

D72156
CADIEUX
MARCEL JOSEP

Dept. of Veterans Affairs
 War Service Records
 Referred To *3d*
 OCT 18 1949
 File No.
 Changed To.

MINISTÈRE DES AFFAIRES DES ANCIENS COMBATTANTS
 (Archives des services de guerre)

Matricule... D-72156 No du dossier DVA D-72156 le 6 octobre 1949.

Fusilier Joseph CADIEUX

Aux fins des archives et au cas où il aurait des médailles ou des souvenirs à distribuer en raison du service de l'ancien militaire ci-dessus désigné, il est nécessaire de fournir les renseignements suivants sur le défunt et ses parents.

Si le militaire laisse des enfants, des frères ou des soeurs, il est essentiel d'indiquer l'âge de chacun de ces survivants.

DEPARTMENT OF VETERANS' AFFAIRS
 OCT 21 1949
 OTTAWA, CANADA

Parents dont il faut rendre compte	Nom et prénoms du parent	Age	Adresse complète	(ou) date du décès
Veuve du militaire	X			
Enfants du militaire et leur âge	X			
Père du militaire	<i>décédé</i>			<i>3 oct 1940</i>
Mère du militaire	<i>Emilie Cadieux</i>	<i>58</i>	<i>39995 Rivard</i>	
Frères du militaire et leur âge	X			
Soeurs du militaire et leur âge	X			

Médaille notée (A 3d)
 29-10-49

Le militaire avait-il ~~été~~ contracté mariage? Le cas échéant, indiquer avec précision le lieu et la date du mariage. X

A-t-il laissé un TESTAMENT? (Veuillez répondre OUI ou NON) NON
 Le cas échéant, il faut expédier le document pour inscription et renvoi.

DECLARATION

JE DECLARE, PAR LES PRESENTES, que les détails donnés ci-dessus sont exacts, que les renseignements fournis dans la présente déclaration constituent un état véridique et complet de tous les parents que le militaire ait jamais eus aux degrés indiqués ci-dessus et que je suis

La mère du défunt.

indiquer le degré de parenté: -
 v.g. "veuve", "père", "frère" et le reste.

Emilie Cadieux
 (Signature du postulant)
39995 Rivard Montreal

Date *15 oct 49*

P.A.

VERIFICATION FORM

WAR SERVICE MEDALS 1939-45

No. N-72156 Name Cadien, Marcel Joseph
Rank on Discharge Rfmn. Date of Discharge 15 Dec. 41
Authority for Discharge or Retirement Deceased

Served in:

Non-qualifying service

Canada from 3 Dec. 40 to 15 Dec. 41
from Deceased to 7 May 43

United Kingdom from _____ to _____
from _____ to _____

Italy from :- to _____

Northwest Europe from _____ to _____

----- from _____ to _____

----- from _____ to _____

Eligible for award of:

~~1939 - 45 Star~~ _____

~~Italy Star~~ _____

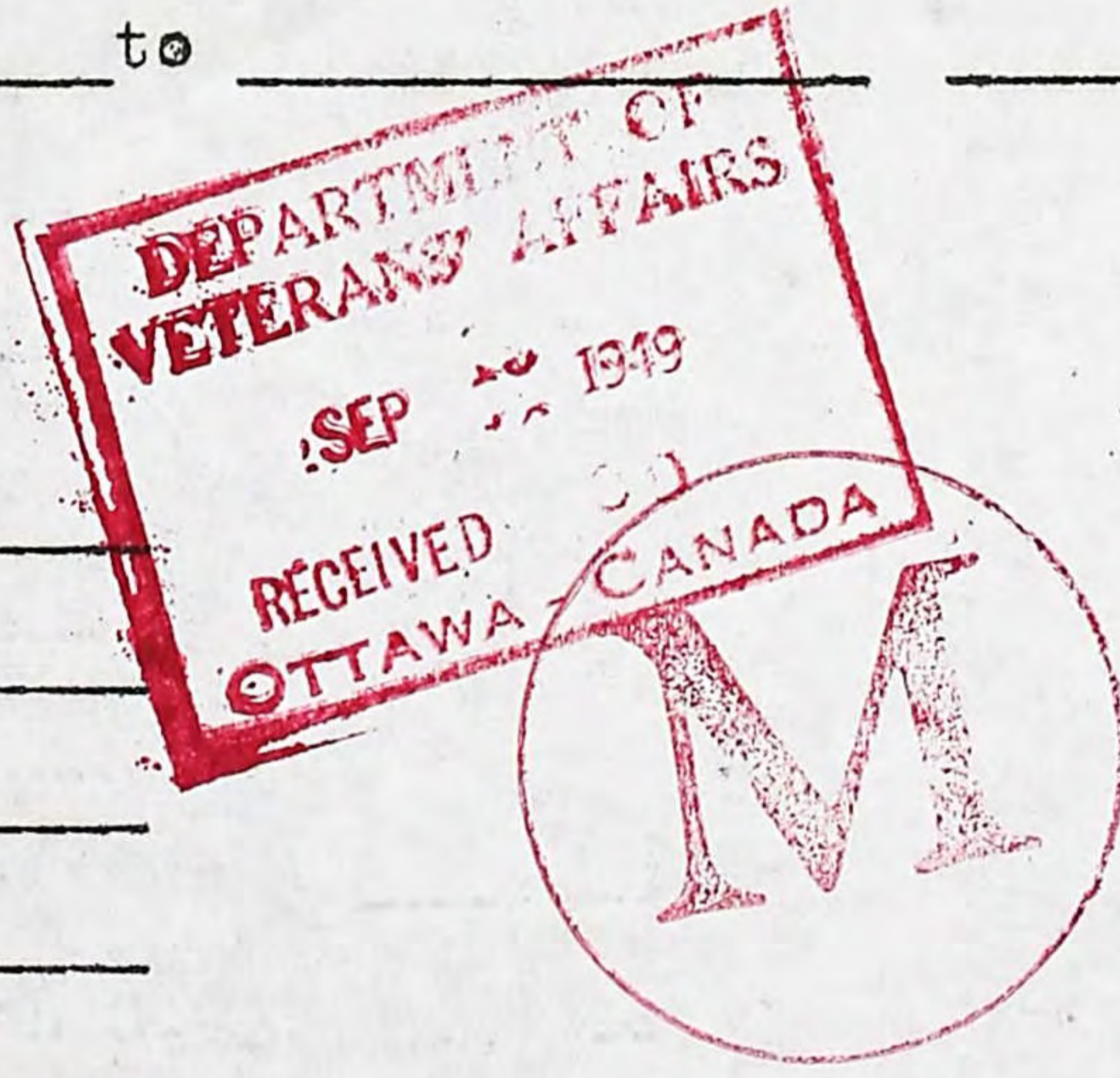
~~France-Germany Star~~ _____

~~Defence Medal~~ _____

War Medal ok _____

Canadian Volunteer Service Medal NE. _____

~~with Clasp~~ _____



Verified by Georgette Patrice

Date 21 June 46

Carded JUN 24 1946

DEPARTMENT OF
LABOUR



CANADA

maple
NATIONAL REGISTRATION



AUG - 5 1946

No. 8 Temporary Building,
Ottawa, July 30, 1946.

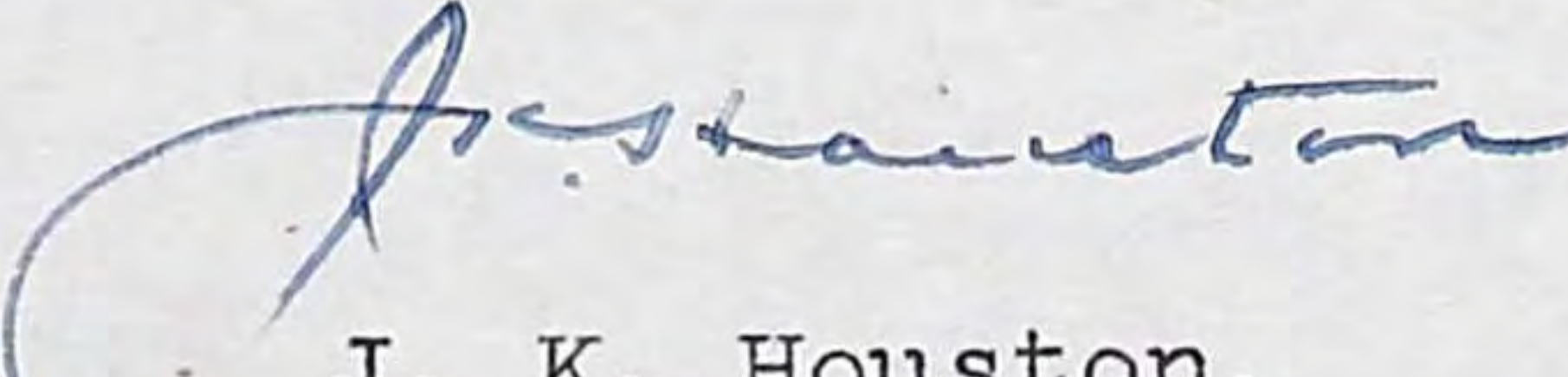
Director of Estates
Estates Branch,
Department of National Defence (Army),
308 Sparks Street,
Ottawa, Ontario.

AUG - 7 1946
AUG - 8 1946
Re: CADIEUX Marcel, Rfmn. (Deceased)
No. D-72156 - C.E.F.
Your File HQ 405-C-6840

Since receiving your letter of July 17th an exhaustive search has been made for a registration in the name of "Miss Marjorie Gendron", formerly residing at 5870 Park Avenue, Montreal, P.Q.

I regret to state that we have been unable to locate a registration in this name showing this address at any time. It is quite possible that Miss Gendron has been married since her address was supplied to you by the deceased soldier and that we now have her files in her married name.

I regret our inability to be of assistance to you in this case.


J. K. Houston,
Chief Registrar for Canada.

JKH/D

MINISTÈRE DE LA DÉFENSE NATIONALE
MARINE ===== ARMÉE ===== AVIATION

COPY
6
ARMÉE

DÉCLARATION TOUCHANT LA GRATIFICATION DE SERVICE DE GUERRE

NOM du Soldat - Marcel Joseph CADIEUX (PRÉNOMS) (NOM)
No DU REGISTRE D-8815
No DU DOSSIER 405-C-6840
DATE 27-4-45
ADRESSE Mme. Emilien CADIEUX, 46 Dante, Montreal - P.Q.
No MATRICULE D-72156
GRADE DÉFINITIF Rfn.
DATE À LAQUELLE LE SERVICE OUTRE-MER A ÉTÉ TERMINÉ DATE DE LIBÉRATION 15-12-41

A. DURÉE TOTALE DU SERVICE DONNANT DROIT À LA GRATIFICATION
NOMBRE DE JOURS 360 375 ÉQUIVALANT À 12 PÉRIODES COMPLÈTES @ \$7.50 \$ 90.00
B. DURÉE DU SERVICE OUTRE-MER DONNANT DROIT À LA GRATIFICATION
NOMBRE DE JOURS MOINS JOURS QUI NE SONT PAS ADMISSIBLES ÉQUIVALANT À JOURS @ 25 CENTS PAR JOUR
VOIR L'ALINÉA 2 AU VERSO POUR L'EXPLICATION
TOTAL 90.00

C. SUPPLÉMENT POUR LE SERVICE OUTRE-MER
TAUX QUOTIDIENS LORS DE LA LIBÉRATION
SOLDE \$
INDEMNITÉ DE SUBSISTANCE OU INDEMNITÉ DE VIVRES ET DE LOGEMENT \$
SOLDE SUPPLÉMENTAIRE \$
ALLOCATION FAMILIALE MILITAIRE 1/30 DE \$ \$
TOTAL \$ X7 = \$
NOMBRE DE JOURS 183 X\$

D. GRATIFICATION DE SERVICE DE GUERRE 90.00

E. DÉDUCTIONS PAIEMENT EN TROP DE SOLDE ET ALLOCATIONS \$
ALLOCATION FAMILIALE MILITAIRE ET DÉLÉGATION DE SOLDE \$
AUTRES DÉDUCTIONS \$

F. MONTANT PAYABLE (CE MONTANT EST PAYABLE PAR VERSEMENTS 1 MENSUELS DE \$ 90.00 CHACUN) 90.00

LA LOI DE 1944 SUR LES INDEMNITÉS DE SERVICE DE GUERRE PRÉVOIT LE PAIEMENT DE VOTRE CRÉDIT DE RÉADAPTATION AU MONTANT INDICÉ DANS LE TOTAL POUR A ET B. CE CRÉDIT PEUT VOUS ÊTRE VERSÉ DANS CERTAINES CIRCONSTANCES. LES DEMANDES DE RENSEIGNEMENTS À CE SUJET DOIVENT ÊTRE ADRESSÉES AU MINISTÈRE DES AFFAIRES DES ANCIENS COMBATTANTS.

