DILIO DILIO

JAMES

MICHAE

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

13-9-43 (0.0.L366) AWARDS—CANADI	AN ARMY (	ACTIVE)	1490) 100M-10-41 (2195) H.Q. 1772-45-8
			FILE NO. 405-D-640
DILIO, James Michael Vincent.	D.95759	A/Cpl.	Can.Armd.Corps
SURNAME (IN BLOCK LETTERS) CHRISTIAN NAMES	REG. NO.	RANKON	C.A.S.F. UNIT
WAR SERVICE BADGE			
(CLASS) NO. DATE DESP	ATCHED:		
ADDRESS:			
CAMPAIGN MEDALS	REGISTRATION NU	MBER AND DATE D	DESPATCHED
1939-45 Star Italy Star			
Defence Medal War Medal CVSM with Clasp			

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL	REGISTRATION NO. DATE OF DESPATO
1) MEDALS PERSON	MEMORIAL BA
ENTITLED TO Mrs. Mary DILIO (MOTHER)	DATE DESP
308 Young St., MONTREAL, Que.	REGN. NO. 2283
2) MEMORIAL CROSS	
WIDOW	3/1/4/
ADDRESS:	
3) MEMORIAL CROSS	
Mother Mrs. Mary Dilio	
	DESP. NOV 8 1943 REGN No. 3209
ADDRESS: 308 Young St., Montreal, Que.	REGN No. 210

# COF CA FICE ACTIVE SERV

FORCE



M.F.M. 23

PROCEEDINGS ON DISCHARGE

(These proceedings should be accompanied by the documents specified on fourth page) Rank Regimental No. Rifleman Surname. James Michael Vincent Christian name..... Note.—The name must agree strictly with that on enlistment unless changed subsequently by authority. Unit or Corps Victoria Rifles of Canada Date of discharge November 3rd, 1939 Mil. Dist. No. 4 Place of discharge DESCRIPTION AT DATE OF DISCHARGE Age......years.....months Descriptive marks Height feet lond inches Vaccination on right arm. Fair Complexion Large scar on left knee joint right side one lower left jaw. Brown Eyes Hair Black Trade Clerk Intended place of \ residence Street and Number P.O., City or Town, etc. (To be given as fully as practicable; i.e., mailing address) Province 2. The above-named man is discharged in consequence of reverting to NPAM. Authority for discharge CASE R.O. 61 N.B.—The cause of discharge must be worded in accordance with C.A.S.F. Routine Orders as may be published. If discharged by superior authority, the number and date of the letter to be quoted. Commanding Officer, who entries on the discharge 3. Conduct while in the service has been, according to the records, etc. N.B.—See K.R. Can. 385. This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company. 4. Special qualifications for employment in civil life. (Vide 384, K.R. Can.)

5. He is in possession of the following		
5A. Service Button (Class and number (If and when authorized)	r)	
No reference to G.C. Badges is to be made on either		
6. Medals and Decorations		To be copied by the Command- ing Officer on to the parch- ment Discharge Certificate.
7. I have impartially enquired into al in accordance with Regulations	ll matters concerning this soldier's discharge brought l	pefore me
(Place)		
(Date)		••••••
8. Certificate to 1	be signed by the Soldier on Discharge	
I hereby acknowledge that I received up to the present date, subject to I have received my permanent dis	l all my Pay, Allowances, and Clothing, and all just of the reservations of the claims noted on the third page, scharge certificate.	demands, and that
(Place)	(Signature of	f Soldier)
	ess or any other cause and it is not desirable to forw a manuscript copy should be sent for the man to sign, as:	
9.	Statement of Service	
(Date of enlistment—C.A.S.F.)	2nd September, 1939	
(Date of discharge—C.A.S.F.)	3rd November, 1939	
(Total Service—C.A.S.F.)	years	days
10.	Confirmation of Discharge	
The discharge of the above-named ma	n is hereby confirmed.	
(Place)	(Signature)	•••••
(Date)		

(To be signed by th



(To be completed in triplicate. Copy designation to be shown by striking out terms not applicable.) M.F.M. 2 A.F.B. 271 480 M—8-39 (1696) H.Q. 1772-45-18

Commanding Victoria Rifles of Canada

VICTORIA RIFLES OF CANADA 

Regimental Number 2189 V.R.C.

	CANADIAN ACT	IVE SERVICE ATION PAPER	FORCE
	ALLESI	ATION PAPER	The state of the s
1. Surname	Dilio	•••••••••••••••••••••••••••••••••••••••	2 t 2 2 2 2 2 2 3 2 3 3 3 3 3 3 3 3 3 3
2. Christian Na	ames Jas. Michael Y	Vincent	2 S 2 - 00 -
3. Present add	ress 308 Young St.	•	
4. Date of birt	h 20 May 21		E - 2
5. Place of birt		Que. County or Province)	Montreal, Que
6. Religion (sta	ate denomination)R	· C ·	(Town or Township)
7. Trade or Ca	llingClerk	••••••••••	
8. Married, Wi	dower or Single	e	
9. Name of nex	t of kin Frederick	Dilio	
10. Relationship	Father		
11. Address of n	700 770	St.,	Rolling Rolling
	rved in any Naval, Military or A	ir Force? No	
	war service, state arm, force and r		No Section of the sec
			ras C
14 Do more	belong to or have you served in	the Active Militie of Canada	He service
14. Do you now	belong to of have you served in	39	
		Give unit and date of attestation)	
I,  particulars are to i.e., war, invasions and emergency is should so required by the control of the co	rue, and I hereby engage to serve on, riot or insurrection, real or a ceases to exist, and in any event fe my services.	in the Canadian Active Servi apprehended, exists, and for to or a period of not less than	ce Force so long as an emergence he period of demobilization afto one year, provided His Majest
	OATHT TO DE TATE		ture of recruit)
I,	will be faithful and bear true alle	N BY MAN ON ATTESTA  do sincerely	
declare) that I			
			(Signature of Recrui
The Recruit questions he wo The above of I have take	t above-named was cautioned by uld be liable to be punished as properties and answers were then an care that he understands each ed to, and the said recruit has many	me that if he made any far rovided by law. read to the recruit in my pre- question, and that his answer ade and signed the declaration	lse answers to any of the about sence.  r to each question has been due to and taken the oath before meaning the sence of the second se
at	this	day ofP. A	
	This soldier v	vas attested off was	Signature of Magistrate, Justi or Attesting Officer.  Office or Rank and Unit
	tation form all	2.	Office or Rank and Unit

	tecord of Service	e of Dilio Jas Michael Surname)	(Christian Nar	nes)	•••••••••••••••••••••••••••••••••••••••	Regim	ental Number.	2189	V.R.C.
		QUALIFICATIONS			EDUCA	TIONAL QUALIF	ICATIONS		
Military		No	High Scl	hool)			Graduation )		
Business o	r Professional		or Collegia	ate 32.y.	(years completed)	School	[atriculation]	(s	specify)
Trade or (	Civil	No	*College.	No	St. Anne	Boys Sch	Mtl.	***	
		No		ityNo			*		
Languages	s	glish, French, Italian	#/NT						
10 to 10 a		be taken on as Private soldiers, appointments and promotions		to be shown as					
F	Report	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., from date taken on Strength of Field Force	Rank Shown	Effective Date	Unit	Place		Authority	
Date	From whom received	Joined on appointment		181	,100		Part II D.O. No. 0	Cas. List, etc.	Dated .
Lex.		7.0.5°.	12gm.	/ Leh	URC	Lanue	100		2 Cest
lov.		N.P.A.M.		3 Low.		Rollins	Ro	10	4 Rose
	• • • • • • • • • • • • • • • • • • • •		••••				•••••••	••••••	
					•••••••			••••••••	
			••••						
		······································						•••••	
-			•••						
								••••••••	
								••••••	
			•••••••••••••••••••••••••••••••••••••••						
				F.M. 1 and 2 (a)					

pro base incertact, arrariffer

----

give details.  Date  Brief details	pension or com
Confort President VACCINATION	pensation
reported in the remarks. We have and Instructions for the medical Special remarks when category lo	· If s)
10. The abnormalities (congenita  SLIGHT VA	
7. Vision, righ <b>2020</b> left 9. Condition of mouth and teeth	
6. Chest measurement—Girth o	
FAIR	
LOWER LEF	
7 N	
iner's remar!	
h. Varicose veins	
g. Rupture	
e. Kidney or bladder disease	
d. Heart disease	
b. Tuberculosis	
1. Age <b>1.8</b>	
Name in fullJ.A.M.SMIGI	
CEE	

in the past received, disibility

-
20
0-1
1
1
C
0
دب
Q
C)
H
0
P
8
0
0
F-1
0
1
F
O
71
02
F
113

### CERTIFICATE OF MEDICAL EXAMINATION Name in full ...JAMES MICHAL VINCENT DILIO ...... Date 3/10/39 Part 1. Information obtained from the recruit. 2. Have you ever suffered from any of the following diseases? a. Rheumatism..... j. Nasal trouble..... b. Tuberculosis.... k. Ear disease.... c. Bronchitis or asthma..... m. Epilepsy..... f. Gastro-intestinal..... g. Rupture..... h. Varicose veins..... 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.) VACCINATION ON THE RIGHT ARM. LARGE SCAR ON THE LEFT KNEE JOINT RIGHT. SIDE. ONE LOWER LEFT JAW. 3. Weight...... 159..... pounds. 5. Development......GOOD..... 4. Complexion FAIR Eyes BROWN Poor Hair BLACK 10. The abnormalities (congenital and pathological) found on examination are as follows...... SLIGHT VARICOCELE. 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 Special remarks when category lower than A..... VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY Brief details and signature Brief details and signature Date

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

FREE PLANE CO.

400м—8-39 (1702) H.Q. 1772-45-18

the substitute to the second of the second of the

### PARTICULARS OF FAMILY OF AN OFFICER OR SOLDIER OF THE CANADIAN FORCE ACTIVE SERVICE

Instructions.

- (a) This form is to be completed immediately an officer or soldier is appointed to, or enlisted in, the 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.

