D46530
BISAILLON
FERNAND ADELA

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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 Bissaillon FERNAND (b) Reg'l. No. D46 530
2. (a) Arm of service Infantry (b) Unit Stormont Dundas & Glengarry Regt (c) Rank Private
3. (a) Date of birth 21 Jan 1920 (b) Have you any dependents? YES (c) Place of residence at time of enlistment Magog, Que.
4. (a) Place of enlistment Sherbrooke, Que. (b) Date of enlistment 3 August 1940

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 17 Years (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.) 5 yrs R. C. School 3 " Public "
7. If you attended a university, give name of university and standing or degree secured N/I
8. (a) Did you ever enter upon a trade apprenticeship? Yes (b) If so, for what occupation? Butcher (c) Did you finish it? No (d) If you did not finish it, how long did you serve at it? 3 yrs
9. (a) What languages do you speak fluently? English - French (b) What languages do you read well?

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/I

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 Nadeau, Santo Address Magog, Que.
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Butcher
20. (a) Your specific occupation Butcher (b) Number of years' experience at this occupation with any employer 3 yrs
21. (a) Did your employer promise definitely to give you employment on discharge? Yes (b) Did your employer refuse to promise you employment on discharge? No (c) Do you wish to return to your former employment? Yes

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? Yes (b) Do you feel competent to operate a farm? Yes (c) If so, in what kind of farming? Mixed Farm
25. (a) Were you born on a farm? No (b) How many years' actual farming experience have you had? 2 yrs (c) In what provinces did you have experience? Ontario

Section G—MISCELLANEOUS

26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge? No
27. If so, state nature of your plans (for example, do you plan to return to school, or have you been assured of a job, etc.) N/I
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form N/I

DATE April 21st 1941 SIGNATURE Fernand Bissaillon

Suitable for Mortar Det

A

I. Regt. No. D.46530 Rank Tpr. Unit Vol de Que Date 18 May 42

Name BISAILLON, F. Age 21 Place of Birth New Bedfor, Mass. U.S.A.

Date of Enlistment 1 Sept 39 Place of Enlistment Sherbrooke, P.Q. Depot

Languages spoken French, English R. Recruit A A Med. Cat. A Place Allenburg, Ont.

II. M. Test Date 4 May 42

Test	Score	S.M.	
1	17		SUB-TOTAL
2	12		S.M.
3	5		
4	21		SUB-TOTAL
5	16		S.M.
6	6		SUB-TOTAL
7	8		S.M.
8	12		
Total	98	S.M.	GRADE
9			French

Other Tests Name or Type	Date	Place	Score	Grade

III. Military Background

1 yr N.P.A.M. Sherbrook Fusiliers.
29 months service. 2 yrs in Newfoundland. Completed Basic and advanced training.

IV. Educational Background

Started school at 6, left grade 6 at 18. This schooling was in English in the U.S.A.

V. Occupational Background

6 months Print room, Dominion Textile.

VI. Arm Desired

Infantry.

Work in Arm Desired

Sherbrook Fusiliers.

VII.

Speaks French well, although he is not able to read or write it. A good infantry man. About avérage intelligence. Steady & fairly reliable. Fairly good learning ability. Did quite well on "M" test considering the fact that this man was educated in English.

M.F.M. 196
60M—1-42 (2950)
H.Q. 1772-39-1016

VIII. Summary

About average intelligence.
No mechanical experience.
Fairly good learning ability
Good stability.

IX. Suggestions

Could follow C.A.C. training. A transfer to an infantry unit would be advisable.

X. Signature of Interviewer	N.C.O.	Officer
A.Bde L. Harwood		Lieut.

XI. Action Taken — Date of Action

Follow-up

Suitable for infantry tasks within the Recce Bn.

MEMORANDUM FOR

Mrs. Meline M. Bisaillon,
Mary Street, now St. Catherine 33A St.
Magog, P.Q.

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

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

and the following number quoted:—

H.Q. 405-B-3346 FD. 96

DEPARTMENT OF NATIONAL DEFENCE
OTTAWA, ONT.

July 11, 1942.

For the purpose of record and in the event of there being any balance of pay, medals or memorials available for distribution (according to law) on account of the late

BISAILLON, Fernand Adelard Tpr.

No. D.46530, Les Voltigeurs de Quebec.

it is necessary that the requisite information regarding the deceased and his relatives should be furnished on the inside of this form in strict accordance with the printed instructions. The particulars required are to be carefully filled in and the Declaration on the back should then be signed in the presence of a Clergyman, Priest, Local Magistrate, Commissioner for Oaths or Notary Public, who should be asked to complete and sign the Certificate. This form should then be returned to the above address.

R. G. Phelan

(R. G. Phelan) Lieut.,
for (L. M. Firth) Lt.-Col.,
Administrator of Estates.

ESTATES BRANCH
JUL 18 1942
D.H.Q.
OTTAWA
NATIONAL DEFENCE

M.F.W. 77
5M—9-41 (1669)
H.Q. 1772-39-972

ANSWER IN FULL ALL APPLICABLE QUESTIONS

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

Degrees of Relationship	RELATIVES required to be accounted for		INFORMANT'S STATEMENT: NAME IN FULL of any Relative, if any, in each degree inquired for	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased		none		
2	Children of the Deceased and dates of their Births		none		
3	Father of the Deceased		Domina Bisaillon	57	address unknown Left home ten years ago.
4	Mother of the Deceased		Melina Fournier Bisaillon	58	33A Ste-Catherine Mayog. Rec't
5	Brothers of the Deceased	Full Blood	Ludovic Bisaillon (Bisaillon) Leonide Bisaillon Leonel Bisaillon	28 24 17	
		Half Blood	none		
6	Sisters of the Deceased	Full Blood	Emerentienne Bisaillon Theonide Bisaillon Jeannette Bisaillon Therese Bisaillon	28 25 23 15	
		Half Blood	none		

7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, *who are dead*, and date of death of each.	Names and ages of their children (if any)	Address of their children
	none		

