E101662
HOTTOT
JOHN

Received ..... DUPLICATE FINGERPRINTED AND PHOTOGRAPHED ..... 1st. Oct. 43.
Checked ..... Card ..... Observations ..... L.D.

ORIGINAL
DUPLICATE
TRIPLICATE } Copy designation to be shown by striking out terms not applicable.

M.F.M. 2
(Combining M.F.M. 103)
750M—4-43 (9375) (786-828)
H.Q. 1772—39—1645

Corps ~~No. 5 DISTRICT DEPOT GENERAL LIST C.A. ACTIVE~~ INF(R) Regimental Number E-101662

CANADIAN ARMY

ENROLMENT AND ATTESTATION PAPER

1. Hottot. (Surname) John. (Christian Names)
2. Present Address Shigawake. Bonaventure Co. P.Q.
3. (a) Date of birth 2nd. August 1924.
   (b) Place of birth Canada. (Country) Prov. Quebec. (County or Province) Shigawake. (Town or Township)
4. (a) Place of birth of Father Canada. (Country) Prov. Quebec. (County or Province) Shigawake. (Town or Township)
   (b) " " " " Mother Canada. (Country) Prov. Quebec. (County or Province) Shigawake. (Town or Township)
5. Nationality English-Canadian.
   (To what country do you now owe allegiance) if naturalized give certif. no. date and place of issue. If not naturalized so state.
6. Religion (state denomination) Church of England.
7. Trade or calling (a) Labourer. (a) Name and address of last employer: C. Young. Shigawake. Bonaventure Co. P.Q.
   (b) How long employed 1 month.
9. Married, Widower or Single Single. If married, how many children
10. Name of Next-of-Kin Philip. Hottot. 11. Relationship Father.
12. Address of Next-of-Kin Shigawake. Bonaventure. P.Q.
13. Previous Service (Navy, Army or Air Force) Units and dates Nil.
14. (a) Former war service Nil.
    (b) In the armed forces of what country Nil.
    (c) Dates of such Service Nil.
15. Decorations and medals, if any Nil.
16. I do solemnly declare that the above particulars are true

John Hottot
Signature of Recruit, or in the case of N.R.M.A. personnel who refuse to sign, signature of officer under Regn. 8 (d) (I) R.A.S.R. 1941

16a CERTIFICATE OF MAGISTRATE, JUSTICE OF THE PEACE ATTESTING OR ENROLLING OFFICER

The 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 above named 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,

at Quebec. P.Q. this 30th. day of September 19 43.

G.E. Edmond Capt.
G.E. EDMOND, Capt.
Recruiting Officer.M.D.5.
} Signature of Magistrate, Justice Attesting or Enrolling Officer. Office or Rank and Unit or appointment.

ITEMS 17, 18 AND 19 WILL NOT BE COMPLETED UNLESS A MAN ENLISTS FOR GENERAL SERVICE ANYWHERE.

17. DECLARATION TO BE MADE BY MAN ON ATTESTATION

I, John Hottot., hereby engage to serve in any Active Formation or Unit of the Canadian Army so long as an emergency, i.e., war, invasion, riot or insurrection, real or apprehended, exists, and for the period of demobilization after said emergency ceases to exist, and in any event for a period of not less than one year, provided His Majesty should so require my services.

Date 30th. Sept. 1943. John Hottot (Signature of Recruit)

18. OATH TO BE TAKEN BY MAN ON ATTESTATION

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

Witness J.L. Desjardins (Name) L/Cpl. (Rank) John Hottot (Signature of Recruit)

19. **The above named recruit has made and signed the declaration and taken the oath before me.**

at QUEBEC P.Q. this 30TH. day of SEPTEMBER 1943.

G.E. Edmond Capt. (Signature of Magistrate, Justice or Attesting Officer.)

G.E. EDMOND Capt. (Office or Rank and Unit or appointment)
Recruiting Officer

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

OCCUPATIONAL HISTORY FORMS COMPLETED
Initial ..... Date 5-10-43

10/11/53

5101
10
20 Jul 44
111121

Record of Service of Hottot (Surname) John. (Christian Name) Regimental Number E/101662

QUALIFICATIONS		EDUCATIONAL QUALIFICATIONS			
Military	Nil.	High School or Collegiate (years completed)	4th. Grade.	Graduation or Matriculation (specify)	Nil.
Business or Professional	Nil.				
Trade or Civil	Labourer.	*College	Shigawake English School. Bonaventure. P. .		
Technical	Nil.	*University	Nil.		
Languages	English.				

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

All personnel whether ~~G.S.~~ (General Service) or N.R.M.A. will be taken on strength as private soldiers. Postings, appointments and promotions should be shown in the spaces below.

REPORT Date	REPORT From whom received	Record of Postings, Promotions, Reductions, Transfers, Casualties, Reports, etc, from and including date taken on strength.	Rank Shown	Effective Date	Unit	Place	AUTHORITY Part II D.O. No. Cas. List, etc.	AUTHORITY Dated
		NO.5 DISTRICT DEPOT GENERAL LIST.C.A.(A) & Att. to this depot for all purposes.	Pte	1-10-43	5 D.D.	LAUZON	D.O. 243	12-10-43 A.
		Cease to be attached to D.D.5 on proceeding to B.T.C. 48 St.-Jean P.Q. AUTH Q:S:062 D/16-10-43	"	20-10-43	"	"	250	20-10-43
28-10-43	BTC48	TOS on trans. from No.5 D.D. LAuzon,Que	"	21-10-43	BTC48	St.Johns	TC.48 DO. A-252	27-10-43
		Re-allocated to INF(R)	"	10-10-43	"	"	" A-252	27-10-43
16 DEC 43	"	Admitted to Unit Sick and and	"	9 DEC 43				
		Discharged from Unit Sick Bay	"	9 DEC 43	"	"	" A-293	14 DEC 43
		Admitted to Royal Victoria Hosp.	"	9 DEC 43	"	"	" A-294	15 DEC 43
7 JAN 44	"	Discharged from Royal Victoria Hosp.	"	30 DEC 43	"	"	" #4	6 JAN 44
		Granted Sick Leave from 31 DEC 43 to 27 JAN 44 incl. and is auth. to draw $1.25 per diem Subs. Allow. for that period under the prov. of Art.200 (2) F.R. & I. CAN.	"	31 DEC 43	"	"	" #8	11 JAN 44

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

CERTIFICATE OF MEDICAL EXAMINATION

20. Surname HOTTOT Christian Names John

Reception Centre Quebec Military District 5 Date 1-10-43

The medical examination is divided into three parts. The history in Part 1, item 24, (a) to (z), is taken by a Medical Officer. Part II sections items 25, 26, 27 and 28 are filled in by the respective Specialist. Part III is completed by the President of the Board.

21. Age 19 ans Eyes (Colour) bleus Hair blonds Height 5-8½ Weight 143

Identification marks and scars main droite

22. Urinalysis (a) Albumen neg (b) Microscopic (if albumen positive) ..... (c) Sugar neg

" recheck (a) " ..... (b) " " ..... (c) Blood sugar .....

23. X-Ray No. 5363 Laboratory [illegible] 2-10-43 Report NEGATIF [illegible]

Part I. History

24. Have you now or did you ever have any of the following diseases?

(a) Eye trouble no

(b) Nose, throat, sinus or ear trouble

no

Tympan gauche congestif
ni perforation niotorrhée

Part II. Physical Examination

25. The Medical Officers will complete this part and indicate "negative" or describe positive findings.

Vision (without glasses) Rt. 20/20 Lt. 20/20

(with glasses) Rt. 20/..... Lt. 20/.....

