

D61363  
JODOIN  
DOLLARD

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Received.....Checked.....**DUPLICATE** Card.....Observations.....

Les Fusiliers Mont-Royal C.A.S.F.

Doit être remplie en triplicate, 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  
30M-11-30 (9859)  
H.Q. 1772-45-18

Unité *F.U.S.M.R., C.A.S.F.*  
Unit

Matricule *61363*  
Regimental Number

Original  
Duplicate  
Triplicate

**TROUPES CANADIENNES DE CAMP**

Original  
Duplicate  
Triplicate

*Duplicate* ✓

**CANADIAN FIELD FORCE**

**ACTIVE SERVICE**  
**FORMULE D'ENRÔLEMENT**

**ATTESTATION PAPER**

- Nom *Jodoin,*  
Surname *Dollard*
- Prénoms  
Christian Names *832 Mont-Royal Est., Montreal, Que., Canada.*
- Adresse actuelle  
Present Address *30 Septembre, 1930*
- Date de naissance  
Date of birth *Voyageur de commerce, Montreal, Que., Canada.*
- Lieu de naissance  
Place of birth *catholique romain* (Pays) - (Country) (Comté ou province) - (County or Province) (Ville ou canton) - (Town or Twp.)
- Religion  
(state denomination) *voyageur de commerce - chauffeur*
- Métier ou profession  
Trade or Calling *célibataire*
- Marié, veuf ou célibataire  
Married, Widower or Single *Monsieur Rodrigue Jodoin,*
- Nom du plus proche parent  
Name of next of kin *Père*
- Parenté de celui-ci  
Relationship *832 Mont-Royal Est., Montreal, Que., Canada.*
- Adresse du plus proche parent  
Address of next of kin *non*
- Avez-vous servi dans les forces navales, militaires ou aériennes?  
Have you served in any Naval, Military or Air Force? *non*
- 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 *non*
- 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? *oui - F.M.R. 25 mai, 1938*

(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, *Dollard Jodoin*, 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 *11 Sept 1939*

(Signature de la recrue)

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

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

(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.

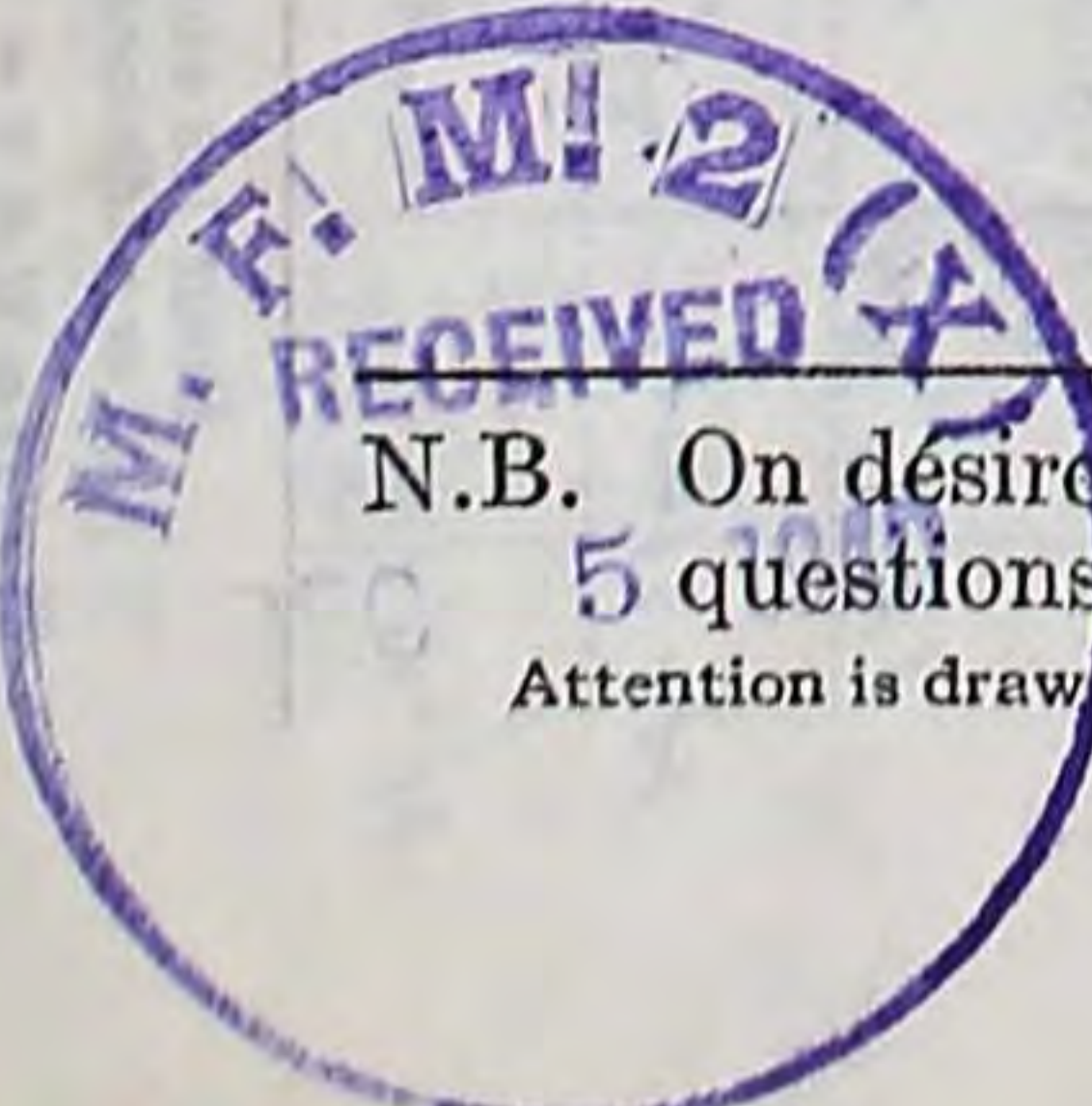
Les questions et les réponses ci-dessus lui furent ensuite lues en ma présence.

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 *Montreal* ce *11* jour de *Sept* 19 *39*

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

(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

Etat de service de JODION DOLLARD  
 Record of Service of (Nom—Surname) (Prénoms—Christian Names)

Matricule 61363  
 Regimental Number

APTITUDES  
 Qualifications

QUALITÉS ÉDUCATIONNELLES  
 Educational qualifications

Militaires.....  
 Military

Professionnelles ou commerciales.....  
 Business or Professional

Civiles ou de métier VOYAGEUR COMMERCIAL  
 Trade or Civil

Techniques.....  
 Technical

Langues ANGLAIS FRANÇAIS  
 Languages

Académies 8 ANS  
 High School or Collegiate (années complétées—years completed)

Graduation ou (or) Immatriculation (Spécifier—Specify)

