D77635
ELLIOTT
ROBERT ARTHU

OCCUPATIONAL HISTORY FORM

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

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

PLEASE LEAVE BLANK

Section A—GENERAL INFORMATION

1. (a) Print name in full ELLIOTT, Robert Arthur (b) Reg'l. No. D-77635
2. (a) Arm of service Army (b) Unit Royal Montreal Regt. (c) Rank Pte.
3. (a) Date of birth 5 MAR 10 (b) Have you any dependents? Yes (c) Place of residence at time of enlistment 1032-6th Ave, Verdun
4. (a) Place of enlistment Montreal, P.Q. (b) Date of enlistment 26 SEP 40

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 14 (b) Were you attending school or college up to the time of enlistment? No.
6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.) 1 year High School
7. If you attended a university, give name of university and standing or degree secured No.
8. (a) Did you ever enter upon a trade apprenticeship? Yes (b) If so, for what occupation? Hosiery Finisher (c) Did you finish it? Yes (d) If you did not finish it, how long did you serve at it? ----
9. (a) What languages do you speak fluently? English (b) What languages do you read well? English

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 Celtic Hosiery Coy. Ltd. Address 78 Turgeon Street Montreal, P.Q.
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Hosiery Manufacturer
20. (a) Your specific occupation Finisher (b) Number of years' experience at this occupation with any employer 16 years
21. (a) Did your employer promise definitely to give you employment on discharge? Yes (b) Did your employer refuse to promise you employment on discharge? - (c) Do you wish to return to your former employment? Yes.

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

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

Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war? No (b) Do you feel competent to operate a farm? No. (c) If so, in what kind of farming? No.
25. (a) Were you born on a farm? No (b) How many years' actual farming experience have you had? 2 years (c) In what provinces did you have experience? Ontario

Section G—MISCELLANEOUS

26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge? No.
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 No.

DATE 2 APR 41 194 SIGNATURE Elliott R. A.

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

MEMORIAL BAR

DATE DESP (1)

REGN. NO 2187

(1) MEDALS

PERSON ENTITLED TO Mrs. Lillian ELLIOTT (WIDOW)

ADDRESS: 751 Desmarchais Boulevard, Verdum, Que.,

(2) MEMORIAL CROSS

WIDOW Mrs. Lillian Elliott,

ADDRESS: 751 Desmarchais Blvd., Verdun, P.Q.

DESP. NOV 9 1942

(2) REGN NO. 737

(3) MEMORIAL CROSS

MOTHER (deceased)

ADDRESS:

(3)

AWARDS—CANADIAN ARMY (ACTIVE) 1417

M

100M—10-41 (2195)
H.Q. 17-2-45-8

FILE NO. 405-E-2080

SURNAME (IN BLOCK LETTERS) CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT
ELLIOTT, Robert Arthur	D.77635	Pte.	Royal Montreal Regt.

WAR SERVICE BADGE (CLASS) NO. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
War Medal CVSM	7651 26/10/49

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

No D.77635 Rank C.Q.M.S. Name ELLIOTT, Robert Arthur

Unit Royal Montreal Regt.(MG) Date of death 30th Sept., 1942.

Died at Royal Victoria Hospital, Montreal, P.Q.

Cause Meningitis.

Death occurred on strength of Forces. HQ 405-E-2080 d 2-10-42

N/K Mrs. Lillian Elliott Relationship Widow

Address 751 Desmarchais Boulevard, Verdun, P.Q.

Remains buried in Mount Royal Cemetery

Montreal, P.Q.

Grave location L.2288G

CHK

CONTRACTOR'S ROLL FOR THIS SOLDIER
GRAVE DESPATCHED NOV 9 1942

DEATH ~~NOT~~ was DUE TO SERVICE

Condolence cards not despatched as C.P.C. redecision received more than six weeks after death.

