E30299
BREEN
FREDERICK

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

FOR COMPLETION AND RETURN BY

Mrs. Elma M. Breen,
35 Kirkpatrick Street.
KIRKLAND LAKE, Ont.

Form P. 64

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

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

and the following number quoted:—

H.Q. 405-B-9233 FD 95

DEPARTMENT OF NATIONAL DEFENCE

ESTATES BRANCH

OTTAWA, ONT.

March 1 194 4

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

BREEN, Frederick, Rfmn.

No. E.30299 (C.A.)

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.

R. G. Phelan Capt.
(R.G. Phelan) Capt.,
for (L.M. Firth) Lt.-Col.,
Administrator of Estates.

RGP:TL

M.F.W. 77
5M—1-44 (3371)
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		Elma Miriam Breen	30	55 McKelvie Ave. Kirkland Lake Ont.
2	Children of the Deceased and dates of their Births		Marjorie Elizabeth	8	55 McKelvie Ave Kirkland Lake Ont
			Victor Frederick	7	55 McKelvie Ave. Kirkland Lake Ont
3	Father of the Deceased		M. Breen	?	Enniskillen, Co. Ulster Ireland.
4	Mother of the Deceased		Elizabeth (deceased)		
5	Brothers of the Deceased	Full Blood	Thomas	?	Ireland.
			George	?	
		Half Blood	—		
6	Sisters of the Deceased	Full Blood	Elizabeth Florence	?	Ireland.
		Half Blood	—		
7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, *who are dead*, and date of death of each.		Names and ages of their children (if any)	?	Address of their children

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Frederick Breen
9	Date of his birth.	October 24th. 1905
10	Place and date of his marriage.	Kirkland Lake. Ontario July 14th. 1935
11	Place and date of his parents' marriage.	?

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Enniskillen, Ireland.
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Rouyn. Que. Can. 6 months (b) (c) (d) Enlisted Army 19th. 1940
14	Nature of employment before enlistment.	Miner
15	State whether he owned the premises in which he lived, and, if so, where situated.	did not own
16	Name place where deceased stated he intended to make his permanent home.	Kirkland Lake. Ont.

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.	Nil
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	None

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
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.)

(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

*wife (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.

Mrs. Elma Miriam Breen ..... Signature of Informant

55 McKelvie Ave. Kirkland Lake, Ont. ..... Address

CERTIFICATE

I hereby certify that to the best of my knowlege and belief Elma Miriam Breen

See above. ..... { Name of informant } is the widow ..... of the Deceased

above described, and I believe the above Declaration and the Statement of Relatives and of Particulars made by the Informant and signed in my presence to be complete and correct.

COMMISSIONER FOR TAKING AFFIDAVITS DISTRICT OF TEMISKAMING, ONTARIO A. GORDON

Dated at Kirkland Lake this 6th day of March 1944

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces. A. Gordon Macdonald Qualification Postmaster

Address Kirkland Lake, Ont.

POSTMASTER MAR 6 1944 KIRKLAND LAKE, ONT.

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

The above information given by me was written by the Postmaster as stamped.

I will add a few more words about my husbands domicile, prior to his enlistment.

He came to Canada in 1922, and resided in Kirkland Lake, Ont. until 1934, then in Nanaimo B.C. until Oct. 1937, then in South Porcupine Ont. until Feb. 1940, and then in Ramyr, Que. where he joined into the Active Service in Aug. 19th, 1940.

He did not discuss is relatives with me nor corresponded with them, so I did not get to know anything about them. However as far as I know, he has a father, two brothers and a sister living in Ireland. His mother died when he was eight years old. He had no relatives in Canada at all.

My husband had no other estate for which to make a will, only his Service Pay & for which I believe all soldiers make a will prior to leaving for Overseas. I think that will is in his Com. Officers Care, and I believe he would wish his Children and I, his wife to have. Elma M. Breen.

Prepared by: C.S.
Checked by: R.G.

