D82493
SMALLCOMB
WILLIAM

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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 SMALLCOMBE. WILLIAM. ALBERT. (b) Reg'l. No. D-82493
2. (a) Arm of service ARMY (b) Unit R.H.C. (c) Rank PTE
3. (a) Date of birth 6/5/1913 (b) Have you any dependents? YES (c) Place of residence at time of enlistment VERDUN. QUE.
4. (a) Place of enlistment MONTREAL. QUE. (b) Date of enlistment 3/7/1940

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 13 YEARS (b) Were you attending school or college up to the time of enlistment? NO
6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.) SIXTH GRADE ELEMENTARY.
7. If you attended a university, give name of university and standing or degree secured N/A
8. (a) Did you ever enter upon a trade apprenticeship? YES (b) If so, for what occupation? INTERIOR DEC. (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? BUILDING & TRADES.

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 Address
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.)
20. (a) Your specific occupation (b) Number of years' experience at this occupation with any employer
21. (a) Did your employer promise definitely to give you employment on discharge? (b) Did your employer refuse to promise you employment on discharge? (c) Do you wish to return to your former employment?

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 INTERIOR DECORATG (b) Where was it located? VERDUN. QUE
23. (a) Number of years engaged in this business 16 YRS (b) Have you made, or will you make plans to return to the same or a similar business on discharge? YES

Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war? (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? (c) In what provinces did you have experience?

Section G—MISCELLANEOUS

26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge? NO
27. If so, state nature of your plans (for example, do you plan to return to school, or have you been assured of a job, etc.)
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form N/A

DATE 8TH APRIL 1941. 194.... SIGNATURE W. A. Smallcombe.

FOR COMPLETION AND RETURN BY

Form P. 64

Mrs. Mary M. Smallcombe,
5305 Wellington St.,
Verdun, Quebec.

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

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

and the following number quoted:—

H.Q. 405-S-25,456 FD.175

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

October 6 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

SMALLCOMBE, William Albert, Private,

D.82493, Canadian Army.

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

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

A. H. Rugg Capt
for Director of Estates.

GC/

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.....		Mary Margaret Smallcombe	27	5305 Wellington St. Verdun, Que.
2	Children of the Deceased and dates of their Births.....		William Albert Smallcombe Born May 18, 1937 died Aug. 4/38 Victoria Barbara Smallcombe Born March 6/39 died Dec. 20/39 Linda Gail Smallcombe	4yr.	5305 Wellington St. Verdun, Que.
3	Father of the Deceased.....		Henry Thomas Smallcombe	57	475 Second Ave. Verdun
4	Mother of the Deceased.....		Lily Smallcombe	55	475 Second Ave. Verdun
5	Brothers of the Deceased	Full Blood X	Cyril Henry Smallcombe Clifford Edward Smallcombe Victor E. Smallcombe	33yr. 29 24	465 ~~Second~~ First Ave. Verdun 309 Fifth ave. Verdun 475 Second ave. Verdun
		Half Blood			
6	Sisters of the Deceased	Full Blood X	Violet Smallcombe = Brown Daisy Smallcombe = Devanney	28 22	173 First Ave. Ville LaSalle 475 Second Ave. Verdun
		Half Blood			
7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, *who are dead*, and date of death of each.		Names and ages of their children (if any)		Address of their children

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	William albert Smallcombe
9	Date of his birth.	May 6, 1913
10	Place and date of his marriage.	Chalmer's United Church, Verdun Nov. 21, 1936
11	Place and date of his parents' marriage.	Bristol England 1910

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Bristol, England
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) ~~London, Ont~~ (b) Montreal 14 yrs. (c) Verdun 17 yrs. (d)
14	Nature of employment before enlistment.	Painter
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.	Verdun, Que.

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?	NO
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.	None
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	None
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	Prudential Insurance #343 = benef. is Mary M. Smallcombe wife Prudential Insurance #100 = benef. is Mary M. Smallcombe
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	None.

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.	None.
25	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	NO
	(NOTE:—The government pays funeral expenses within the amounts authorized in the Regulations, where death occurs and burial is made Overseas as well as where death occurs and burial is made in Canada or elsewhere in the North American zone, and if a relative has already paid those expenses the Government will reimburse such relative to the extent of the amount authorized in the Regulations. Any amount of such expenses in excess of those authorized in the Regulations is not payable by the Government nor is it chargeable against the service estate of the deceased.)	

(PLEASE TURN OVER)

DECLARATION

*Insert degree of relationship for example, "Widow", "Father", "Brother", etc.

I hereby declare that all the particulars shown on this form are correct, and a true and complete statement of all the relatives that the deceased ever had in the degrees specified; and that I am the

*Widow 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.

Mary Margaret Smallcombe ..... {Signature of Informant}

5305 Wellington St. Verdun. ..... Address

CERTIFICATE

I hereby certify that to the best of my knowledge and belief Mary Margaret Smallcombe

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

Dated at 5305 Wellington Street this 14th day of October 1944

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces. James McVellaird Qualification Postmaster Sub 111

Address 5300 Street Verdun P.O.

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

Received JUL 8 - 1941 Checked GSM "E" Card ✓ Observations O

~~ORIGINAL~~
DUPLICATE
TRIPLICATE

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

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

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

Unit ..... Regimental Number D-82493

CANADIAN ACTIVE SERVICE FORCE

ATTESTATION PAPER

01 PTE

1. Surname SMALLCOMBE
2. Christian Names WILLIAM ALBERT
3. Present address 109 Willibroad Ave., Verdun, P.Q. Canada
4. Date of birth 6th. May 1913
5. Place of birth England (Country) Easton (County or Province) Bristol (Town or Township)
6. Religion (state denomination) C. of E.
7. Trade or Calling Painter & Decorator
8. Married, Widower or Single Married
9. Name of next of kin Mary Margaret Smallcombe
10. Relationship Wife
11. Address of next of kin ~~109 Willibroad Ave., Verdun, P.Q. Canada~~ see change.
12. Have you served in any Naval, Military or Air Force? No
13. If previous war service, state arm, force and regimental particulars N/A
14. Do you now belong to or have you served in the Active Militia of Canada? No

(Give unit and date of attestation)

DECLARATION TO BE MADE BY MAN ON ATTESTATION

I, ~~William Robert~~ Albert Smallcombe 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 3rd. July 1940 William A. Smallcombe (Signature of recruit) Witness

OATH TO BE TAKEN BY MAN ON ATTESTATION

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

William A. Smallcombe (Signature of Recruit) Witness

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, P.Q. this 3rd. day of July 1940

D.D. Geghan 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.)

WS

N.B.—ATTENTION IS DRAWN TO THE FACT THAT ANY PERSON MAKING A FALSE ANSWER TO ANY OF THE ABOVE QUESTIONS IS LIABLE TO A PENALTY OF SIX MONTHS' IMPRISONMENT

FINGERPRINTED

Record of Service of SMALLCOMBE (Surname) WILLIAM ALBERT (Christian Names) Regimental Number D-82493

Qualifications		Educational Qualifications			
Military	No	High School or Collegiate	7th.Grade (years completed) Verdun High School	Graduation or Matriculation	No (specify)
Business or Professional	No				
Trade or Civil	Painter & Decorator	*College	No		
Technical	No	*University	No		
Languages	English				

*(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
3-7-40		Joined on appointment T.O.S.Depot 3-7-40	Pte	3-7-40	1st.Bn.	Montreal	R.D.O.#161	3-7-40
25-7-40		Posted Duty C.I.(R)T.C Aldershot N.S. 24-7-40	"	24-7-40	"	"	" 179	24-7-40
25-7-40	B.W.	T.O.S.	"	25-7-40	I.T.C.	Aldershot, N.S.	183	29-7-40
5500		Dependents: Daughter Gail Smallcombe	"	29-9-40	"	"	270	7-11-40
—		Granted furlough	"	9-12-40 28-12-40	"	"	293	4-12-40
—		Forfeits 1 days pay(Art.149(1)(e)FR&I.For: AWL.from parade from 1245hrs.to1 505hrs.24-2-41.	"	24-2-41	"	"	48	25-2-41
—								
1		S.O.S. to O.S.	"	20-6-41	"	"	" 145	20-6-41
T.O.S.		TOS Edmr Army (GS) posted to 2/CE HQ	"	21-6-41	2/CE HQ	Witley	D.O. 154	2-7-41
		5 days Sanitary Leave (with warrant)	Pte	14/19 July 41	"	U.K.	164	14 July 41
		Add'l Tap to No.2 Edn. Div. Ord. W'Shop.	Pte	13 Sept 41	3/CIHn. 220 Gd W/S	UK UK	218. 13.	15 Sept 41 7 Nov 41
		P. Leave (U.) 7 days (WWW.)	Pte.	31 Oct 7 Nov 41	2/1HU	U.K.	269	12 Nov 41