ONLY IF NO RELATIVES IN THE DEGREES ABOVE ARE NOW LIVING, THE FOLLOWING PARTICULARS SHOULD BE GIVEN

	—	NAMES OF THOSE LIVING	Age	ADDRESS IN FULL
8	Grand-Parents of the Deceased			
9	Uncles and Aunts by blood of the Deceased (not Uncles and Aunts by marriage)	nil	Age	

FULL PARTICULARS AS TO IDENTITY

10	What is the full name of the deceased?	Fernand Adelard Bissaillon
11	Give the month and year of his birth.	31 juillet 1920
12	Where and when were his parents married?	29 jan. 1912 New Biddeford. Mass.
13	If deceased was married, state place and date of marriage.	single
14	Did he leave a Will? If so, a copy should be attached hereto.	None
15	Did he leave a bank account? If so, give full particulars.	None
16	Is there any other estate which will necessitate application being made for Probate of the Will or Letters of Administration of the estate?	none
17	State *your own* postal address in full.	33 A Ste-Catherine Magog. Que'

PARTICULARS OF DOMICILE

18	Where was deceased born?	New Biddeford
19	State, in order, the Province (or State) and country in which the deceased resided and the period of time in each, and in which last.	10 years, in United States, Massachusett's Since, Province of Quebec, Canada
20	What was the nature of his employment?	Soldier
21	Did he own the premises in which he lived? If so, where?	no
22	Did he ever state verbally, or in writing, where he intended to make his permanent home?	his home was with his mother, 33 A Ste Catherine Magog. Que

OTHER PARTICULARS

23	Did the deceased after enlistment incur any debts for:— *(a)* His own separate board and lodging while on service. *(b)* Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	None
24	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	Yes, $200. Last expenses funeral etc. - paid by Mrs Melina Fournier Bissaillon, his mother

(NOTE:—The Government pays funeral expenses within the amounts authorized in the Regulations, where death occurs and burial is made Overseas as well as where death occurs and burial is made in Canada, and if a relative has already paid those expenses the Government will reimburse such relative to the extent of the amount authorized in the Regulations. Any amount of such expenses in excess of those authorized in the Regulations is not payable by the Government nor is it chargeable against the service estate of the deceased.)

(PLEASE TURN OVER)

DECLARATION

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

I hereby declare that the foregoing particulars are correct, and a true and complete statement of all the relatives that the deceased ever had in the degrees inquired for; and that I am the

*.....mother.....of the deceased.

N.B. To be signed in full in the presence of a Clergyman, Priest, Local Magistrate, Commissioner or Notary Public.

X
.....{Signature of Informant}

Mrs Melina M Bisaillon

CERTIFICATE

I hereby certify that, to the best of my knowledge and belief.....Mrs Melina M

*See above .....Bisaillon.....{Name of Informant} is the *.....mother.....of the Deceased above described, and I believe the above Declaration and the Statement of Relatives made by the Informant and signed in my presence to be complete and correct.

Dated at.....Magog.....this.....17th.....day of.....July.....1942

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public } .....Rev. Léon Boudrie Qualification.....Parish-priest

Address.....Magog, Stanstead Co. Que.

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

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

Occupational History Form -

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 THE SHERBROOKE FUSILIER REGIMENT C.A.S.F. Matricule D-46530
Unit Regimental Number

~~Original~~ Duplicata ~~Triplicata~~ Duplicat

Original
Duplicate
Triplicate

ARMÉE ACTIVE DU CANADA
CANADIAN ACTIVE SERVICE FORCE
FORMULE D'ENRÔLEMENT
ATTESTATION PAPER

1. Nom (Surname) BISAILLON
2. Prénoms (Christian Names) FERNAND ADELARD
3. Adresse actuelle (Present Address) MAGOG P. QUEBEC CANADA MARY STREET
4. Date de naissance (Date of birth) 30th. JULY 1919
5. Lieu de naissance (Place of birth) U.S.A. (Pays)—(Country) MASS. (Comté ou province)—(County or Province) NEW BEDFORD (Ville ou canton)—(Town or Twp.)
6. Religion (State denomination) ROMAN CATHOLIC
7. Métier ou profession (Trade or Calling) BUTCHER
8. Marié, veuf ou célibataire (Married, Widower or Single) SINGLE
9. Nom du plus proche parent (Name of next of kin) MELINA MARIE BISAILLON
10. Parenté de celui-ci (Relationship) MOTHER
11. Adresse du plus proche parent (Address of next of kin) MARY ST. MAGOG P. QUEBEC CANADA
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, FERNAND ADELARD BISAILLON, 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 2/9/40 WITNESS Gerald Mallard Fernand Bisaillon
(Signature de la recrue)

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

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

Fernand Bisaillon
(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.Q. QUEBEC ce 2nd jour de September 1940

H Eschenberg Capt
(Signature du magistrat, du juge de paix ou de l'officier qui fait prêter le serment)

RECRUITING OFFICER
(Titre, grade et unité ou emploi)

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

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

BIFFEZ CE QUI NE S'APPLIQUE PAS. SI OUI, DONNEZ DÉTAILS..... VALIDITÉ.

État de service de BISAILLON FERNAND ADELARD Matricule D 46530
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: Butcher
Trade or Civil

Techniques: None
Technical

Langues: French & English
Languages

QUALITÉS ÉDUCATIONNELLES
Educational qualifications

Académies High School or Collegiate: None (années complétées—years completed)

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

*Collège: None

*Université University: None

N/A

*(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						
		The Sherbrooke Fusilier Regiment, C.A.S.F.	Private	3-9-40	S.F.R.	Sherbrooke	Part 2 No 26	Sept. 4, 1940
5 Mar. 41	S.F.R.	Granted 14 Days Furlough From 3-3-41 Until - 16-3-41 - Auth						
~~20 June 41~~	~~S.F.R.~~	R.O. 699.	"	3-3-41	"	"	Part 2 # 48	5-3-41
20 June 41	S.F.R.	Forfeits 1 day's pay for A.W.L. 1 day	"	20 June 41	"	St Jean	Part II No 128	20 June 41
10 Jul 41	"	Forfeits 11 day's pay for A.W. 5 days 3 hrs	"	10 Jul 41	"	St Bruno	Part II No 144	10 July 41
20 Aug. 41	"	Granted 48 hours embarkation leave	"	14 Aug. 41	"	Ottawa	Part 2 No. 177	20 Aug. 41
		Occupational History Form	"	21 June 41.				
27 Dec. 41.	"	Enlisin Ottawa ~~Regt~~ Reassembly Depot	Pte	~~22~~ 24 Dec 41	"		Supp. Pt II- 270	27 Dec. 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.)

