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

Sheet No...... M.F.M. 1 & 2 (a) 250M—7-41 (1151) H.Q. 1772-39-1646

Name CAMERON MELVIN STEWART

	REPORT	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc.,	D-1 C1				Authority	
Date	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	Part II D.O. No. Cas. List, etc.	Dated
3-8-42		Proceeded from Macaulay Camp, 1200 hrs	Rfn.	3-8-42	VRC	Macaulay		3-8-42
-8-42		Drrived Dartmouth.N.S. 0830 hrs.	**	9-8-42	33	Dartmouth	Pt.II. Do.I87	IO-8-42
2-8-42		Granted Good Conduct Badges CARO 635		20-8-42	99	10	Pt. II. Do. 196	20-8-112
26-8-42		Proceeded on compand to Sussex N. R. eturned from On Command to Field		25-8-1.2			Pt. II. Do. 200	25-8-42
2-9-42		Emergency Trials	11	11-9-42	22	Sussex	t.II. Do. 215	12-9-42
		"ranted embarkation leave T/W A-208406	5.6	12-9-42	•••	11	Pt_II Do. 215	12-9-42
009-42		SOS on posting to Can Army Overseas	***	20-9-42	**	***	Pt II Do 223	20-9-42
505		en Enstackon Panada,	Pt	29,9,42,				
	70S	C A(0)		309,42.	3/01.00	UK.	242,	11001
		Desem farked		7.10.421		_		
		Depfor Duty		8,10,4	2		242.	11 Oct
0263	1/4NOV42	AHAH-API 16# 2 Detchu BCOC (Suand)		1/10/2			263	3-100-9
••••••••		P. Leave 24 NOV to 1 Dec 42.			3/COIRU		280	241009
		attl to HQ 4C1B		26 Dec 42	<u></u>	_	309	29 Ree 4
505		Ceases attole 505to 2 Stoog4CIB		36 Day2				1 Jans
	F 1							
••••••								

DUPLICATE

M.F.M. 2 A.F.B. 271 450M—5-40 (5237) H.Q. 1772-39-1645

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

VICTORIA RIFLES OF CANADA-C.A S.F.

Regimental Number

ATTESTATION PAPER



1. Surname	Cameron				
2. Christian Names	Melvin Stewart				
. Present address	96 - 15th Ave.,	Lachine P.Q.	Canada		
4. Date of birth	6 Oct. 1913			· · · · · · · · · · · · · · · · · · ·	
5. Place of birth		P.Q. (County or Province)		ille St.	Pierre
. Religion (state d	(Country) enomination) Protest				
7. Trade or Calling	Laboure	r			
3. Married, Widow	er or Single Single				
9. Name of next of	kin Cameron	John Malcol	Lm-		
0. Relationship	Father				
1. Address of next	00 -	th Ave., Lachi	ine P.Q.	Canada	
2. Do you belong to	o, or have you served in th	ne Active Militia of Ca	nada?	No	
	(If Yes	Give Unit and Dates of Service)		
3. Have you served	in (a) The Canadian Acti	ve Service Force?	(b) Any o	(Yes or No) ther Naval, M	(ilitary, or Air
orce?No	Yes, Give Regimental No. and Unit)	Yes, specify Unit and Period of Se			
. Did you serve du	iring the Great War 1914-	1918?		No	
e., war, invasion, in the control of	and I hereby engage to serriot or insurrection, real or services.	or apprehended, exists	tive Service F	orce so long as eriod of demol	an emergency, oilization after
DateAUG 1 S	1940	Maland	(Signature of	recruit)	••••••
1//	OATH TO BE TAI	KEN BY MAN ON	ATTESTATIO)N	
eclare) that I will	be faithful and bear true	allegiance to His Maje	sincerely property.	nise and swea	r (or solemnly
		Comeron		(Signati	ire of Recruit)
The Recruit abuestions he would The above ques	ove-named was cautioned be liable to be punished as tions and answers were the re that he understands ear	by me that if he mas provided by law. en read to the recruit ch question, and that	de any false a in my presence his answer to	e.	
MONTREAL,		made and signed the	declaration ar	each question d taken the o	has been duly ath before me
		9 de la la signed the game day of	declaration ar	d taken the o	istrate, Justice

or appointment.

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

. Shew The

Record of Service	e of Cameron	Melvin	Stewart		Regin	mental Number 7/6	642
	(Surname)	(Christian Nam	es)				
	QUALIFICATIONS			EDUCA	TIONAL QUALI	FICATIONS	
Military	Nil	High Sch	ool)	TT4 cda Clai		Graduation)	2454
Business or Professional	Nil	Collegia	te Lear	(years completed)		or	(specify)
Trade or Civil	Nil Labouret - Parter hil	*College	No			•••••••••••••••••••••••••••••••••••••••	
Technical	Nil	*Universi	ity. No.		•		
Languages	English hat English					· · · · · · · · · · · · · · · · · · ·	
			stitution, courses or yea		The second secon		
All enlisted personnel will	be taken on as Private soldiers, appointments and promotions to	higher rank t	to be shown as	provided in	the space bel	ow.	
Report	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., from date taken on Strength of Field Force	Rank Shown	Effective Date	Unit	Place	Authority	1
Date From whom received			* 5			Part II D.O. No. Cas. List, etc.	Dated
9.8.40 5500	Joined on appointment VICTORIA RIFLES OF CANADA-C.A.S.F. Proceeded with advance party * 2 1225 HRS. 13-11-40	Rfm.	19.8.40	V.R.C.	Montreal	Pt 2 D. 0. 15.	19.8.40
	Proceeded with advance party					12 - 11 11 - 1	
-//-40	72:1225 MRS.13-11-40		1.3-11-40			1. 4 10.00) ~ ~ // ~ ~

19.8.40 5 800 - T.O.S. VICTORIA RIFLES OF CANADA-CASF Rfm. 19.8.40 V.R.C. Montreal Pt 2 D.O. 15. 19.8.407

19.8.40 5 800 - T.O.S. VICTORIA RIFLES OF CANADA-CASF Rfm. 19.8.40 V.R.C. Montreal Pt 2 D.O. 15. 19.8.407

19.8.40 - T.O.S. VICTORIA RIFLES OF CANADA-CASF Rfm. 19.8.40 V.R.C. Montreal Pt 2 D.O. 15. 19.8.407

19.8.40 - T.O. 15. 19.8.40 V.R.C. Montreal Pt 2 D.O. 15. 19.8.407

19.8.40 - T.O. 15. 19.8.40 V.R.C. Montreal Pt 2 D.O. 15. 19.8.407

10.2.41 - Montreal Logical Montreal Research Rese

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

	ned from the recr	om any of the following diseases?	
Rheumatism		k. Ear disease	
Tuberculosis		l. Eye disease	NO
Bronchitis or asthma		m. Epilepsy	<u>No</u>
Heart disease	NO	n. Nervous or mental disease	NO
Kidney or bladder disease	NO	o. Syphilis	NO
Gastro-intestinal	NO	p. Gonorrhoea	No
Rupture	NO	q. Have you ever worn glasses?	NO
Varicose veins	YES	r. Are you now or have you in the preceived disability pension or co	
Flat or deformed feet		received disability pension or copensation? If so, give details	om- NO
Nasal trouble	MO		
		CAS Comeron	icant URINE
ur Vision Ear	r drums clear		icant Unite
SHIHARA C.N.	flexes normal	,	X-RAY
			• • • • • • • • • • • • • • • • • • • •
Identification marks or scars. (I		amination. The recruit must be st	ripped.
D.CATOHS.V.OHAGHS.G.	rt. Terra Kuee'	mole back of neck.	
		······	• • • • • • • • • • • • • • • • • • • •
Heightfeetfeet		3. Weightp	ounds.
Complexion Fair Ey	es. Blue	5. Development	Good Fair
Ha	ir Brown		Poor
Chest measurement—Girth on ful	Il expansion 33	inches	
	pansion3		
Vision, right20/30 left			THE TE SO
		0, 0	
		enture; Lower Bridge	
		d on examination are as follows	
Operation 1914 fo			
		pital Operation 1914 Intu	ssusception
Discharge - Good Cond	ition	••••••••	
Part 3. We, the examiners find	l no evidence of th	e diseases mentioned in Question 2, Pa	rt 1, except as
ntod in the name and TIT. I	amined the Recruit	in accordance with the pamphlet "Phy	sical standards
ried in the remarks. We have ex			
	nination of recruits'	and he is found fit for Category. A	
Instructions for the medical exam			
Instructions for the medical exam			
Instructions for the medical examination in the	than A		
Instructions for the medical examination in the	than A		Left for.
Instructions for the medical examination in the	than A	uuM_{Member}	Member Evan
Instructions for the medical example ial remarks when category lower President ACCINATIONS, INC.	than A	un 1 52/2	Member
Instructions for the medical example ial remarks when category lower President ACCINATIONS, INC.	than A	uuM_{Member}	Member
Instructions for the medical example ial remarks when category lower President ACCINATIONS, INC. Brief details and sign	than A	Member RECLASSIFICATION OF MEDICAL CATEGORY	Member
Instructions for the medical examination of the	than A	Member RECLASSIFICATION OF MEDICAL CATEGORY	Member
Instructions for the medical example ial remarks when category lower with the president ACCINATIONS, INC. Brief details and sign	CULATIONS, BOARDS,	Member RECLASSIFICATION OF MEDICAL CATEGORY Date Brief details and signature 29/10/4/ T. B. B. T. /2 C C Q 7/6/42 Blood - Group "0"	Response C
Instructions for the medical example ial remarks when category lower President ACCIMATIONS, INC. Brief details and sign 8-40 AB 1 AB 3	than A. CULATIONS, BOARDS, Bature 29-8-40 29-8-40	Member RECLASSIFICATION OF MEDICAL CATEGORY Date Brief details and signature 29/10/4/ T. B. B. T. /2 C C Q 7/6/45 Blood Group "0"	Response C
Instructions for the medical example ial remarks when category lower marks and sign marks	than A. CULATIONS, BOARDS, Bature 29-8-40 29-8-40	Member RECLASSIFICATION OF MEDICAL CATEGORY Date Brief details and signature 29/10/4/ T. B. B. T. /2 C C Q 7/6/45 Blood Group "0"	Rember C
Instructions for the medical examination of the	than A. CCULATIONS, BOARDS, Pature 1 2 - 8 - 40 2 - 8 - 40 CC 2 2 - 8 - 40 CC 3 - 10 - 40	Member RECLASSIFICATION OF MEDICAL CATEGORY Date Brief details and signature 29/10/44 T. B. B. T. /2 C C Q T/b/42 Blood Group "O" Lee Arge on fem. 74	Member Coca Luce
Instructions for the medical examination of the	than A. CCULATIONS, BOARDS, DCULATIONS, BOARDS, DATE OF THE STATE O	Member RECLASSIFICATION OF MEDICAL CATEGORY Date Brief details and signature 29/10/4/ T. B. B. T. /2 C C Q 7/6/45 Blood Group "0" Member ATUL GRQ On fun. 76	Member Resource
Instructions for the medical examination of the	than A. CULATIONS, BOARDS, DOULATIONS, BOARDS, DA 2-8-40 29-8-40 CC 22-8-40 CC 3-10-40	Member RECLASSIFICATION OF MEDICAL CATEGORY Date Brief details and signature 19/10/4/ T. B. B. J. /2 C C Q 17/6/42 Blood Group "0" When whee	Resonance Comments of Resonance Comments of the Second Sec

