D81092
STEPHENS
WILLIAM

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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 STEPHENS, William Blair (b) Reg'l. No. D 81092
2. (a) Arm of service Army (b) Unit Black Watch (c) Rank Pte.
3. (a) Date of birth 24 Jun 14 (b) Have you any dependents? No (c) Place of residence at time of enlistment Montreal, Que.
4. (a) Place of enlistment Montreal, Que. (b) Date of enlistment 7 Sep 39

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 16 (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.) 8th Grade
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? 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? None

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 Canada Cement Building. Address Montreal, Que.
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Office Building
20. (a) Your specific occupation Elevator Operator (b) Number of years' experience at this occupation with any employer 2
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? No (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? (c) If so, in what kind of farming?
25. (a) Were you born on a farm? (b) How many years' actual farming experience have you had? none (c) In what provinces did you have experience?

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 Elevator operator.

DATE 21 June 194 3 SIGNATURE [illegible]
for Officer i/c Records CMHQ

CARDS PUNCHED

CONFIDENTIAL

Soldiers Qualification Card

CODED

503

D 81092 — Regt'l. Number
STEPHENS — Last Name
WILLIAM — First Name
BLAIR — Middle Names

Deceased

Unit B. Coy 1st Bn. The Black Watch

1 Corps R.H.C.

2 Nationality 0-8 Canadian | By Birth | By Naturalization | Country of Birth

3 Racial Origin British

4 Language spoken in home: French ..... Other ..... English ✓

5 Age 28½ 24/6/1914 6 Height 5'8" 7 Weight 160 8 Silhouette 1 2 3 4

Eyes: 9 Colour of BLUE 10 Acuity 1 2 3 10 Glasses ..... 11 Colour Vision 1 2 3 4

12 Hearing: Acuity 1 2 3 13 Speech Defects .....

14 Handedness R L A 15 Med Category "A"

Cause .....

Attitude to own health ..... To Medical attention .....

Health History Broken bone in right hand (now)

16 Education Level: Illiterate ..... E 8 (16) S ..... (Grade completed)

Conduct during school life .....

17 University or 18 Professional	Course Taken	Years Completed	Degree

19 Post Graduate	Course	From—To	Degree

Specialized Training:

20 1. ..... (Course)
At ..... From—To ..... Completed.....

21 2. ..... (Course)
At ..... From—To ..... Completed.....

22 3. ..... (Course)
At ..... From—To ..... Completed.....

Other trades papers. Diplomas Certificates or Qualifications .....

23 Languages: Spoken fluently English
02 Written well " "

24 Main occupation: Description Elevator operator
2822
Estimate of skill Limited
Duration (from—to) 5/6/1937 – 7/9/39 Weekly Wage $18.75
Employer's Name and Address Canada Cement Bldg. Montreal P.Q.

25 Second Most Important Occupation: Description: Telegraph Messenger
5658
Estimate of skill .....
Duration (from—to) 1929 – 1937 Weekly Wage $12.00
Employer's Name and Address C.P.R. Mountain St. Montreal

26 Third Most Important Occupation:
Estimate of skill .....
Duration (from—to) ..... Weekly Wage .....
Employer's Name and Address .....

Trade Union or Professional Society .....

No Vehicles: 27 Heavy Truck..... 28 Light Truck..... 29 Auto..... 30 Motorcycle.....
31 Farm Tractor..... 32 Tracked Vehicle..... 33 Power Launch..... 34 Aeroplane.....
35 Accident Prone No

No Farming Experience: Wide ..... Limited .....
District ..... Type .....

Job promised after discharge ✓ ..... By whom? Name .....
Address Can. Cement Co. Ltd., Philip Sqr. Montreal
Other provision for post-discharge occupation .....
..... Type of work desired Elevator Operator
Occupational history: Ambitious ..... Accidental .....
Stable ✓ ..... Erratic .....

36 Material Status: M ..... S ✓ ..... W ..... D ..... Sep. .....
2 Marital Problems ..... (Remarks)
Age of wife ..... Wife's attitude to Service ..... Wife's Health .....
37 No. of Children ..... No. Brothers 4 ..... No. Sisters 4
Position in family 1st. 38 No. Dependents 0
Relationship of Dependents .....
Status of home in childhood normal

39 No Hobbies: Photography M ..... S ..... Radio ..... Engines .....
Mechanics ..... Other .....
40 Sports: (1) Swim ..... (2) ..... (3) .....
P Team Games and Position (1) Hockey pick up
1 (2) Baseball pick up. ..... (3) .....
3
41 Ability to Entertain: Music: String ..... Brass .....
Woodwind ..... Percussion ..... Piano ..... Vocal .....
Theatrical ..... Other .....

50 "M" Test	Score	SM	
1	11		S. Tot. 24
2	11		SM
3	2		
4	14		S. Tot. 27
5	13		SM
6	4		S. Tot. 27
7	7		SM
8	16		
Tot.	78	SM	Grade E
9			

H

51 OTHER MENTAL
Test .....
Score ..... L. Grade .....
Date .....

52 MECHANICAL
Test .....
Score ..... Grade .....
Date .....

52 CLERICAL APT.
Test .....
Score ..... Grade .....
Date .....

53 TRADE TEST
1. Score .... G. .... Date ....
2. Score .... G. .... Date ....
3. Score .... G. .... Date ....
4. Score .... G. .... Date ....