\*Collège ST ARSENNE

\*Université.....  
 University

(Mentionner 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		Etat 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	
Date	Reçu de From whom received						N°, Partie 11, Ordres du jour, Liste des morts et blessés, etc. Part II D.O. No Cas. List, etc.	Daté le Dated
11 sep. 39	FMR	Affecté lors de son enrôlement } Joined on enlistment } Ajoute a l'effectif - Fus. m. P.	sol.	11 sep. 39	FMR	Montreal	RO. part 11 no. 21	15 sep. 39
26/12/39	F. m. P.	Hospitalisé (v. d. G.)	"	26/12/39	F. m. P.	"	123/39	26/12/39
6/1/40	F. m. P.	Libéré de l'hôpital	"	6/1/40	F. m. P.	"	10/40	6/1/40
28/3/40	"	Surbaissé après 6 mois de service	"	29/3/40	"	"	78/40	28/3/40
"	"	Embarquement S.O.S. CASF Canada	"	30/6/40	"	Halifax	186/40	5/8/40
"	"	Disembarquement T.O.S. CASF Overseas	"	7/7/40	"	Islande	186/40	5/8/40
12/7/40	"	28 jrs. paye. Approprie propriété d'autrui	"	12/7/40	"	"	163/40	12/7/40
4-11-40	F. m. P.	Embarquement - Islande	Pte.	26-10-40	F. m. P.	Reykjavik	261/40	6-11-40
4-11-40	F. m. P.	Disembarquement - Scotland	Pte.	3-11-40	F. m. P.	Gourock	261/40	6-11-40

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

Recevez-vous ou avez-vous  
 déjà reçu une pension ou  
 compensation pour invalidité.  
 Si oui, donnez détails.

No

1. Age  
 2. Rhum  
 3. Tuberculose  
 4. Bronchite  
 5. Affections du cœur  
 6. Maigrissement  
 7. Goutte  
 8. Hépatite  
 9. Variole  
 10. Piérite  
 11. P. P.  
 12. P. P.  
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Fu

Les Fus. M. R., C.A.S.F.

CERTIFICAT DE L'EXAMEN MÉDICAL
CERTIFICATE OF MEDICAL EXAMINATION

Nom en entier. Dollard Jodoin Les Fusiliers Mont-Royal C.A.S.F. Date. Sept. 6 1939

PARTIE 1. Renseignements obtenus de la recrue.

Part 1. Information obtained from the applicant.

- 1. Age 19
2. Avez-vous déjà souffert de l'une quelconque des maladies suivantes?
a. Rhumatisme Non
b. Tuberculose Non
c. Bronchite ou asthme Non
d. Affection cardiaque Non
e. Maladie du rein ou de la vessie Non
f. Gastrite intestinale Non
g. Hernie Non
h. Varices Non
i. Pieds plats ou déformés Non
j. Affection nasale Non
k. Maladie des oreilles Non
l. Maladie des yeux Non
m. Epilepsie Non
n. Maladie nerveuse ou mentale Non
o. Syphilis Non
p. Gonorrhée Non
q. Avez-vous déjà porté des verres? Non

Signature de la recrue: Dollard Jodoin
Signature of recruit: Dollard Jodoin

Observations des examinateurs:
Examiners remarks re above

Vaccin bras gauche

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)

Cicatrices sur le poignet droit

- 2. Taille 5 pieds 5 pouces
3. Poids 123 livres
4. Teint Brun Yeux Brun
5. Développement Bon
6. Tour de poitrine 34 1/2 pouces
7. Vue 20-30
8. Ouïe O.K
9. Condition de la bouche et des dents Artificial
10. Les anomalies constatées lors de l'examen sont les suivantes:

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

Signatures of President and Members: Capt. H. Scudamore, Membre, Membre

VACCINATIONS, INOCULATIONS, COMMISSIONS, RECLASSIFICATION DE LA CATÉGORIE MÉDICALE

Table with columns for Date, Détails succincts et signature, Date, Détails succincts et signature. Contains medical history and vaccination records.

Vertical text on the left margin: H-11-40, 4-11-40, 26-10-40, 26-11-40, 26-1-40, 26-1-40, 26-11-40, 26-1-40, 26-11-40, 26-1-40

Vertical text: Recevez-vous ou avez-vous déjà reçu une pension ou compensation pour invalidité. Si oui, donnez détails.

Small vertical text: Pour les entrées supplémentaires, se servir de M.F.M. 1 et 2 (a) (Fr.)



CONTINUATION CARD TO M.F.M. 14

Regimental No. *D-61363* Name *Jodoin D.*

Part 11 D.O.

PARTICULARS OF CASUALTY

No.

Date

*49*

*10-9-42*

*Embarked in U.K. for France*

*(Jubilee operation) W of Aug. 18-42.*

*49*

*10-9-42*

*Disembarked in U.K. from France*

*(Jubilee operation) W of Aug. 19-42.*

*A-185*

*W Aug 42*

*Killed*

CASUALTIES, ETC.

15-10-55

NATURE E. G. ABSENCE, PROMOTION, ETC.	PART II, D. O.		REMARKS IF IN HOSPITAL, NOTE NAME, ETC.
	No.	DATE	
Garde St-Hubert - On	107	26/4/40	
Garde St Hubert off	121	14/5/40	13/5/40
solde 28 jrs.	163	13-7-40	Desobei a un ordre.
T.O.S. 31-12-40	2-41	8-1-41	
a.w.l. 3 days pay.	3-41	14-1-41	
forfeits 2 days	18-41	17-2-41	
forfeits 2 days pay	38	30-6-41	
forfeits 7 days pay	47	25-8-41	
a.w.l. from 0800 hrs (13-1-42)	7	31-1-42	
returned a.w.l. 2130 hrs 22-1-42	8	6-2-42	
forfeits 17 days pay	18	27-3-42	
Piñipege ge defect	42	6-8-42	from 23 to 30 Jul 42
A.W.L. from 0800 hrs 30-7-42	43	14-8-42	
returned AWL 1400 hrs 4-8-42	43	14-8-42	
forfeits 13 days pay	43	14-8-42	on the 6 Aug 42
S.O.S. - Killed in action	46-	30-8-42	Wet 19-8-42.



HA

D-61363



NAME..... JODOIN Dollard .....

REGIMENTAL NO..... D-61363 ..... RANK..... Pte. ....

ENLISTED AT..... Montreal, P.Q. .... PROMOTIONS, ETC. AND DATE.....

DATE..... Sept. 14th. 1939 .....

IF SERVED PREVIOUSLY, STATE UNIT, ETC..... No .....

MARRIED, WIDOWER, OR SINGLE..... Single .....

NEXT OF KIN..... Jodoin Rodrigue ..... RELATIONSHIP..... Father .....

ADDRESS OF..... 832 Mont-Royal St. East, Montreal, P.Q., Canada .....

ASSIGNMENT OF PAY, \$..... 20 c. 00 .....

ADDRESS..... 832 Mont-Royal St. East, Montreal, P.Q., Canada .....

DEPENDENT'S ALLOWANCE, ENTITLED OR NOT..... Yes .....

DATE APPLICATION FORWARDED TO DISTRICT PAYMASTER..... April 12<sup>th</sup> .....

IN WHOSE FAVOUR..... JODOIN Valeda Mrs. ....

