D95872
BOUCHER
THOMAS WILLIA

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

Soldiers' Qualification Card

CODED

CONFIDENTIAL

Regt'l Number	Last Name	First Name	Middle Names
D-95872	BOUCHER	THOMAS	WILLIAM.

CARDS PUNCHED

2 Nationality	By Birth	By Naturalization	Country of Birth
Can. 08	✓		Canada

3 Racial Origin: Canada

4 Language spoken in home: French ..... English ✓ Other .....

5 Age 22 (1920) 6 Height 5'-6½" 7 Weight 120 8 Silhouette 1 2 3 4

Eyes: 9 Colour of BLUE 10 Acuity 1 2 3 10 Glasses ..... 11 Colour Vision 1 2 3 4

12 Hearing: Acuity 1 2 3 13 Speech Defects .....

14 Handedness R L A 15 Med Category A

Cause .....

Attitude to own health ..... To Medical attention .....

Health History .....

16 Education Level: Illiterate ..... E 6 (17) S ..... (Grade completed)

Conduct during school life .....

17 University or 18 Professional	Course Taken	Years Completed	Degree
19 Post Graduate	**Course**	**From—To**	**Degree**

Specialized Training:

20 1. ..... (Course)
At ..... From—To ..... Completed.....

21 2 ..... (Course)
At ..... From—To ..... Completed.....

22 3. ..... (Course)
At ..... From—To ..... Completed.....

Other trades papers. Diplomas Certificates or Qualifications .....

23 Languages: Spoken fluently English
02 Written well "

24 Main occupation: Description Various Occupations
35HH. Hospital Orderly. Handyman around Hospital
404 Duration (from—to) 1935-40 Estimate of skill ..... Weekly Wage .....
Employer's Name and Address Montreal, Quebec.

50 "M" Test	Score	SM	
1	18		S. Tot. 43
2	16		SM
3	9		
4	18		S. Tot. 38
5	20		SM
6	9		S. Tot. 62
7	23		SM
8	30		
Tot	143	SM	Grade C
9			

51 OTHER MENTAL
Test .....
Score ..... L. Grade .....
Date .....

52 MECHANICAL
Test .....
Score ..... Grade .....
Date .....

52 CLERICAL APT.
Test .....
Score ..... Grade .....
Date .....

53 TRADE TEST
1. Score .... G. .... Date ....
2. Score .... G. .... Date ....
3. Score .... G. .... Date ....
4 Score .... G. .... Date ....

54 OTHER
Test .....
Score ..... Grade .....
Date .....

Unit 14 General Hospital
1 Corps R.C.A.M.C. 050

25 Second Most Important Occupation: Description:
..... Estimate of skill .....
Duration (from—to) ..... Weekly Wage .....
Employer's Name and Address .....

26 Third Most Important Occupation:
..... Estimate of skill .....
Duration (from—to) ..... Weekly Wage .....
Employer's Name and Address .....

Trade Union or Professional Society .....

Vehicles: 27 Heavy Truck ..... 28 Light Truck ..... 29 Auto. D. 30 Motorcycle .....
31 Farm Tractor ..... 32 Tracked Vehicle ..... 33 Power Launch ..... 34 Aeroplane .....
35 Accident Prone .....

Farming Experience: Wide ..... Limited .....
District ..... Type .....

Job promised after discharge ..... By whom? Name .....
Address .....
Other provision for post-discharge occupation .....
..... Type of work desired Civil Engineer
Occupational history Ambitious ✓ ..... Accidental .....
Stable ..... Erratic .....

36 Material Status: M ..... S ✓ ..... W ..... D ..... Sep. .....
2 Marital Problems ..... (Remarks)
Age of wife ..... Wife's attitude to Service ..... Wife's Health .....
37 No. of Children ..... No. Brothers 1 ..... No. Sisters .....
Position in family 1 ..... 38 No. Dependents 1
Relationship of Dependents Mother.
Status of home in childhood .....

39 Hobbies: Photography M ..... S ..... Radio ..... Engines .....
Mechanics ..... Other .....
40 Sports: (1) Swimming (2) Skating (3) .....
P Team Games and Position (1) Baseball.
W (2) ..... (3) .....
3
41 Ability to Entertain: Music String ..... Brass .....
Woodwind ..... Percussion ..... Piano ..... Vocal .....
Theatrical ..... Other .....

9 JUL 1942

42 Previous Experience in Armed Forces

ARM or CORPS	Type (C.E.F., N.P., etc.)	Years	Highest Rank	Last Discharge (Yr.)	Special Training Received

43 CURRENT SERVICE: Date Enlisted 19-8-40 Place Enlisted Montreal. Quebec.

Date From—to	Country	Corps	Unit and Sub-unit	Rank 44	Principal Duty	Performance
19-8-40	CAN.	R.C.A.M.C	14 GEN. HOSP.	PTE	Ward Orderly	J.A. 433
21-6-41	G.B.	"	" " "	"	" "	
				A		

45 COURSES ATTENDED

	PLACE	Date: From—to	Qualified as	Rating

46 Crime: Number Courts Martial Convictions ..... Hospitalization 2 (41) days

Number Civil Convictions ..... Minor Offender ..... Occasional Offender .....

2 Chronic Major Offender 22 days pay. Chronic Minor Offender ..... Occasional Offender .....

49 Psychiatric ☐☐☐☐☐

47 Classification: Military Specialties and Trades

Designation	Degree of Proficiency	Date	Authority
433			

55 Type of Service Desired (1) ..... (2) .....

Remarks re Outstanding or Limiting Factors

DEPORTMENT +
APPEARANCE +
PHYS. APP. Slight
DISPOSITION +
MAP READING
MILITARY KNOW
MECHANICAL KNOW
OTHER Showed like Course on Diesel Eng.

BR.

Attitude to Interview: Antagonistic ..... Overanxious ..... Co-operative ✓ ..... Indifferent .....

Reason for Joining Cdn. Army (if ascertainable) .....

48 Suggested Possibilities for Employment (1) .....

(2) .....

Tests Indicated: 2nd Mental ..... Mech. Apt. ..... Clerical Apt. .....

Other Apt. ..... Pers ..... Trade Test as .....

Interviewed by Williams Capt. Date 13/5/42

Reviewed by ..... Date .....

C.M.H.Q. 1000:115
40/P & S/1246

Mrs. Clara Boucher,
789 St Martin Street,
MONTREAL 3,
P.Q.

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

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

and the following number quoted:—

H.Q 405-B-33,868FD398

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

31 mai, 1945

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

BOUCHER, Thomas William Pte.

No. D-95872, Canadian Army

ESTATES BRANCH JUN 6 1945 H.Q. OTTAWA. DEPARTMENT OF NATIONAL DEFENCE

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

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

for Director of Estates.