(1) Name of Officer of	r Soldier Dilio	James Michael Vinc	
		t—Christian names in full—Bloc	k capitals)
(2) Regimental Number	NP VR NO.2189		
(3) UnitVictor	ia Rifles of Canada.	I.S.F.	
(4) Are you married?			
(5) If married, state,	NO		
(a) Full name of	your wife1		
			•••••••••••••••
(b) Present posts	al address of wifenil		••••••••••••••
(6) If married, have you	been regularly supporting yo	ur wife? If not—state reas	ons
	nil		
	nil		
(8) Have you any children	en?nil		
If so, give number	r of boys and girlsnil		••••••
Also their names	and agesnil	•••••••••••••••••••••••••••••••••••••••	
(9) If Separation Allowa		hildren—state whether you	have been regularly sup-
	of Guardian to whom Separa		
	none		ara ii autilorizeu—
	nil		
	nil		•••••••••••••••••
			(SEE OTHER SIDE)

11.2E	as your wife?
	If so, state her full name and Postal Address
	••••
	NIL
(11)	Is your father alive? Yes
	If so, state name and address. 308 Young Street. Montreal P.Q.
	Federico Dilio.
(12)	If your father is a widower and is totally incapacitated from earning a living—are you his sole support?
	NO
(13)	If sole support of father who is a widower—state what amount per month you have given him prior
	to joining C.A.S.F. NO
	Also state reason he has no other means of support
(14)	Is your mother alive? YES
(14)	If so, state name and address Dilio Mary. 308 Young Street Montreal P.Q.
	If so, state name and address
(16)	If sole support of widowed mother—state what amount per month you have given her prior to joining
(16)	C.A.S.F. NO
(16)	
	C.A.S.F. NO  Also state reason why she has no other means of support
	Are you insured?  NO  NIL  Yes
	C.A.S.F. NO  Also state reason why she has no other means of support.  NIL  Are you insured?  Yes  If so, in what Company?  Metropaltan Life Insurance Co.
(17)	Are you insured?  NO  NIL  Yes
(17)	Also state reason why she has no other means of support
(17)	Also state reason why she has no other means of support
(17)	Also state reason why she has no other means of support
(17)	Also state reason why she has no other means of support
(17)	Also state reason why she has no other means of support
(17)	Also state reason why she has no other means of support
(17)	Also state reason why she has no other means of support

Action with the met

### OCCUPATIONAL HISTORY FORM

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

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

	Section A—GENERAL INFORMATION
1	. (a) Print name in full Dilio James Micheal Vincent (b) Reg'l. No. D-95759
2	(a) Arm of service. Army (b) Unit 2th Army Tank Bn(T.R.R.) (c) Rank Trooper
3	. (a) Date of birth 20-5-1921 (b) Have you any dependents? one at time of enlistment.
4	(a) Place of enlistment ontreal, Que (b) Date of enlistmen 25-5-40
5	Section B—EDUCATION AND TRAINING
6	(a) State age on (b) Were you attending school (inally leaving school or college up to the time of enlistment?
0.	(for instance—"4 years, Public School", "two years, High School", "Junior 2 years, High School  Matriculation", or "4 years technical course in printing", etc.)
7.	Matriculation", or "4 years technical course in printing", etc.)
	university and standing or degree secured.  (a) Did you ever  (b) If so,  (d) If you did not
	enter upon a trade for what (c) Did you if finish it, how long apprenticeship? cocupation? finish it? did you serve at it?
9.	(a) What languages realish do you speak fluently?  (b) What languages reach & English do you read well?
5	Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT
10.	(a) State whether you were  WORKING or NOT WORK-  (b) At time of en-
	WORKING or NOTWORK- ING at time of enlistment.  (b) At time of en- listment of what
	(Enter here only "Work- ing" or "Not Working"
	as case may be; particu-
_	lars are asked for below) Were you a member?
	Section D—PARTICULARS CONCERNING THOSE WHO WERE UNEMPLOYED AT TIME
	OF ENLISTMENT  QUESTIONS 11 TO 17 REFER ONLY TO THOSE WHO ANSWER "NOT WORKING" IN QUESTION 10 (a)
11.	Had you ever been employed fairly regularly since leaving school?
12.	(a) If answer to 11 be "Yes".  (b) State how long you
	state exact trade or occupation had worked at this at which you actually worked trade or occupation
13.	If answer to 11 be "No", state exact trade or occupation for which you feel qualified
14.	If you had been employed after leaving school, state
15.	when you last worked fairly regularly before enlistment
16.	employer, if any: Name
	contractor", or "boot factory", or "iron foundry", or "retail store", etc.)
17.	(a) If your last employment was in a business of your own, state nature and address of business
	Section E—PARTICULARS CONCERNING THOSE WHO WERE EMPLOYED AT TIME OF ENLISTMENT
Q	DUESTIONS 18 TO 23 REFER ONLY TO THOSE WHO ANSWER "WORKING" IN QUESTION 10 (a). PLEASE READ THESE QUESTIONS AND REPLY TO THOSE APPLYING TO YOU AT TIME OF ENLISTMENT
	TO THOSE APPLITING TO TOU AT TIME OF ENLISTIMENT
	IF YOU WERE AN EMPLOYEE WORKING FOR AN EMPLOYER UP TO THE TIME OF ENLISTMENT, PLEASE ANSWER QUESTIONS 18 TO 21  Name of employer
19.	Nature of employer's business (for instance, "farmer", or "building Retail Grocery contractor", or "boot factory", or "iron foundry", or "retail store", etc.)
20.	(a) Your (b) Number of years' experience at a second of the second of th
21.	specific occupation
	employment on discharge?employment on discharge?former employment?
	IF YOU WERE WORKING ON YOUR OWN UP TO THE TIME OF ENLISTMENT, THAT IS TO SAY OPERATING A FARM A STORE AN ACENCY
22	IF YOU WERE WORKING ON YOUR OWN UP TO THE TIME OF ENLISTMENT, THAT IS TO SAY, OPERATING A FARM, A STORE, AN AGENCY, OR IN PROFESSIONAL PRACTICE, OR AS A PARTNER IN ANY SUCH LINE, PLEASE ANSWER QUESTIONS 22 AND 23  (a) State nature of business,  (b) Where was
	or professional practice
23.	(a) Number of years  (b) Have you made, or will you make plans to engaged in this businessreturn to the same or a similar business on discharge?
	Section F—PARTICULARS OF FARMING EXPERIENCE
24.	(a) Do you wish to engage 10 (b) Do you feel competent 10 (c) If so, in what 111
25.	(a) Do you wish to engage 10 (b) Do you feel competent 10 (c) If so, in what in farming after the war?
00	Section G—MISCELLANEOUS  Have you made any arrangements ather than indicated above for re-catablishment in sixil life after discharge.
	Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge?
	If so, state nature of your plans (for example, do you plan to return to school, or have you been assured of a job, etc.)
28.	State any employment preference or ambition you may have, other than indicated elsewhere in this form.

SIGNATURE former & Loca

PLEASE LEAVE BLANK

### CERTIFICATE OF ACTIVE SERVICE IN CANADA

THIS IS TO CERTIFY that No. 2109 (Rank)
NAME (in full). James Michael Vindent Dilio
was attested for service with VICTORIA RIFLES OF CANADA
Unit of the Canadian Active Service Force, called up under the provisions of General Order 135 of 1939.
He served on Active Service in Canada from ####################################
o
Active Militia Unit with his former Status, and with effect from
James Dilio Gonga
Signature of Soldier
VICTORIA RIFLES OF CANADA  Issuing Officer
Rank and Unit
Date 身 提供的特別 19 月9

(To be made out in duplicate; the ORIGINAL to be handed to the soldier, the DUPLICATE forwarded to the Officer in charge of Records, N.D.H.Q.)

ived	Che	ked	Card	oObservati	ions
DUPLICATE		Rec	eased		W.F.W. 2 A.F.B. 271
(To be complete	d in triplicate. Copy desig		striking out terms no		168M-11-36 (93 H.Q. 1772-45-1
UnitNO	14 General Ho		The second secon		D-95759
		ACTI	VE SERVICE		
			CATION PAPER	FORCE	
1. Surname	DILIO				
2. Christian	Names James.	Michael, V	ixixiant vi	ncent.	
3. Present	address. 308 You	ng St. Mon	atreal, Que	a Canada.	
4. Date of 1	750 T 204				
5. Place of	CANADA	3.4	OTTEREC	To the state of th	SOMTTRAT
	(Country)	RALL ROI	MAN CATHOLL	(Town or	Township)
	(state denomination)	CILIERK		***************************************	•••••••••••••••••••••••••••••••••••••••
	Calling			L Chair J	
	Widower or Single		Details, A. C.	•••••••	
9. Name of	next of kin		The state of the s		•••••••••••••••••••••••••••••••••••••••
10. Relations	hip		••••••••••••••••••••••••••••••••	•••••••••••••••••••••••••••••••••••••••	
11. Address of	of next of kin30	8 Young St	, Montreal,	Que, Canada.	•
12. Have you	served in any Naval	Military or Air	Force? NO.		
13. If previou	ıs war service, state a	rm, force and reg	imental particula	rsNIL.	••••••
		•••••••••••			
14. Do you r	ow belong to or have	vou served in the	e Active Militia o	f Canada? Yes.	V.R.C. NPAI
	September 2	nd to Date			
		(Giv	e unit and date of attestation	on)	•••••••••••••••••••••••••••••••••••••••
	DECLARAT	ON TO BE M.	ADE BY MAN	ON ATTESTATIO	N
I,	MIES MICHARIL V	THOMP DIE		do solemnly	declare that the abo
i.e., war, inv	re true, and I hereby e asion, riot or insurred	tion, real or app	rehended, exists,	and for the period	of demobilization aft
should so red	cy ceases to exist, and quire my services.	d in any event fo	r a period of not	less than one year,	provided His Majes
			7		2
Date	25 May 1940 5. F. He	we-With	ess fanc	(Signature of recruit)	ن
	OATH T	O BE TAKEN	BY MAN ON A	TTESTATION	
I,declare) that	JAMES MICHAEL I will be faithful and	VINCENT Di bear true allegia	nce to His Majest	sincerely promise a	nd swear (or solemn
			home	es Dilio	(Signature of Dogwiit

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 Que, this 25th day of May 19 40

COMMANDING No. 4 DISTRICT DEPOT, C. A. S. F.

