D62221
VERREAULT
THOMAS

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ORIGINAL
DUPLICATE
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DUPLICATE

Issued 19.8.42.

M.F.M. 2
A.F.B. 271
480 M—8-39 (1006)
H.Q. 1772-45-18

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

Unit.....Les Fusiliers Mont-Royal C.A.S.F..... Regimental Number.....D62221

CANADIAN ACTIVE SERVICE FORCE
ATTESTATION PAPER

1. Surname.....VERREAULT.....
2. Christian Names.....THOMAS.....
3. Present address.....5020 Mentana, Montreal, P.Q. Can.....
4. Date of birth.....28th November 1919.....
5. Place of birth.....Ca nada (Country) Quebec (County or Province) Montreal, (Town or Township).....
6. Religion (state denomination).....Catholic.....
7. Trade or Calling.....Steamfitter (Helper).....
8. Married, Widower or Single.....Single.....
9. Name of next of kin.....VERREAULT Charles.....
10. Relationship.....Father.....
11. Address of next of kin.....5020 Mentana, Montreal, P.Q. Can.....
12. Have you served in any Naval, Military or Air Force?.....NO.....
13. If previous war service, state arm, force and regimental particulars.....N.A.....
14. Do you now belong to or have you served in the Active Militia of Canada?.....N.A.....

(Give unit and date of attestation)

DECLARATION TO BE MADE BY MAN ON ATTESTATION

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

Date 11th June 1940 Thomas Verreault
(Signature of recruit)

OATH TO BE TAKEN BY MAN ON ATTESTATION

I, VERREAULT Thomas do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.

Thomas Verreault (Signature of Recruit)

CERTIFICATE OF MAGISTRATE, JUSTICE OF THE PEACE OR ATTESTING OFFICER

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

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

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

at Montreal, this 12th day of June 1940.

Jos Boisvert Maj. — Signature of Magistrate, Justice or Attesting Officer.

Major (Les F.M.R. CAST.) — Office or Rank and Unit or appointment

M. F. M. RECEIVED JUN 13 1940

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

P

Record of Service of VERREAULT (Surname) THOMAS (Christian Names) Regimental Number D62221

Qual Div Mech. Group "C" 27 Jan 42.

Qualifications

Military ~~N.A.~~

Business or Professional N.A.

Trade or Civil Steamfitter, (Helper)

Technical N.A.

Languages French, English

Educational Qualifications

High School or Collegiate St. Agnès, Montreal (years completed) 1 year

Graduation or Matriculation N.A. (specify)

*College N.A.

*University N.A.

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

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

Report: Date	Report: From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., from date taken on Strength of Field Force	Rank Shown	Effective Date	Unit	Place	Authority: Part II D.O. No. Cas. List, etc.	Authority: Dated
5600- 12-6-40	F.M.R.	Joined on appointment Taken on strength (Depot)	Pte.	12-6-40	F.M.R.	Montreal	75/40	11-6-40
18-6-40	FMR	S.O.S. Depot on transfer to Unit FMR	"	18-6-40	FMR	"	81/40	18-6-40
18-6-40	F.M.R.	Ajouté à l'eff. sur transf. du dep. reg.	sol.	18-6-40	F.M.R.	Valcartier	148-40	18-6-40
046.3	"	Embarkation SOS. CASF. Canada	"	30/6/40	"	Halifax	186/40	5-8-40
	"	Disembarkation TOS. CASF. Overseas	"	7/7/40	"	Iceland	186/40	5-8-40
38 - 4-11-40 19/8/2	"	Embarkation — Iceland	"	26-10-40	"	Reykjavik	261/40	4-11-40
4-11-40	"	Disembarkation - Scotland	"	3-11-40	"	Gourock	261/40	4-11-40
4-11-40	"	Reported for duty at Talavera Barracks	"	4-11-40	"	Aldershot	261/40	4-11-40
8-11-40	"	SOS Attached ~~for duty, discipline, rations & quarters~~ to 5th Bde. Recce. Sqn.	"	8-11-40	"	Aldershot	262/40	8-11-40
Amendment D02. 25 Nov 40		TOS 5/Recce Sqn	Pte	8 Nov 40	5/Recce Sqn	Field	16	15 Nov 40
		Landing Leave	Trpr	Nov. 19-25 40	5/Recce Sqn	"	18	22 Nov. 40
		SOS 15 6/Recce Sqd.	Trpr.	20 Jan 41	5/Recce Sqd	Field	D.O 6	31 Jan 41

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

ARE YOU RECEIVING OR HAVE YOU IN THE PAST RECEIVED, DISABILITY OR COMPENSATION.

IF SO GIVE DETAILS.....

CERTIFICATE OF MEDICAL EXAMINATION

Name in full ..... Verreault Thomas ..... Date ..... June 5, 1940

Part 1. Information obtained from the recruit.

