

D83063
GALE
GEORGE

CANADIAN ACTIVE SERVICE FORCE

District.....

OVERSEAS

Dispersal Area.....

LAST PAY CERTIFICATE

(All Ranks)

Regtl No. D.83063, Rank and Name Gale. G.M. Cpl.

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

(Transfer or Discharge)..... to..... on 25th. July 19 44.

Reason Death. Authority: C.G.L. "A" 482 d/25th. Aug. 44.

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

Particulars		Amount		Particulars		Amount	
Balance Dr from last account.....		<u>3</u>	<u>35</u>	Balance Cr from last account.....			
First Monthly Payment.....				Regimental Pay <u>31 days @</u> \$ <u>1.70</u>		<u>52</u>	<u>70</u>
Casual Payments.....				Tradesmen's Pay..... days at..... \$.....			
Payments on Transfer or Discharge.....				Additional Pay (Give Particulars)..... days at..... \$.....			
Assigned Pay.....		<u>34</u>	<u>00</u>	Allowances (give particulars)..... days at..... \$.....			
Regimental Charges.....				Cash effects SOCR 14719		<u>8</u>	<u>94</u>
Public Stoppages (give particulars):				By Balance Dr			
To Balance Cr { Free.....		<u>24</u>	<u>29</u>	Total.....		<u>61</u>	<u>64</u>
{ Deferred.....							
Total.....		<u>61</u>	<u>64</u>				

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

Remarks

Assnd. Pay of \$34.00 (W) stopped eff. Aug. 44.

Compiled by D.P. Maloney.

Checked by [Signature]

Date 28th. April, 19 45.

P.H.

Certified correct [Signature]
for Chief Treasury Officer, Overseas

CANADIAN MILITARY HEADQUARTERS

**ESTATES BRANCH
INVENTORY**

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

No., RANK and NAME **D-83063 Gale G.M. Cpl.** **Dec'd**

RECEIVED FROM **G.H.Q. Cdn. Section 2nd. Ech. 21 Army Grp.**

CHECKED BY **M-16018 Pte. Murdoch W.J.**
B-73775 Pte. Todd F.A. DATE **7 Dec. 44**

- | | |
|---|-----------------------|
| 1 | Canvas Writing Case |
| 1 | Monogramed Hair Brush |
| 1 | Pr. Socks |
| 2 | Pr. Athletic Supports |
| 1 | Shirt |
| | Letters |
| | Greeting Cards |

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

F.A. Todd Pte

for OC 1 Cdn KSD



Faint, illegible text, possibly a return address or recipient information.

04888

RECEIVED BY

NO. 10000

10000

10000

10000

10000

10000

CANADIAN ARMY (ACTIVE), OVERSEAS

FINANCIAL RECEIPT

Receipt No. 65

16 Aug. 1944

Received from Capt. J.L. Duchastel

The sum of four hundred francs

being

Cash effects on deceased D83063

Sgt Gale, G.M.

1 RHC

Exhibit G

(Sgd) G.A. Demers, Capt.
Command Paymaster or Field
Cashier

16 Aug. 1944

Field

Place

CERTIFIED TRUE COPY

G.A. Demers Capt.

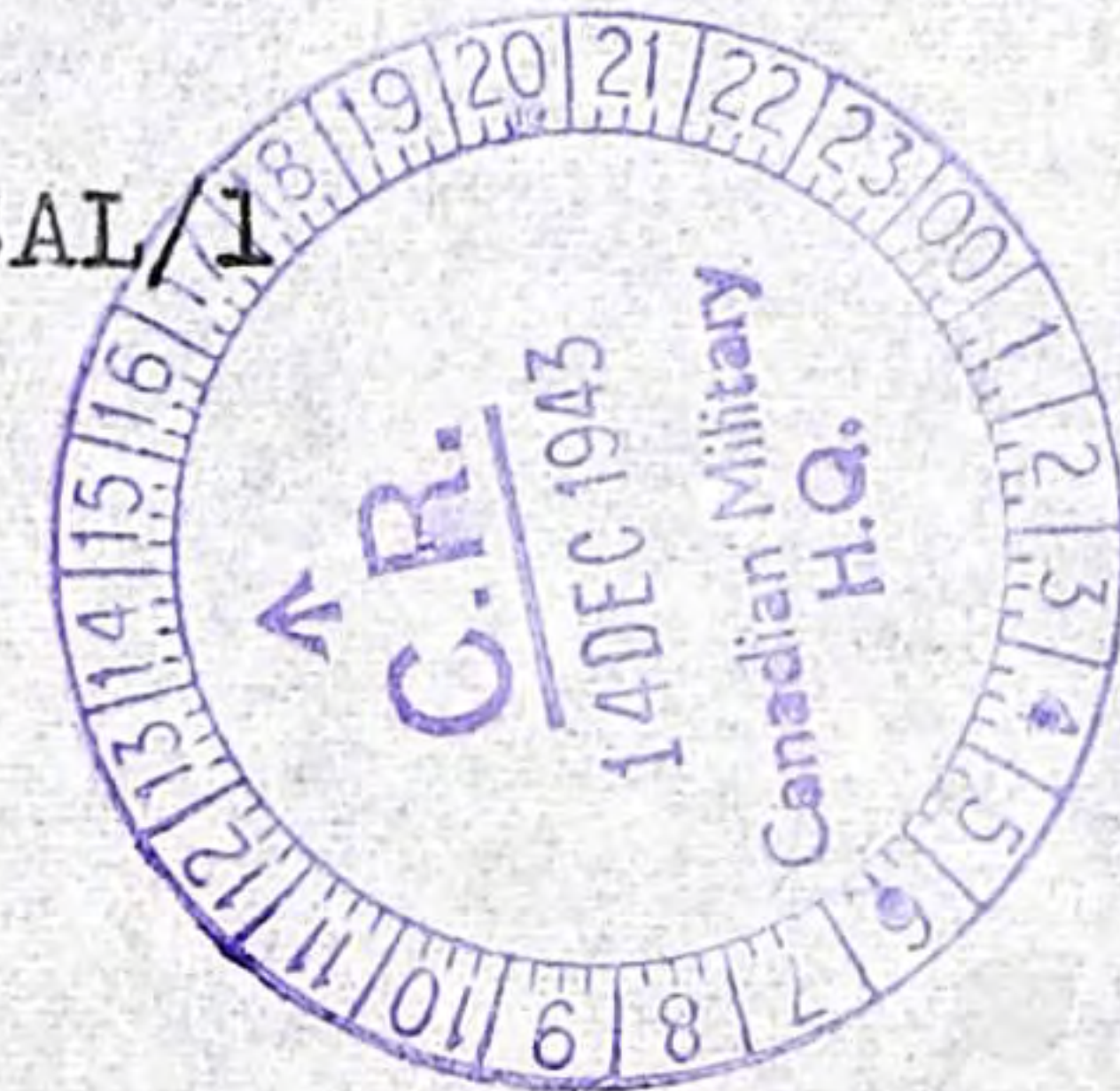
In lieu of MEM503



NO. 1 CDN OCTU SELECTION CENTRE

Per
OSC/4/DISPOSAL/1
12 Dec 43.


Officer Commanding,
Black Watch (RHR) of Canada,
Cdn Army England.



D 83063 Sgt Gale, G. M.
OCTU CANDIDATE

1. The m/n candidate appeared before the OCTU Selection Board on the 11 Dec 43, but was NOT accepted.
2. In the tests here this N.C.O. attained approximately average gradings throughout. However, in view of his age (33 yrs), it was not felt that his qualifications were sufficiently outstanding to warrant special authority being obtained for him to proceed to OCTU. This man has a number of excellent characteristics and will, no doubt, reach warrant rank in which capacity it is felt that he could be of more value to the Army than as a junior subaltern.

J. W. McClain
(J. W. McClain) Lt-Col.
for President

DRLS/~~POST~~ No. 1 Cdn OCTU Selection Centre.
JWM/lnp
COPY TO:- A.G. 6, C.M.H.Q. 

VERIFICATION FORM

WAR SERVICE MEDALS 1939-45

No. D-83063 Name Pale George Mervyn

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

Authority for Discharge or Retirement Deceased

Served in:

Non-qualifying service

Canada from 2-9-40 to 20-9-42
from _____ to _____

United Kingdom from 21-9-42 to 5-7-44
from _____ to _____

Italy from _____ to _____

Northwest Europe from 6-7-44 to 25-7-44 11/a

----- from _____ to _____

----- from _____ to _____

Eligible for award of:

1939 - 45 Star ok

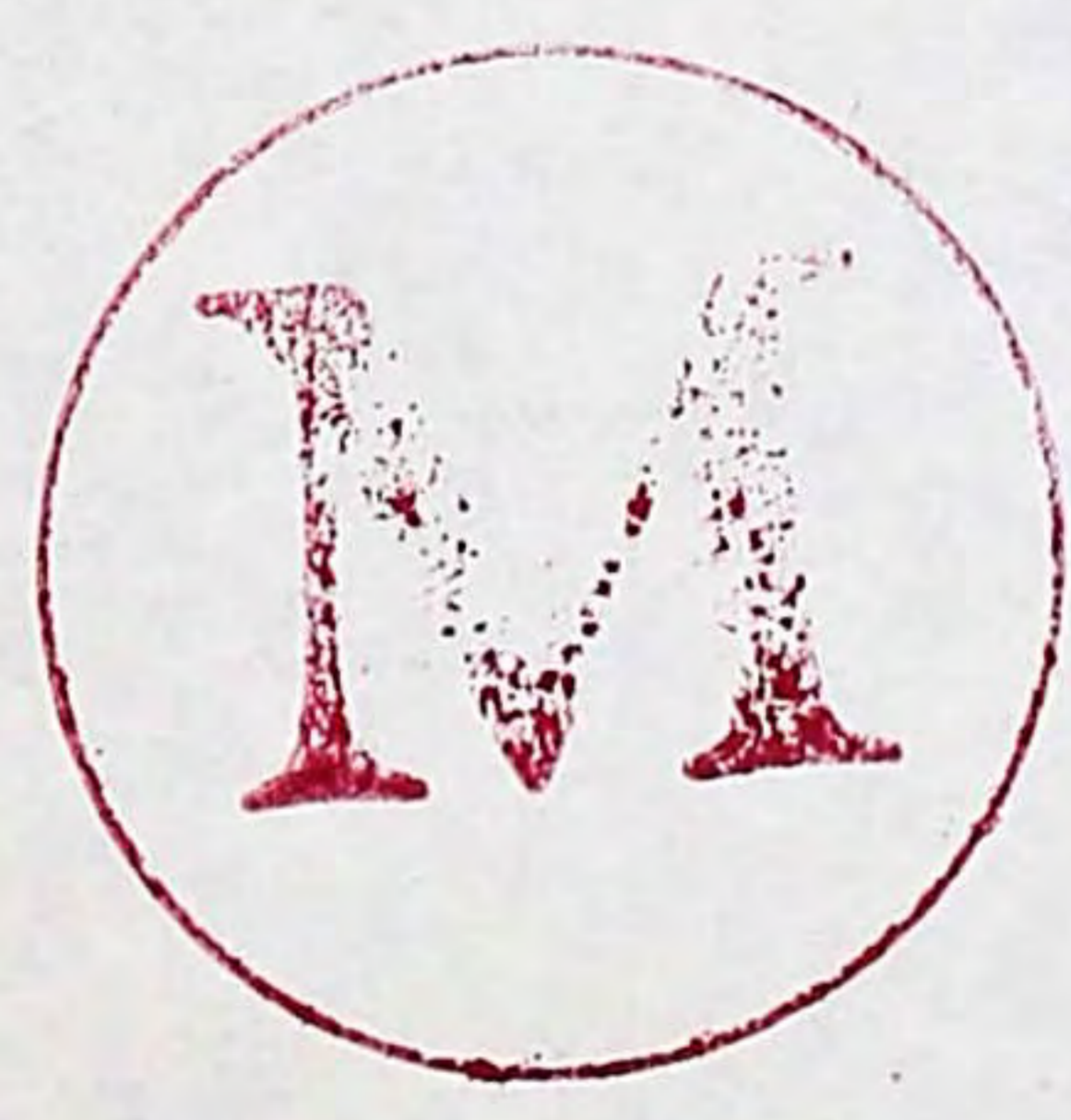
~~Italy Star~~

France-Germany Star ok

Defence Medal ok

War Medal ok

Canadian Volunteer Service Medal ok
with clasp ok



Verified by D Foster

Date 12-7-46

Carded JUL 12 1946

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

ARMY

LL

Name..... GALE..... George, M...... No. D.83063
Surname Christian Names

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

AMOUNT

Date..... 28 Nov 45.....

