D82435
BARBAGALL
ANTHONY

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OCCUPATIONAL HISTORY FORM

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

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

PLEASE LEAVE BLANK

Section A—GENERAL INFORMATION

1. (a) Print name in full BARRAGALLO, Anthony. (b) Reg'l. No. D.82435
2. (a) Arm of service Army (b) Unit Black Watch (c) Rank Pte.
3. (a) Date of birth 8 Mar. 1918 (b) Have you any dependents? No (c) Place of residence at time of enlistment Montreal, Que.
4. (a) Place of enlistment Montreal, P.Q. (b) Date of enlistment 28 June 40.

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 17 (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 11.
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? Yes (b) If so, for what occupation? Electro-Plater (c) Did you finish it? Yes (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 R.C.A. Victor, Address The Glen Montreal.
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Electro Platers.
20. (a) Your specific occupation Electro Plater. (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? Not Stated (b) Did your employer refuse to promise you employment on discharge? No (c) Do you wish to return to your former employment? Yes

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

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

Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war? No (b) Do you feel competent to operate a farm? (c) If so, in what kind of farming?
25. (a) Were you born on a farm? (b) How many years' actual farming experience have you had? None (c) In what provinces did you have experience?

Section G—MISCELLANEOUS

26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge? No
27. If so, state nature of your plans (for example, do you plan to return to school, or have you been assured of a job, etc.) Believes he can return to work with R.C.A. Victor.
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form (Electro Plater).

DATE 7 June 194 3 SIGNATURE Douglas Cook

for Officer i/c Records, C.M.H.Q.

H.Q. 405-B-30519
R. 4 (B).

9th August, 1947.

Mrs. Catherine Barbagallo,
3429 Drummond Street,
Montreal, Quebec.

Dear Mrs. Barbagallo:

I am forwarding herewith a photograph of the grave and marker over the burial place of your late son, D82435 Private Anthony Barbagallo, the location of which is grave 7, row D, plot 4, Bretteville-sur-Laize Canadian Military Cemetery, Bretteville-sur-Laize, France.

Any errors appearing in the inscription will be corrected when the permanent headstone is placed.

Yours faithfully,

for H.M. Jackson, Lt.-Col.,
Director of Records,
for Adjutant-General.

Encl.

/EMA

File No. 405-13-30519

VERIFICATION FORM

WAR SERVICE MEDALS 1939-45

No. D 82435 Name BARBAGALLO, Anthony

Rank on Discharge Pte. Date of Discharge 25-7-44

Authority for Discharge or Retirement Deceased

Served in:

				Non-qualifying service
Canada	from 28-6-40	to 22-8-40		
	from	to		
United Kingdom	from 23-8-40	to 5-7-44		
	from	to		
Italy	from :-	to		
Northwest Europe	from 6-7-44.	to 25-7-44	(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

M

NRD.

Verified by Annette Routhier

Date JUN 4 1946

Carded JUN 4 1946

HA 165

MH

DISTRIBUTION OF SERVICE ESTATES

ARMY

Estates Form "P. 4"

Name BARBAGALLO, Anthony No. D-82435
Surname Christian Names

Pte. C.A. O/S 25-7-44
Rank Unit Date of Death

AMOUNT W. S. G. 871.74
L.P.C. $ 932.82

Date 4-5-46

Other Credits.....

Total..... 1804.56

Prev. dist. 932.82
This dist. 871.74

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Mother	Mrs. Catherine Barbagallo, 3429 Drummond St., Montreal, Que. (Sole beneficiary per will)	871.74

P4. TO TREAS.

MAY 7 1946

WSG

AUTHORITY

H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	$871.74

CLASSIFIED BY

EXAMINED BY

For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

(L. M. FIRTH) Colonel
Director of Estates

AUDITED FOR PAYMENT

For Chief Treasury Officer

30M—1-46 (8630)
H.Q. 1772-45-27

COMPUTATION OF WAR SERVICE GRATUITY

MEMBER'S NAME ANTHONY (Christian Names) BARBAGALLO (Surname) — Register No. D-20014

PAYEE'S NAME Estates (Christian Names) (Surname) — File No. 405-B-30519

ADDRESS ..... — Date 20-2-46

..... — Service No. D-82435

DATE OF TERMINATION OF OVERSEAS SERVICE 25-7-44 — Final Rank PTE

Date of Discharge 25-7-44

	AMOUNT $	c
A. TOTAL QUALIFYING SERVICE No. of day $\frac{1489}{30}$ = 49 Periods @ $7.50	367	50
B. QUALIFYING OVERSEAS SERVICE No. of days 1433 less 19 Ineligible days, equal 1414 Days @ 25c. per day	353	50
C. SUPPLEMENT FOR OVERSEAS SERVICE	721	00
Daily Rate of Pay $ 1.50		
Subsistence Allowance $ 1.25		
Additional Pay $ —		
Dependents' Allowance 1/30 $ ✓ $ ✓		
TOTAL $ 2.75 × 7 = $ 19.25		
No. of Days $\frac{1433}{183}$ × $ 19.25	150	74
D. WAR SERVICE GRATUITY	871	74
Computed By Estates		
E. DEDUCTIONS Overpayment of (1) Pay & Allowance $ (2) D.A. & A.P. $ Other Deductions $		
Entered By		
F. AMOUNT PAYABLE (This amount is payable in .....monthly instalments of $.....each)	871	74

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

$..... × 30 = $.....

REMARKS

100M—9-45 (8069)
H.Q. 1764-81-3

WSG 806 2

10481

~~NAVY~~ ARMY

DEPARTMENT OF NATIONAL DEFENCE

NAVY ARMY AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

[redacted]CEASED [redacted]MBER'S NAME: Anthony (CHRISTIAN NAMES) BARBAGALLO (SURNAME)

REGISTER NO. D-20014
FILE NO. 405-B-30519
DATE 21-2-46
SERVICE NO. D-82435
FINAL RANK OR RATING Pte.
DATE OF DISCHARGE 25-7-44

PAYEE Director of Estates
ADDRESS

DATE OF TERMINATION OF OVERSEAS SERVICE 25-7-44

	$ ¢
A. TOTAL QUALIFYING SERVICE NO. OF DAYS 1489 (30) EQUAL TO 49 COMPLETE PERIODS AT $7.50	367.50
B. QUALIFYING OVERSEAS SERVICE NO. OF DAYS 1433 LESS 19 INELIGIBLE DAYS, EQUAL TO 1414 DAYS @ 25C. PER DAY	353.50
	721.00
C. SUPPLEMENT FOR OVERSEAS SERVICE DAILY RATES AT DISCHARGE PAY $ 1.50 SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE $ 1.25 ADDITIONAL PAY $ $ $ DEPENDENTS' ALLOWANCE 1/30 OF $ $ TOTAL $ 2.75 ×7 = $ 19.25 NO. OF DAYS 1433 (183) ×$ 19.25	150.74
D. WAR SERVICE GRATUITY	871.74
E. DEDUCTIONS OVERPAYMENT OF PAY AND ALLOWANCES $ DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $ OTHER DEDUCTIONS $	
F. TOTAL AMOUNT PAYABLE	871.74

ESTATES BRANCH MAR 6 1946 H. Q. OTTAWA NATIONAL DEFENCE

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	CHECKED BY
KRM	

TREASURY

CHECKED BY	DATE
James C. Moran	27-2-46

[signature] Capt.
SERVICE REPRESENTATIVE

ΔT

CASUALTIES ONLY
For purpose of W.S.G.
Casualities include death
subsequent to discharge.

Register No. C.D. 1609

File No. 405-B-30519

WAR SERVICE GRANTS ACT 1944

Ottawa 6th Feb. 1946

To: Chief Treasury Officer,
Dependents' Allowance and Assigned Pay Branch

Service No. D-82435

Name Anthony, BARBAGALLO,
Christian Name Surname

Please supply the following information in respect of the marginally named at the time of his discharge or death and return this form in duplicate along with the file to the undersigned.