VOIR AU VERSO
POUR L'EXPLICATION
DES ARTICLES A, B, ET C

G. LE VERSEMENT MENSUEL NE DOIT PAS DÉPASSER LE TAUX QUOTIDIEN DES SOLDE ET ALLOCATIONS \$ X30 \$

CERTIFICAT JE CERTIFIE QUE LE MONTANT A ÉTÉ BIEN CALCULÉ ET EST PAYABLE CONFORMÉMENT AUX DISPOSITIONS DE LA LOI DE 1944 SUR LES INDEMNITÉS DE SERVICE DE GUERRE ET AUX RÈGLEMENTS ÉTABLIS EN VERTU DE LADITE LOI.

Δ TU

PRÉPARÉ PAR KRAM VÉRIFIÉ PAR

TRÉSOR
VÉRIFIÉ PAR J. Hendry DATE 7.5.45

REPRÉSENTANT MILITAIRE

COMPUTATION OF WAR SERVICE GRATUITY

MEMBER'S NAME... Marcel Joseph CADIEUX Register No. D8815
(Christian Names) (Surname)
 PAYEE'S NAME... MRS EMILIE CADIEUX File No. 405-C-6840
(Christian Names) (Surname) Date 26-4-45
 ADDRESS... 46 DANTE Service No. D72156
MONTREAL - P.Q. Final Rank RFN.
 DATE OF TERMINATION OF OVERSEAS SERVICE... Date of Discharge 15-12-41

		AMOUNT	
		\$	c
A. TOTAL QUALIFYING SERVICE No. of days <u>375</u> = <u>12</u> ⁽¹⁵⁾ Periods @ \$7.50		✓ 90	00
B. QUALIFYING OVERSEAS SERVICE No. of days..... less..... Ineligible days, equal..... Days @ 25c per day			
C. SUPPLEMENT FOR OVERSEAS SERVICE Daily Rate of Pay \$ <u>1.30</u> Subsistence Allowance \$..... Additional Pay \$..... Dependents' Allowance 1/30 \$..... \$..... TOTAL \$..... × 7 = \$..... No. of Days <u>183</u> × \$.....		90	00
D. WAR SERVICE GRATUITY Computed By <u>[Signature]</u>		90	00
E. DEDUCTIONS Overpayment of (1) Pay & Allowance \$..... (2) D.A. & A.P. \$..... Other Deductions \$..... Entered By <u>[Signature]</u>			
F. AMOUNT PAYABLE (This amount is payable in <u>1</u> monthly instalments of \$ <u>90.00</u> each)		90	00
G. Monthly instalment not to exceed daily rate of Pay & Allowances per (C) \$..... × 30 = \$.....			

REMARKS

405-C-6840

501,239

D-8815

APPLICATION FOR WAR SERVICE GRATUITY BY
DEPENDENTS OF DECEASED PERSONNEL - (Canadian Army)

1. I hereby make application for payment of War Service Gratuity to which I may be entitled in respect of the under-mentioned deceased member of the Canadian Army.

- (a) Surname CADIEUX
(b) Christian Names MARCEL
(c) Regimental No. D-72156
(d) Rank at time of decease Pte.

2. I hereby submit the following particulars in support of my application:-

- (a) Surname CADIEUX
(b) Christian Names EMILIENCE
(c) Relationship to deceased MOTHER

- (d) Address in full 46 DANTE
MONTREAL QUE.

Yours truly,

Date 9. APRIL, 45

Emilienne Cadieux

(Signature of Applicant)

Reg. No. D-8815

Roll No. D-178 ¹⁷⁸

TO: P.M.G.

H.G. File No. 405-C-6840
Register No. _____
Case No. 2338

CANADIAN ARMY (ACTIVE)
COMPUTATION OF SERVICE
WAR SERVICE GRANTS

REGT'L. NO. RANK WHEN S.O.S. SURNAME CHRISTINA NAMES IN FULL
D-72156 RFMN. CADIEUX. MARCEL. JOSEPH.

Reason for Termination of Service "MED. UNFIT"
(C.A.R.O. 1029 (10))

I.	<u>TOTAL SERVICE</u>		
I. <u>1st Enlistment</u>	<u>2nd Enlistment</u>	<u>3rd Enlistment</u>	
T.O.S. <u>3-DEC-40</u>	T.O.S. _____	T.O.S. _____	
S.O.S. <u>15 DEC 41</u>	S.O.S. _____	S.O.S. _____	
Total Days <u>378</u>	Total Days _____	Total Days _____	
TOTAL SERVICE		<u>378</u> Days	

2.	<u>WESTERN HEMISPHERE</u>		
Total Service		<u>378</u>	days
Less non-qualifying service (See details reverse side)		<u>3</u>	days
NET SERVICE- Western Hemisphere		<u>375</u>	days

3.	<u>OVERSEAS SERVICE</u>		
Total Service		_____	days
Less non-qualifying service (See details reverse side)		_____	days
NET SERVICE- Overseas		_____	days

4. REMARKS
Deceased. 7 May 43.

Computers initials J. Ducharme
Checkers initials mb.
Date 6 SEPT 44.

W. B. Leng, Capt.
(C.L. Laurin) Colonel,
Director of Records.

WESTERN HEMISPHERE

Details of non-qualifying service

FORFEITS, 25 JUN - 41 .