M. F. M. 14  
40M-1-40 (3678)  
H.Q. 1772-39-1662

Name Jodion Dollard

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
		Reported for duty at Talavera Barracks Attached to 5th Bde. Recce Squadron for duty, discipline, rations & quarters	Pte	4.11.40	FMR	Aldershot	261/40	6.11.40
		S.O.S. to 5th Bde Recce Sqn.	"	8.11.40	5 Recce Sqn.	Field	2	25.11.40
		T.O.S. 5th Recce Sqn	"	8.11.40	"	"	16	15.11.40
		Landing Leave	"	19-25 Nov.40	"	"	18	22.11.40
		S.O.S. to Les F.M.R.	"	30.12.40	"	"	2	18.1.41
		T.O.S. on transfer from 5th Recce Sqn.	"	31.12.40	"	"	2	8.1.41
		AWL from 0800 hrs 27th Dec. to 1530 hrs. 29. Dec.40. (absent 2 days, 7 hrs & 30 mins.) awarded 3 days C.B. Forfts. 3 days pay FR&I 149(1)(a)	"	30.12.40	"	"	3	10.1.41
		C.B. forfts. 2 days pay FR&I 149(1) (A)	Pte	17.2.41	FMR	Field	15	21.2.41
		P/Leave 9 days	"	10-19 Apr.41	"	"	25	18.4.41
		Forf. 2 days pay FR&I 149(1)(c) A.A.Sec.40	Pte	24.6.41	"	"	38	30.6.41
		Total pay forfts. 7 days	"	15.8.41	FMR	UK	47	25.8.41
		P/Leave to 10th Sept. 41	"	3.9.41	"	"	51	5.9.41
		P/Leave P-3. w.w.	"	5-12 Jan.42	"	"	7	31.1.42
		AWL from 0800 hrs	"	13.1.42	"	"	7	31.1.42
		AWL from 0800 hrs	"	13.1.42	"	"	8	1.2.42
		Ret'd from AWL 2130 hrs.	"	22.1.42	"	"	8	1.2.42





No. *D61363* Name *Jodoin Dollard* Sqn., Battery, or Company } "D" *D*

Corps *F.M.R. C.A.(0)*

Date of enlistment } *14-9-39*

G.C. Badges }

Service or Proficiency Pay }

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

Date of last entry in Company Conduct Sheet }

No. and date of last drunk }

Period not reckoning towards freedom from extra fine }

Sheet No. - *3* -

Signature O.C. Company, etc. }

Character

Place	Date of offence	Rank	Cases of drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks
<i>EN CAMPAGNE</i>	<i>11-7-40</i>	<i>PT</i>	<i>Nil</i>	<i>1) APPROPRIÉ le bien d'Autrui</i>	<i>PSM. DUMAIS</i>	<i>28 DAYS PAY</i>	<i>12-7-40</i>	<i>Lt. Col. P. GRENIER</i>	
<i>ALDERSHOT</i>	<i>29-12-40</i>	<i>T.P.R.</i>	<i>—</i>	<i>2) DÉSOBÉI A UN ORDRE</i> <i>A.A. Sec. 15(1) A.W.L. FROM 0900 HRS 29-12-40</i> <i>TILL 1530 HRS 29-12-40</i>	<i>CPL. VINCENT</i>	<i>3 DAYS C.B.</i>	<i>30-12-40</i>	<i>Robert Y. Millon</i>	<i>FORFEITS 3 DAYS PAY</i> <i>UNDER F.R. &amp; I.</i>
<i>COVE</i>	<i>23-6-41</i>	<i>P.T.E.</i>	<i>—</i>	<i>A.A. Sec. 40 - Using IM PROPERLY</i> <i>LANGUAGE</i>	<i>L/Sgt. JASERQ</i>	<i>2 DAYS PAY</i>	<i>24-6-41</i>	<i>Lt. Col. P. GRENIER</i>	
<i>LEWES</i>	<i>12 Aug 41</i>	<i>P.T.</i>	<i>—</i>	<i>A.A. Sec. 40 NEGLIGENCE ON DUTY Was Found</i> <i>ASLEEP ON HIS POST</i>	<i>HCPL. BELAIR E</i>	<i>7 DAYS PAY</i>	<i>15 Aug 41</i>	<i>MAJ. DUCBARME</i>	
<i>IN THE FIELD</i>	<i>13 Jan 42</i>	<i>P.T.</i>	<i>—</i>	<i>A.A. Sec. 15(1) A.W.L. FROM 0800 HRS 13 Jan 42</i> <i>TILL 2130 HRS 22 Jan 42</i>	<i>CSM. MARTIN L.</i>	<i>7 DAYS PAY</i>	<i>23 Jan 42</i>	<i>MAJ. DUCBARME</i>	<i>10-DAYS PAY</i> <i>UNDER F.R. &amp; I.</i>
<i>IN THE FIELD</i>	<i>16-2-42</i>	<i>—</i>	<i>—</i>	<i>A.A. Sec. 40 WAS 30 MINUTES LATE ON</i> <i>MORNING PARADE</i>	<i>LIEUT. LA FORTUNE</i> <i>SGT. DUMOUHEL</i>	<i>2-DAYS C.B.</i>	<i>16-2-42</i>	<i>G. VANDELAC CAPT.</i>	
<i>IN THE FIELD</i>	<i>30 Jul 42</i>	<i>—</i>	<i>—</i>	<i>A.A. Sec. 15(1) A.W.L. from 0800 hrs 30 Jul 42</i> <i>till 1400 hrs 4 Aug 42 Total: 5 days 6 hrs</i>	<i>CPL. DUFRESNE</i>	<i>7 days C.B.</i> <i>7 days pay</i>	<i>6 Aug 42</i>	<i>P. Ménard</i> <i>Lt. Col</i>	<i>6 days pay</i> <i>F.R. &amp; I.</i> <i>A.V.</i>

(P.T.O.)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

(1) MEDALS  
PERSON

ENTITLED TO Mrs. Valeda G. Jodoin (Mother)

ADDRESS: 832 Mont Royal St. E., Montreal, P.Q.

(2) MEMORIAL CROSS

WIDOW Nil.

ADDRESS:

(3) MEMORIAL CROSS

MOTHER Mrs. Valeda Gagnon Jodoin,

ADDRESS: 832 Mont Royal E. St., Montreal, P.Q.

MEMORIAL B R

(1)

DATE DESP.....

REGN. NO.....

2506

(2)

DESP. APR 5 1943

REGN No. 1595

(3)

23-8-42  
(O.C.L.-129)

AWARDS—CANADIAN ARMY (ACTIVE)

**M**  
1445

100M—10-41 (2195)  
H.Q. 1772-45-8

JODOIN, Dollard		D. 61363	Pte.	FILE NO. 405-J-461
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
1939-45 Star	
Defence Medal	
War Medal	
CVSM with clasp	
	147                      24-1-50

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

Pour être fait en double exemplaire.  
To be made out in duplicate.

M.F.M. 5 (Fr.)  
10M — 11-36 (9359)  
H.Q. 1772 — 45-18

DÉTAILS SUR LA FAMILLE D'UN OFFICIER OU D'UN SOLDAT DES  
TROUPES CANADIENNES DE CAMPAGNE SERVICE ACTIF  
PARTICULARS OF FAMILY OF AN OFFICER OR SOLDIER OF THE  
CANADIAN FIELD FORCE

INSTRUCTIONS

ACTIVE SERVICE

- (a) Cette formule doit être remplie dès qu'un officier ou un soldat est nommé ou enrôlé dans les troupes canadiennes de Service Actif.  
This form is to be completed immediately an officer or soldier is appointed to, or enlisted in, the C.F.A. S. F.
- (b) Il faut répondre à toutes les questions, et donner tous les détails nécessaires.  
All questions, etc., must be completed.
- (c) Les deux copies de la formule doivent être envoyées par le commandant de l'unité, dans le cas de chaque officier et chaque soldat, au payeur ou à l'officier agissant comme tel. Ce dernier enverra une copie par l'intermédiaire du Payeur du district ou du camp au Payeur en chef au quartier général de la Défense Nationale, Ottawa. L'autre copie sera retenue par le payeur jusqu'à ce que l'unité arrive outre-mer, alors que cette copie sera transmise au Payeur en chef à la Base Intermédiaire Canadienne Outre-mer.