(K. W. RICE) Captain,
for Paymaster-General.

	Name	Amount
Names, address and relationship of persons in receipt of D.A. and amount of monthly award.		$
If no D.A. in issue, list names, address and relationship of persons in receipt of A.P. who may be classed as Dependents under W.S.G. Act, 1944, and amount of monthly assignment.		
Names, address and relationship of persons to whom assigned pay was continued by supplementary award after death.		
Amount of overpayment of dependents' allowance and/or assigned pay deductible from the War Service Gratuity and name of person to whom paid.		

15. 2. 1946

For Chief Treasury Officer,
D.A. & A.P. Branch

C.T.O., D.A.&.A.P.

Overpayments of D.A. and/or A.P. recovered from W.S.G. $

194

for C.T.O.

405-B-30519

RECORDS OFFICE OVERSEAS.

CANADIAN MILITARY HEADQUARTERS.

GRAVES REGISTRATION CARD.

NAME BARBAGALLO, Anthony

RANK Pte.

UNIT Black Watch.

PLACE & DATE OF BIRTH Montreal. Quebec. 8 Mar. 1918

REGTL NO. D-82435

NEXT OF KIN & ADDRESS MOTHER.
Mrs Catherine BARBAGALLO.
6649, Louis Hemon St., Rose Mount,
Montreal. P.Q. CANADA.

PARTICULARS OF HOSPITALISATION

DATE OF ADMISSION

NAME & LOCATION OF HOSPITAL

DIAGNOSIS

PARTICULARS OF DEATH.

DATE OF DEATH 25 Jul 44.

PLACE OF DEATH FRANCE

HRS

CAUSE OF DEATH KILLED (Prev. reported missing)

PARTICULARS OF BURIAL

DATE OF BURIAL 14 Aug 44.

CEMETERY St. Martin de Fontenay.
MR. 024602

PLOT NO 2 ROW 3 GRAVE 13

DEATH CERT.NO

DATE OF REGN OF DEATH CERT.

RELIGION Roman Catholic.

DATE 22 Sep 45.

(M. BLUTEAU) Capt.,
For COLONEL,
O i/c Records,
CANADIAN MILITARY HEADQUARTERS

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

CANADA

No 14064

FIFTH VICTORY LOAN

This is to certify that

D 82435 Pte Barbagallo A.

has submitted an application for the purchase of a $ 100— bond of the Fifth Victory Loan.

Alan Lw Robinson

Representative Fifth Victory Loan

40/P & S/1513 (3972)

DISTRIBUTION OF SERVICE ESTATES

GC

Estates Form "P. 4"

ARMY

Name: BARBAGALLO (Surname) Anthony (Christian Names) No.: D.62435

Pte. (Rank) C.A. O/S (Unit) 25-7-44 (Date of Death)

AMOUNT

L.P.C. $ 932.82

Date: 1-5-45

Other Credits _____

Total 932.82

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
all	mother	Mrs. Catherine Barbagallo, 6649 Louis Hemon St., Montreal, Que. (sole beneficiary per will)	$932.82

P4. TO TREAS. 11/6/45

TO BE FORWARDED BY REG. MAIL DIRECT.

AUTHORITY

H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	$932.82

CLASSIFIED BY

Original Signed by
K. L. McCUAIG

EXAMINED BY

For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

Original signed by

(L. M. Firth) Colonel
Director of Estates

AUDITED FOR PAYMENT

For Chief Treasury Officer

75M—2-45 (6771)
H.Q. 1772-80-2

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-82435 Pte Barbaggalio A. (Dec'd) .....

RECEIVED FROM ..... Cdn Sec GHQ 2nd Echelon 21 Army Gp .....

CHECKED BY ..... C-5591 Pte Patterson L.K.
L-17349 Cpl Bailey N.S. ..... **DATE** 6 Dec 44 .....

1	Leather writing case		
	Letters		
1	Rosary		
1	Scarf		
4	Handkerchiefs		
1	Towel		
	Photos		
	RC emblems		
1	Note book		
3	Religous books		
1	Address book		

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

N S Bailey cpl
for OC 1 Cdn KSD

COPY

DEPARTMENT OF NATIONAL WAR SERVICES

OTTAWA, February 13, 1945.

Dear Sir,

Re: D-82435, Pte. Barbagallo, deceased

The mother of the above-mentioned, Mrs. Catherine Barbagallo, 6649 Louis Hemon Street, Rosemount, P.Q., is in the hospital and the father is not in very good health. Furthermore, the new proprietor of the house in which the family lives has given notice of eviction as of May 1st, 1945.

It is understood that the above-mentioned deceased soldier purchased some Victory Bonds in the amount of some $200, which have not yet been delivered.

In view of the circumstances in which the family now finds itself, it would be very much appreciated if a very early division of the estate were made, since the mother, Mrs. Catherine Barbagallo, is the heir.

Yours very truly,

Signed A. Carisse.
Assistant Private Secretary

The Secretary to the
Honourable the Minister of National Defence,
Ottawa, Ontario.

Can

DEPARTMENT OF FINANCE

CANADA

deceased

To Pte A. Barbagallo No. D 82435

~~NAVY~~ — ARMY — ~~AIR~~

The undermentioned bond(s) purchased under the Dominion Government Employees' Instalment Purchase Plan has (have) been placed in safekeeping for your account in accordance with instructions shown on your application form.

ESTATES BRANCH FEB 1 1945 E. Q. OTTAWA NATIONAL DEFENCE

Dominion of Canada Fifth Victory Loan Bond(s)

Series L 7. Numbers A 1426256

Value $ 100.00

R. C. Casselman

Chief Clerk
Employees' Instalment Purchase Plan

18

BATTLE CASUALTY
CASUALTY SECTION EXTRACT FORM

This Space is for the **RED X** See Below

Message Received from .....21/CAS/2740.....

.....

Time Message Received.....

Date Message Received.....22 Aug 44.....

Theatre

A.E.F.

Regimental No.	Rank	Name	Full Christian Names
D-82435	Pte.	BARBAGALLO,	Anthony

Unit.....Black Watch.....

SERIAL

"A" 482

CASUALTY PARTICULARS

NOW REPORTED KILLED 25 JUL 44.

Prev. reported Missing 28 Jul 44. A-476.

Hospital Admitted To.....Date.....

Hospital Transferred To.....Date.....

Hospital Transferred To.....Date.....

Hospital Discharged From.....Date.....

IMPORTANT—Always Give Full Address and Relationship of all Next of Kin—IN PLAIN CLEAR PRINTING

Next of Kin.....Mrs. Catherine, Barbagallo..... Relationship.....Mother.....

.....6649, Louis Hemon St., Rose Mount, Montreal, P.Q.

.....

.....

Home Town .....Same.....

Cable No. .....9640.....

Inland Tel. No. .....

NOTE: If the Next of Kin resides in the British Isles or U. S. A. MARK RED X in UPPER LEFT HAND SQUARE

IMPORTANT

.....
Verification Clerks Signature

CFA 48
40/P & S/1568 (6218)

405-B-30519

FIELD SERVICE

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

MER

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

REGIMENT OR CORPS } 1 R.H.C. Squadron, Troop Battery or Company }

Officer's Personal No. (if known) Soldier's Army No. } D-82435 Rank Pte

Surname Barbagallo Christian Names A

Died { Date 25 Jul 44 Place France

Cause of Death* K/A

Nature and Date of Report A.F.W.3014/89 d.21 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 024-602 Date -

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

State whether he leaves a Will or not { (a) in Army Book 64 No

(b) as a separate document Not Received.

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

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

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

Station and Date } France 14 Sep 44

Signature of Officer in charge of Section Adjutant-General's Office at the Base } [signature]

for Officer i/c
Cdn Sec GHQ 2 Ech 21 A Gp

7th September, 1944

Mrs. Catherine Barbagallo,
6649 Louis Hemon Street,
Rosemount, Quebec.

