E23052
BILL
ALFRED

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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 BILL, Alfred (b) Reg'l. No. B-25052
2. (a) Arm of service Army (b) Unit Quebec Arsenal Protective Coy C.A.(A) (c) Rank C.Q.M.S.
3. (a) Date of birth 6-8-1901 (b) Have you any dependents? Yes (c) Place of residence at time of enlistment Quebec, P.Q.
4. (a) Place of enlistment Quebec, P.Q. (b) Date of enlistment 8-10-42

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 13 years (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.) 7th. year Grade School
7. If you attended a university, give name of university and standing or degree secured None
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 and French (b) What languages do you read well? English & French

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

10. (a) State whether you were WORKING or NOT WORKING at time of enlistment. (Enter here only "Working" or "Not Working", as case may be; particulars are asked for below) Working (b) At time of enlistment of what trade union or professional society were you a member? Internation Brotherhood of Paper maker.

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

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

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

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

QUESTIONS 18 TO 23 REFER ONLY TO THOSE WHO ANSWER "WORKING" IN QUESTION 10 (a). PLEASE READ THESE QUESTIONS AND REPLY TO THOSE APPLYING TO YOU AT TIME OF ENLISTMENT

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

18. Name of employer Anglo Canadian Pulp & Paper Mills Ltd. Address Quebec, P.Q.
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Pulp & Paper Mfgs.
20. (a) Your specific occupation Paper Inspector (b) Number of years' experience at this occupation with any employer 8 years
21. (a) Did your employer promise definitely to give you employment on discharge? Yes (b) Did your employer refuse to promise you employment on discharge? No. (c) Do you wish to return to your former employment? Possibly

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? None
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.) Assured of work by former employer
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form Construction work

DATE 12th. October 194 SIGNATURE Alfred Bill

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

DEPARTMENT OF NATIONAL DEFENCE
(Army)

Personnel Selection Record

INFANTRY (R)
Arm or Corps

Trade (if Tradesman or Trade Trainee)

Work in Arm (if Non-Tradesman)

I.

E-23052	CQMS	BILL, Alfred	A	41	
Regt. No.	Rank	Name (surname first)	A or R	Age	Med. Cat.

English			19-10-43
Main Language	Other Language(s)	Place (Unit) Interviewed	Date Interviewed

II. Revised Examination "M"

Citadel, P.Q. (Place Tested) 26-7-43 (Date Tested) (P. BENOIT) Lt. (By Whom)

148	III	Subtests	16	14	12	25	25	9	23	24	Subtotals	42	50	56	English
Total	Group		1	2	3	4	5	6	7	8		1-3	4-5	6-8	English or French

Other Tests

YOB	P	UL	HE	MS
01	1	11	11	11

III. Educational Background

From 6 to 13 years of age attended urban school and completed the 7th. grade. Can understand and talk French fairly well.--

IV. Occupational Background

Held different positions previous to 1927. From 1927 to 1942 was employed as Paper Inspector in a Paper Mill.
Was averaging around $ 1600.00 yearly.--

V. Military Background

Enlisted at 13 years of age in the last war. Served from 1914 to 1916 with the Royal Rifles, then with the Kitcheners own and went overseas in March 1917. Was attached to the 24 Bn and went to France. However on March 22nd, 1918 he was discharged for being under age. In 1940 joined the Royal Rifles (Res) and signed active on 7th, 1942.--

VI. Other Personal History and Appraisal

Scottish extraction. Father was a bookkeeper. One brother and one sister living - good health.

Is oldest in a family of three children.
Height 5'6¾ and weight 150 lbs. Married, wife and 2 children alive. Good physique. Makes a favorable impression.

Average intelligence. Appeared a little nervous but is believed to be usually calm and quiet.

Interested in hockey and baseball.

Likes his present employment.--

VII. Recommendations

No change in allocation.

(Signed) A.V. Senez
(A.V. SENEZ) Lieut. Army Examiner

M.F.M. 196
100M—8-42 (5847)
H.Q. 1772-39-1916

AVS/JG

See reverse side for further information and follow-up

FURTHER INFORMATION AND FOLLOW-UP

Quebec, 13 Dec 44

Unsuitable for Operational duty in view of age. To be despatched to D.D. 5 for disposal in accordance with instructions cont,ained in HQS 20-4-31 P.- FD 11 (Org Al) dated 2 Dec 44. For placement by DPO in present rank.

L.Cimon,
Army Examiner

-.-

D.D.#5, Lauzon, P.Q. 16 Feb 45 01 - 111111 16 Feb 45

INTERV'D.: For disposal upon arrival in this depot

MIL.BACK.: Enlisted on Oct 42 with R.R.C. Was always employed since then as C.Q.M.S. or C.S.M. with Q.A.P.C. Was confirmed Q.S.M. (W.O.II) on 1 Mar 44. T.O.S. D.D.#5 Lauzon upon disbandment of Q.A.P.C. Conduct excellent.

PRES.SIT.: On 16 Feb 45, this man's Profile was reaffirmed as all "ones", although the "P" rating is rather doubtful due to his age of 43½. He is not suitable for O/S services.
It appears that C.S.M. Bill's services were requested at the Citadelle, and that a verbal authority was given from D.P.O. Therefore may this case be referred to D.P.O. again.

RECOMM.: (1) Refer to D.P.O.
(2) Suggest employment as C.S.M. or C.Q.M.S.

JYD

(B. MILOT)-Lieut., A.E.

-.-.-.-.-.-.-.-.-

FOR COMPLETION AND RETURN BY

B 4.

Form P. 64

Mrs Gertrude S. Bill
19½ Cremazie Street,
Quebec City
Quebec

E
27-6-45

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-B-38,215 FD 71

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

June 19 1945

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

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

BILL, Alfred W011

E23052 CAOS

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.

Director of Estates.

GHF/FR

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		Gertrude Empson Bill	44	19½ Cremazie St. Quebec
2	Children of the Deceased and dates of their Births		Beatrice Mary Bill June 30th 1929.	12	"
			Margery Ethel Ann Bill April 29th 1931	14	"
3	Father of the Deceased		Frederick Mansfield Bill		Died 1911.
4	Mother of the Deceased		Mary Ann Bill.		Died 1934.
5	Brothers of the Deceased	Full Blood	Frederick Bill.		Barry St. Kingston Ontario.
		Half Blood			
6	Sisters of the Deceased	Full Blood	Agnes Mellon.		10 Patrick St. Kingston. Ontario.
		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
	-	-	-

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Alfred Bill.
9	Date of his birth.	August 4th 1901.
10	Place and date of his marriage.	Feb: 8th 1926. Quebec City.
11	Place and date of his parents' marriage.	England.

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Glasgow Scotland.
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Quebec Province (b) Quebec County (c) About 35 years. (d) Quelac.
14	Nature of employment before enlistment.	Shipping room Clerk.
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.	Quelec.

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	Has not been found.
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?	Yes.
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?	Yes. La Caisse D. Economie St John Baptist Branch. $89. No.
20	Amount of War Savings Certificates held by deceased. Indicate where located.	About 24. Royal Bank of Canada.
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	None.
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	Travellers Insurance. $2.000 Sun Life Group Insurance $.2000 Gertrude. E. Bill.
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	None.

OTHER PARTICULARS

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

*...Widow...of the deceased.

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

...Gertrude S. Bill... {Signature of Informant}

...19½ Lemaye St. Quebec, P.Q.... Address

CERTIFICATE

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

*See above.

Dated at...Quebec...this...28th...day of...June...19...45

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

...W. W. Lewis... Qualification...Clergyman...

Address...394 Grande Allee, Quebec, P.Q.