ORIGINAL
DUPLICATE
TRIPLICATE

OCCUPATIONAL HISTORY FORM COMPLETED

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.*)

Unit R.M.R. (MG) CASF Regimental Number D-77635

CANADIAN ACTIVE SERVICE FORCE

ATTESTATION PAPER

1. Surname ELLIOTT
2. Christian Names ROBERT, ARTHUR
3. Present address ~~XXXXXXXXXXXXXXXXXXXX~~ 751 Desmarchais Blvd., Verdun, Que. Quebec, Canada.
4. Date of birth 5th March, 1910
5. Place of birth England (Country) Nottinghamshire (County or Province) Nottingham (Town or Township)
6. Religion (state denomination) Church of England
7. Trade or Calling Carpenter
8. Married, Widower or Single Married
9. Name of next of kin Mrs. Lillian Elliott
10. Relationship Wife
11. Address of next of kin ~~XXXXXXXXXXXXXXXXXX~~ 751 Desmarchais Blvd., Verdun, Que. Verdun, Quebec, Canada
12. Do you belong to, or have you served in the Active Militia of Canada? no
(If Yes, Give Unit and Dates of Service)
13. Have you served in (*a*) The Canadian Active Service Force? no. (Yes or No) no. (If Yes, Give Regimental No. and Unit) (*b*) Any other Naval, Military, or Air Force? no (Yes or No) (If Yes, specify Unit and Period of Service)
14. Did you serve during the Great War 1914-1918? no
(If Yes, specify Regimental No., Unit and Dates of Service)

DECLARATION TO BE MADE BY MAN ON ATTESTATION

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

Date 26September 40 + R. A. Elliott (Signature of recruit)

Clerk 2/Opr. Writers

OATH TO BE TAKEN BY MAN ON ATTESTATION

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

R. A. + Elliott (Signature of Recruit)

CERTIFICATE OF MAGISTRATE, JUSTICE OF THE PEACE OR ATTESTING OFFICER

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

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

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

at Montreal. P.Q. this 26th day of September 19 40

W. Fuller {Signature of Magistrate, Justice or Attesting Officer.

NO. 4 DISTRICT DEPOT, C.A.S.F. {Office or Rank and Unit or appointment. (CAPT)

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

Record of Service of ELLIOTT (Surname) ROBERT, ARTHUR (Christian Names) Regimental Number D-77635

QUALIFICATIONS

Military: nil

Business or Professional: nil

Trade or Civil: Carpenter

Technical: nil

Languages: English

EDUCATIONAL QUALIFICATIONS

High School or Collegiate: nil (years completed)

Graduation or Matriculation: nil (specify)

*College: nil

*University: nil

9 years 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
		Joined on appointment						
26Sept40	D.R.O.	No. 4. DISTRICT DEPOT CASF	Pte	26Sept40	4 D.D.	Montreal.	4 D.D. PT.II - 244	26Sept40
3 Oct.40	4 DD	Trsfd to his Unit Three Rivers Que.	"	3 Oct.40	"	"	" " 250	3 Oct.40
		T.O.S. M.G.T.C. MD 4 12-4-41	"	4-10-40	M.G.T.C.	3 Rivers	" " 250	7-10-40
		Granted ufrough 5-4-41 to XXX#####	"	5-4-41	"	"	" 82	5-4-41
		751 Desmarchais Blvd., Verdun, Quebec.	"	25-6-41	"	3 Rivers	PT.II D.O.150	25-6-41
		To be L/CPL with pay	L/CPL	16-8-41	" "	"	195	16-8-41
		Promoted to A/CPL with pay	A/CPL	1-9-41	"	"	212	5-9-41
		To be A/SGT with pay of rank	A/Sgt.	13-1-42	"	"	14	17-1-42
		Granted furlough from 1200 hrs. 29-5-42 to 1200 hrs. 12-6-42. and issued T.W. No. A-52789	"	29-5-42	" "	"	120	29-5-42
		To be A/C.Q.M.S. with pay	ACQMS	7 Jul 42	"	"	159	10 Jul 42
		Admitted (sick) to Coteau Bks. Milt.Hospt.	"	25-7-42	"	"	173	27-7-42
		Transferred to Normand & Cross Hospt. Trois-Rivieres, Que.	"	27-7-42	"	"	174	28-7-42

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

CERTIFICATE OF MEDICAL EXAMINATION

Name in full ELLIOTT -Robert ~~Arthur~~ Arthur Date Sep 21 1940

Part 1. Information obtained from the recruit.

