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	JADIAN ARMY	(ACTIVE)	453 100M—10-41 (2195 H.Q. 1772-45-8
			FILE NO. 405-D-5143
DELANEY, Morris	E.29123	Rfmn.	Quebec Regt.
SURNAME (IN BLOCK LETTERS) CHRISTIAN NAMES	REG. NO.	RANKON	C.A.S.F. UNIT
WAR SERVICE BADGE			
CLASS) NO. DATE	DESPATCHED:		
CAMPAIGN MEDALS	REGISTRATION N	UMBER AND DATE I	DESPATCHED
	REGISTRATION N	UMBER AND DATE I	DESPATCHED
1939-45 Star	REGISTRATION N	UMBER AND DATE I	DESPATCHED
1939-45 Star Pacific Star	REGISTRATION N	UMBER AND DATE I	DESPATCHED
1939-45 Star Pacific Star War Medal C.V.S.M. & Clasp		UMBER AND DATE I	DESPATCHED (1969)
1939-45 Star Pacific Star War Medal		UMBER AND DATE I	DESPATCHED 9
1939-45 Star Pacific Star War Medal C.V.S.M. & Clasp		UMBER AND DATE I	NOV 22 199

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

CONTRACTOR STATE AND STATE OF THE STATE OF T

	The state of the s
(1) MEDALS	A spiriture provident companies and a second companies of the second companies
PERSON ENTITLED TO Mrs. Mary DELANEY (MOTHER)	MINORIAL B
New Carlisle,  Address: Que.,	TE DESP
	ILEGINI NO
WIDOW	(2)
ADDRESS:	
(3) MEMORIAL CROSS	
MOTHER Mrs. Mary Delaney,	3)
ADDRESS: New Carlisle, P.Q.	DESP. JUN 171943 REGN No. 213:3
370p-8/2/50	

No E. 29123 R	ank Rifleman	Name	DELANEY,	Morris	
	le's of Canada				1942
Died at Hong K	ong.				
Cause Died.	of wounds rec	eived i	n action.		
Death occurred	on strength of	Forces.H	405-D-5	5143	d 5-6-42
N/K Mr. Erne	st Delaney,		F	Relationehip	Father
Address New	Carlisle, P.G	2		OK.	
Remains buried	in	Queen N	lary Hosp	ital	Cemetery
		Hong Ko	ng		
Grave location	HONG	KONG	MEMOR	IAL	
CHA /					

DEATH CERT. TO N/K.

BUR. REPORT TO N/K.

RETURN TO BUR. STAT. 24/5-43

ROYAL MESSAGE DESPID. 30-6-42

CAN. MESSAGE DESP'D. 16-6-42

Record of Service of	DELA	NEY Morris		•••••••••••••••••	Regimental Num	ber E-29123
	(Surps	ame)	(Christian Names)			_~ C
	QUALIFICATIONS			EDUCATIONA	L QUALIFICATIONS	
Military	Nil		High School)	7 77 00 700	Graduation )	
Business or Professional	Nil		or	/ years completed)	or	N11 (specify)
Trade or Civil	Farmer	•••••••••••••••••••••••••••••••••••••••	*College	New Carlisle	•••••••••••••••••	
Technical	Nil	• • • • • • • • • • • • • • • • • • • •	*University	•••••••••••••••••••••••••••••••••••••••		
Languages	English	••••••••••••••				
				n, courses or years completed, and degrees obta	ined 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	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., from date taken on Strength of Field Force	Rank Shown	Effective Date	Unit	Place	Authority	
Date From whom re	ceived	TOTAL DIOWI	Directive Date	Omo		Part II D.O. No. Cas. List, etc.	Dated
	Joined on appointment						
	Attested & TOS as att. to D. D. 5	Sapper	8 Jul 40	) 5 D.D.	Quebec	176	10 Jul 4
	(for 1st Pioneer Bn R.C.E.) SOS from D.D. 5 on transfer to R.R.C.		00 T 7 10	**		3 4 4	
			22 Jul 40		***	188	24 Jul 4
	T.O.S. as Rifleman	Rfn	24 Jul 40 23-Jul-40	PPC	**	16	25 Jul 40 24 Jul 40
			EJ-GUI-40	ILO ILO UO		<u></u>	24 0 U1 4
	EMBARKED CANADA / SAILING LIST 414 "W"	FORCE	2 Dec 40				
						***************************************	
	Granted 14 days leave of absence commen-						
	01nc 20 Ton 11	**	00 T 13	99	7 TATOO TO		
	cing 20 Jan 41		20 Jan 41		'W"Force		11 Jan 4
	RETURNED CANADA/SAILING LIST 51B	99	18 Ang /.1				
***************************************						••••••	
	EMBARKED CANADA/SAILING LIST 966 "C" FO	RCE	27 Oct 41				
				R.R.C.	NDHQ		
	Reported P.O.W.	77.	25.Dec.41	"C"Force	Ottawa	A0.15	10 Sep. 45
	Armondad CTTCNE o. Class	77	O T				
	Awarded CVSM & Clasp		2			A0.16	10 Sep. 45
	Awarded 1939-45 Star	**	8. Dec. 4.1	**	77	AO 16	10 San 1.5
	Amended	y:	4 Jan 42			A0 53	29 Jan 46
	S.O.S. Died of wounds	77	2-Jan-42	77	99	AO 14	7 Sep 45

