E20509
FITZGERALD
FRANCIS JOSEP

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Q-39-F-727

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: Fitzgerald, Francis, Joseph, Burke (b) Reg'l. No. E.20509
2. (a) Arm of service: Army (b) Unit: No.5 Det.R.C.O.C.(A.F.) (c) Rank: Private
3. (a) Date of birth: 24-9-1922 (b) Have you any dependents? No. (c) Place of residence at time of enlistment: Quebec, P.Q.
4. (a) Place of enlistment: Quebec, P.Q. (b) Date of enlistment: 18-4-1941

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school: 15 yrs. (b) Were you attending school or college up to the time of enlistment? No.
6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.): 1 yr. High School
7. If you attended a university, give name of university and standing or degree secured: No.
8. (a) Did you ever enter upon a trade apprenticeship? No. (b) If so, for what occupation? N.A. (c) Did you finish it? N.A. (d) If you did not finish it, how long did you serve at it? N.A.
9. (a) What languages do you speak fluently? English & French (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): Not 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? No.
12. (a) If answer to 11 be "Yes", state exact trade or occupation at which you actually worked: N.A. (b) State how long you had worked at this trade or occupation: N.A.
13. If answer to 11 be "No", state exact trade or occupation for which you feel qualified: Office Clerk
14. If you had been employed after leaving school, state when you last worked fairly regularly before enlistment: N.A.
15. Give details of last employer, if any: Name: N.A. Address: N.A.
16. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.): N.A.
17. (a) If your last employment was in a business of your own, state nature and address of business: N.A. (b) Date of discontinuing it: N.A.

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: N.A. Address: N.A.
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.): N.A.
20. (a) Your specific occupation: N.A. (b) Number of years' experience at this occupation with any employer: N.A.
21. (a) Did your employer promise definitely to give you employment on discharge? N.A. (b) Did your employer refuse to promise you employment on discharge? N.A. (c) Do you wish to return to your former employment? N.A.

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

Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war? No. (b) Do you feel competent to operate a farm? No. (c) If so, in what kind of farming? N.A.
25. (a) Were you born on a farm? No. (b) How many years' actual farming experience have you had? None (c) In what provinces did you have experience? N.A.

Section G—MISCELLANEOUS

26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge? No.
27. If so, state nature of your plans (for example, do you plan to return to school, or have you been assured of a job, etc.): N.A.
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form: To be a motor mechanic.

DATE: April 21, 1941 194

SIGNATURE: Francis Fitzgerald

FOR COMPLETION AND RETURN BY

Form P. 64

[redacted]

Miss Annie Fitzgerald,
60 St. Julia St.,
Quebec City, P.Q.

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

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

and the following number quoted:—

H.Q. 405-F-14,895 FD63

DEPARTMENT OF NATIONAL DEFENCE

ESTATES BRANCH

OTTAWA, ONT.

21 May 1945

For the purpose of record and in the event of there being any Service estate available for distribution (according to law) on account of the late

FITZGERALD, Francis Joseph Burke, Private

E20509 C.A. O/S

ESTATES BRANCH [redacted] 14 1945 H.Q. OTTAWA NATIONAL DEFENCE

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

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

WRH/MMB

Director of Estates.

W S G.

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.................. Not Married				
2	Children of the Deceased and dates of their Births.................. nile				
3	Father of the Deceased..................		date of death 4/July, 1937 John Fitzgerald	54	
4	Mother of the Deceased..................		Sarah Fitzgerald nee (mullally) died 26/January 1944.	54	
5	Brothers of the Deceased	Full Blood	Girard Fitzgerald, 60 Juzie St (Quebec) Sgt. W. Fitzgerald (overseas) Pte. R. S. Fitzgerald (Overseas) ~~Mary Fitzgerald. 60 Juzie St~~	31. 26 22 ~~28.~~	
		Half Blood			
6	Sisters of the Deceased	Full Blood	Mary Fitzgerald 60 Juzie St Mrs a Grant (nee Ann Fitzgerald now at Victoria B.C.	28 25	
		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
	John Fitzgerald Jr June 21st 1939 age at death 19.		

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased. Francis Joseph Burke Fitzgerald	
9	Date of his birth. Sept 20th 1924.	
10	Place and date of his marriage. —	—
11	Place and date of his parents' marriage.	

PARTICULARS OF DOMICILE

12	Place where deceased was born. Quebec Canada	
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) (c) (d)
14	Nature of employment before enlistment. Student.	
15	State whether he owned the premises in which he lived, and, if so, where situated.	no
16	Name place where deceased stated he intended to make his permanent home.	Quebec.

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?	
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?	Dont Know of any.
20	Amount of War Savings Certificates held by deceased. Indicate where located.	Dont Know of any
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	Dont Know of any
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	Dont Know of any
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	no

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.	no
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.	no

(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

* ~~Sister Mary Fitzgerald~~ of the deceased.

Mary Fitzgerald
60 Jalie St Quebec
~~Edward J. McDonald CSSR~~ Signature of Informant
~~250 G. Allee~~ Address

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.

CERTIFICATE

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

*See above.

Dated at St Patrick's Ch this 12th day of June 1945

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces. Edward J McDonald CSSR Qualification Catholic Priest

Address 250 G. Allee Quebec City.

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

Please inform me how to go about the Gratitutie money I Guess been next to Kin Sure be entitled to it as I am keeping house for my Brother now at home & the two otters that should be coming back from over seas soon.

Received Duplicate ..... Checked ..... Card ..... Observations .....

14 JUL 1942

ORIGINAL
DUPLICATE
TRIPLICATE

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

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

Unit No.5 Det. ~~R.C.O.C.~~ (A.F.) C.I.C. Regimental Number E.20509

CANADIAN ACTIVE SERVICE FORCE

01 PTE

ATTESTATION PAPER

WSG COMPLETED

1. Surname ~~BURKE~~ FITZGERALD
2. Christian Names FRANCIS JOSEPH BURKE
3. Present address 52 St. Michel Street Quebec P.Q. Canada
4. Date of birth 24-9-1922
5. Place of birth Canada (Country) Quebec (County or Province) Quebec (Town or Township)
6. Religion (state denomination) Roman Catholic
7. Trade or Calling Student
8. Married, Widower or Single Single
9. Name of next of kin ~~Mrs. Sarah~~ Fitzgerald
10. Relationship ~~Mother~~ See change.
11. Address of next of kin ~~52 St. Michel Street Quebec~~ P.Q. Canada
12. Have you served in any Naval, Military or Air Force? No.
13. If previous war service, state arm, force and regimental particulars No.
14. Do you now belong to or have you served in the Active Militia of Canada? No

(Give unit and date of attestation)

DECLARATION TO BE MADE BY MAN ON ATTESTATION

I, Francis Joseph Burke Fitzgerald do solemnly declare that the above particulars are true, and I hereby engage to serve in the Canadian Active Service Force so long as an emergency, i.e., war, invasion, riot or insurrection, real or apprehended, exists, and for the period of demobilization after said emergency ceases to exist, and in any event for a period of not less than one year, provided His Majesty should so require my services.

Date 18 - 4 - 1941 Francis Fitzgerald (Signature of recruit)

OATH TO BE TAKEN BY MAN ON ATTESTATION

I, Francis Joseph Burke Fitzgerald do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.

Francis Fitzgerald (Signature of Recruit)

CERTIFICATE OF MAGISTRATE, JUSTICE OF THE PEACE OR ATTESTING OFFICER

The Recruit above-named was cautioned by me that if he made any false answers to any of the above questions he would be liable to be punished as provided by law.

The above questions and answers were then read to the recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me,

at Quebec this 18th day of April 19 41

(A.A. McDonald) Major — Signature of Magistrate, Justice or Attesting Officer.

O.C. No.5 Det. R.C.O.C. (A.F.) — Office or Rank and Unit or appointment.

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

FINGERPRINTED—CAIB

Record of Service of FITZGERALD, Francis JOSEPH BURKE (Surname) (Christian Names) Regimental Number E.20509

QUALIFICATIONS

Military Nil
Business or Professional Nil
Trade or Civil None
Technical None
Languages English & French

EDUCATIONAL QUALIFICATIONS

High School or Collegiate 1 year (years completed)
Graduation or Matriculation Nil (specify)
*College None
*University None
1 year high school at St. Patrick's High School
*(Name of institution, courses or years completed, and degrees obtained to be shown)

All enlisted personnel will be taken on as Private soldiers, appointments and promotions to higher rank to be shown as provided in the space below.