1. Age 30 2. Have you ever suffered from any of the following diseases?

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

R. A. Elliott
Signature of Applicant

Color vision Ishihara C.N.

URINE N

Ears & reflexes N. A. Delahaye Capt

XRAY N

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

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

2. Height 5 feet 8¼ inches. 3. Weight 151 pounds.

4. Complexion Med Eyes Gray Hair L. Brown 5. Development Good (Good / Fair / Poor)

6. Chest measurement—Girth on full expansion 35 inches.
Range of expansion 2½ inches.

7. Vision, right 20-30 left 20-20 8. Hearing, right c v 20 left c v 20

9. Condition of mouth and teeth good one missing

10. The abnormalities (congenital and pathological) found on examination are as follows
Slight Varicocoele Left

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

R. Ferguson Major (President) H. Lubbe Major (Member) G. Ganon (Member)

R. Ferguson Major H. Lubbe Major G. Ganon

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature
SEP 26 '40	TAB H. Pollacey Lt.		
18.10.40	R.B. Taylor Major		
26.10.40	3		
SEP 26 '40	VACCINATION H.P.M.		
SEP 26 '40	TETANUS TOX 1cc R.B.M.		
3.11.40.	TETANUS TOX 1cc RBT		
[redacted] 3 - 1941	RE-EXAMINATION: NORMAL URINE, EARS, REFLEXES, CATEGORY "A"		
MAR 26 1942	TABT ½ R.B. Taylor Major ~~C.A. Beerepoot Maj.~~		

Regtl. No. D-77635 Rank Pte. Surname ELLIOTT Christian Name ROBERT, ARTHUR

STATION	Date of Arrival at the Station	Dates of Admission into Hospital			Dates of Discharge from Hospital			DISEASE	Number of days in Hospital	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied.	Signature of Medical Officer
		Day	Month	Year	Day	Month	Year				
Three Rivers Lve	4-10-40	25	7	42	27	7	42	N.Y.D. Typhoid Fever (Para A) 0/02	3	Coteau Barracks Mil. Hosp. Unchanged. Transferred to Norman + Cross Hosp	[illegible]
Three Rivers Lve	4-10-42	27	7	42	22	8	42	Infection of unknown origin, probably G.I. tract	26	Normand & Cross. To Unit	[illegible] Capt
Three Rivers,	4-10-42	22	8	42	7	9	42	Convalescence Para-typhoid	18	Coteau Bks. Mil. Hosp. Cured	[illegible] Capt

4. (For Service Record)

Can. Legion War Services Inc.,
(Educational)

Name, Rank, Regt. No. Elliott, R.A. D77635 Pte.

Age 30 Unit R.M.R.

Course Bookkeeping

Date applied 15/1/41

RESULT:

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

Statement of the Service of No. D-77635 Rank ~~MMMSM~~ A/CQMS Sheet No. 1

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

Name ELLIOTT R.A.

REPORT Date	REPORT From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority Part II D.O. No. Cas. List, etc.	Authority Dated
		Discharged from Normand & Cross Hospt. Trois-Rivieres, Que.	A/CQMS	22-8-42	CMGTCA-17	3Rivers, Que.	200	24-8-42
		Admitted (sick) to C.B.M.H. Trois-Rivieres, Que.	"	22-8-42	"	"	200	24-8-42
		Granted convalescent leave without ~~XXX~~ subsistance from 7 Sep 42 to 25 Sep 42	"	7 Sep 42	"	"	213	8 Sep 42.
		Discharged from C.B.M.H. Trois Rivieres,	"	7 Sep 42	"	"	213	8 Sep 42
		Admitted sick to Royal Victoria Hospital, Montreal, Que.,	"	12-9-42	"	"	220	17-9-42
		Died at Royal Victoria Hospital, Mont.Que. and is struck off strength.	"	30-9-42	"	"	235	30-9-42
		Part II Order No. 213 is ammended to read from 7 Sep 42 to 11 Sep 42	"	11 Sep 42	"	"	252	20 Oct 42.