Hearing (C.V.) Rt. 20 Lt. 20

Ears (Drums) Rt. N Lt. N

Nose N Throat N

Sinuses N

Remarks and Diagnosis

Pulhems grading H 1 E 1

C. GELINAS M.D. R.C.A.M.C.

(Signature E.E.N.T. Specialist)

24. (Cont'd)

(c) Any broken bones or other injuries no

Head injuries no

(d) Spinal trouble no

(e) Foot trouble no

(f) Operations no

(g) Ruptures no

(h) Kidney or bladder trouble no

(i) Gonorrhoea no

(j) Varicose veins no

(k) Haemorrhoids no

(l) Rheumatism or joint trouble no

26. Cranium nil

Spine nil

Extremities nil

Hernia nil

Genito-Urinary nil

Rectum nil

Varicose Veins nil

Feet nil

Abdominal nil

Remarks and Diagnosis

Pulhems grading P 1 U 1 L 1

L.P.Demers Capt. R.C.A.M.C.

(Signature of Surgeon)

CERTIFICATE OF MEDICAL EXAMINATION (cont'd.)

24. (Cont'd)
(m) Tuberculosis ..... no
(n) Bronchitis or other lung trouble ..... no
(o) Asthma or Hay Fever ..... no
(p) Heart Disease ..... no
(q) Rheumatic Fever ..... no
(r) Kidney Disease ..... no
(s) Stomach, Bowel or Rectal trouble ..... no
(t) Diabetes ..... no
(u) Goitre ..... no
(v) Syphilis ..... no
(w) Fits or fainting ..... no
(x) Nervous disorders ..... no
(y) Have you been in the Active Army in this war? ..... no
(z) Are you now or have you in the past received disability pension or compensation? ..... no

John Hottot
(Signature of Recruit)

Robert Feuiltault Lt. R.C.A.M.C.
(Witnessed by)

27. Physique:
Good X Fair ..... Poor .....
Chest:
Full expansion 35 Range of Expansion 2
Lungs: nil
Heart: B.P. Systolic 138 Diastolic 78
nil
Abdomen nil
Skin nil
Glandular Systems nil
Remarks and Diagnosis:

PULHEMS Grading P 1

J. Brown Major R.C.A.M.C.
(Signature of Physician)

28. Psychiatrist's Report **Remarks and Diagnosis:**

Low M: Test.
Still ability seems higher with marked interest in army, age 19, etc.
Should succeed. Accept for Recheck

Pulhems grading M 2 S 1

J.Chs Miller Major R.C.A.M.C.
(Signature of Psychiatrist)

Part III

29. Category (or profile) to be assigned.

"A1"

CERTIFIED TRUE COPY
E. Gunnis, Capt, RCAMC

Year of Birth	P	U	L	H	E	M	S
24	1	1	1	1	1	2	1

This category (or profile) is not to be changed. See note (c).

J-Paul Roger Lt-Col R.C.A.M.C.
(President of the Board)

30. (a) Vaccination — Inoculations Serodiagnostic tests to be initialled by M.O.

30. (b) Changes or confirmation in present category (or profile) to be signed by M.O. or President of Medical Board.

Date	Use one line and write plainly.	Date	P	U	L	H	E	M	S	Signature of M.O.
6-10-43	VACC. CAPT. RCAMC.	19-10-43	1	1	1	1	1	2	1	
6-10-43	T.A.B.T. CAPT. RCAMC.	2 Dec 43	1	1	1	1	1	2	1	
	CAPT. RCAMC.									
	3 CAPT. RCAMC.	9-6-44	1	1	1	1	1	2	1	
10 Nov/43	TABT 2.	3-7-44								
9 Dec/43	TABT 3.									
16 Mar 44	TABT 1cc Typhus									
18-4-44	Typhus 1cc									
17-5-44	Typhus 1cc									
9/6/44	Schick neg									
11-5-44	Typhus 1cc									

NOTE: (a) Any corrections to entries made must be initialled by the officers making them.
(b) (i) Category (or profile) in Part III (29) is not to be changed after once assigned.
(ii) Subsequent changes in category (or profile) to be entered in Part III (30) (b).
(c) Officers making changes must enter their rank. Corrections ARE NOT to be written OVER original entry.

Regimental No. E-101662 Rank PTE Sheet No. 1

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

Name HOTTOT, J.

Record of Promotions, Reductions, Transfers, Casualties, Reports, etc.—	Rank Shown	Effective Date	Unit	Place	Authority: D.O. Number	Authority: Dated
15 FEB 44 BTC48 Admitted to Ste. Annes Military Hosp.	Pte	11 FEB 44	BTC48	St. Johns	#38	15 FEB 44
Discharged from Ste. Annes Military Hosp.	"	14 FEB 44	"	"	#39	16 FEB 44
8 APR 44 " SOS on transf. to C.I.T.C. A-12	"	8 APR 44	"	"	#84	8 APR 44
T.O.S. from T.C. 48 St.Johns, Que.	"	9-4-44	A-12	Farnham	85	10-4-44
Granted $1.40 p.d.	"	1-2-44	"	"	93	19-444
Granted $1.50 p.d.	"	31-3-44	"	"	93	19-4-44
Granted 4 days emb. leave with R.A. 10-6-44 to 13-6-44	"	10-6-44	"	"	#140	10-6-44
$1.50 per diem	"	1 Jun 44	"	"	144	15 Jun 44.
D.O. 144 d/15 Jun 44 is cancelled.	"		"	"	152	24 Jun 44.
Adm for AWL from 2359 hrs. 4 Jul 44 to 1100 hrs. 5 Jul 44						
Total forf. 1 days Pay	"	5 Jul 44	"	"	162	6 Jul 44.
S.O.S. to Serial No. 294	"	10 Jul 44	"	"	165	10 Jul 44.
S.O.S., C.A. Canada 11 Jul 44						
T.O.S., C.A. Overseas 12 Jul 44						
Disembarked 19 Jul 44						
T.O.S.	Pte	20 Jul 44	1 CIRU	UK	162	21 Jul 44
SOS to SSR. X-4 List.	PTE	3 Aug 44	1 CIRU.	UK.	172	16 Aug 44
M144 SOS TOS. ~~SOS X4 list to S Sask R~~	Pte	7 Aug 44	XL SSR	21 A Gp	32	26 Aug 44
M144 051 7/25 Aug 44 ~~TOS X4 list S Sask R (11 Bn)~~	~~Pte~~	~~8 Aug 44~~	~~S Sask R~~	~~21 A Gp~~	~~60~~	~~[illegible]~~
TOS from X-4 list S.S.R. (11 Bn)	Pte	7 Aug 44.	S.S. Regt.	21 A Gp.	50	25 Aug 44
G.125 Embarked at UK on 4 Aug 44	PTE	—	XL SSR	21 A G.	31	19 Aug 44
Disembarked at France on 5 Aug 44						
TOS X4 List (11 Bn) 5 Aug 44.						
M'39		28 Aug 44		AEF	A 490	
SOS. SOS. Deceased. Killed in action. Killed	Pte.	28 Aug 44.	SSR.	21 A Gp.	60.	22 Sep 44

CASUALTIES, ETC.

Part II. D.O. No.	Date	Nature and particulars	If in Hospital note	CA A/F
243-1	2-10-43	TOS DD5 eff 27-9-43 having enlisted with No 5 DD GEN LIST (Previous Serving NIL) Att. for all apurp.		
250-2	0-10-43	SOS DD5 eff 20-10-43 on proc. to TC 48 St Jean P. Q.		
A-252	27-10-43	TOS T.C.#48 St Johns, Que. on transfer from #5DD Lauzon, Que. wef. 21-10-43.		
		P. & A. LED. AGREES NOV 19 1943		
A-293	14-12-43.	Adm to Unit Sick Bay w.e.f. 9 Dec 43. Disch from Unit Sick Bay w.e.f. 9 Dec 43.		
A-294	15-12-43.	Adm to Royal Victoria Hosp wef 9 Dec 43.		
307	31-12-43.	In Royal Vic Hosp at end of Dec 43.		
4	6-1-44.	Disch from Royal Vic Hosp wef 30 Dec 43.		
6	6-1-44.	DO 307 is cancelled.		
8	11-1.44.	Gr sick Lve from 31 Dec 43 to 27 Jan 44 (Incl) & is auth. to draw $1.25 per diem Subs.Allce gor that period.		
		P. & A. LED. AGREES JAN 21 1944		
38	15-2-44	Admitted to Ste Annes Mil Hosp eff 11 FEB 44.		

