

E30016  
FIRLOTTE

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

.....  
**Mrs. Beatrice Firlotte,**  
 .....  
**Hartell,**  
 .....  
**MacLeod, Alta.**  
 .....

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-F-4447 FD-66

DEPARTMENT OF NATIONAL DEFENCE  
 ESTATES BRANCH  
 OTTAWA, ONT.

..... April 3. ..... 194 5

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

..... **FIRLOTTE James** .....

..... **Rflmn.** .....

..... **E-30016** .....

..... **Can. Army** .....



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.

WRH/HS

*W. P. Howard Capt*  
 Director 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:

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.....	Mrs. Beatrice L. Firlotte	43	Hartell, Alberta	
2	Children of the Deceased and dates of their Births.....	nil.			
3	Father of the Deceased.....	Mrs. George Firlotte	70	Broadlands Pro. Que.	
4	Mother of the Deceased.....	Mrs. Mary Firlotte	65	Broadlands, Pro. Que.	
5	Brothers of the Deceased	Full Blood	Hiram Firlotte	41	Sellaville Pro. Que.
		Half Blood	nil.		
6	Sisters of the Deceased	Full Blood	Mrs. Loretta Bolton	43	Campbellton N. B.
		Full Blood	Mrs. Evy. Warren	37	Broadlands Pro. Que.
		Full Blood	Mrs. Margaret Villet	39	Broadlands Pro. Que.
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.	Full Blood	Clifford Firlotte, died April 1st. 1919		
		Half Blood	no children		

ANSWER FULLY EACH QUESTION ON THIS PAGE  
PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	James Blair Girlette
9	Date of his birth.	September 24th 1906
10	Place and date of his marriage.	Campbellton, N.B. October 13th 1929
11	Place and date of his parents' marriage.	Don't know

## PARTICULARS OF DOMICILE

12	Place where deceased was born.	Broadlands Prov. 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) Province Quebec (b) County Bonaventure (c) during life time. (d)
14	Nature of employment before enlistment.	Lumbering
15	State whether he owned the premises in which he lived, and, if so, where situated.	(It is owned by me) No Broadlands Prov. Que.
16	Name place where deceased stated he intended to make his permanent home.	Broadlands Prov. Que.

## PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	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?	no.
19	Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc., and the amount on deposit. Do you wish it administered with the pay account?	no.
20	Amount of War Savings Certificates held by deceased. Indicate where located.	none.
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	none
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	Confederation Life Insurance Co. One thousand dollars. Beatrice L. Girlette.
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. no. no.
25	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	no.

(NOTE:—The government pays funeral expenses within the amounts authorized in the Regulations, where death occurs and burial is made Overseas as well as where death occurs and burial is made in Canada or elsewhere in the North American zone, and if a relative has already paid those expenses the Government will reimburse such relative to the extent of the amount authorized in the Regulations. Any amount of such expenses in excess of those authorized in the Regulations is not payable by the Government nor is it chargeable against the service estate of the deceased.)

DECLARATION

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

I hereby declare that all the particulars shown on this form are correct, and a true and complete statement of all the relatives that the deceased ever had in the degrees specified; and that I am the

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

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

B. L. Firlotte .....

{ Signature of Informant

Hartell Alberta .....

Address

CERTIFICATE

I hereby certify that to the best of my knowledge and belief Beatrice .....

\*See above. L. Firlotte { Name of informant } is the\* widow ..... of the Deceased

above described. The above Declaration was made by the Informant and signed in my presence.

Dated at Hartell ..... this 9<sup>th</sup> day of April ..... 1945

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

Otto H. Roccis .....

Qualification Clergyman .....

Address Sumner Valley Alta .....

NOTE.—Before granting the above Certificate, care should be taken to see that the informant gives particulars concerning the death of any Relative stated by him or her to have died, and that the full name and address and age of each surviving Relative specified is stated in its proper place in the Statement opposite.

(If the deceased has no living relatives of the degrees shown on page 2, the names and addresses and relationship of other relatives should be set out below.)

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

ORIGINAL  
DUPLICATE  
TRIPLICATE

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

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

Unit ROYAL RIFLES OF CANADA (CASF) Regimental Number E-30016

## ACTIVE FORMATIONS AND UNITS OF THE CANADIAN ARMY

### ATTESTATION PAPER

1. Surname..... FIRLOTTE
2. Christian Names..... James
3. Present address..... Broadlands Bonaventure Co., Pr. P.Q. Canada
4. Date of birth..... September 24th 1905
5. Place of birth..... Canada Pr. of Quebec Bonaventure Co. Broadlands  
(Country) (County or Province) (Town or Township)
6. Religion (state denomination)..... Presbyterian Church
7. Trade or Calling..... Lumberman
8. Married, Widower or Single..... Married
9. Name of next of kin..... Mrs. Beatrice Firlotte
10. Relationship..... Wife
11. Address of next of kin..... Millarville Alta. DAB 10-9-42  
Broadlands-Bonaventure-Co., -P.Q.-Canada
12. Do you belong to, or have you served in a Reserve Formation or Unit of The Canadian Army?..... Nil  
(If Yes, Give Unit and Dates of Service)
13. Have you served in (a) an Active Formation or Unit of The Canadian Army?..... Nil  
(Yes or No) (b) Any other Naval, Military, or Air Force?.....  
(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?..... Nil  
(If Yes, specify Regimental No., Unit and Dates of Service)

#### DECLARATION TO BE MADE BY MAN ON ATTESTATION

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

Date 31st July 1940 Sgd. James Firlotte  
Witness: J.F. Ross (Signature of recruit)

#### OATH TO BE TAKEN BY MAN ON ATTESTATION

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

Sgd. James Firlotte (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 Matapedia P.Q. this 31st day of July 1940.

