORDANCE WITH "INSTRUCTIONS REGARDING TRADESMEN'S RATES OF PAY AND TRADESMEN'S TESTS, 1940 CANADIAN MILITIA	"		"	"	PART 2 NO. 21	25 JAN. 41

Name in full CHABOT Dieudonne Date Aug 30 1940

Name in full CHABOT Dieudonne Date Aug 30 1940

1. Age.....26..... 2. Have you ever suffered from any of the following diseases?

- | | |
|--|---|
| 1. Age.....26..... | 2. Have you ever suffered from any of the following diseases? |
| a. Rheumatism.....no..... | k. Ear disease.....no..... |
| b. Tuberculosis.....no..... | l. Eye disease.....no..... |
| c. Bronchitis or asthma.....no..... | m. Epilepsy.....no..... |
| d. Heart disease.....no..... | n. Nervous or mental disease.....no..... |
| e. Kidney or bladder disease.....no..... | o. Syphilis.....no..... |
| f. Gastro-intestinal.....no..... | p. Gonorrhoea.....no..... |
| g. Rupture.....no..... | q. Have you ever worn glasses?.....no..... |
| h. Varicose veins.....no..... | r. Are you now or have you in the past received disability pension or compensation? If so, give details.....no..... |
| i. Flat or deformed feet.....no..... | |
| j. Nasal trouble.....no..... | |

pensation? If so, give details.....

Dieu donne Chabot.

Signature of Applicant

Signature of Applicant

~~XXXXXX~~ Color vision Ishihara C.N.

Mars & reflexes N A. Delahaye Capt

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

1 vac 1 arm

2. Height.....⁵.....feet.....^{5 1/2}.....inches. 3. Weight.....¹⁴³.....pounds.
4. Complexion.....^{Dark}.....Eyes.....^{Brown}.....
Hair.....^{Black}.....
5. Development.....^{Good}.....
Good
Fair
Poor
6. Chest measurement—Girth on full expansion.....³⁴.....inches.
Range of expansion.....³.....inches.
7. Vision, right.....²⁰⁻²⁰.....left.....²⁰⁻²⁰.....
8. Hearing, right.....^{G v 20}.....left.....^{G v 20}.....
9. Condition of mouth and teeth.....^{good}.....
10. The abnormalities (congenital and pathological) found on examination are as follows.....

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

<i>R. Ferguson</i> President	<i>Klaus M. Argue</i> Member	<i>A. Morphy</i> Member
R. Ferguson	A. Argue	A. Morphy

Date	Brief details and signature	Date	Brief details and signature
14-5-41	Re. mem. CoA. J. Andrews, Capt.	Sept 9/40	V. A. B. 3.
19-5-42	Refounded C. G. O., Det. Adm. Serv. Major	Sept 25/40	H. T. M. W. I. C. C.
		Sept 25/40	V. A. B. 3.
		Sept 25/40	H. T. M. W. I. C. C.
		Sept 26/41	T. G. B. 4.

X-RAY FILMS ON FILE
THESE MAY BE SECURED
DIRECT FROM X-RAY SECTION
FEDERAL BUREAU OF INVESTIGATION

X-RAY FILMS ON FILE.
THESE MAY BE SECURED
DIRECT FROM X-RAY SECT.
RECORD OFFICE, N. D. H. Q.

Regtl. No. D 46385 Rank PRIVATE Surname CHABOT DIEUDINNE FRANCOIS Christian Name JOSEPH

[illegible]

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

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

Section A—GENERAL INFORMATION

1. (a) Print name in full Joseph Frs. Xavier Dieudonne CHABOT (b) Reg'l. No. D-46385
2. (a) Arm of service Infantry (b) Unit SHERBROOKE FLIGHTING BATT (c) Rank 1/Cpl.
3. (a) Date of birth 27 Sept. 13 (b) Have you any dependents? 6 (c) Place of residence at time of enlistment Montreal, Que.
4. (a) Place of enlistment Sherbrooke, Que. (b) Date of enlistment 24 Aug. 40

PLEASE
LEAVE
BLANK

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 18 (b) Were you attending school or college up to the time of enlistment? N/A
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.) 3 years public school
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? Yes (b) If so, for what occupation? Plumber (c) Did you finish it? No (d) If you did not finish it, how long did you serve at it? 1 year
9. (a) What languages do you speak fluently? English & French (b) What languages do you read well? Both

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? N/A

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? Yes
12. (a) If answer to 11 be "Yes", state exact trade or occupation at which you actually worked Bookkeeper (b) State how long you had worked at this trade or occupation 4 years
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 Arthur Brunette Address 1215 St Urbain St.
16. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Plumbing & Heating Contractor
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 Arthur Brunette Address 1215 St Urbain
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Plumbing & Heating contractor
20. (a) Your specific occupation Bookkeeper (b) Number of years' experience at this occupation with any employer 4 years
21. (a) Did your employer promise definitely to give you employment on discharge? N/A (b) Did your employer refuse to promise you employment on discharge? N/A (c) Do you wish to return to your former employment? N/A

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? No
25. (a) Were you born on a farm? No (b) How many years' actual farming experience have you had? No (c) In what provinces did you have experience? No

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.) No
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form Private secretary or be used in service if possible.