No. E[illegible]1662 NF RANK PTE NAME HOTTOT JOHN 15 *Married ~~*Widower~~ *Single

Place of {*Appointment *Enlistment} Québec Date of {*Appointment *Enlistment} 1-10-43

RATE OF PAY A-1

D.O. No.	Date of D.O.	Rank	Group	P.F. or A.S.	Daily Rate	Effective Date	If liable Pen. Ded.	REMARKS
243-12	2-10-43	pte			1.30			
93	19-4-44				1.40	1 Feb 44		
93	19-4-44				1.50	31 March 44		

ASSIGNMENTS

Name and Address of Assignees	Effective Date	Amount
Mme Clara HOTTOT 1-11-43		20.00
Shigawake, co. Bonaventure P.Q.		
(mother)		
~~5th Victory Loan. Nov.43 to Apl.44~~		
		~~8.40~~
Total		~~28.40~~

DEPENDENTS' ALL'CES. No. Deps.

Date Application Forwarded	Relationship	Amount Awarded	Effective Date

*Outfit {Allce. $ Paid on
*Clothing {
Rehabilitation Grant $ Paid On
*Delete words which are inapplicable.

M. F. M. 14
200M-2-43 (8705)
H.Q. 1772-39-1662

In Receipt of Pension under Pension Act or Militia Pension Act (1910) $ P.A.
Occupational Form Completed

CASUALTIES, ETC.

PART II D. O. No.	DATE	NATURE AND PARTICULARS	IF IN HOSPITAL NOTE NAME
		S.O.S., C.A. Canada 11.7.44	
		T.O.S., C.A. Overseas 12.7.44	
162	21.7.44	Disembarked 19.7.44	
		T.O.S., 1 C.I.R.U. 20.7.44	
172	4.8.44	SOS I CIRU wef 3 Aug 44 to S.S.R. X4 list.	Neb 4/18/44
		T.O.S. 11 Bn X4 list	
		SOS " " " to SSR wef 7.8.44	
50	22/8/44	TOS- SSR 8 Aug 44	
		SOS- SSR- Deceased 28 Aug 44	

LOWE-MARTIN CO. LIMITED D85951

M.F.M. 64A
200M-5-42 (4024)
H.Q. 1772-69-1662

CARD SEQUENCE No. 2

No. E-101662 RANK Pte NAME HOTTOT J.

CASUALTIES, ETC.

PART II D. O. No.	DATE	NATURE AND PARTICULARS	IF IN HOSPITAL NOTE NAME
39	16-2-44	Discharged from Ste Annes Mil Hosp eff 14 FEB 44	
84	8-4-44	SOS on trans to A-12 Farnham Que eff 8 APR 44.	
85	10-4-44	TOS A-12 Farnham wef 9 Apr 44	
93	19-4-44	Granted rates of payof $1.40 wef 1 Feb 44	
93	19-4-44	Granted rates of pay of $1.50 wef 31 March 44	
		P. & A. LED. AGREES MAY 26 1944	
140	10-6-44	Granted 4 days emb leave with r.a. from 10 to 13 Jun 44.	
162	6-7-44	On 5 Jul 44 admonished for AWL from 2359 hrs 4 Jul 44 to 1100hrs 5 Jul 44 total forf; 1 days' pay.	
165	10-7-44	SOS TO Serial 294 wef 10 July 44 D.O.	

MILITIA BOOK M. 1

250M-10-41 (5040-2 & 5232)
H.Q. 1722-39-1673

CANADIAN ARMY

SOLDIER'S SERVICE AND PAY BOOK

D.

M.D.

16

2

MILITIA BOOK M. 1

PART I

250M—10-42 (5040-2 & 5232)
H.Q.1772-39-1672

CANADIAN ARMY

SOLDIER'S SERVICE BOOK

(For use on Active Service)

Reg. No. E-101662.

Surname (Capitals) HOTOT

Christian Names in full John

(I) SOLDIER'S NAME AND DESCRIPTION ON ATTESTATION

Regtl. No. E101662

Surname (in capitals) HOTTOT

Christian Names (in full) John

Date of Birth 2-8-1924

Place of Birth Shigawake Que

Citizenship English Canadian

Trade on Enlistment Labourer

British Subject

Nationality of Father at Birth ~~English Canadian~~ British Subject

Nationality of Mother at Birth ~~Irish Canadian~~

Religion Church of England

Enlisted at Quebec Que

Date 30-9-43

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

Signature of Soldier John Hottot

Signature of Officer W.G. Hartman, Lieut

Place Quebec Que Date 5-10-43

(IV) NEXT OF KIN NOW LIVING

Any change becoming known is to be duly noted with date of such change and reported by O.C. Unit to the Officer i/c Records.
NOTE.—No entry in these pages has any legal effect as a WILL (see pages 20 to 23)

Nearest degree of relationship		Names	Date	Latest known Address in full
1st	Wife			
	Children			
2nd	Father	Mr Philip Hottot		Shigawake. Co Bonaventure P.Q.
	Mother	[illegible]		Shigawake.
3rd	*Brothers and Sisters	~~Douglas~~	~~17 yrs~~	
		~~Phillip~~	~~4 days~~	
		~~S Oscar~~	~~12 ans~~	
		~~Obert~~	~~22 yrs~~	
4th	Other Relations (stating relationship)			

*State whether brothers are older or younger.

(V) RANK and APPOINTMENT

Date	Rank and Appointment	Substantive, Temporary, Acting or Local (with or without pay)	Authority of Part II Orders	Signature of Officer
30-9-43	Pte		5DD LAUZON 243	B.W. Allison Capt

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

~~TRAINED (passed Basic Training, and Advanced Training as laid down for his arm of the Service)~~ ~~*except that he requires further training in:*~~—*

Completed Part 1 Infantry (R) Training

APR 5 - 1944 C.A. Bongard Capt.

O.C. "F" Coy.

Completed Part II Inf "R" Training 2 June 44 at A-12 C.I.T.C. Farnham Que

B.W. Allison Capt

O.C. F Coy.

Qualified in addition as under:—

Completed 1 of 2 wks CRU Basic Refresher Course

M.D. Bowler LT.

O.C. C COY.,

31 JUL 1944

Date..............................

Commanding..............................

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

(VII) PARTICULARS OF TRAINING

Courses and Schools. Specialist Qualifications. Swimming, etc., showing result, Certificate number or authority. (Two lines may be used for each entry)	Date	Signature of Officer
N.V. TEST GOOD	25/7/44	[illegible]

(VIII) SMALL ARMS RANGE COURSES

Year	Classification	Type of Weapon	If Table not completed, state parts fired	Signature of Officer
1944	II	Rifle	}	Rochette 2/Lt.
1944	II	L.M.G.		
1944	II	Sten M.C.		
1944	Failed	Rifle		Lt Bowler Lt
1944	Failed	LMG		

(IX) EDUCATIONAL QUALIFICATIONS

Certificate, Specialist Qualifications, etc., Certificate number or authority. (Two lines may be used for each entry)	Place	Date	Signature of Officer
Shigawake English School Que		1931 4 1935	[signature] Capt.