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 C.A.S.F. Regimental Number E-30299

ACTIVE FORMATIONS AND UNITS OF THE CANADIAN ARMY

ATTESTATION PAPER

1. Surname: BREEN
2. Christian Names: Frederick
3. Present address: 385 Tashereau St., Rouyn, P.Q.
4. Date of birth: 25 October, 1903
5. Place of birth: Ireland (Country) Enniskillen (County or Province) (Town or Township)
6. Religion (state denomination): United Church
7. Trade or Calling: Miner
8. Married, Widower or Single: Married
9. Name of next of kin: Mrs. Elma Breen
10. Relationship: Wife
11. Address of next of kin: ~~385 Tashereau St., Rouyn, P.Q.~~ 44A Prospect Ave., Kirkland Lake, Ont. (Auth:HQ 405-B-9233 d/14-11-42)
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? (Yes or No) Nil
(If Yes, Give Regimental No. and Unit) (*b*) Any other Naval, Military, or Air Force? Nil
(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

I, Frederick BREEN, 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 26 August 1940 (Sgd) Fred Breen (Signature of recruit)
Witness: (Sgd) C.A. Blane

OATH TO BE TAKEN BY MAN ON ATTESTATION

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

(Sgd) Fred Breen (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 Valcartier this 26th day of August 1940

(Sgd) A.T. Atkinson, Capt., — Signature of Magistrate, Justice or Attesting Officer.
Adjutant Royal Rifles of Canada CASF — 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 BREEN (Surname) Frederick (Christian Names) Regimental Number E-30299

Qualifications

Military: Nil
Business or Professional: Nil
Trade or Civil: Miner
Technical: Nil
Languages: English

Educational Qualifications

High School or Collegiate: 9 years (years completed)
Graduation or Matriculation: Nil (specify)
*College: Nil
*University: Nil

*(Name of institution, courses or years completed, and degrees obtained to be shown)

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

Report		Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., from date taken on Strength of Field Force	Rank Shown	Effective Date	Unit	Place	Authority	
Date	From whom received						Part II D.O. No. Cas. List, etc.	Dated
		Joined on appointment T.O.S. Royal Rifles of Canada CASF	Rfmn	26 Aug 40	R.R.C. C.A.S.F.	Valcartier	46	28 Aug 40
		EMBARKED CANADA - SAILING LIST 409	"W" FORCE	21 Nov 40				
		Granted 14 days leave of absence from 1 Apr 41	"	1 Apr 41	"	"W"Force	64	24 Mar 41
		Granted 7 days leave in addition to furlough granted for travelling purposes	"	1 Apr 41	"	"	64	24 Mar 41
		RETURNED CANADA - SAILING LIST 51B	"	18 Aug 41				
		EMBARKED CANADA - SAILING LIST 966	"C" FORCE	27 Oct 41				
		Promoted A/L/Cpl	A/L/Cpl	1 Nov 41	"	———	4	19 Nov 41
		~~Granted increased rate of pay~~	Rfmn	1 Jan 43	"	Records Office NDHQ	AO 3	12 Feb 43
		Reported P.O.W.	"	25 Dec 41	R.R.C. "C"Force	NDHQ Ottawa	AO 15	10 Sep 45
		Awarded CVSM & Clasp	"	26 Feb 42	"	"	AO 16	10 Sep 45
		Awarded 1939-45 Star	"	8 Dec 41	"	"	AO 16	10 Sep 45

cancelled by A068 27 Aug 52

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

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

CERTIFICATE OF MEDICAL EXAMINATION

Name in full BREEN, Frederick Place

Place Date 26 Aug 40

Part 1. Information obtained from the recruit.

1. Age 36 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

(Sgd) Fred Breen
Signature of Applicant.

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

1. Identification marks or scars. (If operative obtain history).
Scar of bail on chin
2. Height 5 feet 10 inches. 3. Weight 170 pounds.
4. Complexion Clear Eyes Brown Hair Fair 5. Development Good ~~Fair~~ ~~Poor~~
6. Chest measurement—Girth on full expansion 41 inches.
Range of expansion 3 inches.
7. Vision, right 20/20 left 20/20
With Glasses— right left 8. Hearing, right W.V. 20 left W.V. 20
9. Condition of mouth and teeth Treatment
10. The abnormalities (congenital and pathological) found on examination are as follows
Reflexes Urine Ears - Normal 27 Aug 40
X-Ray Chest - Negative (Sgd) C. Guimont, Capt.

