

D81790
GREIG
WILLIAM DONAL

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105
CANADIAN MILITARY HEADQUARTERS

No. 11280

RECORDS OFFICE

CASUALTY REPORT

NAME (in full) GREIG, William Donald

NO. D-81790 RANK _____ PTE _____ UNIT ROYAL HIGHLANDERS OF CAN (BLACK WATCH)

HOSPITAL (U.K. only) In which death took place, if applicable _____

R.U. (U.K. only) to which posted on admission to Hospital _____

CASUALTY NOW KILLED DATE 8 AUG 44 LIST # A 482 PLACE AEF

If P.O.W. or INTERNED, NUMBER & ADDRESS _____

PREVIOUSLY REPORTED MISSING DATE _____

M. Appleford
(L.S. APPLEFORD) Major
Officer i/c R.5 Wing CAS. SECT.

NEXT OF KIN

1. CANADA or U.S.A. - YES/NO (If NO, Complete # 2)

2. NAME, (In full) _____

RELATIONSHIP _____ ADDRESS _____

3. ANY RELATIVES IN U.K. from M.F.M.5. or any other source, including children born overseas. If NONE so state _____

Date of Marriage, if known _____

WILL, EFFECTS, ETC.

1. NO WILL HERE (or) ~~WILL HEREWITH DATED~~ _____ BENEFICIARY _____
(Relationship)

EXECUTOR _____
(Name) (Address)

2. BANK ACCOUNT - NAME OF BANK, etc. _____ A/c.No. _____

ADDRESS _____

3. KIT PRIVATELY STORED - NAME OF CUSTODIAN _____

4. Particulars of DEBTS, Remarks, etc. _____

Date OCT 9 - 1944

ORIGINAL - With WILL, if any to
O. i/c ESTATES, C.M.H.Q.

DUPLICATE - To File

B. E. Willan
(B. E. WILLAN) Capt.
Officer i/c R.3 Wing Non-Effectives
for Officer i/c Records
CANADIAN MILITARY HEADQUARTERS.

CANADIAN MILITARY HEADQUARTERS

No. 10061

11279

RECORDS OFFICE

CASUALTY REPORT

NAME (in full) GREIG, William Donald
 NO. D-81790 RANK Pte UNIT ROYAL HIGHLANDERS OF CANADA (BLACK WATCH)
 HOSPITAL (U.K. only) In which death took place, if applicable _____
 R.U. (U.K. only) to which posted on admission to Hospital _____
 CASUALTY ~~MISSING~~ KILLED DATE 8 AUG 44 LIST # "A" 478 48 PLACE AEF
 If P.O.W. or INTERNED, NUMBER & Address _____
 PREVIOUSLY REPORTED 6 DATE _____ [Signature]
 (L.S. APPLEFORD) Major
 Officer i/c R.5 Wing CAS. SECT.

NEXT OF KIN

- CANADA or U.S.A. - YES/NO (If NO, COMPLETE NO. 2)
- NAME, (In Full) Mr. Donald G. Greig,
 RELATIONSHIP Father ADDRESS Peachlands, Okanagan Valley, B.C.
- ANY RELATIVES IN U.K. from M.F.M.5 or any other source, including children born overseas. If NONE so state _____
 Date of Marriage, if known _____

WILL, EFFECTS, ETC.

- NO WILL HERE (or) WILL HEREWITH DATED _____ BENEFICIARY _____
 (Relationship)
 EXECUTOR _____
 (Name) (Address)
- BANK ACCOUNT - NAME OF BANK, etc _____ A/c No. _____
 ADDRESS _____
- KIT PRIVATELY STORED - NAME of Custodian _____
 Address _____
- Particulars of DEBTS, Remarks, etc. _____

Date SEP 21 1944

[Signature]
 (B.E. WILLAN) Capt.
 Officer i/c R.3 Wing Non-Effectives
 for Officer i/c Records
 CANADIAN MILITARY HEADQUARTERS

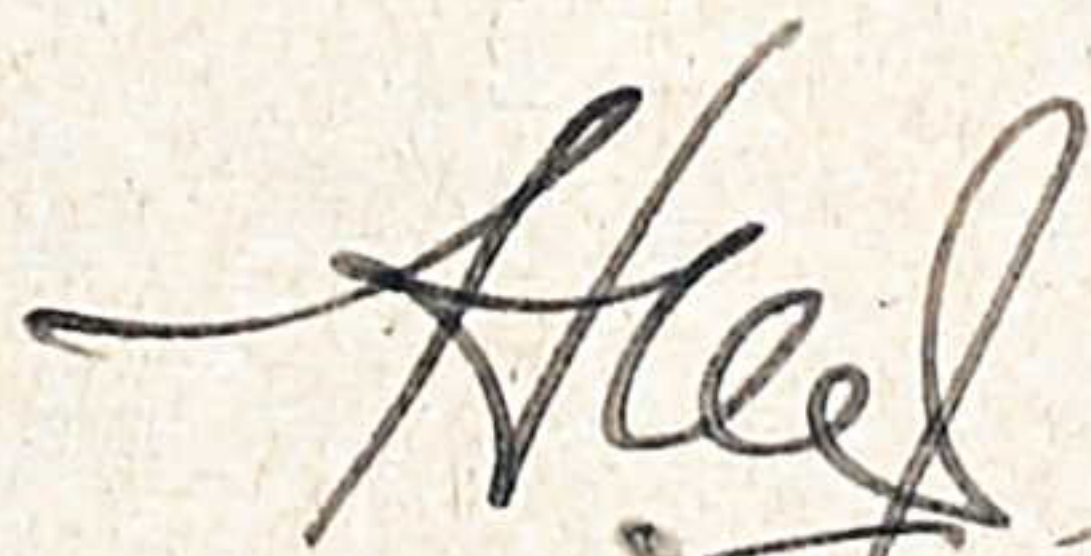
ORIGINAL - With WILL, if any to
 O. i/c ESTATES, C.M.H.Q.

DUPLICATE - To File

2
D. 81790
R. 4 (B)

CERTIFICATE OF DEATH

THIS IS TO CERTIFY that according to information received at the Department of National Defence from the overseas authorities, No. D.81790, Private William Donald GREIG, of the Black Watch (Royal Highland Regiment) of Canada, Canadian Army, was killed in action on the 5th of August, 1944.



(H.M. Jackson) Lt.-Col.,
for Adjutant-General.

Officer authorized to sign certificates
of death and/or presumption of death
for the Canadian Army.

Department of National Defence,
OTTAWA, Canada.
28th May, 1949.