	Place Date 8 Jul 40
	Part 1. Information obtained from the recruit.
	1. Age
	a. Rheumatism
	b. Tuberculosis or pleurisy
	c. Bronchitis or asthma
	d. Heart disease
	e. Kidney or bladder disease
	f. Stomach or bowel trouble
	q. Have you ever worn glasses?
	h. Varicose veins
	i. Foot trouble
5	j. Nasal trouble
	Part 2. Information obtained by medical examination. THE RECRUIT MUST BE STRIPPED
	1. Identification marks or scars. (If operative obtain history).
	2. Height $\frac{5}{2}$ feet $\frac{6\frac{1}{2}}{2}$ inches. 3. Weight $\frac{118}{2}$ pounds.
	4. Complexion Fair Eyes Brun 5. Development poor FXX
	Hair Brun Poor
	6. Chest measurement—Girth on full expansion34\frac{1}{2}inches.
	Range of expansion $2\frac{1}{2}$ inches.
	7. Vision, right 20/20 left 20/20

Name in full Delaney, Morris

CERTIFICATE OF MEDICAL EXAMINATION

Special remarks	TUDON OUTDONEY HIMPE HIML A		
			Hillies (Sgd) S. Campagna
	President VACCINATIONS, INOCULATIONS, BOARD		
		Date	Brief details and signature
Date	Brief details and signature		CHEMIN ACODA CLEAREN S
Jul 40 X-	Ray Chest - Negative		Olmertilli in international Contration of the Co
			-tarance
			Officer having custody of
			TECHTIOTICAT ACCUMENTATION TO A MINISTER A
			DILECTOL MAT DELATCE VECOLA
			TO TE A OLLO - TO BT 7/
			D. V.A. Uttawa. IU November I
			D. V. H. Offawa. TO Movember T
			D. V.A. Uttawa. IU November I
			D. V. A. Ottawa. LO Movember L

9. Condition of mouth and teeth...4...sup...mo.lars..decayde.............

10. The abnormalities (congenital and pathological) found on examination are as follows......

Reflexes - oreilles - urine --Normal

Regtl. No. E-29123 Rank Sapper Surname DELANEY Christian Name Morris DATES OF 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 Number of days in Hospital Date of Arrival at the Station Discharge from Hospital STATION Admission into Hospital DISEASE Day | Month | Year Day | Month | Year .............

### OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION (DEATH)

SERVICE UNIT ROYAL RIPLES RANK 保養學是經驗為難 NUMBER 2 OF CAMADA NAME 静思和外域学, 赫森的特鲁岛 Archivas DATE OF ENLISTMENT DATE OF BIRTH Copie 心非的的性質 RELIGION MARITAL STATUS 品的数型型的数 NEXT OF KIN AS SHOWN ON DELANCY NAME 野遊科響為軍 M.F.M. 1, 2 & 5 RELATIONSHIP **ADDRESS** 阿尼鄉 心系統計事物計畫 ADDRESS D.A.B. MONAVENTURE CO. QUE. ADDITIONAL PERSON **ADDRESS** TO BE NOTIFIED PARENTS NAME ADDRESS IF SOLDIER MARRIED OVERSEAS 科。自由 动力为一分。 AUTHORITY CAS. SIG. NO. DATE CASUALTY DETAILS AT HORE KONE 约 4 2 2 0 0 pt 概数時時發發 AMERICA DE DE TO DATE OF DEATH M.F.M.5. ATTACHED TO LAST WILL ATTACHED TO NOTIFICATION TO A. OF E.? DATE YES/NO NOTIFICATION TO A. OF E.? YES/NO

