D'AVIGNON, DANIEL YVON

B.F

OCCUPATIONAL HISTORY FORM COMPLETED

~~ORIGINAL~~
DUPLICATA
~~TRIPLICATA~~

M.F.M. 2 Fr.
A.F.B. 271
50M—8-41 (1530)
H.Q. 1772-39-1645

Doit être rempli en triplicata, désignant chaque exemplaire en biffant les deux termes inutiles

Unité NO 4 D.D. (GEN LIST) ~~CADET~~ N° Matricule ~~D-136303~~ Lieut

WSG COMPLETED

ARMÉE CANADIENNE

FORMATIONS ET UNITÉS ACTIVES
FORMULE D'ENRÔLEMENT

1. Nom: D'AVIGNON 32-102
2. Prénoms: DANIEL YVON
3. Adresse actuelle: MARIEVILLE, P., Quebec, Canada
4. Date de naissance: 9 Avril 1922
5. Lieu de naissance: Canada (Pays) Quebec (Comté ou province) Marieville (Ville ou canton)
6. Religion (indiquez la confession): Catholique Romain
7. Métier ou profession: Commis de Bureau
8. Marié, veuf ou célibataire: Celibataire
9. Nom du plus proche parent: Mr Pierre D'Avignon
10. Degré de parenté: Pere
11. Adresse du plus proche parent: Marieville, P., Quebec, Canada
12. Faites-vous partie d'une unité ou formation de réserve de l'armée canadienne ou y avez vous déjà servi? NON
    (Si oui, spécifiez l'unité et les dates de service)
13. Avez-vous servi dans (a) une formation ou unité active de l'armée canadienne? NON (Oui ou non)
    (Si oui, spécifiez le numéro matricule et l'unité)
    (*b*) Quelque autre armée de mer, de terre ou de l'air? NON (Oui ou non)
    (Si oui, spécifiez l'unité et la durée du service)
14. Avez-vous servi pendant la Grande Guerre de 1914-1918? NON
    (Si oui, spécifiez le numéro matricule, l'unité et les dates de service)

DÉCLARATION FAITE PAR LA RECRUE LORS DE L'ENRÔLEMENT

Je, soussigné, DANIEL YVON D'AVIGNON, déclare solennellement que les renseignements ci-dessus mentionnés sont vrais et je m'engage, par les présentes, à servir dans toute formation ou unité active de l'armée canadienne, tant qu'il existera ou que l'on aura à craindre une guerre, une invasion, une émeute ou une insurrection, aussi bien que pour la période de démobilisation après que ladite crise aura cessé, et, en tout cas, pour une période d'au moins un an, si Sa Majesté requiert mes services.

Date 13-7-42 Daniel D'Avignon
(Signature de la recrue)

SERMENT PRÊTÉ PAR LA RECRUE LORS DE L'ENRÔLEMENT

Je, soussigné, DANIEL YVON D'AVIGNON, promets sincèrement et jure (ou déclare solennellement) que je serai fidèle et porterai sincère allégeance à Sa Majesté.

Daniel D'Avignon
(Signature de la recrue)

CERTIFICAT DU MAGISTRAT, DU JUGE DE PAIX OU DE L'OFFICIER CERTIFICATEUR

J'ai averti l'homme susnommé que s'il répondait faussement à l'une quelconque des questions précédentes, il s'exposerait aux rigueurs de la loi.

Les questions et les réponses ci-dessus lui furent ensuite lues en ma présence.

Je me suis assuré qu'il comprenait chaque question et que sa réponse à chacune d'elles a été dûment inscrite telle qu'il l'a donnée, et il a fait et signé la déclaration ci-dessus et a prêté le serment devant moi,

à Montreal South ce 13th jour de July 1942

(Signature du magistrat, du juge de paix ou de l'officier certificateur)

NO. 4-DISTRICT DEPOT A.F.
(Titre, grade et unité ou emploi)

N.B.—On désire signaler que quiconque répond faussement à l'une quelconque des questions précitées est passible d'un emprisonnement de six mois.

MFM 279. Issued.

État de service de D'AVIGNON (Nom) DANIEL YVON (Prénoms) N° matricule D-136303

APTITUDES

Militaires: NIL

Professionnelles ou commerciales: NIL

Civiles ou de métier: OFFICE CLERK

Techniques: NIL

Langues: French & English

DEGRÉ D'INSTRUCTION

École supérieure ou Académie: 4 Yrs. (années achevées) — Graduation ou Immatriculation: NIL (Spécifier)

*Collège: NIL

*Université: NIL

7 Yrs. Public School

(*Mentionnez le nom de l'institution, les années ou cours achevés et les diplômes obtenus)

Toutes les recrues enrôlées le seront comme simples soldats, les nominations et les promotions à un grade supérieur devant être indiquées dans l'espace réservé ci-dessous à cette fin.

