E106729
CAMERON
JOSEPH MARIUS

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

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

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

District.....

Dispersal Area.....

Regtl No. E. 106729 Rank and Name Cameron. M. Pte.

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

(Transfer or Discharge).....to.....on 10th. Aug. 19 44.

Reason Death. Authority : C.C.L. "A" 484 d/27th. Aug.44.

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

Dr				Cr		
Particulars	Amount			Particulars	Amount	
Balance Dr from last account				Balance Cr from last account	21	14
First Monthly Payment				Regimental Pay 31 days @ $1.50	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) :						
				Def. Pay Interest.		15
To Balance Cr Free	27	79				
To Balance Cr Deferred	20	00		By Balance Dr		
Total	67	79		Total	67	79

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

Remarks :

Assmd. P y of $20.00 (M) stopped eff. Sept.44.

The above statement has been compiled entirely from Treasury records, no paybooks being available.

Compiled by C. Sanderson.

Checked by Elliott

Date 23rd. February 1945.

P.H.

Certified correct D. A. Crowley
for Chief Treasury Officer, Overseas

H.Q. 405-C-25116
R. 4 (B).

18th August, 1947.

Mr. Omer Cameron,
Ste. Malachie,
County Dorchester, Quebec.

Dear Mr. Cameron:

I am forwarding herewith a photograph of the grave and marker over the burial place of your late son, E106729 Private Joseph Marius Cameron, the location of which is grave 9, row F, plot 2, Bretteville-sur-Laize Canadian Military Cemetery, Bretteville-sur-Laize, France.

Any errors appearing in the inscription will be corrected when the permanent headstone is placed.

Yours faithfully,

for H.M. Jackson, Lt.-Col.,
Director of Records,.
for Adjutant-General

Encl.

/EMA

P.A.

File No 405-C-25116.

VERIFICATION FORM

WAR SERVICE MEDALS 1939-45

No. E 106729 Name Cameron, Joseph Marius

Rank on Discharge Pte Date of Discharge 10-8-44

Authority for Discharge or Retirement Deceased

Served in:

Non-qualifying service

Canada from 1-4-44 to 26-5-44

from _____ to _____ _____

United Kingdom from 27-5-44 to 17-7-44

from _____ to _____ _____

Italy from _____ to _____ _____

Northwest Europe from 18-7-44 to 10-8-44 (Killed in action)

_____ 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

with Clasp OK

M

Verified by Annette Routhier

Date 21-6-46

Carded JUN 24 1946

NRD.

HA 165

H.Q. 405-C-25,116 D.R. 2(C)

13th March, 1946.

Mr. Omer Cameron,
Ste. Malachie,
County Dorchester, Que.

Dear Sir:

Information has just been received from overseas that the remains of your son, E106729 Private Joseph Marius Cameron, have been carefully exhumed from the original place of interment and reverently reburied in grave 9, row F, plot 2, of Bretteville-sur-Laize Canadian Military Cemetery, Bretteville-sur-Laize, France. Marked map is enclosed. This is a recognized military burial ground and will receive care and maintenance in perpetuity.

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

Yours faithfully,

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

/JLH

M E M O R A N D U M

H.Q. 405-C-25116

TO: Estates

29 Aug 45

ESTATES BRANCH
AUG 30 1945
H.Q.
OTTAWA
NATIONAL DEFENCE

E.106729 Private Joseph Marius CAMERON

The following is an excerpt of a letter received from Mrs. Jane Cameron, St. Malachie Station, Co. Dorchester, P. Q., mother of the m/n soldier.

"We have not received anything, i.e., his watch, his pocketbook and his clothes. I find it very odd that none of his belongings have been returned to us."

J.E. Caulombe

H.Q. 105-C-25,116 FD 153

ESTATES BRANCH

26 JUN 45

Mrs. Jane Cameron,
Ste. Malachie,
County Dorchester, Quebec.

CAMERON, Joseph, M. Pte. (Deceased)
E-106729, C.A.

Dear Mrs. Cameron:

We have now received a final statement of your son's Service Estate and we have on hand, available for distribution the sum of $47.79 made up entirely of the balance of his pay and allowances.

This amount is being paid to you as the sole beneficiary named in his last Will.

The Treasury Department has been requested to forward you a cheque for the above amount and when you have received it, would you please sign and return the enclosed acknowledgement.

The War Service Gratuity is not included in this amount and if you require any information concerning it, please write to the Officer in Charge, War Service Gratuities (Deceased Section) Arnprior Military Camp, Arnprior, Ontario.

It is regretted that due to enemy action none of his personal effects were recovered.

Yours faithfully,

Capt.,
DIRECTOR OF ESTATES.

GEB/JS
Encl.

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"
/W

ARMY

Name: CAMERON (Surname) Joseph. M. (Christian Names) No.: M106729

Pte. (Rank) C.A. O/S (Unit) 10/8/44 (Date of Death)

AMOUNT

L.P.C. $ 47.79

Date: 21/5/45

Other Credits

Total 47.79

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Mother	Mrs. Jane Cameron, Ste. Malachie, County Dochester, Quebec. (Sole beneficiary per will)	47.79

TO BE FORWARDED BY REG. MAIL DIRECT

P4. TO TREAS. 27-6-45 QW

J

AUTHORITY

H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	47.79

CLASSIFIED BY

Original Signed by
K. L. McCUAIG

EXAMINED BY

For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

Original signed by

(L. M. Firth) Colonel
Director of Estates

AUDITED FOR PAYMENT

For Chief Treasury Officer

75M—2-45 (6771)
H.Q. 1772-80-2

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

CANADIAN ACTIVE SERVICE FORCE

OVERSEAS

District.....

Dispersal Area.....

LAST PAY CERTIFICATE

(All Ranks)

Regtl No. E. 106729 Rank and Name Cameron. M. Pte.

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

~~Transfer~~ or Discharge) to on 10th. Aug. 19 44.

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Assigned Pay	20	00			
Regimental Charges			Allowances (Give particulars) ..... days at ..... $		
Public Stoppages (Give particulars) :					
			Def. Pay Interest.		15
To Balance Cr Free	27	79			
To Balance Cr Deferred	20	00	By Balance Dr		
	47	79			
Total	67	79	Total	67	79

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

Remarks :

Assmd. Pay of $20.00 (M) stopped eff. Sept.44.

The above statement has been compiled entirely from Treasury records, no paybooks being available.

ESTATES BRANCH MAR 7 H.Q. OTTAWA NATIONAL DEFENCE

Compiled by C. Sanderson.

Checked by E. Wright

Date 23rd. Fenruary 1945.

Certified correct D. Fawley
for Chief Treasury Officer, Overseas

P.H.

Mr. Omer Cameron,
St. Malachie,
County Dorchester, 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-C-25.116 FD.153

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

January 31, 1945

ESTATES BRANCH FEB 2 1945 H.Q. OTTAWA NATIONAL DEFENCE

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

CAMERON, Joseph Marius, Private,

E.106729, 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.

/GC

Director of Estates.

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

ANSWER IN FULL ALL APPLICABLE QUESTIONS

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

Degrees of Relationship	RELATIVES required to be accounted for		INFORMANT'S STATEMENT: NAME IN FULL of any Relative, if any, in each degree specified	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased		Lucy		
2	Children of the Deceased and dates of their Births		None		
3	Father of the Deceased		Omer Cameron	60	
4	Mother of the Deceased		Jane Smith	60	
5	Brothers of the Deceased	Full Blood	Omer Cameron	38	
			Jean Baptiste Cameron	33	
			Edouard Cameron	28	
			Nicholas Cameron	26	
			Wilfrid Cameron	17	
		Half Blood	None		
6	Sisters of the Deceased	Full Blood	Mary Cameron	35	
			Alexia Cameron	30	
			Adrienne Cameron	24	
			Izora Cameron	22	
			Bernadette Cameron	20	
		Half Blood	None.		
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
			None		

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Joseph Francis Cameron
9	Date of his birth.	March 30 - 1924
10	Place and date of his marriage.	None Single
11	Place and date of his parents' marriage.	St Malachie 10 July 1906

PARTICULARS OF DOMICILE

12	Place where deceased was born.	St Malachie.
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) Always at St Malachie (c) County of Dorchester (d)
14	Nature of employment before enlistment.	Labor Man.
15	State whether he owned the premises in which he lived, and, if so, where situated.	None
16	Name place where deceased stated he intended to make his permanent home.	None.

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	No.
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses,—was there a marriage contract dealing with property?	No,
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?	No.
20	Amount of War Savings Certificates held by deceased. Indicate where located.	No
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	No
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	No.
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	None.

OTHER PARTICULARS

24	Did the deceased after enlistment incur any debts for:— *(a)* His own separate board and lodging while on service. *(b)* Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	None.
25	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	$75.00

(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

*.....brother.....of the deceased.

