D82877
BURROWS
GORDON H

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

Duplicate - certified true copy.
J H Hinds. Lieut.
25 Jul. 44.

(I) SOLDIER'S NAME AND DESCRIPTION ON ATTESTATION

Regtl. No. D. 82877

Surname (in capitals) DURROWS.

Christian Names (in full) Gordon Henry Joseph

Date of Birth 5 Aug 1921

Place of Birth Montreal, Que., Canada

Citizenship

Trade on Enlistment Plumbers Apprentice

Nationality of Father at Birth English

Nationality of Mother at Birth Scotch

Religion United Church of Canada

Enlisted at Montreal South, Que, Can.

Date 19 Sep. 40

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

Signature of Soldier G. Burrows

Signature of Officer J H Hinds. Lieut.

Place Overseas Date 25 Jul. 44

(IV) 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	NOW LIVING Latest known Address in full
1st	Wife			
	Children			
2nd	Father			
	Mother	ISABELLE BURROWS	5-6-41	756 des SIEGNEURES ST. Montreal Que. Canada
3rd	*Brothers and Sisters			
4th	Other Relations (stating relationship)			

*State whether brothers are older or younger.

(V) RANK and APPOINTMENT

Date	Rank and Appointment	Substantive, Temporary, Acting or Local (with or without pay)	Authority of Part II Orders	Signature of Officer
5-6-41	PTE		400-133	[illegible] Lieut

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

TRAINED (passed Basic Training, and Advanced Training as laid down for his arm of the Service) *except that he requires further training in:—**

no trg except Dr / k 25/01/44 [illegible]

Qualified in addition as under:—

RIFLE
L. M. G. (BREN)
RIFLE A.T.
MAP READING

Date 27/11/41

Commanding

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

(VII) PARTICULARS OF TRAINING

Courses and Schools. Specialist Qualifications. Swimming, etc., showing result, Certificate number or authority. (Two lines may be used for each entry)	Date	Signature of Officer
Unit 3" Mortars Course, 31 Aug 42 to 19 Sep 42, Qual. "Passed"	Pt I DO #2129 23 Sep 42	[illegible] Lieut
Unit Carrier Crse 28 Sep 42 to 19 Oct 42 Qual. "Passed"	Pt I DO 2429 27 Oct 42	
Dr. & Wheel 3 Feb 43 to 17 Mar 43 Qual "Passed"		

(VIII) SMALL ARMS RANGE COURSES

Year	Classification	Type of Weapon	If Table not completed, state parts fired	Signature of Officer
1941	Failed			
1941	B-2-Class			
1943	Qual. 2nd Class		'A' Table Prac 1-7	[illegible] Lieut

(IX) EDUCATIONAL QUALIFICATIONS

Certificate, Specialist Qualifications, etc., Certificate number or authority. (Two lines may be used for each entry)	Place	Date	Signature of Officer
7 YRS Public School	Montreal	27-11-41	[illegible] Lieut.

(X) TRADE QUALIFICATIONS

(For men who have passed Trade Tests)

Trade	Group	Grade	Part II Order	Date	Signature of Officer

(XI) 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.

(XII) MEDICAL CLASSIFICATION

Date	Category or Grade	Medical Examiner of Recruits, or other Medical Authority	Date of last Examination	Signature of Medical Officer
24/11/41	A	Reexamined	True Copy - D.B.M.	
10-9-41	C-1	Montreal Med Bd		
27-5-41	A	"		
24-11-41	A	Re-Examined		
12 Jan 44		Conf.		

(XIII) PRESCRIPTION FOR GLASSES

	Vision without Glasses	SPH	CYL	Axis Standard Notation	Vision with Glasses
R					
L					

Ophth., Centre: | Date of Exam.:

Frame No. (or measurements): | Date of Issue:

Signature of M.O.....

	Vision without Glasses	SPH	CYL	Axis Standard Notation	Vision with Glasses
R					
L					

Ophth., Centre: | Date of Exam.:

Frame No. (or measurements): | Date of Issue:

Signature of M.O.....

(XIV) PARTICULARS OF DENTAL TREATMENT

Date	Required	Completed	Specification Use authorized Abbreviations and Symbols	Signature of Dental Officer
24-7-44		✓	nil	L G Richardson Capt.

(XV) PARTICULARS OF SURGICAL APPLIANCES ISSUED

Particulars	Date	Signature of Medical Officer

(XVI) PROTECTIVE INOCULATIONS

Nature of Vaccine, "T.A.B.T." Cholera, Plague, etc.	Date	Signature of Medical Officer
T.A.B.T. 1/2 cc	13-12-43	D Burke Capt
Typhus 3/ 1cc	20-1-44	
	26-1-44	
	31-1-44	
Booster 1cc	11-4-44	

(XVII) VACCINATION

Date Vaccinated	Signature of Medical Officer
24-9-40	
17-Apr-44 Vaccinoid.	D Burke

(XVIII) 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
X-Ray - 29626 - N	25-5-41	[illegible] Lieut.
'Q' Card Comp.	30-12-41	
'M' Test Comp.	30-12-41	
C.A.P. Champers.	14-9-42	
Priv Leave (1st)	19-26 June 42	
" " (2nd)	23-30 Apr 42	
" " 3rd	21-28 Aug 42	
7 days Priv Leave	30-11-42	
7 " " "	29 Mar 43	
7 " " "	28 June 43	
" " "	4-13 Sep 43	
" " "	27 Dec to 7 Jan 44	
" " "	21-30 Mar 44	
M.F.M. 182 Issued	12-5-43	
Fingerprinted - CAIB.		

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

Particulars	Date	Signature of Officer

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

Particulars	Date	Signature of Officer
C.A.P. Chamber	6-1-42	[illegible] Lieut.
D.M. Chamber	7-1-42	
awarded C.V.S.M. with Clasp w.e.f. 15 Jan 44, D.R.O. 4167		
10 Sep 40		
10 Sep 40 Entitled to wear 1 Silver 3 red Chevrons		

For Completion and Return by

Form P. 64

Mrs. Isabelle Burrows,
756 Des Seigneurs Street,
Montreal 3, 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-B-31,637 FD.199

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

October 26 1944

ESTATES BRANCH NOV 2 1944 H.Q. OTTAWA. NATIONAL DEFENCE

For the purpose of record and in the event of there being any Service estate available for distribution (according to law) on account of the late

BURROWS, Gordon Henry Joseph, Pte.,

D.82877, 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.

