D66342
PELLETIER
CLEOPHAS

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ORIGINAL
DUPLICATA
~~TRIPLICATA~~

Dup

OCCUPATIONAL HISTORY FORM COMPLETED

A.F.B. 271
50M—8-41 (1530)
H.Q. 1772-39-1645

Doit être rempli en triplicata, désignant chaque exemplaire en biffant les deux termes inutiles

Unité REG'T DE JOLIETTE CA. N° Matricule D-66342

ARMÉE CANADIENNE

FORMATIONS ET UNITÉS ACTIVES
FORMULE D'ENRÔLEMENT

1. Nom PELLETIER
2. Prénoms Cleophas
3. Adresse actuelle Barraute, Abitibi P.Q., Canada
4. Date de naissance 28 fevrier 1919
5. Lieu de naissance Canada (Pays) Quebec (Comté ou province) St-Pamphile (Ville ou canton) Comte L'Islet
6. Religion (indiquez la confession) Catholique Romain
7. Métier ou profession Journalier
8. Marié, veuf ou célibataire Celibataire
9. Nom du plus proche parent M. Omer PELLETIER
10. Degré de parenté Pere
11. Adresse du plus proche parent Barraute, Abitibi P.Q., Canada
12. Faites-vous partie d'une unité ou formation de réserve de l'armée canadienne ou y avez vous déjà servi?
    Oui. No. D-490404 (MTC 42 Camp de Joliette P.Q.) RF., du 10 janvier 1941 ~~x~~ au 9 fevrier 1941.
    (Si oui, spécifiez l'unité et les dates de service)
13. Avez-vous servi dans (a) une formation ou unité active de l'armée canadienne? Non (Oui ou non)
    (Si oui, spécifiez le numéro matricule et l'unité)
    (*b*) Quelque autre armée de mer, de terre ou de l'air? Non (Oui ou non)
    (Si oui, spécifiez l'unité et la durée du service)
14. Avez-vous servi pendant la Grande Guerre de 1914-1918? Non
    (Si oui, spécifiez le numéro matricule, l'unité et les dates de service)

DÉCLARATION FAITE PAR LA RECRUE LORS DE L'ENRÔLEMENT

Je, soussigné, Clophas PELLETIER, déclare solennellement que les renseignements ci-dessus mentionnés sont vrais et je m'engage, par les présentes, à servir dans toute formation ou unité active de l'armée canadienne, 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 ladite crise aura cessé, et, en tout cas, pour une période d'au moins un an, si Sa Majesté requiert mes services.

Date 19 May 1942.

Clophas Pelletier
(Signature de la recrue)

SERMENT PRÊTÉ PAR LA RECRUE LORS DE L'ENRÔLEMENT

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

Clophas Pelletier
(Signature de la recrue)

CERTIFICAT DU MAGISTRAT, DU JUGE DE PAIX OU DE L'OFFICIER CERTIFICATEUR

J'ai averti l'homme susnommé que s'il répondait faussement à l'une quelconque des questions précédentes, il s'exposerait aux rigueurs de 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 le serment devant moi,

à Montreal South ce 19th jour de May 1942, 19

(Signature du magistrat, du juge de paix ou de l'officier certificateur)

NO. 4-DISTRICT DEPOT A.F.
(Titre, grade et unité ou emploi)

N.B.—On désire signaler que quiconque répond faussement à l'une quelconque des questions précitées est passible d'un emprisonnement de six mois.

État de service de PELLETIER (Nom) CLEOPHAS (Prénoms) N° matricule D-66342

APTITUDES

Militaires NIL

Professionnelles ou commerciales NIL

Civiles ou de métier LABORER

Techniques NIL

Langues FRENCH

DEGRÉ D'INSTRUCTION

École supérieure ou Académie NIL (années achevées) { Graduation ou Immatriculation } ..... (Spécifier)

*Collège NIL

*Université NIL

4 Years Public (Barraute, P.Q.)

(*Mentionnez le nom de l'institution, les années ou cours achevés et les diplômes obtenus)

Toutes les recrues enrôlées le seront comme simples soldats, les nominations et les promotions à un grade supérieur devant être indiquées dans l'espace réservé ci-dessous à cette fin.

Rapport		État des promotions, abaissements de grade, mutations, maladies ou blessures, rapports, etc.. à compter de la date de son enrôlement dans l'armée active	Grade indiqué	Prenant date le	Unité	Endroit	Autorisation	
Date	Reçu de						N°, Partie II, Ordres du jour. Liste des morts et blessés, etc.	Daté le
		Affecté lors de son enrôlement						
20-5-42	DRO	NO 4 DISTRICT DEPOT CA.	PTE	19-5-42	4DD.	MTL.STH.	4DD.PT 1.No.110	20-5-42
11-6-42	4 DD	SOS on trans, to CA(B)TC 42 Joliette. Que.	Pte	12-6-42	"	" "	" " #140	12-6-42
13-6-42		TOS TC 42 Joliette upon transfer from 4dd	"	13-6-42	TC 42	Joliette	Part 11 No. 136	13-6-42
11-8-42		SOS TC 42 UPON TRANSFER TO Le R. de J. SUSSEX N.B.	"	11-8-42	" "	"	PT II No.186	11-8-42
17-8-42	R. de J.	T.O.S. Le Regt. de Jol. upon trans. from C.A.B.T.C. 42 Joliette.	Pte.	12-8-42	R. de J.	Sydney	Part 11 No. 125	17-8-42
10-9-42	R. de J.	Granted 9 days special leave from 10-9-42 to 19-9-42 and furlough warrant number A-198247 is auth. to draw. 50¢ per diem in lieu af ratios		10-9-42	R. de J.	Sydney	Part 11 No. 143	10-9-42

Pour les inscriptions supplémentaires, se servir de **M.F.M. 1 et 2 (a)** (Fr.)

CERTIFICAT DE L'EXAMEN MÉDICAL

Nom en entier PELLETIER CLEOPHAS Lieu MTL.

Lieu Montreal. Date May 15, 1942.

PARTIE 1. Renseignements obtenus de la recrue.

1. Âge 23 2. Avez-vous déjà souffert de l'une quelconque des maladies suivantes?

a. Rhumatisme	NO	k. Maladie des oreilles	NO
b. Tuberculose ou pleurésie	NO	l. Maladie des yeux	NO
c. Bronchite ou asthme	NO	m. Convulsions	NO
d. Affection cardiaque	NO	n. Maladie nerveuse ou mentale	NO
e. Maladie du rein ou de la vessie	NO	o. Syphilis	NO
f. Affection stomacale ou intestinale	Appendectomy	p. Gonorrhée	YES
g. Hernie	NO	q. Avez--vous déjà porté des lunettes?	NO
h. Varices	NO	r. Touchez-vous actuellement ou avez-vous touché antérieurement une pension ou autre indemnité d'invalidité?—Si oui, donnez des détails	NO
i. Mal aux pieds	NO		
j. Affection nasale	NO		

Cleophas Pelletier
(Signature de la recrue)

PARTIE 2. Renseignements obtenus par l'examen médical. LA RECRUE DOIT ÊTRE DÉSHABILLÉE.

1. Marques particulières ou cicatrices (si celles-ci sont opératoires, obtenir les détails) URINE 7278 ✓
vacc. left arm. Scar abdomen. X-RAY 12543 ✓

2. Taille 5 pieds 4½ pouces. 3. Poids 133 livres

4. Teint Medium Yeux Brown Cheveux Brown

5. Développement Good { Bon / Passable / Médiocre

6. Tour de poitrine—Circonférence, pleine expansion 34½ pouces Degré d'expansion 2½ pouces

7. Vue, droite 20/20 gauche 20/20 8. Ouie, droite c v 20 gauche c v 20

Avec lunettes, droite gauche

9. État de la bouche et des dents No upper teeth.

10. Les anomalies (congénitales et pathologiques) constatées lors de l'examen sont les suivantes:
COLOR VISION ISHIHARA (ON) Reflexes normal.
Ears, nose & throat normal. Tonsils / W. .Dalpé, M.D.
Appendicitis 1940. Physicals O.K.

