E30141
WILLETT
FRED

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

Prepared by: C.S.
Checked by: JS

~~ORIGINAL~~
DUPLICATE
~~TRIPLICATE~~

M.F.M. 2
A.F.B. 271
750M—5-42 (4398)
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 C.A.S.F. Regimental Number E-30141

ACTIVE FORMATIONS AND UNITS OF THE CANADIAN ARMY

ATTESTATION PAPER

1. Surname: Willett
2. Christian Names: Fred
3. Present address: Cross-Point, P.Q.
4. Date of birth: February 28, 1916
5. Place of birth: Canada (Country) P.Q. (County or Province) Cross-Point (Town or Township)
6. Citizenship: -- (Of What Country are You Now a Citizen)
7. Religion (state denomination): Roman Catholic
8. Trade or Calling: Labourer
9. Married, Widower or Single: Single
10. Name of next of kin: Paul Willett
11. Relationship: Father
12. Address of next of kin: Cross-Point
13. Do you belong to, or have you served in a Reserve Formation or Unit of The Canadian Army?
No (If Yes, Give Unit and Dates of Service)
14. Have you served in (*a*) an Active Formation or Unit of The Canadian Army? (Yes or No)
No (If Yes, Give Regimental No. and Unit) (*b*) Any other Naval, Military, or Air Force?
No (Yes or No) (If Yes, specify Unit and Period of Service)
15. Did you serve during the Great War 1914-1918?
No (If Yes, specify Regimental No., Unit and Dates of Service)

DECLARATION TO BE MADE BY MAN ON ATTESTATION

I, Fred Willett, 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 August 10th, 1940 (Sgd) Fred Willett X (W.P.C. LeB.)
(Signature of recruit)

OATH TO BE TAKEN BY MAN ON ATTESTATION

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

Witness (Sgd) W.P.C. LeBoutillier (Name) (Rank) (Sgd) Fred Willett X (W.P.C. LeB.)
(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 this 10th day of August 19 40

(Sgd) W.P.C. LeBoutillier, Lt. — Signature of Magistrate, Justice or Attesting Officer.

R.R.C. — 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 Willett (Surname) Fred (Christian Names) Regimental Number E-30141

Qualifications

Military: Nil

Business or Professional: Nil

Trade or Civil: Labourer

Technical: Nil

Languages: English

Educational Qualifications

High School or Collegiate: 2 (years completed)

Graduation or Matriculation: Nil (specify)

*College: Cross-Point School

*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.

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 TOS Royal Rifles of Canada (CASF)	Rfn	10 Aug 40	R.R.C. CASF	Valcartier	35	15 Aug 40
EMBARKED CANADA/SAILING LIST 409 "W" FORCE	"	21 Nov 40				
Admitted to Botwood Mil Hosp	"	13 Jan 41	"	"W" Force	16	21 Jan 41
Attached to Botwood Mil Hosp for rations	"	14 Jan 41	Botwood Hosp	"	5	21 Mar 41
Ceases attached to Botwood Mil Hosp for rations	"	14 Jan 41	"	"	5	21 Mar 41
Discharged from Botwood Hosp	"	14 Jan 41	R.R.C.	"	16	21 Jan 41
Granted 14 days leave of absence commencing	"	14 Mar 41	"	"	57	13 Mar 41
Granted 7 days leave in addition to furlough granted for travelling purposes	"	14 Mar 41	"	"	57	13 Mar 41
RETURNED CANADA/SAILING LIST 51B 18 AUG 41						
EMBARKED CANADA/SAILING LIST 966 "C" FORCE	"	27 Oct 41				
Granted increased rate of pay	"	1 Jan 43	Records Office	NDHQ	AO 3	12 Feb 43

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

CERTIFICATE OF MEDICAL EXAMINATION

Name in full Fred Willett Place -- Date of Medical Examination Aug 10, 1940

Part 1. Information obtained from the recruit.

1. Age 24 2. Have you ever suffered from any of the following diseases?

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

I hereby declare that I have not suffered from any diseases whatsoever except as stated above.