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) C. Guimont, Capt (C. Guimont, Capt) President
(Sgd) Dr. A.N. Turcotte (Dr. A.N. Turcotte) Member
(Sgd) C. Gelinas, M.D. (C. Gelinas M.D.) Member

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature

CERTIFIED TRUE COPY OF MFM 2

Officer having custody of Regimental documents kept by the Director, War Service Records, D.V.A., Ottawa. 22 August 1952.

Regtl. No. E-30299 Rank ~~Pte~~ Rfn Surname BREEN Christian Name Frederick

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)

5B 209 東五 209

五ヶ月許

收容所 Camp	香港 昭和 17年 1月 7日	番號 No.	香 6181
姓名 Name	BREEN, Frederick ブリーン, フレデリック	生年月日 Date of Birth	1906.10.26.
國籍 Nationality	加	所屬部隊 Unit	No. E 30299 Royal Rifles of Canada
階級身分 Rank	Lance Corporal 伍長勤務上等兵		
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	~~THOMAS~~	母ノ名 Mother's Name	~~ELIZABETH~~
本籍地 Place of Origin	Quebec, P.Q. Canada	職業 Occupation	労働
通報先 Destination of Report	Wife: Mrs. Elma Breen 26A Allen Avenue Kirkland Lake - Ontario	特記事項 Remarks	

補修欄 Other Informations

1. 昭和十八年 11月十八日 第一分遣所ニ入院 心悸

1. 昭和十八年 五月十日 退院 プラグ

1. 昭和18年9月2日 東京俘虜收容所第五分所ニ收容

1. 昭和18年9月29日 — 18年10月29日 慢性腸炎ニテ労休

1. 昭和18年10月23日 — 18年11月22日 慢性腸炎労休

1. 昭和18年11月22日 死亡 慢性腸炎

405-B-9233

Ref. to-
E 3 [redacted] 99 Pte. Breen, Fred
Royal Rifles of Can.
Prisoner of War at
Long Kesy.

444 Prospect Ave.
Peterland Lake,
Ont. Canada.
Nov. 4th 1942.

Change of Address

Dear Sir,

Thanks very much for your letters received. I must admit I am very happy to know my husband is alive, even though he's a prisoner of war. I am looking forward to more letters from him and in this regard I appreciate very much your efforts in trying to make it possible. I am sorry I cannot send him a parcel for Christmas, but again I am thankful to know the Red Cross is sending one.

My address now is as above and has been since July 1st. I believe I corrected it once. However you have been sending my letters to 764 Allen Ave. Please send any letters to me to above address, as I'll be sure to get them.

Thank you. I remain
Yours Truly,
(Mrs) Elmira Miriam Breen.

Noted
P.R. Bx
11/42

H.Q. 405-B-9233 "Records-C"

19th February, 1944.

Mrs. Elma M. Breen,
35 Kirkpatrick Street,
Kirkland Lake, Ontario.

Dear Mrs. Breen,

It is with deep regret that I learned of the death of your husband, E30299 Rifleman Frederick Breen, who gave his life in the Service of his Country in Tokyo on the 22nd day of November, 1943.

From official information we have received, your husband died of illness 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,

H. F. G. LETSON
Major - General
Adjutant - General

FEB 17 1944

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

ACB/SJR

35

55 Kelvin Ave
Kirkland Lake Ont.
Aug. 2nd, 1944.

Dear Sir:

I have just received a letter from my husband Fred Breen, E30299, who was reported officially to have died last Nov. 22nd/43. However due to the fact, that there is no date on the letter or envelope as far as I can see, I don't know if it was written before or after his reported death. The envelope shows his prisoner no. and address, which I did not have before. I would appreciate very much if you could find out for sure through the International Red Cross or in any other way you can, if he is still alive and well as his letter indicates. I think there

could have been a mistake
and he may be alive after
all. The suspense of this
news is almost unbearable,
and I certainly would be
grateful if you would find
out if he is alive. I am
enclosing Reed's letter and
envelope herein, and ask you
to please return same to me
after you have found out
all there is in it.

Waiting to hear from
you real soon.

Thanks Yours.