1. Age ..... 20 .....

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

a. Rheumatism ..... no
b. Tuberculosis ..... no
c. Bronchitis or asthma ..... no
d. Heart disease ..... no
e. Kidney or bladder disease ..... no
f. Gastro-intestinal ..... no
g. Rupture ..... no
h. Varicose veins ..... no
i. Flat or deformed feet ..... no
j. Nasal trouble ..... no
k. Ear disease ..... no
l. Eye disease ..... no
m. Epilepsy ..... no
n. Nervous or mental disease ..... no
o. Syphilis ..... no
p. Gonorrhoea ..... no
q. Have you ever worn glasses? ..... no

Thomas Verreault
(Signature of Recruit)

Examiner's remarks re above ... Ears reflexes normal color vision Ishihara CD
A. Delahaye Capt. UR NF
XRAY

Part 2. Information obtained by medical examination. The recruit must be stripped.

1. Identification marks or scars. (If operative obtain history.)
2 vacc left arm

2. Height ..... 5 ..... feet ..... 4½ ..... inches.
3. Weight ..... 145 ..... pounds.
4. Complexion ..... med ..... Eyes ..... blue ..... Hair ..... fair .....
5. Development ..... good ..... Good / Fair / Poor
6. Chest measurement—Girth on full expansion ..... 37½ ..... inches.
Range of expansion ..... 4 ..... inches.
7. Vision, right ..... 20-40 ..... left ..... 20-40 .....
8. Hearing, right ..... WV20 ..... left ..... WV20 .....
9. Condition of mouth and teeth ..... good .....
10. The abnormalities (congenital and pathological) found on examination are as follows .....

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

Special remarks when category lower than A .....

no

W. Tremblay major (President) R. Delahaye Capt (Member) Clerk W.D. (Member)

ARE YOU RECEIVING OR HAVE YOU IN THE PAST RECEIVED, DISABILITY OR COMPENSATION. IF SO GIVE DETAILS .....

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature
20-6-40	T.A.B. 1 Capt Salaberry Majr	27-1-44	TAB ½cc T T 1cc
16-8-40	2 " " -		
31-8-40	3 " " -		
20-6-40	TET. TOX. 1cc " " -		
16-8-40	TET. TOX. 1cc " "		
20-6-40	VACCINATION " "		
16-4-42	T.A.B.T. 1/2		

Regtl. No. D62221 Rank Pte Surname VERREAULT Christian Name Thomas

STATION	Date of Arrival at the Station	Dates of Admission into Hospital			Dates of Discharge from Hospital			DISEASE	Number of days in Hospital	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; 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 of Medical Officer
		Day	Month	Year	Day	Month	Year				

17-5-43
(O.C.L.-305)

AWARDS—CANADIAN ARMY (ACTIVE) 1465

100M—10-41 (2195)
H.Q. 1772-45-8

FILE NO. 405-V-1403

SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT
VERREAULT,	Thomas	D.62221	Cpl.	Regt.de Quebec

WAR SERVICE BADGE (CLASS) NO. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star Defence Medal	912 27/1/50
War Medal, 1939-45 CVSM & Clasp	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

(1) MEDALS

PERSON ENTITLED TO Mr. C. Verreault Father

ADDRESS: 5020 Mentana St., Montreal, Que.

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER Mrs. Martha Verreault,

ADDRESS: 5020 Mentana St., Montreal, P.Q.

MEMORIAL BR

(1)

DATE DESP

REGN. NO 2521

(2)

DESP. AUG 2 1943

REGN No. 2432

3)

No D.62221 Rank Corporal Name VERREAULT, Thomas

Unit Fus. Mont-Royal Date of death Aug 19th, 1942.

Died at France

Cause Killed in action

Death occurred on strength of Forces. HQ 405-V-1403 d 18-5-43

N/K Mr. Charles Verreault Relationship Father

Address 5020 Mentana St., Montreal, P.Q.

Remains buried in Cimetiere des Vertus Cemetery

Hautot sur Mer, France

CHK

Grave location Grave 44

OVER

DEATH CERT. TO N.K.

BURIAL REPORT TO N.K. 19-5-43

RETURN TO BUR. OF STAT. 7-6-43

ROYAL MESSAGE DESP'D. MAY 31 1943

CAN. MESSAGE DESP'D. 20-5-43

H I & CR

Redesignated

Hautot-sur-Mer Can Mil Cem.
Hautot-sur-Mer, France.

Grave 21, Row A.

Form Despd. FEB 8 1947

D-62221

NAME VERREAULT Thomas

REGIMENTAL NO. D-6222I RANK ~~Pte.~~ a/cpl

ENLISTED AT Montreal P.Q. PROMOTIONS, ETC. AND DATE ~~1-3-42~~ 24-6-42

DATE I2 Juin I940

IF SERVED PREVIOUSLY, STATE UNIT, ETC. Les FUS. M.R. CASF.

MARRIED, WIDOWER, OR SINGLE Single

NEXT OF KIN VERREAULT Charles RELATIONSHIP Father

ADDRESS OF 5020 Mentana Montreal P.Q. Canada.

ASSIGNMENT OF PAY, $ 20.00 + 5.00 C. w.e.f. 1-7-42

ADDRESS 5020 Mentana Montreal P.Q. Canada

DEPENDENT'S ALLOWANCE, ENTITLED OR NOT

DATE APPLICATION FORWARDED TO DISTRICT PAYMASTER

IN WHOSE FAVOUR Charles VERREAULT (father)

M. F. M. 14

50M—1-40 (3878)

H.Q. 1772-39-1662

CASUALTIES, ETC.