Rapport		État des promotions, abaissements de grade, mutations, maladies ou blessures, rapports, etc., à compter de la date de son enrôlement dans l'armée active	Grade indiqué	Prenant date le	Unité	Endroit	Autorisation	
Date	Reçu de						N°, Partie II, Ordres du jour. Liste des morts et blessés, etc.	Daté le
		Affecté lors de son enrôlement						
14-7-42	DRO.	TOS. 4 DISTRICT D POT. CA.	Pte	13-7-42	4 D.D.	MTL STH.	4D.DPT1No 169	14-7-42
16-7-42	4DD	POC and attached for all purposes to C.A.(B)T.C. #44 St Jerome. Que	Pte	17-7-42	4 DD	# #	" " " #172	17-7-42
21-7-42	T.C.44	ATTACHED FOR ALL PURPOSES.	"	18-7-42	T.C.44	St-Jerome	PT IXI No. 51	21-7-42
14-8-42	"	GRANTED STATUS OF CADET AND IS TO RECEIVE $3.00 PER DAY UNDER ART. 144-B. F.R. &I.	Cdt	14-8-42	"	"	PT. II No. 59	14-8-42
11-9-42	"	~~SOS ON TRANSFER TO OTC. BROCKVILLE ONT.~~	"	~~10-9-42~~	"	"	PT. II ~~NO.68~~	11-9-42
		Having been posted for qualification to the Officers Training Centre, Brockville, Ont. is atached for all purposes including pay. Eff: 11 Sept. 42.	Cadet	11-9-42	O.T.C. Brockville		Pt.II D.O.#220	18 Sept.42

Pour les inscriptions supplémentaires, se servir de M.F.M. 1 et 2 (a) (Fr.)

CERTIFICAT DE L'EXAMEN MÉDICAL

Nom en entier D'AVIGNON DANIEL YVON Lieu MTL.

Lieu Montreal Date JULY 13, 1942.

PARTIE 1. Renseignements obtenus de la recrue.

1. Âge 20 2. Avez-vous déjà souffert de l'une quelconque des maladies suivantes?

a. Rhumatisme NO
b. Tuberculose ou pleurésie NO
c. Bronchite ou asthme NO
d. Affection cardiaque NO
e. Maladie du rein ou de la vessie NO
f. Affection stomacale ou intestinale NO
g. Hernie NO
h. Varices NO
i. Mal aux pieds NO
j. Affection nasale NO
k. Maladie des oreilles Right ear NIL
l. Maladie des yeux NO
m. Convulsions NO
n. Maladie nerveuse ou mentale NO
o. Syphilis NO
p. Gonorrhée NO
q. Avez--vous déjà porté des lunettes? NO
r. Touchez-vous actuellement ou avez-vous touché antérieurement une pension ou autre indemnité d'invalidité?—Si oui, donnez des détails NO

Daniel D'Avignon
(Signature de la recrue)

PARTIE 2. Renseignements obtenus par l'examen médical. LA RECRUE DOIT ÊTRE DÉSHABILLÉE.

1. Marques particulières ou cicatrices (si celles-ci sont opératoires, obtenir les détails) URINE 1 2 0 1 1
Vacc. left arm. Scar on nose & right hand
X-RAY 1 2 0 1 0

2. Taille 5 pieds 7¾ pouces. 3. Poids 125 livres

4. Teint dark Yeux brown Cheveux dark

5. Développement good { Bon / Passable / Médiocre }

6. Tour de poitrine—Circonférence, pleine expansion 36 pouces Degré d'expansion 4 pouces

7. Vue, droite 20/20 gauche 20/20 8. Ouie, droite NIL gauche c.v. 20

Avec lunettes, droite gauche

9. État de la bouche et des dents One or two carious teeth.

10. Les anomalies (congénitales et pathologiques) constatées lors de l'examen sont les suivantes:
COLOR VISION ISHIHARA (CN) Reflexes normal.
Ears, nose & throat all present negative appearance.
Hearing right nil. "A" for ears. J. Calhoun, Major.

PARTIE 3. Nous les examinateurs, ne trouvons aucune trace des maladies énumérées dans la question 2 de la partie 1, sauf ce qui est mentionné dans les observations. Nous avons examiné la recrue conformément aux instructions de la brochure "Aptitudes physiques et instructions visant l'examen médical des recrues", et elle est jugée apte pour la catégorie "A"

Observations spéciales lorsque la catégorie est inférieure à A

(Président) H. AUBRY, MAJOR (Membre) ST J. DES ROSIERS, M.D. (Membre) G. GARON, M.D.

VACCINATIONS, INOCULATIONS, COMMISSIONS, RECLASSIFICATION DE LA CATÉGORIE MÉDICALE

Date	Détails succincts et signature	Date	Détails succincts et signature
JUL 14 '42	TAB-T. H Mendelson Lt		Y.O.B. P J L H E M S
31-7-42	Jell	23-7-42	22 1 1 1 2 1 1 1
14-8-42	JL Jell		
JUL 14 '42	VACC Hm		(FAB.T. ½ cc annual)
CATEGORY CONFIRMED JUL 19 1943	J. Aubry le Capt	12-8-43	Rechecked Capt H. Wm. Ashkenazy Capt