DATE

12th May

194

SIGNATURE

J. Chabot

VIII. Summary Educational background is good. Learning ability average. Pleasant personality. Bi-lingual. Evidently capable of efficient work in Orderly Room.

IX. Suggestions

Suitable for Armoured Regt --- Orderly Room Sgt.

X. Signature of Interviewer

A. J. Taylor

N.C.O.

Leah

Officer

P. Select Staff

XI. Action Taken

Date of Action

Follow-up

Regt'l H.Q.

I. Regt. No. 46385 Rank L/Sgt Unit 27 Armd. Regt. (SER) Date 23 Feb 42
Name CHABOT, D. Age 28 Place of Birth Montreal.
Date of Enlistment Place of Enlistment Depot
Languages spoken English, French R. Recruit (A) Med. Cat. A Place Debert, N.S.

II. M. Test			Other Tests Name or Type	Date	Place	Score	Grade			
Test	Score	S.M.								
1	17		SUB-TOTAL 46 S.M.							
2	12									
3	14		SUB-TOTAL 41 S.M.							
4	20									
5	21		SUB-TOTAL							
6	11									
7	16		S.M.							
8	18		45							
Total	132	S.M.	GRADE C.							
9										

III. <u>Military Background</u>			
18 months service. Orderly Room Sgt.			
All time in Orderly Room. Crime sheet clean			

III. Military Background

18 months service. Orderly Room Sgt.
All time in Orderly Room. Crime sheet clean

IV. Educational Background

Passed grade 9. Classical course for 2 yrs.
Technical school - 1 year Mechanic.
Typist.

V. Occupational Background

Biscuit firm - General labourer - 4 yrs.
Bookkeeper - 1½ years.

VI. Arm Desired

Armoured Regt.

Work in Arm Desired

Orderly Room Sgt.

VII.

Not much driving. Has license. Fair shot with rifle. Has not
shot bren. Likes Orderly Room work, has been there 18 months.
Speaks both English and French well.

JM

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

INSTRUCTIONS.

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

(1) Name of Officer or Other Rank CHABOT, DIEUDONN FRANCOIS XAVIER JOSEPH
(Surname first—Christian names in full—Block capitals)

(2) Regimental or Air Force Number and Rank D 46385 PRIVATE

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

(4) Are you married? YES

(5) If married, state,

(a) Full name of your wife CHABOT, KATE MAY (MRS)

(b) Present postal address of wife 1039 PRUD'HOMME AVE., MONTREAL, P. QUEBEC

(6) If married, have you been regularly supporting your wife? If not—state reasons YES
N/A

(7) Are you a widower? NO

(8) Have you any children? YES Number of boys 3 Girls 2
CHABOT, THERESE 9 mos. CHABOT, GEORGES 1 year
Names and ages CHABOT, ANDREW 2 years CHABOT, LUC 3 yrs.
CHABOT, YVETTE 4 yrs.

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

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

Name N/A

Postal Address N/A

**X.RAY FILMS ON FILE.
THESE MAY BE SECURED
DIRECT FROM X.RAY SECT.
RECORD OFFICE, N. D. H. Q.**

(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? **N.O.**

If so, state her full name and Postal Address **N/A**

(11) Is your father alive? **NO**

If so, state name and address, occupation **N/A**

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

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

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

(14) Is your mother alive? **YES**

If so, state name and address **CHABOT, REGINA (MRS)**

4875 PAPINEAU ST. MONTREAL, PQ. QUEBEC

(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. **N/A**

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

(17) Are you contributing to the support of any dependents, other than those shown above? **NO**
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 **N/A**

Full Name **N/A**

Postal Address **N/A**

Amount contributed monthly during the past six months **N/A**

(18) Are you insured? **YES**

If so, in what Company **LONDON LIFE INSURANCE CO.,** No **2087756**
(Give number of policy)

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

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

Rene Donnie Chabot
(Signature of officer or man)

Date **25th AUGUST, 1940**

Rene Bros Major St. Lob
for Officer Commanding **THE SHERBROOKE FUSILIER REGIMENT**

Date **SEP 14 1940**

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.

M. F. D. 930A
500M—8-42 (5574)
H.Q. 1772-39-1548

On TRANSFER OF OFFICER or WARRANT OFFICER, Class I

REMARKS:

The following is a statement of the account of the above named from 1-12-42 to 31-12-42 194.....
the inclusive date of transfer, posting or discharge.

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

Niagara Camp, Ontario.
(Place)
7-12-42
(Date)

A. L. Burgess
(A.L.Burgess) Paymaster or Accounting Officer.
1st Garrison Battalion C.A.(A).

REPORT ON INJURIES

Other than Wounds Received in Action

1. Certificate to be signed by injured officer or soldier:

I, 2-46385 Private CHAPMAN D (Incorporated)
(a) (number) (b) (rank) (c) (surname) (Christian names in full)
1st Garrison Bn. hereby declare that the injury sustained by me
(d) (unit)
on the 4-12-42 did
(e) (date of casualty) did not* occur while I was in the performance
of military duty.