54 OTHER
Test .....
Score ..... Grade .....
Date .....

15 OCT 1942

42 Previous Experience in Armed Forces

ARM or CORPS	Type (C.E.F., N.P., etc.)	Years	Highest Rank	Last Discharge (Yr.)	Special Training Received
Inf.	13Bn. RHC.	1	Pte.	1939 to join active	E

43 CURRENT SERVICE: Date Enlisted 7/9/39 Place Enlisted Montreal PQ.

Date From—to	Country	Corps	Unit and Sub-unit	Rank 44	Principal Duty	Performance
7/9/39-16/6/40	Can	Inf.	RHC. "B" Coy	Pte.	Basic Inf Trng	
16/6/40-20/8/40	Nfld	"	" "	"	"	
20/8/40-4/9/40	Can	"	" "	"	"	
5/9/40-	Eng	"	" "	"	2/c of Section (Rifle)	Satisfactory
17 6 42	"	"	" BLK WATCH "			123
				A		

45 COURSES ATTENDED

COURSES ATTENDED	PLACE	Date: From—to	Qualified as	Rating

46 Crime: Number Courts Martial Convictions ..... Hospitalization 1/1. Broken toe in wrist. On leave at moment.

Number Civil Convictions ..... Minor Offender ..... Occasional Offender .....

Chronic Major Offender ..... Chronic Minor Offender ..... Occasional Offender .....

49 Psychiatric ☐☐☐☐☐

47 Classification: Military Specialties and Trades

Designation	Degree of Proficiency	Date	Authority
Rifleman 123			

55 Type of Service Desired (1) Rifleman ..... (2) .....

Remarks re Outstanding or Limiting Factors

Good soldier, quiet, capable.

N.G. Stevenson Capt.

Deportement Correct
Appearance neat
Phy " Robust
Disposition Cheerful
Map Reading Lacking

Attitude to Interview: Antagonistic ..... Overanxious ..... Co-operative ✓ ..... Indifferent .....

Reason for Joining Cdn. Army (if ascertainable) .....

48 Suggested Possibilities for Employment (1) ..... (2) .....

Tests Indicated: 2nd Mental ..... Mech. Apt. ..... Clerical Apt. .....

Other Apt. ..... Pers. ..... Trade Test as .....

Interviewed by F. F. Egener Lt. ..... Date 17 JUL 1942

Reviewed by ..... Date .....

C.M.H.Q. 1000:115
40/P & S/1246

FOR COMPLETION AND RETURN BY

Form P. 64

Mrs. Ruth Stephens,
2170 Paris Street,
Montreal, P.Q.

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:—

H.Q. 405-S-25,506 FD 107

DEPARTMENT OF NATIONAL DEFENCE

ESTATES BRANCH

OTTAWA, ONT.

September 1st, 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

STEPHENS, William Blair, Pte.

No. D.81092, Canadian Army.

ESTATES BRANCH SEP 12 194 H.Q. OTTAWA NATIONAL DEFENCE

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

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

G. H. Scott Capt.
for Director of Estates.

CA.

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

ANSWER IN FULL ALL APPLICABLE QUESTIONS

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

Degrees of Relationship	RELATIVES required to be accounted for		INFORMANT'S STATEMENT: NAME IN FULL of any Relative, if any, in each degree specified	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased		none		
2	Children of the Deceased and dates of their Births		none		
3	Father of the Deceased		William Stephens	58	2170 Paris St
4	Mother of the Deceased Ruth		Rebecca Stephens	51	2170 Paris St
5	Brothers of the Deceased	Full Blood	Donald	21	Black watch
			Norman	19	Navy
			Stewart	14	2170 Paris St
		Half Blood	none		
6	Sisters of the Deceased	Full Blood	Ruth	25	Wrens N.S.
			Jean	23	2170 Paris St
			Margaret	18	2170 Paris St
			Maude	16	2170 Paris St
		Half Blood	none		

7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, *who are dead*, and date of death of each.	Names and ages of their children (if any)	Address of their children
1920	Sadie Stephens		
1930	Lucille 14 yrs	Dead	
1932	Harry 12 "	" "	

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	William Blair Alexander
9	Date of his birth.	Jan. 24th 1914 Stephens
10	Place and date of his marriage.	none
11	Place and date of his parents' marriage.	Montreal June 5th 1918.

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Montreal
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) 25 years (c) none (d) none
14	Nature of employment before enlistment.	C.P.R. Telegraph
15	State whether he owned the premises in which he lived, and, if so, where situated.	no
16	Name place where deceased stated he intended to make his permanent home.	Montreal.

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	none at home
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?	single
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?	none
20	Amount of War Savings Certificates held by deceased. Indicate where located.	none
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	$150 Victory bond held by government
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	Metropolitan Insurance
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	none

OTHER PARTICULARS

24	Did the deceased after enlistment incur any debts for:— *(a)* His own separate board and lodging while on service. *(b)* Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same, is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	none none no
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.	no

(NOTE:—The government pays funeral expenses within the amounts authorized in the Regulations, where death occurs and burial is made Overseas as well as where death occurs and burial is made in Canada or elsewhere in the North American zone, and if a relative has already paid those expenses the Government will reimburse such relative to the extent of the amount authorized in the Regulations. Any amount of such expenses in excess of those authorized in the Regulations is not payable by the Government nor is it chargeable against the service estate of the deceased.)

