E29927
MATHESON
HAROLD

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

FOR COMPLETION AND RETURN BY 1 **Form P. 64**

Mr. Murdo Matheson
Gould, Compton Co.
Quebec.

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

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

and the following number quoted:—

H.Q. 405-M-11,161 FD329

DEPARTMENT OF NATIONAL DEFENCE

ESTATES BRANCH

OTTAWA, ONT.

15 Oct 1945

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

MATHESON, Harold Rfmn.

E-29927 C.A.

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

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

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

Robert Fitch Col.

EDM/VR

Director of Estates.

M.F.W. 77
6M—4-45 (7053)
H.Q. 1772-39-972

ANSWER IN FULL ALL APPLICABLE QUESTIONS

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

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.....				
2	Children of the Deceased and dates of their Births.....				
3	Father of the Deceased.....		Murdo Alexander Matheson	63	Gould due.
4	Mother of the Deceased.....		Mary Ann Matheson	59	Gould due.
5	Brothers of the Deceased	Full Blood	John Alexander Matheson Gordon Haig Matheson Murdo Alan Matheson	35 26 21	Gould due Gould due. Gould due.
		Half Blood			
6	Sisters of the Deceased	Full Blood			
		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.	Harold MacDonald Matheson
9	Date of his birth.	14 January 1914.
10	Place and date of his marriage.	—
11	Place and date of his parents' marriage.	Redcliff - Colorado 29 March 1907

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Winslow - Que.
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 - Compton Co. - 22 yrs. (b) Ontario - 6 yrs. (c) (d)
14	Nature of employment before enlistment.	mine worker.
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.	—

PARTICULARS OF ESTATE

17	Did the deceased leave a Will other than a Service Will? If in your custody, please forward. If not, can you state where it is?	NO.
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses,—was there a marriage contract dealing with property?	—
19	(a) Did he have a Bank, Post Office or other deposit account? (b) Give name and address of bank, etc., and the amount on deposit. (c) Do you wish it administered with the pay account? (d) If it is a joint account, state the survivor's name and relationship to the deceased.	NO — —
20	Amount of War Savings Certificates purchased by the deceased and registered in his name. State where located.	— nil
21	(a) Amount of Victory Loan Bonds left by deceased. (b) State whether bearer or registered. (c) State in whose name they are registered. (d) During what loan were they purchased? (1st, 2nd, 3rd, etc.) (e) In whose possession, and address, are they?	— nil. —
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	Canada Life $1000.00 Mr. Mardo H. Matheson
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	—

OTHER PARTICULARS

24	Did the deceased after enlistment incur any debts for:— (a) His own separate board and lodging while on service. (b) Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	NO

(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 *Father 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.

Murdo Matheson — Signature of Informant

Gould Lake — Address

CERTIFICATE

I hereby certify that to the best of my knowledge and belief Murdo Matheson (Name of informant) is the* Father of the Deceased above described. The above Declaration was made by the Informant and signed in my presence.

*See above.

Dated at Gonen this 26 day of Oct 1945

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

Qualification Justice of Peace

Address Gonen Sask

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

AUG 1 2 1940

Rec'd. _____ Checked _____ Card _____ Observations 26-7-40 PG

ORIGINAL
DUPLICATE
TRIPLICATE

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

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

Unit ROYAL RIFLES OF CANADA, C.A.S.F. Regimental Number E-29927

CANADIAN ACTIVE SERVICE FORCE

ATTESTATION PAPER

1. Surname MATHESON
2. Christian Names HAROLD
3. Present address GOULD, COMPTON CO., P. Q.
4. Date of birth 14 JAN. 1914.
5. Place of birth CANADA (Country) P.Q. (County or Province) COMPTON CO. (Town or Township) WINSLOW
6. Religion (state denomination) PROTESTANT (UNITED)
7. Trade or Calling FARMER
8. Married, Widower or Single SINGLE
9. Name of next of kin MURDO MATHESON
10. Relationship FATHER
11. Address of next of kin GOULD, COMPTON CO., P. Q.
12. Have you served in any Naval, Military or Air Force? NIL
13. If previous war service, state arm, force and regimental particulars NIL
14. Do you now belong to or have you served in the Active Militia of Canada? NIL

(Give unit and date of attestation)

C.A.A.