Dear Mrs. Barbagallo:

It was with deep regret that I learned of the death of your son, D82435 Private Anthony Barbagallo, who gave his life in the Service of his Country in France on the 25th day of July, 1944.

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

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

We pay tribute to the sacrifice he so bravely made.

Yours sincerely,

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

AUG 30 1944

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

/EMA

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION (DEATH)

NUMBER D-82435 RANK Private SERVICE UNIT 1st Royal Highland of Canada (CA)

NAME BARBAGALLO, Anthony

DATE OF BIRTH 8th March 1918 DATE OF ENLISTMENT 28-6-40

MARITAL STATUS Single RELIGION Roman Catholic

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

ADDRESS 6649 Louis Hemon St., Rosemount, P.Q. ADDRESS D.A.B.

ADDITIONAL PERSON TO BE NOTIFIED ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. 8778-9640 H.Q. 405-B-30519

CASUALTY DETAILS Killed in action DATE 25-7-44

FRANCE

LAST WILL ATTACHED TO NOTIFICATION TO A. OF E.? MCL YES/NO M.F.M.5. ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO DATE 24-8-44

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

DIRECTOR OF RECORDS

5 COPY FOR C. R. FILE

DISTRIBUTION— 1-CDN. PENSION COMM. 2-CHAIRMAN D.A.B. 3-D.A.B. 4-CHAPLAIN SER. 6-DOC. FILE 7-GRAVES REG. 8-A.B. & C. LISTS.

(a) Report: Date	(a) Report: From whom received	(b) Unit	(c) Record of all casualties regarding promotions (acting, temporary, local or, substantive), appointments, transfers, postings, attachments, &c., forfeiture of pay, wounds, accidents, admission to and discharge from Hospital, Casualty Clearing Stations, &c. Date of disembarkation and embarkation from a theatre of war (including furlough, &c.) in accordance with para. 2 of Note to Table I of Appendix III of Field Service Regulations, Volume I	(d) Place of Casualty	(e) Date of Casualty	(f) Army rank as at (e)	(g) Army Form or other authority for entry to be shown
19-8-40	H.C./23-3 M.D. I	RHC	EMBARKED ON E 62	Halifax NS	22-8-40	PTE	
			SOS CASF Canada	Halifax N.S.	22/8/40	✓	
			TOS CASF Overseas		23/8/40	✓	B0177/40
			Disembarked E 62	Gourock Scot	4/9/40	✓	
21 Sep 40	2D6-11	1 RHC	Granted Landing Leave	Eng.	16 Oct 40	Pte	PT 11 #12, 22 Oct 40
26 Dec 40	DC	"	" Privilege "	"	26 Dec 40	"	" " #32-29 Dec 40
17 Oct 41	"	"	7 days P. leave without warrant P-2	Field	2 Sep 41	✓	67-30 Nov 41
24 Jan 42	"	"	7 days P. leave FTW. P-3	"	27 Jan 42	✓	27-24 Apr 42
22 June 42	"	"	Leave P-4	"	19 May 42	✓	49-1 Aug 42
31 Aug 42	"	"	P-Leave F8	"	18 Aug 42	✓	60-Sep 42
14 Sep 42	"	"	Awarded Good Conduct Badge	"	28 Jun 42	✓	63-Sep 42
22 Sep 42	"	"	Att. to Western Cmd HQ. for R.T.O. 6-10 Sep 42	"	6 Sep 42	✓	64-Sep 42
13 Oct 42	"	"	Att. fap. to HQ. 2 Can. Div. TO 19 Oct 42	"	17 Oct 42	✓	69-Nov 42
10 Nov 42	✓	✓	B.L. 24	"	10 Nov 42	✓	73-Nov 42
2 Mar 43	"	"	P.L. - 9 days	"	8 Feb 43	"	15 d/3 Mar 43
	✓	✓	Granted Daily Rates of Pay of $1.50 per diem	"	1 Jan 43	"	20-27 Mar 43
-	✓	✓	9 Days P.L.	✓	8 May 43	✓	33-3 June 43
	✓	✓	attended 2 Div Sniping course No 2	✓	11-24 July 43	✓	51-19 Aug 43
	✓	✓	Awarded Canadian Volunteer Service Medal and Clasp	✓	15 Jan 44	✓	4-26 Jan 44
	✓	✓	Embarked U.K. 5 July 44 Disembarked France...		6 July 44	✓	37-12 July 44
Cancelled DO 46/44 ✓		✓	~~SOS to X-6 list 1 RHC missing~~		~~28 July 44~~	✓	~~44-9 Aug 44~~
Canc DO 30	34/8/44	~~1 RHC~~	~~TOS [illegible]~~	~~[illegible]~~	~~[illegible]~~	~~[illegible]~~	~~29-23 Aug 44~~
		1 RHC	SOS Killed in Action	Field	25 July 44	Pte	48/44

SERVICE AND CASUALTY FORM

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

REGIMENTAL DEPOT PART I (For all ranks)

Unit 1st. Bn. The Black Watch (RHR) of Canada C.A.S.F. Regimental Number D-82435

1. Surname BARBAGALLO.	(17) Regiment or Corps		Unit (Battn., etc)
2. Christian Names ANTHONY			
3. *Substantive Rank and Appointment Pte			
*Acting Temporary or Local Rank			
giving date			
*To be entered in pencil to facilitate alteration.			
4. Place of birth MONTREAL P.Q. CANADA.	(18) Medical		
5. Date of birth as declared on attestation 8 MARCH 1918			
(A)	Category	Date	Authority
6. Date of enlistment 28 JUNE 1940.			
7. Place of enlistment Montreal, Que. Canada.	A.	26/6/40	MONTREAL
8. Residence at time of enlistment ROSEMOUNT P.Q. CANADA.			MEDICAL BOARD.
9. (B) Special conditions (if any) of enlistment or rate of pay			
10. (C) Any subsequent variations of conditions of service			
11. Religion R.C.			
12. If married, state date N/A.	(19) Next of kin (entries to be made in pencil)		
13. Trade on enlistment ELECTROPLATER.			
14. Corps, trade and grade	MRS. CATHERINE BARBAGALLO.		
15. (D) Qualifications	6649 LOUIS HEMON ST.		
16. (E) Miscellaneous entries	ROSEMOUNT P.Q.		
	(Mother) CANADA		
	(20) E		
	(21) E		
	(22) E		

NOTES—

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

Statement of the Service of No. D 82435 Rank Pte Sheet No.

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

Name Barbagallo A.

REPORT Date	REPORT From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority Part II D.O. No. Cas. List, etc.	Authority Dated
5500 –		P/Leave 7 days (P5)	Pte	19/26 May 42	Blk W	UK	49	1 Aug: 42
0005 –	11/7/3	P/Leave 7 days	Pte	18/25 Aug 42	Blk. W.	UK	60	7 Sep 42
—		Awarded 1 Good Conduct Badge	Pte	28 June 42	Blk W	UK	63	26 Sep 42
—		Att'd fap to HQ 2 Cdn Dw	Pte	12/19 Oct 42	Blk W	UK	69	7 Nov 42
/		P. Leave 7 days	Pte	10/17 Nov 42	Blk W	UK	73	24 Nov 42
—		Prm Leave to 18 Feb 43	Pte	9 Feb 43	Blk. W.	UK.	15	3 Mar 43
		Daily Regt'l pay $1.50	Pte	1 Jan 43	B W	UK	20	27 Mar 43.
		Att'd ap to HQ 2 C Dw Dr Supy Sch Case 2	Pte	11 July 43	B W	UK	51	19 Aug 43
		AWARDED THE CANADIAN VOLUNTEER SERVICE MEDAL AND CLASP Embarked at UK on 5 Jul 44 Disembarked at France on 6 Jul 44	Pte		1 Blk W	21 A Gp	37	14 Jul 44
		SOS to x6 list 1 RHC - Missing	Pte	28 Jul 44	RH C	21 A Gp	44	9 Aug 44
		Missing	Pte	28 Jul 44		AEF	A476	
		Killed	Pte	25 Jul 44	R Hof C.	AEF	A-482	25 Aug 44
		SOS deceased Killed in Action	Pte	25 Jul 44	1 Blk W	21 A Gp	48	5 Sep 44

Sheet No.....

