D81731
WERT
GERALD HUGH

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CL. A 363

M.F.M. 2
A.F.B. 271
480 M—8-39 (1696)
H.Q. 1772-45-18

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

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

Unit..... Regimental Number D81731

CANADIAN ACTIVE SERVICE FORCE
ATTESTATION PAPER

01 PTE

1. Surname Wert
2. Christian Names Gerald Hugh
3. Present address Dalesville, P.O. Que. Canada
4. Date of birth Feb 14, 1916
5. Place of birth Canada (Country) Quebec (County or Province) Lachute (Town or Township)
6. Religion (state denomination) Baptist
7. Trade or Calling Lumberjack
8. Married, Widower or Single ~~Single~~ MARRIED
9. Name of next of kin Walter Wert
10. Relationship Father
11. Address of next of kin Dalesville, P.O Que. Canada SEE CHANGE
12. Have you served in any Naval, Military or Air Force? nil
13. If previous war service, state arm, force and regimental particulars nil
14. Do you now belong to or have you served in the Active Militia of Canada? nil

(Give unit and date of attestation)

DECLARATION TO BE MADE BY MAN ON ATTESTATION

I, Gerald Hugh Wert 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.

witness John R Whiteing

Date 27th Sept, 1939 Gerald Hugh Wert
(Signature of recruit)

OATH TO BE TAKEN BY MAN ON ATTESTATION

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

Gerald Hugh Wert (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 27th day of Sept 1939

George H. H. Eaden — Signature of Magistrate, Justice or Attesting Officer.

~~Major~~ Capt A B. Wolfe — 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 **Wert** (Surname) **Gerald Hugh** (Christian Names) Regimental Number **D81731**

QUALIFICATIONS

Military: nil

Business or Professional: Chauffeur (Truck)

Trade or Civil: Lumberjack

Technical: nil

Languages: Eng. & French

EDUCATIONAL QUALIFICATIONS

High School or Collegiate: 1 yr (years completed) — Graduation or Matriculation: nil (specify)

*College: nil

*University: nil

*(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
27 Sep 39	Recruit	Joined on appointment 1st Bn. The Black Watch (RHR) of Canada C.A.S.F.	Pte.	27 Sep 39	1 RHC	Mtl.	B.O.20	27 Sep. 39
30-3-40	R.O. 82.	Granted 14 days furlough from 30 29-3-40 to 11-4-40 R.O. 82	Pte.	29-3-40	1 RHC	Toronto	B.O. 86	30-3-40
21/5/40	M.F.M.224	Admonished 21 May 1940. to forfeit 1 days' pay by F.R.&.I. for C.A.S.F. for;- A.W.L. from 0830 hrs. 20/5/40 to 2325 hrs. 20/5/40.	Pte.	21/5/40.	I RHC.	Toronto.	B.O. 130.	21/5/40
8-6-40	R O 375	Granted embktn lve from 9-6 to 11-6-40	"	8-6-40	1 RHC	Valcartier	B o 145	8-6-40
17-6-40	C.O. M.D. No.5.	Posted to Regt' Depot, Mt;	Pte.	17-6-40	I RHC.	Valcartier, Que.	B.O. 152.	17-6-40
29-6-40	Move. # 464	Reposted to 1st. Bn. The Black Watch (RHF)	Pte.	29-6-40	I RHC.	Botwood, Nfld.	B.O 154.	29-6-40
20-8-40	Mov. 588 DATED 3-8-40 WIRE DEFENSOR.	EMBARKED ON S.S. DUCHESS OF RICHMOND	PTE	10-8-40	I RHC.	BOTWOOD NFLD.		
		DISEMBARKED AT HALIFAX N.S. PROCEEDED TO ALDERSHOT N.S. MD 6 TTC.	PTE	13-8-40	I RHC.	HALIFAX N.S.		
22-8-40	M.C./23-3 M.D. 6.	EMBARKED ON E 62	Pte	22-8-40	I RHC	HALIFAX N.S.		

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 Gerald Huge Wert Date 27/9/39

Part 1. Information obtained from the recruit.

1. Age 23 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		

Gerald Hugh Wert
(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.)
Scar right sole of foot. Scar on neck. Scar on top of right thigh. Vaccination scar right arm.

2. Height 5 feet 9½ inches. 3. Weight 162 pounds.

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

Hair Light brown

6. Chest measurement—Girth on full expansion 39/41 inches.

Range of expansion 3 inches.