M.F.W. 77
16M-10-44 (5854)
H.Q. 1772-39-972

ANSWER IN FULL ALL APPLICABLE QUESTIONS

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

Degrees of Relationship	RELATIVES required to be accounted for		INFORMANT'S STATEMENT: NAME IN FULL of any Relative, if any, in each degree specified	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased		—	—	—
2	Children of the Deceased and dates of their Births		—	—	—
3	Father of the Deceased		Deceased		Oct. 1, 1940
4	Mother of the Deceased		Clara Boucher	62	789 St. Martin St. Montreal.
5	Brothers of the Deceased	Full Blood	Robert Anthony Boucher	22	R 22nd Reg't. Cdn. Army Overseas
		Half Blood	—	—	—
6	Sisters of the Deceased	Full Blood	—	—	—
		Half Blood	—	—	—
7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, *who are dead*, and date of death of each.		Names and ages of their children (if any)		Address of their children

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	THOMAS WILLIAM BOUCHER
9	Date of his birth.	June 19, 1919
10	Place and date of his marriage.	Single
11	Place and date of his parents' marriage.	Montreal, St Michael Church

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Montreal
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Quebec – 21 yrs (b) (c) (d)
14	Nature of employment before enlistment.	Unemployed
15	State whether he owned the premises in which he lived, and, if so, where situated.	No
16	Name place where deceased stated he intended to make his permanent home.	Montreal

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	No
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses,—was there a marriage contract dealing with property?	Unmarried
19	Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc., and the amount on deposit. Do you wish it administered with the pay account?	None
20	Amount of War Savings Certificates held by deceased. Indicate where located.	None
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	None
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	Metropolitan Life Ins. Co., $339 payable – Mother
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	None

OTHER PARTICULARS

24	Did the deceased after enlistment incur any debts for:— *(a)* His own separate board and lodging while on service. *(b)* Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	None
25	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	None
	(NOTE:—The government pays funeral expenses within the amounts authorized in the Regulations, where death occurs and burial is made Overseas as well as where death occurs and burial is made in Canada or elsewhere in the North American zone, and if a relative has already paid those expenses the Government will reimburse such relative to the extent of the amount authorized in the Regulations. Any amount of such expenses in excess of those authorized in the Regulations is not payable by the Government nor is it chargeable against the service estate of the deceased.)	

(PLEASE TURN OVER)

DECLARATION

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

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

N.B.—To be signed in full in the presence of a Clergyman, Priest, Local Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces.

Mrs Clara Boucher — Signature of Informant

789 St. MARTIN ST., MONTREAL — Address

CERTIFICATE

I hereby certify that to the best of my knowledge and belief Mrs Clara Boucher {Name of informant} is the* mother of the Deceased above described. The above Declaration was made by the Informant and signed in my presence.

*See above.

Dated at Montreal this 5th day of June 19 45

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

R.C. Clergyman Qualification

Address 1887 St Antoine St. Montreal. Que

NOTE.—Before granting the above Certificate, care should be taken to see that the informant gives particulars concerning the death of any Relative stated by him or her to have died, and that the full name and address and age of each surviving Relative specified is stated in its proper place in the Statement opposite.

(If the deceased has no living relatives of the degrees shown on page 2, the names and addresses and relationship of other relatives should be set out below.)

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

At time of death deceased was purchasing a $50 7th Victory Loan Bond to be registered in his mother's name.

Received JUL 14 1941 Checked ..... Card ..... Observations E

ORIGINAL
DUPLICATE
TRIPLICATE

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

9

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

Unit No. 14 General Hospital, R.C.A.M.C. C/C CASE Regimental Number D-95872

CANADIAN ACTIVE SERVICE FORCE

ATTESTATION PAPER

01
PTE

1. Surname ..... BOUCHER
2. Christian Names ..... Thomas William
3. Present address ..... 3986 St. James St.W., Montreal, Quebec, Canada
4. Date of birth ..... 19 June 1919
5. Place of birth ..... Canada (Country) Quebec (County or Province) Montreal (Town or Township)
6. Religion (state denomination) ..... Roman Catholic
7. Trade or Calling ..... Hospital Checker
8. Married, Widower or Single ..... Single
9. Name of next of kin ..... ~~Mr. Thomas BOUCHER~~ ~~Mrs. Clara Boucher~~ (See change.
10. Relationship ..... ~~Father~~ ~~Mother~~ (Pt.II O. No. 66 d/3-6-41.)
11. Address of next of kin ..... ~~3986 St. James St.W., Montreal, Quebec, Canada~~ See change.
12. Do you belong to, or have you served in the Active Militia of Canada? ..... No
(If Yes, Give Unit and Dates of Service)
13. Have you served in (*a*) The Canadian Active Service Force? ..... No (Yes or No) ..... (*b*) Any other Naval, Military, or Air Force? ..... No (Yes or No)
(If Yes, Give Regimental No. and Unit) (If Yes, specify Unit and Period of Service)
14. Did you serve during the Great War 1914-1918? ..... No
(If Yes, specify Regimental No., Unit and Dates of Service)

WSG

DECLARATION TO BE MADE BY MAN ON ATTESTATION

I, Thomas William BOUCHER 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.

Witness Burnett-Johnston Majr

Date 19 Aug. 40 T. Boucher
(Signature of recruit)

OATH TO BE TAKEN BY MAN ON ATTESTATION

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

T. Boucher (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 Westmount, Que. this nineteenth day of August 19 40.

Burnett-Johnston Majr
(R. PERCY WRIGHT) Col. R.C.A.M.C. } Signature of Magistrate, Justice or Attesting Officer.
o/c. No. 14 General Hospital } Office or Rank and Unit or appointment.

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

FINGERPRINTED

Record of Service of B O U C H E R (Surname) Thomas William (Christian Names) Regimental Number D-95872

Qualifications

Military: NIL

Business or Professional: NIL

Trade or Civil: NIL

Technical: NIL

Languages: English and French

Educational Qualifications

High School or Collegiate: NIL (years completed)

Graduation or Matriculation: N/A (specify)

*College: 2 Yrs. O'Sullivan Business College

*University: NIL

6 Yrs. Public School

*(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		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						Part II D.O. No. Cas. List, etc.	Dated
		Joined on appointment						
23-8-40	1904-	T.O.S.No.14 General Hospital R.C.A.M.C.	Pte.	19-8-40	No.14 Gen. Hosp.RCAMC	Westmount	D.O.Pt.II,No.41	23-8-40
11-9-40		Proceeded on command St.John's Mil.Hosp.	"	10-9-40	" "	"	Pt.II O. No.50	11-9-40
26-9-40		Returned from on command St.John's Mil.Hosp.	"	24-9-40	" "	"	Pt.II O. No.60	26-9-40
14-2-41		Granted Furlough from 11-2-41 to 24-2-41	"	11-2-41	" "	"	Pt.II O. No.24	14-2-41.
26-2-41		Ret'd for furlough at 0800 hrs 25-2-41	"	25-2-41	" "	"	Pt.II O. No.29	26-2-41
2-4-41		On Command - C.A. T.C.#42, Joliette	"	1-4-41	" "	"	D.O.Pt.II No.44	2-4-41.
2-4-41	Attached from No. 14 General Hospital	to TC. 42 Joliette upon proceeding On Command	"	2-4-41	T.C.42	Joliette	Part II No. 56	2-4-41
28-4-41	Cease to No.14 Gen. Hosp.	be attached upon returning to his Unit (Auth. #14 Gen.Hosp. letter d/25-4-41 file No.14-86)	Pte.	28-4-41	"	"	D.O.Pt.II No.75	28-4-41.
30-4-41		Returned from On Command T.C.42 Joliette	Pte.	29-4-41	No.14 GH	Westmt.	D.O.Pt.II No.54	30-4-41.
3-6-41		Change of Next of Kin	Pte.	3-6-41	"	"	Pt.II O. No.66	3-6-41.
4-7-41		S.O.S. C.A. (Canada)	"	20-6-41	"	Halifax.	Pt.II O. No.74	4-7-41.
4-7-41		T.O.S. C.A. (Overseas) Dis Gouroch.	"	21-6-41	"		Pt.II O. No.74	4-7-41.

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

CERTIFICATE OF MEDICAL EXAMINATION

Name in full.....Boucher.....Thomas..... Date.....August.....19...1940.

Part 1. Information obtained from the recruit.

1. Age.....21.....

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

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

T. Boucher
Signature of Applicant

Ears reflexes normal.