POSTINGS FROM O/S CASUALTY LISTS

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

Regt'l No. D-82435 Rank Pte. Surname Bardagalli Christian Name Anthony

Unit	Hospt.	Admitted			Discharged			Hospt. Days	Disease or Injury	Remarks	Cas. List No.
		Day	Mo.	Year	Day	Mo.	Year				
Royal Highrs.									Missing 28-7-44		A-476
"									Killed 25-7-44		A 482

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

CASUALTIES, ETC.

NATURE E. G. ABSENCE, PROMOTION, ETC.	PART 11, D. O. No.	 DATE	REMARKS IF IN HOSPITAL, NOTE NAME, ETC.
T.O.S. Depot 28-6-40	156	28-6-40	
Posted Duty C.I. (R) T.C. Aldershot, N.S.	179	24-7-40	
TOS ITC Aldershot	183	29-7-40	25-7-40
S.S to 1st Bn. Black Watch	201	19-8-40	Eff 19-8-40
TOS 1st Bn Black Watch	170	19-8-40	Eff 20-8-40
attd to Alder Ang Tank Bde for rations quarters + training		55/6 26/9/41	eff 10/9/41 to 19/9/41
Duty to wear good conduct Badge	CR	14-8-42	Wef 28-6-42 (B063/23)
Att to Hqrs West bnd for R1B.	64/6A CR	30-9-42 22-9-42	Wef 10-9-42
Att to Hq 2nd ban Div. f a p. from 12/10/42 to 19/10/42	CR	13/10/42	(B069/7A)
C.T.B.A. to Hq 2nd bdn Div. f a p.	CR	19-10-42	Wef 19/10/42 ✓

A

NAME BARBAGALLO ANTHONY

REGIMENTAL NO. D-82435 RANK Pte.

ENLISTED AT Montreal, Quebec PROMOTIONS, ETC. AND DATE

DATE 28-6-40

IF SERVED PREVIOUSLY, STATE UNIT, ETC. Nil.

MARRIED, WIDOWER, OR SINGLE Single

NEXT OF KIN Catherine Barbagallo RELATIONSHIP Mother

ADDRESS OF 6649 Louis Hemon St. Rosemount, Montreal, P.Q. Canada

ASSIGNMENT OF PAY, $ 16 c 80 6TH. VIC. LOAN. ~~Nov 43~~ 1 May 44. Rec. Gen. Can.

ADDRESS

DEPENDENT'S ALLOWANCE, ENTITLED OR NOT

DATE APPLICATION FORWARDED TO DISTRICT PAYMASTER

IN WHOSE FAVOUR

NoDA

M. F. M. 14

5M—6-40 (3678)

H.Q. 1772-39-1662

CASUALTIES, ETC.

PART II D. O. NO.	DATE	NATURE AND PARTICULARS	IF IN HOSPITAL NOTE NAME
B.O. 73	24-11-42	7 day prov. leave 10-11-42 to 17-11-42	
51/5A CR	23-7-43	Proceeded on 2 Cdn Div Sniping School No 2. wef 12-7-43.	
CR	3-8-43	Rec'd from 2 div Sniping School on 24-7-43 and obtained "Q1" as result.	
BO 20/2.	27-3-43	Inc late pay. 1.50 wef 1-1-43.	
15/10A	3-3-43	PL. 9 To 18 Feb 43 (RA).	
74/10B CR	17-12-43	PL 12 To 21 Nov 43 (RA).	
BO 33/2A	3-6-43	PL. 8 To 17 May 43 (RA).	
5G/1D	13-9-43	PL. 14 To 23 Aug 43 (RA).	
CR	1-3-44	PL 29 Feb To 9 Mar 44 (RA)	
37/2F	14/7/44	Emb in UK 5/7/44 Disemb. in France. 6/7/44	
CR	28/7/44	SOS to X. 6. List (1-AHC) missing wef 28/7/44	

25-7-44

FB

AWARDS—CANADIAN ARMY (ACTIVE)

1668 M

500M—1-44 (3467)
H.Q. 1772-45-8

FILE NO. 405-B-30519

SURNAME (IN BLOCK LETTERS) CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT
BARBAGALLO, Anthony	D-82435	Pte.	1st Roy.High.of C.

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 C.V.S.M. & Clasp	2994 13-10-49 MAR 15 1994

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

13.1.94
3.1293

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

(1) MEDALS

PERSON ENTITLED TO Mrs. Catherine BARBAGALLO (MOTHER)

ADDRESS: 3429 Drummond St.,
MONTREAL, P.Q.

MEMORIAL BAR

(1) DATE DESP .....

REGN. NO 1422

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(2)

(3) MEMORIAL CROSS

MOTHER Mrs. Catherine BARBAGALLO, (ENGLISH)

1668

ADDRESS: 6649 Louis Hemon St., ROSEMOUNT, Que.

(3) DESP. OCT 18 1944
REGN No. 3471

1879

FORM No. 1

Register No. C D 1609 Nominal Roll No. D-582

H.Q. File No. 405-B-50519

To: P.M.G.

CANADIAN ARMY (ACTIVE)

Computation of Service

WAR SERVICE GRANT

Regt. No.	Rank when S.O.S.	Surname	Christian Name in Full
D 82435	Pte	BARBAGALLO	ANTHONY

REASON FOR TERMINATION OF SERVICE:

1st Enlistment DECEASED CARO ( )

2nd Enlistment CARO ( )

3rd Enlistment CARO ( )

Total Service

1ST ENLISTMENT	2ND ENLISTMENT	3RD ENLISTMENT
T.O.S. 28 JUN 40	T.O.S.	T.O.S.
S.O.S. 25 JUL 44 MD O/S	S.O.S. MD	S.O.S. MD
Total Days 1489	Total Days	Total Days

Total Service 1489 DAYS

—	Total Service	Less Non-qualifying Service	Net Service
Western Hemisphere	56	nil	56
Overseas Service	1433	nil	1433
Totals	1489	—	1489
Add Non-qualifying Service			nil
Total Service			1489

EMBARKATION DETAILS: T.O.S. 23 AUG 40

1. Date S.O.S. Overseas 25 JUL 44 2. Date S.O.S. Overseas

REMARKS:

KILLED IN ACTION 25 JUL 44

Computer's Signature Mrs Moffat Clk

Checker's Signature Wilson

Date Computed 5 May 45

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

C. L. LAURIN,
Colonel,
DIRECTOR OF RECORDS.

500M—11-44 (6012)
H.Q. 1772-45-8

COPY M.C.R.

M.F.M. 5
300M—1-43 (7930)
H.Q. 1772-39-1651

PARTICULARS OF FAMILY OF AN OFFICER OR OTHER RANK OF THE CANADIAN ARMY (AF) OR R.C.A.F. (ON ACTIVE SERVICE)

INSTRUCTIONS

(*a*) This form is to be completed immediately an officer or other rank is appointed to, or enlisted in, the Canadian Army (AF) or R.C.A.F. ON ACTIVE SERVICE.
(*b*) All questions, etc., must be completed.
(*c*) Upon completion, the form will, in the case of the Army personnel, be forwarded to the District Records Officer for transmission to Officer i/c Records (Army) N.D.H.Q., Ottawa. In the case of R.C.A.F. personnel the form will be forwarded to R.C.A.F. Records Officer, Dept. of National Defence for Air, Ottawa.