WR

VERIFICATION FORM

WAR SERVICE MEDALS 1939-45

No. S-81790 Name Greig, William Donald
Rank on Discharge Pte Date of Discharge 8 Aug 44
Authority for Discharge or Retirement Deceased

Served in:

Non-qualifying service

Canada from 9 Nov. 39 to 22 Aug. 40
from _____ to _____

United Kingdom from 25 Aug. 40 to 6 July 44
from _____ to _____

Italy from _____ to _____

Northwest Europe from 7 July 44 to 8 Aug 44
(killed in action)

----- 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 ✓



Verified by Georgette Latrice

Date 16 July 46

Carded JUL 18 1946

NO RIBBON DESPATCH

H.Q. 405-G-16616
(D.R. 2(C))

20th March, 1946.

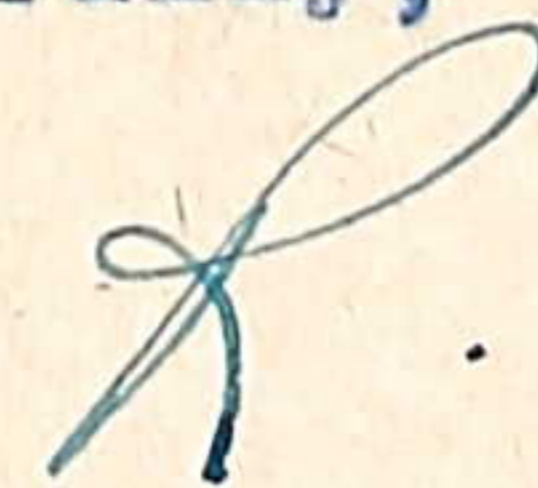
D9168 Private Donald Greig,
Peachlands,
Okanagan Valley, B.C.

Dear Sir:

Information has just been received from overseas that the remains of your son, D81790 Private William Donald Greig, have been carefully exhumed from the original place of interment and reverently reburied in grave 12, row G, plot 1, 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

Handwritten initials

File No 405-9-16616

REBURIAL

NO D 81790

RANK PTE

NAME GREIG W. D

NAME OF CEMETERY Bretteville-sur-Laize Canadian Military Cemetery

LOCATION OF CEMETERY Bretteville-sur-Laize, France.

GRAVE LOCATION Grave 12 Row G Plot 1

AUTHORITY 54-27-88-2 Vol. 20

Reburial list

405-9-16616

RECORDS OFFICE OVERSEAS.

CANADIAN MILITARY HEADQUARTERS.

GRAVES REGISTRATION CARD.

NAME GREIG, William Donald PLACE & DATE OF BIRTH GREECES Pt. QUE. CAN.
9 NOV 1920

RANK PTE. REGIMENTAL NO. D.81790

UNIT Royal Highrs. of Can. (Blk. Watch) NEXT OF KIN & ADDRESS FATHER

MR. DONALD G. GREIG,

PEACHLANDS, OKANAGAN VALLEY, B.C. Can.

PARTICULARS OF HOSPITALISATION

DATE OF ADMISSION _____ NAME & LOCATION OF HOSPITAL _____
DIAGNOSIS _____

P.A.

PARTICULARS OF DEATH.

DATE OF DEATH ⁵ 8 AUG 44 PLACE OF DEATH France

IRS _____

CAUSE OF DEATH KILLED

PARTICULARS OF BURIAL

DATE OF BURIAL 14 Aug 44 CEMETERY St. Martin de Fontenay 022604

PLOT NO 1 ROW 3 GRAVE 14

DEATH CERT. NO. _____

RELIGION UNITED CHURCH OF CANADA.

DATE 15 Oct 45

A. R. Bluteau Lt.
M. Bluteau (Capt)
for COLONEL,
O i/c Records,
CANADIAN MILITARY HEADQUARTERS.

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

DEPARTMENT OF NATIONAL DEFENCE
NAVY ===== ARMY ===== AIR FORCE
STATEMENT OF WAR SERVICE GRATUITY

W 215
3503
2
ARMY

DECEASED
MEMBER'S
NAME

William Donald GREIG
(CHRISTIAN NAMES) (SURNAME)

REGISTER NO. D-6511
FILE NO. 405-G-16616
DATE 8-8-45
SERVICE NO. D-81790
FINAL RANK OR RATING Pte.
DATE OF DISCHARGE 5-8-44

PAYEE Director of Estates

ADDRESS

DATE OF TERMINATION OF OVERSEAS SERVICE 5-8-44

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 1745 EQUAL TO 58 COMPLETE PERIODS AT \$7.50
30

\$ 435.00

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 1430 LESS 5 INELIGIBLE DAYS, EQUAL TO 1425 DAYS @ 25c. PER DAY
SEE PAR. 2 OVERLEAF FOR EXPLANATION

356.25

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY \$ 1.50
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE \$ 1.25
ADDITIONAL PAY \$

DEPENDENTS' ALLOWANCE 1/30 OF \$

TOTAL \$ 2.75 X7 = \$ 19.25
NO. OF DAYS 1430 X\$ 19.25
183

791.25

150.42

D. WAR SERVICE GRATUITY

941.67

E. DEDUCTIONS OVERPAYMENT OF PAY AND ALLOWANCES \$
DEPENDENTS' ALLOWANCE AND ASSIGNED PAY \$
OTHER DEDUCTIONS \$

F. TOTAL AMOUNT PAYABLE

941.67

G. YOUR PORTION OF GRATUITY IS—

100%

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

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

PREPARED BY KRM
CHECKED BY [Signature]

TREASURY
CHECKED BY D. LeCay
DATE 16/8/45

[Signature]
SERVICE REPRESENTATIVE

CANADIAN ACTIVE SERVICE FORCE

District.....

OVERSEAS

Dispersal Area.....

LAST PAY CERTIFICATE

(All Ranks)

Regtl No. D.81790 Rank and Name Greig. W.D. Pte.

of (Unit)..... on

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

Reason Death Authority: C.C.L. "A" 518 d/ 26th Nov 44.

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

Dr

Cr

Particulars	Amount	Particulars	Amount
Balance Dr from last account		Balance Cr from last account	54 59
First Monthly Payment		Regimental Pay <u>31 days @ \$ 1.50</u>	46 50
Casual Payments		Technical Pay..... days at \$.....	
Payments on Transfer or Discharge		Additional Pay (Give particulars)..... days at \$.....	
Assigned Pay	17 00	Allowances (Give particulars)..... days at \$.....	
Regimental Charges		Def. Pay Interest	77
Public Stoppages (Give particulars):			
To Balance Cr		By Balance Dr	
Free	81 86		
Deferred	3 00		
	84 86		
Total	101 86	Total	101 86

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

Remarks:

Assigned Pay \$ 17.00 (\$) Stopped eff. Sept 44.