PARTIE 3. Nous les examinateurs, ne trouvons aucune trace des maladies énumérées dans la question 2 de la partie 1, sauf ce qui est mentionné dans les observations. Nous avons examiné la recrue conformément aux instructions de la brochure "Aptitudes physiques et instructions visant l'examen médical des recrues", et elle est jugée apte pour la catégorie "A"

Observations spéciales lorsque la catégorie est inférieure à A

E.E.Harding (Président) Geo.W.Rundle, M.D. (Membre) A.G.Morphy, M.D. (Membre)

VACCINATIONS, INOCULATIONS, COMMISSIONS, RECLASSIFICATION DE LA CATÉGORIE MÉDICALE

Date	Détails succincts et signature	Date	Détails succincts et signature
MAY 19 '42	TAB-T M. Herdon Capt.		
10/6 42	2 D. Lamy Capt.		
9-9-42	5 M. Dubeau Capt.		
MAY 19 '42	VACC M. Herdon Capt.		
9-9-42	Recheck: A' M. Dubeau Capt.		

N° matricule D-66342 Grade PTE Nom PELLETIER Prénoms CLEPHAS

Garnison	Date d'arrivée à la garnison	Date de Admission à l'hôpital Jour	Mois	Année	Date de Sortie de l'hôpital Jour	Mois	Année	Maladie	Nombre de jours à l'hôpital	Détails sur la nature et l'origine de la maladie; dire si elle était bénigne ou grave, si elle est entièrement guérie, et si un traitement spécial a été adopté. Cans le cas des maladies vénériennes, mentionner la nature de la maladie primaire et dire si on a prescrit le mercure. Si la maladie est accidentelle, spécifier si elle fut contractée en service et si un conseil d'enquête a été tenu. Détails et dates au sujet des fausses dents et des appareils chirurgicaux fournis.	Signature du médecin

Pour les inscriptions supplémentaires, se servir de **M.F.M. 1 et 2 (b) (Fr.)**

Statemen[redacted] Service of No. D- 66,342 Rank Pte. [redacted] Sheet No.

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

Name Pelletier Cleophas

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
19-9-42	R de J.	Reported from Special Leave	Pte.	19-942	R de J.	Syndney	Part II NO. 150	20-9-42
20-9-42	" " "	S.O.S. Le Regiment de Joliette (A)C.A. proceeding overseas	"	20-9-42	" " "	"	Part II No. 150	20-9-42
5673-		S.O.S., C.A. Canada 24. 9. 42						
—		T.O.S., C.A. Overseas 25. 9. 42						
—		Disembarked 7. 10. 42						
—		T.O.S. 1 CDIRU	✓	8.10.42	1CDIRU	UK	244	9.10.42
2		Admitted to 15 Gen Hosp.	Pte	9 Nov 42	1CDIRU	UK	272 CL 12 Nov 42	10 Nov 42
		Disch'd from 15 Gen Hosp.	Pte	27 Nov 42	1CDIRU	UK	288 Cas-List	2 Dec 42 28 Nov 42
		Awd 7 days CB. Forf 1 dy pay AA Sec 15 (3 hrs 30 min)	Pte	5 Jan 43	1CDIRU	UK	11	13 Jan 43
SOS		SOS to 6CIRU	Pte	31 Jan 43	1DIRU	UK	27	31 Jan 43
	TOS	TOS from 1DIRU	Pte	1 Feb 43	6CIRU	UK	1	1 Feb 43
		att. FAP to 1CIRU. attd Battle Drill Case	Pte	1 Feb 43	1CIRU	UK	1	1 Feb 43
		adm to 15 G. Hosp	Pte	24 Feb 43	6CIRU	UK	27. CL 1/3/43	3 Mar 43
		Disch from 15 Gen Hosp.	Pte	9 MAR 43	6CIRU	UK UK	34 CL 11 Mar 43	11 Mar 43
		ceases att FAP from 1CIRU	Pte	6 Feb 43	1CIRU	UK	7	8 Feb 43
S.O.S.		S.O.S. to R.22R.	Pte	29 Apr 43	6.C.I.R.U	U.K.	75	29 Apr 43
	S.O.S. ✓	T.O.S from 6CIRU	Pte	30 Apr 43	R.22.R.	UK.	22	4 May 43
		WOUNDED DNK		25 Jul 43			A-309 10 Aug 43	
		Increase: $1.50 per day	Pte	1 Jan 43	6CIRU	UK	50	31 Mar 43

Statement of the Service of No. D 06342 Rank ..... Sheet No. .....

Name Pelletier C.

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

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
		S.O.S. C.A. (U.K.) on embarkation 15 June 43						
		T.O.S. C.A. (M) 16 June 43						
		Disembarked 10 July 43	Pte	16 Jun 43	R22R	NA	33	28 July 43
SOS		SOS to R22R X3 list	Pte	29 Jul 43	R22R	NA	37	17 Aug 43
	TOS	T.O.S. R22R X3 list from R22R 6 n adm to 97 G Hosp	Pte	July 30 43	X list 22R	NA	14 A	17 Aug 43
		Adm to 97 Gen Hosp "Wounded"	Pte	29 Jul 43	R22R	NA	37	19 Aug 43
		P R22R X-4 list (BD) on disch from hosp Posted from R22R X-3 list To	Pte	14 Sept 43	X list R22R	NA	24-A	22 Sept 43
SOS		SOS CYR Deceased. (Killed in Action) C M F	Pte	13 Dec 43	C&Y	NA	CLA 380 6	4 Jan 44 28 Jan 44
SOS		SOS						
C-80	TOS	TOS C&YR from R22R X 4 List (4 Bn)	Pte	6 Nov 43	C-Y R	NA	71	25 Nov 43
DO 6. 28 Jan 44		Cancelled						
M33 SOS		~~SOS CYR to CYR X 6 List~~	~~Pte~~	~~13 Dec 43~~	~~CYR~~	~~CMF~~	~~1~~	~~4 Jan 44~~
DO 8. 28 Jan 44		Cancelled						
	TOS	~~TOS CYR X-6 List from CYR mero~~	~~Pte~~	~~14 Dec 43~~	~~X list CYR~~	~~NA~~	~~1 A~~	~~4 Jan 44~~
		AWARDED THE CANADIAN VOLUNTEER SERVICE MEDAL AND CLASP	Pte	3	X list CYR	NA	5 A	27 Jan 44

Posting's 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'l. No. D-66342 Rank Pte Surname Pelletier Christian Name Cleophas

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.
1 Cdn. Inf. Re. U (Alb. & B.C.)	15 Gen.	24	2	43				—	For tonsillectomy		C 972
1 " " " "	15 "				9	3	43	13	Septic tonsils		C 981
Roy. 22 R.	97 "	26	7	43				①	Fr. lt. clavicle		B-100
"	99 "	3	8	43	10	8	43	7	" " "		B-132 B-113
"									Wounded.	E&D 25-7-43	A-309
"	67 Gen.	29	7	43	31	7	43	① 5	Fr. lt. clav.	T fr. 97 Gen.	B-132 B-107
Cart & Yk. Reg.									Missing 13-12-43		A-365
"									Killed 13-12-43		A-380

B.3.49.

No. D66342 Name Pelletier, C. Sqn., Battery, or Company } Corps R.22eR. Date of enlistment } 19 May 42 G.C. Badges } N/A Service or Proficiency Pay } N/A

M.F.M. 6 (A.F.B. 122) 175M—7-41 (1219-20) H.Q. 1772-39-1652

Date of last entry in Company Conduct Sheet } 4 Jan 43 No. and date of last drunk } N/A Period not reckoning towards freedom from extra fine } N/A Sheet No. 1 Signature O.C. for Company, etc. } Chevesque W 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
				Last Sheet Destroyed 19 Nov. 42 Clk	~~Last Entry 4 Jan 43~~				
Field	4-1-43	Pte.		AA. 15-1 AWL from 1830 to 2200 hrs.	Cpl. Rivard	7 days C.B.			
				4 Janv. 43 (3 hrs. 30 min.)	Sgt. Dagenais	1 days pay.	5-Janv. 43	Lt. Col. Lawson	Clk
Field	20 Sept 43	Pte.		W.O.A.S. A.W.L. from 2215 hrs. until					
				0700 hrs. 21 Sept 43.					
				Total Absence: 8 hrs. 45 mtes.	Sgt. Gagnon H.	7 days C.B.	21 Sept 43.	J.H. Lincoln Capt.	1 days Pay. F.R.6. L.1491(a).