(1) Name of Officer or Other Rank..... BARBAGALLO ANTHONY
(Surname first—Christian names in full—Block capitals)

(2) Regimental or Official Number and Rank..... D 82435

(3) Unit..... REGIMENTAL DEPOT 1st BN. THE BLACK WATCH (RHR) OF CANADA C.A.S.F.

(4) Are you married?..... NO ..... (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?..... NO .....

(8) Have you any children?..... NO .....Number of boys.....Girls.....

Names and ages.....

.....

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

.....

Give particulars of Guardians to whom Dependents' Allowance should be paid—if authorized.....

Name.....

Postal Address.....

(10) Have you a common-law wife whom you have been regularly supporting and publicly representing as your wife for at least two years immediately prior to appointment or enlistment? NO .....

If so, state her full name and postal address.....

.....

.....

[SEE OTHER SIDE]

(11) Is your father alive? YES If so state name and address, occupation Mr Carmel Barbagallo
6649 Louis Hemon St., Rosemount, Montreal, Quebec, Canada

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

(13) 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 appointment or enlistment.....

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? YES If so, state name and address Mrs Catherine Barbagallo
6649 Louis Hemon St., Rosemount, Montreal, Quebec, Canada

(15) 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 appointment or enlistment.....

Also state reason why she has no other means of support; if partially supported by you, what is your reason for not providing full support?

(17) Are you contributing to the support of any dependents, other than those shown above?.....
This may include any brothers 16 years of age or under, or any sisters 17 years of age or under, solely supported and maintained as bona fide members of your household before your appointment or enlistment. If so, state the following particulars:

Relationship.....

Full Name.....

Postal Address.....

Amount contributed monthly during the past six months.....

(18) Are you insured? Yes If so, in what company? Does not know
(Give number of policy)

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

Date 28 June 1940 (Sgd) A Barbagallo
(Signature of officer or man)

(SGD) J.D.Cleghorn Capt.

Date 28 June 1940 for Officer Commanding Reg't Depot 1st Bn.
The Black Watch (RHR)of Canada

N.B. (If parent(s) of the officer or other rank concerned has (have) been replaced by foster parent(s), questions CASF relating to fathers and/or mothers above should be altered and answered as applicable.)

Read this whole Form and Instructions on other side before commencing to complete.

WILL

M.F.M. 10
60M—3-40 (4386)
H.Q. 1772-39-1656

(1) I, ANTHONY BARBAGALLO (Name in Full), of the TOWN (City, Town, Village, Township)

Address in civil life.

of ROSEMOUNT, in the County District of ,

Province of QUEBEC, ELECTROPLATING (Civil Occupation)

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

Regimental No. O-82435, Unit , do hereby revoke all former Wills by me made and declare this to be my LAST WILL.

Relationship, names and address of beneficiaries, and what each is to receive.

(2) I GIVE, DEVISE AND BEQUEATH unto MY MOTHER.

MRS CATHERINE BARBAGALLO.
6649 LOUIS HEMON ST.
ROSEMOUNT
P.Q.
CANADA.

ALL MY ESTATE.

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/D.

(4) I appoint CATHERINE BARBAGALLO (Name) 6649 LOUIS HEMON ST. ROSEMOUNT P.Q. CANADA. (Address)

HOUSEWIFE (Civil Occupaton), to be the ~~Executor~~ Executrix of this my Last Will.

IN WITNESS WHEREOF I have hereunto set my hand this 28 day of June

19 40.

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.

A Barbagallo
(Signature of soldier)

First witness sign here.

(5) Signature Howard W. Gales

Civil Address 1334 Dorchester St. W. Montreal P.Q. Canada.

Civil Occupation Salesman - Clerk.

Second witness sign here.

Signature T. M. Barott.

Civil Address 3 Summerhill TERRACE Montreal

Civil Occupation Student

(Witnesses are not to be beneficiaries.)

[OVER]

FORM 6

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not write in this space

1. PLACE OF DEATH

Municipal county: IN THE FIELD (FRANCE)

Official name of civil municipality or township:

Place an X over the word which applies to this municipality or this territory

City | Town | Village | Parish | Township

Street: No.: Hospital or Institution:

2. LENGTH OF STAY

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

3. NAME OF DECEASED

Surname: BARBAGALLO (*Block letters*)

Given names: Anthony

Do not write in this space

4. RESIDENCE

Street: Louis Hemon No.: 6649

Official name of civil municipality or township: Montreal

Municipal county: Rosemount Province: Quebec

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

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

10. BIRTHPLACE (Province or Country): Quebec

11. DATE OF BIRTH: March 8 (Day) 1918 (Year)

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

OCCUPATION

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

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

15. Date deceased last worked at this occupation:

16. Total years spent in this occupation:

17. NAME		18. BIRTHPLACE (Province or Country)
FATHER		
MOTHER (Maiden Name)	BARBAGALLO Carmel	

19. Place of burial, cremation or removal: France

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

21. PLACE OF REGISTRATION OF THIS BURIAL

(a) Name of parish or church:

(b) Civil municipality of:

(c) Municipal county:

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

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: May (Month) 25 (Day) 1945 (Year)

23. I HEREBY CERTIFY that I attended deceased from ....19.... to ....19....

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

24. CAUSE OF DEATH

I

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

due to

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

due to

(c)....

II

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

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

(b) Duration of disease....days

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

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

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

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

Accident, suicide or homicide....Date....19....

(State which)

Manner of injury....

(How sustained)

Nature of injury....

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

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

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

OVERSEAS CASUALTY C.A.M.C. CANADIAN ARMY

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

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)

FEB 23 1945

Director of Records, Dept. of National Defence.

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

ORIGINAL
DUPLICATE
~~TRIPLICATE~~

M.F.M. 2
A.F.B. 271
450M—5-40 (5237)
H.Q. 1772-39-1645

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

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

Unit..... Regimental Number D-82435

CANADIAN ACTIVE SERVICE FORCE
ATTESTATION PAPER

1. Surname: Barbagallo
2. Christian Names: Anthony
3. Present address: 6649 Louis Hemon St. ~~XXXX~~ Rosemount, Montreal, Quebec, Canada.
4. Date of birth: ~~8th. March 1918~~ 8th. March 1918
5. Place of birth: Canada (Country) Quebec (County or Province) Montreal (Town or Township)
6. Religion (state denomination): Roman Catholic
7. Trade or Calling: Electroplating.
8. Married, Widower or Single: Single
9. Name of next of kin: Catherine Barbanallo
10. Relationship: Mother
11. Address of next of kin: 6649 Louis Hemon St., Rosemount, Montreal, Que., Can.
12. Do you belong to, or have you served in the Active Militia of Canada? No
(If Yes, Give Unit and Dates of Service)
13. Have you served in (*a*) The Canadian Active Service Force? No (Yes or No) (*b*) Any other Naval, Military, or Air Force? No
(If Yes, Give Regimental No. and Unit) (Yes or No)
14. Did you serve during the Great War 1914-1918? No
(If Yes, specify Regimental No., Unit and Dates of Service)

DECLARATION TO BE MADE BY MAN ON ATTESTATION

I, ANTHONY BARBAGALLO 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 28th. June 1940 A Barbagallo
(Signature of recruit)

OATH TO BE TAKEN BY MAN ON ATTESTATION

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

A Barbagallo (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, Quebec. this 28th. day of June 19 40

J D Cleghorn capt. adj {Signature of Magistrate, Justice or Attesting Officer.