Assigned Pay \$ 2.05 (Sun Life Ass. Co.) Stopped eff. Aug 44.

Assigned Pay \$ 8.40 (6 VL) stopped eff. May 44. The amount
re-credited is included in Bal B/F. on 1st Aug 44.

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



Compiled by L.G. Waldron.

Certified correct [Signature]
for Chief Treasury Officer, Overseas

Checked by [Signature]

Date 16th February 19 45.

M.L.

CANADIAN MILITARY HEADQUARTERS

**ESTATES BRANCH
INVENTORY**

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

No., RANK and NAME D-81790 Pte. Greig W.D. Dec'd

RECEIVED FROM GH.Q. Cdn. Section 2nd. Ech. 21 Army Grp.

M-16018 Pte. Murdoch W.J.

CHECKED BY B-73775 Pte. F.A. Todd DATE 7 Dec. 44

- | | |
|---|---------------------|
| 1 | Cash Book |
| X | Letters |
| 1 | Regl. Pin |
| | Shoe Trees |
| 1 | Glengarry & Badge |
| 1 | Pr. Swimming Trunks |
| 2 | Cotton Shorts |
| 2 | Cotton Vests |
| 1 | Dress Shirt |
| 1 | Money Belt |
| 1 | Pr. Leather Gloves |
| 3 | Prs. Socks |
| 7 | Handkerchiefs |
| 1 | Scarf |
| 1 | Writing Pad |
| 1 | Regl. Photo |
| 1 | Note-Book |

105

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

F.A. Todd Pte

for OC 1 Cdn KSD

Mr. D. Greig,

Peachlands,

Okanagan Valley, B.C.

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.

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.



November 24th, 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

GREIG, W.D. - Pte.

No. D. 81790 - Canadian Army

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.

CWP/RD

C. W. Rybus Capt
for Director of Estates.

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.....			
2	Children of the Deceased and dates of their Births.....			
3	Father of the Deceased.....	Donald Creig		Plachland
4	Mother of the Deceased.....	Deceased		
5	Brothers of the Deceased	Full Blood	John Davis	Overseas
		Half Blood	Angus Watson	Overseas
6	Sisters of the Deceased	Full Blood	Ms Leonard Bond	Van Kleet Hill Ont.
		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.	William Donald Greig
9	Date of his birth.	Nov. 9 th 1920
10	Place and date of his marriage.	
11	Place and date of his parents' marriage.	Sunderland, Eng. Feb. 14 th 1917

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Greece's Point - Quebec
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Quebec (b) Anticosti (c) Greece's Point (d)
14	Nature of employment before enlistment.	nil
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.	

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	?
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. Do you wish it administered with the pay account?	no.
20	Amount of War Savings Certificates held by deceased. Indicate where located.	Some
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.	In favor of Sister
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	

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.	
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.	

(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

* Father of the deceased.

Donald Graham Greig
D. D. Greig

Signature of Informant

Peackland B.C.

Address

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.

CERTIFICATE

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

*See above.

Graham Greig { Name of informant } is the* Father of the Deceased above described. The above Declaration was made by the Informant and signed in my presence.

Dated at Kelowna this 19th day of January 1945

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

Chas. Oulthud

Qualification

Notary Public

Address

Kelowna B.C.

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

The Administrator of Estates.

Regimental No. [✓]D81790 Rank Pte.

..... GREIG William Donald
Surname Christian Names

Unit. The Black Watch (RHR) of Canada

Date of Death. 5 Aug 44 Place of Death. Overseas (France)

Next-of-kin. [✓]D9168 Pte. Donald Greig Relationship. Father

Address. 26 Coy. Veterans Guard of Canada, Medicine Hat, Alta.

.....
.....

M.F.M. 5. Excerpt [✓]herewith

Will. Will d/3 Nov. [✓]39 herewith

Date. 27. Dec. 44



HMG/NJH

C. L. Laurin
Colonel
Director of Records
W.E.L. Coleman
(W.E.L. Coleman) Colonel,
Director of Records,
for Adjutant-General.

FIELD SERVICE

MBR

405-16616
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 } R.H.C. Squadron, Troop }
OR CORPS } Battery or Company }
Officer's Personal No. (if known) } D-81790 Rank Pte.
Soldier's Army No. }
Surname Greig Christian Names W.D.
Died { Date 8 Aug 44 Place France
Cause of Death* K/A
Nature and Date of Report A.F.W. 3014/93 d. 25 Aug 44
By whom made Cdn Sec GHQ 2 Ech 21 A Gp

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

Burial { Place St. Martin de Fontenay 022604 Date 14 Aug 44
By whom reported C.F. 2 Cdn Inf Div

State whether he leaves { (a) in Army Book 64 No
a Will or not { (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 } France Signature of Officer in charge of Section } W. Raine Lieut
Date } 13 Sep 44 Adjutant-General's Office at the Base } for Officer i/c
Cdn Sec GHQ 2 Ech 21 A Gp

37

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not
write in
this space

1. PLACE OF DEATH	Municipal county	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
	CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH															
3. NAME OF DECEASED	Surname.....		(Block letters)		Do not write in this space		22. Date of death.....		August		5th		19.44		(Year)	
	Given names.....		William Donald				23. I HEREBY CERTIFY that I attended deceased from				19.....		to.....		19.....	
4. RESIDENCE	Street.....		Hutcheson				and last saw h.....		alive on.....		19.....					
	Official name of civil municipality or township.....		Montreal				24. CAUSE OF DEATH									
Municipal county.....		Province.....		Quebec		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		
5. SEX	6. NATIONALITY (Citizenship)	7. RACIAL ORIGIN	8. Single, Married, Widowed or Divorced (Write the word)		Single		Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause).		(b).....		due to		(c).....			
9. If married give name of wife or husband of deceased																
10. BIRTHPLACE (Province or Country) Quebec																
11. DATE OF BIRTH November 8th 1920																
12. AGE OF DECEASED		Years	Months	Days	If less than one day old		25. If a woman, was there a puerperal condition?.....									
23				hrs. or.....min.		26. Was there a surgical operation?.....		Date of.....		19.....					
OCCUPATION	13. Trade, profession or kind of work, as spinner, teamster, office clerk, etc.....		Famer				27. If death was due to external causes (violence) fill in also the following:—		Accident, suicide or homicide.....		Date.....		19.....			
	14. Kind of industry or business, as cotton-mill, lumbering, bank, etc.....				16. Total years spent in this occupation				Manner of injury.....		(How sustained)					
15. Date deceased last worked at this occupation						17. NAME		18. BIRTHPLACE (Province or Country)								
FATHER		CREIG Donald G.						Nature of injury.....		Specify whether injury occurred in industry, in home, or in public place.....						
MOTHER (Maiden Name)								Signed.....		M.D.						
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.....						28. Signature of person who fills in the form (curate, coroner, hospital authority, etc.)		29. Name of clergyman in charge of Register of Civil Status in which registration of this burial was made.							
	(b) Civil municipality of.....						This signature authorizes the collector to accept this form as authentic.		(Voir l'autre côté pour le français)							
	(c) Municipal county.....						Director of Records, Dept. of National Defence.									
	(d) Date.....		(Month)		(Day)		(Year)									

FEB 26 1945

Register No. D-6511

Nominal Roll No. 2475D-135

H.Q. File No. 405-G-16616

TO: P.M.G.