DECLARATION TO BE MADE BY MAN ON ATTESTATION

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

Date JULY 26, 1940. Harold Matheson
WITNESS: Pte Gadbois (Signature of recruit)

OATH TO BE TAKEN BY MAN ON ATTESTATION

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

Harold Matheson (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 BURY, P. Q. this 26th day of JULY 26 19 40.

T. G. MacAulay (Signature of Magistrate, Justice or Attesting Officer.)

(T. G. MAC AULAY) - MAJOR, DISTRICT RECRUITING OFFICER (E) M.D. 5. (Office or Rank and Unit or appointment.)

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

N. K. CARDED

935

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CERTIFICATE OF MEDICAL EXAMINATION

Name in full MATHESON, Harold Date JULY 26, 1940.

Part 1. Information obtained from the recruit.

1. Age 26.

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

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

Harold Matheson
(Signature of Recruit)

Examiner's remarks re above Nil

Are you receiving, or have you in the past received disability pension or compensation? If so, give details. no

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

1. Identification marks or scars. (If operative obtain history.) Cut scar by left little Toe.

2. Height 5 feet 9 inches. 3. Weight 138 pounds.

4. Complexion Clear Eyes Blue Hair Fair 5. Development good (Good / Fair / Poor)

6. Chest measurement—Girth on full expansion 36 inches.

Range of expansion 4 inches.

7. Vision, right 20/20 left 20/20 8. Hearing, right W.V.20 left W.V.20

9. Condition of mouth and teeth Treatment.

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

Normal reflexes; urine & Ears

30 JUIL 1940 X-RAY CHEST - NEGATIVE.

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

Special remarks when category lower than A Nil.

Lieutenant Major Roane A. L. MacRae Navy

President Member Member

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature

935

23 ナ XI 9634

收容所 Camp	香港大阪 昭和17年1月7日	番號 No.	香 6632 XI 9105
姓名 Name	MATHESON, Harold Macdonald マセソン, ハロルド マクドナルド	生年月日 Date of Birth	1914.1.14
國籍 Nationality	加	所屬部隊 Unit	No. E-29927 Royal Rifles of Canada
階級身分 Rank	Rifleman 兵		
捕獲場所 Place of Capture	香港島防禦陣地	捕獲年月日 Date of Capture	昭和16年12月25日
父ノ名 Father's Name	MATHESON, Murdo	母ノ名 Mother's Name	MATHESON, Mary
本籍地 Place of Origin	Gould, Quebec, Canada.	職業 Occupation	農
通報先 Destination of Report	Mr. MATHESON, Murdo, Gould, Quebec, Canada.	特記事項 Remarks	

11分所

死亡

打電済

1119

補修欄 Other Informations

昭和19年 1月16日 ~~香港俘虜收容所ヨリ~~ 大阪俘虜収容所第　分所ヘ移管ス

昭, 20. 1. 26. 衝心性脚気ニテ死亡ス (火)

20. 1. 3 発病

死亡場所　愛知県愛知郡鳴海町大阪収容所第十一分所

遺骨所在地　大阪市南区　重願寺　(JA 298)

昭和20年 11月 9日　重願寺ニ於テ大阪進駐米第1騎団.

