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Mr. Weldon McKinley

Broadlands Bonaventure 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-11,221 FD328

DEPARTMENT OF NATIONAL DEFENCE

ESTATES BRANCH OTTAWA, ONT.

15 Oct 1045

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

MCKINLEY, Sterling Rfmn.

E-29981 C.A.

it is necessary that certain information regarding the deceased and his refitives should be furnished the Estates Branch. You are asked therefore to read the careful the careful 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.

SAG/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:—

| | | the degrees spec | INFORMANT'S STATE | EMENT | £ | |
|---|---|--|--|---------------------------|---|--|
| Degrees of Rela- tion- ship | RELA | ATIVES e accounted for | NAME IN FULL of any Relative, if any, in each degree specified | Age | ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative | |
| 1 | Widow of the Deceased | | det appliable | | | |
| 2 | Children of the Deceased and dates of their Births | | | | | |
| | | | | | | |
| 3 | Father of the D | eceased | Weldon Jomes McKenley | 59 | Broodlandi: PPP | |
| 4 | Mother of the I | Deceased | mur mary. Ellen. mc Kenly | .58 | Broadleveli- P.D. | |
| 5 | Full Blood Brothers of the Deceased | | NORMAN WILSON MCKINLEY | 37 32 | 2201 Dout W. monther Completten or B | |
| | | Half Blood | | | | |
| 6 | Sisters of the Deceased | Full Blood | LENA MARGARET ALICE MCKINLEY Marion Evelyn McKinley Mayda Beaulah May McKinley Sti | 1 2 2 2 | Berodlands P.O. Saint John al 13 | |
| | | Half Blood | | | | |
| 7 | Names of brother of the full or to Deceased, who death of each. | s or sisters (whether he half blood) of the are dead and date of | Names and ages of their children (if any) | Address of their children | | |
| | | | | | | |

pposite death

ANSWER FULLY EACH QUESTION ON THIS PAGE PARTICULARS AS TO IDENTITY

Steeling Weldon J. McKenley June 28 - 1923 Full names of the deceased. Date of his birth. mot maniel millertan es: 13 Place and date of his marriage. Place and date of his parents' marriage. PARTICULARS OF DOMICILE Place where deceased was born. State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each. Nature of employment before enlistment. State whether he owned the premises in which he lived, and, if so, where situated. Name place where deceased stated he intended to make his Bradlands 120. permanent home. PARTICULARS OF ESTATE 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? If married, and domiciled in the Province of Quebec or in a State not manued 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? (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. Amount of War Savings Certificates purchased by the deceased vane. and registered in his name. State where located. (a) Amount of Victory Loan Bonds left by deceased. 21 (b) State whether bearer or registered. not opplieble. (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? If deceased had life insurance, name companies and amount no payable under each policy and the person named as beneficiary therein. Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary. OTHER PARTICULARS Did the deceased after enlistment incur any debts for:—
(a) His own separate board and lodging while on service.
(b) Service clothing and equipment. 24 no 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.

DECLARATION

*Insert degree I hereby declare that all the particulars shown on this form are correct, and a true and complete of relationship for example, statement of all the relatives that the deceased ever had in the degrees specified; and that I am the "Widow", "Father",
"Brother", etc. 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. Informant CERTIFICATE I hereby certify that to the best of my knowledge and belief...... belief...... *See above. Willow J Me Kenley {Name of informant} is the* father above described. The above Declaration was made by the Informant and signed in my presence. Dated at Completion this 28 day of October Albert J. King. Qualification Minister of Voulte Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public or Commissioned Officer of any Address Tide Head Res. Co N. B of His Majesty's Forces.

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.)

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SALE AS A PROPERTY AND THE RESERVE AND AND ADDRESS OF THE PARTY OF THE

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

ORIGINAL DUPLICATE TRIPLICATE AA 39-m-481

M.F.M. 2 A.F.B. 271 450M-5-40 (5237) H.Q. 1772-39-1645

237)

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

Unit ROYAL RIFLES OF CANADA (CASF)

Regimental Number E-29981

CANADIAN ACTIVE SERVICE FORCE

ATTESTATION PAPER Surname. Starling 2. Christian Names. BROADLANDS CO. BONAVENTURE P.Q. Present address. 4. Date of birth. 0 35. Place of birth CANADA CO. BONAVENTURE P. .. · (County or Province) (Country) (Town or Township) 2 6. Religion (state denomination) UNITED CHURCH 7. Trade or Calling LABOURER 8. Married, Widower or Single. 9. Name of next of kin. WELDON MC 10. Relationship..... 11. Address of next of kin BROADLANDS CO. BONAVENTURE P.Q. MM (b) Any other Naval, Military, or Air (If Yes, Give Regimental No. and Unit) (Yes or No) (If Yes, specify Unit and Period of Service) 14. Did you serve during the Great War 1914-1918?.... (If Yes, specify Regimental No., Unit and Dates of Service) DECLARATION TO BE MADE BY MAN ON ATTESTATION Sterling MC KINLEY 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 31-7-40 // Date Signature of recruit) Date WITNESS 7. Will. OATH TO BE TAKEN BY MAN ON ATTESTATION declare) that I will be faithful and bear true allegiance to His Majesty. Starling Mc Kinley - (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, .this.....31st. Signature of Magistrate, Justice or Attesting Officer. Military District No. 5. or appointment. AWN 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