OG/TD

for Director of Estates.

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		Arthur Burrows. Deceased	51	Dec. 1/1932
4	Mother of the Deceased		Isabelle Burrows.	756-63	Seigneurs St.
5	Brothers of the Deceased	Full Blood	Alex. Burrows	27	753 Barington St Halifax
			Arthur Burrows	25	Army Overseas
		Half Blood			
6	Sisters of the Deceased	Full Blood	Jean Emmon	32	756 Seigneurs St.
			Evelyn Cameron	29	999 Monkland Blvd.
		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.	Gordon Henry Joseph Burrows
9	Date of his birth.	August 15/1923
10	Place and date of his marriage.	
11	Place and date of his parents' marriage.	Oct 28/1910 West End Methodist Church.

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Montreal Que.
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) (b) Montreal (c) (d)
14	Nature of employment before enlistment.	Message boy.
15	State whether he owned the premises in which he lived, and, if so, where situated.	None
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.	None known here.
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses,—was there a marriage contract dealing with property?	
19	Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc., and the amount on deposit. Do you wish it administered with the pay account?	No.
20	Amount of War Savings Certificates held by deceased. Indicate where located.	$25.00 756 Seigneurs St. Mtl.
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	No.
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	1 Policy: Mother Beneficiary Prudential Insurance Co. $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.	
25	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	

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

(PLEASE TURN OVER)

DECLARATION

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

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

*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.

Isabelle Burrows — Signature of Informant

756 Seigneurs St — Address

CERTIFICATE

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

See above. Isabelle Burrows {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, Que this 31 day of October 19 44

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

Address 93 Columbia Ave. Westmount, Quebec

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 JAN 9 1942 Checked ... Card ... Observations ...

E.W.

~~ORIGINAL~~
DUPLICATE
~~TRIPLICATE~~ 1Bn BLACK WATCH (R.H.R.) OF CANADA
(To be completed in triplicate. Copy designation to be shown by striking out terms not applicable.)

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

Unit ~~M.T.C. No. 40 Farnham (NPAM)~~ Regimental Number ~~NPAM 6228~~ D-82877

D-518528

CANADIAN ACTIVE SERVICE FORCE

ATTESTATION PAPER

01 PTE.

1. Surname: BURROWS
2. Christian Names: GORDON HENRY JOSEPH
3. Present address: 756 Des Siegneurs Street, Montreal, Que., Canada
4. Date of birth: 5th August, 1921
5. Place of birth: Canada (Country) Quebec (County or Province) Montreal (Town or Township)
6. Religion (state denomination): United Church of Canada
7. Trade or Calling: ~~Messenger-Boy-~~ Plumber's Apprentice
8. Married, Widower or Single: Single
9. Name of next of kin: Mrs. Isabelle Burrows
10. Relationship: Mother
11. Address of next of kin: 756 Des Seigneurs Street, Montreal, Que., Canada
12. Do you belong to, or have you served in the Active Militia of Canada? NPAM Farnham Sept 40 to date (If Yes, Give Unit and Dates of Service)
13. Have you served in (a) The Canadian Active Service Force? (Yes or No) No (If Yes, Give Regimental No. and Unit) (b) Any other Naval, Military, or Air Force? No (Yes or No) (If Yes, specify Unit and Period of Service)
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, Gordon Henry Joseph BURROWS 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 5 June 1941 William Boyd Taylor O.C. Gordon H. Burrows (Signature of recruit)

OATH TO BE TAKEN BY MAN ON ATTESTATION

I, Gordon Henry Joseph Burrows do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.

Gordon H. Burrows (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 South PQ this 5 day of June 19 41

W. Kullescoff (Signature of Magistrate, Justice or Attesting Officer.)

NO. 4 DISTRICT DEPOT, A.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

P

FINGERPRINTED

D-32877

Record of Service of BURROWS (Surname) GORDON HENRY JOSEPH (Christian Names) Regimental Number ~~NPAM-6228~~ ~~D-518522~~

Qualifications		Educational Qualifications	
Military	NPAM Farnham Sept 40 to date	High School or Collegiate	Nil (years completed)
Business or Professional	Nil	Graduation or Matriculation	Nil (specify)
Trade or Civil	Plumber's Apprentice	*College	Nil
Technical	Nil	*University	Nil
Languages	English		7 yrs. Public Schooling

*(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
12Sept.40	D.R.O.	Joined on appointment NO. 4 DISTRICT DEPOT CASF	Pte.	12Sept.40	4 DD	Montreal	4 DD Pt. II 231	12 Sept. 40
27Sep40		Tsfrd to his Unit Farnham, Que	"	27Sep40	"	"	" " 245	27Sep40
30 Sep 40	4DD	T.O.S. NPAM T.C. No. 40	"	28 Sep 40	TC40	Farnham	TC40 Pt.II A-1	30 Sep 40
7 Apr 41	TC 40	Granted 14 Days Furlough under R.O. 699	"	7 Apr 41	"	"	" " A-42	4 Apr 41
26 May 41	"	S.O.S. on Reposting to No. 4 Dist Depot	"	26 May 41	"	"	Part II A-71	26 May 41
28-5-41	4DD 5500	T.O.S. ON T.A. ON REPOSTING FROM CA(A)TC NO A 12 FARNHAM QUE. PENDING ATTESTATION A.F.	PTE	27-5-41	4DD	MONTREAL SOUTH	4DD PT II NO 125	28-5-41.
6-6-41	—	CEASES TO BE EMPLOYED UNDER G.O. 139/39						
	—	ON ATTESTATION AF	"	4-6-41	"	"	" " " " 133	6-6-41
6-6-41	—	HAVING BEEN ATTESTED AF IS TOS 4.DD ON						
	7	CEASING TO BE EMPLOYED UNDER G.O. 139/39	"	6-6-41	"	"	" " " "133	6-6-41
21-6-41	"	PROCEEDED ON COMMAND TO FARNHAM SUMMER CAMP, FARNHAM QUE.	"	20-6-41	"	"	" " " 146	21-6-41
1-8-41		Proceeded on comm and attd for all purposes to CA(B) TC41 Huntingdon, Quebec	Pte	1-8-41	4DD	Mtl South	4DD PT.II No.182	1-8-41

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

CERTIFICATE OF MEDICAL EXAMINATION

Name in full BURROWS, Gordon. Henry Joseph Date Sep.10th,1940

Part 1. Information obtained from the recruit.