Regtl. No. 21642 Rank Rfm. Christian Name. Melvin Stewart DATES OF 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. Discharge from Hospital Admission Date of Arrival Signature of Medical STATION DISEASE days in Hospital into Hospital at the Station Officer Day | Month | Year Day | Month | Year

Rank...Rifleman....

Sheet No.....l. M.F.M. 1 & 2 (a) 250M—7-41 (1151) H.Q. 1772-39-1646

Name CAMERON MELVIN STEWART

	REPORT	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Disco	Authority	
Date	From whom received	(Continuation of Folio 2, M.F.M. 1 of M.F.M. 2)	- Teams Shown	- Directive Date	Unit	Place	Part II D.O. No. Cas. List, etc.	Dated
3-8-42		Proceeded from Macaulay Camp, 1200 hrs	Rfn.	3-8-42	VRC	Macaulay	Pt. 11 DO 186	3-8-42
0-8-42		Arrived Dartmouth.N.S. 0830 hrs.	11	9-8-42			n Pt.II. Do.I87	IO-8-42
2-8-42		Granted Good Conduct Badget CARO 635	***************************************	20-8-42	99		Pt. II. Do 196	
26-8-42		Proceeded on command to Sussex, N.B. Returned from 'On Command' to Field		2á-8- <u>1</u> 12			Pt. II. Do. 200	26-8-42
2-9-42		Emergency Trials		11-9-42	11	Sussex	t.II. Do. 215	12-9-42
		Granted embarkation leave T/W A-208406	ii	12-9-42	n 	11	Pt.II.Do. 215	12-9-42
909-42		SOS on posting to Can Army Overseas	ີ ຄ	20-9-42	fi		Pt II Do 223	20-9-42
505		on Emkation landa.	Pl	79.90 42		•••••		
	705	Colu Orny 95		30,9,42,	2 COIPU	OK.	2421	1102/9
••••••		Desen Fackel.		7110-421	<i>L</i>	~		
••••••		Des for Duite		8,10,42	-		242.	1100
• • • • • • • • • • • • • • • • • • • •		P. Leave	Pte	24 Now 42 Dec 12	40(RU	UK	280	24/1604
••••••		areb to H.Q HCIB (wolf 202)	Re	26 Dec 42	2/2/Ru	v.K	309	29 DecH
3.0.5	••••••••	Sos to #2 Special Coy HC 1B	Ree	26Dec #2	2/D/Ru	UK	/	1 gan 4
	T.6.S.	To S From 2/DIR V+ att'd Hap To E. Seet	Pte	27 Duc42	2 Specilory HC1.B	UK	<i></i>	19 Jan 43
505		SOSTO 2 DIRU + ceases to le attid taprés So	5 Tte.	12 Jan 43	2 Speron	UK	4	27 9am
	105	105 From 2 Spec. Cay.	pte	13 Jan 43	2/D/RU	UK	//	13 Jan 43
SOS		505 To 501R. Wand affel to 201RU	Rte	31.Jan 3	a/DIRU	K	24	31. Jan #3.
	Tos	105 From 2/Direct osted Blb W. trug a	At-	Tel 43	5/c/RU	U.K.	9	13 Tel 4

Statement of the Service of No...D. 71642.

Sheet No.....

M.F.M. 1 & 2 (a) 250M—7-41 (1151) H.Q. 1772-39-1646

REPORT		Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority		
Date	From whom received	(Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)		Directive Date			Part II D.O. No. Cas. List, etc.	Dated	
Sod		Sod to Black Watch of landa	Rte	25/2000	5.C.I.R.U.	K		25 mars	
	100	108 from 5 C1 BU	Ote	2.6.7Mar.4.	Bek. W.	uK		26/2-3	
		RR of Pay 1,50 Pd	Dete	Jan. 4.3.	Bce	U.K	25	300ps 43	
		AWARDED THE CANADIAN VOLUNTEER SERVICE MEDAL AND CLASS					,		
		Proceeded on Snipers borse all fay to 2 ban Inch School	By e.	24 Lan44	Bw	MK.	7.	8 Feb 44	
••••••		Qual" Q1" at Snipers bre	Pile	4 Feb 44	BW.	Uld.	9.	15 Feli44	
80		applid AN/BRE	A4/6/2	29 mas 46	BW	VW	19	14apr44	
-86		John Hepl	Hepl.	10 June 44	RHR	UK	3.0.	16 9	
106		Embarked at	4/efl.		1 Bw	2179	37	14 Jul44	
		Disembarked at. France. on 6. Just 4							
	\	Wissing	4/ Cpe	28 Julia		AET	A475		
		SOSto x 6 lest 1RH6-mission	2/col	28 Julyu	RHO	2/A. Gp	44	9 Aug WW	
30-3	song44	Reverted & Pt 1.50 1.11	2/01	290,044	(RHR)	0 21 196	29	23 0000	
	1/2 .	1/1/2 d		2 July	RH olb.	AFF	1482	25 augu	
106	555	SoS Deceased Kelled in action	L/ell	25 Mul44	13/k w	2/14%	4.8	5 Sept 44	
			• • • • • • • • • • • • • • • • • • • •			• • • • • • • • • • • • • • • • • • •			

SERVICE AND CASUALTY FORM

Part I (For all ranks)

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

VICTORIA RIFLES OF CANADA C.A.

Regimental Number 0-71642

-	Surname CAMERON	(17) Regiment or Con	rps		Unit (Battn., etc)
	Christian Names. MELVIN - STEWART	VICTORIA RIFLES OF CA	ANADA	٠٠٠٠٠٠٠٠٠	Ist. Bo
	*Substantive Rank and Appointment	7-2 C()	***************************************		
υ.	*Acting Temporary or Local Rank				•••••••••••••••••
	giving date				
	*To be entered in pencil to facilitate alteration.				
4.	Place of birth Vile-St-Piere, Que	(18) Medical			
	Date of birth as declared on attestation		4 -455		
	(A)		Dat		Authority
	Date of enlistment. 14-8-40				
7.	Place of enlistment. MONTREAL. OUE.	"A"	15-8-	40	MFM2, p2823
8.	Residence at time of enlistment. Laching Que	'F"	28-5	-41/	Re-Exm
9.	(B) Special conditions (if any) of enlistment or rate of pay		11-9-	42	
10.	(C) Any subsequent variations of conditions of service				
-					
11.	Religion	<i>s</i>			
	If married, state date				
13.	Trade on enlistment. Lassumer.				
14.	Corps, trade and grade	tather dunn!	3/60/m		MELDIN
15.	(D) Qualifications	28.4		TVE	
16.	(E) Miscellaneous entries				
		(20) E			
77				•••••••	
					• • • • • • • • • • • • • • • • • • • •

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.

