D81302
SMITH
SYDNEY

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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 SMITH, Sydney Joseph (b) Reg'l. No. D 81302
2. (a) Arm of service Army (b) Unit Black Watch (c) Rank Pte
3. (a) Date of birth 22 Jun 20 (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 11 Sep 39

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 13 (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.) 7th 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 Thos. V. Bell., Ltd. 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.) Printers & Stationers.
20. (a) Your specific occupation Shipper (b) Number of years' experience at this occupation with any employer 3
21. (a) Did your employer promise definitely to give you employment on discharge? No (b) Did your employer refuse to promise you employment on discharge? No (c) Do you wish to return to your former employment? 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 Operate own business printing & stationery.

DATE 18 June 43 SIGNATURE Pay Officer i/c records CMHQ

[redacted] Completion and Return by

Form P. 64

Miss A. Day,
c/o Mrs. C. Slengal,
6266 Booth St. Raego Park,
Long Island, N.Y. U.S.A.

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-18,061 FD 142

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

ESTATES BRANCH
DEC 5 1944
H.Q.
OTTAWA.
NATIONAL DEFENCE

November 2, 1944

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

SMITH, Sydney, Cpl.

D.81302 C.A.

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.

ove

C. Stevenson Capt
for Director of Estates.

CS/CF

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		Harold Vincent Smith		Died April 16, 1931
4	Mother of the Deceased		Mary Smith, nee Day		Died Feb. 2d 1936
5	Brothers of the Deceased	Full Blood	Harold Vincent Smith, Jr.		Killed in Action June 17, 1940
			Gerald Emmet Smith	26	Serving with the U. S. Army overseas, (See Additional remarks)
		Half Blood	None		
6	Sisters of the Deceased	Full Blood	Winifred Ann Mahaffey		Died Nov. 14, 1935
		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
		Robert Guy Mahaffey (Son of Winifred)	10 1128 St. George St., Montreal, P.Q.,

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Joseph Sydney Smith (See additional remarks)
9	Date of his birth.	June 22, 1921
10	Place and date of his marriage.	Not Married
11	Place and date of his parents' marriage.	St. Aloysius Church, Hochelaga, Montreal, Que. April 23, 1913

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Montreal, Que.
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, - lived in Montreal all his life. (b) (c) (d)
14	Nature of employment before enlistment.	Messenger in the employ of Thos. V. Bell, Ltd., 361 St. James St. W. Montresl, Que.
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, Quebec.

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	Not to my knowledge
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?	Not married
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?	Army Savings Bank - Amount unknown
20	Amount of War Savings Certificates held by deceased. Indicate where located.	Have knowledge of one $100. Victory Bond, purchased before July 18, 1943 as per letter received from him as of that date. - Do not know where located.
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	Group Insurance through his employers, Thos. V. Bell, Ltd., address shown above
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	Personal Belongings - Value unknown Savings with Canadian Army, $20.00 each month, over a period of years - exact amount unknown

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.	Not to my knowledge
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

*.....Aunt.....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.

.....Annie Day..... {Signature of Informant}

c/o Stengel,
62-66 Booth St., Rego Park, L. I., New York, N.Y. Address

CERTIFICATE

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

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

Dated at Hempstead, New York this 18th day of November 1944

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

S. George Berkman Qualification Notary Public Nassau County #104

Address 250 Fulton Ave., Hempstead, New York

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

Aunt - Annie Day,
c/o Stengel,
62-66 Booth St., Rego Park, L. I., New York, N. Y., U.S.A.

Item 5 - Gerald Emmet Smith, brother of the deceased, joined the United States Army under his mother's maiden name of Day, for reasons known only to himself. I have been corresponding with him and direct my letters to

Pfc. Gerald Day, 32086695,
Battery D, 749th AAA, GN. Bn.,
U. S. Army, A.P.O. 860,
c/o Postmaster, New York, N. Y.

Item 8 - The deceased, was christened Joseph Sydney Smith at birth, but throughout his lifetime was known as Sydney Joseph Smith.

In connection with this affidavit, I believe it is pertinent that you know something of the family background and my association with my sister, mother of the deceased, and her children. All through the years, I was obliged to help my sister and her children, financially.