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

ORIGINAL
DUPLICATE
TRIPLICATE

DUPLICATE

Fingerprinted - Photographed

M.F.M. 2
A.F.B. 271
75M—4-42 (4278)
H.Q. 1772-39-1645

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

Unit Quebec Arsenal Protective Coy., C.A.(A) Regimental Number E-23052

ACTIVE FORMATIONS AND UNITS OF THE CANADIAN ARMY

WSG COMPLETED

ATTESTATION PAPER

1. Surname BILL
2. Christian Names Alfred
3. Present address 19½ Cremazie Street, Quebec, P.Q.
4. Date of birth 6th. August 1901
5. Place of birth SCOTLAND (Country) (County or Province) Glasgow (Town or Township)
6. Religion (state denomination) Church of England
7. Trade or Calling Paper Inspector
8. Married, Widower or Single Married
9. Name of next of kin Mrs. Gertrude Amy Simpson Bill
10. Relationship Wife
11. Address of next of kin 19½ Cremazie Street, Quebec, P.Q.
12. Do you belong to, or have you served in a Reserve Formation or Unit of The Canadian Army? Yes
    Royal Rifles of Canada 2nd.(R) Bn. Reg.No.E-419141
    (If Yes, Give Unit and Dates of Service)
13. Have you served in (*a*) an Active Formation or Unit of The Canadian Army? No. (Yes or No)
    ---------- (If Yes, Give Regimental No. and Unit) (*b*) Any other Naval, Military, or Air Force? No. (Yes or No) (If Yes, specify Unit and Period of Service)
14. Did you serve during the Great War 1914-1918? Yes, 8th. Royal Rifles 1914-16 Kitcheners Own 244, Sept. 1916, 24th. Bn. Overseas July 1917 till March 22nd. 1918. (If Yes, specify Regimental No., Unit and Dates of Service)

Director of Records
A. G. Branch.
JUN 7 1945
Nat. Defence Hqrs.
Ottawa, Canada.

DECLARATION TO BE MADE BY MAN ON ATTESTATION

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

Date 7th. October 1942 Alfred Bill (Signature of recruit)

Witness

OATH TO BE TAKEN BY MAN ON ATTESTATION

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

Alfred Bill (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 7th day of October 19 42

J. P. J. GODREAU, Lt-Col — Signature of Magistrate, Justice or Attesting Officer.

District Recruting Officer — Officer or Rank and Unit or appointment.

M.D. 5 Quebec

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

This is to certify that the Occupational History has been completed for this man.

(R.M.Ievers) Captain

Record of Service of BELL (Surname) Alfred (Christian Names) Regimental Number E-23052

Qualifications

Military: Qualified Sergeant
Business or Professional: Nil.
Trade or Civil: Clerk
Technical: Nil.
Languages: English and French

Educational Qualifications

High School or Collegiate: 7th. year Grade School (years completed)
Graduation or Matriculation: Yes (specify)
*College: Nil.
*University: None

*(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
		Joined on appointment						
12-10-42	R.R.C.(R)	Quebec Arsenal Protective Coy., C.A.(A)	Rfm.	8-10-42	Q.A.P.C.	Quebec	Pat 11 No. 174	12-10-42
12-10-42	Q.A.P.C.,	To be Acting C.Q.M.S.,	A/C.Q.M.S.	9-10-42	Q.A.P.C.	"	Part 11 No. 174	12-10-42
9-9-43	Q.A.P.C.	Granted furlough from 9-9-43 till 23-9-43	"	23-9-43	Do	Do	Part 11 Ord No 146	6-9-43
1-11-43	Do	Promoted To be C.S.M. with pay w.e.f. 1-11-43	C.S.M.	1-11-43	Do	Do	Part 11 No 169	2-11-43
17-12-43	Do	Reduced to the rank of C.Q.M.S. w.e.f. ~~17-12-43~~ 1-11-43	CQMS	~~17-12-43~~ 1-11-43	Do	Do	Part 11 No. 185	17-12-43
31-12-43	Do	Confirmed to the rank C.Q.M.S. w.e.f. 30-11-43 Auth. QS/074-D- Q:39-1-129 (SCA) dated 16-12-43	"	30-11-43	Do	Do	" 188	31-12-43
31-12-43	Do.	Promoted C.S.M. with pay w.e.f. 1-12-43 Auth. QS/074-D- Q:39-1-129 (SCA) dated 16-12-43	"	1-12-43	Do	Do	" 188	31-12-43
2[illegible]-4-44	"	Comfirmed in the rank of C.S.M. (W.O.11) w.e.f. 1-3-44 Under provisions of R.O. 2987 dated 15-3-44.	"	1-3-44	DO	DO	" 36	21-4-44
10-7-44	"	Granted furlough from 10-7-44 till 23-7-44	"	23-8-44	Do	Do	" 62	5 Jul 44
15-12-44	"	SOS to No. 5 District Depot	"	15-12-44	"	"	128	18 Dec 44

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

29572

CERTIFICATE OF MEDICAL EXAMINATION

Name in full ..... BILL, Alfred ..... Place ..... Quebec, P.Que. .....

Place ..... M.D. No.5, Quebec, P.Q. ..... Date ..... 7-10-42 .....

Part 1. Information obtained from the recruit.

1. Age ..... 41 ..... 2. Have you ever suffered from any of the following diseases?

a. Rheumatism	no	k. Ear disease	no
b. Tuberculosis or pleurisy	no	l. Eye disease	no
c. Bronchitis or asthma	no	m. Fits	no
d. Heart disease	no	n. Nervous or mental disease	no
e. Kidney or bladder disease	no	o. Syphilis	no
f. Stomach or bowel trouble	no	p. Gonorrhoea	no
g. Rupture	no	q. Have you ever worn glasses?	no
h. Varicose veins	no	r. Are you now or have you in the past received disability pension or compensation? If so, give details	n
i. Foot trouble	no		no
j. Nasal trouble	no		
	no		

Alfred Bill
Signature of Applicant.

Part 2. Information obtained by medical examination. THE RECRUIT MUST BE STRIPPED

1. Identification marks or scars. (If operative obtain history).

Scar on left jaw.

2. Height ..... 5 ..... feet ..... 4 ..... inches. 3. Weight ..... 150 ..... pounds.

4. Complexion ..... clear ..... Eyes ..... blue .....
Hair ..... fair .....

5. Development ..... Good ..... Good / ~~Fair~~ / ~~Poor~~

6. Chest measurement—Girth on full expansion ..... 38 ..... inches.
Range of expansion ..... 3 ..... inches.

7. Vision, right ..... 20/30 ..... left ..... 20/40 .....
With Glasses— right ..... left .....

8. Hearing, right C.V.20 left C.V.20

9. Condition of mouth and teeth ..... Treatment. .....

10. The abnormalities (congenital and pathological) found on examination are as follows .....
Weakness of right inguinal ring. P.A-120/85.

Y.O.B.	P	U	L	H	E	M	S
01	/	1	1	1	1	1	1

4/10/43

Ears, Urines & Reflexes: Normal.

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-1 .....

Special remarks when category lower than A .....

CERTIFIED TRUE COPY

C.A. Gyomlin, Capt RCAMC — President
Dr. P.V. Marceau — Member
C. Gelinas, M.D. — Member

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature
	X-RAY CHEST - NEGATIVE.		
7-10-42	T.A.B.T.H.		
7/10/42	Vacc.		
7/10/42	T.A.B.T.H.		
23/10/42	2		
25-11-42	1 cc		
25-2-43	1/2 cc		
4-2-44	1/2 c.c.		
16-2-45	1/2cc TABT.	16 feb 45	Y.O.B. P U L H E M S: '01 / 1 1 1 1 1 1
		16 feb 45	Pathm + Radiograph — Negative ch.

Regtl. No. E-23052 Rank C.S.M. Surname Bill Christian Name Alfred.

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

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

Death in Canada
26-5-45

AWARDS—CANADIAN ARMY (ACTIVE)

1968

E G

500M—1-44 (3467)
H.Q. 1772-45-8

M

FILE NO. 405-B-38,215

SURNAME (IN BLOCK LETTERS) / CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT
BILL, Alfred	E-23052	(WO II) C.S.M.	5 DD

WAR SERVICE BADGE (CLASS) NO. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
War Medal CVSM	
	799 26/10/69.

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

MEMORIAL BAR

(1) DATE DESP.....

REGN. NO. 1956

(1) MEDALS

PERSON ENTITLED TO Mrs. Gertrude A. S. BILL (WIDOW)

ADDRESS: 19½ Cremazie St.,
QUEBEC, Que.

