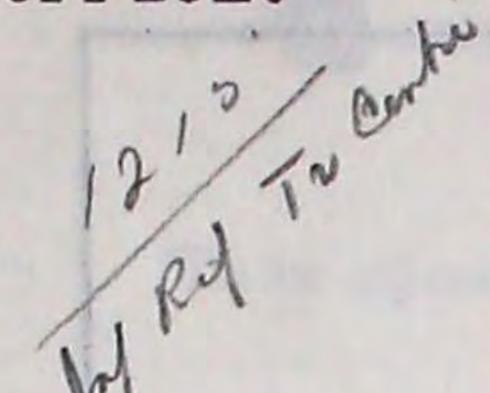
Do not remove documents from this folder. Prepared for digitization project. Ces documents seront numérisés. Ne pas les déplacer.

M.F.M. 23 30M-3-40 (4318) H.Q. 1772-39-1677

N



CANADIAN ACTIVE SERVICE FORCE PROCEEDINGS ON DISCHARGE

(These proceedings should be accompanied by the documents specified on fourth page)

Regimental No. D 82194	Rank Private
Surname DUNCAN	
Christian nameRobert Rae	changed subsequently by authority.
Unit or Corps Regimental Depot 1st E	3n. The Black Watch (RHR) of Can.
Date of discharge 5th June, 1940.	A Partie of the Company of the Committee
Place of discharge Aldershot, N.S.	Mil. Dist. No. M.D. 6
1. DESCRIPTION AT I	DATE OF DISCHARGE
Age 44 years months 5 $4\frac{1}{4}$ Height feet inches	Descriptive marks 6 vaccination marks left arm.
Complexion Medium	And the terminate of the sequence of the second and the second set of the second set of the second set of the second set of the second
Eyes Blue	
Hair Grey	
Trade Student	
Intended place of residence	When a soldier is ablent through these around a professions to him to almost all the annual architecture of the control architecture of the co
	d Number P.O., City or Town, etc. Province
2. The above-named man is discharged in conseque	ence of "DECEASED."
	(Date of colletment—C.A.S.F.) (A.S.F.) (Date of colletment)
Authority for discharge	
N.B.—The cause of discharge must be worded in accordance with (authority, the number and date of the letter to be quoted.	C.A.S.F. Routine Orders as may be published. If discharged by superior
3. Conduct while in the service has been	, according to the records, etc.
Commanding Officer, who discharge on the discharge of the	10. Configuration
o 7 /	en practicable, by the Commanding Officer, in the presence of the soldier and by.
4. Special qualifications for employment	in civil life. (Vide 384, K.R. Can.)
To be in sertification of the property of the	

5. He is in possession of the following	number of G.C. Badges:
5A. Service Button (Class and number (If and when authorized)	
No reference to G.C. Badges is to be made on either	the discharge or character certificate.
6. Medals and Decorations	To be copied by the Command ing Officer on to the parch ment Discharge Certificate
7. I have impartially enquired into al in accordance with Regulations.	l matters concerning this soldier's discharge brought before me
(Place)	
(Date)	
8. Certificate to b	oe signed by the Soldier on Discharge
I hereby acknowledge that I received up to the present date, subject to I have received my permanent dis	all my Pay, Allowances, and Clothing, and all just demands, the reservations of the claims noted on the third page, and that scharge certificate.
(Place)	(Signature of Soldier)
	ess or any other cause and it is not desirable to forward these a manuscript copy should be sent for the man to sign, and when
9.	Statement of Service
(Date of enlistment—C.A.S.F.)	21st May, 1940.
(Date of discharge—C.A.S.F.)	5th June, 1940.
(Total Service—C.A.S.F.)	yearsdays
10. C	confirmation of Discharge
The discharge of the above-named man	n is hereby confirmed.
(Place)	(Signature)
(Date)	

(To be signed

(Date).....

		Reservations referred to at Para. 8	
	(To be signed by the soldier.	When there are none, it is to be so stat	ed, and signed by the soldier.)
mmand- parch- tificate.			
y the Con rige Cert			
copied by Officer on the Dischar			
To be ment			
e brought before me			
d all just demands, third page, and that			
Signature of Soldier)			
nature of Witness)			
ole to forward these in to sign, and when			
days			
•••••••••			
	(Date)		(Signature of Soldier)

...........