N° matricule D-136303 Grade Pte Nom D'AVIGNON Prénoms DANIEL YVON

Garnison	Date d'arrivée à la garnison	Date de Admission à l'hôpital			Date de Sortie de l'hôpital			Maladie	Nombre de jours à l'hôpital	Détails sur la nature et l'origine de la maladie; dire si elle était bénigne ou grave, si elle est entièrement guérie, et si un traitement spécial a été adopté. Cans le cas des maladies vénériennes, mentionner la nature de la maladie primaire et dire si on a prescrit le mercure. Si la maladie est accidentelle, spécifier si elle fut contractée en service et si un conseil d'enquête a été tenu. Détails et dates au sujet des fausses dents et des appareils chirurgicaux fournis.	Signature du médecin
		Jour	Mois	Année	Jour	Mois	Année				
C.A.(B)T.C. #41	21.2.43	16.	3	43	18	3	43	Coryza	3	Huntingdon Mil. Hosp. Recovered. Condition on discharge, good. Recommend 3 days Conv. Leave. (W.D.Brace, Capt.)	

Pour les inscriptions supplémentaires, se servir de M.F.M. 1 et 2 (b) (Fr.)

SERVICE AND CASUALTY FORM

PART I (For all ranks)

M.F.M. 4 (Part I)
A.F.B. 103 (Part I)
150M—5-41 (512)
H.Q. 1772-39-1649

Unit No. 4 D.D. (GEN LIST) ~~CADET~~ CA. Regimental Number ~~D-136303~~ Lieut

		(17) Regiment or Corps	Unit (Battn., etc)
1. Surname	D'AVIGNON		
2. Christian Names	DANIEL YVON		
3. *Substantive Rank and Appointment	Lieut		
*Acting Temporary or Local Rank			
giving date	19-2-43		
*To be entered in pencil to facilitate alteration.			
4. Place of birth	MARIEVIELE, QUE.	(18) Medical	
5. Date of birth as declared on attestation	APRIL 9th, 1922		
(A)		Category	Date / Authority
6. Date of enlistment	13-7-42	"A"	13-7-42 M.F.M.2
7. Place of enlistment	MTL.STH.QUE.CAN.		
8. Residence at time of enlistment	MARIEVILLE, QUE.CAN.		
9. (B) Special conditions (if any) of enlistment or rate of pay			
10. (C) Any subsequent variations of conditions of service			
11. Religion	R.C.		
12. If married, state date	~~SINGLE~~	(19) Next of kin (entries to be made in pencil)	
13. Trade on enlistment	OFFICE CLERK		
14. Corps, trade and grade		Mr Pierre D'Avignon (Father) Marieville, Que Can	
15. (D) Qualifications			
16. (E) Miscellaneous entries	Qualif 8V on Unit D+M Cse		
		(20) E.	
		(21) E.	
		(22) E.	

NOTES—

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

(a) Report: Date	(a) Report: From whom received	(b) Unit	(c) Record of all casualties regarding promotions (acting, temporary, local or substantive), appointments, transfers, postings, attachments, &c., forfeiture of pay, wounds, accidents, admission to and discharge from Hospital, Casualty Clearing Stations, &c. Date of disembarkation and embarkation from a theatre of war (including furlough, &c.) in accordance with para. 2 of Note to Table I of Appendix III of Field Service Regulations, Volume I	(d) Place of Casualty	(e) Date of Casualty	(f) Army rank as at (e)	(g) Army Form or other authority for entry to be shown
SOS			Embarked & SOS Cdn Army (CAN)	Halifax	25-8-43	Lieut	
	TOS	2CIRU	TOS Cdn Army O/S	UK	26-8-43	"	
			Disembarked U/K	UK	2-9-43	"	
			Reported for duty	UK	3-9-43	"	184 4-9-43
		2CIRU	Posted on CRU case #12 Ser 5.	✓	19 Sept 43	✓	197 20 Sept 43.
		"	Returned from CRU Case 12 Ser 5	✓	23 Oct 43	✓	227 25 Oct 43
		"	9 days P Leave M.A.	"	2/11 Nov 43	✓	234 2 Nov 43
		"	Attained (G2) on CRU Case 12 Ser 5	"		"	235 3 Nov 43
		"	Volunteer Service Medal & Clasp	"	15-1-44	"	14 18-1-44
		"	Proceed on 6 M.H.Q. Case 321 Sn M-59-(3" mortar)	"	23 Jan 44	Lieut	19 24 Jan 44
		"	Returned from 6 M.H.Q. Case 321 Sn M59	"	20 Feb 44	Lieut	43 29 Feb 44
		"	Qualify AV on Unit D & M Case	"		Lieut	57 8 Mar 44
		"	Proceed on 6 M.H.Q. Case 1201 at 5 Bde Gp CTS	"	12 Mar 44	Lieut	61 13 Mar 44
		"	Ceases to be on 6 M.H.Q. Case 1201 (Battle Mortar) on adm 9 CGH	"	25 Mar 44	Lieut	80 4 Apr 44
		"	SOS to Y3 List (2 CIRU) on adm 96 G.H.	"	25 Mar 44	Lieut	80 4 Apr 44
		"	TOS from Y3 (2 CIRU) " " "	"	26-3-44	"	Y13 5-4-44
		"	Transf. from #9-C.G.H. to R.W. Convl	"	2-8-44	"	Y37 8-6-44
		X-3	S.O.S. to 2 CIRU on disch from Convalescent Coy	"	20-6-44	"	Y41 29-6-44
		2CIRU	TOS from Y3 list on disch from Hosp	UK	21-6-44	"	147 22-6-44
		"	Att for P to 1CIRU (OTC)	UK	26-6-44	"	151 27-6-44
		"	Cease to be att'd to 1CIRU (OTC)	U.K.	7-8-44	"	188 9-8-44
	NDI	ECIRU	SOS to X-4 13 Bn 2CBRG(E.S.)	U.K.	10 Aug 44		189 10 Aug 44
			Embarked U.K. 12 Aug Disembarked	France	13 AUG		31 1944
X4	ESR	11 Bn	T.O.S. "X" LIST		13 AUG		31 1944
			SOS to ESR -		18 Aug 44		32 Aug 44
		Essex S	TOS from X4 List Essex Scot R	"	19 Aug 44	"	36 2 Sep 44
EAR2/165	SOS	"	SOS to X-4 LIST ESSEX SCOT	"	25 AUG 44	Lt	37 Sep 44
X4	ESR	13 Bn	T.O.S. from Essex Scot R.	✓	26 Aug 44	✓	35 Sept 44
			SOS to Essex Scot R	Rd	29 Aug 44		35
	Ser 301	Ess Scot	TOS from X 4 - List (13 Bn) Ess Scot	2d	30 Aug 44	Lt	39 Sep 44
	Ser 339	Rde Mais	SOS to Regt De Maisonneuve	✓	11 Sep 44	Lt	39 Sep 44
	"		TOS from Essex Scots	"	12 " 44	"	100 55/44
		"	SOS to X-3 List Rde Mais	"	28 " 44	"	" 58/44
9 Oct 44	X3	Rde Mais	TOS from Rde Mais	"	29 Sep 44	"	45/44
	X3	6CIRU	SOS to X3 6CIRU	—	1 Oct 44	—	57/44
	X3	6CIRU	Redesignated as 4 Cdn Inf Trg Regt		1 Nov 44		