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

CERTIFIED

C 01 PTE

PERSONAL HISTORY FORM COMPLETED

Record of Service of BARBAGALLO (Surname) ANTHONY (Christian Names) Regimental Number D-82435

Qualifications

Military: Nil
Business or Professional: Nil
Trade or Civil: Electro Plating
Technical: Nil
Languages: French and English

Educational Qualifications

High School or Collegiate: 3 yrs. High School (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
		Joined on appointment						
28-6-40		T.O.S. Depot 28-6-40	Pte.	28-6-40	1st.Bn.	Montreal	R.D.O. #156	28-6-40
24-7-40		Posted Duty C.I. (R) T.C. Aldershot, N.S.	Pte	24-7-40	1st Bn.	Montreal	R.D.O # 179	24-7-40
25/7/40	B.W.	T.O.S. I.T.C.	Pte	25/7/40	I.T.C.	Aldershot N.S.	183	29/7/40
		S.O.S. to 1st Bn B.W. of Canada	Pte	19-8-40	I.T.C	Aldershto, N.S.	201	19-8-40
20-8-40	C.O #6 I.T.C	T.O.S 1st Bn. The Black Watch (RHR) of Canada C.A.S.F.	Pte	20-8-40	1 RHC	Aldershot N.S.	B.O. 170	19-8-40
22-8-40	M. D. 6 HC./23-3	EMBARKED ON E62	Pte.	22-8-40	1 RHC	HALIFAX NS		
TOS CASF (OVERSEAS) ON TRANSFER ON 23 8 40 AND DISEMBARKED AT Gourock ON 4 9 40			Pte		1 RHC	Aldershot	D.O. 177	6.9.40
		Landing leave	Pte	16.10.40 21.10.40	1 RHC	Field	" 12	22.10.40
		Granted leave to 2 Jan 41	Pte	26 Dec 40	Blk W	Field	DO 32	29 Dec 40
Cancelled	DO 3 14/1/42	~~Attd to No 1 Army Tank Bde R'Q & Training~~	~~Pte~~	~~10/19 Sept 41~~	~~Blk W~~	~~UK~~	~~55~~	~~26 Sept 41~~
		Rw leave (P2) to 9th Sept 41	Pte	2 Sept 41	Blk W	UK	67	30 Nov 41
		7 days P.L. FTW to 3 Feb 42	Pte	27 Jan 42	Blk W	UK	27	24 Apr 42

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

CERTIFICATE OF MEDICAL EXAMINATION

Name in full Barbagallo Anthony Date June 26, 1940

Part 1. Information obtained from the recruit.

1. Age 22 2. Have you ever suffered from any of the following diseases?

a. Rheumatism	no	k. Ear disease	no
b. Tuberculosis	no	l. Eye disease	no
c. Bronchitis or asthma	no	m. Epilepsy	no
d. Heart disease	no	n. Nervous or mental disease	no
e. Kidney or bladder disease	no	o. Syphilis	no
f. Gastro-intestinal	no	p. Gonorrhoea	no
g. Rupture	no	q. Have you ever worn glasses?	no
h. Varicose veins	no	r. Are you now or have you in the past received disability pension or compensation? If so, give details	no
i. Flat or deformed feet	no		
j. Nasal trouble	no		

A Barbagallo
Signature of Applicant

ears normal color vision (Ishihara) CN G.E.Scharfe Capt R I N E W
reflexes normal X R A Y N

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

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

1. vacc left arm appendix 1929

2. Height 5 feet 6 inches. 3. Weight 155 pounds.

4. Complexion med Eyes Lbrown Hair dark 5. Development good (Good / Fair / Poor)

6. Chest measurement—Girth on full expansion 34½ inches.
Range of expansion 2½ inches.

7. Vision, right 20-20 left 20-20 8. Hearing, right WW20 left WW20

9. Condition of mouth and teeth good

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

A Bagnall Lt. R Ferguson Lt. E Duncan Lt
President Member Member

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature
27/7/40	T.A.B 1/1	30.10.42	T A B T ½ c c
10-8-40	T.A.B 3.		
27/7/40	Def. Sox.		
2-9-40	" "		
1-9-40	Vaccination		

Regtl. No. D-82435 Rank Pte. Surname BARBAGALLO Christian Name ANTHONY

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				

FOR COMPLETION AND RETURN BY

Form P. 64

Mrs. Catherine Barbagallo,
6649 Louis Hemon St.,
Rosemount, P. Q.

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

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

and the following number quoted:—

H.Q. 405-B-30,519 FD 496

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

26 Sep 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

BARBAGALLO Anthony, Pte.

No. D.82435 Canadian Army

ESTATES BRANCH
OCT 10 1944
OTTAWA.
NATIONAL DEFENCE

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

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

C. B. Stevenson Capt
for Director of Estates.

CS/BGS

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

ANSWER IN FULL ALL APPLICABLE QUESTIONS

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

Degrees of Relationship	RELATIVES required to be accounted for		INFORMANT'S STATEMENT: NAME IN FULL of any Relative, if any, in each degree specified	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased.....				
2	Children of the Deceased and dates of their Births.....				
3	Father of the Deceased.....		Carmen Barbagallo.	59	6649 Louis Hemon
4	Mother of the Deceased.....		Catherine Moss Barbagallo	50	6649 Louis Hemon
5	Brothers of the Deceased	Full Blood	Daniel Barbagallo.	19	6649 Louis Hemon
			Thomas Barbagallo	11	6649 Louis Hemon
		Half Blood			
6	Sisters of the Deceased	Full Blood	Johanna Barbagallo	28	2287 Belanger.
			Elizabeth Barbagallo	24	6649 Louis Hemon
			Marguerite Barbagallo	22	6649 Louis Hemon.
		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.	Anthony Barbagallo
9	Date of his birth.	March 8th 1918
10	Place and date of his marriage.	———
11	Place and date of his parents' marriage.	Montreal March 6th 1916

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Montreal Notre Dame de la Defense Parish
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) Montreal (c) (d)
14	Nature of employment before enlistment.	R.C.A. Victor
15	State whether he owned the premises in which he lived, and, if so, where situated.	no
16	Name place where deceased stated he intended to make his permanent home.	montreal

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	no
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses,—was there a marriage contract dealing with property?	Not married.
19	Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc., and the amount on deposit. Do you wish it administered with the pay account?	no
20	Amount of War Savings Certificates held by deceased. Indicate where located.	?
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	?
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	Mutual Life $500.00
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.	no
25	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	no

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

(PLEASE TURN OVER)

s that the deceased ever

ADDRESS IN FULL
ach surviving Relative, opposite his
her name, and date of death
of each deceased relative

649 Louis Hemon
649 Louis Hemon
649 Louis Hemon
649 Louis Hemon

287 Belanger.
649 Louis Hemon
649 Louis Hemon.

dress of their children

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

*I am the mother ..... of the deceased.

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

Mrs Catherine Barbagallo ..... Signature of Informant

6649 Louis Hemon St ..... Address

CERTIFICATE

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

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

Dated at Montreal this 4th day of October 1944

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces. Jasper J Stanford Qualification Parish Priest

Address 4732 Delorimier Ave - Montreal

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

Anthony Barbagallo Subscribed for the Eight and Sixth Victory Loans to the amount. $100.00 each. Same bonds were made to his mother Mrs. C. Barbagallo. They were never received by his mother.

Also Half his pay which was to come back to him had he come back. is coming to his mother, by reason of papers he signed with the Army.

Mrs Catherine Barbagallo

SIXTH VICTORY LOAN BONDS

Certified that D 82435 (Regimental No.) Plte (Rank) Barbagallo Anthony (Name)

has subscribed for $ 100 SIXTH VICTORY LOAN BONDS

(a) ~~By outright purchase in respect of which Cheque/Draft/Crossed Warrant/Money Order, for $..... has been received.~~

(b) By monthly assignments of pay $ 16.80

Bonds to be delivered to: Mrs Catherine Barbagallo 6649 Louis Hemon St Montreal.

Date: 20 April 44

Robert P Murray CSM
(Unit Representative)

NOTE: This stub to be torn off and handed to subscriber.

40/P&S/2438(5149) A.F.W3084

Number D.S.2435

Name Bonbagallo A.

Rank Pte. Religion R.C.