Not Applicable
(Signature of officer or soldier)

Gen. Niagara, Ontario. 3-12-42
(station) (date)

2. (a) Description of injuries Bleeding from mouth. Apparent
injury to left mid lower back. (Noted as pants were torn
in seat.)

(b) Are the injuries serious or of such a nature that they might be the exciting cause of disability later? Killed

(c) Whether admitted to hospital or sick in quarters? St. Catharines Morgue.

(d) How long before initial treatment was given? Seen while still warm.

Date 3-12-42 Signature of medical officer W. J. Smith

3. Short statement by injured person of the circumstances of the injury (see instruction 5). Signed statements of witnesses, or of persons to whom the injured person may have mentioned his injury, to be attached (see instructions 3 and 4):

*Strike out whichever is not applicable.

4. Statement of Commanding Officer:

- (a) Was the individual in the performance of military duty?.....NO
- (b) Nature of duty.....N/A
- (c) Was it incurred in a game or other form of physical recreation definitely organized with the approval of the unit commander?.....NO
- (d) If it was incurred on leave, was such leave with or without pay?.....WITH PAY
- (e) Was anyone else to blame?.....YES
- (i) Whom?.....Hit and run Driver
- (f) Did the injury occur on military premises and if so in what part of such premises? NO
- (g) Court of Inquiry:
- (i) Has one been held?.....Yes
- (ii) Will one be held?.....After inquest is held
- (iii) Date and place in approximately two weeks, Niagara-on-the-Lake, Ontario.
- Date.....15-DEC-42.....Commanding (G. Carmichael) Lt.-Col.,

5. Remarks of District Officer Commanding or Division Commander: ^{71 GARRISON BATTALION G.A.} Forwarded:
- Date.....24 FEB. 43.....(G.E. McGuigan) Brig-Gen. T/D.O.C. M.D. No. 2.
6. Received by N.D.H.Q.....
7. Forwarded to D.P.N.H.....

INSTRUCTIONS

- This form is to be rendered within 48 hours after the event in all cases of accidental or self-inflicted injuries to an officer or soldier involving:
 - death,
 - absence from duty for 48 hours or more, or
 - absence from duty of less than 48 hours when the medical officer should invariably be consulted as to whether the injury may be the exciting cause of disability later.
 - in all accidents involving personnel whether there is evidence of injury or not.
- A separate form is to be used in respect to each individual affected.
- This form is to be rendered notwithstanding the holding of a court of inquiry or investigation. If a court of inquiry is held a copy of this form is to be included in the proceedings.
- Full statements are to be taken by an officer from the witnesses of the accident or, where there was no witness, from any persons to whom the injured officer or soldier may have mentioned his injury immediately after the occurrence. These statements, when obtainable will be signed by the persons making them, and by the officer who takes them, and will be forwarded with this form. Where it is intended to take disciplinary action, duplicates of these statements should be retained by the unit for use in lieu of a summary of evidence.
- Where it is possible to obtain it, a statement from the injured officer or soldier will also be forwarded. This, however, should not be used as evidence against him in any subsequent disciplinary proceedings.
- This form will be prepared in triplicate, one copy to be retained by the unit and the two other copies to be forwarded to N.D.H.Q., through the usual channels. Where a Court of Inquiry is held the copies to be forwarded to N.D.H.Q. will be attached to the proceedings.

SPECIAL INSTRUCTIONS AS TO EVIDENCE IN CASES OF SELF-INFLICTED WOUNDS

- In these cases the statements mentioned in paragraphs 4 and 5 above should bring out all material points, e.g., statements to the effect that the witness was with the accused standing on the fire step (or sitting in a dug-out); that the accused was cleaning his rifle; position of safety catch, magazine, etc., if known; muzzle of rifle on toe of foot; hand on muzzle; that accused pulled trigger; that the rifle was afterwards examined and an empty cartridge case was found in chamber; that accused was seen to be wounded; what accused said ("I have shot myself," "I did not know it was loaded," etc.).
- An officer or a soldier is specially trained in the safe use of his rifle and revolver, and evidence of any neglect of the ordinary precautions as to their handling in such cases usually has considerable bearing on the question of negligence. In cases of wilful self-wounding the fullest possible evidence should be obtained; unless the evidence is conclusive this charge should not be used. The charge will therefore usually be laid under section 40 Army Act—"Conduct to the prejudice of good order and military discipline in wounding himself through negligently handling a rifle," and an alternative charge to this effect should be made, even if the accused is to be tried under section 18 for wilful maiming.