(PLEASE TURN OVER)

DECLARATION

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

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

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

Ruth Rebecca Stephens — Signature of Informant

2170 Paris St Point St Charles — Address

CERTIFICATE

I hereby certify that to the best of my knowledge and belief Mrs Ruth Stephens

See above. ..... {Name of informant} is the mother of the Deceased above described. The above Declaration was made by the Informant and signed in my presence.

Dated at Montreal this eleventh day of September 1944

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces. Hector Dion

HECTOR DION
Commissaire de la Cour Supérieure
District de Montréal

Qualification

Address 1987 Wellington St 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 and age of each surviving Relative specified is stated in its proper place in the Statement opposite.

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

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

I would like to have his Desk Ring
o Pen o Pencil
o any other articles he had

Received ..... Checked ..... Card ..... Observations .....

~~ORIGINAL~~
DUPLICATE
~~TRIPLICATE~~

M.F.M. 2
A.F.B. 271
168M-11-36 (9359)
H.Q. 1772-45-18

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

Unit 1st (13) Black Watch (RHR) of Canada CASF Regimental Number D 81092

ACTIVE SERVICE

CANADIAN [redacted] FORCE

ATTESTATION PAPER

OTC 01 PTE

1. Surname: STEPHENS
2. Christian Names: WILLIAM BLAIR
3. Present address: 2170 Paris St. Pt. St. Charles Montreal Province Quebec
4. Date of birth: June 24th 1914
5. Place of birth: Canada (Country) Quebec (County or Province) Montreal (Town or Township)
6. Religion (state denomination): Protestnat Presbyterian
7. Trade or Calling: Elavator Operator
8. Married, Widower or Single: Single
9. Name of next of kin: Ruth (MacGamry) Stephens
10. Relationship: Mother
11. Address of next of kin: 2170 Paris St. Montreal Province Canada
12. Have you served in any Naval, Military or Air Force? No
13. If previous war service, state arm, force and regimental particulars: No
14. Do you now belong to or have you served in the Active Militia of Canada?

13th Bat. Black Watch 1938 B-Company
(Give unit and date of attestation)

DECLARATION TO BE MADE BY MAN ON ATTESTATION

I, WILLIAM BLAIR STEPHENS 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 Sept 7.39 William Blair Stephens
(Signature of recruit) RR Rosco

OATH TO BE TAKEN BY MAN ON ATTESTATION

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

William Blair Stephens (Signature of Recruit.)

CERTIFICATE OF MAGISTRATE, JUSTICE OF THE PEACE OR ATTESTING OFFICER.

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

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

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me, at Montreal this 7th day of Sept 1939

F. Worcel {Signature of Magistrate, Justice or Attesting Officer.

Capt. B. W. of C {Office or Rank and Unit 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

RECEIVED SEP 27 1939

FINGERPRINTED

Record of Service of Stephens (Surname) William Blair (Christian Names) Regimental Number D81092

Qualifications

Military: none

Business or Professional: none

Trade or Civil: 1 v Evelator operator

Technical: None

Languages: English

Educational Qualifications

High School or Collegiate: none (years completed) Graduation or Matriculation: nil (specify)

*College: None

*University: None

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

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

Report Date	Report From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., from date taken on Strength of Field Force	Rank Shown	Effective Date	Unit	Place	Authority Part II D.O. No. Cas. List, etc.	Authority Dated
		Joined for Appointment 1st Bn. The Black Watch (RHR) of Canada C.A.S.F.						
7 Sep 39	Recruit		Pte.	7 Sep 39	1 RHC	Mtl.	B.O.1	8 Sep 39
15-3-40		Granted 14 days furlough from 14-3-40 to 28-3-40 (R.O. 82)	Pte.	16-3-40	1 RHC	Toronto	B.O. 75	15-3-40
17-6-40	NDHQ G S 371	Embarked "ANTONIA"	"	17-6-40	"	Valcartier		
22-6-40	wire 16-6-40	Disembarked	"	22-6-40	"	Botwood Nfld		
14-8-40	Mov. 588 dated 3-8-40	Embarked on S.S duchess of Richmond.	Pte	10-8-40	I RHC.	Botwo d, Nfld.		
14-8-40	wire Defensor	Disembarked at Halifat, N.S. proceeded to M.D. No. 6. I.T.C. Aldershot. N.S.	Pte,	13-8-40	.IRHC	Halifax, N.S		
22-8-40	H.C./23-3 M.D. 6	EMBARKED ON E 62	PTE	22-8-40	I RHC	HALIFAX N.S.		
		S.O.S. C.A.S.F. CANADA	PTE	22-8-40	I RHC	HALIFAX N.S.	B.O. 177	6-9-40
		T.O.S. C.A.S.F. OVERSEAS ON TRANSFER	PTE	23-8-40	I RHC			
		DISEMBARKED	PTE	4-9-40	I RHC	GOUROCK SCOTLAND	B.O. 177	6-9-40

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

Are you receiving or have you in the past received, disability pension or compensation? If so give details ..... No

CERTIFICATE OF MEDICAL EXAMINATION

Name in full William B. Stephens. Date Sept 7/39

Part 1. Information obtained from the recruit.