Both copies of the form are to be forwarded by the Officer Commanding the unit for each officer and soldier, to the Paymaster, or Officer acting as such. The latter will transmit one copy, through the District or Camp Paymaster, to the Chief Paymaster, N.D.H.Q., Ottawa. The other copy will be retained by the Paymaster until the unit arrives Overseas when it will be forwarded to the Chief Paymaster, Canadian Overseas Intermediate Base.

- (1) Nom de l'officier ou du soldat..... Jodoin ..... Dollard .....  
Name of Officer or Soldier. (Nom de famille — noms de baptême en entier — majuscules moulées)  
(Surname first — Christian names in full — Block capitals)
- (2) Matricule..... 61363 .....  
Regimental Number.
- (3) Unité..... Les Fus. M. R., C. A. S. F. .....  
Unit.
- (4) Etes-vous marié?..... NON .....  
Are you married?
- (5) Dans l'affirmative, donnez  
If married, state,  
(a) Le nom de votre épouse en entier..... NIL .....  
Full name of your wife.
- (b) L'adresse postale actuelle de votre épouse..... NIL .....  
Present Postal Address of wife.
- (6) Si vous êtes marié, avez-vous toujours fait vivre votre épouse?..... NIL .....  
If married, have you been regularly supporting your wife?  
Si non — donnez-en les raisons..... NIL .....  
If not — state reasons.
- (7) Etes-vous veuf?..... Non .....  
Are you a widower?
- (8) Avez-vous des enfants?..... NIL .....  
Have you any children?  
Si oui, faites connaître le nombre des garçons et des filles..... NIL .....  
If so, give number of boys and girls  
Donnez aussi leur nom et leur âge..... NIL .....  
Also their names and ages
- (9) Si une indemnité d'absence est réclamée pour les enfants, dites si vous avez toujours pourvu à leurs besoins  
If Separation Allowance is claimed in respect of children—state whether you have been regularly supporting them  
NIL .....  
Donnez des détails quant au tuteur auquel une indemnité d'absence devrait être payée — s'il existe une autorisation —  
Give particulars of Guardian to whom Separation Allowance should be paid—if authorized—  
Nom..... NIL .....  
Name  
Adresse postale..... NIL .....  
Postal Address

[VOIR AU VERSO]  
[SEE OTHER SIDE]



(10) Vivez-vous en union libre avec une femme — que vous avez toujours fait vivre et reconnue publiquement comme votre épouse?  
Have you a common-law wife—whom you have been regularly supporting and publicly representing as your wife?

NON

Dans l'affirmative, donnez son nom en entier et son adresse postale.....NON.....  
If so, state her full name and Postal Address.

(11) Est-ce que votre père vit encore?.....OUI.....  
Is your father alive?

Si oui, donnez son nom et son adresse. 832 Mont-Royal Est., Montreal, Que.  
If so, state name and address.

Rodrigue Jodoin

(12) Si votre père est veuf et complètement incapable de gagner sa vie, êtes-vous son seul soutien?.....Nil.....  
If your father is a Widower and is totally incapacitated from earning a living — are you his sole support?

(13) Si vous êtes le seul soutien de votre père qui est veuf, dites quel montant par mois vous lui donniez

avant de vous joindre aux troupes canadiennes de SERVICE ACTIF NIL  
If sole support of father who is a Widower — state what amount  
per month you have given him prior to joining the C.F.A. S. F.

Dites aussi pourquoi il n'a pas d'autres moyens de subsistance.....NIL.....  
Also state reason he has no other means of support.

(14) Est-ce que votre mère vit encore?.....OUI.....  
Is your mother alive?

Dans l'affirmative, donnez son nom et son adresse. Valeda Gagnon Jodoin  
If so, state name and address.

832 Mont Royal Est Montreal

(15) Si votre mère est veuve, êtes-vous son seul soutien?.....Non.....  
If your mother is a Widow, are you her sole support?

(16) Si vous êtes le seul soutien d'une mère veuve, dites quel montant par mois vous lui donniez avant de vous joindre aux troupes canadiennes de SERVICE ACTIF

If sole support of widowed mother — state what amount per month you have given her prior to joining C.F.A. S. F.

Nil

Dites aussi pourquoi elle n'a pas d'autres moyens de subsistance.....Nil.....  
Also state reason why she has no other means of support.

(17) Etes-vous assuré? Prudential Life Ass. Co. oui  
Are you insured?

Si oui, dites dans quelle compagnie? Prudential Life Ass. Co.  
If so, in what company?

Avez-vous pris les dispositions nécessaires pour le paiement de votre prime d'assurance?.....OUI.....  
Have you made arrangements for payment of your Insurance Premium?

Si non, et s'il s'agit d'une prime mensuelle, vous pouvez déléguer le montant de cette prime en plus de toute autre délégation que vous désirez faire pourvu que la délégation totale ne dépasse pas le montant mensuel maximum qui peut être délégué.

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.

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

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

Rodrigue Jodoin

(Signature de l'officier ou de l'homme)  
(Signature of officer or man)

Date Sept 14 1929

A.M. Dumouchel  
Sherman L. Col.

Officier Commandant.....L'Escadron Mont Royal  
Officer Commanding

Date

No D.61363 Rank Private Name JODOIN, Dollard

Unit R.C.A.S.C. Date of death 19th August, 1942.

Died at France.

Cause Killed in action.

Death occurred on strength of Forces. HQ 405-J-461 d 21-8-42

N/K Mr. Rodrigue Jodoïn, Relationship Father

Address 832 Mont Royal E. Street, Montreal, P.Q.

Remains buried in Brookwood Cemetery

Surrey, England.

Grave location Plot 38, Row C, Grave 8.

**CAK**

DEATH CERT. TO N.K. 16-9-42

BURIAL REPORT TO N.K.

RETURN TO BUR. OF STAT. 22-4-43

ROYAL MESSAGE DESP'D. DEC 31 1942

CAN? MESSAGE DESP'D. 4-9-42.

Photographs  
D s atched  
FEB 15 1946

MEMORANDUM FOR

P. 64

MR. RODRIGUE JODOIN  
832 MONT ROYAL E. ST  
MONTREAL 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-J-461 fd 108

DEPARTMENT OF NATIONAL DEFENCE  
OTTAWA, ONT.

September 16th, 1942. 194

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

JODOIN, DOLLARD, PTE.

No. D.61363, 2nd Div. Petrol Coy. CA O/S

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 Lieut.*  
(R.G. PHELAN) LIEUT  
FOR (L.M. FIRTH) LT. COLONEL  
Administrator of Estates.

