D91771
CANNON
JAMES PARKE

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No D.91771 Rank Corporal Name CANNON, James Parker

Unit R.C.A.M.C. Date of death 11th August, 1942.

Died at Eastbourne, Sussex, England.

Cause Killed - enemy air action.

Death occurred on strength of Forces.HQ 405-C-10490 d 12-8-42

N/K Mr. William John Cannon, Relationchip Father

Address 7298 Christophe Colombe St., Montreal, P.Q.

Remains buried in Brookwood Cemetery

Surrey, England.

CHK

Grave location Plot 38, Row B, Grave 4.

DEATH CERT. TO N/K. 24-11-43.

BUR. REPORT TO N/K. 24-11-43.

RETURN TO BUR. STAT. 24-11-43;

ROYAL MESSAGE DESP'D. AUG 31 1942

CAN. MESSAGE DESP'D. 13-8-42

Photographs
Despatched
MAR 1 1946

14-8-42
(O.C.L-124)

AWARDS—CANADIAN ARMY (ACTIVE) M

1404
1404

100M—10-41 (2195)
H.Q. 1772-45-8

FILE NO. 405-C-10490

SURNAME (IN BLOCK LETTERS) CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT
CANNON, James Parker	D.91771	Cpl.	R.C.A.M.C.

WAR SERVICE
BADGE
(CLASS) NO. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
Defence Medal War Medal C.V.S.M. & Clasp	9793 23/1/50

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

MEMORIAL BR

DATE DESP

REGN. NO 4710

(1) MEDALS

PERSON ENTITLED TO MRS. SARAH. J. CANNON. ~~Mr. William J. CANNON (Father)~~

ADDRESS: 7298 Christophe Colomb St. Montreal, 10, P.Q.

(2) MEMORIAL CROSS

WIDOW

(2)

ADDRESS:

(3) MEMORIAL CROSS

MOTHER Mrs. Sarah Jorne Parker Cannon,

(3) DESP. SEP 12 1942
REGN No. 579

ADDRESS: 7298 Christophe Colomb St., Montreal P.Q.

Received 1-2-40 Checked [illegible] Card [illegible] Observations [illegible]

ORIGINAL
DUPLICATE
TRIPLICATE

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

Deceased 11-8-42

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

Unit 1st. DIV. 9th. FIELD AMB. DETAILS, R.C.A.S.C. Regimental Number D 91771

CANADIAN ACTIVE SERVICE FORCE

ATTESTATION PAPER

1. Surname CANNON
2. Christian Names JAMES PARKER
3. Present address 7298 Christophe Colomb St., Montreal, Que. Canada.
4. Date of birth January 23, 1911.
5. Place of birth England (Country) Barrow in Furness (County or Province) (Town or Township)
6. Religion (state denomination) Protestant C. of E.
7. Trade or Calling Stockkeeper
8. Married, Widower or Single Widower
9. Name of next of kin William John Cannon
10. Relationship Father
11. Address of next of kin 7298 Christophe Colomb St., Montreal. Que. Canada
12. Have you served in any Naval, Military or Air Force? No
13. If previous war service, state arm, force and regimental particulars.....
14. Do you now belong to or have you served in the Active Militia of Canada? No

(Give unit and date of attestation)

DECLARATION TO BE MADE BY MAN ON ATTESTATION

I, James Parker Cannon 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 September 14, 1939 J. P. Cannon
(Signature of recruit)

OATH TO BE TAKEN BY MAN ON ATTESTATION

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

J. P. Cannon
(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 this 14th day of Sept 1939

[illegible]
{Signature of Magistrate, Justice or Attesting Officer.

Capt. R.C.A.S.C.
{Office or Rank and Unit or appointment.

N.F.M. 2 RECEIVED JAN 31 1940

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

R

Record of Service of Cannon (Surname) James Parker (Christian Names) Regimental Number D 9771

QUALIFICATIONS

Military: Nil
Business or Professional: Nil
Trade or Civil: Stock keeper
Technical: Nil
Languages: English

EDUCATIONAL QUALIFICATIONS

High School or Collegiate: Nil (years completed) Graduation or Matriculation: Nil (specify)
*College: Nil
*University: Nil

*(Name of institution, courses or years completed, and degrees obtained to be shown)

All enlisted personnel will be taken on as Private soldiers, appointments and promotions to higher rank to be shown as provided in the space below.