Col vis Ishihara Cn A Delahaye Capt.

URINE
X RAY

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

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

1 vacc left arm.

2. Height 5 feet 6½ inches. 3. Weight 120 pounds.

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

Hair fair

6. Chest measurement—Girth on full expansion 33 inches.

Range of expansion 3 inches.

7. Vision, right 20-20 left 20-20 8. Hearing, right sv20 left sv20

9. Condition of mouth and teeth good

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

Inguinal rings both large potential hernia on right but no definite hernia.

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.....

R Ferguson Ryan Md

R Ferguson Major — President
J G Ryan Md — Member
J G Monahy — Member

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature
27-8-40	T. A. B. 3		
6-9-40			
26-9-40			
27-8-40	Tetanus Toxoid 1cc		
18-10-40	" " 1cc		
27-8-40	Vaccination.		

Regtl. No. D-95872 Rank Private Surname BOUCHER Christian Name Thomas William

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				

NOTE

If you have already made your Will, do not fill in this Will, but mark on the front where your Will can be located or with whom it is deposited.

(1) Example: I, John Charles Jones, of the City of Marlowe, in the County of Carleton, Province of Ontario, Mechanic, Regimental No. 1234, Royal Blankshire Regiment.

(2) If only *one* beneficiary for all your estate, complete as example: "my wife, Mary Jones of 26 Cherry Ave., Ottawa, Ont., all my estate," in which event, strike out clause (3) entirely.
If *more than one* beneficiary, set out in clause (2) what each is to receive, such as
"my wife, Mary Jones, 26 Cherry Ave., Ottawa, Ont., $.....00, and my household goods and effects,"
"my brother, Thomas Jones, 80 Yonge St., Toronto, Ont., $..... 00,"
"my sister, Margaret Jones, 80 Yonge St., Toronto, Ont., $.....00,"
"my friend, John Smith, 60 LaSalle St., Winnipeg, Man., $.....00,"
and any personal gift, if desired. Then complete clause (3) as to the balance of your estate.

(3) If balance of estate is to one person, complete as example: "my wife, Mary Jones, 26 Cherry Ave., Ottawa, Ont." Another example: "my father, Jack Jones, and mother, Jessie Jones, 80 Yonge St., Toronto, Ont., equally," or as desired.

(4) Fill in name of Executor or Executrix, example: "John Doe, 24 Smith Street, Blankville, Ontario, Salesman," or, if Executrix, "Jane Doe" and address. A beneficiary under the Will may be appointed Executor or Executrix. It is preferable that the person appointed as Executor should not be on, or likely to be on, Active Service.

(5) The soldier will date the Will and sign same. Two witnesses must sign in the presence of the soldier, and each witness should fill in his or her full civil address and occupation. No one who is a beneficiary shall act as a witness. It is preferable, though not essential, that the witnesses be persons not on Active Service.
When completed, leave Will with Commanding Officer for transmission to the Records Office for safe custody.

D.R. 10

RECEIVED
D OF RECORDS
MAR 9 1916
WILL SEC.
N.D. H.Q.

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

WILL

M.F.M. 10
60M—3-40 (4386)
H.Q. 1772-39-1656

(1) I, Thomas William BOUCHER (Name in Full), of the City (City, Town, Village, Township)

Address in civil life.

of Montreal, in the County ~~District~~ of Hochelaga,

Province of Quebec, Hospital Checker (Civil Occupation)

Regimental No. D-95872, Unit No.14 GeneHosp. RCAMC CASF, do hereby revoke all former Wills by me made and declare this to be my LAST WILL.

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

(2) I GIVE, DEVISE AND BEQUEATH unto "my mother, Mrs. Clara BOUCHER, residing at 3986 St. James St.W., Montreal, Quebec, Canada, all my estate both real and personal."

T. W. B.

Relationship, names and address of residuary beneficiaries.

(3) I GIVE, DEVISE AND BEQUEATH all the rest and residue of my estate, both real and personal, of whatsoever kind and wheresoever situate unto

T. W. B.

(4) I appoint Mr. Thomas BOUCHER, 3986 St. James St., W., Montreal, (Name) (Address) Quebec, Canada

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

IN WITNESS WHEREOF I have hereunto set my hand this 19 day of August

1940

Signed and acknowledged by the Testator, in the presence of us present at the same time who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as witnesses.

T. Boucher. (Signature of soldier)

First witness sign here.

(5) Signature Rhouard

Civil Address Y.M.C.A., 1441 Drummond Street, Montreal, Que.

Civil Occupation Clerk

Second witness sign here.

Signature Robt. J. Lonnath Cpl.

Civil Address 5634 Queen Mary Road Hampstead, Que.

Civil Occupation Miner.

(Witnesses are not to be beneficiaries.)

[OVER]

15-4-45

AWARDS—CANADIAN ARMY (ACTIVE) 1943

E. G.

500M—1-44 (3467)
H.Q. 1772-45-8

FILE NO. 405-B-33,868

SURNAME (IN BLOCK LETTERS) CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT
BOUCHER, Thomas William	D-95872	Pte.	Roy. 22E Regt.

WAR SERVICE BADGE (CLASS) NO. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star Italy Star ~~France & Germany Star~~ Defence Medal War Medal CVSM & Clasp	4395 18-10-49

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

(1) MEDALS

PERSON ENTITLED TO Mrs. Clara BOUCHER (MOTHER)

789 St. Martin St.,

ADDRESS: MONTREAL 3, Que.

MEMORIAL BAR

(1)

DATE DESP.....

REGN. NO 4135

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(2)

(3) MEMORIAL CROSS

MOTHER Mrs. Clara BOUCHER, (ENGLISH)

1943

ADDRESS: 789 St. Martin St., MONTREAL 3, Que.

(3)

DESP. MAY 22 1945

REGN NO. 19310

NO D.95872 Rank Private Name BOUCHER, Thomas William

Unit Royal 22e Regt. Date of death 15th April, 1945.

Died at Holland

Cause Killed in action

Death occurred on strength of Forces H.Q. 405-B-33,868

N/K Mrs. Clara Boucher Relationship Mother

Address 789 St. Martin Street, Montreal 3, Quebec.

Remains buried in R.22 R.Temp Cem MR Eastern Holland Cemetery
sh. 3702 Deventer 85028 R.2 G.10

Grave location

OVER-

BURIAL REPORT TO N.K.

JUN 18 1946

RETURN TO BUR. OF STAT.

JUN 9 1945

ROYAL MESSAGE DESP'D.

MAY 29 1945

CAN. MESSAGE DESP'D.

MAY 9 1945

Temp B R sent to N K

REBURIAL

Holten Canadian Military Cemetery,
Holten, Holland.

Grave 12, row A, plot 3.