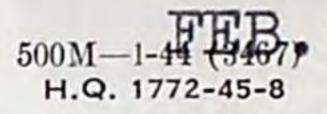
Rep		(b)	Record of all or substantive).	casualties regarding promotions appointments, transfers, post	(acting, temporary, local tings, attachments, &c.,	(d)	(e)		(g)
Date	From whom received	Unit	Hospital, Casualt embarkation from with para. 2 of No Volume I	appointments, transfers, post , wounds, accidents, admission ty Clearing Stations, &c. Dat n a theatre of war (including functional ote to Table I of Appendix III of	to and discharge from e of disembarkation and clough, &c.) in accordance Field Service Regulations,	Place of Casualty	Date of Casualty	Army rank as at (e)	Army Form or other authority for entry to be shown
13-11-40		URC		??!	S. MONTR				
1.7114.D.		:	2rrived.	Asufaund land	Oi. Cjonn		17-11-40		
8-2-4.1.				ufound land		Firstort.	E-2-41		
28-2-41.			C. right.	"Gneda		La la etier	28-2-41		Do. 25
505		90×10	and the	Hack alio-	Lanada		29.91.97		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
	1.00	ACDITY C	CACO		• • • • • • • • • • • • • • • • • • • •		30 9,97		144 110019
			Gesen	yaired,	• • • • • • • • • • • • • • • • • • • •	L	1.1.01.421		
70710	11.11.10.1		rep for.	Delly			81.014?		343 1100192
DU2650	44NOV9	2	RHO. (T. A.P).	To. a. Deletan. IV.C.	ac caud		1. Mov 12.		260 21/1000
		<i>L</i>	P. Leave	- 2.4. NOV. To. 1. De.	e4.2		2/0		200-0910009
			ATTO. TO. 1.1.6	X4. G. I. B			16 Dec 42		209 - dy Dee 9
5.05			Cases. gl.	1.1.0 pl. 50.5.10. d. St.	Log yCLB		Aleffee 42		1
			1.05 2 Fel	by all for to	self tel		27 Pla 40		lac 13
		2 SIC	SUS to	2 CDIRU and ce	easesatt				
• • • • • • • • • • • • • • • • • • • •			Tap to	Essex Scot.			L2Jan43	<i>Ħ</i>	4 Jan 43.
	7.05	2CRIRV.	from 20	Thec toof 4.	C.1.15		13. Jan 4.3.		11. 13 Jan 43
5.0>		!/	505 To	5 # 50 C 1 R	<u></u>		39-1-43	4	d) 39 gan 43
			att. tr	#2 0184		er	1-2-43		27 31 gan 43
		5.C.I.R.U	1.0.5 past	KIFEBY32nd	Cox (R) Att. FAP.				
			anly to	1.2. F.e.b4.3			1-2-43		9.13-2-43
			505%	RHC		1.	25 marcis		341 . 2 6 mar
26. mar 43		1. RHC	Tos from	n 5- C/RU			26 mar 43		21. d/2.apr 43
			Granted Dai	ly Rates of Pay of	\$150 mer dien	b	Man #3		25 d/30 aprys
	/	/	Awarded Ca	nadian Volunteer Service	Medal and Clasn		15 pan 44	1	4-76 jan 44
			Proceedes	dow Suifing low	me con 2 4 alt		4/4 Jan 44	PL	7-8/7-L44
			6 2 colu 1	air suiffing sel	ool fal wel		//		
			24 pm 44	to 4 Hel 44	1 /		V		
		/	alpho	Q/L/ CDl		· · · ·	29 mar 44	A/1/Cps	19 14 apr 44
	/	/	to be	1 h/ Chl			10 hun 44	LICK	30-16 hun 44
			1	1 ch Dun			6. Lhe Byc	1. Nelle	37-14 Huly
			Embarked	U.K	sembarked Fra	ance	· 40	100	
elled Do \$	+46/44 V	/	101	5 X Wish IK	X Chin	1.7	218 hele	14 Left	4449 aug 44
2	1	the Bu	108	- Law		12	29 Mide	ept	29 53 116
3	0/8/44)	X6BW	A. I.	- f 05		2	29 Hall	4	29 23 6
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The same of the sa	, , ,

AWARDS-CANADIAN ARMY (ACTIVE)

M

1719



			AOF C 24442
			FILE NO. 405-C-24442
CAMERON, Melvin Stewart	D.71642	L/Cpl.	1st Roy. Highrs. of C
SURNAME (IN BLOCK LETTERS) CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT

WAR SERVICE

BADGE

(CLASS)

No.

DATE DESPATCHED:

ADDRESS:

1939-45 Star
France & Germany Star
Defence Medal
War Medal

270-14

C.V.S.M. & Clasp

REGISTRATION NUMBER AND DATE DESPATCHED

6224-20-10-49

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

REDESPATCHED (1) MEDALS PERSON **ENTITLED TO** Florence E. CAMERON 28A - 10th Ave., ADDRESS: Lachine, Que. (Memorial Bar sent to mother at R.R. (2) MEMORIAL CROSS WIDOW (2) ADDRESS: DESP. NOV 27 1944 (3) MEMORIAL CROSS -MOTHER Mrs. Florence Cameron (ENGLISH) 1719 ADDRESS: 28A - 10th Ave., Lachine, Que.,

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

INSTRUCTIONS.

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

(1)	Name of Officer of Other Rank Cameron. Melvin Stewart (Surname first—Christian names in full—Block capitals)
	Regimental or Air Force Number and Rank D-71642 Rifleman.
(3)	Unit VICTORIA RIFLES OF CANADA-C.A.S.F.
(4)	Are you married?
(5)	If married, state,
	(a) Full name of your wife
	••••••••••••
	(b) Present postal address of wife
(6)	If married, have you been regularly supporting your wife? If not—state reasons
	•••••••••••••••••••••••••••••••••••••••
(7)	Are you a widower?
(8)	Have you any children? No. Number of boys Girls Girls
	Names and ages
	•••••••
(9)	If Dependents' Allowance is claimed in respect of children—state whether you have been regu-
	larly supporting them Nil.
	•••••••••••••••••••••••••••••••••••••••
	Give particulars of Guardian to whom Dependents' Allowance should be paid—if authorized.
	Name
	Postal Address
	[SEE OTHER SIDE]

	Have you a common-law wife—whom you have been regularly supporting and publicly repre-
	senting as your wife for at least 2 years immediately prior to appointment or enlistment?
	If so, state her full name and Postal Address
	•••••••••••••••••••••••••••••••••••••••
	Yes.
	Is your father alive?
	If so, state name and address, occupation Mr. John Malcolm Cameron, 96-15th, A Lachine. P.Q. Canada. (Labourer)
2)	If your father is a widower and is totally incapacitated from earning a living—are you his sole
	or partial support?
	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
	Also state reason he has no other means of support if partially supported by you, what is your
	reason for not providing full support?
	Is your mother alive?
	If so, state name and address Mrs. Florence Cameron, 96-15th, Ave. Lacht P.Q. Canada.
15)	If your mother is a widow, are you her sole or partial support?No
	If sole or partial support of widowed mother—state what amount per month you have given her
	prior to appointment or enlistment
	is your reason for not providing full support? Nil.
17)	Are you contributing to the support of any dependents, other than those shown above?
	Relationship
	Full Name
	Postal Address
	Amount contributed monthly during the past six months Nil.
	Timount contributous months and pass an
	Yes.
18)	Are you insured?
	Are you insured? Metropolitan Ins. Prudential Ins. (Give number of policy) Yes.
	Have you made arrangements for payment of your Insurance Premium? 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.
	Date AUG 19 1940 WICTORIA RIFLES OF CANADA-C A S F
	Date AUG 19 1940 VICTORIA RIFLES OF CANADA-C.A,S.F.
	AllG 1 9 1940 Officer Commanding

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 COM-MITTEE ON DEMOBILIZATION AND REHABILITATION, A COMMITTEE SET UP BY THE GOVERNMENT OF CANADA TO STUDY PLANS FOR ESTABLISHING IN INDUSTRIAL LIFE THE MEMBERS OF THE ARMED FORCES, AFTER DISCHARGE. ACCURACY AND COMPLETENESS IN ANSWERING WILL BE OF MUCH HELP TO THE COMMITTEE.

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

	Section A—GENERAL INFORMATION
1.	(a) Print name in full MALVIN STAWART CAMPAGEOUS (b) Reg'l. No. at 91642
2.	(a) Arm of service. A Rest (b) Unit. It was the series of the service (c) Rank. A service (d) Rank.
3.	(a) Date of birth (b) Have you (c) Place of residence (a) Date of birth (b) A C MINE.
	(a) Place of enlistment. Man Man (b) Date of enlistment. Man 19 40.
	Section B—EDUCATION AND TRAINING
5.	(a) State age on (b) Were you attending school finally leaving school
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.)
7.	If you attended a university, give name of university and standing or degree secured.
8.	(a) Did you ever (b) If so,
	enter upon a trade for what (c) Did you finish it, how long apprenticeship? did you serve at it?
9.	(a) What languages do you speak fluently?
_	Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT
10.	
	(a) State whether you were WORKING or NOT WORK- ING at time of enlistment. I istment of what
	(Enter here only "Work-
	nrofessional society
	lars are asked for below)
	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)
	Had you ever been employed fairly regularly since leaving school?
2.	(a) If answer to 11 be "Yes", state exact trade or occupation (b) State how long you had worked at this
	at which you actually worked trade or occupation trade or occupation
	If answer to 11 be "No", state exact trade or occupation for which you feel qualified
4.	If you had been employed after leaving school, state when you last worked fairly regularly before enlistment
5.	Give details of last
G	employer, if any: Name
7.	contractor", or "boot factory", or "iron foundry", or "retail store", etc.)
	(a) If your last employment was in a business of your own, state nature and address of business
	Section E—PARTICULARS CONCERNING THOSE WHO WERE EMPLOYED AT TIME
	OF ENLISTMENT
Q	JESTIONS 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
	Name of employer.
9.	Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.)
	(a) Your (b) Number of years' experience at specific occupation with any employer.
1.	specific occupation
	(a) Did your employer promise (b) Did your employer (c) Do you wish definitely to give you refuse to promise you to return to your employment on discharge? former employment?
	The state of the control of the cont
I	F 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
9	(a) State nature of husiness (b) Where was
3.	or professional practice
	(a) Number of years (b) Have you made, or will you make plans to engaged in this businessreturn to the same or a similar business on discharge?
	Section F—PARTICULARS OF FARMING EXPERIENCE
4.	(a) Do you wish to engage (b) Do you feel competent (c) If so, in what in farming after the war?
5.	(a) Were you (b) How many years' actual (c) In what provinces born on a farm? farming experience have you had? did you have experience?
. '	
	Section G—MISCELLANEOUS
	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.)
28.	State any employment preference or ambition you may have, other than indicated elsewhere in this form.
	may have, other than indicated eisewhere in this form
	may have, other than indicated elsewhere in this form

Read this whole Form and Instructions on other side before commencing to complete. WILL M.F.M. 75M-5-40 (H.Q. 1772-39	241)
(1) I, Melwart Country, of the Courty of Country of Many of Royal Address in	 hip)
Province of Quebec , In the District of Joseph acker. (Civil Occupation)	
Regimental No. D-71642, Unit Victoria Lifles of bunda bolling hereby revall former Wills by me made and declare this to be my LAST WILL.	oke
Relationship, names and address of beneficiaries, (2) I GIVE, DEVISE AND BEQUEATH unto	
beneficiaries, and my mother Horence Effic Came each is to receive. of 196-15-th Grenne, Lachine Quebec, all my restate.	26
Relationship, names and address of residuary beneficiaries. (3) I GIVE, DEVISE AND BEQUEATH all the rest and residue of my estate, both real and person of whatsoever kind and wheresoever situate unto	nal,
Solar Marine Compared as a second	
(4) I appoint John Jacom Canero 96-15 God (Address) (Address) (Address) (Civil Occupation) (Address) (Address) (Address) (Address) (Address)	docke
(Civil Occupation) IN WITNESS WHEREOF I have hereunto set my hand this 2.2day of October	
19.4.0	
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. Signed and acknowledged by the Testator, in the presence at the same time who in his presence, at the same time who in his presence of each other have hereunto subscribed our names as witnesses.	6
First witness (5) Signature Hazel Jane Maughan Sign here. Civil Address Civil Address	
Civil Occupation Comment	

302 & Lerbrooke St. Lachine Painter

Civil Address

Civil Occupation

(Witnesses are not to be beneficiaries.)