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

DIRECTOR OF RECORDS



No E. 29123 Rank Rifleman Name DELANEY, Morris
UnitRoyal Rifles of Canada Date of death 4th Jan., 1942
Died at Hong Kong.
Cause Died. of wounds received in action.
Death occurred on strength of Forces.HQ 405-D-5143 d 5-6-42
N/K Mr. Ernest Delaney, Relationship Father
Address New Carlisle, P.Q.
Remains buried in Queen Mary Hospital Cemetery
Hong Kong
Grave location HONG KONG MEMORIAL
CHA /

per commence of the second second

TO	DAG	
FU	RM	0

### DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not write in this space

1. PLACE   Municipal THE FIRED (HONG   Civil municipal The Company of the Company	pali-	Place an X over the word which applies to this municipality or this territory  City   Town   Village   Parish   Township
OF county ty or town DEATH Street  No.	sinp	Hospital or Institution
2. LENGTH   (a) In hospital   Years   Months   Days   (b) In municipality where death occurred   Years   Months   Company   Co	Months	Days   Years   Months   Days   (d) In Canada   Years   Months   Days   (if immigrant)   Years   Months   Days
3. NAME Surname DELANIE	Do not	CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH
OF DECEASED Given names.  (Block letters)  (Block letters)	write in this space	22. Date of death January 2nd, (Month) (Day) (Year)
Baw Carlisle		23. I HEREBY CERTIFY that I attended deceased from
4. E Street		
		and last saw halive on
		24. CAUSE OF DEATH
5. SEX 6. NATIONALITY (Citizenship) 7. RACIAL ORIGIN Widowed or Divorced (Write the word)		Give disease, injury or complication which caused death, not the mode of dying, such as heart failure, due to in action.
9. If married give		asphyxia, asthenia, etc.
name of wife or hus- band of deceased		Morbid conditions, if any, giving (b)rise to immediate cause (stated in
10. BIRTHPLACE (Province or Country) Que bec		order proceeding backwards from due to immediate cause).
11. DATE OF Time 20th 1921		Other morbid conditions (if important) contributing to death but not
BIRTH		causally related to immediate cause.
12. AGE OF Years Months Days If less than one day old		If a communicable disease is (a) Date of appearance
20 6 5hrs. ormin.		If a communicable disease is mentioned on this certificate, give  (a) Date of appearance
13. Trade, profession or kind of work, as spinner, teamster, office clerk, etc.		bro (b) Duration of disease
14. Kind of industry or		25. If a woman, was there a puerperal condition?
business, as cotton-mill,		26. Was there a surgical operationDate of
15. Date deceased last spent in this occupation occupation		State findings
17. NAME  17. NAME  18. BIRTHPLACE  (Province or		27. If death was day to external causes (violence) fill in also the following:—
Country)		Accident, suicide or homicide
FATHER		(State which)
MOTHER		Manner of injury
(Maiden Name)		Nature of injury
19. Place of burial, cremation or removal		Specify whether injury occurred in industry, in home, or in public place
20. Date of burial		Signed M.D.
(a) Name of parish or church		Address Date 19
(b) Civil muni- cipality of	28. Sig (ct	nature of person who fills in the form   29. Name of clergyman in charge of Register of Civil Status in which registration of this
E E Municipal  (c) Municipal	n	burial was made.
Y I S I County	1	B. Kading
(d) Date	This sig	nature authorizes the collector to accept this form as authentic.  (Voir l'autre côté pour le français)

\* 4 DVA E-29123 R-3(d) OTTAWA, Canada, 27th May, 1950. Mrs. Mary Delaney, NEW CARLISLE, P.Q. E-29123 DELANEY, Morris (Deceased) Dear Mrs. Delaney; With reference to your letter of recent date, I wish to inform you that the Defence Medal is granted in respect of one year service in Newfoundland up to the 2nd September 1945. After a review of your late son's service records, it is noted that his service in Newfoundland amounts to 260 days and accordingly he is not eligible for award of this medal. Yours truly, M.M. Jackson, Director, War Service Records. GG/LDA

