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Register	No.		Nominal Pall-No.	
		BL 2001	H.Q. File No. HO	5 1 2074
TO: P.M	.G.			
		CANADIAN ARMY (ACT	IVE)	
		COMPUTATION OF SER	VICE	
	Rank	WAR SERVICE GRA	NT	
	When			
Regt. No.	S.O.S.	Surname	Christian Name	
097008	ASQIMS.	JOHNSTONE	WILLIAM.	WILSON
	termination o			
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3rd Enlintin	ON E		CARO.	(
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		T.O.S.		
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			Total qualifyin	
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Date Comput	ed			
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		Act, i	14%, hur taen sainbil	shed,
			on service shown here	ln.
			ALLAIMO MILLA	10/
			Vicity. St	inly (ap)
			Director of	Records.

VERIFICATION FORM WAR SERVICE MEDALS 1939-45

	7008. Name Jo	NSTO	Ne william wilson.
Rank on D	ischarge S.Q.MS	Date	of Discharge 6-1-42
Authority	for Discharge or Reti	rement	Deceased
Served in			Non-qualifying service
Canada	from 121-9-39	_ to _	6-1-42.
	from	to	
United Kingdom	from	to	
	from	to	
Italy	from	to	
Northwes	t e from	to	
	- from	to	
	- from	to	
Iligible ,	for award of:		Duid after
19	39 - 45 Star		Diséh 3-2-4
Ite	aly Star		
Fra	noe-Germany Star		
Def	ence Medal		
War	Medal	At V	
Can	adian Volunteer Servi	ce Medal	
	Wi	bh wlasp	
	NO RIBBON DES	PATCH	Verified by A. hussiand
			Date 25-7-46
			Carded JUL 26 1946



STATEMENT OF WAR SERVICE GRATUITY

ADDRESS	(CHRISTIAN NAMES) (SURNAME) 1281 Agnes 1. June 1. Jun	REGISTER NO FILE NO DATE OF SERVICE NO FINAL RANK OR RATING	o. 405-J-2074 TE 6-2-45 o. D-97008
Reference and the second secon	INATION OF OVERSEAS SERVICE	DATE OF DISCHARG	SE 0-1-42
A. IOIAL QUAL	IFYING SERVICE NO. OF DAYS SO EQUAL T	TO COMPLETE PERIODS AT \$7.50	210.00/
B. QUALIFYING No. of Days	OVERSEAS SERVICE LESS INELIGIBLE DAYS, EQUAL TO SEE PAR. 2 OVERLEAF FOR EXPLANATION	DAYS @ 25c. PER DAY	
		SUB TOTA	L 210.00
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F. AMOUNT PAY		INSTALMENTS OF \$210.00 EACH)	210.00
THE WAR S AMOUNT CIRCUMST DEPART		HMENT CREDITINGTHE	SEE REVERSE SIDE FOR EXPLANATION OF ITEMS A, B & C

TREASURY

DATE

SERVICE REPRESENTATIVE

CHECKED BY

∆TR

PREPARED BY

CHECKED BY

COMPUTATION OF WAR SERVICE GRATUITY

MEMBER'S	NAME.	NILSON	JOH	NSTON	Regis	ter No.	1-67
	(Christ	lian Names)		(Surna	me)	405-1	1-2074
PAYEE'S N	IAME MPS. /	ian Names)	t. JOHNS	JONE (Surna	ma) Deta	5-2-4	5
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	MONTA						
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				25¢ per da			
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		Other, Ded	uctions	***************************************			
Entered	B						
	AYABLE amount is pa	yable in / instalmen	monthly ts of \$	210.00	each	210	00
G. Monthly	instalment no	t to exceed	daily rate	of Pay & All	owances per (<u>c</u>)	
		\$		x 30=	\$		
BEMARKS		THE PERSON NAMED AND POST OF THE PERSON NAMED	**************************************				NAME AND THE PROPERTY OF THE PARTY OF THE PA
7 (111111111111111111111111111111111111							

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

To: Chief Treasury Officer,

Register No. D678

File No. H.Q. 405-J-2074

WAR SERVICE GRANTS ACT 1944

Dependents! Allowance and Assigned Pay Branch

OTTAWA December 4th 1944

for C.T.O.

Service No. B97008 Name Christian Name Surname Please suprly the following information in respect of the marginally named at the time of his discharge or death and return this form in duplicate along with the file to the undersigned. (K.W.Rice) Lieutenant, for(A.R.Mortimore) Brigadier, PAYMASTER-GENERAL. Amount Names of persons in receipt of D.A. Name MRS. AGNES VOHNSTONE (NIFE. \$ 59.00 and amount of monthly award 2 CHILDREN ACC. DISC 6.1. N2 15.0.5. If no D.A. in issue, list names of persons in receipt of A.P., who may be classed as dependents under W.S.G. Act, 1944 and amount of monthly assignment. Names of persons to whom assigned pay was continued by supplementary award after death. Amount of overpayment of dependents allowance and/or assigned pay deductible from the War Service Gratuity and name of person to whom paid DEC : 2.1944 DEC 19 1911 For Chief Treasury Officer, 194 D.A. & A.P. Branch C.T.O., D.A. & A.P. Overpayments of D.A. and/or A.P. recovered from W.S.G. \$_

THE CANADIAN PENSION COMMISSION

MEMORANDUM

405-2-2074

Director of Records

Nat Defence Hor Ottawa, - Canada.