(X) TRADE QUALIFICATIONS

(For men who have passed Trade Tests)

Trade	Group	Grade	Part II Order	Date	Signature of Officer

(XI) EMPLOYMENT WHILST SERVING

Period		Nature of Employment	Remarks and Signature of O.C. Coy., etc.
From	To		

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

(XII) MEDICAL CLASSIFICATION

Date	Category or Grade	Medical Examiner of Recruits, or other Medical Authority	Date of last Examination	Signature of Medical Officer
		YOB P U L H E M S / 24 1 1 1 1 1 2 1		
1-10-43	A-1 Normal Neg	Med Board Ear, Nurse Ref & Ray Chest		[illegible] Capt. R.C.A.M.C.
9-6-44		24- 1 1 1 1 1 2 1		[illegible]

(XIII) PRESCRIPTION FOR GLASSES

Date of Exam.:

Date of Issue:

Ophth., Centre:

Frame No. (or measurements):

	Vision without Glasses	SPH	CYL	Axis Standard Notation	Vision with Glasses
R					
L					

Signature of M.O. ....

Date of Exam.:

Date of Issue:

Ophth., Centre:

Frame No. (or measurements):

	Vision without Glasses	SPH	CYL	Axis Standard Notation	Vision with Glasses
R					
L					

Signature of M.O. ....

(XIV) PARTICULARS OF DENTAL TREATMENT

Date	Required	Completed	SPECIFICATION Use authorized Abbreviations and Symbols	Signature of Dental Officer
6 APR 44	✓		2F PVD Pr.	[illegible] Capt
23/5/44	✓		PVD Pr	[illegible] Capt
26/5/44	✓	✓	~~Treat Completed Pr~~	[illegible] Capt
20 June 44		✓	Treatment Completed 26 May 44	[illegible] Capt.
20-7-44		✓		[illegible]
31-7-44		✓		[illegible] Capt.

(XV) PARTICULARS OF SURGICAL APPLIANCES ISSUED

Particulars	Date	Signature of Medical Officer

(XVI) PROTECTIVE INOCULATIONS

Nature of Vaccine, "T.A.B.T." Cholera, Plague, etc.	Date	Signature of Medical Officer
T.A.B.T. 1	6-10-43	[illegible] Capt
2	12 Nov/43	[illegible]
TABT 3	9 Dec/43	[illegible]
Typhus (1)	18-4-44	[illegible]
Typhus (2)	11-5-44	[illegible]
Typhus (3)	18/5/44	[illegible]
Typhus & TABT. 1cc	16-3-44	[illegible]

(XVII) VACCINATION

Date Vaccinated	Signature of Medical Officer
6-10-43	[illegible] Capt

(XVIII) 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
Schick neg	18-5-44	[illegible]
Granted Ent. Leave		[illegible]
Gas. Compound		
Chlorine	26 Apr. 44	[illegible]
D.M.	5 May 44	
Mustard	26 Apr. 44	2/Lt.
Schick - neg.	9-6-44	[illegible]
MBM 1 Pt III	20 July 44	[illegible]
M Test Completed	21 Jul 44	[illegible] Capt
Q Card Completed		

FINGERPRINTED—CAIB

marriage **after** the date of a Will revokes that Will. Therefore, a Soldier, immediately upon his marriage, should make a new Will in order that, in the event of his death, his estate may be distributed in accordance with his wishes as shown in his Will.

7. The Will of a Soldier on Active Service is not invalid by reason that at the date it was made he was under the age of 21 years.

A Soldier who has made a Will before his enlistment, 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.

Date Rank or Appointment.

Before embarkation, each Soldier is recommended, particularly those who have real estate, to consider the necessity for executing a document appointing some person or Trust Company his Attorney to manage or otherwise deal with real estate during his absence from Canada; also to review his affairs in the light of any changes that may have occurred since the date of his last Will and, if desirable, make a formal Will and inform his Commanding Officer thereof as indicated at the top of this page, or make a Will on M.F.M. 10 or M.F.M. 10a (French) and hand it duly completed to his 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. 10 received and forwarded to the Officer i/c Records at HQ MD 5

Signature of Officer.

Rank or Appointment.

Lt Bongard Capt.

Date Certificate or Will extracted.....

Signature of Officer.....

To whom sent.....

Unit or Dept.....

To whom sent.....

Unit or Dept.....

Date Will extracted.....

Signature of Officer.....

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 all my estate to my mother, Mrs. Mary Bull, 999 High Street, Toronto.

(Signature) GEORGE BULL,
Private No. 30000,
Date 5th August, 1936. Cameron Highlanders.

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 remainder of my estate to my mother, Mrs. Mary Bull, 999 High Street, Toronto.

(Signature) GEORGE BULL,
Private No. 30000,
Date 5th August, 1936. Cameron Highlanders.

(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
			RR of pay A 150				
		S.O.S.,	C.A. Canada 11 Jul 44				
		T.O.S.,	C.A. Overseas 13 Jul 44				
		Disembarked	19 Jul 44				
		T.O.S.,	1 C.I.R.U. 20 Jul 44	UK.	20 Jul 44	Pte	163/44
		1CIRU	SOS to x-4 list SSR	UK	3Aug44	Pte	172/44
			arked U K 4 Aug 44 Disembarked France		5 AUG		31 1944
					5 AUG		31 1944
X4	SSR	11Bn	T.O.S. "X" LIST -		6 AUG		32 1944
			SOS to SSR				
	OC	SSR	TOS FROM X4 list SSR	Fd	7Aug44	Pte	50 d/Aug 44
	OC	SSR	SOS DECEASED (KILLED IN ACTION)	Fd	28Aug44	Pte	60 d/Sep 44

SERVICE AND CASUALTY FORM

PART I (For all ranks)

M.F.M. 4 (Part I)
A.F.B. 103 (Part I)
200M—8-42 (5892)
H.Q. 1772-39-1649

Inf(R)

Unit ~~No 5 D.D. GENERAL LIST C.A.A.~~ Regimental Number E/101662

1. Surname HOTTOT
2. Christian Names John
3. *Substantive Rank and Appointment
   *Acting Temporary or Local Rank Pte
   giving date 30-9-43
   *To be entered in pencil to facilitate alteration.
4. Place of birth Shigawake P.Q.
5. Date of birth as declared on attestation 2-8-1924
   (A)
6. Date of enlistment 30-9-43
7. Place of enlistment Quebec P.Q.
8. Residence at time of enlistment Shigawake Co Bonaventure P.Q.
9. (B) Special conditions (if any) of enlistment or rate of pay
10. (C) Any subsequent variations of conditions of service
11. Religion Church of England
12. If married, state date
13. Trade on enlistment Labourer
14. Corps, trade and grade
15. (D) Qualifications
16. (E) Miscellaneous entries

Fingerprinted

(17) Regiment or Corps | Unit (Battn., etc.)

(18) Medical Board

Category	Date	Authority
A-1	1-10-43	D.M.O., M.D.5.
24-1-1-1-1-1-2-1	2-12-43	H.F.M.2.
24-1111121	8-6-44	— —
	3-7-44	

(19) Next of kin (entries to be made in pencil) Father
Philip Hottot
Shigawake Bonaventure Co. P.Q.

(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.

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 Hottot John (b) Reg'l. No. E-101662
2. (a) Arm of service Army (b) Unit 5 D.D. ... (c) Rank Pte
3. (a) Date of birth 24-1924 (b) Have you any dependents? no (c) Place of residence at time of enlistment Shigawake P.Q.
4. (a) Place of enlistment Quebec P.Q. (b) Date of enlistment 30-9-43

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 11 years old (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.) 4th Grade School
7. If you attended a university, give name of university and standing or degree secured Nil
8. (a) Did you ever enter upon a trade apprenticeship? Nil (b) If so, for what occupation? nil (c) Did you finish it? nil (d) If you did not finish it, how long did you serve at it? Nil
9. (a) What languages do you speak fluently? English (b) What languages do you read well? English

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 C. Young Address Shigawake P.Q.
19. Nature of employer's business (for instance, "farmer," or "building contractor," or "boot factory," or "iron foundry," or "retail store," etc.) FARMER
20. (a) Your specific occupation Labourer (b) Number of years' experience at this occupation with any employer 1 month
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? yes (b) Do you feel competent to operate a farm? yes (c) If so, in what kind of farming? General
25. (a) Were you born on a farm? yes (b) How many years' actual farming experience have you had? 7 yrs (c) In what provinces did you have experience? no

Section G—MISCELLANEOUS

26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge? Nil
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.) Nil
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form Army Service Corps

DATE October 1943 SIGNATURE John Hottot

This form will accompany the soldier's regimental documents at all times.