Report Date	Report From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., from date taken on Strength of Field Force	Rank Shown	Effective Date	Unit	Place	Authority Part II D.O. No. Cas. List, etc.	Authority Dated
		Joined on appointment						
12-12-39		Promoted to L/CPL	L/CPL	14-12-39	R.S.A.S.C	At Sea	PT II Do 111	14-12-39
15-11-39		Taken on Strength from 2nd Div Pet Co.	L/CPL	15-11-39				
		Attached for all purposes to 9th Fuses				Hamilton Ont	PT II. Do No 50	18-11-39
24-12-39	OC	Granted leave to 28-12-39	"	23-12-39	"	Brookhaven	DO 121/39	24-12-39
24-2-40	"	Dual as Dvr of M.V.	"	12-2-40	"	"	D.O. 55	24-2-40
31-3-40	"	Granted leave to 6-4-40	"	30-3-40	"	"	DO 88	31-3-40
8-4-40	"	Returned from leave.	"	6-4-40	"	"	DO 93	8-4-40
		To be a/cpl with pay	~~a/~~cpl	1-7-40	"	Field	#6	19-7-40
Amended by D.O. 7		Qualified driver i.c.; ~~to draw Trade Pay~~	"	22-2-40	"	"	~~#6~~	19-7-40
		Leave to 10-8-40	"	3-8-40	"	"	~~#~~ 11	23-8-40
		Leave to 6 Dec 40	"	29 Nov 40	"	"	~~#36~~	9 Dec 40
		Confirmed in rank of cpl	cpl	18 Oct 40	97a	Fld	# 5	13 Jan 41
		Leave to 7 Feb 41	"	31 Jan 41	97a	"	# 11	7 Feb 41

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

Are you receiving or have you in the past received, disability pension or compensation? If so give details ..... No

CERTIFICATE OF MEDICAL EXAMINATION

Name in full ..... Cannon, James P. ..... Date ..... Sept. 13/39 ....

Part 1. Information obtained from the recruit.

1. Age ..... 28 .....

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

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

James Cannon
(Signature of Recruit)

Examiner's remarks re above .....

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

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

2. Height 5 feet 8 inches. 3. Weight 115 pounds.

4. Complexion Dark Eyes Brown Hair Black 5. Development Good (Good / Fair / Poor)

6. Chest measurement—Girth on full expansion 33½ inches.
Range of expansion 1½ inches.

7. Vision, right 20/25 left 20/20 n 8. Hearing, right wv 20 left wv 20

9. Condition of mouth and teeth Very good.

10. The abnormalities (congenital and pathological) found on examination are as follows
Under average 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 A

Special remarks when category lower than A .....

W. Ellis LO. Col. — President
C. R. Bourne Capt. — Member
[illegible] — Member

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Are you receiving or have you in the past received, disability pension or compensation? If so give details ..... No.

Date	Brief details and signature	Date	Brief details and signature
24-10-39	T.A.B 3		
31-10-39			
7-11-39			
20-11-39	RE-EXAM NORMAL URINE EARS REFLEXES Ld. A. VAC.		
20/11/39	X Ray Report Negative 2075		
5/12/39	Anti Tetanic Toxoid 1cc		
20/1/40	" " " 1cc		

Regtl. No. D 91771 Rank Pte. Surname Cannon Christian Name James, Parker

STATION	Date of Arrival at the Station	Dates of Admission into Hospital			Dates of Discharge from Hospital			DISEASE	Number of days in Hospital	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied.	Signature of Medical Officer
		Day	Month	Year	Day	Month	Year				

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

Statement of the Service of No. D91771 Rank..... Sheet No.....

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

Name Cannon J. P.

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
		Confirmed in rank of Cpl	Cpl	10 Oct 40	9 FA	uk.	5	13 Jan 41
		Leave to 7 Feb 41	Cpl	30 Jan 41	9 FA	uk.	11	7 Feb 41.
		SOS Canada on embarkation at Halifax		7 Dec 39	9 FA	uk.	9	25 Jan 41
		TOS C.A.O.S —	Cpl	8 Dec 39	9 FA	uk.	9	25 Jan 41
		Disembarked at Gourock.	Cpl	18 Dec 39	9 FA	uk.	9	25 Jan 41
		Priv leave 4th to 16 May 41	Cpl		9 FA	uk.	30	14 May 41
		Priv leave 5th FTW to 8 Aug 41	Cpl		9 FA	uk.	47	15 Aug 41
		Att'd to 5 Fd. Amb fap	Cpl		5 FA 9 FA	uk	66 68	12 Dec 41
		Ceases to be att as in W.E.	Cpl		1 Div Pet. 9 FA.	uk	66 69	23 Dec 41 16 Dec 41
SOS		SOS for att. as W.E. to 9 F.A.	Cpl		1 Div Pet Coy.	uk	66	23 Dec 41
	TOS	TOS from 1 Div Pet Coy for att as W.E.	Cpl		9 FA	uk	69	16 Dec 41
		Ceases to be att'd to 5 F.A.	Cpl		9 FA	uk	72	31 Dec 41
		Priv leave now to 31 Dec 41	Cpl		9 FA	uk	72	31 Dec 41
		Priv leave FTW to 17 APR. 42	Cpl		9 FA.	uk	19	24 APR 42
		Priv leave to 10 June 42	Cpl		9 FA.	uk	31	17 July 42.
		S.O.S. on Death (Killed by Enemy Action)	Cpl	11.8.42	"	"	36	21.8.42

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

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

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

Statement of the Service of No. D91771 Rank R/Cpl. Sheet No.