To.....Deputy Minister,....

Department of National Defence,

From.....The Canadian Pension Commission.

OTTAWA, January 24, 1944.

ATTENTION: - Director of Records.

Canadian Agencyxx

Tanpexial XWarx Graves Commissionx

D-97008 - S.Q.M.S. Wm. W. Johnstone R.C.O.C.

C.P.C. 502537

The marginally named died

at

Ste. Anne de Bellevue, P.Q.

on

February 3, 1942.

Cause of Death

Pulmonary tuberculosis.

An Appeal Board of In the opinion of/the Commission,

death was related to military service.

Next of Kin

Mrs. Agnes H. Johnstone (widow), 5281 - 5th Avenue, Rosemount, Montreal, Que.

6. Lackey

EL

for Canadian Pension Commission.

Died on strength of DP&NH.

PERMENTAL Nº 10-97008.

520-32

Moremount,
Montreal, D.D.
18/10/43.

bleat Sit,

I wish to make application

for the Memorial Cross. My late hurband

was S. Q. M. B. William Wilson Johnstone.

X R. E. O. C. A. A. H. H. He died at St. Annes Apile—

tary Bospital Jeb. 3rd 1942 as the result of

a car accident at blebert Millary Camp

Aug. 30⁻² 1941.

Mours Sincerels.

Hours Sincerely, Mrs Agnis Johnstone.



DEPARTMENT OF PENSIONS AND NATIONAL HEALTH

VETERANS' BUREAU

IN YOUR REPLY REFER TO FILE NO.

P&NH 959-W. D-97008 - William JOHNSTONE DALY BUILDING, OTTAWA,

DATE, April 29th, 1943.

The Officer in charge Records, Department of National Defence, Ottawa, Ontario.

Dear Sir:

Officer /c Records)

Yours very truly,

E.V. Wilson, 8

The marginally named was admitted to Debert Military Hospital on August 31st, 1941, in an unconscious condition, following a car accident, near Truro. He developed pneumonia and later pulmonary tuberculosis, from which he died. The Canadian Pension Commission have ruled that pulmonary tuberculosis resulting in death, was incurred during service, subsequent to May 21st, 1940, but not pensionable under Section 11 - 2, as it did not arise out of nor was it directly connected with military service, and this Bureau is preparing the claim for a hearing by an Appeal Board of the Commission.

There is information to the effect that the man was in an army vehicle at the time of the accident and we would like a confirmation of this and information as to whether or not he was on duty at the time. We would also like to be furnished with the Court of Inquiry, if one was held in connection with the accident.

It was stated that another man who was with Mr. Johnstone was also injured. Could we be furnished with his name and present address and information as to whether or not he, too, was on duty at the time of the accident.

P. & N.H. (Mr. Wilson)

Copy of Court of Inquiry concerning Mr. Johnstone and one other man may be found MEB/NCH H.Q. 57-7-20-328. Acting Chief Pensions Advocate.

This file may be requisitioned in the usual way, please.

Records

11-5-43.

DISTRIBUTION OF SERVICE ESTATES

Naval - Military - Air Force

Name			No.	
	Surname	Christian Names	0.97006	
Ra	nk	Unit	: Date of	f Death
		AMOUNT L. P. C.	*	
		Other Credit	S	
		Total	223.30	
Date	ril 7th, 1942.	Shares Retai	nedned	
		NET TOTAL	223.30	
SHARE	RELATIONSHIP	NAME AND ADDE	RESS	AMOUNT
21		Mrs. Agnes Johnstone 5281 Fifth Ave Hosemount. Montreal. P.Q.		
		(cole beneficiery un	ider will)	\$223.30
			FISCAL YEAR 194	2-43
		AUTHORITY		
		F.E.No. DIV. EST. V	OTE FR. DA CO OBJ.	AMOUNT
		9999 83	31000001	22336
SHAF	RES RETAINED			
		Denney	CR WINED BY	22330 TOTAL
	Distri	bution approved and	authorized	
AUDITED 3	FOR PAYMENT	Adm	(L.M. Firth) Maj inistrator of Es	or, tates.
0	Chief Treasury Off			
Før	Chief Treasury Off	cer		

D.97008.

Mrs Agnes Johnstone, 5281 5th, Avenue, Rosemount, Montreal, April, 3 1942.

Dear Sir,

Regarding your letter, I wish to state that I never entered into a Marriage Contract with my late husband.

Yours Sincerely, Mrs Agnes Johnstone.



Mrs. Agnes Johnstone,

5281 Fifth Avenue,

Rosemount,

MONTREAL, P. Q.

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

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

and the following number quoted:-

H.O. 405-J-2074.

DEPARTMENT OF NATIONAL DEFENCE OTTAWA, ONT.

March	10th.	2.
		194

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

S.Q.M.S. Wm. JOHNSTONE, No. D-97008.