7. Vision, right 20/30 left 20/30 8. Hearing, right Normal left Normal

9. Condition of mouth and teeth Teeth missing Good condition

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

Chas. L. Dyde (President) D. Bruneau Capt. (Member) M. Kay Bell Col (Member)

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature
18 Oct. '39			
25 Oct. '39	T A B D Bruneau Capt. R.C.A.M.C.		
1 Nov. '39	3		
NOV 12 '39	RE-EXAMINED; NORMAL URINE, EARS,		
NOV 12 '39	REFLEXES, CATEGORY "A"		
NOV 12 '39	VACC. SUCCESSFUL		
Nov 19 '39	CHEST X-RAY NEGATIVE		
26/1/40	TETANUS TOXOID 1 cc.		
MAR 25 '40	TETANUS TOXOID 1 cc.		
26.10.42	Rec'd Vacc		

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

Regtl. No. D81731 Rank Pte Surname Wert Christian Name Gerald Hugh

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				
Montreal	27/9/39	1	11	39	8	11	39	① Coryza ② Pharyngitis	8	Complete recovery. Ste Annes Hosp.	[illegible]

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

Regimental No. D 81731 Rank ..... Sheet No. .....

MFM 1 & 2a
40/P & S/119 (3913)

Name Wert, G. H.

	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc—	Rank Shown	Effective Date	Unit	Place	Authority DO Number	Authority Dated
M33	S.O.S., C.A. Canada Halifax	Pte	22-8-40			177	6-9-40
	T.O.S., C.A. Overseas	Pte	23-8-40			177	6-9-40
	Disembarked Gourock Scot.	Pte	4-9-40	1 R H C.		177	6-9-40
M33	AWL Awd 4 days C.B. Forf 1 days pay	Pte	18 Nov 40	Blk W.	Field	22	28 Nov 40
"	Adm to 15 Gen Hosp	Pte	21 Nov 40	Blk W	Field	22	28 Nov 40
"	Disch from 15 Gen Hosp	Pte	23 Nov 40	Blk W.	Fld	22	28 Nov 40
"	AWL (22 hrs) 7 days C.B. Forf 1 days pay	Pte	23 Apr 41	Blk W	Fld	27	2 May 41
"	AWL Awd 3 days C.B. Forf 3 days pay	Pte	4 Aug 41	Blk W.	Fld	48	15 Aug 41
cancelled DOS 24/1/42	~~att 1 Army Tank Bde. R.Q Training~~	~~Pte~~	~~19 Sept 41~~	~~Blk W.~~	~~UK~~	~~55~~	~~26 Sept 41~~
"	AWL Awd. 3 days C.B. Forf 4 days pay	Pte	17 Nov 41	Blk W	UK	67	30 Nov 41
"	Perm to Marry after 16 Apr 42.	Pte	7 Mar 42	Blk W	UK	18	20 Mar 42
"	Married with Perm to Violet Edith Lenely	Pte	25 Apr 42	Blk W.	UK	30	6 May 42
CHANGE of N/K ADDRESS	MRS VIOLET. EDITH WERT NASH. ST. FARM HELLINGLEY HAILSHAM SUSSEX ENGLAND					30	6 May 42
						16 CC	6 Mar 43
"	Adm to 10 Fd Amb. Trans to 15 Gen Hosp	Pte	1 Mar 43	Blk W	UK	17	11 Mar 43
"	Trans to 7 Gen Hosp	Pte	7 Mar 43	Blk W	UK	CL	12 Mar 43
"	Disch from 7 Gen Hosp.	Pte	19 Mar 43	Blk W.	UK	CL	23 Mar 43
"	Born Daughter Violet Elizabeth at Cheddingly Sussex	Pte	4 Feb 43	Blk W	UK	35	26 Mar 42
"	Gtd Daily Rate of pay $1-50	Pte	12 Jan 43	Blk W.	UK	37	30 Mar 43
"	SOS SOS to 5 CIRU. on adm to 15 Gen Hosp	Pte	1 Mar 43	Blk W	UK	17	11 Mar 43

Regimental No. D 81431 Rank ..... Sheet No. .....

MFM 1 & 2a
40/P & S/119 (3913)

Name Wert G H

		Record of Promotions, Reductions, Transfers, Casualties, Reports, etc—	Rank Shown	Effective Date	Unit	Place	Authority DO Number	Authority Dated
.	TOS	TOS from Blk. Watch RHC (Posted "A" Coy)	Pte	2 Mar 43	5 CIRU	UK	27	12 Mar 43
.	SOS	SOS to ICSBD	Pte	12 May 43	5 CIRU	UK	71	14 May 43
.	TOS	TOS SH of C x 4 List (BD) from 5 CIRU	Pte	13 May 43	x List SH of C	UK	1A	21 May 43
.	SOS	SOS to C & Y. 4x List	Pte	3 June 43	x List SH of C	UK	3A	9 June 43
.	TOS	TOS C & Y. x 4 List (BD) from SH of C x 4 List	Pte	4 June 43	x 4 List C & Y	UK	5A	10 June 43
.		awd. 7 days CB sec. 15(1) AA (AWL)	Pte	7 June 43	x List C & Y	NA	9A	14 July 43
.		SOS CA (UK) on Embarkation	Pte	29 June 43				
.		TOS CA (M)	Pte	30 June 43				
.		Disembarked	Pte	11 July 43	x List C & Y	NA	13A	26 July 43
.		Apptd A/2/CPL	A/2/CPL	2 July 43	x List C & Y	NA	11A	21 July 43
.		Reverts to? Proc on draft.	Pte	5 Aug 43	x List C & Y	NA	18A	8 Aug 43
.	SOS	SOS C & Y x 4 List (4 Bn) to C & Y. R	Pte	9 Aug 43	x List C & Y	NA	23A	24 Aug 43
.	TOS	TOS C & Y. R. from C & Y. R. x 4 List (4 Bn)	Pte	10 Aug 43	C & Y R	NA	53	26 Aug 43
.	SOS	SOS C & Y. R to C & Y. x 3 List (on adm to hosp)	Pte	18 Sept 43	C & Y R	NA	63	6 Oct 43
.	TOS	TOS C & Y. R. x 3 List from C & Y. (on adm to hosp)	Pte	19 Sep 43	x List C & Y	NA	35A	6 Oct 43
.	SOS	SOS CYR x 3 List to CYR	Pte	25 Sep 43	x List C & Y	NA	40A	19 Oct 43
.	TOS	TOS CYR from C & Y. R x 3 List	Pte	26 Sept 43	C Y R	NA	66	21 Oct 43
M33	SOS	SOS Deceased. Died of Wounds	Pte	13 Dec 43	CYR	CMF	1	4 Jan 44
							CC 363	
							22 Dec 43	