DEPARTMENT OF NATIONAL DEFENCE
(Army)

Personnel Selection Record

Arm or Corps

Trade (if Tradesman or Trade Trainee)

Work in Arm (if Non-Tradesman)

I.

Regt. No.	Rank	Name (surname first)	A or R	Age	Med. Cat.
E-101662	Pte	HOTTOT, John	A	19	A-1

Main Language	Other Language(s)	Place (Unit) Interviewed	Date Interviewed
		D.R.O. #5 Quebec	1-10-43

II. Revised Examination "M"

X 21138 Quebec (Place Tested) 1-10-43 (Date Tested) (O. LAMERE) Capt (By Whom)

Total: VI (E) Group

Subtests: 1 10, 2 6, 3 5, 4 14, 5 6, 6 1, 7 4, 8 2

Subtotals: 1-3 21, 4-5 20, 6-8 7

English or French: English

Other Tests

PULHEMS
24 1111121

III. Educational Background

Entered school at 7 and left at 11.
Completed 4th. grade in an English rural school.

IV. Occupational Background

Always worked on father's farm.

V. Military Background

Nil, up to application on 1-10-43.

VI. Other Personal History and Appraisal

Single, Parents alive.
5th. out of a family of 10 children.
Fair development.
This boy has been brought up in a rural district.
Never bothered reading since he left school.
Was called as N.R.M.A.; prefers going Active;
does not know why, but prefers it.
Did a little skating and skiing; plays ball in summer.
Speaks English only, prefers an English Speaking Unit.
This boy has no hobby; limited knowledge as M. Test will prove.
This boy should be seen by a Psychiatrist. before allocating.

VII. Recommendations

1. Should be seen by a Psychiatrist before M category is established.
2. Categorized M-2.
3. INFANTRY (R) Non-tradesman.

(Signed) (O. LAMERE) Capt. Army Examiner

M.F.M. 196
200M—5-44 (4546)
H.Q. 1772-39-1916

See reverse side for further information and follow-up

FURTHER INFORMATION AND FOLLOW-UP

Specialist Report: 1-10-43.

Still ability seems higher with marked interest in Army.
Should succeed Acept for Recheck.
ACCEPT FOR RECHECK

PULHEMS M-2
S-1

J. Chs. Miller Major,
Neuro Psychiatrist.

- - - - - - - - - - - - - - - - - -

E-101662 - Pte HOTTOT, J. - first interviewed at D.D. 5 on 1 Oct 43:
"M" Test:-21/20/7 - 48.

Seen by Psychiatrist on 3 Dec 43:
Diagnosis:- "No Psychiatric disability".
M.F.M. 6 is clear, attitude is excellent. With some extra attention this young man might become a good soldier. He is sencere, ~~xxxx~~ apparently stable, determined to make good.

INF. - Rifleman, Non Tradesman.

C.A.(B)T.C. 48,
St. Johns, Que. 4 Dec 43 (T.D. Sinclair) Capt.,AE

E-101662 - Pte HOTTOT, J. - first interviewed at D.D. 5 on 1 Oct 43:
"M" Test Score:- 21/20/7 - 48. Pulhems:- 24,1111121.

Platoon Commander's report is only fair, and soldier is considered to be slow at grasping things. Conduct has been good.
Doesn't mix very well with others, is rather shy.
Attitude is still good, Was recently hospitalized for 28 days with pneumonia. Says he feels normal now.
Hottot is a well motivated young man of limited mental capacity, but should be capable of absorbing necessary training.

CDN. INFANTRY CORPS.

C.I.(B).T.C. 48,
St. Johns, Que. 15 Mar 44 (T.D. Sinclair) Capt.,AE

INFORMATION:	YOB	PULHEMS	Date
	24	1111121	26 June 44

Present situation:
This man has completed his Infantry advanced training at A.12 CITC Farnham, Que. HE has qualified on every branches laid down in Standard Infantry Corps training Syllabus. He has adapted himself to the army and is believed suitable for Operational Duties, with Infantry overseas.

19 June 44
A-12 CITC

(M. LeBel) Capt
Army Examiner
A-12 CITC

FOR COMPLETION AND RETURN BY

Form P. 64

Mr. P. Hottot,
Shigawake Cte.
Bonaventure, Que.

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-H-20,508 FD 88

DEPARTMENT OF NATIONAL DEFENCE

ESTATES BRANCH

OTTAWA, ONT.

November 2 1944

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

HOTTOT, John, Pte.

E.101662 Canadian Army.

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.

ESTATES BRANCH
NOV 16 1944
H. Q.
OTTAWA.
NATIONAL DEFENCE

Director of Estates.

/JL

M.F.W. 77
6-44 (4878)
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		X		X
2	Children of the Deceased and dates of their Births		X		X
3	Father of the Deceased		Mr. Philip Hottot	54	Shigawake East.
4	Mother of the Deceased		Mrs. Clara Hottot	48	Shigawake East.
5	Brothers of the Deceased	Full Blood	Mr. Chester Hottot (Married)	30	Marcil,
			Mr. Douglas Hottot	18	Shigawake East
			Mr. Philip Hottot	12	" "
			Mr. Olaf Hottot	10	" "
		Half Blood			
6	Sisters of the Deceased	Full Blood	Violet (Married)	27.	Montreal
			Vienna (Married)	26.	Quebec
			Doris (Married)	24.	Marcil.
			Ona at home single.	15	Shigawake East.
		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
	X				

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	John Edward Hallet
9	Date of his birth.	Aug 2nd 1924
10	Place and date of his marriage.	
11	Place and date of his parents' marriage.	Shigawake East.

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Shigawake East
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) (b) Shigawake East, (c) County Bonaventure (d) Pro. Que
14	Nature of employment before enlistment.	Farmer
15	State whether he owned the premises in which he lived, and, if so, where situated.	X
16	Name place where deceased stated he intended to make his permanent home.	Shigawake East

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	X
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?	X
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?	X
20	Amount of War Savings Certificates held by deceased. Indicate where located.	X
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	one victory bond
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	X
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	

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.	X
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.	X

(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

* Father 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.

X Mr. Philip Hottot {Signature of Informant

Shigawake East, Quebec. Address

CERTIFICATE

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

See above Philip Hottot {Name of informant} is the Father of the Deceased above described. The above Declaration was made by the Informant and signed in my presence.

Dated at Shigawake this 13 day of Nov 1944

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces. E. C. Hayes Qualification Sec Tr

Address Shigawake East. 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

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

(1) MEDALS

PERSON

ENTITLED TO Mr. Philip Hottot, (Father)

ADDRESS: Shigawake Cte., Bonaventure, P.Q

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER Mme. Claren Hottot (FRENCH)

1740

ADDRESS: Shigawake, Bonaventure, P.Q. (MFM)5.

MEMORIAL B R

(1)

DATE DESP.

REGN. NO. 4721

(2)

DESP. DEC 9 1944

(3)

REGN No. 9514

28-8-44

AWARDS—CANADIAN ARMY (ACTIVE) 1740 M

FEB.

500M—1-44 (3467)
H.Q. 1772-45-8

FILE NO. 405-H-20508

SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT
HOTTOT,	John	E.101662	Pte.	Sth.Sask.Regt.

WAR SERVICE BADGE (CLASS) NO. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star	
France-Germany Star	
War Medal	
CVSM with clasp	
	3250, 18.3.50

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

File No 405-H-20508

P.A.