MINISTÈRE DE LA DÉFENSE NATIONALE
MARINE ===== ARMÉE ===== AVIATION

COPY
6
ARMÉE

DÉCLARATION TOUCHANT LA GRATIFICATION DE SERVICE DE GUERRE

NOM du Soldat - Dieudonne Francois Xavier Joseph CHABOT (PRÉNOMS) (NOM)
No DU REGISTRE D-466
No DU DOSSIER 405-C-9292
DATE 6-2-45
ADRESSE Madame Kate M. CHABOT,
946 Rue Laporte,
Montreal, P.Q.
No MATRICULE D-46385
GRADE DÉFINITIF S/Sgt.
DATE À LAQUELLE LE SERVICE OUTRE - MER A ÉTÉ TERMINÉ 4-12-42
DATE DE LIBÉRATION

A. DURÉE TOTALE DU SERVICE DONNANT DROIT À LA GRATIFICATION

NOMBRE DE JOURS 832 ÉQUIVALANT À 27 PÉRIODES COMPLÈTES @ \$7.50
30

\$ 202.50

B. DURÉE DU SERVICE OUTRE-MER DONNANT DROIT À LA GRATIFICATION

NOMBRE DE JOURS MOINS JOURS QUI NE SONT PAS ADMISSIBLES ÉQUIVALANT À JOURS @ 25 CENTS PAR JOUR
VOIR L'ALINÉA 2 AU VERSO POUR L'EXPLICATION

TOTAL

202.50

C. SUPPLÉMENT POUR LE SERVICE OUTRE-MER

TAUX QUOTIDIENS LORS DE LA LIBÉRATION

RECEIVED
FEB 12 1945
WAR SERVICE
GRATUITY DIVISION,
ARMY TREASURY
SOLDE \$
INDEMNITÉ DE SUBSISTANCE OU \$
INDEMNITÉ DE VIVRES ET DE LOGEMENT \$
SOLDE SUPPLÉMENTAIRE \$
ALLOCATION FAMILIALE MILITAIRE 1/30 DE \$ \$
TOTAL \$ X7 = \$
NOMBRE DE JOURS 183 X\$

D. GRATIFICATION DE SERVICE DE GUERRE

202.50

E. DÉDUCTIONS PAIEMENT EN TROP DE SOLDE ET ALLOCATIONS \$
ALLOCATION FAMILIALE MILITAIRE \$
ET DÉLÉGATION DE SOLDE \$
AUTRES DÉDUCTIONS \$

F. MONTANT PAYABLE

(CE MONTANT EST PAYABLE
PAR VERSEMENTS

1 MENSUELS DE \$ 202.50 CHACUN

202.50

LA LOI DE 1944 SUR LES INDEMNITÉS DE SERVICE DE GUERRE PRÉVOIT LE PAIEMENT DE VOTRE CRÉDIT DE RÉADAPTATION AU MONTANT INDICÉ DANS LE TOTAL POUR A ET B. CE CRÉDIT PEUT VOUS ÊTRE VERSÉ DANS CERTAINES CIRCONSTANCES. LES DEMANDES DE RENSEIGNEMENTS À CE SUJET DOIVENT ÊTRE ADRESSÉES AU MINISTÈRE DES AFFAIRES DES ANCIENS COMBATTANTS.

VOIR AU VERSO
POUR L'EXPLICATION
DES ARTICLES A, B, ET C

G. LE VERSEMENT MENSUEL
NE DOIT PAS DÉPASSER

LE TAUX QUOTIDIEN DES
SOLDE ET ALLOCATIONS \$

X30 \$

CERTIFICAT

JE CERTIFIE QUE LE MONTANT A ÉTÉ BIEN CALCULÉ ET EST PAYABLE CONFORMÉMENT AUX DISPOSITIONS DE LA LOI DE 1944 SUR LES INDEMNITÉS DE SERVICE DE GUERRE ET AUX RÈGLEMENTS ÉTABLIS EN VERTU DE LADITE LOI.

PRÉPARÉ PAR
KRM
VÉRIFIÉ PAR

TRÉSOR
VÉRIFIÉ PAR
DATE
13-2-45
REPRÉSENTANT MILITAIRE

Form No. 1

779

Register No. 0466

Nominal Roll No. 08

H.Q. File No. 405-C-9292

TO: P.M.G.

CANADIAN ARMY (ACTIVE)
COMPUTATION OF SERVICE
WAR SERVICE GRANT

Rank When
Regt. No. S.O.S. Surname Christian Name in Full
D46385 5/59E CHARBOT DIEUBONNE FRANCOIS XAVIER JOSEPH

Reason for Termination of Service:

1st Enlistment KILLED ACCIDENTLY CARO ()
2nd Enlistment CARO ()
3rd Enlistment CARO ()

TOTAL SERVICE

1st Enlistment	2nd Enlistment	3rd Enlistment
T.O.S. <u>25 AUG 40</u>	T.O.S.	T.O.S.
S.O.S. <u>4 DEC 42</u> MD <u>2</u>	S.O.S. MD	S.O.S. MD
Total Days <u>832</u>	Total Days	Total Days
		<u>832</u> DAYS

TOTAL SERVICE

	Total Service	Less Non-qualifying Service	Net Service
WESTERN HEMISPHERE	<u>832</u>		<u>832</u>
OVERSEAS SERVICE			
Totals	<u>832</u>		
Add Non-qualifying Service			
TOTAL SERVICE			<u>832</u>

EMBARKATION DETAILS:

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

REMARKS:

DIED WHILST IN SERVICE

Computer's Signature [Signature]
Checker's Signature [Signature]
Date Computed 11 Dec 44

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

[Signature]
(C.L. Laurin) Colonel,
Director of Records.