My relationship with Sydney was especially close, we maintained correspondence regularly, and in a number of letters he offered to send me money and indicated that he wished me to benefit by whatever he may be possessed of, in the event of his death. I declined his offers at the time, as I was then employed and did not wish him to deprive himself in order to send me money. I have since been obliged to give up working because of ill health due to a serious heart ailment. I have been a domestic worker and am no longer fit to continue at it.

I do not know what bearing Sydney's wishes may have on the disposition of the estate, but if you require it, shall be pleased to submit his letters for your consideration, as proof of claim to whatever portion off his estate I may be justly entitled to.

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(13th)Bn. The Black Watch (RHR) of Canada Regimental Number D-61302

ACTIVE SERVICE
CANADIAN [redacted] FORCE
ATTESTATION PAPER

1. Surname Smith
2. Christian Names Sydney
3. Present address 369 Gilford St Montreal Que Canada
4. Date of birth June 22, 1920
5. Place of birth Canada (Country) Que. (County or Province) Montre l (Town or Township)
6. Religion (state denomination) Protestant
7. Trade or Calling Shipping clerk
8. Married, Widower or Single single
9. Name of next of kin ~~Ronald Smith~~ See change
10. Relationship ~~Brother~~
11. Address of next of kin ~~369 Gilford St. Montreal~~ Que 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?

Victoria Rifles 6 month, H.B.C. 2 yrs., Black Watch 13, Bat. 9 months
(Give unit and date of attestation)

DECLARATION TO BE MADE BY MAN ON ATTESTATION

I, Sydney Smith 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 1/1939 Sydney Smith (Signature of recruit)

OATH TO BE TAKEN BY MAN ON ATTESTATION

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

Sydney Smith (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 1st day of Sept 19 39

[illegible] Signature of Magistrate, Justice or Attesting Officer.

Capt (13th Bn Bw (RHR 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

FINGERPRINTED

Record of Service of Smith (Surname) Sydney (Christian Names) Regimental Number D 81302

Qualifications

Military: nil

Business or Professional: nil

Trade or Civil: Shipping Clerk

Technical: nil

Languages: Eng.

Educational Qualifications

High School or Collegiate: none (years completed) — Graduation or Matriculation: none (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
11 Sep.39	Recruit	Joined on appointment 1st Bn. The Black Watch (RHR) of Canada C.A.S.F.	Pte.	11 Sep.39	1 RHC	Mtl.	B.O.6	11 Sep.39
15-3-40	R.O. 82.	Granted 14 days furlough from 14-3-40 to 28-3-40 (R.O. 82)	Pte.	14-3-40	1 RHC	Toronto	B. O. #5	15-3-40
10-6-40	VC HQ # 6.	Transferred to Bde.HQ.Valcartier Camp.	Pte.	11-6-40	I RHC.	Valcartier.	B.O. 147.	11-6-40
10-6-40	R.HRof C.	T.O.S.5 Cdn.Inf.Bde.HQ on Transfer from Royal Highland Regiment of Canada	Pte.	10-6-40	5 Bde.Valcartier	Bde.O# 6		10-6-40
14-6-40	5 Bde.HQ.	Granted embarquation leave under Prov. of CASF. R.O.#375	Pte.	14-6-40	5 Bde.HQ.	"	8-40	14-6-40
~~24-8-40~~	~~5 Bde HQ~~	~~Embarkation leave~~	~~Pte~~	~~24-8-40~~	~~5 Bde~~	~~On Board E761~~		~~24-8-40~~
~~5-9-40~~	"	~~Granted Landing Leave~~	"	~~5 Sept 40~~	"	~~Reserve~~	~~R.O. #30/40~~	~~5-9-40~~
		S.O.S. C.A.S.F. (Canada) on embarkation at Halifax on 24th Aug 40 T.O.S. C.A.S.F. (Overseas) on transfer on 25th Aug 40 and disembarked at Gourock on Sept 5th 40						
		Granted Landing Leave to 1 Oct. HQ.	Pte	27 Sept 40.	5 Bde.	Field	13	4 Oct 40.
		S.O.S on transfer to RHC.	Pte	8-10-40.	5 Bde HQ	Field	#4 A20	8-10-40.
		T.O.S on transfer from 5 Cdn. Inf. Bde	Pte.	9-10-40	Bde HQ	"	D.O 9	11-10-40

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 SMITH SYDNEY Date Sept. 9, 1939

Part 1. Information obtained from the recruit.