Report: 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
8253–		Joined on appointment having been attested is taken on the strength	Pte.	18-4-1941	No.5 Det R.C.O.C	Quebec P.Q.	D.O.Pt.II # 29	d/ 21-4-1941
–		Granted 7 days furlough.	"	3-11-41	"	"	" " 88	d/ 6-11-1941
–		SOS No.5 Det.RCOC (CA) w/e 6-5-1942 and posted to No.I Base Ordnance Depot.	"	6-5-42.	"	"	" " 36	5-5-1942.
–		~~SOS DDMD3 on transfer to Serial 1027 No.I Ord. Base Depot Overseas.~~ T.O.S. D.D.M.D. #3 ON TRANSFER FROM #5 Det. R.C.O.C. for R.C.O.C. Concentration	"	7-5-42 ~~13-6-42~~	D.D.M.D 3	OTTAWA	129-42 ~~124-42~~	9-5-42 ~~13-6-42~~
–		Embarked Halifax 14-6-42 [illegible] 24-6-42						
		TOS C.A.(O) 15-6-42 Disemb 25-6-42 TOS #1 CORU	"	26-6-42	#1 CORU	Bdn	154	27-6-42
SOS		SOS on posting BOD (2 Det)	Pte	4 July 42	CORU	UK	162	5 July 42.
	TOS	TOS from CORU	Pte.	5 Jul. 42	2 Det.	UK	107	6 July 42
		P.1 to 16 Jul. 42	Pte.	9 Jul. 42	2 Det.	UK	110	11 Jul. 42
SOS		to BOD	Pte.	14 Jul. 42	2 Det.	UK	112 (d)	14 Jul. 42
	TOS	from 2 Det.	Pte.	15 Jul. 42	1 BOD	UK	1	25 Jul. 42
		Granted 7 days P.L.	Pte.	21 Oct 42	BOD	UK	57	28 Oct 42.

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

9570

CERTIFICATE OF MEDICAL EXAMINATION

Name in full FITZGERALD, FRANK BURKE   Date 17-4-41.

Part 1. Information obtained from the recruit.

1. Age 18 19 8/12 2. Have you ever suffered from any of the following diseases?

a. Rheumatism	Non	j. Nasal trouble	No
b. Tuberculosis	No8	k. Ear disease	No
c. Bronchitis or asthma	No	l. Eye disease	No
d. Heart disease	No	m. Epilepsy	No
e. Kidney or bladder disease	No	n. Nervous or mental disease	No
f. Gastro-intestinal	No	o. Syphilis	No
g. Rupture	No	p. Gonorrhoea	No
h. Varicose veins	No	q. Have you ever worn glasses?	No
i. Flat or deformed feet	No		

Francis Fitzgerald
(Signature of Recruit)

Examiner's remarks re above Nil.

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

1. Identification marks or scars. (If operative obtain history.)
   Petite cicatrice sous le menton.
   Small scar under the chin.
2. Height 5 feet 4 inches. 3. Weight 119 pounds.
4. Complexion Clear Eyes Grey 5. Development Good (Good / Fair / Poor)
   Hair Dark
6. Chest measurement—Girth on full expansion 33 inches.
   Range of expansion 2 inches.
7. Vision, right 20/40 left 20/40 8. Hearing, right 20 FCFV. left 20 C.V.
9. Condition of mouth and teeth Treatment.
10. The abnormalities (congenital and pathological) found on examination are as follows
    Nil.
    Urine, ears, reflexes normal.

APR 17 1941
X-RAY CHEST - NEGATIVE.

Part 3. We, the examiners find no evidence of the diseases mentioned in Question 2, Part 1, except as reported in the remarks. We have examined the Recruit in accordance with the pamphlet "Physical standards and Instructions for the medical examination of recruits" and he is found fit for Category A

Special remarks when category lower than A

Geo. St-Amand, Lt-Col. J.V. Lavoie, Major. Dr. P.V. Marceau.

President Member Member

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature
1-5-41	Vacc [illegible]	18-2-43	TABT ½ cc
1-5-41	T.A.B-T, -1 [illegible]		
12-1-41	T.A.B.T/2 [illegible]		
4-2-42	T.A.B.T/3 [illegible]		
4-5-42	Cat A [illegible] Major		
3-6-42	2 RL Ham Cat A Conf. [illegible]		

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

(1) MEDALS
PERSON
ENTITLED TO Mr. Gerard FITZGERALD (BROTHER)

ADDRESS: 60 St. Julia St., QUEBEC, Que.

(2) MEMORIAL CROSS
WIDOW

ADDRESS:

(3) MEMORIAL CROSS
MOTHER Mme. Sarah Fitzgerald, (MFM5) (FRENCH)

1958
ADDRESS: 60 St. Julia St., QUEBEC CITY, Que.

MEMORIAL BAR
(1) DATE DESP.
REGN. NO. 177

(2)

(3)
DESP. JUN 6 1945
REGN No. 20122

3372 25.1.50

CB

M 1958

AWARDS—CANADIAN ARMY (ACTIVE)

500M—1-44 (3467)
H.Q. 1772-45-8

28-4-45

FILE NO. 405-F-14,895

SURNAME (IN BLOCK LETTERS) CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT
FITZGERALD Francis Joseph Burke	E-20509	Sol.	West N.S. Regt.

WAR SERVICE BADGE (CLASS) NO. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star	
Italy Star	
France & Germany Star	
Defence Medal	
~~War Medal~~	
C.V.S.M. & Clasp	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION (DEATH)

NUMBER H-20509 RANK Private

SERVICE UNIT West Nova Scotia Regiment (CA)

NAME FITZGERALD, Francis Joseph Burke

DATE OF BIRTH 24th September 1922

DATE OF ENLISTMENT 18-4-41

MARITAL STATUS Single

RELIGION Roman Catholic

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

NAME ADDRESS D.A.B. Miss Annie Fitzgerald

ADDRESS 60 St Julia St., Noble City, Ma.

ADDITIONAL PERSON TO BE NOTIFIED

ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. 8783A N.W.405-T-14895

CASUALTY DETAILS Killed in action

DATE 28-6-45

WESTERN EUROPEAN THEATRE OF WAR

O/C Ord.

