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

E22890 CSM. TODD, E.C.

DEPARTMENT OF NATIONAL DEFENCE OTTAWA

INTERROGATION REPORT

1. No. Rank Mane Unit

H.3003 PTE. COLE, G.A. "A" Coy. Wnpg. Gren.

2. Home address:

508 Chruch Ave., Winnipeg, Man.

Do you know of the death of any Prisoners of War? Yes (yes or no)

(a) If so, give Regimental Nos., Ranks, Names, Units:

C.S.M. TODD, Royal Rifles of Can., Killed in a shipyard accident while working at Camp 3 D, Tokyo. Reason was carelessness on the part of the Japs. A rope around a load of planks broke and fell on him when it was being lifted by a crane.

Cremated and ashes were brought to the camp. Happened on Nov. 4, 1944 at approx. 8 a.m.

(b) Give particulars of death; where and when buried.

N/A

Were you a witness to or were you informed of any war crimes atrocities?

If so give full particulars:

No

Name and particulars if necessary of your informant:

N/A

Full particulars of any bad treatment of yourself or your comrades:

Pte. A. Brascovich of "D" Coy., Wnpg. Gren., was beaten by three Japs for tearing a pari of pajamas. The Japs names were, "BABA", "SATO", "YAMANAKI" and SHABODA".

6. What are the names of the enemy personnel responsible for these crimes or bad treatment?

N/A

If unable to do so, how can they be identified?

7. Names, dates and locations of Camp Leaders:
North Point, Hong Kong 29 Jan 42 to Sep 42 Col. Sutcliff & Col.
Sham Shui PO
Sept. 42 to 19 Jan 43 Col Holmes.
3D Tokyo
19 Jan 43 to 12 May 43 Capt. Reid
Sendai
13 May 45 to 9 Sep 45 Capt Reid

8. Mames of Medical Officers of hospitals:

Tokyo 3 D and North Point - Capt Reid.

9. Names of allied personnel suspected of, or known to have been engaged in collaboration with the enemy:

Particulars

Major Boon, British Army.. In Charge at Sahm Shui Po. Very obedient to the Japs and snooped on the P.O.W. reporting them to the Japs.

- Details of escapes or attempted escapes of yourself or other P/W.

 SGT. PAYNE: L/CPL BERZINSKI: PTE ELLIS, P: Pte. ADAMS, J.

 These four escaped from North Point Camp in the summer of 1942

 by clibing a hospital wall. These men were never heard of by the P.O.W. again.
- Japanese Camp Commandant at 3D Tokyo. Cole saw 17 of the Red Cross parcels stolen by the Camp Commandant. The Camp Commandant had cooks take the food from the parcels and cook it for himself.
- 12. Information regarding specially good work of other P/W:

N/A

13. Other observations:

Cole had two Japanese newspapers smuggled into the camp at Tokyo 3D from time to time by a Jap who was friendly. Names of papers were, Minitchi and Nippon Times. S/Sgt. Clark helped to smuggle those papers.

FOR INTERROGATING OFFICER

Is further interrogation of this P/W necessary? NO.

405-T-805

E 22890

DEPARTMENT OF NATIONAL DEFENCE OTTAWA

INTERROGATION REPORT

1. No. Rank Name Unit

H6070 Pte. DOWNIE, J. W.G.

present address (wife) 809 Bidwell St., Vancouver, B.C.

- Do you know of the death of any Prisoners of War? Yes (yes or no)

 (a) If so, give Regimental Nos., Ranks, Names, Units:

 C.S.M. ToddEarl Royal Rifles of Canada
 - (b) Give particulars of death; where and when buried.

 Killed by falling load of heavy planks (2x12x20) when ½" rope broke on 5 Nov 44 in Nippon Kokan Shipyards at Kowasaki (between Yokaham and Tokyo) cremated ref. Capt. Reid J.A.G. W.G.
- Were you a witness to or were you informed of any war crimes atrocities?

 If so give full particulars:

Usual ill treatment- when sick had to pay for own medicien from 10c per day pay- Camp 3D

Name and particulars if necessary of your informant:

Full particulars of any bad treatment of yourself or your comrades:

Can Not discriminate re treatment but stated Camp #6 at Oyashi, near Kamisha (a smallertown worse of all)

6. What are the names of the enemy personnel responsible for these crimes or bad treatment?

Name not known- Mine Capt on Canadian shift at Oyashi Mine-baited P.O.W.*s by offering food to do work they were unable to carry out. mental torture not bodily.

If unable to do so, how can they be identified?

About 30-35 yrs old. Clean shaven speaks good English had share in mine.

A/NMames, dates and locations of Camp Leaders:

Mames of Medical Officers of hospitals:

engaged in collaboration with the enemy: Wames of allied personnel suspected of, or known to have been

Particulars C.S.M. Tugby- hearsay only- cited an instance where a Bell. Gordon W. Gren. # gave up and died" of broken spirit and

heart because of Tugby,

Sgt. Payne, L/Cpl. Berzenski, Bandsmen Ellis and Adams on Aug 42 Details of escapes or attempted escapes of yourself or other P/W.