Delas	ARD INDE		No. E	193
2000 CHRISTIAN NAME	SURNAME	RANK	2/2	
Royal	( Life		M.D. No.	
DATE	R	EASON FOR	1	
DISCHARGED	D	ISCHARGE		
***************************************				
AUTHORITY OF	4/2//0	DATE	16-6-	42
H.Q. FILE No.				C.A. (A)
25M-10-41 (2115) H.Q. 1772-45-8				

now Carliste Pac may 16 1445-0 Was Sirver Reords OF Veterana Amaira p Oft of Veterans offurs allawa am Writing In to see it in intelled Lui Sus to my Son E 29.123 marrier Dilanys Definer. middle and Bor Jor i Rie 4 middles But Wauld like to how the Dighener meddes which Belongs to him Thanking you amain concerty mis mary Delany mus Parlishing

Non Dirwiel Ricords

Dept. of Vererans Affairs

War Bervice Records Defi of Villano offices Charged To. s am Writing on Behalf of my Dund son Refor maurice Emert Delany ruho was Killed im action in Hong Hong on fun to see if in intitled to his 2 1442 meddles thanking your life 2 Romain mus many Delanny Menter 12.0 mus Carlistis 2 min to



ARMY

CIT.

Name	DELANEY		Morris	No E.29123
	Surname	Christian Names		
	RFMM		C.A. 0/S	2-1-112
Rank	••••••	Unit		Date of Death
			AMOUNT	
				L.P.C\$ 3.37
	Date	10-8-46		Other Credits
				Total 3-37

SHARE	RELATIONSHIP	NAME AND ADDRESS AMOUN	NT
All	Mother	Mrs Mary Delaney New Carlisle, P.Q.  3.37	
		(as next of kin entitled)	
		NR#335	
		P4. TO TREAS.	

AUTHOR	RITY				
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	ов Ј.	AMOUNT
9999	731	00	00	001	3.37
CLASSIFIE	Y		EXAM	INED BY	

For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

(L. M. FIRTH) Colonel
Director of Estates

AUDITED FOR PAYMENT

SERVICE NAVY AIR FORCE C.E.F. NO E-29/23 REGT: C-a. DATE OF DEATH 2-1-42 W.S.G. L.P.C. -- 3.37 all-mother: OTHER CREDITS. Mrs. Mary Delaney, 3.37

PAY TO:

New Carlisle, P. 2. 3-37 m.1. TATOT

(as neet of kin entitled)

Dift of national Dyfinee any Mus Carlisle anny DR3 nov 24 1445 405-11-5143 Dieer Sins Rie yeun Setter on Belahou of my lake son marrice Orlang ås his fallen Dud 2 years cego in Writing to ask y can get a minaral plate free to hang in the Church for him of yours Would Be so Kind Theulking your for the Inflomation i am Jun Triffy Mis Mary Welling Aut Carlisl. Director of Records A. G. Branch 28 1945 Nat. Defence Hars. Ottawa -:-

### OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION (DEATH)

WMBER 229123 SERVICE UNIT ROYAL RIFLES RANK REFLEMAN OF CANADA NAME DELLARY, MORRES 28-6-21 DATE OF BIRTH DATE OF ENLISTMENT CHURCH OF MARITAL STATUS RELIGION ENGLAND NEXT OF KIN AS SHOWN ON ERMEST DELANEY FATHER NAME M.F.M. 1, 2 & 5 RELATIONSHIP ADDRESS MEW CARLESLE, **ADDRESS** D.A.B. BONAVENTURE CO. QUE. ADDITIONAL PERSON ADDRESS TO BE NOTIFIED PARENTS NAME ADDRESS IF SOLDIER MARRIED OVERSEAS AUTHORITY CAS. SIG. NO. CASUALTY DETAILS DATE MOUNDS

AMENDED AS TO DATE OF DEATH

LAST WILL ATTACHED TO NOTIFICATION TO A. OF E.7 YES/NO

M.F.M.5. ATTACHED TO NOTIFICATION TO A. OF E.7

YES/NO

DATE

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

DIRECTOR OF RECORDS

405-D-5143 D.R. 2(b) 22nd November, 1945. Mr. Ernest Delaney, New Carlisle, Bonaventure Co., Que. Dear Mr. Delaney: With reference to previous correspondence from this Headquarters concerning the death of your late son, I deeply regret to inform you official information has now been received that E29123, Rilfeman Morris Delaney, died of wounds at Hong Kong on the 4th day of January, 1942. Please be assured that should additional information be received concerning your late son's death or burial, it will be communicated to you without delay. Yours truly (C.L.Ladrin) Colonel, Director of Records, GR/HSM For Adjutant-General.