(P.T.O.)

SERVICE AND CASUALTY FORM

PART I (For all ranks)

M.F.M. 4 (Part I)
A.F.B. 103 (Part I)
150M—5-41 (512)
H.Q. 1772-39-1649

Unit R. g't de Joliette C^A. Regimental Number D-66342

		(17) Regiment or Corps	Unit (Battn., etc)
1. Surname	Pelletier		
2. Christian Names	Cleophas	6 F.C.	6 G.R.
3. *Substantive Rank and Appointment			
*Acting Temporary or Local Rank			
giving date	19-5-42		
*To be entered in pencil to facilitate alteration.			
4. Place of birth	St-Pamphile, L'Islet Co., Que.,	(18) Medical	
5. Date of birth as declared on attestation	28 Feb 1919		
(A)		Category	Date / Authority
6. Date of enlistment	19-5-42	"A"	15-5-42 M.F.M.2
7. Place of enlistment	Montreal South		
8. Residence at time of enlistment	Barraute? Abitibi Que.,		
9. (B) Special conditions (if any) of enlistment or rate of pay			
10. (C) Any subsequent variations of conditions of service			
11. Religion	R.C.		
12. If married, state date	Single	(19) Next of kin (entries to be made in pencil)	
13. Trade on enlistment	Laborer	Mr. Ovide Pelletier (Father)	
14. Corps, trade and grade		Barraute, Abitibi Que	
15. (D) Qualifications			
16. (E) Miscellaneous entries		(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
9.10.42	O.C.	T.O.S.	From C.A. Canada	UK	8.10.42	Pte	244 9.10.42
10.11.42	"	1CDIRU	Adm to "15 CGH	"	9.11.42	"	272 10.11.42
28 Nov 42	"	"	Disch from "15 CGH	"	27 Nov 42	"	288 28 Nov 42
13 Jan 43	"	"	Awd 7 days CB & ordered to forfeit				
			1 days pay for AA Sec 15 (3 hrs 30 min)				
			Forf 1 days pay	"	5 Jan 43	"	11 13 Jan 43
	S.O.S.	"	To "6.C.I.RU		31.1.43	"	27 31.1.43
	T.O.S.	6C.I.R.U.	From 1C.D.I.R.U.	"	1-2-43	"	1 1-2-43
		"	Admit to 15 C.G.H.	"	24 Feb 43	"	27-3 mar 43
		"	Disch fr. 15 C.G.H.	"	10 mar 43	"	34 11 mar 43
		"	Raise of pay $1.50		1-1-43	"	50 31-3-43
		"	S.O.S. to R.22R.	"	29 apr 43	"	75/29 apr 43
30 apr 43	O.C.	R22cR	TOS from 6CIRU	"	30 apr 43	"	22/43
			SOS CA (UK) ON EMBARKATION AT ..... ON		15 Jun 43		
	TOS CA (M) ON TRANSFER ON 16 Jun 43 AND DISEMBARKED AT				10 Jul 43	"	33/43
9 aug 43	DCL 25	R22cR	SOS to R22cR "X" 3 List on adm to 97 Gen				
			Hosp "wounded in action"	Field	29 Jul 43	"	37/43
		"	TOS X-3 List from R22R	"	30 Jul 43	"	14/43
	O.C.	" "X"	Posted to "X" 4 List (BD) disch fr Hosp	"	14 Sep 43	"	24/43
	"	"X" 4 BD	Posted to "X" 4 List, 4 Bn	"	15 Oct 43	"	31A/43
		R22cR	Adm to 9 CFA	"	25 Jul 43	"	
		"	~ 159 FA	"	26 Jul 43	"	
		"	~ 132 FA	"	26 Jul 43	"	
		"	~ 200 FA	"	26 Jul 43	"	
		"	~ 98 GH	"	26 Jul 43	"	
		"	~ 97 GH	"	29 Jul 43	"	
		"	~ 67 GH	"	29 Jul 43	"	
		"	~ 99 GH	"	3 Aug 43	"	
		"	~ 8 CD	"	11 Aug 43	"	26A 26 Sep 43
		~~X4~~	~~Posted to X4~~				
		X4	SOS to Cart & York (TU)	"	5 Nov 43	"	38A/43
	O.C.	CGR	T.O.S. CGR from R22R 4 Bn	"	6 Nov 43	"	71-43
~~DCL 140 page 9 of 23 Dec 42~~			~~SOS CGR to CGR X6 list (missing)~~	~~"~~	~~13 Dec 43~~	~~"~~	~~1-44~~ (6/44)
			~~T.O.S. CGR X6 list from CGR~~	~~"~~	~~14 Dec 43~~	~~"~~	~~1-A-44~~ (8/44)
			Volunteer Medal & clasp	"	10 Jan 44	"	5-A-44
DCL 154 p40 / 11 Jan 44			Sol Deceased (killed in action)	"	13 Dec 43	"	6/44

No D.66342 Rank Private Name PELLETIER, Cleophas.

Unit Carlt. & York Regt. Date of death 13th December, 1943.

Died at Italy.

Cause Killed in action.

Death occurred on strength of Forces.HQ 405-P-10457 d 8-2-44.

N/K Mr. Omer Pelletier, Relationship Father.
130 St. Joseph Street, Granby, Shefford Co., P.Q.
Address ~~xxxx

DEATH CERT. TO N.K.

BURIAL REPORT TO MAR.9 1945

RETURN TO BUR. OF STAT. 21-4-44.

ROYAL MESSAGE DESP'D.

CAN. MESSAGE DESP'D. 12-2-44

REBURIAL

Morro River Cemetery,
Ortona, Italy.

Grave 15, row E, plot 1.

H & CR Form Despd. JAN 3 1947

Photographs
Despatched
JUN 17 1947

13-12-43
(O.C.L.-426)

AWARDS—CANADIAN ARMY (ACTIVE) M (1546)

M.J.A.
100M—10-41 (2195)
H.Q. 1772-45-8

FILE NO. 405-P-10457

SURNAME (IN BLOCK LETTERS) CHRISTIAN NAMES	REG. NO	RANK ON DISCHARGE	C.A.S.F. UNIT
PELLETIER, Cleophas	D.66342	Pte.	Regt. de Que.

WAR SERVICE BADGE (CLASS) NO. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star Italy Star Defence Medal War Medal CVSM & Clasp	5918

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

(1) MEDALS

PERSON ENTITLED TO: Omer Pelletier (Father)

ADDRESS: Barraute, Abitibi Co., Que. Mar. 45

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER: Mrs. Stella Pelletier, (MFM5)

(1546)

ADDRESS: Barraute, Abitibi Co., P.Q.

MEMORIAL BAR
DATE DESP
REGN. NO 4436

(2)

(3) DESP. FEB 29 1944
REGN No. 5044

Date of admission to C.C.S., M.C.S. or General or other Hospital and designation of medical unit to which admitted must be recorded hereunder immediately on admission. Brief clinical notes should be added later, dated and signed by the M.O.

175 MDS Evac to 3 CCS
[illegible]

200th Field Ambulance, R.A.M.C.