Arm Infantry

Branch if R.A.; Regt. if Foot Guards or Infantry

NOT to be filled in by Soldier.

Diagnosis .....

Disposal .....

A.F.W30

Number D.S.2435

Name Bonbagallo

Rank Pte. Religion R.C.

Arm Infantry

Branch if R.A.; Regt. if Foot Guards or Infantry

NOT to be filled in by Soldier.

Diagnosis .....

Disposal .....

A.F.W3084

Number D.S.2435

Name Bonbagallo A.

Rank Pte. Religion R.C.

Arm Infantry

Branch if R.A.; Regt. if Foot Guards or Infantry

NOT to be filled in by Soldier.

Diagnosis .....

Disposal .....

A.F.W3084

Number D.S.2435

Name Bonbagallo A.

Rank Pte. Religion R.C.

Arm Infantry

Branch if R.A.; Regt. if Foot Guards or Infantry

NOT to be filled in by Soldier.

Diagnosis .....

Disposal .....

Militia Book M-1. (Part I)
40/P&S/279 (12/42)

SOLDIER'S SERVICE BOOK

(Soldier's Pay Book, Militia Book M. 1 (Part II) will be issued for active service.)

Every entry in this book (other than those on page 24 of this part of Militia Book M. 1, connected with the making of a Soldier's short form of Will) is to be made under the superintendence of the Officer Commanding the Squadron, battery or company to which the man belongs or is attached.

Alterations in any of the entries will be initialled by an officer.

INSTRUCTIONS TO SOLDIER

1. You will be held **personally responsible** for the custody of this book.

2. You will **always carry this book** on your person when on duty, and on active service.

3. You must produce this book whenever called upon to do so by a competent authority, viz.: Officer, Warrant Officer, N.C.O., Military Policeman or Civilian Police.

4. You must not alter or make any entry in this book (except as regards short form of Will on page 24; see instructions on pages 20 to 23), and disobedience of this order will be treated as a serious offence,

5. Should you consider that any entry is lacking or incorrect, or should you lose the book, you will report the matter to your immediate military superior.

6. You will be permitted to retain this book after discharge as a record of your services, but should you lose the book after discharge it cannot be replaced.

(XIV) PARTICULARS OF DENTAL TREATMENT

Date	Required	Completed	SPECIFICATION Use authorized Abbreviations and Symbols	Signature of Dental Officer

(1) SOLDIER'S NAME AND DESCRIPTION ON ATTESTATION

Regtl. No. D 82435.

Surname (in capitals) BARBAGALLO

Christian Names (in full) Anthony.

Date of Birth 8 Mar. 1918.

Place of Birth W.A. P.Q.

Trade on Enlistment Electro Plating

Nationality of Father at birth Italian

Nationality of Mother at birth Irish.

Religion R.C.

Enlisted at W.A. P.Q.

Date 28 June 1940.

Particulars of former service (if any) i.e. Regtl. No., Corps and period.

Signature of Soldier A Barbagallo.

Signature of Officer Campbell Stewart Capt

Place In the Field Date 15 April 43.

(II) NEXT OF KIN

Any change becoming known is to be duly noted with date of such change and reported by O.C. Unit to the Officer i/c Records.

NOTE.—No entry in these pages has any legal effect as a Will (see pages 20 to 23)

Nearest degree of relationship		Names	Date	Latest known Address in full
1st	Wife			
	Children			
2nd	Father	Carmel Barbagallo.		6649 Louis Hemon St. N.D.G. P.Q.
	Mother	Catherine Barbagallo.		same as above.
3rd	*Brothers and Sisters			
4th	Other Relations (stating) relationship)			

*State whether brothers are older or younger.

(III) RANK and APPOINTMENT

Date	Rank and Appointment	Substantive, Temporary, Acting or Local (with or without pay)	Authority of Part II Orders	Signature of Officer
28/6/40	Cpl.			Campbell Stuart Capt

(IV) Certificate Applicable to all Arms, to be completed and signed by the C.O. Bn., etc., before a Soldier proceeds Overseas

TRAINED (passed Recruit's Course as laid down for his arm of the Service) *except that he requires further training in:—**

.....

.....

.....

.....

.....

.....

.....

.....

.....

Qualified in addition as under :—

.....

.....

.....

.....

.....

.....

Date.....

* If no further training required, strike out words in italics and initial.

(V) PARTICULARS OF TRAINING

Courses and Schools. Specialist Qualifications. Swimming, etc., show'g result	Date	Signature of Officer

(VI) SMALL ARMS RANGE COURSES

Year	Classification	If Table not completed, state parts fired	Signature of Officer
1943	2ND CLASS	RIFLE	G/C Goss Capt.
28 Sept 43	2nd Class	Bren	[illegible]

(IX) EMPLOYMENT WHILST SERVING

Period		Nature of Employment	Remarks and Signature of O.C. Coy., etc.
From	To		

To include (1) Regimental, (2) as Skilled Tradesmen, (3) as Specialist, e.g., Signaller or M. Gunner.

(X) MEDICAL CLASSIFICATION

Date	Category or Grade	Medical Examiner of Recruits, or other Medical Authority	Signature of Medical Officer
28/6/40	A.	Med. Board. W.D.4.	A. Lt Robinson Lt

(XIV) PROTECTIVE INOCULATIONS

Nature of Vaccine, "T.A.B." Cholera, Plague, etc.		Date	Signature of Medical Officer
Tab.	1	7/7/40	
	2	14/7/40	
	3	21/7/40	A.K.W. Robinson Lt.
	4	7/10/41.	
Tet. Tox.	1	7/7/40	
	2	22/8/40.	
	3	7/10/41.	
Tab. T. 1/2 cc.		30/10/42.	
TAB. T 1/2 cc		7.12.43	R. Ohlke Capt
Typhus		29/12/43.	R. Ohlke
	/3	5/1/44.	R. Ohlke
		12/1/44	R. Ohlke.
Typhus 1cc		11/4/44	R. Ohlke.

(XV) VACCINATION

Date Vaccinated	Signature of Medical Officer
7/7/40.	Asm Cormichael Lt.
22 Apr. 44. Vaccinoid	R. Ohlke Capt

FINGERPRINTED—CAIB

(XVI) MISCELLANEOUS ENTRIES

(For entries for which space is not otherwise provided)

NOTE.—No entry on this page has any legal effect as a WILL

Particulars		Date	Signature of Officer
Landing Leave.	W.W.	16/10/40.	
Priv. Leave.	N.W.	21/12/40	
Priv. Leave.	W.W.	26/5/41.	Campbell
Priv. Leave.	N.W.	2/9/41.	Stuart Capt
Priv. Leave.	W.W.	27/1/42.	
M. Test. (REV) Complete		2 Jul. 42.	
Q. Card. Complete.			
Priv. Leave.	W.W.	19/5/42.	
Priv. Leave.	W.W.	18/8/42.	
Priv. Leave.	W.W.	10/11/42.	
Priv. Leave.	W.W.	9/2/43.	
" "	" "	12 MAY 43	G. J. Cox Capt.
" "	F.W.	14 AUG 43	G. W. Grant Lt.
" "	" "	[illegible]	G. W. Grant Lt.
Priv Leave		29 FEB 44	
with F.T.W.		9 MAR 44.	G. S. Crooke Lt.
Awarded Cdn			
Volunteer Service		WEF	
Medal & Clasp		15 Jan 44	
Authy - Overseas RO - 4167			
Op 28 June 43 entitled to 1 S & 2 R			Serv. chevs 23/5/44

No entry is made on this page without special instructions being issued

Particulars	Date	Signature of Officer
Blood Group "O"	2 JUN 44	A.R.W. Robinson Lt

No entry is made on this page without special instructions being issued

Particulars	Date	Signature of Officer
2 Bdn Div Sniper School	12-25 Jul 43	G. W. Grant Lt
REGT. Snipers School	86 %	G. W. Grant Lt
CAP new resp	2 Sept 43	[illegible] Lt
CAP CHAMBER	22/11/43	R.H. Johnson Capt.
C.A.P. New Resp	8/6/44	R.H. Johnson Capt.