List of Discharge Documents

Field Conduct Sheet (M.F.M. 6).

Certified Copies of Convictions by Civil Power.

Casualty Form (M.F.M. 4).

Proceedings Medical Board (2 copies).

Medical Case History Sheet.

Dental History Sheet.

Last Pay Certificate.

Duplicate Discharge Certificate (M.F.M. 7).

Form of Will (M.F.M. 10 or 10A).

Certified Copy of Record of Declaration of Court of Inquiry (K.R. Can. 1513).

Attestation (Duplicate and Triplicate M.F.M. 2).

Particulars of Family (M.F.M. 5).

Proceedings on Discharge.

Documents not accompanying this form should be crossed out.

CONTRACTOR OF THE STATE OF STREET

I hereby certify that the following documents are unobtainable.

Officer Commanding

No D. 82194 Rank Private Name	DUNCAN, Robert R.
Unit R.H.C. Date of	Death 5th June, 1940.
Died at Blanchard-Fraser Memorial	Hospital, Kentville, N.S.
Cause Coronary thrombosis.	
Death occurred on strength of CASF. HQ	405-D-1182 17-6-40
N/K None	Relationship
Address	
Remains buried in Oak Hill	Cemetery
Kentvi	le, N.S.
Grave Rocation Stare 8 Lot.	685
Ledger Sheet Re	ceived

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

the production of the production	opy acsignation to be shown by striking	out terms not applicable.)
170 (27)	CIMPENTAL DESCRIP	And a

Regimental Number D-82194

Unit Ist Bn. The Black Watch (RHR) of Canada C.A.S.E. Regimental Number. CANADIAN ACTIVE SERVICE FORCE ATTESTATION PAPER

1.	Surname
2.	Christian Names ROBERT RAE
3.	Present address 666 Craig St., West, Montreal, P.Q. Canada
4.	Date of birth 8 October 1895
5.	Place of birth Scotland Aberdeenshire Aberdeen (Country) (Country or Province) (Town or Township)
6.	(Country) (Country or Province) (Town or Township) Religion (state denomination) Presbyterian
7.	Trade or Calling
8.	Married, Widower or Single Single
9.	Name of next of kin
l0.	Relationship
11.	Address of next of kin
2.	Have you served in any Naval, Military or Air Force?
3.	If previous war service, state arm, force and regimental particulars #14670 Royal Garrison Artillery and Royal Scots from 30 ecember 1915 to 31 arch 1920.
4.	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
.e., aid	I, Robert Ree Duncan do solemnly declare that the above diculars are true, and I hereby engage to serve in the Canadian Active Service Force so long as an emergency, war, invasion, riot or insurrection, real or apprehended, exists, and for the period of demobilization after emergency ceases to exist, and in any event for a period of next less than one year, provided His Majesty and so require my services. Signature of recruit)
	OATH TO BE TAKEN BY MAN ON ATTESTATION
lecl	I, Robert Rae Duncan do sincerely promise and swear (or solembre are) that I will be faithful and bear true allegiance to His Majesty. Rece Duncan (Signature of Beerdit)
(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 stions 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 ered as replied to, and the said recruit has made and signed the declaration and taken the oath before me,
t	Montreal, P.Q. this 21 day of May 19 40
	A C Leaus Major REGIMENTAL DEPOT Signature of Magistrate, Justice or Attesting Officer. Office or Rank and Unit or appointment.