NATURE E. G. ABSENCE, PROMOTION, ETC.	PART 11, D. O. No.	 DATE	REMARKS IF IN HOSPITAL, NOTE NAME, ETC.
Att. to. 5th. Bde. Recce. Sqn.	262	8-11-40	w-e-f. 8-11-40
T.O.S. 5 CDN. RECCE. SQDN.	16	16-11-40	w e f. 8-11-40
S.O.S. 5 Cdn. Recce To 6 Recce	C R.	18/1/41	w e f. 20/1/41
~~qualified Dr. Mech.~~	~~12~~	~~28-2-42~~	~~eff. 27-1-42~~
T.O.S. to 6 Cdn Recce Sqn from 5 " " "	8	21-2-41	eff 21-1-41
S.O.S. from 6 Cdn Recce Sqn to D. M. R.	10	7-3-41	" 3-3-41
T.O.S. to D. M. R. from 6 Cdn Recce Sqn.	19	14-3-41	" 3-3-41
qualified as Dr. Mech.	12	28-2-42	eff. 27-1-42
Trades Pay "C" (Dr. Mech)	18	27-3-42	eff. 28-2-42
Privilege Leave	22	15-4-42	from 31 Mar to 10 Apr 42
A/cpl with pay	36	30-6-42	eff ~~6-3-42~~ 4-6-42
Trades Pay "C" Shop.	40	25-7-42	eff. 16-7-42
Confirmed Cpl.	43	14-8-42	eff. 6-7-42

CONTINUATION CARD TO M.F.M. 14

Regimental No. H62221 Name Verreault T.

Part 11 D.O. No.	Date	PARTICULARS OF CASUALTY
45	29-8-42	Privilege leave from 4 to 11 Aug 42
46	30-8-42	S.O.S. to x list F.M.R. Missing w.e.f. aug. 19-42.
49	10-9-42	Embarked in U.K. for France (Jubilee operation) w.e.f. aug. 18-42.
A-190	23 Aug 42	Missing

M.F.M. 14A
40/P & S/67

Statement of the Service of No. D - 62221 Rank Tpr. Sheet No.

Name Verreault. J.

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

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
		Att. to F.M.R. for rations rqtrs.	Tpr.	21 Jan. 41	F.M.R.	Field	D.O. 7	24 Jan. 41
	T.O.S.	T.O.S. on Inf. from 5 Edn Recce Sqn	Tpr.	21 Jan 41	6 Recce Sqn	Field	D.O. 8	2 Feb. 41
S.O.S.		S.O.S. to Fus M.R.	Tpr.	7 Mar 41	6 Recce Sqn	Field	10	7 Mar. 41
amended to 24-1 & June 43.	T.O.S.	T.O.S. from 6 Recce Sqn.	Pte.	4 3 Mar 41	F.M.R.	Field	19	14 Mar 41
		Prov. Leave - 9 days.	Pte.	2 11 April 41	F.M.R	Field	24	11 April 41
		Prov. Leave without warrant - 7 days	Pte.	9 16 June 41	F.M.R	Field	35	13 June 41
		P/Leave WW. 7	Pte	14 3 1 Nov 41.	F.M.R.	U.K.	65	25 Nov. 41.
		Qualified as Dr. Mech. Group "C" Class I	Pte.	27 Jan 42	F.M.R	U.K	12	28 Feb 42
		To draw T pay Group "C"	Pte	28 Feb 42	F.M.R	U.K	18	27 Mar 42
		Leave P/4 w.o.w. to 10 Apr 42	Pte	31 Mar 42	F.M.R	U.K	23	15 Apr 42
		Appointed A/Cpl.	A/Cpl	4 June 42	F.M.R	U.K	36	30 June 42
		ceases to draw T/P. Group "C" D.M.	A/Cpl	16 July 42	F.M.R	U.K	40	25 July 42
		confirmed in Rank of Cpl	Cpl	6 June 42	F.M.R	U.K	43	14 Aug 42
		Priv. Leave to 10 Aug 42	Cpl	4 Aug 42	F.M.R	U.K	45	29 Aug 42
		Embarked U.K for France (Gub. Open)	Cpl	18 Aug 42	F.M.R	U.K	49	10 Sep 42
S.O.S		S.O.S to "X" List missing	Cpl	19 Aug 42	F.M.R.	U.K	46	30 Aug 42
MAY 2 2 1943	T.O.S.	TOS from F.M.R	bpl	20 Aug 42	X List F.M.R	U.K	1	5 Oct 42
S.O.S		S.O.S wef Killed in action	Cpl	19 Aug 42	X List F.M.R	U.K	16	22 May 43

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 D62221

1. Surname VERREAULT
2. Christian Names Thomas
3. *Substantive Rank and Appointment
   *Acting Temporary or Local Rank Cbl. giving date 4-6-42.

*To be entered in pencil to facilitate alteration.

4. Place of birth Montreal, P.Q. Can.
5. Date of birth as declared on attestation 28 novembre 1919
   (A)
6. Date of enlistment 12 june 1940
7. Place of enlistment Montreal, P.Q. Can.
8. Residence at time of enlistment 5020 Mentana,
9. (B) Special conditions (if any) of enlistment or rate of pay
10. (C) Any subsequent variations of conditions of service
11. Religion C.R.
12. If married, state date
13. Trade on enlistment Steamfitter (Helper)
14. Corps, trade and grade
15. (D) Qualifications
16. (E) Miscellaneous entries

(17) Regiment or Corps: Les F.M.R.CASF.