QM. Corps 1st Lt. GUYMEN Clarence B ニ引渡ス

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Record of Service of MATHESON (Surname) HAROLD (Christian Names) Regimental Number E-29927

QUALIFICATIONS

00 Military: Nil

00 Business or Professional: Nil

01 Trade or Civil: Farmer

00 Technical: Nil

0 Languages: English

EDUCATIONAL QUALIFICATIONS

01

High School or Collegiate: 9 yrs (years completed)

Graduation or Matriculation: Nil (specify)

*College: Nil

*University: Nil

*(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 ROYAL RIFLES OF CANADA (C.A.S.F.).	Rifleman	26-7-40	R.R.C. C.A.S.F.	Valcartier Quebec	D.O.(11) No.22	31-7-40
		Admitted to Sussex Camp Hosp.	"	1/11/40	"	Sussex Camp	" 102	1/11/40
		Discharged from " " "	"	7/11/40	"	"	" 107	7/11/40
		EMBARKED CANADA - SAILING LIST No. 414		2-12-40	525-6 Col 80			
		DISEMBARKED ~~ENGLAND~~ "W" FORCE						
		FINED $30.0 FOR OFFENCE - DRUNKENNESS (2)	"	19-5-41	(W FORCE) R.R.C.	NFLD. AIRPORT	D.O. 105	19-5-41
		GRANTED 14 DAYS LEAVE OF ABSENCE COMMENCING 23-7-41	"	23-7-41	"	"	D.O. 153	21-7-41
GRANTED 7 DAYS		LEAVE IN ADDITION TO FURLOUGH GRANTED						
FOR TRAVELLING		PURPOSES	"	23-7-41	"	"	D.O. 153	21-7-41
TRANSPORTATION		WARRANT ISSUED 22-7-41 PROCEEDING						
ON FURLOUGH			"	22-7-41	"	NFLD.	D.O. 153	23-7-41

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

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Statement of the Service of No. E 29927 Rank Lfr Sheet No. 2

M.F.M. 1 & 2 (a)
700 M—8-39 (1697)
H.Q. 1772-45-18

Name Matheson Harold

REPORT Date	REPORT From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority Part II D.O. No. Cas. List, etc.	Authority Dated
		RET. CANADA AUG 28 1941 S/L 53		28-8-41				
		EMBARKED CANADA - SAILING LIST No. 266 "C" FORCE		27-10-41	525 - 8 Col		80 - 1 Col	79. Dup. Card
		GRANTED INCREASED RATE OF PAY		1-1-43	R.R. of C.	Record Office N.D.H.Q.	A.O 3	12 2 43
		~~S 65 to X-1 List CAPT.~~	~~Rfn~~	~~15 Aug 43~~	~~NDHQ~~		~~A.O. 10~~	~~16 Aug 43~~
Reported		P.O.W.	Rfn	25 Dec 41	R.R.C. ~~NDHQ~~ FORCE "C"	N.D.H.Q. Ottawa	A.O. - 10.	30 Aug 45
Awd	1939-45 Star		"	8 Dec 41	"	"	A.O. - 13.	2 Sep 45.
Awd	CVSM & clasp		"	26 Jan 42	"	"	40 12	1 Sep 45
S.O.S.	died whilst P.O.W.			26 Jan 45	-	"	A.O. 24	24 Sep 45

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Sheet No.....

POSTINGS FROM O/S CASUALTY LISTS

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

Regt'l No. E - 29927 Rank Rfn Surname Matheson Christian Name H. M.

Unit	Hospt.	Admitted			Discharged			Hospt. Days	Disease or Injury	Remarks	Cas. List No.
		Day	Mo.	Year	Day	Mo.	Year				
R.R.C.									Died whilst P.O.W. 26-1-45 at Osaka cause Cardiac Beri-Beri		C.P.W. 20

Records B3-49
H.Q. 1772-45-8
100M—7-44 (5202)

ORIGINAL

To be made out in duplicate

M.F.M. 5
90M—3-40 (4225-6)
H.Q. 1772-39-1651

PARTICULARS OF FAMILY OF AN OFFICER OR OTHER RANK OF THE C.A.S.F. OR R.C.A.F. (SPECIAL RESERVE)

INSTRUCTIONS.