1. Age 19 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	Yes	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		

Sydney Smith
(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.)
   Vaccinated on left shoulder
   Scar above left patilla

2. Height 5 feet 6 3/4 inches. 3. Weight 145 pounds.

4. Complexion Fair Eyes Blue Hair Auburn 5. Development Good (Good / Fair / Poor) "A" 87 A.P

6. Chest measurement—Girth on full expansion 35 1/2 inches
   Range of expansion 5 1/2 inches

7. Vision, right 20/20 left 20/20 8. Hearing, right Good left Good

9. Condition of mouth and teeth 3 dents cariés

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

W Mason Tinsley — President; Leo J. Rutenberg M.D — Member; Alcide Pelletier M.D — Member

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 A. G. Symmes Capt. R.C.A.M.C.		
1 Nov. '39	3		
	RE-EXAMINED; NORMAL URINE, EARS,		
NOV 15 '39	REFLEXES, CATEGORY "A"		
NOV 15 '39	VACC. SUCCESSFUL		
NOV 30 '39	CHEST X-RAY NEGATIVE		
26/1/40	TETANUS TOXOID 1 cc.		
MAR 29 '40	TETANUS TOXOID 1 cc.		

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

Regtl. No. D-81302 Rank Pte Surname Smith Christian Name Sydney

STATION	Date of Arrival at the Station	Dates of Admission into Hospital: Day	Month	Year	Dates of Discharge from Hospital: Day	Month	Year	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.

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

CONTINUATION CARD M.F.M. 14

Regimental No. D81302 Name SMITH SYDNEY J.

Part II D.O. No.	Part II D.O. Date	PARTICULARS OF CASUALTY
22/105	9.4.43.	Pl 26 Mar To 4 Apr 43 (RM).
74/10C CR.	22.12.43.	Pl. 7 To 16 Dec 43 (RM).
CR.	11-1-44	To be L/cPl wef. 5-1-44.
46/5J	19-7-43.	Pl. 9 To 18 June 43 (RM).
CR.	15-2-44.	Proceeded on Regtl Legs course and ated to 2cdo Inf. Div Wef. 13 To 20 Feb 44.
63/10M	23-10-43.	Pl. 13 To 22 Sept 43 (RM).
CR	8-3-44	PL 7 MAR 44 TO 16 MAR 44
BO4/2A	26-1-44	Awd CRS M&C w.e.f. 15 JAN 44. Auth RO 4162.
BR	31/7/44	A/cPl wef 24/7/44
BR	7/8/44	SOS Deceased Killed in Action Wef 5/8/44

M.F.M.—14A
40/P&S/67 (3400)

H Q

NAME Smith, Sydney. J.

REGIMENTAL NO. D81302 RANK Pte. ~~A/Cpl. L/Cpl.~~ A/CpL

ENLISTED AT Montreal PROMOTIONS, ETC. AND DATE ~~24 9-43. 5-1-44~~ 26/7/44

DATE 11 Sep 39

IF SERVED PREVIOUSLY, STATE UNIT, ETC.

MARRIED, WIDOWER, OR SINGLE single

NEXT OF KIN ~~Jerald Smith~~ Miss. Annie Day. RELATIONSHIP ~~Brother~~ (AUNT).

ADDRESS OF ~~369 gilford St Montreal~~ C/o Mrs. C. Stengel 6266 Booth St. Rego Park. Long Island N.Y. USA.

ASSIGNMENT OF PAY, $ ~~16 80 c Wef 1 May 43~~ ~~Bd Ben of Ban (C 100.00) VL Bond~~

~~8.40 6th Victory Loan. Eff 1 Nov 43.~~

ADDRESS

16.80 6th Victory loan eff 1 may 44

DEPENDENT'S ALLOWANCE, ENTITLED OR NOT

DATE APPLICATION FORWARDED TO DISTRICT PAYMASTER

IN WHOSE FAVOUR

M. F. M. 14

100M—9-39 (1873)

H.Q. 1772-39-1662

CASUALTIES, ETC.