# DEPARTMENT OF NATIONAL DEFENCE NAVY ====== ARMY ====== AIR FORCE STATEMENT OF WAR SERVICE GRATUITY



D EASED MEMBER'S NAME (CHR	orris	TANKY -		
PAYEE Mrs. Mary ADDRESS New Carli	THE LAND THE PARTY OF THE PARTY	(SURNAME)	REGISTER NO. FILE NO. DATE SERVICE NO.	D-6465 405-D-5143 29-5-45 E-29123
Bonaventu	9.	-1-12	FINAL RANK OR RATING	Rfm. 2-1-12
A. TOTAL QUALIFYING			DATE OF DISCHARGE	
54		544 EQUAL TO 18 C	OMPLETE PERIODS AT \$7.50	135.00
B. QUALIFYING OVERSE No. of Days LESS	INELIGIBLE DAYS, EG	QUAL TO 63 DAYS	@ 25c. PER DAY	15.75
C. SUPPLEMENT FOR OV		TES AT DISCHARGE		150.75
SUAN	PROVISION ALLOWANCE	\$ 1.30		
	MAY 31 1945	\$		
DEPENDE	GRATUITY DIST	TOTAL \$2.30  NO. OF DAYS 67  183	×7 = \$ 16.10 ×\$ 16.10	5.89
. WAR SERVICE	EGRATUITY			156.64
E. DEDUCTIONS	OVERPAYMENT OF	PAY AND ALLOW. DEPENDENTS' ALLO AND ASSIGN	ANCES \$ WANCE \$ 39.40	39.40

G. YOUR PORTION OF GRATUITY IS-

100%

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU \$\_\_\_\_\_OF \$

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$

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

PREPARED BY CHECKED BY

CHECKED BY 1/6/45

SERVICE REPRESENTATIVE

= \$

### COMPUTATION OF WAR SERVICE GRATUITY (Christian Names) (Christian Names) (Surname) Service No. .... DATE OF TERMINATION OF OVERSEAS SERVICE. Date of Discharge.. AMOUNT A. TOTAL QUALIFYING SERVICE . Periods @ \$7.50 No. of day B. QUALIFYING OVERSEAS SERVICE No. of days.. Ineligible days, Days @ 25c per day equal C. SUPPLEMENT FOR OVERSEAS SERVICE Daily Rate of Pay Subsistence Allowance Additional Pay Dependents' Allowance 1/30 \$..... No. of Days. D. WAR SERVICE GRATUITY Computed By Dr 739.42 overpayment, E. DEDUCTIONS Overpayment of (1) Pay & Allowance (2) D.A. & A.P. Other Deductions Entered By F. AMOUNT PAYABLE (This amount is payable in ..... monthly instalments of \$.......each) G. Monthly instalment not to exceed daily rate of Pay & Allowances per (C) REMARKS

Regis r No		FORM No.	1 Nominal Roll	No. /	
To: P.M.G.			H.Q. File No.	405-1	3-5143
4		CANADIAN ARMY	Washington the service of the		
		Computation of			
		WAR SERVICE (	İRANT		
Regt. No.	Rank when S.O.S.	Surname		Christian Nan	ne in Full
29/23	afm	DELANEY		MORAIS	
	ERMINATION OF SE	RVICE:			
1st Enlistm		aceasea (		CARO	(
2nd Enlistr		•••••••••••••••••••••••••••••••••••••••		CARO	(
3rd Enlistr	nent	Total Servic	Δ	CARO	(
1 0 m	Entraconarena				
	ENLISTMENT	2ND ENLIST		3RD ENLI	STMENT
	A SECOND PROPERTY OF STREET AND ADDRESS OF STREET AND ADDRESS OF STREET AND ADDRESS OF STREET AND ADDRESS OF STREET	T.O.S.		T.O.S	AND DESCRIPTION OF THE PARTY OF
		5 S.O.S			
Total Days	544	Total Days		Total Days	
Total Service					T.G. C. DAYS
			Total Servi	Less ce Non-qualifying Service	Net Service
Western H	lemisphere		477	nei	427
	ervice		67	ni	67
			54,		5/44
	otals				
Ac	dd Non-qualifying S	Service			
Te	otal Service				544
	+ 0 0	5. 280cT41			
	S Chicago		Date S.O.S. O	verseas	
REMARKS:		WHILS	- With		
Commuter's	Sign of the same o	a mattalans			
Checker's S	1	2 mary		2 2 A N42	
Date Comp		Im 1			
				lement to benefits	
			ice Grants Act	, 1944, has been estrein.	stablished, based
			, ditte	Leng. Cap/	
00M—11-44 (6012			C. L. LAI	URIN,	
H.Q. 1772-45-8				Colonel, DIRECTOR	of RECORDS.