Name GANNON JAMES PARKER

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

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
		SOS CASF (CANADA) ON EMBARKATION AT HALIFAX ON 7 Dec 39			9FA		9	25 Jan 41
		TOS CDN. ARMY (OVERSEAS) ON TRANSFER ON 8 Dec 39 AND DISEMBARKED AT GOUROCK ON 18 Dec 39						
		Granted 4 Pri Lve to 16 May 41	Cpl	9 May 41	9 FA	Fld	30	14 May 41
		Granted 5 Pri Lve with TWS 8 Aug 41	Cpl	1 Aug 41	9 FA	Fld	47	15 Aug 41
		att to 5 Fld Amb FAP	Cpl	2 Dec 41 28 Nov 41	5 FA 9 FA	UK UK	66 68	12 Dec 41
		Ceases to be att as in WE	Cpl	14 Dec 41	1 Div Pet Coy 9 FA	UK UK	66 69	23 Dec 41 16 Dec 41
SOS		SOS for attachment as in WE to 9 Fld Amb	Cpl	14 Dec 41	1 Div Pet Coy	UK	66	23 Dec 41
	TOS	TOS from 1 Div Pet Coy as in WE	Cpl	15 Dec 41	9 FA	UK	69	16 Dec 41
		Cease to be att to 5 Fld Amb	Cpl	19 Dec 41	9 FA	UK	72	31 Dec 41
		Pl Leave now to 31 Dec 41	Cpl	22 Dec 41	9 FA	UK	72	31 Dec 41
		Pri leave 2 to 17 Apr 42	Cpl	10 Apr 42	9 FA	uk	19	24 Ap 42
		P-leave to 10 June 42	Cpl	3 June 42	9 FA	uk	31	17 June 42
SOS	Cpl	SOS on Death {killed by enemy action	Cpl	11 Aug 42	9 FA	uk	36	21 Aug 42

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

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

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

SERVICE AND CASUALTY FORM

PART I (For all ranks)

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

Unit No.9 FIELD AMBULANCE R.C.A.M.C. — C.A.S.F. Regimental Number D-91771

1. Surname Cannon	(17) Regiment or Corps	Unit (Battn., etc)
2. Christian Names James Parker	R.C.A.S.C.	2nd Div Ret. Coy.
3. *Substantive Rank and Appointment Confirmed Corporal		
*Acting Temporary or Local Rank		
giving date 1 Oct 40		
*To be entered in pencil to facilitate alteration.		
4. Place of birth Barrow in Furness. England.	(18) Medical	
5. Date of birth as declared on attestation Jan. 23rd 1911.		
(A)	Category / Date / Authority	
6. Date of enlistment Sept. 14, 1939.		
7. Place of enlistment Montreal, Quebec, Canada.	"A" / Sept 14/39 / Medical Board.	
8. Residence at time of enlistment 7298 Christophe Colomb St. Mtl. Que. Can.		
9. (B) Special conditions (if any) of enlistment or rate of pay		
10. (C) Any subsequent variations of conditions of service		
11. Religion Church of England.		
12. If married, state date Widower	(19) Next of kin (entries to be made in pencil)	
13. Trade on enlistment Stock Keeper.		
14. Corps, trade and grade	William John Cannon (Father)	
15. (D) Qualifications	7298 CHRISTOPHE COLOMB ST.	
16. (E) Miscellaneous entries	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: Date	(a) Report: From whom received	(b) Unit	(c) Record of all casualties regarding promotions (acting, temporary, local or substantive), appointments, transfers, postings, attachments, &c., forfeiture of pay, wounds, accidents, admission to and discharge from Hospital, Casualty Clearing Stations, &c. Date of disembarkation and embarkation from a theatre of war (including furlough, &c.) in accordance with para. 2 of Note to Table I of Appendix III of Field Service Regulations, Volume I	(d) Place of Casualty	(e) Date of Casualty	(f) Army rank as at (e)	(g) Army Form or other authority for entry to be shown
Nov. 17/39	2nd Div Ret.	R.C.A.S.C.	Transferred from 2nd Div Ret. to 1st Div Ret.	Mtl.	Nov. 17/39	Pte.	Part II R.O. 1st Div. Ret. Coy.
Dec 1/39	1st Div Ret.	R.C.A.S.C.	Transferred from 1st Div Ret. to 9th Fld Amb	Mtl.	Dec 1/39	Pte.	Part II R.O. 102 Dec 5/39.
			Attached to 9th Fld Amb for all purposes				
			Embarked from Canada Dec 7/39				
			Disembarked Overseas Dec 18/39.				
14/12/39	Lt Col Elder	R.C.A.S.C.	Appointed L/Cpl.	E-4	14/12/39	L/Cpl.	Part II OO 111 14/12/39
3011 – 9 Jul 40	O.C. Unit	9th Fld Amb	Appointed A/Cpl with pay – (with L/Cpl's pay.) Qualified as	T/W ENG	1 July 40	A/Cpl.	Part II D.O.H.G. 19 July 40 2nd Echelon
" 12 Jul 40	" "	" "	~~Entitled to [illegible]~~ – Driver S.C.	"	22 Feb 40	"	" " " " " " "
" 9 Aug 40	"	"	Granted Privilege Leave from 3 to 10 Aug 40	"	3 Aug 40	"	2nd Echelon Part II No. 11 – 23 Aug 40
" 2 Dec 40	"	"	" 29 Nov 40 to 6 Dec 40	"	29 Nov 40	"	" No. 36 – 9 Dec 40.
" 10 Jan 41	"	"	Confirmed in the rank of Corporal	"	1 Oct 40	Corporal	" No. 5 – 13 Jan 41.
" "	"	"	SOS CASF (OVERSEAS) ON EMBARKATION AT HALIFAX ON 7 Dec 39		7 Dec 39	L/Cpl.	" No. 9 – 25 Jan 41.
			TOS CASF (OVERSEAS) ON TRANSFER ON 8 Dec 39 AND DISEMBARKED AT GOUROCK ON 18 Dec 39				
" 3 Feb 41	O.C.	9 Cdn Fd Amb	3rd Privilege Leave from 1200 hrs 31 Jan 41 to 1200 hrs 7 Feb 41	T/W ENG.	31 Jan 7 Feb	Corporal	" No. 11 – 7 Feb 41.
9 May 41	"	"	Leave 7 days (4th Privilege)	Field	9 May 41	"	" No. 30 – 14 May 41
8 Aug 41	"	"	Leave 7 days (5th Privilege) with warrant	"	10 Aug 41	"	" No. 47 – 15 Aug 41
2 Dec 41	"	"	Att'd 5 Cdn Fd Amb f.a.p.	"	28 Nov 41	"	" No. 68 – 12 Dec 41
	"	"	C.T.B.A. Lap as in W.E. from 1 C.D. Pet Coy	"	14 Dec 41	"	" No. 69 – 16 Dec 41
	"	"	T.O.S. for all tas in W.E. from "	"	15 Dec 41	"	" " "
22 Dec 41	"	"	Leave 9 days (6th Privilege) no warrant	"	22 Dec 41	"	" No. 72 – 31 Dec 41
22 Dec 41	"	"	Ceases to be att'd to 5 Cdn Fd Amb	"	19 Dec 41	"	" " "
	"	"	Priv Leave (P7) [redacted] warrant 10 to 17 Apr 42	"	10 Apr 42	"	19 24 Apr 42
	"	"	Priv Leave (P8) 3 Jun to 10 Jun 42	"	3 Jun 42	"	31 – 17 Jul 42
12 Aug 42	Cas. Sec.		S.O.S. on Death (Killed)	Field	11 Aug 42	Cpl	36 – 21 Aug 42