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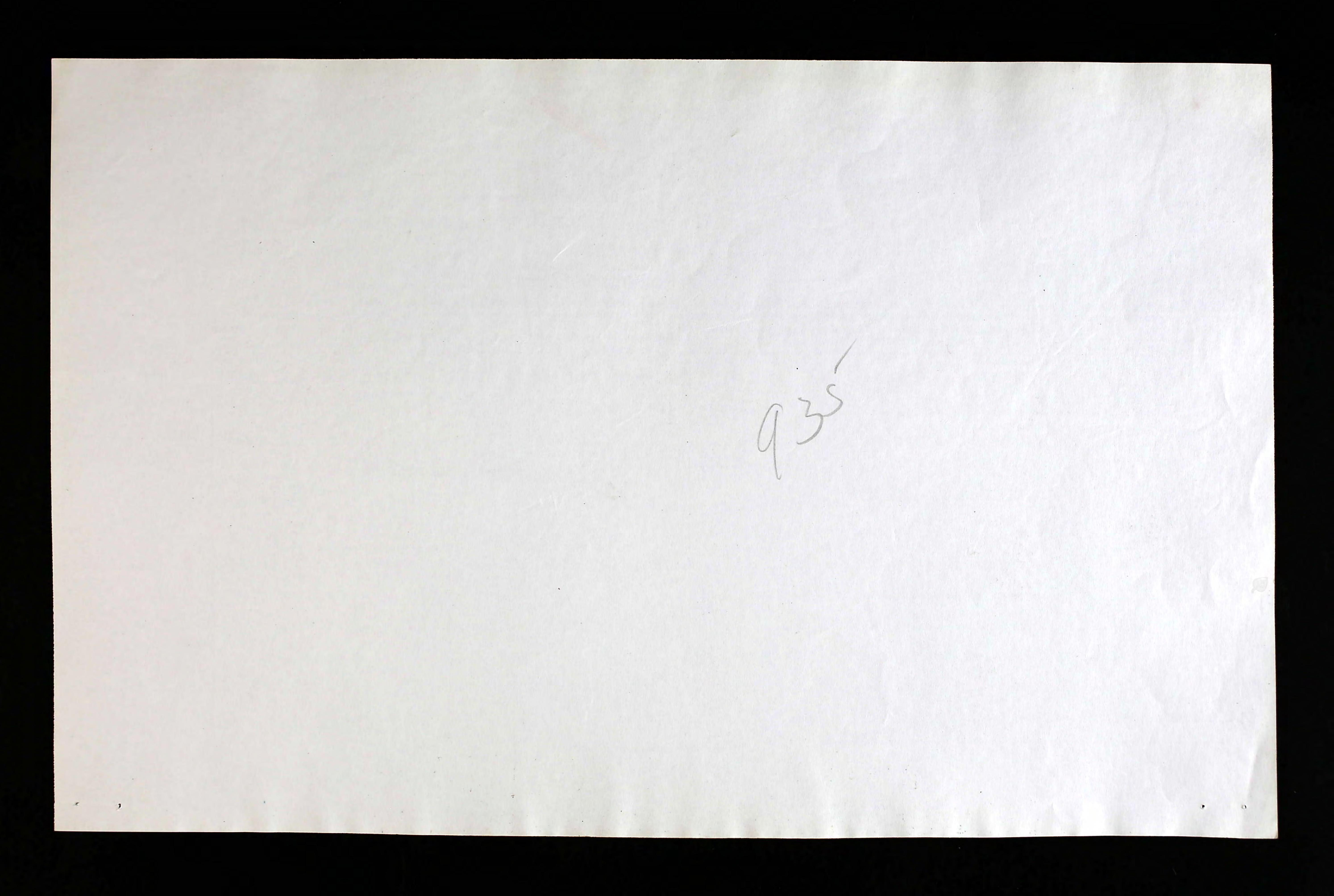
E-29981 ..Regimental Number....

| Trecola of Del vice | | (Surname) | (Christian Names) | | | |
|--------------------------|----------------|-----------|-----------------------|---|-----------------------|-----------|
| | QUALIFICATIONS | | :00: | EDUCATION | AL QUALIFICATIONS | |
| O-0 Military | NIL | | High School) | - VPADC | Graduation) | |
| Business or Professional | NIL | | Collegiate | 7 YEARS (years completed) | Matriculation | (specify) |
| 7 Trade or Civil | LABOURER | | *College BR | COADLANDS CO. BONAY | ENTURE P.Q. | |
| Technical | NIL | | *University | | NIL | |
| ENGI | ISH | | | | | |
| Languages | | | *(Name of institution | on, courses or years completed, and degrees | obtained to be shown) | |

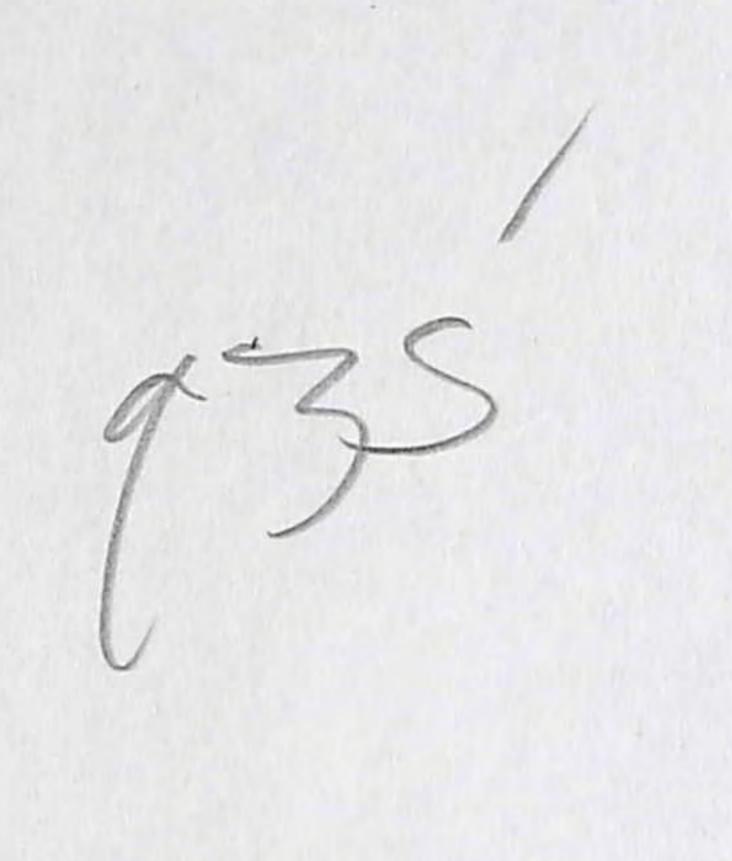
All enlisted personnel will be taken on as Private soldiers, appointments and promotions to higher rank to be shown as provided in the space below.