(O.C.L.-411)

AWARDS—CANADIAN ARMY (ACTIVE) M (1532)

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

FILE No. 405-W-12130

SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. NO	RANK ON DISCHARGE	C.A.S.F. UNIT
WERT,	Gerald Hugh	D.81731	Pte.	Que.Regt.

WAR SERVICE BADGE

(CLASS) NO. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star Italy Star Defence Medal War Medal, 1939-45 CVSM & Clasp	470 - 27.10.49

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

(1) MEDALS

PERSON ENTITLED TO Mrs. Violet L. Wert Widow

ADDRESS: Nash St. Farm, Hellingley, Hailsham, Sussex, England.

(2) MEMORIAL CROSS

WIDOW Mrs. Violet E. Wert,

ADDRESS: Nash St. Farm, Hellingley, Hailsham, Sussex, England,

(3) MEMORIAL CROSS

MOTHER Mrs. Jessie Wert,

ADDRESS: Brownsburg P.O., P.Q.

REGISTRATION NO. DATE OF DESPATCH

MEMORIAL BAR

(1) DATE DESP.....

REGN. NO 2956

(2) DESP. FEB 10 1914
REGN No. 4340

(3) DESP. FEB 10 1914
REGN No. 4341

File No. 405 W-12130

VERIFICATION FORM

WAR SERVICE MEDALS 1939-45

P.A.

No. D81731 Name Wurr, Gerald Hugh

Rank on Discharge Pte Date of Discharge 13-12-43

Authority for Discharge or Retirement Deceased

Served in:

				Non-qualifying service
Canada	from 27-9-39	to	10-8-40	
	from	to		
United Kingdom	from 11-8-40	to	28-6-43	
	from	to		
Italy	from 30-6-43	to	13-12-43	Died of Wounds
Northwest Europe	from	to		
----------	from	to		
----------	from	to		

Eligible for award of:

1939 - 45 Star OK

Italy Star OK

~~France-Germany Star~~

Defence Medal OK

War Medal 1939-45 OK

Canadian Volunteer Service Medal

with clasp OK

M

Verified by Edna Faure

Date SEP 20 1946

Carded SEP 23 1946

NO RIBBON DESPATCH

HA 165

To be made out in duplicate.

M.F.M. 5

400M—8-39 (1702)
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.

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(1) Name of Officer or Soldier Wert, Gerald Hugh
(Surname first—Christian names in full—Block capitals)

(2) Regimental Number D81731

(3) Unit 1st Blach Watch (RHR) of Canada C.A.S.F.

(4) Are you married? no

(5) If married, state,

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

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

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

(7) Are you a widower? N.A.

(8) Have you any children? N.A

If so, give number of boys and girls N.A.

Also their names and ages N.A.

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

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

Name N.A

Postal Address N.A

(SEE OTHER SIDE).

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

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

(11) Is your father alive? yes

If so, state name and address Walter Wert

Dalesville P.O. Que.

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

N.A.

(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. N.A.

Also state reason he has no other means of support N.A.

(14) Is your mother alive? yes

If so, state name and address Jessie Wert

Dalesville P.O. Que.

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

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

Also state reason why she has no other means of support N.A.

(17) Are you insured? no

If so, in what Company? N.A.

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

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

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

Gerald Hugh Wert
(Signature of officer or man)

Date 27 Sept 39

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for Officer Commanding

Date 27 Sept 39

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

OCCUPATIONAL HISTORY FORM

4

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 WERT, Gerald Hugh. (b) Reg'l. No. D 81731.
2. (a) Arm of service Army. (b) Unit B. W. (c) Rank Pte.
3. (a) Date of birth 14-2-16. (b) Have you any dependents? Yes (c) Place of residence at time of enlistment Lachute. Que.
4. (a) Place of enlistment Montreal, Que. (b) Date of enlistment 27-9-39.