Signature of Magistrate, Justice or Attesting Officer.

Office or Rank and Unit or appointment.

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

pension or compensation? If so

give details

TOS C. A. (0) Dismb. Gourock, 300 then 2-41		22-6-41		Field	DO 11 9	8-7-41.
Landing leave 7-7-41 to 14-7-41.		7-7-41			DO 11.8	10-7-41.
and much (T) and	M	Hanest	18 Th	21K		20 June 18
Granted Trades day muk (T/942 C.	M	/man 42	1281Bh	J.K.	7 8	26 gune 12
	1/2/CD	1 July 42	12 ATB	2K	77	28 July 42.
	/ /					
For additional en	For additional entries use M.F.M. 1 and 2 (a)	id 2 (a)				

#### CERTIFICATE OF MEDICAL EXAMINATION

1. Ago		btained from the recr	The watership Print Letter		
	natism	ve you ever suffered fro			no
	culosis	no		ole	
		no			
		no			
		no		mental disease	
		no			
		no			
		no		ver worn glasses?	
i. Flat o	r deformed feet	nono	^	es Dilio	
Examine	r's remarks re above.E	arsnormalcolor	mi.gion(.j.g.hi.h.g	(Signature of Recruit)	
		ations at 6yrs of			=
			1.0		ie N
Part	t 2. Information of	btained by medical ex			ipped.
		rs. (If operative obtain			
••••••	lv.accr.	ight.armlsca	rinsideleft	knee	•••••••••••
******	5	7 0-			•••••••••
2. Heigh	htfe	etinches.	3. Weight	170	pounds. Goo
4. Com	plexion fair	Eyes brown	5. Developme	ntga.d	Fair
		Hair black			Poor
6. Ches	t measurement—Girth	on full expansion	38 inches		
	Rang	ge of expansion	2inches		
7. Visio	n, right 20;20 le	eft20;20	8. Hearing, rig	ghtleft	w.v.20
9. Cond	lition of mouth and te	ethgo.qd			
10. The	abnormalities (congeni	ital and pathological) fo	ound on examination	on are as follows	••••••••
******					***************************************
		rs find no evidence of thave examined the Rec			
		al examination of recru			
reported					Access to the second of the se
reported and Institute		lower than A			
reported and Institute		lower than A			
reported and Institute		lower than A			
reported and Institute		Han A		in Rose	
reported and Institute	emarks when category	lower than A	sellay,	in Rost	Patternster
reported and Institute	Promident ACCINATIONS	AGO = QU. Tre	sellay,	in Rost	A Blandbard
reported and Institute Special	Promident ACCINATIONS	AGO = QU. Tre	s. Alaysification	of medical category	A Complement
reported and Institute Special	Promident ACCINATIONS	AGO = QU. Tre	s. Alaysification	of medical category	A Complement
reported and Institute Special	Promidat Brief det	AGO = QU. Tre	s. Alaysification	of medical category	A Complement
reported and Institute Special	Promidat Brief det	AGO = QU. Tre	s. Alaysification	of medical category	A Complement
reported and Institute Special	Promidat Brief det	AGO = QU. Tre	s. Alaysification	of medical category	A standbar

DILIC. DATES OF 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. Date of Arrival Number of Admission Discharge Signature of Medical Officer. STATION DISEASE days in Hospital. into Hospital from Hospital Day | Month | Year Day | Month | Year 

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

tatement of the	e Service of No	Rank	

ame.....

REPORT	Becord of Promotions, Reductions, Transfers, Casualties, Reports, etc.	Rank Shown	Tiffootime Date	TImit	Place	Authority	
From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Kank Shown	Effective Date	Unit	Flace	Part II D.O. No. Cas. List, etc.	Dated
	S.O.S. CA (UK)		11.6.43				
	T.O.S. CA (M)		12.6.43				
	Disembarked	A/Cpl.	10.7.43	12 A/T R	egt N/A.		27.8.43
		Page.					
		The same of the sa					
		THE PARTY	148 Jan 148	ALGORITHM BELLEVIE			
		CAFICAT					
			Yes Oct				
					•••••••	•••••••••••••••••••••••••••••••••••••••	

## Name Dilio, J.M.

Date	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		
			The last divine the last to th				Part II D.O. No. Cas. List, etc.	Dated
		ALL'D JAP LO HQ I CATBOE (BOE Tat Cors.)	Cy 2/48.	150cf 42	12.A.T. R9+	UK	55	23 Oct 42
		Blout fap to H9 1 CAT BDG. COMP. OF CRSE	014apl	28 oct 42	12.A.TRQL	VK	57	7 has. 4:
		awarded 1 9000 Conduct Badge.	, , , , , , , , , , , , , , , , , , , ,	16 700.42		υK	59	16 thos 42
		Qual "68% Good" at Bole Int Case.	Cyycpl	28 Oct 42	12. PT. 161	UK	61	30. how. 42
		att fap to 2"d IT. Fo. AMB. on Boe Hust AID Case	aj Ljept.	23 hov.42	12 AT. R9L	UK	63	15 Dec. 42
		efatt tap to 2nd lt. Fo. AMB. on Comp. of course	CHEPl	28 hos.42	12AT.RQL	UIZ	63	15 Dec. 42
		Jole 4cpl.	Hopl.	11 Lee. 42	12 ATT.RgL.	VK	65	31 Dec. 4
••••••		Inc. Frades. Rates \$ 185 per dien (dv. trech "c")	LJepl	1 Jan. 43	12 arny 1. Rat	UK	5	4 4 eb. 4
		adm. Lo 2 Com, Fol. amb.	2 ese	28 Jan 43	12 Cumy. T. Rq -	UK	6	11 \$ 66/ 4
		Rem. from. 2 Com 7d. Cumb. Lo 16 Gen. Hos.	Hope	28 Jan 43	12 any 1. RgL	Ul	6	11 Feb. 4
05		So.s to 2 CACRU, on adm. to Rosp		28 Jan 43	12 Cunt. Rat	UIZ	6	11 Feb. 4
	1.05	T.O.S. from 12th C.A.T.Regt. (In hospital)	L/Cpl.	29 Jan43	2 CACRU	U.K.	46	16 Feb 43
		Removed to Alton Convalescent Hospital	L/Cpl.	18 Feb43	2 CACRU	U.K	50	20 Feb 43
		Discharged from Alton Convalescent Hosp.	L/Cpl.	11 Mar 43	2 CACRU	U.K.	68	11 Mar 43
Sos		S.O.S. to 12th C.A.T.Regt.(Dvr.Mech."C")	L/Cpl.	19 Mar43	2 CACRU	U.K.	75	19 Mar 43
••••••	Tos	Tos from 2 cacru Dru mechic	L[Cpt:	20 mar 43	12 Cat Rat	uk.	la-	25 mar 4
		appt'd A Col:	Al Col:	Imay 43	12 Cat Tigt	uk-		20 may 4
		Killed in Action CMF	A/Cpl	5.8.43		••••••	27 Aug 43	U

### 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.14 General Hospital, RCAMC.	Regimental	l Number	D-95759
1. Surname DILIO, 2. Christian Names James, Michael, Vincent 3. *Substantive Rank and Appointment L/CPL *Acting Temporary or Local Rank #/CPL giving date //MRY 43	(17) Regiment or Corp R.C.A.M.C. Can.Arm d Corps		Unit (Battn., etc)
*To be entered in pencil to facilitate alteration.			
(A)			
10. (C) Any subsequent variations of conditions of service.			•••••••
11. Religion Roman Catholic.	(19) Next of kin (entries In Inchesion 308 young de	es to be made Dillio	in pencil)
Dur Mech (7)	(20) E		

(A) Here enter particulars of any subsequent claim as to actual age after verification of birth certificate.

(E) Instructions regarding allotment of these sub-heads will be made as may be necessary after mobilization.

(C) If to be retained on home service, period if specified to be stated; also authority and on what grounds: see (A) above.

(B) Whether for home service only, enlisted at special rates of pay, etc.

NOTES-

(D) Signaller, Farrier, etc.