(2) MEMORIAL CROSS

WIDOW Mrs. Gertrude S. BILL, (ENGLISH)

1968

ADDRESS: 19½ Cremazie St., QUEBEC, Que.

DESP. JUN 22 1945
REGN No. 20513

(2)

(3) MEMORIAL CROSS

MOTHER Deceased (M.F.M.5)

ADDRESS:

(3)

N° matricule F 23052 Grade Bdl A CSM

Feuille N°.....

Nom.....

M.F.M. 1 & 2 (a) Fr.
40M—4-43 (9464)
H.Q. 1772-39-1646

État des promotions, rétrogradations, mutations, maladies ou blessures, rapports, etc.	Grade indiqué	Prenant date le	Unité	Endroit	Autorité	
					N° de l'O. du J.	Daté le
TOS From: Q.A.P.C	CSM	16 dec 44	DD 5	Luzon	DO-309	28 dec-44
TOS from QAPC Canc by do 21)	--	16dec44	5DD	Luzon	20	23jan45
Leave 7/3/43/ to 7-3-45	CQMS.	4-3-45	"	"	63	12-3-45.
S.O.S. DECEASED IN Quebec Mil Hosp 3/4	"	26 May45	"	"	135	30 May45
D.O. 135 Para 28a to read CSM	CSM	31 May45	"	"	136	31 May45

To be made out in duplicate

M.F.M. 5
150M—7-41 (1122)
H.Q. 1772-39-1651

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

INSTRUCTIONS.

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

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

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

---

(1) Name of Officer or Other Rank ..... BILL ..... Alfred .....
(Surname first—Christian names in full—Block capitals)

.....

(2) Regimental or Official Number and Rank ..... E-23052 M/ C.Q.M.S. .....

(3) Unit ..... Quebec Arsenal Protective Coy., C.A.(A) .....

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

(5) If married, state,

(*a*) Full name of your wife ..... Gertrude Amy Simpson Bill .....

.....

(*b*) Present postal address of wife ..... 19½ Cremazie Street, Quebec, P.Q. .....

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

.....

(7) Are you a widower? ..... No. .....

(8) Have you any children? ..... Yes ..... Number of boys ..... None ..... Girls ..... 2 .....

Names and ages ... Beatrice aged 13 years, Magery aged 11 .....

.....

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

.....

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

Name ..... N.A. .....

Postal Address ..... ------- .....

.....

[SEE OTHER SIDE]

(10) Have you a common-law wife—whom you have been regularly supporting and publicly representing as your wife for at least 2 years immediately prior to appointment or enlistment?.....No.....

If so, state her full name and Postal Address.....----------.....

.....

.....

(11) Is your father alive?.....No.....

If so, state name and address, occupation.....N.A.....

.....

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

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

.....N.A.....

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

(14) Is your mother alive?.....No.....

If so, state name and address .....N.A.....

.....

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

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

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

(17) Are you contributing to the support of any dependents, other than those shown above?.....No.....
This may include any brothers 16 years of age or under, or any sisters 17 years of age or under, solely supported and maintained as bona fide members of your household before your appointment or enlistment.

If so, state the following particulars:—

Relationship .....N.A.....

Full Name .....N.A.....

Postal Address .....----.....

Amount contributed monthly during the past six months.....Nil.....

.....

(18) Are you insured?.....Yes.....

If so, in what Company?....Travelers Insurance Coy., Sun Life Ins. Coy.....
(Give number of policy)

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

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

.....Alfred Bill.....
(Signature of officer or man)

Date.....12th. October 1942.....

.....
(R.M.Ievers) Captain
Officer Commanding....Quebec Arsenal Protective Coy., C.A.(A)

Date.....12th. October 1942.....

N.B. (If parent(s) of the officer or other rank concerned has (have) been replaced by foster parent(s), questions relating to fathers and/or mothers above should be altered and answered as applicable.

UNIT DOCUMENTS DID NOT INCLUDE M.F.M. 23. THIS COPY MADE UP FROM INFORMATION ON SOLDIER'S DOCUMENTS ON FILE IN RECORD OFFICE.

M.F.M. 23
200M—11-44 (5965)
H.Q. 1772-39-1677

MBC

CANADIAN ARMY

PROCEEDINGS ON DISCHARGE

Regimental No. E 23052 Rank CSM DECEASED

Surname BILL

Christian names ALFRED

NOTE.—The name must agree strictly with that on enlistment unless changed subsequently by authority.

Unit or Corps #5 D.D. Date of Enlistment (CA) 8 Oct 42

Date of Discharge 26 May 45 Total Service (CA) ..... yrs. ..... days

Place of Discharge Lauzon Military District No. 5

1. **DESCRIPTION AT DATE OF DISCHARGE**

Age 41 years ..... months

Height 5 feet 4 inches

Complexion clear

Eyes blue

Hair fair

Descriptive marks:

scar on left jaw

Intended place of residence .....
(Street and Number)

.....
(P.O., City or Town, etc.) (Province)

(To be given as fully as practicable: i.e., mailing address)

2. The above-named is discharged in consequence of DECEASED

Authority for discharge .....

(N.B.—The cause of discharge must be worded in accordance with Canadian Army Routine Orders as may be published. If discharged by superior authority, the number and date of the letter to be quoted.)

No reference to Conduct is to be made on the discharge certificate.

CASUALTIES, ETC.

PART II D. O. No.	DATE	NATURE AND PARTICULARS	IF IN HOSPITAL NOTE NAME
63	12-3-45	Gr leave fr 4-3-45 to 7-3-45	
135	30-5-45	SOS deceased died in Quebec Mil Hosp 26-5-45	

LOWE-MARTIN CO. LIMITED—D91574

No. E23052 RANK A/C.S.M NAME Bill Alfred

*Married
*~~Widower~~
*~~Single~~

Place of {*Appointment / *Enlistment} Quebec P.Q

Date of {*Appointment / *Enlistment} 7-10-42

RATE OF PAY

D.O. No.	Date of D.O.	Rank	Group	P.F. or A.S.	Daily Rate	Effective Date	If liable Pen. Ded.	REMARKS
174	12 10/42	A/C/M.S			2.50			
189	31 12/43	A/C.S/M			3.00	1 12/43		Confirmed w.e.f 1-3-44

ASSIGNMENTS

Name and Address of Assignees	Effective Date	Amount
Mrs Gertrude S. Bill	1 11/44	~~45~~ 00
War Savings Certificate	1 5/43	~~4~~ 00
MFM 18-S-698	1-6-45	45 00
MFM 18-S-698	1-6-45	4 00
Total.....		

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

Date Application Forwarded	Relationship	Amount Awarded	Effective Date
1-3-43	Wife	63 12	9 12/43

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

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

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

Occupational Form Completed.....

No. E-23052 RANK ~~C.Q.M.S.~~ A/C.S.M. NAME BILL, Alfred

* Married
* Widower
* Single

Place of { * Appointment / * Enlistment } Quebec, P.Q.

Date of { * Appointment / * Enlistment } 7-10-42

RATE OF PAY

D. O. No.	Date	Rank	Group	P. F. or A. S.	Daily Rate	If Liable Pen. Ded.	REMARKS
174	12-10-1942	A/CQMS		A.S.	3.10		
189	31-12-43	A/CSM			3.00		w.e.f. 1-12-43

ASSIGNMENTS

Name & Address of Assignee	Effective Date	Amount
Mrs. Gertrude S. Bill	1-11-42	35.00
19½ Cremazie St. Quebec.		
Certificat d'epargnes	1-5-43	4 00
12 months.		32 00
M.F.M. 19	1-2-44	45 —
	Total.....	

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

Date Application Forwarded	Relationship	Amount Awarded	Effective Date
	Wife - 2 child	59 00	7-10-42
	Bones	4 12	

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

Rehabilitation Grant $.....Paid on.....

* Delete words which are inapplicable.

M. F. M. 14

200M—10-41 (2231)
H.Q. 1772-39-1662

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

Occupational Form Completed.....