Sgd. John H. Price Major {Signature of Magistrate, Justice  
R.R.C. } or Attesting Officer.  
} Officer 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

Record of Service of.....

FIRLOTTE  
(Surname)

James  
(Christian Names)

Regimental Number..... E-30016.....

QUALIFICATIONS

EDUCATIONAL QUALIFICATIONS

Military..... Nil  
 Business or Professional..... Nil  
 Trade or Civil..... Lumberman  
 Technical..... Nil  
 Languages..... English

High School } 6 years  
 or }  
 Collegiate } (years completed)  
 \*College..... Broadlands Restigouche Co., P.Q. Canada  
 \*University..... Nil

Graduation } Nil  
 or }  
 Matriculation } (specify)

\*(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		Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., from date taken on Strength of Canadian Army. (Active)	Rank Shown	Effective Date	Unit	Place	Authority	
Date	From whom received						Part II D.O. No. Cas. List, etc.	Dated
		Joined on appointment TOS ROYAL RIFLES OF CANADA (C.A.S.F.)	Rfn	31-7-40	R.R.C.	Valcartier	27	6-8-40
		Adm to Sussex Camp Hosp	"	2-11-40	"	SUSSEX CAMP	103	2-11-40
		Disch from Sussex Camp Hosp	"	10-11-40	"	"	110	11-11-40
		EMBARKED CANADA - SAILING LIST 421	"	11-12-40				
		DISEMBARKED "W" FORCE						
		Grtd 14 days lve of absence commencing	"	4-2-41	W Force RRC	Nfld Airport	15	20-1-41
		Adm to Lester Fld Mil Hosp St Johns Nfld	"	7-5-41	"	"	96	7-5-41
		Disch from Lester's Fld Mil Hosp St Johns	"	10-5-41	"	"	99	12-5-41
		RET. CANADA AUG 18-1941 S/L 51B	"	18-8-41				
		EMABRKED CANADA - SAILING LIST 966	"	27-10-41				
		Grtd Inc in pay	"	1-1-43	R.R.C.	C Force	A0 3	12-2-43
		Reported P.O.W.	"	25 Dec 41	"	"	A0 15	10 Sep 45

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



**CERTIFICATE OF MEDICAL EXAMINATION**

Name in full Firlotte James Place \_\_\_\_\_  
 Place \_\_\_\_\_ Date 31-7-40

**Part 1. Information obtained from the recruit.**

1. Age 34 2. Have you ever suffered from any of the following diseases?
- |                              |           |   |           |
|------------------------------|-----------|---|-----------|
| a. Rheumatism                | <u>no</u> | k. Ear disease  | <u>no</u> |
| b. Tuberculosis or pleurisy  | <u>no</u> | l. Eye disease  | <u>no</u> |
| c. Bronchitis or asthma      | <u>no</u> | m. Fits   | <u>no</u> |
| d. Heart disease             | <u>no</u> | n. Nervous or mental disease  | <u>no</u> |
| e. Kidney or bladder disease | <u>no</u> | o. Syphilis   | <u>no</u> |
| f. Stomach or bowel trouble  | <u>no</u> | p. Gonorrhoea   | <u>no</u> |
| g. Rupture                   | <u>no</u> | q. Have you ever worn glasses?  | <u>no</u> |
| h. Varicose veins            | <u>no</u> | r. Are you now or have you in the past received disability pension or compensation? If so, give details | <u>no</u> |
| i. Foot trouble              | <u>no</u> |   |           |
| j. Nasal trouble             | <u>no</u> |   |           |

Sgd. James Firlotte  
 Signature of Applicant.

**Part 2. Information obtained by medical examination.**

**THE RECRUIT MUST BE STRIPPED**

1. Identification marks or scars. (If operative obtain history).  
None
2. Height 5 feet 11 inches. 3. Weight 163 pounds.
4. Complexion Fair Eyes Blue 5. Development good Good  
 Hair Fair Fair  
 Poor
6. Chest measurement—Girth on full expansion 37 inches.  
 Range of expansion 2 inches.
7. Vision, right 20/40 left 20/40  
 With Glasses— right \_\_\_\_\_ left \_\_\_\_\_ 8. Hearing, right WV 20 left WV 20
9. Condition of mouth and teeth Good
10. The abnormalities (congenital and pathological) found on examination are as follows  
Urine, Reflexes R.P. ??? normal  
X-Ray Chest negative Sgd. ????