RECORD OFFICE

HOSPITALIZATION ONLY

SERVICE AND CASUALTY FORM

M.F.M. 4(a) (Part II)
~~40/P & S/412~~

(PART II)

Regiment or Corps: Rde Mais Regimental Number:

Substantive Rank: Lieut. Surname: D'AVIGNON Christian Names: DY

Acting Temporary or Local Rank:
(To be entered in pencil to facilitate alteration)

(a) Report: Date	(a) Report: From whom received	(b) Unit	(c) Record of all casualties regarding promotions (acting, temporary, local or substantive), appointments, transfers, postings, attachments, &c., forfeiture of pay, wounds, accidents, admission to and discharge from Hospital, Casualty Clearing Stations, &c. Date of disembarkation and embarkation from a theatre of war (including furlough, &c.) in accordance with para. 2 of Note to Table I of Appendix III of Field Service Regulations, Volume I	(d) Place of Casualty	(e) Date of Casualty	(f) Army rank as at (e)	(g) Army Form or other authority for entry to be shown
5 Oct	3013/112	Rde Mais	wounded ✓	—	28 Sept	Lieut	unit.
5 Oct	—	—	adm 4 Coln FDS	—	29 Sept	—	113 - 8 Oct
5 Oct	—	—	adm 18 Coln F & Amt	—	28 Sept	—	113 - 8 Oct
6 Oct	— 113	—	adm 16 Coln Gen	—	30 Sept	—	113 - 8 Oct
9 Oct	~ 116	X3 "	trsd out 16 G Hsp (to be to UK)	"	1 Oct	—	116. 11 Oct
16 Oct 44	" 122	—	Adm 48 Br Gen	"	29 Sept 44	"	123 - 19 Oct 44
		X3 4 CITR	T.O.S. fr X3 List R de Mais	U.K.	2 Oct 44	Lieut	9A/44
		" "	S.O.S. to 4 CITR on disch fr 4 CGH	"	24 Oct 44	"	9A/44
		4 CITR	T.O.S. fr X3 List 4 CITR on disch fr " "	"	25 Oct 44	"	254/44
		4 CITR	Sick leave 14 days, 31 Oct to 14 Nov 44	"	—	"	258/44
		4 CITR	SOS TO X-4 LIST CIC (UKAG/17/17 SER C-6386/4C)	U.K.	23 Nov 44	"	19/44
X-4 (" Br)	R de Mais	Embarked UK 24 Nov 44 and TOS X4. R de Mais	Disembarked North Europe 25 Nov 44 (" Br) wef		24 Nov 44	✓	82/44
Dec 44	X4 13 Br	R de M.	Posted to X 4 A list (AH to R de Mais)	✓	24 Dec 44	✓	1 - 45.
	X4A list	R de M.	SOS to R de Mais & ceases att	✓	28 Dec 44	✓	7 - 45
16 Jan 45	Oc	R de Mais	TOS from X4(a) List R de Mais	—	29 Dec 44	✓	do 8/45
—	—	—	Ceases to be att from X4(a) List	—	27 Dec 44	—	do 8/45
17 Jan 45	"	"	SOS to X6 List missing (arbitrary date)	—	8 Jan 45	✓	do 4/45
4/P & S/412	X6 List	R de Mais	TOS X6 List (R de Mais) (Arbitrary date)	—	9 Jan 45	—	9 Jan 45
3013/340	X6 List	R de Mais	SOS X6 List deceased (Presumed Killed 9 Jan 45	Fd	9 Jan 45	Lieut	89/Aug 45