CANADIAN ARMY (ACTIVE)
COMPUTATION OF SERVICE
WAR SERVICE GRANT

Rank When Regt. No. S.O.S. Surname Christian Name in Full
D-81790 ✓ PTE ✓ GREIG ✓ WILLIAM, DONALD ✓

Reason for Termination of Service:

1st Enlistment DECEASED ✓ CARO ()
2nd Enlistment CARO ()
3rd Enlistment CARO ()

TOTAL SERVICE

1st Enlistment (FOL) 2nd Enlistment 3rd Enlistment
T.O.S. 13 Oct 39 ✓ T.O.S. T.O.S.
S.O.S. 5 AUG 44 MD 0/5 S.O.S. MD S.O.S. MD
Total Days 1759 Total Days Total Days

TOTAL SERVICE

1759 DAYS

C.A.(A) Service starts	Total Service	Less Non-qualifying Service	Net Service
<u>13 Oct 39</u>	<u>315</u>	<u>—</u>	<u>315</u>
<u>A.A & Q.M.G., M.D. 2 Circulars</u>	<u>1444</u>	<u>14</u>	<u>1430</u>
<u>Letter W/22</u>	<u>1759</u>	<u>14</u>	<u>1745</u>
<u>WESTERN HEMISPHERE</u>			
<u>OVERSEAS SERVICE</u>			
Totals	<u>1759</u>	<u>14</u>	<u>1745</u>
Add Non-qualifying Service		<u>14</u>	
TOTAL SERVICE		<u>1759</u>	

EMBARKATION DETAILS:

- Date S.O.S. Overseas 23 Aug 40 ✓
- Date S.O.S. Overseas 5 Aug 44 ✓

REMARKS:

KILLED IN ACTION

5 Aug 44

Computer's Signature [Signature]
Checker's Signature [Signature]
Date Computed 8 March 45

Certified that entitlement to benefits under the War Service Grants Act, 1944, has been established based on service shown herein.

[Signature]
(C.L. Laurin) Colonel,
Director of Records.

31

**DETAILS OF NON-QUALIFYING
SERVICE**

WESTERN HEMISPHERE

Forfeits for	from	to	Eff. Date	Days	Total
PRINTED IN YELLOW					
				TOTAL	

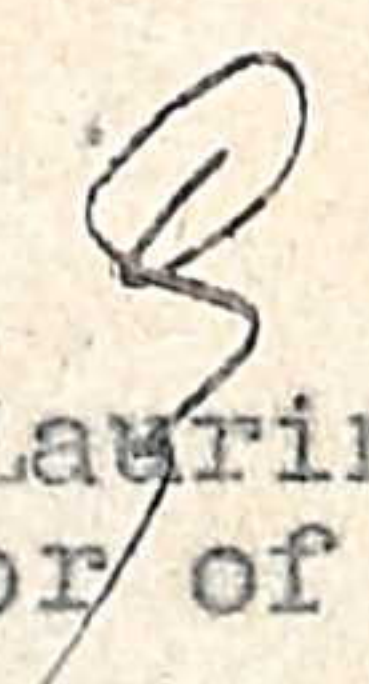
OVERSEAS T.O.S. _____ T.O.S. _____ T.O.S. _____
S.O.S. _____ S.O.S. _____ S.O.S. _____

<i>Auth.</i>	<i>20/18 d/20 MAR 42</i>	<i>9 MAR 42</i>	<i>4</i>	
<i>A.A. 15(1)</i>		<i>2 Aug 43</i>	<i>1</i>	
<i>A.H. 15(1)</i>		<i>28 FEB 44</i>	<i>1</i>	
<i>A.A. 15(1)</i>		<i>2 May 44</i>	<i>8</i>	
				TOTAL <i>14</i>

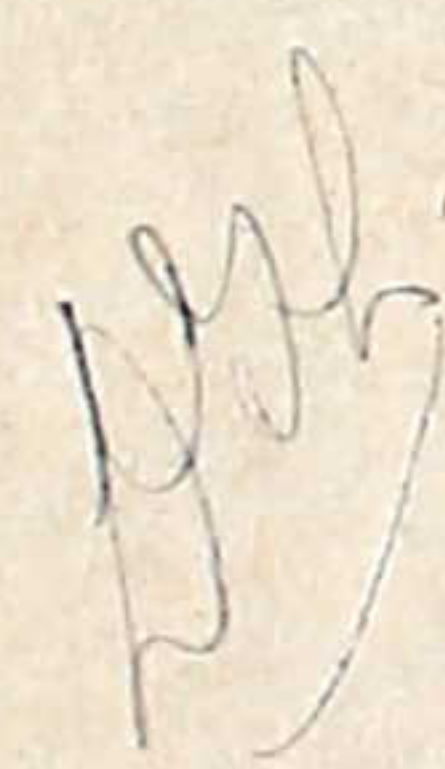
405-G-16616
D.R. 2 (D)

CERTIFICATE OF DEATH

THIS IS TO CERTIFY that according to information received at the Department of National Defence from the overseas authorities, No. D.81790, Private William Donald GREIG, of the Black Watch (Royal Highland Regiment) of Canada, Canadian Army, was killed in action on the 5th of August, 1944.


(C.L. Laurin), Colonel,
Director of Records.

Officer authorized to sign certificates
of death and/or presumption of death
for the Canadian Army.


Department of National Defence,
Ottawa, Canada,
December 29th, 1944.

24

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

NUMBER **D81790** RANK **Private** SERVICE UNIT **The Black Watch (RHR) of Canada (CA)**
 NAME **GREIG, William Donald**

DATE OF BIRTH DAY **9th** MONTH **November** YEAR **1920** Date enlisted: **3-11-39**

MARITAL STATUS **Single** Religion: **United Church**

NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 RELATIONSHIP **Father** NAME **D9168 Pte. Donald Greig,**
 ADDRESS **26 Coy. Veterans Guard of Can.,**
Medicine Hat, Alberta.