HI & CR Form Despd. OCT 15 1946

Photographs
Despatched
FEB 8 - 1949

10M-1-45 (M-4608)

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. D-95872 Rank Private Sheet No. 1

Name BOUCHER, Thomas William

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
18-7-41		Granted Landing Leave from 17-7-41 to 22-7-41, with warrant.	Pte.	17-7-41	#14 GH		Pt.II O.No.79	18-7-41.
10-10-41		Granted First Privilege Leave with warrant from 7-10-41 to 16-10-41.	Pte.	7-10-41	No14CGH		Pt.II O.NO.98	10-10-41.
15-11-41		Admitted to No.14 Canadian General Hospital,RCAMC	Pte.	9-10-41	No14CGH		Pt.II O.NO.108	15-11-41.
19-12-41		Discharged from No.14 Canadian General Hospital,R.C.A.M.C.	Private	15-12-41	NO14CGH		Pt.II O.NO.114	19-12-41.
30-1-42		Granted 2nd privilege leave without warrant, from 28-1-42 to 4-2-42	Private	28-1-42	#14 CGH		Pt.II O.No. 7	30-1-42
13-2-42		W.O.A.S. AWL from 2359 hrs 4-2-42 to 2150 hrs 12-2-42. (7 days,21 hrs.51 mins.)						
		Auto forf'tre.8 days pay.Summary forf'tre 14 days pay;14 days C.B.	Private	13-2-42	#14 CGH	b	Pt.II O.No.10	13-2-42
26-6-42		Granted 3rd privilege leave with warrant, from,22-6-42 to 29-6-42	Private	22-6-42	#14 CGH		Pt.II O.No.35	26-6-42
30 Sep 42		7 days privilege leave with money allowance, from 22 to 28 Sep 42	Private	22 Sep 42	#14 CGH	U.K.	Pt.II O.No.53	30 Sep 42
28 Oct 42		Change of address of next of kin.	Private	--------	#14 CGH	U.K.	Pt.II.O.No.61	28 Oct 42
31 Dec 42		Granted 7 days Privilege Leave & 48 hrs pass with monay allowance to 7 Jan 43	Private	30 Dec 42	#14 CGH	U.K.	Pt.II.O.No.78	31 Dec 42
		Granted daily Regt'l R.o.P. $1.50	Pte.	1JAN43	#14 CGH	U.K.	Pt.II.O.No.22	23 Mar 43
		WOAS AWL from 2400 hrs 29MAR43 to 2359 hrs 31MAR43(AWL 2 dys)(AA Sec 15(1))Aut for 2 days pay. Awarded - Admonished on 1APR43.	Pte.	1APR43	#14 CGH	U.K.	Pt.II.O.No.27	2 Apr 43
		WOAS ngglecting to obey Standing Orders. Cost of Apprehension £0-8-6. AWARDED 5 dys pay, 10 dys CB	Pte.	30APR43	#14 CGH	U.K.	Pt.II.O.No.38	4 May 43
		6th P.L.w Mon Allow to 18 May 43	Pte.	10 May43	#14 CGH	U.K.	Pt.II O.No.41	11 May 43

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 R.C.A.M.C. Regimental Number D 95872

		(17) Regiment or Corps	Unit (Battn., etc)
1. Surname	BOUCHER	R.C.A.M.C.(AF)	No.14 General Hospital
2. Christian Names	THOMAS WILLIAM	RCAMC	5 FD. AMB.
3. *Substantive Rank and Appointment			
*Acting Temporary or Local Rank	Pte	C/C	Sgt
giving date			
*To be entered in pencil to facilitate alteration.			
4. Place of birth	Montreal, Que. Canada	(18) Medical	
5. Date of birth as declared on attestation (A)	19 June 1919		
6. Date of enlistment	19 August 1940 Westmount, Quebec		
7. Place of enlistment	Westmount, Quebec		
8. Residence at time of enlistment	3986 St. James St W Mtl		
9. (B) Special conditions (if any) of enlistment or rate of pay			
10. (C) Any subsequent variations of conditions of service			
11. Religion	Roman Catholic		
12. If married, state date	Single		
13. Trade on enlistment	Hospital checker		
14. Corps, trade and grade			
15. (D) Qualifications	GEN DUTY		
16. (E) Miscellaneous entries			

Category	Date	Authority
"A"	Aug. 19/8/40	MFM 2

(19) Next of kin (entries to be made in pencil)

FATHER O'BRIEN (PARISH PRIEST)
ST. ANTHONY'S RECTORY, MONTREAL.
P.Q. CANADA.

(20) E

(21) E

(22) E DO 19/45.

NOTES—

(A) Here enter particulars of any subsequent claim as to actual age after verification of birth certificate.
(B) Whether for home service only, enlisted at special rates of pay, etc.
(C) If to be retained on home service, period if specified to be stated; also authority and on what grounds: see (A) above.
(D) Signaller, Farrier, etc.
(E) Instructions regarding allotment of these sub-heads will be made as may be necessary after mobilization.

(a) Report		(b)	(c)	(d)	(e)	(f)	(g)
Date	From whom received	Unit	Record of all casualties regarding promotions (acting, temporary, local or substantive), appointments, transfers, postings, attachments, &c., forfeiture of pay, wounds, accidents, admission to and discharge from Hospital, Casualty Clearing Stations, &c. Date of disembarkation and embarkation from a theatre of war (including furlough, &c.) in accordance with para. 2 of Note to Table I of Appendix III of Field Service Regulations, Volume I	Place of Casualty	Date of Casualty	Army rank as at (e)	Army Form or other authority for entry to be shown
4-7-41		14 GH	S.O.S.,C.A.(Canada)	Halifax	20-6-41	Pte.	Pt.II O.NO.74 d/4-7-41.
4-7-41		14 GH	T.O.S.,C.A.(Overseas)dis. Gouroch		21-6-41	Pte.	Pt.II O.NO.74 d/4-7-41.
18-7-41		14CGH	Granted Landing Leave with warrant from 17-7-41. to 22-7-41		17-7-41	Pte.	Pt.II O.NO.79 d/18-7-31.
10-10-41		14CGH	Granted First Priv.Leave with warrant from 7-10-41 to 16-10-41		7-10-41	Pte.	Pt.II O.NO.98 d/10-10-41
15-11-41		14CGH	Admitted to No.14 Canadian General Hospital,RCAMC		9-11-41	Pte.	Pt.II O.NO.108 d/15-11-41.
19-12-41		14CGH	Discharged from No.14 Cdn.Gen.Hospital		15-12-41	Pte.	Pt.II O.NO.114 d/19-12-41.
30-1-42		14 CGH	Granted 2nd privilege leave without warrant, from 28-1-42 to 4-2-42		28-1-42	Pte.	Pt.II O.No. 7 d/30-1-42
13-2-42			W.O.A.S. AWL from 2359 hrs 4-2-42 to 2150 hrs.12-2-42(7 days 21 hrs,51 minutes) Aut.Forftre.7 days pay Summ.forf'tre 14 days pay;14 dasy C.B.		13-2-42	Pte.	Pt.II O.No.10 d/13-2-42
26-6-42		14 CGH	Granted 3rd privilege leave with warrant, from 22-6-42 to 29-6-42		22-6-42	Pte.	Pt.II O.No.35 d/26-6-42
30 Sep 42		14 CGH	7 days P.L. w Mon.Allow to 28 Sep42	UK	22 Sep42	Pte.	Pt.II O.No.53 d/30 Sep 42
28 Oct 42		14 CGH	Change of address of next of kin.	U.K.	-----	Pte.	Pt.II.O.No.61 d/28 Oct 42
31 Dec 42		14 CGH	7 days PL.& 48 hrs pass to 7 Jan43	U.K.	30 Dec42	Pte.	Pt.II.O.No.78 d/31 Dec 42
		14 CGH	Granted daily Regt'l R.o.P.$1.50	U.K.	1JAN43	Pte.	Pt.II.O.No.22 d/23 Mar 43
		14 CGH	WOAS,AWL from 2400hrs 29MAR43 to 2359hrs 31MAR43(AWL 2 dys)(AA Sec 15(1))Aut.for.2 dys pay,Admonished.	U.K.	1APR	Pte.	Pt.II.O.No.27 d/2 Apr 43
		14CGH	WOASNeglecting to obey Standing Orders. Cost of Apprehension £0-8-6.AWARDED 5 dys pay, 10 dys C.B. ---on 30 Apr 43	U.K.	30APR43	Pte.	Pt.II O.No.38 d/4 May 43
		14 CGH	6th P.L.w Mon.Allow.to 18 May43	U.K.	10 May43	Pte.	Pt.II O.No.41 d/11 May 43
		14 CGH	SOS on posting to No 1 Cdn. Special Base Depot.	U.K.	19May 43	Pte.	Pt.II.O.No.45 d/25 May 43
4 June 43	"	"	T.O.S. RCAMC X List FROM 14 GEN HOSP.	"	20 May 43	"	4A - 4 June 43
			Posted to RCAMC X-4 List (BN.)	U.K.	31 May 43	Pte	5A 11 June 43
			Admonished for offence under AA Sec 15 a)				
	"	"	awl (9 hrs 30 mins) Under FR+I 149 (1)(a) 1 days pay	U.K.	1 Jun 43	Pte	5A 11 June 43
			AWL 11 hrs 30 mins For 1 days pay FR+I 149 (1)(a)				
			For 1 days pay FR+I 149 (2) Total for 2 days.	"	15 Jun 43	Pte	7A 16 Jul 43