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

.....Mrs Omer Cameron..... Signature of Informant

.....St Eulalie de Ponoka..... Address

CERTIFICATE

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

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

Dated at St Eulalie this 6th day of July 1945

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

Address.....St Eulalie de Ponoka

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

H.Q.405-C-25,116 FD153

ESTATES BRANCH

7th November, 1944

Dependent's Allowance and
Assigned Pay Branch,
Department of Finance,
Ottawa, Ontario.

CAMERON, Joseph M. Pte. (Deceased)
E106729 C.A.

1. A letter has been received from Mr. Omer Cameron, St. Malachie Station, Dorchester County, P.Q., the father of the deceased soldier, which reads in part, as follows:

> "It would seem that his mother should receive $20.00 a month until the said soldier would have attained his majority, said date being the 30th of March, 1945."

2. Would you please reply to this letter from Mr. Cameron direct. The letter is dated October 2nd, 1944.

Director of Estates.

RGP/EWH

COPY

M.F.M. 5
300M—1-43 (7930)
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 the 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.

(1) Name of Officer or Other Rank..... CAMERON JOSEPH MARIUS
(Surname first—Christian names in full—Block capitals)

(2) Regimental or Official Number and Rank..... E106729 Pte.

(3) Unit..... 1 Bn. Le Regiment de Hull, C.A.

(4) Are you married?..... NA ..... (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?.....

(8) Have you any children?.....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.....

.....

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

Name.....

Postal Address.....

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

If so, state her full name and postal address.....

.....

.....

[SEE OTHER SIDE]

(11) Is your father alive? YES If so state name and address, occupation Mr. Omer Cameron St. Malachie Co., Dorchester, P.Q. Journalier

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

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

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. Jane Cameron, St. Malachie Co., Dorchester, P.Q.

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

(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?.....
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? NO If so, in what company?.....
(Give number of policy)

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

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

Date 29-4-44 (Sgd). Marius Cameron
(Signature of officer or man)

(Sgd). A. Laderouke, Major. ?

Date 29-4-1944 Officer Commanding 1 Bn. Le R. de Hull, CA

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.)

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

WILL

M.F.M. 10
150M—10-43 (2314)
H.Q. 1772-39-1656

(1) I, MARIUS CAMERON (Name in Full), of the Village (City, Town, Village, Township)

Address in civil life.

of St. Malachie, in the County ~~District~~ of Dorchester

Province of Quebec, Farmer (Civil Occupation)

Regimental No E106729, Unit R. de Hull, C.A., do hereby revoke all former Wills by me made and declare this to be my LAST WILL.

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

(2) I GIVE, DEVISE AND BEQUEATH unto My mother Mrs. Jane Camaron St. Malachie Co. Dorchester P.Q.

"ALL MY ESTATE"

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 Mrs Jane Cameron (Name) St. Malachie Co. Dorchester P.Q. (Address)

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

IN WITNESS WHEREOF I have hereunto set my hand this 1st day of May 1944.

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.

Marius Cameron (Signature of soldier)

First witness sign here.

(5) Signature A. Gadreault Major.

Civil Address 34 Portland. Sherbrooke P. Quebec

Civil Occupation Checker Coca. Cola. Ltd.

Second witness sign here.

Signature Girard Poitras C.S.M.

Civil Address 6373 Bordeaux Montreal P.Q.

Civil Occupation Government Inspector.

(Witnesses are not to be beneficiaries.)

[OVER]

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.

JUN 26 1944

WILL RECEIVED IN
DOCUMENT SECTION

JUN 27 1944

RECORD OFFICE
NAT. DEF. H. Q.

Cameras, Joseph Marius, £106729

QG 405-C-25116 DR 2(b).

le 27 août 1945.

Madame,

On nous a récemment transmis votre lettre du 16 juillet 1945, adressée à la division des gratifications de service de guerre.

En réponse, permettez-moi de vous offrir mes excuses pour le délai à répondre à votre demande et d'ajouter que les seuls renseignements que nous possédons concernant la mort regrettable de votre fils, le soldat Joseph Marius CAMERON, matricule E-106729, révèlent qu'il a été tué au combat le 10 août 1944, alors qu'il servait avec les Fusiliers Mont-Royal, sur le théâtre de guerre de l'Europe occidentale. Il a reçu une sépulture ecclésiastique et a été inhumé dans une tombe temporaire située à environ six milles et trois-quart à l'est de Falaise, dans le département de Calvados (Normandie), en France.

Les détails entourant les pertes fatales autres ceux déjà mentionnés sont ordinairement signalés au plus proche parent dans une lettre écrite par un officier de l'unié avec laquelle le défunt servait. Ladite lettre est habituellement écrite immédiatement après que le militaire a trouvé la mort et envoyée directement au plus proche parent, par conséquent, vous avez dû maintenant la recevoir.

Toutefois, je peux vous faire savoir que vu que votre fils a été porté "tué au combat", sa mort a dû être instantanée. Il est mort dans l'entourage immédiat de l'endroit où reposent ses restes.

La partie de votre lettre touchant les effets personnels de feu votre fils a été transmise aux autorités compétentes qui, j'en suis certain, se chargeront de vous répondre immédiatement.

En terminant, veuillez accepter mes sincères et vives condoléances pour la perte irréparable que vous avez subie.

Votre bien dévoué,

(C.L. Laurin) colonel,
directeur des archives,
pour l'adjudant général.

Mme J.O. Cameron,
Station St-Malachie,
Cté de Dorchester, Qué.

/MA

F.T. please

H.Q. 405-C-25,116
D.R. 2(b)

23rd August, 1945.

Dear Mrs. Cameron:

Your letter dated the 16th of July, 1945, addressed to War Service Gratuities, has just recently been referred to this Office.

In reply thereto, may I apologize for the delay in answering your enquiry and state the only information at hand concerning the regretted death of your son, E.106729 Private Joseph Marius Cameron, indicates he was killed in action the 10th of August, 1944, while serving with the Fusiliers Mont-Royal, in the Western European theatre of war, and that he was buried with religious rites in a temporary grave located approximately 6¾ miles East of Falaise, in the Department of Calvados (Normandy), France.

Details regarding fatal casualties, other than the above, are normally made known to the next-of-kin in a letter written by an Officer of the Unit with which the deceased had been serving. Said letter is usually written immediately after the fatal casualty has occurred, and despatched direct to the next-of-kin, therefore, by this date you should have been in receipt of same.

I am, however, able to advise ~~you~~ that inasmuch as your late son was reported "killed in action" his death would be instantaneous, and also that he died in the close proximity of where his remains now rest.

(Over)

That portion of your enquiry regarding your late son's personal belongings has been referred to the necessary authorities, who, I feel sure, will give you an immediate reply.

In closing may I offer my sincere and heartfelt sympathy for the irreparable loss you have suffered.

Yours sincerely,

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

Mrs. J.O. Cameron,
St-Malachie Sta.,
Co. Dorchester, Que.

FDB/RC

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

DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

4
ARMY

DECEASED MEMBER'S NAME: Marius (CHRISTIAN NAMES) CAMERON (SURNAME)

REGISTER NO. D-6309
FILE NO. 405-C-25116
DATE 3-8-45
SERVICE NO. E-106729
FINAL RANK OR RATING Pte.
DATE OF DISCHARGE 10-8-44

PAYEE Mrs. Omer CAMERON,
ADDRESS St. Malachie,
Dorchester Co., P.Q.

DATE OF TERMINATION OF OVERSEAS SERVICE 10-8-44

		$	¢
A. TOTAL QUALIFYING SERVICE	NO. OF DAYS 104/30 EQUAL TO 3 COMPLETE PERIODS AT $7.50	22.50	
B. QUALIFYING OVERSEAS SERVICE	No. OF DAYS 76 LESS 14 INELIGIBLE DAYS, EQUAL TO 62 DAYS @ 25c. PER DAY (SEE PAR. 2 OVERLEAF FOR EXPLANATION)	15.50	
		38.00	
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 X7 = $ 19.25		
	NO. OF DAYS 76/183 X$ 19.25	7.99	
D. WAR SERVICE GRATUITY		45.99	
E. DEDUCTIONS	OVERPAYMENT OF PAY AND ALLOWANCES $		
	DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $		
	OTHER DEDUCTIONS $		
F. TOTAL AMOUNT PAYABLE		45.99	

RECEIVED
AUG 7 1945
WAR SERVICE GRATUITY DIVISION
ARMY TREASURY

G. YOUR PORTION OF GRATUITY IS— 100%

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

ΔT

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
PJ	

TREASURY	
CHECKED BY	DATE
A. T. Warren	13-8-45

Kirkham for
SERVICE REPRESENTATIVE

COMPUTATION OF WAR SERVICE GRATUITY

MEMBER'S NAME MARIUS CAMERON ✓ (Christian Names) (Surname) — Register No. D6309 ✓

PAYEE'S NAME MRS OMER CAMERON, (Christian Names) (Surname) — File No. 40S-C-25116 ✓

ADDRESS ST. MALACHIE, — Date 30-7-45

DORCHESTER CO., P.QUE. — Service No. E106729 ✓

DATE OF TERMINATION OF OVERSEAS SERVICE 10-8-44 — Final Rank Pte

Date of Discharge 10/8/44

	AMOUNT $	c
A. TOTAL QUALIFYING SERVICE (14) No. of day 104/30 = 3 Periods @ $7.50	22	50 ✓
B. QUALIFYING OVERSEAS SERVICE No. of days 76 less 14 Ineligible days, equal 62 Days @ 25c per day	15	50 ✓
	38	00 ✓
C. SUPPLEMENT FOR OVERSEAS SERVICE		
Daily Rate of Pay $ 1.50		
Subsistence Allowance $ 1.25 ✓		
Additional Pay $		
Dependents' Allowance 1/30 $ — $		
TOTAL $ 2.75 × 7 = $ 19.25		
No. of Days 76/183 × $ 19.25	7	99 ✓
	45	99 ✓
D. WAR SERVICE GRATUITY Computed By Monley ✓		
E. DEDUCTIONS Overpayment of (1) Pay & Allowance $		
(2) D.A. & A.P. $		
Other Deductions $		
Entered By ✓		
F. AMOUNT PAYABLE (This amount is payable in 1 monthly instalments of $ 45.99 ✓ each)	45	99 ✓

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

$..... × 30 = $.....