NOTE

If you have already made your Will, do not fill in this Will, but mark on the front where your Will can be located or with whom it is deposited.

- (1) Example: I, John Charles Jones, of the City of Marlows, in the County of Carleton, Province of Ontario, Mechanic, Regimental No. 1234, Royal Blankshire Regiment.
- (2) If only one beneficiary for all your estate, complete as example: "my wife, Mary Jones of 26 Cherry Ave., Ottawa, Ont., all my estate," in which event, strike out clause (3) entirely.

 If more than one beneficiary, set out in clause (2) what each is to receive, such as
- (3) If balance of estate is to one person, complete as example: "my wife, Mary Jones, 26 Cherry Ave., Ottawa, Ont." Another example: "my father, Jack Jones, and mother, Jessie Jones, 80 Yonge St., Toronto, Ont., equally," or as desired.
- (4) Fill in name of Executor or Executrix, example: "John Doe, 24 Smith Street, Blankville, Ontario, Salesman," or, if Executrix, "Jane Doe" and address. A beneficiary under the Will may be appointed Executor or Executrix. It is preferable that the person appointed as Executor should not be on, or likely to be on, Active Service.
- (5) The soldier will date the Will and sign same. Two witnesses must sign in the presence of the soldier, and each witness should fill in his or her full civil address and occupation. No one who is a beneficiary shall act as a witness. It is preferable, though not essential, that the witnesses be persons not on Active Service.

 When completed, leave Will with Commanding Officer for transmission to the Records Office for safe custody.

The residence of the same of t

Mr. John M. Cameron,

28A 10th Avenue,

Lachine, Quebec.

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

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

and the following number quoted:-

HO 405-C-24442 FD 189

DEPARTMENT OF NATIONAL DEFENCE ESTATES BRANCH OTTAWA, ONT.

November 3 194 4

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

CAMERON, Melvin Stewart, L/Cpl.

D.71642 Canadian Army.

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.

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/JL

Confylus leapt.

Director of Estates.

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M.F.W. 77 6-44 (4878) H.Q. 1772-39-972

TOWNS OF THE PARTY OF THE PARTY

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:

naroba	RELATIVES required to be accounted for		INFORMANT'S STATEMENT						
egrees of Rela- tion- ship			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 D	eceased							
2	Children of the dates of their	Deceased and Births	To an analysis of the second s						
3		eceased		56	28° 10 K Ave Lachine 32 Que.				
4	Mother of the I	Deceased	Horence Ephenics bamer	53	28 - 10 live Lachure 32 Que				
5	Brothers of the Deceased	Full Blood							
		Half Blood							
6	Sisters of the Deceased		Jean Adaline barneron						
		Half Blood							
7	of the full or th	s or sisters (whether he half blood) of the are dead, and date of	Names and ages of their children		Address of their children				
		stewart row 1913			THE THE PARTY OF T				

23

24

25

ANSWER FULLY EACH QUESTION ON THIS PAGE PARTICULARS AS TO IDENTITY

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ULL copposite his of death ative

Bue. Due. 2 Que.

Twe Bue

Twee 32 Que.

111111		
8	Full names of the deceased.	Melvin Stewart Cameron
9	Date of his birth.	October 6th 1963
10	Place and date of his marriage.	· · · · · · · · · · · · · · · · · · ·
11	Place and date of his parents' marriage.	Hengarry Ontario
	PARTICULARS OF I	OMICILE
12	Place where deceased was born.	Wille St. Reesse,
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Quebec. (b) Canada (c) Lefe-time.
14	Nature of employment before enlistment.	Lahourer.
15	State whether he owned the premises in which he lived, and, if so, where situated.	76.
16	Name place where deceased stated he intended to make his permanent home.	Mantical Tue.
	PARTICULARS OF	FESTATE
17	Did he leave a Will? If in your custody, please forward.	76.
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?	Utan ale.
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?	
20	Amount of War Savings Certificates held by deceased. Indicate where located.	1 100 28°- 1010 ave Lackine 32 Que
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	None
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	Metropolitian Rife Insuras #1670.15; Mothes (Page 4)
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	Mone
	OTHER PARTICU	JLARS
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.	
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.	970.
	(Note:—The government pays funeral expenses within the and burial is made Overseas as well as where death occurs and zone, and if a relative has already paid those expenses the Gover authorized in the Regulations. Any amount of such expenses by the Government nor is it chargeable against the service estates.	nment will reimburse such relative to the extent of the amount in excess of those authorized in the Regulations is not payable

DECLARATION

etc. * Latherd	of the deceased.
he signed in full in the	m. Mi amenon Signa
a Clergyman, Priest, Local Commissioner or Notary	Info
Commissioned Officer of any esty's Forces.	Ave Lachune 32 Que Add
) Canada
	CERTIFICATE
	best of my knowledge and belief
I hereby certify that to the	best of my knowledge and belief
	{Name of informant} is the* — a the Do
	Declaration was made by the Informant and signed in my pro-
	State, a order, the Province State and/or County in which he resided bed bed bed bed bed bed bed bed bed
ted at Lachene ()	& this Denth day of Jovenill
of Clergyman,	D. 1. Sm. A
Magistrate, sioner or Public or Com-	Qualification 4 25
d Officer of any lajesty's Forces.	Mach Do and Company
Address. A. A.	lo III. Revie, J. C.
	should be taken to see that the informant gives particulars concerning the dea
	ould be set out below.) ADDITIONAL REMARKS YOU MAY WISH TO MAKI
	ADDITIONAL REMARKS YOU MAY WISH TO MAKE
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Insurance: Jendential De	ADDITIONAL REMARKS YOU MAY WISH TO MAKE
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(SUMMED AND DENNIS)

M.F.M. 267 50M-4-44 (4185) H.Q. 1772-39-1989

CANADIAN NATIONAL TELEGRAPHS

DAY LETTER NIGHT LETTER

GR

CASUALTY (REPORT DELIVERY)

OTTAWA

25 AUG 44

TO:-

MR JOHN M CAMERON 28A-10TH AVE LACHINE P

11910 MINISTER OF NATIONAL DEFENCE DEEPLY REGRETS TO INFORM YOU THAT D71642 LANCE CORPORAL MELVIN STEWART CAMERON PREVIOUSLY REPORTE MISSING IN ACTION HAS NOW BEEN OFFICIALLY REPORTED KILLED IN ACTION STOP IF ANY FURTHER INFORMATION BECOMES AVAILABLE IT WILL BE FORWARD AS SOON AS RECEIVED

PREPAID

DIRECTOR OF RECORDS

2nd October, 1944 Mr. John M. Cameron, 28A 10th Avenue, Lachine, Quebec. Dear Mr. Cameron: It was with deep regret that I learned of the death of your son, D71642 Lance Corporal Melvin Stewart Cameron, who gave his life in the Service of his Country in The Western European Theatre of War on the 25th day of July, 1944. 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 Wational 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

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

	and the same to
No D.71642 Rank L/Corporal Name CAMERON, Melvi	n Stewart
Unit Black Watch (R.H.R.) Date of death 25th J	uly, 1944.
Died at France.	
Cause Killed in action.	
Death occurred on strength of Forces.H.Q. 405-C-244	142
	onship Father
Address 284 10th Avenue, Lachine, Quebec.	real 32, Que.
Remains buried in	Cemètery
MR 024602 St. Martin de Fontenay, France	
Grave location	
CHI /	1111
	OUER

BURIAL REPORT TO M.K. 12 1946 RETURN TO BUR. OF STATES 23 1945

SEP 2 1 1944 ROYAL MESSAGE DESP'D.

CAN. MESSAGE DESP'D. OCT 3 1911

REBURIAL.

etteville-sur-Laize Cdn. Milita etteville-sur-Laize, France.

**Exe.1, row E, plot 1. & CR Form Despd. 0CT 18194

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

SERVICE UNIT 1st Royal Highlanders of Canada RANK Lance Corporal NUMBER D. 71642 THE CAMBRON, Melvin Stewart (C.A.) DATE OF BIRTH Enlisted: 19-8-40 October 6th YEAR MONTH DAY RELIGION -- United Church Single MARITAL STATUS Mr. John M. Cameron, NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 RELATIONSHIP ADDRESS D.A.B. ADDRESS Lachine, Quebec. ADDITIONAL PERSON ADDRESS TO BE NOTIFIED PARENTS NAME ADDRESS IF SOLDIER (MARRIED OVERSEAS) H. G. 405-0-24, 442 Conrecords 9611 AUTHORITY CAS. SIG. NO. DATE CASUALTY DETAILS 25-7-44 Killed in action FRANCE. M.F.M.5. ATTACHED TO LAST WILL ATTACHED TO DATE YES/NO NOTIFICATION TO A. OF E.7 YES/NO NOTIFICATION TO A. OF E.?