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 14 Years. (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.) Grade 9.
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 Various, Address Various.
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Various.
20. (a) Your specific occupation Lumberjack. (b) Number of years' experience at this occupation with any employer 10 yrs.
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? Mixed.
25. (a) Were you born on a farm? (b) How many years' actual farming experience have you had? Wide (c) In what provinces did you have experience? Lachute. Que.

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 Contract Lumbering.

DATE June 21st. 194 5 SIGNATURE Gerald Wert

For officer i/c of records. CMHQ.

No. D 81731 Name Pr. Wert. G. N. ~~Sqn., Battery,~~ [redacted] or Company "A" C Corps Cdn. Inf. Corps [redacted] enlistment 27 SEPT 39 ~~27/9/39~~ G.C. Badges Service or Proficiency Pay NA

M.F.M. 6 (A.F.B. 122) 500M—8-39 (1703) H.Q. 1772-45-18

Date of last entry in Company Conduct Sheet NA No. and date of last drunk 26/12/39 (1st) 26-12-39 (1st) Period not reckoning towards freedom from extra fine N.A. Sheet No. 2 Signature O.C. Company, etc. Cantlie Maj Character ~~Good~~ C

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
				AA 15(1) Sheet #1 destroyed 27 Mar 40	No entries	No cases of drunkenness		[illegible]	
[redacted] Field	20/5 40	PTE	~~AA15~~	WHEN ON ACTIVE SERVICE AWL FROM 0830 HRS 20-5-40 TO 2325 HRS 20-5-40 ~~SECT 15 A.A. (1)~~	SJT KELLY & GRD. CMDR CPL MURRAY C.O.S	ADMONISHED	21/5/40	Cpl Ch. Capt	FORFEITS 1 DAYS PAY
[redacted] Field	16-11 40	PTE	~~AA15~~	AA 15(1) WOAS AWL from 2359 Hrs 16/11/40 to 1800 Hrs 17/11/40 ABSENT 18 Hrs 1 MIN ~~Sect 15 AA~~	D81269 SJT LOBBAH. W. C.O.S	4 C.B.	18.11.40	Cantlie Maj	Forfeits 1 Days pay for absence FR+1 149 (a)

Pres of WAS 3 Dec 43

(P.T.O.)

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
~~ALDERSHOT~~ ~~ENG~~	~~3-3 41~~	~~Pte~~		~~W.O.A.S AWL from 0600 Hrs 3 MAR 41 TO 1100 Hrs 3 MAR 41 Absent 5 Hrs Sect 15 AA(1)~~	~~D 82352 Cpl GRAHAM WH COS~~	~~2 CB~~	~~4 Mar 41~~	~~[illegible] Maj~~	
~~ALDERSHOT~~ ~~ENG~~	~~7-3 41~~	~~Pte~~		~~W.O.A.S Neglecting to comply with Standing Orders in that he was late for breakfast parade at 0645 Hrs 7 MAR 41 Sect 11 AA~~	~~D 81464 Cpl Patterson R COS~~	~~2 CB~~	~~7 Mar 41~~	~~[illegible] Maj~~	
~~[illegible]~~ ~~ENG~~ Field	20 4 41	PTE	~~AA[illegible]~~	Improper Entry deleted 15 July 43 A.A. W.O.A.S AWL from 2230 Hrs 20 APL 41 TO 2030 Hrs 21 APL 41 ABSENT 22 HRS ~~Sect 15 AA(1)~~	A Bolucheaud Lt. D 81334 Cpl MORE R COS	7 CB	22 APL 41	[illegible] Capt.	Forfeits 1 days pay for absence FR 1-149.(1) a BRR.

Est 23-6-44

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-81731 Pte Wert G.H. C & Y Regt (Dec'd)

RECEIVED FROM Cdn Sec GHQ 2nd Ech

CHECKED BY B-143555 Pte Davenport W.C.
L-17349 Pte Bailey N.S. DATE 16 Feb 44

1	Comb in Leather Case		
1	Fountain Pen		
	Sundry Coins Souveneir		
1	Note Book		
1	Standing Orders for Drivers		
	Snaps		
1	Newspaper Clipping		
1	Photo		
1	Brown Leather Wallet		
	6d of Stamps to CPM		
	8d Cash to CPM		

Despatched by Regt'd Post
7 June 44 Auth Cas/7-C-0
d/8 June 44 34/Estates/2

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

TRIPLICATE — with effects.

W.E. Fulmer, Capt
for OC 1 Cdn KSD

HQ 405-W-12,130 FD-230

ESTATES BRANCH

13 Feb 45

Mrs. Violet L. Wert,
Nash Street Farm,
HELLINGLY,
Hailsham,
Sussex, England.

WERT, Gerard H., Pte. (Deceased)
No.D.81731 C. A.

Dear Mrs. Wert:-

The final report of your husband's Service estate, has now been received here.