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 4-5-45

Wilfred Lait

DIRECTOR OF RECORDS

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

6

COPY FOR DOCUMENT FILE

(a) Report		(b)	(c)	(d)	(e)	(f)	(g)
Date	From whom received	Unit	Record of all casualties regarding promotions (acting, temporary, local or substantive), appointments, transfers, postings, attachments, &c., forfeiture of pay, wounds, accidents, admission to and discharge from Hospital, Casualty Clearing Stations, &c. Date of disembarkation and embarkation from a theatre of war (including furlough, &c.) in accordance with para. 2 of Note to Table I of Appendix III of Field Service Regulations, Volume I	Place of Casualty	Date of Casualty	Army rank as at (e)	Army Form or other authority for entry to be shown
			Embked Halifax 14-6-42 SOS Cd Cen.				
			14-6-42 TOS Cd Ofs 13-6-42 Disemb.				
		#1 CORU	23-6-42 TOS #1 CORU	Bdn	21-6-42	Pte.	154 - 27-6-42
		"	SOS to BOD (#2 Det.)	"	4-7-42	"	162 5-7-42
		2 RCOC	Att. f.a.p. from 1 C.O.R.U.	"	4-7-42	"	D.O. 107 6-7-42.
			Amend: T.O.S. from No. 1 C.O.R.U.				
			Auth. (Administrative Order No 169				
			d/27 Jun 42.	"	4-7-42	—	D.O. 110 - 11-7-42
with Ration allow " #1 CBOD DO 35/42			1st Priv. Leave to 16-7-42. With Free Warrant	"	9-7-42	"	D.O. 110 - 11-7-42.
		2 RCOC	& SOS to No. 1 CBOD	UK	14-7-42	Pte	D.O. 112(D) 14-7-42.
	T.O.S	1 CBOD	from # 2 RCOC	UK	15-7-42	"	D.O. 1 25-7-42
		1 C.B.O.D	Leave Priv: 7 days; w/ ration allow	U.K	21/28-10-42	Pte	D.O 57 28-10-42
		1 CBOD	Granted 72 hrs leave with ration allce.	U.K.	20/23 Dec 42	Pte	D.O. 104 31 Dec 42
		"	Priv Leave 14 days w/ Ration Allow	"	29 Jan 43 12 Feb 43	"	" 43 19 Feb 43
		"	Granted increased pay $1.50	"	1 Jan 43	"	" 75 - 30 Mar 43
		1 C.B.O.D.	Awded one good conduct badge	U.K	18 Apr 43	Pte	DO 132 - 7 Jul 43.
		1 C.B.O.D.	7 days P.L + 48 hrs to 25 Jun 43 (9 days W.R.A)	U.K.	16 Jun 43	Pte	DO 133 - 9 Jul 43
		1 C.B.O.D.	att f.a.p. to 2 S/Depot	U.K	28 July 43	Pte	DO 148 - 6 Aug 43
		1 CBOD	Cease att f.a.p. to 2 S Depot	U.K	1 Aug 43	Pte	DO 148 - 6 Aug 43
		1 CBOD	7 days P.L. + 48 hrs to 25 Sep 43 (6 days W.R.A)	U.K.	16 Sep 43	"	DO 176 - 29 Sep 43.
		1 CBOD	7 Days P.L. + 48 hrs to 16 Jan 44 (9 days W.R.A.)	U.K.	8 Jan 44	"	DO 5 - 11 Jan 44.
		1 C.B.O.D.	Awarded the C.V.S.M. & Clasp	U.K	15 Jan 44	"	DO 8 - 15 Jan 44
		1 CBOD	T.T. Boys T.T.B "Failed" Storeman T&D Grp "C"	"	18 Jan 44	Pte	DO 16 - 31 Jan 44
S.O.S.		1 C.B.O.D.	S.O.S. to 1 C.C.O.D.	"	28 Jan 44	"	D.O. 15 - 1 Feb 44
	T.O.S	1 C.C.O.D.	TOS from 1 CBOD & posted to M.T. Stores Coy	-	29 Jan 44	"	1 - 2 Feb 44
		1 C.C.O.D	Mother, Mrs Sara Mullally Fitzgerald				
			died on 26 Jan 44 at Quebec P.Q. Canada	U.K	26 Jan 44	Pte	DO 4 - 11 Feb 44.
		1 C.C.O.D	See change of NOK (see part II)	U.K	11 Feb 44	"	DO 4 - 11 Feb 44.
		1 C.C.O.D	7 days P.L. to 13 Aug 44 with ration allce	U.K	7 Aug 44	Pte	DO 109 - 9 Aug 44
SOS		1 CCOD	SOS to 1 COMERU	UK	15 Sep 44	Pte.	DO 132, d/15 Sep .44
		1 COMERU	TOS from 1 CCOD	UK	16 Sep 44	Pte	227 - 16 Sep 44
		~~1 Comeru~~	~~SOS & Regt de Hull on att to CIC Gen List~~	~~UK~~		~~Pte.~~	
		1 Comeru	Chg. of NOK to Mrs. [illegible] Fitzgerald				
(Auth.)		60 St Julie St,	[illegible], Que, Canada	UK		Pte	233 - 23 Sep 44
		1 COMERU	SOS to UKIT/4	UK	27 9.44	Pte	217 28 9.44
		X4 CIC	SpRft Embarked and SOS CA (UK)	Fd	28Sep44	Pte	X1/44
		TOS CA	(CMF) 29 Sep 44 and disemb ITALY & TOS				
		X4 CIC	SpRft on transfer from RCOC to CIC	"	8Oct44	"	X1/44

5

SERVICE AND CASUALTY FORM

PART I (For all ranks)

M.F.M. 4 (Part I)
A.F.B. 103 (Part I)
500M—8-39 (1700)
H.Q. 1772-45-18

Unit: No. 5 Detachment R.C.O.C.(C.A.) Regimental Number: E.20509

1. Surname: Fitzgerald
2. Christian Names: Francis Joseph Burke
3. *Substantive Rank and Appointment: PTE
   *Acting Temporary or Local Rank:
   giving date:
   *To be entered in pencil to facilitate alteration.
4. Place of birth: Quebec, P.Q., Canada
5. Date of birth as declared on attestation: 24-9-1922.
   (A)
6. Date of enlistment: 18-4-1941
7. Place of enlistment: Quebec, P.Q.
8. Residence at time of enlistment: Quebec, 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: Roman Catholic
12. If married, state date:
13. Trade on enlistment: Student
14. Corps, trade and grade:
15. (D) Qualifications:
16. (E) Miscellaneous entries:

(17) Regiment or Corps: ~~No. 5 Det. RCOC (CA)~~ C.I.C. Unit (Battn., etc): WNSR.

(18) Medical

Category	Date	Authority
A	17-4-41.	DMO, M.D.No.5
A	4-5-42.	DMO, M.D.No.5

YEAR OF BIRTH | P | U | L | H | E | R | S

(19) Next of kin (entries to be made in pencil) (SISTER)
MISS ANNIE FITZGERALD
60 ST. JULIA ST.
QUEBEC P.Q.
CANADA

(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.

To be made out in duplicate.

M.F.M. 5
88M—11-36 (9359)
H.Q. 1772-45-18

PARTICULARS OF FAMILY OF AN OFFICER OR SOLDIER OF THE CANADIAN [redacted] FORCE ACTIVE SERVICE

INSTRUCTIONS.

(*a*) This form is to be completed immediately an officer or soldier is appointed to, or enlisted in, the [redacted] C.A.S.F.

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

(*c*) Both copies of the form are to be forwarded by the Officer Commanding the unit for each officer and soldier, to the Paymaster, or Officer acting as such. The latter will transmit one copy, through the District or Camp Paymaster, to the Chief Paymaster, N.D.H.Q., Ottawa. The other copy will be retained by the Paymaster until the unit arrives Overseas, when it will be forwarded to the Chief Paymaster, Canadian Overseas Intermediate Base.

---

(1) Name of Officer or Soldier FITZGERALD, Francis, Joseph Burke,
(Surname first—Christian names in full—Block capitals)

(2) Regimental Number E.20509

(3) Unit No.5 Det.R.C.O.C. (A.F.)

(4) Are you married? No.

(5) If married, state,

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

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

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

(7) Are you a widower? No.

(8) Have you any children? No.

If so, give number of boys and girls N.A.

Also their names and ages N.A.

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

Give particulars of Guardian to whom Separation Allowance should be paid—if authorized—

Name N.A.

Postal Address N.A.

(SEE OTHER SIDE).

(10) Have you a common-law wife—whom you have been regularly supporting and publicly representing as your wife? No.

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

(11) Is your father alive? No.

If so, state name and address N.A.

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

(13) If sole support of father who is a widower—state what amount per month you have given him prior to joining [redacted] C.A.S.F. N.A.

Also state reason he has no other means of support

(14) Is your mother alive? Yes

If so, state name and address Mrs. Sarah Fitzgerald
52 St. Michel St., Quebec, P.Q.

(15) If your mother is a widow, are you her sole support? No.

(16) If sole support of widowed mother—state what amount per month you have given her prior to joining [redacted] C.A.S.F. N.A.

Also state reason why she has no other means of support N.A.

(17) Are you insured? No.

If so, in what Company? N.A.

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

If not, and it is a monthly premium, you may assign the amount in addition to any other assignment you wish to make, provided the total assignment is not in excess of the maximum monthly amount which may be assigned.

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

Francis Fitzgerald
(Signature of officer or man)

Date April 21st., 1941

(A.A. McDonald) Major,
Officer Commanding No.5 Det. R.C.O.C., (A.F)

Date April 21st., 1941

NO E.20509 Rank Private Name FITZGERALD, Francis Joseph Burke

Unit West Nova Scotia Regt. Date of death ~~23rd~~ 28TH April, 1945.