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.....	NOT MARRIED			
2	Children of the Deceased and dates of their Births.....				
3	Father of the Deceased.....	RODRIGUE JODOIN	55	832 <sup>est</sup> Mont Royal Montreal. Can	
4	Mother of the Deceased.....	VALEDA GAGNON JODOIN	55	832 <sup>est</sup> Mont Royal. Montreal. P Que Can	
5	Brothers of the Deceased	Full Blood	ROLLAND JODOIN RENE JODOIN	27 25	832 <sup>est</sup> Mont Royal Montreal. Can 4591 <sup>me</sup> Montana Apt I Montreal. Can
		Half Blood	None		
6	Sisters of the Deceased	Full Blood	None		
		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.	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).....		Age	

10 What is th  
11 Give the m  
12 Where and  
13 If deceased  
14 Did he leav  
15 Did he leav  
16 Is there an  
made fo  
the esta  
17 State your  
18 Where was  
19 State, in or  
decease  
last.  
20 What was  
21 Did he own  
22 Did he eve  
make h  
23 Did the de  
(a) H  
(b) S  
An itemize  
hereto,  
"approv  
particu  
24 Have you  
part th  
amount  
(NOTE  
and burial  
those exper  
amount of  
against the

FULL PARTICULARS AS TO IDENTITY

10	What is the full name of the deceased?	DOLLARD JODOIN
11	Give the month and year of his birth.	30th September 1919.
12	Where and when were his parents married?	Montreal, P. Q. - Canada Jan. 14th 1914
13	If deceased was married, state place and date of marriage.	_____
14	Did he leave a Will? If so, a copy should be attached hereto.	No.
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?	Metropolitan Life Ins Co - \$1300 <sup>00</sup>
17	State your own postal address in full.	832 est. Monk Royal Ave Montreal, P. Q. Canada

PARTICULARS OF DOMICILE

18	Where was deceased born?	Montreal, P. Q. Canada
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.	Always in Montreal - before he enlisted.
20	What was the nature of his employment?	Goods Delivery
21	Did he own the premises in which he lived? If so, where?	No - Resided with his parents.
22	Did he ever state verbally, or in writing, where he intended to make his permanent home?	In Montreal, P. Q. Canada

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.	No - I am not aware - No.
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.  (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.)	

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.

Valida Godon

{Signature of Informant

CERTIFICATE

I hereby certify that, to the best of my knowledge and belief Mrs Valida Godon

\*See above { 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 Montreal this 18th day of September 1942

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public

Marciu

Qualification

COMMISSIONER SUPERIOR COURT DISTRICT OF MONTREAL

Address 1100 Mount Royal Ave East Montreal, P.Q. Canada

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

[Faint handwritten notes and bleed-through text from the reverse side of the page.]

Item 74

Parish of the Blessed Sacrament  
on Mount Royal Ave  
Mundul - Eau

---

1947			\$	50 <sup>00</sup>
Sept. 5th	Funeral Service			
7th	High Mass			3.50
12th	"			3.50
19th	"			3.50
			<del>\$</del>	<hr/> 60.50
Aug 28th	Funeral cards -			8.00



# SERVICE AND CASUALTY FORM

PART I (For all ranks)

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

Unit Les Fusiliers Mont-Royal CASF. ..... Regimental Number D61363 .....

<p>1. Surname..... <u>JODDNN.</u></p> <p>2. Christian Names..... <u>Do llard.</u></p> <p>3. *Substantive Rank and Appointment.....</p> <p style="padding-left: 20px;">*Acting Temporary or Local Rank..... <u>ot</u></p> <p style="padding-left: 40px;">giving date.....</p> <p style="font-size: small;">*To be entered in pencil to facilitate alteration.</p> <p>4. Place of birth..... <u>Montreal P.Q. Canada.</u></p> <p>5. Date of birth as declared on attestation: <u>39/9/20.</u></p> <p>(A).....</p> <p>6. Date of enlistment..... <u>11/9/39</u></p> <p>7. Place of enlistment..... <u>Montreal P.Q. Canada.</u></p> <p>8. Residence at time of enlistment: <u>832 Mt. Royal E. Mtl. P.Q.</u></p> <p>9. (B) Special conditions (if any) of enlistment or rate of pay.....</p> <p>10. (C) Any subsequent variations of conditions of service.....</p> <p>11. Religion..... <u>C.R.</u></p> <p>12. If married, state date.....</p> <p>13. Trade on enlistment..... <u>Chauffeur voyageur.</u></p> <p>14. Corps, trade and grade.....</p> <p>15. (D) Qualifications.....</p> <p>16. (E) Miscellaneous entries.....</p>	<p>(17) Regiment or Corps <u>Les Fus. M.R. CASF.</u></p> <p>Unit (Battn., etc)</p> <p>(18) Medical.....</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Category</th> <th style="width: 20%;">Date</th> <th style="width: 50%;">Authority</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">"A"</td> <td style="text-align: center;">6/9/39</td> <td style="text-align: center;"><u>Med. Beard. Mtl.</u></td> </tr> </tbody> </table> <p>(19) Next of kin (entries to be made in pencil) <u>Rodrigue Jodoin, 832 Mt. Royal, est, Montreal</u></p> <p>(20) E.....</p> <p>(21) E.....</p> <p>(22) E.....</p>	Category	Date	Authority	"A"	6/9/39	<u>Med. Beard. Mtl.</u>
Category	Date	Authority					
"A"	6/9/39	<u>Med. Beard. Mtl.</u>					

**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
		F.M.R.	Embarkation	Halifax	30/6/40	Sol.	186/40
		"	Disembarkation	Salvage	7/7/40	"	186/40
12/7/40	F.M.R.	"	28 days forfeiture of pay appropriate for period of absence	"	12/7/40	"	163/40
					25		
4-11-40	F.M.R.	F.M.R.	Embarkation - Iceland	Reykjavik	26-10-40	Pt.	261/40
4-11-40	F.M.R.	F.M.R.	Disembarkation - Scotland	Gourock	3-11-40	Pt.	261/40
4-11-40	F.M.R.	F.M.R.	Reported for duty at Talavera Barracks	Aldershot	4-11-40	Pt.	261/40
8-11-40	F.M.R.	F.M.R.	Attended SPS to 5th Bde. Recce. Sqn.				
12 Nov 40	OC	5 Recce	W.O. on tender from F.M.R.	Aldershot	7-11-40	Pt.	262/40
16 Nov 40	"	"	Warranted holiday leave	Eng.	8 Nov 40	"	261/16-15 Nov 40
30 Dec 40	"	"	R.O. on tpr to F.M.R.	"	10 Nov 40	"	18-22 Nov 40
31 Dec 40	"	F.M.R.	To S. from 5 Recce. Sqn.	"	30 Dec 40	"	23-10 Jan 41
31 Dec 40	"	5 Recce.	awarded 3 days CB for A.W.L. time	"	31 Dec 40	"	2/8 Jan 41
			0900 hrs. 27 Dec 40 to 1530 hrs. 29 Dec 40				
			1000 hrs. 27 Dec 40 to 1530 hrs. 29 Dec 40				
17-2-41	"	"	awarded 3 days CB for A.W.L. time	"	30 Dec 40	"	3/4 Jan 41
			0900 hrs. 27 Dec 40 to 1030 hrs. 28 Dec 40				
			Furlough leave (9 days)				
10/4/41	"	"	awarded 3 days CB for A.W.L. time	"	17-2-41	"	15/21-2-41
24/6/41	"	"	awarded 3 days CB for A.W.L. time	"	10/4/41	"	25/18-4-41
			awarded 3 days CB for A.W.L. time				
			12 days Pay, A.P. 149(1)(d)				
15 Aug 41	"	"	awarded forfeiture of 7 day pay for an absence under A.P. Sec. 40	"	24/6/41	"	28/30-6-41
			awarded forfeiture of 7 day pay for an absence under A.P. Sec. 40				
			7 days pay under F.R. 149(1)(e)				
			Total forfeiture 7 days pay		15 Aug 41	"	47/25 Aug 41
3 Sept 41	"	"	leave 7 days (P. 3)	"	3/9/41	"	51/12-9-41
16 Jan 42	"	"	Privilege leave (P. 3) (7 days) w.w.	"	19-1-42	"	7-28-1-42
27-1-42	"	"	On W.L. from 0800-13-1-42 to 2130 hrs 22-1-42	"	13-1-42	"	8-6-2-42
18-2-42	"	"	awarded forfeit of 7 days pay for A.W.L. from 0800 hrs 13 Jan 42 to 2130 hrs 22-1-42 (absent 9 days 13 to 30 Jan)				
			for 10 day F.R. 149(1)(d) for 17 days		23-1-42	"	18-27-3-42
27/7/42	"	"	PL 4 to 30/7/42	"	23/7/42	"	42 2/6 Aug 42