Huw Carlisle P2e cepril 17 1445. Stratuty D6465 Deft of national Wylinee allawa ont Dua sirs 408-10 5143 am Writing about my son Afrin murice Williamy Rayal Ryles of Ecmad who Wied in Hong Kong to see about his gratuity money if in Entitled to it he was oversites in how Joundland 6 months and eblige Mis mury Welung Ann Carlisle

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

Register No. <u>D6465</u>
File No. <u>H.Q.405-D-5143</u>

### WAR SERVICE GRANTS ACT 1944

	Ottawa	March 5th	194 5
To: Chief Treasury Officer, Dependents' Allowance and Assign	ned Pay Branch		
Service No. E29123			
Name M. DELANEY Surnam	e		
Please supply the following informamed at the time of his discharge duplicate along with the file to t	or death and he undersigne (K.W. Rorting)	return this i	orm in
Names of persons in receipt of D.A and amount of monthly award	Name		Amount \$
If no D.A. in issue, list names of persons in receipt of A.P., who may be classed as dependents under W.S.G. Act, 1944 and amount of monthly assignment	Die 1.	MOTHER.	20.001
Names of personsto whom assign- ed pay was continued by supple- mentary 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.			
MAR 1 3 1945 194	For chief D.A. 8	Treasury Offi & A.P. Branch	cer,
C.T.O., D.A.&.A.P.			
Overpayments of D.A. and/or A.P.	recovered from	n W.S.G. \$	
194			

for C.T.O.

Jun Carlil 2 may 10 Deft frational Defince army Dun Din an Ricept of your litter and i Wish to thank Juns For taking this trubbe of Writing, how i Would like to hour On cross for my Don assurce as mis I chatteston gut one Fahre Don Ochan and Would like the Same thurthing you Organia Big to Romy Concerly mis may Delany nu Carlish \$ 20

Der Marie Memt Strand Low Daw -2/5-97-011 E4-12 . 4.204 76-67 - 545. 2.0.0, medistro £ /1-1

File-No 405-D-5143

### VERIFICATION FORM

### WAR SERVICE MEDALS 1939-45

No. E29/23 Name Delan	ey Morris
Rank on Discharge Rank Date	of Discharge #-/-#2.
Authority for Discharge or Retirement	Deceased
Served in:	Non-qualifying service
Canada from 8-7-40 to	12-41
from to	
United from to	
Kingdom from to	
Italy from :- toto	
Northwest	
Europe fromto	
NewFound/Androm 2-12.40 to 10	8.8.41 (260 days)
Hong Kong from 12-41 to	4-1-42 ( did of wounds)
Eligible for award of:	
1939 - 45 Star <u>OK</u>	
Pacific Star. OK	
Italy Star	
France-Germany Star	
Defence Medal	
War Medal	
. Canadian Volunteer Service Meda	1_0/
with Clas	p
	Verified by and Bouth
	Date Date
	Carded JUL 9 1046
MADI	

MEN	<b>IOR</b>	AND	UM	FOR
		1-		1011

P. 64

Mr. Ernest Delaney,
New Carlisle, Quebec.

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

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

and the following number quoted:-

H.Q. 405-D-5143 FD. 155

# DEPARTMENT OF NATIONAL DEFENCE OTTAWA, ONT.

June 26, 194.2

For the purpose of record and in the event of there being any balance of pay, medals or memorials available for distribution (according to law) on account of the late

DELANEY, Morris, Rfn. (Deceased)

No. E.29123, Royal Rifles of Canada.

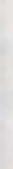
"C" Force (C.A.)