CERTIFICAT DE L'EXAMEN MÉDICAL
CERTIFICATE OF MEDICAL EXAMINATION

Nom en entier BISAILLON FERNAND ADELARD — Date SEPT 12/40
Name in full

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

1. Age 21 — 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) FEET QUITE FLAT NO PAIN
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

Fernand Bisaillon
(Signature de la recrue)—(Signature of recruit)

Observations des examinateurs (Examiners remarks re above)
NO SERIOU ILLNESSES

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).
SCAR ABOVE LEFT SHIN

2. Taille (Height) 5 pieds (feet) 4¼ pouces (inches).
3. Poids (Weight) 145 livres (pounds)
4. Teint (Complexion) DARK — Yeux (Eyes) BROWN — Cheveux (Hair) DARK BROWN
5. Développement (Development) GOOD — Bon—Good / Passable—Fair / Médiocre—Poor
6. Tour de poitrine—Circonférence, pleine expansion (Chest measurement—Girth on full expansion) 36 pouces (inches) — Degré d'expansion (Range of expansion) 2 pouces
7. Vue, œil droit (Vision, right) 20/30 — œil gauche (left) 20/60
8. Ouïe, oreille droite (Hearing, right) WV20 — gauche (left) WV20
9. Condition de la bouche et des dents (Condition of mouth and teeth) GOOD 2 DECAYED TEETH
10. Les anormalités (congénitales et pathologiques) constatées lors de l'examen sont les suivantes:
The abnormalities (congenital and pathological) found on examination are as follows:

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

H. D. Bayer Major — L. A. Trudeau Capt — G. B. Thomas Capt
(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
2/9/40	RE EXAM URINE NORMAL	Sept 12	Tab 3 T Jones
	EARS REFLEXES CAT. A	" 26	Tetanus 1 cc T Jones
2/9/40	X RAY. NO? 12159 N	" 26	Vacc T Jones
		Nov 15	Tetanus T Jones
13-5-41	Re-exam Cat A - Thomas Capt	SEPT	20 41 TABT T Jones

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.)

Matricule D 46530 Grade Private Nom BISAILLON Prénoms FERNAND ALBERT
Regtl. No. Rank Surname Christian Name

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: Jour — Day	Mois — Month	Année — Year	La sortie de l'hôpital — Discharge from Hospital: Jour — Day	Mois — Month	Année — Year	Maladie — Disease	Nombre de jours à l'hôpital — Number of days in hospital	Détails sur la nature et l'origine de la maladie; dire si elle était bénigne ou grave, si elle est entièrement guérie, et si un traitement spécial a été adopté. Dans le cas des maladies vénériennes, mentionner la nature de la maladie première et dire si on a prescrit le mercure. Si la maladie est accidentelle, spécifier si elle fut contractée en service et si un conseil d'enquête a été tenu. Détails et dates au sujet des fausses dents et des appareils chirurgicaux fournis. — Remarks on nature of the disease; how induced; if mild or severe; if completely recovered; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied	Signature du médecin — Signature of Medical Officer

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.)

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

25M-9-44 (5562) (FR.)
H.Q.1064-81-3

COPY 6 ARMEE

MINISTÈRE DE LA DÉFENSE NATIONALE

MARINE — ARMÉE — AVIATION

DÉCLARATION TOUCHANT LA GRATIFICATION DE SERVICE DE GUERRE

NOM du Soldat - Fernand Adelard BISAILLON
(PRÉNOMS) (NOM)

Nom du Paye - Mme. Melina BISAILLON,
ADRESSE Magog, P. Que.

No DU REGISTRE D-6402
No DU DOSSIER 405-B-3346
DATE 30-4-45
No MATRICULE D-46530
GRADE DÉFINITIF Tpr.
DATE DE LIBÉRATION 1-7-42

DATE À LAQUELLE LE SERVICE OUTRE - MER A ÉTÉ TERMINÉ

	$ ¢
A. DURÉE TOTALE DU SERVICE DONNANT DROIT À LA GRATIFICATION 630 NOMBRE DE JOURS 655 / 30 ÉQUIVALANT À 21 PÉRIODES COMPLÈTES @ $7.50	157.50
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	157.50
C. SUPPLÉMENT POUR LE SERVICE OUTRE-MER TAUX QUOTIDIENS LORS DE LA LIBÉRATION 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	157.50
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 $ 157.50 CHACUN)	157.50

RECEIVED
MAY 3 1945
WAR SERVICE
GRATUITY DIVISION,
ARMY TREASURY

~~LA LOI DE 1944 SUR LES INDEMNITÉS DE SERVICE DE GUERRE PRÉVOIT LE PAIEMENT DE VOTRE CRÉDIT DE RÉADAPTATION AU MONTANT INDIQUÉ 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	VÉRIFIÉ PAR
KRM	

TRÉSOR	
VÉRIFIÉ PAR	DATE
J. E. Fagan	4.5.45

REPRÉSENTANT MILITAIRE

COMPUTATION OF WAR SERVICE GRATUITY

MEMBER'S NAME Fernand Adelard BISAILLON (Christian Names) (Surname) — Register No. D-6402

PAYEE'S NAME MRS MELINA BISAILLON (Christian Names) (Surname) — File No. 405-B-3346

ADDRESS MAGOG P.Q. — Date 30-4-45

Service No. D46530

Final Rank TPR.