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

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

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

---

(1) Name of Officer of Other Rank MATHESON HAROLD
(Surname first—Christian names in full—Block capitals)

(2) Regimental or Air Force Number and Rank E-29927 Rifleman

(3) Unit ROYAL RIFLES OF CANADA, C.A.S.F.

(4) Are you married? No

(5) If married, state,

(*a*) Full name of your wife Nil

(*b*) Present postal address of wife Nil

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

(7) Are you a widower? No

(8) Have you any children? Nil

If so, give number of boys and girls Nil

Also their names and ages

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

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

Name Nil

Postal Address Nil

DISTRICT PAY OFFICE
RECEIVED
AUG 3 1940
M.D. No. 5 Quebec.

[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 12 months immediately prior to enlistment? No

If so, state her full name and Postal Address Nil

(11) Is your father alive? Yes

If so, state name and address, occupation Murdo MATHESON, Gould, Compton Co. P.Q. Farmer

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

(13) If sole or partial support of father who is a widower, totally incapacitated from earning a living —state what amount per month you have given him prior to joining C.A.S.F. or R.C.A.F. (Special Reserve) Nil

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

(14) Is your mother alive? Yes

If so, state name and address Mary MATHESON, Gould, Compton Co.

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

(16) If sole or partial support of widowed mother—state what amount per month you have given her prior to joining C.A.S.F. or R.C.A.F. (Special Reserve) Nil

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

(17) Are you contributing to the support of any dependents, other than those shown above? No

If so, state the following particulars:—

Relationship Nil

Full Name Nil

Postal Address Nil

Amount contributed monthly during the past six months Nil

(18) Have you any Brothers 16 years of age or under or Sisters 17 years of age or under solely supported and maintained by yourself as Bona Fide members of your household before your enlistment or appointment? No

(19) Are you insured? Yes

If so, in what Company? Canada Life Ins.
(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.

Harold Matheson
(Signature of officer or man)

Date 26th July 1940

Lt. Colonel

Officer Commanding Royal Rifles of Canada C.A.S.F.

Date 26th July 1940

N.B. In the above form the term Father includes Foster Father; the term Mother includes Foster Mother, the form should, however, be changed to read accordingly and applicable.

NO E.29927 Rank Rifleman Name MATHESON, Harold

Unit Royal Rifles of Can. Date of death 26th Jan., 1945.

Died at Japan.

Cause Beri Beri.

Death occurred on strength of Forces H.Q. 405-M-11161

N/K Mr. Murdo Matheson Relationship Father

Address Gould, Compton Co., P.Q.

Remains buried in Cemetery

Grave location

CHK

OVER

BURIAL REPORT TO N.K. JAN 11 1947

RETURN TO BUR. OF STAT. JAN 30 1947

ROYAL MESSAGE DESP'D. NOV 9 1945

CAN. MESSAGE DESP'D. NOV 6 1945

REBURIAL

British Commonwealth War Cemetery.
Yokohama, Japan. Cdn. Section.

Grave 2, Row D, Plot B.

Photographs
Despatched
OCT 10 1947

IWGC Quest Form Desp'd JUN 22 1949

10M-1-45 (M-4608)

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION (DEATH)

NUMBER E29927 RANK Rifleman SERVICE UNIT The Royal Rifles of Canada

NAME MATHESON, Harold

DATE OF BIRTH 14-1-14 DATE OF ENLISTMENT 26-7-40

MARITAL STATUS Single RELIGION United Church

NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 RELATIONSHIP Father NAME Mr. Murdo Matheson,

ADDRESS Gould, Compton Co., Que. ADDRESS D.A.B.

ADDITIONAL PERSON TO BE NOTIFIED ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO., CASUALTY DETAILS CANPAT 121 H.Q. 405-M-11,161 DATE 26-1-45

Previously reported P.O.W. in Japanese hands, now officially reported to have died as result of Beri Beri whilst P.O.W. at Osaka.