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

ARE YOU RECEIVING OR HAVE YOU IN THE PAST RECEIVED, DISABILITY OR COMPENSATION.
IF SO GIVE DETAILS..... NO

Examination

Name

1. Age
a. Rh
b. Tu
c. Br
d. He
e. Ki
f. Ga
g. Ru
h. Va
i. Fla

2. He

4. Co

6. Ch

7. Vis

9. Co

10. Th

1. Ide

Pa
reporte
and In
Special

CERTIFICATE OF MEDICAL EXAMINATION

Name in full Smallcombe ; William ,A. Date July 1,19.

Part 1. Information obtained from the recruit.

1. Age 27 2. Have you ever suffered from any of the following diseases?

a. Rheumatism	no	j. Nasal trouble	no
b. Tuberculosis	no	k. Ear disease	no
c. Bronchitis or asthma	no	l. Eye disease	no
d. Heart disease	no	m. Epilepsy	no
e. Kidney or bladder disease	no	n. Nervous or mental disease	no
f. Gastro-intestinal	no	o. Syphilis	no
g. Rupture	no	p. Gonorrhoea	no
h. Varicose veins	no	q. Have you ever worn glasses?	no
i. Flat or deformed feet	no		

William A. Smallcombe,
(Signature of Recruit)

Examiner's remarks re above Ears normal Color vision(Ishihara)(CN)
Reflexes normal G.E.Scharfe Capt.
Urine
X Ray

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

1. Identification marks or scars. (If operative obtain history.)
2 vacc. lt. arm

2. Height 5 feet 5 inches. 3. Weight 112 pounds.

4. Complexion Dark Eyes Grey Hair L.Brown 5. Development fair (Good / Fair / Poor)

6. Chest measurement—Girth on full expansion 32 inches.
Range of expansion 4 inches.

7. Vision, right 20/20 left 20/20 8. Hearing, right W V 20 left W V 20

9. Condition of mouth and teeth good

10. The abnormalities (congenital and pathological) found on examination are as follows
Under weight Urine neg

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 Underweight

NO

ARE YOU RECEIVING OR HAVE YOU IN THE PAST RECEIVED, DISABILITY OR COMPENSATION. IF SO GIVE DETAILS.....

H.C. Lawrence Capt. President — Tasmaen Member — F. W. Wrightsworth Lt Member

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature
22/7/40	T.A.B. 1/2 cc GRB	23/4/41	Reexamined. Catagory Unchanged
2/8/40	T.A.B. 1/2 cc [illegible]	12.2.42	T.A.B.T 1/2 cc Lieut Lt
10/8/40	T.A.B. 1/2 cc [illegible]		
22/7/40	Diet 2 x. 1/2 c.c. GRB		
19-1-41	" " 1 c.c. GRB		
12/8/40	Smallpox vac [illegible]		

Regtl. No. D-82493 Rank Pte. Surname SMALLCOMBE Christian Name WILLIAM ALBERT

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

Statement of Service of No. D 82493 Rank Pte Sheet No. 2

Name Smallcomb W.A

M.F.M. 1 & 2 (a)
700 M—8-39 (1607)
H.Q. 1772-45-18

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
		Appears to be attd to 2 Div Arty Wksps	Pte	11 Feb 42	2/DIRU 2DIRU	UK	36 54	12 Feb 42 5 Mar 42
		P Leave (2) to 19 Feb 42 ww	Pte	12 Feb 42	2 Div Arty Wksps	UK	8	20 Feb 42
Change of N/K Address		5305 Wellington St., Verdun Que.	Canada		2/DIRU	UK	58	10 Mar 42
SOS		S.O.S. to Bde Watch (Spl Instr.)	Pte	11 Mar 42	2/DIRU	UK	59	11 Mar 42
	T.O.S.	T.O.S. from 2CDIRU (Spl Instr)	Pte	12 Mar 42	BLW	UK	19	27 Mar 42
SOS		SOS to 2 DIRU Spl Instr	Pte	17 May 42	BLW	UK	32	20 May 42
	T.O.S.	T.O.S. from Blk W. (Spl Instr.)	Pte	18 May 42	2/DIRU	UK	118	19 May 42
		Detailed to 7 Wolf Pen.	Pte.	18 May 42	2/DIRU	U.K.	118	19 May 42
		~~Detailed~~ Ceases to be detailed 7 Wolf Pen.	Pte.	4 June 42	2/DIRU	U.K.	134	6 June 42.
S.O.S.		SOS 6 Blk W	Pte	11 June 42	2CDIRU	UK	138	11 June 42
	T.O.S.	TOS from 2DIRU	Pte	12 June 42	Blk W	UK	39	18 June 42
		P/Leave 7 days (P3)	Pte	29 June 6 July 42	BLK W	UK	51	5 Aug: 42
		Awarded Good Conduct Badge (Auth CAORO 308)	Pte	3 July 42	BLK W	UK	53	15 Aug 42
		adm: to 11 Can Fld Amb: & discharged date same	Pte	8 Aug 42	BLK W	UK	54	22 Aug 42
		AWL: admon: for offence under Sec: 15(1) AA 1490(A) Forf 1 days pay FR 19	Pte	31 July 42	BLK W	UK	54	22 Aug 42
		Privi. Leave	Pte	2 Oct 42	Blk W.	UK	66	17 Oct 42
		attd F.A.P. to H.Q. 5 C.I.B.	Pte	14 20 Dec 42	Blk W.	UK	80	24 Dec 42
		Privi. Leave to 8 Jan 43	Pte	30 Dec 42	Blk W.	UK	4	20 Jan 43
		Daily Regtl pay 1.50	Pte	1 Jan 43	Blk W	UK	20	24 Mch 43

Statement of the Service of No. D 82493 Rank Pte Sheet No.

Name Snallcomb, W.A.

M.F.M. 1 & 2 (a)
700 M—8-39 (1697)
H.Q. 1772-45-18

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
		AWARDED THE CANADIAN VOLUNTEER SERVICE MEDAL AND CLASP						
		Embarked at U.K. on 5 Jul 44						
		Disembarked at France on 6 Jul 44	Pte		1 Blk W	21 A Gp	37	14 July 44
		Wounded	Pte	22 July 44		AEF	D-473	
		Died of wounds	Pte	31 Jul 44		AEF	A477	12 Aug 44
		SOS X-3 Insv. Deceased died of wounds	Pte.	31 July 44	1 Bn Blk W R.H.R.	21 Army Gp.	30	30 Aug 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-82493

1. Surname SMALLCOMBE
2. Christian Names WILLIAM ALBERT
3. *Substantive Rank and Appointment PRIVATE
   *Acting Temporary or Local Rank
   giving date

*To be entered in pencil to facilitate alteration.

4. Place of birth BRISTOL. ENGLAND
5. Date of birth as declared on attestation 6th MAY 1913
   (A)
6. Date of enlistment 3RD JULY 1940
7. Place of enlistment MONTREAL P.Q. CANADA
8. Residence at time of enlistment 109 WILLARD ROAD AVE VERDUN P.Q.
9. (B) Special conditions (if any) of enlistment or rate of pay
10. (C) Any subsequent variations of conditions of service
11. Religion C of E
12. If married, state date 21ST NOVEMBER. 1936.
13. Trade on enlistment PAINTER DECORATOR
14. Corps, trade and grade
15. (D) Qualifications
16. (E) Miscellaneous entries

(17) Regiment or Corps | Unit (Battn., etc)

(18) Medical

Category	Date	Authority
A	1/7/40	MED BD MONTREAL

(19) Next of kin (entries to be made in pencil)
MRS MARY MARGARET SMALLCOMBE
5305 Kellington St., Verdun, P.Q.
CANADA

(20) E. WIFE
(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.