DATE OF TERMINATION OF OVERSEAS SERVICE — Date of Discharge 1-7-45

	AMOUNT $	c
A. TOTAL QUALIFYING SERVICE No. of days 655 / 30 = 21 Periods @ $7.50	157	50
B. QUALIFYING OVERSEAS SERVICE No. of days ..... less ..... Ineligible days, equal ..... Days @ 25c per day		
C. SUPPLEMENT FOR OVERSEAS SERVICE Daily Rate of Pay $..... Subsistence Allowance $..... Additional Pay $..... Dependents' Allowance 1/30 $..... $..... TOTAL $..... × 7 = $..... No. of Days ____ / 183 × $.....	157	50
D. WAR SERVICE GRATUITY Computed By Thanley	157	50
E. DEDUCTIONS Overpayment of (1) Pay & Allowance $..... (2) D.A. & A.P. $..... Other Deductions $..... Entered By WRB		
F. AMOUNT PAYABLE (This amount is payable in 1 monthly instalments of $157.50 each)	157	50

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

$..... × 30 = $.....

REMARKS

400M-11-44 (6087)
H.Q. 1764-81-3

2447

Form No. 1

J[illegible]ister No. D 6402

Nominal Roll No. D 133

H.Q. File No. 405-B-3346

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 46530	TPR	BISAILLON	FERNAND ADELARD

Reason for Termination of Service:

1st Enlistment Died CARO ( )

2nd Enlistment CARO ( )

3rd Enlistment CARO ( )

T O T A L S E R V I C E

1st Enlistment	2nd Enlistment	3rd Enlistment
T.O.S. 3 Sep 40	T.O.S.	T.O.S.
S.O.S. 1 Jul 42 MD 2	S.O.S. Nil MD	S.O.S. MD
Total Days 667	Total Days	Total Days

TOTAL SERVICE 667 DAYS

	Total Service	Less Non-qualifying Service	Net Service
WESTERN HEMISPHERE	667	12	655
OVERSEAS SERVICE	—	—	—
Totals	667	12	
Add Non-qualifying Service			12
TOTAL SERVICE			667

EMBARKATION DETAILS:

1. Date S.O.S. Overseas —

2. Date S.O.S. Overseas

REMARKS: DIED WHILST IN SERVICE 1 Jul 42

Computer's Signature E Malaunuth all Doc's show date - T.O.S.

Checker's Signature A Fearnley Sgt

Date Computed 6 Mar 45

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

(C.L. Laurin) Colonel,
Director of Records.

DETAILS OF NON-QUALIFYING SERVICE

WESTERN HEMISPHERE

Forfeits for	from	to	Eff. Date	Days	Total
A.W.L.	20 Jun 41			1	1
A.W.L.	3 Jul 41	8 Jul 41		6	
awd			10 Jul 41	5	11

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

Register No. D6402

File No. H.Q.405-B-3346

WAR SERVICE GRANTS ACT 1944

Ottawa March 3rd 1945

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

Service No. D46530

Name F.A. BISAILLO N
Christian Name Surname

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

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

	Name	Amount
Names of persons in receipt of D.A. and amount of monthly award		$
If no D.A. in issue, list names of persons in receipt of A.P., who may be classed as dependents under W.S.G. Act, 1944 and amount of monthly assignment	Mrs Melina Bisaillon mother.	15.00
	Dec 1-8-42.	
Names of persons to whom assigned pay was continued by supplementary award after death.		
Amount of overpayment of dependents allowance and/or assigned pay deductible from the War Service Gratuity and name of person to whom paid.		

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

_____ 194___

MAR 10 1945

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

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

_____ 194___

_____
for C.T.O.

☐ Marine
☑ Armée
☐ Aviation
(Apposer un X vis-à-vis de l'arme dans laquelle vous avez servi en dernier lieu)

M.F.M. 441a
100M-9-44 (5450)
H.Q. 1772-39-2326

MINISTÈRE DE LA DÉFENSE NATIONALE

Demande de Gratification de Service de Guerre

(Forces armées canadiennes)

D. 6402

Il faut donner une réponse complète à chaque question de cette demande. Lorsqu'une question ne s'applique pas, il faut insérer "N.A.".

1. Nom de famille au terme de votre service Deceased FERNAND A. BISAILLON
(Lettres moulées)
2. Prénoms FERNAND A TPR.
(Lettres moulées)
3. Matricule NO D 46530 4. Grade effectif au terme de votre service Voltigeur
5. Adresse au complet à laquelle les versements de gratification devront être envoyés
Mde Melina Bisaillon
Magog P.Q.
6. Spécifiez ci-dessous la période ou les périodes de votre service dans les Forces armées du Canada pendant la présente guerre.

Arme (Marine, Armée ou Aviation)	Matricule	Grade final	Date du début du service	Date du terme du service
Armée	D46530	TPR	Sep 1er 1940	July 1st 1942

7. Au cours de votre service militaire dans les Forces canadiennes pendant la présente guerre, avez-vous été détaché ou prêté à une unité quelconque des Forces navales, militaires ou aériennes de Sa Majesté ou de n'importe quelle autre puissance alliée ou associée avec sa Majesté ou mis hors cadre? Non
Le cas échéant nommez la force ou les forces

RECEIVED JUN 31 1945 PAYMASTER GENERAL S.G. Branch

8. Pendant la présente guerre, alors que vous ne serviez *pas* dans les Forces armées canadiennes, avez-vous été nommé ou vous êtes-vous engagé dans l'une quelconque des Forces navales, militaires ou aériennes de Sa Majesté (autres que les Forces armées canadiennes)? Non Le cas échéant, nommez la force ou les forces ainsi que les dates du début et du terme du service

Ayant maintenant cessé de servir dans les Forces actives, je demande, par les présentes, qu'on me verse la gratification de service de guerre.

Jan 29—45 Mde Melina Bisaillon
(Date) (Signature du requérant)

Si le nom signé dans l'espace ci-dessus n'est pas le même que celui donné dans la réponse à la question 1, insérer ici le nom que vous portiez au terme de votre service. Comme les chèques seront faits au nom donné dans la réponse à la question 1, il est tout à fait essentiel de donner une adresse précise dans la réponse à la question 5.

NOTE: Une fois ce modèle rempli, vous devrez l'envoyer au quartier général de l'arme dans laquelle vous avez servi en dernier lieu, savoir:

Marine—Le secrétaire, Conseil naval, Quartier général du Service naval, Ottawa (dans le cas des marins, le modèle doit être accompagné du certificat de service).