| Report | Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., from date taken | Rank Shown | Effective Date | Unit | Place | Authority | | | |
|---------------------------|---|------------|----------------|---------|---------------------------------------|----------------------|---------|----------|--|
| Date From whom received | on Strength of Field Force | | EHecuve Liate | UMIC | A lace | Part II D.O. No. Cas | Dated | | |
| | ROYAL RIFLES OF CANADA (C.A.S.F.) | | 31-7-40 | | alcartier | D.O.(11) | No . 25 | 3-8-40 | |
| | admitted to Sussex Camp Hosp. | | 26/11/40 | C.A.S.F | Camp | <u>a</u> | 124 | 26/11/4 | |
| | Discharged pom " | 6 | 28/11/40 | | · · · · · · · · · · · · · · · · · · · | | 127 | 29/11/40 | |
| | EMBARKE SAILING LIST No | | | | 6 col 8 | | | | |
| | DISEMBARKED ENGLAND"WORKE | | | | | | | | |
| | GRANTED INDAYS LEAVE OF ABSENCE. | | | | | | | | |
| Harry. | comme NciNa 5-2-41 | . /* | 5-2-41 | B. R.C. | AIMPORT | DEAND DO | 12 | 16-1-4 | |
| | ADMITTED TO LESTERS FIELD MILLIERY | | | | | | | | |
| | HASPITAL, SI. JOHNS NELD. | , | 12:7:41 | | | D-1. | 148 | 14-7-41 | |
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| | HASPITAL, ST. JOHNS | | 21-7-41 | | | 00 | 153 | 21-7-4 | |
| | PAGES OF PAY FR.m 12-74/10 21-7-41 (10DAYS) JOG. | // | 20-8-41 | | NFLO | ۵.۵. | 175 | 20-8-41 | |
| MANUEL CARACALINATION | RET. CANADA | | 1.19. | | | | | | |

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



| Name in full | Mª Him La | ERTIFICATE OF | MEDICAL | EXAMINATIO | on 1/7/40 ses? |
|---|-------------------------|--|---------------|---------------------|--|
| Part 1. | Information obtain | ed from the recr | uit. | | |
| 1. Age | 2. Have y | ou ever suffered fr | | | |
| | m | | | | <u></u> |
| b. Tuberculos | is | 112 | l. Eye d | isease | ~ |
| c. Bronchitis | or asthma | | | | |
| | se | | | | ase |
| | bladder disease | | | lis | |
| | estinal | | p. Gonor | rhoea | ~ |
| | | | q. Have | you ever worn gl | asses?^ |
| | eins | | rec | ou now or have y | Subion of com- |
| | ormed feet | | pen | sation? If so, gi | ve details |
| | ble | | xolt | enling M.c. K. Sign | inless |
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| D4 2 | Information obtai | ned by medical e | vamination | . The recruit | must be stripped. |
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| 1. Identincat | ion marks or scars. (| At Bn | ee | | |
| | 20 Jan 0 | | | | |
| | | / | 0 777 | 1412 | 2 |
| 2. Height | feet | inches. | 3. Weigh | It | Good |
| 4. Complexion | on echium E | yes. July | 5. Devel | opment | Poor |
| | H | air Brum | | 10 | |
| 6. Chest mes | asurement—Girth on fu | all expansion | 36 | inches. | |
| | Range of e | vnension | 3 | inches. | |
| 7 Vision rie | tht 20/60 left. | 20/40 | 8. Hes | ring, right | 120 left WU 20 |
| O Condition | of mouth and teeth | treatme | it | | |
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| Part 3. | We, the examiners in | examined the Recr | uit in accord | lance with the pa | nestion 2, Part 1, except as mphlet "Physical standards |
| ported in th | and for the modical ave | mination of recuiti | ts" and he i | s found fit for C | ategory |
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| | VACCINATIONS, I | NOCULATIONS, BOA | S, RECLASSIF | ICATION OF MEDICA | L CATEGORY / |
| Date | Brief details and | signature | Date | Brief | details and signature |
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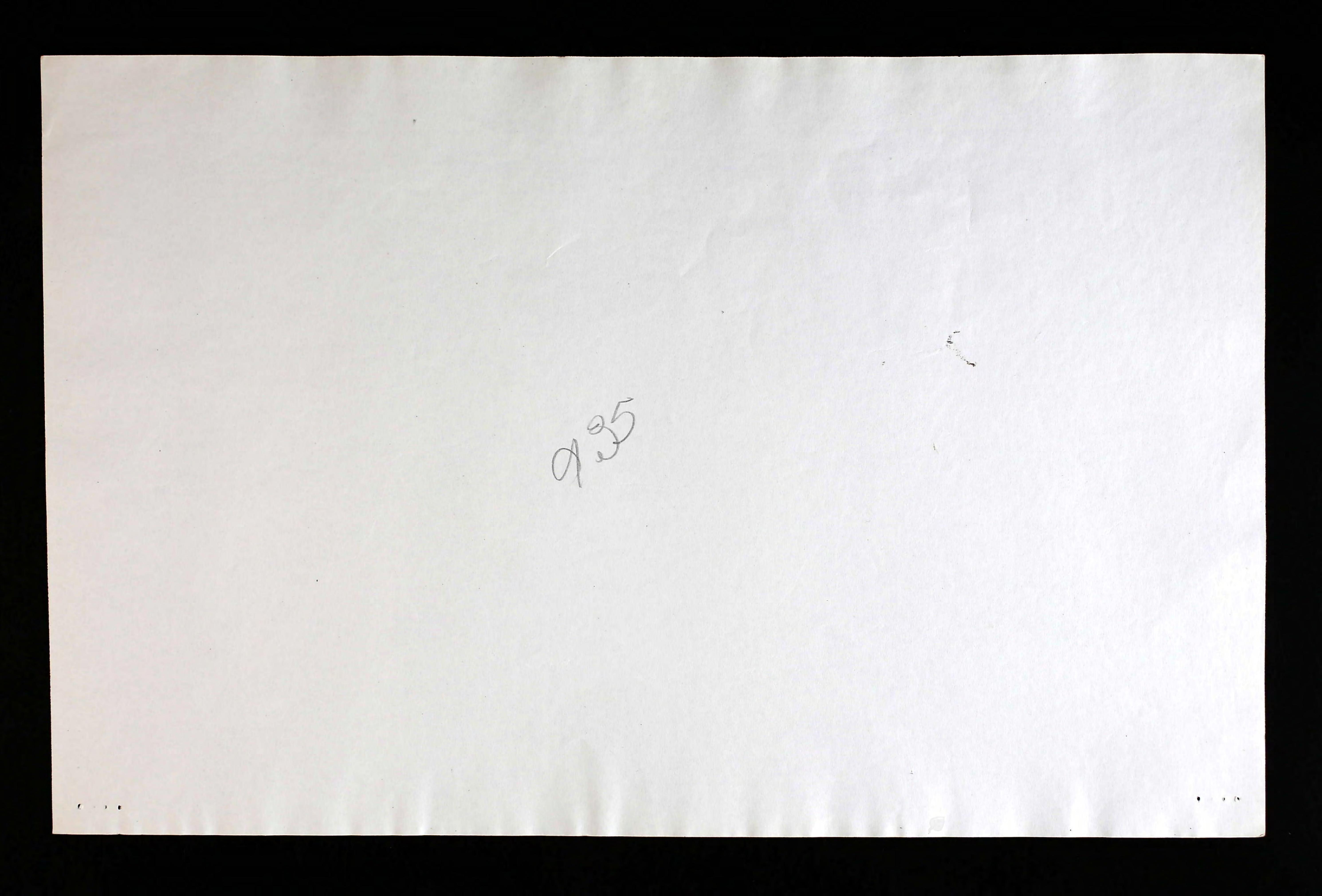
M.F.M. 1 & 2 (a) 700 M-8-39 (1697) H.Q. 1772-45-18