JAPAN

LAST WILL ATTACHED TO NOTIFICATION TO A. OF E.? NM YES/NO M.F.M.5. ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO DATE 25-9-45

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

KaR

DIRECTOR OF RECORDS

6

COPY FOR DOCUMENT FILE

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

WILL

M.F.M. 10
60M—3-40 (4386)
H.Q. 1772-39-1656

(1) I, Harold MATHESON (Name in Full), of the town (City, Town, Village, Township)

Address in civil life.

of Gould, in the County/District of Compton,

Province of Quebec., Farmer (Civil Occupation)

Regimental No. E-29927, Unit R.R.C. (C.A.S.F.), do hereby revoke all former Wills by me made and declare this to be my LAST WILL.

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

(2) I GIVE, DEVISE AND BEQUEATH unto my father, Murdo MATHESON, Gould, P.Q. Compton Co., all my estate.

Relationship, names and address of residuary beneficiaries.

(3) ~~I GIVE, DEVISE AND BEQUEATH all the rest and residue of my estate, both real and personal, of whatsoever kind and wheresoever situate, unto~~

(4) I appoint nil (Name) (Address)

nil (Civil Occupaton), to be the Executor/Executrix of this my Last Will.

IN WITNESS WHEREOF I have hereunto set my hand this 30 day of July

19 40.

Signed and acknowledged by the Testator, in the presence of us present at the same time who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as witnesses.

Harold Matheson (Signature of soldier)

First witness sign here.

(5) Signature Colin A. Blair

Civil Address 43 St. Ursule, Quebec, P.Q.

Civil Occupation Chemist Assist.

Second witness sign here.

Signature Waldo E. Tulk,

Civil Address Cookshire, Que.

Civil Occupation Student.

(Witnesses are not to be beneficiaries.)

[OVER]

NOTE

If you have already made your Will, do not fill in this Will, but mark on the front where your Will can be located or with whom it is deposited.

(1) Example: I, John Charles Jones, of the City of Marlowe, in the County of Carleton, Province of Ontario, Mechanic, Regimental No. 1234, Royal Blankshire Regiment.

(2) If only *one* beneficiary for all your estate, complete as example: "my wife, Mary Jones of 26 Cherry Ave., Ottawa, Ont., all my estate," in which event, strike out clause (3) entirely.
If *more than one* beneficiary, set out in clause (2) what each is to receive, such as
"my wife, Mary Jones, 26 Cherry Ave., Ottawa, Ont., $.....00, and my household goods and effects,"
"my brother, Thomas Jones, 80 Yonge St., Toronto, Ont., $.....00,"
"my sister, Margaret Jones, 80 Yonge St., Toronto, Ont., $.....00,"
"my friend, John Smith, 60 LaSalle St., Winnipeg, Man., $.....00,"
and any personal gift, if desired. Then complete clause (3) as to the balance of your estate.

(3) If balance of estate is to one person, complete as example: "my wife, Mary Jones, 26 Cherry Ave., Ottawa, Ont." Another example: "my father, Jack Jones, and mother, Jessie Jones, 80 Yonge St., Toronto, Ont., equally," or as desired.

(4) Fill in name of Executor or Executrix, example: "John Doe, 24 Smith Street, Blankville, Ontario, Salesman," or, if Executrix, "Jane Doe" and address. A beneficiary under the Will may be appointed Executor or Executrix. It is preferable that the person appointed as Executor should not be on, or likely to be on, Active Service.

(5) The soldier will date the Will and sign same. Two witnesses must sign in the presence of the soldier, and each witness should fill in his or her full civil address and occupation. No one who is a beneficiary shall act as a witness. It is preferable, though not essential, that the witnesses be persons not on Active Service.
When completed, leave Will with Commanding Officer for transmission to the Records Office for safe custody.