Armée—Le secrétaire, Ministère de la Défense nationale, (Armée), Ottawa, a/s du trésorier-payeur général.

Aviation—Le secrétaire, Ministère de la Défense nationale pour l'Air, Ottawa, a/s du chef des Archives.

ARMY GL

DISTRIBUTION OF SERVICE ESTATES

Naval - Military - Air Force

Name BISAILLON Fernand A. No: D.46530
Surname Christian Names

Tpr. : Les Voltigeurs de Québec. : 1/7/42
Rank Unit Date of Death

AMOUNT
L. P. C. $ 14.83
Other Credits 16.00
Total 30.83

Date December 10, 1942.

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
all	mother	Mrs. Melina F. Bisaillon, 14 George St., Magor, P.Q. (sole beneficiary under will)	$30.83

AUTHORITY

H.O F.E.No.	DIV.	EST.	VOTE	PRI	D.A. OR H.O SUB	OBJ.	AMOUNT
9999			831	00	00	0001	30 83

CLASSIFIED BY — EXAMINED BY — FOR TREASURY OFFICER — TOTAL 30 83

Distribution approved and authorized

L. M. Firth

(L.M. Firth) Lt.-Col.,
Administrator of Estates.

AUDITED FOR PAYMENT

J. A. Barter

for Chief Treasury Officer

P. Magog 9 oct 1942

Monsieur

Je vous envois la balance des comptes dus pour les funerailles de mon fils Fernand Bisaillon no D. 46530 les voltigeurs de Quebec et aussi deux certificat d'iporgne de guerre que j'ai en ma possission veillé me avoir la bonté de menvoyer largent des quatre des deux que vous avez et les deux que voici

Milina Bisaillon
Magog P. Que

ESTATES BRANCH
OCT 10 1942
H. Q.
OTTAWA.
NATIONAL DEFENCE

Inventory personal effects belonging to:

D-46530 Tpr. BISAILLON F.A.,
24th Recce Bn. (Voltigeurs).

✓ 1-Note Book,

✓ 1-Prayer Book,

✓ 1-Nail file,

✓ 1-Picture of Tpr. Bisaillon himself,

✓ 1-Letter,

✓ 1-Birth certificate of Bisaillon Fernand,

✓ 1 3/4 Vehicle Registration Certificate. Permit No. 39 U 90.

✓ 2-$5.00 War Savings Certificates in the name of:
Fernand A Bisaillon,
33A St Catherine St.
Magog Que.

for J.M. Corbett, Major,
President C.of A.,
24th Recce Bn. (Voltigeurs).

Sul

ESTATES BRANCH
SEP 30 1942
H.Q. OTTAWA.
NATIONAL DEFENCE

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

WILL

M.F.M. 10
60M—3-40 (4386)
H.Q. 1772-39-1656

(1) I, BISAILLON FERNAND ADELARD (Name in Full), of the TOWN (City, Town, Village, Township)

Address in civil life.

of MAGOG, in the County District of STANSTEAD,

Province of QUEBEC, BUTCHER (Civil Occupation)

THE SHERBROOKE FUSILIER REGIMENT

Regimental No. D-46530, Unit 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 Mother
BISAILLON MELINA Mary St. Magog P. Quebec

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 FOURNIER FADINA (Name) JOHN ST. MAGOG P. QUEBEC (Address)

BRICK*LAYER (Civil Occupaton), to be the ~~Executor~~ Executrix of this my Last Will.

IN WITNESS WHEREOF I have hereunto set my hand this 4 day of September

19 40

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.

Fernand Bisaillon (Signature of soldier)

First witness sign here.

(5) Signature

Civil Address

Civil Occupation

Second witness sign here.

Signature

Civil Address

Civil Occupation

(Witnesses are not to be beneficiaries.)

[OVER]

To be made out in duplicate

M.F.M. 5
200M—2-41 (9495-6)
H.Q. 1772-39-1651

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

INSTRUCTIONS.

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

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

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

---

(1) Name of Officer or Other Rank..... BISAILLON
(Surname first—Christian names in full—Block capitals)
Fernand Adelard.

(2) Regimental or Official Number and Rank D.46530 Private.

(3) Unit Sherbrooke Fusiliers Regt. CASF

(4) Are you married? NO

(5) If married, state,

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

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

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

(7) Are you a widower? NO

(8) Have you any children? NO Number of boys N.A. Girls N.A.
Names and ages N.A.

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

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

Name N.A.

Postal Address N.A.

[SEE OTHER SIDE]

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

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

.....N.A.....

.....

(11) Is your father alive?.....YES.....

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

.....

(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.....BISAILLON.....Melina Marie.....

.....Mary St., Magog P. Quebec.....

(15) If your mother is a widow, are you her sole or partial support?.....N.A.....

(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?.....NO.....

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

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

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

.....(Sgd.) Fernand Bisaillon.....
(Signature of officer or man)

Date.....September 2, 1940.....

.....(Sgd.) N.S.W. McA!Nulty.....Lt.-Col.,

Officer Commanding.....The Sherbrooke Fusilier Regt.
CASF

Date.....September 2, 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.

405-B-3346
(D.R.)

/HB

le 30 novembre 2.

Monsieur,

En réponse à votre lettre du 14 de ce mois concernant le cavalier Fernand A. Bisaillon, numéro matricule D.46530, je dois vous informer que vu que le soldat Bisaillon est décédé en Canada, le seul endroit où vous pourrez vous procurer un certificat de décès est chez le régistraire général, édifices du Parlement, Toronto.

Toutefois, je puis vous informer que d'après une cour d'enquête militaire convoquée dans le but d'examiner les circonstances qui ont entouré le décès du soldat Bisaillon, ce dernier, et un camarade de son unité, ont loué un canot à Little Lake, Midland, Ontario, l'après-midi du 1er juillet 1942. Vers les quatre heures de l'après-midi le canot a chaviré et les deux militaires se sont noyés. On a retrouvé le cadavre du soldat Bisaillon le même jour et celui de son compagnon le lendemain. Leur officier commandant a déclaré qu'ils n'étaient pas de service et il s'est apparemment agi d'un pur accident.