OFFICER I/C RECORDS

BTC

COPY FOR C.R. FILE

FORM 6

1. PLA	CE	Muni- cipal	Printer States Ave.		F	Offi	icial name	of						Place an X applies to this r	over the wo	rd which	territory
OF county county					hip	Hospit	alor				City Town V						
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2. LENG OF ST		(a) In hospital or institu-	Years M	onths Days	pali	In munici- ty where th occurred	Years	Months	Days	(c) In Province	Years	Months	Days	(d) In Canada (if immigrant)	1 ears		Days
3. NAI		tion	CAME	TON	deat	· ·	1	Do not			TIAL	MEDI	CAL C	ERTIFICATE	OF DEA	TH	
DECEA	F	Given names		(Bloc	k letters)	Stowa	rt	write in this space	22. Da	te of death	Ju	(Month		(Day)	1		19 (Year)
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Z Office	Street							19	to			19					
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cour	nty		= DAG	TAT ODICE	Provi	Single Me	arried				2	4. CAU	JSE O	F DEATH			
5. SEX	6.	NATIONALITY (Citizenship)	7. RAC	IAL ORIGI	N V	Vidowed or Write the			Give	diate cause disease, injury which caused des of dying, such as ia, asthenia, etc.	or con ath, no	mplica- t the failure,	(a)due to	llled in	Acti	on	
9. If mar	rried g	ive															
band of dec									order	d conditions, if immediate ca proceeding bac	use (sta	ted in from	due to				
10. BIRTI	HPLAC	CE atry)	quebe	0					immedi	iate cause).			(c)				
11. DATE BIRTI	OF	Oc.	tober	6	th Day)	1	913 (Year)		Other tant)	morbid condition contributing to do	ons (if leath bu	impor-					
12. AGE DECEAS		Years :	Months	Days		ss than one o			cause.					A			
		30				hrs. or	min.		III me	a communicable dintioned on this cer	isease is rtificate,	1-	A A	pearance			
Z kir	13. Trand of	ade, profession or work, as spinner,	To	houre	da.				giv	е		(b) Du	ration o	f disease		da	ays
E tea	amste	r, office clerk, etc							25. If	a woman, was ther	e a puerp	peral cond	lition?	V			
L but	ginoga	as cotton-mill ng, bank, etc							26. W	as there a surgical	operation	175	Date	of			.19
0		e deceased last		16.	Total ye pent in coupation	this			St	ate findings	G	47	O)	Was	there an au	topsy?	
	n Keu a	17. NA				18. BIRTE (Provin	IPLACE		27. If	death was due to e	external c	auses (vi	olence) f	ill in also the follow			
FATHI	ED	P 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	***		***	Coun	uly)		Ac	cident, suicide or h	romicide	(Sta	te which	Date)			.19
- FAIII		CAMEROH:	onn	Malco	Im		-		M	anner of injury				How sustained)			
MOTH (Maiden N	ER lame)								N	ature of injury							
19. Place mation	of bur	ial, cre- removal	Franc	0					Sp	ecify whether injudustry, in home,	or in pu	ed in ublic pla	ce				
20. Date 0	of buri	s1					19		Sign	ned							M.D.
OF	(a) 1	a) Name of parish or church					Add	lress				Date			19		
OF FION JRIAI		(b) Civil muni- cipality of			28. Sig	nature o	of person who fil	ls in the	e form	29.	Name of clergyma Civil Status in burial was made.	n in charg which regi	ge of Registration	of this			
ACE TRA	(c) I	Municipal county		1				Co	2700	And home	1	. 8.		buriar was made.			
REGIST THI							19	This sign	nature a	uthorizes the coll	ector to	accept					
RE RE	(d)	Date	(Month)		(Day)		(Year)	7)1 79	thi	s form as authentic	c.	* - 1	Dent	(Voir l'autr	e côté pou	ir le fran	içais)

INFORMATION ON SOLDIER'S DOCUMENTS ON FILE IN RECORD OFFICE. M.F.M. 23

CANADIAN ARMY

CANADIAN ARMY

H.Q. 1772-39-1677

PROCEEDINGS ON DISCHARGE

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

Regimental No.	D.71642	Rank L/Cplote CEASED.
Surname	CAMERON	
Christian name Note.—The name m	Melvin Stewart oust agree strictly with that on enlistmen	t unless changed subsequently by authority.
Unit or Corps	Black Watch	
Date of discharge		
Place of discharge	Overseas	Mil. Dist. No
1.	DESCRIPTION AT D	ATE OF DISCHARGE
Age26	yearsmonths	Descriptive marks:
Height5	feetinches	Scar on stomach, scar left kne
Complexion	Fair	
Eyes	Blue	mole back of neck.
Hair	Brown	
Trade	Labourer	
Intended place of		
(To be given as fully as	Street an	nd Number P.O., City or Town, etc.
(To be given as fully as practicable: i.e., mailing address)		Province
2. The above-name	d is discharged in consequence	of deceased ECEASED.
N.B.—The cause of discharged by superior au	thority for discharge	with Canadian Army Routine Orders as may be published. If or to be quoted.
3. Conduct wh	ile in the service has been, acco	ording to the records, etc.:
O guipu		
Comma		
N.B.—See K.R. C. and the Officer Comm		ticable by the Commanding Officer, in the presence of the soldier by, and will be read out to him.
dw	ifications for employment in civ	
To be in		

List of

Field	
Conduct	
Sheet.	

	4
Certified	
Copies of	
f Convictions	
sby	
Civil I	

Casualty Form.

Proceedings Medical Board.

Medical Case History Sheet.

Dental History Sheet.

Last Pay Certificate.

Duplicate Discharge Certificate.

CANADIAN

Charge Sheet.

Casualty Form.

Proceedings Medical Board.

Medical Case History Sheet.

Dental History Sheet.

Last Pay Certificate.

Duplicate Discharge Certificate.

Documents not accor

I hereby certify that the following docume

Date....

Cachine General Kospital

558 Notre Dame Street

Cachine, Que.

August 16th, 1940

TO WHOM IT MAY CONCERN.

The records of the Lachine General Hospital show that Melvin Cameron, infant son of John and Florence Cameron of Lachine, was operated upon for Intussusception on August 26th, 1914. The surgeon was Dr. J.D.Dixon of Lachine. He was discharged from the Hospital in good condition.

Superintendent.

Part I	I D.O.	
No.	Date	
15	9-8-4	TOS VRC wef. 19-8-40.
200 2	26-8-4	2 On comm. to SUSSEX, N.B. wef. 26-8-42
		Ret'd de de wef. 11:-9-42
		42 SOS Trans.toCan.Arm.Overseas wef. 20-9-42
242.	11.10.44	705-CAO. 30.9.42. TOS. DEDINE 8.10.42
280.	24.11.46	7 days. P.L. draw money alle lano 24-11 to1-12-42
1-	1-1-43	SOS: 2 COINU to # > spe. Con 4 th CIB 36.10.40
		Sos: 2011 to # > spe. Con 4th CIB 26.12.42 att fop 6: SK. [26-12-42) to (12-1-43).
/ 1	0.4.10	1000 011 w from 1 . 1110
811. 210	ralsima	105 1440 1040 Lan - LAA.
KD 25/18	36/4/43	TOS IRHC. IRHC from 5 bold way 26/5/43 Therate pay 1.50 meg 1-1-43.
14°C CR.	22.12.43	PL. 97618 Dec 43 CRA)
Cot.	21-1-44	The same of attil to & colo
M ES IA	111-8-12	Div Amping school was. 24 Fun To 4 Leh 44 (FAP).
CR	9-2-44	Die Surpring school was 24 Funto Le Deh 44 (FAP).

	* Enlistment	Montreal, Q	ue.			ate of *Appointment *Enlistment	19-8-40	
			RA	TE OF	PAY			
D. O. No.	Date	Rank Group	P. F. or A. S.	Daily Rate	If Liable Pen. Ded.	REI	MARKS	Y
15 1	9-8-40	Rfn.	A.S.	1.30		TOS VRC wef. 19-8-40		
				1.50	1.1.43	A/4/201	39/3/4	
		ASSIGNMENT	S		DEPEN	DENTS' ALLCE	S. No. Deps	
Name & Address of Assignee			Effective Date	Amount	Date Applicat	tion Relationship	Amount Awarded	Effective
Ivai			2011					
	lcolm C	ameron, 25A	10th Av	009				I was the same of
		ameroh, 25A	Sep 40	20,00				
John Ma Lachin								
John Ma Lachin	e, Que.			20,00				

* Delete words which are inapplicable.

Mr. John M. Cameron, 28A 10th Ave., Lachine, P.Q.

Dear Mr. Cameron,

11th August, 1944

5th. 1944

In confirmation of my telegram of the I am directed to inform you, with regret, that official information has been received by cable from Canadian Military Healquarthan, Confirmation is the Vina System Cameron, 28th, day of July, 1944

was reported missing in action on the

son

The report that your is missing, does not necessarily mean that he has been killed in action, as he may be temporarily separated from his regiment or be a prisoner of war, and if, in fact, he has been taken prisoner, it may be some time before an official notification to that effect is received. Should you receive any card or letter from your , or should news of him reach you from any other source, it will be appreciated if you will at once forward any information received to the Director of Recerds, Department of National Defence, Ottawa.

I am enclosing herewith a copy of "Notes for the general information and guidance of the next-of-kin or other relatives of soldiers reported missing, deceased, prisoners of war or interned" together with the pamphlet "Advice to the relative of a man who is missing" which, no doubt, will be of interest and assistance to you.