1. Age 19   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		

Gordon Burrows
Signature of Applicant

Ears and reflexes normal.
colvision ishihara(CN)   A.Delahaye, Capt.

URINE N
X RAY (N)

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

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

2. Height 5 feet 3¼ inches.   3. Weight 108 pounds.

4. Complexion medium Eyes blue   5. Development good. (Good / Fair / Poor)
   Hair fair

6. Chest measurement—Girth on full expansion 32 inches.
   Range of expansion 3 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 Underweight
Pes-planus flexible. Looks younger than stated age. Will probably gain weight.

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 C1

Special remarks when category lower than A Underweight.

F W Wiglesworth Major — F.W.Wigelsworth Major. (President)
W Patterson Capt — W.Patterson, Capt. (Member)
I E Bruneau Capt — I.E.Bruneau, Capt. (Member)

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	T.A.B.T. Brief details and signature
24 Sept	40 Vac. } D. Mackenzie Capt.	28-1-42	1/2
11 Oct	40 TAB/3 }	11-8-41	TABT
24 Sept	40 T.T. 1 }	31 Oct 42	TABT ½ cc
12 Dec	40 T.T. 2 [illegible] Lt		
27-5-41	D. W. Mackenzie Capt C. Nadeau Capt		
	E. E. Lesage [illegible] H. Tracey Capt.		
	Category "A"		
24-11-41	Examined - no cause for recategorization		
	[illegible] Pres. of the board		

Regtl. No. ~~NPAM-6288~~ ~~D-518528-~~ D-82877 Rank Pte. Surname BURROWS Christian Name GORDON HENRY JOSEPH

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)

MEDICAL HISTORY OF AN INVALID

DISTRICT DEPOT A-F
MAY 26 1941
MONTREAL SOUTH, P.Q.

INSTRUCTIONS TO MEDICAL OFFICERS

1. In using this Form, Medical Officers will be guided by instructions issued at N.D.H.Q.
2. This Form will be used *for all ranks*, at home and abroad, when change in Category or discharge from His Majesty's Forces is contemplated.
3. All sections must be answered in full.
4. A definite diagnosis of all diseases or injuries recorded must be made, and the "Standard Morbidity Code for Canada" must be followed.
5. The Medical Officer in charge of the case is responsible for the completion of pages 1, 2 and 3. The President and Members of the Medical Board are responsible for the completion of page 4.

STATION Montreal DATE 27-5-41

1. (*a*) Unit District Depot (*b*) Regimental No. D-518528 (*c*) Rank Pte.

(*d*) Surname B U R R O W S (Use block letters) (*e*) Christian names Gordon Henry Joseph.

(*f*) Home address 756 Des Seigneurs Street, Montreal, Que.

(*g*) Next of Kin Mrs. Isabelle Burrows (*h*) Relationship Mother.

(*i*) Address of Next of Kin ~~Same~~ Same as above.

2. Age last birthday 19 Date of birth 5 August 1921

3. Enlistment, or Appointment: (*a*) Place Montreal (*b*) Date 12 Sept. 1940

(*c*) Category on enlistment "C-1" (*d*) If lower than A on enlistment, give reason Underweight.

4. Personal description: (*a*) Height 5'3½" (*b*) Weight 120

(*c*) Complexion Medium (*d*) Colour of hair Fair (*e*) Colour of eyes Blue

(*f*) Identification marks, scars, etc. Vacc. left arm.

5. Former civilian trade, profession or occupation Messenger Boy.

6. Service (The information should be secured from personal Military documents if available. If not, a statement from the member of the forces may be taken, and note made to that effect.

(*a*) Length of service. Years Days 258

(*b*) Periods of service:

(*c*) Trade on enlistment

	From	To
Former Wars		
War 1939—Canada	12 Sept. 1940	
Abroad		
Canada on return from abroad		

7. Diseases or injuries with Code Nos. N I L . (For Active Service)
(To be filled in when examination has been completed)

(*a*) Dates of origin N. A.

(*b*) Places of origin N. A.

(*c*) Causes N. A.

M.F.B. 227
300M--2-41 (9512-3)
H.Q. 1772-39-117

DISCHARGE FILM

8. Present Condition—(*a*) Subjective
(In the individual's own words)

I have no complaints.

(*b*) Objective (Before completing this section, the member of the forces should be stripped and subjected to a thorough physical examination. All defects, no matter how trivial, should be recorded. Specialists' reports will be obtained when necessary to ensure a definite diagnosis. For R.C.A.F. Personnel when the category is higher than A4B, a B2 examination is to be completed and the results entered in this section.)

An apparently healthy lad of about stated age, who has gained 16 pounds since enlistment.

Skin, numerous small acniform popules on shoulders.

Extremities, feet are slightly flat but flexible, non tender and without callouses.

Lymphatic, no adenopathy. Head & hair normal.

Eyes, pupils equal & active, movements normal, vision Right & left 20/20.

Ears no discharge, hearing normal, nose no obstruction. Teeth good condition.

Pharynx clear.

Neck, spine and thorax negative.

Heart not enlarged, sounds normal.

Lungs resonant throughout, no rales.

Abdomen no hernia, no masses or tenderness.

G.U. externally negative. No heamorrhoids.

Reflexes physiological.

9. History (This section should contain a detailed history of the origin of all diseases and injuries described in Section 8. Date and place of treatment should be recorded, and if pre-enlistment in origin, the name and address of the attending Physician or institution, if available, should be included. Special care should be taken as to history in respect of injuries incurred during service. Copies of Medical Case Sheets, D.P. & N.H. Forms 100, and Consultant opinions should be attached.)

No serious illnesses save diphtheria in childhood.

T. & A. at Children's Memorial Hospital 1935.

No injuries.

10. Were the diseases or injuries caused or aggravated:

(*a*) By intemperance or improper conduct: or (*b*) by unreasonable refusal to accept treatment?