3 DAYS PAY.

TOTAL

3 DAYS

OVERSEAS

Details of non-qualifying service

TOTAL

_____ DAYS

EMBARKATION DETAILS

1. Date T.O.S. Overseas _____ 3. Date T.O.S. Overseas _____
Date T.O.S. Canada _____ Date T.O.S. Canada _____

2. Date T.O.S. Overseas _____ 4. Date T.O.S. Overseas _____
Date T.O.S. Canada _____ Date T.O.S. Canada _____

TOTAL SERVICE OVERSEAS

_____ DAYS

CASUALTIES ONLY

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

Register No. D.8815

File No. H.Q. 405-C-6840

WAR SERVICE GRANTS ACT 1944

Ottawa April 5th 1945

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

Service No. D-72156

Name M. CADIEUX
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) Lieutenant,
for (A.R. Mortimore) Brigadier,
Paymaster-General

Names and relationship of persons
in receipt of D.A. and amount of
monthly award.

Name	Amount
<i>Mrs Emeline Cadieux</i>	\$ <i>20.00</i>
<i>mother.</i>	<i>4</i>
<i>See disc 15-12-41 Sol.</i>	

If no D.A. in issue, list names 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

<i>Mrs Emeline Cadieux</i>	

Names and relationship of persons to
whom assigned pay was continued by
supplementary award after death.

Amount of overpayment of dependents'
allowance and/or assigned pay deductible
from the War Service Gratuity and
name of person to whom paid.

APR 21 1945

_____ 1945

Emeline Cadieux
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. \$ _____

_____ 1945

_____ for C.T.O.

Director of
A. G. Branch.
MAR 29 1945
Nat. Defence Hqr
Ottawa, - Canada.

Dept. National Defence

405-c-6840

D. 8815.

Translation

EAB/JC

Montreal, January 17, 1945.

Dear Sir:

Kindly tell me whether my son was entitled to a gratuity
of \$7.50 a month for the period during which he served in the army.

Regimental number D-72156 - Marcel Cadieux.

Yours truly,

Mrs Emilienne Cadieux,

46 Dante Street,

Montreal, P.Q.

Montreal 14 Janvier 1945

Trans.
CR 16

Monsieur

Je ne suis pas assez bon de me
dire si mon fils avait droit à
une gratification de \$ 7.⁵⁰ par
mois pendant qu'il était dans
l'armée. N^o Mat. d. 72156 Marcel Cadieux

Bien à vous,

M^r Emile Cadieux 46 Dante
Montreal

THE CANADIAN PENSION COMMISSION

MEMORANDUM

To.....Deputy Minister,.....
Department of National Defence,
From.....The Canadian Pension Commission.....

OTTAWA,..... July 28, 1943.....

405-C-6840

ATTENTION: - Officer i/c Records.

~~Canadian Agency~~
~~Special War Graves Commission~~

D-72156 - Rfm. Marcel Cadieux
V.R.O.C.

C.P.C. 501239

The marginally named died
at **Ste. Anne de Bellevue, Que.**
on **May 7, 1943.**
Cause of Death **Myocarditis and rheumatic fever.**

Officer i/c Records
A. G. Branch
JUL 31 1943
Nat. Defence Hqrs.
Ottawa, - Canada.

In the opinion of the Commission,
death was related to military service.

Next of kin **Mrs. Emilienne Cadieux (mother),**
5552 St. Lawrence Blvd.,
Montreal, Que.

*Noted by
Hoswill in Docs.*

E. Lackey

EL for
Canadian Pension Commission.

Died on strength.

*Memorandum
Mother
20-8-43
HAR*

*MEM XOR
CB 18 Aug 43*

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

WILL

M.F.M. 10
100M-8-40 (6538)
H.Q. 1772-39-1656

(1) I, CADIEUX, MARCEL JOSEPH, of the ca. 15,
(Name in Full) (City, Town, Village, Township)

Address in civil life.

of Montreal, in the County of _____ District of _____

Province of Quebec, range worker
(Civil Occupation)

Regimental No. D72156, Unit Victoria Rifles of Canada, 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 friend, Miss Marjorie GENDRON,
of 5870 Park Ave. Montreal P. Que. Canada,
all my estate

Relationship, names and address of residuary beneficiaries.

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

(4) I appoint GENDRON, ALEC 5870 Park Ave. Montreal P. Que.
(Name) (Address)

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

IN WITNESS WHEREOF I have hereunto set my hand this 19 day of December
1940

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.

Marcel Cadieux
(Signature of soldier)

First witness sign here.

(5) Signature

Civil Address

Civil Occupation

Second witness sign here.

Signature

Civil Address

Civil Occupation

(Witnesses are not to be beneficiaries.)

[OVER]



CANADA

DEPARTMENT OF
PENSIONS AND NATIONAL HEALTH

IN YOUR REPLY REFER TO FILE NO.

H05-6-6840

Montreal, May 13th 1943.
379 Common Street.

The Administrator of Estates,
Dept. of National Defence,
OTTAWA, Ont.

Re: #D-72156 - Marcel CADIEUX.

Dear Sir,

I regret to report the death of the marginally
named which took place at Ste. Anne de Bellevue Hospital on
the 7th instant.

Cause of death: Rheumatic myocarditis and endocarditis.

Herewith please find the following documents:

- Information Sheet.
- Funeral Record.
- List of Personal Effects.

MONTREAL His mother, Mrs. E. Cadieux, 5552 St. Lawrence
Blvd. was notified and took charge of the funeral arrangements.

The body was buried in a private plot, St. Vincent
de Paul Roman Catholic Cemetery, St. Vincent de Paul, P.Q.

Yours very truly,

*Handed
G*

R.G. Pratt

R.G. Pratt,
for
District Administrator.



YL

Information Sheet

FROM:- District Administrator,
Montreal, Que.

TO:- The Administrator of Estates,
Dept. of National Defence,
OTTAWA, Ont.

and

Deputy Minister,
Dept. of Pensions & National Health,
Daly Building,
OTTAWA, Ont.

REGIMENTAL NUMBER:-

D-72156

RANK:-

Pte

NAME IN FULL:-

Marcel Cadieux

MARRIED OR SINGLE:-

Single.