MEMORANDUM POUR

P. 64

Prière d'adresser toute communication subséquente
à ce sujet à

Madame Kate M. Chabot,.....
946 rue Laporte,.....
Montréal,.....
Québec.

M. LE SECRÉTAIRE,
MINISTÈRE DE LA DÉFENSE NATIONALE,
OTTAWA, ONTARIO
AUX SOINS DE L'ADMINISTRATEUR DES
SUCCESSIONS

et de citer le numéro suivant:

Q.G. 405-C-9292 FD.201

MINISTÈRE DE LA DÉFENSE NATIONALE OTTAWA, ONT.

m le 4 janvier 194 3

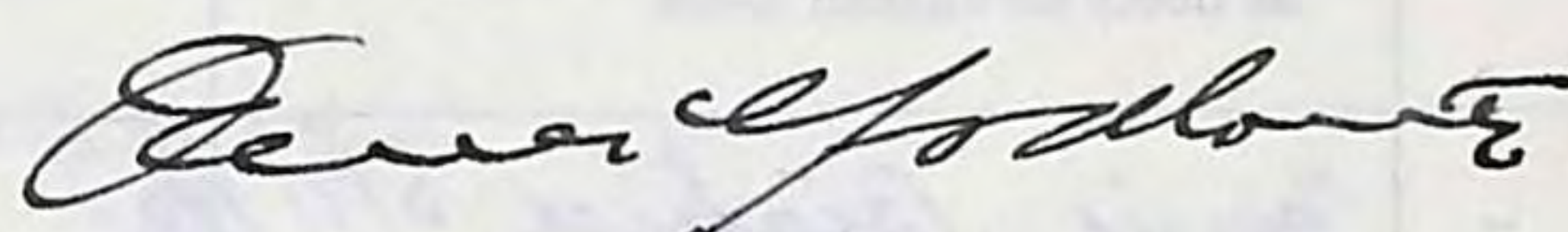
Afin de les consigner dans nos dossiers et au cas où il reviendrait un reliquat de
solde, des médailles ou insignes commémoratifs, autorisés par la loi, à feu

SHABOT, Dieudonne F.X.J., S/Sgt.,

No. D.46385, Fusiliers de Sherbrooke,

il est nécessaire que les renseignements voulus concernant le défunt et les membres
de sa famille soient fournis à l'intérieur de cette formule en stricte conformité des
instructions imprimées. Les détails exigés doivent être inscrits comme il faut et la
déclaration au verso doit être ensuite signée en présence d'un pasteur, prêtre ou
magistrat de la localité, que l'on priera de compléter et signer le certificat.

Cette formule doit être renvoyée à l'adresse ci-dessus mentionnée.


(O. Godbout) Capitaine,
pour (L.M. Firth) Lt.-Colonel,
L'administrateur des successions.

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

Degrés de parenté	PARENTS à signaler	TÉMOIGNAGE DU DÉCLARANT			
		NOM ET PRÉNOMS de tout parent de chacun des degrés mentionnés	Âge	ADRESSE AU LONG de chaque parent survivant, en regard de son nom et date de décès de tout parent décédé	
1	Veuve du défunt.....	May Pelland Chabot	34	946, rue Laporte Montréal	
2	Enfants du défunt et dates de naissance; si un ou plusieurs enfants sont décédés, la date du décès, et mentionner s'ils étaient mariés ou non.....	Yvette Chabot Luc Chabot André Chabot Georges Chabot Thérèse Chabot Noëlla Chabot	7 6 5 4 2 1	946, Laporte Montréal	
3	Père du défunt.....	Décédé le 4 novembre 1932 Dieudonné Chabot			
4	Mère du défunt.....	X M ^{me} Regina Chabot Dunphy Brien	56	4299 A Marquette Montréal	
5	Frères du défunt	Frères germaines	Chabot Réal adversaire militaire P ^{te} Chabot Réal D-166072 R.C.O.C.C.A.	26 "	126 Laffleur C.A.I.P.C 17-12 Farnham Qué.
		Demi- frères			
6	Sœurs du défunt	Sœurs germaines	Mad. H. Leblanc née Santonia Chabot Henri Leblanc	39	3449 Cartier mil. 3449 Cartier
		Sœur germaine Demi- sœur	Santonia Chabot	39	3449 Cartier
	Noms des frères ou sœurs (germaines ou non) du défunt qui sont décédés et date de décès de chacun d'eux	Noms et âges de leurs enfants, le cas échéant		Adresse de leurs enfants	
7	Marie - Béatrice 5/7/1904 " " 25/11/1905 Marie Georges 6/4/1908 née morte avril 1909 2 jumelles 1 mort avant baptême Joseph. René 10/3/1922				

LES RENSEIGNEMENTS QUI SUIVENT NE DOIVENT ÊTRE DONNÉS QUE S'IL N'Y A PAS DE PARENTS VIVANTS AUX DEGRÉS PRÉCITÉS

		NOMS DES VIVANTS	Âge	ADRESSE AU LONG
8	Grands-parents du défunt.....	décédés		
9	Oncles et tantes directs du dé- funt (non pas les oncles et tantes par alliance).....			