(Sgd) his mark (Fred Willett)
Signature of Applicant CHB

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

Medical Officer's Remarks on information as stated in Part 1

1. Identification marks or scars Nil
2. Height 5 feet 5½ inches. 3. Weight 137 pounds.
4. Complexion Clear Eyes blue Hair light brown 5. Development good (Good / Fair / Poor)
6. Chest measurement—Girth on full expansion 37 inches. Range of expansion 2 inches.
7. Vision, right 20/20 left 20/20
With Glasses— right left 8. Hearing, right WV 20 left WV 20
9. Condition of mouth and teeth good
10. Blood Pressure:— S. D. (Required if recruit is over 35 years of age, or if otherwise indicated)
11. Urinalysis
12. The abnormalities (congenital and pathological) found on examination are as follows:—
Urine ears reflexes - normal
X-Ray chest negative 13 Aug 1940 (Sgd) J. Stevenson
13. Chest X-Ray No. Laboratory at which taken

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) J.C. Rothwell, President, rank Capt. (Sgd) J.H. Macdonell, Member, rank (Sgd) J.A. Bergeron, Member, rank M.D.

Date

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature
			CERTIFIED TRUE COPY OF MFM 2
			F.G. Payne
			Officer having custody of Regimental documents kept by the Director, War Service Records, D.V.A. Ottawa. 6 November 1953.

NOTE: Any corrections to entries made must be initialled by the Officer making them. Such Officer will indicate his rank and corps. Corrections are not to be written over the original entry.

Regtl. No. E-30141 Rank Rfn Surname Willett Christian Name Fred

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

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

Regimental No. E-30141 Rank Rfn Sheet No.

Name Willett, Fred

M.F.M. 1 & 2 (a)
20M—1-44 (3568)
H.Q. 1772-39-1646

Record of Promotions, Reductions, Transfers, Casualties, Reports, etc.—	Rank Shown	Effective Date	Unit	Place	Authority D.O. Number	Authority Dated
Reported P.W.	Rfn	25 Dec 41	R.R.C.	Ottawa	AO 15	10 Sep 45
Awarded CVSM & Clasp	"	10 Feb 42	"	"	AO 16	10 Sep 45
Awarded 1939-45 Star	"	8 Dec 41	"	"	AO 16	10 Sep 45
SOS Died whilst P.W.	"	16 Jan 44	"	"	AO 14	7 Sep 45

QUOTE NO. HQS 8959-9-4 Vol 32 (Adm B1)
HQ DVA E 30141

CANADA

DEPARTMENT OF NATIONAL DEFENCE
ARMY

OTTAWA, CANADA,
November 24, 1948.

Mrs. Paul Willett,
Cross-Pointe, Quebec.

Dear Mrs. Willett:

The United States Army, Tokyo, has requested the assistance of this Department in gathering further evidence for the trial of Japanese war criminals who are allegedly responsible for the deaths of Allied prisoners of war at Niigata, Honshu, Japan.

At the conclusion of the Japanese war, Canada took an active part in prosecuting Japanese War Criminals and concluded all cases in which there was an outstanding Canadian interest early this year. Although Canada is not now actively engaged in the prosecution of Japanese War Criminals, the Prime Minister, in April 1946, stated, in the House of Commons, that Canada would continue to assist in the gathering of evidence in order that the untried war criminals might be brought to justice.

It is regretted at this late date that in order to carry forward these trials, it becomes necessary for me to ask you for a picture of your son Fred Willett who died while a prisoner of war in the Orient.

In forwarding this picture you are assisting in the preservation of justice and I assure you that you have the heart-felt appreciation of all who are endeavouring to bring to justice those individuals who committed offences against humanity.

It would be appreciated if you could forward a picture of your son at your early convenience in order that this Department may forward the same to Tokyo.

Yours truly,

James A. Sharpe

Deputy Minister
Department of National Defence

NAT. DEF. A-168-A
2,000M—11-43 (2777)
H.Q. 1772—39—376

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION (DEATH)

NUMBER E30141 RANK RIFLEMAN SERVICE UNIT ROYAL RIFLES OF CANADA

NAME WILLETT, FRED.

DATE OF BIRTH 28-2-16 DATE OF ENLISTMENT 10-8-40

MARITAL STATUS SINGLE RELIGION ROMAN CATHOLIC

NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 RELATIONSHIP FATHER NAME MR. PAUL WILLETT,

ADDRESS CROSS POINT, BONAVENTURE CO., QUE. ADDRESS D.A.B.