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Regiment[illegible]o. D-136303 Rank Cadet Sheet No. 1

M.F.M. 1 & 2 (a)
250M—5-42 (4722)
H.Q. 1772-39-1646

Name D'AVIGNON, D.Y.

Record of Promotions, Reductions, Transfers, Casualties, Reports, etc.—	Rank Shown	Effective Date	Unit	Place	Authority D.O. Number	Authority Dated
Granted Special Leave & Furlough Transportation Warrant #328495. Dated 17 Dec.42.	Cdt.	17-12-42	O.T.C. Brockville		#300	21-12-42
Promoted Provisional 2/Lieut. Inf. at O.T.C. Brockville, Ontario	2/Lieut.	16-1-43	O.T.C. Brockville		#13	16-1-43
Ceases to be attached to O.T.C. Brockville, Ontario for all purposes on transfer to A-12 Inf. (R) T.C. FARNHAM P.Q.	2/Lieut.	22-1443	O.T.C. Brockville		#18	22-1-43
T.O.S. on temp att from O.T.C. Brock.	"	23-1-43	A-12	Farnham	A-20	25-1-43
Qualified Lieut Inf Rifle at A-12 C.I.T.C.	Lieut.	19-2-43	"	"	A-44	22-2-43
Attch for all purp to T.C. 41 Huntingdon Que.	"	20-2-43	"	"	A-44	22-2-43
TC.41 24.2.43 Attached for all purposes from A-12 Farnham	"	21.2.43	TC 41	Htingdon	TC.41 Pt II	46A
18-3-43 TC 41 Admitted to Huntingdon Mil. Hospital	"	16.3.43	"	"	"	" 65A
20-3-43 " Discharged from Huntingdon Military Hospital.	"	18-3-43	"	"	"	" 67A
23-4-43 " Granted Leave of Absence and the sum of $0.50 per diem in lieu of Rations.	"	6-4-43 19-4-43	"	"	"	" 95A
Ceases to be attached for all purposes on transfer to C.I.T.C. A12 Farnham	"	21-7-43	"	"	pt.11. 172A	21-7-43
Ceases to be att'd for all purposes to C.A.(B) T.C. No 41 Huntington, Que., and is posted to "School" Auth.T.C. 41 Part II Orders A-172 dated 21-7-43.	"	21-7-43	A-12	Farnham	A-171	23-7-43
Spec leave from 7-8-43 to 11-8-43 incl with 50¢ per diem ration allowance.	"	7-8-43	"	"	A-189	10-8-43
S.O.S. TO SERIAL 3850	"	15-8-43	"	"	A-191	16-8-43
ATT. NO.1 TRANSIT CAMP 1 6 8 '43 #1 TRANSIT WINDSOR, N.S. 2 1 0 1 7 8 '43						
Embkd S.O.S C.P. (C)	Lieut.	25-8-43	2CIRU	Canada	184	4 Sept 43
T.O.S C.P. (C)	"	26-8-43	"	UK	"	"
Disembkd UK ~~Reported~~	"	2-9-43	"	"	"	"
Reported for Duty	"	3-9-43	"	"	184	4 Sept 43
Proc on CRU Crse 12 Sep 5	Lieut.	19 Sept 43	2CIRU	UK	197	20 Sept 43
Rt. from CRU Crse 12 Sep 5	Lieut	23 Oct 43	2CIRU	UK	227	25 Oct 43
Att'd CRU Crse 12 Sep 6 + Qual "Q2"	Lieut.		2CIRU	UK	235	3 Nov 43

Archives DOPA

Regimental No. ..... Rank: Lieut. ..... Sheet No. .....

M.F.M. 1 & 2 (a)
250M—5-42 (4722)
H.Q. 1772-39-1646

Name: D'AVIGNON, D. Y.