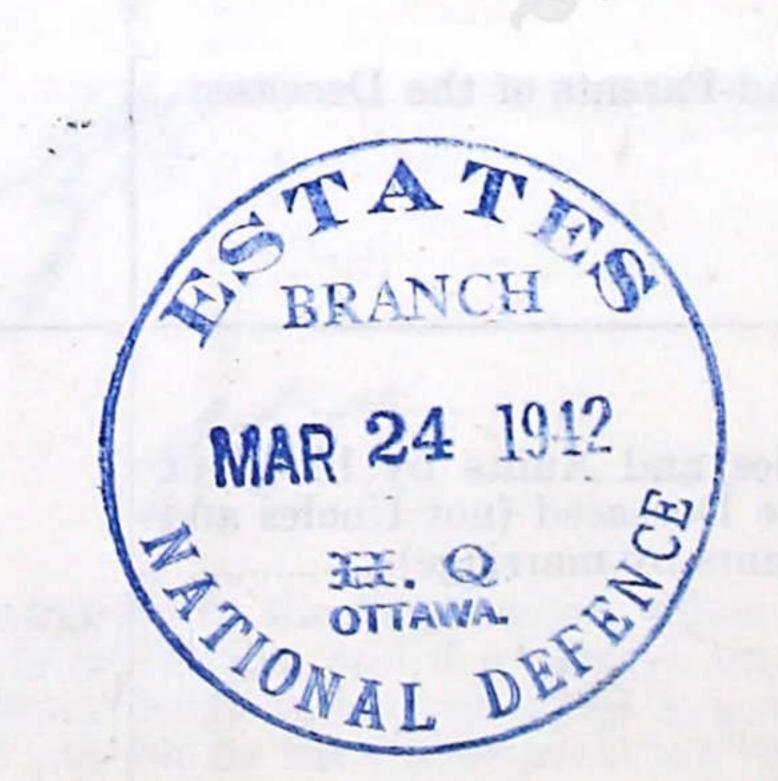
TO	~	0	n			
R.	U.	0.	U.			

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.

DMINOLINE IN THE DELIGIES AND THE NOW LIVING THE FOLLOWING

MHVID HE SHAME ENAMEDING

(L.M. Firth) Major, Administrator of Estates.



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.

of nship			INFORMANT'S STA	ATEMENT	
Degrees of Relationship	RELATIVES required to be accounted for		NAME IN FULL of any Relative, if any, in each degree inquired for	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative	
1	Widow of the Do	eceased	Mrs Agnes Johnstone William James Johnstone	29 3281 5 ave. Rosemount.	
2	Children of the lates of their	Deceased and	William James Johnstone Dec. 522,1935 Shustone Ronald Henry higging. J. Dec 16, 1941	3 528k 5 - Arenul. Rosenwount. Rosenwount.	
3	Father of the De	eceased	Hughe Alexander Johnstone	a heceased.	7
4	Mother of the D	eceased	Jane Kounter Johnston		ı.
5	Brothers of the Deceased	Full Blood	Alexander Johnstone	37 6324 12 Ave, Rosemount, Montreel,	
		Half Blood			
6	Sisters of the Deceased	Full Blood	Hargaret. G. W. Johnsto	131 9135 St. Domingue Al.	
		Half Blood			
7	Names of brothers of the full or the ha ceased, who are dead of each.	or sisters (whether lf blood) of the De-	Names and ages of their children (if any)	Address of their children	

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

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

_		
10	What is the full name of the deceased?	William Wilson Johnstone
11	Give the month and year of his birth.	May 9 1908
12	Where and when were his parents married?	Aug 24 1901 Algorsan, Scotland
13	If deceased was married, state place and date of marriage.	Montreal 8 1934
4	Did he leave a Will? If so, a copy should be attached hereto.	The state of the s
5	Did he leave a bank account? If so, give full particulars.	The state of the s
6	Is there any other estate which will necessitate application being made for Probate of the Will or Letters of Administration of the estate?	Y
7	State your own postal address in full.	3281 - 8 - Avenue. Rosemount, Montreal &

nique St.

PARTICULARS OF DOMICILE

18	Where was deceased born?	Slaszow, Scotland
19		Montreal Canocas o gran
20	What was the nature of his employment?	Familor Supe Ass. Co. Line
21	Did he own the premises in which he lived? If so, where?	40
22	Did he ever state verbally, or in writing, where he intended to make his permanent home?	45

OTHER PARTICULARS

23	Did the deceased after enlistment incur any debts for:— (a) His own separate board and lodging while on service. (b) Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.
24	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.
	(Note:—The Government pays funeral expenses within the amounts authorized in the Regulations, where death occurs and burial is made in Canada, and if a relative has already paid those expenses the Government will reimburse such relative to the extent of the amount authorized in the Regulations. Any amount of such expenses in excess of those authorized in the Regulations is not payable by the Government nor is it chargeable against the service estate of the deceased.)

DECLARATION
*Insert degree of relationship for example, "Widow," "Father," etc "Brother," etc " I hereby declare that the foregoing particulars are correct, and a true and complete statement of all the relatives that the deceased ever had in the degrees inquired for; and that I am the "Brother," etc " * Michael Complete statement of all the relatives that I am the deceased.
N.B. To be signed in full in the presence of a Clergyman, Priest, Local Magistrate, Commissioner of Notary Public. Signature of Informant
I hereby certify that, to the best of my knowledge and belief. (Hereby Lynchy)
*See above /ohustone {Name of Informant} is the * Wedge of the Deceased
above described, and I believe the above Declaration and the Statement of Relatives made by the
Informant and signed in my presence to be complete and correct.
Dated at Montheel this 22nd day of Marcl 1942
Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public Qualification Paesley Estai, meneste
Address Flumount flagler free Church

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

Transier own the own the precession in which he lived? If so, where?