L.P.C.....\$ 24.29

Other Credits.....

Total..... 24.29

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Widow	<p>Mrs. Dorothy M. Gale, 367 Maple Ave., Ville St. Pierre, Montreal, P.Q.</p> <p align="center">(Sole beneficiary under will)</p>	24.29

P4. TO TREAS. 4-1-46, QM

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	24.29
CLASSIFIED BY			EXAMINED BY		
<p align="center"><i>(Signature)</i></p>			For Chief Treasury Officer		

DISTRIBUTION APPROVED AND AUTHORIZED

.....
 (L. M. FIRTH) Colonel
 Director of Estates

AUDITED FOR PAYMENT

.....
 For Chief Treasury Officer

D83063

Cpl
Hale

Hm

Sept. 18, 45

367 Maple Ave

Ville St. Pierre.

Montreal.



Dear Sir:

Re your

letter

Sept. 13.

H2 - 405 - G - 6402 F.D. 305

I received some of
my Husband's personal effects.

I would like infor-
mation as to where my Husband's
more valuable effects are - such
as, ^{wrist} 1 Watch, Signet Ring - Identification
Bracelet, Rolls Royce, Wallet,
Pictures - all of which were on
this person when he was killed.

Your letter of July
26th. which I did not receive
concerning bank account in Bank
of Montreal. I have no Pass Book

to this account. and do not know
the Balance of this account.

I understand there is a
Balance in my Huslands Pay
Book in England. would you
let me know.

Thanking you

(Mrs) Dorothy M. Gale

Mrs. Dorothy M. Gale,
367 Maple Ave.,
Villa St. Pierre,
Montreal, 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-G-6402 ED. 305

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

September 30 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

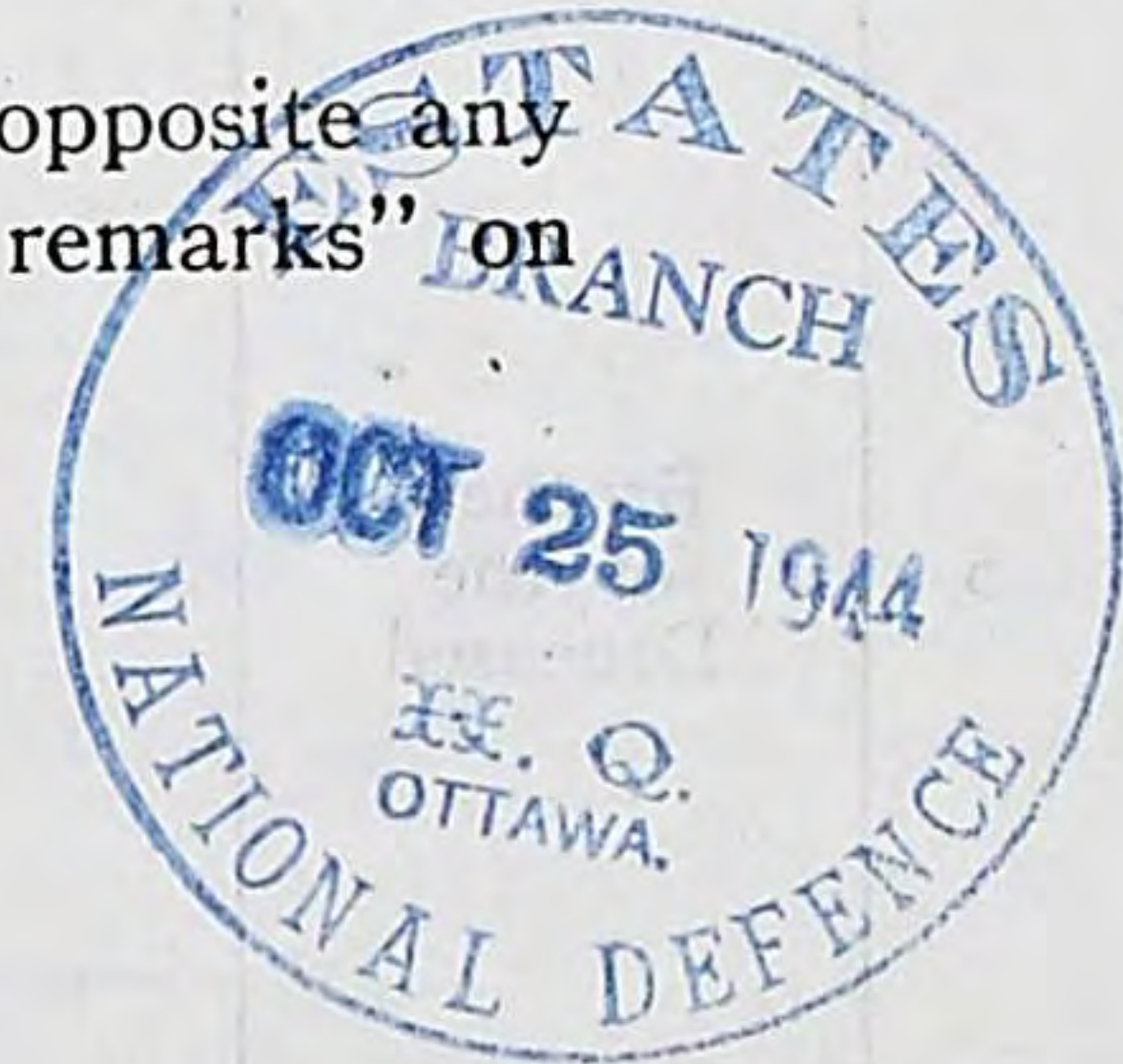
GALE, George Mervyn, Corporal,

D-83063 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.



B. S. Stevenson
for Director of Estates. *Bope*

GC/

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.....	Dorothy May Gale	30	367 Maple Ave Ville St. Pierre Montreal, Que.	
2	Children of the Deceased and dates of their Births.....	Donald Barton Gale March 21, 1937	7	367 Maple Ave Ville St. Pierre Mtl. Que.	
		Brian Henry Gale June 4, 1943	1 yr 4 mos	367 Maple Ave Ville St. Pierre Mtl. Que.	
3	Father of the Deceased.....	Charles Kilmer Gale	62	6145 Durocher St Outremont, Mtl. Que.	
4	Mother of the Deceased.....	Amy Lillian Bradley Gale		Deceased at 59 February 19/43	
5	Brothers of the Deceased	Full Blood	Charles Kenneth Gale	29	3470 St. Famille Montreal, Que.
		Half Blood			
6	Sisters of the Deceased	Full Blood	Edna Lillian Gale Fair	32	6145 Durocher St Outremont, Mtl. Que.
		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		

TT W 114
(87) 143
118-02-571, 114

ANSWER FULLY EACH QUESTION ON THIS PAGE
PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	George Henry Gale
9	Date of his birth.	Oct 10 th 1910
10	Place and date of his marriage.	St. Lambert. Que. Sept. 3. 1935
11	Place and date of his parents' marriage.	Ottawa April 28/1909

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) Montreal. Que. (b) (c) (d)
14	Nature of employment before enlistment.	Accounting.
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.	Quebec

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	? Army Records office
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?	Bank of Montreal. St. Catherine St. Mtl. Yes.
20	Amount of War Savings Certificates held by deceased. Indicate where located.	—
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	—
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	The S. Eaton Life Assurance \$2,000. Dorothy May Gale
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.	Overseas

(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.

Dorothy M. Gale

{ Signature of Informant

367 Maple Ave. Ville St. Pierre Montreal Address

CERTIFICATE

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

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 Montreal, Que. this 16th day of October 1944

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

[Signature]

COMMISSIONER OF THE SUPERIOR COURT DISTRICT OF MONTREAL

Qualification

Address 5731 Mountain Sigh Ave. Montreal, Que.

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

Table with multiple rows and columns for additional remarks and details. The table contains faint, mostly illegible text and some handwritten numbers in the right-hand column.

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..... GALE, George Mervyn
(Surname first—Christian names in full—Block capitals)
- (2) Regimental or Official Number and Rank..... D.83063 Sgt.
- (3) Unit..... 2nd Battalion The Black Watch (RHR) of Canada CA
- (4) Are you married?..... Yes (5) If married, state,
(a) Full name of your wife..... Mrs. Dorothy May Gale
(b) Present postal address of wife..... 367 Maple Avenue, Ville St. Pierre, Que.
- (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?..... yes Number of boys..... one Girls..... n.a
Names and ages..... Donald Barton Gale (5½)
- (9) If Dependents' Allowance is claimed in respect of children—state whether you have been regularly supporting them..... yes
- Give particulars of Guardians to whom Dependents' Allowance should be paid—if authorized.....
Name..... ~~yes~~ n.a.
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.....

(11) Is your father alive?.....Yes.....If so state name and address, occupation.....Mr. Charles K. Gale
.....6145 Durocher Street, Outremount, Que......

(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.....

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. C.K. Gale
.....6145 Durocher Street, Outremount, Que......

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

(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?.....yes.....
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.....Mother-in-Law.....

Full Name.....Mrs. A. Barton,.....

Postal Address.....90 Stanley Street, Ville St. Pierre, Que......

Amount contributed monthly during the past six months.....\$10.00 per month.....

(18) Are you insured?.....yes.....If so, in what company?.....T. Eaton Metropolitan (Unknown)
(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.....7 Sep 42..... (Sgd.) M. Gale
(Signature of officer or man)

Date..... for (Sgd.) D.H. Chapman Lieut. Lt. Col.
2nd Bn. The Black Watch (RHR) of
Officer Commanding..... Canada (CA).....

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.)

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

4
ARMY

DECEASED
MEMBER'S
NAME

George Mervyn

(CHRISTIAN NAMES)

GALE

(SURNAME)

REGISTER NO.

D-346

FILE NO.

405-G-6402

DATE

10-7-45

SERVICE NO.

D-83063

FINAL RANK OR RATING

Cpl.

DATE OF DISCHARGE

25-7-44

PAYEE Mrs. Dorothy M. GALE,
ADDRESS 367 Maple Ave.,
Ville St. Pierre,
Montreal 32, P.Q.