(Interpret Gotchi) escaped but results not known Japs stated they were caught

Any other Intelligence information:

A/N

British troops hoyal Scots and Middlessex Regt. Information regarding specially good work of other P/W:

Sabotage of railroad cars in Tokyo.

13. Other observations:

EOR IMTERROCATING OFFICIER

Is further interrogation of this P/W necessary?

Capt Boydell (beigned)

.oN

CSM: TODP,

DEPARTMENT OF NATIONAL DEFENCE OTTAWA

INTERROGATION REPORT

1.	No. Rank	Name	<u>Unit</u>
	H41803 Pte. PF	TESTON, Rile	ey .
2.	Home address:		
	Swan River, Manitoba. C	ANA DA.	
3.	Do you know of the death of	any Prisoners	The state of the s
	(a) If so, give Regimental	Nos., Ranks, M	ames, Units:
	(b) Give particulars of dear	th; where and	when buried.
4.	Were you a witness to or we atrocities? If so give full particulars		d of any war crimes
	Mame and particulars if nec	essary of your	informant:
5.	Full particulars of any bad comrades:	treatment of	yourself or your
6.	What are the names of the entire these crimes or bad treatment		responsible for

If unable to do so, how can they be identified?

7.	Names, dates and locations of Camp Leaders:	
		- 13
3.	Mannes of Medical Officers of hospitals:	
	Names of allied personnel suspected of, or known to have been engaged in collaboration with the enemy:	
	Particulars	
0.	Details of escapes or attempted escapes of yourself or other P/W.	
1.	Any other Intelligence information:	
	Any other Intelligence information: S/M Todd was working in clean up gang at bottom of hatch, workers tied rotten rope and planks and lowered it, ropes parted and Todd was killed. Camp Commandant held inquiry and stated this was done on purpose.	
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LE 22890 TODD, E.C.

DEPARTMENT OF NATIONAL DEFENCE OTTAWA

INTERROGATION REPORT

1.	No. Rank Name Unit K.85493 L/Cpl. PETCH, F.C. "C" Coy. Wnpg. Gren.
	K.85493 L/Cpl. PETCH, F.C. "C" Coy. Wnpg. Gren.
2.	Home address: Meadow Lake, Sask.
3.	Do you know of the death of any Prisoners of War? Yes (yes or no) (a) If so, give Regimental Nos., Ranks, Names, Units:
	C.S.M. Todd Royal Rifles of Canada.

(b) Give particulars of death; where and when buried. Accidently killed by a fall of lumber at 3D Yokohama Camp approximately the end of Sept. 1943. Body was cremated and ashes returned to Capt. Reid, MO. at Yokohama Camp.

4. Were you a witness to or were you informed of any war crimes atrocities?

If so give full particulars:

nil

Name and particulars if necessary of your informant:

nil

5. Full particulars of any bad treatment of yourself or your comrades:
Some beatings and cases of being tied to posts for infractions of camp rules. Most infractions were for attempting to buy food from Japanese workman.

6. What are the names of the enemy personnel responsible for these crimes or bad treatment?

Japanese cam interpreter by the name of KONDO at 3D Yokohama Camp.

If unable to do so, how can they be identified?

8.	t. REID of R.C.A.M.C. at #D Yokohama 29 Jan 43 to 12
Particular transport delication and an area	Names of Medical Officers of hospitals:
	t. REID, R.C.A.M.C. or KAGY, U.S. Army Medical Corps
9.	Tames of allied personnel suspected of, or known to have been engaged in collaboration with the enemy:
	Particulars
	N/A
10.	etails of escapes or attempted escapes of yourself or other P/W.
	N/A
11.	ny other Intelligence information:
	N/A
mbers of int. VEAL 1. MORGAN e. McKNIGI Cpl. POIR	done during r epedemic of diphtheria.
13.	her observations:
	N/A
FOR INTERE	OCATING OFFICER
Is	further interrogation of this P/W necessary? NO

(signed) B.W. Jelley Capt.

405-T-805 D.R. 2(B) 29th November, 1945. Mrs. Bertha Todd Robertson, 338 Bourgeois Street,

Point St. Charles, Montreal, Quebec.

Dear Mrs. Robertson:

With reference to previous correspondence from this Headquarters concerning the regretted death of your late brother, E. 22890 Company Sergeant Major Earl Crawford Todd, I wish to inform you it has now been confirmed that your brother died on the 5th day of November, 1944, as the result of injuries suffered whilst loading boats at Nippon, Kokan Shipyards, Japan, the nature of the injuries causing death being diagnosed as a fractured cervical of lower vertebrae and fractured right femur.

Please be assured that should further information be received concerning your late brother's death or burial, it will be communicated to you without delay.

Yours truly,

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

CERTIFICATE OF DEATH

THIS IS TO CERTIFY that according to information received at the Department of Mational Defence from the overseas authorities, No. E.22890, Company Sergeant Major Earl Crawford TODD, of the Royal Rifles of Canada, Canadian Army, died on the 5th of November, 1944, whilst a prisoner of war in Japan.