MILITIA BOOK M. 1

PART III
40/P&S/1894(3620)

CANADIAN ARMY

Clothing and Equipment Statement

Regt No. D 82435

Rank PTE.

Name BARBAGALLO A.

INSTRUCTIONS TO SOLDIER

1. You will always *carry this book* on your person and are responsible for its safe custody. (Officers need not carry this book on their person but will be responsible for its safe custody.)

2. You will initial at the bottom of each page to signify that you understand its contents and have received the quantities entered.

3. Do not alter or make entries in this book. Disobedience of this order will be treated as a serious offence and disciplinary action will be taken.

4. You will at once report the loss of this book to your Commanding Officer.

INSTRUCTIONS TO QUARTERMASTERS

1. This statement will be used to record articles of personal clothing and equipment issued to each soldier.

2. Unit equipment (e.g., compasses, binoculars, special clothing for cooks, m/cyclists etc) will *not* be recorded on this statement.

3. All entries will be made in ink. Blank spaces in columns will be ruled through. All columns used will be initialled in the space provided by soldier and by the QM, or his representative.

4. Items withdrawn from soldier will be marked off by an "X" in ink, over the entry and initialled by the QM, or his representative.

5. New issues will be recorded in the next open column. The remaining entries in old column on page affected will be carried forward into new column. Old column will be ruled out in ink.

6. No entry will be made on this statement when unserviceable articles are exchanged for serviceable ones or when issues are made on repayment.

7. See instructions re kit inspections on inside of back cover

ARTICLE	QUANTITY					
Anklets, web, prs	1					
Blouses, Battle-dress	2					
Bonnet, tam-o'shanter	1					
Boots, ankle, prs	2					
Boots, rubber, high, prs G1098	1P					
Boots, leather, high, prs	/					
Bonnet, drab, Irish	/					
Cap, field service	/					
Cap, mechanic	/					
Cap, tank battalion	/					
Drawers, Cellular short, prs	2					
Drawers, Woollen, prs	2					
Gloves, knitted, drab, prs	1					
Greatcoat, drab	1					
Initials of Soldier	AB					
Initials of QM or Rep	WH.					

ARTICLE	QUANTITY					
Jacket sweater, or jersey pullover	1	1				
Overalls, combination	1	1				
Overalls, blouses, denim	1	1				
Overalls, trousers, denim	1	1				
Shirts, Angola, drab	2	2				
Shoes, canvas, prs	1	1				
Socks, prs	4	4				
Trousers, battle-dress, prs	2	2				
Vests, woollen	2	2				
Badges, cap HACKLE	1	1				
Badges, arm, drab, crowns						
Badges, arm, drab, crown in wreath						
Badges, arm, Tank Bn						
Medal Ribbons ~~Badges~~, ~~shoulder~~, "CANADA", ~~prs~~		2				
Initials of Soldier	WB.	WB				
Initials of QM or Rep	WH.	WH				

ARTICLE	QUANTITY					
Battle Jerkin	1	1	1			
~~Badges, arm, drab, Royal Arms~~						
Badges, arm, drab, Royal Arms in Wreath	1	1	1			
Bags, kit, universal	1	1	1			
Braces	1	1	1			
Brass, cleaning	1	1	1			
Brush, button, brass	1	1	1			
Brush, clothes	1	1	1			
Brush, hair	1	1	1			
Brush, shaving	1	1	1			
Brush, shoe, blacking	1	1	1			
Brush, shoe, polishing	1	1	1			
Brush, tooth	1	1	1			
Cap, comforter	1	1	1			
Chevrons	1	1	1			
Initials of Soldier	AB	WB	AB.			
Initials of QM or Rep	WH	WH	WH.			

ARTICLE	QUANTITY					
Combs, hair	1	1	1			
Discs, identity, sets, with cord	1	1	1			
Dressing, field	1	1	1			
Fork, NS Table	1	1	1			
Holdall	1	1	1			
Housewife, complete	1	1	1			
Knife, clasp	1	1	1			
Knife, table	1	1	1			
Lanyard, knife	1	1	1			
Razor, safety, with blade	1	1	1			
Patches, distinguishing, prs	3	3	3			
Shorts, gymnasium	2	2	1			
Spoon, NS dessert	X	1	1			
Vest, cotton, gym	2	2	1			
Initials of Soldier	AB.	AB	AB.			
Initials of QM or Rep	WH	WH	WH.			

ARTICLE	QUANTITY					
Towels, hand	2					
Unit or Corps titles, prs	3					
VESTS COTTON	2					
Attachments, brace GIC98	/					
Bag, ration	/					
Belts, waist	1					
Bottles, water	1					
Braces, WE Right	1					
Left	1					
Carriers, cartridge	/					
Carriers, waterbottle	1					
Cases, binocular	/					
Cases, pistol G1098	/					
Covers, breech, rifle G1098	1					
Initials of Soldier	AB					
Initials of QM or Rep	WH					

ARTICLE	QUANTITY					
Cover, mess tin	/					
Frogs, web, bayonet	1					
Haversack	1					
Helmet, steel	1					
Net camouflage helmet G1098	1					
Packs	1					
Pockets Compass	/					
Pouches, amm, pistol G1098	/					
Pouches, basic	2					
Pouches, utility { Front / Rear G1098	/					
Slings, rifle, web	1					
Straps, shoulder, haversack { left / right	2					
Straps, web, supporting	2					
Tins, mess, TP	1					
Initials of Soldier	AB					
Initials of QM or Rep	WH					

ARTICLE	QUANTITY					
Veil, face, camouflage	1					
Yoke G1098	/					
DUBBIN PROTECTIVE TINS	1					
TINS SCOURING BAYONET	1					
Capes, A/G	1					
Respirators, A/G, complete with haversack	1					
Outfits, A/D	1					
Ointment, A/G	1					
Eyeshields, A/G, pk of 6	1					
Detectors, Individual, prs G1098	1					
Wallet, A/G	/					
Blanket	1					
Mug, drinking	1					
Sheet, ground	1					
Initials of Soldier	AB.					
Initials of QM or Rep	WH					

ARTICLE	QUANTITY					
Rifle No. 29L-60.00 Regt'd No. ( )	1					
Bayonet No. w/scabbard	1					
Bottles, oil	1					
Pullthroughs, single	1					
Rods, cleaning, pistol	/					
Carbine, Mach. Regt'd No. ( )	/					
Magazines Carbine	/					
Pistol Revolver No. G 6098 Regt'd No. ( )	/					
Ctges, SA, revolver .380 in	/					
Ctges, SA, .303 in Mk VII	/					
ENTRENCHING TOOL	/					
HELVE	1					
HEAD	1					
CASE	1					
Initials of Soldier	AB					
Initials of QM or Rep.	WH					

5/6/44

CERTIFICATE TO BE SIGNED BY INSPECTING OFFICER AT EACH KIT INSPECTION

Certified that the record detailed in this statement has been checked with the articles in possession of the soldier and found correct.

Signature	Date	Signature	Date
W T Hollinty ext	5 Jan 44		
A Robinson [illegible]	5 Feb 44		
C Braddeley	20/3/44		
C Braddeley	11/3/44		
C Braddeley	15/5/44		

CLOTHING SIZES RECORD

ARTICLE	SIZES
Anklets	2
Battle Dress, blouse	4
Battle Dress, trousers	5
Cap or bonnet	7
Boots, ankle	8
Gloves	8
Facepiece, respirator	Normal
Greatcoat	3
Helmet steel, lining	7
Overalls, combination	?
Jersey, pullover	~~36~~
Shirts, Angola, drab	15
Vest, woollen	36
Drawers, cellular	36
Drawers, woollen	36