Record of Promotions, Reductions, Transfers, Casualties, Reports, etc.—	Rank Shown	Effective Date	Unit	Place	Authority D.O. Number	Authority Dated
AWARDED THE CANADIAN VOLUNTEER SERVICE MEDAL AND CLASP						
C98 Pro on CMHQ Case 321 Ser M 59	Lieut.	23 Jan 44	2 C I R U	UK	19	24 Jan 44
C30 Rel from case 321 Ser M 59	Lieut	20 Feb 44	2 C I R U	UK	43	21 Feb 44
C98 Having att'd Unit Case O&M Qual "AV"	Lieut		2 C I R U	UK	57	8 March 44
C98 Pro on CMHQ Case 1201 at 5 Battle Wing CTS	Lieut	12 March 44	2 C I R U	UK	61	12 March 44
Adm to 9 Can Gen Hosp.	Lieut.	25 Mar 44	5 Wg CTS	UK	14	31 Mar 44
CTBA on CMHQ base #1201 on arm 9 Gen Hosp	Lieut-	25 Mar 44	2 C I R U	UK	80	4 Apr 44
SOS to X-3 (2 C I R U) on arm 9 Gen Hosp	Lieut-	25 Mar 44	2 C I R U	UK	80	4 Apr 44
SOS TOS from X-3 List (2 C I R U) Disch. from Roman Wing Hosp	Lieut	21 June 44	2 C I R U	UK	147	22 June 44
C54 Attd to A Pl 1 C I R U (Offrs' Rg Co)	Lieut	26 June 44	2 C I R U	UK	151	27 June 44
(C95) C/att to 1 C I R U OTC	Lieut	7 Aug 44	2 C I R U	UK	188	9 Aug 44
C128 SOS TOS SOS to X-4 List 13 Bn 2 C BRG	Lieut	10 Aug 44	2 C I R U	UK	189	10 Aug 44
Disch from 9 C GH		27 May 44			CZ	
Embarked at UK on 12 Aug 44						
(C95) Disembarked at France on 13 Aug 44	Lieut		XL ESR	21 A Grp	31	23 Aug 44
(C95) TOS TOS X-4 L (11 Bn)	Lieut	13 Aug 44	XL ESR	21 A Grp	31	23 Aug 44
C128 SOS X-4 L (11 Bn) to Essex Scot R	Lieut	18 Aug 44	XL Essex Scot R	21 A Gp	33	30 Aug 44
C128 TOS from X-4 List Essex Scot R	Lieut	1 Sep 44	ESR	21 A Gp	36	2 Sep 44
C100 SOS SOS to X-4 List Essex Scot.	Lieut	25 Aug 44	E.S.R.	21 A Gp	34	9 Sept 44
C100 SOS/TOS SOS X-4 List 13 Bn to Essex Scots.	Lieut	29 Aug 44	XL ES R	21 A Gp	35	16 Sept 44
TOS from X-4 List Essex Scots	Lieut	30 Aug 44	Essex Rgt	21 A Gp	39	17 Sept 44
SOS to R de Mus	Lieut	11 Sept 44	E.S. Rgt.	21 A Gp	39	17 Sept 44

Regimental No. ..... Rank Lieut. ..... Sheet No. .....

MFM 1 & 2a
40/P & S/119 (4398)

Name D'AVIGNON. D Y

	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc—	Rank Shown	Effective Date	Unit	Place	Authority DO Number.	Authority Dated
	SOS SOS to Rg de Mais	Lt	11 Sept 44	Essex Scottish	21 a Gp.		
	TOS TOS from Essex Scottish Rg.	Lt	12 Sept 44	Rg de Mais	21 a Gp	55	23 Sept 44
9.10.44	Wounded	Lt.	28 Sep 44		AEF	A497	
	Admit 16. Gen Hosp.		30 Sept 44				
Cup.	Transf to 4 Gen Hosp		16 Oct 44	R de Mais	CL	B308	22 Oct 44
Ar	SOS. SOS X3 LIST to Y3 LIST 6 C I RU	Lieut	1 OCT 44	XL R de Mais	21 AG	57	4 Nov 44
	Unit redesignated to 4 C I TR					Guez ao 16/10/44	
Ar	Discharged 4 C C H.	Lieut.	26 Oct 44	R de Mais	—	B332	10 Nov 44
	S.O.S. SOS.						
	T.O.S. TOS.						
m.54.	S.O.S. SOS. to X4 LIST C.I.C.	Lieut.	23. Nov 44	4. C I T R.	UK.	19.	23. Nov 44.
	T.O.S. TOS.						
	Embarked at UK. on 24. Nov 44.						
	m.54. Disembarked at N.W. EUROPE. on 25. Nov 44.	Lieut.		R de Mais.	21. a Gp.	82.	14. Dec 44.
mgt	Posted from X4 to X4 a L att R de Mais	Lieut	24 Dec 44	XL R de Mais	21 a Gp	1	1 Jan 45
(CQS)	attd from X4 a list R de mais	Lieut	24 Dec 44	R de M	21 a Gp	1	6 Jan 45
mgt	6/ att from X4 (a) L R de Mais	Lieut	27 Dec 44	R de Mais	21 a Gp	1	13 Jan 45
mgt	SOS SOS X4 L R de Mais 6/ att R de Mais	Lieut	28 Dec 44	XL R de Mais	21 a Gp	2	18 Jan 45
mgt	TOS TOS from X4 a L R de Mais	Lieut	29 Dec 44	R de Mais	21 a Gp	2	13 Jan 45
4/1/45 OAS 1/4/27 JAN 45	SOS SOS to X6 L R de Mais missing	Lieut	9 Jan 45	R de Mais	21 a Gp	4	20 Jan 45
mgt	TOS TOS X6 L from R de Mais	Lieut	9 Jan 45	X6 L R de Mais	21 a Gp	9	21 Jan 45
Coo	Missing	9 Jan 45	~~8 Jan 45~~	R De Mais	Amd by A536	A534	19 Jan 45.
	SOS X6 L. (Presumed Killed)	Lieut	9 Jan 45	XL L R De Mais		89	4 5 —

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Regimental No. ..... Rank Lieut. ..... Sheet No. .....