Died at Holland

Cause Killed in action

Death occurred on strength of Forces H.Q. 405-F-14,895

N/K Miss Annie Fitzgerald Relationship Sister

Address 60 St. Julia St., Quebec City, Que.

Remains buried in Prot. Cem Nijmegen 4605 1/25,000 Cemetery

CHK ✓

Grave location HOLLAND

OVER—

REBURIAL

Nijmegen Canadian Military Cemetery,
4 miles S.E. of Nijmegen, Holland.

Grave 12, row E, plot 14.

HI & CR Form Despd. NOV 16 1946

Photographs
Despatched
DEC 10 1947

BURIAL REPORT TO N.K. JUL 16 1946

RETURN TO BUR. OF STAT. JUN 20 1945

ROYAL MESSAGE DESP'D. MAY 29 1945

CAN. MESSAGE DESP'D. MAY 28 1945

Temp B R sent to N K

10M-1-45 (M-4608)

3/45A FORM 510
40/P&S/254 (8550)

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

District ....

Dispersal Area ....

Regtl No. E20509 Rank and Name FITZGERALD. F.J.B. PTE.

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

~~(Transfer~~ or Discharge) .... ~~to~~ .... on 28th Apl.45. 19

Reason Death Authority : CCL."A" 572/3rd May.45.

The following is a statement of the account of the above-named from 1st Apl. to 30th Apl.45. 19 the inclusive date of transfer or discharge.

Dr Particulars	Amount		Cr Particulars	Amount	
Balance Dr from last account			Balance Cr from last account	30	25
First Monthly Payment			Regimental Pay 30 days at $ 1.50	45	00
Casual Payments			Tradesmen's Pay ......days at ......$		
Payments on Transfer or Discharge			Additional Pay (Give Particulars) ......days at ......$		
Assigned Pay $24.00 and $8.40	32	40	Allowances (give particulars) ......days at ......$		
Regimental Charges					
Public Stoppages (give particulars) :			C.Eff SOCR 4669	8	59
To Balance Cr — Free	51	44			
To Balance Cr — Deferred			By Balance Dr		
Total	83	84	Total	83	84

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

Remarks

A.P. $24.00 (S) Stopped eff May.45.

A.P. $8.40 (7th V.L.) Stopped eff May.45.

Compiled by L.G.Waldron.

Checked by L Broughton

Date 22nd Oct.45. 19

Certified correct W Blackburn
for Chief Treasury Officer, Overseas

MW

5/7B CFA 187
40/P & S/2180 (8080)
(Pads of 100)

CANADIAN MILITARY HEADQUARTERS

ESTATES BRANCH
INVENTORY

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

No., RANK and NAME E20509 Pte Fitzgerald, F.J.B. (Dec'd)

RECEIVED FROM Cdn Sec 2 Ech 21 A Gp

CHECKED BY H1335 Pte Heape, W.B. DATE 6 Jun 45

AND H8071 Sgt Watt C.

1	Fountain Pen (Sheaffer)		
1	Rosary		
1	Flashlight		
1	Knife		
	Snapshots		
2	Coins (Souvenirs)		
1	Wallet		
1	Folder for snaps		
1	Watch No 453012		
1	Prayer Book		
1	Purse with religious pictures		
1	Small Chain		
1	Receipt for 8th Victory Loan to	OIC	ESTATES

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

QUADRUPLICATE—with effects.

C Watt Sgt
for OC 1 Cdn KSD

8/55B CFA 339
40/P & S/3040 (7255)

No. 26277
W

CANADIAN MILITARY HEADQUARTERS

RECORDS OFFICE

CASUALTY REPORT

Name (in full) FITZGERALD, Francis Joseph Burke

No. E-20509 Rank PTE Unit WEST NOV A SCOTIA REGT

Hospital (UK only) in which death took place, if applicable .....

RU (UK only) to which posted on admission to hospital .....

Casualty KILLED Date 28 APR 45 List No. A 572 Place AEF

If PW or Interned; Number and Address .....

Previously reported ..... Date .....

John D. Perry Sgt
OIC R 5 Wing (Cas Sec)

NEXT OF KIN

1. Canada or U.S.A.—Yes/~~No~~ (if No, complete No. 2)

2. Name (in full) .....

   Relationship ..... Address .....

   .....

3. Any relatives in UK from MFM 5, or any other source, including children born overseas. If none so state.

   .....

   Date of marriage, if known .....

WILL, EFFECTS, ETC

1. No will here (or) ~~will herewith dated~~ ..... Beneficiary ..... (Relationship)

   ..... (Name) ..... (Address) Executor .....

2. Bank account—name of bank, etc ..... A/c No. .....

   Address .....

3. Kit privately stored—name of custodian .....

4. Particulars of debts, remarks, etc .....

   .....

   .....

Date MAY 15 1945

D. A. Bignell Lt.
OIC R 3 Wing (Non-effective Pers)
for OIC Records,
CANADIAN MILITARY HEADQUARTERS

ORIGINAL — With will, if any to OIC Estates, CMHQ.
DUPLICATE — To file.

4. Statement of Commanding Officer:-

(a) Was the individual in the performance of military duty? no
(b) Nature of duty
(c) Was it incurred in a game or other form of physical recreation definitely organized with the approval of the unit cmd? No
(d) It was incurred on leave, was such leave with or without pay? was off duty (e) Was anyone to blame? No
(i) Whom? --
(f) Did the injury occur on military premises, and if so, in what part of such premises? No

(g) Court of Inquiry:-
(i) Has one been held? No (ii) Will one be held? No
(iii) Date and Place --

Date 7 July 43 Commanding (Wm.McKinlay) Lt.-col.,
O.C., No. 1 Sub-Depot, (M.T.Stores),
1 Canadian Base Ordnance Depot

5. Remarks of District Officer Commanding or Divisional Commander:

Date

6. Received by N.D.H.Q.

7. Forwarded to D.P.N.H.

INSTRUCTIONS

1. This form is to be renderedwithin 48 hours after the event in all cases of accidental or self-inflicted injuries to an Officer or soldier involving:
(a) death, (b) Absence from duty for 48 hours or more, or
(c) Absence from duty of less than 48 hours when the Medical Officer should invariably be consulted as to whether the injury may be the exciting cause of disability later.
(d) In all accidents involving personnel whether there is evidence of injury or not.

2. A separate form is to be used in respect to each individual affected.

3. This form is to be rendered notwithstanding the holding of a Court Of Inquiry or investigation. If a Court of Inquiry is held, a copy of this form is to be included in the proceedings.

4. Full statements are to be taken by an Officer from the witness of the accident, or, where there was not a witness, from any persons to whom the inuured officer or soldier may have mentioned his injury immediately after the occurrence. These statements, when obtainable will be signed by the persons making them, and by the officer who takes them, and will be forwarded with this form. Where it is intended to take disciplinary action, duplicates of these statements should be retained by the unit for use in lieu of summary of evidence.

5. Where it is possible to obtain it, a statement from the injured officer or soldier will also be forwarded. This, however, should not be used as evidence against him in any consequent disciplinary proceedings.

6. Three copies of this form will be forwarded direct in all cases to N.D.H.Q., one copy to be retained by the unit rendering the form and two copies to be placed with the man's documents.

7. SPECIAL INSTRUCTIONS AS TO EVIDENCE IN CASES OF SELF-INFLICTED WOUNDS.
In these cases the statements mentioned in paras. 4 and 5 above should bring out all material points, e.g., statements to the effect the witness was with the accused standing on the fire step(or sitting in a dug-out): that the accused was cleaning his rifle: position of safety catch, magazine, etc., if known: muzzle or rifle on toe or foot; hand on muzzle; that accused pulled trigger; that the rifle was afterwards examined and an empty cartridge case was found in chamber; that accused

orig to Acton
RA 1

REPORT ON INJURIES
Other than Wounds received in Action

---

1. Certificate to be signed by injured Officer or soldier:-

I, E-20509 Pte. Fitzgerald, Francis, Joseph, Birk,
(a) (number) (b) (rank) (c) (surname)(d(Christian names in full)

No. 1 Sub-Depot, 1 C.B.O.D., RCOC, hereby declare that the injury sustained by me on the JUL 3 1943 did not# occur
(e) (Date of Casualty)
while I was in the performance of military duty.