ADDITIONAL PERSON TO BE NOTIFIED ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. MAJ. W.M. STEWART, R.A.M.C. MO NIIGATA, JAPAN. 405-8-4637

CASUALTY DETAILS DIED AS RESULT OF GENERAL DEBILITY AND DYSENTRY WHILST A PRISONER OF WAR AT NIIGATA, JAPAN. DATE 19-1-44

AMENDED AS TO DATE, PLACE AND CAUSE OF DEATH

LAST WILL ATTACHED TO NOTIFICATION TO A. OF E.? MED YES/NO M.F.M.5. ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO DATE 30-11-45

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

DIRECTOR OF RECORDS

6

COPY FOR DOCUMENT FILE

16-1-44 AWARDS—CANADIAN ARMY (ACTIVE) 1903 M FEB.

500M—1-44 (3467)
H.Q. 1772-45-8

FILE NO. 405-W-4837

SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT
WILLETT,	Fred	E.30141	Rfmn.	Roy.Rifles of Can.

WAR SERVICE BADGE (CLASS) NO. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star	8975 - 27 - 1 - 50
~~Pacific Star~~	
War Medal 1939-45	
C.V.S.M. & Clasp	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

(1) MEDALS
PERSON
ENTITLED TO Mrs. Theresa Willett Mother

ADDRESS: Cross Point, Bonaventure Co., Que.

(2) MEMORIAL CROSS
WIDOW

ADDRESS:

(3) MEMORIAL CROSS Theresa (22-2-50)
MOTHER Mrs. Tessie Willett (ENGLISH)

1903
ADDRESS: Cross Point, Bonaventure County, Que., (MFM5.)

MEMORIAL BAR
(1)
DATE DESP.
REGN. NO 9636

(2)

DESP. APR 1 1950
REGN No. 1306

(3)

DESP. APR 6 1945
REGN No. 17321

File No. 405-W-4837

VERIFICATION FORM

WAR SERVICE MEDALS 1939-45

No. C-30141 Name Willett Fred

Rank on Discharge Rfmn Date of Discharge 19-1-44

Authority for Discharge or Retirement Deceased

Served in:

			Non-qualifying service
Canada	from 10-8-40	to Oct 41	
	from	to	
United Kingdom	from	to	
	from	to	
Italy	from	to	
Northwest Europe	from	to	
Hong Kong	Dec 41	19-1-44	died while POW
	from	to	
	from	to	

Eligible for award of:

1939 - 45 Star Sh

Pacific Sh

~~Italy Star~~

~~France-Germany Star~~

~~Defence Medal~~

War Medal Sh

Canadian Volunteer Service Medal with clasp Sh

Verified by D Foster

Date 23-9-46

Carded SEP 24 1946

HA 165

NO RIBBON DESPATCH

To be made out in duplicate

ORIGINAL

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 WILLETT FRED
(Surname first—Christian names in full—Block capitals)

(2) Regimental or Air Force Number and Rank E-30141 Rifleman

(3) Unit Royal Rifles of Canada (C.A.S.F.)

(4) Are you married? No

DISTRICT PAY OFFICE
RECEIVED
AUG 24 1940
M.D. No. 5 Quebec.

(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? 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 Paul WILLETT, Cross Point, Bon. Co. P.Q. Labourer

(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 Tessie WILLETT, Cross Point, 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? No

If so, in what Company? Nil

(Give number of policy)

Have you made arrangements for payment of your Insurance Premium? Nil

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.

Fred Willett T

(Signature of officer or man)

Date 10th Aug. 1940

L. D. Stone Lt. Colonel

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

Date 10th Aug. 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.

整理番號 131 JH/204

AM/34

326

收容所 Camp	~~香港~~ 東京 昭和 17年 1月 7日	番號 No.	東京分 227 ~~香港 6836~~
姓名 Name	WILLET, Fred ウヰレット, フレッド	生年月日 Date of Birth	1914.12.11
國籍 Nationality	加	所屬部隊 Unit	No. E-30141 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	Paul	母ノ名 Mother's Name	WILLET, Tessier
本籍地 Place of Origin	Cross Point, Quebec; Canada.	職業 Occupation	労働
通報先 Destination of Report	Mrs. Tessier Willet, Cross Point, Quebec, Canada.	特記事項 Remarks	死亡

5 分所

打電濟

1686

補修欄 Other Informations

昭和18年9月2日 東京収容所ヘ移管ス 第V分所

19.1.~~16~~19 急性咽頭炎兼クループ性肺炎ニテ死亡ス (火)

午前6時0分 acute pharyngitis 16.1.44

18.11.6. 発病 追加補修 bronchopneumonia

死亡場所 新潟市山ノ下秋葉通リ 東京本所分所分遣所.