VERIFICATION FORM

WAR SERVICE MEDALS 1939-45

No. E 101662 Name Hottot, John

Rank on Discharge Pte Date of Discharge 28-8-44

Authority for Discharge or Retirement Deceased

Served in:

				Non-qualifying service
Canada	from 1-10-43	to 11-7-44		
	from	to		
United Kingdom	from 12-7-44	to 4-8-44		
	from	to		
Italy	from	to		
Northwest Europe	from 5-8-44	to 28-8-44	(K/a)	
----------	from	to		
----------	from	to		

Eligible for award of:

1939 - 45 Star OK ✓

~~Italy Star~~

France-Germany Star OK ✓

Defence Medal NE ✓

War Medal OK ✓

Canadian Volunteer Service Medal OK ✓ BP

with clasp OK ✓

M

Verified by Annette Routhier

Date JUL 23 1946

Carded JUL 24 1946

HA 165

NO RIBBON DESPATCH

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

NUMBER E-101662 RANK Private SERVICE UNIT The South Saskatchewan Regiment (C.A.)

NAME HOTTOT, John

DATE OF BIRTH DAY 2nd MONTH August YEAR 1924 Date Enlisted: 1-10-43

MARITAL STATUS Single Religion: Church of England

NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 RELATIONSHIP Father NAME Mr. P. Hottot,

ADDRESS Shigawake, ADDRESS D.A.B. Cte. Bonaventure, Quebec.

ADDITIONAL PERSON TO BE NOTIFIED ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. Canrecords 607A 785A H.Q. 405-H-20,508 DATE 28-8-44

CASUALTY DETAILS Killed in action

FRANCE 23-9-44

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

MM

OFFICER I/C RECORDS

5

COPY FOR C.R. FILE

Mr. P. Hottot,
Shigawake,
Cte. Bonaventure, Quebec.

Dear Mr. Hottot:

It was with deep regret that I learned of the death of your son, E101662 Private John Hottot, who gave his life in the Service of his Country in the Western European Theatre of War on the 28th day of August, 1944.

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,

BRIGADIER
Vice Adjutant - General (1)

OCT 3 - 1944

(A.C. Spencer),
Brigadier,
Vice Adjutant-General.

/EMA

Shigawake East.
July 17, 1945.

Department of National Defence Army,
Estates Branch.
Ottawa.

EST. BRANCH
JUL 20 1945
H. Q.
OTTAWA
NATIONAL DEFENCE

Dear Sir,

In reply to your letter dated July 11th. We are hereby forwarding the address of our son and daughters.

We would have liked if you had of told us before that our son had made no will. Then, we would have sent you their address.

Many thanks for letting us know that about the will.

Thanking you very much.

Mrs. Clara Hattal.

Mrs. Duncan Clark, (Violet)
1528 Galt Ave,
Cote St. Pal.
Verdun,
Montreal.

Mrs. William Russell (Vienna)
Knowlton,
Quebec,
Canada.
Box.
R. M. D. 2.

Mrs. Oaklen Dea (Doris)
Marcil,
Pro. Que

Mr. Chester Hottat
Marcil,
Pro. Que.

The Other four at home.

Shigawake East,
June 11, 1945.

Director of Estates,
Dept. of National Defence Army.
Estates Branch,
Ottawa.

ESTATES BRANCH
JUN 12 1945
H. Q.
OTTAWA.
NATIONAL DEFENCE

Dear Sir,

We are sorry to remet that our letter of May 7th. containing a $50 Victory Bond which we never had any answer whether they received it or not. If you have it. I wish you to make a settlement right away.

Please let us know about the money.

Yours. Very Truly.
Mrs. Clara Hattot

N. B.

Please write immediately

d/27-6-d

Shigawake East, Que
June 27, 1945.

To Department of National Defence.
Army.
Estates Branch
Ottawa,
Ontario.

ESTATES BRANCH
JUN 29 1945
H. Q.
OTTAWA
NATIONAL DEFENCE

E101662 Pte John Hottot. (Deceased)
C. A.

Dear Sir,

In reply to your letter dated June 22. 45 We misunderstand what you mean by saying you never received the papers that we filled out. We filled all the papers that you ~~at~~ sent. By your letters we don't deserve our son's money. That he laid down his life for Canada. So, please make a settlement at once. You sent us papers to fill in all our sons and daughters ~~m~~ names, and we sent them. If you don't make a settlement immediately we will see why. We filled in enough papers and I think we deserve the money.

Yours truly,
Mrs Clara Hottot.

405-H-20,508

Sligawake East,
Bon County,
Que.

april 28-1945.

The Secretary,
Dept National Defence,
(Army),
Ottawa, Ontario.

Director of Records
A. G. Branch
MAY 9 1945
Nat. Defence
Ottawa, Canada.

UNITED STATES
BRANCH
MAY 4 1945
H. Q.
OTTAWA.
NATIONAL DEFENCE

Dear Sir;

as the next of kin of the late C 101662, Private John Edward Hottot who became a casuality on the 28th day of august 1944, I understand I am entitled to War Service Gratuity, as I was receiving assigned pay from him up to the time of his death.

For your information I may inform you that I filled an application for War Service Gratuity about seven months ago, but up to the present have received no settlement of my claim for the Gratuity.

I would be pratefull if you will look into this matter and have a settlement made.

Yours truly
~~Clara Hottot~~
Clara Hottot
per C.W.

Estate

RECEIVED
MAY 19 1945
PAYMASTER
GENERAL
Branch

MFM 510
40/P & S/254 (3444)

CANADIAN ACTIVE SERVICE FORCE
OVERSEAS
LAST PAY CERTIFICATE
(All Ranks)

District.....

Dispersal Area.....

Regtl No. E 101662 Rank and Name HOTTOT. J. Pte.

of (Unit).....on.....

(Transfer or Discharge).....to.....on 28th August 19 44.

Reason Death Authority : C.C.L."A" 490 d/17th Sept.44.

The following is a statement of the account of the above-named from 1st August to 31st.August 19 44. the inclusive date of transfer or discharge.

Dr Particulars	Amount		Cr Particulars	Amount	
Balance Dr from last account			Balance Cr from last account		19
AR5.d/4.8.44. First Monthly Payment	4	47	31 days @ 1.50 Regimental Pay $	46	50
Casual Payments			Technical Pay days at $		
Payments on Transfer or Discharge			Additional Pay (Give particulars) days at $		
Assigned Pay	20	00			
Regimental Charges			Allowances (Give particulars) days at $		
Public Stoppages (Give particulars) :					
To Balance Cr Free	22	22			
Deferred			By Balance Dr		
Total	46	69	Total	46	69

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

Remarks :

Assnd Pay $20.00 (M) stopped eff Sept.44.

Compiled by W.Blackburn.

Checked by H. Vincent

Date 9th.March. 19 45.

MW.

Certified correct D. Crowley
for Chief Treasury Officer, Overseas

FORM No. 1

Regis[illegible] No. D-628

Nominal Roll No.

H.Q. File No. 405-H-20508

To: P.M.G.

CANADIAN ARMY (ACTIVE)

Computation of Service

WAR SERVICE GRANT

Regt. No.	Rank when S.O.S.	Surname	Christian Name in Full
E-101662	PTE	HOTTOT	JOHN

REASON FOR TERMINATION OF SERVICE:

1st Enlistment KILLED CARO ( )

2nd Enlistment CARO ( )

3rd Enlistment CARO ( )

Total Service

1ST ENLISTMENT	2ND ENLISTMENT	3RD ENLISTMENT
T.O.S. 1 OCT 43	T.O.S.	T.O.S.
S.O.S. 28 AUG 44 MD O/S	S.O.S. MD	S.O.S. MD
Total Days 333	Total Days	Total Days

Total Service 333 DAYS

—	Total Service	Less Non-qualifying Service	Net Service
Western Hemisphere	285	1	284
Overseas Service	48		48
Totals	333	1	332
Add Non-qualifying Service			1
Total Service			333

EMBARKATION DETAILS:

1. Date S.O.S. Overseas 25 Aug 44 2. Date S.O.S. Overseas

REMARKS:

KILLED IN ACTION 28 AUG 44

Computer's Signature

Checker's Signature D. Barrett

Date Computed 27 Aug 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
AWL	4 JUL 44	5 JUL 44		1	1
				Total	1

Overseas: T.O.S. 12 JUL 44 T.O.S. T.O.S.