**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 \_\_\_\_\_

Sgd. Sylvio LeBlond Capt. Sgd. J.A. Bergeron Sgd. J.H. Macdonell  
 President Member Member

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature
			<b>CERTIFIED TRUE COPY</b> <i>F. Payne</i> OFFICER HAVING CUSTODY OF regimental documents kept by the Director of War Ser- vice Records, DVA, Ottawa, 22 Aug 52.

10 Sep 45  
 50 15  
 " "  
 25 Dec 41  
 " "  
 Reported P.O.W.

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

1.2.44

AWARDS—CANADIAN ARMY (ACTIVE)

M 1902

D.W.  
500M-1-44 (3467)  
H.C. 1772-45-8

*24-11-49*  
FIRLOTTE, James

*5-97-8*

E.30016

Rfyn.

FILE NO. 405-F-4447

R.R.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:

CAMPAIGN MEDALS

REGISTRATION NUMBER AND DATE DESPATCHED

1939-45 Star  
Pacific Star  
War Medal  
CVSM & Clasp

*Medals and Memorial Bar to Parents.*

*GR. 30<sup>3</sup>/54*

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

(1) MEDALS  
PERSON  
ENTITLED TO Mr. & Mrs. George Firlotte (Parents)  
Broadland, Que. 8 Apr 54  
Mrs. - Beatrice-FIRLOTTE-(WIDOW)

ADDRESS: HARTELL-MACLEOD,  
Alta.

*Widow died 9-9-49  
no children.*  
(1)

*4080 - 9/4/54*

(2) MEMORIAL CROSS  
WIDOW Mrs. Beatrice L. Firlotte ENGLISH

1902

ADDRESS: Hartell-MacLeod, Alta.

(2) P. APR 12 1945  
REGN No. 17640

(3) MEMORIAL CROSS  
MOTHER Mrs. Mary Firlotte ENGLISH

1902

ADDRESS: Broadlands, Bon. Co.,

**MEMORIAL BAR**  
P.Q. (MFM5)

DATE DESP. *13-4-54*

REGN. NO. *4175*

(3) DESP. APR 16 1945  
REGN No. 17641

VERIFICATION FORM

WAR SERVICE MEDALS 1939-45

No. E 30 016 Name Fiorlotta, James

Rank on Discharge Rfman Date of Discharge \_\_\_\_\_

Authority for Discharge or Retirement Deceased

Served in:

Non-qualifying service

Canada from 31-7-40 to 12-41

from \_\_\_\_\_ to \_\_\_\_\_

United Kingdom from \_\_\_\_\_ to \_\_\_\_\_

from \_\_\_\_\_ to \_\_\_\_\_

Italy from \_\_\_\_\_ to \_\_\_\_\_

Northwest Europe from \_\_\_\_\_ to \_\_\_\_\_

----- from \_\_\_\_\_ to \_\_\_\_\_

Hong Kong from 12-41 to 1-2-44

Died as result of Crany Pneumonia while P.O.W. at Tokyo.

Eligible for award of:

1939 - 45 Star OK

Pacific Star OK

~~Italy Star~~

~~France-Germany Star~~

~~Defence Medal~~

War Medal OK

Canadian Volunteer Service Medal

with clasp OK



Verified by Edna Lane

**NO RIBBON DESPATCH** Date JUL 8 1946

Carded JUL 9 1946

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## HONG KONG PRISONER.

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[Special Despatch to The Daily Gleaner]

Campbellton, Feb. 5.—Word has been received by Mrs. James Firlotte, formerly of Broadlands, Que., a short distance from Campbellton, but now residing with a sister in Montreal, that her husband, Rifleman Firlotte of the Royal Rifles of Canada, has been listed as a prisoner of war after the battle of Hong Kong. This is the first information of the sort to be received by next-of-kin in this district, the only other announcements being to the effect that members of that regiment were "missing."

Rifleman Firlotte enlisted August 31, 1940, and served with the unit in Canada and Newfoundland before going to the Orient. He is a son of Mr. and Mrs. George Firlotte of Broadlands, and well known throughout this area.

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"Hitler plans to overcome the world and will succeed unless we get out of our lethargy."—Gene Tunney.

---

*11.11.43*

Quote No. ~~H.Q. 405-F-4447~~  
(Records - C)

DEPARTMENT OF NATIONAL DEFENCE  
ARMY

Ottawa, Canada,

February 24, 1943.

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

Dear Sir:

The undermentioned Canadian Army  
Casualty is forwarded to you for transmission to the  
Inspector of Income Tax concerned:

Regimental No.....*E. 30016*.....

Rank.....*Rifleman*.....

Surname.....*FIRLOTTE*.....

Christian Names.....*James*.....

Nature of Casualty.....*Prisoner of war Hong Kong*.....

Date of Casualty.....*Between 8th & 25th Dec., 1941*.....

Address at time of enlistment...*Broadlands*...  
*Bona Co. Que.*  
 .....

Occupation *Lumberman*  
 Marital Status on enlistment *married*  
 Name and address of next of kin - Mrs. Beatrice L.  
 Firlotte, Millarville, Alta.