To be made out in duplicate.

M.F.M. 5

400M—8-39 (1702)
H.Q. 1772-45-18

PARTICULARS OF FAMILY OF AN OFFICER OR SOLDIER OF THE CANADIAN [redacted] FORCE
ACTIVE SERVICE

INSTRUCTIONS.

(*a*) This form is to be completed immediately an officer or soldier is appointed to, or enlisted in, the [redacted] C.A.S.F.

(*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 soldier, to the Paymaster, or Officer acting as such. The latter will transmit one copy, through the District or Camp Paymaster, to the Chief Paymaster, N.D.H.Q., Ottawa. The other copy will be retained by the Paymaster until the unit arrives Overseas, when it will be forwarded to the Chief Paymaster, Canadian Overseas Intermediate Base.

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(1) Name of Officer or Soldier CANNON JAMES PARKER.
(Surname first—Christian names in full—Block capitals)

7298 Christophe Colombe Lt.

(2) Regimental Number D 91771

(3) Unit 3rd Div Royal Canadian Army Service Corps (Field Amb. Coy.

(4) Are you married? No.

(5) If married, state,

(*a*) Full name of your wife ✓

(*b*) Present postal address of wife ✓

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

(7) Are you a widower? No.

(8) Have you any children? No.

If so, give number of boys and girls ✓

Also their names and ages ✓

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

Give particulars of Guardian to whom Separation Allowance should be paid—if authorized—

Name ✓

Postal Address ✓

(SEE OTHER SIDE).

(10) Have you a common-law wife—whom you have been regularly supporting and publicly representing as your wife? No.

If so, state her full name and Postal Address ....

(11) Is your father alive? Yes.

If so, state name and address William John Cannon - 7298 Christophe Colombe St.

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

(13) If sole support of father who is a widower—state what amount per month you have given him prior to joining [redacted] C.A.S.F. ✓

Also state reason he has no other means of support ✓

(14) Is your mother alive? Yes.

If so, state name and address Sarah Anne Parker Cannon. 7298 Christophe Colombe St.

(15) If your mother is a widow, are you her sole support? ✓

(16) If sole support of widowed mother—state what amount per month you have given her prior to joining [redacted] C.A.S.F. ✓

Also state reason why she has no other means of support ✓

(17) Are you insured? Yes.

If so, in what Company? T. Eaton Co. Ltd.

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.

[signature]
(Signature of officer or man)
G. H. Cannon
Witness.

Date Sept. 14, 1939.

Officer Commanding ..... H. A. Losey ..... Lt. Col.
O. C. 3rd Divisional R. C. A. S. C.

Date SEP. 14 1939

H.Q. 405-C-10490. FD. 31.

ESTATES BRANCH

March 4, 1943.

Mr. William J. Cannon,
7298 Christophe Colomb Street,
Montreal, P. Q.

CANNON, James P., A/Cpl. (Deceased)
No. B.91771, 9th Cdn. Fld. Amb. R.C.A.M.C.

Dear Mr. Cannon:

It is with sincere regret that I must inform you that a communication has now been received from Army Headquarters Overseas advising that the personal effects of a large number of officers and men, shipped to this Branch in November last, have been lost at sea as a as a result of enemy action.