(b) Service clothing and equipment.

Banosart paid, and by whom.

Carried the sale of the sales of the sale than

DOLL DOLL SEE.

I herdentte ed bigoris teleb dops does tot tempose benimeti al-

Have you or any other relative paid the function to not ovall

part thereoff, if so, attach itemized accounts showing

berreto, and if same is correct you strough marks the initial

"approved" and sign same. If believed incorrect, give

22 Die ever state verbally, or in writing, where he intended to

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

(Nozz: The Crystament paydiuncial expenses within the amounts authorized in Hegalations, where death occurs and hands in C gods, and if a relative has already publicated business as well as what of each occurs and hands in the the shortest of the shortest in the Regulations in the Regulations in the Regulations in the Regulation in the Regulations in the Regulation of the comment nor last chargealds.

(HEYO MHOT MEAKET)

THE CANADIAN PENSION COMMISSION

MEMORANDUM

ToThe Officer i/c Records				
	OTTAWA,	2nd	March,	1942
FromThe Canadian Pension Commission				

HOS 12074

P&NH 959-W

#D-97008, S.Q.M.S. Wm. Johnstone R.C.O.C.

The marginally named

Died

February 3rd, 1942.

Next of kin

Mrs. Agnes Johnstone, 5281 Fifth Avenue, Rosemount, Montreal, P.Q. (Widow)

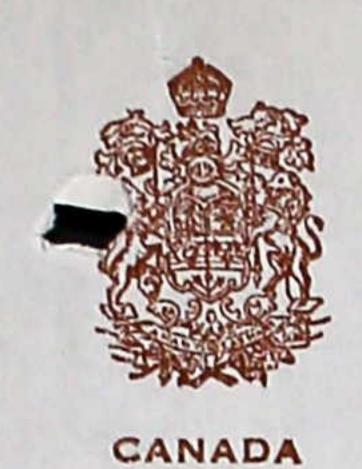


Man Kindler State 18/12

or 05.0//

Canadian Pension Commission.

Died on strength-SC9.



DEPARTMENT OF PENSIONS AND NATIONAL HEALTH

IN YOUR REPLY REFER TO FILE NO.

Montreal, Feb. 9th, 1942. 379 Common Street.

The Secretary,
Dept. of National Defence,
Estates Branch,
OTTAWA, Ont.

ZASF

Re: #D-97008 - JOHNSTONE. W.W.

Dear Sir,

I regret to report the death of the marginally named which took place at Ste. Anne de Bellevue Hospital on the 3rd instant, cause of death: Pulmonary Tuberculosis.

Herewith please find the following documents:

Information Sheet. Funeral Record.

Next of kin, his wife, Mrs. Agnes Johnstone, 5281 - 5th Ave. Rosemount, Montreal, was notified.

Interment took place in the soldiers' plot, Mount-Royal Cemetery, Section G-943, Grave no. 329.

Yours very truly,

Mark Sed Mr. YL 199 lutt

R.G. Pratt, for

District Administrator.



Department of National Defence (ARMY)

H,Q. FILE NO. 405-J-2074 (D.R.)

M.F.

Ottama, Canada,

January 19th, 1942.

Canadian Pension Commission,
Department of Pensions and National Health,
Daly Building,
Ottawa.

Re DISCHARGE, ACTIVE FORCE.

D 97008, A/SQMS, JOHNSTONE, W. W. #4 Det., R.C.O.C., C.A. (A).

In accordance with R.O. 38, para. 6, 1939, one copy of Medical Board Proceedings (M.F.B. 227) referring to the marginally named is forwarded herewith.

with effect from 6-1-42 by reason of being unable to meet the required military physical standards.

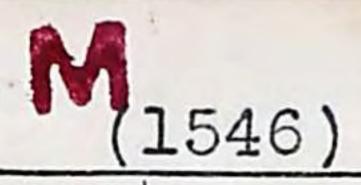
Discharge documents are on

file in this office.

W. E. L. Coleman, Lt.-Colonel, Officer i/c Records, for Adjutant-General.

16-2-	-44	
Died	In	Canada

AWARDS—CANADIAN ARMY (ACTIVE)



100M-10-41 (2195) FB H.Q. 1772-45-8

			FILE NO405-J-2074
JOHNSTONE, William Wilson	D-97008	S.Q.M.S.	R.C.O.C.
SURNAME (IN BLOCK LETTERS) CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT

WAR SERVICE

BADGE

(CLASS)

NO.

DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
War Medal CVSM	2567- 10/11/49
	(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL	REGISTRATION NO. DATE OF DESPATCH
(1) MEDALS PERSON ENTITLED TO Mrs. Agens Johnstone (Widow) re- married	DATE DESP 4718
684 Lake Shore Ave., Hansans Point (101251) Toronto (2) ant. 5281 Fifth Ave., Rosemount, Montreal, P. 2	REGN NO WHILE
(2) MEMORIAL CROSS WIDOW Mrs. Agnes H. JOHNSTONE,	DESP. FEB 29 19/4 REGN No. 5'0 3 3
(1546) ADDRESS: 5281 - 5th Ave., ROSEMOUNT, Montreal, Que.	
(3) MEMORIAL CROSS MOTHER Mrs. Jane H. JOHNSTONE,	DESP. FEB 29 1944 REGN No. 5034
(1546) ADDRESS: 7135 St. Dominique St., MONTREAL, Que.	(3)

~

ORIGINAL DUPLICATE 1 TRIBUTOATE

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

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

No.4 District Stores Section

Unit ROYAL CANADIAN ORDNANCE CORPS

Regimenta

Regimental Number \$5 D 97008

CANADIAN ACTIVE SERVICE FORCE ATTESTATION PAPER

1. Surname. JOHNSTONE
2. Christian Names WILLIAM WILSON
3. Present address 5281 - 5th Ave. Rosemont, Que.
4. Date of birth May 9th 1908
5. Place of birth Scotland Glasgow (Country)
6. Religion (state denomination) (Country) (Country or Province) (Town or Township)
7. Trade or Calling Goods Receiver
8. Married, Widower or Single Married
9. Name of next of kin Mrs. Johnstone agnio Algung 10. Relationship Wife
11. Address of next of kin 5281 - 5th Ave. Rosemount Que.
12. Have you served in any Naval, Military or Air Force?
13. If previous war service, state arm, force and regimental particulars. No.
14. Do you now belong to or have you served in the Active Militia of Canada? R.H.C. Royal Canadian Ordnance Corne A
Reyal Canadian Ordnance Corps April 20th 1939 To 31/8/39 (Give unit and date of attestation)
DECLARATION TO BE MADE BY MANI ON ADDRESS.
I, William Wilson Johnstone
1.C., Wall, IIIVASION FIAT OF THE TENERAL!
i.e., war, invasion, riot or insurrection, real or apprehended, exists, and for the period of demobilization after should so require my services.
Date 12 th Sept. 1939
W.W.g.hnto
OATH TO BE TAKEN BY MAN ON ATTESTATION With
I, William Wilson Taken By Man On ATTESTATION declare) that I will be faithful and bear time allegiance to His Majesty. Wind recruit) Wind lement Withers Wither
W.W. Johnston
MAGISTRATE, IUSTICE OF THE DEACE OF THE DEACE.
questions he would be liable to be punished as provided by the made any false answers to any of the above
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
2 and taken the oath before me.
at Moutreal Phis 12th day of September 1939.
Signature of Magistrate, Justice
tt. 600. 18 0.0 # 4. Det. Office or Rank and Unit
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 TO ANY OF THE

ABOVE QUESTIONS IS LIABLE TO A PENALTY OF SIX MONTHS' IMPRISONMENT

Are you receiving or have you

in the past received, disability

pension or compensation? If so

give details

V

Good

Poor

097003

Regtl. No. Rank Corporal Surname JOHNSTONE

Christian Name WILLIAM WILSON

			DATES OF							Remarks on nature of the disease: how induced: if mild or severe: if completely recovered from	
STATION	A THE REAL PROPERTY OF THE PERTY OF THE PERT	Date of Arrival at the Station	in	Admission to Hospit	tal	Dischar from Hos	pital	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 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 a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied.	re of
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No D. 97008 Rank S. Q. M. S. Name JOHNSTONE, William Unit Date of death 3rd Feb., 1942. R. C. O. C. Died at Ste. Anne de Bellevue Hospital, P.Q. Pulmonary tuberculosis. Cause 24-1-44 WAS Due . CPC . d HOT 405-J-2074 d9-2-42 Death HQ. N/K Mrs. Agnes Johnstone Widow Relationchip Address 5281 - 5th Avenue, Rosemount, Montreal, P.Q. Mount Royal Remains buried in Cemetery Montreal, P.Q. Grave location Grave 329, Soldiers' Plot. Section G. 943. P. & N.H. Stone ordered 26-5-42.

(P.T.O.)



CANADIAN ACTIVE SERVICE FORCE DISCHARGE CERTIFICATE

This is to Certify that No. D-97008	(Rank) A/SQMS
Name (in full) William Wilson JOHNS	TONE enlisted in
the No. 4 Detachment, Royal Canadia	n Ordnance Corps, C.A.
CANADIAN FIELD FORCE at Montreal, Qu	e. on the 12th
day of September 19.39	
HE served in Canada	
and is now discharged from the service by reason of!. under existing Medical Standar	eing Unfit for Military Service ds. (CARO. 1029(10)
THE DESCRIPTION OF THIS SOLDIER on	the DATE below is as follows:—
Age 33 years 8 months	Marks or Scars
Height 5 ft. $8\frac{1}{2}$ in.	Right hand, wrist scar burn
Complexion Fair	Left Temp. area external
EyesGray	boarder. Scar Duodenal ulcer
HairBlack	operation 1936 (R.V.H.)
WW Johnston Signature of Soldier	BE SECURED
Date of Discharge 6 Hanuary 1942	Issuing Officer
OEFILY ROO	The Date of the Contract of th
	Rank
JAN 6 1949	Date 6 January 19.42

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Record Office, Department of National Defence, Ottawa, Canada.

Conduct "Very food" premloguer in Cavilly & Excellent clerk. of Statement of the Service of No. D/97008 Rank A/Sgt

Name Johnstone, W. W.