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION (DEATH)

NUMBER D-95872 RANK Private SERVICE UNIT Royal 22X Regiment (C.A.)

NAME BOUCHER, Thomas William

DATE OF BIRTH 19-6-19 DATE OF ENLISTMENT 19-8-40

MARITAL STATUS Single RELIGION Roman Catholic

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

ADDRESS 789 St. Martin Street, Montreal 3, Quebec.

NAME ADDRESS D.A.B. Mrs. Clara Boucher,

ADDITIONAL PERSON TO BE NOTIFIED

ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. Canrecords - 8514A H.Q.405-B-33868

CASUALTY DETAILS Killed in action DATE 15-4-45

WESTERN EUROPEAN THEATRE OF WAR

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 28-4-45

O/S with 14 Gen Hosp
S/L714 RAMC

DIRECTOR OF RECORDS

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

6

COPY FOR DOCUMENT FILE

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

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

(11) Is your father alive? Yes

If so, state name and address, occupation Mr. Thomas BOUCHER.

3986 St. James,St.W., Montreal, Quebec, Canada Pensioner

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

(13) If sole or partial support of father who is a widower, totally incapacitated from earning a living —state what amount per month you have given him prior to appointment or enlistment.

N/A

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

(14) Is your mother alive? ~~[illegible]~~ Yes

If so, state name and address Mrs. Clara BOUCHER,

3986 St. James, St.W., Montreal, Quebec, Canada

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

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

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

(17) Are you contributing to the support of any dependents, other than those shown above? No
This may include any brothers 16 years of age or under, or any sisters 17 years of age or under, solely supported and maintained as bona fide members of your household before your appointment or enlistment.

If so, state the following particulars:—

Relationship N/A

Full Name N/A

Postal Address N/A

Amount contributed monthly during the past six months N/A

(18) Are you insured? No

If so, in what Company? N/A

(Give number of policy)

Have you made arrangements for payment of your Insurance Premium? N/A
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.

T. Boucher.

(Signature of officer or man)

Date 22 Aug 40

R. Percy Wright Col.

Officer Commanding (R. PERCY WRIGHT) Col. R.C.A.M.C.
o/c. No. 14 General Hospital

Date 22 Aug 40

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

To be made out in duplicate

M.F.M. 5

H.Q. 1772-39-1651

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

INSTRUCTIONS.

(*a*) This form is to be completed immediately an officer or other rank is appointed to, or enlisted in, the C.A.S.F. or R.C.A.F. (ON ACTIVE SERVICE).

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

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

---

(1) Name of Officer of Other Rank B O U C H E R THOMAS WILLIAM
(Surname first—Christian names in full—Block capitals)

(2) Regimental or Air Force Number and Rank D-95872 Private

(3) Unit No.14 General Hospital, R.C.A.M.C. CASF

(4) Are you married? No

(5) If married, state,

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

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

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

(7) Are you a widower? No

(8) Have you any children? N/A Number of boys N/A Girls N/A

Names and ages N/A

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

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

Name N/A

Postal Address N/A

[SEE OTHER SIDE]

PART IV

STATEMENT OF INJURED PERSON:

(Short statement by injured person of the circumstances of the injury. Signed statements of witnesses, or of persons to whom the injured person may have mentioned his injury, to be attached).

12 Oct 44
2100 hrs.
Avellino, Italy.

I had been down town in Avellino with Pte. Boyce, E. I had a few drinks and was returning to camp to go on R.P. duty. On the way, I was knocked down; and I don't remember anything until I woke up in the R.A.P. Some money and a pencil I had in my pocket were gone.

D-95872 Pte T.W. Boucher

This soldier was NOT on duty at the time of being injured. As his injury is NOT serious a Court of Inquiry is considered unnecessary. His injuries are due to his own actions Ewh

21 Oct 44

(E. W. Haldenby) Brigadier
Commander
1 Cdn Base Rft Group
Cdn Army - C M F

REPORT ON WOUNDS OR OTHER INJURIES, EXCEPT ON WOUNDS RECEIVED IN ACTION

(Refer Overseas R.O. 2022)

Ref. 18/Pers/2 Folio 112
29 Nov 44
For A.G.A.

PART I

No. D.59872 Rank Pte Name BOUCHER, T.W.

Unit 39 Coy, 8 Bn., 2 C.B.R.D. was reported on the 13 Oct 1944

suffering from laceration left brow

The disability is of a minor nature, and in all probability will not interfere with his future efficiency as a soldier.

He does not claim that he was in the performance of military duty at the time of the accident.
(Here insert "claims" or "does not claim")

(If the soldier makes no claim that he was on duty at the time the certificate below (Part II) should be signed by him.)

STATION 8 Bn., 2 C.B.R.D. / Italy.

DATE 14 Oct 44

T. W. Boucher Capt
Medical Officer in charge.

PART II CERTIFICATE TO BE SIGNED BY SOLDIER

I, D 59872 Pte. T.W BOUCHER hereby declare that the injury sustained by me on the 12 Oct 44 DID NOT occur while I was in the performance of military duty.

D-95872 Pte T.W. Boucher — Soldier's Signature

STATION 8 Bn., 2 C.B.R.D.

DATE 14 Oct 44 — K. A. Saulle — Signature of Medical Officer

PART III

STATEMENT OF COMMANDING OFFICER:

(a) Was the individual in the performance of military duty? No

(b) Nature of duty? N/A

(c) Was it incurred in a game or other form of physical recreation organized with the approval of unit commander? No

(d) If it was incurred on leave, was such leave with or without pay? ~~Was Person X X~~

(e) Was anyone to blame? Yes -- Person or persons unknown

Whom?

(f) Did the injury occur on military premises and if so what part of such premises? No

(g) Court of Inquiry (See Overseas R.O. 2022, paragraph 9).

(i) Has one been held? When? No

(ii) Will one be held? When? No

(h) Disciplinary action taken (if any required) or other remarks No disciplinary action regd.

Attack appears to have been motivated by robbery.

Lt Macdonald Mgr

Date 19 Oct-44 A/ Comd. 8 Bn 2 C B R D

M.F.B. 371
40/P & S/683 (2497)

See Part IV Overleaf

1a

STATEMENT OF H-9731 Pte. BOYES, E.A.E.
RCAMC, 39 Coy., 8 Bn., 2 C.B.R.D.