GR/JAF

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

*18*

22nd March, 1945.

Mrs. Beatrice L. Firlotte,  
Hartell,  
MacLeod, Alberta.

Dear Mrs. Firlotte:

It was with deep regret that I learned of the death of your husband, E30016 Rifleman James Firlotte, who gave his life in the Service of his Country in Tokyo, Japan on the 1st day of February, 1944.

From official information we have received your husband died whilst a prisoner of war. You may be assured that any additional information received will be communicated to you without delay.

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

MAR 22 1945  
(A.E. Walford),  
Major-General,  
Adjutant-General.

*Mum + window  
mother  
27.3.45  
/BNA*

41

405-F-4447  
D.R. 2 (D)

CERTIFICATE OF DEATH

THIS IS TO CERTIFY that according to information received at the Department of National Defence from the overseas authorities, No. E.50016, Rifleman James FIRLOTTE, of the Royal Rifles of Canada, Canadian Army, died on the 1st of February, 1944, whilst a prisoner of war in Japan.

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

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

*BSL*  
Department of National Defence,  
Ottawa, Canada.  
April 2nd, 1945.

44



Director of Estates

Regimental No. E-30016 ..... Rank. Rifleman .....

..... FIRLOTTE ..... James .....  
Surname Christian Names

Unit..... The Royal Rifles of Canada (CA) .....

Date of death. 1-2-44 ..... Place of Death. Japan .....

Casualty Details.. Previously reported Prisoner of War at .....  
..... Hong Kong, now officially reported died of .....  
..... croup pneumonia whilst P.O.W. at Tokyo .....

Next-of-kin. Mrs. Beatrice L. Firlotte .. Relationship. Wife .....

Address..... Hartell, MacLeod, Alberta .....

Will..... Will dated 2-8-40 herewith .....

Date..... 29-3-45 .....



EXCERPT OF M.F.M.5 dated. 31-7-40 .....

(1) Are you married?.. Yes ..... Children?.. None .....

Wife's name) Beatrice L. Firlotte ..... Names and .....  
and address) Broadlands, Bon. Co. P.Q. Ages .....

(2) Is your father alive?.. Yes ..... If so, state name and address.....

..... George Firlotte .....

..... Broadlands, Bon. Co. P.Q. .....

(3) Is your mother alive?.. Yes ..... If so, state name and address.....

..... Mary Firlotte .....

..... Broadlands, Bon. Co. P.Q. .....

(4) Are you insured?.. Yes ..... If so, in what company?.....

..... Confederation Life Insurance .....

*[Handwritten Signature]*  
ESTATES LIAISON

H.Q. 405-F-4447

D.R. 2 (b)

28th November, 1945

Mrs. Beatrice L. Firlotte,  
Hartell-McLeod, Alberta.

Dear Mrs. Firlotte:

With reference to previous correspondence from this Headquarters concerning the regretted death of your late husband, E.30016 Rifleman James Firlotte, I wish to inform you it has now been officially confirmed that Rifleman Firlotte was admitted to Tokyo Camp 3D Hospital on the 29th day of January, 1944 and died on the 1st day of February, 1944 cause of death being diagnosed as pneumonia, beriberi(cardiac) and malnutrition.

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

Yours truly,

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

AG/ME

H.Q. 405-F-4447  
D.R. 2(B)

29TH NOVEMBER, 1945.

MRS. BEATRICE L. FIRLOTTE,  
BROADLANDS, QUE.

DEAR MRS. FIRLOTTE:

WITH REFERENCE TO PREVIOUS CORRESPONDENCE FROM THIS HEADQUARTERS CONCERNING THE REGRETTED DEATH OF YOUR LATE HUSBAND, E30016 RIFLEMAN JAMES FIRLOTTE, I WISH TO INFORM YOU IT HAS NOW BEEN OFFICIALLY CONFIRMED THAT RIFLEMAN FIRLOTTE WAS ADMITTED TO TOKYO CAMP 3D HOSPITAL ON THE 29TH DAY OF JANUARY, 1944 AND DIED ON THE 1ST DAY OF FEBRUARY, 1944 CAUSE OF DEATH BEING DIAGNOSED AS PNEUMONIA, BERIBERI (CARDIAC) AND MALNUTRITION.

PLEASE BE ASSURED THAT SHOULD FURTHER INFORMATION BE RECEIVED REGARDING YOUR LATE HUSBAND'S DEATH OR BURIAL, IT WILL BE COMMUNICATED TO YOU WITHOUT DELAY.

YOURS TRULY,

*fa*  
H.C.L. LAURIN) COLONEL,  
DIRECTOR OF RECORDS,  
FOR ADJUTANT-GENERAL.

GR/MEB

H.Q. 405-F-4447  
(D.R. 2(C))

11th January, 1947.

Mrs. Beatrice L. Firlotte,  
Broadlands,  
Bonaventure County, Quebec.

Dear Mrs. Firlotte:

Information has just been received from military authorities in the Far East that the remains of your husband, E30016 Rifleman James Firlotte, have now been interred in plot A, row B, grave 6, 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,

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

/EMA

*382*

E.30016

RFM. FIRLOTTE, J.