REMARKS

100M-11-44 (6087)
H.Q. 1764-81-3

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 CAMERON (*Block letters*)

Given names Joseph Marius

4. RESIDENCE

Street ..... No. .....

Official name of civil municipality or township .....

Municipal county St. Malachie Province .....

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

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

10. BIRTHPLACE (Province or Country)

11. DATE OF BIRTH Quebec (Month) (Day) (Year)

12. AGE OF DECEASED	Years	Months	Days	If less than one day old
		March	30	1924 ..... hrs. or ..... min.

OCCUPATION

13. Trade, profession or kind of work, as **spinner, teamster, office clerk,** etc. 20

14. Kind of industry or business, as **cotton-mill, lumbering, bank,** etc. Cultivateur

15. Date deceased last worked at this occupation

16. Total years spent in this occupation

	17. NAME	18. BIRTHPLACE (Province or Country)
FATHER		
MOTHER (Maiden Name)	CAMERON Omer	

19. Place of burial, cremation or removal

20. Date of burial France 19.....

21. PLACE OF REGISTRATION OF THIS BURIAL

(a) Name of parish or church 23

(b) Civil municipality of .....

(c) Municipal county .....

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

Do not write in this space

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death ..... 19..... (Month) August (Day) 10 (Year) 44

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) ..... due to Killed in action

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)

MAR 2 1945

Director of Records, Dept. of National Defence.

405-C-25116

FIELD SERVICE

Army Form B. 2090A.

MBR

REPORT of Death of an Officer or a Soldier to be forwarded to the War Office with the least possible delay after receipt of notification of death. See Table II, Appendix III, Field Service Regulations, Vol. I.

REGIMENT OR CORPS: Fus M R — Squadron, Troop, Battery or Company: .....

Officer's Personal No. (if known) / Soldier's Army No.: E-1067209 — Rank: Pte

Surname: Cameron — Christian Names: J. M.

Died — Date: 10 Aug 44 — Place: France

Cause of Death*: K/A

Nature and Date of Report: A.F.W.3014/94 d.26 Aug 44

By whom made: Cdn Sec CHQ 2 Ech 21 A Gp

P.A.

* Specially state if killed in action, or died from wounds received in action, or from illness due to field operations or to fatigue, privation or exposure while on military duty, or from injury while on military duty.

Burial — Place: St.Martin de Fontenay 024602 — Date: 14 Aug 44

By whom reported: C.F. 1 R.H.C.

State whether he leaves a Will or not — (*a*) in Army Book 64: No

(*b*) as a separate document: Not Received.

All private documents and effects received from the front or hospital, as well as A. B. 64, should be examined, and if any will is found it should be at once forwarded to the War Office.

Any report received as to verbal expressions by a deceased officer or soldier of his wishes as to the disposal of his estate should be forwarded to the War Office at once, supported by a certified statement of the person who actually received the information.

In the case of a soldier a duplicate of this report is to be sent to the Paymaster at the Base, together with the deceased's A. B. 64 (after withdrawal of any will from the latter), for transmission to the Paymaster who compiles the soldier's account.

Station and Date: France, 10 Sep 44

Signature of Officer in charge of Section Adjutant-General's Office at the Base: W Bruce Lunt

for Officer i/c

Cdn Sec GHQ 2 Ech 21 A Gp

24

Wt. 46939/917 500M. 3/40 M. & S., Ltd. 51-6239

Form No. 1

Register No. D6309 ✓ Nominal Roll No. 2131 ✓

TO: P.M.G. H.Q. File No. 405-C-25116 ✓

N.R.M.A.

CANADIAN ARMY (ACTIVE)
COMPUTATION OF SERVICE
WAR SERVICE GRANT

Regt. No.	Rank When S.O.S.	Surname	Christian Name in Full
C-629650	PTE ✓	CAMERON ✓	MARIUS. ✓

Reason for Termination of Service:

1st Enlistment TO ENLIST IN C.A.(A) ✓ CARO ( )

2nd Enlistment CARO ( )

3rd Enlistment CARO ( )

TOTAL SERVICE

1st Enlistment	2nd Enlistment	3rd Enlistment
T.O.S. 27 MAY 43. ✓	T.O.S. C.A.(A) ✓	T.O.S.
S.O.S. 18 APR 44 MD 11 ✓	S.O.S. MD	S.O.S. MD
Total Days 338	Total Days	Total Days

TOTAL SERVICE 338 DAYS

	Total Service	Less Non-qualifying Service	Net Service
WESTERN HEMISPHERE	338	161	177
OVERSEAS SERVICE	— ✓	— ✓	— ✓
Totals	338	161	
Add Non-qualifying Service			161
TOTAL SERVICE			338 ✓

corrected Sgt I

EMBARKATION DETAILS:

1.

Date S.O.S. Overseas N.R.M.A. NO SERVICE IN THE ALUTIAN ISLANDS Date S.O.S. Overseas 18 overseas

REMARKS:

all Docs show above dates. T.O.S + S.O.S. Sgt +

Signed with C.A.(A) from:- 29 apl 44 until killed in action 10 aug 44 Sgt

Computer's Signature W L Stair

Checker's Signature A Beardsley Sgt

Date Computed 5 Mar 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.

DETAILS OF NON-QUALIFYING SERVICE

WESTERN HEMISPHERE

Forfeits for	from	to	Eff.Date	Days	Total
A.W.L.	22 MAR43	28 JULY43			157.
A.W.L.	22 Sept 43	25 Sept 43			4

TOTAL 161

OVERSEAS

T.O.S. .... T.O.S. .... T.O.S. ....

S.O.S. .... S.O.S. .... S.O.S. ....

TOTAL

#2429

Form No. 1

Register No. D-6309

Nominal Roll No. 0131

H.Q. File No. 405-C-25116

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-106729	PTE	CAMERON	MARIUS

Reason for Termination of Service:

1st Enlistment KILLED IN ACTION 10 AUG 44 CARO ( )

2nd Enlistment CARO ( )

3rd Enlistment CARO ( )

TOTAL SERVICE

1st Enlistment	2nd Enlistment	3rd Enlistment
T.O.S. 29 APR 44	T.O.S.	T.O.S.
S.O.S. 10 AUG 44 MD 0/S	S.O.S. Nil MD	S.O.S. MD
Total Days 104	Total Days	Total Days

TOTAL SERVICE 104 DAYS

	Total Service	Less Non-qualifying Service	Net Service
WESTERN HEMISPHERE	28		28
OVERSEAS SERVICE	76		76
Totals	104		104
Add Non-qualifying Service			
TOTAL SERVICE			104

EMBARKATION DETAILS:

1. Date S.O.S. Overseas 10 AUG 44

2. Date S.O.S. Overseas

REMARKS:
all Docs show above dates. T.O.S -

KILLED IN ACTION
10 AUG 44.

Computer's Signature W.S. Stone

Checker's Signature J.H. Beardsley Sgt

Date Computed 5 Mar 45.