# SERVICE AND CASUALTY FORM

(PART II)

**M.F.M. 4(a) (Part II)**  
 (A.F.B. 103) (Part II)  
 500M-8-39 (1701)  
 H.Q. 1772-45-18

Regiment or Corps.....Regimental Number.....

Substantive Rank.....Surname.....Christian Names.....

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

(a) Report		(b)	(c)	(d)	(e)	(f)	(g)
Date	From whom received	Unit	Record of all casualties regarding promotions (acting, temporary, local or substantive), appointments, transfers, postings, attachments, &c., forfeiture of pay, wounds, accidents, admission to and discharge from Hospital, Casualty Clearing Stations, &c. Date of disembarkation and embarkation from a theatre of war (including furlough, &c.) in accordance with para. 2 of Note to Table 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
7/8/42	O.C.	Fwd H.R.	7 days C.B. and 7 days for of Bay for 1942. 5 days, 6 days for of Bay Bay F.R.E. 149(2) and 6 days Bay FR 149(1)(a)	U.K.	6/8/42	PTE.	43/14-8-42
	Jubilee Operation)		KILLED IN ACTION 5.0.5. Embarked for France (Jubilee Operation)	✓	19/8/42 18 AUG 42	✓	46 d/30-8-42 49/10-9-42

**FORMULE DE TESTAMENT**

(1) Je, *Dollard Jodoin*, de la *ville*  
(Nom au long)  
de *Montréal*, dans le *Comté* de *S. Denis*  
District  
Province de *Québec*, *Chauffeur privé*  
(Occupation civile)  
N° matricule *D. 61363*, *Les Fusiliers Mont-Royal C.A.S.F.*  
Unité, révoque par  
les présentes tous testaments que j'ai pu faire antérieurement et déclare que ceci est mon  
testament.

Noms et  
adresse des  
bénéficiaires

(2) JE LÈGUE à *ma mère Valéda Jodoin née*  
*Gagnon* tous mes biens.

Adresse. *832 Mont Royal Montréal.*  
*P. Q.*

Noms et  
adresse des  
bénéficiaires  
résiduaire

(3) JE LÈGUE tout le reste de mes biens, quels qu'ils soient et où qu'ils soient, à

(4) JE NOMME *Valéda Jodoin née Gagnon*  
(Nom)  
exécuteur de mon présent  
exécutrice  
(adresse)  
testament.

Signé et reconnu par le testateur, en présence  
de nous, présents en même temps, qui en sa  
présence et à sa demande, et en présence  
l'un de l'autre, avons immédiatement signé  
comme témoins. *Privat F.M.R.*

EN FOI DE QUOI j'ai signé ce...*20*...ème

jour de...*juin*... A.D. 19...*40*...

Signature du  
premier témoin

(5) *Les Fusiliers Mont-Royal C.A.S.F.*  
(Adresse)

*Dollard Jodoin*  
(Signature du soldat)

Signature du  
second témoin

*Les Fusiliers Mont-Royal C.A.S.F.*  
(Adresse)

## DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not  
write in  
this space

1. PLACE OF DEATH		Municipal county <b>IN THE FIELD (FRANCE)</b>		Official name of civil municipality or township		Place an X over the word which applies to this municipality or this territory City   Town   Village   Parish   Township															
2. LENGTH OF STAY		(a) In hospital or institution		Years	Months	Days	(b) In municipality where death occurred		Years	Months	Days	(c) In Province		Years	Months	Days	(d) In Canada (if immigrant)		Years	Months	Days
3. NAME OF DECEASED		Surname <b>JODOIN</b>		Given names <b>Dollard</b> (Block letters)		Do not write in this space		CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH													
4. RESIDENCE		Street <b>832 Mont-Royal East,</b>		No.		Official name of civil municipality or township <b>Montreal,</b>		Municipal county		Province <b>Quebec.</b>		22. Date of death <b>August 19th,</b> 19 <b>42.</b> (Month) (Day) (Year)									
5. SEX <b>M.</b>		6. NATIONALITY (Citizenship)		7. RACIAL ORIGIN		8. Single, Married, Widowed or Divorced (Write the word) <b>Single.</b>		23. I HEREBY CERTIFY that I attended deceased from _____ 19____ to _____ 19____ and last saw h_____ alive on _____ 19____													
9. If married give name of wife or husband of deceased		10. BIRTHPLACE (Province or Country) <b>Quebec.</b>		11. DATE OF BIRTH <b>September 30th,</b> 19 <b>20.</b> (Month) (Day) (Year)		12. AGE OF DECEASED Years <b>21</b> Months <b>10</b> Days <b>20</b> If less than one day old _____ hrs. or _____ min.		24. CAUSE OF DEATH <b>I</b> Immediate cause Give disease, injury or complication which caused death, not the mode of dying, such as heart failure, asphyxia, asthenia, etc. (a) <b>Killed in action.</b> due to _____ Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause). (b) _____ (c) _____ <b>II</b> Other morbid conditions (if important) contributing to death but not causally related to immediate cause. _____ <b>III</b> If a communicable disease is mentioned on this certificate, give (a) Date of appearance _____ 19____ (b) Duration of disease _____ days													
13. Trade, profession or kind of work, as spinner, teamster, office clerk, etc. <b>Commercial Salesman</b>		14. Kind of industry or business, as cotton-mill, lumbering, bank, etc.		15. Date deceased last worked at this occupation		16. Total years spent in this occupation		25. If a woman, was there a puerperal condition? _____ 26. Was there a surgical operation? _____ Date of _____ 19____ State findings _____ Was there an autopsy? _____													
17. NAME		18. BIRTHPLACE (Province or Country)		27. If death was due to external causes (violence) fill in also the following:— Accident, suicide or homicide _____ Date _____ 19____ (State which) Manner of injury _____ (How sustained) Nature of injury _____ Specify whether injury occurred in industry, in home, or in public place _____																	
FATHER <b>Jodin, Rodrigue</b>		MOTHER (Maiden name)		Signed _____ M.D. Address _____ Date _____ 19____																	
19. Place of burial, cremation or removal		20. Date of burial _____ 19____		28. Signature of person who fills in the form (curate, coroner, hospital authority, etc.) <b>J. B. Radine</b> This signature authorizes the collector to accept this form as authentic.																	
21. PLACE OF REGISTRATION OF THIS BURIAL		(a) Name of parish or church _____		(b) Civil municipality of _____		(c) Municipal county _____		(d) Date _____ 19____ (Month) (Day) (Year)		29. Name of clergyman in charge of Register of Civil Status in which registration of this burial was made.  (Voir l'autre côté pour le français)											

for Director of Records, Dept. of National Defence.