								1
(a)	)	(b)	(c)	(d)	(e)		(g)	3
Rep	ort		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	Place of	Date of	Army rank	Army Form or other	
Dete	From whom	Unit	Hospital, Casualty Clearing Stations, &c. Date of disembarkation and embarkation from a theatre of war (including furlough, &c.) in accordance	Casualty	Casualty	as at (e)	authority for entry to be shown	
Date	received		with para. 2 of Note to Table I of Appendix III of Field Service Regulations, Volume I					
	C.0	12 ATB	SOS C.A. (CANADA) on embarkation I	Talifax	27-6-4	Tor	DO 116/27-6-47	-
		11	MS CA(0)Dis.Gourock,Scotl.1-7-41	Field	22-6-4	118	DO 117/8-7-41.	
	,,	11	Landing leave 7-7-41 to 12-7-41.		7-7-41	11	DO 118/10-7-41	
			Qual. Dor. mech. (T) Group C'		494 43	• ,	Da 36/20 9 42	
	•1	4	Grunted trade pay- Div. mech. Sp. 'C'		911		1 37/2/ 2/	
201.4942	•••	••	att R+Q to 1 CATBDE ORD COY. RCOC		4/10000	•4	Daylas lua	
200.1.1.	•••				1. The same	06/01	Da un lack de la	
15 8CT 112			Chippointed Alle Cpl.			. Milel Pl.	DO 5501/2 0. T.	
1.2	· · · · · · · · · · · · · · · · · · ·		PROCEEDS ON BDE INTELLIGENCE. COURSE & ATT. F. A.P. TO H. G. I CON. ARMY		1.2	•••••••		
************			TANK ROF	•••••••		••••••		
29 Pat 112		•	BET FROM INTELLIBER CHINGE OF DELLE		2001	••••••	Δ1-7 J/7 λ 11-	
			BET. FROM INTERALIGENCE COURSE & CEASE ATT.		A D. Con 42.		. 20 5.1, .9	
20Nov42	11	11	Having attended Bde. Intelligence		280a+12	11	D061. d/30 Nov 42	-9.15
L.V.+V.V. V. T			Course qualified "68% Good"	• • • • • • • • • • • • • • • • • • • •	2000.04.4	• • • • • • • • • • • • • • • • • • • •	100 1 1 0 V 42	
•••••••	17	17	Awarded one Good Conduct Stripe	11	270ct./		D059. d/16 Nov 42	
20-41			Produced Office Good Conductor Dorthold	• • • • • • • • • • • • • • • • • • • •	.4.1.0.0.0.7.4	***********		
J.C.Mou.			tt - a-t - all - all Constant	<b>2</b>	72 447	••••	001010	
300 - 42	••••••••		Ret I Promise to the state of t		a.s.mour.to		1.0. 6.3/13. A.H.O.Tal-	
JOHOUbe			Let to from mole A. M	4	70 47		0-1-1-1-1	
IN Jee NO			Actan F.A. P. 10. d. Xan San San San San San	40	33 MOV. 76		D.O. 63/15 dec. 42.	
19 0 43			Granted daily rates of hay of 1.85 her diem.		Marc. 4a	. Ц. Ф	V.C. 6.5/. D. 0000.4101-	
			APM TO 2 CON LT FO AMB		The second secon			
					A STATE OF THE PROPERTY OF STATE OF STA			
			REM'D TO 16 COM GEM Hasp.					
17 Feb 41	3 O C	SCHCDII	SOS FROM 12 C A TO POR (HOSE)		20 Table	- 11	11 116 76 Fob 117	
18 Feb	3 O C	2CACRII	TOS From 12 C.A.T. Reg. (Hosp) Pt II #46 add (Driver Mech "C")		20 Tanlia		11 117 77 17 17 17	
21 Fob 4	z . II	11	Removed to Alton Conv. Depot	11	7 8 F 0 6/17		" FO 20 Fob 112	
17 Manuz	AOCCH	2CACRII	Disc.from Alton Convlescent Hosp	II K	Manuz	I./Cnl	D. O. #68 11 Mon 117	
16Manl17	0 0	CACPII	SOS to 12th C.A.T.Regt. (Dv.Mech"	CII VII IZ	IOMonliz	I./C~1	D 0 #75 19 Man 43	
TOMACITY.		ENWOUND.	DOD LO LEGIT O PROFESTION OF SALEGITA	V/. U	- Juan - J	.ه بدین برید.	Σουση Τ. Ι. Σ	
14 May 42	.≪	IXCHAINK.	Abbi Andrew C.	F. 1.F. I.D	CH. HAMOS	• • • • • • • • • • • • • • • • • • • •	9, 4, 2	
1.(.!:	201	10 1-70	expounded asling our poral				. 2.1./.4	1
an and to	e. e.ch		J. J. CA. C. 100 CA. C.	Pag		Alcho	75147	
	• • • • • • • • • • • • • • • • • • • •	••••••	mans fer or 12 years Hisemb 10 years 45			11/19	20/.1.2	
•••••••	• • • • • • • • • • • • • • • • • • • •	••••••				••••••		
2000000	201	10 00	Soc 10 - 1 (Kill 1 9 19-1-	La.	FQ 1/2	Alas o	25142	
acoung D.	Legn	12011	TOS deceased Julied Sollows July	Va	Jung 75.		. 22/.7	
	• • • • • • • • • • • • • • • • • • • •			<i>y</i>		• • • • • • • • • • • • • •		

### OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION NUMBER 3 9 7 5 9 SERVICE UNIT NAME DILIC. Famos Mississi Vilagooms DATE OF BIRTH YEAR A TOTAL MARITAL STATUS M.F.M. 1, 2 & 5 RELATIONSHIP D.A.B. ADDRESS ADDITIONAL PERSON ADDRESS TO BE NOTIFIED PARENTS NAME ADDRESS IF SOLDIER MARRIED OVERSEAS H. . 405-1-640 AUTHORITY CAS. SIG. NO. DATE CASUALTY DETAILS Hilled in action.

LAST WILL ATTACHED TO NOTIFICATION TO A. OF E.?

YES/NO

M.F.M.5. ATTACHED TO NOTIFICATION TO A. OF E.?

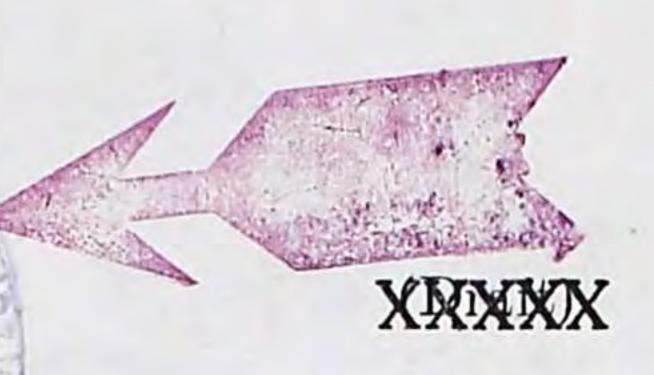
YES/NO

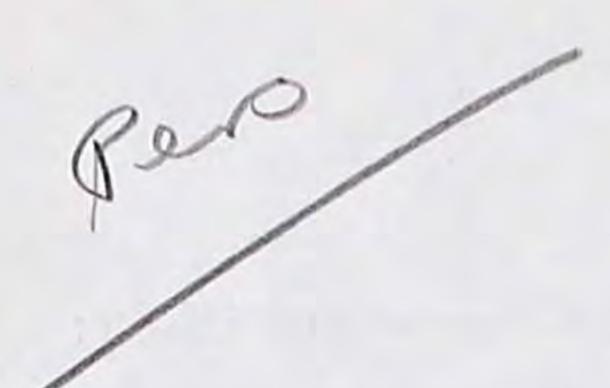
DATE

OFFICER I/C RECORDS

N. F. mid.

TO—
OFFICER I/C RECORDS
C.N.H.Q.





M.F.B. 371 100M—5-41 (473) H.Q. 1772-39-164

# REPORT ON INJURIES

Other than Wounds Received in Action

1.	Certificate to be signed by injured officer or soldier:
TC	I, D-95759, E/Cpl. DILIO, James, Michael, Vincent.  (a) (number) (b) (rank) (c) (surname) (Christian names in full)  ArmyTank Regt. (TRR) (T) CAC. hereby declare that the injury sustained by me  (d) (unit)
	on the 28th Jan. 43.  (e) (date of casualty)  did*  occur while I was in the performance
	of military duty.
	(Signature of officer or soldier)
Tr	n the Field, 28 Jan. 43.  (station) (date)
2.	(a) Description of injuries Loss of 2" of tip of ring finger 1f hand
	Laceration and bruising of tip of little finger.
	•••••••••••••••••••••••••••••••••••••••
	(b) Are the injuries serious or of such a nature that they $might$ NO
	be the exciting cause of dis- ability later?
	(c) Whether admitted to hospital or sick in quarters? \  \text. First. Aid. at. RAPsent. to 2 Cdn I F. Amb.
	(d) How long before initial treat- } ment was given?
	Date 28th Jan 43. Signature of medical officer worthclasse Cast

3. Short statement by injured person of the circumstances of the injury (see instruction 5). Signed statements of witnesses, or of persons to whom the injured person may have mentioned his injury, to be attached (see instructions 3 and 4):

"While entering the drivers'compartment of tank T-31078, which is under my charge, in order to shot off engine, I accidentally released the safety catch of the co-driver's hatch which fell on my Teft hand injuring my fingers.

J. Dillio

	(a)	Was the individual in the performance of military duty? \\ \S
	(b)	Nature of duty ROUTINE DUTIES ON TANK
		Was it incurred in a game or other form of physical recreation definitely organized with
		the approval of the unit commander?
	(d)	If it was incurred on leave, was such leave with or without pay? \( \mathcal{N} \) \( \mathcal{B} \)
	(e)	Was anyone else to blame?
		(i) Whom?
	( <i>f</i> )	Did the injury occur on military premises and if so in what part of such premises?
5		IN TANO
	<b>(</b> <i>g</i> )	Court of Inquiry:
		(i) Has one been held?
		(ii) Will one be held?
		(iii) Date and place
	Date	V8 Jan 143 Commanding Commanding Commanding
=		12 Army Tank Regiment (1.R.R.)(1)
5.	Remark	s of District Officer Commanding or Division Commander:
	Date	
6.	Received	by N.D.H.Q.
7.	Forward	ed to D.P.N.H.
		INICUDITONIC

#### INSTRUCTIONS

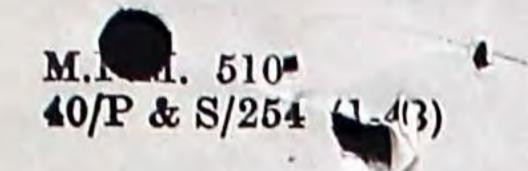
- 1. This form is to be rendered within 48 hours after the event in all cases of accidental or self-inflicted injuries to an officer or soldier involving:
  - (a) death,

4. Statement of Commanding Officer:

- (b) absence from duty for 48 hours or more, or
- (c) absence from duty of less than 48 hours when the medical officer should invariably be consulted as to whether the injury may be the exciting cause of disability later.
- (d) in all accidents involving personnel whether there is evidence of injury or not.
- 2. A separate form is to be used in respect to each individual affected.
- 3. This form is to be rendered notwithstanding the holding of a court of inquiry or investigation. If a court of inquiry is held a copy of this form is to be included in the proceedings.
- 4. Full statements are to be taken by an officer from the witnesses of the accident or, where there was no witness, from any persons to whom the injured officer or soldier may have mentioned his injury immediately after the occurrence. These statements, when obtainable will be signed by the persons making them, and by the officer who takes them, and will be forwarded with this form. Where it is intended to take disciplinary action, duplicates of these statements should be retained by the unit for use in lieu of a summary of evidence.
- 5. Where it is possible to obtain it, a statement from the injured officer or soldier will also be forwarded. This, however, should not be used as evidence against him in any subsequent disciplinary proceedings.
- 6. Three copies of this form will be forwarded direct in all cases to N.D.H.Q.; one copy to be retained by the unit rendering the form and two copies to be placed with the man's documents.