26/7/43. Plaster comfortable.
Evac.
A W Harrington

A. W. HARRINGTON.
Capt., R. A. M. C.

26:7:43
132 MDS

Plaster uncomfortable.
edge trimmed.
arm in full sling
Sing evac -
1596, Road for
air evac
[illegible]
Capt Rame

27.6.43. Admitted 97th G.H.
P.O.P. fairly comfortable - E. S.
[illegible]

Copy 67th G.H. Comfortable
for Evac. [illegible]

10 AUG 1943 ADMITTED TO NO. 8 CONVALESCENT DEPOT.

8 SEP 1943

DISCHARGED TO DUTY IN CATEGORY A1
[illegible]
Captain, R.A.M.C.
O.C., NO. 8 CONVALESCENT DEPOT, R.A.M.C.

This F.M. Card must not be destroyed. It must be transmitted with the patient if he is evacuated to U.K. Temperature charts or additional clinical notes may be sent with it, either in the same or in another envelope attached to the patient.

Additional Notes by Unit M.O. and Field Ambulance.

Morphia—	A.T. Serum—
Dose. Time and date given—	Dose and date given—
Date of Wound or ~~onset of illness~~ 25-7-43	Religion— R C
age 24	S. 1½

Disease*	Microscopic Diagnosis*			
Malaria	B.T.	M.T.	Q.	Clin.
Dysentry	B.Ex.	Ehyst.	Indef. Ex.	

Malaria Treatment							
Days	1	2	3	4	5	6	7
Ateb. grms							
Quin. grs.							

NOTES.

accident. Fall on his left shoulder. Crepitation, swelling, pain & slight limitation of movement of left clavicle. X-Ray please.

1500 hrs 9 C.F.A. 25/7/43

There is a fracture jt inner 1/3 & outer 2/3 rds & Local anaes. plaster applied & check "X" ray position. For evacuation. D.G. Young (Major)

* Strike out where inapplicable.

12 (8)

Army Form W3118.
R.A.F. Form 3118.
Naval Form M204.

FIELD MEDICAL CARD.

837

*No. E 66342 Rank Pte

Name C. Pelletier

Unit R 22 eR

* In cases of Enemy Prisoners of War serial number allotted by A.F.W. 3000.

Battle Casualty. ~~Accidentally Wounded. "Sick."~~
(*Strike out description which does not apply.*)

Diagnosis of Unit M.O.— greenstick fracture of ~~clav~~ left clavicle

Date seen by him— 25-7-43

No. of Field Ambulance— 9

Date of admission— 25/7/43

Field Ambulance diagnosis— Fracture left clavicle
D.G. Young (Major)

C.C.S. or M.C.S. diagnosis (if altered from above)—

General or other Hospital diagnosis (alterations or additions)—

Fracture Left Clavicle

(4403) Wt.45953 560m (12) 2/42 Gp.697 C&SLtd.

OCCUPATIONAL HISTORY FORM

THIS FORM IS TO BE COMPLETED FOR EACH MEMBER OF THE ARMED FORCES. THE INFORMATION SOUGHT IS FOR THE USE OF GENERAL ADVISORY COMMITTEE ON DEMOBILIZATION AND REHABILITATION, A COMMITTEE SET UP BY THE GOVERNMENT OF CANADA TO STUDY PLANS FOR ESTABLISHING IN INDUSTRIAL LIFE THE MEMBERS OF THE ARMED FORCES, AFTER DISCHARGE. ACCURACY AND COMPLETENESS IN ANSWERING WILL BE OF MUCH HELP TO THE COMMITTEE.

PLEASE READ CAREFULLY THE INSTRUCTIONS GIVEN ON THE INSIDE OF COVER BEFORE COMPLETING FORM

PLEASE LEAVE BLANK

Section A—GENERAL INFORMATION

1. (a) Print name in full PELKEMAN CHOTHAS (b) Reg'l. No. D-66348
2. (a) Arm of service ARMY (b) Unit HQ'T DE JORDEMM CA. (c) Rank PTE
3. (a) Date of birth 28 Nov. 1919 (b) Have you any dependents? YES (c) Place of residence at time of enlistment MONTREAL QUEBEC
4. (a) Place of enlistment MONTREAL QUE. (b) Date of enlistment 19-5-42

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 24 (b) Were you attending school or college up to the time of enlistment? NO
6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.) 4 YEARS PUBLIC SCHOOL
7. If you attended a university, give name of university and standing or degree secured
8. (a) Did you ever enter upon a trade apprenticeship? NO (b) If so, for what occupation? — (c) Did you finish it? — (d) If you did not finish it, how long did you serve at it? —
9. (a) What languages do you speak fluently? FRENCH (b) What languages do you read well? FRENCH

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

10. (a) State whether you were WORKING or NOT WORKING at time of enlistment. (Enter here only "Working" or "Not Working", as case may be; particulars are asked for below) WORKING (b) At time of enlistment of what trade union or professional society were you a member? NO

Section D—PARTICULARS CONCERNING THOSE WHO WERE UNEMPLOYED AT TIME OF ENLISTMENT

QUESTIONS 11 TO 17 REFER ONLY TO THOSE WHO ANSWER "NOT WORKING" IN QUESTION 10 (a)

11. Had you ever been employed fairly regularly since leaving school?
12. (a) If answer to 11 be "Yes", state exact trade or occupation at which you actually worked (b) State how long you had worked at this trade or occupation
13. If answer to 11 be "No", state exact trade or occupation for which you feel qualified
14. If you had been employed after leaving school, state when you last worked fairly regularly before enlistment
15. Give details of last employer, if any: Name Address
16. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.)
17. (a) If your last employment was in a business of your own, state nature and address of business (b) Date of discontinuing it

Section E—PARTICULARS CONCERNING THOSE WHO WERE EMPLOYED AT TIME OF ENLISTMENT

QUESTIONS 18 TO 23 REFER ONLY TO THOSE WHO ANSWER "WORKING" IN QUESTION 10 (a). PLEASE READ THESE QUESTIONS AND REPLY TO THOSE APPLYING TO YOU AT TIME OF ENLISTMENT

IF YOU WERE AN EMPLOYEE WORKING FOR AN EMPLOYER UP TO THE TIME OF ENLISTMENT, PLEASE ANSWER QUESTIONS 18 TO 21

18. Name of employer Address
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) LUMBER CONTRACTOR
20. (a) Your specific occupation LUMBERJACK (b) Number of years' experience at this occupation with any employer 2 Years
21. (a) Did your employer promise definitely to give you employment on discharge? NO (b) Did your employer refuse to promise you employment on discharge? NO (c) Do you wish to return to your former employment? NO

IF YOU WERE WORKING ON YOUR OWN UP TO THE TIME OF ENLISTMENT, THAT IS TO SAY, OPERATING A FARM, A STORE, AN AGENCY, OR IN PROFESSIONAL PRACTICE, OR AS A PARTNER IN ANY SUCH LINE, PLEASE ANSWER QUESTIONS 22 AND 23

22. (a) State nature of business, or professional practice (b) Where was it located?
23. (a) Number of years engaged in this business (b) Have you made, or will you make plans to return to the same or a similar business on discharge?

Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war? NO (b) Do you feel competent to operate a farm? — (c) If so, in what kind of farming? —
25. (a) Were you born on a farm? YES (b) How many years' actual farming experience have you had? NONE (c) In what provinces did you have experience? NO

Section G—MISCELLANEOUS

26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge?
27. If so, state nature of your plans (for example, do you plan to return to school, or have you been assured of a job, etc.) DIAMOND DRILL OPERATOR
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form

19-6-42

DATE ..... 194..... SIGNATURE Chas Pelletier

To be made out in duplicate

M.F.M. 5
150M—7-41 (1122)
H.Q. 1772-39-1651

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

INSTRUCTIONS.

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

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

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

---

(1) Name of Officer or Other Rank PELLETIER
(Surname first—Christian names in full—Block capitals)
Cleophas.

(2) Regimental or Official Number and Rank D-66342 Pte.

(3) Unit REG'T DE JOLIETTE C.A.