Veuillez agréer, monsieur, mes sincères salutations.

Pour l'adjudant-général,

le chef des archives,

f/ J.B. Ladouceur
(W.E.L. Coleman) lt-colonel.

M. Olivier Tourigny,
Notaire,
Magog, Qué.

CANADA

QUOTE No. 405-B-3346 (D.R.)

DEPARTMENT OF NATIONAL DEFENCE
ARMY

OTTAWA, CANADA,

November 19th, 1942.

F.T.
For translation, please.

Mr. Olivier Tourigny,
Notary,
Magog, P.Q.

No. D.46530, Trooper Fernand A. BISAILLON

Dear Sir:

In reply to your letter of November 14th concerning the marginally named ~~late~~ ~~Canadian~~, kindly note that in as much as Private Bisaillon's death occurred in Canada, a Death Certificate could only be obtained from the Registrar General, Parliament Buildings, Toronto.

However, it might be stated that according to a military Court of Inquiry held to enquire into the circumstances surrounding the death of this soldier, Private Bisaillon and a comrade from his unit rented a canoe at Little Lake, Midland, Ontario, on the afternoon of July 1st, 1942. About 4 P.M. the canoe upset and both soldiers were drowned. The body of Private Bisaillon was recovered the same day and that of his companion the following day. His Officer Commanding has stated that they were not on duty and apparently it was purely an accident.

Yours truly,

for W.E.L. Coleman, Lieut.-Col.,
Officer in Charge of Records,
for Adjutant-General.

Nat. Def. A-168-A
1,000M—3-42 (3789)
H.Q. 1772-39-376

File Reference No. 405-B-3356 (D.R.)

Date: October 10th, 1942.

REGIMENTAL PARTICULARS

Branch of Service: Canadian Army
Unit or Formation: Voltigeurs de Quebec
Regimental or Personnel No. D.46530

REPORT OF DEATH OF UNITED STATES CITIZEN

IN MILITARY SERVICE

Name in full: Fernand Adelard BISAILLON

Date of birth: July 30th, 1919.

Place of birth: New Bedford, Massachusetts, U.S.A.

Nature of evidence of birth submitted: Man's statement on attestation.

Date of attestation: September 2nd, 1940.

Indicate nature of oath taken upon enlistment: I, Fernand Adelard Bisaillon, do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty. "Fernand -- --Bisaillon"

Date of death: July 1st, 1942.

Place of death: Midland, Ontario, Canada.

Cause of death: Drowning.

Disposition of remains: St. Patrice Cemetery, Magog, P.Q., Canada.

Disposition of effects: Forwarded to Administrator of Estates, Department of National Defence, Ottawa, Canada.

Previous profession or occupation: Butcher

Previous place of abode: Mary Street, Magog, P.Q., Canada.

Next of kin: Mrs. Melina M. Bisaillon (mother), Mary Street, Magog, P.Q., Canada.

Notification sent to: Above.

J. B. Rading
(Signature of reporting Officer)

for W.E.L. Coleman, Lieut.-Col.,
Officer i/c Records, Dept.National Defence.
(Title of reporting Officer)

NOTE: This form to be forwarded in single copy and without covering letter to American Legation, Ottawa, Canada, copy being retained in personnel file.

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: 24th Recce Bn, (Voltigeurs)(CA)

Regt'l No. D-46,530 Rank: Trooper

Name in full: Bissaillon, Fernand, Adelard.

Date and place of birth: 30th July 1919 New Bedford Mass. U.S.A.

Married or single: Single

Enlisted, when and where: 2nd Sept. 1940 Sherbrooke Que.

Died — Date: 1 July 1942. Place: Midland, Ont. Cause of death: Drowning.

Buried — Date: Information will be given later. Name of cemetery: Later. Location of cemetery:

Whether he leaves a Will or not, and if so, where deposited: NIL

Statement as to existence of any personal effects: Information will be given later.

Latest particulars as to Next of Kin: Information will be given later.

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

Lt,-Col.
Officer Commanding
24th Recce Bn, (Voltigeurs)(CA)
Camp Borden, Ont.
Date: 8 July 1942.

Secretary, Department of National Defence.

Forwarded, please.

Capt & Day major

for (C. F. Constantine) D.O.C., M.D. 2,
Major-General.
Date: 26-8-42

noted Graves Reg.

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

M E M O R A N D U M

TO: Military Secretary

Department of National Defence
H.Q. 405-B-3346(A.D.2b)
OTTAWA, 1st September, 1942..

Court of Inquiry - Drowning - 1-7-42
D.46530 Tpr. Bisaillon, F.A.
E.42374 Tpr. Lebel, G.
24th Recce, Bn.(Voltigeurs)

With further reference to minute dated 10th August, 1942, at Flag "A", and memorandum dated 20th August, 1942, at Flag "B".

2. The proceedings of the Court of Inquiry into the death of Tpr. Bisaillon have now been forwarded to this Branch and have been placed on this file.

3. It appears that on the afternoon of July 1st, 1942, Tpr. Bisaillon with Tpr. Lebel, both of the 24th Recce. Bn(Voltigeurs), rented a canoe at Little Lake, Midland, Ontario. About 1600 hours the canoe upset and both soldiers were drowned. Apparently there were no witnesses to the actual drowning. Mr. Alfred Hill of Midland was the first to reach the scene of the accident. The body of Tpr. Bisaillon was recovered that day and the body of Tpr. Lebel the following day. There were no marks on either bodies. The Officer Commanding states that they were not on duty and apparently it was purely an accident.

4. Information has not been received regarding Mr. Arthur Ruck. Action has been taken in this respect and on receipt of the information a further report will be made.

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

JLF/EML

RECEIVED IN THE OFFICE OF THE MILITARY SECRETARY
SEP 1 1942
647-46

M.F.B. 371
300M—7-41 (1087)
H.Q. 1772-39-164

REPORT ON INJURIES

Other than Wounds Received in Action

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

I, E-42374 (a) (number) Tpr. (b) (rank) Lebel (c) (surname) Gonzague (Christian names in full)
24th Recce Bn. (Voltigeurs) (d) (unit) hereby declare that the injury sustained by me
on the 1st July 1942 (e) (date of casualty) ~~did~~ did not* occur while I was in the performance of military duty.