NATURE E. G. ABSENCE, PROMOTION, ETC.	PART II, D. O. No.	DATE	REMARKS IF IN HOSPITAL, NOTE NAME, ETC.
Trans. to 5th Inf. Bde.	147	11-6-40	w.e.f. 10-6-40
T.O.S. " " "	6	10-6-40	" " "
A.W.L. 2 days + to forfeit 2 days pay	22	17-7-40	
T.O.S. 1 RHC.	Ech 9	8-10-40	
Barrack damages 1/5	CR 28/7/41		6/7/41
Dual as Signaller	CR	26/7/42	eft 14/7/42
awrd 1 GC Badge (B065/171)	CR	9-9-42	" 15/6/42
A W L.	CR	10-9-42	forfeits 1 day's pay (B063/20)
7 days PL from 14 to 21/9/42 (RA)	66/67	17-10-42	
Classified as Signaller	bR	20/3/43	wef 29/1/43
PL. 21-30/12/42 (RA)	81/126	31/12/42.	
Ina pay 1.50. wef 1-1-43	B020/2	27-3-43.	
on 7 Jan 43 awarded 5 days CB	54/14 ECR.	20/8/43.	
+ forfeits 1 days pay for AWL.			
applied FT/L/CPL. wef 24-9-43.	60/9 CP.	25-9-43.	

No. D81302 Name Smith, S.J ~~Sqn., Battery, or~~ Company — Corps Infantry · Date of enlistment 9/9/39 G.C. Badges 1 Service or Proficiency Pay N-A

Date of last entry in Company Conduct Sheet ~~17/7/40~~ N-A. No. and date of last drunk ~~none~~ N-A. Period not reckoning towards freedom from extra fine N/a Sheet No. ~~2~~ 3 Signature O.C. Company, etc. [illegible] Character

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

Place	Date of offence	Rank	Cases of drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks
	Sheet No. 1 ~~2~~ destroyed on completion of two years service (K.R.Con 1524 (c)(ii) Last entry Nil 95 pA								
South Field	1/9/42	Pte		W.O.A.S. AWL from 2330 hrs 1/9/42 to 1300 hrs 2/9/42 (Absent 15 hrs 30 mins) Sec 15(1)	D-82457 L/Cpl Seay J.A	5 days C.B.	9.9.42.	E. Rawlings Major	Forfeits 1 days pay by F.F.O. 14(1)(a)
In the Field	15-8-43	Pte		WOAS. AWL from 2359 hrs 15-8-43 until 1050 hrs 16-8-43 (Absent 10 hrs 51 mins)	D-71629 Sgt Sullins	5 days C.B.	19-8-43	J. Duchatel Capt	forfeits 1 days pay

(P.T.O.)

(a) Report		(b)	(c)	(d)	(e)	(f)	(g)
Date	From whom received	Unit	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	Place of Casualty	Date of Casualty	Army rank as at (e)	Army Form or other authority for entry to be shown
24-8-40	5 Bde	5 Bde	Embarcation H.M.T.	On Board E/61	24-8-40	Pte.	
5-9-40	"	5 Bde	Disembarcation	Aldershot	5-9-40		Ro # 39/40 8-9-40
18 SEP 40	.3011	"	Ceases to be attached to Le Regiment de Maisonneuve for rations.	"	13-9-40	"	Pt II No 2 d. 25 SEP 40.
10 Oct 40	O.C.	5 C I B	SOS on transfer to 1 R.H.C	Eng.	8 Oct 40	"	Pt II # 7, d 18 Oct 40.
10 Oct 40	O.C.	1 R.H.C	TOS = 1 R.H.C	"	9 Oct 40	"	" 1, 5, 31 Oct 40.
14 May 41	✓	✓	Privilege Leave 14 dys	"	14 May 41	✓	24-31 May 41
17 Nov 41	✓	✓	7 days Privilege Leave P.L.W.W.	"	17 Nov 41	✓	70-1 Dec 41
5 June 42	✓	✓	4 days P Leave F.T.W. P 4	"	23 Dec 41	✓	13-18 Feb 42
23 March 42	✓	✓	P-leave P-5 F.T.W.	"	23 March 42	✓	38-12 June 42
26 July 42	✓	✓	Qual as Signaller	"	14 July 42	✓	50-5 Aug 42
16 Sept 42	✓	✓	5 days CP - awd 13½ hrs. Def/ days pay.	"	9 Sept 42	✓	63-Sept 42
9 Sept 42	"	"	One Good Conduct Badge	"	15 Jul 42	"	65-Oct 42
21 Sept 42	"	"	P-Leave 3	"	21 Sept 42	"	66-Oct 42
22 Dec 42	"	"	P-leave 9 days	"	21 Dec 42	"	81-Dec 42
	"	"	Reclassified as Signaller	"	29 Jan 43	"	19, 25 Mar 43
			Grants Daily Rate of Pay of $1.50 per diem	"	1 Jan 43	"	20-27 Mar 43
	✓	✓	Change address 7 of 1C	✓	4 June 43	✓	34-4 June 43.
7 Jul 43	"	"	PL 9 days	"	9 Jun 43	"	46-18 Jul 43
		✓	aa 15 (1) 5 days CB - forf 1 days pay	✓	26 Aug 43	✓	54-4 Sept 43
	✓	✓	appointed a/L/Cpl	✓	24 Sept 43	a/L/Cpl	60-5 Oct 43
	✓	✓	to be L/Cpl	✓	5 Jan 44	A/L/Cpl	5-28 Jan 44
	✓	✓	Awarded Canadian Volunteer Service Medal and Clasp	✓	15 Jan 44	L/Cpl	4-26 Jan 44
			Embarked U.K. 5 July 44 ....Disembarked France....		6 July 44	L/Cpl	37-14 July 44
	✓	✓	Sol Killed in action	✓	5 Aug 44	L Cpl	45-19 Aug 44