"A" CARD COMPLETE 5/3/42
"M" TEST (REV.) COMPLETE

(a) Report		(b)	(c)	(d)	(e)	(f)	(g)
Date	From whom received	Unit	Record of all casualties regarding promotions (acting, temporary, local or substantive), appointments, transfers, postings, attachments, &c., forfeiture of pay, wounds, accidents, admission to and discharge from Hospital, Casualty Clearing Stations, &c. Date of disembarkation and embarkation from a theatre of war (including furlough, &c.) in accordance with para. 2 of Note to Table I of Appendix III of Field Service Regulations, Volume I	Place of Casualty	Date of Casualty	Army rank as at (e)	Army Form or other authority for entry to be shown
		2/CIHU	S.O.S. to O.S.	Witley	20-6-41	Pte	
		"	T.O.S. Cdn. Army O.S. posted to 2/C.I.H.U.	"	21-6-41	"	# 154 2-7-41
12/7/41	[illegible]	"	Struck from strength	"	4/7/41	"	164 14/7/41
16-9-41	"	"	Attd for a/p. to #2 Div. Ord. Wkp.	"	13-9-41	"	218. 15-9-41
13. 11. 41	"	"	7 days P. Leave 1st with Warrant	"	31-10-41 9. 11. 41	"	269. 12. 11. 41
		2 CD IRC	Cease Attd to #2 Div Ord Wkshp	"	11-2-42	"	36. 12-2-42.
		"	2nd Priv. Leave ... W. W.	"	12 to 19-2-42	"	54. 5-2-42.
		"	Change of Addn of next of Kin	"		"	58. 10-3-42
S.O.S.		"	to B.W. Spl. Inere.	"	19-3-42	"	59. 11-3-42.
1/March	OC	IRHC	TOS Spec Acct from 2 C.D.I.R.C.	Field	12 March	"	19-27 March 42
15 March	CMHQ	"	SOS (S.I) to 2 CDIRC (Adm Ord 115)	"	17 May 42	"	22-30 May 42
	TOS	2 CDIRC	from B.W. Spl. Inc	UK.	18.5.42	"	118 19.5.42
		"	Attd to 7 Wolf Bn	"	18.5.42	"	118 19.5.42.
		"	Ceases attd to 7 Wolf Bn	"	4.6.42	"	134 6.6.42.
SOS		"	to B.W. Hqrs Inst. clsm 2232	"	11.6.42	"	138 11.6.42.
	Ole.	IRHC	TOS from 2 C.D.I.R.C. (Demond 2232)	Field	12 Jun 42	"	W.O. 39+18 Jun 42
17 June	✓	~	Leave P 3	✓	29 June	✓	51. 4 July
27 July 42	✓	✓	Awarded Good Conduct Badge	"	3 July 42	"	53-1 Aug 42
7 Aug 42	✓	✓	Arrived Unk. 19 hrs. 51 mins. Forf 1 days pay	"	31 July 42	"	54 Aug 42
8 Aug 42	✓	✓	Adm to 117 d amb. Disch from 11 Fd amb	"	8 Aug 42	"	54 - Aug 42
29 Sep 42	"	"	P.L. F4	"	2 Oct 42	"	66 - Oct 42
18 Dec 42	"	"	att fep t 5 CIB 14 to 28 Dec 42	"	14 Dec 42	"	80 - Dec 42
9 Jan 43	"	"	P.L. 9 days	"	30 Dec 42	"	4 - Jan 43
			Granted Daily Rate of Pay of $ 1.50 per diem				
				"	1 Jan 43	"	20-27 Mar 43
7 July 43	✓	✓	9 Days P.L.	✓	30 Jun 43	✓	46-19 July 43
	✓	✓	Awarded Canadian Volunteer Service Medal and Clasp	✓	15 Jan 44	PTE	4-26 Jan 44
			Embarked U.K. 5 Jun 44. Disembarked France...		6 Jun 44	"	37-14 July 44
	✓	✓	SOS 45 X 3 List 1 RHC	✓	22 July 44	"	43-6 Aug 44
Aug 44	X 3	"	Acc x 3 Lists	Field	26 July 44	"	75. 44
Aug 44	X-3	"	SOS Deceased	KIA	6 Aug 44	"	30/44

HQ IRU

HOSPITALIZATION SERVICE AND CASUALTY FORM

(PART II)

M.F.M. 4(a) (Part II)
(A.F.B. 103) (Part II)
500M—8-39 (1701)
H.Q. 1772-45-18

Regiment or Corps Blackwatch Regimental Number D 92 + 93

Substantive Rank dlr Surname SMALLCOMBE Christian Names W A.

Acting Temporary or Local Rank .....
(To be entered in pencil to facilitate alteration)

(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 (1701)	(f) Army rank as at (e)	(g) Army Form or other authority for entry to be shown
27 JUN 44	3014	BW	WOUNDED	FLD	22 JUN 44	PTE	3014 (68)
27 JUN 44	" 68	"	adm 18 fd amb	"	22 JUN 44	"	11 II 62 - 2 aug 44
30 JUN 44	" 71	X3 "	" 3 CCCS	"	22 JUN 44	"	65 - 6 aug 44
11 AUG 44	" 83	" "	DIED of Wounds (95th Gen)	"	31 JUN 44	"	TR - 17 aug 44

31-7-44

MJA

AWARDS—CANADIAN ARMY (ACTIVE) (1692) M

500M—1-44 (3467)
H.Q. 1772-45-8

SURNAME (IN BLOCK LETTERS) CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT
SMALLCOMBE, William Albert	D.82493	Pte.	1st.Battalion Roy.Highrs.of Can.

FILE NO. 405-S-25456

WAR SERVICE BADGE (CLASS) NO. DATE DESPATCHED:

ADDRESS:

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

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED-PERSONNEL

MEMORIAL BAR
REGISTRATION NO. DATE OF DESPATCH
DATE DESP.....
(1) REGN. NO 1500

(1) MEDALS
PERSON ENTITLED TO Mrs. Mary M. Smallcombe Widow

5305 Wellington St.

ADDRESS: Verdun , Que.

(2) MEMORIAL CROSS

WIDOW Mrs. Mary M. SMALLCOMBE, (ENGLISH)

(1692)

ADDRESS: 5305 Wellington St., VERDUN, P.Q.

DESP. NOV 6 1944
(2) REGN No. 5546

(3) MEMORIAL CROSS

MOTHER Mrs. Lily SMALLCOMBE, (MFM-5) (ENGLISH)

(1692)

ADDRESS: 475 Second Ave., VERDUN, P.Q.

DESP. NOV 6 1944
(3) REGN No. 5547

4147

COPY/MV

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 SMALLCOMBE, William Albert
(Surname first—Christian names in full—Block capitals)

(2) Regimental or Official Number and Rank D-82493

(3) Unit Regimental Depot, 1st. Bn. The Black Watch (RHR) of Canada C.A.S.F.

(4) Are you married? Yes (5) If married, state,

(*a*) Full name of your wife Mary Margaret Smallcombe

(*b*) Present postal address of wife 109 Willibroad Ave., Verdun, P.Q., Canada.

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

(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. Henry T. Smallcombe
475 Second Ave., Verdun, P.Q., 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. Lily Smallcombe
475 Second Ave., Verdun, P.Q., 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? Prudential Life Co., Montreal, P.Q. Canada.
(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 3rd July 1940. (Sgd.) William A. Smallcombe
(Signature of officer or man)

(Sgd.) ? Major

Date 3rd July 1940. Officer Commanding Regimental Depot, 1st. Bn. The Black Watch (RHR) of Canada C.A.S.F.

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

No D.82493 Rank Private Name SMALLCOMBE, William Albert

Unit Black Watch (R.H.R.) Date of death 31st, July, 1944.

Died at France.