(4) Are you married? NO

(5) If married, state,

(*a*) Full name of your wife NIL

(*b*) Present postal address of wife NIL

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

(7) Are you a widower? NO

(8) Have you any children? NO Number of boys Girls

Names and ages NIL

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

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

Name NIL

Postal Address

[SEE OTHER SIDE]

(10) Have you a common-law wife—whom you have been regularly supporting and publicly representing as your wife for at least 2 years immediately prior to appointment or enlistment? .....

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

NO

(11) Is your father alive? YES

If so, state name and address, occupation Mr Omer Pelletier. Farmer

Barraute, Abitibi County P.Q.

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

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

$15.00 per Month.

Also state reason he has no other means of support if partially supported by you, what is your reason for not providing full support? 2 Brothers Helping.

(14) Is your mother alive? YES

If so, state name and address Mrs Stella Pelletier.

Barraute Abitibi County P.Q.

(15) If your mother is a widow, are you her sole or partial support? NO

(16) If sole or partial support of widowed mother—state what amount per month you have given her prior to appointment or enlistment NO

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

(17) Are you contributing to the support of any dependents, other than those shown above? NO
This may include any brothers 16 years of age or under, or any sisters 17 years of age or under, solely supported and maintained as bona fide members of your household before your appointment or enlistment.

If so, state the following particulars:—

Relationship NIL

Full Name .....

Postal Address .....

Amount contributed monthly during the past six months .....

NIL

(18) Are you insured? NO

If so, in what Company? NIL

(Give number of policy)

Have you made arrangements for payment of your Insurance Premium? NO
If not, and it is a monthly premium, you may assign the amount in addition to any other assignment you wish to make, provided the total assignment is not in excess of the maximum monthly amount which may be assigned.

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

x Thomas Pelletier

(Signature of officer or man)

Date 19-5-42

Officer Commanding .....

Date 19-5-42 NO. 4-DISTRICT DEPOT A.F.

N.B. (If parent(s) of the officer or other rank concerned has (have) been replaced by foster parent(s), questions relating to fathers and/or mothers above should be altered and answered as applicable.

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

WILL

M.F.M. 10
200M—6-41 (693)
H.Q. 1772-39-1656

(1) I, Cleophas PELLETIER (Name in Full), of the Town (City, Town, Village, Township)

Address in civil life.

of Barraute, in the County District of Abitibi

Province of Quebec, Laborer. (Civil Occupation)

Regimental No. D-66342, Unit Reg't De Joliette Ca., do hereby revoke all former Wills by me made and declare this to be my LAST WILL.

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

(2) I GIVE, DEVISE AND BEQUEATH unto "My Father" Mr Omer Pelletier,

Residing at;- Barraute Abitibi County P.Q.

C. P.

All my estate both real and personal.

Relationship, names and address of residuary beneficiaries.

(3) I GIVE, DEVISE AND BEQUEATH all the rest and residue of my estate, both real and personal, of whatsoever kind and wheresoever situate unto

C. P.

(4) I appoint ..... (Name) (Address)

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

IN WITNESS WHEREOF I have hereunto set my hand this 19 day of May 1942

Signed and acknowledged by the Testator, in the presence of us present at the same time who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as witnesses.

X Cleophas Pelletier (Signature of soldier)

First witness sign here.

(5) Signature H. Daigle

Civil Address 1347 Lajoie Ave Outremont P.Q.

Civil Occupation Salesman.

Second witness sign here.

Signature Chas Shallow Jr

Civil Address 521 King Montmagny P.Q.

Civil Occupation painter

(Witnesses are not to be beneficiaries.)

[OVER]

MFM 510
40/P & S/254 (3444)

CANADIAN ACTIVE SERVICE FORCE
OVERSEAS

District.....

Dispersal Area.....

LAST PAY CERTIFICATE
(All Ranks)

Regtl No. D.66342 Rank and Name PELLETIER C. Pte

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

(~~Transfer or~~ Discharge).....to.....on 13 Dec 19 43

Reason Death Authority : C.C.L. "A" 380 d/ 11 Jan 44.

The following is a statement of the account of the above-named from 1 Dec to 31 Dec 19 43 the inclusive date of transfer or discharge.

Dr Particulars	Amount		Cr Particulars	Amount	
Balance Dr from last account			Balance Cr from last account	105	80
First Monthly Payment			Regimental Pay 31 days at $ 1.50	46	50
Casual Payments			Tradesmen's Pay .....days at .....$		
Payments on Transfer or Discharge			Additional Pay (Give particulars) ....days at .....$		
Assigned Pay	20	00			
Regimental Charges			Allowances (Give particulars) .....days at .....$		
Public Stoppages (Give particulars) :					
			Def. Pay. Int.	1	45
To Balance Cr Free	93	75			
To Balance Cr Deferred	40	00	By Balance Dr		
Total	153	75	Total	153	75

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

Remarks :

Ass Pay. $20.00. stopped eff Jan 44.

Compiled by E. WRIGHT.

Checked by K.M. Wadsworth

Date 21 June 19 44.

Certified correct T. Hill
for Chief Treasury Officer, Overseas

MN

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

CANADIAN MILITARY HEADQUARTERS

ESTATES BRANCH
INVENTORY

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

No., RANK and NAME ..... D66342 Pte. Pelletier, C. C & Y Regt (Dec'd)

RECEIVED FROM ..... Cdn. Sec. G.H.Q. 2nd Echelon

CHECKED BY ..... H-64818 Pte. Davidson, E. C-96325 Pte. Desormeaux, J.M. DATE ..... 15 Feb 44

1	Brooch		

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

W.E. Gulmer, Capt
for OC 1 Cdn KSD

FRENCH

COMPUTATION OF WAR SERVICE GRATUITY

MEMBER'S NAME CLEOPHAS PELLETIER (Christian Names) (Surname) — Register No. D21161

PAYEE'S NAME M. OMER PELLETIER (Christian Names) (Surname) — File No. 405-P-10457

ADDRESS 130 RUE St. JOSEPH — Date 10-4-16

GRANBY, CTE. SHEFFORD, P.Q. — Service No. D66342

DATE OF TERMINATION OF OVERSEAS SERVICE 13-12-43 — Final Rank PTE

Date of Discharge 13-12-43

	AMOUNT $	c
A. TOTAL QUALIFYING SERVICE (2) No. of day $\frac{572}{30}$ = 19 Periods @ $7.50	142	50
B. QUALIFYING OVERSEAS SERVICE No. of days 443 less 2 Ineligible days, equal 441 Days @ 25c. per day	110	25
C. SUPPLEMENT FOR OVERSEAS SERVICE	252	75
Daily Rate of Pay $ 1.50		
Subsistence Allowance $ 1.25		
Additional Pay $ ✓		
Dependents' Allowance 1/30 $..... $.....		
TOTAL $ 2.75 × 7 = $ 19.25		
No. of Days $\frac{443}{183}$ × $ 19.25	46	60
D. WAR SERVICE GRATUITY	299	35
Computed By R		
E. DEDUCTIONS Overpayment of (1) Pay & Allowance $..... (2) D.A. & A.P. $..... Other Deductions $.....		
Entered By		
F. AMOUNT PAYABLE (This amount is payable in.....monthly instalments of $.....each)	299	35

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

$..... × 30 = $.....

REMARKS

100M—9-45 (8069)
H.Q. 1764-81-3

FORM No. 1

Register No. C.O-1833 Nominal Roll No. O-594

H.Q. File No. 405-P-10457

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
O-66342	Pte	PELLETIER	CLEOPHAS

REASON FOR TERMINATION OF SERVICE:

1st Enlistment ..... Killed in action ..... CARO ( )

2nd Enlistment ..... CARO ( )

3rd Enlistment ..... CARO ( )

Total Service

1ST ENLISTMENT	2ND ENLISTMENT	3RD ENLISTMENT
T.O.S. 19 May 42	T.O.S.	T.O.S.
S.O.S. 13 Dec 43 MD 02	S.O.S. MD	S.O.S. MD
Total Days 574	Total Days	Total Days

Total Service 574 DAYS

—	Total Service	Less Non-qualifying Service	Net Service
Western Hemisphere	129	—	129
Overseas Service	445	2	443
Totals	574	2	572
Add Non-qualifying Service			2
Total Service			574

EMBARKATION DETAILS:

1. Date S.O.S. Overseas 13 Dec 43 2. Date S.O.S. Overseas

REMARKS:

KILLED IN ACTION 13 Dec 43

Computer's Signature

Checker's Signature

Date Computed 12 Feb 46

N.R.M.A. SEVICE

UNDER REGT. No. K-490404

FROM 10 Jan 41 TO 7 Feb 41

SEE ATTACHED FORM N

FOR N.R.M.A. SERVICE

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

C. L. LAURIN,
Colonel,
DIRECTOR OF RECORDS.

500M—11-44 (6012)
H.Q. 1772-45-8

Details of Non-Qualifying Service

Western Hemisphere—

Forfeits for	From	To	Effective Date	Days	Total

N.R.M.A.