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 1st Bn. The Black Watch (RHR) of Canada C.A.S.F. Regimental Number D 81302.

1. Surname SMITH	(17) Regiment or Corps / Unit (Battn., etc)
2. Christian Names SYDNEY	
3. *Substantive Rank and Appointment Lt/cpl	
*Acting Temporary or Local Rank	
giving date	
*To be entered in pencil to facilitate alteration.	
4. Place of birth Montreal PQ Canada	(18) Medical
5. Date of birth as declared on attestation 22 June 1920	
(A)	Category A. Date 9/9/39 Authority Med Board Mtl
6. Date of enlistment 11/9/39	
7. Place of enlistment Mtl 369 Evelyn St Montreal PQ Canada	
8. Residence at time of enlistment Mtl Montreal PQ Canada	A 15/11/39 M 9 M 2
9. (B) Special conditions (if any) of enlistment or rate of pay	
10. (C) Any subsequent variations of conditions of service	
11. Religion PROTESTANT C of E.	
12. If married, state date	(19) Next of kin (entries to be made in pencil)
13. Trade on enlistment SHIPPER	
14. Corps, trade and grade	Mrs A. Day
15. (D) Qualifications	90 mrs C Stengel
16. (E) Miscellaneous entries	6266 Booth St
	Rego Park Long Island
	(20) E
	(21) E
	(22) E CMHQ 1000:92 Completed 5 Apr 43

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.

Signaller

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION (DEATH)

NUMBER D81302 RANK Corporal SERVICE UNIT 1st Royal Highland Regiment of Canada (CA)

NAME SMITH, Sydney

DATE OF BIRTH 22nd June 1924 DATE OF ENLISTMENT 9-9-39

MARITAL STATUS Single RELIGION C. of Eng.

NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 RELATIONSHIP Aunt NAME Miss A. Day

ADDRESS c/o Mrs. C. Siegel, ADDRESS D.A.B.

6266 Booth St., Rego Park, Long Island, N.Y. U.S.A.

ADDITIONAL PERSON TO BE NOTIFIED ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. 9041 H.Q. 405-S-18,061

CASUALTY DETAILS Killed in action DATE 5-8-44

FRANCE

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 16-8-44

J. Lawrence Capt

DIRECTOR OF RECORDS

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

LF

6

COPY FOR DOCUMENT FILE

Sheet No.....

POSTINGS FROM O/S CASUALTY LISTS

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

Regt'l No. D 91302 Rank A/Cpl. Surname Smith Christian Name Sydney

Unit	Hospt.	Admitted			Discharged			Hospt. Days	Disease or Injury	Remarks	Cas. List No.
		Day	Mo.	Year	Day	Mo.	Year				
Royal High. of Can.									Killed 5-8-44		A.477

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

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

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

Name.....