RECORDS OFFICE OVERSEAS  
CANADIAN MILITARY HEADQUARTERS  
GRAVES REGISTRATION CARD

DATE. \_\_\_\_\_ No. \_\_\_\_\_  
NAME JODOIN Dollard DATE OF BIRTH 30 Sept. 1920. Quebec.  
RANK Pte. REGIMENTAL NO. D.61363  
UNIT LES FUSILIERS MONT ROYAL NEXT OF KIN ADDRESS FATHER,

M. Rodrigue Jodoin.

832 Mont-Royal Est,  
MONTREAL QUE.

PARTICULARS OF HOSPITALIZATION

DATE OF ADMISSION \_\_\_\_\_ NAME & LOCATION \_\_\_\_\_  
DIAGNOSIS \_\_\_\_\_ OF HOSPITAL \_\_\_\_\_

PARTICULARS OF DEATH

DATE OF DEATH 19 Aug. 42. PLACE OF DEATH \_\_\_\_\_

HRS

CAUSE OF DEATH Killed in action.

PARTICULARS OF BURIAL

DATE OF BURIAL 23 Aug. 42. CEMETERY Brookwood Cemetery,

DEATH CERTIFICATE NO \_\_\_\_\_ LOCATION OF CEMETERY Woking.

PLOT NO. 38 Row C. Grave No. 8 DATE OF REGISTRATION \_\_\_\_\_

MARKERS TEMPORARY \_\_\_\_\_ MARKERS PERMANENT \_\_\_\_\_

INSCRIPTION (IF ANY) \_\_\_\_\_

REMARKS \_\_\_\_\_

DISPOSAL OF EFFECTS \_\_\_\_\_

RELIGION R.C.

Extracted from Burial Records;  
RECORDS OFFICE OVERSEAS,  
ACTON, LONDON, W.5.

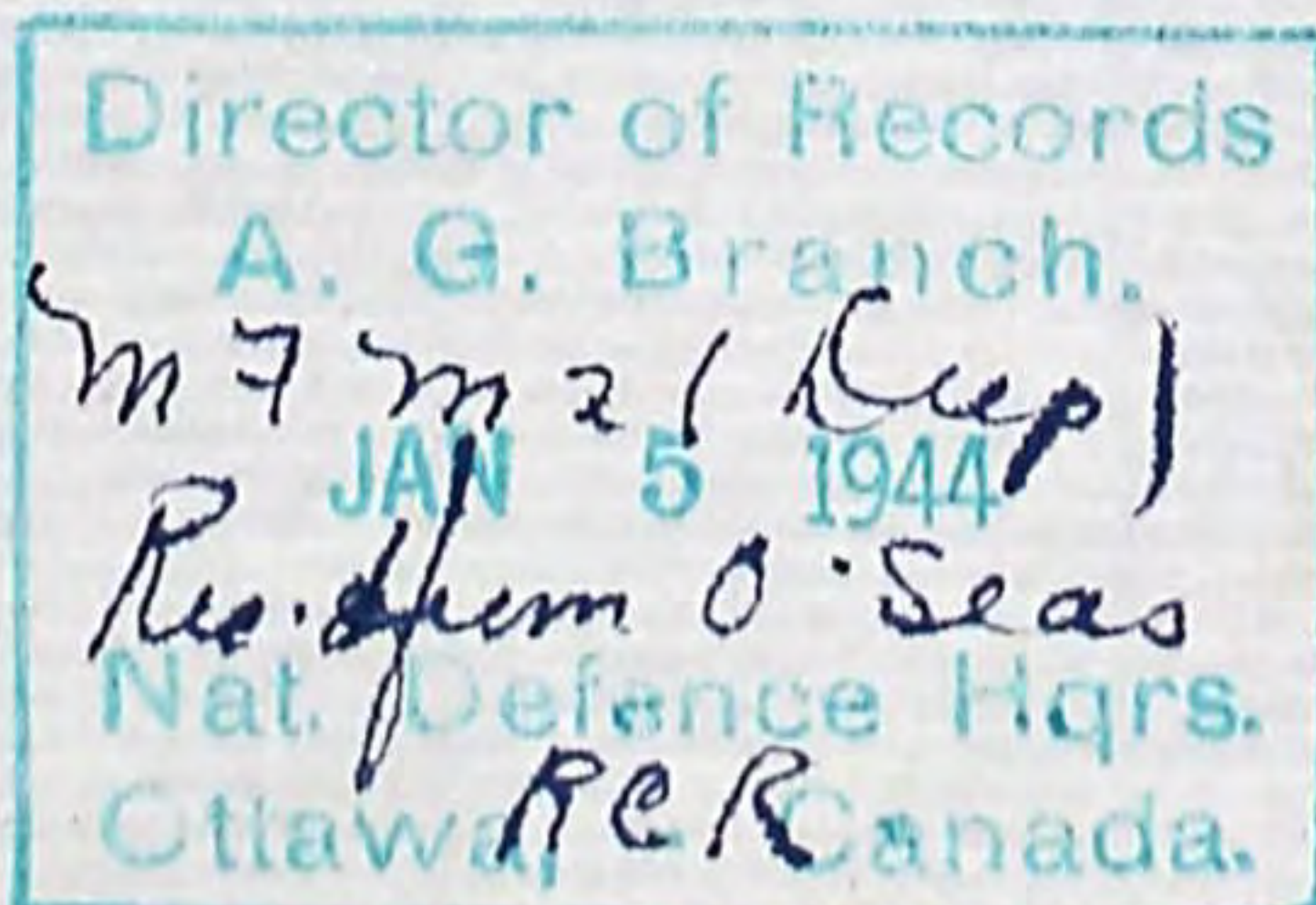
**OCT 26 1943**

N.B. This burial report contains  
all information at present available,  
but is subject to revision by this  
office.

*B.E. Willan*  
(B.E. Willan) Lieut.

For (R.T.E. Hicks-Lyne) Lt. Colonel  
Officer i/c Records  
Canadian Military Headquarters.

*Noted  
gs*



PERIODE

De <sup>1 aug</sup> ~~1 July~~ ..... 1942 A ..... 19....

(M. B. M. 1 FR.)

Partie II  
40P/ & S/279

ARMÉE CANADIENNE

LIVRE DE SOLDE DU  
SOLDAT

(Pour le service actif)

Matricule ..... D-61363 .....

Nom (majuscules) ..... JODOIN .....

Prénoms en entier ..... Dollard .....

Unité ..... Les Fusiliers Mont-Royal .....

DÉTAILS SUR LE SOLDAT

Matricule: ..... *D-61363* .....