NAME AND ADDRESS OF NEXT OF KIN:-

Mother.
Mrs. E. Cadieux,
5552 St. Lawrence Blvd.
Montreal.

DATE AND PLACE OF ENLISTMENT:-

Montreal. 29.11.40.

DATE AND PLACE OF DEATH:-

Sté. Anne's Hospital. 7.5.43.

DID DECEASED LEAVE A FORM OF WILL?
IF SO, HAS SAME BEEN FORWARDED TO
THE ADMINISTRATOR OF ESTATES?

No.

N.A.

DID DECEASED HAVE ANY PERSONAL EFFECTS?
IF SO, HAVE THEY BEEN FORWARDED TO THE
ADMINISTRATOR OF ESTATES?
IF NOT, WHAT DISPOSITION HAS BEEN MADE
OF THEM?

Yes. —

No.


Held pending instructions.

National Registration Card
handed over to undertaker.

LIST OF PERSONAL EFFECTS OF THE LATE M. CADIEUX

May 7, 1943.

- 1 Box Writing Paper (few sheets.)
- 1 Razor Set.
- 1 Pr. Dark Glasses.
- 3 only socks $1\frac{1}{2}$ prs.
- 1 Tin Talcum
- 1 Shaving Brush and Cream
- 2 Handkerchiefs
- 1 Brilliantine (used)
- 1 Bottle ink (used)
- 1 Pr. Bedroom Slippers
- 1 Overcoat (blue)
- 1 3 piece Suit
- 1 Felt Hat (grey)
- 1 pr. Shoes (Oxfords)
- 1 Necktie
- 1 pr. Braces.
- 1 pr. Woollen Gloves.
- 1 Shirt
- 1 suit Underwear
- 1 Pocket Case
- 8 One cent Stamps
- 1 Wrist Watch and Strap
- 1 Fountain Pen and Pencil
- 1 Rosary
- 1 Discharge Certificate.
- 1 Letter


F. Eason
for
District Administrator.

No D.72156 Rank Rifleman Name CADIEUX, Marcel Joseph

Unit Victoria Rifles of Can. Date of death 7th May, 1943.

Died at Ste. Anne de Bellevue Hospital, P.Q.

Cause Myocarditis and rheumatic fever.

Death WAS Due. CFC. d 28-7-43 HQ 405-C-6840 d

N/K Mrs. Emilienne Cadienx Relationship Mother

Address 5552 St. Lawrence Blvd., Montreal, P.Q.

Remains buried in Roman Catholic Cemetery

St. Vincent de Paul, P.Q.

Grave location CHK

FOR THIS SOLUTION
OCT 29 1943
CONTRACTOR'S ROLL
GRAVE DISPATCHES

7-5-43

AWARDS—CANADIAN ARMY (ACTIVE)

M

1472

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

CADIEUX, Marcel Joseph		D.72156	Rfmn.	FILE NO. 405-C-6840
SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT
V.R.O.C.				

WAR SERVICE

BADGE

(CLASS)

NO.

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
War Medal	415-3-11-49

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

(1) MEDALS
PERSON

(29-10-49)

ENTITLED TO

Mrs. Emilienne Cadieux, (mother)
3995 Rivard,
Montreal, Que.

ADDRESS:

(2) MEMORIAL CROSS

WIDOW

Mrs.

ADDRESS:

(3) MEMORIAL CROSS

MOTHER

Mrs. Emilienne Cadieux,

ADDRESS:

5552 St. Lawrence Blvd., Montreal, P.Q.

MEMORIAL B · R

DATE DESP.....

REGN. NO.....

1344

(2)

(3)

DESP. SEP 3 1943

REGN No. 2750

TROUPES CANADIENNES DE CAMPAGNE
CERTIFICAT DE LIBÉRATION

M.F.M. 7 (Fr.)
100M-8-39 (1704)
H.Q. 1772-45-18

Les présentes certifient que..... CADIEUX MARCEL JOSEPH
(nom en entier)
matricule... D-72156 grade..... RFMN.
s'enrôla dans... Victoria Rifles of Canada, CASF.
TROUPES CANADIENNES DE CAMPAGNE, à... Montreal, P.Q., le... 3rd.
jour de... De 6 19⁴⁰
Il servit avec..... Canada
et est maintenant libéré du service pour cause de... R.O. 1029-10- Unable to meet the
required physical military standards. G.O. 3003 d-1-12-41

SUIT LA DESCRIPTION DE CE SOLDAT à la DATE ci-après mentionnée:—

Age... 27	Marques ou cicatrices... Vac. left arm
Taille... 5' 8½"	
Teint... Medium	
Yeux... Hazel	
Cheveux... Dark	

Marcel Cadieux
Signature du soldat

X-RAY FILMS ON FILE.
THESE MAY BE SECURED
DIRECT FROM X-RAY SECT.
RECORD OFFICE, N.D.H.Q.
(F.C. Magee) LT. Col.

Date de la libération
District Depot M. D. 5
RECORD OFFICE
DEC 15 1941
CITADEL, QUE.

Officier qui délivre le certificat
O.C. District Depot M.D.5.
Grade
Date... 15-12-41 19.....

N.B.—Comme il n'est pas délivré de duplicata de ce certificat, quiconque trouve ce document est prié de le transmettre sous pli non affranchi au Bureau des Archives, ministère de la Défense Nationale, Ottawa, Canada.

DUPLICATA POUR DOSSIER.

(T.S.V.P.)

MEMOIR T. 100
FORM 100-100
1945

TRoupES CANADIENNES DE CAMPAGNE
CERTIFICAT DE LIBERATION

Bausseled

1. — ~~Il faut avoir ce certificat sur soi lorsqu'on porte l'uniforme.~~
2. — ~~On ne peut porter l'uniforme qu'au cours des trente (30) jours qui suivent la libération, ou lorsqu'une autorisation par écrit est accordée à cet effet.~~
3. — ~~Le port de l'uniforme astreint celui qui le porte à la discipline militaire ordinaire tout comme s'il faisait partie de l'effectif d'une unité.~~

Form fields for name, rank, and date of liberation, mostly blank or faintly visible.

Il est interdit de réutiliser ce document sans la permission écrite de la Direction des Archives, Bibliothèque et Patrimoine National, Ottawa, Canada.