DÉTAILS D'IDENTITÉ

10	Quels sont les nom et prénoms du défunt?	X. Duindoumi Chabot
11	Indiquez le mois et l'année de sa naissance.	27 septembre 1913
12	Où et quand ses parents s'étaient-ils mariés?	à St. Martin Lee. Canal P. 2 le 15 février 1903
13	S'était-il marié? Le cas échéant, indiquez le lieu et la date exacts du mariage. A-t-il laissé un contrat de mariage?	marié le 1 septembre 1934 oui
14	A-t-il laissé un testament? Le cas échéant, veuillez l'adresser.	Il est supposé en avoir un. comme tout militaire
15	Existe-t-il quelque autre actif qui nécessite une vérification du testament par la cour, ou (pour les provinces anglaises seulement), une demande de Lettres d'Administration?	

DÉTAILS DE DOMICILE

16	Où le défunt était-il né?	à Montréal dans la paroisse de l'Immaculée Conception le 27 sept/1913
17	Dans quel province, pays ou état a-t-il demeuré et demeurerait-il en dernier lieu?	Il avait domicile à Montréal à 946 Laporte
18	Combien de temps dans chacun d'eux?	Toujours à Montréal jusqu'à son entrée dans l'armée
19	Quelle était la nature de son emploi?	Employé chez un plombier
20	Était-il propriétaire de la maison ou du homestead où il demeurait? Le cas échéant, à quel endroit?	Non
21	A-t-il jamais déclaré de vive voix, ou par écrit, où il entendait vivre d'une façon permanente?	non
22	Indiquez <u>votre</u> adresse postale au long.	946 rue Laporte - St. Henri. Montréal P. 2

DÉTAILS DES CRÉANCES

23	Les frais d'enterrement ont-ils été payés? Le cas échéant, par qui?	non
24	Y a-t-il une réclamation pendante contre la succession? Le cas échéant, donnez les nom et prénoms et l'adresse de chaque créancier dans cet espace et joignez sa facture. (Voir remarque ci-dessous mentionnée.)	<p>Fabrique St-Henri - 4055 St-Jacques Eugé Bourgeois 2630 ouest St-Jacques V. Bellemare 4129 St-Antoine Viger & Morin 8409 L'Assommoir B. Martel 4307 St-Jacques</p>
<p>REMARQUE.—Le paragraphe 24 a trait aux dettes contractées pour nourriture et logement, frais de médecin et d'enterrement, emprunts, achats de marchandises, etc.; les renseignements suivants doivent être inclus dans tous les comptes:</p> <ol style="list-style-type: none"> 1. Nom et adresse du créancier. 2. État détaillé de la créance, y compris la date ou les dates où la dette a été contractée. 3. A la fin de son état de compte, le créancier devra certifier que le compte est juste et raisonnable, que nul paiement, sauf ceux qui sont mentionnés, n'a été effectué à cet égard et qu'il n'a aucune garantie en sa possession. Le créancier devra alors apposer sa signature et si vous admettez que la réclamation est exacte, vous pourrez alors certifier la facture et la signer. 		

(VOIR AU VERSO)

DÉCLARATION

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

Je, soussigné, déclare que les renseignements qui précèdent sont exacts et constituent une liste fidèle et complète de tous les parents que le défunt ait jamais eus aux degrés signalés; et que je suis le/la veuve du défunt.

N.B.—À être signée au long en présence d'un pasteur, prêtre ou magistrat de la localité.