Fitzgerald Francis Joseph Birk.
(Signature of Officer or soldier)

BORDON, Hants. JUL 3 1943
(Station) (Date)

E-20509, Pte. Fitzgerald, Francis J.B.,
No. 1 Sub-Depot, 1 C.B.O.D.

---

2. (a) Description of Injuries Multiple Abrasions of Cheek--Forehead--Both Hands--Palms Contusion--Right Shoulder--Mild Shock.

(b) Are the injuries serious or of such a nature that they might be the exciting cause of disability later? No

(c) Whether admitted to hospital or sick in quarters? Sick Bay--24 hours

(d) How long before initial treatment was given? Immediate

DATE JUL 3 1943

Signature of Medical Officer R H Balinson

R. H. BALINSON,
CAPT., R.C.A.M.C.
MEDICAL OFFICER.
3 JUL 1943
No. 1 Sub-Depot,
1 C.B.O.D., R.C.O.C.
C. A. (O).

---

3. Short statement by injured person of the circumstances of the injury (see instruction 5). Signed statements of witnesses, or of persons to whom the injured person may have mentioned his injury, to be attached (see instructions 3 and 4).

At approximately 1100 hrs. on 3 July 1943 being excused duty for about one hour I was riding my bicycle on the road between Deadwater & The and The Ford, near Bordon. A piece of branch stuck in the spokes of my front wheel and I was thrown to the road. I picked myself up and cycled to the First Aid Post, where I arrived at approx. 11.20 hrs July 3, 1943.

Fitzgerald F.J.B.
E-20509, Pte. Fitzgerald, F.J.B.,
No. 1 Sub-Depot, 1 C.B.O.D., R.C.O.C.

Strike out whichever is not applicable.

/over

H.Q. 405-F-14895
(D.R. 2(C))

16th July, 1946.

Miss Annie Fitzgerald,
60 St. Julia Street,
Quebec City, P.Q.

Dear Madam:

Information has just been received from overseas that the remains of your brother, E20509 Private Francis Joseph Burke Fitzgerald, have been carefully exhumed from the original place of interment and reverently reburied in grave 12, row E, plot 14, of Nijmegen Canadian Military Cemetery, four miles South-East of Nijmegen, Holland. Marked map is enclosed. This is a recognized military burial ground and will receive care and maintenance in perpetuity.

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

Yours faithfully,

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

/EMA

File No 405-F-14895

REBURIAL

NO E 20509

RANK Pte.

NAME Fitzgerald, F. J. B.

NAME OF CEMETERY Nijmegen Canadian Military Cemetery.

LOCATION OF CEMETERY 4 miles S.E. of Nijmegen, Holland.

GRAVE LOCATION Grave 12 Row E Plot 14

AUTHORITY 54-27-88-2 Vol. 21

Reburial list.

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

2
ARMY

DEPARTMENT OF NATIONAL DEFENCE

NAVY ARMY AIR FORCE WSG677-9392

STATEMENT OF WAR SERVICE GRATUITY

DECEASED MEMBER'S NAME: Francis Joseph Burke (CHRISTIAN NAMES) FITZGERALD (SURNAME)

REGISTER NO. D-14320
FILE NO. 405-F-14895
DATE 16-1-46
SERVICE NO. E-20509
FINAL RANK OR RATING Pte.
DATE OF DISCHARGE 28-4-45

PAYEE Director of Estates

ADDRESS

DATE OF TERMINATION OF OVERSEAS SERVICE 28-4-45

		$ ¢
A. TOTAL QUALIFYING SERVICE	NO. OF DAYS 1472 / 30 EQUAL TO 49 COMPLETE PERIODS AT $7.50	367.50
B. QUALIFYING OVERSEAS SERVICE	No. of Days 1049 LESS 2 INELIGIBLE DAYS, EQUAL TO 1047 DAYS @ 25c. PER DAY SEE PAR. 2 OVERLEAF FOR EXPLANATION	261.75
		629.25
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 1049 / 183 X $ 19.25	110.35
D. WAR SERVICE GRATUITY		739.60
E. DEDUCTIONS	OVERPAYMENT OF PAY AND ALLOWANCES $ DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $ OTHER DEDUCTIONS $	
F. TOTAL AMOUNT PAYABLE		739.60

ESTATES BRANCH FEB 4 1946 H.Q. OTTAWA NATIONAL DEFENCE

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	TREASURY CHECKED BY	DATE
KRM	MJK	G. Petitclerc	28/1/46

Kn Rucbant
SERVICE REPRESENTATIVE

DEPARTMENT OF NATIONAL DEFENCE

INVENTORY

Date Dec. 3. 1945

The Estates Branch has received the following personal effects of:

NAME FITZGERALD, F.J.B. Pte. E-20509

1 Fountain Pen (Sheaffer) ✓
1 Rosary ✓
1 Flashlight ✓
1 Knife ✓
Snapshots. ✓
2 Coins (Souvenirs) ✓
1 Wallet ✓
1 Folder for snaps. ✓
1 Watch No. 453012 ✓
1 Prayer Book ✓
1 Purse with religious pictures ✓
1 Small Chain. ✓
1

ESTATES BRANCH DEC 5 1945 H. Q. OTTAWA NATIONAL DEFENCE

Received the effects as listed

SIGNATURE Mary F. FitzGerald

DATE REC'D 25 Dec 45

LMW.

PERIOD

From 1 FEB 1943 19 .... To 31 JUL 1943 19 ....

VERIFIED
DATE 13/1/44 BY ED

MILITIA BOOK M. 1
PART II
40/P&S/279 (11/42).

ROYAL CANADIAN ORDNANCE CORPS
1 SUB DEPOT
C.B.O.D.

H Q

CANADIAN ARMY

Soldier's Pay Book

(For use on Active Service)

Regt'l Number E-20509

Surname (Capitals) FITZGERALD

Christian Names in full FRANCIS JOSEPH

BURKE

PARTICULARS OF SOLDIER

Regimental Number E 20509

Name in full (Surname first) FITZGERALD Francis Joseph Burke

Date of Attestation 18. 4. 41

State whether married, widower or single Single

If married after enlistment, state date of marriage

If married, give full postal address of wife, or if widower, name and address of guardian of children, if any, or if single, name and address of next-of-kin, stating relationship to the soldier (see page 1—para. 6).

Mrs Sarah Fitzgerald- Mother
60 St. Julia Street
Quebec, P. Q.

PARTICULARS OF ASSIGNED PAY, ETC.

Assignment of pay:	Effective date:
(a) $ 20. 00	1. 7. 42
(b) $	
(c) $	
(d) $	

Name, address and relationship of assignee:

(a) Mrs Sarah Fitzgerald (Mother) 60 St Julia Street

(b) Quebec, P. Q.

(c)

(d)

Dependents allowance, payable to: (state relationship)

—

CASUALTIES AFFECTING DAILY RATE OF PAY AND ALLOWANCES

Date effective	Particulars	Part II Order	Signature of Paymaster
1 JAN 43	GRANTED REGT'L RATES OF PAY INCREASE.	75/30.3.43	

DAILY RATE OF PAY

Rate of Pay in Issue $	Rate of Pay in Issue c.	Date Effective	Signature of Paymaster
1	30		from previous book.
1	50	1.1.43	

Soldier's Signature F. J. B. Fitzgerald

Book opens on 1-2-43 Balance Cr. ~~or Dr.~~ $ as below

Date	Particulars	Credits	Cash Payments and Other Charges: Local Currency	Cash Payments and Other Charges: Canad'n Currency	Assigned Pay
1943	Bals. Br't. Forward	DR 3 91			
	Feb Pay	36 40			20 00
	Mar Pay	40 30			20 00
	RATION ALL'CE D.O. 43 d/19.2.43 MFM 513 JAN-43.	9 39			
			0-3-0	67	
9-3-43	AR75		0-1-0	22	
15-3-43	AR78		2-0-0	8 94	
29.3.43	A.R.84		2-0-0	8 94	
	Apr Pay MFM 613 APR.	39 00			20 00
				33	
	TO ADJ: ON REC. R.R. PAY INCREASE 75/30.3.43	24 00			
15-4-43	A.R. 3		2-1-0	9 16	
	Totals	145 18		28 26	60 00