ADDITIONAL PERSON TO BE NOTIFIED ADDRESS

PARENTS NAME
 ADDRESS
 (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. **3967A** H.Q. **405-G-16,616**
 CASUALTY DETAILS **Killed in action (Prev. Missing)** DATE **5-8-44**

FRANCE

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

M.F.M.5. ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO
O/S with 1st Bn Black Watch (RHR)
SL 314 of Can.

DATE **1-12-44**

OFFICER I/C RECORDS

5

COPY FOR C.R. FILE

6th December, 1944.

D9168 Private Donald Greig,
26 Coy. Veterans Guard of Canada,
Medicine Hat, Alberta.

Dear Private Greig:

It was with deep regret that I learned of the death of your son, D81790 Private William Donald Greig, who gave his life in the Service of his Country in the Western European Theatre of War on the 5th day of August, 1944.

From official information we have received, your son was killed in action against the enemy. You may be assured that any additional information received will be communicated to you without delay.

The Minister of National Defence and the Members of the Army Council have asked me to express to you and your family their sincere sympathy in your bereavement.

We pay tribute to the sacrifice he so bravely made.

Yours sincerely,

A. E. WALFORD
Major-General
Adjutant-General

DEC 3 -

(A. E. Walford),
Major-General,
Adjutant-General.

ME

21
File
8-12-44

ISF

ORIGINAL
DUPLICATE
TRIPLICATE

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

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

Unit 1st Bn. The Black Watch (RHR) of Canada C.A.S.F. Regimental Number D 817 90

**CANADIAN ACTIVE SERVICE FORCE
ATTESTATION PAPER**

OCCUPATIONAL HISTORY FORM COMPLETED
01
PTE

1. Surname Greig
2. Christian Names William Donald
3. Present address 4885 Hutcheson Montreal Que Canada
4. Date of birth Nov. 9, 1920
5. Place of birth Canada Que Greeces Pt.
(Country) (County or Province) (Town or Township)
6. Religion (state denomination) United
7. Trade or Calling Farmer
8. Married, Widower or Single single
9. Name of next of kin Donald Graham Greig
10. Relationship Father
11. Address of next of kin suchange Greeces Point 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
42nd Bn. B.W. of C.
14. Do you now belong to or have you served in the Active Militia of Canada? no

(Give unit and date of attestation)

DECLARATION TO BE MADE BY MAN ON ATTESTATION

I, William Donald Greig 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 2nd Nov 1939 William Donald Greig
(Signature of recruit)

OATH TO BE TAKEN BY MAN ON ATTESTATION

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

William Donald Greig (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 mtl this 2nd day of Nov 1939

George A. D. Eades {Signature of Magistrate, Justice
or Attesting Officer.
B.W. of Canada {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

P

Record of Service of GREIG (Surname) WILLIAM DONALD (Christian Names) Regimental Number P-81790

QUALIFICATIONS
 Military NO
 Business or Professional NO
 Trade or Civil FARMER
 Technical NO
 Languages ENGLISH & FRENCH

EDUCATIONAL QUALIFICATIONS
 High School } NO } Graduation } NO
 or } } or }
 Collegiate } (years completed) } Matriculation } (specify)
 *College NO
 *University NO
 *(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.

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.	Dated
3 Nov. 39	Recruit	Joined on appointment 1st Bn. The Black Watch (RHR) of Canada C.A.S.F.	Pte.	3 Nov. 39	1 RHC	Mtl.	B.O. 57	3 Nov. 39
18/4/40		Granted 14 days' furlough from 0600 hrs. 19/4/40 to 2200 hrs. 2/5/40.	Pte.	19/4/40	1 RHC	Toronto	B.O. 102	18/4/40
17-6-40	C.O.	Posted to Regt'1 Depot, Mtl.	Pte.	17-6-40	I RHC	Valcartier, Que.	B.O. 152.	17-6-40.
29-6-40	Move #464 A.A.&Q.M.G.	Reposted to 1st Bn. The Black Watch (RHR)	Pte.	29-6-40	I RHC	Botwood Nfld.	B.O. 154.	29-6-40.
10-7-40	M.D. No. 2 circular Letter W/ 62	Having served on I.S.F. is hereby credited with service in the C.A.S.F. from 13-10-39 to 2-11-39	Pte.	13-10-39	2 RHC	Soulanges Canal, Que.	B.O. 158.	10-7-40.
20-8-40	Mov 588 DATED 3-8-40	EMBARKED ON S.S. DUCHESS OF RICHMOND	PTE	10-8-40	I RHC	BOTWOOD N.F.L.D.		
20-8-40	Wire Defense H.C./23-3 M.D. 6.	TO ALDERSHOT N.S. MD-6 ITC.	PTE	13-8-40	I RHC	HALIFAX N.S.		
22-8-40		EMBARKED ON E 62 SOS C.A.S.F. CANADA	Pte.	22-8-40	I RHC	HALIFAX N.S.		
		TOS C.A.S.F. OVERSEAS	Pte.	23-8-40	I RHC	HALIFAX		
		DISSEMBARKED E 62	Pte.	4-9-40	I RHC	GOUROCK, SCOT.	B.O. 177	6-9-40.

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

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

Date	Details
9 Nov 39	T.A.B. Williams
14 Nov 39	3
NOV 17 39	RE-EXAMINED, NO. 11, REFLEXES, CATEGORY
NOV 17 39	VACCINATIONS
30/11/39	CHEST SUCCESSFUL
26/11/40	VITAMINS TOXOID 1
MAR 25 40	LETANUS TOXOID 1

Part 3. We, the examiners reported in the remarks. We have and instructions for the medical and Special remarks when category low

President
 VACCINATIONS

Part 2. Information obtained
 1. Identification marks or scars. Vaccination on left
 2. Height 5 feet
 4. Complexion Fair
 6. Chest measurement—Girth on Range of
 7. Vision, right 20-20 left
 9. Condition of mouth and teeth
 10. The abnormalities (congenital)

Examiner's remarks re above:
 1. Age 18
 2. Height
 a. Rheumatism
 b. Tuberculosis
 c. Bronchitis or asthma
 d. Heart disease
 e. Kidney or bladder disease
 f. Gastro-intestinal
 g. Rupture
 h. Varicose veins
 i. Flat or deformed feet

Name in full **William Donald**
 Part 1. Information obtained

CERT

CERTIFICATE OF MEDICAL EXAMINATION

Name in full William Donald Greig. Date Oct. 12, 1939.

Part 1. Information obtained from the recruit.