Served with N.R.M.A.
from:- 27 May 43
until 28 Apr 44
Sgt 7

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

Nil

TOTAL

OVERSEAS

T.O.S. 27 MAY 44 T.O.S. ______ T.O.S. ______

S.O.S. 10 AUG 44 S.O.S. ______ S.O.S. ______

Nil

TOTAL

PA 405-C-25.116

WARRANT OFFICERS, N.C.O.s AND MEN

KILLED IN ACTION
****

CANADIAN ARMOURED CORPS

14. BELL, BRUCE TERENCE BERNARD, TPR., B147626, MRS. MARLENE M.BELL(WIFE), 75 CHRISTMAS ST., PORT COLBORNE, ONT.

ROYAL CANADIAN ARTILLERY

15. BEAULIEU, REAL, BDR., E50401, JOSEPH T. BEAULIEU (FATHER), NOTRE-DAME DU LAC, QUE.

16. BERNIER, OVILA, GNR., E14905, CHARLES BERNIER (FATHER), ST. ALEXIS DE MATAPEDIA, QUE.

17. RAWLUK, DON BOHDAN, GNR., H2044441, MRS. JULIA RAWLUK (MOTHER), 1111 GORE ST., FORT WILLIAM, ONT.

18. ROSS, WALLACE JACOB, GNR., F6127, MRS. FLORA B. ROSS (WIFE), STONEY ISLAND, N.S.

19. VICKERS, PURVIS REGINALD, GNR., F97674, MRS. MARY VICKERS (MOTHER), VICKERS LANE, SYDNEY MINES, N.S.

CORPS OF ROYAL CANADIAN ENGINEERS

20. CLEMENTS, PETER DONALD, SPR., B22972, MRS. MYRTLE CLEMENTS (WIFE), NIPISSING JUNCTION, ONT.

21. SHELDON, RALF WILLIAM, SPR., D16041, MRS. CHARLOTTE SHELDON (MOTHER), 5076 ST. CATHERINE ST. E., MONTREAL, QUE.

WESTERN ONTARIO REGIMENT

22. BERGER, WILFRED GEORGE, PTE., A64737, MRS. MARY LUELLA BERGER (MOTHER), 139 DAVID ST., STRATFORD, ONT.

CENTRAL ONTARIO REGIMENT

23. CLARK, JOHN WILLIAM, PTE., B40678, MRS. LEAH CLARK (MOTHER), 134 BYNG AVE., TORONTO 13, ONT.

24. LEGASSEY, VINCENT JOSEPH, RFN., B117303, MRS. MAY LEGASSEY (MOTHER), 17 MONTGOMERY ST., TIMMINS, ONT.

25. YOUNG, HUGH RICHARD, PTE., B88045, MRS. ELIZABETH B. YOUNG (MOTHER), PORT ROBINSON, ONT.

REGIMENT DE QUEBEC

14

26. CAMERON, JOSEPH MARIUS, PTE., E106729, OMER CAMERON (FATHER), STE. MALACHIE, QUE.

27. DOMINIQUE, JOSEPH, PTE., E22578, JOSEPH DOMINIQUE (FATHER), 54 ST. LAURENT, LEVIS, QUE.

MANITOBA REGIMENT

28. RUDKAWICH, BRUNSON, PTE., H8860, MRS. FRANCES RUDKAWICH (MOTHER), FORK RIVER, MAN.

HQ 405-C-25,116 Adm 1(a)2

November 20th, 1944.

Dear Sir:

This will acknowledge your letter of October 2nd, 1944, requesting information as to why your late son was despatched overseas before he had reached the age of twenty-one years.

Please be assured that this Department is most sympathetic and regrets the loss of all those who have given their lives in the service of their country.

The age of soldiers eligible for overseas service is nineteen years and not twenty-one. It is regretted that you have been misinformed in this respect.

The matter concerning Dependents' Allowance has been referred to the proper authorities who will reply to your enquiry concerning allowances to be paid to you.

Yours very truly,

Deputy Minister
(Army)

Mr. Omer Cameron,
Ste. Malachie,
County Dorchester, Que.

RH/d

13

Marine Records 405-C-25 Oct 2nd 1944 13-10-44

Re:- E 106 729 Pte J. Omarius Cameron
Killed in action overseas on August 10-1944

Administrator of Estates
Department of national defence
Ottawa Ont.

(Q. Admin) P Rec'd 12-10

ESTATES BRANCH OCT 5 1944 NATIONAL DEFENCE

Sir:-

I'm writing today to find out, on what autority that my son Omarius E 106729 was sent overseas as he was not of age he would not have ben 21 years old until the 30th of March 1945 Ive heard on good autority that a minor cannot be sent overseas without the signature and consent of his father, mother or guardian which consent I never gave

D+A P

and also it would seem that his mother should reciene Twenty dollars a month until the said soldier would have attained his majority said date being the 30th March 1945.

Hoping to reciene full satisfaction from you

I remain his sorrowing father

Omer Cameron Sr
St Malachie Sta
Dorchester Quebec

HQ 405-C-25,116 Adm 1(a)2

October 24th, 1944.

Dear Sir:

This will acknowledge your letter of October 2nd, 1944, regarding the funeral expenses of your late son, Private Joseph Marius Cameron.

As your son was killed overseas, you are, no doubt, requesting information if the Government will pay the expenses of a Memorial Service.

Please be assured that this Department is most anxious to meet the wishes of the relatives of those who have given their lives in the service of their country overseas, but after the most careful consideration, it has been decided that the expenses of a Memorial Service held for the deceased in Canada, when burial has taken place overseas, may not be paid from public funds.

Your son would receive a military funeral conducted by his chaplain overseas and the Principal Roman Catholic Chaplain of the Canadian Army has advised that a Memorial Service in your Parish Church would have to be the concern of those requesting it, in view of the fact that Government funds are not available for this purpose.

It is, therefore, deeply regretted that assistance cannot be rendered by the Department in this respect.

Yours very truly,

Deputy Minister (Army)

Mr. Omer Cameron,
Ste. Malachie,
County Dorchester, Que.

RH/d

10

26th September, 1944.

Mr. Omer Cameron,
Ste. Malachie,
County Dorchester, Que.

Dear Mr. Cameron:

It was with deep regret that I learned of the death of your son, E106729 Private Joseph Marius Cameron, who gave his life in the Service of his Country in The Western European Theatre of War on the 10th 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,

H. F. G. Letson
Major - General
Adjutant - General

SEP 23 1944

(H.F.G. Letson),
Major-General,
Adjutant-General.

/FMS

6

Dest. 31.5.43 9th Bn
Rgt de Hull

DECEASED

Infantry

DEPARTMENT OF NATIONAL DEFENCE
(Army)

Arm or Corps

F-130291

Trade (if Tradesman or Trade Trainee)

Personnel Selection Record

Work in Arm (if Non-Tradesman)

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

E 106729

E-106729

I. ~~E/62956~~ | Pte. | CAMERON, Marius | R | 19 | A-1

Regt. No. | Rank | Name (surname first) | A or R | Age | Med. Cat.

French | | QUEBEC, D.D.No. 5 | 29-7-43.

Main Language | Other Language(s) | Place (Unit) Interviewed | Date Interviewed

II. Revised Examination "M" BF - 37919

QUEBEC, D.D.No. 5 | 27-5-43 | G.LAMBERT, Sgt.

Place Tested | Date Tested | By Whom

95	IV	Subtests	13 (1)	11 (2)	12 (3)	16 (4)	15 (5)	6 (6)	9 (7)	13 (8)	Subtotals	36 (1-3)	31 (4-5)	28 (6-8)	French
Total	Group														English or French

Other Tests

PULHEMS

Y.O.B.	P	U	L	H	E	M	S
24	1	1	1	1	1	2	1

10 mar 44
JHW

III. Educational Background

From 6 to 16 years old at nun's school.
8th grade completed.

IV. Occupational Background

Always lumber jack and labourer on farms.

V. Military Background

N.I L.

VI. Other Personal History and Appraisal

Single.
Parents alive.
Formerly farmer, now he is a road man.
The 10 of 11 children.
Four brothers worked as truck driver.
Healthy family.
Height 5' 9½" Weight 125 lbs.
Fair development but a little thin boy
Pretty strong and good appearance.
Speak english fluently .
Can drive a truck.
Good stability.
Self confident pretty serious.
Not interested to join, prefer to live
and work on farm, but will do his best if oblige to join.
Practiced a little sports.

VII. Recommendations

This man is mentally categorized M-2.

INFANTRY (R). Non tradesman.

(Signed) R. Chalifour. Lieut.
Army Examiner

M.F.M. 196
200M—1-43 (7957)
H.Q. 1772-39-1916

RC/GB.

See reverse side for further information and follow-up

FURTHER INFORMATION AND FOLLOW-UP

E-629650 Pte. CAMERON MARIUS (4th Inf.) A.(I).T.C. A-13 Valcartier Camp

RIFLEMAN Suitable for operational duty, H.D.

Jan. 3-44

(L.P. ROUSSEAU) Capt.
Army Examiner A-13

13 CIB-England- 13 Jul 44

SOS to X4 List CIC-13Bn-2CBRG-(Auth. CMHQ-AG2A- 9Jul44)

A.L.Doucette- Capt. SPO

REBURIAL

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

Grave 9, row F, plot 2.

HI & CR Form Despd. OCT 18 1946

Photographs

Despatched

AUG 18 1947

BURIAL REPORT TO N.K. MAR 13 1946

RETURN TO BUR. OF STAT. MAR 2 1945

ROYAL MESSAGE DESP'D. OCT 9 1944

CAN. MESSAGE DESP'D. SEP 30 1944

No E.106729 Rank Private Name CAMERON, Joseph Marius

Unit Fusiliers Mont-Royal Date of death 10th August, 1944.