Statement of the Service of No. D-77635 Rank ~~M/SGT/RM~~ A/CQMS Sheet No. 1

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

Name ELLIOTT R.A.

REPORT Date	REPORT From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority Part II D.O. No. Cas. List, etc.	Authority Dated
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		Admitted (sick) to C.B.M.H. Trois-Rivieres, Que.	"	22-8-42	"	"	200	24-8-42
		Granted convalescent leave without ~~RMY~~ subsistance from 7 Sep 42 to 25 Sep 42	"	7 Sep 42	"	"	213	8 Sep 42
		Discharged from C.B.M.H. Trois Rivieres,	"	7 Sep 42	"	"	213	8 Sep
		Admitted sick to Royal Victoria Hospital, Montreal, Que.,	"	12-9-42	"	"	220	17-9-42
		Died at Royal Victoria Hospital, Mont. Que. and is struck off strength.	"	30-9-42	"	"	235	30-9-42
		Part II Order No. 213 is ammended to read from 7 Sep 42 to 11 Sep 42	"	11 Sep 42	"	"	252	20 Oct 42

To be made out in duplicate

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.

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(1) Name of Officer of Other Rank ELLIOT ROBERT ARTHUR
(Surname first—Christian names in full—Block capitals)

(2) Regimental or Air Force Number and Rank D-77635 Private

(3) Unit Royal Montreal Regiment (M.G.) CASF

(4) Are you married? Yes.

(5) If married, state,

(*a*) Full name of your wife Mrs. Lillian May ELLIOT

(*b*) Present postal address of wife 742 5th. Avenue, Verdun, Quebec, Canada.

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

(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 See articles (5a & 5b)

Postal Address "

[SEE OTHER SIDE]

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

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

.....

.....

(11) Is your father alive?.....Yes.....

If so, state name and address, occupation.....Arthur ELLIOT, 72 Arkwright Street, Nottingham, Nottinghamshire, England. Baker.....

(12) If your father is a widower and is totally incapacitated from earning a living—are you his sole or partial support?.....No.....

(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?.....No.....

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

.....

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

(16) If sole or partial support of widowed mother—state what amount per month you have given her prior to appointment or enlistment.....N/A.....

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?.....N/A.....

(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?.....Yes.....

If so, in what Company?..Prudential Life Insurance Company. (Number Unknown)
(Give number of policy)

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.

R. A. Elliott
(Signature of officer or man)

Date.....September 26th. 1940

W. K. Welles
Officer Commanding
Date.....September 26th. 1940 NO. 4 DISTRICT DEPOT, C. (Captain)

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.

W. K. Welles.

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

DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE

4
ARMY

STATEMENT OF WAR SERVICE GRATUITY

DECEASED MEMBER'S NAME: Robert Arthur (CHRISTIAN NAMES) ELLIOTT (SURNAME)

REGISTER NO. D-6187
FILE NO. 405-E-2080
DATE 26-7-45
SERVICE NO. D-77635
FINAL RANK OR RATING A/C.Q.M.S.
DATE OF DISCHARGE 30-9-42

PAYEE: Mrs. Lillian ELLIOTT,
ADDRESS: 751 Desmarchais Blvd., Verdun, P.Q.