Cause Died of wounds received in action.

Death occurred on strength of Forces.H.Q. 405-S-25456

N/K Mrs. Mary M. Smallcombe, Relationship Widow

Address 5305 Wellington Street, Verdun, P.Q.

Remains buried in Cemeter

MR.779795 Bayeux France

Grave location Row A Grave 6, plot 4

CHK

OVER

BURIAL REPORT TO N.K.

RETURN TO BUR. OF STAT. MAR 5 1945

ROYAL MESSAGE DESP'D AUG 30 1944

CAN. MESSAGE DESP'D SEP 7 1944

NOW KNOWN AS:

Bayeux British Cemetery,
Bayeux, France.

Grave 6, Row A, Plot 4.

AUTH. IWGC HI & CR FORM.

HI & CR Form Despd. FEB 7 1947

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION (DEATH)

NUMBER D82493 RANK Private SERVICE UNIT 1st Battalio Royal Highlanders of Canada (CA)

NAME SMALLCOMBE, William Albert

DATE OF BIRTH 6-5-1913 DATE OF ENLISTMENT 3-7-40

MARITAL STATUS Married RELIGION Church of England

NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 RELATIONSHIP Wife NAME Mrs. Mary M. Smallcombe

ADDRESS 5305 Wellington St., ADDRESS D.A.B.

ADDITIONAL PERSON TO BE NOTIFIED Verdun, P.Q. ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. 9020

CASUALTY DETAILS H.Q.405-8-25,456

Died of wounds DATE 31-7-44

FRANCE

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

PER

DIRECTOR OF RECORDS

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

6

COPY FOR DOCUMENT FILE

FORMULE 6

BUREAU FÉDÉRAL DE LA STATISTIQUE—COPIE DU BULLETIN DE DÉCÈS—QUÉBEC

N'écrivez pas dans cet espace

1. LIEU DU DÉCÈS — Comté municipal | Nom officiel de la municipalité civile ou du canton | *Apposer un X sur le mot qui s'applique à cette municipalité ou ce territoire* — *Cité | Ville | Village | Paroisse | Canton*

Rue IN THE FIELD (FRANCE) No. | Hôpital ou institution

2. SÉJOUR — (a) dans l'hôpital ou l'institution | (b) dans la municipalité du décès | (c) dans la province | (d) au Canada (s'il s'agit d'un immigré) — *Années | Mois | Jours*

3. NOM DU DÉFUNT — Nom de famille GWALLCOMBE (*Lettres moulées*)

Noms de baptême ou prénoms William Albert

4. RÉSIDENCE — Rue No. 109

Nom officiel de la municipalité civile ou du canton Milabroad

Comté municipal Verdun Province

5. SEXE	6. NATIONALITÉ (Citoyenneté)	7. ORIGINE RACIALE	8. Célibataire, marié, veuf ou divorcé (*Ecrire l'un de ces mots*)
M			Married

9. Si le défunt était marié, nom de son conjoint

10. LIEU DE NAISSANCE (Province ou pays) England

11. DATE DE NAISSANCE (jour) 6 (mois) May (année) 1913

12. ÂGE DU DÉFUNT — Années | Mois | Jours | Si âgé de moins d'un jour ..... hrs. ou ..... min.

OCCUPATION

13. Métier, profession ou occupation, ex. **tisserand, voiturier, employé de bureau,** etc. Painter & Decorator

14. Genre d'industrie ou d'entreprise, tel que **filature de coton, industrie du bois, banque,** etc.

15. Dernière date à laquelle le défunt vaquait à ce travail

16. Nombre d'années occupées dans cette profession

	17. NOM	18. LIEU DE NAISSANCE (Province ou pays)
PÈRE		
MÈRE (Nom de fille)		

19. Lieu de l'inhumation, de l'incinération ou destination du transport France

20. Date de l'inhumation ..... 19.....

21. LIEU DE L'ENREGISTREMENT DE CETTE SÉPULTURE

(a) Nom de la paroisse ou église

(b) Municipalité civile de

(c) Comté municipal

(d) Date ..... 19..... (jour) (mois) (année)

N'écrivez pas dans cet espace

CERTIFICAT MÉDICAL CONFIDENTIEL DE DÉCÈS

22. Date du décès (jour) July (mois) 31 19 44 (année)

23. JE CERTIFIE PRÉSENTEMENT que j'ai donné mes soins au défunt depuis le ..... 19..... jusqu'au ..... 19.....

que je l'ai vu vivant pour la dernière fois le ..... 19.....

24. CAUSE DU DÉCÈS

I

Cause immédiate Mentionner la maladie, blessure ou complication, causant la mort, **non pas** son syndrome final, tel: syncope, asphyxie, asthénie, etc. (a) ..... dû à Died of wounds received in action

États morbides, s'il y en a, ayant produit la cause immédiate (Les indiquer dans l'ordre chronologique inverse de leur apparition). (b) ..... dû à (c) .....

II

Autres conditions morbides (importantes seulement) ayant contribué au décès mais n'ayant aucune portée sur la cause immédiate.

III Si une maladie contagieuse est mentionnée à ce certificat, donner (a) Date d'éclosion ..... 19..... (b) Durée de la maladie ..... jours

25. S'il s'agit d'une femme, y avait-il état puerpéral? .....

26. Y a-t-il eu intervention chirurgicale? ..... Date de l'opération ..... 19.....

Constatations ..... Y a-t-il eu autopsie? .....

27. Dans les cas où le décès est attribuable à des causes extérieures (violence):—

Accident, suicide ou homicide ..... Date ..... 19.....
(Spécifier)

Manière de la blessure .....
(Dans quelle circonstance)

Nature de la blessure .....

Indiquer si la blessure a été infligée **au lieu du travail, dans l'habitation ou dans un endroit public** .....

Signature ..... **M.D.**

Adresse ..... **Date** ..... 19.....

28. Signature de la personne qui remplit la formule (vicaire, coroner, autorité d'un hôpital, etc.) [signature] L.S.

Cette signature autorise le collecteur à accepter la formule comme authentique.

29. Nom du ministre du culte gardien du registre de l'État civil où est inscrit l'acte de cette sépulture.

(For English see other side)

QUEEN'S CASUAL TO CANADIAN ARMY

MAR 5 1945

Director of Records, Dept. of National Defence.

405-S-25,456

RECORDS OFFICE OVERSEAS.

CANADIAN MILITARY HEADQUARTERS.

GRAVES REGISTRATION CARD.

NAME SMALLCOMBE. William Albert. PLACE & DATE OF BIRTH Bristol, ENGLAND. 6 May 1913

RANK Pte. REGIMENTAL NO D-82493

UNIT Royal Highlrs of Can. NEXT OF KIN & ADDRESS WIFE.

Mrs. Mary Margaret SMALLCOMBE.

5305 Wellington St., Verdun, Quebec.

PARTICULARS OF HOSPITALISATION

DATE OF ADMISSION NAME & LOCATION OF HOSPITAL

DIAGNOSIS

PARTICULARS OF DEATH

DATE OF DEATH 31 Jul 44. PLACE OF DEATH

HRS

CAUSE OF DEATH DIED OF WOUNDS.

PARTICULARS OF BURIAL

DATE OF BURIAL CEMETERY Bayeux MR 779795

PLOT NO 4 ROW A GRAVE 6

DEATH CERTIFICATE NO.

RELIGION Church of England.

DATE 1 OCT. 45

M. BLUTEAU (CAPT)
For COLONEL
Officer i/c Records,
CANADIAN MILITARY HEADQUARTERS.

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

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.82493 Rank Pte Surname Smallcombe Christian Name Wm. A.

Unit	Hospt.	Admitted Day	Admitted Mo.	Admitted Year	Discharged Day	Discharged Mo.	Discharged Year	Hospt. Days	Disease or Injury	Remarks	Cas. List No.
Royal High. of Can.									Wounded 22-7-44		G.473
"									D.O.W. 31-7-44		G.477
"									Cause of death :- Brain inj : S.W. Lt. parietal inj	Amn	B.291

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

(21983) Wt.22244/1489 5,000 7/42 A.& E.W.Ltd. Gp.698
(23516) Wt.46066/842 15,000 1/43 " "

Army Form W 3118c.