- | | |
|--|---|
| 1. Age <u>18</u> | 2. Have you ever suffered from any of the following diseases? |
| a. Rheumatism..... <u>no</u> | j. Nasal trouble..... <u>no</u> |
| b. Tuberculosis..... <u>no</u> | k. Ear disease..... <u>no</u> |
| c. Bronchitis or asthma..... <u>no</u> | l. Eye disease..... <u>no</u> |
| d. Heart disease..... <u>no</u> | m. Epilepsy..... <u>no</u> |
| e. Kidney or bladder disease..... <u>yes</u> | n. Nervous or mental disease..... <u>no</u> |
| f. Gastro-intestinal..... <u>no</u> | o. Syphilis..... <u>no</u> |
| g. Rupture..... <u>no</u> | p. Gonorrhoea..... <u>no</u> |
| h. Varicose veins..... <u>no</u> | q. Have you ever worn glasses?..... <u>no</u> |
| i. Flat or deformed feet..... <u>no</u> | |

William Donald Greig
(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.)
Vaccination on left arm, scar on the right knee.
2. Height 5 feet 9 1/2 inches. 3. Weight 136 pounds.
4. Complexion Fair Eyes Blue 5. Development Good Good
Fair
Poor
- Hair Blond
6. Chest measurement—Girth on full expansion 36 inches.
Range of expansion 2 1/2 inches.
7. Vision, right 20-20 left 20-20 8. Hearing, right WV-20 left WV-20
9. Condition of mouth and teeth Few teeth missing, mastication fair.
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.....

Paul H. Stewart President *H. Aubrey* Member
Major Major

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature
9 Nov '39	TAB <i>[Signature]</i>	26 Oct 42	Re-vacc
12 Nov '39	<i>[Signature]</i>		
14 Nov '39	<i>[Signature]</i>		
NOV 17 '39	RE-EXAMINED; NORMAL URINE, EARS, REFLEXES, CATEGORY "A" <i>[Signature]</i>		
NOV 17 '39	VACC SUCCESSFUL <i>[Signature]</i>		
30/11/39	CHEST X-RAY NEGATIVE <i>[Signature]</i>		
26/1/40	TETANUS TOXOID 1 cc <i>[Signature]</i>		
MAR 26 '40	TETANUS TOXOID 1 cc <i>[Signature]</i>		

from 13-10-39 to 2-1-39

EMBARKED ON S.S. DUCHESS OF RICHMOND

DATE 3-8-40 DI-EMBARKED AT HALIFAX N.S. PROCEED

20-8-40 Wire Defense to Aldershot N.S. MD-6 ITC.

H.C./23-3

22-8-40 M.D. 6.

EMBARKED ON E. 62

SOS C.A.S.F. CANADA

TOS C.A.S.F. OVERSEAS

BIEMBARKED E 62

10-8-40 I RHC. BOTWOOD NFID.

13-8-40 I RHC. HALIFAX N.S.

22-8-40 I RHC. HALIFAX N.S.

22-8-40 I RHC. HALIFAX

23-8-40 I RHC. B.O. 177

4-9-40 I RHC. GOUROCK SCOT.

6-9-40

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

Are you receiving or have you in the past received disability pension or compensation. If so give details.

OCCUPATIONAL HISTORY FORM

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

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

Section A—GENERAL INFORMATION

PLEASE
LEAVE
BLANK

1. (a) Print name in full GERRIG, William (b) Reg'l. No. D. 81790
 2. (a) Arm of service Army (b) Unit B.W. (c) Rank Pfc.
 3. (a) Date of birth 9 Nov. 20 (b) Have you any dependents? Yes (c) Place of residence at time of enlistment Montreal Que.
 4. (a) Place of enlistment Montreal Que. (b) Date of enlistment 3 Nov. 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.) 8th Grade
 7. If you attended a university, give name of university and standing or degree secured.....
 8. (a) Did you ever enter upon a trade apprenticeship? No (b) If so, for what occupation?..... (c) Did you finish it?..... (d) If you did not finish it, how long did you serve at it?.....
 9. (a) What languages do you speak fluently? English (b) What languages do you read well? English

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

10. (a) State whether you were WORKING or NOT WORKING at time of enlistment. (Enter here only "Working" or "Not Working", as case may be; particulars are asked for below) Working (b) At time of enlistment of what trade union or professional society were you a member? None

Section D—PARTICULARS CONCERNING THOSE WHO WERE UNEMPLOYED AT TIME OF ENLISTMENT

QUESTIONS 11 TO 17 REFER ONLY TO THOSE WHO ANSWER "NOT WORKING" IN QUESTION 10 (a)

11. Had you ever been employed fairly regularly since leaving school?.....
 12. (a) If answer to 11 be "Yes", state exact trade or occupation at which you actually worked..... (b) State how long you had worked at this trade or occupation.....
 13. If answer to 11 be "No", state exact trade or occupation for which you feel qualified.....
 14. If you had been employed after leaving school, state when you last worked fairly regularly before enlistment.....
 15. Give details of last employer, if any: Name..... Address.....
 16. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.).....
 17. (a) If your last employment was in a business of your own, state nature and address of business..... (b) Date of discontinuing it.....

Section E—PARTICULARS CONCERNING THOSE WHO WERE EMPLOYED AT TIME OF ENLISTMENT

QUESTIONS 18 TO 23 REFER ONLY TO THOSE WHO ANSWER "WORKING" IN QUESTION 10 (a). PLEASE READ THESE QUESTIONS AND REPLY TO THOSE APPLYING TO YOU AT TIME OF ENLISTMENT

IF YOU WERE AN EMPLOYEE WORKING FOR AN EMPLOYER UP TO THE TIME OF ENLISTMENT, PLEASE ANSWER QUESTIONS 18 TO 21

18. Name of employer Various employers 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.) Not stated
 20. (a) Your specific occupation Office clerk - const. lab. (b) Number of years' experience at this occupation with any employer 1 yr.
 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? No

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

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

Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war? No (b) Do you feel competent to operate a farm? No (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? Ont.

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. Motor mechanic

DATE 15th June 1943

SIGNATURE Wm. Gerrig
 For Officer i/c Records C.M.H.C.

5-8-44

AWARDS—CANADIAN ARMY (ACTIVE)

KI **M**

500M-1-44 (3467)
H.Q. 1772-45-8

GREIG, William Donald		D.81790	Pte.	FILE NO. 405-G-16,616 Black Watch of Can.
SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT

WAR SERVICE

BADGE

(CLASS)	No.	DATE DESPATCHED:
---------	-----	------------------

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star	
France-Germany Star	
Defence Medal	
War Medal	
CVSM & Clasp	6166 1-11-49

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

(1) MEDALS
PERSON

ENTITLED TO

Mrs. Louise BOND (SISTER)

Vanleek Hill, Ont.