The communication lists the names of fifteen officers and seventy-seven men, including that of your son. No further details are available.

There were doubtless many articles of clothing and of a more personal nature which I am sure you would have cherished and I can only add how sorry I am to have to advise you of their loss.

Yours faithfully,

(R. G. Pheban) Lieut.,
for(L. M. Firth) Lt.-Col.,
Administrator of Estates.

RGP/IGG.

9 CANADIAN FIELD AMBULANCE

Committee of Adjustment Report of the estate of deceased personnel of 9 Cdn Fd Amb.

D 91771, CPL. CANNON, J.P. R.C.A.S.C.

(i) Personal Effects

Shoes, leather, civilian	pairs	1	Forwarded to
Spectacles	"	1	officer i/c estates.
Shorts, swimming	"	1	
New Testament		1	
Diary	"	1	
Torch hand		1	
Scissors	"	1	
Pencil, Evershapp		1	
Wallet, money		1	
Camera, folding		1	
Photos		1	
Picture case		1	
Writing case		1	

Socks)
Sweater, pullover) destroyed for sanitary reasons.
Handkerchiefs)

(ii) Public clothing & Equipment — Have been turned in to Q.M. and there are no deficiencies.

(iii) Cash — Amount of 6½d was found on this N.C.O's person and turned over to the paymaster a receipt being attached.

(lv) Preferential Charges — Nil

(v) Ordinary Debts — Nil

(vi) Debts owing to deceased. Nil

(G.G. Ferguson) Capt.

(W.B. MacKinnon) Capt

(C.H. Conway) Lieut.(QM)

DISTRIBUTION OF SERVICE ESTATES

Naval - Military - Air Force

Name CANNON James F. No. D.91771
Surname Christian Names

A/Cpl. : 9th Cdn Field Ambulance R.C.A.M.C. 11-6-42
Rank Unit Date of Death

AMOUNT
L. P. C. $17.61
Other Credits
Total 17.61

Date January 18, 1943

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
Part	father	William J. Cannon 7298 Christopher Columbus St. Montreal, Que.,	29.41 R
Part	mother	Mrs. Sarah Cannon (as above)	29.40 R
Part	sister	Edith Cannon (as above)	19.60 R
Part	sister	Winnie Cannon (as above)	19.60 R
Balance	sister	Lorraine Cannon (as above) (Next of kin entitled)	19.60 R

Distribution approved and authorized.

AUDITED FOR PAYMENT

L. M. Firth
(L.M. Firth) Lt.-Col.,
Administrator of Estates.

J. A. Baxter
for Chief Treasury Officer

Over

MH

Estates Form "P. 4"

DISTRIBUTION OF SERVICE ESTATES

ARMY

Name CANNON, (Surname) James P. (Christian Names) No. D-91771

Cpl. (Rank) C.A. O/S (Unit) 11-8-42 (Date of Death)

AMOUNT W.S.G. 604.76
L.P.C. $ 117.61

Date 27-9-45

Other Credits.....

Total..... 722.37

Prev.dist. 117.61
This dist. 604.76

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
1/4	Father	William J. Cannon, 7298 Christophe Colomb St., Montreal 10, Que.	151.20
1/4	Mother	Mrs. Sarah Cannon, 7298 Christophe Colom St., Montreal 10, Que.	151.19
1/6	Sister	Miss Edith Cannon, (as above)	100.79
1/6	Sister	Miss Lorraine Cannon, (as above)	100.79
1/6	Sister	Mrs. Winnie Mitchell, (as above)	100.79
		(As next of kin entitled)	
		P4. TO TREAS.	
		OCT 22 1945	
		WSG	

AUTHORITY

H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	$604.76

CLASSIFIED BY

D

EXAMINED BY

For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

T.J.K.C.

(L. M. Firth) Colonel
Director of Estates

AUDITED FOR PAYMENT

For Chief Treasury Officer

40M—8-45 (7876)
H.Q.1772-45-27

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: James Parker (CHRISTIAN NAMES) CANNON (SURNAME)

REGISTER NO. D-5689
FILE NO. 405-C-10490
DATE 17-7-45
SERVICE NO. D-91771
FINAL RANK OR RATING Cpl.
DATE OF DISCHARGE 11-8-42

PAYEE Director of Estates

ADDRESS

DATE OF TERMINATION OF OVERSEAS SERVICE 11-8-42

		$	¢
A. TOTAL QUALIFYING SERVICE 1050 — NO. OF DAYS 1063/30 EQUAL TO 35 COMPLETE PERIODS AT $7.50		262.50	
B. QUALIFYING OVERSEAS SERVICE — No. of Days 978 LESS 13 INELIGIBLE DAYS, EQUAL TO 965 DAYS @ 25c. PER DAY		241.25	
SEE PAR. 2 OVERLEAF FOR EXPLANATION			
		503.75	
C. SUPPLEMENT FOR OVERSEAS SERVICE			
DAILY RATES AT DISCHARGE — PAY	$ 1.70		
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE	$ 1.00		
ADDITIONAL PAY	$		
	$		
	$		
DEPENDENTS' ALLOWANCE 1/30 OF $	$		
TOTAL	$ 2.70 X7 = $	18.90	
NO. OF DAYS 978/183	X$	18.90	101.01
D. WAR SERVICE GRATUITY			604.76
E. DEDUCTIONS — OVERPAYMENT OF PAY AND ALLOWANCES	$		
OVERPAYMENT OF DEPENDENTS' ALLOWANCE AND ASSIGNED PAY	$		
OTHER DEDUCTIONS	$		
F. TOTAL AMOUNT PAYABLE			604.76