#### SPECIAL INSTRUCTIONS AS TO EVIDENCE IN CASES OF SELF-INFLICTED WOUNDS

- 7. In these cases the statements mentioned in paragraphs 4 and 5 above should bring out all material points, e.g., statements to the effect that the witness was with the accused standing on the fire step (or sitting in a dug-out); that the accused was cleaning his rifle; position of safety catch, magazine, etc., if known; muzzle of rifle on toe of foot; hand on muzzle; that accused pulled trigger; that the rifle was afterwards examined and an empty cartridge case was found in chamber; that accused was seen to be wounded; what accused said ("I have shot myself," "I did not know it was loaded," etc.).
- 8. An officer or a soldier is specially trained in the safe use of his rifle and revolver, and evidence of any neglect of the ordinary precautions as to their handling in such cases usually has considerable bearing on the question of negligence. In cases of wilful self-wounding the fullest possible evidence should be obtained; unless the evidence is conclusive this charge should not be used. The charge will therefore usually be laid under section 40 Army Act—"Conduct to the prejudice of good order and military discipline in wounding himself through negligently handling a rifle," and an alternative charge to this effect should be made, even if the accused is to be tried under section 18 for wilful maining.



# CANADIAN ACTIVE SERVICE FORCE

# OVERSEAS

Distric	t
Disper	anl

# LAST PAY CERTIFICATE

(All Ranks)

Regtl. No. D. 95759 Rank and Name	A/C)	01.	J.M.V. Dilio, (Deceased	. Y .	
			on 5th August,		
		-	Authority: C.C. L. "A"323. d/27		
			from 1st August to 31st Augu		
the inclusive date of transfer or discharge.		Dr.	110111	Cr.	
Particulars	Amo	unt	Particulars	Amou	unt
Balance Dr. from last account			Balance Cr. from last account	67	66
			Regimental Pay\$\$\$\$\$\$	52	
Casual Payments		C. Carlotte			
Payments on Transfer or Discharge	25	00	Additional Pay (Give particulars)\$		
Assigned PayRegimental Charges			Allowances (Give particulars)days		
Public Stoppages (Give particulars):					
•••••••••••••••••••••••••••••••••••••••			Def. Pay Interest.		60
			΄		
(Free	67	71			
To Balance Cr. (Deferred	36	00	By Balance Dr.		
Total	123	71	Total	128	73
BALANC	E GIVEN	IS SUI	BJECT TO ANY CHARGES		
AND/OR CRE	DITS END	ORSED	ON THE REVERSE HEREOF		
Remarks:					
Assigned Pay \$3:	5.00 (F	athar	e) Stoppod eff. 1st Sept. 43		
Assigned Pay \$2.	.00 (19	.s.c.	.) Stopped eff. lst Sept. 43		
•••••••••••••••••••••••••••••••••••••••					
				••••••	
••••••					
		1.			
				•••••••	••••••
	•••••••••••				••••••
B.M. Wadsworth.					
Compiled by Siller			Contified correct to the unentry the		

Checked by.....

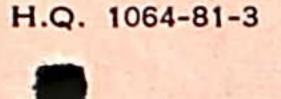
for Chief Treasury Officer, Overseas.

### RECORDS OFFICE

## CASUALTY REPORT

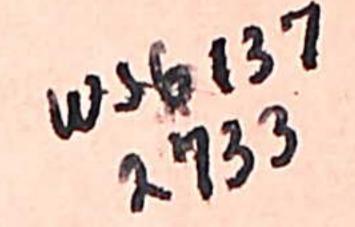
NAME (in full) DILIO	JAMES MICHAEL VINCENT
RANK A/CPL No. D-95759 (Surname UN	Christian names) TT 12th CDN. ARMY TANK REGT. C.A.C.
HOSPITAL (U.K.only) in which de	ath took place if applicable
R.U. (U.K.only) to which posted	on admission to Hospital
CASUALTY KILLED IN ACTION DA	TH 5 AUG 43 PLACE C.M.FORCE.
If P.O.W. or IMTERNED, number as	(If ex U.K.specify theatre)
TOTOTITE TOTOTITE TOTOTION	
	DATE Sgd. O.i/c Casualty Section
NEX	T OF KIN
1. CANADA or U.S.A YES/NO(If I	NO, complete No.2)
2. NAME, in full	
RELATIONSHIP ADDRE	ISS
3. ANY RELATIVES IN U.K. from M. children born overseas.	F.M.5 or any other source, including If NONE, so state
4. Date of MARRIAGE, if known	(Sgd) for 0 i/c R.2.
WILL,	EFFECTS, ETC.
1. NO WILL HERE (or) WILL HEREWITT	
	EXECUTOR (RELATIONSHIP)
NAME) (ADDRESS)  2. BANK ACCOUNT - Name of Bank e	+ 0
address	A/c No
3. KIT PRIVATELY STORED-Name of	custodian
address	
Particulars of DEBIS; REMARKS	, etc.
	Sgd.
	for 0.i/c R.3.
oct 2 1 1943	Mulhi /
	for Officer i/c Records Canadian Military Headquarters.
riginal - with Will, if any to	odification military neadquarters.

Duplicate-to file.



#### DEPARTMENT OF NATIONAL DEFENCE

NAVY ==== ARMY ==== AIR FORCE





#### STATEMENT OF WAR SERVICE GRATUITY

INAIVIE	James Michael Vincent (CHRISTIAN NAMES) ector of Estates	DILIO (SURNAME)	REGISTER NO. FILE NO. DATE	D-2042 405-D-640 17-7-45
ADDRESS			SERVICE NO.	D-95759
DATE OF TERMI	INATION OF OVERSEAS SERVICE	5-8-43	FINAL RANK OR RATING DATE OF DISCHARGE	A/Cpl. 5-8-43
	LIFYING SERVICE			\$ ¢
	NO. OF DAYS_	1220 EQUAL T	O 40 COMPLETE PERIODS AT \$7.50	300.00
B. QUALIFYING No. of Days 775	OVERSEAS SERVICE  LESS 20 INELIGIBLE DAYS, EG SEE PAR. 2 OVERLEAF FOR	QUAL TO 755 EXPLANATION	DAYS @ 25c. PER DAY	188.75
				488.75
C. SUPPLEMEN	T FOR OVERSEAS SERVICE			
	DAILY RA	TES AT DISCH		
	SUBSISTENCE OR LODGING		\$ 1.70	
	AND PROVISION ALLOWANCE		\$ 1.25	
	ADDITIONAL PAY		\$ • • • •	
			\$ \$	
	DEPENDENTS' ALLOWANCE 1/30 OF		\$	
		TOTAL NO. OF DAY	\$ 3.20 \$ 775 \( \text{S} \) \text{ 183}  \text{ \	94.86
D. WAR SE	RVICE GRATUITY			583.61
E. DEDUCTIONS	S OVERPAYMENT OF	DEPENDEN	ALLOWANCES \$ ITS' ALLOWANCE D ASSIGNED PAY \$	
	OTHER DEDUCTIONS		\$	
F. TOTAL AMO	UNT PAYABLE .			583.61
G VOUR PORT	ION OF GRATILITY IS- 3000			

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	CHEC	KED	BY
PJ		1	No.

TREASURY	
CHECKED BY	DATE
/ // // // .	//
S. N. Willenson	23/7/45

Register No. D2012/

H.Q. File No. 405- D-648

TO: P.M.G.

CANADIAN ARMY (ACTIVE)
COMEUTATION OF SERVICE
WAR SERVICE GRANT

Rank				
Regt. No. S.O.S. Surnam	e	Christi	an Name	in Full
D-957591 A/CP41	0	JAME.	on Name	AEUFALT
NPAM- 2189. RIFLIEMAN.				UNCENT
Reason for Termination of Service:				
Ast Enlistment <u>XIALED IN</u>	ACTION		CARO	(
And Enlistment REVERT TONE	AM/		CARO 6	1
3rd Enlistment			CARO	
T.O.T.A.L/	SERVI	C E		
2st Enlistment   knd Enli	stment	3.rd	Enlistment	
T.O.S. 25 MAY 401 T.O. S. 1034	=P39 11/	T.O.S.	· · · · · · · · · · · · · · · · · · ·	
3.0.3.5 AUG437005 8.V.s.3NO	1039 MD	s.o.s.		M D
Total Days 1/68 Total Days				
		3.0		3 - DAYS
TOTAL SERVICE.	10.17	A STATE OF THE PARTY OF THE PAR		DAID
	Total		alifying	Net
	Servi		rvice	Service
WESTERN HEMISPHERE	44	18	3 1	4142
	77	5	mil	775
OVERSEAS SERVICE	177	3	3 4	1220
Totals	MUNITURALISM	Strains. America	manifestate frances press.	
Add Non-	qualify.ing Ser	vice		
TOTAL SE	RV ICE			223
EMBARKATION DETAILS:				
1. Date 3.0.3. Oversons 54064	3 Dat	e S.O.S.	Overseas	
PALISTED 1 SEP39				
Computer's Signature	geren Sal	5 7 5		
1 Callon	Neno			
Checker's Signature	////			
Date Computed	Certified th	ot entit	ement to	ene-

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

fits under the War Bervice Grants

Act, 1944, has been established,

based on service shown herein.