ADDRESS:

(2) MEMORIAL CROSS

WIDOW

(SINGLE)

ADDRESS:

(3) MEMORIAL CROSS

MOTHER

(DECEASED) (MFM-5)

ADDRESS:

MEMORIAL BAR

(1)

DATE DESP

REGN. NO

A3497

(2)

(3)

No. D.81790 Rank Private Name GREIG, William Donald

Unit Black Watch (RHR) Date of death 5th Aug., 1944.

Died at France

Cause Killed in action (Prev. missing)

Death occurred on strength of Forces H.Q. 405-G-16616

N/K ^{Mr.} D.9168 Pte. Donald Greig Relationship Father

Address Peachland, Okanagan Valley, B.C.
~~26 Coy. Veterans Guard of Can., Medicine Hat, Alta.~~

Remains buried in Cemetery

MP 022604 St. Martin de Fontenay, France

Grave location

CHK ✓

OVER-

BURIAL REPORT TO N.K.

MAR 20 1946

RETURN TO BUR. OF STAT.

FEB 26 1945

ROYAL MESSAGE DESP'D.

SEP 16 1944

CAN. MESSAGE DESP'D.

DEC 22 1944

REBURIAL

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

Grave 12, row G, plot 1

HI & CR Form Despd. NOV 9 1946

Photographs

Despatched

AUG 30 1947

Statement of the Service of No. D. 81790Rank Pte.

Sheet No.

Name GREIG, W.D.M.F.M. 1 & 2 (a)
700 M-8-39 (1697)
H.Q. 1772-45-18

REPORT		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	
Date	From whom received						Part II D.O. No. Cas. List, etc.	Dated
<u>5500</u>	<u>-</u>	Disembarked 4.9.40., T.O.S. Eng.,						
		23.8.40.	Pte.	23.8.40	Blk.W.	Aldershot	D.O.177	6.9.40.
		Landung leave	"	2.10.40 7.10.40	"	Field	" 8	8.10.40
		Proc. on comm. to Can. Dep. Can. Post Corp. B. Incht. ^{act. for rationing quarters}	Pte.	28 Nov. 40	Blk.W.	Field	D.O. 24	4. Dec 40
		Ceases to be att: Can. Postal Corps.	Pte	28 Dec 40	Blk.W.	Field	D.O. 5	24 Jan 41
		Priv. leave 15 days.	Pte	5 Mar 41	Blk.W.	Field	14	14 Mar 41
		Admit CMC - Discharged	Pte	16 20 Apr 41	Blk.W.	Field	27	2 May 41
		Priv. (assisted to farmers)	Pte	14 27 July 41	Blk.W.	UK	45	25 July 41
		To wear on good conduct badge	Pte	—	Blk.W.	UK	72	19 Dec 41
		Priv. leave (ww) to 30 Sept 41	Pte.	23 Sept 41	Blk.W.	UK	73	24 Dec 41
		A.N.L. 3 days E.B. 30 Sept. 4 days pay.	Pte	9 Mar 42	Blk.W.	UK	18	20 Mar 42
		7 days P.L. FTW to 3 Feb 42	Pte	27 Jan 42	Blk.W.	UK	27	24 Apr 42
		Forfeits good conduct badge R.O. 308	Pte	6 Mar 42	Blk.W.	UK	30	6 May 42
		P/leave 7 days (P5)	Pte	19 26 May 42	Blk.W.	UK	49	1 Aug 42
		P/leave 7 days (5)	Pte	18 25 Aug 42	Blk.W.	UK	60	7 Sept 42
		P/leave to 10 Nov	Pte	3 Nov 42	Blk.W.	UK	71	13 Nov 42
		P/leave to 11 Feb 43 with Ration allow. (9 days)	Pte	2 Feb 43	Blk.W.	UK	12	17 Feb 43
		Charge Address ref'd to (Father) Peachlands, Okanagan Valley, B.C.					28	21 May 43
		Daily Reg' pay \$1.50	Pte	1 Jan 43	Blk.W.	UK	20	29 Mar 43

Statement of the Service of No. D-81490 Rank.....

Sheet No.....

Name GREIG W. D.

M.F.M. 1 & 2 (a)
700 M-8-39 (1897)
H.Q. 1772-45-18

REPORT		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	
Date	From whom received						Part II D.O. No. Cas. List, etc.	Dated
		Sec 15 (1) AA for 1 day pay	Plt	2 Aug 43	41W CTS	UK	33	13 Aug 43
		Att. to 4 wing CTS. Ref to 18 Nov 43	Pte	20 June 43	18W	UK	72	20 Dec 43
		AWARDED THE CANADIAN VOLUNTEER SERVICE MEDAL AND CLASP						
		Awd 7 days C.B. for 1 day pay AA 15 (1)	Pte	28 Feb 44	20R W	UK	16	24 Mar 44
		AA 15 (1) Awd 7 days C.B. for 1 day pay	Pvt.	3 May 44	75 H C	UK	26	22 May 44
		Embarked at <u>UK</u> on <u>4 Jul 44</u>	RtA		1 RHC	21 AF	38	15 Jul 44
		Disembarked at <u>France</u> on <u>7 Jul 44</u>	Pte	8 Aug 44		AET	A478	
		Missing	Pte	8 Aug 44	RHS 6.	AET	A482	25 Aug 44
		Killed	Pte	8 Aug 44	Bk W	21 AF	98	5 Sep 44
		SOS deceased - Killed in action						

(e.w.)
c86

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.

Nov. 3/39
1st Bn. The Black Watch (RHR) of Canada C.A.S.F. No. 8/1790

(1) Name of Officer or Soldier..... G.R.E.I.G. WILLIAM DONALD.
(Surname first—Christian names in full—Block capitals)

(2) Regimental Number..... N.P.A.M. (28/60) 3960.

(3) Unit..... 2ND (42ND) B. attn. B. lack Watch (R.H.R.) of Canada

(4) Are you married?..... Do.

(5) If married, state,
(a) Full name of your wife.....
(b) Present postal address of wife.....

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

(7) Are you a widower?..... Do.

(8) Have you any children?..... Do.
If so, give number of boys and girls.....
Also their names and ages.....

(9) If Separation Allowance is claimed in respect of children—state whether you have been regularly supporting them.....
Give particulars of Guardian to whom Separation Allowance should be paid—if authorized—
Name
Postal Address.....

(SEE OTHER SIDE).

(10) Have you a common-law wife—whom you have been regularly supporting and publicly representing as your wife? Yes

If so, state her full name and Postal Address

(11) Is your father alive? Yes

If so, state name and address GREIG DONALD

(Box 8) Greeces Point, 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 C.A.S.F.