昭和20年 9月10日 東京収容所本所ニ移送 米第8軍総司令部.

LT. BRYAN. James ニ引渡ス.

Z-5619-11

F. Willett (E-30141)

H.Q. 405-W-4837 FD35.

ESTATES BRANCH

25 August, 1945.

Mrs. Theresa W illett,
Cross Point,
Bonaventure County.

WILLETT, Fred. Rfmn., (Deceased)
E30141 C.A.

Dear Mrs. Willett:

We wish to advise that we have now received the final statement of your son's Service Estate.

We have on hand, available for distribution, the sum of $568.86, made up entirely of the balance of Pay and Allowances.

The above mentioned sum will be paid to you as sole beneficiary named in the last Will of your son.

A cheque has been requisitioned from the Treasury Department, and as soon as you receive the same, would you please sign and return the enclosed acknowledgement.

Yours faithfully,

Director of Estates.

SBM/EMS

Encl.

HG

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

ARMY

Name: WILLETT (Surname) Fred (Christian Names) No.: E.30141

Rfn. (Rank) C.A.O/S. (Unit) 16-1-44 (Date of Death)

AMOUNT

L.P.C. $ 568.86

Date: 19-6-45

Other Credits

Total 568.86

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Mother	Mrs. Theresa Willett Cross Point, Bonaventure County, Que. (Sole beneficiary under will)	$568.86

P4. TO TREAS. 31-8-45, Q.W.

TO BE FORWARDED BY REG. MAIL DIRECT

AUTHORITY

H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	$568.86

CLASSIFIED BY

Original Signed by
K. L. McCUAIG

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

50M—8-44 (5426)
H.Q. 1772-80-2

FOR COMPLETION AND RETURN BY

Form P. 64

Mr. Paul Willett,
Cross Point,
Bonaventure Co., Que.

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-W-4837 FD 35

DEPARTMENT OF NATIONAL DEFENCE

ESTATES BRANCH

OTTAWA, ONT.

April 3 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

WILLETT, Fred, Rfn. E.30141

Canadian Army

ESTATES BRANCH
APR 18 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.

Director of Estates.

EDM/HO

M.F.W. 77
16M-10-44 (5854)
H.Q. 1772-39-972

ANSWER IN FULL ALL APPLICABLE QUESTIONS

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

Degrees of Relationship	RELATIVES required to be accounted for		INFORMANT'S STATEMENT: NAME IN FULL of any Relative, if any, in each degree specified	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased		No - WAS SINGLE		
2	Children of the Deceased and dates of their Births		No -		
3	Father of the Deceased		PAUL Willett		13, MARCH, 1941 DECEASED
4	Mother of the Deceased		THERESA Willett (BOUDREAU)	47	CROSS Point Bon Co. P.Q.
5	Brothers of the Deceased	Full Blood	ARthur Willett	25	2975 Haig STREET MONTREAL, P.Q.
			JOHNNY Willett	23	OVER SEAS
			LEO Willett	21	OVER SEAS
			WILBERT Willett	16	CROSS Point Bon Co. P.Q.
			WILFRID Willett	13	" " " "
			ANDREW Willett	8	" " " "
		Half Blood	nil		
6	Sisters of the Deceased	Full Blood	BLANCHE Willett	27	2975 Haig street Montreal Que
			THERESA "	18	CROSS Point, Bon Co P.Q.
		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
	None				

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	FRED. ARTHUR WILLETT
9	Date of his birth.	November 30th 1915
10	Place and date of his marriage.	was Single
11	Place and date of his parents' marriage.	Restigouche Bon Ten, P.Q. 1914

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Cross Point Bon Ten Que
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each. was residing as mentioned from birth until prior to his enlistment	(a) Province of Quebec (b) Bonaventure County (c) (d)
14	Nature of employment before enlistment.	Labourer
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.	Cross Point Bon Ten Que to take care of my family

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?	was Single
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.	do not believe he had any
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	No
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	No
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	No assets besides any balance of service pay, allowances on credit, cash on hand & personal belonging and gratuity

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
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 funeral expenses as yet

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

(PLEASE TURN OVER)

DECLARATION

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

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

Mrs Theresa Willett — Signature of Informant

Gross Point Bonne Ste Anne — Address

CERTIFICATE

I hereby certify that to the best of my knowledge and belief Mrs Theresa Willett {Name of informant} is the* mother of the Deceased above described. The above Declaration was made by the Informant and signed in my presence.