.....
(Signature of officer or soldier)

Camp Borden, Ont., (station) (date)

2. (*a*) Description of injuries Drowning

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

(*c*) Whether admitted to hospital or sick in quarters? N.A.

(*d*) How long before initial treatment was given?

Date..... Signature of medical officer.....

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? N.A.

(*d*) If it was incurred on leave, was such leave with or without pay? A.W.L.

(*e*) Was anyone else to blame? No.

(i) Whom? N.A.

(*f*) Did the injury occur on military premises and if so in what part of such premises?

(*g*) Court of Inquiry:

(i) Has one been held? No.

(ii) Will one be held? Yes.

(iii) Date and place N.A.

Date 5th July 1942 Commanding J.A.G.Roberge Lt-Col.
24th Recce Bn.(Voltigeurs)

5. Remarks of District Officer Commanding or Division Commander:

Date 24th August, 1942.

6. Received by N.D.H.Q.

7. Forwarded to D.P.N.H.

INSTRUCTIONS

1. 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:

(*a*) death,

(*b*) absence from duty for 48 hours or more, or

(*c*) 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.

(*d*) in all accidents involving personnel whether there is evidence of injury or not.

2. A separate form is to be used in respect to each individual affected.

3. 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.

4. 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.

5. 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.

6. 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

7. 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.).

8. 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.

FIRST VICE-PRES.
F. GRAHAM, ESQ.

HON. LIFE MEMBER
HON. PRESIDENT
DR. G. A. BOWEN, M.D.

PRESIDENT
J. CONWAY, ESQ.

CHAPLAIN
REV. P. MATTHAMS

EXECUTIVE:
CHAIRMAN
MAJOR C. B. PEAKE
J. BOARDMAN, ESQ.
S. HYDE, ESQ.
E. PILKINGTON, ESQ.
J. EWART, ESQ.

The Canadian Legion of the British Empire Service League

MAGOG BRANCH No. 80
A. Ruck, Esq. - Sec. Treas.
MAGOG, - QUE.

TEL. MAGOG 449 P. O. BOX 809

Your Ref. 405- B-3346(D.R.). July. 7. 1942.

R/6. No. D. 46530. Trooper Fernand A. Bisaillon. Deceased

Dear Sir

I have been instructed to write asking if you could possibly furnish me with a full report of the accident which resulted in the death of the above man. This man was a n excelent swimmer and it seems strange that he should be drowned. If you could furnish this imformation I am sure it would help the parents. Thanking you I remain yours

Truely Arthur Ruck.
Sec Treas. Arthur Ruck

rstatio 10.7.42

OFFICER I/C RECORDS
H. Q.
BRANCH
JUL 10 1942
H. Q.
OTTAWA
NATIONAL DEFENCE

Central Registry
Hq. M.D. "A"
OCT 10 1940

This is to certify that I....Fernand Adelard Bisaillon.....
entered Canada....November.....19 22

xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

I was born in.New Bedford,...Mass....U.S.A.
on...30th.July.....19 19

xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

My father's name and address now are.....
.....Unknown.....
My father's last Canadian address was.....
.....Unknown.....
My mother's name and address now are.Mrs..Melina Marie Bisaillon
.....Mary Street,...Magog,..Quebec,...Canada.....

xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

My last Canadian address prior to enlistment was
..Mary.Street,...Magog.....
.....Quebec,.....
.....Canada...

Signed..Fernand Bisaillon

M.F.M. 23
50M—12-41 (2635)
H.Q. 1772-39-1677
N.L.R.

CANADIAN ARMY

PROCEEDINGS ON DISCHARGE

DECEASED

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

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

Regimental No. D-46530	Rank Tpr.

Surname BISAILLON

Christian name Fernand Adelard

NOTE.—The name must agree strictly with that on enlistment unless changed subsequently by authority.

Unit or Corps 24th Recce Bn. (Volitigeurs) C.A.(A).

Date of discharge 1-7-42

Place of discharge Camp Borden Mil. Dist. No. 2

1. DESCRIPTION AT DATE OF DISCHARGE

DECEASED

Age 21 years ..... months

Height 5 feet 4½ inches

Complexion Dark

Eyes Brown

Hair Dark Brown

Trade Butcher

Descriptive marks
Scar above left shin.

Intended place of residence } ..... Street and Number ..... P.O., City or Town, etc.

(To be given as fully as practicable; *i.e.*, mailing address) Province

DECEASED.

2. The above-named man is discharged in consequence of "DECEASED"

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 Commanding Officer on to the parchment 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)..... 3-9-40

(Date of discharge—Canadian Army)..... 1-7-42

(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-46530 Rank Fusilier Sheet No.

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

Name BISAILLON , Fernand, Adelard

REPORT Date	REPORT From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority Part II D.O. No. Cas. List, etc.	Authority Dated
31 Dec. 41.	SFR	Transportation Warrant A- 45922	SFR	7 Aug. 41.	SFR	Ottawa	Supp. Pt II- 273	31 Dec. 41.
26 Jan. 42	"	Attached to the 16th A.A. Bty. for rations, w.e.f. 25, 27 & 29 & 31 Jan. 42	"		"	NFLD	Part 2 No. 19	26 Jan. 42
16 Feb 42	"	Entrain St Johns w.e.f. 16 Feb 42						
4 Mar 42	"	Disembark Debert, N.S. w.e.f. 19 Mar 42	"	2 Mar 42	"	Debert	Part 2 No. 9	2 Mar 42
9 Mar 42	"	Issued with Transportation Warrant No. A-105595 w.e.f. 4 Mar 42	"	4 Mar 42	"	"	Part 2 No. 13	9 Mar 42
		Granted 14 days furlough from 9 Mar42 14 Mar 42	"	9 Mar 42	"	"	Part 2 No. 13	9 Mar 42
29 Mar 42	"	Transferred to Les Voltigeurs de Quebec Camp Borden, w.e.f. 29 Mar 42	"	29 MAr42	"	"	Part 11 No. 11 73	30 Mar 42
6-4-42		T.O.S. 24th Recce Bn.(Voltigeurs)		30-3-42	Volt.	Borden.	Part, 11 No147-	d/ 6-4-42
4-7-42		Died on 1-7-42	Tpr.	1-7-42	"	"	Part.11 No.147	d/1-6-42

Statement of the Service of No. D-46530 Rank Fusilier Sheet No.