Unit (Battn., etc):

(18) Medical

Category	Date	Authority
" A "	12-6-40	Med. board Mtl.

(19) Next of kin (entries to be made in pencil) Verreault Charles Père
5020 Mentana, Montreal

(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: Date	(a) Report: From whom received	(b) Unit	(c) Record of all casualties regarding promotions (acting, temporary, local or substantive), appointments, transfers, postings, attachments, &c., forfeiture of pay, wounds, accidents, admission to and discharge from Hospital, Casualty Clearing Stations, &c. Date of disembarkation and embarkation from a theatre of war (including furlough, &c.) in accordance with para. 2 of Note to Table I of Appendix III of Field Service Regulations, Volume I	(d) Place of Casualty	(e) Date of Casualty	(f) Army rank as at (e)	(g) Army Form or other authority for entry to be shown
		F.M.R.	Embarkation	Halifax	30/6/40	Sol	186/40
		"	Disembarkation	Iceland	7/7/40	"	186/40
4-11-40	F.M.R.	"	Embarkation - Iceland	Reykjavik	26-10-40	"	261/40
4-11-40	"	"	Disembarkation - Scotland	Gourock	3-11-40	"	261/40
4-11-40	"	"	Reported for duty at Talavera Barracks	Aldershot	4-11-40	"	261/40
8-11-40	"	"	~~Attached for duty, discipline rations~~				
			S.O.S. ~~Quarters~~ to 5th Gde. Recce. Sqn.	Aldershot	7-11-40	"	262/40
12 Nov 40	O.C.	5 Recce	S.O.S. on transfer from F.M.R.	Gary	8 Nov 40	Ote	16-15 Nov 40
19 Nov 40	"	"	Granted Landing Leave.	"	19 Nov 40	"	18-15 Nov 40
20-1-41	"	"	S.O.S. on transfer to 6 Cdn Recce Sqn.	"	20-1-41	"	6 30-1-40
18 Feb 41	"	6 Recce	T.O.S. " " from 5 " " "	"	21 Jan 41	Tpr	8 - 21 Feb 41
4 Mar 41	"	"	S.O.S. to Fus M.R.	"	3 Mar 41	"	10 - 7 Mar 41
8/3/41	"	F.M.R.	T.O.S. from 6 Recce.	"	8/3/41	"	19/14-3-41
3/4/41	"	"	Privilege Leave (1st P.)	"	2/4/41	"	24/11-4-41
10/6/41	"	"	Privilege Leave (7 days)	"	9/6/41	"	35/13-6-41
17/11/41	"	"	Privilege Leave 7 days (P-3)	"	14/11/41	"	63/25-11-41
16-2-42	"	"	Trade Tested D.M. Class I Group C. R.C.O.C.	"	27-1-42	"	12 - 27-2-42
18-2-42	"	"	To draw trades pay as D.M. Gr. "C"	"	28-2-42	"	18 - 27-3-42
8-4-42	"	"	Priv Leave 9 days. P-4. No. F.F.W.	"	31-3-42	"	22 - 15-4-42
19/6/42	"	"	To be A/Cpl.	"	4-6-42	A/Cpl.	36/30-6-42
16/7/42	"	"	Ceases to draw T.P. D.M. "C"	"	16/7/42	"	40/25-7-42
		"	Confirmed as Cpl.	"	6/6/42	Cpl.	43/14-8-42
7-8-42	✓	✓	Priv Leave P5 - 7 days	✓	4-8-42	✓	45 d/29-8-42
	(Jubilee Operation)		Embarked for France (Jubilee Operation)	U.K.	18 Aug. 42		49/10-9-42
			S.O.S. Missing	U.K.	19 Aug. 42		46/30-8-42
			T.O.S. X-list F.M.R.	✓	20/8/42	✓	1/5-10-42
15 May 43	A. List 269	X List F.M.R.	S.O.S. now rep. Killed in action 19 Aug 42 Buried at Cimetiere Des Vertus De Hautot Sur-Mer. Grave No. 44	France	19 Aug 42	Cpl	Pt II No. 16/22 May 43

Postings from O/S "A", "B", "C" & P.O.W. Casualty Lists. To be attached to M.F.M.1 or M.F.M.2.

Regt. No. D-62221 Rank Cpl. Surname Verreault Christian Name Thomas

UNIT	HOSPT.	Admt'd Day	Admt'd Mo.	Admt'd Year	Disc'd Day	Disc'd Mo.	Disc'd Year	Hospt. Days	DISEASE or INJURY	REMARKS	Cas.List No.
Fus. Mt. Roy									Now reported K.I.A. Buried at Cimetiere de Vertus de Hautot-sur-Mer. Grave # 44	19-8-42	A-269

B.3.49

NOTICE

P 17

DEPARTMENT OF NATIONAL DEFENCE

ESTATES BRANCH

OTTAWA, CANADA 405-V-1403

Date September 17 1945

RECEIVED this date Treasury cheque for the sum of

----------Four Hundred and Sixty-Five-------81/100 Dollars ($ 465.81)

in connection with the estate of the below-named deceased,

VERREAULT, Thomas, Cpl., (Deceased)
No. D.62221, C.A.