	necord of Service	ofI	JUNGAN	(Surname)	(Christian Nam	es)AE	•••••••	Regi	mental Numbe	rD-8219	4
		QUALIFI	CATIONS				EDUCA	TIONAL QUAL	FICATIONS		
Military		· · · · · · · · · · · · · · · · · · ·	Signa	lling		nool)			Graduation	D	
Business c	or Professional	•••••••••••••••••••••••••••••••••••••••	No		Collegia	te	(years completed)		Matriculation	College,	Aberdeen
Trade or (Civil		Stude	ent	*College				••••••		Scotland
Technical.	4 - 2 - 1		No		*Universi	ityAberdee	n Univers	ity 3 yrs	irts		1
Languages	sEnglish.I	atin Greek Hebr	ew		*(Name of in	stitution, courses or year	oughUniv	degrees of Lained to b	Whowherts		
All enliste	ed personnel will	be taken on as Priva	te soldie	rs, appointments and promotions to	higher rank	to be shown as	provided in	the space be	low.		
	Report From whom received	Record of Promotions, Re	ductions, Tra on Streng	nsfers, Casualties, Reports, etc., from date taken th of Field Force	Rank Shown	Effective Date	Unit	Place	Part II D.O. No	Authority Cas. List. etc.	Dated
22394		Joined on appointment		05 6 40				2.5	•		
		T.O.S. D	/	21-5-40	Pte	21-5-40	lst Bn	ontreal	R.D.O.#1	24	21-5-40.
31-5-40		Posted Duty	(CI(R)	TC Aldershot, N.S.	41	31-5-40	do	do	do	.No.133	31-5-40
1-6-40	R.H.C	T.O.S.				1-6-40	I.T.C.	Alders	hot, N.S.	134	3-6-40
		SOS	e d	Leeased		56-40			600		
							•••••••			••••••	
										•••••	
			Sections of the second								
			The second secon								
			New Conference	For addit	ional entries use M.F.	M. 1 and 2 (a)					
			MAN STATES								
AF	REYOU RECEIV	ING OR HAVE									
		ST RECEIVED,									
IF S	O GIVE DETAI	LS									
			20 00								
			nd I	epor	6. 0	2. I. I		неж ^н 1. Т	ga to the	c. H. H.	1. A
		ate .	Instr al re	he sted	hest	dent	Pa	Taric	Lupti	heu	Pame ge
			mai	n, ri ition loc loc	plexi	ifica	rt 2	ose or de	ey o	mati	e in
			ks	ght. fand ked. ked.	asu	a tio		vein	r b	ism Sisc	4

CERTIFICATE OF MEDICAL EXAMINATION

NO

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

j. Nasal trouble.....

k. Ear disease.....

BUNCAN ROBERT RAE.

Part 1. Information obtained from the recruit.

Name in full....

1. Age.....44......

b. Tuberculosis.....

a. Rheumatism....

Regtl. No. D-82194 Rank PTE Surname DUNCAN Christian Name ROBERT RAE

				* DAT	ES OF	20 1				D		no. h	ducad it in	07 0070	f commission	1 1	ad for	
STATION	Date of Arrival at the Station	i	Admission to Hospi	on ital	fre	Discharge om Hospi		DISEASE	Number of days in Hospital	Remarks on no whether any partic whether mercury h of inquiry was held	cular treatment was been given. If	as adopted	In venereal	cases state no	on duty and	whether	ase, and a Court	Signature Medica Office
	Station	Day	Month	Year	Day	Month	Year		Hospitai	or inquiry was nero	i. Date of issue a	na particu	ars of artificial	teeth of surg	icai applianc	es supprie	a.	Onice
		7			2 5													
									•••••••	••••••••			••••••		• • • • • • • • • • • • • • • • • • • •		••••••	
						- d												
										••••••		H		1 9			- 3	100
					0													
		193		0	5	E						r	100				28	
		1		-									70 10	120	100	1		
						•••••			•••••		• • • • • • • • • • • • • • • • • • • •						• • • • • • • • • • • • • • • • • • • •	
		1		19				M. E. O. E.				8		E 3		5		
				100						••••••				3				
		- 3															9	
															· · · · · · · · · · · · · · · · · · ·			
		1			5	0												
												0						
		14				6		H E E				B						
						3	0					E						
		,				1 0												
		-			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1	- 40										THE RESERVE	E 3
		1	1					9 5 9 6				FR						
									•••••									
		A	*				17											6 5
							10		3 10 3									
		19						S B S E		1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0							in the	
						299	H			0.						12		
											••••••							
		1 5		TE T		1 100			0 0							H P	2 2	

PARTICULARS OF FAMILY OF AN OFFICER OR OTHER RANK OF THE C.A.S.F. OR R.C.A.F. (SPECIAL RESERVE)

INSTRUCTIONS.