There is a balance at credit of $188.04, which is made up as follows:

Cash found in effects.....	$ 10.20
Balance of pay and allowances.....	177.84
	$188.04

One-half of this amount is payable to you, under the Community of Property Laws, in force in your husband's Province of domicile. The balance was left to your mother-in-law who, however, assigned her interest to you and your daughter, Violet.

A cheque for £42.1s.4. representing the above amount at the current rates of exchange, will be requisitioned from Treasury in the course of the next few days. When received, will you kindly sign and return the enclosed receipts. This represents not only your own share, but, also the one-quarter share of your daughter, amounting to $47.01. This is paid to you in trust, to be used for her benefit.

Yours faithfully,

Director of Estates

CSS/WMC
Encl.2

TL

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

ARMY

Name: WERT, Gerard H. No.: D.61731
Surname Christian Names

Pte. G.A. O/S 13-12-43
Rank Unit Date of Death

AMOUNT

L.P.C. $ 188.04

Date: 31-1-45

Other Credits.....

Total 188.04

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Widow	Mrs. Violet L. Wert, Nash Street Farm, HELLINGLY, Hailsham, Sussex, England. (½ community of property) (½ per assignment) (½ benefit of one minor)	R £ 42/1/4

TO BE FORWARDED BY REG. MAIL DIRECT
C4. TO TREAS. 19/2/45 Q+

AUTHORITY

H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	$188.04

CLASSIFIED BY

Original Signed by
K. L. McCUAIG

EXAMINED BY

For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

Original signed by
L. M. FIRTH

(L. M. FIRTH) Lt.-Colonel
Administrator of Estates

AUDITED FOR PAYMENT

For Chief Treasury Officer

50M—8-44 (5426)
H.Q. 1772-80-2

MEMORANDUM FOR **P. 64**

Mr. Walter Wert,
Brownsburg, Que.

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

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

and the following number quoted:—

H05-W-12,130-FD.230

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

Jan. 22nd. 1944

ESTATES BRANCH FEB 9 1944 H.Q. OTTAWA NATIONAL DEFENCE

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

WERT, Gerald Hugh, Pte.

D.81731 C.A.

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

A deceased's Service estate, the administration of which is the responsibility of the Estates Branch, consists of any balance of pay and allowances at credit, cash on hand and the personal effects which are under the control of the Service authorities. To obtain such assets, it is not necessary for the person(s) legally entitled thereto to obtain through the Courts Probate of the Will, or if none, Letters of Administration of his estate.

In addition to the administration of those Service assets, the Administrator of Estates is authorized to withdraw into Government account any funds (within a defined amount) on deposit to the deceased's credit in Banks, Post Offices or other financial institutions in Canada and Overseas, without expense or trouble to the person(s) legally entitled to the estate, and to distribute such funds at the same time as any balance of pay is distributed. Also, War Savings Certificates and Victory Loan Bonds owned by the deceased may be redeemed and similarly distributed, or transmitted into the name(s) of the person(s) legally entitled. Such Certificates and Bonds should not be forwarded to the Administrator of Estates until they are requested.

If there are other assets which necessitate an application for Probate or Letters of Administration, the Administrator of Estates may transfer and hand over the Service assets to the executor or administrator appointed by the Court so that all the estate, Service and otherwise, may be dealt with as a whole.

The information given by you on Pages 2 and 3 of this form is therefore of importance in determining whether or not the deceased's assets are such that they may all be administered by the Administrator of Estates to the person(s) legally entitled, that is, without the need for Probate or Administration.

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.

R. G. Phelan
(R. G. Phelan) Capt.
PSD/CF for (L. M. Firth) Lt.-Col.
Administrator of Estates.

M.F.W. 77
2M-11-43 (2842)
H.Q. 1772-39-972
K.P. 95075

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		VIOLET LIVELY WERT	NOT KNOWN	NASH ST. FARM HELLINGLY HAILSHAM SUSSEX ENG
2	Children of the Deceased and dates of their Births		VIOLET ELISEBITH WERT BORN FEBRUARY-4TH 1943		
3	Father of the Deceased		WALTER WERT	60	BROWNSBURG QUE
4	Mother of the Deceased		JESSIE. L. WERT	60	BROWNSBURG QUE
5	Brothers of the Deceased	Full Blood	LORN. A. WERT	32	BROWNSBURG QUE
			PTE CARL WERT	22	D. 77207. TPR CARL WERT NO.3 TROOP R.M.R. H.Q SQUDN. 32ND CAN. RECC. REGT. CAO
		Half Blood	—		
6	Sisters of the Deceased	Full Blood	MRS ROSS TOWNSEND	30	BROWNSBURG RR-1. QUE
			MRS LAURIE PLUMMER	24	414 - 14TH AVE LACHINE QUE
		Half Blood	—		
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

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased	~~His~~ GERALD. HUGH. WERT
9	Date of his birth	FEB. 14. - 1916
10	Place and date of his marriage.	APRIL 25. 1942 SUSSEX. ENGLAND
11	Place and date of his parents' marriage.	DALESVILLE QUE OCTOBER 31ST 1910