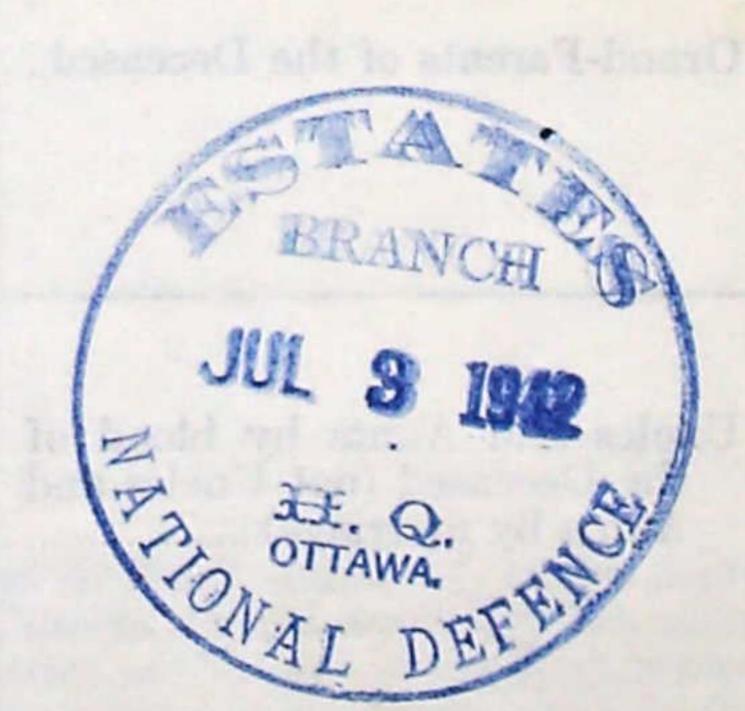
it is necessary that the requisite information regarding the deceased and his relatives should be furnished on the inside of this form in strict accordance with the printed instructions. The particulars required are to be carefully filled in and the Declaration on the back should then be signed in the presence of a Clergyman, Priest, Local Magistrate, Commissioner for Oaths or Notary Public, who should be asked to complete and sign the Certificate. This form should then be returned to the above address.

THE VIEW SHAFFER AND A STREET OF THE STREET

(R.G. Phelan) Lieut.
for (L.M. Firth) Lt.-Col.

Administrator of Estates.





### 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.

of uship			INFORMANT'S STA	ATEME	NT
Degrees of Relationship	RELAT required to be	TIVES e accounted for	NAME IN FULL  of any Relative, if any, in each degree inquired for	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 D	eceased			
2	Children of the I dates of their I	Deceased and Births			
3	Father of the De	eceased	Enest a Delany	65	nu carliste, p
4	Mother of the Do	eceased	mary Welancy	49	nu Carlisle p
5	Brothers of the Deceased	Blood	Harl scott Jack Wrun Lenard Hinery Walter Orndrew	12	nu Calish po nu Carlish po nu Carlish po
		Half Blood			
6	Sisters of the Deceased	Full	Bissie Gsebl Freida Ray mary Francis Elisible	15-	now Carliste Me & city connectly month
		Half Blood			
	Names of brothers of the full or the hal ceased, who are dead, of each.  Barn of Barn of the hal ceased, who are dead, of each.	If blood) of the De- , and date of death	Names and ages of their children (if any)		Address of their children
	Be	761424			

# ONLY IF NO RELATIVES IN THE DEGREES ABOVE ARE NOW LIVING, THE FOLLOWING PARTICULARS SHOULD BE GIVEN

•		NAMES OF THOSE LIVING	Age	ADDRESS IN FULL
8	Grand-Parents of the Deceased			
9	Uncles and Aunts by blood of the Deceased (not Uncles and Aunts by marriage)		Age	

10	What is the full name of the deceased?	marice Enst Welany
11	Give the month and year of his birth.	Dept 12 1922
12	Where and when were his parents married?	Presbyterian church Campbellin April 1914 n.B.
13	If deceased was married, state place and date of marriage.	
14	Did he leave a Will? If so, a copy should be attached hereto.	
15	Did he leave a bank account? If so, give full particulars.	No
16	Is there any other estate which will necessitate application being made for Probate of the Will or Letters of Administration of the estate?	
17	State your own postal address in full.	nu Carlisle co Bon
		mo que

### PARTICULARS OF DOMICILE.

18	Where was deceased born?	nu Earlisle West
19	State, in order, the Province (or State) and country in which the deceased resided and the period of time in each, and in which last.	nur carliste Bo eo
20	What was the nature of his employment?	Fanny
21	Did he own the premises in which he lived? If so, where?	200
22	Did he ever state verbally, or in writing, where he intended to make his permanent home?	home hew Carlisla_

### OTHER PARTICULARS

23	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	N'O
24	"approved" and sign same. If believed incorrect, give particulars.  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 and burial is made Overseas as well as where death occurs and those expenses the Government will reimburse such relative to the amount of such expenses in excess of those authorized in the Regulagainst the service estate of the deceased.)	burial is made in Canada, and if a relative has already paid e extent of the amount authorized in the Regulations. Any

#### DECLARATION

\*Insert degree of relationship for example, "Widow," "Father," "Brother," etc

I hereby declare that the foregoing particulars are correct, and a true and complete statement of all the relatives that the deceased ever had in the degrees inquired for; and that I am the

be signed in full in the presence of a Clergyman, Priest, Local Magistrate, Commissioner or Notary Public.