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

Officer authorized to sign certificates of death and/or presumption of death for the Canadian Army.

Department of National Defence, Ottawa, Canada. October 11th, 1945.

66

July 15th, 1943

Miss Esther A. Todd, St. Louis Road, Bergerville, Que.

RE: E.22890 C.S.M. TODD, Earl C. Royal Rifles of Canada (C.A.)

Dear Miss Todd:

This Department has received the following information from an unofficial source and consequently is unable to vouch for its authenticity. The message purports to come from your brother, the marginally named N.C.O. who was taken prisoner of war at Hong Kong. He states that he is now at a prisoner of war camp near Yokohama in Japan and that they were transferred there from Hong Kong sometime last January.

He sends best wishes to you and hopes you are well and on behalf of the rest of the boys from Quebec, he sends their best regards to all. He states that they have had a few good games of baseball and that old Conway is as good as ever. He expresses the opinion that things seem to be getting better as the days go by and that they have their work to keep their minds occupied and it helps to pass the time quickly. He would like to know how Lin, Jack, Ada, Edgar, Bert and Arch are getting along and wants you to give his regards to all his friends around home.

He further states that he misses you and his friends a great deal but hopes to the Lord that he will be with you all again in the near future. He goes on say that he has received no word from you or Jeannie nor has Bert Kirouac.

He concludes by asking you to write soon.

Yours sincerely,

F. W. Clarke, Col.

S.A.A.G.

PRT/IME

POINT GREY MONITORING STATION

Canadian War Prisoners, Radio Tokyo

From JZJ 11800 kc. July 9th, 1943

"This is Company Sgt-Maj. Earl Crawford Todd, 42 (482?) St. Louis Road, Bergerville, Quebec, Canada. Hello, Quebec. The boys from Quebec send their best regards to all. This is Com'y Sgt.-Maj. E Todd broadcasting to my sister and Hoping you are well. We were captured in China Dec. 1941, and were transferred to Tokio prisonerof-war camp Number 5 in Jan. 1943. We are interned in a new camp and are very well treated by the Japanese. We have had a few good games of baseball and old Conway is as good as ever. We have had enough work to keep our minds occupied, and the time passes quickly. Things are getting better as the days go by. How are Lin, "B"? Jack, Ada, Edgar, Bert, and Arch (?). Send my regards to all my friends around home. I sure miss you and ... and all my friends aroundxhomexxxxxx but I hope to the Lod I will be with you again in the near future. I have received no word from you or Jeannie? since I læft nor has Bert Kirwack? My thoughts are of home always. Write soon, Cheerio all".

Quote No. #. 2.405-T-805.

DEPARTMENT OF NATIONAL DEFENCE (Records - C)

Ottawa, Canada,

February 24th 1943.

Commissioner of Income Tax, Department of National Revenue, Ottawa, Ontario.

Dear Sira

The undermentioned Canadian Army Casualty is forwarded to you for transmission to the Inspector of Income Tax concerned:
Regimental No E-22890
Rank
SurnameTODD
Christian Names Earl. Crawford
Nature of CasualtyPrisoner.of.Var
Date of Casualty Between 8th and 25th December 1941
Address at time of enlistment. Kelliam St Bergernielle Due
Occupation - Electricean Marital status on enlistment - Lingle Name and address of next of kin -M Iss Esther A. Todd, St. Louis Road, Bergerville, Quebec.

7

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

GR/ARB.

17

25M-12-44 (6215) H.Q. 1064-81-3 DEPARTMENT OF NATIONAL DEFENCE ARMY NAVY ARMY AIR FORCE WAR SERVICE GRATUITY STATEMENT DECEASED MEMBER'S (SURNAME) REGISTER NO. NAME FILE NO. PAYEE DATE SERVICE NO. **ADDRESS** FINAL RANK OR RATING DATE OF DISCHARGE DATE OF TERMINATION OF OVERSEAS SERVICE A. TOTAL QUALIFYING SERVICE 465.00/ NO. OF DAYS EQUAL TO COMPLETE PERIODS AT \$7.50 B. QUALIFYING OVERSEAS SERVICE 270,25 No. of Days 1105LESS 24 INELIGIBLE DAYS, EQUAL TO 1081 DAYS @ 25c. PER DAY SEE PAR. 2 OVERLEAF FOR EXPLANATION 735.25 C. SUPPLEMENT FOR OVERSEAS SERVICE DAILY RATES AT DISCHARGE PAY SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE ADDITIONAL PAY DEPENDENTS' ALLOWANCE 1/30 OF \$ TOTAL \$ 4.25 X7 = \$ 29.75 NO. OF DAYS 1105 | X\$ 29.75 914.89 D. WAR SERVICE GRATUITY PAY AND ALLOWANCES \$ E. DEDUCTIONS OVERPAYMENT OF DEPENDENTS' ALLOWANCE AND ASSIGNED PAY \$ OTHER DEDUCTIONS 914.89 F. TOTAL AMOUNT PAYABLE G. YOUR PORTION OF GRATUITY IS-= \$ OF \$ DEPENDENTS' ALLOWANCE IN ISSUE TO YOU \$_