(A) & (B) N. A.

11. What is the probable duration of the diseases or injuries? N. A.

12. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? N. A.
(If the answer is "yes" state nature of treatment required and probable duration)

13. Can the former civilian trade, profession or occupation be resumed? YES.
(If not, briefly state why)

14. Recommendations Recategorize.
(This section should contain only the M.O's recommendation as to treatment, convalescence, or reference to Medical Board for categorization)

D.W.MACKENZIE.CAPT. D. W. Mackenzie Capt. RCAMC
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 8 (a) and 9 are to be read to the member of the forces and either "satisfied" or "not satisfied" struck out.)

I, the undersigned G. Burrows having heard the contents of Sections 8 (a) and 9 read, am satisfied (~~or not satisfied~~) with it. (If dissatisfied, statement should follow.)

I complain in addition of nothing. G.W.

G. Burrows Pte. Rank
Signature of member of the Forces.

OPINION OF THE MEDICAL BOARD

15. Does the Board concur with the preceding report? If not, give differing opinions with reasons..............................

Y E S .

This man has gained weight up to the required standard. His category may therefore be raised.

16. It is certified that the invalid,—

(a) ~~Does require treatment (gi~~ve nature of treatment required and probable duration.)

....

(b) Does not require treatment.

Categories hereunder are defined for information only.

(1) *NAVY*—
- A. General service.
- D. Temporarily unfit.
- E. Unfit for Category A.

(2) *ARMY*—
- A. General service.
- B1, B2 } Service abroad (not general service).
- C1, C2 } Home service (Canada only).
- D. Temporarily unfit.
- E. Unfit for A, B, C.

(3) *R.C.A.F.*—
- A1B — Fit for full flying and ground duties anywhere and under any conditions.
- A1HBH — Fit for full flying and ground duties in Canada.
- A2B — Fit for limited flying duties and all ground duties anywhere and under any conditions.
- A2HBH — Fit for limited flying duties and all ground duties in Canada.
- A3B — Air Crew (other than pilots) fit for their full flying duties and full ground duties anywhere and under any conditions.
- A3HBH — Ditto but Canada only.
- A4B — Fit for passenger flying and full ground duties anywhere and under any conditions.
- A4HBH — Ditto but Canada only.
- ATB — Unfit for flying temporarily but fit for full ground duties anywhere.
- ATBH — Unfit for flying temporarily but fit for full ground duties in Canada.
- ATBT — Temporarily unfit for any form of duty.
- APB — Permanently unfit for flying, fit for ground duties anywhere.
- APBH — Ditto but only in Canada.
- APBT — (Permanently unfit for flying, temporarily unfit for any form of duty).
- APBP — Unfit for any form of duty.

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17. Recommendations of the Medical Board as to category, treatment or convalescence.

Category **"A" (For Active Service)**

Place **Montreal**

Date **27-5-41**

D. W. MACKENZIE.CAPT. [signature] *President.*

C. NADEAU. CAPT. [signature]

E.E. LESAGE.M.D. [signature] } *Members.*

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned..............................understand the nature of the treatment recommended, and I refuse to accept it, for the following reasons..............................

....

....

Witness.............................. Signed..............................

(Should the refusal appear unreasonable, or should he decline to sign the statement, the Board of Officers should so state.)

....

....

Place.............................. ....*President.*

Date.............................. ....

.... } *Members.*

APPROVED BY [signature], Maj.

(.. H. McGibbon) Lt-Col., R.C.A.M.C.,

for .. D.M.O., M.D. No. 4. *D.M.O. or P.M.O.*

Date MAY 31 1941

APPROVED BY

....

D.G.M.S. or D.M.S. (Air)

Date..............................

[redacted]. (Old sheet destroyed; 12 Mar. 41)

No. D-82877 Name BURROWS G.H.J. Sqn., Battery, or Company Corps C.I.C. Date of enlistment 12-9-40. G.C. Badges Service or Proficiency Pay

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

Date of last entry in Company Conduct Sheet No. and date of last drunk Period not reckoning towards freedom from extra fine Sheet No. 1 Signature O.C. Company, etc. A. Evans Maj. Character

Place	Date of offence	Rank	Cases of drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks
Laurentide Camp	5-5-42	Pte		WAOS. Conduct to the prejudice of good ~~conduct~~ order and military discipline; in the he, during P.T. parade, acted in a very unsoldierlike manner by failing to comply wiht instructions A.A. Sec. 40	D-82841 Sgt Sutton J.C. D-56524 Sgt. Belair R.	7 days C.B.	5-5-42	J.P.W. Taylor	
Laurentide Camp	10-8-42	Pte		WOAS A.W.L. from 0620 hr 10-8-~~p~~42 until 0815 hr 10-8-42. Absent 1 hr 55 min.	D82893 L/Cpl Nelson K.E.	5 days C.B.	10-8-42	Lt.-Col. H.C.A. Hervey VD	HR.

SOS xCBRG x4 list DO 192 26 Jul 44

Place	Date of offence	Rank	Cases of drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks
In the Field	10/4 43	Pte.		A.A. Sec. 40 W.O.A.S. conduct to the prejudice of good order and military discipline in that he broke two windows in the Chichester-WestWittering bus at appr. 2040 hrs. 10 Apr. 43 Cost of damages thirty (30) shillings.	D-81030 Sgt. McEwan D-81990 L/Cpl. Garvis	7 days C.B.	19/4/43	Lt. Col. S.S.Cantlie	
In the Field	7-7-43	Pte		AA Sec 15 (1) W.O.A.S. - A.W.L from 7-7-43 to 1445 hrs 8-7-43 (Absent 15 hrs 45 Min)	D-82628 L/Cpl Dobrus, N. D-82600 L/Cpl Harris T, (Docu)	7 days C.B. 1 days pay	10 July 43	[illegible] Capt	
In the Field.	12-11-43	Pte.		A.A. Sec 40 W.O.A.S. An act to the prejudice of good order & mil. disc. in that he while on sentry duty at the B.O.R. was smoking at approx 1210 hours.	D81041 CSM. Young G. D.81744 Sgt Streeter W.E.	7 Days C.B.	13 Nov. 43.	[illegible] Capt	
In the Field.	15-2-44	Pte.		AA Sec 40 W.O.A.S. an act to the prej. etc. in that he left his overalls on another man's bed	D 82628 L/Cpl Dobrus M.	2 Days C.B.	15 Feb 44	[illegible] Capt	