Name Me Kenley, Sterling

| R | REPORT | Record of Promotions, Reductions, Transfers, Casualties, Reports, etc | Dank Char | Effective Dete | *** | Place | Authority | | |
|-----------|--|---|------------|----------------|-------|-----------|----------------------------------|-----------|--|
| Date | 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 | Part II D.O. No. Cas. List, etc. | Dated | |
| 2001.1.1. | D.J.AVALCAL | RIJER CAMP. HOSPITAG. VALCARILER CAMP. P.Q. | REN: | 15- 9-41 | | CAMP P.O. | D:0 194 | 16-9-41 | |
| sc.d. | from Vale | artier Camp Hospital Valcartier, P.Q. | | 24-9-41 | | | 215 | 14-10-4 | |
| | | page of Pay Whilst in Valcartier Camp | | | | | | | |
| luspi | tals Valcar | tier, P. Q. 15-9-41 to 24-9-41 (10 days) V. D.S. | | 15-9-41 | | | 221 | 21-10-4 | |
| | | EMBARKED CANADA - SAILING LIST No. 266. | | 27-10-41 | 525 | 8 668 | 0-16679. | and. C | |
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|-------------------|--------------------------------------|-------|--|---|-------|-------|------|-----------------|----------------------------------|--|------------------------------------|
| STATION | Date of Arrival at the Station | in | Admission Discharge from Hospital Month Year Day Month Year | | | | | 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 | Tear | Day | Month | rear | | | | |
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1987

500M—1-44 (3467) H.Q. 1772-45-8

In

FILE NO. 405-M-11221

McKINLEY Sterling

E-29981

Rfmn.

Royal Rifles of C.

SURNAME (IN BLOCK LETTERS)

CHRISTIAN NAMES

REG. No.

RANK ON DISCHARGE

C.A.S.F. UNIT

WAR SERVICE

BADGE

(CLASS)

NO.

DATE DESPATCHED:

ADDRESS:

1939-45 Star
Pacific Star
War Medal, 1939-45
CVSM & Clasp

REGISTRATION NUMBER AND DATE DESPATCHED

3993 31/3/50

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

| (1) MEDALS PERSON ENTITLED TO Mrs. Mary McKinley - Mother | MEMORIAL BAR |
|---|-------------------|
| BROADLANDS, Bonaventure Co., Que. | DATE DESP |
| (2) MEMORIAL CROSS | REGN. NO 2/05 |
| ADDRESS: | (2) |
| (3) MEMORIAL CROSS | |
| Mrs. Mary McKinley, (MFM5) (E | NGLISH) |
| 1987 ADDRESS: BROADLANDS, Bonaventure Co., Q | DESP. OCT 11 1945 |
| | |

ORIGINAL

To be made out in duplicate

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

[SEE OTHER SIDE]

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 MC KINLEY STERLING (Surname first—Christian names in full—Block capitals) |
|-----|--|
| (2) | Regimental or Air Force Number and Rank E-29981 RECEIVED Unit ROYAL RIFLES OF CANADA, C.A.S.F. |
| | Are you married? No No. 5 Ouebec. |
| (0) | If married, state, (a) Full name of your wife |
| (6) | (b) Present postal address of wife |
| | Are you a widower? Have you any children? If so, give number of boys and girls No |
| (9) | Also their names and ages |
| | Give particulars of Guardian to whom Dependents' Allowance should be paid—if authorized. Name Nil Postal Address Nil |
| | |

| 10) | Have you a common-law wife—whom you have been regularly supporting and publicly repre- |
|-----|---|
| | senting as your wife for at least 12 months immediately prior to enlistment? |
| | If so, state her full name and Postal Address |
| | |
| | 77 o cs |
| 11) | Is your father alive? Yes |
| | If so, state name and address, occupation Weldon MC KINLEY, Broadlands, Co. Bonaventure, P.Q. Lumberman |
| 12) | If your father is a widower and is totally incapacitated from earning a living—are you his sole |
| | or partial support? |
| | 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) |
| | reason for not providing full support? |
| 4) | Is your mother alive? Yes |
| | If so, state name and address Mary MC KINLEY, Broadlands, Co. Bonaventur |
| 15) | If your mother is a widow, are you her sole or partial support? |
| | If sole or partial support of widowed mother—state what amount per month you have given her |
| .0) | prior to joining C.A.S.F. or R.C.A.F. (Special Reserve) |
| | 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? |
| 17) | Are you contributing to the support of any dependents, other than those shown above? |
| | Relationship |
| | Full Name |
| | Postal Address |
| | Amount contributed monthly during the past six months |
| 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 enlist- |
| | ment or appointment? |
| | Are you insured? |
| | If so in what Company? |
| | (Give number of policy) Have you made arrangements for payment of your Insurance Premium? 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. Signature of officer or man) |
| | Date 31st. July 1940. (Signature of officer or man) |
| | It. Colone |
| | *************************************** |
| | Officer Commanding Royal Rifles of Canad |