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
m 106	✓	Embarked at ... U.K. ... on. 5 Jun 44 Disembarked at France ... on. 6 Jun 44	L/Cpl.		Bn	21 A Gp	37	17 Jul 44
		To be A/Cpl.	A/Cpl.	26 July 44	R Tk C.	21 Gp.	46	25 Aug 44
	✓	Killed	A/Cpl	5 Aug 44		AEF	A 477	12 Aug 44.
SOS	2046 d/25 Aug 44	SOS. Deceased. Killed in action.	A/Cpl Inf Cpl.	5 Aug 44.	R Tk C.	21 Gp.	45.	19 Aug 44

Statement of the Service of No. D81302 Rank Pte Sheet No.

Name SMITH, Sydney

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
5 Feb 41		Prov: Leave, 14 days, with Warrant.	Pte	14 May 41	B Bn W	4 Fd	34	31 May 41
—		R.U. leave (P2) with warr 22-29 Sept 41	Pte	22 Sept 41	Blk W	UK	46	12 Dec 41
—		P.L. - F.T.W. - to 30 Dec 41	Pte	23 Dec 41	Bn W	UK	13	28 Feb 42
—		7 days P.L. F.T.W. to 30 Mar 42	Pte	23 Mar 42	Blk W	UK	38	12 June 42
1		Passed Classifications & re-qualified as Signaller W.E.F.	Pte	14 July 41	Blk W	UK	50	3 Aug 42
		P/Leave 7 days (P6)	Pte	22/29 June 42	Blk W	UK	50	3 Aug 42
		Sec 15(1) A.A. awarded 5 days C.B. forfts 1 days pay.	Pte	9 Sept 42	Blk W	UK	63	26 Sept 42
		Awarded One Good Conduct Badge	Pte	15 Jul 42	Blk W	UK	65	10 Oct 42
		Prin Leave 21 to 28 Sept	Pte	21/28 Sept 42	Blk W	UK	66	17 Oct 42
		Prin. Leave to 30 Dec 42	Pte	21 Dec 42	Blk W	UK	81	31 Dec 42
		Reclassified as Signaller	Pte	29 Jan 43	Blk W	UK	19	25 March 43.
Change of N of K.		Miss A. Day (Aunt) c/o Mrs C. Slengal, 6266 Booth St. Rego Park Long Island NY, USA.					34	4 June 43
		Daily Regtl rate pay $1.50 per diem	Pte	1 Jan 43	Blk W	UK	20	27 March 43.
		Forfeit 5 days C.B. forfts 1 days pay AA 15(1) 4 wk	Pte	20 Aug 43	Blk W	UK	54	4 Dec 43
		Appointed A/L/Cpl.	A/L/Cpl	24 Sept 43	Blk W	UK	60	5 Oct 43.
(C62)		to be L/Cpl.	L/Cpl	5 Jan 44	B W	UK	5	28 Jan 44.
		AWARDED THE CANADIAN VOLUNTEER SERVICE MEDAL AND CLASP						
(C62)		Proceeded on Unit 2 weeks Regtl Leave to 29 Feb 44 Signallers be att to	L/Cpl	13 Feb 44	Blk Watch	UK	14	13 March 44

No D.81302 Rank Corporal Name SMITH, Sydney,

Unit Black Watch (R.H.R.) Date of death 5th August, 1944.

Died at France.

Cause Killed in Action.

Death occurred on strength of Forces H.Q. 405-S-18061

N/K Miss A. Day, Relationship Aunt.
Long Island, N.Y., U.S.A.

Address c/o Mrs. C. Slengel, 6266 Booth Street, Rego Park,

Remains buried in Cemeter

MR.022606 St. Andre-Sur-Orne France.

Grave location

CHK

OVER.

BURIAL REPORT TO N.K. APR 16 1946

RETURN TO BUR. OF STAT MAR 5 1945

ROYAL MESSAGE DESP'D AUG 30 1944

CAN. MESSAGE DESP'D 23-8-44

REBURIAL

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

Grave 12, Row C, Plot 20.

HI & CR Form Despd. JAN 23 1947

Photographs
Despatched
SEP 30 1947

3/45A MFM 510
40/P&S/254 (7012)

CANADIAN ACTIVE SERVICE FORCE

District.....

OVERSEAS

Dispersal Area.....

LAST PAY CERTIFICATE

(All Ranks)

Regtl No. D 81302 Rank and Name SMITH S. A/Cpl.

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

~~(Transfer~~ or Discharge).....to.....on 5th.August. 19 44.

Reason Death Authority : C.C.L."A" 477 d/12th.Aug.44.