D.82877

M.F.M. 6
(A.F.B. 122)
40/P & S/136 (2637)

No. Name Burrows G H J. Sqn., Battery, or Company Corps C.I.C. Date of enlistment 12-9-40 G.C. Badges Service or Proficiency Pay —

Date of last entry in Company Conduct Sheet No. and date of last drunk Period not reckoning towards freedom from extra fine Sheet No. 2 Signature O.C. Company, etc. Character

Place	Date of offence	Rank	Cases of drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks
In the Field	17 Feb 44	Pte.		A.A. Sec 40 W.O.A.S. an act to the prej. etc. in that he on 17 Feb 44, did not parade with his platoon for breakfast.	E-52674 Sgt. Greeney J.A. D82628 Cpl Dubreu M.	5 Days C.B.	17 Feb 44	[signature] Capt	
Field.	16 May 44.	Pte.	(1)	A.A. 15(1) W.O.A.S. A.W.L. from 2015 hrs 16 May 44 until 2240 hrs 16 May 44. whilst his coy was Duty Coy. (Absent 2 hrs 25 min)	F.82791 L/Cpl Quinnell F.E.F.	7 days C.B. 7 days Pay.	26 May 44	S.S.T Cantlie Lt Col.	7 days pay by FRI 149-2.
✓	✓	✓	1 (2)	A.A. 19, W.O.A.S. Drunkeness, in that he at 2300 hrs on 16 May 44, was drunk.	Lt. J.K. Neil. F82631 L/Sgt. McQueen J.	Admonished	26 May 44	SST Cantlie Lt Col.	
✓	—	—	(3)	A.A. 40. W.O.A.S. Conduct to the prej of good order and mil disc. in that he, did threaten to strike a member of the Coy picket F.81997 Pt. Platt R.F.	F82425 L/Sgt. Evans J.B. Lieut J.R. Neil. F82631 Sgt. McQueen J.	See Charge #1	26 May 44	SST Cantlie Lt Col.	

(P.T.O.)

BW

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

PART I (For all ranks)

Unit ~~M.T.G. NO. 40 FARNHAM (NPAM)~~ 1 Bn. B.W. (RHR) Can CA

Regimental Number ~~NPAM-6228~~ ~~D-[illegible]~~ D/82877

1. Surname BURROWS
2. Christian Names GORDON HENRY JOSEPH
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, Que. Canada
5. Date of birth as declared on attestation 5th. August 1921
   (A)
6. Date of enlistment 12th. September 1940
7. Place of enlistment Montreal, Que. Canada
8. Residence at time of enlistment 756 Des Siegneurs St., Montreal, Que. Canada
9. (B) Special conditions (if any) of enlistment or rate of pay
10. (C) Any subsequent variations of conditions of service
11. Religion United Church of Canada
12. If married, state date Single
13. Trade on enlistment Messenger Bo y
14. Corps, trade and grade
15. (D) Qualifications
16. (E) Miscellaneous entries

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

(18) Medical

Category	Date	Authority
Confirmed "A"	24-7-44	M.B.M.I. PTI.

(19) Next of kin (entries to be made in pencil) Mother, Mrs Isabelle Burrows 756 Des Siegneurs Street Montreal Que. 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.

(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
		S.O.S.	Cdn Army Canada on embarkation		15-12-41	Pte	DO 22/26-12-41
		T.O.S.	Cdn Army Overseas		16-12-41	✓	✓ ✓
			Disembarkation	U.K.	23-12-41	✓	✓ ✓
		T.O.S.	# 2 C.D.I.R.U.	✓	24-12-41	✓	✓ ✓
		2 C.D.I.R.U.	1st Pr. Leave w. w.	"	19-1-42	"	" 18 22-1-42
		"	Att f.a.p. to #4 Bn. R.C.E.	"	1-3-42		" 52
		"	Cease to be att'd to #4 Bn. R.C.E.	"	17-3-42	"	" 65 18-3-42
		"	7 days P. Leave 2nd W. out U	✓	23.4.42	✓	✓ 96 23.4.42
		✓	Detailed 7 Wolf Bn	✓	18.5.42	✓	✓ 118 19.5.42
		✓	Ceases Detailed 7 Wolf Bn	✓	4.6.42	✓	134 6.6.42
		✓	7 days P. Leave	✓	21 Aug 42	✓	206 31 Aug 42
SOS		✓	to B.W. F.U. dem. 9010	✓	29 Oct 42	✓	258 29 Oct 42
30 Oct 42	OC	1 RH C	T.O.S. from 2 C.D.I.R.U.	Field	30 Oct 42	"	68- Oct 42
3 Dec 42	"	"	P.L. 9 days	"	2 Dec 42	"	80- Dec 42
			Granted Daily Rates of Pay of $ 1.50 per diem	"	1 Jan	"	20-27 Mar 43
7 July 43	✓	✓	9 Days P.L.	✓	28 Jun 43	✓	46- 19 July 43.
	✓	✓	on 9 July 43 awarded 7 days C.B. for awl from 2300 hrs. 7 Jul 43 to 1445 hrs. 8 Jul. forfts 1 days Pay under 7 R&O 149-1-A.	✓	9 July 43	—	49- 4 Aug 43.
	✓	✓	att to H.Q. 2 Cdn Div. f.a.p. while attending 3" mortar Course. f.a.p. w.e.f. 22 Nov 43 to 10 Dec 43	✓	22 Nov 43	Pte	71- 15 Dec 43
	✓	✓	Awarded Canadian Volunteer Service Medal and Clasp	7 d.	15 Jan 44	Pte	4- 26 Jan 44
	✓	✓	on 27 May 44 awarded 7 days C.B. & a forf of 1 days Pay for awl from 2015 hrs 16 May 44 to 2240 hrs 16 May 44 2 an off under A.A. 40, 7 forfs 7 days Pay 7 R&O 149-2	✓	26 May 44	Pte	29- 9 Jun 44
	✓	✓	Admon for an off under A.A. 19 drunkenness. 1st offence	✓	26 May 44	Pte	29- 9 Jun 44
	✓	✓	S.O.S. to X-3 List, 1 RHC for adm to 12 Cdn Gen Hosp.	✓	3 Jun 44	Pte	30- 16 Jun 44
13 Jun 44	X 3	B Watch	T.O.S. from Black Watch for adm to 12 C.G.H.	✓	4 Jun 44	Pte	DO 5 30 Jun 44
27 Jun 44	X 3	✓	S.O.S. X3 (B.W.) to 4 C.I.R.U. on dis from hosp.	✓	12 Jun 44	✓	22- 4 July 44.
		4 C.I.R.U.	T.O.S. from RHC (Black Watch) X-3 List on dis from 1 Cdn Spec Hosp.	U.K.	13 Jun 44	Pte	156- 16 Jun 44