1. Age 25 2. Have you ever suffered from any of the following diseases?

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

William B Stephens.
(Signature of Recruit)

Examiner's remarks *re* above

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

1. Identification marks or scars. (If operative obtain history.)

2. Height 5 feet 8 inches. 3. Weight 135 pounds.

4. Complexion Fair Eyes Blue Hair Brown 5. Development Good (Good / Fair / Poor)

6. Chest measurement—Girth on full expansion 37 inches
Range of expansion 1½ inches

7. Vision, right 20/20 left 20/20 8. Hearing, right W.V.20 left W.V.20

9. Condition of mouth and teeth Teeth Missing Cavities Good Mastication

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

President Lieut Col Member Capt Member Capt

Are you receiving or have you in the past received, disability pension or compensation? If so give details No

VACCINATIONS, INNOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature
18 Oct. '39		28 Oct 42	Re. Vacc.
25 Oct. '39	T.A.B. 3 Basil Robertson Capt., R.C.A.M.C.		
1 Nov. '39	RE-EXAMINED; NORMAL URINE, EARS,		
NOV 15 '39	REFLEXES; CATEGORY "A" BLK		
NOV 15 '39	VACC. SUCCESSFUL. BLK		
NOV 30 '39	CHEST X-RAY NEGATIVE. BLK		
Jan 20/40	TETANUS TOXOID 1 cc. A. G. Minnes Lieut RCAMC		
APR 1 '40	TETANUS TOXOID 1 cc BLK		

Regtl. No. D81092 Rank Pte Surname Stephens Christian Name Wm. Blair

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				
Toronto Ont.	29/Dec/39	11	JAN	40	16	JAN	40	Pharyngitis	5	15th General Hosp. Recovered	A.G. Mennie Capt RCAMC

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

Statement of the Service of No. D81092 Rank Pte Sheet No.

Name STEPHENS, William Blair.

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

REPORT Date	REPORT From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority Part II D.O. No. Cas. List, etc.	Authority Dated
SSOO		Standing least.	Pte	11/16 Oct 40	Blk W	UK	10	14 Oct 40
—		Adm: C.M.C.	Pte	8 Jan 41	Blk W	UK	4	21 Jan 41
—		Disch. C.M.C.	Pte	11 Jan 41	Blk W	UK	16	22 Mar 41
—		Prov: least. with warrant.	Pte	15 Mar 41	Blk W	UK	28	8 May 41
		Auth wear good conduct badge	Pte	—	BW	UK	64	19 Nov 41
1		P.L. - no F.T.W. - to 27 Dec 41	Pte	20 Dec 41	BW	UK	13	28 Feb 42
		7 days P.L. FTW to 1 Apr 42	Pte	25 Mar 42	Blk W	UK	38	12 June 42
		P/Leave 7 days (P5)	Pte	17/24 June 42	Blk W	UK	50	3 Aug 42
		Priv. Leave	Pte	16/23 Sep 42	Blk W	UK	66	17 Oct 42
		Priv. Leave 9 days	Pte	14/23 Dec 42	Blk W	UK	80	24 Dec 42
		Daily Regtl rate pay $1.80	Pte	1 Jan 43	Blk W	UK	20	27 March 43.
		AWARDED THE CANADIAN VOLUNTEER SERVICE MEDAL AND CLASP						
m. 106		Embarked at ....U.K.....on 5 Jul 44	Pte		BW	21 AG	37	14 Jul 44
		Disembarked at France..on 6 Jul 44						
SOS		SOS (Killed in action)	Pte	18 Jul 44	1 Bn RHR	21 AGp	42	30 Jul 44
		Killed	Pte	18 Jul 44		AEF	A474	30 July 44.

CANADIAN ACTIVE SERVICE FORCE

SUPPLEMENTARY DECLARATION

1st Bn. The Black Watch (RHR) of Canada C.A.S.F.

Name Stephens W. B. Rank Pte.

Unit 1st. Btn. Black Watch Regimental Number D81092

I, William Blair Stephens.,

having been enlisted in the Canadian Militia, and by my Declaration dated the Seventh

day of September, 1939, having engaged to serve in the Canadian Active Service Force as set forth in said Declaration, do further declare that I hereby engage to serve on active service in the Canadian Active Service Force anywhere in Canada, and also beyond Canada and Overseas, for the duration of the present war, and for the period of demobilization thereafter, and in any event for a period of not less than one year, provided His Majesty should so long require my services.

Witness Robert P. Murray W. B. Stephens
Signature of soldier.

Oct 21/39
Date

NOTE.—This Declaration to be completed in triplicate; one copy to be attached to each original duplicate and triplicate of Attestation Paper M.F.M. 2. If M.F.M. 2 has already been despatched to Records Office, N.D.H.Q., the original of this Declaration will be forwarded thereto for attachment.