- (a) This form is to be completed immediately an officer or other rank is appointed to, or enlisted in, the C.A.S.F. or R.C.A.F. (Special Reserve.)
- (b) All questions, etc., must be completed.
- (c) Both copies of the form are to be forwarded by the Officer Commanding the unit for each officer and other rank, to the Paymaster, or Officer acting as such. The latter will transmit one copy, through the District, Command, or Camp Paymaster, to the Officer i/c Records, N.D.H.Q., Ottawa. The other copy will be retained by the Paymaster of the unit, when transferred to another unit the copy retained by the Paymaster will be sent to the Paymaster of the individuals new unit.

(1)	Name of Officer of Other Rank DUNCAN ROBERT RAE (Surname first—Christian names in full—Block capitals)
	Regimental or Air Force Number and Rank D 82194 PT E
(3)	Unit 1st Bn. The Black Watch (AHR) of Ganada G. A. S. F.
	Are you married? No
	If married, state,
	(a) Full name of your wife NA
	(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?
(8)	Have you any children? NO ### ##09
	If so, give number of boys and girls
	Also their names and ages
(9)	If Dependents' Allowance is claimed in respect of children—state whether you have been regu-
IA -	larly supporting them
	Give porticulars of Guardian to whom Dependents! Alleman as should be side if all the side is
	Give particulars of Guardian to whom Dependents' Allowance should be paid—if authorized. Name
	Name
	Postal Address
	SEE OTHER SIDE

(10)	Have you a common-law wife—whom you have been regularly supporting and publicly repre-
	senting as your wife for at least 12 months immediately prior to enlistment? NO
	If so, state her full name and Postal Address
(11)	Is your father alive?
	If so, state name and address, occupation W.A.
(12)	If your father is a widower and is totally incapacitated from earning a living—are you his sole
	or partial support?
	If sole or partial support of father who is a widower, totally incapacitated from earning a living—state what amount per month you have given him prior to joining C.A.S.F. or R.C.A.F. (Special
1 1 2	Reserve)
	Also state reason he has no other means of support if partially supported by you, what is your
	reason for not providing full support?
(14)	Is your mother alive? Uo
	If so, state name and address.
/ >	70 11 10 M). A.
	If your mother is a widow, are you her sole or partial support?
(16)	If sole or partial support of widowed mother—state what amount per month you have given her
	prior to joining C.A.S.F. or R.C.A.F. (Special Reserve)
	is your reason for not providing full support?
(17)	Are you contributing to the support of any dependents, other than those shown above?
	Relationship
	Full Name
	Postal Address
	Amount contributed monthly during the past six months
	Have you any Brothers 16 years of age or under or Sisters 17 years of age or under solely supported and maintained by yourself as Bona Fide members of your household before your enlist-
	ment or appointment?
(19)	Are you insured?
	If so, in what Company? (Give number of policy)
	Hove you made arrangements for nayment of your Insurance Premium?
	Have you made arrangements for payment of your Insurance Premium? 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.
	Row Rac Dancan
	Date 21 may 1940 (Signature of officer or man)
- Maria	REGIMENTAL DEPOT
	Ist Bn. The Black Watch (RHR) of Canada C.A.S.F.
	Date 21 May 1940 Officer Commanding Fronge HTT Cardle
	Doto of 1000 /

N.B. In the above form the term Father includes Foster Father; the term Mother includes Foster Mother, the form should, however, be changed to read accordingly and applicable.