JAN. 19, 1943

R.R.C.

-

37

-

Pres.

Adm.

Dis.

17- 9-43

-

4-10-43

Chronic Enteritis

29- 1-44

-

1- 2-44

DIED - Pneumonia

Cardiac Beri Beri

Malnutrition

3d

1466

收容所 Camp	東京 昭和 18 年 1 月 24 日	番 號 No.	東俘V 222
姓 名 Name	FIRLOTTE, James フアロット. ジェームス	生 年 月 日 Date of Birth	1905.9.24
國 籍 Nationality	加	所 屬 部 隊 Unit	No. E-30016 Royal Rifles of Canada
階 級 身 分 Rank	Rifleman 兵 卒	捕 獲 年 月 日 Date of Capture	昭 和 16 年 12 月 26 日
捕 獲 場 所 Place of Capture	香港島防禦陣地	母 ノ 名 Mother's Name	Mary
父 ノ 名 Father's Name	George	職 業 Occupation	勞 働
本 籍 地 Place of Origin	Broadlands, Quebec, Canada.	特 記 事 項 Remarks	
通 報 先 Destination of Report	Mrs. James Firlotte, Broadlands, Quebec, Canada.		

補修欄 Other Informations

東京俘虜收容所第5分所 昭和18年1月24日報告

昭和19年2月1日クルーゾウ性肺炎 = 依り方 = 悪化 = 於て死亡す



NO E.30016 Rank Rifleman Name FIRLOTTE, James

Unit Royal Rifles of Can. Date of death 1st February, 1944.

Died at Tokyo, Japan

Cause Croup Pneumonia whilst P.O.W.

Death occurred on strength of Forces H.Q. 405-F-4447

N/K Mrs. Beatrice L. Firlotte Relationship Widow  
Broadlands, Bon. Co., Que.

Address ~~Hartell, Macleod, Alberta.~~

Remains buried in \_\_\_\_\_ Cemetery

Grave location CHM ✓ CREMATED OVER



BURIAL REPORT TO N.K. **JAN 10 1947**

RETURN TO BUR. OF STAT. **FEB 25 1946**

ROYAL MESSAGE DESP'D.

CAN. MESSAGE DESP'D. **MAR 24 1945**

REBURIAL.

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

Grave 6, Row B, Plot A.

Photographs

Resubmitted

**OCT 15 1947**

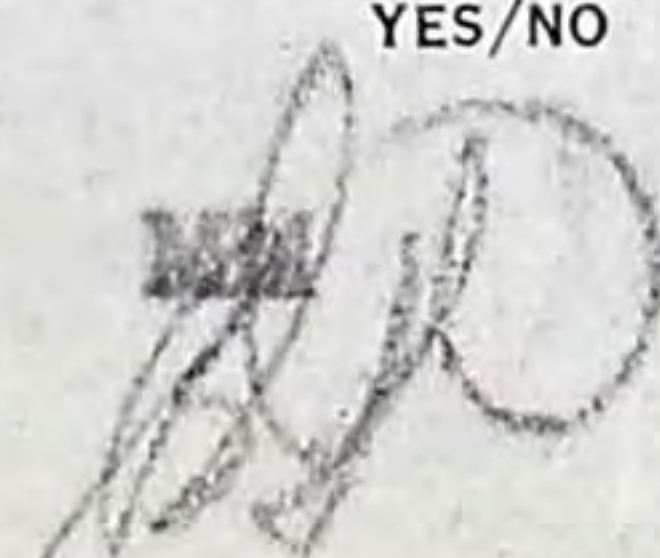
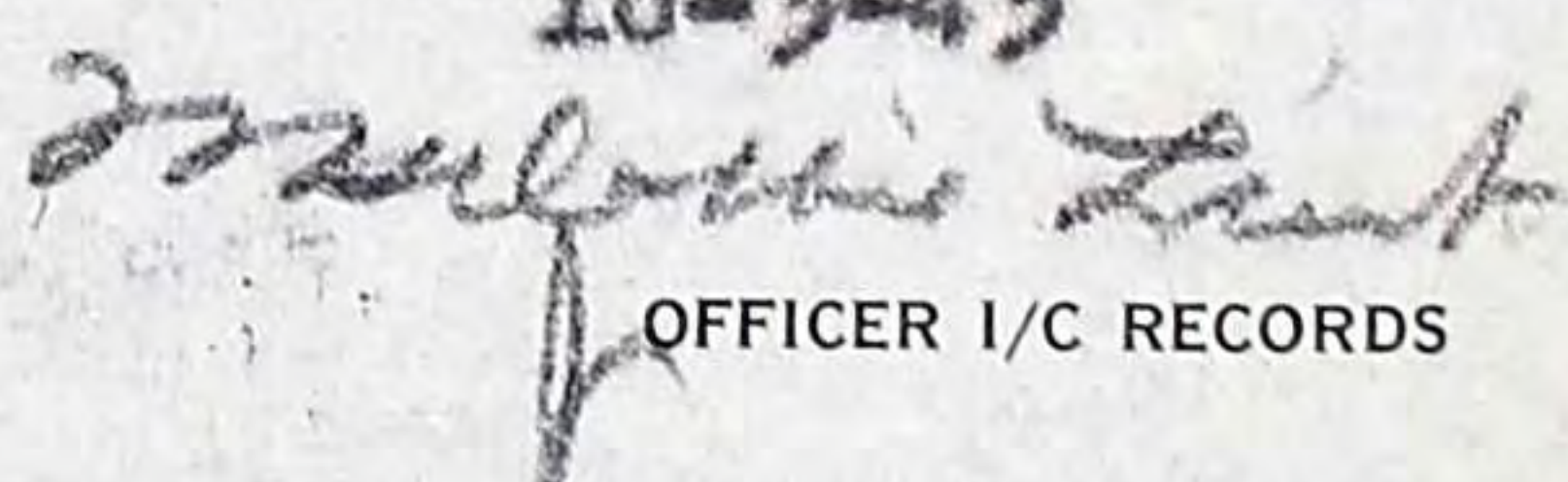
IWGC Quest Form Desp'd **JUL 6 1949**

# OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

NUMBER	E-30016	RANK	Rifleman	SERVICE UNIT	The Royal Rifles of Canada (C.A.)
NAME	FIRLOTTE, James				
DATE OF BIRTH	DAY	MONTH	YEAR	Date Enlisted: 31-7-40	
	24th	September	1905		
MARITAL STATUS	Married		Religion: Presbyterian Church		
NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 RELATIONSHIP	Wife		NAME	Mrs. Beatrice L. Firlotte,	
ADDRESS	Hartell, MacLeod, Alta.		ADDRESS D.A.B.		
ADDITIONAL PERSON TO BE NOTIFIED				ADDRESS	
PARENTS NAME					
ADDRESS (IF SOLDIER MARRIED OVERSEAS)					

AUTHORITY CAS SIGN: ~~CAS 1018~~ SBC 1018 H.Q. 405-F-4447  
 CASUALTY DETAILS: Previously reported Prisoner of War at Hong Kong now officially reported died as result of Group pneumonia whilst P.O.W. at Tokyo. DATE 1-2-44

JAPAN

LAST WILL ATTACHED TO NOTIFICATION TO A. OF E.?	YES/NO	M.F.M.5. ATTACHED TO NOTIFICATION TO A. OF E.?	YES/NO	DATE 18-3-45
				 OFFICER I/C RECORDS

6

COPY FOR DOCUMENT FILE

## DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not  
write in  
this space

1. PLACE OF DEATH	Municipal county	IN THE FIELD (JAPAN)			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	FIRLOTTE,			Do not write in this space
	Given names	James.			

4. RESIDENCE	Street	No.		
	Official name of civil municipality or township	Broadlands.		
	Municipal county	Bonaventure Co., Province. Quebec.		

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

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

10. BIRTHPLACE (Province or Country)	Quebec.
--------------------------------------	---------

11. DATE OF BIRTH	September 24th 1905.
	(Month) (Day) (Year)

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

OCCUPATION	13. Trade, profession or kind of work, as spinner, teamster, office clerk, etc.	Lumberman.
	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		
MOTHER (Maiden Name)		

19. Place of burial, cremation or removal	Cremated.
---	-----------

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	19
	(Month)	(Day) (Year)

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH		
22. Date of death	February 1st 1944.	
	(Month) (Day) (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) Croup pneumonia whilst P.O.W.
Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause).	(b)..... due to
II Other morbid conditions (if important) contributing to death but not causally related to immediate cause.	(c).....
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?	19
--	----

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	Date..... 19.....
	(State which)

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

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

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

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

(Voir l'autre côté pour le français)

Director of Record, Dept. of National Defence.

P  
A

OVERSEAS CASUALTY  
CANADIAN ARMY

FEB 25 1946

405-1-4447

Read the 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, James FIRLOTTE, of the town  
(Name in Full) (City, Town, Village, Township)

Address in civil life.

of Broadlands, in the County of Bonaventure  
District

Province of Quebec, Lumberman  
(Civil Occupation)

Regimental No. E-30016, 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 wife, Mrs. Beatrice Firlotte, Broadlands, P.Q. Bon. Co., all my estate.



Relationship, names and address of residuary beneficiaries.

~~(2) I GIVE, DEVISE AND BEQUEATH all the rest and residue of my estate, both real and personal, to my wife, Mrs. Beatrice Firlotte, Broadlands, P.Q. Bon. Co., all my estate.~~



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

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

IN WITNESS WHEREOF I have hereunto set my hand this 8 day of aug  
1940

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.

James Firlotte  
(Signature of soldier)

First witness sign here.

(5) Signature Colin A. Blaver  
Civil Address 43 St. Ursule, Quebec P.Q.  
Civil Occupation Chemist Assist.

Second witness sign here.

Signature C. Hope  
Civil Address Cookshire, P.Q.  
Civil Occupation Clerk.

(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.