Died at France.

Cause Killed in action.

Death occurred on strength of Forces H.Q. 405-C-25116

N/K Mr. Omer Cameron, Relationship Father

Address Ste. Malachie, County Dorchester, Quebec.

Remains buried in Cemetery

MR.024602 St. Martin de Fontenay France.

Grave location

CHK

OVER-

FORMULE D'ANTÉCÉDENTS PROFESSIONNELS

LA PRÉSENTE FORMULE DOIT ÊTRE REMPLIE POUR CHAQUE MEMBRE DES FORCES ARMÉES. LES RENSEIGNEMENTS DEMANDÉS SONT DESTINÉS À L'USAGE DU COMITÉ CONSULTATIF GÉNÉRAL DE DEMOBILISATION ET DE RÉTABLISSEMENT, INSTITUÉ PAR LE GOUVERNEMENT CANADIEN POUR ÉTUDIER DES PLANS DE RÉTABLISSEMENT DANS LA VIE INDUSTRIELLE DES MEMBRES DES FORCES ARMÉES APRÈS LEUR LICENCIEMENT. L'EXACTITUDE ET L'INTÉGRALITÉ DES RÉPONSES SERONT TRÈS UTILES AU COMITÉ.

PRIÈRE DE LIRE ATTENTIVEMENT LES INSTRUCTIONS AU VERSO DE LA COUVERTURE DU FORMULAIRE AVANT DE REMPLIR LA FORMULE

LAISSEZ EN BLANC

Partie A—RENSEIGNEMENTS GÉNÉRAUX

1. (a) Nom et prénoms (lettres moulées) CAMERON Marius (b) N° matricule E-629650
2. (a) Arme ARMEE (b) Unité DDS NMMA (c) Rang Pte
3. (a) Date de naissance 30 mars 1924 (b) Avez-vous des personnes à votre charge? NON (c) Domicile au moment de l'enrôlement St-Malachie Dorch.
4. (a) Lieu d'enrôlement QUEBEC (b) Date d'enrôlement 27 Mai 1943

Partie B—INSTRUCTION ET FORMATION

5. (a) Âge à la sortie définitive de l'école 16ans (b) Fréquentiez-vous l'école ou le collège au moment de l'enrôlement? NON
6. Indiquez exactement où vous en étiez dans vos études à l'école publique, technique ou secondaire (par exemple—"école publique, 4 ans," "école secondiare, 2 ans;" "immatriculation junior" ou "cours technique en imprimerie, 4 ans," etc.) 9ième Primaire
7. Si vous avez fréquenté une université, indiquez-en le nom ainsi que la classe atteinte ou le grade obtenu NIL
8. (a) Êtes-vous déjà entré en apprentissage? NIL (b) Si oui, dans quel métier? NIL (c) Avez-vous complété votre apprentissage? NIL (d) Si vous ne l'avez pas complété, combien de temps y avez-vous passé? NIL
9. (a) Quelles langues parlez-vous couramment? FRANCAIS (b) Quelles langues lisez-vous facilement? FRANCAIS

Partie C—SITUATION AU MOMENT DE L'ENRÔLEMENT

10. (a) Indiquez si vous étiez EN EMPLOI ou EN CHÔMAGE au moment de l'enrôlement. (Inscrivez simplement "En emploi" ou "En chômage", selon le cas; les détails sont demandés plus bas) EMPLOI (b) Au moment de l'enrôlement de quel syndicat ouvrier ou société professionnelle étiez-vous membre? NIL

Partie D—DÉTAILS CONCERNANT CEUX QUI CHÔMAIENT AU MOMENT DE L'ENRÔLEMENT

LES QUESTIONS 11 À 17 NE S'APPLIQUENT QU'À CEUX DONT LA RÉPONSE À LA QUESTION 10 (a) INDIQUE QU'ILS ÉTAIENT EN CHÔMAGE

11. Aviez-vous déjà été employé assez régulièrement depuis votre sortie de l'école?
12. (a) Si la réponse à (11) est "oui," indiquez exactement l'occupation ou le métier effectivement exercé (b) Durée d'emploi dans cette occupation ou métier?
13. Si la réponse à (11) est "non," indiquez exactement l'occupation ou le métier pour lequel vous vous estimez compétent
14. Si vous avez été employé après votre sortie de l'école, indiquez quand vous avez travaillé assez régulièrement pour la dernière fois avant l'enrôlement
15. Donnez des détails concernant votre dernier patron, le cas échéant: Nom Adresse
16. Genre d'affaires du patron (par exemple, "culture" ou "construction de bâtiments" ou "fabrique de chaussures" ou "fonderie de fonte" ou "magasin de détail," etc.)
17. (a) Si vous travailliez à votre propre compte lors de votre dernier emploi, indiquez la nature et l'adresse de votre entreprise (b) Quand l'avez-vous abandonnée?

Partie E—DÉTAILS CONCERNANT CEUX QUI TRAVAILLAIENT AU MOMENT DE L'ENRÔLEMENT

LES QUESTIONS 18 À 23 NE S'APPLIQUENT QU'À CEUX DONT LA RÉPONSE À LA QUESTION 10 (a) INDIQUE QU'ILS ÉTAIENT EN EMPLOI. VOUS ÊTES PRIÉ DE LIRE EN ENTIER CES QUESTIONS ET DE NE RÉPONDRE QU'À CELLES QUI S'APPLIQUENT À VOTRE CAS AU MOMENT DE L'ENRÔLEMENT

SI VOUS ÉTIEZ À L'EMPLOI D'UN PATRON AU MOMENT DE L'ENRÔLEMENT, PRIÈRE DE RÉPONDRE AUX QUESTIONS 18 A 21

18. Nom du patron Jhon KELLY Cultivateur Adresse St-Malachie Bellec.
19. Genre d'affaires du patron (par exemple, "culture" ou "construction de bâtiments" ou "fabrique de chaussures" ou "fonderie de fonte" ou "magasin de détail," etc.) CULTURE
20. (a) Genre précis de votre occupation FERMIER (b) Nombre d'années d'expérience dans ce travail pour le compte de tout patron Sans
21. (a) Votre patron vous a-t-il formellement promis de vous reprendre à son service à votre licenciement? OUI (b) Votre patron a-t-il refusé de promettre de vous reprendre à son service à votre licenciement? NON (c) Désirez-vous retourner à votre ancien emploi? OUI

SI VOUS TRAVAILLIEZ À VOTRE PROPRE COMPTE AU MOMENT DE L'ENRÔLEMENT, C'EST-À-DIRE, SI VOUS EXPLOITIEZ UNE FERME, UN MAGASIN, UNE AGENCE OU SI VOUS EXERCIEZ UNE PROFESSION, OU SI VOUS ÉTIEZ ASSOCIÉ DANS L'UNE DE CES ENTREPRISES, PRIÈRE DE RÉPONDRE AUX QUESTIONS 22 ET 23

22. (a) Indiquez la nature du commerce ou la profession (b) Où était-il situé?
23. (a) Nombre d'années dans ce commerce? (b) Avez-vous fait ou vous proposez-vous de faire des plans pour reprendre à votre licenciement votre commerce ou un commerce d'une nature semblable?

Partie F—DÉTAILS DE L'EXPÉRIENCE EN AGRICULTURE

24. (a) Désirez-vous vous livrer à la culture de la terre après la guerre? OUI (b) Vous croyez-vous apte à exploiter une ferme? OUI (c) Si oui, dans quel genre de culture? GENERALE
25. (a) Êtes-vous né sur une ferme? OUI (b) Nombre d'années d'expérience effective dans la culture? 4ans (c) Dans quelles provinces avez-vous acquis votre expérience? QUEBEC

Partie G—DIVERS

26. Avez-vous pris des arrangements autres que ceux indiqués ci-dessus au sujet de votre rétablissement dans la vie civile après votre licenciement? NON
27. Si oui, indiquez la nature de vos projets (par exemple, vous proposez-vous de reprendre vos études, ou vous a-t-on assuré une position, etc.) NIL
28. Indiquez toute préférence pour un certain emploi ou toute ambition que vous pourriez avoir, autres que celles indiquées ailleurs sur la présente formule CHAUFFEUR de D'automobile.