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.29981 Rank Rifleman Name McKINLEY, Sterling |
|--|
| Unit Royal Rifles of Can. Date of death 9 March, 1944. |
| Died at Japan. |
| Cause Malnutrition, beri beri and dysentery. |
| Death occurred on strength of Forces H.Q. 405-M-11221 |
| N/K Mr. Weldon McKinely Relationship Father |
| Address Broadlands, Bonaventure Co., P.Q. |
| Remains buried inCemetery |
| CUY / |
| Grave location |

the property was a first to be

REBURIAL

British Commonwealth War Cemetery. Yokohama, Japan. Cdn. Section. Grave 16, Row D, Plot B.

Photographs
Despatched
nct 10 1947

IWGC Quest Form Desp'dJUN 22 1949

1947 -MESSAGE DESP'D TO N DESP RETURN TO BUR. ROYAL MESSAGE REPORT BURIAL CAN.

10M-1-45 (M-4608)

| | (1) I, Sterling MC KINLEY | of the Villers Township) |
|---|--|--|
| | (Name in Full) | (City, Town, Vinage, Township) |
| Address in civil life. | of, in the Distr | ict of, |
| | Province of Quebec, | Labourer (Civil Occupation) |
| | Regimental No. E-29981 , Unit Real former Wills by me made and declare this to be | R.C. C.A.S.F. do hereby revoke be my LAST WILL. |
| Relationship, names and address of benefic aries, and what each is to | (2) I GIVE, DEVISE AND BEQUEATH unto my moth Broadlands, Co. Bonaventure, I | ner, Mrs. Mary MC KINLEY, P.Q. all my estate. |
| receive. | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Relationship, names and address of residuary | (3) I Silve, likilves beader Breducel mil all the areast had a adfault at land and land with the land at land and land with the land at land and la | elicklexofxolyx dstaltex, buthxreat land personal, |
| beneficiaries. | | |
| | | |
| | | |
| | | |
| | (4) I appoint | (Address) |
| | | be the Executor of this my Last Will. |
| | (Civil Occupation) | |
| | IN WITNESS WHEREOF I have hereunto set | my nand thisLday oi |
| • | 19.40 | |
| | Our manico ao matematica | Signature of soldier) |
| First witness sign here. | (5) Signature MBBladly. | 1 100 |
| | Civil Address 26 St. Lluis ac | |
| | Civil Occupation Kine Mudum | rilio. |
| Second witness sign here. | Signature And Brown | |
| | Civil Address Les to See. | |
| | Civil Occupation Card | |
| | (Witnesses are not to be beneficiaries.) | |

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

 - 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.

THE REPORT OF THE PARTY OF THE PERSON OF THE

THE PERSON OF THE PERSON NAMED IN CO.

granding living

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

SERVICE UNIT RANK NUMBE Rifleman The Royal Rifles of Canada NAME MORINIEY. DATE OF ENLISTMENT DATE OF BIRTH 28-6-21 31-7-40 RELIGION MARITAL STATUS single United Church NEXT OF KIN AS SHOWN ON NAME M.F.M. 1, 2 & 5 RELATIONSHIP Father ADDRESS AT TOLION MORINION, **ADDRESS** Broadlands, MONEYONTUTE CO., UG. ADDITIONAL PERSON **ADDRESS** TO BE NOTIFIED PARENTS NAME ADDRESS IF SOLDIER MARRIED OVERSEAS AUTHORITY CAS. SIG. NO. 11. 405-W-11, 221DATE CANPAT 129 CASUALTY DETAILS March 1944 Previously reported P.O.W. in Japanese

hands, now officially reported to have cied as result of Malnutrition, Beri Beri and Dysentery at Camp Orminia whilst P.O.W.

(Exact date not available)

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

FORM NO. CAS. 6

H.Q. 1772-39-1989-1990

25M-4-44 (4184)

YES/NO

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

YES/NO

DATE

COPY FOR C. R. FILE

DIRECTOR OF RECORDS

405-M-11221

CINIDIAN REFATRIATION LIAISON GROUP:

'A' - INTERROGATION No 3.

STATEMENT CONCERNING CASUALTY SUSTAINED BY

UNITERC E.29981 RINK Rfn NAME MCKINLEY, Stirling NO

Tarticulars of casualty and burial including means of knowledge of informant

Saw Rfn McKinley die in Kawasaki Camp Hospital of Beri Beri. This was in spring of 1944. Later saw his grave. I was in the Hospital recovering from pneumonia at the time.

Tersonal particulars of member who sustained casualty

| Signature of Interrogati | ng Officer | Signature of Informant |
|--------------------------|----------------|-------------------------|
| El Welleann | hojor | <u>Lanes 19.9.</u> |
| | | Date: |
| | FOR USE AT GRO | DUI H.Q. ONLY |
| | | CASUALTY IDENTIFIED AS: |
| NO R.INK | N.MII | |
| | UNIT' _ | |
| Classification to be | changed to: | |
| CAMPA 6 | Signat | ture |
| 1 1 1 | Dat | te — UX |

405-11-11221

CINIDIIN REFITRIITION LITTSON GROUD

14' - INTERROGATION No 3.

STATEMENT CONCERNING CASUALTY SUSTAINED BY

NO

RINK

Frm

NAME Mckinley, Stirling

UNIT R.R.C.

Tarticulars of casualty and burial including means of knowledge of informant

At Camp Orminia about March or April 1944. It was in the same camp and it was common knowledge that he died. I have seen a grave which was said to be his and which had a cross with his name, rank and unit printed on it.