# 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 or Other Rank FIRLOTTE JAMES  
(Surname first—Christian names in full—Block capitals)

(2) Regimental or Air Force Number and Rank E-30016 Rifleman

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

(4) Are you married? Yes

(5) If married, state,

(a) Full name of your wife Mrs. Beatrice FIRLOTTE,

(b) Present postal address of wife Broadlands, Bon. Co. P. Q.

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

(7) Are you a widower? No

(8) Have you any children? No

If so, give number of boys and girls Nil

Also their names and ages Nil

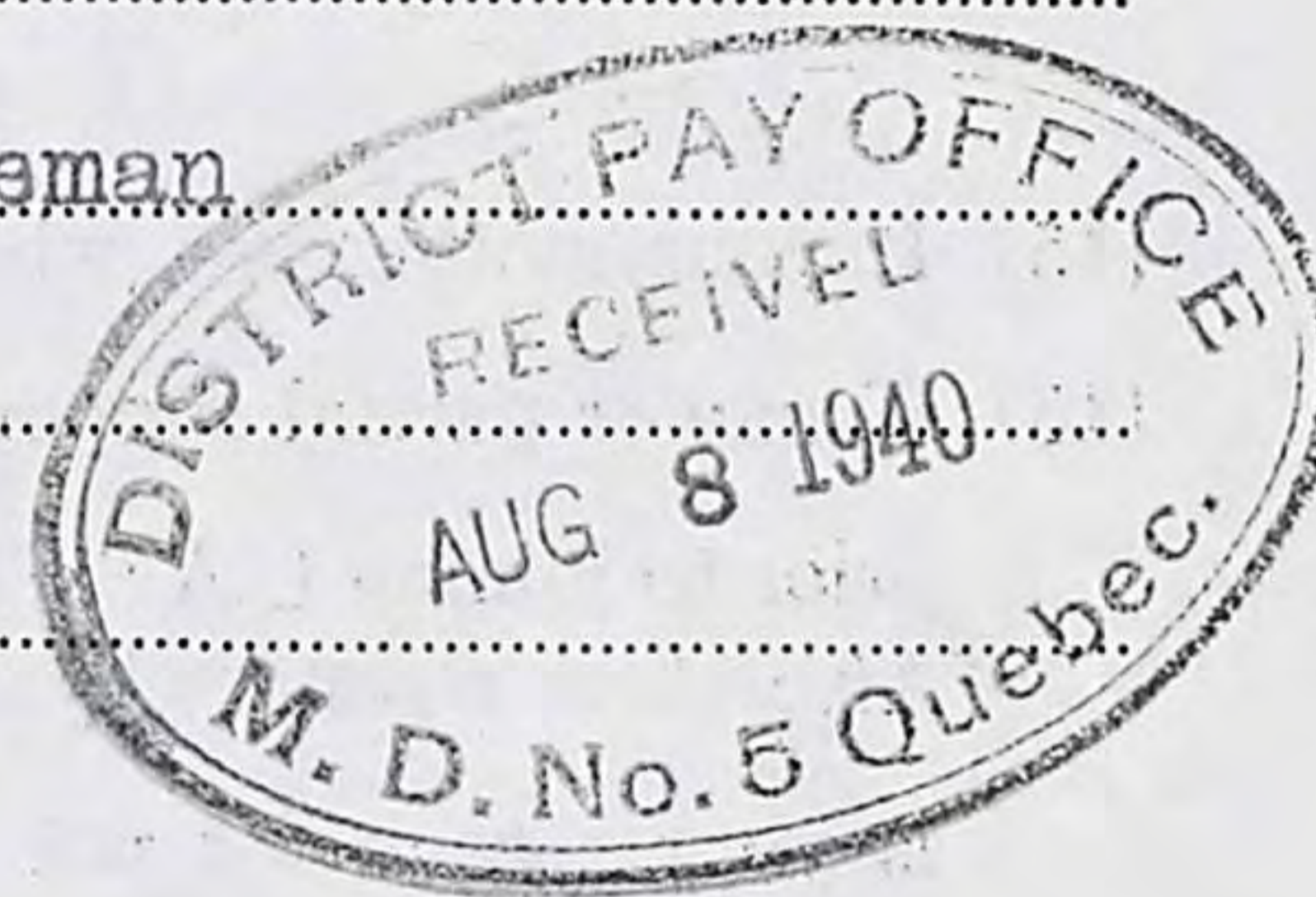
(9) If Dependents' Allowance is claimed in respect of children—state whether you have been regularly supporting them Nil

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

Name Nil

Postal Address Nil

[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..... George FIRLOTTE, Broadlands, Bon. 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 FIRLOTTE, Broadlands, Bon. Co. P. Q.
- (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?..... Confederation 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.

Date..... 31st. July 1940

James Firlotte  
 (Signature of officer or man)

M. J. Stone..... Lt. Colonel  
 Officer Commanding..... Royal Rifles of Canada  
 C.A.S.F.

Date..... 31st. 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.

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

**4**  
ARMY

RECORDED  
MEMBER'S  
NAME

**James**

(CHRISTIAN NAMES)

**FIRLOTTE**

(SURNAME)

REGISTER NO.

**D-14172**

FILE NO.