DATE OF TERMINATION OF OVERSEAS SERVICE

25-7-44

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 1423 EQUAL TO 47 COMPLETE PERIODS AT \$7.50

\$ 352.50

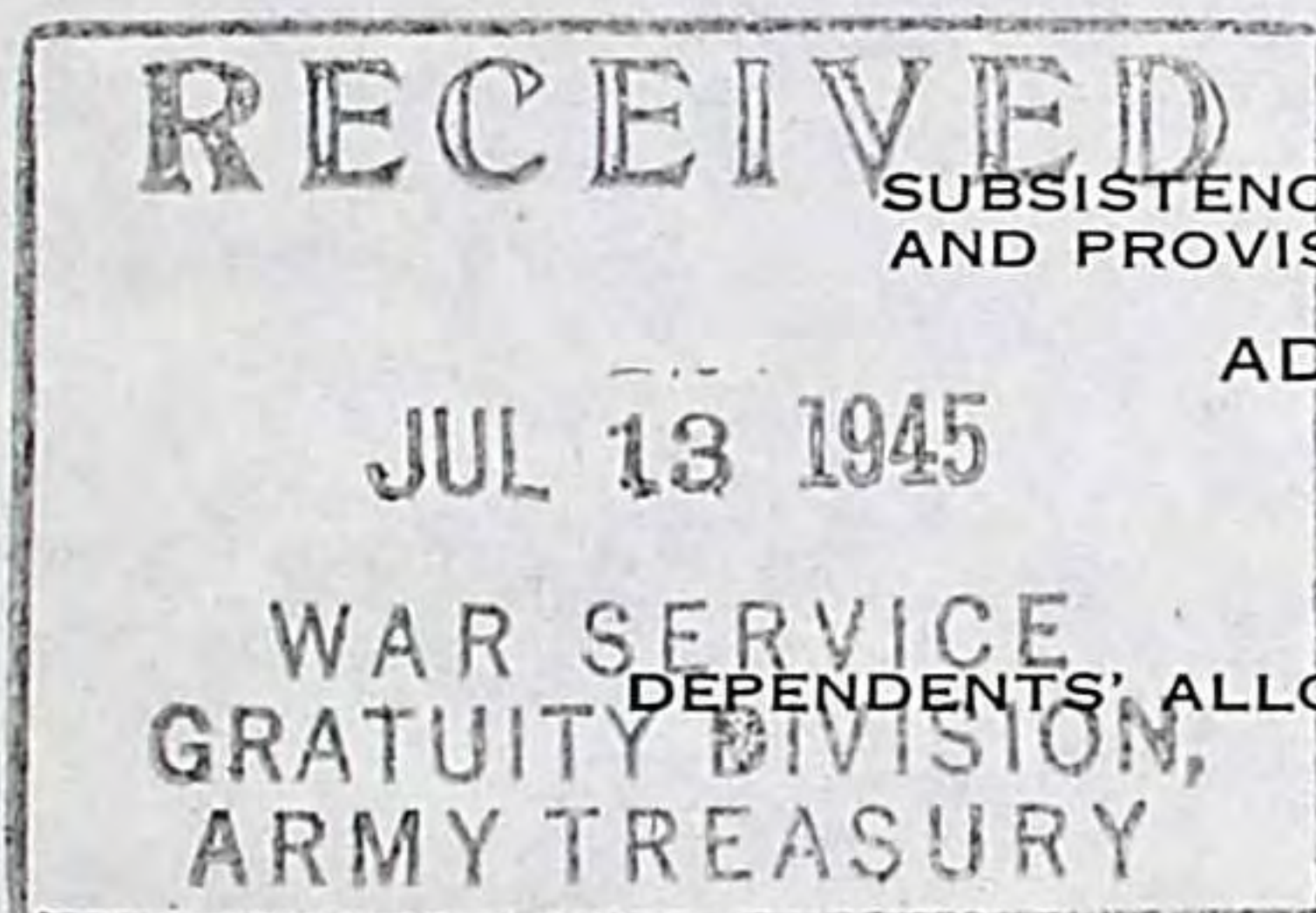
B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 665 LESS 13 INELIGIBLE DAYS, EQUAL TO 652 DAYS @ 25c. PER DAY
SEE PAR. 2 OVERLEAF FOR EXPLANATION

163.00

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE



PAY \$ 1.70
SUBSISTENCE OR LODGING
AND PROVISION ALLOWANCE \$ 1.25

ADDITIONAL PAY \$

DEPENDENTS' ALLOWANCE 1/30 OF \$ 63.12 \$ 2.10

TOTAL \$ 5.05 X 7 = \$ 35.35

NO. OF DAYS 665 X \$ 35.35

183

128.46

D. WAR SERVICE GRATUITY

643.96

E. DEDUCTIONS

OVERPAYMENT OF

PAY AND ALLOWANCES \$
DEPENDENTS' ALLOWANCE
AND ASSIGNED PAY \$

OTHER DEDUCTIONS \$

F. TOTAL AMOUNT PAYABLE

643.96

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
PJ

CHECKED BY

TREASURY
CHECKED BY
DATE
23-7-45

SERVICE REPRESENTATIVE

COMPUTATION OF WAR SERVICE GRATUITY

MEMBER'S NAME GEORGE MERVYN GALE Register No. D-346
(Christian Names) (Surname)
 PAYEE'S NAME MRS DOROTHY M. GALE File No. 405-B-6402
(Christian Names) (Surname) Date 4-7-45
 ADDRESS 367 MAPLE AVE., Service No. D-83063
VILLE ST. PIERRE, MONTREAL 32, P.Q. Final Rank CPL
 DATE OF TERMINATION OF OVERSEAS SERVICE 35-7-44 Date of Discharge 25-7-44

		AMOUNT	
		\$	c
A. TOTAL QUALIFYING SERVICE No. of day <u>1433</u> / <u>30</u> = <u>47</u> ⁽¹³⁾ Periods @ \$7.50		352	50
B. QUALIFYING OVERSEAS SERVICE No. of days <u>665</u> less <u>13</u> Ineligible days, equal <u>652</u> Days @ 25c per day		163	00
C. SUPPLEMENT FOR OVERSEAS SERVICE Daily Rate of Pay \$ <u>1.90</u> Subsistence Allowance \$ <u>1.25</u> Additional Pay \$ Dependents' Allowance 1/30 \$ <u>6312</u> \$ <u>2.10</u> TOTAL \$ <u>5.05</u> × 7 = \$ <u>35.35</u> No. of Days <u>665</u> × \$ <u>35.35</u> 183		515	50
D. WAR SERVICE GRATUITY Computed By <u>Henry</u>		128	46
E. DEDUCTIONS Overpayment of (1) Pay & Allowance \$ (2) D.A. & A.P. \$ Other Deductions \$		643	96
Entered By <u>[Signature]</u>			
F. AMOUNT PAYABLE (This amount is payable in <u>1</u> monthly instalments of \$ <u>643.96</u> each)		643	96

G. Monthly instalment not to exceed daily rate of Pay & Allowances per (C)
 \$..... × 30 = \$.....

REMARKS no dues await

Register No.

Nominal Roll No.

To: P.M.G.

H.Q. File No. 405-G-6402/

CANADIAN ARMY (ACTIVE) # G.O. 139/39.

Computation of Service

WAR SERVICE GRANT

Regt. No.	Rank when S.O.S.	Surname	Christian Name in Full
<u>083063</u>	<u>Cpl.</u>	<u>Gale</u>	<u>George Mervin</u>

REASON FOR TERMINATION OF SERVICE:

1st Enlistment..... Deceased ✓ CARO..... ()
 2nd Enlistment..... CARO..... ()
 3rd Enlistment..... CARO..... ()

Total Service

1ST ENLISTMENT	2ND ENLISTMENT	3RD ENLISTMENT
T.O.S. <u>2 Sep 40</u> ✓	T.O.S. ✓	T.O.S. ✓
S.O.S. <u>25 Jul 44</u> MD O.S. ✓	S.O.S. ✓ MD	S.O.S. ✓ MD
Total Days <u>1423</u> ✓	Total Days ✓	Total Days ✓

Total Service 1423 DAYS

	Total Service	Less Non-qualifying Service	Net Service
Western Hemisphere.....	<u>758</u>	✓	<u>758</u>
Overseas Service.....	<u>665</u>	✓	<u>665</u>
Totals.....	<u>1423</u>	✓	<u>1423</u>
Add Non-qualifying Service.....			
Total Service			<u>1423</u> ✓

EMBARKATION DETAILS: 05015 30 Sep 42

1. Date S.O.S. Overseas..... 25 Jul 44 ✓ 2. Date S.O.S. Overseas.....

REMARKS:

Computer's Signature..... [Signature]
 Checker's Signature..... [Signature]
 Date Computed..... 26 Jul 44



G.O. 139/39 - 2 Sep 40 - 14 Aug 41.
 Reg NO D 51114

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

[Signature]
 C. L. LAURIN,
 Colonel,
 DIRECTOR OF RECORDS.

VICE-CHAIRMAN
M. H. RICHARDSON

CHAIRMAN
LT.-COL. S. A. ROLLAND, V.D.

VICE-CHAIRMAN
LT.-COL. JOS. BROUSSEAU, V.D.

ADVISORY BOARD
COMMANDING OFFICERS
OF THE MONTREAL GARRISON

VETERANS SERVICE BUREAU
OF MONTREAL

HON. SEC.-TREASURER
MAJOR L. W. TAYLOR

A UNIT IN THE CHAIN OF CANADIAN LEGION SERVICE BUREAUX ACROSS CANADA



Manager — T. L. LEIGH
Drummond Building
1117 St. Catherine St., West
MONTREAL, CANADA
Harbour 6073

October 27th, 1944.

The Secretary,
Dept. of National Defence (Army),
Ottawa, Ont.

Attention: Paymaster-General.

Dear Sir;- Re: - D-83063 - G. Mervyn GALE (Dec'd)

The widow of the above named has requested us to apply for payment of this man's War Service Gratuity, to herself.

We understand this man joined the active forces on 16.8.41, proceeded Overseas on 20.9.42 and was killed on 25.7.44.

Assigned Pay and Dependents' Allowance at the rate of \$97.00 a month was in payment, for Mrs. Gale and two children at the time of the man's death.

Mrs. Gale resides at 367 Maple Ave., Ville St. Pierre, Montreal (32), Que.

Will you advise if the award can be made available to her.

Yours very truly,

T.L. Leigh,
Manager.

MM.



D. 346

File

CASUALTIES ONLY

For purposes of W.S.G.
Casualties include death
subsequent to discharge.

Register No. D346

File No. H.Q. 405-G-6402

THE WAR SERVICE GRANTS ACT, 1944

OTTAWA, November 28th 1944

TO: Chief Treasury Officer
Dependents' Allowance and Assigned Pay Branch

Service No. D83063

Name M. GALE
Christian Name Surname

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

K. W. Rice
(K.W.Rice) Lieutenant,
for (A.R. Mortimore) Brigadier,
PAYMASTER-GENERAL.

Names of persons in receipt of D.A.
and amount of monthly award

Name	Amount
<i>Mrs Dorothy M. Gale</i> <i>wife + 3 children</i>	<i>\$ 63.12</i>
_____	_____
_____	_____

If no D.A. in issue, list names of
persons in receipt of A.P., who may
be classed as dependents under W.S.G.
Act, 1944 and amount of monthly assign-
ment.

_____	_____
_____	_____
_____	_____

Names of persons to whom assigned pay
was continued by supplementary award
after death.

_____	_____
_____	_____

Amount of overpayment of dependents'
allowance and/or assigned pay deducti-
ble from the War Service Gratuity and
name of person to whom paid.

<i>Mrs Dorothy M. Gale</i> <i>wife</i>	<i>Nil</i>
_____	_____

L. M. Colwell
For Chief Treasury Officer,
D.A. & A.P. Branch

JAN 12 1945 194_____

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

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

_____ 194_____

_____ for C.T.O.

H.Q. 405-G-6402
(D.R. 2(C))

27th March, 1946.

Mrs. Dorothy M. Gale,
367 Maple Avenue,
Ville St. Pierre,
Montreal, Quebec.

Dear Madam:

Information has just been received from overseas that the remains of your husband, D83063 Corporal George Mervyn Gale, have been carefully exhumed from the original place of interment and reverently reburied in grave 16, row C, plot 4, of Bretteville-sur-Laize Canadian Military Cemetery, Bretteville-sur-Laize, France. Marked map is enclosed. This is a recognized military burial ground and will receive care and maintenance in perpetuity.

The grave will have been marked with a temporary cross which will be replaced in due course by a permanent headstone suitably inscribed. While it cannot now be stated when this work of permanent commemoration will begin, before any action is taken you will be communicated with and an opportunity will be given you to submit a short personal inscription of your own choice for engraving on the headstone. Therefore, if you should change your address would you be good enough to inform the undersigned.

Yours faithfully,

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

zfd.

RECORDS OFFICE OVERSEAS.

CANADIAN MILITARY HEADQUARTERS. 405-2-6402

GRAVES REGISTRATION CARD.

NAME GALE? George Mervyn PLACE & DATE OF BIRTH Montreal, Que. Can.
20 OCT 1910
RANK CPL. REGIMENTAL NO. D.83063
UNIT BLACK WATCH NEXT OF KIN & ADDRESS WIFE.
MRS DOROTHY GALE,
367 MAPLE AVE., MONTREAL, QUEBEC, CANADA

PARTICULARS OF HOSPITALISATION

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

PARTICULARS OF DEATH.

DATE OF DEATH 25 JULY 44 PLACE OF DEATH France
HRS _____
CAUSE OF DEATH KILLED

PARTICULARS OF BURIAL

DATE OF BURIAL 14 Aug 44 CEMETERY St.Martin de Fontenay 024602
PLOT NO 3 ROW 4 GRAVE 4
DEATH CERT.NO _____
RELIGION CHURCH OF ENGLAND.