The following is a statement of the account of the above-named from 1st August. to 31st.August. 19 44. the inclusive date of transfer or discharge.

Particulars	Dr Amount		Particulars	Cr Amount	
Balance Dr from last account			Balance Cr from last account	808	33
First Monthly Payment			Regimental Pay 31 days at $1.70	52	70
Casual Payments			Tradesmen's Pay .....days at .....$		
Payments on Transfer or Discharge			Additional Pay (Give Particulars) .....days at .....$		
Assigned Pay					
Regimental Charges			Allowances (give particulars) .....days at .....$		
Public Stoppages (give particulars) :					
			Def.Pay Interest	47	76
			OR143316 G.P.O.A/c Selsey. #2681		32
To Balance Cr Free	107	11			
To Balance Cr Deferred	802	00	By Balance Dr		
Total	909	11	Total	909	11

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

Remarks

Assnd Pay $16.80 (6th.V.D) Cancelled eff May.1944.

The above statement has been compiled from Treasury Records the latest paybook not being available.

Compiled by M.Durham.

Checked by J. Sudsmith

Date 5th.May.1945. 19.....

Certified correct D. Foxley
for Chief Treasury Officer, Overseas

MW.

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

CANADIAN MILITARY HEADQUARTERS

ESTATES BRANCH
INVENTORY

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

No., RANK and NAME D-81302 A/Cpl Smith, S. (Deceased)

RECEIVED FROM H.Q. No. 1 C.K.S.D.
C-5591 Pte. Patterson, L.K.

CHECKED BY B-126252 Cpl. Sislofsky, A. DATE 2 Oct 44

1	Kit Bag		
1	Pair Hose Tops		
1	Glengarry		
1	Pair Garter Flashes		
1	Leather Wallet		
1	Regimenta; Photo		
3	Postcards		
3	Greeting Cards		
	Letters		
1	Certificate of Discharge from R.C.A.F. ¾		
	Negatives		
	Snapshots		
3	Souvenir Books		
	Miscellaneous Papers		
1	Writing Case (Damaged)		
1	P.O. Savings Book # 2681, "Selsey" to Officer i/c Estates		

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

A Sislofsky Cpl
for OC 1 Cdn KSD

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

Name SMITH Sydney No. D81302
Surname Christian Names

A/Cpl. C.A. O/S. 5-6-44.
Rank Unit Date of Death

AMOUNT W.S.G. 960.24
L.P.C. $ 909.11

Date July 2nd., 1947. Other Credits

Total 1869.35
Prev. Dist. 114.31
This Dist. 1755.04

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
ALL	BROTHER	Gerald E. Day 312 West 26th. Street, New York, N.Y., U.S.A. (Sole beneficiary under will)	1746.31 (AMERICAN FUNDS)

P4 TO TREDI
4/7/47.

AUTHORITY

H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9998	245	00	00	001	1755.04

CLASSIFIED BY

EXAMINED BY

For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

(L. M. FIRTH) Colonel
Director of Estates

AUDITED FOR PAYMENT

For Chief Treasury Officer

50M—5-46 (9153)
H.Q.1772-45-27

M.F.M. 10
160 M—8-39 (1706)
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, Sydney Joseph Smith (Name in full)

Number D-81302 Active Service of the Canadian [redacted] Force

1/13th Bn Black Watch (R.H.R.) 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 all my personal estate

(Here describe fully personal estate)

unto my brother, Gerald Smith
369 Gilford St Montreal

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 brother, Gerald Smith.

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

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

11 day of Sept. A.D. 1939

Sydney Joseph Smith
(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 B. R. Ritchie

Address in full 1551 St. Mark St. Montreal

2nd witness to sign here W. J. Sheppard

Address in full 4664 Delorimier Ave Montreal

G

P.A.

File No 405-S-18061

VERIFICATION FORM

WAR SERVICE MEDALS 1939-45

No. D-81302. Name Smith. Sydney

Rank on Discharge Cpl. Date of Discharge 5-8-44.