In the meantime, I am to ask you to be good enough to notify this Office of any change in your address.

Yours truly.

Colonel,

Director of Records, for Adjutant-General.

RP/BL

CERTIFICATE OF DEATH

THIS IS TO CERTIFY that according to information received at the Department of National Defence from the overseas authorities, No. D.71642, Lance Corporal Melvin Stewart CAMERON, of the Black Watch (Royal Highland Regiment) of Canada, Canadian Army, was killed in action on the 25th of July, 1944.

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

Officer authorized to sign certificates of death and/or presumption of death for the Canadian Army.

15

Department of National Defence, Ottawa, Canada, October 10th, 1944.

mah.

405-0-24, 4421

QUEBEC REGIMENT

- 23. ANDERSON, JOHN GORDON, SGT., D82208, RICHARD ANDERSON (FATHER),
 21 LAMARCHE ST., STE. ANNE DE BELLEVUE,
 QUE.
- 24. BENNETT, ROBERT LESLIE BORDEN, PTE., D135129, WILLIAM BENNETT (FATHER),
 BOX 210 WEIR, QUE.
- 25. BEST, HARRY PHILIP, CPL., DØ1128, HARRY BEST (FATHER),
 5249 St. Urbain St., Montreal, Que.
- 26. BOOTH, HARVEY FRANK, PTE., DI66869, FRANK BOOTH (FATHER),
 109 RIVERSIDE DR., ST. LAMBERT, QUE.
- 27. BOWMASTER, ARTHUR, PTE., D125254, MRS. MILDRED BOWMASTER (MOTHER),
 744 LAQUEDUC ST., MONTREAL, QUE.
- 28. BRESLIN, JOHN, PTE., D83161, MRS. MARGARET BRESLIN (WIFE),
 4321 WELLINGTON ST., MONTREAL, QUE.
- 29. BUCHANAN, FINDLAY, PTE., DI32511, MRS. ADA BUCHANAN (MOTHER),
 4560 ST-CATHERINE ST. W., MONTREAL,
 QUE.
- 30. CAMERON, MELVIN STEWART, L/CPL., D71642., JOHN M. CAMERON (FATHER), 28A 10TH AVE., LACHINE, QUE.
- 31. CHOMYSHYN, JOSEPH PETER, L/CPL., D86315, DANIEL CHOMYSHYN (FATHER),
 BOX 71, MALARTIC, QUE.
- 32. DUNCAN, JOHN, PTE., D143208, MRS. MARY RANKIN (GRANDMOTHER),
 5520 12TH AVE., ROSEMOUNT, MONTREAL,
 QUE.
- 33. FCAM, VICTOR LEONARD, Set., D81086, MRS. ELIZA A. FOAM (MOTHER),
 5768 13TH AVE., ROSEMOUNT, MONTREAL,
 QUE.
- 34. HERD, WILLIAM RUE MURRAY, CPL., D82030, MRS. BETTY DOREEN HERD (WIFE),
 157 HOLLY RD., ALDERSHOT, ENGLAND.

DAVID HERD (FATHER), 28 CHURCH ST., TORONTO I, ONT.

- 35. HYLAND, WALTER ARNOLB, PTE., D82300, MRS. BARBARA JULIA HYLAND (WIFE),
 MIDDLE FARM FIRLE LEWIS, SUSSEX,
 ENGLAND. JAMES HYLAND (FATHER),
 225 MARY ANNE ST., MONTREAL, QUE.
- 36. HUTTON, GORDON, PTE., D83009, MRS. MARGARET SUTHERLAND (MOTHER), 5371 WELLINGTON ST., VERDUN, QUE.
- 37. JENSEN, SVEN MOUSTGAARD, PTE., D141096, ALBERT FRANSEN (FRIEND),
 1029 ST-ANTOINE ST., MONTREAL, QUE.
- 38. LATHAM, THOMAS DONALDSON WALKER, L/CPL., D82739, MRS. MARY LATHAM (MOTHER), WINDSOR, ONT.
- 39. LOWSON, GEORGE, PTE., D82568, MRS. DOROTHY L. LOWSON (WIFE),
 174 GORDON AVE., VERDUN, QUE.
- 40. MCCANN, JOHN JOSEPH, SGT., D81326, MRS. JEANNE MCCANN (WIFE), 8601 St. DENIS St., MONTREAL, QUE.

405-C-24442 9/31B Army Form B. 2090A. 9/31B 40/P & S/2551 (5504)

FIELD SERVICE

40/P

ORT 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.

REGION OR CO	MENT Squadron, Troop Battery or Company D-71642 Rank L/Cpl.
	ne
Surnar	Cameron
Died	Date 25 Jul 44 Place France
Died -	Cause of Death*
	Nature and Date of Report
	By whom madeCdn Sec GHQ 2 Ech 21 A Gp
* S	pecially 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	St. Martin de Fontenay 024-602 Date By whom reported C.F.
	Cby whom reported
	whether he leaves $\begin{cases} (a) \text{ in Army Book 64} \\ (b) \text{ as a separate document} \end{cases}$ No.
will is f	Il private documents and effects received from the front or hospital, as well as A. B. 64, should be examined, and if any found it should be at once forwarded to the War Office. In private documents and effects received from the front or hospital, as well as A. B. 64, should be examined, and if any found it should be at once forwarded to the War Office. In private documents and effects received from the front or hospital, as well as A. B. 64, should be examined, and if any found it should be at once forwarded to the War Office at once, supported by a certified statement of the person who actually received the interior.
I	n 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 (after withdrawal of any will from the latter), for transmission to the Paymaster who compiles the soldier's account.
Station Da	and France Signature of Officer in charge of Section Adjutant-General's Office at the Base for Officer i/c

The second of th

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

Inst	 (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) Upon completion, the form will, in the case of the Army personnel, be forwarded to the District Records Officer for transmission to Officer i/c Records (Army) N.D.H.Q., Ottawa. In the case of R.C.A.F. personnel the form will be forwarded to R.C.A.F. Records Officer, Dept. of National Defence for Air, Ottawa.
(1)	Name of Officer or Other Rank CAMERON, Melvin Stewart (Surname first—Christian names in full—Block capitals)
	Regimental or Official Number and Rank D-71.642 Rifleman
(3)	Unit WICTORIA RIFLES OF CANADA C.A.S.F.
(4)	Are you married?
	(a) Full name of your wife
	(b) Present postal address of wife
(6)	If married, have you been regularly supporting your wife? If not—state reasons:
(7)	Are you a widower?
	Have you any children?
	Names and ages
(9)	If Dependents' Allowance is claimed in respect of children—state whether you have been regularly
	supporting them
	Give particulars of Guardians to whom Dependents' Allowance should be paid—if authorized
	Name
	Postal Address
(10)	Have you a common-law wife whom you have been regularly supporting and publicly representing as your
	wife for at least two years immediately prior to appointment or enlistment?

If so, state her full name and postal address.....

(11) Is your father alive? Yes	
Cameron 96-15th Ave., Lachine P.Q.Canada (Labourer)	
(12) If your father is a widower and is totally incapacitated from earning a living—are you his sole or partial	
support?	
(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	
Also state reason he has no other means of support; if partially supported by you, what is your reason for not providing full support?	
(14) Is your mother alive?YesIf so, state name and addressMrsFlorenceGameron96-1	L5th
Ave. Lachine P.Q.Canada.	
(15) If your mother is a widow, are you her sole or partial support?	
(16) If sole or partial support of widowed mother—state what amount per month you have given her prior to	
appointment or enlistment	
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?	
(17) Are you contributing to the support of any dependents, other than those shown above?	
Relationship	
Full Name	
Postal Address	
Amount contributed monthly during the past six months	
(18) Are you insured? Yes	Ins.
Have you made arrangements for payment of your Insurance Premium? Yes. If not, and it is a monthly premium, you may assign the amount in addition to any other assignment you wish to make, provided the total assignment is not in excess of the maximum monthly amount which may be assigned.	
I hereby certify that the information given by me on this form is correct in each and every particular.	
Date Aug 19 1940 (Sgnd.)M.S.Camerba, (Signature of officer or man)	
(Sgnd.) T.H.Window?Capt.	
Date Aug 19 1940 for Victoria Rifles of Canada CAS	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.)

28ª-10th love. Lachune 32 Que. Oct. 2/44. administrator of Estates Mest of Mational Deschille Ottawa, antarid. Oct 4 1944 Dear Stir. - STAWA STAWA CONTIAWA SONALDER que me some information bregardeng a grant of 25 (259) a day which was supposed to be given to every service-man who Served for a period of ten months or more The New Lound land. This Jarant was supposed to The Juven by the The -Soundland Governmens. My son who is now

The ally reported filled in Action; has not as yet received any of This money. My son endested With the Vectoria Refles of lanada in Aing 1940, and served a period of over test months in Hewfoundland. Also, could you que me some infohmation as Regards I to the Rehitelation grant The Canadian Hovernmen is supposed to gue to every service man who endested woluntarily

in the first year of the buar, and Iv ho enlested and arred avesseas. The question un doubt is this, does that money or any part of at comed Through my deceased sont to me? Thanking you in advance for your Dervece It dem fine John Maneron 28-10 luc Lachene 32 Que Canada D-71642.

CANADIAN MILITARY HEADQUARTERS

ESTATES BRANCH INVENTORY

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

No	o., RANK and NAME .	D-71642	L/Cpl	Cameron 1	M.S.	(Dec'd)	
	ECEIVED FROM			chelon 21 A	rmy Gp			
	ECKED BY	C-5591 1 L-17349 (rson L.K. y N.S.	DATE	4 Dec 44	•••••••••••••••	• •
1 5 1 1 2	New testament Handkerchiefs Pr. scissors Upper dentures Letters Snapshots Penkinfe Cards							

ORIGINAL \ To Officer i/c Estates with DUPLICATE \) original inventory, if any.