ESTATES BRANCH SEP 18 1945 H.Q. OTTAWA NATIONAL DEFENCE

№ 15633

Charles Verreault
Signature

30 Pads of 100—4-45 (7076) H.Q. 1772-45-6

Form 6102B

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CANADIAN NATIONAL TELEGRAPHS

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

CLASS OF SERVICE DESIRED	
FULL-RATE MESSAGE	
DAY LETTER	X
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

OTTAWA 26 AOUT 1942

M CHARLES VERREAULT
5020 MENTANA
MONTREAL QUEBEC

6724 RECEVTTONS SINCEREMENT VOUS INFORMER CAPORAL THOMAS VERREAULT D62221 OFFICIELLEMENT PORTE DISPARU AU COURS DE L'ENGAGEMENT STOP PLUS AMPLES DETAILS SUIVRONT SUR RECEPTION

le chef des archives militaires

PAYE D'AVANCE
(W.H.L. Coleman)lt-col.
(Cas.)

C.D. 2X

CLASS OF SERVICE	
Full Rate	
Day Letter	X
Night Message	
Night Letter	
Evening and Sunday Messages	

Please mark an X opposite the class of service desired.

CANADIAN PACIFIC TELEGRAPHS

World Wide Communications

W.D.NEIL, General Manager of Communications Montreal

CHECK

TIME FILED

Send the following message, subject to the conditions on the back thereof, which are hereby agreed to.

CASUALTY

OTTAWA 15 MAI 1943

M CHARLES VERREAULT
5020 MENTANA
MONTREAL QUE

13684 REGRETTONS PROFONDEMENT VOUS INFORMER CAPORAL THOMAS VERREAULT D62221 ANTERIEUREMENT PORTE DISPARU MAINTENANT PORTE TUE A LENNEMI DIXNEUF AOUT 1942 AUTORITE CERTIFICAT D'INHUMATION DE VICHY FRANCE STOP INHUME CIMETIERE DES VERTUS HAUTOT SUR MER FRANCE FOSSE NUMERO 44 STOP PLUS AMPLES DETAILS SUIVRONT SUR RECEPTION

le directeur des archives militaires

PAYE D'AVANCE
Cas.

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

NUMBER D.62221 RANK Corporal SERVICE UNIT Les Fusiliers Mont-Royal

NAME VERREAULT, Thomas

DATE OF BIRTH DAY 28th MONTH November YEAR 1919

MARITAL STATUS Single

NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 RELATIONSHIP Father NAME Charles Verreault,

ADDRESS 5020 Montana St., Montreal, Quebec. ADDRESS D.A.B.

ADDITIONAL PERSON TO BE NOTIFIED ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. Canrecords 2666 H.Q. 405-V-1407

CASUALTY DETAILS DATE 19-8-42

Previously reported missing now officially reported killed in action. Buried in Grave 44, Des Vertus Cemetery, Hautot sur Mer, France.

LAST WILL ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO M.F.M.S. ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO DATE 18-5-43

OFFICER I/C RECORDS

6

COPY FOR DOCUMENT FILE

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

DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

4
ARMY

DECEASED MEMBER'S NAME: Thomas (CHRISTIAN NAMES) VERREAULT (SURNAME)

PAYEE: Director of Estates

ADDRESS:

DATE OF TERMINATION OF OVERSEAS SERVICE: 19-8-42

REGISTER NO.: D-3188
FILE NO.: 405-V-1403
DATE: 24-7-45
SERVICE NO.: D-62221
FINAL RANK OR RATING: Cpl.
DATE OF DISCHARGE: 19-8-42

		$	¢
A. TOTAL QUALIFYING SERVICE	NO. OF DAYS 799/30 EQUAL TO 26 COMPLETE PERIODS AT $7.50	195.00	
B. QUALIFYING OVERSEAS SERVICE	No. of Days 780 LESS 19 INELIGIBLE DAYS, EQUAL TO 761 DAYS @ 25c. PER DAY SEE PAR. 2 OVERLEAF FOR EXPLANATION	190.25	
		385.25	

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY	$ 1.70	
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE	$ 1.00	
ADDITIONAL PAY	$	
	$	
	$	
DEPENDENTS' ALLOWANCE 1/30 OF $	$	
TOTAL	$ 2.70 × 7 = $ 18.90	
NO. OF DAYS 780/183	× $ 18.90	80.56

RECEIVED
JUL 26 1945
WAR SERVICE GRATUITY DIVISION
ARMY TREASURY

D. WAR SERVICE GRATUITY		465.81
E. DEDUCTIONS	OVERPAYMENT OF PAY AND ALLOWANCES $ DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $	
	OTHER DEDUCTIONS $	
F. TOTAL AMOUNT PAYABLE		465.81

G. YOUR PORTION OF GRATUITY IS— 100%

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

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

△T

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

PREPARED BY	CHECKED BY
PJ	

TREASURY

CHECKED BY	DATE
[signature]	30/7/45

[signature]
SERVICE REPRESENTATIVE

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

ARMY

NW

Name: VERREAULT Thomas No.: D.62221
Surname Christian Names

Cpl Les Fusiliers Mont Royal 19-8-42
Rank Unit Date of Death

AMOUNT

L.P.C. $ 11.95

Date: Aug. 4, 1943.