G. YOUR PORTION OF GRATUITY IS— 100%

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

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

RECEIVED
JUL 20 1945
WAR SERVICE GRATUITY DIVISION, ARMY TREASURY

CERTIFICATE I CERTIFY THAT THE AMOUNT HAS BEEN CORRECTLY COMPUTED AND IS PAYABLE IN ACCORDANCE WITH THE TERMS OF THE WAR SERVICE GRANTS ACT, 1944 AND THE REGULATIONS ISSUED THEREUNDER.

PREPARED BY	CHECKED BY
PJ	

TREASURY

CHECKED BY	DATE
H R Rowley	24-7-45

SERVICE REPRESENTATIVE

Form No. 1

2271

Register No. O-56899

Nominal Roll No. O-117

H.Q. File No. 405-C-10490

TO: P.M.G.,

CANADIAN ARMY (ACTIVE)
COMMUTATION OF SERVICE
WAR SERVICE GRANT

Regt. No.	Rank When S.O.S.	Surname	Christian Name in Full
O-91771	Cpl	CANNON	JAMES PARKER

Reason for Termination of Service:

1st Enlistment DIED RESULT ENEMY AIR ACTION CARO ( )

2nd Enlistment CARO ( )

3rd Enlistment CARO ( )

TOTAL SERVICE

1st Enlistment	2nd Enlistment	3rd Enlistment
T.O.S. 14SEP39	T.O.S.	T.O.S.
S.O.S. 11AUG42 MD 015	S.O.S. Nil MD	S.O.S. MD
Total Days 1063	Total Days	Total Days

TOTAL SERVICE 1063 DAYS

	Total Service	Less Non-qualifying Service	Net Service
WESTERN HEMISPHERE	85	N	85
OVERSEAS SERVICE	978	1	978
Totals	1063	L	1063
Add Non-qualifying Service			NIL
TOTAL SERVICE			1063

EMBARKATION DETAILS:

1. Date S.O.S. Overseas 11AUG42 2. Date S.O.S. Overseas

REMARKS:

DIED WHILST IN SERVICE
DIED RESULT ENEMY AIR ACTION 11AUG42

Computer's Signature H Pearsons all Docs show above dates. T.O.S + S.O.S.

Checker's Signature H Pearsons Sgt Sgt

Date Computed 22 Feb 45

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

(C.L. Laurin) Colonel,
Director of Records.

DETAILS OF NON-QUALIFYING SERVICE

WESTERN HEMISPHERE

Forfeits for	from	to	Eff. Date	Days	Total

M.F.M.510.

CANADIAN ACTIVE SERVICE FORCE
OVERSEAS

District .....

Dispersal Area .....

LAST PAY CERTIFICATE
(All Ranks)

Regtl. No. D.91771 Rank and Name CANNON J.P. A/CPL.

of (Unit) 9th Cdn. Field Ambulance, R.C.A.M.C. on

~~(Transfer~~ or Discharge) to on 11th August 19 42

Reason Death. Authority : D.O.36(5) d/21.8.42. UC. 2.

The following is a statement of the account of the above-named from 1 August to 31 August 19 42 the inclusive date of transfer or discharge.

Dr. Particulars	Amount		Cr. Particulars	Amount	
Balance Dr. from last account			Balance Cr. from last account	79	60
First Monthly Payment			Regimental Pay 31 days at $ 1.70	52	70
Casual Payments			Technical Pay ..... days at $		
Payment on Transfer or Discharge			Additional Pay (Give particulars) .... days at $		
Assigned Pay	20	00			
Regimental Charges			Allowances (Give particulars) ..... days at $		
Public Stoppages (Give particulars) :					
			Cash in effects J.V. No.605.		11
			Deferred Pay Interest.	5	20
To Balance Cr. Free	37	61			
To Balance Cr. Deferred	80	00	By Balance Dr.		
C55	117	61			
Total	$137	61	Total	$137	61

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

Remarks :

Assigned Pay $20.00 per month stopped effective September 1942.

RECEIVED
BRANCH
DEC 15 1942
H.Q.
OTTAWA
NATIONAL DEFENCE

Compiled by E.Hill.

Checked by A.R.Clark

Date 4th November 19 42.

Certified correct

for Chief Treasury Officer, Overseas.

ENDORSEMENTS

DEBITS AND/OR CREDITS SUBSEQUENT TO ISSUE OF L.P.C.
Prior to compilation of statement below.

DATE	UNIT	PAYMENTS	AMOUNT DR.		AMOUNT CR.		PAYMASTER'S SIGNATURE
		Balance from L.P.C.					