To: P.M.G.			H.Q. File No.		409-0-	1122
		CANADIAN ARMY	(ACTIVE)			
		Computation of	Service			
		WAR SERVICE G	RANT			
Regt. No. Rank wh. S.O.S.	nen	Surname			Christian Name	in Full
-82194 PTE		DUNCAN.		1	OBERT	PAEI
REASON FOR TERMINATION	of Servi	N				
1st Enlistment		DECEASED		C	ARO	(
2nd Enlistment				C	ARO	(
3rd Enlistment					ARO	(
		Total Service				
1st Enlistment		2ND ENLISTM	IENT		3RD ENLIST	TMENT
and 21 MAY 160	/	m 0 0		m	2 0	
		T.O.S				
0.5 JUN 40 K	1D 6	s.o.s.	MD	S.C	o.s	MD
	1D 6	s.o.s.	MD	S.C	o.s	MD
0.5 JUN 40 K	1D 6	s.o.s.	MD	S.C	o.s	MD
Cotal Days	1D 6	S.O.S	MD	S.C	tal Days	MD
Cotal Days	1D 6	S.O.S	MD	S.C	o.s	MD
So.s. 5 Jun 40 to footal Days.	6 6	S.O.S	MD	S.C	tal Days	MD
Cotal Days	6 6	S.O.S	MD	S.C	tal Days	MD
Cotal Days	6 6	S.O.S	MD	S.C	tal Days	MD
Cotal Days	6 6	S.O.S	MD	S.C	tal Days	MD
Cotal Days Western Hemisphere Overseas Service Totals	6 /	S.O.S	MD	S.C	tal Days	MD
Cotal Days Western Hemisphere Overseas Service	6 /	S.O.S	MD	S.C	tal Days	MD
otal Days Otal Service Western Hemisphere Overseas Service Totals	ifying Ser	S.O.S	MD	S.C	tal Days	MD
otal Days otal Service Western Hemisphere Overseas Service Totals Add Non-qual Total Service	ifying Ser	S.O.S	MD	S.C	tal Days	MD
O.S. 5 Jun 40 Kondal Days. Total Service Western Hemisphere Overseas Service. Totals. Add Non-qual	ifying Ser	vice	MD	ice	Less Non-qualifying Service	MD

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

C. L. LAURIN, Colonel, L.

500M—11-44 (6012) H.Q. 1772-45-8

(1) I, ROBERT RAE DUNCAN , of the CITY (Name in Full) (City, Town, Village, Township)

Address in civil life.	of MONTREAL, in the County of HOCHELAGA,
	Province of QUEBEC., STUDENTAL DEPOT
	Regimental No. D. 8 2 194 , Unit Ist Bn. The Black Watch (RHR) hef Canadar Grass. all former Wills by me made and declare this to be my LAST WILL.
Relationship, names and address of	(2) I Give, Devise and Bequeath unto
beneficiaries, and what each is to receive.	MY CLOSE FRIEND
	Me. G. McGREGOR MITCHELL.
	Sun Halifax N. S
	M.J. Canada
	all my estate for tio over une atrolutely.
Relationship, names and address of residuary beneficiaries.	(3) I GIVE, DEVISE AND BEQUEATH all the rest and residue of my estate, both real and personal, of whatsoever kind and wheresoever situate unto
	N. A.
	(4) I appoint G. M. GREGOR MITCHELL STVICTORIA ROAD HALIPAN (Name) (Address) WS
	BANKER Executor Executor of this my Last Will.
	IN WITNESS WHEREOF I have hereunto set my hand this 21 day of hay
	19.4.0
	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. 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.
First witness sign here.	(5) Signature Glowellan
	Civil Occupation Salesman
Second witness sign here.	Signature The Constitute
	Civil Occupation 3940 bôte des nuigo R. Montral, P.Q. Can
	Civil Occupation 3940 Vole des nuiges R. Montreal, P.Q. Con
	(Witnesses are not to be beneficiaries.) [OVER]