Part II D.O. No.	Part II D.O. Date	
174	12-10-42.	Attested & T.O.S. of Q.A.P.C. W.E.F. 8-10-42.
174	12-10-42.	To be acting C.Q.M.S. W.E.F. 9-10-42.
219	17-12-42	Leave of absence from 21-12-42 to 26-12-42
146	6-9-43	granted furlough from 9-9-43 to 23-9-43
183	9-12-43	N.Y's Leave 30-12-43 to 5-1-44
189	31-12-43	confirmed in the rank of C.Q.M.S. w.e.f. 1-12-43
189	31-12-43	is to be a/c.S.M. with pay w.e.f. 1-12-43 (W.O. II)
25	20-3-44	Leave of absence 0700 hr. 20-3-44 to 0700 hr. 24-3-44 - 50¢ per diem
32	7-4-44	[illegible] Awd. C.V.S. Medal - wear ribbon 8-4-44
36	21-4-44	Confirmed C.S.M. (W.O. II) w.e.f. 1-3-44
48	22-5-44	Leave from 22-5-44 To 26-5-44
62	5-7-44	Granted furlough 10-7-44 to 23-7-44
95	8-8-44	Granted 4 days leave 8-8-44 to 11-8-44
124	8-12-44	4 days leave from 7 to 10-12-44
128	15-12-44	S.O.S. to D.D.S, Luzon, 15-12-44
309	28-12-44	TOS from QAPC Quebec P.Q. posted to App W. 16-12-44

NO E.23052 Rank C.S.M. Name BILL, Alfred

Unit Royal Rifles of Canada Date of death 26th May, 1945.

Died at Quebec, P.Q.

Cause Angina Pectoria.

Death occurred on strength of Forces H.Q. 405-B-38215

N/K Mrs. Gertrude S. Bill Relationship Widow

Address 19½ Cremazie Street, Quebec, P.Q.

Remains buried in Mount Hermon Cemetery

Quebec, P.Q.

CHK

Grave location Grave 12825, Section C.

CONTRACTOR'S ROLL FOR THIS SOLDIER'S GRAVE DESPATCHED DEC 3 1945

BURIAL REPORT TO N.K.

RETURN TO BUR. OF STAT.

ROYAL MESSAGE DESP'D.

CAN. MESSAGE DESP'D.

DEATH NOT DUE TO SERVICE

10M-1-45 (M-4608)

BASIC TRAINING RECORD

No. E.23052 Rank Gnr. Name: Alfred Bill
(In full, surname last)

TESTS OF ELEMENTARY TRAINING

	1	2	3	4
RIFLE — Date	4/5/44 P	4/5/44 P	4/5/44 P	4/5/44 P
Initials				
	1	2	3	4
L.M.G.				
Date				
Initials				

Gas:	Oral	Inspn.	Std.	Went Through Chamber		
Date						
Initials						

REMARKS:

M.F.M. 105(X)

COMMON TRAINING

Subject	Standard Attained (a)	Remarks	Initials
Drill	Very Good	Willing (N.C.O)	Roybuck
Physical Training	"	"	
Marching	"	"	
Map Reading	Average	"	
Fundamental Training	Very Good	"	
A.A. Training	"		
Bayonet Fighting	Very Good	"	
Judging Distance	Fair	"	
Cooking in the Field			
Digging and Wiring	Fair	"	
Field Training	Fair	"	
Sub Machine Gun	Fair	"	
Grenades	Good	"	
Pistol			

SPECIALIST AND TRADES TRAINING (WHERE APPLICABLE)

Nature	Standard Attained (a)	Remarks	Initials
Drvg.& Mtce.(Wheeled)			
Drvg.& Mtce.(Carrier)			
Drvg.& Mtce.(M.C.)			
Intell. Personnel	Very Good		
3" Mortar Personnel			
Rangetakers			

GENERAL REMARKS ON COMPLETION OF TRAINING

Military Efficienty..... Very Good... Conduct..... Very Good Leadership..... Very Good

Other Remarks..... Satisfactory.....

Place..... Exeter..... Signature..... (R. M. Severs) ..Rank..... Captain

Date.....20.-.7.-.43..... No.....Infantry Training Centre.

(a) Where no regulation is prescribed in manuals, use: VG-Very Good; G-Good: AV-Average F-Failed.

TRAINING RECORD - INFANTRY (RIFLE)

No. E-23052 Rank C.Q.M.S. Name Alfred BILL
(in full, surname last

TESTS OF ELEMENTARY TRAINING

Rifle	1	2	3	4
Date	2-8-40	2-8-40	2-8-40	2-8-40
Initials				

L.M.G.	1	2	3	4	A.Tk.R.	1	2
Date	5-8-41	5-8-41	5-8-41	5-8-41	Date		
Initials					Initials		

3" Mortar	1	2	3	4	5	6	7	8	9
Date									
Initials									

2" Mortar	1	2
Date		
Initials		

Gas	Oral	Insp.	Std.	Went Through Chamber			
Date	1-7-43	1-7-43	1-7-43	Date	14-7-43		
Initials				Initials			

RANGE COURSES

	Classification	Date	Initials		No. of Rds.	Standard(a)	Initials
Rifle	Qualified	3-8-40		2" Mortar			
S.M.G.	Passed			Grenade No.36	12		
A.Tk.R.				Grenade No.68			
A.A.				Grenade No.69	3		
Pistol				3" Mortar			
S.M.G.							

M.F.M. 105E

File No 401-B-38215

VERIFICATION FORM

WAR SERVICE MEDALS 1939-45

No. E-23052 Name Bill Alfred

Rank on Discharge C.S.M. (W.O.II) Date of Discharge 26 May 45

Authority for Discharge or Retirement Deceased

Served in:

Non-qualifying service

Canada from 9 Oct. 42 to 26 May 45
(died - anginal syndrome or Gallstone attack)
from _____ to _____ _____

United Kingdom from _____ to _____
from _____ to _____ _____

Italy from :- _____ to _____ _____

Northwest Europe from _____ to _____ _____

--------- from _____ to _____ _____

--------- from _____ to _____ _____

Eligible for award of:

~~1939 - 45 Star~~ _____

---.-.------- _____

~~Italy Star~~ _____

~~France-Germany Star~~ _____

~~Defence Medal~~ _____

War Medal ok ✓

Canadian Volunteer Service Medal ok ✓ Tw

~~with Clasp~~ _____

M

Verified by Georgette Labrie

Date 11 June 46

Carded JUN 11 1946

N.R.D.

HA 165

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

ARMY HG

Name: BILL Alfred No.: E.23052
Surname Christian Names

~~Rank~~ W.O.II ~~Unit~~ R.C.D.D. 26-5-45
Rank Unit Date of Death

AMOUNT

L.P.C. $ 27.77

Date: 25-1-46 Other Credits 118.69

Total 146.46

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Widow	Mrs. Gertrude A.S. Bill, c/o Meredith & Scott, Notaries Public, 93 St. Peter St., QUEBEC CITY, Que. (For benefit of 2 minors)	$146.46

P4. TO TREAS. 27-2-46, am.

AUTHORITY

H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	$146.46

CLASSIFIED BY

D

EXAMINED BY

For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

(L. M. Firth) Colonel
Director of Estates

AUDITED FOR PAYMENT

N.R. 245

For Chief Treasury Officer

75M—2-45 (6771)
H.Q. 1772-80-2

NOT VALID UNTIL SIGNED BY
DIRECTOR OR AUTHORIZED OFFICER

DOMINION OF CANADA

SUCCESSION DUTY ACT

S.D. 30

SERIAL NO. 337446

CONSENT TO THE TRANSFER OF PROPERTY

DATE. 22nd Oct. 19 45.

IN THE MATTER OF THE ESTATE OF Mr. Alfred BILL,
Quebec.

WHO DIED ON 26th May 19 45.