DATE 1 Oct 45

M. Bluteau (Capt)

for COLONEL,
O i/c Records,

CANADIAN MILITARY HEADQUARTERS.

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

BATTLE CASUALTY CASUALTY SECTION EXTRACT FORM

This Space
is for
the
RED X
See Below

Message Received from 21/CAS/2711

Time Message Received.....

Date Message Received..... 19 AUG

Theatre
AEF

Regimental No.	Rank	Name	Full Christian Names
D 83063	CPL	GALE	GEORGE MERVYN
Unit..... BLACK WATCH			SERIAL

CASUALTY PARTICULARS

NOW KILLED 25 JUL 44

(Prev reported missing 28 JUL 44 A 476 ~~x~~ 8774)

"A" 482

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

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

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

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

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

Next of Kin..... MRS DOROTHY GALE Relationship..... WIFE

367 MAPLE AVE

..... MONTREAL, PQ, CAN

Home Town ST-PIERRE, PQ, CAN

Cable No. 9609

Inland Tel. No.

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

IMPORTANT

Verification Clerks Signature

July 24

H.Q. 405-G-6402
D.R. 2 (D)

4th June, 1945.

Mrs. Dorothy M. Gale,
367 Maple Ave.,
Ville St. Pierre,
Montreal, Que.,

Dear Madam:

Information has now been received from the overseas military authorities that your husband, D.83063, Corporal George Mervyn Gale, was buried with religious rites in a temporary grave located at St. Martin de Fontenay, which is approximately $4\frac{1}{2}$ miles South of Caen, in the Department of Calvados (Normandy), France.

The grave will have been temporarily marked with a wooden cross for identification purposes and in due course the remains will be reverently exhumed and removed to a recognized military burial ground when the concentration of graves in the area takes place. On this being completed the new location will be advised to you, but for obvious reasons it will likely take approximately one year before this information is received.

Yours faithfully,

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

DGL
DGL/ET

27

FIELD SERVICE

405-G-6402
9/31B Army Form B. 2090A.
40/P & S/2551 (5504)

MBR

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 } **1 R.H.C.** Squadron, Troop }
OR CORPS } Battery or Company }
Officer's Personal No. (if known) } **D-83063** Rank **Cpl**
Soldier's Army No. }
Surname **Gale** Christian Names **G.M.**

Died { Date **25 Jul 44** Place **France**
Cause of Death* **K/A**

Nature and Date of Report **A.F.W.3014/92 d.24 Aug 44**

By whom made **Cdn. Sec. GHQ 2 Ech. 21 A Gp**

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

Burial { Place **St. Martin de Fontenay 024602** Date **14 Aug 44**
By whom reported **C.F.**

State whether he leaves { (a) in Army Book 64 **No**
a Will or not { (b) as a separate document **Not Received.**

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

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

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

Station and } **France** Signature of Officer in charge of Section } *W. Raine*
Date } **13 Sep 44** Adjutant-General's Office at the Base } **for Officer i/e**

Cdn Sec GHQ 2 Ech 21 A Gp

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	GALE														
	Given names	George Mervyn														
4. RESIDENCE	Street	Maple Ave., No. 367														
	Official name of civil municipality or township	Ville St. Pierre,														
	Municipal county	Province Quebec														
5. SEX	6. NATIONALITY (Citizenship)	7. RACIAL ORIGIN	8. Single, Married, Widowed or Divorced (Write the word)													
M.			Married													
9. If married give name of wife or husband of deceased																
10. BIRTHPLACE (Province or Country)																
Quebec																
11. DATE OF BIRTH																
October 20th, 1910.																
12. AGE OF DECEASED																
33																
13. Trade, profession or kind of work, as spinner, teamster, office clerk, etc.	Cashier (Bank)															
	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																
GALE, Charles K.																
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															
19																
22. Date of death																
July 25th, 1944.																
23. I HEREBY CERTIFY that I attended deceased from																
19 to 19																
and last saw him 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) due to																
II																
Other morbid conditions (if important) contributing to death but not causally related to immediate cause.																
If a communicable disease is mentioned on this certificate, give																
(a) Date of appearance 19																
(b) Duration of disease days																
25. If a woman, was there a puerperal condition?																
26. Was there a surgical operation? Date of 19																
State findings Was there an autopsy?																
27. If death was due to external causes (violence) fill in also the following:—																
Accident, suicide or homicide Date 19																
(State which)																
Manner of injury (How sustained)																
Nature of injury																
Specify whether injury occurred in industry, in home, or in public place																
Signed M.D.																
Address Date 19																
28. Signature of person who fills in the form (curator, coroner, hospital authority, etc.)																
29. Name of clergyman in charge of Register of Civil Status in which registration of this burial was made.																
This signature authorizes the collector to accept this form as authentic.																
(Voir l'autre côté pour le français)																

Director of Records, Dept. of National Defence.

FEB 26 1945

12th September 1944

Mrs. Dorothy M. Gale,
367 Maple Avenue,
Ville St. Pierre,
Montreal, Quebec.

Dear Mrs. Gale:

It was with deep regret that I learned of the death of your husband, D83063 Corporal George Mervyn Gale, who gave his life in the Service of his Country in the Western European Theatre of War on the 25th day of July, 1944.

From official information we have received, your husband 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 8 - 1944
(H.F.G. Letson),
Major-General,
Adjutant-General.

EMA
EMA

M

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

NUMBER **D83063**

RANK **Corporal**

SERVICE UNIT **1st Royal
Highland Regiment of
Canada (CA)**

NAME **GALE, George Mervyn**

Black Watch (R.H.R.) of Can.

DATE OF BIRTH

DAY **20th**

MONTH **October**

YEAR **1910**

date enlisted: **15-8-41**

MARITAL STATUS **Married**

Religion: **C. of Eng.**

NEXT OF KIN AS SHOWN ON
M.F.M. 1, 2 & 5 RELATIONSHIP

Wife

NAME
ADDRESS
D.A.B.

Mrs. Dorothy M. Gale

ADDRESS

**367 Maple Ave.,
Ville St. Pierre, Montreal, Que.**

ADDITIONAL PERSON
TO BE NOTIFIED

ADDRESS

PARENTS NAME

ADDRESS
(IF SOLDIER
MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO.

8774-9609

H.Q.405-G-6402

CASUALTY DETAILS

Killed in action

DATE **25-7-44**

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 **31-8-44**

LP

13
[Signature]
OFFICER I/C RECORDS

5

COPY FOR C.R. FILE

No D.83063 Rank Corporal Name GALE, George Mervyn

Unit Black Watch (R.H.R.) Date of death 25th July, 1944.

Died at France.

Cause Killed in action.

Death occurred on strength of Forces. HQ 405-G-6402 d

N/K Mrs. Dorothy M. Gale, Relationship Widow

Address 367 Maple Avenue, Ville St. Pierre, Montreal, P.Q.

Remains buried in St. Martin de Fontenay 024602 Cemetery

MR 024602 St. Martin de Fontenay, France.

Grave location

CHK ✓

OVER —

BURIAL REPORT TO N.K. **MAR 27 1946**

RETURN TO BUR. OF STAT. **FEB 26 1945**

ROYAL MESSAGE DESP'D. **SEP 16 1944**

CAN. MESSAGE DESP'D. **SEP 9 1944**

Temp B R sent to N K

REBURIAL
Bretteville-sur-Laize Cdn. Mil. Cem.
Bretteville-sur-Laize, France.
Grave 16, row C, plot 4.
HI & CR Form Despd. **OCT 30 1946**

Photographs

Despatched

AUG 30 1947

25-7-44

AWARDS—CANADIAN ARMY (ACTIVE)

M 1678

MJA

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

				FILE NO. 405-G-6402
GALE, George Mervyn		D.83063	Cpl.	R.H.R. of Can.
SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT

WAR SERVICE

BADGE

(CLASS)	NO.	DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star	9143 . 17.1.50
France & Germany Star	
Defence Medal	
War Medal	
CVSM & Clasp	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

(1) MEDALS
PERSON

ENTITLED TO Harte (Re-married)
Mrs. Dorothy M. ~~GALE~~ (WIDOW)

ADDRESS: 367 Maple Ave.,
VILLE ST PIERRE,
Montreal, P.Q. 14-5-49

(2) MEMORIAL CROSS

WIDOW Mrs. Dorothy M. Gale, (ENGLISH)

1678 Montreal, P.Q.
ADDRESS: 367 Maple Ave., VILLE ST. PIERRE,

(3) MEMORIAL CROSS

MOTHER Mrs. Amy L. Gale, (MFM-5) (ENGLISH)

1678
ADDRESS: 6145 Durocher St., OUTREMOUNT, P.Q.

REGISTRATION NO. DATE OF DESPATCH

MEMORIAL BAR

DATE DESP.....

(1)

REGN. NO.....

235

DESP. OCT 21 1944

REGN No. 3780

(2)

DESP. OCT 21 1944

REGN No. 3781

(3)

Received **NOV 28 1942** *GT* Checked *6* Card *✓* Observations.....

**ORIGINAL
DUPLICATE
TRIPLICATE**

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

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

Unit ~~M.P.C.~~ **2nd Bn BLACK WATCH (R.H.R.) OF CAN. AM** No. ~~20~~ **Farnham (NPAM)** Regimental Number ~~NPAM 4586~~ **D-83063**

CANADIAN ACTIVE SERVICE FORCE ATTESTATION PAPER

- Surname..... **GALE**
- Christian Names..... **GEORGE MERVYN**
- Present address..... **367 Maple Avenue, Ville St. Pierre, Quebec, Canada**
- Date of birth..... **20th October, 1910**
- Place of birth..... **Canada** **Quebec** **Montreal**
(Country) (County or Province) (Town or Township)
- Religion (state denomination)..... **Church of England**
- Trade or Calling..... **Cashier (Bank)**
- Married, Widower or Single..... **Married**
- Name of next of kin..... **Mrs. Dorothy Gale**
- Relationship..... **Wife**
- Address of next of kin..... **367 Maple Avenue, Ville St. Pierre, Quebec, Canada**
- Do you belong to, or have you served in the Active Militia of Canada? *yes Black Watch*
Sept 1927 to Oct 1929. July 1940 to Aug 1941
(If Yes, Give Unit and Dates of Service)
- Have you served in (a) The Canadian Active Service Force? *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)
- 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, *G. Mervyn Gale* 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 *Aug 16 1941* *G. Mervyn Gale*
(Signature of recruit)

OATH TO BE TAKEN BY MAN ON ATTESTATION

I, *G. Mervyn Gale* do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.
G. Mervyn Gale (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,

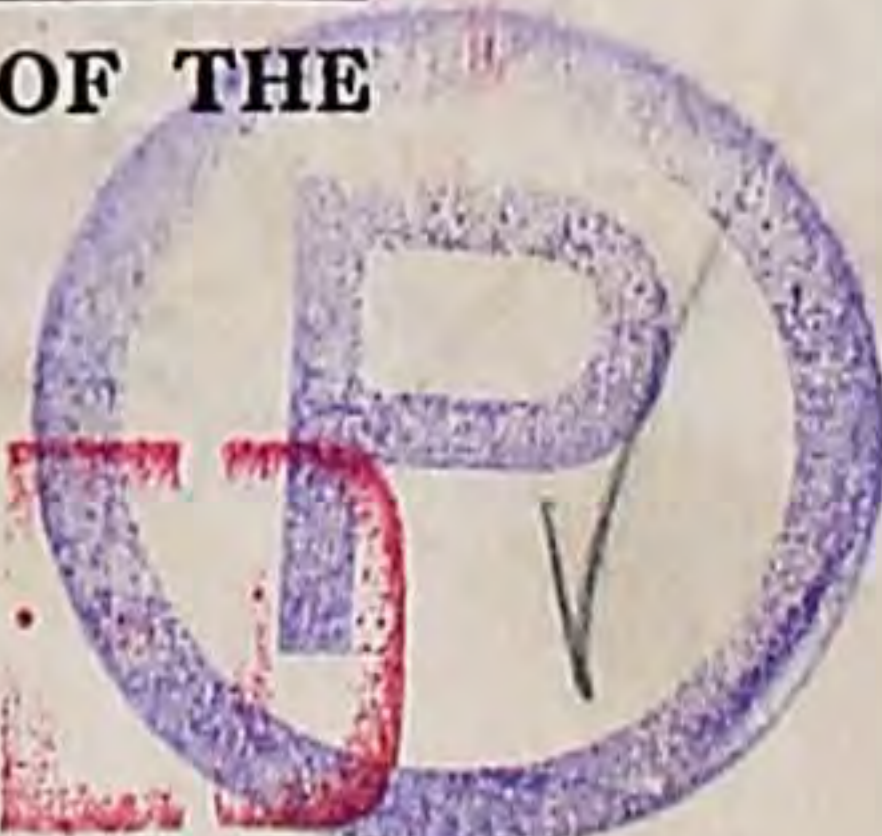
at *Farnham* this *16th* day of *August* 19 *41*

L. J. Harriman Lieut. (Signature of Magistrate, Justice or Attesting Officer.)

Capt. A12 - A.I.R.)T.C. (Office or Rank and Unit or appointment.)
NO. 4 DISTRICT DEPOT, C. A. S. F.