The second and and and Informant

### CERTIFICATE

	I hereby certify that, to the best of my knowledge and belief	
*See above	Oslames {Name of Informant} is the * Faller of the Deceased.	
	above described, and I believe the above Declaration and the Statement of Relatives made by the	
	Informant and signed in my presence to be complete and correct.	
Date	dat haut Careine this 2 1, day of July 1942	_
Signature of C		

Priest, Magistrate, Qualification. Commissioner or Notary Public Amaginam ahmush Address hercarias 20

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 enquired after is stated in its proper place in the Statement opposite.

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

Dun Sirs i think a motten years hur son his life should Be Worth 20,00 We are only pour prople and that Bay was my Supart Home and my hisdond and my siff and no income only that

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allowers and the street of the service of the language of the service of the serv

your enculy was many Dulumy

mulwords - clayers besterring flueste to the three this

June 10th., 1942.

Mr. Ernest Delaney, New Carlisle, Quebec.

## Re: E. 29123 Rifleman Morris DELANEY The Royal Rifles of Canada (C. A.)

Dear Sir:

I deeply regret to inform you that information has been received by cable from the Australian Legation, Chungking, China, through the Office of The High Commissioner for Canada in Australia advising that your son, Rifleman Morris Delaney died at Hong Kong on the 2nd day of January, 1942.

I am desired to express to you the sincere sympathy of the Minister and Members of Defence Council in your bereavement.

Any further information which is received will be at once communicated to you.

Yours very truly,

GR/ED

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

June 10th., 1942.

Chief Clerk, Central Registry, D.A. & A.P. Branch, Records Building, Ottawa, Ontario.

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

GR/ED

NAT. DEFENCE HORS.
OTTAWA, CAMADA

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CLASS OF SERVICE DESIRED

FULL-RATE MESSAGE

DAY LETTER

X

NIGHT MESSAGE

NIGHT LETTER

PATRONS SHOULD MARK AN X OPPO-SITE THE CLASS OF SERVICE DESIRED. OTHERWISE THE MESSAGE WILL BE TRANSMITTED AS A FULL-RATE TELEGRAM

RECEIVER'S NO.

TIME FILED

CHECK

Send the following message, subject to the terms on back hereof, which are hereby agreed to Veuillez expedier la dépêche suivante aux conditions mentionnées au verso auxquelles je consens par les présentes

CASUALTY

OTTAVA JUNE 9 1942

MR ERMEST DELANAY
MEN CARLISTE
QUEBEC

2769 DEEPLY REGRET INFORM YOU YOUR SON E29123 RIFLEMAN MORRIS DELANEY
IS REPORTED IN A DESPATCH JUST RECEIVED FROM THE AUSTRALIAN LEGATION
CHUNGKING CHINA TO HAVE DIED AT HONG KONG ON THE SECOND DAY OF JANUARY
1942 STOP NO DETAILS ARE AVAILABLE STOP ON RECEIPT OF FURTHER INFORMATION
YOU WILL BE IMMEDIATELY INFORMED

officer 1/c Records

PREPAID
(W.E. L. Coleman), Lt.-Col.

M Jun Pouliste Canada MAR 11 1942 minister of national Defuner of the attacker if there are any Word of my Dear Sir Son E 29123 Rfm marrice Délany of the Royal Rifles of Eunada Des i native there are severl got Word By the pappers now its Been pritty near In 3 months cence they went to Hong Kong and We mothis are waiting Ward of am Bays when we set and think How and what they went through and may Be going through yat it near sits one crozing now if you have any would bliase It me know and ablige your concerly. Mrs Mary Wilanne mu Carliste ple Eanada

nu Parliste WEL Colemen Lieul- colonel Dear Su Son E 2912 3 Dulaney on Behalf of my Hong Rong i Wauld like to know if there are any mus yat there Kas Bein Swell got ward of this Bays et was an offal place to put those Bays any way Some only cent of school and nothing to proceetth them selves with What was the Russon that Boot Which Was hild over at malah was not sent a head of the troops on With thun no they were simpley killed of like Thys please try and get some Ward or are they Holding all Cousilaty lists tell after Electon Which i hope will come and Every one Vate for conscriptor its Buen I mouth and pretty near to mouth and mo Word yat so i Beg to Rimeis the enciry Delany
many Delany
mir Cerrlish Par Emada