TO ALL PERSONS:

WHO MAY ON CONSENT "DELIVER, ASSIGN, TRANSFER, PAY OR PERMIT THE DELIVERY, ASSIGNMENT, TRANSFER OR PAYMENT OF ANY PROPERTY" TAKE NOTICE THAT CONSENT IS HEREBY GIVEN TO THE DELIVERY, ASSIGNMENT, TRANSFER OR PAYMENT OF—

DESCRIPTION OF PROPERTY OR PAYMENT. "TWENTY-SIX (26) Dominion of Canada War Savings Certificates par value $5.00 each, in the name of Alfred Bill."

~~DATE~~
File No.8346
AT

C. Fraser Elliott

COMMISSIONER OF SUCCESSION DUTIES

INSPECTOR OF SUCCESSION DUTIES AT QUEBEC

BY

AN AUTHORIZED OFFICER

PROVINCE OF QUEBEC

CERTIFICATE OF EXEMPTION FROM SUCCESSION DUTIES

File No.
188,202

Considering the declarations and other documents of record at the Revenue Office of the Province of Quebec, I, the undersigned, hereby certify that no succession duty is exigible under the laws of the Province, by reason of the transmission owing to the death on the MAY 26TH., 1945 of M ALFRED BILL,
in h IS lifetime of QUEBEC,
of the property hereunder described as follows, to wit:

CASH HELD BY DEPT. OF NATIONAL DEFENCE, OTTAWA.....$27.77

Signed, sealed and delivered at Quebec, this OCTOBER 18TH... 19 45

Revenue Officer specially authorized

S-14A

PROVINCE QUEBEC

REVENUE BRANCH

CERTIFICATE OF SUCCESSION DUTIES

Succession Alfred Bill.

IMPORTANT DOCUMENT

PROVINCE OF QUEBEC

CERTIFICATE OF EXEMPTION FROM SUCCESSION DUTIES

File No.

188,202-

Considering the declarations and other documents of record at the Revenue Office of the Province of Quebec, I, the undersigned, hereby certify that no succession duty is exigible under the laws of the Province, by reason of the transmission owing to the death on the MAY 26TH., 1945 of M ALFRED BILL,

in h is lifetime of QUEBEC,

of the property hereunder described as follows, to wit:

(26) DOMINION OF CANADA WAR SAVINGS CERTIFICATES $5.00 EACH IN THE NAME OF ALFRED BILL.-

Signed, sealed and delivered at Quebec, this OCTOBER 18TH....19 45

Revenue Officer specially authorized

S-14A

PROVINCE QUEBEC

REVENUE BRANCH

CERTIFICATE OF SUCCESSION DUTIES

Succession Alfred Bill.

IMPORTANT DOCUMENT

C A N A D A
PROVINCE OF Quebec
DISTRICT OF QUEBEC

IN THE SUPERIOR COURT

No 9319

Dame GERTRUDE AMY SIMPSON, of the said City of Quebec, widow of Alfred Bill, in his lifetime of the same place, Clerk,

P E T I T I O N E R

WE, the undersigned, REAL LAVERGNE, Deputy-Prothonotary of the Superior Court, for the District of Quebec,

SEEING the petition whereby the Petitioner prays for the homologation of the report made by a deed " en brevet " by Notary ARTHUR E.P.SCOTT, of Quebec, and containing the proceedings of a Family Council duly convened and assembled before him, at Quebec, on the EIGHTEENTH Day of the month of September, 1945, to give its advice upon the expediency:

a) of appointing a tutor and a subrogate tutor to: BEATRICE MARY BILL, aged sixteen years and MARGERY ETHEL AMY BILL, aged fourteen years, issue of the marriage of the Petitioner with the late Alfred Bill;

b) of authorizing the tutor so to be appointed to accept, according to law, for the said minor children the estate of their late father;

SEEING the unanimous advice of the said Family Council;

DO GRANT the said petition; DO HOMOLOGATE the proceedings and advice of the said Family Council;

DO APPOINT, as Tutrix to the said minor children, their mother, the Petitioner, said Dame GERTRUDE AMY SIMPSON, and as Subrogate Tutrix Miss Margery Mary Simpson;

DO give judicial acknowledgment of the acceptance by the said Tutrix and Subrogate Tutrix of their respective offices and also of their oath taken by the said Notary to perform the duties thereof faithfully and according to law;

DO AUTHORIZE the said Tutrix to accept, for the said minor children, according to law, the estate of their father, the late ALFRED BILL.

Quebec, September 19th, 1945

signed) REAL LAVERGNE

DEPT.-PROTHONOTARY S.C.

TRUE COPY

Marcel Lamoureux.

DEPT.-PROTHONOTARY S.C.

NOV-22-45 5486 • 9519 A 6756 •

ONE DOLLAR
QUEBEC
TIMBRE DE LOI
LAW STAMP
$1 $1
UNE PIASTRE

IN THE SUPERIOR COURT

Quebec, September 19th, 1945

No 9319

Dame GERTRUDE AMY SIMPSON-BILL,

PLAINTIFF

vs Petitioner

DEFENDANT

JUDGMENT

TUTORSHIP

Quebec Aug. 29. 1945

The Department of National Defence.
Estates Branch
Ottawa.

RECEIVED
ESTATES BRANCH
AUG 30 1945
D.N.D.
OTTAWA
NATIONAL DEFENCE

Dear Sir:

I received two parcels containing my husbands personal effects. (Afnd Bill. E 23052) and am enclosing receipt for same.

Concerning the War bond mentioned in your letter - it was not the property of my husband, so please do not submit it with his affairs. he was a salesman in the last War Bond drive

and this was one bond that had not been delivered to it owner as she was out of town at the time.
Would you kindly forward it to Mrs H. Gould.
29 de Bienville Ave.
apt. 1. Quebec.

I will forward a copy of our marriage contract, as soon as I can procure same.

Thanking you.
Yours Sincerely.
Gertrude S. Bill.

19½ Cremazie St.
Quebec.

T
20-8-1

Quebec. Aug 21, 1945.

BE
T

To the Minister of Estates Army.
Ottawa.

SECRETARY
CORRESPONDENCE
AUG 23 1945
H. Q.
OTTAWA
NATIONAL DEFENCE

BILL, A.

Sir. It is now almost three months, since my husband Sgt. Major Alfred Bill. E.23052. died suddenly at Quebec Military hospital (on May 26th).

I understand that all articles found on him were sent up to your department would it be possible to have a list of articles sent?

If possible the articles themselves returned to me at your

earliest —
Conveniences especially a war bond not his property. and his pay book which may contain his will which cannot be found elsewhere.

Anxiously awaiting a reply.

Sincerely yours
Gertrude S. Bill.

19½ Cremazie St.
Quebec.
P.Q.

Form SR-14

DUPLICATE

[redacted] DUPLICATE
This is a duplicate of the original application

NAVY: To be retained by Accountant Officer for file reference.

ARMY: To be placed in Documentary file.

AIR FORCE: To be placed on applicant's Form R1.

FIGHTING SERVICES EIGHTH VICTORY LOAN

DUPLICATE

Fully-Paid, or Official Monthly Savings Plan Application Form

To, Bank of Canada, fiscal agent of the Government of Canada:
I hereby agree to purchase bonds of the Eighth Victory Loan, as designated below, and to make payment therefor in accordance with the terms of the official prospectus of the loan.

BILL (Surname) ALFRED (Christian or given name) C.S.M. (Rank) ~~XXXXX~~ Regimental No. E-23052

UNIT OR ESTABLISHMENT Camp Commandant HQ MD No 5.

~~NAVY~~ - ARMY - ~~AIR~~ (Strike out words not applicable)

ADDRESS TO WHICH ACKNOWLEDGMENT TO BE MAILED Mrs. Francis R. Gould

HOME ADDRESS 29 Bienville Avenue, Quebec. P.Q.