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

7/3/47

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$

SERVICE REPRESENTATIVE

(DEATH) OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

222890 C. B.M. NMTER RANK SERVICE UNIT MITLES OF Can. Barl Crawford TODD NAME DATE OF BIRTH DATE OF ENLISTMENT 16-4-08 19-9-39 MARITAL STATUS RELIGION Church of Ingland Single NEXT OF KIN AS SHOWN ON Miss Esther A. Todd, Dister NAME M.F.M. 1, 2 & 5 RELATIONSHIP **ADDRESS** St. Louis Road, D.A.B. Bergerville. Que. **ADDITIONAL PERSON** dra. Dertha Todde Robertson, (Bister) ADDRESS TO BE NOTIFIED 338 Borgeois St., Point St. Charles, Montreal, Que. PARENTS NAME **ADDRESS** IF SOLDIER MARRIED OVERSEAS H.Q. 405-T-805 AUTHORITY CAS. SIG. NO. CASUALTY DETAILS DATE Accidentally killed while loading boats whilst 5-11-44 . . .

Inuth: Capt. Jac Reid, ROAMC, M.O. Tokyo Camp 3D) 上期望着本作的程则 专定相点!你帮了 QL 了印刷配势 人程赵本程程的证据 可納勒 秦號學發表科學探抄 榜事格科表 氨聚酶科胺甲

AMERICAN AS TO PLACE OF DEATH AND ALSO NOTIFY

LAST WILL ATTACHED TO NOTIFICATION TO A. OF E.?

M.F.M.5. ATTACHED TO NOTIFICATION TO A. OF E.?

YES/NO

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

DIRECTOR OF RECORDS

COPY FOR C. R. FILE

1-CDN. PENSION COMM. 2-CHAIRMAN D.A.B. 3-D.A.B. 4-CHAPLAIN SER. 6-DOC. FILE 7-GRAVES REG.

St. Louis Road

Bergerville, Quebec.

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.O. 405-T-805 FD321

DEPARTMENT OF NATIONAL DEFENCE

ESTATES BRANCH

OTTAWA, ONT.

15 Oct 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

TODD, Earl Crawford CSM

E-22890 C.A.

BRANCH

NOV 23 1945

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.

RLA/VR

Director of Estates.

M.F.W. 77 6M-4-45 (7053) 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:—

grees	S		INFORMANT'S STATEMENT						
of ela- ion- hip	REL	e accounted for	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 I	Deceased	Hone						
2	Children of the dates of their	Deceased and Births	Mone						
3	Father of the I	eceased	Died January 8 th 1940		Thomas 4. Todd				
4	Mother of the	Deceased	Died July 3rd 1939		Many ann Todd				
				51	47 Rousseau aver				
5	Brothers of the Deceased	Full Blood	Sgt. Major J. L. Fodd John C. Fodd		15/2 Sheppherd ave				
		Half Blood	Hone						
6	Sisters of the Deceased	Full Blood	Mrs. ada Parke Mrs. Bertha Robertson Miss Esther a. Todd	46	point St. Charles				
		Half Blood	Mone						
7	of the full or Deceased, who death of each.	rs or sisters (whether the half blood) of the are dead and date of	Names and ages of their children (if any)		Address of their children				
pl.	a. S. Fodo	Steeth Jan. G Fedd Feb.	1936. Hone		Mone				

ANSWER FULLY EACH QUESTION ON THIS PAGE PARTICULARS AS TO IDENTITY

8	Fuil names of the deceased.	Earl Crawford Foodd
9	Date of his birth.	april 16.# 1908.
10	Place and date of his marriage.	Mone
11	Place and date of his parents' marriage.	Quebec St. Matthew's Church
	PARTICULARS OF	DOMICILE October 24, 1892.
12	Place where deceased was born.	Wolfsfield Quebec
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) Quebec
14	Nature of employment before enlistment.	Store- Leeper Morton Engeneering
15	State whether he owned the premises in which he lived, and, if so, where situated.	Mo
16	Name place where deceased stated he intended to make his permanent home.	2uher
	PARTICULARS OF	ESTATE
17	Did the deceased leave a Will other than a Service Will? If in your custody, please forward. If not, can you state where it is?	Ho will
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	 (a) Did he have a Bank, Post Office or other deposit account? (b) Give name and address of bank, etc., and the amount on deposit. (c) Do you wish it administered with the pay account? (d) If it is a joint account, state the survivor's name and relationship to the deceased. 	
20	Amount of War Savings Certificates purchased by the deceased and registered in his name. State where located.	Mone
21	 (a) Amount of Victory Loan Bonds left by deceased. (b) State whether bearer or registered. (c) State in whose name they are registered. (d) During what loan were they purchased? (1st, 2nd, 3rd, etc.) (e) In whose possession, and address, are they? 	
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	Manufactureurs Life Insurance (Esther Todd Bunglinary # 1217.90 Metropolitan Life QQ. Fold 175.00
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	sister
	OTHER PARTIC	CULARS
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.	Conce