CANADIAN ACTIVE SERVICE FORCE

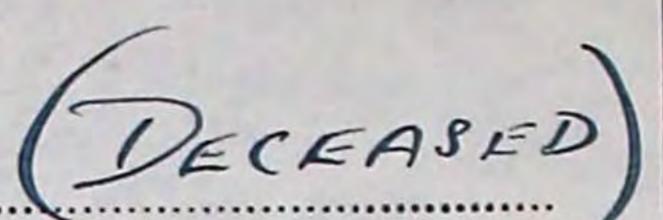
LAST PAY CERTIFICATE

Reason for discharge	ON TRAN		on 1/6/40 Authority: D. 0. 141		T-10.14	
Outfit allowance of \$ N/A	ON TRAN					
					-	
		SFEI	R OF OFFICER			
		has	been paid by the District Treasury Officer, Mili	tary Di	stric	
REMARKS:						
State (1) Date of appointment or enl	listment	Ma	y 21,1940			
		Dene	endents Allowance, has application been submitt	N	/A	
	THE RESERVE OF THE PARTY OF THE PARTY.	THE RESERVE OF	N/A If so, amount \mathbb{N}/\mathbb{A}			
	een mader	•••••••		eff	ectiv	
date	•••••					
The following is a statement of the ac	coount of the	ah	e named from 1/6/40 to 30/6/4	10		
the inclusive date of transfer or discharge.	ccount of the	abov	e named fromtoto	19		
	DR			CR.		
Particulars	A					
		int	Dontionland		2 /12	
	AHIOU	int	Particulars	Amou	ınt	
	AIAIO	int	Particulars Balance Cr. from last account	Amou	int	
Salance Dr. from last account			Balance Cr. from last account		ļ	
Salance Dr. from last account			Balance Cr. from last account. Regimental Pay. 50days at \$1.50	39	0.0	
Salance Dr. from last account First Monthly Payment Casual Payments			Balance Cr. from last account	39	0.0	
Salance Dr. from last account First Monthly Payment Casual Payments Payment on Transfer or Discharge			Balance Cr. from last account Regimental Pay. 30 days at \$1.30 Technical Pay days at \$ Additional Pay (Give particulars) days at \$ \$ 1.30	39	0.0	
Balance Dr. from last account			Balance Cr. from last account	39	0.0	
Balance Dr. from last account First Monthly Payment Casual Payments Payment on Transfer or Discharge Assigned Pay			Balance Cr. from last account Regimental Pay	39	0.0	
Salance Dr. from last account Cirst Monthly Payment Casual Payments Payment on Transfer or Discharge Assigned Pay Cegimental Charges			Balance Cr. from last account	39	0.0	
Balance Dr. from last account			Balance Cr. from last account	39	00	
Balance Dr. from last account			Balance Cr. from last account. Regimental Pay 50days at \$1.30 Technical Pay days at \$ Additional Pay (Give particulars) days at \$ Allowances (Give particulars) days at \$ Rec. Gen. Dep. Receipt personal effects	10	0.0	
Balance Dr. from last account First Monthly Payment Casual Payments Payment on Transfer or Discharge Assigned Pay Regimental Charges Public Stoppages (Give particulars):			Balance Cr. from last account	10	0.0	
Balance Dr. from last account			Balance Cr. from last account	10	0.0	
Balance Dr. from last account First Monthly Payment Casual Payments Payment on Transfer or Discharge Assigned Pay Regimental Charges Public Stoppages (Give particulars):			Balance Cr. from last account. Regimental Pay. 30days at \$1.50 Technical Pay days at \$ Additional Pay (Give particulars) days at \$ Allowances (Give particulars) days at \$ Rec. Gen. Dep. Receipt personal effects	10	0.0	

*Assigned Pay to be charged in paylist of the individual's outgoing unit on transfer.

H.O. 1772-39-1643

Rigtl. No D8 2194 Rank Pte Name DUNCAN, R.R. (DECEASED)



INDIVIDUAL'S CLOTHING AND EQUIPMENT STATEMENT

Date of Attestation																			
DESCRIPTION OF ARTICLES	Number	Date of Issue	Soldier's Initials	Number	Date of Issue	Soldier's Initials	Number	Date of Issue	Soldier's Initials	DESCRIPTION OF ARTICLES	Number	Date of Issue	Soldier's Initials	Number	Date of Issue	Soldier's Initials	Number	Date of Issue	Soldier's Initials
Anklets, web, prs	1									-Cloak or Greatcoat, drab	1								
Badges, arm, worsted, Canada, prs.										Comb, hair	/						******		
Badges, cap	/									Discs, identity, with cord									
" collar, prs	1									Drawers, cotton, short, prs	9								
" shoulder, prs	1									Drawers, woollen, prs	4								
Bags, Kit										Dressings, first field									
Blouses, serge	/									Forks	/								
Trousers, serge, prs	1									Gloves, woollen, khaki, prs									
Blacking, tins										Holdalls	/								
Bonnets, Tam O'Shanter	1									Housewives	/							******	
Bootdressing, tins										Jackets or Doublets, S.D	,								
Bootlaces, prs						•••••				Jacket, sweater									
Boots, ankle, prs										Knife, clasp, and lanyard	,								
" felt, prs										" table									
Boots, lumberman's, rubber:—prs										Mittsprs Overalls—									
Insoles, prs	,									Blouses, denim									
Braces, prs	/									Trousers, denim, prs									
Brasses, button	/																		
Breeches, D.C., or Trousers, S.D.,	1					•••••	,,,,,			Pantaloons or Trousers, service,	1								
Brushes, boot, blacking	1									Razors	1								
" boot, polishing	1									Shirts, flannel, khaki	0								
" button										" service									
" cloth	,									" under, cotton	9								
" shaving	,									" woollen	1								
" tooth										Shoes, canvas, prs	2								
Cap, comforter										Socks, prs)								
" field service										Sponges, pipeclay	/					*******		*******	
" forage, drab										Spoon, table	2								
" winter, Melton cloth										Towels, hand	197								