*See above.

Dated at Restigouche this 15th day of April 1945

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

Father Jean-Marie — Qualification Missionary and Curate of this Mission

Address Restigouche, Bonaventure Co. P.Q.

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

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

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

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

WILL

M.F.M. 10
75M—5-40 (5241)
H.Q. 1772-39-1656

(1) I, Fred WILLETT (Name in Full), of the town (City, Town, Village, Township)

Address in civil life.

of Cross-Point, in the County District of Bonaventure,

Province of Quebec., Labourer (Civil Occupation)

Regimental No. E-30141, 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 mother, Tessie WILLETT, Cross-Point, P.Q. Bon. 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 Occupation), to be the Executor/Executrix of this my Last Will.

IN WITNESS WHEREOF I have hereunto set my hand this 14 day of Aug 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.

Fred Willett (Signature of soldier) per W B B

First witness sign here.

(5) Signature W B Bradley.

Civil Address 26 St. Denis Ave Quebec P.Q.

Civil Occupation Fire underwriter.

Second witness sign here.

Signature A H Brown

Civil Address Lakeshore, P.Q.

Civil Occupation Clerk.

(Witnesses are not to be beneficiaries.)

[OVER]

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

AMENDED

CANADIAN ARMY (A)
LAST PAY CERTIFICATE

Regtl. No. E.30141 Rank and Name Rfn. Willett, Fred.

of Royal Rifles of Canada C Force Unit, on Discharge

(Transfer, Posting or Discharge) to ..... on Jan 31 194 4
(Unit and Station)

Reason for discharge Deceased Jan 19 1944 Authority H.Q. 405-W-4837

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 10-8-40

(2) If individual has dependents eligible for Dependents Allowance, has application been submitted? yes

(3) Has assignment of pay been made? yes If so, amount $ 20.00

Effective date 1-12-40 Increased to 23.00 1-2-43

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

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

M.F.M. 18 1-2-44

The following is a statement of the account of the above named from 1st to 31st Jan 194 4 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 L.P.C.	568	86
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 $		
			Bal. Nov 1941 Paylist	3	30
Adj. 3.47 Cr.			Interest		17
To Balance Cr. (To be paid by new unit)	572	33	By Balance Dr. (To be deducted by new unit)		
Total	572	33	Total	572	33

N.D.H.Q. OTTAWA
(Place)

March 18th, 1946
(Date)

ORIGINAL SIGNED BY P. MAY 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.

Paul Reeves Maj
Paymaster or Accounting Officer

NO. E.30141 Rank Rifleman Name WILLETT, Fred

Unit Royal Rifles of Can. Date of death ~~16th~~ 19 Jan., 1944.

Died at ~~Tokyo~~, NIIGATA, Japan.

Cause ~~Croup pneumonia~~ GENERAL DEBILITY + DYSENTERY whilst P.O.W.

Death occurred on strength of Forces H.Q. 405-W-4837

N/K ~~Mr. Paul Willett~~ Mrs. Tessie Willett, DECEASED Relashionship ~~Father~~ Mother

Address Cross Point, Bonaventure Co., Que.

Remains buried in Cemetery

CYK ✓

C R E M A T E D

Grave location

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 15, Row B, Plot B.

Photographs
Despatched
OCT 10 1947

IWGC Quest Form Desp'd JUN 22 1949

10M-1-45 (M-4608)

Exclusive Connection with WESTERN UNION TELEGRAPH CO.

Cable Service to all the World

Money Transferred by Telegraph

CANADIAN NATIONAL TELEGRAPHS

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

CLASS OF SERVICE DESIRED

FULL-RATE MESSAGE	
DAY LETTER	X
NIGHT MESSAGE	
NIGHT LETTER	

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

RECEIVER'S NO.	TIME FILED	CHECK

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

CASUALTY

OTTAWA OCTOBER 29 1942

MR PAUL WILLETT
CROSS POINT
BONAVENTURE COUNTY QUE

11028 OFFICIAL INFORMATION HAS BEEN RECEIVED FROM TOKYO JAPAN THROUGH THE INTERNATIONAL RED CROSS GENEVA THAT H30141 RIFLEMAN FRED WILLETT 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.
(Can.)