DATE OF TERMINATION OF OVERSEAS SERVICE

		$ ¢
A. TOTAL QUALIFYING SERVICE		
720 NO. OF DAYS 735 / 30 EQUAL TO 24 COMPLETE PERIODS AT $7.50		180.00
B. QUALIFYING OVERSEAS SERVICE		
NO. OF DAYS LESS INELIGIBLE DAYS, EQUAL TO DAYS @ 25c. PER DAY — SEE PAR. 2 OVERLEAF FOR EXPLANATION		
		180.00
C. SUPPLEMENT FOR OVERSEAS SERVICE		
DAILY RATES AT DISCHARGE		
PAY	$	
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE	$	
ADDITIONAL PAY	$	
	$	
	$	
DEPENDENTS' ALLOWANCE 1/30 OF $	$	
TOTAL	$	X7 = $
NO. OF DAYS ____ / 183		X$
D. WAR SERVICE GRATUITY		180.00
E. DEDUCTIONS — OVERPAYMENT OF PAY AND ALLOWANCES	$	
DEPENDENTS' ALLOWANCE AND ASSIGNED PAY	$	
OTHER DEDUCTIONS	$	
F. TOTAL AMOUNT PAYABLE		180.00

G. YOUR PORTION OF GRATUITY IS— 100%

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

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

RECEIVED
JUL 30 1945
WAR SERVICE GRATUITY DIVISION, ARMY TREASURY

ΔT

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

PREPARED BY	CHECKED BY
PJ	

TREASURY	
CHECKED BY	DATE
	Aug 7/45

SERVICE REPRESENTATIVE

VOIR INSTRUCTIONS AU VERSO.

M.F. M 10a
20M—7-40 (5760)
H.Q. 1772-39-1657

FORMULE DE TESTAMENT

(1) Je, Robert Arthur ELLIOT, de la City
(Nom au long)

de Verdun, dans le Comté / District de Jacques Cartier,

Province de Quebec, Canada., Carpenter,
(Occupation civile)

N° matricule D-77635, Unité R.M.R. (M.G.) CASF, révoque par les présentes tous testaments que j'ai pu faire antérieurement et déclare que ceci est mon testament.

Noms et adresse des bénéficiaires

(2) Je lègue à "My wife, Mrs. Lillian Elliott, residing at, 742 5th. Ave. Verdun, Quebec, Canada, all my real and personal property and my personal effects."

R.A.E.

Noms et adresse des bénéficiaires résiduaires

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

R.A.E.

(4) Je nomme
(Nom)

exécuteur / exécutrice de mon présent
(adresse)

testament.

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

En foi de quoi j'ai signé ce 26ème jour de Septembre A.D. 1940

R. A. Elliott
(Signature du soldat)

(5)

Signature du premier témoin: Jos. Parent pte
(Adresse) 342 Montréal
(Les bénéficiaires ne peuvent être témoins)

Signature du second témoin: R. B. Dunning
(Adresse) 5642-14th Ave Rosemount Montréal Que

(VOIR AU VERSO)

M. F. D. 930A
500M—3-42 (3877)
H.Q. 1772-39-1548

CANADIAN ARMY (A)

LAST PAY CERTIFICATE

Regtl. or Official No. D-77635 Rank and Name A/CQMS. ELLIOTT, Robert Arthur

of Company, etc. RMR. Att. C.M.G.T.C.No.A-17 Regiment, etc., on

(Transfer, Posting or Discharge) to (Unit and Station) on 30 SEP 42 194

Reason for discharge Deceased Authority D.O.235 d/30 SEP 42.

On TRANSFER OF OFFICER or WARRANT OFFICER, Class I

Outfit allowance of $ N/A has been paid by the Treasury Officer, Military District No. N/A or N/A Air Command.

REMARKS:

State (1) Date of appointment or enlistment 26 SEP 40

(2) If individual has dependents eligible for Dependents Allowance, has application been submitted? Yes

(3) Has assignment of pay been made? Yes If so, amount 1.00 (WSC) $35.00 effective date 1 APR 41 (WSC) 1 FEB 42

(4) In the case of Officers in receipt of a Service (P.F.) Pension state monthly deduction $ N/A

The following is a statement of the account of the above named from 1 SEP to 30 SEP 194 2 the inclusive date of transfer, posting or discharge.