AMOUNT (par value)	MATURITY	FULLY-PAID APPLICATION	MONTHLY SAVINGS PLAN APPLICATION
	3% Bonds due 1 October, 1963	$ 100.00	$

(Separate forms should be used for fully-paid and Monthly Savings Plan applications by the same purchaser)

Delivery of the bonds is to be made through:

BANK, TRUST OR LOAN COMPANY: Royal Bank of Canada.
(Name of Bank, Trust or Loan Company)
Price House, Anne Street, Quebec,
(Branch and Address)

in the manner indicated by my ***signature*** in one of the following rectangles:

METHOD OF DELIVERY

I will take delivery at the office of the above-named Bank, Trust or Loan Company at an early date.	X A.B.
I hereby authorize the above-named Bank, Trust or Loan Company to deliver the within-described bonds to: Mrs. Francis R. Gould (Name) 29 Bienville Avenue St. Quebec, (Address) 3-6589 (Telephone No.)	A.B.
I hereby authorize the above-named Bank, Trust or Loan Company to deliver the within-described bonds for my account to the Department of Finance, Ottawa, to be held in safekeeping.	
I hereby authorize the above-named Bank, Trust or Loan Company to hold the above bonds in safekeeping at my expense.	

METHOD OF PAYMENT

The purchaser must indicate the desired method of payment by ***initialling*** in the appropriate rectangle. If a cheque for the initial payment is attached to a Monthly Savings Plan application and the subsequent payments are to be debited to the purchaser's account, then the purchaser should initial in both 1 and 3.

Cheque attached in favour of the Receiver General of Canada in full ~~or partial payment~~ XXXXXXXXXX	1.
Will arrange with above-named Bank, Trust or Loan Company.	2.
The above-named Bank, Trust or Loan Company is hereby authorized to debit my Current/Savings Account with payments as due on my Monthly Savings Plan application. Account No.	3.

FORM AND DENOMINATIONS

Bearer Bonds with coupons attached	x $1,000	x $500	1 x $100	x $50
★ Registered only as to principal (coupons attached)	x $1,000	x $500	x $100	x $50
★ Registered as to both principal and interest	x $5,000	x $1,000	x $500	

★ ***Important***—If registered bonds desired, complete the registration instructions on the reverse hereof.

Certified True Copy (L.J. CARON) Lieut. H.Q. MD No 5

9 JUN 45

Date May 10th. 1945 1945

(Signed) ALFRED BILL
(Signature of Purchaser)

(11)

COPY/ Oct 22nd, 1945.

The Minister of National Defence,
Ottawa.

Re: CSM Alfred Bill - E.23052 WO (II)

Sir:

Last May my husband died suddenly in Quebec and although I have made many enquiries it is only within the last few days that I have been able to contact anyone who could give me the true facts of the case. On May 26th last my husband left in a jeep, for duty at the Citadel at 8.30 a.m. apparently quite well. I received a telephone call from him at 12.50 p.m. telling me he was sick and had been admitted to St. Charles Military Hsopital and would like me to go down and see him at 2 p.m., taking down some papers for him to read. When I arrived at the door of the hospital at 2.05 p.m. I was met by a Dr who shouted to me to go home, saying we will telephone you, and who forced me out of the hospital on the street alone. I appealed to a Padre who was passing to help one get into the hospital to see my husband, and he shrugged his shoulders and passed on. In despair I went uptown and found the Minister of my church and a Capt Ives and we returned to the hospital to be told my husband was dead. Was it possible Sir, for the matron or nursing sister, or even the Dr to have taken me into the waiting room and told me the news quietly, seeing my husband was so ill could I not have been notified before and so spent a few minutes with him which would have been such a comfort to me now I am alone for the rest of my life; and also was he not entitled to see the Chaplain of his church who was not notified either.
I had no news at all from the Military Authorities until Monday noon, 28th when the Chaplain came to see me.
These are the details concerning my husband's sickness and death, which I have now found a witness to prove. My husband complained of not being well about 9.20 a.m. and he evidently fainted and fell. He was picked up and put on a table and no Dr. could be found on duty to attend to him, no ambulance was called to take him to a military hospital, as there was no telephone in that department.
An orderly stayed with him but as he had no medical care and was no better the orderly called a jeep which came along and he was put in it practically unconscious, half way down to the hospital he collapsed again but recovered a little before arriving, although he had almost to be dragged from the jeep into the hospital as he was too weak to walk. He was put on a table and waited 15 to 20 minutes until a medical officer could be found. I am deeply grieved and feel that if the Dr. had been on duty, and given my husband the necessary treatment, and an ambulance called, to take him quietly to the hospital, he might have been alive today. I would like to know if an inquiry would bring to light why there was so much indifference and negligence shown when my husband was so seriously ill and who was at fault.
In addition to all this no will can be found, although my husband told me he had made one. He was a veteran of the last war, having joined at the age of 16. He volunteered for duty in this war and left a good position at the Anglo Pulp and Paper Co to do so. Now I am offered a pension of $61.00 a month for myself and my two daughters. Sir: What am I to live on.

Sincerely yours, (Sgd.) Gertrude S. Bill
19½ Cremazie St
QUEBEC, P.Q.

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

4
ARMY

DEPARTMENT OF NATIONAL DEFENCE
NAVY ═══ ARMY ═══ AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

DECEASED MEMBER'S NAME: Alfred (CHRISTIAN NAMES) BILL (SURNAME)

PAYEE: Mrs. Gertrude S. BILL,
ADDRESS: 19½ Cremazie St.,
Quebec City, P.Q.

REGISTER NO. D-14130
FILE NO. 405-B-38215
DATE 4-9-45
SERVICE NO. E-23052
FINAL RANK OR RATING C.S.M.
DATE OF DISCHARGE 26-5-45

DATE OF TERMINATION OF OVERSEAS SERVICE

		$	¢
A. TOTAL QUALIFYING SERVICE	960 NO. OF DAYS 963/30 EQUAL TO 32 COMPLETE PERIODS AT $7.50	240.00	
B. QUALIFYING OVERSEAS SERVICE	No. of Days ____ LESS ____ INELIGIBLE DAYS, EQUAL TO ____ DAYS @ 25c. PER DAY (SEE PAR. 2 OVERLEAF FOR EXPLANATION)		
		240.00	

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY	$
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE	$
ADDITIONAL PAY	$
	$
	$
DEPENDENTS' ALLOWANCE 1/30 OF $	$
TOTAL	$ X7 = $
NO. OF DAYS ____/183	X$

		$	¢
D. WAR SERVICE GRATUITY		240.00	
E. DEDUCTIONS	OVERPAYMENT OF PAY AND ALLOWANCES	$	
	OVERPAYMENT OF DEPENDENTS' ALLOWANCE AND ASSIGNED PAY	$	
	OTHER DEDUCTIONS	$	
F. TOTAL AMOUNT PAYABLE		240.00	

G. YOUR PORTION OF GRATUITY IS— 100%

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU $____ OF $ ____ = $ 36

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

ΔT

CERTIFICATE I CERTIFY THAT THE AMOUNT HAS BEEN CORRECTLY COMPUTED AND IS PAYABLE IN ACCORDANCE WITH THE TERMS OF THE WAR SERVICE GRANTS ACT, 1944 AND THE REGULATIONS ISSUED THEREUNDER.

PREPARED BY	CHECKED BY
KHM	

TREASURY	
CHECKED BY	DATE
L.C. Thomas	10-8-45

Kathleen Cant
SERVICE REPRESENTATIVE

COMPUTATION OF WAR SERVICE GRATUITY

MEMBER'S NAME ALFRED BILL (Christian Names) (Surname) — Register No D-14130

PAYEE'S NAME MRS GERTRUDE S. BILL (Christian Names) (Surname) — File No 405-B-38215

ADDRESS 1911 CREMAZIE ST. QUEBEC CITY — P.Q. — Date 4-9-45

DATE OF TERMINATION OF OVERSEAS SERVICE Nil — Service No E-23052

Final Rank C.S.M.