Other Credits.....

Total..... 11.95

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Father	Charles Verreault, 5020 Montana St., Montreal, P.Q. (Sole beneficiary under will)	11.95 cashed

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	831	00	00	001	11.95

CLASSIFIED BY

EXAMINED BY

For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

Original signed by
L. M. FIRTH

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

AUDITED FOR PAYMENT

For Chief Treasury Officer

10M—5-43 (9861)
H.Q. 1772-80-2

1306

Form No. 1

Register No. D-3188

Nominal Roll No. D-64

H.Q. File No. 405-V-1403

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-62221	Cpl.	VERREAULT	THOMAS

Reason for Termination of Service:

1st Enlistment DECEASED CARO ( )

2nd Enlistment CARO ( )

3rd Enlistment CARO ( )

TOTAL SERVICE

1st Enlistment	2nd Enlistment	3rd Enlistment
T.O.S. 12 JUN 40	T.O.S.	T.O.S.
S.O.S. 19 AUG 42 MD A/S	S.O.S. MD	S.O.S. MD
Total Days 799	Total Days	Total Days

TOTAL SERVICE 799 DAYS

	Total Service	Less Non-qualifying Service	Net Service
WESTERN HEMISPHERE	19	NIL	19
OVERSEAS SERVICE	780	NIL	780
Totals	799	—	—
Add Non-qualifying Service			—
TOTAL SERVICE			799

EMBARKATION DETAILS:

1. tos o/s 1 Jul 40

Date S.O.S. Overseas 19 AUG 42

2.

Date S.O.S. Overseas

REMARKS:

KILLED IN ACTION
19 AUG 42

Computer's Signature J. F. O'Leary

Checker's Signature H.C. Stevens

Date Computed 8 JAN 45

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

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

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

CF

ARMY

Name: VERREAULT, Thomas No.: D.62221
Surname Christian Names

Cpl. C.A. O/S 19-8-42
Rank Unit Date of Death

AMOUNT W.S.G. 465.81
L.P.C. $ 11.95

Date: Aug. 23/45

Other Credits.....

Total..... 477.76

Prev. dist. 11.95
This " 465.81

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Father	Charles Verreault, 5020 Montana St. Montreal, Quebec. (Sole beneficiary under Will)	465.81

P4. TO TREAS.

SEP 5 1945

W.S.G.

AUTHORITY

H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	465.81

CLASSIFIED BY

EXAMINED BY

For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

T.J.K.G.

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

AUDITED FOR PAYMENT

For Chief Treasury Officer

50M—8-44 (5426)
H.Q. 1772-80-2

P.A.

File No. 405-V-1403

VERIFICATION FORM

WAR SERVICE MEDALS 1939-45

No. D 62221 Name Verreault, Thomas.

Rank on Discharge Cpl. Date of Discharge 19-8-42.

Authority for Discharge or Retirement Deceased

Served in:

				Non-qualifying service
Canada	from	12-6-40	to 30-6-40.	
	from		to	
United Kingdom	from	1-7-40	to 18-8-42.	
	from		to	
Italy	from		to	
Northwest Europe	from		to	
~~Dieppe~~	from	19-8-42.	to (K/a)	
---------	from		to	

Eligible for award of:

1939 - 45 Star OK /

---------- ----------

~~Italy Star~~ ----------

~~France-Germany Star~~ ----------

Defence Medal OK /

1939-45 War Medal OK /

Canadian Volunteer Service Medal OK /

with clasp OK /

M

Verified by Annette Routhier

Date 17-9-46.

Carded SEP 18 1946

NJ

HA 165

NO RIBBON DESPATCH

M.F.M. 510
40/P & [illegible]54 (1-43)

CANADIAN ACTIVE SERVICE FORCE
OVERSEAS

District.....

Dispersal Area.....

LAST PAY CERTIFICATE
(All Ranks)

Regtl. No. D.62221 Rank and Name Cpl. VERREAULT T (Deceased)

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

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

Reason Death Authority: C.C.L. 'A' No.269 d/15 May 43

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. Particulars	Amount		Cr. Particulars	Amount	
Balance Dr. from last account			Balance Cr. from last account	28	92
First Monthly Payment			Regimental Pay 31 days at $ 1.70	52	70
Casual Payments			Tradesmen's Pay .....days at $		
Payments on Transfer or Discharge			Additional Pay (Give particulars) .....days at $		
Assigned Pay	25	00			
Regimental Charges			Allowances (Give particulars) .....days at $		
Public Stoppages (Give particulars):					
AR.75 d/6.8.42 UC.149	35	76	Def.Pay Int.		03
AR.81 d/15.8.42 UC.149	8	94			
To Balance Cr. Free	6	95			
To Balance Cr. Deferred	5	00	By Balance Dr.		
	11	95			
Total	81	65	Total	81	65

C 13

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

Remarks:

Assigned Pay $25.00 stopped eff. 1 Sep. 42

ESTATES BRANCH JUL 23 1943 H.Q. OTTAWA NATIONAL DEFENCE

Compiled by E.W. Armstrong

Checked by H.H. Clark

Date 28th May 19 43

Certified correct E. L. Luenbrook
for Chief Treasury Officer, Overseas.