DUPLICATE FOR POSSIBLE

CANADIAN ACTIVE SERVICE FORCE PROCEEDINGS ON DISCHARGE



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

Regimental No. D-72156	Rank RFMN
Surname <u>CADIEUX</u>	
Christian name <u>MARCEL JOSEPH</u> <small>NOTE.—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Unit or Corps <u>Victoria Rifles of Canada.CASF</u>	
Date of discharge <u>15-12-41</u> ✓	
Place of discharge <u>Quebec, P.Q.</u>	Mil. Dist. No.
1. DESCRIPTION AT DATE OF DISCHARGE	
Age <u>27</u> years <u>3</u> months	Descriptive marks <u>Vac. Left arm.</u>
Height <u>5'</u> feet <u>8½"</u> inches	
Complexion <u>Medium</u>	X.RAY FILMS ON FILE. THESE MAY BE SECURED DIRECT FROM X.RAY SECT. RECORD OFFICE, N. D.H.Q.
Eyes <u>Hazel</u>	
Hair <u>Dark</u>	
Trade <u>Farmer</u>	
Intended place of residence } <small>(To be given as fully as practicable; i.e., mailing address)</small>	<u>5552 St. Lawrence Blvd. Montreal, P.Q.</u> <small>Street and Number P.O., City or Town, etc.</small>
Province <u>Quebec</u>	
2. The above-named man is discharged in consequence of <u>R.O. 1029-10-</u> <u>Unable to meet the required physical military standards</u> Authority for discharge <u>G.O.3003 d/1-12-41</u>	
<small>N.B.—The cause of discharge must be worded in accordance with C.A.S.F. Routine Orders as may be published. If discharged by superior authority, the number and date of the letter to be quoted.</small>	
<small>To be in the handwriting of the Commanding Officer, who will himself make identical entries on the discharge certificate and initial them.</small>	3. Conduct while in the service has been, according to the records, etc. <u>Good</u>
	<small>N.B.—See K.R. Can. 385. This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company.</small>
<small>To be in the handwriting of the soldier, who will himself make identical entries on the discharge certificate and initial them.</small>	4. Special qualifications for employment in civil life. (<u>vide 384, K.R. Can.</u>) <u>Farmer</u>

C.A.A.

Received 7/11/42
H.Q. C-6840

X

(OVER)

5. He is in possession of the following number of G.C. Badges: **N.A.**

5A. Service Button (Class and number **N.A.**)
(If and when authorized)

No reference to G.C. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations

N.A.

To be copied by the Commanding Officer on to the permanent Discharge Certificate.

7. I have impartially enquired into all matters concerning this soldier's discharge brought before me in accordance with Regulations.

(Place) **Quebec, P.Q.**

F.C. Magee
(F.C. Magee) Lt. Col.

(Date) **15-12-41**

Commanding **District Depot M.D.5.**

8. **Certificate to be signed by the Soldier on Discharge**

I hereby acknowledge that I received all my Pay, Allowances, and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page, and that I have received my permanent discharge certificate.

(Place) **Quebec, P.Q.**

Marell Cadieu (Signature of Soldier)

(Date) **15-12-41**

Descotes Sgt (Signature of Witness)

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. **Statement of Service**

(Date of enlistment—C.A.S.F.) **3-12-40**

(Date of discharge—C.A.S.F.) **15-12-41**

(Total Service—C.A.S.F.) **1** years **12** days

10. **Confirmation of Discharge**

The discharge of the above-named man is hereby confirmed.

(Place) **Quebec, P.Q.**

F.C. Magee (Signature) Lt. Col.

(Date) **15-12-41**

Commanding **District Depot M.D.5.**

Reservations referred to at Para. 8

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

The man claims that all his clothing and equipment have been returned to the Quarter master before his Unit proceed Overseas

(Date).....15-12-41.....

Marcel Cadieux
(Signature of Soldier)

List of Discharge Documents

Field Conduct Sheet (M.F.M. 6).	Form of Will (M.F.M. 10 or 10A).
Certified Copies of Convictions by Civil Power.	Certified Copy of Record of Declaration of Court of Inquiry (K.R. Can. 1513).
Casualty Form (M.F.M. 4).	Attestation (Duplicate and Triplicate M.F.M. 2).
Proceedings Medical Board (2 copies).	Particulars of Family (M.F.M. 5).
Medical Case History Sheet.	Proceedings on Discharge.
Dental History Sheet.	
Last Pay Certificate.	
Duplicate Discharge Certificate (M.F.M. 7).	

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

F.C. Magee
(F.C. Magee) Lt. Col.
.....
Officer Commanding

O.C. District Depot M.D.5.

12-12-41 (Date)

Record of Service of CADIEUX
(Surname)

MARCEL JOSEPH
(Christian Names)

Regimental Number D. 72156

QUALIFICATIONS

EDUCATIONAL QUALIFICATIONS

Military..... NIL
 Business or Professional..... NIL
 Trade or Civil..... FARMER
 Technical..... NIL
 Languages..... FRENCH ENGLISH

High School } NIL } Graduation } NIL
 or } } or }
 Collegiate } (years completed) } Matriculation } (specify)
 *College..... NIL
 *University..... NIL
7 Yrs Public Schooling
 *(Name of institution, courses or years completed, and degrees obtained to be shown)