Dr. PARTICULARS	AMOUNT	Cr. PARTICULARS	AMOUNT
Balance Dr. from last account		Balance Cr. from last account	
First Monthly Payment		Regimental Pay 30 days at $ 2.50	75.00
Casual Payments		Tradesmen's Pay days at $	
Payment on Transfer, Posting or Discharge		Additional Pay (Give particulars)	
Assigned Pay	36.00	days at $	
Regimental Charges		Allowances (Give particulars) 18 days	
Public Stoppages (Give particulars):		Convalescent Leave at $0.50	9.00
MFC 512 #156	.56		
Cancellation of Leave Subsistence on entering Hospital	6.50		
To Balance Cr. (To be paid by new unit)	40.94	By Balance Dr. (To be deducted by new unit)	
Total	84.00	Total	84.00

ESTATES BRANCH OCT 16 1942 H.Q. OTTAWA NATIONAL DEFENCE

I certify that the above is a true and correct statement of the account of the above named, on transfer, posting or discharge.

Three Rivers, Que. (Place)

14 OCT 42. (Date)

L. C. Miller, Capt.
Paymaster or Accounting Officer.

In looking over the form I noticed you had my husbands rank down as a private, instead of Company quarter master Sergeant. Please rectify same and oblige

Lillian Elliott.

UNITED STATES
OCT 31 1942
H. Q.
OTTAWA.
NATIONAL DEFENCE

MEMORANDUM FOR

Mrs. Lillian Elliott,

751 Desmarchais Blvd.,

Verdun, P.Q.

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

THE SECRETARY,
DEPARTMENT OF NATIONAL DEFENCE,
OTTAWA, ONTARIO

ATTENTION: ADMINISTRATOR OF ESTATES

and the following number quoted:—

H.Q. 405-E-2080 FD. 234

DEPARTMENT OF NATIONAL DEFENCE
OTTAWA, ONT.

October 23, 1942.

For the purpose of record and in the event of there being any balance of pay, medals or memorials available for distribution (according to law) on account of the late

ELLIOTT, Robert Arthur, Pte.

No. D.77635, Royal Montreal Regiment (M.G.)

it is necessary that the requisite information regarding the deceased and his relatives should be furnished on the inside of this form in strict accordance with the printed instructions. The particulars required are to be carefully filled in and the Declaration on the back should then be signed in the presence of a Clergyman, Priest or Local Magistrate, who should be asked to complete and sign the Certificate. This form should then be returned to the above address.

R. G. Phelan Lieut

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

ESTATES BRANCH
OCT 31 1942
H.Q. OTTAWA
NATIONAL DEFENCE

M.F.W. 77
3M-5-40 (4995)
H.Q. 1772-39-972

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

Degrees of Relationship	RELATIVES required to be accounted for		INFORMANT'S STATEMENT: NAME IN FULL of any Relative, if any, in each degree inquired for	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased.....		Lillian Elliott	34	717 Dermanchais Blvd Verdun P.Q.
2	Children of the Deceased and dates of their Births.....		None		
3	Father of the Deceased.....		Arthur Elliott	58	72 Arkwright St Nottingham England
4	Mother of the Deceased.....		Minnie Elliott (deceased)		1914
5	Brothers of the Deceased	Full Blood			
		Half Blood	Ronald Elliott	23	60 Sneinton Hollows Nottingham England.
6	Sisters of the Deceased	Full Blood			
		Half Blood	Madge Elliott	25	60 Sneinton Hollows Nottingham England
	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, *who are dead*, and date of death of each.		Names and ages of their children (if any)		Address of their children
7					

ONLY IF NO RELATIVES IN THE DEGREES ABOVE ARE NOW LIVING, THE FOLLOWING PARTICULARS SHOULD BE GIVEN

	—	NAMES OF THOSE LIVING	Age	ADDRESS IN FULL
8	Grand-Parents of the Deceased.....			
9	Uncles and Aunts by blood of the Deceased (not Uncles and Aunts by marriage).....		Age	