2 lebec

DECLARATION

*Insert degree of relationship for example, "Widow", statement of all the relatives that the declare that all the particular the statement of all the relatives that the declare that the declare that all the particular the statement of all the relatives that the declare that all the particular that the declare that	ars shown on this form are ceased ever had in the deg	rees specified; and that I a	im the
"Brother", etc. * Lister	of the deceased.	Esther a.	Todd
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.	ac Con	Berruel Addi	of mant
I hereby certify that to the best of n		regas Bester Deserve	(au)
*See above. Eseles alece 2000 {Name of informant}	is the*sisles.	of the De	eceased
above described. The above Declaration	on was made by the Infor	mant and signed in my pr	esence.
Dated at. Byernie this 210	day of 200	maes	19.4.5
INOUALY I UDIC OF COM		Bezirnele	
NOTE.—Before granting the above Certificate, care should be Relative stated by him or her to have died, and that the full a proper place in the Statement opposite.	taken to see that the informant g name and address and age of ea	gives particulars concerning the dea ch surviving Relative specified is sta	th of any
(If the deceased has no living relatives of th	e degrees shown on page	2. the names and address	ses and

(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.)

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

REAL PROPERTY.

Christian Names Surname Date of Death Rank AMOUNT L.P.C....\$ 1741.93 Other Credits..... 1741.93 Total..... 1739-73 Prev diet. 2.20 This dist. NAME AND ADDRESS SHARE RELATIONSHIP **AMOUNT** .44 Sont T.L. Tood 1/5 Brother 47 Rousseau Ave. Quebec City, P.C. John C. Todd 1/5 Brother 15 Sheppherd Ave., Quebec City, P.Q. .44 Mrs Ada Parke 1/5 Sister 5608 Urbain St., Montreal, Cue. Mrs Bertha Robertson 1/5 Sister 338 Bourgeois St., Pointe St. Charles. Montreal, Que. Esther A. Todd 1/5 Sister St. Louis Road, Bergerville, Que. (as next of kin entitled) NR# 308 5-8-46 P4. TO TREAS. DISTRIBUTION APPROVED AND AUTHORIZED AUTHORITY H.Q. SUB. H.Q. F.E. No. PRI OBJ. VOTE **AMOUNT** 2.20 001 00 9999 (L. M. Firth) Colonel Director of Estates CLASSIFIED BY EXAMINED BY AUDITED FOR PAYMENT For Chief Treasury Officer

CANADIAN

Army Form W 3314 R

E 22890 No

Rank

C.S.M. Name TODD

Initials

E.C.

R.R.C. Unit

Location Report

28/11/1/89

Means of Identification:

Particulars on Urn

Date od Death 5-11-44

Date of Reburial

14-9-46

Exhumed from; Mausoleum, Yokohama, Japan. Canadian Wall, Niche B.B. 9

Place of Reburial: British Commonwealth War Cemetery, Japan

Canadian Section, Grave No B.B. 9

Remarks

Signed Signed Signed OC 38 Aust War Graves Unit 38 AUST WAR GRAVES UNIT

Certificate of Baptism. EXTRACT

Todd of Esther alice infant daughter of
Baptized Thomas Todd, of Ruebee, gardener,
and Mary ann, by her maidew
name Tabbyson, his wife-form
on the fourth day of april in the year of
but Lord nineteen hundred and fifteen
was baptized on the twelfth day of May
in the same year, by me,
Mary ann Todd Vere E. Hobart
Ada Mildred Todd Witnesses
Thomas Todd



I do hereby Certify and Attest, unto all whom it may concern, That what is above written is a TRUE AND FAITHFUL COPY of an original entry in the Register Book of Baptisms, Marriages and Burials of and for the Church of Saint Matthew, in the City of Quebec, by me diligently compared and collated with the said original entry in the said Register, deposited of Record in the said Church.

Siven under my Hand, at the City of Quebec, this tenth day of April in the year of Our Lord, one thousand nine hundred and forty

Rector. of St. Matthew's Church.