Balances only will be carried forward

Paymaster's Signature [illegible]

Deferred Pay and/or Restricted Pay	BALANCE: Debit	BALANCE: Credit	Signature of Paymaster or Officer Making Award
	3 91		[illegible]
		12 49	[illegible]
		32 29	[illegible]
		42 18	[illegible]
		41 51	[illegible]
		41 29	[illegible]
		32 35	[illegible]
		23 41	[illegible]
		42 41	[illegible]
		42 08	[illegible]
		66 08	[illegible]
		56 92	[illegible]
— —			

Date	Particulars	Credits	Cash Payments and Other Charges: Local Currency	Cash Payments and Other Charges: Canad'n Currency	Assigned Pay	Deferred Pay and/or Restricted Pay	BALANCE: Debit	BALANCE: Credit	Signature of Paymaster or Officer Making Award
	Bals. Br't. Forward	56 92				— —		56 92	
30.4.43	A-R. 11		3-10-0	15 65				41 27	
May	Pay	46 50			20 00			67 77	
15.5.43	AR 10		1-10-0	6 71				61 06	
29.5.43	AR 21		2-0-0	8 94				52 12	
June	Pay	45 00			20 00			77 12	
MAY	M.F.M. 513 #14			— 34				76 78	
15.6.43	AR 37		17-0-0	75 99				79	
July	Pay	46 50			20 00			27 29	
15.7.43	A.R. 19		— 10 —	2 24				25 05	
R.A. 9 DAYS D.O. 133/43		6 03						31 08	
M.F.M. 513 JULY #32.				— 74				30 34	
29.7.43	A.R. 28		1-0-0	4 47				25 87	
	Totals	200 95		115 08	60 00			258 9	

Balances only will be carried forward.

Balance Transferred to New Pay Book

If you do not wish to draw all pay due,
PLACE THE AMOUNT DESIRED
opposite date of pay day.

Feb. 15	.....	Aug. 15	.....
Feb. 28	.....	Aug. 31	.....
Mar. 15	£2-0-0.	Sep. 15	.....
Mar. 31	.....	Sep. 30	.....
Apr. 15	£2-0-0.	Oct. 15	.....
Apr. 30	£3-10-0.	Oct. 31	.....
May 15	£1-10-0.	Nov. 15	.....
May 31	£2-0-0.	Nov. 30	.....
Jun. 15	£17-0-0	Dec. 15	.....
Jun. 30	.....	Dec. 31	.....
Jul. 15	0-10-0	Jan. 15	.....
Jul. 31	no pay	Jan. 31	.....

If a soldier does not wish to draw all pay due to him he should place the amount he wishes to draw opposite the date of current Pay-day. In the event of soldier's Paybook being retained by the Paymaster or Q.M. Stores, he should enquire at the Pay Office not less than 48 Hours later

	AMOUNT REQUIRED	
Sept 15	£1-	Mar. 15
Sept. 30	£1 10 0	Mar. 31
Oct. 15	10s-	Apr. 15
Oct. 31		Apr. 30
Nov. 15	10s-	May. 15
Nov 30	10s-	May. 31
Dec. 15	10/-	Jun. 15
Dec. 31	£1	Jun. 30
Jan. 15	10-	
Jan. 31		
Feb. 15		
Feb. 28		

JUN 14 1942

VERIFIED

MILITIA BOOK M. 1

Pa[illegible]I

70M—[illegible]-39 (2022)

(H.Q. 1772—39-1672)

CANADIAN MILITIA

Soldier's Pay Book

(For use on Active Service)

Number........ E. 20509

Surname (Capitals)........ ~~FAT~~ FITZGERALD

Christian Names in full........

FRANCIS JOSEPH BURKE

Unit........ No. 5 DET. RCOC (CA)

....

July 31, 1942. £1.
18-8-42 £1.
31-8-42 £1.

"If this book is found NOT in possession of the soldier and it cannot be returned immediately to the Paymaster of his unit, it is to be forwarded at once as indicated below:—

IN CANADA: To the
Chief Paymaster,
Department of National Defence,
Ottawa.

ABROAD: To the
Chief Paymaster,
Canadian Overseas Intermediate Base,
.....
(Location)

IN THE FIELD: To the
Paymaster,
Canadian Overseas Base."

PARTICULARS OF FAMILY, ETC.

1. State whether married, widower or single:

SINGLE

2. If married, give full postal address of wife, or if widower, name and address of guardian of children, if any, or if single, name and address of next-of-kin, stating relationship to the soldier: (see also page 40.)

MRS. SARAH FITZGERALD - MOTHER
60 ST. JULIA ST. QUEBEC, P.Q.

3. If married after enlistment, state date of marriage:

4. Assignment of ~~pay~~ Date effective:

$ 20 July 42

$

$

5. Name and address of assignee:

As above

6. Any change of assignee:

7. Dependents allowance, payable to:

(Relationship)

Original unit in which enlisted:

NO. 5 DET. RCOC (CA)

Regimental Depot:

Unit in field:

Regimental Number:

E. 20509

Name in full (surname first):

FITZGERALD,
FRANCIS JOSEPH BURKE

Date of Attestation:

18-4-1941

CASUALTIES AFFECTING DAILY RATE OF PAY AND ALLOWANCES

Date effective	Particulars	Part II Order	Unit	Signature of Officer
18-4-41	T.O.S. as Pte.	29	No. 5 DET. RCOC (CA)	[illegible] Capt

DAILY RATES OF PAY AND ALLOWANCES

Pay		Field Allowance		Additional Pay		Total Daily Rate		Date effective	Signature of Paymaster
$	c.	$	c.	$	c.	$	c.		
1	30					1	30	18-4-41	[illegible] Capt.

Soldier's Signature Francis Fitzgerald

Book opens on JUN 14 1942 Balance Cr. or Dr. $ 5.00

[illegible] Paymaster.

Date	Particulars	Credits	Cash Payments and Other Charges: Local Currency	Cash Payments and Other Charges: Canad'n Currency	Assigned Pay	Deferred Pay	BALANCE: Debit	BALANCE: Credit	Signature of Paymaster or Officer making Award
JUN 14 1942		5 00					5 00		[illegible]
Bal Jun Pay		22 10						17 10	K.J. Binks Capt.
2/7/42	AR 70		3 10	15 65				1 45	K.J. Binks "
July Pay		40 30			20 00			21 75	[illegible]
8-7-42	AR 40		2 -	8 94				12 81	[illegible]
31/7/42	AR 5		1 -	4 47				8 34	[illegible]
August Pay		40 30			20 00			28 64	[illegible]
14-8-42	AR 11		1 -	4 47				24 17	[illegible]
31-8-42	AR 17		1 -	4 47				19 70	[illegible]
	Totals Carr'd Forward	97 70		38 00	40 00				

Date	Particulars	Credits	Cash Payments and Other Charges: Local Currency	Cash Payments and Other Charges: Canad'n Currency	Assigned Pay	Deferred Pay	BALANCE: Debit	BALANCE: Credit	Signature of Paymaster or Officer making Award
	Totals Br't Forward	19 70						19 70	
	Sept Pay	39 00			20 00			38 70	
15-9-42	AR 22		1 1	4 69				34 01	
30-9-42	A.R. 28		1 10	6 71				27 30	
	Oct. PAY.	40 30			20 00			47 60	
	RATION ALLOWANCE D.O. 35 9-7-42—16-7-42. d/28-9-42	4 95						52 55	
14-10-42	AR 33		- 10	2 24				50 31	
20-10-42	A.R. 29		11 -	49 17				1 14	
	NOV. PAY	39 00			20 00			20 14	
13-11-42	AR 43		8 10	2 24				17 90	
	RATION ALLOWANCE. D.O. 57 d/28-10-42 7 DAY	4 82						22 72	
30-11-42	AR 49		10	2 24				20 48	
	Totals Carr'd Forward	147 77		67 29	60 00				