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

Name BISAILLON, Fernand, Adelard

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9 Mar 42	"	Granted 14 days furlough from 9 Mar42 14 Mar 42	"	4 Mar 42	"	"	Part 2 No. 13	9 Mar 42
29 Mar 42	"	Transferred to Les Voltigeurs de Quebec Camp Borden, w.e.f. 29 Mar 42	"	9 Mar 42	"	"	Part 2 No. 13	9 Mar 42
6-4-42		T.O.S. 24th Recce Bn.(Voltigeurs)		29 MAr42	"	"	Part 11 No. 11/73	30 Mar 42
4-7-42		Died on 1-7-42	Tpr.	30-3-42	Volt.	Borden.	Part, 11 No147-	d/ 6-4-42
				1-7-42	"	"	Part.11 No.147	d/4-7-42

To be made out in duplicate

M.F.M. 5
200M—7-40 (6098-9)
H.Q. 1772-39-1651

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

INSTRUCTIONS.

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

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

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

---

(1) Name of Officer of Other Rank.....BISAILLON FERNAND ADELARD.....
(Surname first—Christian names in full—Block capitals)

.....

(2) Regimental or Air Force Number and Rank.....D-46530.....Private.....

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

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

(5) If married, state,

(*a*) Full name of your wife.....N/A.....

.....

(*b*) Present postal address of wife.....N/A.....

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

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

(8) Have you any children?.....No..... Number of boys.....N/A..... Girls.....N/A.....

Names and ages.....N/A.....

.....

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

.....

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

Name.....N/A.....

Postal Address.....N/A.....

.....

[SEE OTHER SIDE]

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

If so, state her full name and Postal Address

N/A

(11) Is your father alive? Yes

If so, state name and address, occupation Address unknown

(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 Bisaillon Melina Marie

Mary St. Magog P. Quebec

(15) If your mother is a widow, are you her sole or partial support? N/A

(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 N7A

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/

Full Name N/A

Postal Address N/A

Amount contributed monthly during the past six months

N/A

(18) Are you insured? No

If so, in what Company? N/A

(Give number of policy)

Have you made arrangements for payment of your Insurance Premium? N/A
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.

Armand Bisaillon

(Signature of officer or man)

Date 2nd. September 1940

W. W. McAnulty Lt.-Col.

Officer Commanding

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

Date 2nd. Sept. 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.

SERVICE AND CASUALTY FORM

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

PART I (For all ranks)

THE SHERBROOKE FUSILIER REGIMENT

Unit C.A.S.F. A.F. Regimental Number D-46530

1. Surname Bisaillon
2. Christian Names Fernand Adelard
3. *Substantive Rank and Appointment Pte.
   *Acting Temporary or Local Rank
   giving date

*To be entered in pencil to facilitate alteration.

4. Place of birth New Bedford Mass U.S.A.
5. Date of birth as declared on attestation 30-7-19
   (A)
6. Date of enlistment 2-9-40
7. Place of enlistment Sherbrooke P.Que.,
8. Residence at time of enlistment Magog P.Que.,
9. (B) Special conditions (if any) of enlistment or rate of pay
10. (C) Any subsequent variations of conditions of service
11. Religion R.C.
12. If married, state date Single
13. Trade on enlistment Butcher
14. Corps, trade and grade
15. (D) Qualifications
16. (E) Miscellaneous entries

(17) Regiment or Corps: THE SHERBROOKE FUSILIER REGIMENT C.A.S.F.

Unit (Battn., etc)

(18) Medical

Category	Date	Authority
A	2-9-40	M-F-M-2

(19) Next of kin (entries to be made in pencil)
Mrs Melina Marie Bisaillon (Mother)
Magog. Que

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

NOTES—

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

(a) Report		(b)	(c)	(d)	(e)	(f)	(g)
Date	From whom received	Unit	Record of all casualties regarding promotions (acting, temporary, local or substantive), appointments, transfers, postings, attachments, &c., forfeiture of pay, wounds, accidents, admission to and discharge from Hospital, Casualty Clearing Stations, &c. Date of disembarkation and embarkation from a theatre of war (including furlough, &c.) in accordance with para. 2 of Note to Table I of Appendix III of Field Service Regulations, Volume I	Place of Casualty	Date of Casualty	Army rank as at (e)	Army Form or other authority for entry to be shown
30 Sept 41.	S.F.R.		Embarkation	Ottawa	20-8-41.	Pte	
			Disembarkation	Nfld	24-8-41.		

DEPARTMENT OF VETERANS AFFAIRS

DECEASED 1-7-42

AWARDS ARMY

M

WAR SERVICE RECORDS

BISAILLON, Fernand Adelard	D46530	Tpr	FILE No.
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 War Medal, 1939-45	6072

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

DVA 806

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS

PERSON ENTITLED TO Mrs. Melina Bisaillon (mother) 9-1-50

Magog, P. Que.

ADDRESS:

(1)

comes on file

(2) MEMORIAL CROSS

WIDOW

(2)

MEMORIAL BAR

DATE DESP.....

REGN. NO. 669

ADDRESS:

(3) MEMORIAL CROSS

MOTHER

(3)

ADDRESS:

No D.46530 Rank Trooper Name BISAILLON, Fernand Adelard

Unit Voltigeurs de Quebec Date of death 1st July, 1942.

Died at Midland, Ontario.

Cause Drowned.

Death occurred on strength of Forces.HQ 405-B-3346 d2-7-42

N/K Mrs. Melina M. Bisaillon Relationchip Mother

Address Mary Street, Magog, P.Q.

Remains buried in St. Patrice Cemetery

Magog, P.Q.

CHK

Grave location

CONTRACTOR'S ROLL FOR THIS SOLDIER'S GRAVE DESPATCHED AUG 18 1942