1947

Do not write in this space

FORM 6		DOMINIC	ON BURE	AU OF	STAT	ISTICS-	QU	EBEC DE	ATH TE	RANSC	RIPT	on the feet of	4240
1. PLACE OF	Muni- cipal county JAF	AN (WHIL	ST FRIS	ONER ty	cial name l municipa or towns	ali-					applies to this m	ver the word which nunicipality or thi llage Parish To	s territory
DEATH	Street		OF WAR	No.			Hospita Institu	al or tion		-7	निवास स्थाप भाग ।	Transpir pare	100 to 10
2. LENGTH OF STAY	(a) In hospits or institu- tion		pa	In munici- lity where ath occurred	Years	Months	Days	(c) In Province	Years Month	Bays	(d) In Canada (if immigrant)	Years Months	Days
3. NAME	Surname	TODD.				Do not	21648	CONFIDEN	TIAL MED	ICAL CE	RTIFICATE	OF DEATH	
OF DECEASED	Given names	Earl Cr	(Block letters			write in this space	22. Dat	e of death	Nov. (Mor	ember	5th		1944.
Street		Willian	as St.,	N	0		23. I H	EREBY CERTII			(Day)		(Year)
4. Official national civil municipal ty or town	cipali-	Berger	ville.							19	to		19
Municipal	.sp		Dro	Que	bec.		and	last saw h	alive	V 2			19
5. SEX 6.	NATIONALITY (Citizenship)	Y 7. RACIAL	ORIGIN	3. Single, Ma Widowed or D	rried,		7	I	24. C	USE OF	DEATH		10
M.				(Write the a	word)		Give tion w	iate cause disease, injury hich caused dea f dying, such as	or complica-	The second second second	timber.	ilst mor	ring
9. If married gi name of wife or hu band of deceased	1S-						asphyxia	conditions, if	any, giving	((b)			13000000
10. BIRTHPLAC	TORANAS INV. pro	A					order	proceeding bac te cause).					
(Province or Coun		Que bec.					Out	II		((c)			iam.
11. DATE OF BIRTH	AP (N	I 1 1 Ionth)	Loth (Day)	7.9	(Year)		causally	morbid condition on tributing to depend to	eath but not				
12. AGE OF DECEASED	Years	Months D	ays If le	ss than one da	ay old		cause.		INC. THE RESERVE SERVE				
12 7	30		*******	hrs. or	min.		III men give	tioned on this cert	tificate, {	_	rance		.19
kind of w	de, profession of ork, as spinner , office clerk, et	. Elact	ri ci an	•			- A Section 1	De let concern out		en.	4		lays
14. Kin business,	d of industry o	T					25. If a	woman, was there	a puerperal co	ndtron?	A Parameter Control of the Control o		
O	deceased last		16. Total y	ears this	•••••		26. Was	there a surgical o	peration	Date of	f		19
worked at	this occupation 17. NA		occupation	18. BIRTHI (Province	PLACE			e findingseath was due to ex	dia .	violence) fill	in also the following	ere an autopsy?	
TIA CITY TO				Countr			Acci	dent, suicide or ho	omicitle		Date		19
FATHER	THE RESERVE OF THE PARTY OF THE			Decea	sed.		Mar	ner of injury	(S1	ate which)			
MOTHER (Maiden Name)			- File - Company				Nat	ure of injury		(Ho	w sustained)		
19. Place of buris		Japan.			COLEGE S		Spec	ify whether injury ustry, in home, o	y occurred in or in public pl	ace			
20. Date of burial					19		Signe	ed.					M.D.
	ame of parish						Addr	The second			Date		19
ZZ	vil muni-					28. Sign		person who fills	in the form		me of clergyman vil Status in wh	in charge of Registration	gister of of this
ACE STRA IS BU	unicipal unty						20			bu	rial was made.		
THE	ate				19	This signs	ature aut	horizes the collection	ctor to accent		-21		•••••
64 K		(Month)	(Day)		(Year)	0 77	this	form as authentic.		Mand	(Voir l'autre	côté pour le fran	cais)

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File No 405-7-805

REBURIAL

NO	E.22890			
RANK	C.S.M.			
NAME	TODD	E.C.		
NAME OF CENTERY	British	Commonwealth	War Ceme	etery,
LOCATION OF CEMETERY	Yokoha	ama, Japan.		
GRAVE LOCATION Plo	t B, row	B, grave 9,	Canadian	Section.
AUTHORITY	54-27-88	-2-Vol. S. 905	0-17-15	
	Reburial	list.		

H.Q. 405-T-805
(D.R. 2(C))

14th January, 1947.

Miss Esther Todd,
St. Louis Road,
Bergerville, Quebec.

Dear Miss Todd:

Information has just been received from military authorities in the Far East that the remains of your brother, E22890 Company Sergent-Major

Information has just been received from military authorities in the Far East that the remains of your brother, E22890 Company Sergeant-Major Earl Crawford Todd, have now been interred in plot B, row B, grave 9, Canadian section, of the British Commonwealth War Cemetery, Yokohama, Japan. This is a recognized military burial ground which will receive care and maintenance in perpetuity.

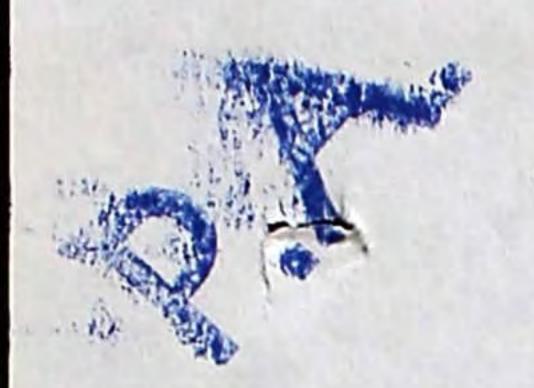
The grave will have been marked with a temporary cross which will be replaced in due course by a permanent headstone suitably inscribed. While it cannot now be stated when this work of permanent commemoration will begin, before any action is taken you will be communicated with and an opportunity will 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 H.M. Jackson, Lt.-Col., Director of Records, for Adjutant-General.