MFM 1 & 2a
40/P & S/119 (4398)

Name D'AVIGNON.

Record of Promotions, Reductions, Transfers, Casualties, Reports, etc—	Rank Shown	Effective Date	Unit	Place	Authority	
					DO Number	Dated

9-1-45

AWARDS—CANADIAN ARMY (ACTIVE) 1978 M FEB.

500M—1-44 (3467)
H.Q. 1772-45-8

FILE NO. 602-4-623

SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT
D'AVIGNON,	Daniel Yvon		Lieut.	Regt.de Mais.

WAR SERVICE
BADGE
(CLASS) NO. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star	
France & Germany Star	
Defence Medal	
War Medal	4234 24/10/49
C.V.S.M. & Clasp	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS

PERSON ENTITLED TO Pierre D'AVIGNON (FATHER)

ADDRESS: Marieville, Que.,

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER Mme. Georgette D'Avignon (FRENCH)

1978

ADDRESS: Marieville, Que., (MFM5.)

(1)

MEMORIAL BAR

DATE DESP.

REGN. NO. 1687

(2)

(3)

DESP. AUG 16 1945

REGN No. 21079

M.F.M. 5
150M—1-42 (3165)
H.Q. 1772-39-1651

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

INSTRUCTIONS.

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

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

(*c*) Upon completion, the form will, in the case of Army personnel, be forwarded to the District Records Officer for transmission to Officer i/c Records (Army) N.D.H.Q., Ottawa. In the case of R.C.A.F. personnel the form will be forwarded to R.C.A.F. Records Officer, Dept. of National Defence for Air, Ottawa.

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(1) Name of Officer or Other Rank D'AVIGNON
(Surname first—Christian names in full—Block capitals)
DANIEL YVON

(2) Regimental or Official Number and Rank D - 136303 PTE

(3) Unit No. 4 D.D. GEN LIST CADET CA

(4) Are you married? NO

(5) If married, state,

(*a*) Full name of your wife

(*b*) Present postal address of wife

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

(7) Are you a widower? NO

(8) Have you any children? NO Number of boys Girls

Names and ages

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

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

Name IL

Postal Address

[SEE OTHER SIDE]

(10) Have you a common-law wife—whom you have been regularly supporting and publicly representing as your wife for at least 2 years immediately prior to appointment or enlistment? NIL

If so, state her full name and Postal Address

(11) Is your father alive? YES

If so, state name and address, occupation Mr. Pierre D'Avignon

Manager Marieville P.Q.

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

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

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

(14) Is your mother alive? YES

If so, state name and address Mrs Georgette D'AVGINON

Marieville P.Q.

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

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

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

(17) Are you contributing to the support of any dependents, other than those shown above? NIL
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

Full Name

Postal Address

Amount contributed monthly during the past six months

(18) Are you insured? YES

If so, in what Company? UNKNOWN
(Give number of policy)

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

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

Daniel D'Avignon
(Signature of officer or man)

Date 13-7-42

L Bastien Capt
Officer Commanding

Date 13-7-42

NO. 4-DISTRICT DEPOT A.F.

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.)

NO..... Rank Lieutenant Name D'AVIGNON, Daniel Yvon

Unit Regt. de Maisonneuve Date of death 9th January, 1945.

Died at Western Europe.

Cause For official purposes presumed killed in action.

Death occurred on strength of Forces H.Q. 602-4-623

N/K Mr. Pierre D'Avignon, Relashionship Father

Address Marieville, Quebec. OK

Remains buried in ..... Cemetery

GROESBEEK MEMORIAL

CWK ✓

Grave location .....

BURIAL REPORT TO N.K.

RETURN TO BUR. OF STAT. DEC 10 1946

ROYAL MESSAGE DESP'D. AUG 2 1945

CAN. MESSAGE DESP'D. JUL 21 1945

Sample Form and Instructions on other side before commencing to complete.

WILL

M.F.M. 10
200M—6-41 (693)
H.Q. 1772-39-1656

(1) I, Daniel Yvon D'AVIGNON, of the Townville
(Name in Full) (City, Town, Village, Township)

Address in civil life.

of Marieville, in the County / District of ROUVILLE

Province of QUEBEC, Office Clerk
(Civil Occupation)

Regimental No. D-136303, Unit NO.4 D.D.(GEN LIST) student ca. 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 FATHER"

Mr. Pierre D'Avignon

Residing at: Marieville, Que.

All my Estate both real and personal.

Relationship, names and address of residuary beneficiaries.

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

(4) I appoint .....
(Name) (Address)

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

IN WITNESS WHEREOF I have hereunto set my hand this 13 day of July 19 42

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.

Daniel D'Avignon
(Signature of soldier)

First witness sign here.