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

GALE

(Surname)

GEORGE NERVYN

(Christian Names)

Regimental Number

D-83063

~~4586~~

QUALIFICATIONS

EDUCATIONAL QUALIFICATIONS

Military..... "Q" Sgt.
 Business or Professional..... Nil
 Trade or Civil..... Cashier (Bank)
 Technical..... I.C.S. (Mechanical Drawing) 1929 to 1932
 Languages..... English

High School } 3 yrs. High School
 or } (years completed)
 Collegiate }
 Graduation } Nil
 or }
 Matriculation } (specify)
 *College..... Nil
 *University..... Nil
 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	From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., from date taken on Strength of Field Force	Rank Shown	Effective Date	Unit	Place	Authority	
							Part II D.O. No. Cas. List, etc.	Dated
2 Sept. 40	D.R.O.	Joined on appointment NO. 4 DISTRICT DEPOT CASP	Sgt.	2 Sept. 40	4 DD	Montreal	4 DD Pt. II 221	2 Sept. 40
27 Sept 40	y. D.D.	Transferred to his unit Farnham	"	27 Sept 40	"	"	"	27 Sept 40
30 Sep 40	4DD	T.O.S. NPAM T.C. No. 40	"	28 Sep 40	TC40	Farnham	Tc40 Pt11 A-1	30 Sep 40
7 Nov 40	TC40	Change of Number to D-511114	"	"	"	"	" " A-10	7 Nov 40
3 Apr 41	"	Granted 14 Days Furlough under R.O. 699	"	22 Mar 41	"	"	" " A-31	21 Mar 41
5500	T.C. A-12	Ceases to be employed under the Provisions of G.O. 139/1939 and ceases to be On Command from No. 4 District Depot pending attestation in the C.A. and allotment of Regimental Number D-83063	"	15-8-41	TC A-12	Farnham	" " A-138	27-9-41
	"	On Command and attached for all purposes from No. 4 D. Depot on ceasing to be employed under the Provisions of G.O. 139 1939 on attestation in the C.G.G. C.A. and on relinquishing R.F. Regimental No. D-511114	"	16-8-41	" "	" "	" " A-138	27-9-41
	"	(Particulars of Previous Service:- Called out under G.O. 139 as Sgt.T.C. No.40 from 2nd Sept.1940 to 15 Aug.1941)	"	"	"	"	"	"
20-3-42	" "	To be A/S/SGT. and appointed A/COMS to complete Establishment.	A/COMS	15-3-42	" "	" "	" " " A-63	20-3-42

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

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CERTIFICATE OF MEDICAL EXAMINATION

Name in full Gale G. Mervyn Date Aug 31 1940

Part 1. Information obtained from the recruit.

1. Age 39 2. Have you ever suffered from any of the following diseases?
- | | | | |
|-----------------------------------|-----------|--|-----------|
| a. Rheumatism..... | <u>no</u> | k. Ear disease..... | <u>no</u> |
| b. Tuberculosis..... | <u>no</u> | l. Eye disease..... | <u>no</u> |
| c. Bronchitis or asthma..... | <u>no</u> | m. Epilepsy..... | <u>no</u> |
| d. Heart disease..... | <u>no</u> | n. Nervous or mental disease..... | <u>no</u> |
| e. Kidney or bladder disease..... | <u>no</u> | o. Syphilis..... | <u>no</u> |
| f. Gastro-intestinal..... | <u>no</u> | p. Gonorrhoea..... | <u>no</u> |
| g. Rupture..... | <u>no</u> | q. Have you ever worn glasses?..... | <u>no</u> |
| h. Varicose veins..... | <u>no</u> | r. Are you now or have you in the past received disability pension or compensation? If so, give details..... | <u>no</u> |
| i. Flat or deformed feet..... | <u>no</u> | | |
| j. Nasal trouble..... | <u>no</u> | | |

M. Gale
Signature of Applicant

Color vision Ishihara C.N. Bars & reflexes N

A. Delahaye 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.)
1 vac left arm
2. Height 5 feet 10 inches. 3. Weight 145 (143) pounds.
4. Complexion fair Eyes Blue 5. Development good Good Fair Poor
- Hair fair
6. Chest measurement—Girth on full expansion 34 1/2 inches.
Range of expansion 2 1/2 inches.
7. Vision, right 20-20 left 20-20 8. Hearing, right c.v. 20 left c.v. 20
9. Condition of mouth and teeth good- partial upper plate
10. The abnormalities (congenital and pathological) found on examination are as follows.
Ing rings enlarged no hernia slight ^{Prominent} head bars of left 1st & 5th metatarsals

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.....

F. W. Wigglesworth President *Major H. Aubry* Member *G. Gannon* Member

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature
<i>F. Wigglesworth</i>	<i>Major H. Aubry</i>		<i>G. Gannon</i>
<u>24 Sept 40</u>	<u>Vac</u>		<u>Re-examined; Normal Urine,</u>
<u>12 Oct 40</u>	<u>TAB/3</u>		<u>Ears, Reflexes, Category</u>
<u>24 Sept 40</u>	<u>T.T. 1</u>		<u>XRAY</u>
<u>24 Sep 40</u>	<u>TAB/1</u>	<u>30-6-41</u>	<u>Date</u>
<u>3 Oct 40</u>	<u>TAB/2</u>		<u>X-Ray Negative</u>
<u>10 Dec 40</u>	<u>T.T. 2</u>		<u>Major Gannon</u>
	<u>T.A.B.T. 1/2 cc</u>		

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

WILL

M.F.M. 10
75M-5-40 (5241)
H.Q. 1772-39-1056

(1) I, George Mervyn Gale, of the City
(Name in Full) (City, Town, Village, Township)

Address in
civil life.

of Ville St. Pierre, in the County of Jacques Cartier
District

Province of Quebec, Cashier (Bank)
(Civil Occupation) (NPAM)

Regimental No. NPAM 4586, Unit MTC No. 40 Farnham, do hereby revoke
all former Wills by me made and declare this to be my LAST WILL.

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

(2) I GIVE, DEVISE AND BEQUEATH unto "My Wife, Mrs. Dorothy Gale, who
resides at 367 Maple Avenue, Ville St. Pierre, Quebec,
Canada, all my real and personal property and all my
personal effects."

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

(4) I appoint _____
(Name) (Address)

_____, to be the Executor
Executrix of this my Last Will.
(Civil Occupation)

IN WITNESS WHEREOF I have hereunto set my hand this 2 day of September
1940.

Signed and acknowledged by the Tes-
tator, 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.

G. M. Gale
(Signature of soldier)

First witness
sign here.

(5) Signature John Buckenidge Pte.
Civil Address 742 Marin Ave. Montreal Que.
Civil Occupation clerk

Second witness
sign here.

Signature Darwin Whitlock Pte.
Civil Address 179 3rd Ave. Verdun Que.
Civil Occupation Machinist

(Witnesses are not to be beneficiaries.)

[OVER]

Statement of the Service of No. D 83063

Rank.....

Sheet No.....

Name G.A.L.E. GEORGE MERVINM.F.M. 1 & 2 (a)
700 M-8-39 (1697)
H.Q. 1772-45-18

REPORT		Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority	
Date	From whom received						Part II D.O. No. Cas. List, etc.	Dated
		ceases Att fap & pay to R.A.F. Reg	Sgt	13 Feb 43	Blk W	UK	15	3 Mar 43
	<i>change of address result of his</i>	<i>7²⁵ D.M. Gale (sup) 1367 Maple Ave. Montreal Canada</i>					28	21 Nov 43
		and fap to HQ 5CIB.	Sgt	5 Jun 43	Blk W	UK	41	28 Jun 43
		Station F.A.P. HQ 5CIB.	Sgt	20 June 43	Blk W	UK	44	12 July 43
		Son, Brian Mervin born at Montreal P.Q. Canada	Sgt	4 June 43	Blk W	UK	48	30 July 43
	(85)	On Command to OCTU. Sel berne	Sgt	9 Dec 43	BW	UK	74	30 Dec 43
		AWARDED THE CANADIAN VOLUNTEER SERVICE MEDAL AND CLASP						
	X.70	Reverts to Cpl (own Request)	Sgt	29 May ⁴⁴	Blk W	UK	29	9 Jun 44
		Embarked at ... UK ... on 5 Jul 44	Cpl		1 Blk W	21 AGP	37	14 Jul 44
		Disembarked at ... France ... on 6 Jul 44	Cpl	28 Jul 44		AET	A 476	
		Missing						
	X	SOS to X6 list, R.A.C. - Missing	Cpl	28 Jul 44	R.A.C.	21 AGP	44	9 Aug 44
		Killed	Cpl	25 Jul 44	R.A.C.	AET	A 482	25 Aug 44
	m.47	S.O.S. Killed in Action	Cpl	25 Jul 44	1 Bn BW	21 AGP	47	1 Sep 44

Statement of the Service of No. D-83063Rank A/CQMSSheet No. 2Name GALE G.M.M.F.M. 1 & 2 (a)
700 M-8-39 (1697)
H.Q. 1772-45-18

REPORT		Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority	
Date	From whom received						Part II D.O. No. Cas. List, etc.	Dated
11-4-42	A-12	Granted 14 days furlough under the prov. of R.O. 699 from 13-4-42 to 26-4-42	A/CQMS	13-4-42	A-12	FARN	PT. II NO. A-79	10-4-42
22-5-42	"	Transferred at his own request to the 2nd Bn. Black Watch (RHR) of Canada.	"	19-5-42	"	"	" " " A-106	22-5-42
22-5-42	"	S.O.S. on transfer to Unit, 2nd Bn. Black Watch, Westmount Barracks, Quw.	"	21-5-42	"	"	" " " A-106	22-5-42
21/5/42	A-12	T.O.S. on transfer from C.I.T.C. A-12	Pte.	22/5/42	2 R.H.C.	Weston's Barracks	2 R.H.C. Pt. II No 6.	26/5/42
22/5/42	2 R.H.C.	Appointed to rank of A/Sgt.	A/Sgt.	"	"	"	" " "	"
5-9-42	2 R.H.C.	Confined in Rank Coy.	A/Sgt.	22-8-42	2 R.H.C.	Sussex	2 R.H.C. Pt. II 52A	18-9-42
10-9-42	2 R.H.C.	Granted embarkation leave R.O. 699 and is granted 50/- per day in lieu of rations while on leave T.W. A 208288	A/Sgt.	9-14-9-42	2 R.H.C.	Sussex	2 R.H.C. Pt. II 54A	10-9-42
20-9-42	2 RHC	S.O.S. on proceeding Overseas	Sgt.	20-9-42	2 RHC	Sussex, N.B.	2 RHC Pt. II #53-A 60	20-9-42
		Embarked and s.o.s. (C.A.) Canada	"	29/9/42	2 CDIRU	Halifax	D.O. 242	11-10-42
		S.O.S. Can Army O/S	Sgt.	30/9/42	"	"	" "	" " "
		Disembarked U.K.	"	7/10/42	"	U.K.	" "	" " "
		Reported for duty	Sgt.	8/10/42	"	"	" "	" " "
		Placed to duty	Sgt.	24 Nov 42	2 CDIRU	UK	280	24 Nov 42
		Proceeded on ASec 2 Bn (IRASCRU)	Sgt.	10 Dec 42	2 CDIRU	UK	294	10 Dec 42
		Rtd from ASec Bn 2.	Sgt.	23 Dec 42	2 DIRU	UK	306	24 Dec 42
SOS		S.O.S. to Black Watch	Sgt.	31 Dec 42	2 DIRU	UK	311	31 Dec 42
TOS		T.O.S. from 2 DIRU	Sgt.	1 Jan 43	Black W.	UK	1	8 Jan 43
		at FAP to RAF Regt.	Sgt.	24 Jan 43	B.W.	UK	8	3 Feb 43

Statement of the Service of No. D-83063

Rank A/COMS

Sheet No. 2

Name GALE G.M.