Personal particulars of member who sustained casualty

| ignature of | Interrogating | Officer | J. A. Signature | of Informant |
|-------------|----------------|---------------|----------------------------|--------------|
| | | | Date: | 22 Sep 45 |
| | FOI | R USE AT GROU | TH.Q. ONLY SULTY IDENTI | FIED AS: |
| NO | R.ink | N.ME UNIT | | |
| Classificat | ion to be char | nged to: | | |
| | | Signatu | | |

405-11-11221

C.IN.IDI.IN REFLITRIATION LIAISON GROUD

'A' - INTERROGATION No 3.

STATEMENT CONCERNING CASUALTY SUSTAINED BY

NOE.29981

Rfn RINK

NAME

MCKINLEY, 3Sterling

UNIT RRC

Tarticulars of casualty and burial including means of knowledge of informant

Rfn McKinley died in Kawasaki Camp Hospital on Easter Sunday of 1944 at 2030 hours. He had been suffering from diarrhoea and beri beri as far as I know. I was present when he died. Major Smith of the US Army Medical Corps had been treating him.

Personal particulars of member who sustained casualty

| signature of | Interrogating Off | icer | Sign | nature of | Informar | nt |
|--------------|--------------------|---------|----------|-----------|----------|----|
| 2. | Williams hu | 900 | V | | Kent | 1 |
| | FOR US | E T GRO | OUP H.Q. | ONLY | | |
| | | | CLSULTTY | IDENTIF | ED 15: | |
| NO | R.INK | N.MI | | | | |
| | | UNIT | | | | |
| Classifica | tion to be changed | i to: | *** | · | | |
| MAT | | Signa | ture | | | |
| MAL | | Da | | | 49 | |

405-M-1122/ KAWASAKI.

CANADIAN REPATRIATION LIAISON GROUI

'A' - INTERROGATION No 3.

STATEMENT CONCERNING CASUALTY SUSTAINED BY

NO E29981 RANK RFN NAME MCKINLEY, Sterling UNITERC Tarticulars of casualty and burial including means of knowledge of informant

Major Robertson RAMC i/c camp & has diagnosis. I would say that this man died from lack of cocplete medical care. He died in March 1944 and I attended his funeral.

Buried at ORMINE, Japan.

Major Smith, of US Medical Corps has more exacting particulars in camp here now sustained casualty

MA

| ignature of Int | errogating Offi | cer | ignature of informant |
|-----------------|-----------------|---------------|--|
| Colled | andru | AL | Rumo, De 1/4 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 |
| | FOR USI | T GROUP H. C | ONLY IDENTIFIED AS: |
| NO | RINK | N.ME | |
| | | UNIT | |
| Classification | to be changed | to: | |
| | | Signature | |
| | | Dresina our c | |
| | | Date | |

| FOR | M 6 | |
|-----|-----|--|
|-----|-----|--|

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

| | | D | 0 | n | ot | |
|---|----|-----|-----|----|----|---|
| | 1 | WI | it | 0 | iz | 1 |
| 1 | tŀ | nie | 3 1 | 80 | 2 | 2 |

| . PLACE Muni- cipal TADAM/ WHITTON DO TOO NED civil municip | 1: | | Place an X over the word which applies to this municipality or this territory |
|---|------------------------|--|--|
| OF county JAPAN (WHILST PRISO NER civil municiped to the county JAPAN (WHILST PRISO NER ty or towns OF WAR) | ship | Hospital or | City Town Village Parish Township |
| No. | 1 Months 1 | Institution | [a |
| OF STAY or institution | Months | Days Years Months | Days (d) In Canada (if immigrant) Years Months Days |
| NAME Surname MCKINLEY (Block letters) | Do not | CONFIDENTIAL MEDIC | CAL CERTIFICATE OF DEATH |
| DECEASED Given names. Sterling. | write in this space | 22. Date of death April | 9th 19.44 |
| O Ctroot | | 23. I HEREBY CERTIFY that I attended | (==3) |
| Official name of civil municipality or township. Broadlands, | | | 19 to |
| Municipal Don Co | | and last saw halive on | |
| county Province Province | | 24. CAU: | SE OF DEATH |
| 5. SEX 6. NATIONALITY (Citizenship) 7. RACIAL ORIGIN Widowed or Divorced (Write the word) | | tion which caused death, not the | (a) Malnutrition, beri due to beri and dysentry. |
| O. If married give time of wife or hus- | | asphyxia, asthenia, etc. | |
| and of deceased D. BIRTHPLACE | | rise to immediate cause (stated in | (b)due to |
| Province or Country) | | II | (c) |
| DATE OF June 28th 1921. (Month) (Day) (Year) | | Other morbid conditions (if important) contributing to death but not causally related to immediate | |
| AGE OF Years Months Days If less than one day old DECEASED | | cause. | |
| 22hrs. ormin. | | III mentioned on this certificate, { (a) Date | e of appearance19 |
| 13. Trade, profession or kind of work, as spinner, Labourer. teamster, office clerk, etc. | | | ation of diseasedays |
| 14. Kind of industry or business, as cotton-mill, | | 25. If a woman, was there a puerperal condition | C. 5 M. |
| lumbering, bank, etc | | | Date of |
| 17. NAME 18. BIRTHPLACE (Province or Country) | | 27. If death was due to external causes (viole | ence) fill in also the following:— |
| FATHER MCKINLEY, Weldon. | | Accident, suicide or homicide(State | Date |
| MOTHER (Maiden Name) | | Manner of injury | (How sustained) |
| Place of burial, cremation or removal Japan. | | Specify whether injury occurred in industry, in home, or in public place | |
| | 100 gn-1 | | |
| Date of burial 19 | | Signed | |
| (a) Name of parish or church | | Address | Date |
| (b) Civil muni- cipality of | 28. Sign (cur | ature of person who fills in the form ate, coroner, hospital authority, etc.) | 29. Name of clergyman in charge of Register of Civil Status in which registration of this burial was made. |
| (c) Municipal county | 1 | B. Carrie | |
| (d) Date | This sign | ature authorizes the collector to accept | |
| (Month) (Day) (Year) | for D | rector of Records, | Dept. (Voir l'autre côté pour le français) enc |