On the evening 12 Oct. 1944 I was in the bar of Amalia Santaro at 163 King St. West, Avellino. I did not know the name or the address then but I have since cheched it. I was with D-95872 Pte. Boucher, T.W. of 39 Coy., 8 Bn. and a young soldier who was just over from U.K. whose name and unit I do not know. We had a bottle of vino, I don't know what kind, between the three of us. Boucher paid about 150 lira for it. About 2130 hrs, I am not sure of the time but it was very nearly time for us to go back to barracks, the three of us left the Bar together with Boucher slightly in the rear. We turned to the left when we went out the door. Just as we went out Boucher said that he was stopping to urinate. The young soldier and myself walked on and in about five minutes we realized that Boucher was not with us. We turned back to look for him and found him lying unconscious in the street outside an archway we had passed just after we had left the Bar. We carried him back to 8 Bn. I noticed when I picked him up that his head was bloody. He was unconscious till we got him to the M.I.R. at 8 Bn. We had no quarrels or disturbances with anyone in the Bar, he and the young soldier were talking in a friendly way most of the time in the Bar. I know nothing more about the matter.

8 Bn
19 Oct 44

E a E Boyes
H-9731 Pte. Boyes, E.A.E.

FURTHER STATEMENT OF D-95872 Pte BOUCHER T.W. 16

I was in a bar In Avellino between 2100 hrs 12 Oct 44, I am not sure of the exact time, I do not know the name or address of the bar but I could find it again,. I was with with H-9731 Pte Boyce E.A.E. of 39 Coy 8 Bn., and another soldier whose name I don't know who had just came over from England, he is not at 8 Bn. They went out a couple of paces ahead of me and I turned into an alley to urinate. I turned out of the alley and remember the pain of a blow over the left eye. It was a sharp pain. The next thing I remember I was in the R.A.P. at 8 Bn and they were dressing my eye. The three of us had shared a bottle of vermouth. I had been in no disturbances and I do not know any reason why anyone should attack me. The next morning I found I had only 50 Lira left. I had had about 800 Lira when I went into the bar. I had paid for the vermouth about 150 Lira, thus I lost about 600 Lira. I thought I had also lost a pencil but I have since found this. I have not since found any of the money. I have lost nothing else. Boyce is a very old friend of mine, I was on good terms with the young soldier whom I had met for the first time in the bar.

8 Bn.
19 Oct 44

T.W. Boucher. Pte.
D-95872 Boucher T.W.

I have since found that the bar owns in name that of Amalia Santaro, 163 Via St. West Avellino

8 Bn
19 Oct 44

T.W. Boucher.

405-B.33868

CANADIAN MILITARY HEADQUARTERS

EEB

OVERSEAS CDN RECORDS OFFICE P.A.

GRAVES REGISTRATION FORM

Name BOUCHER, Thomas William Place and Date of Birth Montreal. Que. 19 Jun 1919

Rank Pte. Regtl No. D-95872

Unit Royal 22e Regt. AEF. Next of Kin Mother.

Address Mrs. Clara BOUCHER.
789 St. Martin St.
Montreal. Quebec, Canada.

PARTICULARS OF HOSPITALISATION

Date of Admission ..... Name and Location of Hospital .....

Diagnosis .....

PARTICULARS OF DEATH

Date of Death 15 Apr 45. Place of Death Holland

Hrs .....

Cause of Death KILLED.

.....

.....

PARTICULARS OF BURIAL

Date of Burial 16 Apr 45 Cemetery R.2.R Temp Cem.MR Eastern Holland, Sh. 3702 Deventer &

Death Cert No. ..... Location of Cemetery 858028

Date of Regn of Death Cert ..... Plot No. ..... Row 2 Grave 10

Religion R.C.

Date 31 Oct 45

A Bluteau Capt.
M.BLUTEAU.(Capt.)
For Colonel, OIC Records,
CANADIAN MILITARY HEADQUARTERS.

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

8/29 CF A319
40/P & S/2987 (6705)

H.Q. 405-B-33868
(D.R. 2(C))

18th June, 1946.

Mrs. Clara Boucher,
789 St. Martin Street,
Montreal 3, Quebec.

Dear Madam:

Information has just been received from overseas that the remains of your son, D95872 Private Thomas William Boucher, have been carefully exhumed from the original place of interment and reverently reburied in grave 12, row A, plot 3, of Holten Canadian Military Cemetery, Holten, Holland. Marked map is enclosed. This is a recognized military burial ground and will receive care and maintenance in perpetuity.

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

Yours faithfully,

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

/EMA

Draft to Letter Queen

2nd May, 1945.

Mrs. Clara Boucher,
789 St. Martin Street,
Montreal 3, Quebec.

Dear Mrs. Boucher:

It was with deep regret that I learned of the death of your son, D95872 Private Thomas William Boucher, who gave his life in the Service of his Country in the Western European Theatre of War on the 15th day of April, 1945.

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

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

We pay tribute to the sacrifice he so bravely made.

Yours sincerely,

✓

(A.E. Walford),
Major-General,
Adjutant-General.

Mem & Mortuary
3-5-45

/EMA

Director of Estates

Regimental No. D-95872 Rank. Private

BOUCHER Thomas William
Surname Christian Names

Unit. Royal 22E Regiment (C.A.)

Date of death. 15 Apr 45 Place of Death. OVERSEAS (Western European)

Casualty Details. Killed in action

Next-of-kin. Mrs. Clara Boucher Relationship. Mother

Address. 789 St. Martin St., Montreal 3, Quebec.

Will. Will d/19 Aug 40 herewith.

Date. 9 May 45.

EXCERPT OF M.F.M.5 dated. 22 Aug 40

(1) Are you married? NO Children?

Wife's name) Names and
and address) Ages

(2) Is your father alive? YES If so, state name and address.
Mr. Thomas Boucher, 3986 St. James St. W., Montreal, P.Q.

(3) Is your mother alive? YES If so, state name and address.
Mrs. Clara Boucher, 3986 St. James St. W., Montreal, P.Q.

(4) Are you insured? NO If so, in what company?

JEC/EML

ESTATES LIAISON

24

405-B-33868
D. R. 2 (D)

CERTIFICATE OF DEATH

THIS IS TO CERTIFY that according to information received at the Department of National Defence from the overseas authorities, No. D.95872, Private Thomas William BOUCHER, of the Royal 22e Regiment, Canadian Army, was killed in action on the 15th of April, 1945.

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

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

Department of National Defence,
Ottawa, Canada.
May 10th, 1945.

FORM 6

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not write in this space

1. PLACE OF DEATH

Municipal county: IN THE FIELD (HOLLAND)

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: BOUCHER (Block letters)

Given names: Thomas William

4. RESIDENCE

Street: St. James St. No. 3986

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			Single

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

10. BIRTHPLACE (Province or Country): Quebec

11. DATE OF BIRTH: June (Month) 19th (Day) 1919 (Year)

12. AGE OF DECEASED

Years	Months	Days	If less than one day old
25			....hrs. or ....min.

OCCUPATION

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

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	BOUCHER, Thomas	
MOTHER (Maiden Name)		

19. Place of burial, cremation or removal: Holland

20. Date of burial: ....19....

21. PLACE OF REGISTRATION OF THIS BURIAL

(a) Name of parish or church:

(b) Civil municipality of:

(c) Municipal county:

(d) Date: ....19.... (Month) (Day) (Year)

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: April (Month) 15th (Day) 1945 (Year)

23. I HEREBY CERTIFY that I attended deceased from ....19.... to ....19....

and last saw h.... alive on ....19....

24. CAUSE OF DEATH

I

Immediate cause Give disease, injury or complication which caused death, **not** the mode of dying, such as heart failure, asphyxia, asthenia, etc.: (a) Killed in action.

due to

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

(b)

due to

(c)

II

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

III If a communicable disease is mentioned on this certificate, give

(a) Date of appearance: ....19....