M.F.M. 2 (x)
120M—9-39

ENTERED on
M. F. M. 2

SERVICE AND CASUALTY FORM

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

PART I (For all ranks)

Unit: 1st Bn. The Black Watch (RHR) of Canada C.A.S.F. Regimental Number: D 81092

1. Surname: Stephens
2. Christian Names: William Blair
3. *Substantive Rank and Appointment:
   *Acting Temporary or Local Rank: Pte
   giving date:
   *To be entered in pencil to facilitate alteration.
4. Place of birth: Montreal, Que., Canada
5. Date of birth as declared on attestation: 24 June 1914
   (A)
6. Date of enlistment: 7 Sept. 1939
7. Place of enlistment: Montreal, Que. Canada
8. Residence at time of enlistment: 2170 Paris St. Montreal
9. (B) Special conditions (if any) of enlistment or rate of pay:
10. (C) Any subsequent variations of conditions of service:
11. Religion: Protestant Presbyterian
12. If married, state date: Single
13. Trade on enlistment: Elevator Operator
14. Corps, trade and grade:
15. (D) Qualifications:
16. (E) Miscellaneous entries:

(17) Regiment or Corps | Unit (Battn., etc)

(18) Medical

Category	Date	Authority
A	7/9/39	Med. Bd. Mtl.
A	15/11/39	M.D.M.2

(19) Next of kin (entries to be made in pencil)
Mother Ruth Stephens
2170 Paris St
Montreal Que
Canada

(20) E.
(21) E.
(22) E.

NOTES—
(A) Here enter particulars of any subsequent claim as to actual age after verification of birth certificate.
(B) Whether for home service only, enlisted at special rates of pay, etc.
(C) If to be retained on home service, period if specified to be stated; also authority and on what grounds: see (A) above.
(D) Signaller, Farrier, etc.
(E) Instructions regarding allotment of these sub-heads will be made as may be necessary after mobilization.

(a) Report: Date	(a) Report: From whom received	(b) Unit	(c) Record of all casualties regarding promotions (acting, temporary, local or substantive), appointments, transfers, postings, attachments, &c., forfeiture of pay, wounds, accidents, admission to and discharge from Hospital, Casualty Clearing Stations, &c. Date of disembarkation and embarkation from a theatre of war (including furlough, &c.) in accordance with para. 2 of Note to Table I of Appendix III of Field Service Regulations, Volume I	(d) Place of Casualty	(e) Date of Casualty	(f) Army rank as at (e)	(g) Army Form or other authority for entry to be shown
17-6-40	NDHQ	GS371	Embark Antonia	Que PQ			
22-6-40	WUC 16-6-40		Disembark	Rockwood Nfld			
14-8-40	MOS 588	3-8-40	Embark Duke Richmond	"			
	WUC Defender		Disembark	Halifax NS			
19-8-40			Embark E.62	"			
		1 RHC	30S CASF Canada	Halifax NS	22-8-40	Pte	B0117 } 6-9-40
		1 RHC	TOS CASF overseas on transfer		22-8-40		
		1 RHC	Disembarked - Gourock	Scotland	4-9-40	Pte	B0117 }
21 Sep 40	206-11	1 RHC	Granted Landing Leave	Aldershot	16 Oct 40	Pte	Pt 11 # 10, 14 Oct 40
11 Jan 41	Ch.	"	Adm to Can. Med. Centre (sick)	Eng	8 Jan 41	"	" 4-31 January
10 Jan 41	"	"	Disch. from " " "	Field	11 Jan 41	"	16-22 March
1 May 41	"	"	Privilege Leave 14 days	"	1 May 41	"	28-8 May 41
15 Oct 41	✓	✓	Awarded one good conduct badge	✓	7 Sep 41	✓	64-19 Nov 41
3 Jan 42	✓	✓	P. leave 7 days No F.T.W. P3	✓	20 Dec 41	✓	13-28 Feb 42
21 Mar 42	✓	✓	P. Leave 7 P-4 F.T.W.	✓	25 Mar 42	✓	38-12 June 42
6 Jul 42	✓	✓	P. Leave P5	✓	17 Jan	✓	50-3 Aug
18 Sep 42	✓	✓	P-L 33	✓	16 Sep 42	✓	66-Oct 42
15 Dec 42	"	"	P-L 9 days	"	14 Dec 42	—	80-Dec 42
			Granted Daily Rates of Pay of $1.50 per diem	"	1 Jan 43	"	21-27 Mar 43
	✓	✓	Awarded Canadian Volunteer Service Medal and Clasp	✓	15 Jan 44	Pte	4-26 Jan 44
	✓	✓	Embarked U.K. 5 July 44. Disembarked France		6 Jul 44	Pte	37-14 July 44
	✓	✓	K.I.A. Killed in action	✓	18 July 44	Pte	42-30 July 44

To be made out in duplicate.

M.F.M. 5
88M—11-36 (9359)
H.Q. 1772-45-18

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

INSTRUCTIONS.

(*a*) This form is to be completed immediately an officer or soldier is appointed to, or enlisted in, the [redacted] C.A.S.F.

(*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 soldier, to the Paymaster, or Officer acting as such. The latter will transmit one copy, through the District or Camp Paymaster, to the Chief Paymaster, N.D.H.Q., Ottawa. The other copy will be retained by the Paymaster until the unit arrives Overseas, when it will be forwarded to the Chief Paymaster, Canadian Overseas Intermediate Base.