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

REPORT		Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority	
Date	From whom received						Part II D.O. No. Cas. List, etc.	Dated
11-4-42	A-12	Granted 14 days furlough under the prov. of R.O. 699 from 13-4-42 to 26-4-42	A/COMS	13-4-42	A-12	FARN	PT. II NO. A-79	10-4-42
22-5-42	"	Transferred at his own request to the 2nd Bn. Black Watch (RHR) of Canada.	"	19-5-42	"	"	" " " A-106	22-5-42
22-5-42	"	S.O.S. on transfer to Unit, 2nd Bn. Black Watch, Westmount Barracks, Quw.	"	21-5-42	"	"	" " " A-106	22-5-42
21/5/42	"	TOS on transfer from CITC A-12.	Pte	21/5/42	2 RHC	Weston's Barracks	2 RHC Pt II No 6	26/5/42
22/5/42	2 RHC	Appointed to rank of A/Sgt.	A/Sgt.	"	"	"	" " "	26/5/42
5-9-42	2 R.H.C	Confirmed in Rank Cpl	Cpl.	22-8-42	2 R.H.C	Sussex	2 R.H.C Pte 53A	5-9-42
10-9-42	2 R.H.C	Granted embarkation leave R.O. 699 and is granted 15 of pay day in lieu of operations while on leave T.W. A208288	Cpl.	9 th 9/42	2 R.H.C	Sussex	2 R.H.C Pte 54A	10-9-42
20-9-42	2 RHC	S.O.S. on proceeding Overseas	Sgt.	20-9-42	2 RHC	Sussex, N.B.	2 RHC Pt II #59-A	20-9-42
SOS		on Protector Canada.	✓	29.9.42.				
	TOS	EA(O)	✓	30.9.42.	2/CDIRU	UK.	242.	11 Oct 42.
		Disembarked.	✓	7/10/42				
		Rep for Duty	✓	8/10/42			242	11 Oct 42
		Fr Leave 24 Nov to 1 Dec 42.	✓				280	24 Nov 42.
		Precedon ASCC #2 One 1 PCASCR U	✓	10 Dec 42			294	10 Dec 42
		Ret from ASC #2 One	✓	23 Dec 42			306	24 Dec 42
SOS		to BU F Udern ORO 431	Sgt	31 Dec 42			311	31 Dec 42.

(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
SOS	TOS	2CDIRU	on Embarkation, Canada. CAG	UK	29.9.42	Sgt	
		✓	Disembarked	✓	30.9.42	✓	242. 11 Oct 42
		✓	Rep. for Duty	✓	7.10.42	✓	
		✓	Leave 24 Nov to 1 Dec 42	✓	8.10.42	✓	242. 11 Oct 42
		✓	Rep. ASCC #2 case I.R.C.A.S.C.R.U.	✓	10 Dec 42	✓	280 - 24 Nov 42
		✓	Rep. from ASC #2 case	✓	23 Dec 42	✓	294 - 10 Dec 42
		✓	DBW FU dem. ORD 431	✓	31 Dec 42	✓	306 - 24 Dec 42
SOS	O.C.	1 RHC	T.O.S. from 2 C.D.I.R.U.	Field	1 Jan 43	Sgt.	1 - Jan 43
2 Jan 43	✓	✓	Att. for pay to R.A.F. Regt.	✓	24 Jan 43	✓	8 Feb 43
26 Jan 43	✓	✓	Leave at P.A.F. Regt.	✓	13 Feb 43	✓	15 d/27 Feb 43
17 Feb 43	✓	✓	Change address in of R	✓		✓	28. 21 May 43
12 May	✓	✓	9 days P.T.	✓	28 May 43	✓	37 - 16 July 43
4 June 43	✓	✓	att. to HQ S.C.P.B. 7 af.	✓	5 June 43	✓	41 - 28 June 43
20 June 43	✓	✓	ceases to be att. to HQ S.C.P.B.	✓	26 June 43	✓	44 - 12 July 43
27 June 43	✓	✓	Son, Brian Mervin Gale, born at Montreal P.Q. Canada, wife Dorothy Gale.	✓	4 July 43	✓	48 - 30 July 43
	✓	✓	On command to D.C.F.U. Selection Centre	✓	8 Dec 43	Sgt.	74-30 Dec 43
	✓	✓	ref 1800 hrs. 8 Dec 43 to 1800 hrs. 11 Dec 43	✓	15 Jan 44	Sgt.	4-26 Jan 44
	✓	✓	Awarded Canadian Volunteer Service Medal and Clasp	✓	29 Aug 44	1cpl.	29-9 Jan 44
	✓	✓	Reverts to cpl. at own request to				
	✓	✓	Draw reg. rates of pay of \$11.70 1/2				
	✓	✓	dinner				
	✓	✓	Embarked U.K. 5 July 44		6 July 44	cpl.	37-14 July 44
	✓	✓	Disembarked France...				
Cave Do 46 Aug 44	✓	✓	Sol to 6 hrs. 1 RHC missing	✓	28 July 44	1cpl.	44-9 Aug 44
Cave 30	30/8/44	76 Bw	TOS from Bw	✓	29 Aug 44		
	oc	1 RHC	Sol. Deceased Killed in action	7 d.	25 July 44	cpl.	47 - Sep 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

2nd Bn. The Black Watch (R.H.R.) of Canada (C.A.) PART I (For all ranks)

Unit M.T.C. NO. 40 FARNHAM (NPAM)

Regimental Number NPAM 4586 *183063* Q-51114

<p>1. Surname..... <u>GALE</u></p> <p>2. Christian Names..... <u>GEORGE MERVIN</u></p> <p>3. *Substantive Rank and Appointment..... <u>cfll</u></p> <p>*Acting Temporary or Local Rank..... giving date.....</p> <p><small>*To be entered in pencil to facilitate alteration.</small></p> <p>4. Place of birth..... <u>MONTREAL QUEBEC CANADA</u></p> <p>5. Date of birth as declared on attestation..... <u>20th. October 1910</u></p> <p>(A).....</p> <p>6. Date of enlistment..... <u>2nd September 1940</u></p> <p>7. Place of enlistment..... <u>MONTREAL QUE. CANADA</u></p> <p>8. Residence at time of enlistment..... <u>367 MAPLE AVE. VILLE ST. PIERRE QUEBEC CANADA</u></p> <p>9. (B) Special conditions (if any) of enlistment or rate of pay.....</p> <p>10. (C) Any subsequent variations of conditions of service.....</p> <p>11. Religion..... <u>CHURCH OF ENGLAND</u></p> <p>12. If married, state date..... <u>3rd September 1935</u></p> <p>13. Trade on enlistment..... <u>CASHIER (BANK)</u></p> <p>14. Corps, trade and grade.....</p> <p>15. (D) Qualifications.....</p> <p>16. (E) Miscellaneous entries.....</p>	<p>(17) Regiment or Corps <u>2nd Bn. The Black Watch (R.H.R.) of Canada (C.A.)</u></p> <p>Unit (Battn., etc) <u>2nd Bn. The Black Watch (R.H.R.) of Canada (C.A.)</u></p> <p>(18) Medical</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Category</th> <th style="width: 20%;">Date</th> <th style="width: 50%;">Authority</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><u>"A"</u></td> <td style="text-align: center;"><u>31-8-40</u></td> <td style="text-align: center;"><u>M.F.M. 2</u></td> </tr> </tbody> </table> <p>(19) Next of kin (entries to be made in pencil) <u>WIFE</u> <u>MRS. DOROTHY GALE - 367</u> <u>MAPLE AVENUE</u> <u>MONTREAL QUEBEC</u> <u>CANADA</u></p> <p>(20) E.....</p> <p>(21) E.....</p> <p>(22) E.....</p>	Category	Date	Authority	<u>"A"</u>	<u>31-8-40</u>	<u>M.F.M. 2</u>
Category	Date	Authority					
<u>"A"</u>	<u>31-8-40</u>	<u>M.F.M. 2</u>					

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.

CASUALTIES, ETC.

NATURE E. G. ABSENCE, PROMOTION, ETC.	PART 11, D. O.		REMARKS IF IN HOSPITAL, NOTE NAME, ETC
	No.	DATE	
TOS DD4	222	3-9-40	Eff 2-9-40
SOS Dist. Depot #4	245	28-9-40	Eff. 27-9-40
TOS NPAM T.C. # 40	A-1	30-9-40	Eff. 28-9-40
Granted 14 days' Furlough	A-31	21-3-41	Eff. 22-3-41 to 4-4-41
TOS ceases G.O.139	A138	27-9-41	w.e.f. 16-8-41.
Promoted A/Sjt.	A138	27-9-41	w.e.f. 16-8-41.
To be A/S/Sgt. and appointed A/COMS	A-63	20-3-42	w.e.f. 15-3-42
Granted furlough	A-79	10-4-42	wef. 13-4 to 26-4-42
Reverts to his permanent rank of Pte.	A-105	21-5-42.	wef. 21-5-42.
SOS on transfer to 2nd Bn. RHC Westmount Barracks, Westmount Que.	A-105m	21-5-42.	wef. 21-5-42.
TOS 2nd Bn. B.W. (RHR) CA	6	26-5-42	w.e.f. 22-5-42. as Pte
To be A/Sgt.	6	26-5-42	w.e.f. 22-5-42. as a pk

P. & A. LED. AGREES

JUL 18 1942

D

MTC No.40 Farnham NPAM

NAME GALE George Mervyn

REGIMENTAL NO. D-83063 NPAM 4586 RANK Sgt

ENLISTED AT Montreal, Que. PROMOTIONS, ETC. AND DATE

DATE 2nd September 1940

IF SERVED PREVIOUSLY, STATE UNIT, ETC.

MARRIED, WIDOWER, OR SINGLE married

NEXT OF KIN Dorothy Gale RELATIONSHIP wife

ADDRESS OF 367 Maple Ave. Ville St. Pierre Quebec Can.

ASSIGNMENT OF PAY, \$ 35.00 Eff. October 1940 TOTAL A/B 50.00

ADDRESS as above \$1.00 Eff. April 1941 W.S. Pledge CANCELLED 1-10-42

DEPENDENT'S ALLOWANCE ENTITLED OR NOT Yes \$47.00

DATE APPLICATION FORWARDED TO DISTRICT PAYMASTER 2-9-40 M. F. M. 14

IN WHOSE FAVOUR wife (1)

CASUALTIES, ETC.

PART II D. O.		NATURE AND PARTICULARS	IF IN HOSPITAL NOTE NAME
No.	DATE		
74/8a CR	21-12-43	On command to O.C.T.U. Selection Centre wef. 1800 hrs. 8 Dec to 1800 hrs. 11 Dec 43.	
1024/12H	23-4-43	PL 18 To 27 Feb 43 (RM)	
37/3G	16-6-43	PL 28 May To 6 June 43 (RM)	
63/10B	23-10-43	PL 16 To 25 Sept 43 (RM)	
CR	28-2-44	PL 15 To 24 Feb 44 (RM)	
21/8/A CR	31 MAY 44	REVERTS TO THE RANK OF (CPL) ¹⁰ PER DAY AT HIS OWN REQUEST WEF 29 MAY 44	
37/2F	14/7/44	Emb in UK. 5/7/44. Disemb in France. wef 6/7/44	
BR	28/7/44	SOS to X. B. List (I-RHC) missing. wef. 28/7/44	

M.F.M. 14A
200M-1-42 (2934)
H.Q. 1772-39-1662

CARD SEQUENCE No. _____

No. D-83063 RANK Sgt. NAME GALE, G.M. ERYN

CASUALTIES, ETC.