"Q" CARD COMPLETE

Dec 30/44 WHB

"M" TEST (REV.) COMPLETE

Statement of the Service of No. D-82877 Rank Pte. Sheet No. 2

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

Name BURROWS, Gordon Henry Joseph.

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
4.8.41.	TC 41	Att. for All Purposes TC 41 Huntingdon	Pte	2.8.41.	TC 41	Htingdon	TC 41 Pt II-150	4.8.41.
	" "	Ceases to be attached to T¾C. 41 on transfer to ATC A-12 Farnham	"	30-9-41	" "	"	" " 196	10-1-41
	" " A12	Attached for all purposes on reposting from C.A. (B)T.C. ~~A-12~~ No.41, Huntingdon	"	1-10-41	A-12	Farnham	" " A-142	2-10-41
9 dec 41	ATC A12	Granted embarkation leave from 1700 hrs 25 nov 41 to 2359 hrs 29 nov 41 and issued with special leave and furlough warrants No 47865	Pte	------	ATC A12	Farnham	Part 11 A 189a	1 dec 41
11-12-41	ATC-A-12	Ceases to be attached for all purposes on Proceeding	"	11-12-41	" "	"	" " A-197	11-12-41
		SOS Cdn Army Canada on embarkation	✓	15-12-41			✓ ✓ 22	26-12-41
		TOS Cdn Army Overseas	✓	16-12-41			✓ ✓ 22	26-12-41
		Disembarkation	✓	23-12-41		UK.	✓ ✓ 22	26-12-41
		TOS # 2 C D I R U	✓	24-12-41		✓	✓ ✓ 22	26-12-41
		P Leave (11) days WW. 26 jan 42	Pte	19 jan 42	2DIRU	UK	18	22 Jan 42
		Att'd for a/p to 4 Bn RCE.	Pte	1 Mar 42	2/DIRU	UK	52	3 Mar 42.
		Ceases to be att'd to 4 Bn RCE	Pte	17 Mar 42	2DIRU	UK	65	18 Mar 42
		P Leave W/Opw to 30 apr 42	Pte	23 apr 42	2DIRU	UK	96	23 apr 42
		Detailed to # 7 Wolf Bn.	Pte.	18 May 42	2/DIRU	U.K.	118	19 May 42
		Leaves to be detailed #7 wolf Bn	Pte.	4 June 42	2/DIRU	U.K	134	6 June 42
		P. Leave with Sub. Allowance to 28 Aug 42.	Pte.	21 Aug 42	2/DIRU	U.K.	206	31 Aug 42.
SOS		SOS to Bek W	Pte	29 Oct 42	2DIRU	UK	258	29 Oct 42
	TOS	T.O.S from 2 C.D.I.R.U	Pte	30 Oct 42	BekW	UK	68	31 Oct 42
		Having attended Carriers School obtained "Passed"	Pte		2DIRU	UK	267	9 Nov 42

Statement of the Service of No. .... Rank .... Sheet No. ....

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

Name ....

REPORT		Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority	
Date	From whom received						Part II D.O. No. Cas. List, etc.	Dated
		P. Leave 9 days	Pte	2/11 Dec 42	Blk W	UK	80	24 Dec 42
		Granted daily Regtl. rate of pay $1.50	Pte	1 Jan 43	Blk W	UK	20	27 Mar 43
		9 dys. Priv. Leave with m/allow to 4 Apr 43	Pte	26 Mar 43	Blk W	UK	22	9 Apr 43
		Awd 7 dys C.B. Forf 1 dys pay AA 15 (1)	Pte	9 July 43	Blk W	UK	49	4 Aug 43
(C85)		Att to H.Q. 2 Cdn Div pay while attend 3" Mortar Crse.	Pte.	27 Nov 43	B.W.	UK	71	15 Dec 43
		AWARDED THE CANADIAN VOLUNTEER SERVICE MEDAL AND CLASP						
		awd: A.A. 15 (1) A.A. 40 7 days C.B. 1 dys pay. T/Forf. 7 days 3 pay		4 days			00156.	
A7.0		(2) A.A. 19 admon 1st off 26 May 44	Pte	26 May 44	Bl. Watch	UK	29	9 Jun 44
		TOS from Blk Wtch X list on Dis'ch from 1 Spec Hosp.	Pte	13 Jun 44	4 CIRU	UK	156.	10 July 44
		Forf 14 days pay AA 15 (1)	Pte	17 Jul 44	~~Blk~~	UK	187	21 Jul 44
		SOS to X-4 List (RHC)	Pte	26 Jul 44	4 CIRU	UK	192	27 Jul 44
		Embarked at ... U.K. ...... on ... 29 Jul 44						
		Disembarked at ... FRANCE .on .. 30 Jul 44	Pte		X L.T.H.C	21 A Gp	78	16 Aug 44
M.47		SOS X4 L (11 Bn) to B.W. (RHR) of C.	Pte	31 Jul 44	1 Bn BW of C (RHR)	21 A Gp	30	30 Aug 44
		TOS from X4 List RHC	Pte	1 Aug 44	RHC	21 A Gp	46	25 Aug 44
		Killed	Pte.	26 Aug 44	RHC.	AEF.	A 486	3 Sept 44.

DEPARTMENT OF NATIONAL DEFENCE

ARMY

D31

Ottawa, Ontario,
22nd February, 1945.

Chief Treasury Officer,
Department of Veterans' Affairs,
OTTAWA, Ontario.