Operation Card for Head Injuries.

No 6 Mobile Neuro-Surgical Unit

(For distribution to Casualty Clearing Stations, Stationary and Base Hospitals.)

(Field Card No. W. 3118B should be filled in before operation.)

No. D824493 **Name** SMALLCOMBE W.A Rank Pte.

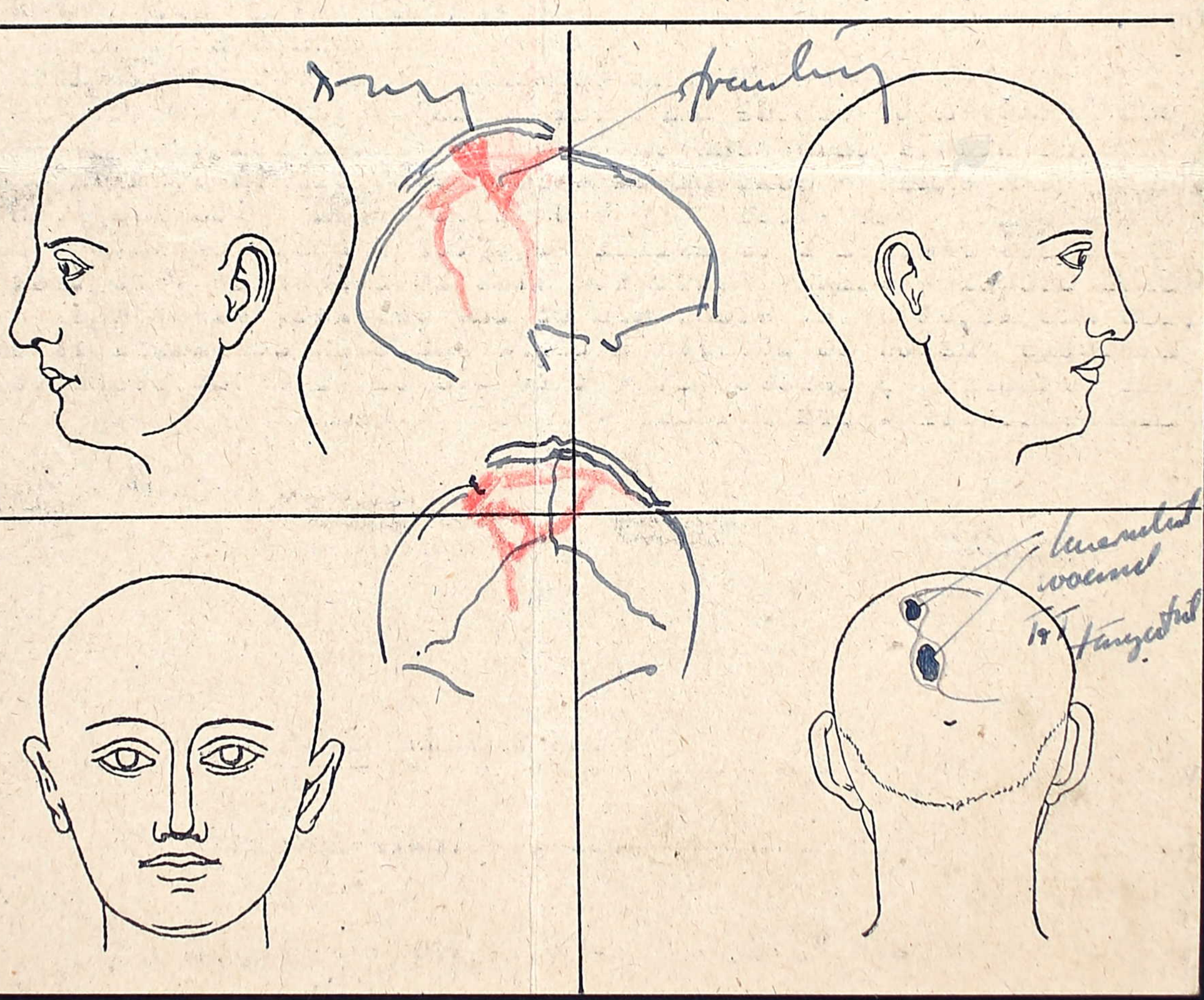
Unit Black Watch Canadian.

Date of operation 24/7/44 Time (in hours) between injury and operation 48 ~~24~~ hrs

Situation of wounds (enter on diagrams)

X-ray findings. Fracture ? yes. F.B. ? ? bone. Site of F.B. ?

(Mark X-ray findings on diagrams.)



Name of operator Major J.M.Small.

Anæsthetic employed I.V. Pentothal Intratracheal GOE. Ca t. Spacek

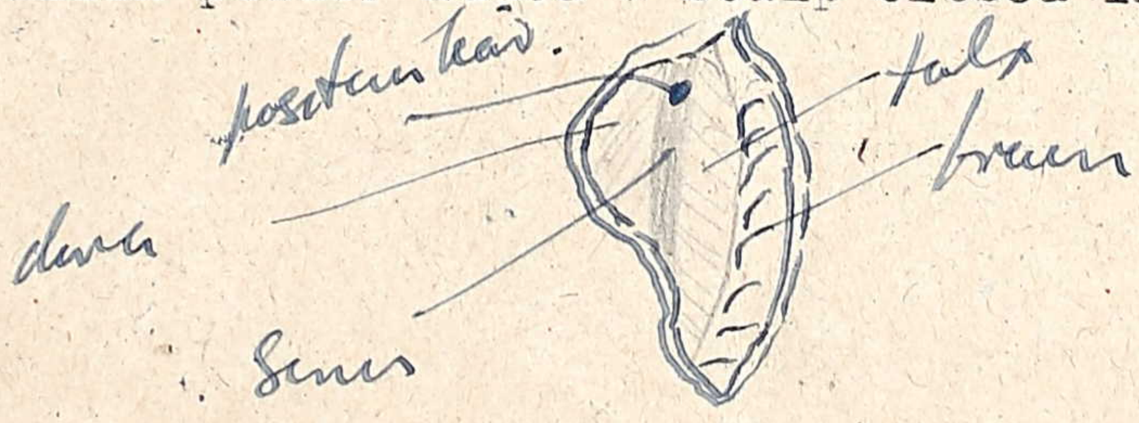
Dura. Torn ? Yes Intact ? No

Brain. Bruised ? Yes Lacerated ? Yes Intact ? No

If infected ? No evidence By what organism ? -

Other findings:— No. 6 Mobile Neuro-Surgical Unit 24/7/44 .

OPERATIVE TREATMENT:— Scalp wnds. excised and joined with medial curves anteriorly and posteriorly across middle line - bone removed to expose dura all round one large fragment displaced outward middle line, removed from off sinus-followed by bleeding from torn sinus - controlled easily with fibrin foam - dura trimmed and long gutter off lacerated brain with indriven bone fragments removed from medial superior portion of left parietal lobe exposing falx exposing falx in its whole 7 cm .length and was about 3 cm. wide. Much of the anterior vault was immobile fractured portion & there had been considerable extradural haemorrhage beneath it - this was cleared out. Sulphathiozole and Penicillin powder added - scalp closed in two layers with drainage.



What foreign bodies removed ? Bone fragments

Drainage ? Yes to dural level.

Signature J.M.Small

No. 6 Mobile Neuro-Surgical Unit

Additional Notes by Unit M.O. and Field Ambulance.

Morphia—	A.T. Serum—
Dose. Time and date given—	Dose and date given—
Date of Wound or onset of illness	Religion—

Sulphanilamide. Dose in grammes. Time and date given.

Disease*	Microscopic Diagnosis*			
Malaria	B.T.	M.T.	Q.	Clin.
Dysentry	B.Ex.	Ehyst.	Indef. Ex.	

Malaria Treatment							
Days	1	2	3	4	5	6	7
Ateb. grms							
Quin. grs.							

NOTES.

* Strike out where inapplicable.

CONTINUATION

Army Form W3118.
R.A.F. Form 3118.
Naval Form M204.

FIELD MEDICAL CARD.