MEMORANDUM FOR P. 64

Mr. Charles Verreault,
5020 Mentana Street, 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-V-1403 FD.258

DEPARTMENT OF NATIONAL DEFENCE
OTTAWA, ONT.

June 3, 1943.

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

VERREAULT, Thomas, Cpl.

No. D.62221, C. A.

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

ESTATES BRANCH JUN 14 1943 H.Q. OTTAWA NATIONAL DEFENCE

M.F.W. 77
7500—6-42 (5113)
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 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.....				
2	Children of the Deceased and dates of their Births.....				
3	Father of the Deceased.....		Charles arthur Verreault		5020 Mentana St. Montreal
4	Mother of the Deceased.....		Martha Brossard Verreault		5020 Mentana St. Montreal
5	Brothers of the Deceased	Full Blood	Alexander Verreault	26	5020 Mentana St. Montreal
			James Verreault	22	"I" M. Depot. R.C.A.F. Toronto ont.
		Half Blood			
6	Sisters of the Deceased	Full Blood	Jacqueline Verreault	21	5020 Mentana St. Montreal
		Half Blood			

	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
7	Albert Verreault 12 Janv. - 1920		

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	

FULL PARTICULARS AS TO IDENTITY

10	What is the full name of the deceased?	Jean Thomas Verreault
11	Give the month and year of his birth.	28 November 1919
12	Where and when were his parents married?	Montreal.
13	If deceased was married, state place and date of marriage. Was there a marriage contract? (Quebec)	Single
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.	No
16	Is there any other estate which will necessitate application being made for Probate of the Will or Letters of Administration of the estate?	No
17	State *your own* postal address in full.	5020 Montana Street Montreal. P.Q.

PARTICULARS OF DOMICILE

18	Where was deceased born?	Montreal
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.	Province of Quebec
20	What was the nature of his employment?	Asst. Steamfitter
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?	Montreal

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
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.)	Deferred - c/o illness of mother & brother & other member absent.

(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

*.....Father.....of the deceased.

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

.....Charles A. Verreault X.....{Signature of Informant}

CERTIFICATE

I hereby certify that, to the best of my knowledge and belief Charles A. Verreault X

See above .....{Name of Informant}is the.....Father.....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 12th day of June 1943

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public .....Edmund Cheverette Qualification Commissioner P.S.Q.

Address 60 St. James West Montreal

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

CASUALTY WING FORM

ADMISSION

PROGRESS REPORT

DEATH

DATE 14 may 43

AUTH Vichy Burial Certificate

TIME _____ DATED 13 mar 43.

FILE _____

NAME VERREAULT, Thomas.

RANK Cpl

REGT.NO. D-62221.

UNIT 7 MR

HOSPITAL PARTICULARS

ADMITTED TO _____ DATE _____

TRANSFERRED _____ DATE _____

DISCHARGED _____ DATE _____

DIAGNOSIS Prev reported missing now killed in Action 19 Aug 42
Cimetiere des Veteus
Buried at Hautot sur Mer Grave 44.

FOR DAILY UNIT & CONSOLIDATED LIST SERIAL NO. _____

FOR DAILY UNIT LIST ONLY CABLE NO. 2666

CASUALTY CARD MADE

CLERK'S NO. OR INITIALS

ENTERED ON
CAS. CARD. 4
CAS. LIST. A269

PROGRESS REPORTS

DANGEROUSLY ILL	SERIOUSLY ILL	DEATH
OFF DANGEROUSLY ILL	OFF SERIOUSLY ILL	OFF ALL LISTS

NEXT-OF-KIN
NAME & ADDRESS Canada HOME TOWN _____

Charles Verreault 9

RELATIONSHIP (Father) 5020 Mentana,
Montreal P.Q.

RECORDS OFFICE OVERSEAS

CANADIAN MILITARY HEADQUARTERS

GRAVES REGISTRATION CARD

DATE 17 MAY 43 NO.

NAME VERREAULT, THOMAS. DATE OF BIRTH Montreal. P.Q. 28 Nov. 1919.

RANK CPL. REGIMENTAL NO D-62221

UNIT LES. FUSILIERS MONT. ROYAL. NEXT OF KIN ADDRESS FATHER.

Charles Verreault,

5020 Mentana, MONTREAL P.Q.

PARTICULARS OF HOSPITALIZATION

DATE OF ADMISSION NAME & LOCATION OF HOSPITAL

DIAGNOSIS

PARTICULARS OF DEATH

DATE OF DEATH PLACE OF DEATH

HRS

CAUSE OF DEATH PREV. R.P. MISSING NOW REP. KILLED IN ACTION 19 AUG 42

PARTICULARS OF BURIAL

DATE OF BURIAL CEMETERY Cimitiere des Vertus.

DEATH CERTIFICATE NO LOCATION OF CEMETERY Hautot sur Mer Seine Inferieure,

PLOT NO. Tombe. No. 44. DATE OF REGISTRATION

MARKERS TEMPORARY MARKERS PERMANENT

INSCRIPTION (IF ANY)

REMARKS

DISPOSAL OF EFFECTS

RELIGION

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

SEP 28 1943

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

For (R.T.E. Hicks-Lyne) (H.F. BALSDON) Lieut.-Colonel
Officer i/c Records
Canadian Military Headquarters.