M.F.M. 1 & 2 (a) 20 M-11-36 (9359) H.Q. 1772-45-18

	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	Authority	
I-Ho :	15-10-40	90 eN 24.00 C.0.1821	Langed from St. Johns Military Hospital	A/Sgt.	12-10-40	No.H DET RCIC-CASE RCOC-CASE	Montreal	Pt. 11 Proper No. 25	Dated 15-10-60 5-4-11-40
	2-12-40	<i>u</i>	Discharged from St. Johns Military Hospital Grom blerk-Ordnunce to blerk Spec. Duties	17 ogt.	18-12-40			rt. 11 Order #282	18-12-40
	27-2-HI	C.O.1966	Granted Trade Pay Group B'as blerk-Sp. Dul Ord	!1	8-12-40 8-12-40			1\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	13-2-4/
	22-H-HI	CO.2025	Tobe ASSSGT with P&a of Rank	ASSGT.	22-H-HI			" No86	25-H-H
	29-7-41	CO 2145	To be T/S/Sgt.	T./.S./.Sgt.	22-7-41	11	11	" " 164	.4-8-41
	•••••••		Ceases to draw Trades Pay	11	29-9-41			" " 214.	6-10-41
	24-10-4	CO 2261	To be A/SQMS	A/SQMS	.101041				111-41.
	••••••		Transfered from Debert N.S. to St. Anne's	11	24-11-41	11		11 11	6-1-42
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		EPORT	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	Part II D.O. No. Cas. List, etc. Dated
/: -11-Ho =	Date 5-/0-40	From whom received Ac No4Pet. C.O. 1821	Dischamed from St. Johns Military Hospital. Admitted to St. Johns Military Hospital	A/Sat.	12-10-40.	No. HDET RCOC-CASE RCOG-CASE	Montreal	Pt. 11 order #282 2-12-40
	18-12-4	1 11	Lischarged from St. John's military hospital	1 ' ' '	18-12-40	11 1,		1 299 18-12-4
-2-HI	13-2-41	DO.PT.II No3H	From blank- Ontrance to-blank Spec Duties Ordname		8-12-40	/1		11 11 11 33 13-2-6
			Granted Trade Pay Group Bas Clerk-Sp. Dul'Us					
	22-H-H1	C.0.2025.	Sobe A/S/SGT with P9a of Rank	ASSGT.	22-H-H!			
	29-7-41	.co2145	To be T/S/Sgt.	T/S/Sgt.	-22-7-41			
	•••••••		Ceases to draw Trades Pay		29-9-41			
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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.

TOLL MARKET IN THE SECOND RESIDENCE TO THE PERSON OF THE P

- (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 or Soldier JOHNSTONE: WILLIAM WILSON
	(Surname first—Christian names in full—Block capitals)
	Opl
(2)	Regimental Number D15 D97008
(3)	Unit Royal Canadian Ordnance Corps. No.4 District Stores Section
(4)	Are you married? Yes
(5)	If married, state,
	(a) Full name of your wifeAgnes. Degning. Johnstone
	(b) Present postal address of wife 5281 5th Ave. Rosemount, Que.
(6)	If married, have you been regularly supporting your wife? If not—state reasons Yes
(7)	Are you a widower? No
(8)	Have you any children? Yes
160	If so, give number of boys and girlsone boy
	Also their names and ages. 3 year old - William James Johnstone
(9)	If Separation Allowance is claimed in respect of children—state whether you have been regularly sup-
	porting them Yes
	Give particulars of Guardian to whom Separation Allowance should be paid—if authorized—
	Name Wife - Agnes Degning Johnstone
tool	Postal Address. 5281 5th Ave. Rosemount, Que.
	(SEE OTHER SIDE).

	If so, state her full name and Postal Address. No.
	•••••••••••••••••••••••••••••••••••••••
	Is your father alive? No
TA TA	If so, state name and address No.
	If your father is a widower and is totally incapacitated from earning a living—are you his sole support?
	No
	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
	If so, state name and address. Mrs. Jane Johnstone -558411th Ave. Rosemount, Que.
	•••••••••••••••••••••••••••••••••••••••
	If your mother is a widow, are you her sole support? No
15) 16)	
15) 16)	If sole support of widowed mother—state what amount per month you have given her prior to joining C.A.S.F. No
15) 16)	If sole support of widowed mother—state what amount per month you have given her prior to joining C.A.S.F. No
16)	If sole support of widowed mother—state what amount per month you have given her prior to joining C.A.S.F. No
16)	If sole support of widowed mother—state what amount per month you have given her prior to joining C.A.S.F. No Also state reason why she has no other means of support
(15) (16)	If sole support of widowed mother—state what amount per month you have given her prior to joining C.A.S.F. No Also state reason why she has no other means of support
15) 16)	If sole support of widowed mother—state what amount per month you have given her prior to joining C.A.S.F. No Also state reason why she has no other means of support
15) 16)	If sole support of widowed mother—state what amount per month you have given her prior to joining C.A.S.F. No Also state reason why she has no other means of support
15) 16)	C.A.S.F. No Also state reason why she has no other means of support. No. Are you insured? No. Have you made arrangements for payment of your Insurance Premium? If not, and it is a monthly premium, you may assign the amount in addition to any other assignment you wish to make, provided the total assignment is not in excess of the maximum monthly amount which may be assigned. I hereby certify that the information given by me on this form is correct in each and every particular.
15) 16)	C.A.S.F. No Also state reason why she has no other means of support
16)	C.A.S.F. No Also state reason why she has no other means of support
(15) (16)	If sole support of widowed mother—state what amount per month you have given her prior to joining C.A.S.F. No Also state reason why she has no other means of support
(15) (16)	If sole support of widowed mother—state what amount per month you have given her prior to joining C.A.S.F. No Also state reason why she has no other means of support
15)	Are you insured? No. If so, in what Company? No. Have you made arrangements for payment of your Insurance Premium? If not, and it is a monthly premium, you may assign the amount in addition to any other assignment you wish to make, provided the total assignment is not in excess of the maximum monthly amount which may be assigned. I hereby certify that the information given by me on this form is correct in each and every particular. (Signature of officer or man)