Free issues only will be accounted for on this form.

Signature of Quartermaster..... Signature of Soldier.....

Unit	•••••••	No		R	ank				••••••
From	to	•••••••		Da	te	Tran	sferred or	-	
From	to			Da	te	Α	ttached		
From	to			Da	te				
From	to			Da	te				
From	to			Da	te				
EQUIPMENT (a)	Date of Issue	Date of Issue	Date of Issue	Date of Issue	ARMS AND MISCELLANEOUS (a) Da	ate Date of Issue	Date of Issue	Date of Issue
Attachments, brace					Bayonets and Scabbards	/			
Bags, ration					Bottles, oil	/			
Bandoliers					Pistol				
Belts, waist					Pullthroughs	/			
Bottles, water						/			
Braces	0				Swords and Scabbards				
Carriers, cartridge	9								
" waterbottle	/								

Cases, pistol	,								
Covers, messtin	/				Blankets				
Frogs, bayonet		•••••			Sheets, ground				
Haversacks		•••••							
Helmets, steel									
Lanyards, pistol									
Packs									
Pouches, ammunition									
Slings, rifle									
Spurs, jack, prs									
Straps, shoulder									
	2								
	1								
Tins, mess									
Arms and equipment will not be transwith the soldier unless authorized by the return of any article the Q.M. will initial date column opposite the article returned to through in red ink.	ture of Soldier.	ture of Soldier	ture of Soldier.	ture of Soldier.			ure of Soldier.	ure of Soldier	ure of Soldier
ferred D.O.C. in the and line	Signat	Signature	Signature	Signature			Signat	Signati	Signat

Regimental	No	ARank	Private.		
DUNC	aNname		ROBERT RAE Christian		
Unit.1st.B	n. The Black	Watch (RHR) of	Can. CASF., R	egt'l Depot.	
Date of De	ath	1940Plac	ce of Death.Ken	tville, N.S.	
	n		Relation	ship	
Address					
M.F.M. 5	Copy herewith				
Will	No record of	M.F.M. 10 in 1	Record Office t	o date.	
Date	June 25, 1940				
	B	RANCH S	11/1	1 Bolini	()



(W.E.L. Coleman)
Major,
Officer i/c Records,
for Adjutant-General.

REPORT OF DEATH OF A SOLDIER

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

Unit 1st Bn. The Black Watch (RHR) of Cana	da. C.A.S.F.
Regt'l No. D82194 Rank	Private
Name in full DUNCAN, Robert Rae	
Date and place of birth 8-10-95 Aberdeen, Aberde	en Shire, Scotland
Married or single Single	
Enlisted, when and where 21-5-40 Montreal, P.	Q.a
Date 5-6-40	Date 6-6-40
Died Place B.F.M.Hospital, Kentville Buried N.S.	
Cause of death .Coronary .Thrombosis	Location of cemetery Kentwille
Whether he leaves a Will or not, and if so, where deposited	······································
Statement as to existence Nil of any personal effects	
Latest particulars as to None Next of Kin	
I hereby certify that Next-of-Kin and District Headquarte (Strike out Next of Kin if not in Message sent through Regtl. Depot, Montre	rs have been informed. formed) al, to Rev. Dr. George Kilpatrick. Human ding All Col Officer Commanding ntre O. C. Infantry Transport
Secretary, Department of Ivational Defence.	14-6-40
D.O.C., M.D. Date	hotely the miles