Also state reason he has no other means of support

(14) Is your mother alive? No

If so, state name and address

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

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

Also state reason why she has no other means of support

(17) Are you insured? Yes

If so, in what Company?

Have you made arrangements for payment of your Insurance Premium?

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.

W. D. Greig

(Signature of officer or man)

Date 16/10/39

Officer Commanding A. C. Evans Major

2nd (42nd) Battrn. Black Watch Canada

Date 16/10/39

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-81790

<p>1. Surname.....<u>Greig</u></p> <p>2. Christian Names...<u>William Donald</u></p> <p>3. *Substantive Rank and Appointment.....<u>Pte</u></p> <p>*Acting Temporary or Local Rank.....<u>Pte</u></p> <p style="text-align: center;">giving date.....</p> <p style="text-align: center;"><small>*To be entered in pencil to facilitate alteration.</small></p> <p>4. Place of birth...<u>Greeces Point Que. Canada</u></p> <p>5. Date of birth as declared on attestation...<u>9/11/20</u></p> <p>(A).....</p> <p>6. Date of enlistment...<u>3/11/39</u></p> <p>7. Place of enlistment...<u>Montreal Que. Canada</u></p> <p>8. Residence at time of enlistment...<u>4885 Hutchison St. Montreal Que. Canada</u></p> <p>9. (B) Special conditions (if any) of enlistment or rate of pay.....</p> <p>10. (C) Any subsequent variations of conditions of service.....</p> <p>11. Religion...<u>Prot. United</u></p> <p>12. If married, state date.....<u>Single</u></p> <p>13. Trade on enlistment...<u>Farmer</u></p> <p>14. Corps, trade and grade.....</p> <p>15. (D) Qualifications.....</p> <p>16. (E) Miscellaneous entries.....</p>	<p>(17) Regiment or Corps</p> <p>Unit (Battn., etc)</p> <p>(18) Medical</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">Category</th> <th style="width: 20%;">Date</th> <th style="width: 60%;">Authority</th> </tr> </thead> <tbody> <tr> <td>"A"</td> <td>12-10-39</td> <td>M.F.M. 2.</td> </tr> <tr> <td>"A"</td> <td>17-11-39</td> <td>M.F.M. 2.</td> </tr> <tr> <td>"A"</td> <td>5/27/32</td> <td>Med. Board Montreal</td> </tr> </tbody> </table> <p>(19) Next of kin (entries to be made in pencil) <u>(Father)</u></p> <p style="text-align: center;"><u>Donald Greig</u></p> <p style="text-align: center;"><u>Teachlands, Okanagan Valley</u></p> <p style="text-align: center;"><u>B.C. Canada</u></p> <p>(20) E.....</p> <p>(21) E.....</p> <p>(22) E.....</p>	Category	Date	Authority	"A"	12-10-39	M.F.M. 2.	"A"	17-11-39	M.F.M. 2.	"A"	5/27/32	Med. Board Montreal
Category	Date	Authority											
"A"	12-10-39	M.F.M. 2.											
"A"	17-11-39	M.F.M. 2.											
"A"	5/27/32	Med. Board Montreal											

(I.S.F. from. 13-10-39 to 2-11-39 2 RHC.

NOTES—

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

(a) Report		(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
17/6/40	W.A.H.O.	I.R.H.C.	Embarked Antiochia	Quebec	17/6/40	Pte	
22/6/40	W.A.H.O.	I.R.H.C.	Disembarked	P.Q.	22/6/40	✓	
26/8/40	W.A.H.O.	I.R.H.C.	Embarked Duchess of Richmond	Portwood	26/8/40	✓	
22/8/40	Wire Defusion HC/73-3 M.D.6	I.R.H.C.	Disembarked	St. Helier	13/8/40	✓	
22/8/40	HC/73-3 M.D.6	I.R.H.C.	Embarked E. 62	St. Helier	22/8/40	✓	
21 SEP 40	2A.6-11	I.R.H.C.	Disembarked E. 62	St. Helier	22.8.40	✓	
3 Dec 40	cc.	"	Granted Landing Leave	Aldershot	23.8.40	✓	P.O. 177
			Proceeded on Command to Can Bee.	buy	4.9.40	✓	6.9.40
16 Jan 41	"	"	Home Depot Can Postal Corps, Portsmouth	"	20.1.40	Pte	P.T. 11 # 8, 8 Oct 40.
6 Mar 41	"	"	and is attached for rationing & quarters	"	28 Nov 40	"	" " # 7, 4 Dec 40
16 Apr 41	"	"	begins to be att. to Can Postal Corps	"	28 Dec 40	"	#5-24 Jan 41
16 Jul 41	"	"	Civilege Leave 15 days	"	5/190 Nov 40	"	14-14 Mar 41
5 Dec 41	✓	✓	Admitted to C.M.C.	Field	16 Apr 41	"	27-27 May 41
4 Dec 41	✓	✓	Discharged from C.M.C.	"	20 Apr 41	"	45-25 Jul 41
13 Mar 42	✓	✓	Granted Leave (Asst. to Farmers)	"	14/27 Jul 41	"	73 d/24 Dec 41
20 Jan 42	✓	✓	Phone (7 days) w/w P.3	✓	23 Sept 41	✓	72-19 Dec 41
28 Apr 42	✓	✓	Awarded Good Conduct Badge	✓	9 Mar 42	✓	18-20 Mar 42
22 Jun 42	✓	✓	3 days P.B. for 3 days pay & Red 100(2)	✓	27 Jan 42	✓	27-24 Apr 42
21 Aug 42	✓	✓	for 4 wks 9 hrs. total for 4 days pay	✓	6 Mar 42	✓	20-6 May 42
15 Feb 43	✓	✓	7 days P.B. leave P.5	✓	19 May 42	✓	49-1 Aug 42
	✓	✓	P. leave F.8	✓	18 Aug 42	✓	60- Sep 42
	✓	✓	P. leave F.8	✓	2 Nov 42	✓	71- Nov 42
	✓	✓	P. leave F.8	✓	2 Feb 43	✓	12 d/17 Feb 43
	✓	✓	P. leave F.8	✓	1 Jan 43	✓	20-29 Mar 43
	✓	✓	P. leave F.8	✓	8 May 43	✓	28-21 May 43
	✓	✓	P. leave F.8	✓	20 Jun 43	✓	23-3 June 43
	✓	✓	P. leave F.8	✓	2 Aug 43	✓	26-25 Jun 43
	✓	✓	P. leave F.8	✓	2 Aug 43	✓	23-13 Aug 43 } c.T.S. D.O.