#### DETAILS OF NON-QUALIFYING SERVICE

#### WESTERN HEMISPHERE

Forfeits for	from	to	Eff. Date.	Days	. Total
AW4.	NA	NA	160E (41)		3 -
					· · · · · · · · · · · · · · · · · · ·
		ga recombanga			
					,
	•				
•••••••••••••••••••••••••••••••••••••••	i	i			
T.O.	s. 22 JUNA	//T.o.s.	r	r.o.s.	
VERSEAS	5 AUG 4:	3 5.05		202	272

OVEDORAG	T.O.S. 22	JUN4/	T.O.S.	лТ	.o.s.	•••••••••••••••••••••••••••••••••••••••
OVERSEAS	s.o.s. 5 A	0643	s.o.s.		3.0.S.	
			•			

	The state of the s	T WITH THE	
	The state of the s		
		14 Y	
		CVasC 1	
_			
***************************************		TOTAL	

----

File No 405-D-640

### REBURIAL

NO_	D.95759
RANK	Corporal
NAME_	DILIO, J.M.V.
NAME OF CEMETERY	Canadian Military Cemetery
LOCATION OF CEMETERY	Agira, Sicily.
GRAVE LOCATION_	Plot B, Row G. Grave 234.
AUTHORITY	54-27-88-2 Vol. 12.
	Reburial list.

### SOLDIER'S SERVICE BOOK

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

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

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

#### INSTRUCTIONS TO SOLDIER

- 1. You will be held personally responsible for the custody of this book.
- 2. You will always carry this book on your person when on duty, and on active service.
- 3. You must produce this book whenever called upon to do so by a competent authority, viz.: Officer, Warrant Officer, N.C.O., Military Policeman or Civilian Police.
- 4. You must not alter or make any entry in this book (except as regards short form of Will on page 24; see instructions on pages 20 to 23), and disobedience of this order will be treated as a serious offence,
- 5. Should you consider that any entry is lacking or incorrect, or should you lose the book, you will report the matter to your immediate military superior.
- 6. You will be permitted to retain this book after discharge as a record of your services, but should you lose the book after discharge it cannot be replaced.

### (1) SOLDIER'S NAME AND DESCRIPTION ON ATTESTATION

Regtl. No. 0 - 95 759
Surname (in capitals)
Christian Names (in full). VAMES MICHAEL VINCENT
Date of Birth 20 May 1921
Place of Birth Montreal, Zud.
Trade on Enlistment.
***************************************
Nationality of Bathan at high Add
Nationality of Father at birth Lace
Religion Catholic Catholic
Enlisted at Lanteal Level.
Date 25 May 1940
Particulars of former service (if any) i.e. Regtl. No., Corps and period.  Particulars of former before the control of the con
Signature of Soldier.
Signature of Officer.
Place & the field Date 12 March 43.

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

Nea	rest degree of elationship	Names	Date
	Wife		
1st	Children		
	Father	FREDERICO DILIO	
2nd	Mother	MARY MELATTI DILIO	
3rd	*Brothers and Sisters	ARMAND 1DA	
4th	Other Relations (stating) relationship)		

<sup>\*</sup>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)

Løtest known Address in full				
			3/75	
				4 -
21	1	1 3		
308 2fo	Bung. I	t., In	entrea	b., due
				三世五年 1 日
	./ 1 -1			Es- 51 a
	Lan			
-72297, PT	E. A. DI	101,1	BLACK	MUATEI
	Sec. 1	Tel .		
		J.C	DN AG	my (a)
				Total III
308 Youn	11. C+ 2	mount	seso	Palcee
w				

#### (III) RANK and APPOINTMENT

Date	Rank and Appoint- ment	Substantive, Tem- porary, Acting or Local (with or without pay)	Authority of Part II Orders	Signature of Officer
1-7-42	L/Cpl.	actino	0.0.42	
1-12-42	2	Canfixman	0.0.65	Mierry
N/AY-43	CORPORAL	HETING D	1.0.21- 20/5/43	Emajor Cas
	***************************************			
	••••••			
		***************************************		
	-			

		-		
Date	Qualified in addition as under:—  Clark Will River in Secret  Level Deina Meck 1 Grays		Service) except that he requires further training	Applicable to all Arms, to be comple C.O. Bn., etc., before a Soldier proof overseas  Recruit's Course as laid down for his

#### (V) PARTICULARS OF TRAINING

Specialist Qualifications. Swimming, etc., show'g result	Date	Signature of Officer
de bot Course	15-10-42 28-10-42	Briews
•		
		***************************************

#### (VI) SMALL ARMS RANGE COURSES

Year	Classification	ompleted, state parts fired	Signature of Officer	
4	•			
•••••				

### (VII) EDUCATIONAL QUALIFICATIONS

Certificate, Specialist Qualifications, etc.	Place	Date	Signature of Officer
1. anne School	Montreal	1935	D.WH.
igh School 3rd	~	1938	MAR
			***************************************

(VIII) TRADE RECORD

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

Trade	Group	Class	Remarks, e.g., On enlistment; Re-classified; Re-mustered, etc.	Date	Signature of Officer
Tech T	7 07		20.37	26.6.4	mol Bien
	The same of the same of				

### (IX) EMPLOYMENT WHILST SERVING

Period	27 - 4	Remarks and Signature of O.C. Coy., etc.
From T	o Nature of Emp	loyment O.C. Coy., etc.
A		***************************************
	***************************************	

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

### (X) MEDICAL CLASSIFICATION

Date	Category or Grade	Medical Examiner of Recruits, or other Medical Authority	Signature of Medi- cal Officer
5-40	A	Montreal M. Board	sersed be
-4-41	A	Cumpa Boarden, Ko-	Bien dt.
	***************************************		

(XI)	PRESCRIPTION	FOR	GLASSES
------	--------------	-----	---------

	Vision without Glasses	SPH	CYL	Axis Standard Notation	Vision with Glasses	Ophth, Centre	e:	Date of Exam.:
						Frame No. (comeasurements	or 3):	Date of Issue:
gı	nature of M	1.0						
	Vision without Glasses	SPH	CYL	Axis Standard Notation	Vision with Glasses	Montee	e:	Date of Exam.:
_	20					Frame No. (comeasurement	or	Date of Issue:
	20/20							
-	nature of I					W. Bien.		
-	nature of I	(3	(II) PA	RTICULAR		ENTURES SUP	PLIE	
-	nature of I	(3		RTICULAR			PLIE	nature of Medical Dental Officer
-	nature of l	(3	(II) PA	RTICULAR		Date	Sig	nature of Medical Dental Officer
-	nature of I	(3	(II) PA	RTICULAR		Date	Sig	
-		. (2	Particula	RTICULAR	S OF DI	Date	Sig	nature of Medical Dental Officer
-		(X	Particula	ULARS OF	S OF DI	Date	PLIE	nature of Medical Dental Officer
-		(X	Particula	ULARS OF	S OF DI	Date  AL APPLIANC	PLIE	nature of Medical Dental Officer
ig	(2	(X	Particular Particular	RTICULAR  OTS  OTS  OTS	SURGIO	Date Date Date	PLIE Sig	nature of Medical Dental Officer

### (XIV) PROTECTIVE INOCULATIONS

Nature of Vaccine, "T.A.B." Cholera, Plague, etc.	Date	Signature of Medical Officer
1. A. B.	-6-40	John Ki
	9-7-40	Company of the same of the sam
Tet Daysid	6.6-40	J. Bi
1.A.B.T. 0.5 c.c.	2-5-40	J. My
JABT OSC.C.	1-5-42	, ovel and
		*
		······································
(XV) VAC	CINATION	
Date Vaccinated	_	e of Medical Officer
6-6-40	peren	ABier St.
23-8-40	77.	Maren at

### (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
- Kay New.	20.5-40	1/20012
and !	7-7-41	) week x
Xo 792727	23/1/42	per 8
Ocesi 19h	10 //	0°-0
Juston.	10	100
gold Fg	13/	July.
exet 1	14	
Test Ken Complet	6	
lest Ken/ ombl	et 30/7/42	
and Complet	4	
	The second secon	
odedone Sond Cond. De	dge 12 Sept 4	Luaere
NGERPRI h flag 185 per de	NTEN	CAIB
NULLI		
noffay 400 per an	y / - youry 2	majorce

A soldier who has made a Will is recommended to inform his Commanding Officer where such Will has been deposited and the Commanding Officer shall upon receipt of such information forthwith complete the following certificate and despatch the same to the Officer i/c Records.

No. D 95759 Rank 4/cpl. Name Dilio J.m.v.

states that he has executed a Will and that the same has been deposited with of //creconds at

m. In Prime

Signature of Officer. Rank or Appointment.

Date 2 4/4/1/47

Soldiers who possess real estate and who have not made a Will are recommended to make a formal Will before embarkation when action as indicated above should be taken, or to make a Will on one of the forms provided, M.F.M. 10 with one or more beneficiaries or M.F.M. 10a in the case of a soldier owning real estate, and to hand this document duly executed to their Commanding Officer for transmission to the Record Officer concerned for safe custody.

The Officer receiving such Will shall complete the following certificate—

### Certificate

M.F.M....received and forwarded to the Officer i/c Records at

> Signature of Officer. Rank or Appointment.

te Certificate or Will ex

Don't

Certificate or Will extra

Solely for use on Active Service. The Will, on page 24, must NOT be used until you have been placed under orders for Active Service.

# SHORT FORM OF WILL (Write Will on next page)

If a soldier on active service, or under orders for active service, wishes to make a short Will, he may do so on next page. It must be entirely in his own handwriting and must be signed by him and dated. The full names and addresses of the persons whom he desires to benefit, and the sum of money or the articles of property which he desires to leave to them, must be clearly stated. The mere entry of the name of an intended legatee on the next page without any mention of what the legatee is to receive is of no legal value.

The following is a specimen of a Will leaving all to one person :—

In the event of my death I give the whole of my property and effects to my mother, Mrs. Mary Bull, 999 High Street, Toronto.

(Signature)

GEORGE BULL, Private No. 30000,

Date 5th August, 1936.

The following is a specimen of a Will leaving legacies to more than one person:—

In the event of my death, I give \$10.00 to my friend, Miss Rose Smith, of No. 1, High Street, London, and I give \$5.00 to my sister, Miss Maud Bull, 999 High Street, Toronto, and I give the remaining part of my property to my mother, Mrs, Mary Bull, 999 High Street, Toronto.

(Signature) GEORGE BULL, Private No. 30000,

Date 5th August, 1936.

### MILITIA BOOK M. 1

PART III 40/P&S/279 (11/42)

# CANADIAN ARMY Clothing and Equipment Statement

Regt.	No
Rank	Mach.
Name	Dilio J. M. V.