/EMA

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VERIFICATION FORM

WAR SERVICE MEDALS 1939-45

To. EZ	2890 Name 7622	2	286	O PRINTE	P2
Rank on Di	scharge C. L. L.	Date	of Dischar	se 5-/	1/1
	for Discharge or Retire				
erved in:				Non-quali servi	
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	iron				
United Kingdom	from	_ to			
	i'rom	to			
Italy	from	_ to			
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29-45 Wa	r Medal	The same of the sa		And the state of t	
Ca	nadian Volunteer Servic	e Medal	9/		
	wit	h clasp	4		
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Ri	BBON		Date	15-7-	20
	DESPATCH		Carded	SEP 14	1946
IIA 165	CH				

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Register	No	0-	1		9

Nominal Roll No. 0-747 H.Q. File No. 405-7-8050

To: P.M.G.

		CANADIAN ARMY Computation of			
		WAR SERVICE G	RANT		
Regt. No.	Rank when S.O.S.	Surname		Christian Nan	ne in Full
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MBARKATION	DETAILS:				
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5 26a	439	Service		lement to benefits , 1944, has been e erein.	
			Della	Q 12 h	

C. L. LAURIN, Colonel,

DIRECTOR OF RECORDS.

500M-11-44 (6012) H.Q. 1772-45-8

Details of Non-Qualifying Service

Western Hemisphere—

Forfeits for	From	To	Effective Date	Days	Total
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				Total	

STATEMENT OF PAY ACCOUNT

Rank C.S.M. E-22890				
Name TODD, E.C.		Unit Ro	yal Rifles of Canada	
Period Covered: From	1st December	1941	30th September	1945
Rate of Pay				
Reg. Pay Tr	ades Pay	Add. Pay		
\$ 3.00 \$		# <u></u>	From 1-12- 1941to 3	0-9- 1945
\$ <u></u>		\$	From 19 to_	194
\$\$		#	From 19 to	194
Assigned Pay				
Period: From 1-12- 1	911 to 30-9-	1945 Paid to	#_45	.00 Monthly
	9 to	_19	#	
	9 to	_19	# <u></u>	
1	9 to	_19	\$	
	*	19	#	
Amount Charged as Payabl	e by Captor	Government	\$ N/A	Monthly
			Yen	
		PAY ACCOUNT	~~~~~~~~~	
Debits Debit from Prev. Acct. Assigned Pay:	*	Perio	ds:	
1-12-41 to 30-9-45	\$ 2070.00	1-12-	41 to 30-9-45	
to	*	1,400	days @ \$3.00 p.d.	\$ 4200.00
to	*		to_	
to	***		days @ p.d.	*
Chgd. by Captor Governm	ent		to	
(1-1-42 to 30-9-45)	\$		days @ p.d.	\$
Other Debits			r Credits	Д
	\$	Inte	rest to 31-8-45	\$ 118.61
	\$ <u></u>			¥
	-			₩
Credit Balance as at 30th September 1945	2248.61			
TOTAL	4318.61		TOTAL	4318.61
	AN UNION PROPERTY OF STREET OF STREET,	THE RESIDENCE AND ADDRESS OF THE PARTY OF TH		

THIS FORM WILL BE USED FOR ALL RANKS



MEDICAL HISTORY OF AN INVALID IN

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.

2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."

3. In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.

4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.

5. If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.

6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."

7. Under no circumstances may information other than that in Sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.

8.	The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.
	Station Station & Sons. Quebec. City P.Q. Date 8-7-40
1.	(a) Unit RRC(CASF)Details (b) Regimental No. 122890 (c) Rank St-Major
	(d) Surname Earl Crawford (e) Christian name.
	(f) Home address. Stellouis Road Bergeville P.Q.
	(g) Next of Kin
	(i) Address of Next of Kin. St-Louis Road Bergeville P.Q.
2.	Age last birthday Date of birth 16-4-08
	Enlistment, or Appointment (if an Officer) (a) Place. (b) Date. 19-9-39
	Personal description: (a) Height (b) Weight (c) Complexion (description: (description: (e) Complexion
100	(d) Colour of hair
5.	Former trade or occupation Electrician.
6.	Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).
	Periods
	From To
C	casF-19-9-39 to-date.
	MYMM
Fr	ance or other theatres of War.
	Reclassification Underweight.
7.	Original disease, or injury
••••	Unknown (b) Place of origin Quebec City
	(a) Date of origin
	(c) Cause

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(c)