Date of Discharge 26-5-45

	AMOUNT $	c
A. TOTAL QUALIFYING SERVICE No. of day 963 / 30 = 32 (3) Periods @ $7.50	240	00
B. QUALIFYING OVERSEAS SERVICE No. of days ..... less ..... Ineligible days, equal ..... Days @ 25c per day		
C. SUPPLEMENT FOR OVERSEAS SERVICE Daily Rate of Pay $ 2.00 Subsistence Allowance $ ..... Additional Pay $ ..... Dependents' Allowance 1/30 $ ..... $ ..... TOTAL $ ..... × 7 = $ ..... No. of Days ____ / 183 × $	240	00
D. WAR SERVICE GRATUITY Computed By Gates Manley	240	00
E. DEDUCTIONS Overpayment of (1) Pay & Allowance $ ..... (2) D.A. & A.P. $ ..... Other Deductions $ ..... Entered By BSC		
F. AMOUNT PAYABLE (This amount is payable in .../.. monthly instalments of $ ..... each)	240	00

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

$ ..... × 30 = $ .....

35

REMARKS

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

FORM No. 1

Register No. D-14130 Nominal Roll No. D-339

H.Q. File No. 405-B-38215

To: P.M.G.

3364

CANADIAN ARMY (ACTIVE)

Computation of Service

WAR SERVICE GRANT

Regt. No.	Rank when S.O.S.	Surname	Christian Name in Full
E23052	C.S.M.	BILL	ALFRED

REASON FOR TERMINATION OF SERVICE:

1st Enlistment Died whilst in Service CARO ( )

2nd Enlistment CARO ( )

3rd Enlistment CARO ( )

Total Service

1ST ENLISTMENT	2ND ENLISTMENT	3RD ENLISTMENT
T.O.S. 7 Oct 42	T.O.S.	T.O.S.
S.O.S. 26 May 45 MD 5	S.O.S. MD	S.O.S. MD
Total Days 963	Total Days	Total Days

Total Service 963 DAYS

—	Total Service	Less Non-qualifying Service	Net Service
Western Hemisphere	963	Nil	963
Overseas Service	Nil	Nil	Nil
Totals	963	Nil	963
Add Non-qualifying Service			Nil
Total Service			963

EMBARKATION DETAILS:

1. Date S.O.S. Overseas 2. Date S.O.S. Overseas

REMARKS:

DIED WHILST IN SERVICE
26 May 45

Computer's Signature Thos. D. Moore

Checker's Signature C.W. Stables

Date Computed 8 June 45

34

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

C. L. LAURIN,
Colonel,
DIRECTOR OF RECORDS.

500M—11-44 (6012)
H.Q. 1772-45-8

CASUALTIES ONLY
For purpose of W.S.G.
Casualties include death subsequent to discharge.

Register No. D.14130

File No. _____

WAR SERVICE GRANTS ACT 1944

Ottawa 11th July 1945

To: Chief Treasury Officer,
Dependents' Allowance and Assigned Pay Branch

Service No. E.23052

Name A. Bill
Christian Name Surname

Please supply the following information in respect of the marginally named at the time of his discharge or death and return this form in duplicate along with the file to the undersigned.

K.W. Rice

(K.W. Rice) Lieutenant,
for(A.R. Mortimore) Brigadier,
Paymaster-General

	Name	Amount
Names and relationship of persons in receipt of D.A. and amount of monthly award.	Mrs Gertrude S. Bill	$ 63.12
	wife + 2 children	
If no D.A. in issue, list names and relationship of persons in receipt of A.P. who may be classed as dependents under W.S.G. Act, 1944 and amount of monthly assignment		
Names and relationship of persons to whom assigned pay was continued by supplementary award after death.		
Amount of overpayment of dependents' allowance and/or assigned pay deductible from the War Service Gratuity and name of person to whom paid.		

JUL 19 1945

_____ 194___

C. Lee Blume
For Chief Treasury Officer,
D.A. & A.P. Branch

C.T.O., D.A.&.A.P.

Overpayments of D.A. and/or A.P. recovered from W.S.G. $_____

_____ 194___

33

_____
for C.T.O.

26.6.45.

D-14130

To the

Paymaster General

Sir

I would like to apply for the Gratuity due to the late C.S.M. Alfred Bill. No. E.23052. Please send me details of where I should apply for same.

Sincerely yours

(Mrs) Gertrude F. Bill

19½ Cremazie St.

Quebec City.

RECEIVED
JUN 28 1945
PAYMASTER GENERAL
W.S.G. Branch

31

THE CANADIAN PENSION COMMISSION

MEMORANDUM

To.....Deputy Minister,.....
Department of National Defence,
From.....The Canadian Pension Commission.....

OTTAWA,.....August 25, 1945.....

Director of Records
A. G. Branch
AUG 31 1945
Nat. Defence
Ottawa

405--B-38-215

ATTENTION: - Director of Records

~~Canadian Agency~~,
~~Imperial War Graves Commission~~

#1054366 & E-23052 Pte. Alfred Bill.
24th. Bn. & Active Force.

~~C.P.C.~~

The marginally named died

at Quebec, P.Q.

on May 26, 1945.

Cause of Death Angina Pectoria.

In the opinion of the Commission, the disease resulting in death was incurred during service in Canada, but did not arise out of, nor was it directly connected with military service.

Next of kin Mrs. Gertrude S. Bill (widow),
19½ Cremazie Street,
Quebec, P.Q.

Posted DRR

E. Lackey
for B. Simpson,
Assistant Secretary.

MB
Not on strength.

C.P.C. 83 4M-1-45 Req. 2

24

1. NO.	2. RANK OR RATING	3. SURNAME	4. CHRISTIAN NAMES
E23052	W.O. II	B I L L	Alfred

5. UNIT OR SHIP	6. DATE OF CASUALTY	7. H.Q. FILE NO.	8. RELIGION
ROYAL RIFLES of CANADA. Att 5. District Depot. C/A	26 May 45		Church of England

9. CIRCUMSTANCES OF CASUALTY	10. NAME, RELATIONSHIP AND ADDRESS OF NEXT OF KIN
Angina Pectoris	Mrs Gertrude Amy Simpson BILL (WIFE) 19½ Cremazie Street, Que. P.Q.

11. LOCATION OF UNIT AT TIME OF CASUALTY
Lauzon, P.Q.

NOTE:—Items 12, 13 and 14 are not to be completed until grave is permanently located.

12. CEMETERY	13. LOCATION OF CEMETERY	14. GRAVE LOCATION	15. REGISTERED NO. OF GRAVE
Mount Herman	SILLERY, Quebec.	Grave Single Grave Plot Section "C" Row North West.	No: 12825

16. PHOTOGRAPH OF GRAVE TAKEN	17. EXPOSURE NO.	18. PHOTOGRAPH OF GRAVE AND CEMETERY SUPPLIED TO

19. FURTHER PARTICULARS ON REVERSE SIDE OF SHEET.

M. F. W. 2613
50m.—11-22
H. Q. 1772-39-1458

OFFICIAL CANADIAN ARMY OVERSEAS [illegible] NOTIFICATION (DEATH)

D.R. 3-[illegible]-6-45
D.R. 10-5-6-45

NUMBER [illegible] RANK [illegible] SERVICE UNIT

NAME BILL, Alfred — 5 DD

DATE OF BIRTH 6 Aug 1901 — DATE OF ENLISTMENT 7 Oct 42

MARITAL STATUS Married — RELIGION Church of England

NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 RELATIONSHIP WIFE — NAME Mrs Gertrude S. Bill

ADDRESS — ADDRESS D.A.B. 19½ Dresselle Street, Quebec, P.Q.

ADDITIONAL PERSON TO BE NOTIFIED — ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. Telegram from CO 5 DD, Quebec H.Q. 405-B-38215

CASUALTY DETAILS — DATE 29 May 45

Died at Quebec as result of Angina Pectoris

Records show that this soldier served in Canada only.

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 30 May 45

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

DIRECTOR OF

6

COPY FOR DOCUMENT FILE

B 4297

REPORT OF DEATH OF A SOLDIER

TO BE FORWARDED TO THE SECRETARY, DEPARTMENT OF NATIONAL DEFENCE, (MARKED "FOR OFFICER IN CHARGE OF RECORDS") IMMEDIATELY AFTER DATE OF DEATH

Unit No.5. District Depot C/A

Regt'l No. E-23052 Rank W. O. Class 11

Name in full BILL Alfred

Date and place of birth 6 Aug 01 GLASGOW, SCOTLAND.