### INSTRUCTIONS TO SOLDIER

- . You will always carry this book on your person and are responsible for its safe custody.
- 2. You will initial the end of the list of your kit 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.

### GENERAL INSTRUCTIONS

- 1. This statement will be used to record the quantities of clothing and equipment to which the soldier is entitled and has been issued. Entries will be made in ink.
- 2. A new column will be used when the list of kit changes with the soldier's status. Old column will be ruled out.
- 3. On transfer of the individual, the certificate at end of statement will be completed and signed.
- 4. This state nent replaces Form M.F.C. 800 and adoptions thereof.

### CLOTHING SIZES RECORD

ARTICLE	SIZES
Battle Dress, blouse	10
Battle Dress, trousers	
Cap or bonnet	71/4
Boots, ankle	no duit 9 F
Socks	
Gloves	9
Facepiece, respirator	N
Greatcoat	malla 5 at afant, q
Coveralls, combination	120de 21/0
Jersey, pullover	M.
Shirts, Angola, drab	14/2
Vest, woollen	36
Drawers, cellular	36
Drawers, woollen	36

.

ARTICLE	QUANTITY
Anklets, web, prs	1
Blouses, Battle-dress	2
Bonnet, tam-o'shanter	
Boots, ankle, prs	2
Boots, lumbermans, rubber, prs	
Boots, rubber, high, prs	
Bonnet, drab, Irish	
Cap, field service	
Cap, mechanic	
Cap, tank battalion	
Drawers, Cellular short, prs	2
Drawers, Wollen, prs	2
Gloves, knitted, drab, prs	
Greatcoat, drab	
Jerkin, leather	
Jersey, pullover	

ARTICLE	QUANTITY
Overalls, combination	2.
Shirts, angola, drab	2
Shoes, canvas, prs	
Trousers, battledress, prs	2
Vests, woollen	2
Socks prs.	
Badge, cap	
Badge, shoulder, "CANADA" prs	3
Badges, arm Tank Bn	
Bag, kit, universal	
Braces,	
Brass, cleaning,	
Brush, button, brass	/
Brush, clothes	
Brush, hair	
Brush, shaving	

ARTICLE	QUANTITY	
Brush, shoe, blacking	1 maletano di male	Shorts
Brush, shoe, polishing	/ tests ation to a setting	Spong
Brush, tooth	1	Spoon
Cap, comforter		Vests,
Comb, hair	1	Towel
Discs, identity, sets with cord		Unit t
Dressing, field		
Fork, N.S. Table	1	Attacl
Holdall	1	Bag, r
Housewife, complete	1	Belt,
Knife, clasp		Bottle
Knife, table		Braces
Lanyard, P18To4		Carrie
		Carrie
Razor, safety, with blade		Case,

ARTICLE	QUANTITY					
Shorts, gymnasium	2					
Sponge						
Spoon, N.S. Dessert	1					
Vests, cotton, gym	2					
Towels, hand	2					
Unit titles, prs						
Attachments, brace	1.					
Bag, ration						
Belt, waist						
Bottle, water						
Braces, W.E						
Carriers, cartridges	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
Carrier, waterbottle						
Case, pistol						
Cover, breech, rifle						

-

ARTICLE	QUANTITY
Cover, Mess tin, rect	
Haversack	
Helmet, steel	
Net, helmet camouflage	SMu.
Pack,	
Pouches, Ammunition, pistol	
Pouches, Basic	
Pouches, utility	
Sling, rifle	
Straps, shoulder, haversack	2
Straps, supporting, web	2
Tins, mess rect	1 1
Yoke	

and the latest

ARTICLE	QUANTITY				
Haversack, respirator	/				
Respirator, Anti-gas complete	/				
Outfit, anti-dimming	1				
Ointment, Anti-gas, tins	2				
Eyeshields, Anti-gas (Pk. of 6)	1				
Detectors, individual prs	1				
Capes, anti-gas	1				
Wallet A.G.					
***************************************					
***************************************	1429				
Bayonet	1000				
Bottle, oil					
Pistol, revolver (No. 740916.)					
Pull-through, single					

ARTICLE	QUANTITY					
Rifle(No12.6.7.0.6)	OFF.					
Scabbard, bayonet	AFF.					
Sheet, ground	denunita-i au interior					
Mug, drinking	inuntiilo					
Blanket.  Ghove S-Work, y 6						
	The state of the s					
	10,100,511					
	The Property of the Property o					
Initials of Soldier:						
Initials of Inspecting Officer:	frw:					
Date:	17/3/43					

# CERTIFICATE TO BE SIGNED BY INSPECTING OFFICER AND SOLDIER ON TRANSFER OR ATTACHMENT OF SOLDIER.

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

SIGNATURE Inspecting Officer Soldier Date 

# MEMORANDUM FOR

Mr.	Frederico	Dilio,		
••••	308 Young	Street,	MONTREAL,	Que.
	•••••			

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

P. 64

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

and the following number quoted:-

H.O. 405-D-640 FD. 318

### DEPARTMENT OF NATIONAL DEFENCE

ESTATES BRANCH OTTAWA, ONT.

September 16

194.....3

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

DILIO, James Michael Vincent,

No. D. 95759, C.A.

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.

A deceased's Service estate, the administration of which is the responsibility of the Estates Branch, consists of any balance of pay and allowances at credit, cash on hand and the personal effects which are under the control of the Service authorities. To obtain such assets, it is not necessary for the person(s) legally entitled thereto to obtain through the Courts Probate of the Will, or if none, Letters of Administration of his estate.

In addition to the administration of those Service assets, the Administrator of Estates is authorized to withdraw into Government account any funds (within a defined amount) on deposit to the deceased's credit in Banks, Post Offices or other financial institutions in Canada and Overseas, without expense or trouble to the person(s) legally entitled to the estate, and to distribute such funds at the same time as any balance of pay is distributed. Also, War Savings Certificates and Victory Loan Bonds owned by the deceased may be redeemed and similarly distributed, or transmitted into the name(s) of the person(s) legally entitled. Such Certificates and Bonds should not be forwarded to the Administrator of Estates until they are requested.

If there are other assets which necessitate an application for Probate or Letters of Administration, the Administrator of Estates may transfer and hand over the Service assets to the executor or administrator appointed by the Court so that all the estate, Service and otherwise, may be dealt with as a whole.

The information given by you on Pages 2 and 3 of this form is therefore of importance in determining whether or not the deceased's assets are such that they may all be administered by the Administrator of Estates to the person(s) legally entitled, that is, without the need for Probate or Administration.

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.

(R.G. Phelan) Lieut., for (L.M. Firth) Lt.-Col.,

Administrator of Estates.

M.F.W. 77 6M-4-43 (9515) H.Q. 1772-39-972

# ANSWER IN FULL ALL APPLICABLE QUESTIONS

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

Degrees	S		INFORMANT'S STATEMENT								
of Rela- tion- ship	REL	e accounted 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 I	Deceased									
¥											
2		nildren of the Deceased and dates of their Births									
	3 Father of the Deceased										
3			Frederico Dilio	53	308 Young St Montreal						
4			Mary Dilio	48	308 Young St Montreal						
5			Frank Dilio Armand Dilio Frederico Dilio Jr. Patrick Dilio	32 24 17 6	Overseas with Canadian Army						
		Half Blood									
6	Full Blood  Sisters of the Deceased		Sisters of the Mary		1231 Barre St  Montreal 1526 Hall St  Windsor Ont. 308 Young St  Montreal. 308 Young St  Montreal. do do						
		Half Blood									
7	of the full or the Deceased, who as death of each.	mes of brothers or sisters (whether of the full or the half blood) of the Deceased, who are dead, and date of leath of each.  Names and ages of their children (if any)  None			Address of their children  None						

8	Full names of the deceased
9	Date of his birth
10	Place and date of his marria
11	Place and date of his parent
12	Place where deceased was be
13	State, in order, the Province resided before enlistment an
14	Nature of employment before
15	State whether he owned the so, where situated.
16	Name place where deceased permanent home.
17	Did he leave a Will?
18	If married, and domiciled in in the U.S.A. or in a Count community of property between contract dealing with prope
19	Did he have a Bank, Post O give name and address of ba
20	Amount of War Savings Ce
21	Amount of Victory Loan Bo
22	If deceased had life insuration payable under each policy at there. Describe other assets
23	Is application for Probate of necessary (see page 1)?
*	
24	Did the deceased after enlist  (a) His own separate (b) Service clothing and An itemized account for entire thereto, and if same is "approved" and sign approved and sign approved.
25	Have you or any other relationships and thereof? If so, a amount paid, and by who
	(Note:—The Government and burial is made Overses zone, and if a relative has a authorized in the Regulation the Government nor is it characteristics.)