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 COM-MITTEE 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	PLEA LEA BLAI
1.	(a) Print name in full. John Markett M	BLAI
2.	(a) Arm of service. (b) Unit 10 4 (c) Place of residence.	
3.	(a) Date of birth	
4.	(a) Place of enlistment	
	Section B—EDUCATION AND TRAINING	-
5.	(a) State age on (b) Were you attending school finally leaving schoolor college up to the time of enlistment?	
6.	State definitely highest standing reached at public, technical or high school	
7.	(for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.)	
	university and standing or degree secured	
0.	(a) Did you ever (b) If so, enter upon a trade for what (c) Did you finish it, how long apprenticeship? occupation? finish it? did you serve at it?	
9.	apprenticeship?	
10	Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT	-1
10.	(a) State whether you were WORKING or NOT WORK- (b) At time of en-	4
	ING at time of enlistment. (Enter here only "Work- trade union or	-
	ing" or "Not Working", as case may be; particu-	1
	lars are asked for below)	
	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)	
	Had you ever been employed fairly regularly since leaving school?	
12.	(a) If answer to 11 be "Yes", state exact trade or occupation (b) State how long you had worked at this	
Pile I	at which you actually workedtradeor occupation	
(11)	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 when you last worked fairly regularly before enlistment	
15.	Give details of last employer, if any: Name	
16.	Nature of employer's business (for instance, "farmer", or "building	
17.	contractor", or "boot factory", or "iron foundry", or "retail store", etc.) (a) If your last employment was in a business of your own, state (b) Date of dis-	
2	in a business of your own, state nature and address of business	
1	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	
AL .		
10	IF YOU WERE AN EMPLOYEE WORKING FOR AN EMPLOYER UP TO THE TIME OF ENLISTMENT, PLEASE ANSWER QUESTIONS 18 TO 21 Name of employer	
	Noture of employer's business (for instance "farmer" or "building	
	Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.)	••
	(a) Your (b) Number of years' experience at specific occupation. This occupation with any employer.	••
21.	(a) Did vour employer promise (b) Did your employer (c) Do you wish	
	definitely to give you refuse to promise you to return to your employment on discharge? to make the refuse to promise you 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 AGENCY,	
	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	
Arta.	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?	
A 11	Section F—PARTICULARS OF FARMING EXPERIENCE	
24.	(a) Do you wish to engage (b) Do you feel competent (c) If so, in what in farming after the war? to operate a farm? kind of farming?	
25.	in farming after the war?	
-		
	Section G—MISCELLANEOUS	
	Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge?	
27.	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 Desires to remain on Ferminate Force R.C. O.C.	• -20
	may have, other than mulated elsewhere in this form	

D	TE SIGNATURE Www. Enhantone	
1) /	OICHAI OICHAICH	And the second



379 Common Street, MONTRHAL. Nov. 26th 1941.

Officer Commanding,

R.C.O.C. 4th Det.

Jacques Cartier Camp, Longueuil, P.Q.

Re: JOHNSONEWilliam S.Q.M.S. D.97008

MIL. DIST. No. 4.
MONTREAL, P.Q.

Sir:

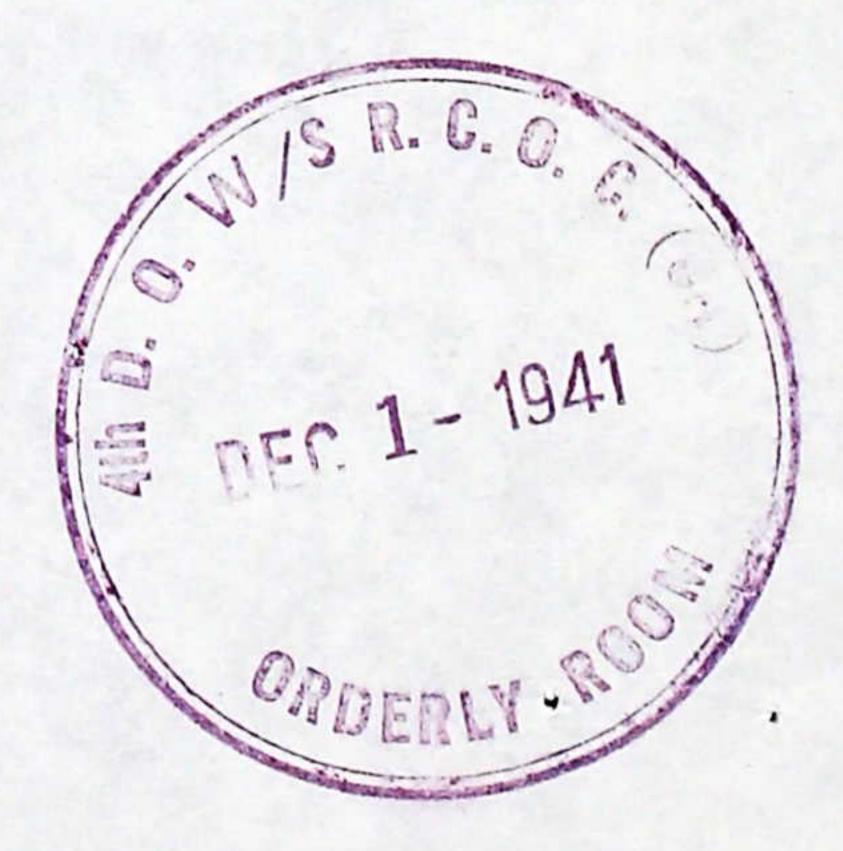
The above named was admitted to .ST. ANNE'S HOSPITAL