*No. D82493 Rank Pte

Name SMALLCOMBE. W.F.

Unit

* In cases of Enemy Prisoners of War serial number allotted by A.F.W. 3000.

Battle Casualty. Accidentally Wounded. Sick.
(Strike out description which does not apply.)

Diagnosis of Unit M.O.—

Date seen by him—

No. of Field Ambulance—

Date of admission—

Field Ambulance diagnosis—

F.D.S., C.C.S. or M.C.S. diagnosis (if altered from above)—

General or other Hospital diagnosis (alterations or additions)—

S.W.-L. Casualty Clearing Station. Penelopatus.

(6968) Wt.53183 500m (12) 4/43 Gp.697 C&SLtd.

Died of coma. 31 Jul. 44

Date of Admission to F.D.S., C.C.S., M.C.S. or General or other Hospital and designation of medical unit to which admitted must be recorded hereunder immediately on admission. Brief clinical notes should be added later, dated and signed by the M.O.

---

28 Jul. 64. 1100 hrs. Since operation this man has lain in a stupor, although he is evidently conscious as he follows moving objects with his eyes. He makes no attempts to speak or answer questions.

Behaviour: Suggestive of a Global Dysphasia.

There is some neck rigidity present.

Additional & Cr. findings in CNS.

1) Reduced corneal reflex on R c early keratitis.
2) Spastic paresis & Rt. upper extremity & both lower extremities, c bilat. extensor plantars, cutaneous reflexes on Rt. & absent R abdominals.
3) Apparently complete insensitivity to painful stimuli all over body.
4) Incontinence of urine.

NB - Fundi & pupillary reactions normal.

Heart & lungs NAD. Afebrile.

Taking fluids well, but appears dehydrated c considerable sordes & dryness of tongue.

J Paterson
Capt. RAMC.

31 July 64 1130 hrs. Pt. died in coma.

J Paterson
... Capt. RAMC.

This F.M. Card must not be destroyed. It must be transmitted with the patient if he is evacuated to U.K. Temperature charts or additional clinical notes may be sent with it, either in the same or in another envelope attached to the patient.

Additional Notes by Unit M.O. and Field Ambulance.

Morphia— Dose. Time and date given— Hypod morphia.	A.T. Serum— Dose and date given— T.T. 1 c.c
Date of Wound or onset of illness 22.	Religion— C.E

Disease*	Microscopic Diagnosis*			
Malaria	B.T.	M.T.	Q.	Clin.
Dysentry	B.Ex.	Ehyst.	Indef. Ex.	

Malaria Treatment							
Days	1	2	3	4	5	6	7
Ateb. grms							
Quin. grs.							

NOTES.

To evac. to Convs Opl

* Strike out where inapplicable.

Army Form W3118.
R.A.F. Form 3118.
Naval Form M 204.

FIELD MEDICAL CARD.

No. D.82493 Rank A/B-E
Name SMALL CONSBE. W. H
Unit Black. Watch.

Battle Casualty. ~~Accidentally Wounded.~~ ~~"Sick."~~
(Strike out description which does not apply).

Diagnosis of Unit M.O.—

Date seen by him—

No. of Field Ambulance—18 Cdn.
Date of admission— 22 July 44
Field Ambulance diagnosis— E.A.
S.W. (mortar). Fracture of Sacrum.
L CARETTE Capt.

C.C.S. or M.C.S. diagnosis (if altered from above)—

General or other Hospital diagnosis (alterations or additions)—

Wt 18254/229 1000m 7/40 F.W.W. & Co. 51-7385

Date of Admission to C.C.S., M.C.S. or General or other Hospital and designation of medical unit to which admitted must be recorded hereunder immediately on admission. Brief clinical notes should be added later, dated and signed by the M.O.

ADM TO 3 CDN CCS Evacuate lying H-M CAMPBELL. CAPT

HRS 1035 DATE 22 Jul 44

A-D No ~~1578~~ CAS LIST

30 Gen 22nd July
Head injury 1330
15th Gen Hosp
Portalier
Water
Ward

No 6 Mob. Neuro. Surg. adt 75th G.H. 1430 hrs 22.7.44.

In coma no elicitable response. Head malad in Brain & blood clot + bone chips came cleaned, shaved live penetrating injuries of Left Parietal region in line from front backwards while cleaning a piece of dirty free scalp slipped off Patient moved head from Rt to left.

Colds, shaved. Had an I.V. Blood.

O/E Pupils unable react to light, divergent strabismus
Tendon reflexes present on L side only in arms & legs
Moved L arm a little while transfusion being put up.

G.C. poor and improving P. GM Rawley Capt RAMC

For post-op. notes see continuation FMS.

This F.M. Card must not be destroyed. It must be transmitted with the patient if he is evacuated to U.K. Temperature charts or additional clinical notes may be sent with it, either in the same or in another envelope attached to the patient.

405-S-25-456.

FIELD SERVICE

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

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

REGIMENT OR CORPS } 1 RHIC (B.W.) Squadron, Troop Battery or Company } .....

Officer's Personal No. (if known) Soldier's Army No. } D-82493 Rank Pte

Surname Smallcombe Christian Names W.A.

Died { Date 31 Jul 44 Place France

Cause of Death* died of wounds

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

By whom made Cdn Sec GHQ 2 Ech 21 A Gp

D.A.

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

Burial { Place Bayeux Pl.4 Row A.Gr.6.MR.779795 Date .....

By whom reported .....

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 7 Sep 44

Signature of Officer in charge of Section Adjutant-General's Office at the Base } W Lacine Lieut

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

HQ 1-C

CANADIAN PACIFIC TELEGRAPHS

DAY LETTER ☐

NIGHT LETTER ☒

CASUALTY (REPORT DELIVERY)

OTTAWA

TO:-

26 JULY 1944

MRS MARY M SMALLCOMBE
5305 WELLINGTON ST
VERDUN P Q

17335 MINISTER OF NATIONAL DEFENCE SINCERELY REGRETS TO INFORM YOU D82493 PRIVATE WILLIAM ALBERT SMALLCOMBE HAS BEEN OFFICIALLY REPORTED WOUNDED TWENTYSECOND JULY 1944 NATURE OF WOUNDS NOT YET AVAILABLE STOP WHEN ADDRESSING MAIL ADD WORDS IN HOSPITAL IN BOLD LETTERS AFTER NAME OF UNIT FOR QUICK DELIVERY STOP WHEN FURTHER INFORMATION BECOMES AVAILABLE IT WILL BE FORWARDED AS SOON AS RECEIVED

DIRECTOR OF RECORDS

PREPAID 18

OFFICER I/C RECORDS

3

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

M.F.M. 268
50M-4-44(4186)
H.Q. 1772-39-1990

MHD

CANADIAN PACIFIC TELEGRAPHS

DAY LETTER [X]

NIGHT LETTER [ ]

CASUALTY (REPORT DELIVERY)

OTTAWA 13 AUGUST 1944

TO:- MRS MARY M SMALLCOMBE
5305 WELLINGTON ST
VERDUN QUE

6439 MINISTER OF NATIONAL DEFENCE DEEPLY REGRETS TO INFORM YOU THAT D82495 PRIVATE WILLIAM ALBERT SMALLCOMBE HAS BEEN OFFICIALLY REPORTED TO HAVE DIED THIRTYFIRST JULY 1944 AS RESULT OF WOUNDS RECEIVED IN ACTION STOP IF ANY FURTHER INFORMATION BECOMES AVAILABLE IT WILL BE FORWARDED AS SOON AS RECEIVED

PREPAID

DIRECTOR OF RECORDS

7th September, 1944.

Mrs. Mary M. Smallcombe,
5305 Wellington St.,
Verdun, P.Q.

Dear Mrs. Smallcombe:

It was with deep regret that I learned of the death of your husband, D.82493 Private William Albert Smallcombe, who gave his life in the Service of his Country in France on the 31st day of July, 1944.

From official information we have received, your husband died as the result of wounds received in action against the enemy. You may be assured that any additional information received will be communicated to you without delay.

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

We pay tribute to the sacrifice he so bravely made.