## QUESTIONS

all the relatives that the deceased ever

S	TATEM	ENT
	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
	53	308 Young St Montreal
	48	308 Young St Montreal
	32	364 Ash Ave - Montre
	24	Overseas with Canad- ian Army
	17	308 Young St.  Montreal  308 Young St.  308 Young St.
		Montreal.
		1231 Barre St Montreal
		1526 Hall St Windsor Ont.
	19	308 Young St Montreal.
	15	Montreal.
	11	do
		Address of their children
		None

# ANSWER FULLY EACH QUESTION ON THIS PAGE

# PARTICULARS AS TO IDENTITY

and date of his marriage.  PARTICULARS OF  where deceased was born.  in order, the Province, State and/or Country in which he defore enlistment and the period of time in each.  The of employment before enlistment.  whether he owned the premises in which he lived and, if here situated.  PARTICULARS OF  PARTICULARS OF  The leave a Will?	Montreal  (a) Montreal, Quebec (b) Since birth  (c) Clerk in Grocery store  No  Montreal
PARTICULARS OF  where deceased was born.  in order, the Province, State and/or Country in which he debefore enlistment and the period of time in each.  re of employment before enlistment.  whether he owned the premises in which he lived and, if here situated.  e place where deceased stated he intended to make his ment home.  PARTICULARS OF  e leave a Will?	Montreal  (a) Montreal, Quebec (b) since birth  (c) (d)  Clerk in Grocery store  No  Montreal  ESTATE  Understand to have made out will
PARTICULARS OF  where deceased was born.  in order, the Province, State and/or Country in which he debefore enlistment and the period of time in each.  re of employment before enlistment.  whether he owned the premises in which he lived and, if here situated.  e place where deceased stated he intended to make his ment home.  PARTICULARS OF  e leave a Will?	Montreal  (a) Montreal, Quebec (b) since birth  (c) (d)  Clerk in Grocery store  No  Montreal  ESTATE  Understand to have made out will
where deceased was born.  in order, the Province, State and/or Country in which he debefore enlistment and the period of time in each.  The of employment before enlistment.  whether he owned the premises in which he lived and, if here situated.  It place where deceased stated he intended to make his anent home.  PARTICULARS OF the leave a Will?	Montreal  (a) Montreal, Quebec (b) since birth  (c) (d)  Clerk in Grocery store  No  Montreal  ESTATE  Understand to have made out will
in order, the Province, State and/or Country in which he debefore enlistment and the period of time in each.  The end before enlistment in	(a) Montreal, Quebec since birth  Clerk in Grocery store  No  Montreal  ESTATE  Understand to have made out will
whether he owned the premises in which he lived and, if here situated.  e place where deceased stated he intended to make his anent home.  PARTICULARS OF  e leave a Will?	Clerk in Grocery store  No  Montreal  ESTATE  Understand to have made out will
whether he owned the premises in which he lived and, if here situated.  e place where deceased stated he intended to make his hench home.  PARTICULARS OF e leave a Will?	No  Montreal  ESTATE  Understand to have made out will
e place where deceased stated he intended to make his anent home.  PARTICULARS OF e leave a Will?	Montreal  ESTATE  Understand to have made out will
PARTICULARS OF e leave a Will?	ESTATE Understand to have made out will
e leave a Will?	Understand to have made out will
	Understand to have made out will with Canadian Army upon joining.
eriod and dominilad in the Province of Ouches and Court	
ried, and domiciled in the Province of Quebec or in a State U.S.A. or in a Country under the laws of which there is unity of property between spouses, — was there a marriage act dealing with property?	No
e have a Bank, Post Office or other deposit account? If so, ame and address of bank, etc. and the amount on deposit.	None
nt of War Savings Certificates held by deceased.	14 Certificates, should be more coming to him.
nt of Victory Loan Bonds held by deceased.	None
eased had life insurance, name companies and amount le under each policy and the person named as beneficiary Describe other assets, if any, and estimated value thereof.	London Life Insurance Co. \$ 500. Beneficary - Frederico Dilio
lication for Probate or Letters of Administration ary (see page 1)?	
OTHER PARTICUI	LARS
de deceased after enlistment incur any debts for:—  a) His own separate board and lodging while on service.  b) Service clothing and equipment.  emized account for each such debt should be attached to, and if same is correct you should mark the bill proved' and sign same. If believed incorrect, give iculars.	None
you or any other relative paid the funeral expenses or any thereof? If so, attach itemized accounts showing unt paid, and by whom.	None
	Describe other assets, if any, and estimated value thereof.  lication for Probate or Letters of Administration ary (see page 1)?  OTHER PARTICUI  e deceased after enlistment incur any debts for:— ) His own separate board and lodging while on service. ) Service clothing and equipment. mized account for each such debt should be attached to, and if same is correct you should mark the bill proved" and sign same. If believed incorrect, give iculars.  you or any other relative paid the funeral expenses or any thereof? If so, attach itemized accounts showing

### DECLARATION

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

TO DESIGNED BUTTER TO THE TENTON I

milli makkeypte - grantfinner

Frederico Dileio X (His work. Signature of Informania.) Signature

### CERTIFICATE

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

\*See above. Frederico Dilio {Name of Informant} is the\* Father of the De

above described, and I believe the above Declaration and the Statement of Relatives and of particulars made by the Informant and signed in my presence to be complete and correct.

Signature of Clergyman,
Priest, Magistrate,
Commissioner or
Notary Public

Dated at.

Rev. Ferold Kester
Qualification Clergyman,
Qualification Clergyman,
Address 135-J-Basin At. Wentreal

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

TOUR TOUR DESIGNATION OF THE PROPERTY OF THE P

We believe that he had made out a will while serving with the Three River Tank Regiment, overseas. And to have named Mrs. Mary Dilio (His Mother as the sole heir to his belongings)

AND THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.

FO	RM 6		
-	DIACE	Muni-	

# DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not write in this space

1. PLAC	E   Muni- cipal county TN	THE RITT	CTCTTV	Official name civil municipate ty or township	ali-					The second secon	Place an X of plies to this not y   Town   Vi	unicipality	or this	territory
DEAT	1.1	Alkin F Asiliti	inini,			Hospit								
2. LENGT	H (a) In hospital	Years   Months   D	pality wher death occur	е	Months	Days	(c) In Province	Years	Months   De		In Canada immigrant)	Years	Months	Days
3. NAMI	E				Do not		CONFIDE	NTIAL I	MEDICA	L CERT	IFICATE	OF DEA	TH	
OF	Surname	B (B	lock letters)		write in									
DECEASE	Given names	James M	ichael V	Incent	this space	22. Da	te of death	Augue	(Month)	5t	(Day)		1	(Year)
CE				N. 200		23. I I	TEREBY CERTI	FY that I	attended de	eceased from	n			
Z Official	l name of	Toung o	t.	700						19 to				19
4. a ty or t	nunicipali- township	Montrea	1.											
Munici county			Province			and	l last saw h		-					19
	6. NATIONALITY	7. RACIAL ORI	GIN 8. Single	e, Married,			I	24	. CAUSE	C OF DE	AIN	The second		
	(Citizenship)			d or Divorced e the word)		Immed	diate cause disease, injury	or com	plica- (a)	K1	lled i	n act	ion	
M.			Si	nole.		mode o	diate cause disease, injury which caused de- of dying, such a	ath, <b>not</b> s heart fa	the ailure, du	ie to				
9. If marrie						aspnyx	ia, astnema, etc.							
band of decea						rise to	d conditions, is immediate ca	use (stat	ed in					
10. BIRTHP	OT A CVE					immedi	proceeding bacate cause).	ckwards	from du	ie to	1			
(Province or	Country)	Quebec.					II		( (0)	)	4			
11. DATE O	Mana.	20th.		1921		tant)	morbid conditions to contributing to contributing to conditions.	death but	not	1	×			
12. AGE O	(1)	Months Days	(Day)   If less than	one day old		cause.		o mine	diate	3	+ no			
DECEASE	D					If :	a communicable d	lisease is	(a) Date	f hopearan	8		1	9
-	66		hrs. o	rmın.		III me	ntioned on this cer	rtificate, {	A	1	se			
kind	of work, as spinner	,						- F K	CA POLICE	OH VALUE CO.	30,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			.33
5		cGle	ric.			25. If a	a woman, was ther	re a puerpe	ral conditio	n?				
5 busin	Kind of industry of tess, as cotton-mill					00 W		TO S	Par	Data of				10
01		16	. Total years			26. WE	as there a surgical	operations	Gr.	Date of			•••••	19
work	Date deceased last ed at this occupation		spent in this occupation	RTHPLACE		The second secon	ate findings			\ C11 :1		here an aut	орзу?	
	17. NA	ME	18. B1	rovince or Country)		27. li	death was due to e	external ca	uses (violen	ce) iii in ai	so the followi	ng:—		
				Journal		Ac	cident, suicide or h	homicide	(State T	hich)	Date			19
FATHER	DILIO	. Federico					anner of injury		(Duale W					
MOTHER	3									(How su	stained)			
(Maiden Name							ture of injury							
19. Place of mation	burial, cre- or removal	Sicily.				Spe	ecify whether injudustry, in home,	or in pub	d in blic place					
												THE REAL PROPERTY OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COL		
20. Date of l	burial			19		Sign	ned					•••••		M.D.
L OF	(a) Name of parish or church					Add	lress			Dat	e			.19
ION RIA	(b) Civil muni-				28. Sig	nature o	of person who fil oner, hospital auth	lls in the	form	29. Name Civil	of clergyman Status in w	in charge	of Regi	ster of of this
EAT BU	cipality of		••••••		(00		A	,		burial	was made.			
LAC	(c) Municipal county		••••••		1	BB		11 0						
EGI TI	(d) Date			19	This sign	nature a	uthorizes the coll s form as authentic	lector to	accept		(M-:- 1)	-046	1- 6	:->
2 2	(a) Dao	(Month)	(Day)	(Year)		this	s form as authentic	c.			(Voir l'autre	cote pour	le franc	;ais)

# FIELD SERVICE

465-0-640 Army Form B. 2090A.

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 12 CTR Squadron, Troop, \(\gamma\)					
OR CORPS S Battery or Company Battery or Company					
Officer's Personal No. (if known) D95759 Soldier's Army No. Rank A/Cpl					
Surname DILIO Christian Names J2M.V.					
Date 5 Aug 43 Place Sicily					
Died { Cause of Death* Killed in action BC					
Nature and Date of Report. Cas list (undated)					
By whom made Hall Cdn Div					
* 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.					
Place Bronte sh261-II MR 689997 Date 5 Aug 43					
Burial By whom reported CF 12 CTR					
State whether he leaves $\int (a)$ in Army Book 64Not received					
a Will or not (b) as a separate document					
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					
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 North frica Signature of Officer in charge of Section Adjutant-General's Office at the Base Officer in Capt					
Cdn Sec GHQ 2nd Echelon N.A.					

Mated - S.

## CERTIFICATE OF DEATH

THIS IS TO CERTIFY that according to information received at the Department of National Defence from the overseas authorities, No. D.95759, Corporal James Michael Vincent DILIO, of the Royal Canadian Artillery, Canadian Army, was killed in action on the 5th of August, 1943.

Colonel,

Director of Records, for Adjutant-General.

Department of National Defence, Ottawa, Canada. September 13th, 1943.

Ash