TRIPLICATE — with effects.

for OC 1 Cdn KSD

BJH

Name:	CAMERON	Melvin S.	No.: D-71642
	Surname	Christian Names	
••••••	L/Cpl	C.A. 0/S	25-7-44
Rank		Unit	Date of Death
		AMOUNT	
			L.P.C\$ 28.36
		Date:	Other Credits
			Total\$ 28.36

HARE	RELATIONSHIP.	NAME AND ADDRESS AMOUN
11	Mother	Mrs. Florence E. Cameron, 28.36 28A 10th Ave., Lachine, Que.
		(Sole benificiary under will)
		TO BE FORWARDED BY REG. MAIL DIRECTOR
1		TOTAL AND LA
X		P4. TO TREAS. 9-7-45 QW

1					
AUTHO	RITY				
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	овј.	AMOUNT
9999	731	00	00	001	\$28.36
CLASSIFIEI	O BY		EXAM	INED BY	
Origin	nal Signed	G		For Ch	ief Treasury Office

DISTRIBUTION APPROVED AND AUTHORIZED

(L. M. Firth) Colonel
Director of Estates

AUDITED FOR PAYMENT

HQ 405-C-24, 442 FD 189 CAMERON, M.S. L/Cpl. D-71642 ESTATES BRANCH General Officer Commanding, Canadian Troops, NEWFOUNDLAND WAR GRATUITY GANADIAN ARMY In the course of administering the estates of deceased military personnel who have served in Newfoundland, we have received severa inquiries from the West-of-Kin, referring to a special grant or gratuity of 25% a day payable by the Newfoundland Government during the time of such service in Newfoundland. It has been thought that this inquiry referred merely to the ordinary War Service Gratuity payable by the Canadian Covernment. It is quite probable that such personnel misinformed their Next-of-Kin. In order to clear up the matter for reply to the Wext-of-Kin, may the matter be taken up with W.M. Marshall, Secretary for Finance, St. Johns, Newfoundland, or other authority who may clarify the matter, please. Syd. J. L. Belevut Letleal. RLA/DW Director of Estates.

	1	70	17.1	
Register	No	 7.7.	120	

Nominal Roll No. 291

To: P.M.G.

H.Q. File No. 405-C-24442

CANADIAN ARMY (ACTIVE) Computation of Service

		WAR SERVICE GI	RANT		
Regt. No.	Rank when S.O.S.	Surname		Christian I	Name in Full
D.71642	.71642 LICPL CAMEROIN			Mehvin	Stewart
REASON FOR To a state of the st		RVICE: Lielled in a			
3rd Enlistr				CARO	(
		Total Service			
1st	ENLISTMENT	2ND ENLISTM	ENT	3RD E	NLISTMENT
	the state of the s	T.O.S. S.O.S. Total Days			
Total Service					4.3.7DAYS
			Total Ser	Less Non-qualify Service	ing Net Service
Western F	lemisphere		77	2	772
Overseas S	Service		66	5	6.65
T	otals	••••••	143	7	1437
A	dd Non-qualifying S	Service			
T	otal Service				1.4.3.7
EMBARKATION	DETAILS:	50 Sep 42	4		
REMARKS:	O.S. Overseas	LED 2	Date S.O.S.	Overseas	
Computer's Checker's S Date Comp	Signature	Peanten Sg			
		CERTIFI	ED that en	titlement to bene	efits under the War

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

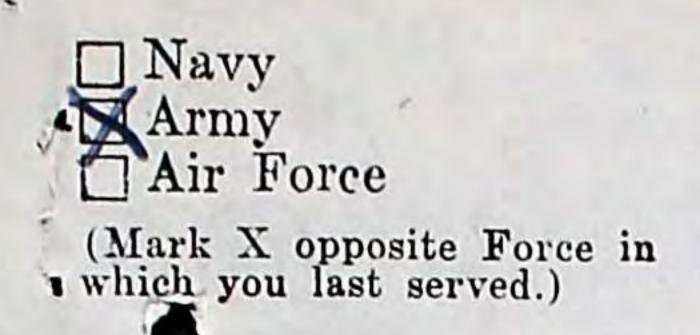
500M—11-44 (6012) H.Q. 1772-45-8 L. LAURIN, Colonel,

DIRECTOR OF RECORDS.

Details of Non-Qualifying Service

Western Hemisphere—

	From	То	Effective Date	Days	Total
•••••••					
•••••••					
•••••••					
•••••••••••••••••••••••••••••••••••••••					
••••••••••••	The second secon			the contract of the contract o	
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•••••••••••••••••••••••••••••••••••••••					
				Total	
Overcoact TOS	20901	242 -	S		
	251			s.o.s	



DEPARTMENT OF NATIONAL DEFENCE

M.F.M. 441 1 Mil. 9-44 (5449) H.Q. 1772-39-2326

Application for War Service Gratuity

(Canadian Armed Forces) A complete reply must be given to every question in this application. If any question is not applicable, "N.A." is to be inserted. 1. Surname on termination of service. CAMERON. (Print) 2. Christian Names MEHVIN STEWART (Print) 3. Service No. D 116 + 7 4. Paid rank or rating at date of termination of Service 1/CP4 5. Address, in full, to which payments of gratuity are to be forwarded.

MR. JOHN CAMERON (FATHER) 28 A - 10TH. AVENUE 6. State below your period or periods of service in the Armed Forces of Canada during the present war. Final Date of Date of Rank or Service Termination Commencement (Navy, Army or Air Force) Service No. of Service Rating of Service 7. Have you during the present War, while a member of the Canadian Forces, been attached, loaned or seconded to any of the Naval, Military, or Air Forces of His Majesty or of any power allied or associated 8. Have you during the present War, while not a member of the Canadian Armed Forces, been appointed to or enlisted in any of the Naval, Military or Air Forces of His Majesty (other than the Canadian Armed If so, state the Force or Forces, with dates of commencement and termination of service. Having now ceased to serve on Active Service, I hereby apply for payment of the War Service Gratuity. (Date) FATHER OF D71642 LKPH. M. S. GAMERON-DECEASED If name signed in space above represents a change from name given in question 1, insert here the name at termination of service. As cheques will be pre-

NOTE: When completed this form is to be mailed to the Headquarters of the Service in which you last served Viz:

Navy—The Secretary, Naval Board, Naval Service Headquarters, Ottawa. (To be accompanied by Certificate of Service in the case of ratings.)

X Army—The Secretary, Department of National Defence (Army), Ottawa. Attention: Paymaster-General.

Air Force—The Secretary, Department of National Defence for Air, Ottawa. Attention: Records Officer.

pared in the name given in question 1, a specific

address in question 5 is particularly essential.

application for War Hervices Gratuity on belay of my son who was Skelled in action. Fam under The imposes - cow that if he sent home and allohmend That I am entitled to his gratuety. The allof ment La seuf home was 20 per month. Hoping to hear further news from youlin the neals fullure. (Hem ain Jours truly Comeron

COMPUTATION OF WAR SERVICE GRATUITY

MEMBER'S NAME MEAVIN STEWART CAMERON Register No. D. - 91.26 PAYEE'S NAME.. (Christian Names) (Surname) ADDRESS Final Rank DATE OF TERMINATION OF OVERSEAS SERVICE. Date of Discharge **AMOUNT** A. TOTAL QUALIFYING SERVICE No. of day 14 . Periods @ \$7.50 B. QUALIFYING OVERSEAS SERVICE . Ineligible days, No. of days . Days @ 25c per day C. SUPPLEMENT FOR OVERSEAS SERVIÇE Daily Rate of Pay Subsistence Allowance Additional Pay Dependents' Allowance 1/30 \$..... No. of Days. D. WAR SERVICE GRATUITY Computed By 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) G. Monthly instalment not to exceed daily rate of Pay & Allowances per (C) REMARKS

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



DEPARTMENT OF NATIONAL DEFENCE WAS

AIR FORCE

352.50

512.00

ARMY STATEMENT OF WAR SERVICE GRATUITY

DECEASED MEMBER'S NAME

Melvin Stewart CAMERON (CHRISTIAN NAMES)

(SURNAME)

D-9120 REGISTER NO.

405-C-24442 FILE NO. 8-10-45 DATE

Director of Estates

ADDRESS

D-71642 SERVICE NO.

FINAL RANK OR RATING 25-7-44 25-7-44 DATE OF DISCHARGE DATE OF TERMINATION OF OVERSEAS SERVICE

A. TOTAL QUALIFYING SERVICE NO. OF DAYS 1437 EQUAL TO 47 COMPLETE PERIODS AT \$7.50

B. QUALIFYING OVERSEAS SERVICE No. of DAYS 665 LESS 27 159.50 DAYS @ 25c. PER DAY

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE

SEE PAR. 2 OVERLEAF FOR EXPLANATION

ADDITIONAL PAY

DEPENDENTS' ALLOWANCE 1/30 OF \$ x7 = \$19.95TOTAL ×\$ 19.95

72.50

584.50

D. WAR SERVICE GRATUITY

OVERPAYMENT OF

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

OTHER DEDUCTIONS

584.50

G. YOUR PORTION OF GRATUITY IS-

F. TOTAL AMOUNT PAYABLE

100%

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU \$_____OF \$

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$

CERTIFICATE I DERTIFY 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 KRMERK

E. DEDUCTIONS

TREASURY DATE CHECKED BY

SERVICE REPRESENTATIVE

DISTRIBUTION OF SERVICE ESTATES

ARMY

Name CAMERON Surname Christian Names D-71642

L/Cpl. C.A. O/S Date Feath

AMOUNT

Date 1=11-45

Date Frev. dist. 28.36

Prev. dist. 28.36

This dist. 584.50

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Mother	Mrs. Florence E. Cameron, 28A10th Ave., Lachine 32, Que.	584.50
		(Sole beneficiary per will)	

AUTHOR	RITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB:	овј.	AMOUNT	
9999	731	00	00	001	\$584.50	
CLASSIFIED BY			EXAMINED BY			
	M		For Chief Treasury Officer			

DISTRIBUTION APPROVED AND AUTHORIZED

(L. M. Firth) Colonel Director of Estates

AUDITED FOR PAYMENT

405-C-24442

RECORDS OFFICE OVERSEAS.