Yours sincerely,

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

AUG 31 1944

(H.F.G. Letson),

Major-General,

Adjutant-General.

12

GR/MA

H.Q. 405-S-25,456 (Records C)

15 September 1944

Mrs. Mary M. Smallcombe,
5305 Wellington Street,
Verdun, Quebec.

Dear Mrs. Smallcombe:

Further to this Headquarters' telegram of the 13th August 1944, informing you of the regretted death of your husband, D82493 Private William Albert Smallcombe, in keeping with the policy of the Canadian Army of informing the next-of-kin of all details of battle casualties, the following paragraph informs you of the wounds sustained by Private Smallcombe.

According to information obtained by this Headquarters from Canadian Army Medical Authorities, your late husband died as a result of a shell fragment wound to the left parietal region with a brain injury.

Please accept my sincere and heartfelt sympathy for the irreparable loss you have suffered.

Yours sincerely,

(C. L. Laurin) Colonel
Director of Records
for Adjutant-General

ND:NB

25M-12-44 (6215)
H.Q. 1064-81-3

DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE

4
ARMY

STATEMENT OF WAR SERVICE GRATUITY

DECEASED MEMBER'S NAME: William Albert (CHRISTIAN NAMES) SMALLCOMBE (SURNAME)

REGISTER NO. D-1119
FILE NO. 405-S-25456
DATE 31-5-45
SERVICE NO. D-82493
FINAL RANK OR RATING Pte.
DATE OF DISCHARGE 31-7-44

PAYEE: Mrs. Mary M. SMALLCOMBE,
ADDRESS: 5305 Wellington St., Verdun, P.Q.

DATE OF TERMINATION OF OVERSEAS SERVICE 31-7-44

		$	¢
A. TOTAL QUALIFYING SERVICE	NO. OF DAYS 1488 / 30 EQUAL TO 49 COMPLETE PERIODS AT $7.50 (1470 (18))	367.50	
B. QUALIFYING OVERSEAS SERVICE	No. of Days 1136 LESS 18 INELIGIBLE DAYS, EQUAL TO 1118 DAYS @ 25c. PER DAY	279.50	
	SEE PAR. 2 OVERLEAF FOR EXPLANATION	647.00	
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 $ 51.12 $ 1.70		
	TOTAL $ 4.45 X7 = $ 31.15		
	NO. OF DAYS 1136 / 183 X$ 31.15	193.37	
D. WAR SERVICE GRATUITY		840.37	
E. DEDUCTIONS	OVERPAYMENT OF PAY AND ALLOWANCES $		
	DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $		
	OTHER DEDUCTIONS $		
F. TOTAL AMOUNT PAYABLE		840.37	

G. YOUR PORTION OF GRATUITY IS— 100%

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

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

ΔT

RECEIVED
JUN 2 1945
WAR SERVICES
GRATUITY DIVISION,
ARMY TREASURY

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
FJ	

TREASURY	
CHECKED BY	DATE
[signature]	4/6/45

[signature]
SERVICE REPRESENTATIVE

28

405-S-25456 F.D. 441
D. R. 2 (D)

CERTIFICATE OF DEATH

THIS IS TO CERTIFY that according to information received at the Department of National Defence from the overseas authorities, No. D.82493, Private William Albert SMALLCOMBE, of the Black Watch (Royal Highland Regiment) of Canada, Canadian Army, died on the 31st of July, 1944, of wounds received in action.

(R.T.E. Hicks-Lyne) Colonel,
Acting Director of Records.

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

Department of National Defence,
Ottawa, Canada.
January 9th, 1945.

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, WILLIAM. ALBERT. SMALLCOMBE, of the CITY.
(Name in Full) (City, Town, Village, Township)

Address in civil life.

of VERDUN., in the County District of ,

Province of QUEBEC., PAINTER-DECORATOR.
(Civil Occupation)

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

Regimental No. D-82493, 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 WIFE

MRS. MARY. MARGARET. SMALLCOMBE
109 WILLABROAD. AVE VERDUN. P.Q.
CANADA

W.A.S.

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

W.A.S.

N/A

(4) I appoint MRS. MARY. MARGARET. SMALLCOMBE 109. WILLABROAD. AVE VERDUN. P.Q.
(Name) (Address)

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

IN WITNESS WHEREOF I have hereunto set my hand this 3 day of July

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.

X William A. Smallcombe
(Signature of soldier)

First witness sign here.

(5) Signature H B Yuill
Civil Address 4034 Lacombe ave. Montreal P.Q.
Civil Occupation Salesman

Second witness sign here.

Signature O R Bennett
Civil Address 4870 Cote des Neiges Rd. Montreal P.Q. Canada
Civil Occupation Student-at-Law.

(Witnesses are not to be beneficiaries.)

[OVER]

MILITIA BOOK M. 1

40/P & S/279

CANADIAN MILITIA

SOLDIER'S SERVICE

AND

PAY BOOK

SMALLCOMBE W.

D-8v493-

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.

(1) SOLDIER'S NAME AND DESCRIPTION ON ATTESTATION

Regtl. No. D 82493

Surname (in capitals) SMELLCOMBE

Christian Names (in full) William Albert

Date of Birth 6-5-13

Place of Birth Brixd. Exeter, England

Trade on Enlistment Painter, Decorator

Nationality of Father at birth British

Nationality of Mother at birth British

Religion C of E

Enlisted at Montreal, P.Q., Canada

Date 3-7-40

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

Signature of Soldier W.A. Smallcombe

Signature of Officer [illegible] 2nd Lieut.

Place Mtl., P.Q., Can. Date 3-7-40

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

Number D.82493

Name SMALLCOMBE W

Rank PTE. Religion C of E

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.82493

Name SMALLCOMBE W

Rank PTE. Religion C of E

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.82493

Name SMALLCOMBE W

Rank PTE. Religion C of E

Arm INFANTRY

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

NOT to be filled in by Soldier.

Diagnosis .....

Disposal .....

SMALLCOMBE W

D. 82493 - 5149

Date	Required	Completed	SPECIFICATION Use authorized Abbreviations and Symbols	Signature of Dental Officer
10-1-44	✓		1 F PE	A R Brown Capt
21-1-44		✓		A R Brown Capt

D-82493 - SMALLCOMBE W

3

(1) SOLDIER'S NAME AND DESCRIPTION ON ATTESTATION

Regtl. No. D 82493

Surname (in capitals) SMALLCOMBE

Christian Names (in full) William Albert

Date of Birth 6-5-13

Place of Birth Bristol, Easton, England

Trade on Enlistment Painter, Decorator

Nationality of Father at birth British

Nationality of Mother at birth British

Religion C of E

Enlisted at Montreal, P.Q., Canada

Date 3-7-40

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

Signature of Soldier W A Smallcombe

Signature of Officer [illegible] 2nd Lieut.

Place Mtl., P.Q., Can. Date 3-7-40

SMALLCOMBE W.
D-8v493

(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	Mary Margaret Smallcombe		5305 Wellington St., Verdun, P.Q., Canada
	Children	Gail Smallcombe		as above
2nd	Father	Henry T. Smallcombe		475 2nd Ave. Verdun, P.Q., Canada
	Mother	Lily Smallcombe		as above
3rd	*Brothers and Sisters			
4th	Other Relations (stating) relationship)			

*State whether brothers are older or younger.

NOW LIVING

SMALLCOMBE W

D-84493

(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
3.7.40	Pte		161	[illegible]

(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:—**

.303 Rifle
Grenade
Gas
Fieldcraft
Map Reading
Field Engineering

Qualified in addition as under :—

Ski Course

Date 15-6-41

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

SMALLCOMBE W.

D-8v493.

(V) PARTICULARS OF TRAINING

Courses and Schools. Specialist Qualifications. Swimming, etc., show'g result	Date	Signature of Officer
St. Course	1941	
C.A.P. Respirator Tested	29-11-43	
3 JUN 44 ENTITLED TO 1 S 3R SERV. CHEV.		

(VI) SMALL ARMS RANGE COURSES

Year	Classification	If Table not completed, state parts fired	Signature of Officer
1940	3rd	M Table 1	
		P.A. 6	
1940	1st	M Table 2.	
		P.A. 1.	
5/41	3rd	M Table H	
		P.A. III	

D-8v493 - SMALLCOMBE W.