Nov.25th 1941.

Pulmonary T.B.

J.P. Brannen, M.D.

Chief Medical Officer.



CANADIAN ACTIVE SERVICE FORCE PROCEEDINGS ON DISCHARGE



(These proceedings should be accompanied by the documents specified on fourth page)

Regimental No. D-97008	Rank A/SQMS WD11)						
Surname. JOHNSTONE Christian name. WILLIAM WILSON Note.—The name must agree strictly with that on enlistment unless	changed subsequently by authority.						
Unit or Corps No. 4 Detachment, Royal	Canadian Ordnance Corps, C.A.						
Date of discharge 6 January 1942 Place of discharge Montreal, Que.	Mil. Dist. No. 4						
	DATE OF DISCHARGE						
Age 33 years 8 months Height 5 feet 8½ inches Complexion Fair Eyes Gray Hair Black Trade Goods Receiver							
Intended place of residence (To be given as fully as practicable; i.e., mailing address) Street and grand many is discharged in consequence.	Lave, Rosemoune, Que P.O., City or Town, etc. Province ence of being Unfit for Military						
Authority for discharge C.A.R. N.B.—The cause of discharge must be worded in accordance with authority, the number and date of the letter to be quoted.	O. 1029(10) C.A.S.F. Routine Orders as may be published. If discharged by superior						
3. Conduct while in the service has been, according to the records, etc. A							
4. Special qualifications for employment special qualificate and initial in certificate and initial in special qualifications for employment and the special qualifications for employment and in s							

5. He is in possession of the followi	ng number of G.C. Badges: NIL		
5A. Service Button (Class and num (If and when authorized No reference to G.C. Badges is to be made on the service of the serv			
	NIL		
	Certifica in T.		
6. Medals and Decorations	d by the scharge scharge		
	is general designation of the contract of the		
	NIL		
7. I have impartially enquired intin in accordance with Regulation.	o all matters concerning this soldier's discharge brought before me ons.		
(Place) Montreal, Que.	/II II deDant (Colonel		
C T 1040	(H.V. deBury) Colonel		
(Date) 6 January 1942	Commanding No. 4 Detachment RCOC-CA		
8. Certificate	to be signed by the Soldier on Discharge		
I hereby acknowledge that I received	ved all my Pay, Allowances, and Clothing, and all just demands, to the reservations of the claims noted on the third page, and that		
I have received my permanent	discharge certificate.		
(Place) Montreal, Que.	W. W. John Signature of Soldier)		
	4P. 11 Q		
	That W. Reid of lelow (Signature of Witness) illness or any other cause and it is not desirable to forward these	正日本帝文为自任命的和 自己的创新	
proceedings to him for signature returned, should be attached h	re, a manuscript copy should be sent for the man to sign, and when		
9.	Statement of Service		
(Date of enlistment—C.A.S.F.)	12 September 1939		
(Date of discharge—C.A.S.F.)	6 January 1942		
(Total Service—C.A.S.F.)	2 years 117 days		
	onfirmation of Discharge		
10. G	Jim mation of Discharge		
The discharge of the above-named	man is hereby confirmed.		
(Place) Montreal, Que.	(Signature)		
	(H.V. deBury) Colonel		
(Date) 6 January 1942	Commanding No. 4 Detachment RCOC-	-QA	

Reservations referred to at Para. 8

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

D-97008, A/SQMS. JOHNSTONE W.W., being discharges under D.P. & N.H., all monies will be forwarded by Receiver - General cheque.

(Date) 6 January 1942

Ww fohnston (Signature of Soldier)

List of Discharge Documents

Field Conduct Sheet (M.F.M. 6).

Certified Copies of Convictions by Civil Power.

Casualty Form (M.F.M. 4)

Proceedings Medical Board (2 copies).

Medical Case History Sheet.

-Dental History Sheet.

Last Pay Certificate.

L Duplicate Discharge Certificate (M.F.M. 7).

Form of Will (M.F.M. 10 or 10A).

Certified Copy of Record of Declaration of Court of Inquiry (K.R. Can. 1513).

L Attestation (Duplicate and Triplicate M.F.M. 2).

Particulars of Family (M.F.M. 5).

Proceedings on Discharge.

Mosc. -4

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

(H.V. deBury)Colonel, No. 4 Detachment RCOC-CA

Officer Commanding