Authority for Discharge or Retirement Deceased

Served in:

			Non-qualifying service
Canada	from 11-9-39	to 24-8-40	
	from	to	
United Kingdom	from 25-8-40	to 5-7-44	
	from	to	
Italy	from	to	
Northwest Europe	from 6-7-44	to 5-8-44 K/A	
	from	to	
	from	to	

Eligible for award of:

1939 - 45 Star ok ✓

~~Italy Star~~

France-Germany Star ok ✓

Defence Medal ok ✓

War Medal ok ✓

Canadian Volunteer Service Medal ok ✓

with clasp ok ✓ GP

M

Verified by R. Menard

Date 23-8-46

AUG 26 1946

Carded

NO RIBBON DESPATCH

IIA 165

H.Q. 405-S-18061
(D.R. 2(C))

16th April, 1946.

Miss A. Day,
c/o Mrs. C. Slengel,
6266 Booth Street,
Rego Park,
Long Island, N.Y., U.S.A.

Dear Madam:

Information has just been received from overseas that the remains of your nephew, D81302 Corporal Sydney Smith, have been carefully exhumed from the original place of interment and reverently reburied in grave 12, row C, plot 20, 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.

/EMA

File No 405-S-18061

R E B U R I A L

NO D81302

RANK CPL

NAME SMITH S

NAME OF CEMETERY Bretteville-sur-Laize Canadian Military Cemetery

LOCATION OF CEMETERY Bretteville-sur-Laize, France.

GRAVE LOCATION Grave 12 Row C Plot 20

AUTHORITY 54-27-88-2 Vol. 20

Reburial list.

405-2-18,061

RECORDS OFFICE OVERSEAS.

CANADIAN MILITARY HEADQUARTERS.

P. A.

GRAVES REGISTRATION CARD.

NAME SMITH, Sydney

RANK A/Cpl

UNIT Black Watch (R.H.C.)

PLACE & DATE OF BIRTH MONTREAL, Quebec ~~22 Jun 1920~~

REGTL NO. D-81302

NEXT OF KIN & ADDRESS Aunt:
Miss A. DAY, % Mrs. C. GLENGAL,
6266 Booth St., Rego Park, Long Island
New York, U.S.A.

PARTICULARS OF HOSPITALISATION

DATE OF ADMISSION

DIAGNOSIS

NAME & LOCATION OF HOSPITAL

PARTICULARS OF DEATH.

DATE OF DEATH 5 Aug 44

HRS

PLACE OF DEATH FRANCE

CAUSE OF DEATH KILLED

PARTICULARS OF BURIAL.

DATE OF BURIAL 6 AUG 45

PLOT NO ROW

CEMETERY ST. ANDRE-SUR-ORNE 022606

GRAVE

DEATH CERT NO.

DATE OF REGN OF DEATH CERT

RELIGION Church of England.

DATE 15 OCT. 45

M. BLUTEAU (CAPT)
For COLONEL
O i/c RECORDS,
CANADIAN MILITARY HEADQUARTERS

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

405-S-18161

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 } 1 RHC (BW) ..... Squadron, Troop Battery or Company } .....

Officer's Personal No. (if known) Soldier's Army No. } D-81302 ..... Rank ..... L/Cpl .....

Surname ..... Smith ..... Christian Names ..... S.J. .....

Died { Date ..... 5 Aug 44 ..... Place ..... France .....

Cause of Death* ..... K/A .....

Nature and Date of Report ..... A.F.W.3014/83 d.11 Aug 44 .....

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

A.

* 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 ..... St,Andre-Sur-Orne 022606 ..... Date ..... 6 Aug 44 .....

By whom reported ..... C.F. 1 R.H.C. .....

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 } France 20 Sep 44 ..... Signature of Officer in charge of Section Adjutant-General's Office at the Base } H Cairns Lieut for Officer i/c

Cdn Sec GHQ 2 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 terr[illegible]
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: SMITH (*Block letters*)

Given names: Sydney

Do not write in this space

4. RESIDENCE

Street: No. 3 69

Official name of civil municipality or township: Gilford / Montreal

Municipal county: Province: Que.

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) 22 (Day) 1920 (Year)

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

OCCUPATION

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

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		
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: August (Month) 5 (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.)

L. 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

MAR 5 1945

Director of Records, Dept. of National Defence.

22nd August, 1944

Miss A. Day,
c/o Mrs. C. Slengel,
6266 Booth St., Rego Park,
Long Island, N.Y., U.S.A.

Dear Miss Day:

It was with deep regret that I learned of the death of your nephew, D81302 Corporal Sydney Smith, who gave his life in the Service of his Country in France on the 5th day of August, 1944.

From official information we have received, your nephew 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 19 1944

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

/MMA

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