FORM No. 1

Register No. C0-1833 Nominal Roll No. D-594

H.Q. File No. 405-P-1045-V

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-490404	Pte	PELLETIER V	CLEOPHAS

REASON FOR TERMINATION OF SERVICE:

1st Enlistment ..... Body Service ..... CARO ..... ( )

2nd Enlistment ..... CARO ..... ( )

3rd Enlistment ..... CARO ..... ( )

Total Service

1ST ENLISTMENT	2ND ENLISTMENT	3RD ENLISTMENT
T.O.S. 10 Jan 41 ✓	T.O.S.	T.O.S.
S.O.S. 7 Feb 41. MD 4	S.O.S. MD	S.O.S. MD
Total Days 29	Total Days	Total Days

Total Service ..... 29 ..... DAYS

——	Total Service	Less Non-qualifying Service	Net Service
Western Hemisphere	29	nil	29
Overseas Service			
Totals	29		29
Add Non-qualifying Service			
Total Service			29

EMBARKATION DETAILS:

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

REMARKS:

Computer's Signature B Comeau N.R.M.A.

Checker's Signature .....

Date Computed 12 Mar 46

NO SERVICE IN THE ALUTIAN ISLANDS

ACTIVE SERVICE

UNDER REGT. No. D-66342

FROM 19 May 42 TO 13 Dec 43

SEE ATTACHED FORM N.R.M.A. 1

FOR ACTIVE SERVICE

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

C. L. LAURIN,
Colonel,
DIRECTOR OF RECORDS.

500M—11-44 (6012)
H.Q. 172-45-8

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

Register No. C.D. 1833

File No. 405-P-10457

WAR SERVICE GRANTS ACT 1944

Ottawa 11th Feb. 1946

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

Service No. D-66342

Name Cleophas, Pelletier
Christian Name Surname

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

K. W. Rice

(K. W. RICE) Captain,
for Paymaster-General.

	Name	Amount
Names, address and relationship of persons in receipt of D.A. and amount of monthly award.	Nil	$ Nil
If no D.A. in issue, list names, address and relationship of persons in receipt of A.P. who may be classed as Dependents under W.S.G. Act, 1944, and amount of monthly assignment.	Omer Pelletier	20.00
Names, address and relationship of persons to whom assigned pay was continued by supplementary award after death.	Omer Pelletier	20.00
Amount of overpayment of dependents' allowance and/or assigned pay deductible from the War Service Gratuity and name of person to whom paid.	Nil	

L. Bedard

18/2 1946

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

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

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

_____ 194_____

_____
for C.T.O.

MBR

405-P-10457

FIELD SERVICE

Army Form B. 2090A.

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

REGIMENT OR CORPS: CARLT & YORK REGT — Squadron, Troop, Battery or Company:

Officer's Personal No. (if known) / Soldier's Army No.: D 66342 — Rank: Pte

Surname: PELLETIER — Christian Names: C.

Died — Date: 13 Dec 43 — Place: ITALY

Cause of Death*: KILLED IN ACTION

Nature and Date of Report: Amendments Cas List.

By whom made: HQ 1 Cdn Div.

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

Burial — Place: MR: Sheet 147-Lanciano, 324133 — Date: 20 Dec 43

Carlt & York Cemetery about 2 miles from S. Leonardo going north on left side of the road.

By whom reported: C.F. Carlt & York Regt.

State whether he leaves a Will or not

(a) in Army Book 64: No

(b) as a separate document: No

All private documents and effects received from the front or hospital, as well as A. B. 64, should be examined, and if any will is found it should be at once forwarded to the War Office.

Any report received as to verbal expressions by a deceased officer or soldier of his wishes as to the disposal of his estate should be forwarded to the War Office at once, supported by a certified statement of the person who actually received the information.

In the case of a soldier a duplicate of this report is to be sent to the Paymaster at the Base, together with the deceased's A. B. 64 (after withdrawal of any will from the latter), for transmission to the Paymaster who compiles the soldier's account.

Station and Date: ITALY, 16 Mar 44

Signature of Officer in charge of Section Adjutant-General's Office at the Base: H McDougall

(H.J McDOUGALL) Captain
for Officer i/c
Canadian Section G.H.Q. 2nd Echelon C.M.F.

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

FORM 6

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not write in this space

1

1. PLACE OF DEATH

Municipal county: IN THE FIELD (ITALY). 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: PELLETIER.

Given names: Cleophas. (*Block letters*)

Do not write in this space

4. RESIDENCE

Street: No.:

Official name of civil municipality or township: Barraute, Abitibi,

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: February (Month) 28th, (Day) 1919. (Year)

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

OCCUPATION

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

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	PELLETIER, Omer.	
MOTHER (Maiden Name)		

19. Place of burial, cremation or removal: Italy.

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

21. PLACE OF REGISTRATION OF THIS BURIAL

(a) Name of parish or church:

(b) Civil municipality of:

(c) Municipal county:

(d) Date: (Month) (Day) 19.... (Year)

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: December (Month) 13th, (Day) 1943. (Year)

23. I HEREBY CERTIFY that I attended deceased from ....19.... to ....19....

and last saw h.... alive on ....19....

24. CAUSE OF DEATH

I

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

due to

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

due to

(c)....

II

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

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

(b) Duration of disease....days

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

26. Was there a surgical operation? Date of....19....

State findings.... Was there an autopsy?....

27. If death was due to external causes (Violence) fill in also the following:—

Accident, suicide or homicide.... 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....

OVERSEAS CASUALTY CANADIAN A...

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

J. B. Radwig

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)

for Director of Records, Dept. of National Defence.

APR 21 1944

RECORDS OFFICE OVERSEAS.

CANADIAN MILITARY HEADQUARTERS.

GRAVES REGISTRATION CARD.

NAME..PELLETIER, Cleophas..... PLACE & DATE OF BIRTH..Canada....28 FRB 1919...

RANK..Private..... REGIMENTAL NO..D-66342.....

UNIT..CARLETON & YORK REG'T..... NEXT OF KIN..FATHER:.....

ADDRESS..Mr. Omer PELLETIER,.....

Barraute, Abitibi, P.Q.. Canada.....

PARTICULARS OF HOSPITALIZATION

DATE OF ADMISSION..... NAME & LOCATION OF HOSPITAL.....

DIAGNOSIS.....

PARTICULARS OF DEATH.

DATE OF DEATH..13 DEC 43..... PLACE OF DEATH...ITALY.....

HRS.....

CAUSE OF DEATH..Prev. reported MISSING now KILLED XX.....

PARTICULARS OF BURIAL.

DATE OF BURIAL..20 Dec 43..... CEMETERY..MR Sh.147 LANCIANO 324133 Carlt. & York Cem about 2 miles from San Leonardo going North.....

DEATH CERTIFICATE NO..... DATE OF REGN OF DEATH CERTIFICATE.....

LOCATION OF CEMETERY.....

..... PLOT NO.....ROW.....GRAVE.....

RELIGION..R.C.....

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

DATE...20 Nov. 44.....

(B.E. WILLAN) Capt.