DATE 30 Juillet 1943 SIGNATURE Wilfrid Cameron

(To be completed in triplicate)

DUPLICATE

FINGERPRINTED AND PHOTOGRAPHED

M.F.M. 103
125M—4-42 (4203)
H.Q. 1772-39-1828

MILITIA ACT

THE NATIONAL RESOURCES MOBILIZATION ACT, 1940

N.R.M.A. PERSONNEL

ENROLMENT FORM

AA

N.R.M.A. Serial Number of Notice of Call F-130291 Regimental Number E-629650

1. Taken on Strength of No. #5 N.R.M.A. Clearing Depot Quebec.P.Q.

2. Surname (Block Letters) Cameron.

3. Christian Names (in full) Marius.

4. Present Address St-Malachie Cte Dorchester.P.Q.

5. Place of Birth CANADA (Country) QUEBEC (County or Province) ST-Malachie. (Town or Township)

6. Date of Birth 30 Mars 1924 7. Religion—Denomination Catholique Romaine.

8. Physical Description: Height 5'9½" Weight 125 Eyes Bruns Hair Bruns.

Complexion Clair. Identification marks NIL

9. Married, Single, Widower? CELIBATAIRE.

10. Next-of-Kin Omer Cameron. (Name) Relationship Pere.

St-Malachie Cte Dorchester.P.Q. (Address)

11. Trade or Occupation Cultivateur.

12. Previous Naval, Military or Air Service nil (State Units and Dates of Service)

13. Preference, if any, for, R.C.N.? Army? Armee. (Arm of Service) R.C.A.F.?

14. Employment in War Industry, if any NIL

Marius Cameron
(Signature of Man)

A.D. Forsyth 2/Lieut
(Signature and Rank of Enrolment Officer)

27 Mai 1943
(Date of Signature)

TRAINING CENTRE PARTICULARS

A. Attached to Basic T.C. No. 54 at Montmagny, P.Q. Date 20 Aug 43.

Completed 75 Days Basic Training.

13 Nov 43. (Date, Signature, and Rank of Recording Officer) Major

B. Attached to Advanced T.C. No. A-13 at Valcartier Camp Date 14 Nov 43

Completed 60 Days Advanced Training.

Qualities of Leadership, Positive Nil. Becoming Evident? Good Dormant? Good

Transferred to (R.C.N. formation or unit of the C.A., R.C.A.F.) Date 21 Jan 44

(Date, Signature, and Rank of Recording Officer) Edmundson Lt.

C. Medical Category on acceptance at Basic Training Centre A-1

OCCUPATIONAL HISTORY FORMS COMPLETED

Initial [illegible] Date 1-8-43

RECORD OF SERVICE of Cameron. (Surname) Hector (Christian Names) Regimental Number E-229650

QUALIFICATIONS

1. Naval, Military, or Air NIL
2. Business or Professional NIL
3. Trade or Civil CULTIVATEUR.
4. Technical NIL
5. Languages, etc. FRANCAIS. (mother tongue) Can speak ? ANGLAIS. Can read and write ? OUI

EDUCATIONAL QUALIFICATIONS

6. High School or Collegiate 8 stds. (years completed) Graduation or Matriculation 8 ième Année. (specify)
7. *College Ecole Couvent St-Ephrem Ste Dorchester.P.Q.
8. *University NIL

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

Can drive a car ? NIL Repair a motor ? NIL Cooking experience ? [illegible] Hobby ? Baseball

All N.R.M.A. Personnel will be taken on as Private soldiers, appointments and promotions to higher rank to be shown as provided in the space below.

Report Date	Report From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., from date taken on Strength of Field Force.	Rank Shown	Effective Date	Unit	Place	Authority Part II D.O. No. Cas. List, etc.	Authority Dated
		Joined on TRANSFER from N.R.M.A. Clearing Depot No. [illegible]						
		Reported As entered at 0900hrs the 27-5-43 Ceases Att. to ~~N.R.M.A.~~ [illegible] for all purposes.	Pte	27-5-43	R.C.R.	Quebec.	P.O. 182	9-7-43
		Att. since 0900hrs the 31-5-43	"	31-5-43	R.C.R.	Quebec.	P.O. 182	9-7-43
		Ceased to be Att. at 1745hrs the 27-7-43	"	27-7-43	R.C.R.	Quebec.	P.O. 180	30-7-43
		Was on 5-8-43 ADMONISHED and to forf. 15 days pay and allow. under P.R.&I.149 for A.W.I. from 0800 22-3-43 until 1120 28-7-43 Tot. Abs. 156 day's 3hrs 20mi. Case dealt with under sect. 46AA	"	6-8-43	"	Lauzon	" 186	6-8-43
		Ceases Att. to this Depot and being Posted T.C.54 F.A.P.	"	19Aug 43	" "	" "	" 197	19 Aug 43
		Att. T.C.54 F.A.P.	"	20Aug43	T.C.54	Mont'y Part (II)	No 111	24 Aug 43
		Granted 96 hrs leave of absence from 1700 hrs 17 Sep 43	"	17 Sep43	" "	" "	" " " 125	21 Sep 43.
		Awarded 7 days C.B. & forf. 4 day's pay F.R.& I. for AWL from 0600hrs 22 Sep43 to 0715hrs 25 Sep43. (3days, 1hr, 15 mins)	"	24 Sep 43	" "	" "	" " " 127	27 Sep 43.
		Ceases att. T.C.54, being posted A.I.T.C., A-13, Valc, P.Q.	"	13 Nov43	" "	" "	" " " 149	13 Nov 43.
		T.O.S. att'd for all purposes to A-13 Valcartier	"	14 mar 43	"	"	" 228	15 mar 43
		CEASES TO BE ATTACHED TO A.I.T.C. A-13 ON TRANSFER TO: Serial 1030	"	17-2-44	A.I.T.C. A-13	VALCARTIER CAMP, P. Q.	45	16-2-44
		T.O.S. from A-13	"	18 Feb 44	Rockhead	Field	" " 18	26 Feb 44
		To receive $1.50 per diem	do	1-4-44	do	do	40	12-4-44
		S.O.S. N.R.M.A. to General Service (E.106729)	"	28 Apr 44	"	Vernon		

Regtl. No. E-629650 Rank Pte. Surname Cameron Christian Names Marius

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief Details and Signature	Date	Brief Details and Signature	Date	Brief Details and Signature
	URINE & REFLEXES:- NORMAL	28-5-43	Q.M.H.1657		
30-7-43	VACC. Capt. RCAMC.		X Ray chest neg. Capt. RCAMC.		
30-7-43	T.A.B.T; Capt. RCAMC.		Y.O.B. P U L H E M S: 24 1 1 1 1 1 1		
3-9-43	2 Capt. RCAMC.	12 Nov. 1943			
1-10-43	3				

STATION	Date of Arrival at Station	Dates of Admission into Hospital: Day	Month	Year	Dates of Discharge from Hospital: Day	Month	Year	DISEASE	Number of Days in Hospital	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied.	Signature of Medical Officer

Page 4

Received ..... Checked E ..... Card ✓ ..... Observation .....

M.F.M. 2
(Combining M.F.M. 103)
1,000,000—12-43 (3115)
H.Q. 1772—39—1645
K.P. 96

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

FOR USE OF N.D.H.Q. ONLY	
Date Received	
Checked	
Carded	
Hollerith	

Corps Infantry

CANADIAN ARMY

Regimental Number E106729 01 PTE

ENROLMENT AND ATTESTATION PAPER

1. CAMERON (Surname) JOSEPH MARIUS (Christian Names)
2. Present Address St. Malachie Cte Dorchester, P.Q.
3. (a) Date of birth 30 Mar 1924
   (b) Place of birth Canada (Country) Quebec (County or Province) St. Malachie (Town or Township)
4. (a) Place of birth of Father St. Anselme Co. Dorchester P.Q.
   (b) " " " " Mother St. Malachie Co. Dorchester P.Q. (Country) (County or Province) (Town or Township)
5. Nationality French 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) Roman Catholic
7. Trade or calling Cultivateur
8. (a) Name and address of last employer John Kelley Farmer St. Damien Co. Bellechasse P.Q.
   (b) How long employed 1 month
9. Married, Widower or Single ..... If married, how many children .....
10. Name of Next-of-Kin Mr. Omer Cameron 11. Relationship Father
12. Address of Next-of-Kin St. Malachie Co. Dorchester P.Q.
13. Previous Service (Navy, Army or Air Force) Units and dates E-629650 NRMA from 27 May 43 to date
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

Marius Cameron
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 Vernon B.C. this 29 day of April 19 44

A Labrecque Major. — Signature of Magistrate, Justice Attesting or Enrolling Officer.
1 Bn Le Regt de Hull C.A. — 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, JOSEPH MARIUS CAMERON, 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 29 April 1944 Marius Cameron (Signature of Recruit)

18. OATH TO BE TAKEN BY MAN ON ATTESTATION

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

Witness A Labrecque (Name) Major (Rank) Marius Cameron (Signature of Recruit)

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

at Vernon B.C. this 29 day of April 19 44

A Labrecque Montreal (Signature of Magistrate, Justice or Attesting Officer.)

1 Bn Le Regiment de Hull, C.A. (Office or Rank and Unit or appointment)

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.