Mme. Kate May Belland Chabot Signature du déclarant

CERTIFICAT

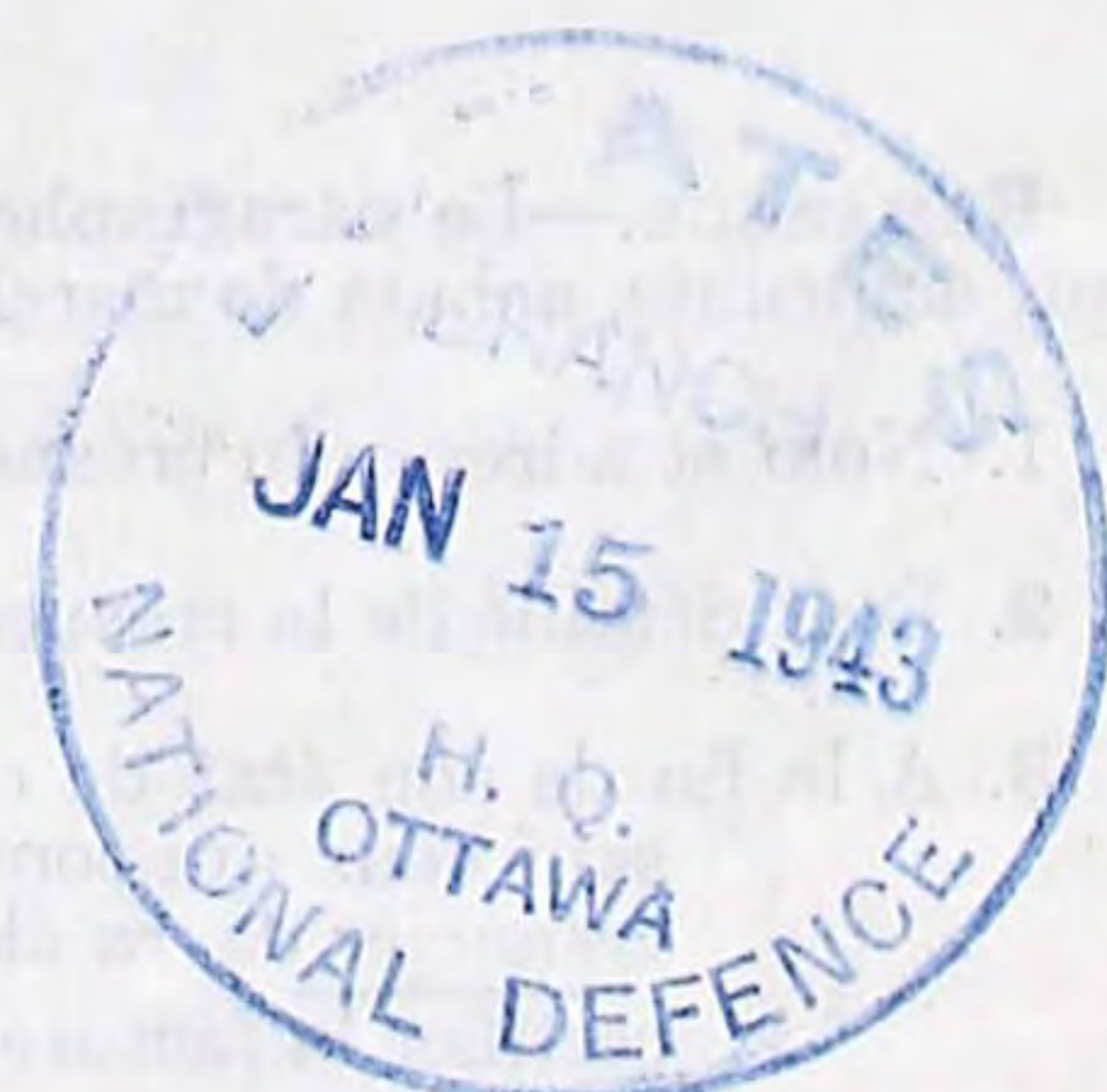
Je, soussigné, certifie que, autant que je sache, Mme. Kate May Belland Chabot { Nom du }
est le/la veuve du défunt ci-dessus décrit et je crois que la déclaration précédente, de même que la liste des parents qui ont été fournies et signées en ma présence sont complètes et exactes.

Daté à Montréal ce 13 jour de janvier 1943

Signature du pasteur, } J. A. Beaudin prêtre Titre vicair
prêtre ou magistrat. }

Adresse 4055, rue St-Jacques Montréal

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



*Notified by
Communicating Officer
1st Garrison Battalion
A.G. 41 W.
1 minute and*

The Administrator of Estates

Regimental No...D.46385.....Rank.....S/Sgt.....

.....CHABOT.....Dieudonne Francois Xavier Joseph.....
Surname Christian Names

Unit.....Fusiliers de Sherbrooke.....

Date of Death...3-12-42.....Place of Death...Niagara-on-the-lake...

Next-of-kin...Mrs. Kate M. Chabot.....Relationship...Wife.....

Address.....946 Laporte St., Montreal, P.Q.

M.F.M.5.....Copy herewith.....

Will.....Original M.F.M.10.(Will).herewith.....

Date.....December 16..1942.....



HMG/MD

[Signature]

W.E.L. Coleman

(W.E.L. Coleman) Lt.-Col.,
Officer i/c Records,
for Adjutant-General.

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

WILL

Francois Xavier Joseph

M.F.M. 10
75M-5-40 (5241)
H.Q. 1772-39-1656

Address in
civil life.

(1) I, Dieudonne Chabot, of the City
(Name in Full) (City, Town, Village, Township)

of Montreal, in the County of Notre Dame de Grace,
District

Province of Quebec., Accountant
(Civil Occupation)

Regimental No. D-46385, Unit Sherbrooke Fusilier Regiment C.A.S.F., do hereby revoke
all former Wills by me made and declare this to be my LAST WILL.