Explanation of Debit Balance :—

STATEMENT OF ACCOUNT

DATE		PARTICULARS	DR.		CR.	
		Balance as shown above				
		Pay and Allowances from ..... to				
		Assigned Pay months of				
		Civilian Clothing Allowance				
		Boat Expense Money				
		Train Expense Money				
		Miscellaneous Debits (give details)				
		Miscellaneous Credits (give details)				
		TOTAL				

DEBITS AND/OR CREDITS SUBSEQUENT TO COMPILATION OF ABOVE STATEMENT

DATE	UNIT	PARTICULARS	DR.		CR.		SIGNATURE OF PAYING OFFICER

Place of Embarkation.....

Date of Embarkation.....

Place of Disembarkation..... H.M. Transport.....

Date of Disembarkation.....

405-C-10490
(D.R.)

August 15th, 1942.

Mr. William John Cannon,
7298 Christophe Colombe St.,
Montreal, Que.

Dear Sir:

I deeply regret to inform you that your son, D91771, Corporal James Parker Cannon, gave his life in the service of his Country in the United Kingdom on the 11th day of August, 1942.

From official information we have received, your son was killed as the result of enemy air action. 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.

Burial took place with Military Honours, a tribute to the sacrifice he so bravely made.

Yours sincerely,

GR/EMC

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

IG 025014

[Printed by authority of the Registrar-General.]

D. Cert.
R.B.D.

The Statutory Fee for this Certificate is 2s. 7d. If required subsequently to registration, a Search Fee is payable in addition.

CERTIFIED COPY of an ENTRY OF DEATH.

Pursuant to the Births and Deaths Registration Acts, 1836 to 1929.

Insert in this Margin any Notes which appear in the original entry.

Registration District EASTBOURNE

1942. Death in the Sub-district of EASTBOURNE **in the** COUNTY BOROUGH OF EASTBOURNE

Columns:— 1	2	3	4	5	6	7	8	9
No.	When and where Died.	Name and Surname.	Sex.	Age.	Rank or Profession.	Cause of Death.	Signature, Description, and Residence of Informant.	When Registered.	Signature of Registrar.
338	Eleventh August 1942 Roborough School Upper Avenue U.D.	James Parker Cannon	Male	31 Years	of 798 Christopher Columbus Street Montreal Corporal No. D91771 Royal Canadian Army Service Corps	Duc to War Operations	Certificate received from F. H. Busby Clerk to the Eastbourne County Borough Council	Thirteenth August 1942	Gilbert E. Hodges Registrar.

I, Gilbert Edward Hodges, Registrar of Births and Deaths for the Sub-District of EASTBOURNE, in the COUNTY BOROUGH OF EASTBOURNE do hereby certify that this is a true copy of the Entry No. 338 in the Register Book of Deaths for the said Sub-District, and that such Register Book is now legally in my custody.

WITNESS MY HAND this 22nd. day of September, 1942.

G. E. Hodges

Registrar of Births and Deaths.

CAUTION.—Any person who (1) falsifies any of the particulars on this Certificate, or (2) uses it as true, knowing it to be falsified, is liable to Prosecution.

POSTAGE REVENUE 1½d

FORM 6

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not write in this space

1. PLACE OF DEATH

Municipal county: ENGLAND

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: CANNON

Given names: James Parker (Block letters)

Do not write in this space

4. RESIDENCE

Street: Christophe Colomb St. No. 7298

Official name of civil municipality or township: Montreal,

Municipal county: Province: Quebec.

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

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

10. BIRTHPLACE (Province or Country): England.

11. DATE OF BIRTH: January (Month) 23rd, (Day) 1911. (Year)

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

OCCUPATION

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

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	CANNON, William John	
MOTHER (Maiden Name)		

19. Place of burial, cremation or removal: Surrey, England.

20. Date of burial: August (Month) 14th, (Day) 42 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) 11th, (Day) 42. (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-enemy air-raid.

due to

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

(b)

due to

(c)

II

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

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

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

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

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

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

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

(State which)

Manner of injury: Due to War Operations.

(How sustained)

Nature of injury....

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

Signed....M.D.

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

OVERSEAS CASUALTY CANADIAN ARMY

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

F. B. Racine

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)

for Director of Records, Dept. of National Defence.

FORMULE 6

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

N'écrivez pas dans cet espace

1. LIEU DU DÉCÈS

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

Rue | No. | Hôpital ou institution

2. SÉJOUR

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

3. NOM DU DÉFUNT

Nom de famille.....
(*Lettres moulées*)
Noms de baptême ou prénoms.....

N'écrivez pas dans cet espace

RÉSIDENCE

4. Rue.....No.....
Nom officiel de la municipalité civile ou du canton.....
Comté municipal.....Province.....

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

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

10. LIEU DE NAISSANCE (Province ou pays)

11. DATE DE NAISSANCE.....
(jour) (mois) (année)

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

OCCUPATION

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

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

15. Dernière date à laquelle le défunt vaquait à ce travail | **16.** Nombre d'années occupées dans cette profession

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

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

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

21. LIEU DE L'ENREGISTREMENT DE CETTE SÉPULTURE

(a) Nom de la paroisse ou église.....
(b) Municipalité civile de.....
(c) Comté municipal.....
(d) Date.....19.....
(jour) (mois) (année)

CERTIFICAT MÉDICAL CONFIDENTIEL DE DÉCÈS

22. Date du décès.....19.....
(jour) (mois) (année)

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

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

24. CAUSE DU DÉCÈS

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

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

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

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

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

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

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

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

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

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

Nature de la blessure.....