S.O.S. 28 AUG 44 S.O.S. S.O.S.

				Total	

COMPUTATION OF WAR SERVICE GRATUITY

MEMBER'S NAME JOHN HOTTOT Register No. D-628

PAYEE'S NAME MRS CLARA HOTTOT File No. 405-H-20508

ADDRESS SHIGAWAKE EAST Date 17-9-45

BON COUNTY, P.Q.E. Service No. E-101662

Final Rank Pte

DATE OF TERMINATION OF OVERSEAS SERVICE 28-8-44 Date of Discharge 28-8-44

	AMOUNT $	¢
A. TOTAL QUALIFYING SERVICE No. of days $\frac{332}{30}$ = 11 Periods @ $7.50	82	50
B. QUALIFYING OVERSEAS SERVICE No. of days 48 less 2 Ineligible days, equal 46 Days @ 25¢ per day	11	50
C. SUPPLEMENT FOR OVERSEAS SERVICE Daily Rate of Pay $ 1.50 Subsistence Allowance $ 1.25 Additional Pay $ Dependents' Allowance 1/30 $ $ TOTAL $ 2.75 X 7 = $ 19.25 No. of Days $\frac{48}{183}$ X $ 19.25	94	00
	5	05
D. WAR SERVICE GRATUITY Computed	99	05
E. DEDUCTIONS Overpayment of (1) Pay & Allowance $ (2) D.A. & A.P. $ 20.00 (3) Other deductions $	20	00
Entered By		
F. AMOUNT PAYABLE (This amount is payable in ....monthly instalments of $.....each)	79	05

G. Monthly instalment not to exceed daily rate of Pay & Allowances per (C)

$..... X 30 = $.....

REMARKS

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

ARMY JG

Name: HOTTOT. (Surname) John (Christian Names) No.: K101662

Rank: Pte. Unit: C.A. O/S Date of Death: 28-8-44

AMOUNT

L.P.C. $ 22.22

Date: 2-8-45 Other Credits 51.75

Total 73.97

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
8/16	father	Philip Hottot, Shigawake East, Que. (4/16 as next of kin entitled) (4/16 for benefit of 4 minors)	36.98
4/16	mother	Mrs. Clara Hottot, (as above)	18.50
1/16	brother	Chester Hottot, Marcil, Que.	4.63
1/16	sister	Mrs. Violet Clark, 1528 Galt Ave., Cote St. Paul, Verdun, Que.	4.62
1/16	sister	Mrs. Doris Dea, Marcil, Que.	4.62
1/16	sister	Mrs. Vienna Russell, Knowlton, Que. (As next of kin entitled)	4.62

C4. TO TREAS. 15-9-45

AUTHORITY

H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00.	00	001	73.97

CLASSIFIED BY

EXAMINED BY

For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

(L. M. FIRTH) Colonel
Director of Estates

AUDITED FOR PAYMENT

For Chief Treasury Officer

75M—2-45 (6771)
H.Q. 1772-80-2

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

DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE

4
ARMY

STATEMENT OF WAR SERVICE GRATUITY

DECEASED MEMBER'S NAME: John (CHRISTIAN NAMES) HOTTOT (SURNAME)

REGISTER NO. D-628
FILE NO. 405-H-20508
DATE 20-9-45
SERVICE NO. E-101662
FINAL RANK OR RATING Pte.
DATE OF DISCHARGE 28-8-44

PAYEE Mrs. Clara HOTTOT,
ADDRESS Shigawake East,
Bon. County, P.Q.

DATE OF TERMINATION OF OVERSEAS SERVICE 28-8-44

	$ ¢
A. TOTAL QUALIFYING SERVICE 330 NO. OF DAYS 332/30 EQUAL TO 11 COMPLETE PERIODS AT $7.50	82.50
B. QUALIFYING OVERSEAS SERVICE NO. OF DAYS 48 LESS 2 INELIGIBLE DAYS, EQUAL TO 46 DAYS @ 25c. PER DAY (SEE PAR. 2 OVERLEAF FOR EXPLANATION)	11.50
	94.00
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 $; $	
TOTAL $ 2.75 ×7 = $ 19.25; NO. OF DAYS 48/183 ×$ 19.25	5.05
D. WAR SERVICE GRATUITY	99.05
E. DEDUCTIONS OVERPAYMENT OF PAY AND ALLOWANCES $; DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $ 20.00	20.00
OTHER DEDUCTIONS $	
F. TOTAL AMOUNT PAYABLE	79.05

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	[illegible]

TREASURY	
CHECKED BY	DATE

[illegible]
SERVICE REPRESENTATIVE

ΔT

Form No. 1

747

Register No. D 628

Nominal Roll No. 14

H.Q. File No. 405-11-20508

TO: P.M.G.

CANADIAN ARMY (ACTIVE)
COMMUTATION OF SERVICE
WAR SERVICE GRANT

Regt. No.	Rank When S.O.S.	Surname	Christian Name in Full
E 101662	PTE	HOTTOT	JOHN EDWARD

Reason for Termination of Service:

1st Enlistment KILLED IN ACTION CARO ( )

2nd Enlistment CARO ( )

3rd Enlistment CARO ( )

T O T A L S E R V I C E

1st Enlistment	2nd Enlistment	3rd Enlistment
T.O.S. 1 OCT 43	T.O.S.	T.O.S.
S.O.S. 28 AUG 44 MD O/S	S.O.S. MD	S.O.S. MD
Total Days 333	Total Days	Total Days

TOTAL SERVICE 333 DAYS

	Total Service	Less Non-qualifying Service	Net Service
WESTERN HEMISPHERE	286	—	286
OVERSEAS SERVICE	47	—	47
Totals	333	—	
Add Non-qualifying Service			—
TOTAL SERVICE			333

EMBARKATION DETAILS:

1. Date S.O.S. Overseas 28 AUG 44

2. Date S.O.S. Overseas

REMARKS:

KILLED IN ACTION
28 AUG 44

Computer's Signature R. Kennedy

Checker's Signature J.A. Watson

Date Computed 18 Nov 44

NO DOCTS AVAILABLE - W.S.G. COMPLETED FROM INFORMATION ON PERSONEL FILE.

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

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

DETAILS OF NON-QUALIFYING SERVICE

WESTERN HEMISPHERE

Forfeits for	from	to	Eff.Date	Days	Total
				TOTAL	—

OVERSEAS

T.O.S. 12JUL44 ✓ T.O.S. ______ T.O.S. ______

S.O.S. 28AUG44 ✓ S.O.S. ______ S.O.S. ______

				TOTAL	—

Doit être fait en double exemplaire

M.F.M. 5 (Fr.)
60M—7-40(5847-8)
H.Q. 1772-39-1651

DÉTAILS SUR LA FAMILLE D'UN OFFICIER OU SOLDAT DE L'ARMÉE ACTIVE DU CANADA, OU D'UN OFFICIER OU AVIATEUR DU CORPS D'AVIATION ROYAL CANADIEN (EN SERVICE ACTIF)

INSTRUCTIONS:

(*a*) Cette formule doit être remplie dès qu'un officier ou un soldat est nommé ou enrôlé dans l'armée active du Canada ou qu'un officier ou aviateur est nommé ou enrôlé dans le Corps d'aviation royal canadien (EN SERVICE ACTIF).

(*b*) Il faut répondre à toutes les questions, et donner tous les détails nécessaires.