Dear Sir:

An Application for the War Service Gratuity

in respect of the late **D.82877 Pte. Burrows, Gordon, Henry, Joseph.**

has been received from **Mrs. Isabel Burrows,**

residing at **756 Seigneurs St., Montreal (3), Que.**

Will you kindly notify the undersigned as to whether or not the applicant is receiving a pension, or did receive a pension in respect of the deceased member effective from the date of his death **26th August,** 194**4.**. For this purpose please do not include a pension payable under Section 33(3) of the Pension Act, dating from a time subsequent to the member's death.

For convenience, please use the space provided below and return this request to the Secretary, Department Of National Defence (Army) Attention: Paymaster-General.

If no pension is now being paid, but at a later date the Canadian Pension Commission authorizes payment of a pension to the applicant, other than under Section 33(3) of the Pension Act, will you kindly notify this office accordingly by separate communication, giving the date from which the pension was awarded.

Yours truly,

K. Rice

for (A. R. Mortimore) Brigadier,
Paymaster-General

Is the applicant receiving apension or did the applicant receive a pension effective from the date of the member's death? N.O.
Yes or No.

Certified Correct

for J M Lochon
Chief Treasury Officer,
Department of Veterans' Affairs
9-3-45

18

RECEIVED
MAR 5 1945
Central Registry
HEAD OFFICE
OTTAWA

File Copy

Quote No. ~~405-B-31637~~
(Records-C)

DEPARTMENT OF NATIONAL DEFENCE

ARMY

Ottawa, Canada.

Commissioner of Income Tax,
Department of National Revenue,
Ottawa, Ontario.

7th September, 1944.

National Registration Division,
Department of Labour,
Ottawa, Ontario.

The undermentioned Canadian Army Casualty is forwarded for your information, please:

Regimental No. D.82877 Rank Private

Surname BURROWS

Christian Names Gordon Henry Joseph

Nature of Casualty Killed in action

Date of Casualty 26-8-44

Address at time of enlistment Montreal, Quebec.
Date of enlistment: 12-9-40

Date of Birth 5-8-21

Marital Status (On enlistment) Single

Marital Status (Present) Single

Occupation Messenger Boy

Name and address of Next-of-Kin Mrs. Isabelle Burrows
756 Des Seigneurs St., Montreal, 3, Quebec.

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

Para

4

GR/BTC

21st September 1944.

Mrs. Isabelle Burrows,
756 Des Seigneurs Street,
Montreal 3, Quebec.

Dear Mrs. Burrows:

It was with deep regret that I learned of the death of your son, D82877 Private Gordon Henry Joseph Burrows, who gave his life in the Service of his Country in The Western European Theatre of War, on the 26th day of August, 1944.

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

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

We pay tribute to the sacrifice he so bravely made.

Yours sincerely,

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

SEP 18 1944

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

EFH
mrs

6

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION (DEATH)

NUMBER D.82877 RANK Private SERVICE UNIT 1st Royal Highlanders of Canada (C.A.).

NAME BURROWS, Gordon Henry Joseph

DATE OF BIRTH 5-8-21 DATE OF ENLISTMENT 12-9-40

MARITAL STATUS Single RELIGION United Church

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

ADDRESS 756 Des Seigneurs St., Montreal 3, Quebec. ADDRESS D.A.B.

ADDITIONAL PERSON TO BE NOTIFIED ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. Canrecords 145A H.Q. 405-B-31,637

CASUALTY DETAILS Killed in action DATE 26-8-44

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 7-9-44

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

BTC DIRECTOR OF RECORDS

6

COPY FOR DOCUMENT FILE

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 (Block letters): BURROWS — Given names: Gordon Henry Joseph

Do not write in this space

4. RESIDENCE — Street: Des Seigneurs No. 756 — Official name of civil municipality or township: Montreal — Municipal county ... Province: Que.

5. SEX: M

6. NATIONALITY (Citizenship):

7. RACIAL ORIGIN:

8. Single, Married, Widowed or Divorced (*Write the word*): Single

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

10. BIRTHPLACE (Province or Country): Que.

11. DATE OF BIRTH: August (Month) 5th, (Day) 1921 (Year)

12. AGE OF DECEASED: Years 23 — Months — Days — If less than one day old ...hrs. or ...min.

OCCUPATION

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

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)		

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 ... (Month) (Day) 19... (Year)

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: August (Month) 26th (Day) 1944 (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 (State which) ... Date ...19... Manner of injury (How sustained) ... Nature of injury ... Specify whether injury occurred in **industry, in home, or in public place**

OVERSEAS CASUALTY CANADIAN ARMY

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

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

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

Director of Records, Dept. of Natl. Defence

P.A.

NOV 29 1945

405-B-31637

50

VOIR INSTRUCTIONS AU VERSO.

M.F. M 10a
20M—7-40 (5760)
H.Q. 1772-39-1657

FORMULE DE TESTAMENT

(1) Je, Gordon Henry Joseph Burrows (Nom au long), de la City de Montreal, dans le Comté/District de Hochelaga, Province de Quebec, Messenger Boy (Occupation civile), N° matricule NPAM 6228, Unité MTC No. 40 Farnham NPAM, révoque par les présentes tous testaments que j'ai pu faire antérieurement et déclare que ceci est mon testament.

G.B. Noms et adresse des bénéficiaires

(2) Je lègue à "My mother Mrs. Isabelle Burrows, residing at 756 Des Siegneures St., Montreal, Que., Canada, all my real and personal property and my personal effects."

G.B. Noms et adresse des bénéficiaires résiduaires

(3) Je lègue tout le reste de mes biens, quels qu'ils soient et où qu'ils soient, à

(4) Je nomme .... (Nom)

.... (adresse) exécuteur/exécutrice de mon présent testament.

Signé et reconnu par le testateur, en présence de nous, présents en même temps, qui en sa présence et à sa demande, et en présence l'un de l'autre, avons immédiatement signé comme témoins.