18

福田 181,20

-13. A. A.

| LLIA | | THE TOTAL | | | - |
|------|------------------------------------|---|--|-------------------------|----|
| | 收 容 所 Camp | 一种 | 番 No. | 6656 | |
| | 姓 Name | McKINLEY, Sterling Weldon James 77 + ~ L 1, 72 - 12 1 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 | 生年月日 Date of Birth | 1922.6.28 | |
| | 図 籍 Nationality | JII | The state of the s | No.E=29981 | 分 |
| | 階級身分 Rank | Rifleman | 所屬部隊 Unit | Royal Rifles of Canada. | 所 |
| | 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26日 | |
| | 父 ノ 名 Father's Name | McKINTFY Weldon | | McKINIEY. Mary | FE |
| | 本籍地 Place of Origin | Campbelton, New Brunswick, Canada. | 職 Occupation | | |
| | 通報先 Destination of Report | Mrs. McKINLEY, Mary, Broadlands, Quebec, Canada. | 特記事項 Remarks | 要 | |

1.029

修 欄 Other Informations 昭和十八年一月二十三日福岡信養收客門十五分中午二十五分中午二十五日中 跟和19年4月9日街心性脚气-于张七人〇日间在巴Beriberi. 昭和26年11月日中旬頃福周疑·福田墓地一枪了 从金野、建合草人、罗名=3/1000

CANADIAN ARMY (A)

LAST PAY CERTIFICATE

| Regtl. No. E-29981 Rank and Name Rfn. McKinley | , S. |
|---|----------------------------------|
| of Royal Rifles of Canada "C" Force | Unit, on Discharge |
| (Transfer, Posting or Discharge) to | onApril 30th 194.4. |
| | thority After Order No. 30 |
| On TRANSFER of OFFICER or WARRANT OFFICE | |
| Outfit allowance of \$ Office | r, Military District No |
| REMARKS: State (1) Date of appointment or enlistment 31-7-46 | |
| (2) If individual has dependents eligible for Dependents Allowance, h | as application been submitted?No |
| (3) Has assignment of pay been made?Yes | If so, amount \$ 20.00 |
| Effective date 1-10-41 | |
| (4) In the case of Officers in receipt of a Service (P.F.) Pension stat | e monthly deduction & |
| M.F.M. 18 \$20.00 effective 1-5-44 submitted | JCT 29 Recd |

The following is a statement of the account of the above named from April 1st to April 30th 94.4 the inclusive date of transfer, posting or discharge.

| | Di | 3. | | Cr. | |
|---|------------|----|---|-----------|----------|
| PARTICULARS | AMOU | NT | PARTICULARS | AMOU | NT |
| Balance Dr. from last account | \$ | c. | Balance Cr. from last account | \$ 638 | c. 80 |
| First Monthly Payment | ter put to | | Regimental Pay30 days at \$ 1.50 | 45 | 00 |
| Casual Payments | | | Tradesmen's Paydays at \$ | | |
| Payment on Transfer, Posting or Discharge | | | Additional Pay (Give particulars) | | |
| Assigned PayApril | 20 | 00 | days at \$ | | |
| Regimental Charges | | | Allowances (Give particulars) | | |
| Public Stoppages (Give particulars): | | | days at \$ | | |
| | | | Interest from 1-4-42 to | | |
| | | | 31-3-44 | 21 | 14 |
| | | | | | |
| | | | | | |
| To Balance Cr. (To be paid by new unit) | 684 | 94 | By Balance Dr. (To be deducted by new unit) | | |
| Total | 704 | 94 | Total | 704 | 94 |

I certify that the above is a true and correct statement of the account of the above named on transfer, posting N.D.H.Q. or discharge. (Place)

October 13th, 1945.
(Date) For Chief Treasury Office:

Paymaster or Accounting Officer

Army Services

ARMY

GL

| Name | MCKINLEY | Sterling | No.E. 29981 |
|------|----------|------------------|---------------|
| | Surname | Christian Names | |
| | RFMN | C.A. 0/S | 9-4-44 |
| Rank | | Unit | Date of Death |
| | | \underline{AM} | IOUNT |
| | | | L.P.C 684.94 |
| | | Date | Other Credits |
| | | | Total 684.94 |

| SHARE | RELATIONSHIP | NAME AND ADDRESS | AMOUNT |
|-------|--------------|--------------------------------------|--------|
| | | | |
| 11 | Mother | Mrs Mary McKinley. Broadlands, Que. | 684.94 |
| | | | |
| | | | |
| | | (Sole beneficiary under will) | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | P4. TO TREAS. 6-2-46, 916. | |

AUTHORITY H.Q. F.E. No. H.Q. SUB. VOTE PRI OBJ. AMOUNT 684.94 001 731 00 00 9999 CLASSIFIED BY EXAMINED BY For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

M. FIRTH) Colonel Director of Estates

AUDITED FOR PAYMENT

2M-2-46 (8750) 1.Q. 1064-81-3 DEPARTMENT OF NATIONAL DEFENCE AIR FORCE ARMY WAR SERVICE GRATUITY STATEMENT DECEASED Sterling MEMBER'S REGISTER NO. NAME (SURNAME) (CHRISTIAN NAMES) FILE NO. DATE PAYE SERVICE NO. ADDRES Rfn Que. FINAL RANK OR RATING DATE OF DISCHARGE DATE OF TERMINATION OF OVERSEAS SERVICE A. TOTAL QUALIFYING SERVICE 330.00 NO. OF DAYS 1349 EQUAL TO COMPLETE PERIODS AT \$7.50 B. QUALIFYING OVERSEAS SERVICE 216.50 LESS INELIGIBLE DAYS, EQUAL TO DAYS @ 25c. PER DAY C. SUPPLEMENT FOR OVERSEAS SERVICE DAILY RATES AT DISCHARGE PAY SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE ADDITIONAL PAY DEPENDENTS' ALLOWANCE 1/30 OF \$ TOTAL NO. OF DAYS_ D. WAR SERVICE GRATUITY OVERPAYMENT OF PAY AND ALLOWANCES \$ E. DEDUCTIONS DEPENDENTS' ALLOWANCE AND ASSIGNED PAY \$ OTHER DEDUCTIONS F. TOTAL AMOUNT PAYABLE G. YOUR PORTION OF GRATUITY IS-= \$ OF \$ DEPENDENTS' ALLOWANCE IN ISSUE TO YOU \$__ 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. TREASURY DATE CHECKED BY PREPARED BY CHECKED BY SERVICE REPRESENTATIVE

TELEGRAPH CO.