CANADIAN MILITARY HEADQUARTERS.

GRAVES REGISTRATION CARD.

NAME CAMERON, Melvin Stewart.	PLACE & DATE OF BIRTH 6 Oct. 1913
RANK L/Cpl.	REGIMENTAL NO. D-71642
UNIT Black Watch.	NEXT OF KIN & ADDRESS FATHER.
	Mr John Malcolm CAMERON
	28a -10th Ave. Lachine, Que. CANADA
PARTICULA	RS OF HOSPITALISATION
DATE OF ADMISSION_	NAME & LOCATION OF HOSPITAL
DIAGNOSIS	
	v. reported missing) ARS OF BURIAL
DATE OF BURIAL 13 Aug 44	CEMETERY St. Martin de Fontenay 024-602
PLOT NO 2 ROW 4 GRAVE 8	
DEATH CERT.NO	
RELIGION United Church	
	DATE 1 0ct 45
outnoted from Euriph Records	(M. BLUTEAU) Capt. for COLONEL, O i/c Records, CANADIAN MILITARY HEADQUARTERS.

extracted from Eurial Records, RECORDS OFFICE OVERSEAS, ACTON, LONDON W.3.

REBURIAL

NO	DZ1642
RANK	2Cpl
NAVE	CAMERON M-S.
NAME OF CEMETERY Brett	eville-sur-Laize Canadian Military Cemetery
LOCATION OF CENETERY	Bretteville-sur-Laize, France.
GRAVE LOCATION	Crave / Row E. Plot
AUTHORITY	54-27-88-2 Vol. 20
	Reburial list

12th March, 1946.

Mr. John A. Cameron, 28A 10th Avenue, Lachine, Quebec.

Dear Sir:

Overseas that the remains of your son, D71642 Lance Corporal Melvin Stewart Cameron, have been carefully exhumed from the original place of interment and reverently reburied in grave 1, row E, plot 1, of Bretteville-sur-Laize Canadian Military Cemetery, Bretteville-sur-Laize, France. Marked map is enclosed. 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 any action is taken you will be communicated with and an opportunity will be given you to submit a short personal inscription of your own choice for engraving on the headstone. Therefore, if you should change your address would you be good enough to inform the undersigned.

Yours faithfully,

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

A R



VERIFICATION FORM WAR SERVICE MEDALS 1939-45

No. <u>D71642</u> Name <u>Cameror</u>	Melvin Stewart.
Rank on Discharge L/Col Date o	f Discharge
	Deceased
Served in:	Non-qualitying
Canada from 19-8-40 to 29	-9-42
fromto	
United from 30-9-42 to 5-	7-44
Kingdom from to	
Italy from:to	
Northwest Europe from 6-7-44 to 25	-7-44 Killed in action.
·	
from	
fromto	
Eligible for award of:	
1939 - 45 Star	
Italy Star	
France-Germany Star	
Defence Medal	
War Medal	
Canadian Volunteer Service Medal with Clasp	
	Terified by Edna Same
	Date JUN 2/ 1946 Carded JUN 24 1946
	Carded JUN 24 1949

Mr. John M. Cameron,
28A 10th Avenue,
Lachine, Quebec.

Dear Mr. Cameron:

photograph of the grave and marker over the burial place of your late son, D71642 Lance Corporal Melvin Stewart Cameron, the location of which is grave 1, row E, plot 1, Bretteville-sur-Laize Canadian Military Cemetery, Bretteville-sur-Laize, France.

Any errors appearing in the inscription will be corrected when the permanent headstone is placed.

Yours faithfully,

Encl.

/EMA

for H.M. Jackson, Lt.-Col., Director of Records, for Adjutant-General.

ans Affairs War barvice Records MAY 25 1948 172-4 The Rowe West of Hational Wefence any. Stawa Ont. Dear Skill-From This date on, (May 21 st 1948) would you please fouward and future information you franght Have with segards to tile Tumber, H.Q. 405-C-24442 Re:-D-21642 [/Cpl. Cameron. M. S. to the following address Thankshig you for your past soutced, Fremain, Mr. John. M. Cameron Why 144 172-4th live 172-4th Rive montreal P.2.

CANADIAN MILITARY HEADQUARTERS

No. 11260

RECORDS OFFICE

CASUALTY REPORT

NAME (in full) CAMERON Melvin Stewart
NO. D-71642 RANK L/CPL UNIT BLACK WATCH
HOSPITAL (U.K.only) In which death took place, if applicable
R.U. (U.K.only) to which posted on admission to Hospital
CASUALTY KILLED DATE 25 JUL 44 LIST # A 482 PLACE AEF
If P.O.W. or INTERNED, NUMBER & ADDRESS
PREVIOUSLY REPORTED MISSING DATE // MANUALLY
(L.S. APPLEFORD) Major Officer i/c R.5 Wing CAS.SECT.
NEXT OF KIN
1. CANADA or U.S.A YES/No (If NO, Complete # 2)
2. NAME, (In Full)
RELATIONSHIP ADDRESS
3. ANY RELATIVES IN U.K. from M.F.M.5 or any other source, including children born overseas. If NONE so state
Date of Marriage, if known
WILL, EFFECTS, ETC.
1. NO WILL HERE (or) WILL HEREWITH DATED BENEFICIARY (Relationship)
(Neme) (Address) 2. BANK ACCOUNT - NAME OF BANK, etc. A/c No.
ADDRESS ADDRESS
3. KIT TRIVATELY STORED - NAME OF CUSTODIAN
ADDRESS
4. Particulars of DEBTS, Remarks, etc.
OCT O
Dave 1944
OPIGINAL - With WILL, if any to Officer i/c R.3 Wing Non-Effectives O. i/c ESTATES, C.M.H.Q for Officer i/c Records
DUPLICATE - TO File

PROPERTY OF THE PERSON NAMED AND PARTY OF THE PERSON NAMED AND PAR

CANADIAN MILITARY HEADQUARTERS

ESTATES BRANCH INVENTORY

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

No., RANK and NAME		Cameron H.	 (nec.a)	
RECEIVED FROM CHECKED BY	Cdn Sec GHQ 2nd C-5591 Pte Pat L-17349 Cpl Bai	· · · · · · · · · · · · · · · · · · ·	ec 44	• • • • • • • • • • • • • • • • • • • •

ORIGINAL | To Officer i/c Estates with DUPLICATE | original inventory, if any.

TRIPLICATE — with effects.

Assisphy for OC 1 Cdn KSD

the party of a secretary in the second

ARTER A LOS COMMENTS (COMMENTS)

ATAC ..

THE STATES TO SESTATES TO SEST

M.L.

CANADIAN ACTIVE SERVICE FORCE

OVERSEAS

LAST PAY CERTIFICATE

(All Ranks)

Regtl No.D. 71642 Rank and Name	Cameron	1	M.S. L/Cpl.		
of (Unit)	•••••••••••••		onon		
(Fransfer or Discharge)	to		on 25th July	194	4.
Reason. Death.	· · · · · · · · · · · · · · · · · · ·		.Authority: C. C. I. "A" 482 d/ 25th	Aug.	44.
Tibe Callering is a statement of the consum	t of the character		from lst July to 31st July	7 10 4	4
the inclusive date of transfer or discharge.			Irom	19	÷.•
)r		Cr	
Particulars	Amour	nt	Particulars	Amou	ınt
Balance Dr from last account			Balance Cr from last account	5/	23
First Monthly Payment AR. d/4.7.44	4	47	Regimental Pay. 31. days. @. s. 1.60	49	60
Casual Payments			Tradesmen's Paydays at\$		
Payments on Transfer or Discharge			dove of		
Assigned Pay\$2000. & \$200.	22		Allowances (Give particulars)days	••••••	
Regimental Charges			at\$		
Public Stoppages (Give particulars):					
•••••••••••••••••••••••••••••••••••••••		••••••			

		20		•••••	•••••
To Balance Cr { Free	258			•••••	
(Deferred	•••••		By Balance Dr	•••••	
Total	54	23	Total	54	83
	CD CTTTDAT	TO OTT	DATE CONTRACTOR		
			BJECT TO ANY CHARGES ON THE REVERSE HEREOF		
Remarks:					
* * * * * * * * * * * * * * * * * * * *	771				
Assigned Pay \$ 20.00 (H.) SEODI	2006	eff. Aug. 44.	••••••	
Assigned Pay \$ 2.00 (W	.S.C.) s	stop	ed eff. Aug. 44.		
The chare statement has	heen or	mmil	ed from Freasury Records, th	10	
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latest Paybook not bein	g avails	able.	······································	••••••	•••••

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				•••••••	
					/
Compiled by F. Trenouth.	•••				
Checked by Soldack	***	4	Certified correct	ley	
Date. 28th February 19	45.		for Chief Treasury Officer, Overs	eas 1	

Chank	No.	
Sheer	INO.	

POSTINGS FROM O/S CASUALTY LISTS

To be attached to M.F.M. 1 or M.F.M. 2 DISCHARGED ADMITTED CAS. LIST No. DISEASE OF INJURY UNIT HOSPT. Hospt. REMARKS Day! Mo. : Year Day | Mo. | Year Killed 25-7-44

Records B3-49 H.Q. 1772-45-8 100M-5-43 (9999)