Date	Particulars	Credits	Cash Payments and Other Charges: Local Currency	Cash Payments and Other Charges: Canad'n Currency	Assigned Pay	Deferred Pay	BALANCE: Debit	BALANCE: Credit	Signature of Paymaster or Officer making Award
	Totals Br't Forward	20 48						20 48	
Dec Pay		40 30			20 00			40 78	
15-12-42	A.R. 52		10	2 24				38 54	
29-12-42	A.R. 58		1 -	4 47				34 07	
Jan Pay		40 30			20 00			54 37	
14-1-43	AR 62	-	- 10	2 24				52 13	
RATION ALLOW. 3 DAYS	D.O 104 d/31-12-42	2 07						54 20	
29-1-43	A.R. 66		13 -	5 81			3 91		
	Totals Carr'd Forward	103 15		67 06	40 00				

Balance Transferred to New Pay Book

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

SOLDIER'S SERVICE BOOK

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

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

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

INSTRUCTIONS TO SOLDIER

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

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

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

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

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

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

F. Fitzgerald

(XIV) PARTICULARS OF DENTAL TREATMENT

Date	Required	Completed	Specification Use authorized Abbreviations and Symbols	Signature of Dental Officer
22 May 44.	✓		3-F. Prophy	R.W. Matchett Major
19 Aug. 44		✓		V. J. O'Donnell
19/12/44	✓		F	S. Greenburg
17/2/45	✓		1F + 1A	F.J. Stapleton
23/Feb/45		✓		F.J. Stapleton

(1) SOLDIER'S NAME AND DESCRIPTION ON ATTESTATION

Regtl. No. E-20509

Surname (in capitals) FITZGERALD

Christian Names (in full) FRANCIS JOSEPH BURKE

Date of Birth 24-9-22

Place of Birth Quebec, P.Q.

Trade on Enlistment Student

Nationality of Father at birth Irish Canadian

Nationality of Mother at birth Irish Canadian

Religion Roman Catholic

Enlisted at Quebec. P.Q.

Date 18-4-41

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

Signature of Soldier F. Fitzgerald

Signature of Officer [illegible] Lt

Place Ottawa Date 8-6-42

(II) NEXT OF KIN

Any change becoming known is to be duly noted with date of
NOTE.—No entry in these pages has any legal

Nearest degree of relationship		Names	Date
1st	Wife		
	Children		
2nd	Father		
	Mother	~~Sara Muldoon Fitzgerald~~	
3rd	*Brothers and Sisters	Gerard Fitzgerald Walter " Richard " Mary " Annie "	
4th	Other Relations (stating) relationship)		

*State whether brothers are older or younger.

NOW LIVING

such change and reported by O.C. Unit to the Officer i/c Records.
effect as a Will (see pages 20 to 23)

Latest known Address in full

~~60 St Julia St Quebec~~

60 St. Julia St. Quebec
Overseas
Overseas
60 St. Julia St. Quebec
60 St. Julia St. Quebec

(III) RANK and APPOINTMENT

Date	Rank and Appointment	Substantive, Temporary, Acting or Local (with or without pay)	Authority of Part II Orders	Signature of Officer
18-4-41	Pte		29d/21.4.41	[illegible] Lt.

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

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

....

....

....

....

....

....

....

....

Qualified in addition as under :—

....

....

....

....

....

....

Date..

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

(V) PARTICULARS OF TRAINING

Courses and Schools. Specialist Qualifications. Swimming, etc., show'g result	Date	Signature of Officer
Anti-gas Training	30.4.42	I. C. M[illegible] Lt
T. Tested by STTB 2s	DO 17	[illegible]
STOREMAN T&D & FAILED	d 19-1-44	[illegible]
T's O.E.T. Completed	10-1-45	

B. X. von Dziegielewski Capt.
C. I. 1 Bn. I.C.B.R.D.

(VI) SMALL ARMS RANGE COURSES

Year	Classification	If Table not completed, state parts fired	Signature of Officer
10-1-45	2	Rifle	
— " —	2	L.M.G.	
— " —	3	T.M.C.	
— " —	2	Grenade	
— " —	2	P.I.A.T.	
— " —	2	2" Mortar	

B. X. von Dziegielewski Capt.
C. I. 1 Bn. I.C.B.R.D.

L. E. Fitzgerald

(VII) EDUCATIONAL QUALIFICATIONS

Certificate, Specialist Qualifications, etc.	Place	Date	Signature of Officer
1 year High School	Quebec	1941	L. C. McIver, Lt

(VIII) TRADE RECORD

(For men in receipt of tradesmen's rates of pay only)

Trade	Group	Class	Remarks, e.g., On enlistment; Re-classified; Re-mustered, etc.	Date	Signature of Officer

Fitzgerald

(IX) EMPLOYMENT WHILST SERVING

Period From	Period To	Nature of Employment	Remarks and Signature of O.C. Coy., etc.
18-4-41	6-5-42	STOREMAN	I. C. McIver. Lt

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

(X) MEDICAL CLASSIFICATION

Date	Category or Grade	Medical Examiner of Recruits, or other Medical Authority	Signature of Medical Officer
17-4-41	A	DMO - MD No. 5	I. C. McIver. Lt
4-5-42	A	DMO - MD. No. 5	(From previous book)

(XIV) PROTECTIVE INOCULATIONS

Nature of Vaccine, "T.A.B." Cholera, Plague, etc.	Date	Signature of Medical Officer
T.A.B.T.	1-5-41	T.C. McIver Lt (from previous book)
3	12-1-41	
	4-2-42	
TABTD. 5 c.c.	18-2-43	
Typhus 1 C.C.	14-2-44 / 21-2-44 / 28-2-44	
TABT ½ CC	24-3-44	J.L. Cornfield Capt
TYPHUS 1 CC	30-5-44	
TYPHUS 1CC	21-12-44	J Mitchell Capt
P.p. 1/10 c.c. (Spas)	10/2/45	W.A.C.
T.A.B.T. ½ c.c.	13/2/45	W.A.C.
T Vacc 1 cc	26/4/45	J.M.

(XV) VACCINATION

Date Vaccinated	Signature of Medical Officer
1-5-41	T.C. McIver Lt
14-2-44	J.L. Cornfield Capt

(XVI) MISCELLANEOUS ENTRIES

(For entries for which space is not otherwise provided)

NOTE.—No entry on this page has any legal effect as a WILL

Particulars	Date	Signature of Officer
X Ray Chest Neg	17.4.41	T.C. McIver Lt
"M" Test Completed	Canada	
"Q" Card Completed	1-7-42	
1st Priv. Leave to 16-7-42 with f.t.w.	9.7.42	
awarded 1 good conduct badge w.e.f. D.O. #132 d/ 7 Jul 43	18 Apr 43	J. Adam Lt
FINGERPRINTED—CAIB		
Awarded Cdn. Vol. Service Medal & Clasp	D.O. 28 15/1/44	J. Adam Lt
Qt. III. Q. B. Issued	19/1/44	
P.L. 16 Sep to 25 Sep 43.	D.O. 176	J. Adam Capt
P.L. 8 Jan to 16 Jan	D.O. 5	
Cdn Army Identification Card Issued	21.3.44	J. Adam Capt

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

Particulars	Date	Signature of Officer
~~author to wear.~~ 3 Red Service Chevrons C.O.R.O. 4613.	7-6-44.	[illegible]
P. Leave 7 Aug 44 To 13 Aug 44	R.O. 104/44	H. W. Scott Lt.
Transferred from RCOC to C.I.C. Inf. 8.10.44 D.O.1 d/10.10.44	22.10.44	[illegible]

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

Particulars	Date	Signature of Officer

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

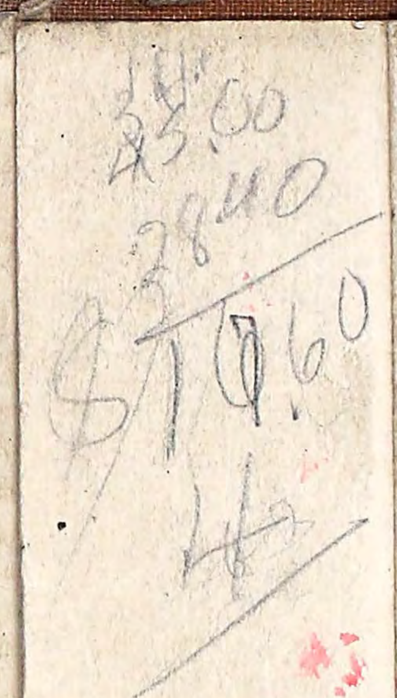
WILL

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

Signature.....