(5) Signature du premier témoin: L. B. Dann [illegible]
5642-14th Ave Rosemount (Adresse) Montreal Que
(Les bénéficiaires ne peuvent être témoins)

Signature du second témoin: Jos Parent [illegible]
3972 Masson Montreal (Adresse) Que
Musician

En foi de quoi j'ai signé ce 12 ème jour de September A.D. 1940

Gordon Burrows
(Signature du soldat)

(VOIR AU VERSO)

To be made out in duplicate

M.F.M. 5
200M—7-40 (6098-9)
H.Q. 1772-39-1651

PARTICULARS OF FAMILY OF AN OFFICER OR OTHER RANK OF THE C.A.S.F. 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 C.A.S.F. or R.C.A.F. (ON ACTIVE SERVICE).

(*b*) All questions, etc., must be completed.

(*c*) Both copies of the form are to be forwarded by the Officer Commanding the unit for each officer and other rank, to the Paymaster, or Officer acting as such. The latter will transmit one copy, through the District, Command, or Camp Paymaster, to the Officer i/c Records, N.D.H.Q., Ottawa. The other copy will be retained by the Paymaster of the unit, when transferred to another unit the copy retained by the Paymaster will be sent to the Paymaster of the individuals new unit.

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(1) Name of Officer of Other Rank BURROWS GORDON HENRY JOSEPH
(Surname first—Christian names in full—Block capitals)

(2) Regimental or Air Force Number and Rank NPAM 6228 PT.

(3) Unit M.T.C. NO. 40 Farnham NPAM

(4) Are you married? NO

(5) If married, state,

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

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

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

(7) Are you a widower? NO

(8) Have you any children? NO Number of boys N/A Girls N/A

Names and ages N/A

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

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

Name N/A

Postal Address N/A

[SEE OTHER SIDE]

(10) Have you a common-law wife—whom you have been regularly supporting and publicly representing as your wife for at least 2 years immediately prior to appointment or enlistment? NO

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

(11) Is your father alive? NO

If so, state name and address, occupation N/A

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

(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 N/A

Also state reason he has no other means of support if partially supported by you, what is your reason for not providing full support? N/A

(14) Is your mother alive? YES

If so, state name and address Isabelle Burrows, 756 Des Siegneures St., Montreal, Que., Canada.

(15) If your mother is a widow, are you her sole or partial support? 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 ($30.00) per month

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? Brothers help

(17) Are you contributing to the support of any dependents, other than those shown above? NO
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 N/A

Full Name N/A

Postal Address N/A

Amount contributed monthly during the past six months N/A

(18) Are you insured? YES

If so, in what Company? Prudential Life Ins. Co.
(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.

Gordon Burrows
(Signature of officer or man)

Date 12 September 1940

W P Miller (CAPT)
Officer Commanding No. 4 DISTRICT DEPOT, C.A.S.F.F.

Date 12 September 1940

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.

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

DEPARTMENT OF NATIONAL DEFENCE

NAVY — ARMY — AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

4
ARMY

DECEASED MEMBER'S NAME: Gordon Henry Joseph (CHRISTIAN NAMES) BURROWS (SURNAME)

REGISTER NO. D-31

FILE NO. 405-B-31637

PAYEE Mrs. Isabelle BURROWS,

DATE 9-8-45

ADDRESS 756 Seigneurs St.,
Montreal (3) P.Q.

SERVICE NO. D-82877

FINAL RANK OR RATING Pte.

DATE OF TERMINATION OF OVERSEAS SERVICE 26-8-44

DATE OF DISCHARGE 26-8-44

	$ ¢
A. TOTAL QUALIFYING SERVICE — NO. OF DAYS 1423 / 30 EQUAL TO 47 (141) COMPLETE PERIODS AT $7.50	352.50
B. QUALIFYING OVERSEAS SERVICE — No. of Days 963 LESS 13 INELIGIBLE DAYS, EQUAL TO 950 DAYS @ 25c. PER DAY (SEE PAR. 2 OVERLEAF FOR EXPLANATION)	237.50
	590.00

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 963 / 183	×$ 19.25

Supplement: 101.30

D. WAR SERVICE GRATUITY — 691.30

E. DEDUCTIONS — OVERPAYMENT OF

PAY AND ALLOWANCES	$	
DEPENDENTS' ALLOWANCE AND ASSIGNED PAY	$ 20.00	20.00
OTHER DEDUCTIONS	$	

F. TOTAL AMOUNT PAYABLE — 671.30

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	JAA

TREASURY CHECKED BY	DATE
J. J. Prace	16-8-45

Kuslu
SERVICE REPRESENTATIVE

TL

DISTRIBUTION OF SERVICE ESTATES
ARMY

Estates Form "P. 4"

Name: BURROWS (Surname) Gordon H. J. (Christian Names) No.: D82877

Pte. (Rank) C.A. O/S (Unit) 26-8-44 (Date of Death)

AMOUNT

L.P.C. $ 10.05

Date: 20-6-45

Other Credits 1.00

Total 11.05

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Mother	Mrs. Isabelle Burrows, 756 Seigneurs Street, MONTREAL, Que., (sole beneficiary under will)	11.05

P4. TO TREAS. 27-7-45

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	$11.05

CLASSIFIED BY Original Signed by K. L. McCUAIG

EXAMINED BY

For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

Original signed by

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

AUDITED FOR PAYMENT

For Chief Treasury Officer

50M—8-44 (5426)
H.Q. 1772-80-2

26-8-44

AWARDS—CANADIAN ARMY (ACTIVE) (1707) M

C.B.

500M—1-44 (3467)
H.Q. 1772-45-8

FILE NO. 405-B-31,637

SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT
BURROWS	Gordon Henry Joseph	D-82877	Pte.	Royal Highrs.of Can.

WAR SERVICE BADGE

(CLASS) NO. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star	
France-Germany Star	7337.
Defence Medal	
War Medal	
CVSM & Clasp	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS

PERSON ENTITLED TO Mrs. Isabelle BURROWS (MOTHER)

ADDRESS: 756 Des Seigneurs St.,
Montreal 3, Que.,

(2) MEMORIAL CROSS

WIDOW Single

ADDRESS:

(3) MEMORIAL CROSS

MOTHER Mrs. Isabelle Burrows, (ENGLISH)

(1707)
ADDRESS: 756 Des Seigneurs St., Montreal 3,Que.

(1) MEMORIAL BAR
DATE DESP.
REGN. NO. 4663

(2)

(3) DESP. NOV 21 1944
REGN No. 8161