Married or single Married

Enlisted, when and where 8 Oct 42 Quebec P.Q.

Died — Date 26 May 45; Place Quebec City, P.Q.; Cause of death Angina Pectoris

Buried — Date 29 May 45; Name of cemetery Mount Herman; Location of cemetery Sillery, P.Q.

Whether he leaves a Will or not, and if so, where deposited: Not known at this date

Statement as to existence of any personal effects: Not known at this date

Latest particulars as to Next of Kin: Mrs Gertrude Amy Simpson BILL (WIFE), 19½ Cremazie Street, QUEBEC City, P.Q.

I hereby certify that Next of Kin and District Headquarters have been informed.
(Strike out Next of Kin if not informed)

Benoit Taschereau Lt.
Officer Commanding

Date 30 May 45

Secretary, Department of National Defence.

Forwarded, please.

(EDMOND BLAIS) Brigadier
D.O.C., M.D. 5

Date 1 Jun 45

M.F.W. 2570
20M—7-40 (6121-2)
H.Q. 1772-39-1356

1st June, 1945.

Mrs. Gertrude S. Bill,
19½ Cremazie Street,
Quebec, Quebec.

Dear Mrs. Bill:

It was with deep regret that I learned of the death of your husband, E.23052 Company Sergeant Major Alfred Bill, who died while in the Service of his Country in Canada on the 26th day of May, 1945.

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.

Yours sincerely,

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

Mem x Wife
2-6-45.

12

no file IN REPLY PLEASE QUOTE No. Q:39-B-5138 (SCA)

CANADA

DEPARTMENT OF NATIONAL DEFENCE

ARMY

Quebec, P.Q. 3 April 45.

Director of Personnel Services
A. G. Branch.
APR 13 1945
Nat. Defence Hqrs.
Ottawa, - Canada.

CENTRAL REGISTRY Army
PERS. SEC.
APR 5 1945
File
Chgd. to
Referred to WDG

The Secretary,
National Defence Headquarters,
Ottawa, Ont.

CANADIAN EFFICIENCY MEDAL
E-23052 CSM (WOII) A. BILL.

405-B-38215

Herewith application for the Canadian Efficiency Medal in the case of the m/n W.O. forwarded and recommended please.

(EDMOND BLAIS) Brigadier,
District Officer Commanding,
Military District No. 5.

NAT. DEF. B. 440
2000M—7-43 (931)
H.Q. 1772-39-767

3

MILITIA OF CANADA

M.F.B. 1433
30M—10-42 (6571)
H.Q. 1772-39-1577

*THE CANADIAN EFFICIENCY DECORATION—THE CANADIAN EFFICIENCY MEDAL

Applications for the award of the Decoration or Medal must be made in writing by the Claimant's Commanding Officer, or, if the Claimant is retired, by the officer now commanding the Unit in which Claimant last served, and must be accompanied by a certificate, or certificates, on this Form B. 1433. A separate certificate must be submitted in respect of each Unit in which service is claimed, and is to be signed by the officer now commanding that Unit.

STATEMENT of the service of C.SM. (W.O.11) Alfred BILL
(Rank) (Name)

in the Royal Rifles of Canada **Regiment.**

Present Rank and Unit C.S.M. Quebec Arsenal Protective Company

The place of residence of the Candidate is 19½ Cremazie Street - Quebec

RANK AND UNIT	FROM			TO			TOTAL SERVICE		
	Day	Month	Year	Day	Month	Year	Years	Months	Days
"A" Here show whole period of Non-Permanent Active Militia Service in Unit concerned SEE Folio 1	5	4	38	7	10	42	4	6	2 ✓
†**"B"** War Service 1914-1919: Regtl. No. 1054366 Unit 24th Bn (Last Unit C.E.F.) Victoria Rifles of Canada	8	10	14	22	3	18	3	5	14
†**"C"** War service subsequent to 1st Sept., 1939: Regtl. No. E-23052 Unit (D.T.) (Canadian Army Active)	8	10	42	~~14~~ 20	~~12~~ 4	~~44~~ 45	~~4~~ 5	~~4~~ 0	~~12~~ 24
						TOTAL SERVICE	~~12~~ 9	~~3~~ 6	~~28~~ 26

Commut Reckon.

I certify that the service claimed in paragraph "A" is a correct statement of the service of C.S.M. Alfred Bill in the Royal Rifles of Canada Regiment and that his service in this Unit has been meritorious and such as to entitle him to the award of *The Canadian Efficiency Decoration—The Canadian Efficiency Medal.

(The following certificate will be completed only if the application is for the Canadian Efficiency Medal)

I further certify that C.S.M. Alfred BILL completed Annual Training with this Unit during the years 1938, 1939, 1940, 1941, 1942, 1943, 1944, 1945 and that his name appears on the *pay lists—Part II Orders, of the Unit for those years.
(Each year in which annual training completed to be shown)

Place ~~Lauzon~~ Quebec, P.Q.

Date 15th March 1945

Captain
(R.M. IEVERS)
Commanding Q.A.P.C. Regiment

(For use at National Defence Headquarters only) Years—Months—Days

Total qualifying N.P.A.M. service - - - - - - - - - .....

Total qualifying War service C.E.F. - - - - - - - - - .....

" " " " Canadian Army Active - - - - - .....

Total qualifying service - - - - - - - - - - - .....

Number of Annual Trainings completed (.....)

Checked by..... Date.....

*Strike out words not required.
†Details of qualifying war service on reverse.

2.

MILITIA OF CANADA

M.F.B. 1433
30M—10-42 (6571)
H.Q. 1772-39-1577

~~THE CANADIAN EFFICIENCY DECORATION~~—THE CANADIAN EFFICIENCY MEDAL

Applications for the award of the Decoration or Medal must be made in writing by the Claimant's Commanding Officer, or, if the Claimant is retired, by the officer now commanding the Unit in which Claimant last served, and must be accompanied by a certificate, or certificates, on this Form B. 1433. A separate certificate must be submitted in respect of each Unit in which service is claimed, and is to be signed by the officer now commanding that Unit.

STATEMENT of the service of Sergeant (Rank) Alfred Bill (Name)

in the Royal Rifles of Canada Regiment.

Present Rank and Unit CSM (WO11) Alfred Bill Royal Rifles of Canada

The place of residence of the Candidate is 19½ Cremazie Blvd, Quebec City, P.Q.

RANK AND UNIT	FROM			TO			TOTAL SERVICE		
	Day	Month	Year	Day	Month	Year	Years	Months	Days
"A" Here show whole period of Non-Permanent Active Militia Service in Unit concerned									
N.P.A.M. & Reserve Army	5	4	38	7	10	42	4	6	2
†**"B"** War Service 1914-1919: Regtl. No.....Unit..... (Last Unit C.E.F.)									
†**"C"** War service subsequent to 1st Sept., 1939: Regtl. No..... Unit..... (Canadian Army Active)									
						TOTAL SERVICE.....	4	6	2

I certify that the service claimed in paragraph "A" is a correct statement of the service of Sgt. A. Bill in the Royal Rifles of Canada Regiment and that his service in this Unit has been meritorious and such as to entitle him to the award of ~~The Canadian Efficiency Decoration~~ The Canadian Efficiency Medal.

(The following certificate will be completed only if the application is for the Canadian Efficiency Medal)

I further certify that Sgt. A. Bill completed Annual Training with this Unit during the years 1938-1939-1940-1941-1942 (Each year in which annual training completed to be shown) and that his name appears on the *pay lists—Part II Orders, of the Unit for those years.

Place Drill Hall, Quebec, P.Q. .....

Date..... for Commanding 2nd(R)BN. RRC Regiment

(For use at National Defence Headquarters only) Years—Months—Days

Total qualifying N.P.A.M. service - - - - - - - - - - .....

Total qualifying War service C.E.F. - - - - - - - - - .....

" " " " Canadian Army Active - - - - - .....

Total qualifying service - - - - - - - - - - - .....

Number of Annual Trainings completed (.....)

Checked by..... Date.....

*Strike out words not required.
†Details of qualifying war service on reverse.