---

(1) Name of Officer or Soldier STEPHENS, WILLIAM, BLAIR
(Surname first—Christian names in full—Block capitals)

(2) Regimental Number 81092.

(3) Unit 1st (13th) Black Watch R.H.R. of Can C.A.S.F.

(4) Are you married? NO

(5) If married, state,

(*a*) Full name of your wife NA

(*b*) Present postal address of wife NA

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

(7) Are you a widower? NA

(8) Have you any children? NO

If so, give number of boys and girls NA

Also their names and ages NA

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

Give particulars of Guardian to whom Separation Allowance should be paid—if authorized—

Name NA

Postal Address NA

(SEE OTHER SIDE).

(10) Have you a common-law wife—whom you have been regularly supporting and publicly representing as your wife? NO

If so, state her full name and Postal Address NA

(11) Is your father alive? YES

If so, state name and address WILLIAM B. STEPHENS
2170 PARIS ST MONTREAL

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

(13) If sole support of father who is a widower—state what amount per month you have given him prior to joining [redacted] C.A.S.F. NA

Also state reason he has no other means of support NA

(14) Is your mother alive? YES

If so, state name and address 2170 PARIS ST
RUTH (McCgancy) STEPHENS

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

(16) If sole support of widowed mother—state what amount per month you have given her prior to joining [redacted] C.A.S.F. NA

Also state reason why she has no other means of support NA

(17) Are you insured? YES

If so, in what Company? METROPOLITAN LIFE

Have you made arrangements for payment of your Insurance Premium? NO

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

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

William Blair Stephens
R. Hascoe (Signature of officer or man)

Date Sept 7/39

Officer Commanding

SEP 28 1939

Date

1st Bn. The Black Watch (RHR) of Canada C.A.S.F.

M.F.M. 10.
30 M—11-36 (9361)
H.Q. 1772-45-18.

FORM OF WILL No. 1

To be used by a Soldier desirous of leaving a portion of his personal estate to one person, and the balance of his personal estate to another person.

I William Blair Stephens (Name in full)

Number D 81092 Active Service of the Canadian [redacted] Force

1 (13) Bn Black Watch RHR of Canada CASF
(Unit or Corps) (Give full title of Unit)

do hereby revoke all former Wills by me made, and declare this to be my LAST WILL. I bequeath my personal estate consisting of my personal estate

(Here describe fully personal estate)

unto my father William Blair Stephens

Name and Address of person or persons to whom it is to go and **relationship.**

absolutely, and the residue of my personal estate and everything that I can give or dispose of

(Here describe remaining assets)

unto my father William Blair Stephens

Name and Address of person or persons to whom it is to go and **relationship.**

NOTE.—If Soldier owns **Real Estate,** Form 10A should be completed.

N.B.—Personal Estate includes Pay, Effects, Money in Bank, Stock Certificates, etc. in fact everything except Real Estate.

IN WITNESS WHEREOF I have hereunto set my hand this seventh day of September A.D. 1939

IMPORTANT NOTE
This must be signed and dated by the soldier himself.

William Blair Stephens
(Signature of Soldier)

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.

1st witness to sign here J. D. Halbert

Address in full 620 Prince Arthur Montreal Que.

2nd witness to sign here W. W. Jaques

Address in full 610 Lusitania Apt Mtl.

5/7B CFA 187
40/P & S/2180 (7060)

CANADIAN MILITARY HEADQUARTERS

ESTATES BRANCH
INVENTORY

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

No., RANK and NAME ....B-81092 Pte. Stephens W.B. ..... Dec'd .....

RECEIVED FROM .....G.H.Q. Cdn. Section 2nd. Ech 21 Army Grp. .....
B-69920 Tpr. Browning Wm.

CHECKED BY .....B-73775 Cpl. Todd F.A. ..... DATE ....21 Feb 45.....

AND .....

1	Note Book		
1	Fountain Pen "Watermans"		
1	Crucifix in Case		
1	Red "I" Disc.		
1	CVSM & C.		

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

QUADRUPLICATE—with effects.

F.A. Todd Cpl
.....
for OC 1 Cdn KSD

CAN D.A.H. MILITARY
ESTATES
24 FEB 1945
BRANCH
HEADQUARTERS

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

4
ARMY

DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

DECEASED MEMBER'S NAME: William Blair (CHRISTIAN NAMES) STEPHENS (SURNAME)

REGISTER NO. D-5177
FILE NO. 405-S-25506
DATE 14-12-45
SERVICE NO. D-81092
FINAL RANK OR RATING Pte.
DATE OF DISCHARGE 18-7-44