FULL PARTICULARS AS TO IDENTITY

10	What is the full name of the deceased?	Robert Arthur Elliott.
11	Give the month and year of his birth.	March 5. 1940
12	Where and when were his parents married?	Bulwell Church 1909 Nottingham England
13	Was he ever married? If so, state exact place and date of marriage.	Verdun United Church, Woodland Ave Verdun P.Q. November 14. 1936
14	Did he leave a (later) Will? If so, it should be forwarded.	No.
15	Is there any other estate which will necessitate application being made for Probate or Letters of Administration?	No.

PARTICULARS OF DOMICILE

16	Where was deceased born?	Bulwell Nottingham England
17	In what Province, Country or State did he reside, and in which last?	Ontario Canada Montreal " Verdun "
18	How long in each?	1. Year 4. " 8 "
19	What was the nature of his employment?	Hosiery finisher
20	Did he own the house or homestead in which he lived? If so, where?	No.
21	Did he ever state verbally, or in writing, where he intended to make his permanent home?	No.
22	State your postal address in full.	751 Dermarchais Blvd Verdun P.Q.

PARTICULARS AS TO CLAIMS

23	Have the funeral expenses been paid? If so, by whom?	Yes. Mrs Lillian Elliott
24	Are there any outstanding claims against the estate? If so, furnish full name and address of each Creditor in this space and enclose his Bill of Account. (See Note Below).	No.

NOTE.—Paragraph 24 refers to debts incurred for board and lodging, medical and funeral expenses, money borrowed, goods purchased, etc.; the following information to be embodied in all accounts submitted:—

1. Name and address of Creditor.
2. Detailed statement of particulars of claim with date or dates incurred.
3. At the end of his statement the creditor should certify that the account is just and reasonable, that no payments save as shown, have been made thereon and that he holds no security therefor; the creditor should then sign same, and if you admit that the claim is correct, then you "O.K." the bill and sign same.

(PLEASE TURN OVER)

DECLARATION

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

I hereby declare that the foregoing particulars are correct, and a true and complete statement of all the relatives that the deceased ever had in the degrees inquired for; and that I am the

*.....Widow.....of the deceased.

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

.....Lillian E. Elliott..... {Signature of Informant

CERTIFICATE

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

*See above .....Widow..... {Name of Informant} is the *.....Lillian E. Elliott (Widow) of the Deceased above described, and I believe the above Declaration and the Statement of Relatives made by the Informant and signed in my presence to be complete and correct.

Dated at.....Verdun..... this.....29th..... day of.....Oct.....19.42.

Signature of Clergyman, Priest or Magistrate } .....James Fredrick Wilson..... Qualification.....C.S.C.....

Address.....5531 Verdun ave Montreal Que.

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

"A"

PERSONAL EFFECTS OF D77635

C.Q.M.S. ELLIOTT, R.A.

Shoe Trees	1 pr.	Shin Pads	1 pr
Pocket Note Book	4	Swimming Trunks	1
Ruler 12"	1	Jacknife	1
Keys (Sundry)	9	Handkerchiefs	2
Paint Brush ½	1	Tie (Black)	1
Pencils (Eversharp)	2	Wrislets	1 pr.
Badges Shoulder	3	Socks	1 pr.
" Collar	1 Pr.	Glass (9 x 5)	1
Belt Brackets	3	Razor Rolls Complete	1
Stamps (2)	.06	Blanie	1
Shoulder Badges (Drab)	3 pr.	Sweater Woollen Sleeveless	1
Blades (Minova)	2 pkgs.	R.M.R. Sweat Shirt	1
Plug (Electric)	1	Tartar Emetic Poison	1 pkg.
Nail File	1	Billfold with Registration card	1
Vicks Vatronol	1 jar	Personal Papers	1 Box
Petroleum Jelly	1	Toaster (Non-electric)	1
Pillow Case	2	Street Car Ticket (Mont.)	1
~~Barrack Box with Lock~~	~~1~~	Coat Hangers	4
~~Shelves~~	~~2~~	Spaort Thread	2
Fly Spray	1	Leather Laces	1 pr.
Hammer	1	Picture Framed	1
Money Belt	1	Note Book (Large)	1
Horseshoe (Rubber)	1		

Certified
J. H. Mumbourne Capt.
14 Oct. 42

To be made out in duplicate

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

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

INSTRUCTIONS.