**405-F-4447**

DATE

**5-12-45**

PAYEE

**Mrs. Beatrice L. FIRLOTTE,**

ADDRESS

**Broadlands, P.Q.**

SERVICE NO.

**E-30016**

FINAL RANK OR RATING

**Rfn.**

DATE OF TERMINATION OF OVERSEAS SERVICE

**1-2-44**

DATE OF DISCHARGE

**1-2-44**

**A. TOTAL QUALIFYING SERVICE**

NO. OF DAYS **1281** EQUAL TO **42** COMPLETE PERIODS AT \$7.50

\$ **315.00**

**B. QUALIFYING OVERSEAS SERVICE**

NO. OF DAYS **827** LESS **21** INELIGIBLE DAYS, EQUAL TO **806** DAYS @ 25c. PER DAY  
*SEE PAR. 2 OVERLEAF FOR EXPLANATION*

**201.50**

**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 \$ **37.20** \$ **1.24**

TOTAL \$ **3.99** X7 = \$ **27.93**  
NO. OF DAYS **827** X \$ **27.93**

**516.50**

**126.22**

**D. WAR SERVICE GRATUITY**

**642.72**

**E. DEDUCTIONS**

OVERPAYMENT OF

PAY AND ALLOWANCES \$  
DEPENDENTS' ALLOWANCE \$  
AND ASSIGNED PAY \$

OTHER DEDUCTIONS \$

**F. TOTAL AMOUNT PAYABLE**

**642.72**

**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 **KRM** CHECKED BY

TREASURY  
CHECKED BY DATE

*Kurber Bent*

SERVICE REPRESENTATIVE



**DISTRIBUTION OF SERVICE ESTATES**  
**ARMY**

AM Estates Form "P. 4"

Name: **FIRLOTTE, James,** No.: **E-30016**  
Surname Christian Names

**Rfmn.** **C.A. O/S** **1-2-44**  
Rank Unit Date of Death

AMOUNT

Date: **5 June 45**  
L.P.C.....\$ **590.74**  
Other Credits.....  
Total..... **590.74**

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
<b>All</b>	<b>Widow</b>	<p><b>Mrs. Beatrice Firlotte, Hartell, Alberta.</b></p> <p align="center"><b>(Sole beneficiary under will)</b></p>	<b>590.74</b>

TO BE FORWARDED BY REG. MAIL DIRECT

**P4. TO TREAS. 16-7-45**  
**RW**

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	590.74
CLASSIFIED BY <b>Original Signed by K. L. McCUAIG</b>			EXAMINED BY  For Chief Treasury Officer		

DISTRIBUTION APPROVED AND AUTHORIZED

*Original signed by*

.....  
(L. M. FIRTH) Lt.-Colonel  
Administrator of Estates

AUDITED FOR PAYMENT

.....  
For Chief Treasury Officer

FORM No. 1

Register No. *D-14172*

Nominal Roll No. *D-340*

To: P.M.G.

H.Q. File No. *405-F-4447*

**CANADIAN ARMY (ACTIVE)  
Computation of Service**

**WAR SERVICE GRANT**

Regt. No.	Rank when S.O.S.	Surname	Christian Name in Full
<i>E-30016</i>	<i>R.F.N.</i>	<i>FIRLOTTE</i>	<i>JAMES</i>

REASON FOR TERMINATION OF SERVICE:

1st Enlistment..... *DECEASED* ..... CARO..... ( )  
 2nd Enlistment..... CARO..... ( )  
 3rd Enlistment..... CARO..... ( )

**Total Service**

1ST ENLISTMENT	2ND ENLISTMENT	3RD ENLISTMENT
T.O.S. <i>31 JUL 40</i>	T.O.S.	T.O.S.
S.O.S. <i>1 FEB 44 MD 2/3</i>	S.O.S. MD	S.O.S. MD
Total Days..... <i>1281</i>	Total Days.....	Total Days.....

**Total Service** ..... *1281* DAYS

	Total Service	Less Non-qualifying Service	Net Service
Western Hemisphere.....	<i>454</i>	<i>✓</i>	<i>454</i>
Overseas Service.....	<i>827</i>	<i>✓</i>	<i>827</i>
Totals.....	<i>1281</i>	<i>✓</i>	<i>1281</i>
Add Non-qualifying Service.....			<i>✓</i>
<b>Total Service</b> .....			<i>1281</i>

EMBARKATION DETAILS:

1. Date S.O.S. Overseas..... *1 FEB 44* ..... 2. Date S.O.S. Overseas.....

REMARKS:

Computer's Signature..... *A. Deaton*  
 Checker's Signature.....  
 Date Computed..... *25 Jul 45*

**DIED WHILST IN SERVICE**  
*1 FEB 44*

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

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

*Docs show Christian name to be as above*

### Details of Non-Qualifying Service

**Western Hemisphere—**

Forfeits for	From	To	Effective Date	Days	Total
<b>Total</b>					

**Overseas:** T.O.S. *28 OCT 41* T.O.S. T.O.S.  
S.O.S. *1 FEB 44* S.O.S. S.O.S.

<b>Total</b>					