PAYEE Director of Estates

ADDRESS

DATE OF TERMINATION OF OVERSEAS SERVICE 18-7-44

		$ ¢
A. TOTAL QUALIFYING SERVICE		
1770 NO. OF DAYS 1774/30 EQUAL TO 59 COMPLETE PERIODS AT $7.50		442.50
B. QUALIFYING OVERSEAS SERVICE		
NO. OF DAYS 1426 LESS 4 INELIGIBLE DAYS, EQUAL TO 1422 DAYS @ 25c. PER DAY (SEE PAR. 2 OVERLEAF FOR EXPLANATION)		355.50
		798.00
C. SUPPLEMENT FOR OVERSEAS SERVICE		
DAILY RATES AT DISCHARGE		
PAY	$ 1.50	
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE	$ 1.25	
ADDITIONAL PAY	$	
	$	
	$	
DEPENDENTS' ALLOWANCE 1/30 OF $	$	
TOTAL	$ 2.75 X7 = $ 19.25	
NO. OF DAYS 1426/183	X$ 19.25	150.00
D. WAR SERVICE GRATUITY		948.00
E. DEDUCTIONS — OVERPAYMENT OF PAY AND ALLOWANCES	$	
DEPENDENTS' ALLOWANCE AND ASSIGNED PAY	$	
OTHER DEDUCTIONS	$	
F. TOTAL AMOUNT PAYABLE		948.00

G. YOUR PORTION OF GRATUITY IS— 100%

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

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

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
GMH	

TREASURY	
CHECKED BY	DATE

Kirkline Capt
SERVICE REPRESENTATIVE

COMPUTATION OF WAR SERVICE GRATUITY

MEMBER'S NAME WILLIAM BLAIR STEPHENS (Christian Names) (Surname) — Register No. D-5177

PAYEE'S NAME ESTATES (Christian Names) (Surname) — File No. 405-S-255506

Date 13-12-45

ADDRESS — Service No. D-81092

Final Rank PTE

DATE OF TERMINATION OF OVERSEAS SERVICE 18-7-44 — Date of Discharge 18-7-44

	AMOUNT $	c
A. TOTAL QUALIFYING SERVICE No. of day 1774/30 = 59 Periods @ $7.50 (4)	442	50
B. QUALIFYING OVERSEAS SERVICE No. of days 1426 less 4 Ineligible days, equal 1422 Days @ 25c. per day	355	50
C. SUPPLEMENT FOR OVERSEAS SERVICE Daily Rate of Pay $ 1.50 Subsistence Allowance $ 1.25 Additional Pay $ — Dependents' Allowance 1/30 $ ..... $ — TOTAL $ 2.75 × 7 = $ 19.25 No. of Days 1426/183 × $ 19.25	798	00
	150	00
D. WAR SERVICE GRATUITY Computed By Thomas	948	00
E. DEDUCTIONS Overpayment of (1) Pay & Allowance $..... (2) D.A. & A.P. $..... Other Deductions $..... Entered By Uy		
F. AMOUNT PAYABLE (This amount is payable in ..... monthly instalments of $ ..... each)	948	00

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

$..... × 30 = $.....

REMARKS

100M—9-45 (8069)
H.Q. 1764-81-3

Sheet No.

POSTINGS FROM O/S CASUALTY LISTS

To be attached to M.F.M. 1 or M.F.M. 2

Regt'l No. D81092 Rank Pte Surname Stephens Christian Name Wm. B.

Unit	Hospt.	Admitted			Discharged			Hospt. Days	Disease or Injury	Remarks	Cas. List No.
		Day	Mo.	Year	Day	Mo.	Year				
Royal High. of Can.									Killed 18-7-44		A.474

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

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION (DEATH)

NUMBER D.81092

RANK Private

SERVICE UNIT 1st Royal Highland Regiment of Canada (C.A.)

NAME STEPHENS, William Blair

DATE OF BIRTH 24th June, 1914

DATE OF ENLISTMENT 7-9-39

MARITAL STATUS Single

RELIGION Presbyterian

NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 RELATIONSHIP Mother

NAME ADDRESS D.A.B. Mrs. Ruth Stephens,

ADDRESS 2170 Paris Street, Montreal, Que.

ADDITIONAL PERSON TO BE NOTIFIED

ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. Canrecords 8445

CASUALTY DETAILS Killed in action

H.Q.405-S-25,506

DATE 18-7-44

V

LAST WILL ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO

M.F.M.5. ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO

DATE 5-8-44

FORM NO. CAS. 6
25M-4-44 (4184)
H.Q. 1772-39-1989-1990

MA

DIRECTOR OF RECORDS

6

COPY FOR DOCUMENT FILE

14th August, 1944.

Mrs. Ruth Stephens,
2170 Paris Street,
Montreal, Que.

Dear Mrs. Stephens:

It is with deep regret that I learned of the death of your son, D.81092 Private William Blair Stephens, who gave his life in the Service of his Country in France on the 18th 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 National Defence and the Members of the Army Council have asked me to express to you and your family their sincere sympathy in your bereavement.

We pay tribute to the sacrifice he so bravely made.

Yours sincerely,

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

AUG 9 1944

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

GR/MA

405-S-25506

FIELD SERVICE MBR 9/31B Army Form B. 2090A. 40/P & S/2551 (5504)

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

REGIMENT OR CORPS: R.H.C. Squadron, Troop Battery or Company:

Officer's Personal No. (if known) Soldier's Army No.: D 81092 Rank: Pte

Surname: Stephens Christian Names: W.B.

Died — Date: 18 Jul 44 Place: France

Cause of Death*: K/A

Nature and Date of Report: A.F.W. 3014/69 28 Jul 44

By whom made: Cdn Sec GHQ 2nd Ech 21 A Gp.