PART II D. O.		NATURE AND PARTICULARS	IF IN HOSPITAL NOTE NAME
No.	DATE		
52A.	5-9-42	Confirmed in rank Sgt. wef 22-8-42.	
54A.	10-9-42	Granted embarkation leave from 9th. Sept. until 14th. Sept. under R.O. 699. And is granted .50¢ per day in lieu of rations while on leave.	
60-A	20-9-42	SOS to "Service" w.e.f. 20-9-42	
241.	11-10-42	TOS (As. 20.9.42) TOS 20/10/42	
280	24-11-42	7 days P.C. draw money alle. from 24-11- to 1-12-42	
294	10-12-42	Command. to 1 RCASC RV. 10.12.42	
306.	24/12/42	Ret'd from above 23/12/42	
1/4 ^B BR	2/1/43	TOS 1. B. Watch from 26 D. RV wef. 1/1/43	
8/5 ^A BR	26/1/43	Att'd to RAF. Regt for ex pay. wef. 24/1/43	
15/7 ^B BR	17/2/43	BTBA v v wef. 13/2/43	att'd to HQ 5CIB wef.
44/5 ^C CR	28/6/43	C.T.B.A. to 5CIB. pay. wef. 20 Jun 43.	5 June 43 HQ 41/4 ^D 0/28/6/43
48/14 ^A CR.	21-7-43.	Birth (son) Brian Mervyn Gale at Montreal, Que on 4 June 43.	
74 ^A			
10B CR.	17-12-43	PL 20 to 29 Nov 43 (RA)	

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.

(1) Name of Officer of Other Rank GALE ^{George} Mervyn
(Surname first—Christian names in full—Block capitals)

(2) Regimental or Air Force Number and Rank D-83063 Sgt

(3) Unit Black Watch (RHR) of Canada, C.A.

(4) Are you married? YES

(5) If married, state,

(a) Full name of your wife Mrs. Dorothy May Gale

(b) Present postal address of wife 367 Maple Ave., Ville St. Pierre, Que.,
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? ONE Number of boys ONE Girls NONE

Names and ages Donald Barton Gale 4 Years

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

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

Name Mrs. Dorothy May Gale

Postal Address 367 Maple Ave., Ville St. Pierre, Que., Canada

[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? YES

If so, state name and address, occupation Mr. Charles K. Gale - 6145 Durocher St., Outremont, Que., Canada.

(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 Mrs. Amy L. Gale, - 6145 Durocher St., Outremont Que., Canada.

(15) If your mother is a widow, are you her sole or partial support? N/A

(16) If sole or partial support of widowed mother—state what amount per month you have given her prior to appointment or enlistment. N/A

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? N/A

(17) Are you contributing to the support of any dependents, other than those shown above? N/A
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? T. Eaton Life Insurance Co.
(Give number of policy)

Have you made arrangements for payment of your Insurance Premium?.....
If not, and it is a monthly premium, you may assign the amount in addition to any other assignment you wish to make, provided the total assignment is not in excess of the maximum monthly amount which may be assigned.

I hereby certify that the information given by me on this form is correct in each and every particular.

MG/RJF

Date 20 Oct 41

W.M. Gale
(Signature of officer or man)

Date 20 Oct 41

Officer Commanding A-12, A.I.(R) Training Centre

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.

254/39

2

INF

4

PRE-O.C.T.U. No.:

O.C.T.U.

ARM OR SERVICE
(and classification)

Application Form for Officer Cadet Training

TRAINING
Basic—C.T.S.
British Pre-O.C.T.U.
British O.C.T.U.
Canada
(Strike out whichever is NOT
applicable and initial)

"M" Test Score :

Selection Board
Grading :

Pre-O.C.T.U.
Grading :

O.C.T.U.
Grading :

(Above this line to be completed by
C.M.H.Q.)

PART A. Particulars of Candidate. (To be completed by the Candidate in his own handwriting)

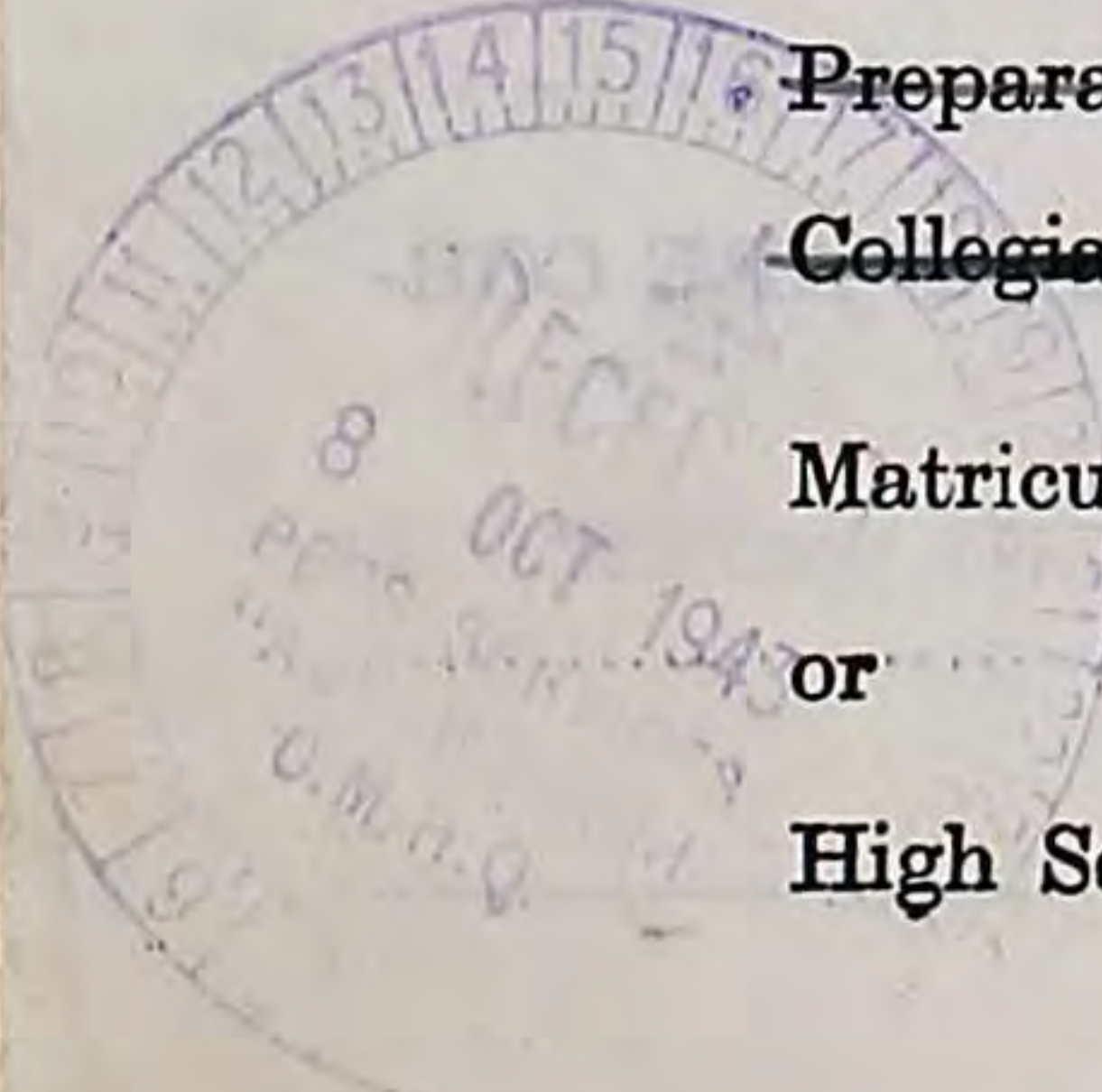
I hereby make application to be considered for O.C.T.U. training and desire to be commissioned in
Infantry I am willing to serve in commissioned rank in any Arm, Corps or Service.
(Arm, Corps or Service)

Signature M. Gale

1. Surname Gale
2. Christian Names George Morgan
3. Unit The Black Watch (R.H.R.) of Canada
4. Regimental Number D-83063 5. Date of Joining Unit 3 Sept 1940
6. Present Rank Sergeant 7. Date of Last Promotion May 1942
8. Medical Category A 9. Age 32 10. Date of Birth 20 Oct 1910
11. Place of Birth Montreal Quebec Canada
(Town or township—County or Province—Country)
12. Date and place of Enlistment 3 Sept 1940 Montreal
13. Religion (State denomination) of England
14. Nationality English 15. Nationality at Birth English
16. Second Nationality (if any) n/a
17. Name and Nationality at Birth of Father Charles Kibnes Gale English
18. Name and Nationality at Birth of Mother Amy Lillian Gale English
19. Married or Single Married
20. Nationality at Birth of Wife English
21. Number of Children and Ages Two 6 years and 4 months
22. Name of Next of Kin Mrs Dorothy May Gale
23. Relationship Wife
24. Address of Next of Kin 347 Maple Ave Ville St Pierre Montreal
25. Educational Qualifications:
 - (a) High School } Montreal High School Montreal 3 1/2 yrs.
 - Preparatory } 7 years elementary schooling
 - Collegiate } 2 years night school. Mechanical Drawing.

(Name, location and number of years)

- Matriculation (Middle School)
- or (Upper School)
- High School Leaving Certificate



(b) Technical {
Commercial {
Vocational {

Industrial High School
(Name, location and number of years)

Completed Fourth Form or Grade?

(c) College or University
(Name of Institution, courses or years completed and degrees)

(d) Foreign Languages (State if written or spoken).....

26. Previous War Service (State Arm, Force, and regimental particulars)

n/a

27. Previous service in P.F. or N.P.A.M. (State unit and particulars of service)

The Black Watch (R.H.R.) of Canada. 1927 - 1930

28. Courses attended and results P.F. or N.P.A.M. (State details and dates)

29. Civil occupation *cashier - Draftsman*

30. Name of last employed and dates of employment

The J. Eaton Co. Ltd Aug 1931 - Sept 1940
The Robert Mitchel Co Ltd Feb 1926 - May 1931

31. Have you ever been convicted by the Civil Power or by Court Martial? If so, state date and circumstances.

No

32. Have you previously been admitted to an Officer Training Unit? If so, give particulars.

No

33. Have you at any time held a commission in any branch of H.M. Forces? If so, give particulars.

No

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THE ABOVE PARTICULARS ARE CORRECT AND COMPLETE.

DATE..... *27 Sept 1943*..... SIGNATURE..... *M. Gale*.....

(Above this line to be completed by the Candidate in his own handwriting).

PART B. Estimates of personal characteristics and particulars of military service. Unit Commanders will initial in appropriate space opposite each heading.

(1) Leadership.	Unknown.	Needs urging and constant supervision; always follows others.	Does only what he is told; avoids responsibility; dislikes taking lead.	Carries out ordinary assignments satisfactorily; prefers to follow.	Ready to take initiative when course is clear; needs a little assistance.	Quick to grasp a situation and take initiative in acting promptly.
(2) Sense of Responsibility.	Unknown.	Unreliable, irresponsible.	Indifferent; apt to leave things to others (passes the buck).	Moderate sense of responsibility; has to be checked periodically when given a job.	Responsible and conscientious; has common sense; can be relied upon.	Very responsible and dependable; strong sense of responsibility; has abundant common sense.
(3) Alertness.	Unknown.	Dull; slow; unadaptable.	Learns slowly; stodgy; needs everything clearly explained.	Fairly alert; average learner; grasp of new ideas sometimes slow or incomplete.	Learns quickly; quick at grasping new ideas.	Exceptionally quick and keen to understand, learn and solve difficulties; quick and decisive in action.
(4) Administrative Ability.	Unknown.	Repeats same mistakes; does not improve.	Learns procedures slowly; needs direction always.	Accepts limited responsibility; can handle familiar situations.	Can make decisions and handle new situations; good sense of proportion.	Initiates organization; clear thinker; quickly sees relative importance of factors.
(5) Energy and Persistence.	Unknown.	Inert; puts little effort into work; easily discouraged; lazy.	Slack; half-hearted effort, loses interest.	Moderately persistent; average application; gets things done.	Active; industrious; persevering.	Vigorous; enthusiastic in what he undertakes; never discouraged by difficulties.
(6) Group Value.	Unknown.	Discourteous; little regard for feelings of others; un-cooperative, prejudiced, generally not liked.	Inconsiderate; no tact; thoughtless; off-hand; individualistic; difficult to work with or change attitudes; few friends.	Respectful; moderately helpful, considerate and co-operative; can be converted to new ways; liked by some.	Polite; conscientious in fulfilling obligations; helpful and considerate of others; generally liked.	Very courteous; thoughtful; very considerate of others; co-operative, gives his best and gets the best out of others; liked and admired.
(7) Appearance.	—	Unprepossessing.	Not a very favourable impression. Untidy.	Moderately favourable.	Distinctly favourable impression; neat.	Impressive; smart.
(8) Speech.	—	Sloven; indistinct; ungrammatical; poor vocabulary.	Lazy; hesitant; limited vocabulary.	Average articulation; average vocabulary.	Clear articulation; expresses ideas clearly; good vocabulary.	Well-articulated; precise; distinct; fluent; exceptionally good use of words.
(9) Basic knowledge of Arm.	Unknown.	Very poor.	Poor.	Fair.	Good.	Excellent.
(10) Instructional Ability.	Unknown.	Very poor.	Poor.	Fair.	Good.	Excellent.