Nom en entier (prénom d'abord): ..... *Dollard* .....

..... *Jodoin* .....

Date de l'enrôlement: ..... *14 Sept 39* .....

Unité actuelle:  
..... *Les Fusiliers Mont-Royal* .....

Indiquer si le soldat est marié, veuf ou célibataire:  
..... *Célibataire* .....

S'il est marié après l'enrôlement, donner la date du mariage: .....

Si le soldat est marié, donner l'adresse postale au complet de l'épouse; s'il est veuf, le nom et l'adresse du tuteur des enfants, s'il y en a; s'il est célibataire, le nom et l'adresse du plus proche parent, mentionnant sa parenté avec le soldat (voir aussi à la page 20):

*M. Rodrigue Jodoin (Père)*  
.....  
*832 Mont Royal East Montreal*  
.....

DÉTAILS SUR LA DÉLÉGATION, ETC.

Délégation de solde: A pris date le:

(a) \$ *20.00* .....

(b) \$ .....

(c) \$ .....

(d) \$ .....

Nom et adresse du bénéficiaire de la délégation:

(a) *Mme Valda Jodoin*  
*832 Mont Royal East Montreal*  
.....

(b) .....

(c) .....

(d) .....

Allocation familiale payable à: (parenté)

.....  
.....







DEPARTMENT OF NATIONAL DEFENCE  
NAVY ===== ARMY ===== AIR FORCE  
STATEMENT OF WAR SERVICE GRATUITY

4  
ARMY

DECEASED  
MEMBER'S  
NAME

Dollard  
(CHRISTIAN NAMES)

JODOIN  
(SURNAME)

REGISTER NO.

D-17450

FILE NO.

405-J-461

DATE

9-11-45

SERVICE NO.

D-61363

FINAL RANK OR RATING

Pte.

DATE OF DISCHARGE

19-8-42

PAYEE Mrs. Valeda G. Jodoin  
ADDRESS 832 Mount Royal Est.  
Montreal P.Q.

DATE OF TERMINATION OF OVERSEAS SERVICE

19-8-42

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 990 EQUAL TO 33 COMPLETE PERIODS AT \$7.50

\$ 247.50

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 708 LESS 12 INELIGIBLE DAYS, EQUAL TO 696 DAYS @ 25c. PER DAY  
SEE PAR. 2 OVERLEAF FOR EXPLANATION

174.00

421.50

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY \$ 1.30  
SUBSISTENCE OR LODGING  
AND PROVISION ALLOWANCE \$ 1.00

ADDITIONAL PAY \$

DEPENDENTS' ALLOWANCE 1/30 OF \$

TOTAL \$ 2.30 X 7 = \$ 16.10  
NO. OF DAYS 708 X \$ 16.10  
183

62.29

D. WAR SERVICE GRATUITY

483.79

E. DEDUCTIONS

OVERPAYMENT OF

PAY AND ALLOWANCES \$  
DEPENDENTS' ALLOWANCE  
AND ASSIGNED PAY \$

OTHER DEDUCTIONS \$

F. TOTAL AMOUNT PAYABLE

483.79

G. YOUR PORTION OF GRATUITY IS—

100%

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU \$ \_\_\_\_\_ OF \$ \_\_\_\_\_ = \$ \_\_\_\_\_  
TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$ \_\_\_\_\_

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

PREPARED BY  
GMH

CHECKED BY

TREASURY

CHECKED BY

DATE

*Ku Ku Capt*  
SERVICE REPRESENTATIVE

**CANADIAN ACTIVE SERVICE FORCE  
OVERSEAS**

District .....  
Dispersal Area .....

**LAST PAY CERTIFICATE  
(All Ranks)**

Regtl. No. D. 61363 Rank and Name JODOIN, D. PTE.

of (Unit) LES FUSILIERS MONT ROYAL. on .....

(Transfer or Discharge) ..... to ..... on 19th August 19 42.

Reason DEATH. Authority: C.C.L. "A" # 185 d/22 Aug. 42.

The following is a statement of the account of the above-named from 1 August to 31 August 19 42 the inclusive date of transfer or discharge.

DR.		CR.	
Particulars	Amount	Particulars	Amount
Balance Dr. from last account.....	15 40	Balance Cr. from last account.....	
First Monthly Payment.....		Regimental Pay <u>31</u> days at..... \$ <u>1.30</u>	40 30
Casual Payments.....		Technical Pay..... days at..... \$ .....	
Payment on Transfer or Discharge.....		Additional Pay (Give particulars).....	
Assigned Pay.....	20 00	..... days at..... \$ .....	
Regimental Charges.....		Allowances (Give particulars)..... days	
Public Stoppages (Give particulars):		at ..... \$ .....	
<u>A.R. d/15 Aug. 42. UC. 149.</u>	8 94		
.....			
.....			
To Balance Cr. { Free.....		By Balance Dr. ....	4 04
{ Deferred .....			
Total .....	\$44 34	Total .....	\$44 34

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

Remarks :

Assigned Pay \$20.00 stopped eff. 1 Sept. 42.



Compiled by E.W. Armstrong.

Checked by [Signature]

Date 4th November 19 42.

Certified correct [Signature]  
for Chief Treasury Officer, Overseas.

Exclusive Connection  
with  
WESTERN UNION  
TELEGRAPH CO.

Cable Service  
to all the World

Money Transferred  
by Telegraph

# CANADIAN NATIONAL TELEGRAPHS



D. E. GALLOWAY, Assistant Vice-President, Toronto, Ont.

## CLASS OF SERVICE DESIRED

FULL-RATE MESSAGE

DAY LETTER

NIGHT MESSAGE

NIGHT LETTER

PATRONS SHOULD MARK AN X OPPOSITE THE CLASS OF SERVICE DESIRED. OTHERWISE THE MESSAGE WILL BE TRANSMITTED AS A FULL-RATE TELEGRAM

RECEIVER'S NO.

TIME FILED

CHECK

Send the following message, subject to the terms on back hereof, which are hereby agreed to  
 Veuillez expedier la dépêche suivante aux conditions mentionnées au verso auxquelles je consens par les présentes

For translation

**CASUALTY**

OTTAWA AUGUST 21 1942

MR RODRIGUE JODOIN  
 832 MONT ROYAL EST  
 MONTREAL QUE CAN

3866 REGRET DEEPLY D61363 PRIVATE DOLLARD JODOIN OFFICIALLY REPORTED  
 KILLED IN ACTION STOP FURTHER INFORMATION FOLLOWS WHEN RECEIVED

Officer i/c Records

PREPAID  
 (W.E.L. Coleman), Lt.-Col.  
 (Cas.)

405-J-461  
D.R. 2 (C)

February 15th, 1946.

Mr. Rodrigue Jodoin,  
832 Mont Royal E. Street,  
Montreal, P.Q.

Dear Mr. Jodoin:

I am forwarding herewith a photograph of the grave and marker over the burial place of your late son, No. D.61363, Private Dollard Jodoin, the location of which is grave 8, row C, plot 38, Brookwood Military Cemetery, Woking, Surrey, England.

Enclosed also is the original negative for your retention from which you may wish to have printed additional copies.

Yours faithfully,

*R.*  
for C.L. Laurin, Colonel,  
Director of Records,  
for Adjutant-General.

Encl.  
FBR/BOC

*SL*