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

Burial — Place: On River Orne 7 F/1 030673 Date: 21 Jul 44
On River Bank about 50 yds north of Rail Way Bridge.
By whom reported: C.F.

State whether he leaves a Will or not — (a) in Army Book 64: No
(b) as a separate document: Not Received

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

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

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

Station and Date: England 9 Aug 44

Signature of Officer in charge of Section Adjutant-General's Office at the Base: [signature] Lt for Officer 1/c Cdn Sec GHQ 2nd Ech 21 A Gp

FORM 6

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not write in this space

1. PLACE OF DEATH

Municipal county: IN THE FIELD (FRANCE)

Official name of civil municipality or township:

Place an X over the word which applies to this municipality or this territory: City | Town | Village | Parish | Township

Street: No.: Hospital or Institution:

2. LENGTH OF STAY

(a) In hospital or institution	Years	Months	Days	(b) In municipality where death occurred	Years	Months	Days	(c) In Province	Years	Months	Days	(d) In Canada (if immigrant)	Years	Months	Days

3. NAME OF DECEASED

Surname: STEPHENS (*Block letters*)

Given names: William Blair

Do not write in this space

4. RESIDENCE

Street: Paris No. 2170

Official name of civil municipality or township: Pt. Ste. Charles, Montreal,

Municipal county: Province: Quebec.

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

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

10. BIRTHPLACE (Province or Country): Quebec

11. DATE OF BIRTH: June (Month) 24th (Day) 1914 (Year)

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

OCCUPATION

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

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

15. Date deceased last worked at this occupation:

16. Total years spent in this occupation:

	17. NAME	18. BIRTHPLACE (Province or Country)
FATHER	STEPHENS, William B.	
MOTHER (Maiden Name)		

19. Place of burial, cremation or removal: France

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

21. PLACE OF REGISTRATION OF THIS BURIAL

(a) Name of parish or church:

(b) Civil municipality of:

(c) Municipal county:

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

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: July (Month) 18th (Day) 19 44 (Year)

23. I HEREBY CERTIFY that I attended deceased from

....19.... to....19....

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

24. CAUSE OF DEATH

I

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

due to

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

due to

(c)....

II

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

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

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

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

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

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

Accident, suicide or homicide....Date....19.... (State which)

Manner of injury.... (How sustained)

Nature of injury....

Specify whether injury occurred in **industry, in home, or in public place**....

Signed....**M.D.**

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

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

C.S.

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

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

(Voir l'autre côté pour le français)

OVERSEAS CASUALTY CANADIAN ARMY

NOV 24 1944

Director of Records Dept. of National Defence.

No D.81092 Rank Private Name STEPHENS, William Blair

Unit Black Watch,(R.H.R.) Date of death 18th July, 1944.

Died at France

Cause Killed in action.

Death occurred on strength of Forces.H.Q. 405-S-25506

N/K Mrs. Ruth Stephens Relationship Mother

Address 2170 Paris St., Montreal, P.Q.

Remains buried in Cemeter

MR 030673 Sheet 7F/1 On River Orne Bank about 50 yds north of Rail Way Bridge, on Orne River,

Grave location France

CHK

OVER

BURIAL REPORT TO N.K. APR 15 1946

RETURN TO BUR. OF STAT. NOV 24 1944

ROYAL MESSAGE DESP'D. AUG 14 1944

CAN. MESSAGE DESP'D. AUG 15 1944

REBURIAL

Bretteville-sur-Laize Cdn. Mil. Cem.,
Bretteville-sur-Laize, France.

Grave 16, Row H, Plot 10.

HI & CR Form Despd. JAN 29 1947

Photographs
Despatched
SEP 30 1947

18-7-44

42-52815 FB

AWARDS—CANADIAN ARMY (ACTIVE) (1666) M

500M—1-44 (3467)
H.Q. 1772-45-8

FILE NO. 405-S-25506

SURNAME (IN BLOCK LETTERS) CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT
STEPHENS, William Blair	D-81092	Pte.	Black Watch

WAR SERVICE BADGE (CLASS) NO. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star	picked up 06/07/94
France & Germany Star	
Defence Medal	
War Medal	
C.V.S.M. & Clasp	
	8067 26/10/49

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

(1) MEDALS

PERSON ENTITLED TO Mr. William B. Stephens - Father

ADDRESS: 2170 Paris St.,
MONTREAL, Que.

MEMORIAL B
(1) DATE DESP.
REGN. NO. 337

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(2)

(3) MEMORIAL CROSS

MOTHER Mrs. Ruth STEPHENS, (ENGLISH)

(1666)

ADDRESS: 2170 Paris St., MONTREAL, Que.

DESP. OCT 18 1944
REGN No. 3460
(3)

H.Q. 405-S-25,506 D.R. 2(C)

15th April, 1946.

Mrs. Ruth Stephens,
2170 Paris Street,
Montreal, P.Q.

Dear Madam:

Information has just been received from overseas that the remains of your son, D81092 Private William Blair Stephens, have been carefully exhumed from the original place of interment and reverently reburied in grave 16, row H, plot 10, 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.

/EFH