(VII) EDUCATIONAL QUALIFICATIONS

Certificate, Specialist Qualifications, etc.	Place	Date	Signature of Officer
6th grade Public	~~Hartford~~ Vernon		Winnebaw Jr.

10

(VIII) TRADE RECORD

(For men in receipt of tradesmen's rates of pay only)

Trade	Group	Class	Remarks, e.g., On enlistment; Re-classified; Re-mustered, etc.	Date	Signature of Officer

11

D-8v493 - SMALLCOMBE W.

(IX) EMPLOYMENT WHILST SERVING

Period		Nature of Employment	Remarks and Signature of O.C. Coy., etc.
From	To		
7-40		Infantry	Attached Lt.

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
1.7.40	H	Med. Bd. Montreal	
25.4.41	H	Re-examined, no change in category.	

SNIALLCOMBE W

D-8v493 - S

FINGERPRINTED—CAIB

(XIV) PROTECTIVE INOCULATIONS

Nature of Vaccine, "T.A.B." Cholera, Plague, etc.		Date	Signature of Medical Officer
T.A.B.	1.	27-7-40	SRE
	2.	3-8-40	
	3.	10-8-40	
Tetanus Toxoid 1cc	1.	27-7-40	
	2	19-1-41	GRF
T.A.B.	4	2-7-41	W.L. BOUTFLOWER
Tet Tox	5.	2-7-41	
T.A.B. T. ½cc		12-2-42	
T.A.B.T. ½ cc		17-3-43	W.S. WARREN
TABT ½ cc		17-3-43	J.C.M.
Typhus.		12/1/44.	R. Ohlke Capt.
	3.	19/1/44	R. Ohlke.
		26/1/44	R. Ohlke.
TAB.T		18-2-44	R Ohlke Capt.

(XV) VACCINATION

Date Vaccinated	Signature of Medical Officer
17-8-40	S.R.E.
Sm Pox 1cc 11/4/44	R. Ohlke Capt
Typhus 1cc 11/4/44.	R. Ohlke Capt

(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	from	14-7-41	
(Free Warrant)	to	19-7-41	[illegible]
Privilege leave	from	31-10-41	
(Free Warrant)	to		[illegible]
Privilege leave	from	12-2-42	
(Free Warrant)	to	19-2-42	[illegible]
"Q" Card Complete			[illegible]
"Y" Test (Rev.) Complete			[illegible]
Privilege leave	from	2-10-42	
Free Warrant	to	9-10-42	[illegible]
Privilege leave	from	1-1-43	
Free Warrant	to	8-1-43	[illegible]
Privilege Leave from		8-4-43	
FREE WARRANT. to		8-4-43	[illegible] Capt.
Privilege leave		1-7-43	
Free Warrant		8-7-43	
Privilege Leave		7 Oct 43	[illegible]
Free Warrant		14 Oct 43	[illegible]
Privilege Leave		29-12-43	[illegible]
Free Warrant		7-1-44	[illegible] Capt.
Appointed Acting Warrant Officer		15-1-44	

SNIALLCOMBE W

D-8v493-S

FINGERPRINTED—CAIB

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

Particulars	Date	Signature of Officer
Privilege leave	21-3-44	[illegible] Capt
Free Warrant	30-3-44	[illegible] Capt
C.A.F.	8/6/44	[illegible] Capt

DISTRIBUTION OF SERVICE ESTATES

ARMY

AM **Estates Form "P. 4"**

Name: SMALLCOMBE, William A., No.: D-82493
Surname Christian Names

P/O, C.A. O/S, 31-7-44
Rank Unit Date of Death

AMOUNT

L.P.C. $ 24.69

Date: 26 July 45

Other Credits.....

Total..... 24.69

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Widow	Mrs. Mary M. Smallcombe, 5305 Wallington N., Verdun, Quebec. (Sole beneficiary under will)	24.69

P4. TO TREAS. 31-8-45, Ptn.

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	24.69

CLASSIFIED BY

D

EXAMINED BY

For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

P.

(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-82493 Pte. Smallcombe W. A. (Deceased) .....

RECEIVED FROM ..... 75 General Hospital (BR) .....

C-5591 Pte. Patterson L.K.

CHECKED BY ..... B-126252 Cpl. Sislofsky A. ..... DATE ..... 4 Oct 44 .....

1	Red Identification Disc		
1	Identification Card MFM 182		
1	Small Note Book		
1	Leather purse		
1	Leather Wallet		
	Snapshots		
2	Rings		
1	MBM 1 Parts 1 and 11 to Officer i/c Estates		
	Letters		
1	Lock of Hair		
1	Greeting Card		

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

TRIPLICATE — with effects.

..... Assistant Adjutant
for OC 1 Cdn KSD

CANADIAN MILITARY
ESTATES
6 OCT 1944
BRANCH
HEADQUARTERS

5/7B CFA 187
40/P & S/2180 (7060)

CANADIAN MILITARY HEADQUARTERS

ESTATES BRANCH
INVENTORY

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

No., RANK and NAME ..D-82493.....SMALLCOMBE W. A. PTE. DEC'D.....

RECEIVED FROM .....CHQ CDN 370 2nd Tch 21 Army Group.....

CHECKED BY .....A-117006 Cpl Schwartz M..... DATE 6 Mar 45.....

AND .....D-86094 Pte Morris A. J.....

1	Pr. Clippers (Brown & Sharpe).		

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

QUADRUPLICATE—with effects.

M. Schwartz Cpl
.....
for OC 1 Cdn KSD

CANADIAN MILITARY
ESTATES
9 MAR 1945
BRANCH
HEADQUARTERS

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

CANADIAN ACTIVE SERVICE FORCE

District.....

OVERSEAS

Dispersal Area.....

LAST PAY CERTIFICATE

(All Ranks)

Regtl No. D82493 Rank and Name SMALLCOMBE. W.A. Pte.

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

(~~Transfer~~ or Discharge).....to.....on 31st. July. 19 44.

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

The following is a statement of the account of the above-named from 1st. July. to 31st.July. 1944. the inclusive date of transfer or discharge.

Particulars	Dr Amount		Particulars	Cr Amount	
Balance Dr from last account	2	50	Balance Cr from last account		
First Monthly Payment AR d/4.7.44.	4	47	Regimental Pay 31 days at $ 1.50	46	50
Casual Payments			Tradesmen's Pay ..... days at ..... $		
Payments on Transfer or Discharge			Additional Pay (Give Particulars) .... days at ..... $		
Assigned Pay	23	00			
Regimental Charges			Allowances (give particulars) ..... days at ..... $		
Public Stoppages (give particulars) :					
			Cash Effects OR 138861	8	16
To Balance Cr Free	24	69	By Balance Dr		
To Balance Cr Deferred					
Total	54	66	Total	54	66

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

Remarks

Assnd Pay $23.00 (W) Stopped eff August.1944.

Compiled by L.G.Waldron.

Checked by J. Sutherland

Date 3rd.May. 19 45.

Certified correct D. Fowler
for Chief Treasury Officer, Overseas

MW

P.A.

File No 405-S-25456

VERIFICATION FORM

WAR SERVICE MEDALS 1939-45

No. D-82493. Name SMALLCOMBE, William Albert.

Rank on Discharge Pte. Date of Discharge Deceased

Authority for Discharge or Retirement

Served in:

			Non-qualifying service
Canada	from 5-7-40	to 20-6-41	
	from	to	
United Kingdom	from 21-6-41.	to 5-7-44.	
	from	to	
Italy	from	to	
Northwest Europe	from 6-7-44	to 31-7-44 Died of wounds.	
---------	from	to	
-- ------	from	to	

Eligible for award of:

1939 - 45 Star O.K.

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~~Italy Star~~ ----------

France-Germany Star O.K.

Defence Medal O.K.

War Medal O.K.

Canadian Volunteer Service Medal O.K.

with clasp O.K.

M

NO RIBBON DESPATCH

Verified by H. Ireland

Date 19-8-46.

Carded AUG 19 1946

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