For ~~(R.T.E.HICKS-LYNE)~~ Lt.Colonel,
Officer i/c Records,
Canadian Military Headquarters.

Noted
DR 2(D)

51

FOR COMPLETION AND RETURN BY

Form P. 64

Mr. Omer Pelletier,
Barraute,
Abitibi Co., Que.

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-P-10,457 F.D.495

DEPARTMENT OF NATIONAL DEFENCE

ESTATES BRANCH

OTTAWA, ONT.

Feb. 24, 1944

For the purpose of record and in the event of there being any Service estate available for distribution (according to law) on account of the late

PELLETIER, Cleophas, Pte.

D.66342 C. A.

ESTATES BRANCH MAR 15 1944 H.Q. OTTAWA NATIONAL DEFENCE

it is necessary that certain information regarding the deceased and his relatives should be furnished the Estates Branch. You are asked therefore to read the enclosed memorandum before completing pages 2 and 3 of this form. The particulars required are to be carefully filled in and the Declaration on page 4 should then be signed in the presence of a Clergyman, Priest, Local Magistrate, Commissioner for Oaths, Notary Public or a Commissioned Officer of any of His Majesty's Forces who should be asked to complete and sign the Certificate. This form should then be returned to the above address.

If there is insufficient space for complete particulars to be given opposite any question on pages 2 and 3 of this form, the space under "additional remarks" on page 4 should be used.

R. G. Phelan Capt.

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

RGP/MK

M.F.W. 77
5M—1-44 (3371)
H.Q. 1772-39-972

ANSWER IN FULL ALL APPLICABLE QUESTIONS

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

Degrees of Relationship	RELATIVES required to be accounted for		INFORMANT'S STATEMENT: NAME IN FULL of any Relative, if any, in each degree specified	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. / niece - by adoption		Rachel Fiset born at Barraute, P.Q. the march 23 - 1937 -	7	Barraute, Co. Abitibi, P.Q.
3	Father of the Deceased.....		Omer Pelletier	66	Barraute, P.Q.
4	Mother of the Deceased.....		Stella Ouellette	61	" "
5	Brothers of the Deceased	Full Blood	Omer Pelletier	40	" "
			Elie "	35	" "
			Charles "	38	Granby, P.Q.
			Alexis "	27	" "
			Léo "	28	" "
			Dominique "	23	" "
			Georges "	29	St-Adalbert, Co. L'Islet, P.Q.
			Lévis "	37	Holyoke, Mass -
		Half Blood			
6	Sisters of the Deceased	Full Blood	Rose Pelletier-Fiset	34	Barraute, P.Q.
			M.-Claire " - "	31	" "
			Caroline "	20	" "
			Madeleine "	19	" "
		Half Blood			

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
3 brothers - full Blood =	Gilase - died at 6 months - 1910		St-Pamphile, Co. L'Islet, P.Q.
	Auguste Pelletier - " one year - 1905		" "
	Joséphat " " 8 months - 1925		" "
1 sister - full blood —	Yvette Pelletier - 2 days - 1925 -		" "

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Télésphore Pelletier
9	Date of his birth.	17 octobre 1919
10	Place and date of his marriage.	—
11	Place and date of his parents' marriage.	St-Pamphile, co. L'Islet, P.Q. 7 janvier 1903

PARTICULARS OF DOMICILE

12	Place where deceased was born.	St-Pamphile de L'Islet, P.Q.
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) St-Pamphile de L'Islet 11 years (b) Granby, co. Shefford-P.Q. 5 years (c) Barraute, " Abitibi, P.Q. 7 " (d)
14	Nature of employment before enlistment.	farmer in family; mine-drill one year-
15	State whether he owned the premises in which he lived, and, if so, where situated.	see (a-b-c) No 13- on soldier at first at Longueuil, near Montreal, P.Q.
16	Name place where deceased stated he intended to make his permanent home.	Barraute, co. Abitibi, P.Q.

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	I think- no-
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses,—was there a marriage contract dealing with property?	—
19	Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc., and the amount on deposit. Do you wish it administered with the pay account?	nothing-
20	Amount of War Savings Certificates held by deceased. Indicate where located.	I don't know-
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	" " "
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	no-
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	no-

OTHER PARTICULARS

24	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.	nothing-
25	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.	$60- Sixty dollars for funeral expenses at Barraute, P.Q. (Co. Abitibi)-

(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 or elsewhere in the North American zone, and if a relative has already paid those expenses the Government will reimburse such relative to the extent of the amount authorized in the Regulations. Any amount of such expenses in excess of those authorized in the Regulations is not payable by the Government nor is it chargeable against the service estate of the deceased.)

(PLEASE TURN OVER)

DECLARATION

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

I hereby declare that all the particulars shown on this form are correct, and a true and complete statement of all the relatives that the deceased ever had in the degrees specified; and that I am the

*father of the deceased.

Omer Pelletier — Signature of Informant

Barraute, Co. Abitibi, P.Q. Canada — Address

N.B.—To be signed in full in the presence of a Clergyman, Priest, Local Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces.

CERTIFICATE

I hereby certify that to the best of my knowlege and belief.....

See above. Omer Pelletier {Name of informant} is the father of the Deceased above described, and I believe the above Declaration and the Statement of Relatives and of Particulars made by the Informant and signed in my presence to be complete and correct.

Dated at Barraute, P.Q. this eleven day of march 1944

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces. Prune Vaud Qualification Justice of Peace

Address Barraute, Que

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

(If the deceased has no living relatives of the degrees shown on page 2, the names and addresses and relationship of other relatives should be set out below.)

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

File No 405-P-104597

VERIFICATION FORM

WAR SERVICE MEDALS 1939-45

No. D-66242 Name Pelletier Cleophas

Rank on Discharge Pte Date of Discharge 13-12-43

Authority for Discharge or Retirement Deceased

Served in:

			Non-qualifying service
Canada	from 19-5-42	to 24-9-42	
	from	to	
United Kingdom	from 25-9-42	to 15-6-42	
	from	to	
Italy	from 16-6-42	to 13-12-43 K/A	
Northwest Europe	from	to	
---------	from	to	
-- ------	from	to	

Eligible for award of:

1939 - 45 Star OK

Italy Star OK

France-Germany Star

Defence Medal OK

War Medal OK

Canadian Volunteer Service Medal OK

with clasp OK

M

NC RIBBON DESPATCH

Verified by N. Renaud

Date 6-8-46

Carded AUG 6 1946

HA 165

UNIT COMMITTEE OF ADJUSTMENT REPORT

INSTRUCTIONS

1. To be completed in triplicate of which one copy will be retained by the unit.
2. Parts marked * which are not applicable will be ruled out and initialled.
3. All blanks marked † will be filled in with " NIL " where appropriate.
4. In the case of personnel reported MISSING, INTERNED, or PRISONERS OF WAR, NO PERSONAL EFFECTS WILL BE SOLD AND NO PREFERENTIAL CHARGES OR ORDINARY DEBTS WILL BE PAID by Unit Committee of Adjustment.
5. In the case of DECEASED personnel, no personal effects of sentimental nature will be sold. Other personal effects may be sold to pay preferential charges and also when, in the opinion of the C.O., the exigencies of the Service make it desiderable to do so.
6. Unit Committee of Adjustment may pay, in the case of deceased personnel,
   (a) preferential charges owing within the unit and the unit area, and
   (b) ordinary debts similarly owing ONLY if after making provision for *all* preferential charges of which it has notice there is sufficient cash on hand to pay all ordinary debts.
7. The following will be forwarded in the manner shown,
   In U.K.—to Officer i/c Estates, C.M.H.Q.
   Ex U.K.—to Officer i/c Cdn Sec., G.H.Q., 2nd Echelon.
   (a) Personal effects not disposed of, original and duplicate copy of report, and Officers' Record of Service Book or Soldiers' Service and Pay Book MBM I, Pts. I and II—by post, rail or road.
   (b) Any Will or testamentary document with a memorandum giving regimental particulars and, if undated, any available evidence indicating the probable date of its execution—by registered post AT ONCE.
   (c) Cheques, drafts, money orders, personal papers and documents, effects of sentimental value *and* an inventory of *all* personal effects forwarded—by registered post.