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

(2) I GIVE, DEVISE AND BEQUEATH unto

My wife, Kate May Chabot, 1039 Prud'homme Ave.
N.D.G. Montreal.

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 Yves Pelland 1039 Prud'homme N.D.G. Montreal
(Name) (Address)

Montreal Tramways Conductor, to be the Executor of this my Last Will.
(Civil Occupation) (Signature)

IN WITNESS WHEREOF I have hereunto set my hand this 22nd day of October
1940

Signed and acknowledged by the Tes-
tator, 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

Dieudonne Chabot
(Signature of soldier)

First witness
sign here.

(5) Signature Yves Pelland
Civil Address Casino Bldg. Sherbrooke Ave.
Civil Occupation Accountant

Second witness
sign here.

Signature W. H. Pieber
Civil Address Richmond Ave.
Civil Occupation Bank Clerk

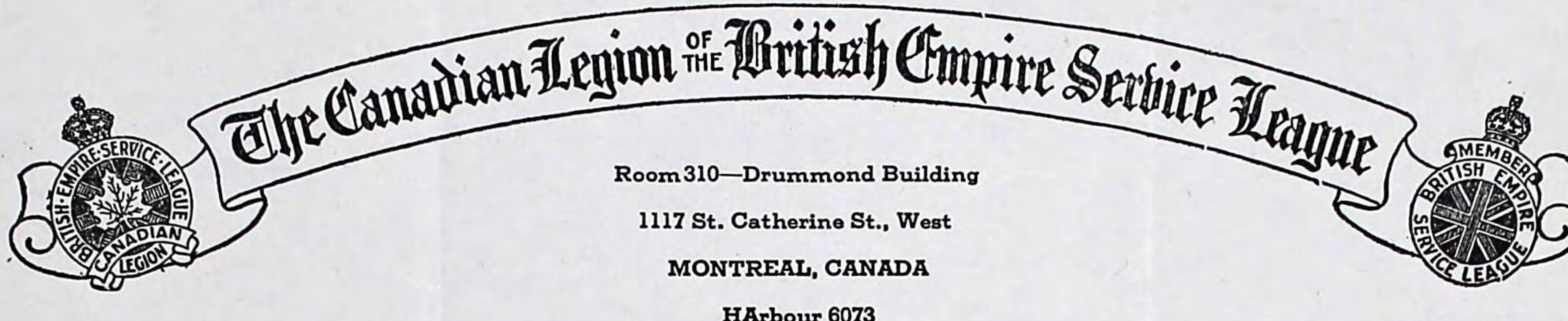
(Witnesses are not to be beneficiaries.)

[OVER]

T. L. LEIGH
MANAGER

MONTREAL SERVICE BUREAU

A UNIT IN THE CHAIN OF LEGION SERVICE BUREAUX ACROSS CANADA



January 20th, 1943.

The Estates Branch,
Dept. of National Defence,
Ottawa, Ont.

Dear Sir:-

Re: - D-46385 - D. CHABOT (Dec)

The above named died during service on
3.12.42.

His next-of-kin, Mrs. K.M. Chabot, has
requested us to apply for an adjustment of the man's
personal estate to her.

✓ She is particularly anxious to obtain
his watch and ring, together with other articles in his
possession at the time of his death.

Please advise.

Yours very truly,

T. L. Leigh
T.L. Leigh,
Manager,
Montreal Service Bureau.

MM.



REPORT OF DEATH OF A SOLDIER

TO BE FORWARDED TO THE SECRETARY, DEPARTMENT OF NATIONAL DEFENCE, (MARKED "FOR OFFICER IN CHARGE OF RECORDS") IMMEDIATELY AFTER DATE OF DEATH

Unit.....1st GARRISON BATTALION, C.A.

Regt'l No. D-46385 Rank SGT.(A/S/SGT.)

Name in full.....Dieudonne Francois Xavier Joseph CHABOT

Date and place of birth.....27th September, 1913 - Montreal, P.Q.

Married or single.....Married

Enlisted, when and where.....25th August, 1940 - Sherbrooke, P.Q.

4th December, 1942

(Date (To be determined by inquest))

Died { Place.....Niagara-on-the-Lake, Ontario Buried { Name of cemetery.....

Cause of death.....Presumably struck by

hit-and-run driver of automobile-

Inquest to be held

Whether he leaves a Will or not, { Not known

and if so, where deposited }

Statement as to existence { Personal effects being accounted for by Committee

of any personal effects } of Adjustment

Latest particulars as to { Mrs. Kate May CHABOT, (Wife)

Next of Kin { 946 Laporte Street, St. Henry, MONTREAL, P.Q.

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

Secretary, Department of National Defence.

Forwarded, please.

John J. Macdonald Lt.-Col.
Officer Commanding
1st Garrison Battalion, C.A.

Date.....5. DECEMBER 1942

John Day Major
for (C. F. Constantine) Major
D.O.C., M.D. 2.
Major-General 8-12-42
Date.....

M.F.W. 2570

25M-6-41 (758)

H.Q. 1772-39-1356

*Noted
Graves Reg.*

15'