11. Remarks: Particulars of the candidate's employment in the unit and other details, including special qualifications for his present arm, which have influenced the Commanding Officer in recommending the candidate or in withholding his recommendation, will be included.

This N.C.O. is inclined to be slightly casual and should develop a more aggressive manner but nevertheless he is thoroughly reliable and is efficient at his work.

12. If commission is desired in Arm other than that in which the candidate is now serving, remarks as to the suitability of the candidate and technical qualifications, if any.

13. Training standards attained in Canadian Army (A.F.). (State details).

Basic trg complete

Adv trg complete

14. Courses attended and results, Canadian Army (A.F.). (State details and dates).

Refresher Course Pl. Weapons - Oct 42.

Movement Control - Dec 42.

15. Military Character

Excellent

(Certified true copy of M.F.M.6 to be attached)

(Above this line to be completed by the Unit Commander)

PART C. Recommendations

1. I certify that No. 283063 Rank Sjt Name Gale G.M. was interviewed by me on 5 Oct 1943 and is in my opinion suitable for training for a commission in Cdn Inf Corps (Arm, Corps or Service) I therefore recommend this applicant for consideration by the O.C.T.U. Selection Board.

Date 5 Oct 43

Signature S.S.T Cantlie LT. COL. O.C. 1ST. BN. THE BLACK WATCH. (I.H.R.) OF CANADA. Commanding

2. I certify that No. Rank Name was interviewed by me on 194 I request that this application be deferred for months, at which time I will reconsider it.

Date

Signature Commanding

3. I certify that No. Rank Name was interviewed by me on 194 and is in my opinion not suitable for training for a commission. I therefore do not recommend this application for consideration by the O.C.T.U. Selection Board.

Date

Signature Commanding

(Above this line to be completed by Unit Commander)

PART D. Decision of O.C.T.U. Selection Board:

REMARKS: N

Not accepted

Recommended for (1) (2) (3)

Date

Signature [Signature] Grade (President O.C.T.U. Selection Board)

PART E. Acceptance for Other Arms.

(To be completed by the designated representative of the Arm, Corps or Service for which candidate is recommended where this differs from the one in which he is serving).

(K. S. BJORN) Lt-Col., Deputy President, No. 1 Cdn OCTU Selection Centre. 1 DEC 1943

I certify that No. Rank Name is acceptable for training for a commission in

Date

Signature Rank

I certify that No. Rank Name is acceptable for training for a commission in

Date

Signature Rank

I certify that No. Rank Name is acceptable for training for a commission in

Date

Signature Rank

(Above this line to be completed by C.M.H.Q.)

PART F. Postings and attachments.

From To Auth Date

From To Auth Date

From To Auth Date

1880

1880

CANADA'S

GOLDEN'S

AND

PAY BOOK

DRAGNI 45527 a Sep
GALE G/M

193
1800
Belmy 26 10 3
355

C 10674

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.

(II) NEXT OF KIN

Any change becoming known is to be duly noted with date of
NOTE.—No entry in these pages has any legal

Nearest degree of relationship		Names	Date
1st	Wife	MRS DOROTHY GALE	
	Children		
2nd	Father		
	Mother		
3rd	*Brothers and Sisters		
4th	Other Relations (stating relationship)		

*State whether brothers are older or younger.

NOW LIVING

such change and reported by O.C. Unit to the Officer i/c Records.
effect as a Will (see pages 20 to 23)

Latest known Address in full

367 MAPLE AVE. VILLE ST PIERRE
QUEBEC CANADA

DRAGNI 45587 a Sep
GALE G.M.

193
1800
M
Mileara } belm 26 10 M

(XIV) PROTECTIVE INOCULATIONS

Nature of Vaccine, "T.A.B." Cholera, Plague, etc.	Date	Signature of Medical Officer
T.A.B.T. 1/3	24-9-40	R. Ohlke
	8-10-40	
	10-12-40	
T.A.B.T. 1/2 cc	2-3-42	R. Ohlke
T.A.B.T. 1/2 cc	18/13/43	R. Ohlke
Typhus / 3	29/12/43	R. Ohlke
	5/1/44	R. Ohlke
	12/1/44	R. Ohlke
T.A.B.T	11-3-44	R. Ohlke
Typhus 1cc	11/4/44	R. Ohlke

(XV) VACCINATION

Date Vaccinated	Signature of Medical Officer
Sept 24 1940	R. Ohlke Capt.
See Reaction 2 FEB 44	

DRAGNI 45587 a leg
GALE G.M.

193
1800
M
Belm 26 OM

FINGERPRINTED - CAIB
(XVI) MISCELLANEOUS ENTRIES

(For entries for which space is not otherwise provided)
NOTE.—No entry on this page has any legal effect as a WILL

Particulars	Date	Signature of Officer
X-Ray 93406 Neg.	30-6-41	REED LT
D. M. Chamber	27-10-42	C STUART CAPT
Privilege leave	24-11-42	R.G. SLATER CAPT
Warr 923175 DO 30/11/42	3-12-42	
M TEST (REV) COMPLETE	24-12-42	R. WALKER
G CARD COMPLETE		
Privilege leave	19-26	BRRITCHIE NAT
Free Warrant	Feb 43	
Privilege leave	23 May 43	Wm. L. Fisher
Free Warrant	30 May 43	left.
Privilege leave	16-9-43	J.P. Kemp
Free Warrant	25-9-43	
Privilege leave	19 Nov 43	Wm. L. Fisher
Free Warrant	28 Nov 43	left.
Privilege leave	15-2-44	Wm. L. Fisher
Free Warrant	24-2-44	left.
Wounded the Col V.B. Medal	15-1-44	Wm. L. Fisher.

Wm. L. Fisher

Solely for use on Active Service. This Will page must NOT be used until you have been placed under orders for Active Service.

WILL

(For use if the soldier has not already made a Will or wishes to alter one already made. See instructions on page 23).

Signature.....
Rank, Reg't Number.....
Date.....

DRAGNI 45587
GALE G. M.

193
1800
M
Belmy 26 10 M

1.54 3.40
5.02 7.00

8 4.52 8.33
5.30 9.56
1.00 6.26

Pat 10.18 11.30

Vic
10.48 12.5
10.53

Vic Pull
5.32

CLOTHING SIZES RECORD

ARTICLE	SIZES
Anklets.....	2
Battle Dress, blouse.....	7
Battle Dress, trousers.....	7
Cap or bonnet.....	7 $\frac{1}{8}$
Boots, ankle.....	8 $\frac{1}{2}$ D
Gloves.....	9
Facepiece, respirator.....	N
Greatcoat.....	7
Helmet steel, lining.....	7 $\frac{1}{4}$
Overalls, combination.....	7
Jersey, pullover.....	M.
Shirts, Angola, drab.....	15
Vest, woollen.....	40
Drawers, cellular.....	30
Drawers, woollen.....	30

MILITIA BOOK M. 1

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

CANADIAN ARMY

Clothing and Equipment
Statement

Regt No. D-83063

Rank ~~Sgt.~~ CPL

Name GALE, G. M.

INSTRUCTIONS TO SOLDIER

1. You will always *carry this book* on your person and are responsible for its safe custody. (Officers need not carry this book on their person but will be responsible for its safe custody.)
2. You will initial at the bottom of each page to signify that you understand its contents and have received the quantities entered.
3. Do not alter or make entries in this book. Disobedience of this order will be treated as a serious offence and disciplinary action will be taken.
4. You will at once report the loss of this book to your Commanding Officer.

INSTRUCTIONS TO QUARTERMASTERS

1. This statement will be used to record articles of personal clothing and equipment issued to each soldier.
2. Unit equipment (e.g., compasses, binoculars, special clothing for cooks, m/cyclists etc) will *not* be recorded on this statement.
3. All entries will be made in ink. Blank spaces in columns will be ruled through. All columns used will be initialled in the space provided by soldier and by the QM, or his representative.
4. Items withdrawn from soldier will be marked off by an "X" in ink, over the entry and initialled by the QM, or his representative.
5. New issues will be recorded in the next open column. The remaining entries in old column on page affected will be carried forward into new column. Old column will be ruled out in ink.
6. No entry will be made on this statement when unserviceable articles are exchanged for serviceable ones or when issues are made on repayment.
7. See instructions re kit inspections on inside of back cover.

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

ARTICLE	QUANTITY		
Jacket sweater, or jersey pullover.....	1	1	1
Overalls, combination.....			
Overalls, blouses, denim.....	1	1	1
Overalls, trousers, denim.....	1	1	1
Shirts, Angola, drab.....	2	2	2
Shoes, canvas, prs.....	1		
Socks, prs.....	4	3	3
Trousers, battle-dress, prs.....	2	1	2
Vests, woollen.....			
Badges, cap HACKLE	1	1	1
Badges, arm, drab, crowns.....			
Badges, arm, drab, crown in wreath.....			
Badges, arm, Tank Bn.....			
Badges, shoulder, "CANADA", prs.....			
Initials of Soldier.....	G.	A.	A.
Initials of QM or Rep.....	G.	Wm	Wm

ARTICLE	QUANTITY		
Badges, arm, drab, Royal Arms.....			
Badges, arm, drab, Royal Arms in Wreath.....			
Bags, kit, universal.....	1		
Braces.....	1	1	
Brass, cleaning.....	1	1	
Brush, button, brass.....	1		
Brush, clothes.....	1		
Brush, hair.....	1	1	
Brush, shaving.....	1	1	
Brush, shoe, blacking.....	1		
Brush, shoe, polishing.....	1	1	
Brush, tooth.....	1	1	
Cap, comforter.....	1	1	
Chevrons..... 3 BAR	3	3	
Initials of Soldier.....	G.	A.	
Initials of QM or Rep.....	G.	Wm	

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

ARTICLE	QUANTITY			
Towels, hand.....	2			
Unit or Corps titles, prs..... B W.	3			
Attachments, brace.....	1			
Bag, ration.....	1			
Belts, waist.....	1			
Bottles, water.....	1			
Braces, WE Right.....	1			
Left.....	1			
Carriers, cartridge.....	1			
Carriers, waterbottle.....	1			
Cases, binoculars.....	1			
Cases, pistol.....	1			
Covers, breech, rifle.....	1			
Initials of Soldier.....	A.			
Initials of QM or Rep.....	A.			

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

ARTICLE	QUANTITY			
Veil, face, camouflage..... 91098	1	1	1	
Yoke.....	1	1	1	
ENTRENCHING TOOL	1	1	1	
Capes, A/G.....	1	1		
Respirators, A/G, complete with haversack.....	1	1		
Outfits, A/D.....	1	1		
Ointment, A/G.....	2	2		
Eyeshields, A/G, pk of 6.....	1	1		
Detectors, Individual, prs.....	1	1	1	
Wallet, A/G.....	1	1		
Blanket.....	1	1		
Mug, drinking.....	1	1		
Sheet, ground.....	1	1		
Initials of Soldier.....	1	1	1	
Initials of QM or Rep.....	1	1	1	