REPORT

No. D66342 Rank Pte Name in full PELLERIN O.

*~~Deceased~~, *Missing, *~~Prisoner of War~~, *~~Interned~~. Date of Casualty 23-Dec 43

Unit Carleton & York Regt

Medical installation in which death took place (if applicable)

Reinforcement Unit to which posted at time of death (if applicable)

Name of Officer furnishing report CAPTAIN G.A. CRUTCHER
(BLOCK CAPITALS)

A. PERSONAL EFFECTS

1. * Separate inventories are attached, as applicable, showing:—
   (a)*Articles privately owned, suitable for service requirements, turned into Q.M. Stores—Exhibit " A1. "
   (b)*Articles sold to pay preferential charges, showing the purchaser of and the price paid for each article—Exhibit " A2. "
   (c)*Articles additionally sold under C.Os. authority showing the purchaser of, and the price paid for each article, and the written authority of C.O. for such sale—Exhibit " A3. "
   (d)*Bulky articles disposed of under authority of Officer i/c Estates C.M.H.Q., showing the disposition and, if sold, the purchaser of, and the price paid for each article—Exhibit " A4. "
   (e)*Personal Effects, forwarded to (*Officer i/c Estates), (*Officer i/c 2nd Echelon)—Exhibit " A5. "
2. *No personal effects were found or received. A memorandum as to the circumstances and any action taken is attached as Exhibit " A6. "

B. WILL

(a)*Original Will or testamentary document was forwarded on ..... (date) by registered post to (*Officer i/c Estates), (*Officer i/c 2nd Echelon). Copy thereof and of the memorandum forwarded therewith is attached as Exhibit " B1. "

(b)*No Will or testamentary document was found on the person or among the effects of the deceased.

C. CLOTHING AND EQUIPMENT (PUBLIC)

(a)*Was turned in to Q.M. Stores.
(b)*There were no deficiencies.
(c)*There were deficiencies amounting to £ nil and cash debit voucher duly certified by the D.A.D.O.S., or Senior Ordnance Representative of the formation is attached as Exhibit " C1. "

C.F.A. 151
PSSN/390/2-44/20,000

NOTE: If space insufficient, attach, identify and sign additional sheets for Items D, E and F.

D. PREFERENTIAL CHARGES

(a) *Name and Address of Creditor*	*Nature of Claim*	*Amount*	*Paid or Unpaid*
† Nil.			

*Itemised accounts are attached as Exhibit "D1," those shown as paid being duly receipted, and those recommended for payment by the Officer i/c Estates being so certified.

(b)*Memorandum as to any disputed accounts, with full particulars of dispute attached as Exhibit "D2."

E. ORDINARY DEBTS

(a) *Name & Address of Creditor*	*Nature of Claim*	*Amount*	*Paid or Unpaid*
† Nil.			

*Itemised accounts are attached as Exhibit "E1," those shown as paid being duly receipted, and those recommended for payment by the Officer i/c Estates being so certified.

(b)*Memorandum as to any disputed accounts, with full particulars of dispute attached as Exhibit "E2."

F. CREDITS

(a) *Public Claims owing to the Casualty.*

Nature of Claim	*Amount*
† Nil.	

(i)*Copy of each claim submitted and of any correspondence connected therewith attached as Exhibit "F1."

(ii)*Statement of valuation of, and receipt for, articles suitable for service requirements turned into Q.M. Stores (para. A.1. (a) above) attached as Exhibit "F2."

(b) *Private Claims Owing to the Casualty.*

Name & Address of Debtor	*Particulars of Claim*	*Amount*	*Paid or Unpaid*
† Nil.			

*Memorandum as to any unpaid claims, showing whether or not liability admitted and steps taken to effect collection, attached as Exhibit "F3."

G. CASH RECEIVED AND PAID

		Paid	*Received*
Cr.	Cash found on person or in effects		† Nil.
	Cash realized from sale of effects as per para. A.		†
	Cash collected re private claims as per para. F.		† Nil.
			Nil.
Dr.	Paid re preferential charges as per para D.	†	
	Paid re ordinary debts as per para. E.	† Nil.	
	Paid (*balance) to unit Paymaster	† Nil.	
		Nil.	
		† Nil.	† Nil.

H. SERVICE AND PAY BOOK

Officers' Record of Service Book (*Soldiers' Service and Pay Book M.B.M. I, Pts. I and II) is (*forwarded with this report) (*not forwarded by reason that carried on soldier when missing

G.A. Crutcher
Signature of Committee or President

25 Feb 44
Date

(G.A. Crutcher) Captain

Unit

CANADA

QUOTE NO. H.Q.405-P-10,457 (Records - C)

DEPARTMENT OF NATIONAL DEFENCE
ARMY

OTTAWA, CANADA,

FOR F.T.

Mr. Omer Pelletier,
Barraute,
Abitibi County, Que.

Dear Mr. Pelletier:

It is with deep regret that I learned of the passing of your son, D66342 Private Cleophas Pelletier, who gave his life in the Service of his Country in the Mediterranean Theatre of War on the 13th day of December, 1943.

From official information we have received, your son was killed in action against the enemy. You may be assured that any additional information received will be communicated to you without delay.

The Minister of National Defence and the Members of the Army Council have asked me to express to you and your family their sincere sympathy in your bereavement.

We pay tribute to the sacrifice he so bravely made.

Yours sincerely,

H. F. G. LETSON
Major-General
Adjutant-General

FEB 10 1944

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

35.

Nat. Def. A-168-A
1,000M—3-43 (9028)
H.Q. 1772-39-376

CANADA

QUOTE NO. 405-P-10 457
D.R. 2(D)

DEPARTMENT OF NATIONAL DEFENCE
ARMY

OTTAWA, CANADA,

6th March, 1945.

F.T. for Translation please

Mr. Omer Pelletier,
Barraute, Abitibi Co., P.Q.

No. D.66342, Private Cleophas PELLETIER

Dear Sir:

With reference to the regretted death of your son, the marginally named Canadian soldier, I am to advise that information has recently been received from overseas that his remains have been carefully exhumed from the original place of interment and reverently reburied in grave 15, row E, plot 1, of Morro River Cemetery, Ortona, Italy. This is a recognized military burial ground and will receive care and maintenance in perpetuity.

The grave will have been marked with a temporary cross which will be replaced in due course by a permanent headstone suitably inscribed. While it cannot now be stated when this work of permanent commemoration will begin, before it is carried out you will be communicated with and given an opportunity of selecting a short personal inscription for engraving upon the memorial. Would you, therefore, be kind enough to inform this office of any change in your address.

Yours truly,

for R.T.E. Hicks-Lyne, Colonel,
Acting Director of Records,
for Adjutant-General.

53

NAT. DEF. A-168-A
2,000M—11-43 (2777)
H.Q. 1772—39—376

File No 405-P104457

R E B U R I A L

NO D.66342

RANK Private

NAME PELLETIER, C.

NAME OF CEMETERY Morro River Cemetery

LOCATION OF CEMETERY Ortona, Italy

GRAVE LOCATION Plot 1, Row E, Grave 15

AUTHORITY 54-27-88-2 Vol. 14

Reburial list.

Grave

52

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

NUMBER D66342 RANK Private SERVICE UNIT The Carleton and York Regiment (C.A.)

NAME PELLETIER, Cleophas

DATE OF BIRTH DAY 28th MONTH February YEAR 1919

MARITAL STATUS Single RELIGION Roman Catholic

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

ADDRESS Barraute, Abitibi Co., Quebec. ADDRESS D.A.B.

ADDITIONAL PERSON TO BE NOTIFIED ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. Canrecords 4296 H.Q.405-P-10,457

CASUALTY DETAILS Killed in Action DATE 13-12-43

2

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 8-2-44

NB

OFFICER I/C RECORDS

6

COPY FOR DOCUMENT FILE