PARTICULARS OF DOMICILE

12	Place where deceased was born.	LACHUTE QUE
13	State, in order, the Province, State and/or Country in which he resided before enlistment and the period of time in each.	(a) BROWNSBURG QUE (b) (c) (d) ARGENTEUIL CO QUE
14	Nature of employment before enlistment.	BUYING AND TRUCKING LOGS FOR EXPORT
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.	CANADA

PARTICULARS OF ESTATE

17	Did he leave a Will?	DO NOT KNOW
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?	" " "
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.	" " "
20	Amount of War Savings Certificates held by deceased.	" " "
21	Amount of Victory Loan Bonds held by deceased.	" " "
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary there. Describe other assets, if any, and estimated value thereof.	" " "
23	Is application for Probate or Letters of Administration necessary (see page 1)?	

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 THAT WE KNOW
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 elswhere 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

*.....FATHER.....of the deceased.

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

.....WALTER WERT.....{Signature of Informant}

.....BROWNSBURG.....QUEBEC.....Address

CERTIFICATE

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

See above. of Brownsburg, Que. {Name of Informant} is the.....Father.....of the Deceased above described, and I believe the above Declaration and the Statement of Relatives and of particulars made by the Informant and signed in my presence to be complete and correct.

Dated at Lachute Que. this 8th day of Feb. 1944.

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public } E. M. Jones Qualification C. S. C.

Address Lachute, 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

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, Gerald Hugh West (Name in full)

Number D-81731 ACTIVE SERVICE of the Canadian [redacted] Force

1st Bn Black Watch R H C of Canada C A S F
(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 property

(Here describe fully personal estate)

unto my mother Jessie West wife of Miller West Wakefield Que

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 mother Jessie West

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.

27 day of September A.D. 1939

Gerald Hugh West
(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 A. Mercier Witness

Address in full 4849 Lafontaine St Montreal

2nd witness to sign here W. Lourdes Witness

Address in full 7643 Alexandra

Form C.M.H.Q.1000.110

RECEIVED
15 MAR 1942
Canadian Section
G.H.Q. 2nd. Echn

APPLICATION FOR PERMISSION TO MARRY
(one copy only to be completed)

Feb.16th 194 2
(Date)

1. I, D-8173I Pte. Wert G.H.
(Number) (Rank) (Name) (Initials)

1stBn.Black Watch (R.H.R.)of Canada hereby apply for permission to
(Unit)

marry Miss Violet E.Lively of
(proposed wife's name in full)

Nash St.Farm,Hellingly,Hailsham,Sussex.
(proposed wife's address in full)

2. I certify that the following particulars concerning myself and my proposed wife are true:

(a) PARTICULARS OF SOLDIER

(i) Date of Birth....14th Feb.1916

(ii) Date of Enlistment ...Sept.27th.1939

(iii) Domicile (place of permanent residence) immediately prior to enlistment
Brownsburg Quebec.

(iv) Marital Status--(Strike out words inapplicable)-

Bachelor

~~Widower~~

Name of deceased wife ... N/A

Date of death of deceased wife ... N/A

Divorced

Name of former wife ... N/A

Date of divorce decree ... N/A

Place where divorce granted ... N/A

(v) Educational standing .. Finished Ist Year High School.....
(Highest standing secured at school)

(vi) Training ... Lumbering Business
(State qualifications for profession, business, trade, etc

(vii) Employment at time of enlistment. Self Employed.

(viii) Average weekly earnings at enlistment. 50 Dollars per week

(ix) If unemployed on enlistment give particulars of prior employment and earnings .... N/A

(x) If history does not disclose probable ability to maintain family after discharge from Army state how it is proposed to do this

N/A

(xi) Particulars of dependents in receipt of dependents Allowance, if any:

(1) Name or names of dependents...N/A.....
.....

(2) Relationship of dependents.....N/A.....

(3) Amount of dependents allowance .N/A.....

(4) Amount of assigned pay .20 Dollars Per Month.....

(5) How and by whom will dependents be supported after marriage

N/A

(b) PARTICULARS OF PROPOSED WIFE

(i) Date and place of Birth 17th.Mar.1909.at.Rottingdean,Sussex....

(ii) Name and address of nearest relative Amy.Florence.Roberts.(Mother)

Nash.St.Farm,Hellingly,Hailsham,Sussex.....

(iii)How long have you known her ..8.Months.....

3. I solemnly state that I am .a.Bachelor.....
(Bachelor, Widower or Divorced Person)

as set out in Para. 2 (a) (iv) above, and that I am legally free to marry

....Miss.Violet.E.Lively.....
(Name of proposed wife)

4. I hereby request that the sum of ten dollars ($10.00) per month be retained from my pay until a sum of two hundred dollars ($200.00) has been accumulated, such sum to be expended under my direction to provide passage to Canada for my wife (and child or children).