(*c*) Les deux exemplaires de la formule visant chaque officier, ou soldat ou aviateur doivent être envoyés par le commandant de l'unité au payeur ou à l'officier qui le remplace. Ce dernier enverra un exemplaire au Chef des Archives du quartier général de la Défense nationale, Ottawa, par l'intermédiaire du payeur du district, de la région ou du camp. L'autre exemplaire sera retenu par le payeur de l'unité. En cas de mutation, cet exemplaire sera transmis au payeur de la nouvelle unité où l'intéressé aura été versé.

---

(1) Nom de l'officier, ou soldat, ou aviateur.....Hottot John.....
(Noms et prénoms en entier et en lettres moulées)

(2) Matricule et grade.....Pte. E/101662.....

(3) Unité.....No. 5 DISTRICT DEPOT GENERAL LIST C.A.....

(4) Êtes-vous marié?.....No.....

(5) Si oui, donnez

(*a*) le nom entier de votre épouse.....Nil.....

(*b*) l'adresse postale actuelle de votre épouse.....Nil.....

(6) Si vous êtes marié, avez-vous toujours fait vivre votre épouse?.....Nil.....

Sinon, donnez-en les raisons.....Nil.....

.....

(7) Êtes-vous veuf?.....Nil.....

(8) Avez-vous des enfants?.....Nil.....Garçons.....Nil.....Filles.....Nil.....

Noms et âges.....Nil.....

(9) Si une allocation familiale est réclamée pour les enfants, dites si vous avez pourvu régulièrement à leurs besoins.....Nil.....

Donnez les détails quant au tuteur auquel l'allocation familiale doit être payée, si elle est autorisée.

Nom.....Nil.....

Adresse postale.....Nil.....

(VOIR AU VERSO)

(10) Vivez-vous en union libre avec une femme—que vous avez constamment fait vivre et reconnue publiquement comme votre épouse pendant au moins deux ans à venir jusqu'à votre nomination ou enrôlement? Nil

Dans l'affirmative, donnez son nom en entier et son adresse postale Nil

(11) Est-ce que votre père vit encore? Yes

Si oui, donnez son nom, son adresse et son emploi Phillip Hottot (Labourer) Shigawake, Bonaventure, P.Q.

(12) Si votre père est veuf et complètement incapable de gagner sa vie, êtes-vous son soutien unique ou partiel? Nil

(13) Si vous êtes le soutien unique ou partiel de votre père qui est veuf et totalement incapable de gagner sa vie, dites quel montant par mois vous lui donniez avant votre nomination ou enrôlement Nil

Si vous subveniez partiellement à son entretien, dites aussi pourquoi il n'a pas d'autres moyens de subsistance et pourquoi vous n'assuriez pas entièrement son entretien? Nil

(14) Est-ce que votre mère vit encore? Yes

Dans l'affirmative, donnez son nom et son adresse Mme Claren HOTTOT Shigawake, Bonaventure, P.Q.

(15) Si votre mère est veuve, êtes-vous son soutien unique ou partiel? Nil

(16) Si vous êtes le soutien unique ou partiel de votre mère veuve, indiquez la somme mensuelle que vous lui donniez avant votre nomination ou enrôlement Nil

Si vous subveniez partiellement à son entretien, dites aussi pourquoi elle n'a pas d'autres moyens de subsistance et pourquoi vous n'assuriez pas entièrement son entretien? Nil

(17) Contribuez-vous à l'entretien de personnes à charge, autres que les susnommées? Nil
Ceci peut comprendre des frères âgés de 16 ans ou moins, ou des sœurs âgées de 17 ans ou moins, que vous faisiez vivre uniquement à titre de membres de votre maison avant votre nomination ou enrôlement

Si oui, donnez les détails suivants:—

Degré de parenté Nil

Nom en entier Nil

Adresse postale Nil

Montant de la contribution mensuelle au cours des six derniers mois Nil

(18) Êtes-vous assuré? No

Si oui, dites dans quelle compagnie? Nil
(Indiquez le numéro de la police)

Avez-vous pris les dispositions nécessaires pour le paiement de votre prime d'assurance? Nil Sinon, et s'il s'agit d'une prime mensuelle, vous pouvez déléguer le montant de cette prime en plus de toute autre délégation que vous désirez faire, pourvu que la délégation totale ne dépasse pas le montant maximum qui peut être délégué.

Je certifie par la présente que les renseignements par moi donnés sur cette formule sont exacts sous tous rapports.

Jean Hottot
(Signature de l'officier, soldat, ou aviateur)

Date 5-1043

F. C. Magee
Officier Commandant (F.C.MAGEE) Lt.Col.
Commanding No.5 D.D.

Date 5-10-43

N.B.—Si les parents de l'officier, soldat ou aviateur sont les parents adoptifs, on est prié de modifier en sonséquence les questions qui se rapportent au père ou à la mère.

FORM 6

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not write in this space

1. PLACE OF DEATH — Municipal county .... 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 IN THE FIELD (FRANCE) 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 HOTTOT (*Block letters*)
Given names John

4. RESIDENCE — Street .... No. ....
Official name of civil municipality or township ....
Municipal county Shigawake Province ....

Bonaventure Que.

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

M

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

10. BIRTHPLACE (Province or Country) Quebec

11. DATE OF BIRTH August (Month) 2 (Day) 1[illegible] (Year)

12. AGE OF DECEASED Years 26 Months .... Days .... If less than one day old ....hrs. or ....min.

OCCUPATION
13. Trade, profession or kind of work, as **spinner, teamster, office clerk,** etc. Labourer
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	HOTTOT Philip	
MOTHER (Maiden Name)		

19. Place of burial, cremation or removal France.

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 .... (Month) .... (Day) 19....... (Year)

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death August (Month) 28 (Day) 1944 (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 (State which) .... Date ....19.......
Manner of injury (How sustained) ....
Nature of injury ....
Specify whether injury occurred in **industry, in home, or in public place** ....

OVERSEAS CASUALTY CANADIAN ARMY

Signed .... **M.D.**

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

28. Signature of person who fills in the form (curate, coroner, hospital authority, etc.) [signature] C.S.
This signature authorizes the collector to accept this form as authentic.

29. Name of clergyman in charge of Register of Civil Status in which registration of this burial was made. ....

(Voir l'autre côté pour le français)

Director of Records, Dept. of National Defence.

MAR 2 1945

CFA 187
40/P & S/2180 (4066)

CANADIAN MILITARY HEADQUARTERS

ESTATES BRANCH
INVENTORY

of personal effects received by
Casualty Section, No. 1 CKSD

No., RANK and NAME .... K-101662 Pte Hottot J .... (Dec'd) ....

RECEIVED FROM .... Cdn Sec G.H.Q 2nd Ech 21 A Gp ....

CHECKED BY .... B-47665 Gnr Lynn W
B-69920 Tpr Browning W .... DATE .... 5 Jan 45 ....

1	Wallet		

ORIGINAL } To Officer i/c Estates with
DUPLICATE } original inventory, if any.
TRIPLICATE — with effects.

....
for OC 1 Cdn KSD

CAN D'AN MILITARY
ESTATES
8 - JAN 1945
BRANCH
HEADQUARTERS

No E.101662 Rank Private Name HOTTOT, John

Unit South Sask. Regt. Date of death 28th August, 1944.

Died at France.

Cause Killed in action

Death occurred on strength of Forces. H.Q. 405-H-20508

N/K Mr. P. Hottot, (Philip) Relationship Father

Address Shigawake, Cte. Bonaventure, Quebec.

Remains buried in Cemetery

MR.041026 sheet 140 ~~SW Five x rds France.~~

Grave Location

CHK ✓

OVER-

REBURIAL

Bretteville-sur-Laize Cdn.Military Cem.
Bretteville-sur-Laize, France.

Grave 14, row E, plot 20.

HI & CR Form Despd. NOV 9 1946

Photographs
Despatched
SEP 6 1947

BURIAL REPORT TO N.K. MAR 29 1946
RETURN TO BUR. OF STAT. MAR 2 1945
ROYAL MESSAGE DESP'D. OCT 30 1944
CAN. MESSAGE DESP'D. OCT 7 1944