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

Report		Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., from date taken on Strength of Field Force	Rank Shown	Effective Date	Unit	Place	Authority	
Date	From whom received						Part II D.O. No. Cas. List, etc.	Dated
<u>3 Dec 40</u>	<u>MD 4</u>	Joined on appointment <u>T.O.S. VICTORIA RIFLES OF CANADA, C.A.S.F.</u>	<u>RAF</u>	<u>3 Dec 40</u>	<u>V.R.C.</u>	<u>MTL</u>	<u>P.T. D.O. 99</u>	<u>3 Dec 40</u>
<u>26.12.40</u>	<u>- " -</u>	<u>Proceeded from Montreal</u>	<u>"</u>	<u>26.12.40</u>	<u>"</u>	<u>"</u>	<u>P.T. D.O. 112</u>	<u>25.12.40</u>
<u>29-12-40</u>		<u>Arrived St John's Nfld.</u>	<u>"</u>	<u>29-12-40</u>	<u>"</u>	<u>St John's</u>	<u>PT D.O. 113</u>	<u>29-12-40</u>
<u>21-4-41</u>		<u>Proceeded from St John's in Party No 1.</u>	<u>✓</u>	<u>21-4-41</u>	<u>✓</u>	<u>"</u>	<u>PT. D.O. 50</u>	<u>21-4-41</u>
<u>2.6.41</u>		<u>Granted 14 days Furloughs</u>	<u>- " -</u>	<u>2.6.41</u>	<u>- " -</u>	<u>Airport</u>	<u>P.T. D.O. 65</u>	<u>4.6.41</u>
<u>23.6.41</u>		<u>Aut. for future 3 days pay. Awk.</u>	<u>- " -</u>	<u>23.6.41</u>	<u>- " -</u>	<u>- " -</u>	<u>P.T. D.O. 74</u>	<u>26.6.41</u>
<u>29-9-41</u>		<u>Proceeded from Airport Nfld</u>	<u>"</u>	<u>29-9-41</u>	<u>"</u>	<u>"</u>	<u>PT D.O. 116</u>	<u>29-9-41</u>
<u>6.10.41</u>		<u>Arrived Valcartier Nfld</u>	<u>"</u>	<u>6.10.41</u>	<u>"</u>	<u>Valcartier</u>	<u>PT D.O. 118</u>	<u>6.10.41</u>
<u>6-10-41</u>		<u>Admitted Valcartier Camp Hospital</u>	<u>"</u>	<u>3-10-41</u>	<u>"</u>	<u>"</u>	<u>" " "</u>	<u>"</u>
<u>18-10-41</u>		<u>P.O.S. on transfer to 5 DS</u>	<u>✓</u>	<u>17-10-41</u>	<u>✓</u>	<u>✓</u>	<u>✓ ✓ 122</u>	<u>18-10-41</u>
		<u>T.O.S. as all D.D.S. transfr to Valcartier Camp</u>	<u>-</u>	<u>18-10-41</u>	<u>-</u>	<u>Quebec</u>	<u>- - 251</u>	<u>21-10-41</u>
<u>16-12-41</u>	<u>DD.5</u>	<u>S.O.S. of DD.5 Under R.O. 1029-10</u>	<u>"</u>	<u>15-12-41</u>	<u>"</u>	<u>Quebec</u>	<u>D.O. 299</u>	<u>16-12-41</u>

"unable to meet the required military physical standards"

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

CERTIFICATE OF MEDICAL EXAMINATION

Name in full Cadieux Marcel Date Nov. 27 1940

Part 1. Information obtained from the recruit.

1. Age 26 2. Have you ever suffered from any of the following diseases?
- | | | | |
|-----------------------------------|-----------------------|--|-----------|
| a. Rheumatism..... | <u>no</u> | k. Ear disease..... | <u>no</u> |
| b. Tuberculosis..... | <u>no</u> | l. Eye disease..... | <u>no</u> |
| c. Bronchitis or asthma..... | <u>no</u> | m. Epilepsy..... | <u>no</u> |
| d. Heart disease..... | <u>no</u> | n. Nervous or mental disease..... | <u>no</u> |
| e. Kidney or bladder disease..... | <u>no</u> | o. Syphilis..... | <u>no</u> |
| f. Gastro-intestinal..... | <u>no</u> | p. Gonorrhoea..... | <u>no</u> |
| g. Rupture..... | <u>Operation 1920</u> | q. Have you ever worn glasses?..... | <u>no</u> |
| h. Varicose veins..... | <u>no</u> | r. Are you now or have you in the past received disability pension or compensation? If so, give details..... | <u>no</u> |
| i. Flat or deformed feet..... | <u>no</u> | | |
| j. Nasal trouble..... | <u>no</u> | | |

M. Cadieux
Signature of Applicant
URINE N
X-RAY N

Ears, reflexes normal.

Col vis shihara CN; A. Delahaye Capt.

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

1. Identification marks or scars. (If operative obtain history.)
1 vacc left arm.
2. Height 5 feet 8 1/2 inches. 3. Weight 145 pounds.
4. Complexion med Eyes hazel 5. Development good Good Fair Poor
Hair dark
6. Chest measurement—Girth on full expansion ~~36 1/2~~ 35 1/2 inches.
Range of expansion 4 inches.
7. Vision, right 20-20 left 20-20 8. Hearing, right cv20 left cv20
9. Condition of mouth and teeth good. few missing.
10. The abnormalities (congenital and pathological) found on examination are as follows.....

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

H. Aubry Maj. J. G. Mathieu Capt. W. Tremblay Lt Col.

H. Aubry President *J. G. Mathieu* Member *W. Tremblay* Member

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature
<u>21-1-41</u>	<u>Vacc. n. Reaction</u> <i>[Signature]</i>		
	<u>Tab 3</u>	<u>21-1-41</u>	<i>[Signature]</i>
		<u>29-1-41</u>	<i>[Signature]</i>
		<u>5-2-41</u>	<i>[Signature]</i>
<u>21-1-41</u>	<u>Tetanus Toxoid 1cc</u> <i>[Signature]</i>		
<u>12-3-41</u>	<u>" " 1cc</u> <i>[Signature]</i>		
<u>5-7-41</u>	<u>Re-examined, no change in category</u> <i>[Signature]</i>		

X-RAY FILMS ON FILE. THESE MAY BE SECURED DIRECT FROM X-RAY SECTION RECORD OFFICE, N. D. H. C.