Rank, Regt'l Number.....

Date.....



Director of Estates

Regimental No. E-20509 Rank Private

FITZGERALD Francis Joseph Burke
Surname Christian Names

Unit West Nova Scotia Regiment (CA)

Date of death 28 Apr 45 Place of Death Overseas (Western European)

Casualty Details
Killed in action

Next-of-kin Miss Annie Fitzgerald Relationship Sister

Address 60 St. Julia St., Quebec City, P.Q.

ESTATES BRANCH MAY 16 1945 OTTAWA NATIONAL DEFENCE

Will No record of will (M.F.M. 10) in Record Office to date.

Date 16 May 45.

EXCERPT OF M.F.M.5 dated April 21, 1941.

(1) Are you married? No Children? No

Wife's name and address Names and Ages

(2) Is your father alive? No If so, state name and address

(3) Is your mother alive? Yes If so, state name and address
Mrs. Sarah Fitzgerald
52 St. Michel St., Quebec, P.Q.

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

JEC/FS

ESTATES LIAISON

FORM No. 1

Register No. D-14320 Nominal Roll No. D-343

To: P.M.G. H.Q. File No. 405-F-14895

CANADIAN ARMY (ACTIVE)

Computation of Service

WAR SERVICE GRANT

Regt. No.	Rank when S.O.S.	Surname	Christian Name in Full
E-20509	PTE	FITZGERALD	FRANCIS JOSEPH BURKE

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. 18 APR 41	T.O.S.	T.O.S.
S.O.S. 28 APR 45 MD O/S	S.O.S. MD	S.O.S. MD
Total Days 1472	Total Days	Total Days

Total Service 1472 DAYS

—	Total Service	Less Non-qualifying Service	Net Service
Western Hemisphere	423		423
Overseas Service	1049		1049
Totals	1472		
Add Non-qualifying Service			
Total Service			1472

EMBARKATION DETAILS:

1. Date S.O.S. Overseas 28 APR 45 2. Date S.O.S. Overseas

REMARKS:

KILLED IN ACTION 28 APR 45

Computer's Signature

Checker's Signature

Date Computed 2 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.

ALL DOCUMENTS SHOW ABOVE DATES T.O.S. & S.O.S.
INITIALS
D. RECORDS D. R. 9

500M—11-44 (6012)
H.Q. 1772-45-8

Details of Non-Qualifying Service

Western Hemisphere—

Forfeits for	From	To	Effective Date	Days	Total
				Total	

Overseas: T.O.S. 15 JUN 42 T.O.S. T.O.S.

S.O.S. 28 APR 45 S.O.S. S.O.S.

				Total	

FORM 6

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not write in this space

1. PLACE OF DEATH — Municipal county: IN THE FIELD (HOLLAND) — Official name of civil municipality or township: — Place an X over the word which applies to this municipality or this territory: City | Town | Village | Parish | Township

Street — No. — Hospital or Institution

2. LENGTH OF STAY

(a) In hospital or institution	Years	Months	Days	(b) In municipality where death occurred	Years	Months	Days	(c) In Province	Years	Months	Days	(d) In Canada (if immigrant)	Years	Months	Days

3. NAME OF DECEASED

Surname: FITZGERALD (Block letters)

Given names: Francis Burke Jos.

Do not write in this space

4. RESIDENCE

Street: St. Michel — No. 52

Official name of civil municipality or township: Quebec

Municipal county — Province: Que

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

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

10. BIRTHPLACE (Province or Country): Quebec

11. DATE OF BIRTH: SEPT. (Month) 24th (Day) 1922 (Year)

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

OCCUPATION

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

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	Deceased	
MOTHER (Maiden Name)		

19. Place of burial, cremation or removal: Holland

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

21. PLACE OF REGISTRATION OF THIS BURIAL

(a) Name of parish or church

(b) Civil municipality of

(c) Municipal county

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

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: April (Month) 23rd (Day) 19 45 (Year)

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

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

24. CAUSE OF DEATH

I

Immediate cause Give disease, injury or complication which caused death, **not** the mode of dying, such as heart failure, asphyxia, asthenia, etc.

(a) Killed in action

due to

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

(b)....

due to

(c)....

II

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

....

....

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

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

(b) Duration of disease....days

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

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

State findings....Was there an autopsy?....

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

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

Manner of injury.... (How sustained)

Nature of injury....

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

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

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

OVERSEAS CASUALTY CANADIAN ARMY

JUN 13 1945

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

This signature authorizes the collector to accept this form as authentic.

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

(Voir l'autre côté pour le francais)

Director of Records — Dept. National Def

A572

405-F-14,895

FIELD SERVICE In lieu of Army Form B.2090A

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

REGIMENT OR CORPS W.N.S.R.

Squadron, Troop Battery or Company

Officer's Personal No (if known) Soldier's Army No E 20509

Rank Pte

Surname FITZGERALD

Christian Names F.J.B.

Died

Date 28 Apr 45

Place Holland

x Cause of Death Killed

Nature and Date of Report TPM 28 Apr 45

By whom made WNSR

x Specially state if killed in action, or died from wounds received in action, or from exposure while on military duty, or from injury while on military duty.

Burial

Place Prot Cem Nijmegen 4605 1/25 000

Date 2 May 45

By whom reported H/Capt George E Hooper 9 Cdn Fd Amb

State whether he leaves a Will or not

(a) in Army Book 64 NO

(b) as a separate document NOT REC'D

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 as to verbal expressions by 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 Belgium

11 May 45

Signature of Officer in charge of Section Adjutant-General's Office at the Base

[signature] Capt

for Officer i/c

Cdn Sec 2nd Ech HQ 21 A Gp

le 11 mai 1945.

Chère mademoiselle,

C'est avec un profond regret que j'ai appris le décès de votre frère, le soldat Francis Joseph Burke FITZGERALD, matricule E-20509, qui a donné sa vie au service de sa patrie sur le théâtre de guerre de l'Europe occidentale le 28 avril 1945.

D'après les renseignements officiells que nous avons reçus, votre frère a été tué au combat contre l'ennemi. Vous pouvez compter que sur réception de détails supplémentaires, nous vous en aviserons sans délai.

Le Ministre de la Défense nationale et les membres du Conseil de l'Armée me chargent de vous offrir, à vous même et à votre famille, leurs sincères condoléances dans votre deuil.

Nous rendons hommage au soldat Fitzgerald pour son vaillant sacrifice.

Votre bien dévoué,

l'adjudant général,

memo x - mother
12-5-45

(A.E.Walford)
major général.

Mlle Annie Fitzgerald,
60, rue Ste Julia,
Québec, Qué.

10

F.T.

7th May, 1945.

Miss Annie Fitzgerald,
60 St. Julia Street,
Quebec City, Quebec.

Dear Miss Fitzgerald:

It was with deep regret that I learned of the death of your brother, E20509 Private Francis Joseph Burke Fitzgerald, who gave his life in the Service of his Country in the Western European Theatre of War on the 28th day of April, 1945.

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

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

We pay tribute to the sacrifice he so bravely made.

Yours sincerely,

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

/EMA

9

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION (DEATH)

NUMBER E-29509 RANK Private SERVICE UNIT

NAME FITZGERALD, Francis Joseph Burke — West Nova Scotia Regiment (CA)

DATE OF BIRTH 24th September 1922 — DATE OF ENLISTMENT 18-4-41

MARITAL STATUS Single — RELIGION Roman Catholic

NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 RELATIONSHIP Sister — NAME ADDRESS D.A.B. Miss Annie Fitzgerald

ADDRESS 60 St Julia St, Quebec City, Que.

ADDITIONAL PERSON TO BE NOTIFIED — ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. 8783A H.Q.405-F-14895

CASUALTY DETAILS Killed in action — DATE 28-4-45

WESTERN EUROPEAN THEATRE OF WAR

O/S Ord.

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 4-5-45

7

[signature] Lieut
DIRECTOR OF RECORDS

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

5 COPY FOR C. R. FILE

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