ORIGINAL

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

M.F.M. 5 (Fr.)
100M — 8-39 (1702)
H.Q. 1772 — 45-18

DÉTAILS SUR LA FAMILLE D'UN OFFICIER OU D'UN SOLDAT DANS L'ARMÉE ACTIVE DU CANADA

PARTICULARS OF FAMILY OF AN OFFICER OR SOLDIER OF THE CANADIAN ACTIVE SERVICE FORCE

INSTRUCTIONS

(*a*) Cette formule doit être remplie dès qu'un officier ou un soldat est nommé ou enrôlé dans l'armée active du Canada.
This form is to be completed immediately an officer or soldier is appointed to, or enlisted in, the C.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 VERREAULT Thomas
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 D62221
Regimental Number.

(3) Unité Les Fusiliers Mont Royal, CASF.
Unit.

(4) Etes-vous marié? NO
Are you married?

(5) Dans l'affirmative, donnez
If married, state,
(*a*) Le nom de votre épouse en entier N.A.
Full name of your wife.

(*b*) L'adresse postale actuelle de votre épouse N.A.
Present Postal Address of wife.

(6) Si vous êtes marié, avez-vous toujours fait vivre votre épouse? N.A.
If married, have you been regularly supporting your wife?

Si non — donnez-en les raisons N.A.
If not — state reasons.

(7) Etes-vous veuf? NO
Are you a widower?

(8) Avez-vous des enfants? N.A.
Have you any children?
Si oui, faites connaître le nombre des garçons et des filles N.A.
If so, give number of boys and girls.

Donnez aussi leur nom et leur âge N.A.
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.
N.A.

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 N.A.
Name.

Adresse postale N.A.
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 you wife?

NO

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

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

Si oui, donnez son nom et son adresse VERREAULT Charles
If so, state name and address.

5020 Mentana Montreal, P.Q. Can.

(12) Si votre père est veuf et complètement incapable de gagner sa vie, êtes-vous son seul soutien? NO
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 campagne N.A.
If sole support of father who is a Widower — state what amount per month you have given him prior to joining the [redacted] C.A.S.F.

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

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

Dans l'affirmative, donnez son nom et son adresse Martha (Brossard) VERREAULT
If so, state name and address.

5020 Mentana, Montreal, P.Q. Can.

(15) Si votre mère est veuve, êtes-vous son seul soutien? NO
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 campagne.
If sole support of widowed mother — state what amount per month you have given her prior to joining [redacted] C.A.S.F.

N.A.

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

(17) Etes-vous assuré? NON
Are you insured?

Si oui, dites dans quelle compagnie? N.A.
If so, in what company?

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

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

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

Date 12th June, 1940

Jos Brossard Maj
Officier Commandant Depot Regimentaire
Officer Commanding Les F.M.R.CASF.

Date 12th June, 1940

FORM 6

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not write in this space

1. PLACE OF DEATH — Municipal county: IN THE FIELD (FRANCE) | Official name of civil municipality or township | Place an X over the word which applies to this municipality or this territory: City | Town | Village | Parish | Township

Street | No. | Hospital or Institution

2. LENGTH OF STAY — (a) In hospital or institution: Years | Months | Days | (b) In municipality where death occurred: Years | Months | Days | (c) In Province: Years | Months | Days | (d) In Canada (if immigrant): Years | Months | Days

3. NAME OF DECEASED
Surname: VERREAULT (Block letters)
Given names: Thomas.

Do not write in this space

4. RESIDENCE
Street: Montana Street, No. 5020
Official name of civil municipality or township: Montreal,
Municipal county: Province: Quebec.

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

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

10. BIRTHPLACE (Province or Country): Quebec.

11. DATE OF BIRTH: November (Month) 28th, (Day) 1919. (Year)

12. AGE OF DECEASED	Years	Months	Days	If less than one day old
	22	8	22	....hrs. or....min.

OCCUPATION

13. Trade, profession or kind of work, as **spinner, teamster, office clerk,** etc.: Steam Fitter (helper)

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

15. Date deceased last worked at this occupation:

16. Total years spent in this occupation:

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

19. Place of burial, cremation or removal:

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

21. PLACE OF REGISTRATION OF THIS BURIAL
(a) Name of parish or church:
(b) Civil municipality of:
(c) Municipal county:
(d) Date....19.... (Month) (Day) (Year)

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: August (Month) 19th, (Day) 19 42. (Year)

23. I HEREBY CERTIFY that I attended deceased from ....19.... to ....19....
and last saw h.... alive on ....19....

24. CAUSE OF DEATH

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

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

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

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

OVERSEAS CASUALTY CANADIAN ARMY

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

26. Was there a surgical operation?....Date of....19....
State findings....Was there an autopsy?....

27. If death was due to external causes (violence) fill in also the following:—
Accident, suicide or homicide....Date....19....
(State which)
Manner of injury....
(How sustained)
Nature of injury....
Specify whether injury occurred in **industry, in home, or in public place**....

Signed....M.D.

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

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

J. B. Radine
for Director of Records, Dept. of National Defence.

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

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

(Voir l'autre côté pour le français)