D. R. 10
FEB 1 1946

FORM 6

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not write in this space

1. PLACE OF DEATH

Municipal county: JAPAN(WHILST PRISONER OF WAR)

Official name of civil municipality or township:

Place an X over the word which applies to this municipality or this territory: City | Town | Village | Parish | Township

Street: No.: Hospital or Institution:

2. LENGTH OF STAY

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

3. NAME OF DECEASED

Surname: MATHESON (*Block letters*)

Given names: Harold.

Do not write in this space

4. RESIDENCE

Street: No.:

Official name of civil municipality or township: Gould,

Municipal county: Compton Co., Province: Quebec.

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

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

10. BIRTHPLACE (Province or Country): Quebec.

11. DATE OF BIRTH: January (Month) 14th (Day) 1914. (Year)

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

OCCUPATION

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

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

15. Date deceased last worked at this occupation:

16. Total years spent in this occupation:

	17. NAME	18. BIRTHPLACE (Province or Country)
FATHER	MATHESON, Murdo.	
MOTHER (Maiden Name)		

19. Place of burial, cremation or removal: Japan.

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

21. PLACE OF REGISTRATION OF THIS BURIAL

(a) Name of parish or church:

(b) Civil municipality of:

(c) Municipal county:

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

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: January (Month) 26th, (Day) 1945. (Year)

23. I HEREBY CERTIFY that I attended deceased from

....19.... to ....19....

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

24. CAUSE OF DEATH

I

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

due to

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

due to

(c)....

II

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

III If a communicable disease is mentioned on this certificate, give (a) Date of appearance....19.... (b) Duration of disease....days

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

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

State findings.... Was there an autopsy?

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

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

Manner of injury (How sustained)

Nature of injury

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

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

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

OVERSEAS CASUALTY
CANADIAN ARMY

JAN 30 1947

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

P. B. Rading

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

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

for Director of Records, Dept. of National Defence.

(Voir l'autre côté pour le français)

REBURIAL RETURN

Army Form W 3314 R

No E 29927 Rank Rfn Name MATHESON Initials H.

Unit R. R. C.. Location Report 27/10/1/51

Means of Identification: Particulars on Urn

Date od Death 26-1-45 Date of Reburial 14-9-46

Exhumed from; Mausoleum, Yokohama, Japan. Canadian Wall, Niche B.D. 2

Place of Reburial: British Commonwealth War Cemetery, Japan
Canadian Section, Grave NoBD2

Remarks

Signed D Whitaker Capt Unit 38 AUST WAR GRAVES UNIT

OC 38 Aust War Graves Unit

CONFIDENTIAL

HQ 650-135-1
Adm WCIS(1)

31 Dec 45.

Canadian Military Headquarters,
2 Cockspur Street,
Trafalgar Square,
LONDON, S.W. 1, England.

Attention No. 1
War Crimes Invest Sect.

E 29927 - Rfn H. Matheson
RRC

The a/m, at Naroumi Camp, Nagoya, Japan, in January 1945, is said to have been severely beaten by one known as Fish Face, a Jap guard at the Mitsuibishi Steel Foundry. Matheson is said to have been beaten insensible and then helped back to camp by two fellow prisoners. On arrival there he was made to stand outside the guard room for four hours until he collapsed. There was snow and it was freezing. Two medical orderlies, Ken Shipsides of the Royal Navy, and Pte Eric Knight, of the British Army, went to Matheson's hut secretly after lights out and revived him. Capt Riley, a Medical Officer of the RAF, asked permission to take Matheson to hospital and was refused by Lieut Tanakasan, the refusal being communicated through a Japanese civilian named HARASAN, who handled the rations. Matheson was kept in his hut for about three weeks, became delirious and was taken to hospital but died the same day.

2. May every effort be made to locate and interrogate the witnesses mentioned, viz., Shipsides, Knight and Capt Riley. Capt Riley's evidence should deal with the cause of death as well as any other features. He should be asked to express his opinion on the cause of death and to be definite as to what part the beating, exposure or refusal of hospitalization respectively played.