TO BE FILLED IN BY DISTRICT DEPOT	
Fingerprinted	✓
Photographed	✓
Occupational History Form Completed	✓

Proof

5408
10
3 Jun 44
1111121

Record of Service of CAMERON (Surname) Marius (Christian Name) Regimental Number E106729

QUALIFICATIONS

Military: Nil
Business or Professional: Nil
Trade or Civil: Cultivateur
Technical: Nil
Languages: French

EDUCATIONAL QUALIFICATIONS

High School or Collegiate: Grade 9 (years completed)
Graduation or Matriculation: (specify)
*College: Convent St. Mqlachie, CTE Dorchester P.Q.
*University: Nil

* (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.

This column for checking purposes only	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
	Entitled to receive $1.50 per diem	Pte	1 Apr 44	R de Hull	~~Xxxx~~	No. 40	12 Apr 44
	T.O.S. from A-13 AITC.	Pte	18-2-44	R de H.	Field	18	26-2-44.
	Granted Embarkation Leave w. R.A. from 9th May to 19 May 44	"	9 May 44	R de Hull	"	D.D. H II #2	4 May 44
	Att. to #5 D.D. f.a.p. except pay.	"	5 May 44	"	"	" " 2	4 May 44
	Leave to be att to #5 D.D. f.a.p. except pay	"	19 May 44	"	"	" " 3	21 May 44
	SOS CA(C) on Emb.	"	26-5-44	"	"	" 7	25-5-44
	TOS CA(O) on Disemb. 2 June 44	"	27-5-44	"	"	" 7	25-5-44
SoS	SoS. to x4 List. 13 Bn. 2 CBR Gp.	Pte	13 July 44	R de H.	UK.	21	12 July 44
TOS							
Do 56 Cans 1 Jul 44							
620	~~TOS from x4 List 7 M R (11 Bn)~~	~~Pte~~	~~22 July 44~~	~~Lo Fus M R~~	~~21a Gp~~	~~53~~	~~27 July 44~~
620	TOS from x4 List 7 M R. (11 Bn)	Pte	22 July 44	7 M R	21a Gp	56.	31 July 44

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

CERTIFICATE OF MEDICAL EXAMINATION

20. Surname CAMERON Christian Names JOSEPH MARIUS

Reception Centre Vernon B.C. Military District X1 Date 1-5-44

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 20 Eyes (Colour) Grey Hair Brown Height 5'9" Weight 143

Identification marks and scars Apendicectimy

---

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

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

---

23. X-Ray No. QMH/1657 Laboratory ..... Report .....

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

(c) Any broken bones or other injuries No

Head injuries no

(d) Spinal trouble no

(e) Foot trouble no

(f) Operations Apendicectomy 1939

(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

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

..... R.C.A.M.C.

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

---

26. Cranium N

Spine N

Extremities N

Hernia N

Genito-Urinary N

Rectum N

Varicose Veins N

Feet N

Abdominal Apendicectomy

Remarks and Diagnosis

Pulhems grading P 1 U 1 L 1

..... R.C.A.M.C.

(Signature of Surgeon)

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

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

..... (Signature of Recruit)

..... R.C.A.M.C.
(Witnessed by)

27. Physique :

Good ..... Yes Fair ..... Poor .....

Chest : Symetrical

Full expansion ..... 39 Range of Expansion ..... 2"

Lungs : ..... Clear to A&P .....

Heart : B.P. Systolic ..... 122 Diastolic 86

Abdomen ..... Nil except scar Apendicectomy.

Skin ..... Neg.

Glandular Systems ..... Neg.

Remarks and Diagnosis :

PULHEMS Grading P ..... 1 .....

..... R.C.A.M.C.
(Signature of Physician)

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

Pulhems grading M ..... 2 ..... S ..... 1 .....

..... R.C.A.M.C.
(Signature of Psychiatrist)

Part III

29. Profile to be assigned.

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

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

..... 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 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.
30 JUL 43	Vacc and TABT 1 MFM 103	1-5-44	1	1	1	1	1	1	2 1	
3 Sep 43	TABT 2 "	12Nov43	1	1	1	1	1	1		MFM 103
1 Oct 43	TABT 3 "									

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

NRMA SOLDIER ATTESTED FOR GENERAL SERVICE

To be made out in duplicate

M.F.M. 5
200M—7-40 (6098-9)
H.Q. 1772-39-1651

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

INSTRUCTIONS.

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

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

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

---

(1) Name of Officer of Other Rank.....CAMERON Marius.....
(Surname first—Christian names in full—Block capitals)

.....

(2) Regimental or Air Force Number and Rank.....E-629650 Pte.....

(3) Unit.....No 5 DD NRMA.....

(4) Are you married?.....nil.....

(5) If married, state,

(*a*) Full name of your wife.....nil.....

.....

(*b*) Present postal address of wife.....nil.....

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

.....

(7) Are you a widower?.....nil.....

(8) Have you any children?.....nil..... Number of boys..... Girls.....

Names and ages.....nil.....

.....

(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.....nil.....

Postal Address.....nil.....

.....

[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 nil

(11) Is your father alive? oui

If so, state name and address, occupation Omer Cameron, ~~Re~~ (journalier,)
St Malachie Co Dorchester 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 nil

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

(14) Is your mother alive? oui

If so, state name and address MdeJames Cameron,
St Malachie Co Dorchester, 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 nil

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? nil

(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 nil

Full Name nil

Postal Address nil

Amount contributed monthly during the past six months nil

(18) Are you insured? nil

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

Have you made arrangements for payment of your Insurance Premium? nil
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.

Marius Cameron
(Signature of officer or man)

Date 30-7-43

---

for H. Wyatt Lieut.
Officer Commanding (F.C. MAGEE) Lt. Col.
Commanding No 5 District Depot

Date 30-7-43

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.

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

NUMBER: E-106729 RANK: Private SERVICE UNIT: The Mount Royal Fusiliers (CA)

NAME: CAMERON, Joseph Marius

DATE OF BIRTH — DAY: 30th MONTH: March YEAR: 1924 Date Enlisted: 29-4-44

MARITAL STATUS: Single Religion: Roman Catholic

NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 RELATIONSHIP: Father NAME: Mr. Omer Cameron,

ADDRESS: Ste. Malachie, County Dorchester, Que. ADDRESS D.A.B.:

ADDITIONAL PERSON TO BE NOTIFIED: ADDRESS:

PARENTS NAME:

ADDRESS (IF SOLDIER MARRIED OVERSEAS):

AUTHORITY CAS. SIG. NO.: Canrecords 9854 H.Q. 405-C-25,116

CASUALTY DETAILS: Killed in action DATE: 10-8-44

FRANCE

LAST WILL ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO

M.F.M.S. ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO DATE: 8-9-44

MBI

OFFICER I/C RECORDS

6

COPY FOR DOCUMENT FILE

No. E629650 (106729) RANK PTE NAME CAMERON Marius (Joseph Marius) *Married / *Widower / *Single

Place of *Appointment / *Enlistment QUEBEC P.Q. Date of *Appointment / *Enlistment 27-5-43

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
126	28-5-43				1.30			30th Group.
40	12-4-44	PTE			1.50			eff. 1-4-44

MR. OMER CAMERON (PÈRE) ST-MÉLACHIE Co. DORCHESTER, QUE

ASSIGNMENTS

Name and Address of Assignees	Effective Date	Amount	
Voluntary (MOTHER)			
5th Vict LOAN	1-11-43	[illegible]	
Mrs Jane Cameron			
Lt Mélachie Co Dorchester P.Q.	1-7-44	20	00
Total.....			

DEPENDENTS' ALLCES. No. Deps.....

Date Application Forwarded	Relationship	Amount Awarded		Effective Date

*Outfit / *Clothing Allce. $..... Paid on.....

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.....

Part II. D.O. No.	Part II. D.O. Date	CASUALTIES, ETC. Nature and particulars	If in Hospital note name
126	28-5-43	att for rations quarters and pay to A co'y from 0930 hrs 27-5-43 having reported as ordered.	
162	9-7-43	placed in Cat Al and allotted no "E 629650	
"	"	awl from 0800 hr 31-5-43	
180	30-7-43	Ceased to be AWL at 1745 hrs 27-7-43	
186	6-8-43	was on 5-8-43 admonished and forf. 58 days pay for awl from 0800 hrs 31-5-43 to 1745 hrs 27-7-43 tot. abs. 57 days 9 hrs 45 min.	
197	19-8-43	SOS DD 5 on trf to TC 43 w.e.f. 19-8-43	
111	24-8-43	From No.5 DD is att to T.C.54 for R. and Q. W.E.F.1030 hrs 19-8-43 and f.a.p. W.E.F. 20-8-43.	
125	21-9-43	Is granted 96 hrs leave of abs. from 1700 hrs 17-9-43.	
127	27-9-43	Charged under Sec 15 A.A. on 24-9-43. Awarded 7 days' "C.B. & forfeits 4 days' pay under F.R. & I. for A.W.L. from 0600 hrs 22-9-43 to 0715 hrs 25-9-43. (3 days, 1 hrs, 15 min.)	
149	13-11-43.	Ceases att. T.C.54 on trans. to AITC A-13 Valc. W.E.F. 1146 hrs 13-11-43.	
273	15/11/43	T.O.S. A. (!) T. C. - A13 E.F.F. 14-11-43	
40	16-2-44	S.O.S. A. (I) T. C. - A13 E.F.F. 17-2-44 to Serial 1536.	