Noted Welfare P.M. VCW

..Gerald.Hugh.West.....
(Signature of applicant)

(NOTE) (i) A certificate of the proposed wife's good character, signed by a responsible citizen, such as a clergyman, public official, school teacher or employer must be attached to the application.
(ii) If the proposed wife is under the age of 21 years the written consent of her parent or guardian must be attached to the application.
(iii) If the applicant is under the age of 19 years the written consent of his parent or guardian must be attached to the application.
(iv) This application must be read, and the following statement signed, by the parent or guardian of the proposed wife, when she is under the age of 21 years.

The foregoing requirements are for military purposes only. The parties to the proposed marriage, particularly when either one or both of them are under the age of 21 years, should consult a local solicitor or other competent authority upon the requirements to conform to the laws of the country where the marriage takes place.

STATEMENT TO BE SIGNED BY PARENT OR GUARDIAN OF PROPOSED WIFE

.....194...

I,.....the.....of .....
(name in full) (Mother,Father or Guardian)(Name of proposed wife)

declare that I have read over the above application of .....
(Number, Rank,

.....and that I am aware of
Name and Initials of Applicant)
and fully understand the statements therein made.

.....
(Signature)

.....
(Address)

RECEIVED 35 MAR 1942 Canadian Section G.H.Q. 2nd. Echn.

APPLICATION FOR WAR SERVICE GRATUITY BY DEPENDENTS OF DECEASED PERSONNEL RESIDENT IN U.K.

(Canadian Army)

D 8305

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

(a) Surname Wert,

(b) Christian names Gerald Hugh,

(c) Regimental No. D-81731,

(d) Paid rank at time of decease Pte.

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

(a) Surname WERT

(b) Christian names VIOLET EDITH

(c) Relationship to deceased WIFE

(d) Address in full NASH STREET FARM,
HELLINGLY, HAILSHAM,
SUSSEX, ENGLAND.

Yours truly,

Date 17-2-45

Violet E. Wert
(Signature of Applicant)

M.F.M. 510
40/P & S/254 (1-43)

CANADIAN ACTIVE SERVICE FORCE
OVERSEAS
LAST PAY CERTIFICATE
(All Ranks)

District.....

Dispersal Area.....

Regtl. No. D.81731 Rank and Name WERT C.H. PTE

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

(Transfer or ~~Discharge~~).....to.....on 13 Dec 19 43.

Reason Death Authority : CCL "A" 363 d/ 22 Dec 43.

The following is a statement of the account of the above-named from 1st Dec to 31st Dec 19 43. the inclusive date of transfer or discharge.

Dr. Particulars	Amount		Cr. Particulars	Amount	
Balance Dr. from last account			Balance Cr. from last account	149	09
First Monthly Payment			Regimental Pay 31 days at $ 1.50	46	50
Casual Payments			Tradesmen's Pay .....days at $		
Payments on Transfer or Discharge			Additional Pay (Give particulars) ....days at $		
Assigned Pay	23	00			
Regimental Charges			Allowances (Give particulars) .....days at $		
Public Stoppages (Give particulars) :			Cash effects JV 1523		26
			Cash effects J.V.104	9	94
			Def Pay Interest	5	25
To Balance Cr. ~~Free~~ / ~~XXXX~~ Deferred Nett Bal.	188	04	By Balance Dr.		
Total	211	04	Total	211	04

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

Remarks :

1. A.P. $8.40. (5th V.L.B.) cancelled eff 1 Nov 43.

A.P. $23.00 (W) stopped eff 1 Jan 44.

2. The above balance is made up as follows :- Def Pay $200.00 Cr.

Free Bal. $11.96 Dr.

Net Bal. $188.04 Cr.

3. The above statement has been compiled from Treasury Records,

The latest paybook not being available.

Compiled by E.V. Collins.

Checked by B.M. Wadsworth

Date 14 July 44.

Certified correct H. H. Wentbrook
for Chief Treasury Officer, Overseas.

No D.81731 Rank Private Name WERT, Gerald Hugh

Unit Carlt. & York Regt. Date of death 13th Dec., 1943.

Died at Italy.

Cause Died of wounds received in action.

Death occurred on strength of Forces.HQ 405-W-12130 29-12-43 d

N/K Mrs. Violet Edith Wert Relationship Widow

Address Nash Street Farm, Hellingley, Hailsham, Sussex, England.

Remains buried in Cemetery

S. Apollinan, Italy. MR 1-100.000, 342105. Sheet 147

Grave location

CHK ✓

OVER—

DEATH CERT. TO N.K.

BURIAL REPORT TO N.K. ——

RETURN TO BUR. OFF STAT. 29-2-44.

ROYAL MESSAGE DESP'D. FEB 2 1944

CAN. MESSAGE DESP'D. 8-1-44

REBURIAL

Morro River Cemetery,
Ortona, Italy.

Grave 11, row A, plot 11.