8

11

H.Q. 405-W-4837
(Records-C)

12th October, 1943.

Mr. Paul Willett,
Cross Point,
Bonaventure Co., Que.

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, E30141 Rifleman Fred WILLETT, , has been transferred to a Tokyo 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.

NJM/ATG

18

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

CANADIAN PACIFIC TELEGRAPHS

BL FILE H.Q. 405-W-4837

CASUALTY (REPORT DELIVERY) OTTAWA MARCH 1 1945

TO:- MR PAUL WILLETT
CROSS POINT
BONAVENTURE CO QUE

37836 DEEPLY REGRET TO INFORM YOU THAT INFORMATION HAS BEEN RECEIVED THROUGH THE INTERNATIONAL COMMITTEE OF THE RED CROSS GENEVA SWITZERLAND THAT E30141 RIFLEMAN FRED WILLETT PREVIOUSLY REPORTED PRISONER OF WAR AT TOKYO JAPAN HAS NOW BEEN REPORTED DIED OF CROUP PNEUMONIA SIXTEENTH JANUARY 1944 AND WAS BURIED WILL FULL MILITARY HONOURS STOP FURTHER INFORMATION WILL BE FORWARDED WHEN RECEIVED

PREPAID

DIRECTOR OF RECORDS

30

21st March, 1945.

Mr. Paul Willett,
Cross Point,
Bonaventure County, Quebec.

Dear Mr. Willett:

It was with deep regret that I learned of the death of your son, E30141 Rifleman Fred Willett, who gave his life in the Service of his Country in Tokyo, Japan on the 16th day of January, 1944.

From official information we have received, your son died whilst a prisoner on 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 21 1945

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

Mrs. F. Mosher
27-3-45

/MMA

36

Director of Records
A. G. Branch.
APR. 11 1945
Nat. Defence Hqr
Ottawa, - Canada.

HQ 405-W-4837,

P.A.

9 April, 1945.

Mr. Paul Willett,
Cross-Point,
Bon. Co.,
Quebec.

Dear Mr. Willett:

I wish to express to you my deep sympathy in the loss of your son now officially reported to have died while a prisoner of war. I know what a great blow this has been to you after so many months of anxious waiting, but I feel sure that you will draw some comfort from the knowledge that he gave his life bravely for his country.

You will already have received from National Defence Headquarters a pamphlet containing information regarding pension regulations, disposal of personal effects and other matters.

Please feel free to write to me if there is anything I can do to be of assistance to you.

Yours sincerely,

(F.W. Clarke) Colonel,
Special Assistant to the Adjutant General.

H.Q. 405-W-4837
(D.R. 2(C))

11th January, 1947.

Mrs. Tessie Willett,
Cross Point,
Bonaventure County, Quebec.

Dear Mrs. Willett:

Information has just been received from military authorities in the Far East that the remains of your son, E30141 Rifleman Fred Willett, have now been interred in plot B, row B, grave 15, 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,

MBR.

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

/EHA

KJD

H.Q. 405-W-4837
R. 4 (B).

Ottawa,

10th October, 1947.

Mrs. Tessie Willett,
Cross Point,
Bonaventure County, Quebec.

Dear Mrs.Willett:

I am forwarding herewith a photograph of the grave and marker over the burial place of your late son, E30141 Rifleman Fred Willett, the location of which is grave 15, row B, 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

FORM 6

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: WILLETT. (*Block letters*)

Given names: Fred.

Do not write in this space

4. RESIDENCE

Street: No.:

Official name of civil municipality or township: Cross Point,

Municipal county: 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: February (Month) 28th (Day) 1916. (Year)

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

OCCUPATION

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

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	WILLETT, Paul.	
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: (Month) (Day) 19.... (Year)

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: January (Month) 19th (Day) 1944. (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) General Debility &

due to dysentery.

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....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 (curate, coroner, hospital authority, etc.)

G. Yeomans L.S.

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.

....

(Voir l'autre côté pour le français)

Director of Records, Dept. of National Defence.

OVERSEAS CASUALTY CANADIAN ARMY

D.A.

FEB 25 1946

40 SU-18 31