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etc.; (b) Loss, comp (d) Any other restr	—(Here state the exact nature of the lete or partial, of an organ or member ictions in choice of occupation.)	er, or of its functions; (c) N	recessity for fest of the			sons;
		••••••••••			••••••	
	••••••					
	•••••••••••••				•••••••	••••
Present condition- to be a full descript ical and functional.	-(a) (Before completing this section of the present disabling condition contributing to present disability; ob-	ion the invalid should be , or conditions only. "His jective findings to be state	stripped, and subjected story" must be recorded and first, then subjective	d to a thorough physical in Section 10. Descri- findings.)	al examination. Impor be all abnormalities, ana	tant,
	Objective:	1111				
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••••••			J			• • • • •
Has the invalid (Answer Yes or No	now any affection of the	following systems, e a brief description of the p	not described in present condition.)	n Section 9 (a) a	bove?	
Has the invalid (Answer Yes or No Nervous System Special Senses Disturbances of I Osseous and Join		following systems, e a brief description of the resolution of the	not described in present condition.) Geometric described in the present condition. Geometric described in the present condition. Integrated and the present condition.	n Section 9 (a) a nito-Urinary System (Albumen and Sugar umentary System. I uscular System.	bove? stem	
Has the invalid (Answer Yes or No Nervous System. Special Senses Disturbances of I Osseous and Join	now any affection of the if the answer to any part is Yes, give Cardio- (If pulse is a Respiral Mentality. t Systems.	following systems, e a brief description of the posterior of the posterior of the posterior of the posterior System	not described in present condition.) Geometric described in the present condition. Geometric described in the present condition. Integrated and integrated are all condition.	n Section 9 (a) a nito-Urinary System (Albumen and Sugar umentary System Iuscular System.	bove? tem	
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Boils in the neck 1927	
(c) (Here give a description of wounds, scars and deformities.	
	••••••••••••
(b) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it at time of enlistment.)	is possible to do so, of the disabling condit
2. Was the disability caused, or aggravated: (a) by intemperance, or improper of	conduct; or (b) by unreasonal
refusal to accept treatment?	
The regimental documents will be referred to. (If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal	or aggravation. In answering this question,
3. What is the probable duration, in months, of the disability or of each of the each of the each of the disability or of each of the each o	abiling conditions, if there is mo
than one?	•••••••
4. Treatment (Case reports, general or special, should be secured and attached where possible.)	
	• • • • • • • • • • • • • • • • • • • •
5 Is further treatment in hospital, convalescent home, etc., likely to be of material be	enefit?
5. Is further treatment in hospital, convalescent home, etc., likely to be of material be (If the answer is "yes" state nature of treatment required and probable duration.)	enefit?
5. Is further treatment in hospital, convalescent home, etc., likely to be of material be (If the answer is "yes" state nature of treatment required and probable duration.)	enefit?
5. Is further treatment in hospital, convalescent home, etc., likely to be of material be (If the answer is "yes" state nature of treatment required and probable duration.)	enefit?
(If the answer is "yes" state nature of treatment required and probable duration.) 6. Can the former trade or occupation be resumed?	enefit?
(If the answer is "yes" state nature of treatment required and probable duration.)	enefit?
(If the answer is "yes" state nature of treatment required and probable duration.) 6. Can the former trade or occupation be resumed? (If not, briefly state why.)	enefit?
(If the answer is "yes" state nature of treatment required and probable duration.) 6. Can the former trade or occupation be resumed? (If not, briefly state why.)	enefit?
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16. Can the former trade or occupation be resumed? (If not, briefly state why.) 7. Recommendations. N11 Statement of the invalid and either "satisfied" or "not satisfied" I, the undersigned. Land Crawford Todd have heard the	whom the case is brought forward. sfied" struck out). ne description of my disability a

	report? If not, give differing opinions, with reasons, quoting the
number of the answer criticised.	
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Is the invalid fit for (a) General service,	(Category A) (Yes or No.)
 (a) General service, (b) Service abroad, not general service (Canada only), 	ice, B) (Yes or No.) (Yes or No.)
(1) 山坡海洋流流流流流流流流流流流流流流流流流流流流流流流流流流流流流流流流流流流流	B and C. (Yes or No.) (Yes or No.)
It is certified that the invalid	or training of Mary management to the state of the
(a) Does require treatment. (Give the nature of the	he condition and of the treatment required and its probable duration.)
 (b) Does not require treatment. (c) Should pass under his own control. 	
(d) Should not pass under his own control. (Strike out condition not applicable.)	
Before signing the President of the Medical nions regarding Sections 7, 8, 9 and 10, as recordial the statement. If, as a result of differing op-	al Board will read the statement signed by the invalid and differing orded in Section 18, to the invalid and if no change is indicated, with pinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18 iously made, remarks of the Medical Board will be added here.
Quebeo P.O.	President.
ACE	Mamban
TE	Stew Blandan Members.
TO BE COMPLETED	WHEN TREATMENT IS REFUSED
	understand the nature of the treatment which
Should the refusal of the invalid to accept treatment the Board of	signed
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	Members
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PROVED BY CLECOI: RCAMC/C.	APPROVED BY SELLEN END REAL Director Consult of Market Services
DATE	DATE Director-General of Medical Services