HI & CR Form Despd. FEB 3 1947

CANADIAN PACIFIC TELEGRAPHS

AM

DAY LETTER [X]

NIGHT LETTER [ ]

CASUALTY (REPORT DELIVERY)

OTTAWA DECEMBER 22 1943

TO:- MR WALTER WERT
BROWNSBURG P O
QUEBEC

9109 REGRET DEEPLY D81731 PRIVATE GERALD HUGH WERT OFFICIALLY REPORTED WOUNDED IN ACTION AND DIED OF WOUNDS THIRTEENTH DECEMBER 1943 STOP FURTHER INFORMATION FOLLOWS WHEN RECEIVED

DIRECTOR OF RECORDS

PREPAID

M.F.M. 268
50M-11-42 (7150)
H.Q. 1772-39-1990

~~OFFICER I/C RECORDS~~

3

H.Q.405-W-12,130 (Records - C)

10th January, 1944.

Mr. Walter Wert,
Brownsburg, Quebec.

Dear Sir:

I deeply regret to inform you that your son, D81731 Private Gerald Hugh Wert, gave his life in the Service of his Country in the Mediterranean Theatre of War on the 13th day of December, 1943.

From official information we have received, your son died as the result of wounds received 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

JAN 5 1944

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

GR/MEB

7

405-W-12130

FIELD SERVICE

Army Form B. 2090A.

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: CARLTON & YORK REGIMENT — Squadron, Troop, Battery or Company:

Officer's Personal No. (if known) / Soldier's Army No.: D-81731 — Rank: Pte.

Surname: WERT — Christian Names: G.H.

Died — Date: 13 Dec 43. — Place: Italy

Cause of Death*: Died of Wounds BC

Nature and Date of Report: Cas List No 99 (undated)

By whom made: HQ 1 Cdn Div.

* 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: Italy. S. Apollinan MR 1-100,000 342105 S.147 — Date: 13 Dec 43.

By whom reported: CF - HQ 2 CIB.

State whether he leaves a Will or not — (a) in Army Book 64: Nil - Paybook not received.

(b) as a separate document: Not known - no effects rec'd.

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: Italy 13 Jan 44

Signature of Officer in charge of Section Adjutant-General's Office at the Base: for Officer i/c Cdn Sec GHQ 2nd Echelon CMF

13

Wt. 46939/917 500M. 3/40 M. & S., Ltd. 51-6239

FORM 6

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not write in this space

1. PLACE OF DEATH

Municipal county: IN THE FIELD (ITALY)

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: WERT, (Block letters)

Given names: Gerald Hugh.

Do not write in this space

4. RESIDENCE

Street: No.:

Official name of civil municipality or township: Dalesville, P.O.,

Municipal county: Province: Quebec.

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

9. If married give name of wife or husband of deceased: WERT, Violet Edith.

10. BIRTHPLACE (Province or Country): Quebec.

11. DATE OF BIRTH: February (Month) 14th, (Day) 1916. (Year)

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

OCCUPATION

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

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	WERT, Walter.	
MOTHER (Maiden Name)		

19. Place of burial, cremation or removal: Italy.

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: (Month) (Day) 19 (Year)

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: December (Month) 13th, (Day) 19 43. (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) Died of wounds received 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 (State which) Date 19

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.)

F. B. Rodine

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)

for Director of Records, Dept. of National Defence.

OVERSEAS CASUALTY CANADIAN ARMY

FEB 29 1944

RECORDS OFFICE OVERSEAS.

CANADIAN MILITARY HEADQUARTERS.

GRAVES REGISTRATION CARD.

NAME....WERT, Gerald Hugh.....

RANK....Pte.....

UNIT...Carleton & York Regt.....

PLACE & DATE OF BIRTH..14 Feb 1916, Quebec.....

REGIMENTAL NO...D-81731.....

NEXT OF KIN.Wife, Mrs. Violet Edith Wert

ADDRESS....Nash Street Farm.....

.....Hellingley, Hailsham, Sussex, Eng.

PARTICULARS OF HOSPITALIZATION

DATE OF ADMISSION.....

NAME & LOCATION OF HOSPITAL.....

DIAGNOSIS.....

PARTICULARS OF DEATH.

DATE OF DEATH....13 DEC 43.....

PLACE OF DEATH...ITALY.....

HRS.....

CAUSE OF DEATH.....DIED OF WOUNDS.....

PARTICULARS OF BURIAL.

DATE OF BURIAL...13 Dec 43.....

CEMETERY..ITALY S. APOLLINAN MR 1/100000 342105 S.147

DEATH CERTIFICATE NO.....

DATE OF REGN OF DEATH CERTIFICATE.....

LOCATION OF CEMETERY.....

.....

PLOT NO....ROW.....GRAVE.....

RELIGION.....Baptist.....

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

Noted
DR2(O)

DATE....4 Dec 44.....

A/C Bignell Lt
(B.E. WILLAM) Capt.

For (R.T.E.HICKS-LYNE) Lt.Colonel,
Officer i/c Records,
Canadian Military Headquarters.

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