Cable Service to all the World

Money Transferred by Telegraph

Exclusive Innection CANADIAN MESTERN UNION CANADIAN MATIONAL TELEGRAPHS

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

CLASS OF SERVICE DESIRED

FULL-RATE MESSAGE

DAY LETTER

NIGHT MESSAGE

NIGHT LETTER

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

OTTAWA OCTOBER 30 1942

HR VELDON ECKINLEY BROADLANDS BONAVENTURE COUNTY QUEBEC

11140 OFFICIAL INFORMATION HAS BEEN RECEIVED FROM TOKYO JAPAN THROUGH THE INTERNATIONAL RED CROSS GENEVA THAT E29981 RIFLEMAN STERLING ECKINLEY IS A PRISONER OF WAR AT A HOLD KONG CAMP STOP

Officer i/c Records

PREPAID Coleman) Lt. -Col., (Cas.)

E. 29981 PAn. McKinley, Sterling Broudlands Pror Quebec 4.eb.12.143 To Colm Clarke Dear moblanke. I thought of writing to ejou very many limes, as you have been very thoughtful of writeing to us regarding the Fall of Hong Kong. and the many letters of cheer which helped us all'to line through this long period ansciety and warry over our beloved son Stirling, Could you give me any Idea of our mail whelither the boys git it or not. As I can dessure ysee we don't get any mould from them, I am Still living in hopes that those boys are aline and will return to Us some time soon. Just as they are They will be a very welcomed quest If you have any late news from the Red Cross. Kindley let us hear from your Shanking you for you untereing service to us alle. I undain. Received For Attention of For Information of Acknowledged 05-M-11221

104 Sparks Street,

18th February, 1943.

Mrs. Weldon McKinley, Broadlands, Bon. Co., Que.

Dear Mrs. McKinley: Re: E.29981 Rfn. McKinley, Sterling Royal Rifles of Canada.

This will acknowledge receipt of your letter of February 12th. Thank you for your kind words of encouragement.

I am sorry that there is no further news about the Canadians at Hong Kong. No mail has been received since the letters which were aboard the Gzipsholm.

We are working on a plan to establish regular sailings, so that comforts, medicines and mail may be sent to Hong Kong and immediately we are successful, you will be advised.

Please do not hesitate to write at any time and you may be certain that as soon as any news is received, it will be forwarded to you.

Yours sincerely,

G/C

F. W. Clarke, Colonel.



July 21, 1943

Mr. Weldon McKinley, Broadlands, Bonaventure Co., Que bec.

Dear Sir:

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.29981 Rifleman Sterling, has been transferred to a Fukuoka Camp, Japan, from Hong Kong. The date of transfer and camp number were not stated.

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

Yours truly,

Colonel, Director of Records, for Adjutant-General.

HBF/SJR/

1

M.F.M. 267 50M-9-44 (5634) H.Q. 1772-39-1989

CANADIAN NATIONAL TELEGRAPHS

GR

FILE H.Q.

405-111221

CASUALTY (REPORT DELIVERY)

OTTAWA

24 SEPTEMBER 1945

TO:-

WELDON MCKINLEY
BROADLANDS
BONAVENTURE COUNTY QUE

90687 I DEEPLY REGRET TO INFORM YOU OFFICIAL INFORMATION
HAS BEEN RECEIVED THAT E29981 RIFLEMAN STERLING MCKINLEY
DIED WHILST A PRISONER OF WAR AT CAMP ORMINIA JAPAN ON AN
UNSTATED DAY IN MARCH 1944 CAUSE OF DEATH MALNUTRITION BERI BERI
AND DYSENTERY STOP FURTHER INFORMATION WILL FOLLOW WHEN
RECEIVED

PREPAID

DIRECTOR OF RECORDS

Ottawa, Canada.

26th September, 1945.

Dear Mr. McKinley:

It was with deep regret that I learned of the death of your son, E29981 Rifleman Sterling McKinley, who gave his life in the Service of his Country in Japan in March, 1944.

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.

so bravely made. We pay tribute to the sacrifice he

Yours sincerely,

mem x - mother 27-9-45

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

Mr. Weldon McKinley,

Broadlands,

Bonaventure County, Quebec.

JJJ

9

9th October, 1945.

Mr. Weldon McKinley, Broadlands, Bonaventure Co., Que.

Dear Mr. McKinley:

With further reference to this Headquarters telegram of the 24th of September, 1945, I deeply regret to inform you official information has now been received from Manila advising that your son, E.29981 Rifleman Sterling McKinley, died whilst a prisoner of war in Japan, on the 9th day of April, 1944, and not March, 1944, as previously reported.

your son died as a result of malnutrition, beri beri, and dysentery.

Please be assured that should further information be received concerning the death of your son, you will be immediately notified.

Please accept my sincere and heartfelt sympathy in the irreparable loss you have suffered.

Yours truly,

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

GR/RC 7700 11th January, 1947.

Mr. Weldon McKinley,
Broadlands,
Bonaventure County, Quebec.

Dear Mr. McKinley:

Information has just been received from military authorities in the Far East that the remains of your son, E29981 Rifleman Sterling McKinley, have now been interred in plot B, row D, grave 16, Canadian section, of the British Commonwealth War Cemetery at Yokohama, Japan. This is a recognized military burial ground which will receive care and maintenance in perpetuity.

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

Yours faithfully,

for H.M. Jackson, Lt.-Col., Director of Records, for Adjutant-General.

/EMA