(5) Signature A Masson Captain Montreal Que
Civil Address 1586
Civil Occupation Ass't Mgr.

Second witness sign here.

Signature Chas Gallery Cpl
Civil Address 521 King Maghamville. Qc
Civil Occupation painter

(Witnesses are not to be beneficiaries.)

[OVER]

6. 6-D-~~708~~
719

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.

GENERAL

The laws of all but one of the Provinces of Canada provide that marriage subsequent to the date of the Will revokes that Will. Therefore, a soldier immediately upon his marriage must make a new Will in order that, in the event of his death, his estate may be distributed in accordance with his wishes as set out in such new Will.

G

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION (DEATH)

NUMBER (D136303) RANK Lieutenant SERVICE UNIT Le Regt. De Maisonneuve (C.A.)

NAME D'AVIGNON, Daniel Yvon

DATE OF BIRTH 9-4-22 DATE OF ENLISTMENT 13-7-42

MARITAL STATUS Single RELIGION Roman Catholic

NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 RELATIONSHIP Father NAME Mr. Pierre D'Avignon,

ADDRESS Marieville, Que. ADDRESS D.A.B.

ADDITIONAL PERSON TO BE NOTIFIED ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. 9942A H.Q.602-4-623

CASUALTY DETAILS DATE

Previously reported MISSING 9-1-45 now for OFFICIAL PURPOSES PRESUMED KILLED IN ACTION. 9-1-45

Western European Theatre of War. 17-7-45

LAST WILL ATTACHED TO NOTIFICATION TO A. OF E.? JMD YES/NO M.F.M.5. ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO DATE

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

Lamontagne
Capt
for
DIRECTOR OF RECORDS

6

COPY FOR DOCUMENT FILE

OCCUPATIONAL HISTORY FORM

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

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

PLEASE LEAVE BLANK

Section A—GENERAL INFORMATION

1. (a) Print name in full: D'Avignon, Daniel Ivon (b) Reg'l. No. D-136303
2. (a) Arm of service: Army (b) Unit: No. 4 D.D. (GEN. LIST) CADET (c) Rank: Pte.
3. (a) Date of birth: 9 Apr. 1922 (b) Have you any dependents? No (c) Place of residence at time of enlistment: Marieville Que.
4. (a) Place of enlistment: Montreal South Que. (b) Date of enlistment: 13-7-42

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school: 17 yrs (b) Were you attending school or college up to the time of enlistment? No
6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.): 4 yrs High School 7 yrs Public School
7. If you attended a university, give name of university and standing or degree secured: No
8. (a) Did you ever enter upon a trade apprenticeship? No (b) If so, for what occupation? -- (c) Did you finish it? (d) If you did not finish it, how long did you serve at it?
9. (a) What languages do you speak fluently? Eng. Fr. (b) What languages do you read well? Eng. Fr.

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

10. (a) State whether you were WORKING or NOT WORKING at time of enlistment. (Enter here only "Working" or "Not Working", as case may be; particulars are asked for below): Working (b) At time of enlistment of what trade union or professional society were you a member? No

Section D—PARTICULARS CONCERNING THOSE WHO WERE UNEMPLOYED AT TIME OF ENLISTMENT

QUESTIONS 11 TO 17 REFER ONLY TO THOSE WHO ANSWER "NOT WORKING" IN QUESTION 10 (a)

11. Had you ever been employed fairly regularly since leaving school?
12. (a) If answer to 11 be "Yes", state exact trade or occupation at which you actually worked (b) State how long you had worked at this trade or occupation
13. If answer to 11 be "No", state exact trade or occupation for which you feel qualified
14. If you had been employed after leaving school, state when you last worked fairly regularly before enlistment
15. Give details of last employer, if any: Name Address
16. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.)
17. (a) If your last employment was in a business of your own, state nature and address of business (b) Date of discontinuing it

Section E—PARTICULARS CONCERNING THOSE WHO WERE EMPLOYED AT TIME OF ENLISTMENT

QUESTIONS 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

IF YOU WERE AN EMPLOYEE WORKING FOR AN EMPLOYER UP TO THE TIME OF ENLISTMENT, PLEASE ANSWER QUESTIONS 18 TO 21

18. Name of employer: Henry Morgan Co., Address: Montreal
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.): Dept. Store.
20. (a) Your specific occupation: Accountant Office (b) Number of years' experience at this occupation with any employer: 1 yr
21. (a) Did your employer promise definitely to give you employment on discharge? No (b) Did your employer refuse to promise you employment on discharge? No (c) Do you wish to return to your former employment? Yes

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

22. (a) State nature of business, or professional practice (b) Where was it located?
23. (a) Number of years engaged in this business (b) Have you made, or will you make plans to return to the same or a similar business on discharge?

Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war? No (b) Do you feel competent to operate a farm? -- (c) If so, in what kind of farming?
25. (a) Were you born on a farm? (b) How many years' actual farming experience have you had? (c) In what provinces did you have experience?

Section G—MISCELLANEOUS

26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge? No
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.): Service Civil Commission.
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form: --

DATE 13-7-42 194..... SIGNATURE Daniel I. D'Avignon