3. The use of "san" in the Japanese names given above is just as the witnesses have spelled the words in each case.

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

OO:HTM.

PA

HQ 405-M-11161
(Records-C)

November 7, 1944.

Director of Records
A. G. Branch.
NOV 7 1944
Nat. Defence Hqr
Ottawa, - Canada.

Mr. Murdo Matheson,
Gould,
Compton County, P.Q.

Dear Mr. Matheson:

I am directed to inform you that official information received from Tokyo through the International Red Cross Committee, Geneva, Switzerland, advises that your son, E.29927 Rifleman Harold Matheson, was transferred from Hong Kong to Osaka Camp on the 6th day of January, 1944.

Should further information concerning his welfare be received, you will be immediately advised.

Yours truly,

NUM/GR

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

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M.F.D. 930A
25M—11-45 (8315)
H.Q. 1772-39-1548

CANADIAN ARMY (A)

LAST PAY CERTIFICATE

AMENDED

0 APR 4 1946

405-M-1161 FD 329

Regtl. No. E-29927 Rank and Name Rfn. H. Matheson

of Royal Rifles of Canada "C" Force Unit, on Discharge

(Transfer, Posting or Discharge) to ..... on Jan. 31 1945
(Unit and Station)

Reason for discharge Deceased Jan.26/45 Authority After Order #24

On TRANSFER of OFFICER or WARRANT OFFICER, Class I

Outfit allowance of $..... has been paid by the Treasury Officer, Military District No.....

REMARKS:

State (1) Date of appointment or enlistment 26-7-40

(2) If individual has dependents eligible for Dependents Allowance, has application been submitted? no

(3) Has assignment of pay been made? ~~yes~~ no If so, amount $.....

Effective date.....

(4) In the case of Officers in receipt of a Service (P.F.) Pension state monthly reduction $.....

ESTATES BRANCH
APR 3 1946
H. Q.
OTTAWA
NATIONAL DEFENCE

The following is a statement of the account of the above named from ~~R~~ Jan.1st to 31st 1945 the inclusive date of transfer, posting or discharge.

Dr. PARTICULARS	AMOUNT $	c.	Cr. PARTICULARS	AMOUNT $	c.
Balance Dr. from last account			Balance Cr. from last account LPC	1730	87
First Monthly Payment			Regimental Pay ..... days at $		
Casual Payments			Tradesmen's Pay ..... days at $		
Payment on Transfer, Posting or Discharge			Additional Pay (Give particulars)		
Assigned Pay			..... days at $		
Regimental Charges			Allowances (Give particulars)		
Public Stoppages (Give particulars):			..... days at $		
Adj. $1.95 Cr.			Bal. Nov. 1941 Paylist	1	80
			Interest		15
To Balance Cr. (To be paid by new unit)	1732	82	By Balance Dr. (To be deducted by new unit)		
Total	1732	82	Total	1732	82

NDHQ Ottawa
(Place)

18-3-46
(Date)

for Chief Treasury Officer(Army)

I certify that the above is a true and correct statement of the account of the above named on transfer, posting or discharge.

Ian. I. Dewar maj
Paymaster or Accounting Officer

-46 (8548)
H.Q. 1064-81-3

2
ARMY

DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

DECEASED MEMBER NAME: Harold (CHRISTIAN NAMES) MATHESON (SURNAME)

REGISTER NO. D.17690
FILE NO. 405-M-11161
DATE 30-1-47

PAYEE: Director of Estates

ADDRESS:

SERVICE NO. E.29927
FINAL RANK OR RATING Rfmn

DATE OF TERMINATION OF OVERSEAS SERVICE 26-1-45
DATE OF DISCHARGE 26-1-45

	$ ¢
A. TOTAL QUALIFYING SERVICE	
NO. OF DAYS 1646/30 EQUAL TO 54 COMPLETE PERIODS AT $7.50	405.00
B. QUALIFYING OVERSEAS SERVICE	
NO. OF DAYS 1187 LESS 26 INELIGIBLE DAYS, EQUAL TO 1161 DAYS @ 25c. PER DAY	290.25
	695.25
C. SUPPLEMENT FOR OVERSEAS SERVICE	
DAILY RATES AT DISCHARGE	
PAY $ 1.50	
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE $ 1.25	
ADDITIONAL PAY $	
$	
$	
DEPENDENTS' ALLOWANCE 1/30 OF $ _____ $	
TOTAL $ 2.75 X7 = $ 19.25	
NO. OF DAYS 1187/183 X$ 19.25	124.86
D. WAR SERVICE GRATUITY	820.11
E. DEDUCTIONS OVERPAYMENT OF PAY AND ALLOWANCES $	
DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $	
OTHER DEDUCTIONS $	
F. TOTAL AMOUNT PAYABLE	820.11

Less 10.70 ck

G. YOUR PORTION OF GRATUITY IS—

100%

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

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

ESTATES BRANCH FEB 20 1947 H.Q. NATIONAL DEFENCE OTTAWA

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
[illegible]	

TREASURY	
CHECKED BY	DATE
A Goodhouse	4/2/47

B Clapp Capt
SERVICE REPRESENTATIVE

Form 6102B

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D. E. GALLOWAY, Assistant Vice-President, Toronto, Ont.

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NIGHT MESSAGE
NIGHT LETTER

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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

OTTAWA OCTOBER 30 1942

CASUALTY

MR MURDO MATHESON
GOULD
COMPTON CO QUEBEC

11356 OFFICIAL INFORMATION HAS BEEN RECEIVED FROM TOKYO JAPAN THROUGH THE INTERNATIONAL RED CROSS GENEVA THAT E29927 RIFLEMAN HAROLD MATHESON IS A PRISONER OF WAR AT A HONG KONG CAMP STOP FURTHER INFORMATION FOLLOWS WHEN RECEIVED

Officer i/c Records

PREPAID

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

N. J. M.

15

M.F.M. 268
50M-9-44 (5635)
H.Q. 1772-39-1990

CANADIAN PACIFIC TELEGRAPHS

TMM

FILE H.Q. 405-M-11161

CASUALTY (REPORT DELIVERY)

OTTAWA 22 SEPTEMBER 1945

TO:-
MR MURDO MATHESON
GOULD
COMPTON CO P Q

90651

I DEEPLY REGRET TO INFORM YOU OFFICIAL INFORMATION HAS BEEN RECEIVED THAT E29927 RIFLEMAN HAROLD MATHESON DIED AT OSAKA JAPAN ON THE TWENTYSIXTH DAY OF JANUARY 1945 CAUSE OF DEATH CARDIAN BERI BERI STOP FURTHER INFORMATION WILL FOLLOW WHEN RECEIVED

Col Sk

PREPAID

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DIRECTOR OF RECORDS

Ottawa, Canada.

26th September, 1945.

Dear Mr. Matheson:

It was with deep regret that I learned of the death of your son, E29927 Rifleman Harold Matheson, who gave his life in the Service of his Country in Japan on the 26th day of January, 1945.

From official information we have received, your son died whilst a prisoner of war.

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

We pay tribute to the sacrifice he so bravely made.

Yours sincerely,

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

mem x - mother
27-9-45
b. P.

Mr. Murdo Matheson,
Gould,
Compton County, Quebec.

JJJ

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H.Q. 405-M-11161
R. 4 (B).

Ottawa,

10th October, 1947.

Mr. Murdo Matheson,
Gould,
Compton County, Quebec.

Dear Mr. Matheson:

I am forwarding herewith a photograph of the grave and marker over the burial place of your late son, E29927 Rifleman Harold Matheson, the location of which is grave 2, row D, plot B, Canadian Section, British Commonwealth War Cemetery, Yokohama, Japan.

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

Yours faithfully,

for A/Director,
War Service Records.

Encl.

/EMA