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

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

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

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

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

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

.....

(For English see other side)

MEMORANDUM FOR

Mr. William John Cannon,
7298 Christophe Colomb Street,
Montreal P.Q.

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

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

and the following number quoted:—

H.Q. 405-C-10490 fd 31

DEPARTMENT OF NATIONAL DEFENCE
OTTAWA, ONT.

AUGUST 19th, 1942. 194

For the purpose of record and in the event of there being any balance of pay, medals or memorials available for distribution (according to law) on account of the late

James Parker Cannon, Cpl.

No. D.91771

9th Fld.Amb.R.C.A.M.C.

it is necessary that the requisite information regarding the deceased and his relatives should be furnished on the inside of this form in strict accordance with the printed instructions. The particulars required are to be carefully filled in and the Declaration on the back should then be signed in the presence of a Clergyman, Priest, Local Magistrate, Commissioner for Oaths or Notary Public, who should be asked to complete and sign the Certificate. This form should then be returned to the above address.

R. G. Phelan Lieut.

(R.G. PHELAN) LIEUT.
FOR(L.M. FIRTH) LT.COLONEL,

Administrator of Estates.

M.F.W. 77
5M—9-41 (1669)
H.Q. 1772-39-972

ESTATES BRANCH SEP 2 1942 H. Q. OTTAWA NATIONAL DEFENCE

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 inquired for	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		DORIS WOOD	26	DIED FEBRUARY 20, 1938
2	Children of the Deceased and dates of their Births				BORN MARCH 23, 1930
					DIED DEC. 18, 1935
			JOAN P. CANNON	5	
3	Father of the Deceased		WILLIAM J. CANNON	59	7298 Christophe Colomb St;
4	Mother of the Deceased		SARAH CANNON	56	7298 Christophe Colomb Montreal, P.Q.
5	Brothers of the Deceased	Full Blood			
		Half Blood			
6	Sisters of the Deceased	Full Blood	EDITH	27	7298 Christophe Colomb St; Montreal. P.Q.
			WINNIE	21	
			LORRAINE	26	
		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

ONLY IF NO RELATIVES IN THE DEGREES ABOVE ARE NOW LIVING, THE FOLLOWING PARTICULARS SHOULD BE GIVEN

	—	NAMES OF THOSE LIVING	Age	ADDRESS IN FULL
8	Grand-Parents of the Deceased....			
9	Uncles and Aunts by blood of the Deceased (not Uncles and Aunts by marriage).....		Age	

FULL PARTICULARS AS TO IDENTITY

10	What is the full name of the deceased?	JAMES PARKER CANNON
11	Give the month and year of his birth.	JANUARY 23RD 1911
12	Where and when were his parents married?	LANCSHIRE, ENGLAND, NOV. 6 1909
13	If deceased was married, state place and date of marriage.	MONTREAL, MARCH 13, 1930
14	Did he leave a Will? If so, a copy should be attached hereto.	NO
15	Did he leave a bank account? If so, give full particulars.	NO
16	Is there any other estate which will necessitate application being made for Probate of the Will or Letters of Administration of the estate?	NO
17	State *your own* postal address in full.	7298 Christophe Colomb St., Montreal, P.Q.

PARTICULARS OF DOMICILE

18	Where was deceased born?	LANCSHIRE, ENGLAND.
19	State, in order, the Province (or State) and country in which the deceased resided and the period of time in each, and in which last.	MONTREAL QUE. 28 YRS.
20	What was the nature of his employment?	CLERK IN T. EATON CO. LTD.
21	Did he own the premises in which he lived? If so, where?	NO
22	Did he ever state verbally, or in writing, where he intended to make his permanent home?	NO

OTHER PARTICULARS

23	Did the deceased after enlistment incur any debts for:— *(a)* His own separate board and lodging while on service. *(b)* Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	NO.
24	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, 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.)	NO.

(PLEASE TURN OVER)

DECLARATION

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

I hereby declare that the foregoing particulars are correct, and a true and complete statement of all the relatives that the deceased ever had in the degrees inquired for; and that I am the

Father *.....William J. Cannon.....of the deceased.

N.B. To be signed in full in the presence of a Clergyman, Priest, Local Magistrate, Commissioner or Notary Public.

.....{Signature of Informant}

William J Cannon

CERTIFICATE

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

*See above William J. Cannon {Name of Informant} is the *.....Father.....of the Deceased above described, and I believe the above Declaration and the Statement of Relatives made by the Informant and signed in my presence to be complete and correct.

Dated at Montreal this 1 day of September 19 42

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public } A. Lionel Gilday M.D. Commissioner of the Superior Court, District of Montreal.

Qualification.....

Address.....Western Division, The Montreal General Hospital

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 enquired after is stated in its proper place in the Statement opposite.

USE SPACE BELOW FOR ANY ADDITIONAL REMARKS YOU MAY WISH TO MAKE