(a) Report		(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
Date	From whom received						
25-12-40		V.R.C.	Proceeded from Montreal Que	Mtl	25-12-40	Refn	PT. II. D.O. 112-25-12-40
29-12-40		"	Arrived St. John's Nfld.	St. John's	29-12-40	"	PT. II. D.O. 113-31-12-40
21-4-41		✓	Proceeded from St. John's in P.T. # 1.	✓	21-4-41	✓	PT. II. D.O. 50
2.6.41		-"-	Granted 14 days furlough.	AIRPORT.	2.6.41	-"-	PT. II. D.O. 65. 4.6.41
23.6.41		-"-	Automatic forfeiture 3 days pay. Awk.	-"-	23.6.41	-"-	PT. II. D.O. 74.
29-9-41		"	Proceeded from Airport Nfld	"	29-9-41	"	PT. II. D.O. 116
6-10-41		"	Arrived Valcartier Qld	Valcartier	2-10-41	"	PT. II. D.O. 118 6.10.41

SERVICE AND CASUALTY FORM

PART I (For all ranks)

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

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

Regimental Number..... **D. 72156**

<p>1. Surname..... CADIEUX</p> <p>2. Christian Names..... MARCEL, JOSEPH</p> <p>3. *Substantive Rank and Appointment..... R.F.N.</p> <p style="margin-left: 20px;">*Acting Temporary or Local Rank.....</p> <p style="margin-left: 40px;">giving date.....</p> <p style="font-size: small;">*To be entered in pencil to facilitate alteration.</p> <p>4. Place of birth..... MONTREAL, QUE. CAN.</p> <p>5. Date of birth as declared on attestation..... 24 Sept. 1914</p> <p style="margin-left: 20px;">(A).....</p> <p>6. Date of enlistment..... 3 Dec. 1940</p> <p>7. Place of enlistment..... Montreal, Que.</p> <p>8. Residence at time of enlistment..... Montreal, Que.</p> <p>9. (B) Special conditions (if any) of enlistment or rate of pay.....</p> <p>10. (C) Any subsequent variations of conditions of service.....</p> <p>11. Religion..... R.C.</p> <p>12. If married, state date.....</p> <p>13. Trade on enlistment..... farmer</p> <p>14. Corps, trade and grade.....</p> <p>15. (D) Qualifications.....</p> <p>16. (E) Miscellaneous entries.....</p>	<p>(17) Regiment or Corps.....</p> <p style="text-align: center;">Unit (Battn., etc).....</p> <p>(18) Medical..... Board</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Category</th> <th style="width: 20%;">Date</th> <th style="width: 50%;">Authority</th> </tr> </thead> <tbody> <tr> <td>Med. Cat. "A"</td> <td></td> <td>S.M.B.</td> </tr> <tr> <td>med. cat.</td> <td></td> <td></td> </tr> <tr> <td>Reaffirmed "A"</td> <td>5-7-41-</td> <td></td> </tr> </tbody> </table> <p>(19) Next of kin (entries to be made in pencil).....</p> <p style="text-align: center;">Mrs. Emile Cadieux (mother)</p> <p style="text-align: center;">555 2 St. Lawrence Blvd -</p> <p style="text-align: center;">Montreal, P.Q. - Canada</p> <p>(20) E.....</p> <p>(21) E.....</p> <p>(22) E.....</p>	Category	Date	Authority	Med. Cat. "A"		S.M.B.	med. cat.			Reaffirmed "A"	5-7-41-	
Category	Date	Authority											
Med. Cat. "A"		S.M.B.											
med. cat.													
Reaffirmed "A"	5-7-41-												

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.

To be made out in duplicate

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

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

INSTRUCTIONS.

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

(1) Name of Officer of Other Rank..... CADIEUX MARCEL JOSEPH
(Surname first—Christian names in full—Block capitals)

(2) Regimental or Air Force Number and Rank..... D-72156 Rifleman

(3) Unit..... 1st Bn. Victoria Rifles of Canada, CASF.

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

(5) If married, state,

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

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

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

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

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

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

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

Name..... N/A

Postal Address..... N/A

[SEE OTHER SIDE]

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

If so, state her full name and Postal Address N/A

(11) Is your father alive? No.

If so, state name and address, occupation N/A

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

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

N/A

Also state reason he has no other means of support if partially supported by you, what is your reason for not providing full support? N/A

(14) Is your mother alive? Yes

If so, state name and address Mrs. Emilien Cadieux

5552 St. Lawrence Blvd., Montreal, P.Q. Canada.

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

(16) If sole or partial support of widowed mother—state what amount per month you have given her prior to appointment or enlistment \$ 15.00 to \$20.00 Monthly.

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? Widow.

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

If so, state the following particulars:—

Relationship N/A

Full Name N/A

Postal Address N/A

Amount contributed monthly during the past six months N/A

(18) Are you insured? No.

If so, in what Company? N/A

(Give number of policy)

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

If not, and it is a monthly premium, you may assign the amount in addition to any other assignment you wish to make, provided the total assignment is not in excess of the maximum monthly amount which may be assigned.

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

Mareel Cadieux
(Signature of officer or man)

Date 3 Dec 40

T. H. Window Capt
for Officer Commanding 1st Bn. Victoria Rifles
of Canada, CASF.

Date 3 Dec 40

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.

Madison M.

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

Section A—GENERAL INFORMATION

1. (a) Print name in full MARCEL CADIAUX (b) Reg'l. No. 3, 1156
2. (a) Arm of service 3079 (b) Unit VICTORIA RIFLES OF CANADA (c) Rank PLT
3. (a) Date of birth 15 SEPT 19 (b) Have you any dependents? YES (c) Place of residence at time of enlistment Montreal
4. (a) Place of enlistment Montreal (b) Date of enlistment 29 NOV 40

PLEASE
LEAVE
BLANK

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school..... (b) Were you attending school or college up to the time of enlistment?.....
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.)..... 0
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 ENGLISH (b) What languages do you read well? ENGLISH 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 CAN. PACIFIC BANK Address BANK ALTA.
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.).....
20. (a) Your specific occupation GUIDE (b) Number of years' experience at this occupation with any employer.....
21. (a) Did your employer promise definitely to give you employment on discharge?..... (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? YES (b) Do you feel competent to operate a farm? YES (c) If so, in what kind of farming? MIXED
25. (a) Were you born on a farm? YES (b) How many years' actual farming experience have you had? 28 (c) In what provinces did you have experience? ALTA.

Section G—MISCELLANEOUS

26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge?..... YES
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.)..... PLAN TO WORK A FARM IN ST JONTS QUE
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form..... FARMING

DATE 9 SEPT 41 194..... SIGNATURE Marcel Cadiaux