CASUALTIES, ETC.

Part II D.O. No.	Part II D.O. Date	
18	26-2-44	T.O.S. from A 13 to Le Regt. de Hull 18-2-44
40	12-4-44	To receive $1.50 per diem 1-4-44
2	4-5-44	Granted 10 days embarcation leave & R.G. from 9 to 18-5-44
7	25-5-44	S.O.S. Cdn army (Canada) 26-5-44 Disembark 2-6-44 S.O.S. Cdn army (overseas) 27-5-44
21	12-7-44	S.O.S Rde Hull to X 4 list 13 Bn 2 C.B.R.G wef 13-7-44
		SOS 11 Bn X-4 list wef 18-7-44
		SOS " " " to 10 Bn (43 Gp) " 20-7-44

CR SOSIOBN TO HQS. M.R. EFI 22 JULY

53	27-7-44	T.O.S. from X-4 4 IST 11 BN wef 22 Jul 44.
56	31-7-44	T.O.S. from X 4 4 IST 11 BN. wef 22 Jul 44.
56	31-7-44	TO cancel DO 53/44.
C.R.	11-8-44	S.O.S TO X6, LIST wef 10 aug 44. Missing believed P.O.W.

no docs

TRAINING RECORD ~~INFANTRY~~ (RIFLE)

No. E-106729 Rank Pte Name Cameron, J. [illegible]
(in full, surname last)

Medical Category "A" Date of Birth

English Speaking ☐
French Speaking ☒
Bilingual ☐

TESTS OF ELEMENTARY TRAINING

Rifle	1	2	3	4	Remarks as to General Skill
Date	12-6-44	12-6-44	12-6-44	12-6-44	G.
Initials	A.C.B	A.C.B	A.C.B	A.C.B	

Bren	1	2	3	4	Remarks as to General Skill
Date	12-6-44	12-6-44	12-6-44	12-6-44	G
Initials	A.C.B	A.C.B	A.C.B	A.C.B	

2-in. Mortar	1	2	Remarks as to General Skill
Date	13-6-44	13-6-44	G.
Initials	A.C.B	A.C.B	

3-in. Mortar	1	2	3	4	Detachment Drill 1	Detachment Drill 2	Detachment Drill 3
Date							
Initials							

Gas Trg.	Oral	Insp.	Std.	Through Chamber		
Date				Date		
Initials				Initials		

RANGE COURSES

	Qualification Standard	Date	Initials
Rifle			
L.M.G.			

	No.of rds.	Standard (a)	Initials
2-in. Mortar	2	G. 28-6-44	A.C.B
3-in. Mortar			
P.I.A.T.	3	A.V. 7-7-44	A.C.B
Sten M.C.			
6-pdr. A.Tk. Gun			

	No. of Rds.	Standard (a)	Initials
A.A.			
Grenade No. 36	3	G.	A.C.B
Grenade No. 69	2	G.	A.C.B
Grenade St. No. 74			
Grenade No. 77			

26-6-44

(a) Where no regulation standard is prescribed in manuals, use: Very Good (V.G.)—85% or better: Good (G)—70% to 84%: Average (AV)—50% to 69%: Failed (F) under 50%.

M.F.M. 105E
75M—6-43 (487)
H.Q. 1772-39-2053

COMMON TRAINING

Subject	Standard (a)	Remarks	Initials
Drill	G.		AXB
Physical Training	AV.		AXB
Marching	G.		AXB
Map Reading	AV.		AXB
Fundamental Training	G.		AXB
Appl. of Fire	G		AXB
Bayonet	G.		AXB
P.I.A.T.	AV		AXB
Sten M.C.	AV-		AXB.
Cooking in the Field			
Field Works	G.		AXB.
Field Training	AV.		AXB

SPECIALIST TRAINING (where applicable)

Nature	Standard (a)	Remarks	Initials
Drvg & Mtce (Wheeled)			
Drvg & Mtce (Carrier)			
Drvg & Mtce (M.C.)			
3-in Mortar			
6-pdr. A.Tk. Gun			
Range-taker			

GENERAL REMARKS ON COMPLETION OF TRAINING (a)

Military Efficiency Good Conduct Good Leadership Mil

Other Remarks .....

.....

Place In the Fields Signature A Baderoute Rank and Appointment Major

Date 14 June 44 Training Centre or Unit 1 Bn Le Regt de Hull, C.A.

(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
		"	T.O.S. from A-13, A.I.T.C.	"	18-2-44	"	D.O.12 d/26-2-44
13-4-44	O.C.	HULL	To receive $1.50 per diem.	Field	1-4-44	Pte	D.O.40 d/12-4-44
5-6-44	"	"	Granted Emb. Lea. with R.A. from 9 to 18	"	9-5-44	"	# 2 d/4-5-44
"	"	"	AH. to No. 5 D.D. f.a.p. ex/pay	"	5-5-44	"	# 2 d/4-5-44
"	"	"	Cea. AH. to No. 5 D.D. f.a.p. ex/pay	"	19-5-44	"	# 3 d/21-5-44
12-5-44	"	"	SOS CA (C) on Emb.	"	26-5-44	"	7 d/25-5-44
"	"	"	TOS CA (O) on Des.	"	27-5-44	"	7 d/25-5-44
11-7-44	"	"	SOS to X-4 List 13th Bn. 2 C.B.R.G.	"	13-7-44	"	D.O. 21 d-12 Jul 44.
	X4 CIC	13 Bn	TOS from Rde Hull	"	14 Jul 44	"	— 13 — " "
	X4 "		SOS to Rus. Mont Royal	"	21 " "	"	14-Aug 44
		FusMR	TOS from X-4 LIST FUS M R (11 Bn)	Fd	22JUL44	Pte	56d/31 JUL 44
		FusMR	SOS KILLED	Fd	10AUG44	Pte	65d/28 AUG 44

Dup. Dde H
Killed 1 Aug 44

#5D.D.

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

Unit N.R.M.A. 5D.D. Regimental Number ~~E/629650~~ E 106729

		(17) Regiment or Corps	Unit (Battn., etc.)
1. Surname	CAMERON		
2. Christian Names	Marius	Infantry	1 Bn Regt de Hull CA
3. *Substantive Rank and Appointment			
*Acting Temporary or Local Rank	PTE		
giving date	27-5-43		
*To be entered in pencil to facilitate alteration.			
4. Place of birth	St-Malachie P.Q	(18) Medical Board	
5. Date of birth as declared on attestation	30-3-1924		
(A)		Category / Date / Authority	
6. Date of enlistment	27-5-1943	A-1 / 28-5-43 / D.M.O. M.D. 5 M.F.M. 103	
7. Place of enlistment	Quebec P.Q	24-111111 / 12-11-43 / M.F.M. 103 page 3 B.1	
8. Residence at time of enlistment	St-Malachie Ste Dorchester P.Q		
9. (B) Special conditions (if any) of enlistment or rate of pay		24-111121 / 1-5-44 / " " " "	
10. (C) Any subsequent variations of conditions of service			
11. Religion	Catholique Romaine		
12. If married, state date		(19) Next of kin (entries to be made in pencil)	
13. Trade on enlistment	Cultivateur (FARMER)	MR. OMER CAMERON (FATHER)	
14. Corps, trade and grade		ST. MALACHIE,	
15. (D) Qualifications		CTE. DORCHESTER QUE.	
16. (E) Miscellaneous entries	$1.50 per diem. 1 Apr 44		
		(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.

Sheet No.....

POSTINGS FROM O/S CASUALTY LISTS

To be attached to M.F.M. 1 or M.F.M. 2

Regt'l No. E106729 Rank Pte Surname Cameron Christian Name Joseph M.

Unit	Hospt.	Admitted Day	Admitted Mo.	Admitted Year	Discharged Day	Discharged Mo.	Discharged Year	Hospt. Days	Disease or Injury	Remarks	Cas. List No.
Rus Mont Royal									Killed 10-8-44		a-484

Records B3-49
H.Q. 1772-45-8
100M—5-43 (9999)

Regimental No. E-106729 Rank ..... Sheet No. .....

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

Name Cameron Marius

	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc—	Rank Shown	Effective Date	Unit	Place	Authority DO Number	Authority Dated
	Embarked UK. 17 Jul 44						
	Disembarked France. 18 July 44	PTE		X L R, 4 G.	UK.	28	4 Aug 44
	SOS SOS X4 List 11 Bm) to Fus Mont Royal.	PTE	21 Jul 44	X L Auf Gen Un.	21 AG.	14.	4 Aug 44
	SOS SOS (Killed in Action.)	PTE.	10 Aug 44	F M R.	21 AG.	65	28 Aug 44
M139	Killed		10 Aug 44	F. M R.	AEF	A484	27 Aug 44