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

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

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

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(1) Name of Officer or Other Rank ELLIOTT
(Surname first—Christian names in full—Block capitals)
Robert Arthur.

(2) Regimental or Official Number and Rank D.77635 Private.

(3) Unit Royal Montreal Regt. (M.G.) CASF

(4) Are you married? YES

(5) If married, state,

(*a*) Full name of your wife Mrs. Lillian May Elliot

(*b*) Present postal address of wife 742 - 5th Ave., Verdun, Quebec.

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

(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 See articles (5a & 5b)

Postal Address

[SEE OTHER SIDE]

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

If so, state her full name and Postal Address

N.A.

(11) Is your father alive? YES

If so, state name and address, occupation Arthur Elliot

72 Arkwright St., Nottingham, Nottinghamshire, England (Baker)

(12) If your father is a widower and is totally incapacitated from earning a living—are you his sole or partial support? NO

(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? NO

If so, state name and address N.A.

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

(16) If sole or partial support of widowed mother—state what amount per month you have given her prior to appointment or enlistment N.A.

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? N.A.

(17) Are you contributing to the support of any dependents, other than those shown above?
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? YES

If so, in what Company? Prudential Life Ins. Co. (Number unknown)
(Give number of policy)

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.

(Sgd.) R.A. Elliott
(Signature of officer or man)

Date September 26, 1940

(Sgd.) W.K. Nelles Capt.

Officer Commanding #4 Dist. Depot CASF

Date September 26, 1940

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.

REPORT OF DEATH OF A SOLDIER

TO BE FORWARDED TO THE SECRETARY, DEPARTMENT OF NATIONAL DEFENCE, (MARKED "FOR OFFICER IN CHARGE OF RECORDS") IMMEDIATELY AFTER DATE OF DEATH

Unit: ROYAL MONTREAL REGIMENT (MG) ATTACHED TO C.M.G.T.C. A-17

Regt'l No.: D77635 Rank: A/C.Q.M.S.

Name in full: ELLIOTT, Robert Arthur

Date and place of birth: 5 March, 1910 Nottingham, England.

Married or single: Married

Enlisted, when and where: 26 September, 1940 Montreal, Quebec.

Died — Date: 30 September, 1942; Place: Royal Victoria Hospital Montreal, P.Q.; Cause of death: Meningitis

Buried — Date: 3 October, 1942; Name of cemetery: Mont Royal; Location of cemetery: Montreal, P.Q.

Whether he leaves a Will or not, and if so, where deposited: Yes Officer in Charge Records, Ottawa, Ont.

Statement as to existence of any personal effects: Committee of adjustment has been convened and report will be submitted in accordance with regulations.

Latest particulars as to Next of Kin: Mrs. Lillian Elliott
751 Desmarchais Blvd.,
Verdun, P.Q.

I hereby certify that ~~Next of Kin~~ and District Headquarters have been informed.
(Strike out Next of Kin if not informed)

W.F.J. Charman
(W.F.J. CHARMAN) Major,
Acting Officer Commanding
C.M.G.T.C. A-17

Secretary, Department of National Defence.

Forwarded, please.

Date: 2 October, 1942;

H.E. Kaufman Major
D.O.C., M.D. 4

Date: 4 Oct 1942

Auditor Thanks Reg

M.F.W. 2570
20M—7-40 (6121-2)
H.Q. 1772-39-1356