(b) Duration of disease: ....days

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

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

State findings: Was there an autopsy?

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

Accident, suicide or homicide? Date ....19....
(State which)

Manner of injury:
(How sustained)

Nature of injury:

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

OVERSEAS CASUALTY CANADIAN ARMY

6 JUN 45

Signed ....M.D.

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

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

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 francais)

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)

FORM No. 1

Register No. D-16418 Nominal Roll No. D-407

To: P.M.G. H.Q. File No. 40S-B-33868

CANADIAN ARMY (ACTIVE)

Computation of Service

WAR SERVICE GRANT

Regt. No.	Rank when S.O.S.	Surname	Christian Name in Full
D-95892	Pte	BOUCHER	THOMAS WILLIAM

REASON FOR TERMINATION OF SERVICE:

1st Enlistment ..... Deceased ..... CARO ..... ( )

2nd Enlistment ..... CARO ..... ( )

3rd Enlistment ..... CARO ..... ( )

Total Service

1ST ENLISTMENT	2ND ENLISTMENT	3RD ENLISTMENT
T.O.S. 19 Aug 40	T.O.S.	T.O.S.
S.O.S. 15 Apr 45 MD O/S	S.O.S. MD	S.O.S. MD
Total Days 1701	Total Days	Total Days

Total Service 1701 DAYS

——	Total Service	Less Non-qualifying Service	Net Service
Western Hemisphere	306	—	306
Overseas Service	1395	65 DB	1330 DB
Totals	1701	65 DB	1636
Add Non-qualifying Service			65 DB
Total Service			1701

EMBARKATION DETAILS:

1. Date S.O.S. Overseas 15 Apr 45 2. Date S.O.S. Overseas .....

REMARKS:

Computer's Signature D. Smith

Checker's Signature [illegible]

Date Computed 7 Aug 45

KILLED IN ACTION 15 Apr 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.

500M—11-44 (6012)
H.Q. 1772-45-8

Details of Non-Qualifying Service

Western Hemisphere—

Forfeits for	From	To	Effective Date	Days	Total
				Total	

Overseas: T.O.S. 21 Jan 41 T.O.S. T.O.S.

S.O.S. 15 Apr 45 S.O.S. S.O.S.

AWL			12 Feb 42	8	
Award			12 Feb 42	14	22
Award			30 Apr 43		5
AWL			1 Jun 43		1
AWL			15 Jun 43		8
AWL			31 Jan 45	1	
F.P.			31 Jan 45	28	29
				Total	65 WB

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

4
ARMY

DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

DECEASED MEMBER'S NAME: Thomas William / BOUCHER /
(CHRISTIAN NAMES) (SURNAME)

REGISTER NO. D-16418 /
FILE NO. 405-B-33868 /
DATE 6-11-45
SERVICE NO. D-95872 /
FINAL RANK OR RATING Pte.
DATE OF DISCHARGE 15-4-45 /

PAYEE Mrs. Clara BOUCHER, /
ADDRESS 789 St. Martin St., /
Montreal (3) P.Q.

DATE OF TERMINATION OF OVERSEAS SERVICE 15-4-45 /

		$	¢
A. TOTAL QUALIFYING SERVICE	NO. OF DAYS 1636/30 EQUAL TO 54 / 162 COMPLETE PERIODS AT $7.50	405.00 /	
B. QUALIFYING OVERSEAS SERVICE	No. OF DAYS 1330 / LESS 16 / INELIGIBLE DAYS, EQUAL TO 1314 / DAYS @ 25c. PER DAY	328.50 /	
	SEE PAR. 2 OVERLEAF FOR EXPLANATION	733.50 /	

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY	$ 1.50 /		
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE	$ 1.25 /		
ADDITIONAL PAY	$		
	$		
	$		
DEPENDENTS' ALLOWANCE 1/30 OF $ 25.00 /	$ .83 /		
TOTAL	$ 3.58	X7 = $ 25.06 /	
NO. OF DAYS 1330 / 183		X$ 25.06 /	182.13 /

D. WAR SERVICE GRATUITY		915.63 /
E. DEDUCTIONS — OVERPAYMENT OF — PAY AND ALLOWANCES	$	
DEPENDENTS' ALLOWANCE AND ASSIGNED PAY	$	
OTHER DEDUCTIONS	$	
F. TOTAL AMOUNT PAYABLE		915.63 /

G. YOUR PORTION OF GRATUITY IS— 100%

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

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

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

PREPARED BY	CHECKED BY
KRM	

TREASURY	
CHECKED BY	DATE

Kathleen Coyle
SERVICE REPRESENTATIVE

File No 405-B-33.868

REBURIAL

NO D-95872

RANK Pte

NAME BOUCHER J. W.

NAME OF CEMETERY Holten Canadian Military Cemetery,

LOCATION OF CEMETERY Holten, Holland.

GRAVE LOCATION Grave 12. ROW A. PLOT 3.

AUTHORITY 54-27-88-2 Vol. 21

Reburial list.

40/P 8320

CHARACTERS OF ELECTRICITY

SUBSTANCE AND ENERGY

Militia Book M-1. (Part I)
40/P&S/279 (12/42)

SOLDIER'S SERVICE BOOK

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

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

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

INSTRUCTIONS TO SOLDIER

1. You will be held **personally responsible** for the custody of this book.

2. You will **always carry this book** on your person when on duty, and on active service.

3. You must produce this book whenever called upon to do so by a competent authority, viz.: Officer, Warrant Officer, N.C.O., Military Policeman or Civilian Police.

4. You must not alter or make any entry in this book (except as regards short form of Will on page 24; see instructions on pages 20 to 23), and disobedience of this order will be treated as a serious offence,

5. Should you consider that any entry is lacking or incorrect, or should you lose the book, you will report the matter to your immediate military superior.

6. You will be permitted to retain this book after discharge as a record of your services, but should you lose the book after discharge it cannot be replaced.

(XIV) PARTICULARS OF DENTAL TREATMENT

Date	Required	Completed	SPECIFICATION Use authorized Abbreviations and Symbols	Signature of Dental Officer
3-10-44.		✓		T.P. Clegg Maj.

(1) SOLDIER'S NAME AND DESCRIPTION ON ATTESTATION

Regtl. No. D95872

Surname (in capitals) BOUCHER

Christian Names (in full) THOMAS WILLIAM

Date of Birth 19 JUNE 1919

Place of Birth MONTREAL, QUEBEC

Trade on Enlistment HOSPITAL CHECKER

Nationality of Father at birth CANADIAN.

Nationality of Mother at birth ENGLISH.

Religion ROMAN CATHOLIC

Enlisted at MONTREAL. QUEBEC

Date 19 AUGUST 1940

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

Signature of Soldier T. W. Boucher

Signature of Officer S. Harris Lieut

Place ~~UNITED KINGDOM~~ Field Date 19. MARCH 43

(II) NEXT OF KIN

Any change becoming known is to be duly noted with date of

NOTE.—No entry in these pages has any legal

Nearest degree of relationship		Names	Date
1st	Wife		
	Children		
2nd	Father		
	Mother	Mrs. Clara Boucher	
3rd	*Brothers and Sisters	Robert Boucher	
4th	Other Relations (stating) relationship)		

*State whether brothers are older or younger.

…OW LIVING

such change and reported by O.C. Unit to the Officer i/c Records.

effect as a Will (see pages 20 to 23)

Latest known Address in full
789. St. Martin St. Montreal, P.Q. Canada
~~5 Cdn. Fd. Amb. 2 C. Div.~~
~~No. 14 Cdn. General Hospital. Abbeville (Ba'd's)~~
R22R CAO

(III) RANK and APPOINTMENT

Date	Rank and Appointment	Substantive, Temporary, Acting or Local (with or without pay)	Authority of Part II Orders	Signature of Officer
19 AUG 40	PTE.		NO 41/1940	(FROM PAY BOOK) A Sharmadent

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

TRAINED (passed Recruit's Course as laid down for his arm of the Service) *except that he requires further training in:—**

.....

.....

.....

.....

.....

.....

.....

.....

Qualified in addition as under :—

Stretcher Bearer.

.....

.....

.....

.....

.....

Date 19 March 42.

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

(V) PARTICULARS OF TRAINING

Courses and Schools. Specialist Qualifications. Swimming, etc., show'g result	Date	Signature of Officer

(VII) EDUCATIONAL QUALIFICATIONS

Certificate, Specialist Qualifications, etc.	Place	Date	Signature of Officer
Business Course	St Lambertus Business College Verdun, Que.	1938-1939	L.E.R. Lucky Major

(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

(IX) EMPLOYMENT WHILST SERVING

Period		Nature of Employment	Remarks and Signature of O.C. Coy., etc.
From	To		
Feb. 42.	May 43.	Operating Room Assistant	L. E. R. Lucky Major

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

(X) MEDICAL CLASSIFICATION

Date	Category or Grade	Medical Examiner of Recruits, or other Medical Authority	Signature of Medical Officer (FROM PREV. BOOK)
19 SEP 40	A	Montreal Medical Board	Harris Lieut

(XI) PRESCRIPTION FOR GLASSES

	Vision without Glasses	SPH	CYL	Axis Standard Notation	Vision with Glasses	Ophth, Centre:	Date of Exam.:
R						Frame No. (or measurements):	Date of Issue:
L							

Signature of M.O.....

	Vision without Glasses	SPH	CYL	Axis Standard Notation	Vision with Glasses	Ophth, Centre:	Date of Exam.:
R						Frame No. (or measurements):	Date of Issue:
L							

Signature of M.O.....

(XII) PARTICULARS OF DENTURES SUPPLIED

Particulars	Date	Signature of Medical or Dental Officer
PARTIAL UPPER D. DELIVERED	1 OCT 41	(FROM PREV. BOOK) S/Harris Lieut

(XIII) PARTICULARS OF SURGICAL APPLIANCES ISSUED

Particulars	Date	Signature of Medical Officer

(XIV) PROTECTIVE INOCULATIONS

Nature of Vaccine, "T.A.B." Cholera, Plague, etc.	Date	Signature of Medical Officer
T.A.B.	27 AUG 40	Certified
3	6 SEP 40	true
	28 SEP 40	
Tetanus Tox. 1 cc	27 AUG 40	copy
" " 1 cc	18 FEB 40	
T.A.B.T. ½ cc.	13 AUG 41	A Harris
T.A.B.T. ½ c.c.	6 AUG 42	Lieut
T.A.B.T. 0.5 c.c.	25.5.43	
Typhus Vac. 1 c.c.	17-11-43	
" " 1 c.c.	26.11.43	
" " 1 cc	6/12/43	
Typhus Vacc. 1 cc	25/6/44	
T.A.B.T. ½ c c.	25/6/44	
Typhus 1 cc	11/12/44	

Depth Tox. 1 cc 5-2-45 Montevideo capt

(XV) VACCINATION

Date Vaccinated	Signature of Medical Officer
27 AUGUST 1940	Copy A Harris Lieut
26 Mar 44 +	

(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
[redacted] Leave (Warrant)	17 JUL 41	Certified
1st Pris Leave (Warrant)	6 OCT 41	true
M test (new) Complete	13 MAY 42	
"A" card Complete		copy
2nd Pris leave no Warrant	28 JAN 42-4 FEB 42	
3rd Pris. Leave (Warrant)	22 JUN 42-29 JUN 42	A Harris
4th Pris. Leave (Warrant)	22 SEP 42-28 SEP 42	
5th Pris Leave (Warrant)	30 DEC 42-7 JAN 43	Lieut
6th PRIV LEAVE + 48 Hr Pass	10 MAY 43 18 MAY 43	A Harris Lieut

FINGERPRINTED—CAIB

Blood Gp O IV	31 Oct 43.	R C Gudde Lt
Embarked UK	28 Jan 43	
Disembarked Sicily	13 July 43	R C Gudde Lt
Embarked Sicily	4 Sept 43	
Disembarked Italy	11 Sept 43	R C Gudde Lt
1 CC TAB	30 Dec 43	H Howard Capt
1 cc TAB	11 Jan 45	H Hedley Lt

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

Particulars	Date	Signature of Officer
	10 Aug 43	
Protected under Geneva Convention Applicable to members of the medical corps		
L/Cpl Pte		
Qualified for the award of Canadian Forces Medal 3/21 JAN 44		
Clasp elected 10 JAN 44		
awarded 1939-45 Star	18 Jul 44	
Arrived in France	18-7-45	

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

Particulars	Date	Signature of Officer

(XVII) SOLDIERS' WILLS

1. The particulars of the next-of-kin should always be carefully inserted in the Form in this Book, but the Soldier must understand that the entries made there do not relieve him from the necessity of making a Will. **The next-of-kin entries have no legal effect,** and unless a Soldier duly makes a Will, his estate is dealt with in the same manner as that of any other man who dies intestate, and the person intended to be benefited may receive little or no share in the distribution.

2. The Soldier's Will should be made out either on one of the separate Forms provided for that purpose (M.F.M. 10 or 10a), or on the short form of Will contained in this book, or on a separate sheet of paper, and unless he is on active service or under orders for active service, the testator must be of the age of 21 years.

3. The bequests in the Will may be varied according to the circumstances and wishes of each Soldier; but the form of attestation, and the general outline of the Will, as shown in the Forms referred to in para. 2 above, are to be carefully followed.

4. The Will must be signed by the testator with his name (or, if he cannot write, with his mark), in the presence of two witnesses, who must be present together, and the Will must be acknowledged and attested in the presence of all three, and dated.

5. A person to whom money, etc., is left by the Will, or the husband or wife of such a person, should not be an attesting witness, for the gift would not be good, but he or she may be appointed an executor.

6. In the event of the testator marrying subsequent to the making of his Will, he should make a new Will as in certain instances a Will is revoked by the subsequent marriage of the testator.

7. If any alteration is made in the writing of a Will, the signature of the testator and the witnesses ought to be made in the margin or other part of the Will, opposite to or near such alteration, or at the foot or end of, or opposite to, a memorandum referring to such alteration and written at the end or some other part of the Will.

8. But an alteration or addition may be made by a *Codicil* (that is to say, by an addition to the Will) executed and witnessed in the same way as the Will.

9. The Short Form of Will (See pages 23 and 24) can only be used to leave personal property and effects. If it is desired to leave Real Estate to anyone, then a formal Will must be executed in the presence of two witnesses, both present and at the same time, and signing in the presence of the Testator, and of each other. Forms of Will (M.F.M. 10 and 10a), are obtainable through your Commanding Officer.

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. Rank Name

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

Signature of Officer.
Rank or Appointment.

Date

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.

Date Certificate or Will extracted.....

Signature of Officer.....

Dept.....

To whom sent.....

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.

Date Certificate or Will extracted.....

Signature of Officer.....

Dept.....

To whom sent.....

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

WILL

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

Signature.....

Rank, Regt'l Number.....

Date.....

3159
2300
2300
7759
2300
2300
12359