Mrs. Reed Breen
or Edna M. Breen

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REGISTERED

H. Q. 405-B-9233
(Records-C)

8 August, 1944.

D-2357

Mrs. Fred Breen,
55 McKelvie Avenue,
Kirkland Lake, Ontario.

Dear Mrs. Breen:

I wish to acknowledge receipt of your letter of the second instant together with a letter from your late husband Rifleman Frederick Breen, whose regretted death whilst a prisoner of war, was reported to you by this Directorate in February last.

In reply, I am directed to inform you with regret that his letter must have been written before he died, as his death was reported officially to us, by the International Red Cross, from Geneva, by cable on the fourth day of February, 1944.

In spite of the marvellous work accomplished by the International Red Cross, it is almost hopeless for them to obtain official information from the far East because the Japs do not believe in the International Code and will not live up to the Hague Convention. Please accept my sincere sympathy in your anxiety and sad bereavement.

I am returning herewith the letter which you so kindly sent to this Directorate for examination.

Yours truly,

AG/VDB

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

55

E 30299 Breen, J.

DEPARTMENT OF NATIONAL DEFENCE
OTTAWA

INTERROGATION REPORT

1.	No.	Rank	Name	Unit
	E.30775	Pte.	HARDING, B.	Royal Rifles of Canada.

2. Home address:

St. Louis Road, Quebec, Que.

3. Do you know of the death of any Prisoners of War? Yes (yes or no)

(a) If so, give Regimental Nos., Ranks, Names, Units:

1. Cpl. BREEN "A" Coy. Royal Rifles of Canada
2. Pte. HARDING, Bob (No relation) "C" Coy. Royal Rifles of Canada

(b) Give particulars of death; where and when buried.

1. Died in Camp Hospital on arrival in Japan. Name of Camp not remembered Some distance from NAGATA. Cause of death: Beri-beri and malnutrition Does not know where buried or cremated.
2. Same as above. Does not recall date. Hazy as to details.

4. Were you a witness to or were you informed of any war crimes atrocities?
If so give full particulars:

Described conditions of camp near NAGATA as "pretty fair." Cannot recall names or other designations of camps he was in. Never bothered to ask. Witnessed no actual atrocities.

Name and particulars if necessary of your informant:

no details

5. Full particulars of any bad treatment of yourself or your comrades:

nil

6. What are the names of the enemy personnel responsible for these crimes or bad treatment?

nil

If unable to do so, how can they be identified?

N/A

7. Names, dates and locations of Camp Leaders:

Lieut. FULMER, U.S. Army. Camp near NAGATA, Japan. From Fall of 1943 until Fall of 1945.

---

8. Names of Medical Officers of hospitals:

Major BROWN (British Army Medical Officer. Camp near NAGATA
" BRIZZELL (?) U.S. Army Med. Corps. Camp near NAGATA

---

9. Names of allied personnel suspected of, or known to have been engaged in collaboration with the enemy:

Particulars

---

10. Details of escapes or attempted escapes of yourself or other P/W.

Unable to supply details. Heard of an escape from Hong Kong prison camp, but cannot recall details.

---

11. Any other Intelligence information:

nil

---

12. Information regarding specially good work of other P/W:

nil

---

13. Other observations:

This lad, apprently French-Canadian, was very hazy as to details, Loked unwell, and appeared to have difficulty in concentrating thoughts.

FOR INTERROGATING OFFICER

Is further interrogation of this P/W necessary? **no**

20 Sep 45

(signed) **Peter Trappitt**

P.C.S.I.S. C.S.M.

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

NUMBER R.30299 RANK Rifleman SERVICE UNIT The Royal Rifles of Canada (C.A.)

NAME BREEN, Frederick

DATE OF BIRTH
DAY 25th MONTH October YEAR 1903

MARITAL STATUS Married RELIGION--United Church

NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 RELATIONSHIP Wife NAME Mrs. Elma M.Breen,
ADDRESS 35 Kirkpatrick Street, Kirkland Lake, Ontario. ADDRESS D.A.B.

ADDITIONAL PERSON TO BE NOTIFIED ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. SBCD 665 H.Q. 405-B-9233

CASUALTY DETAILS DATE

Died as result of chronic enteritis whilst a prisoner of war in a Tokyo Camp. 22-11-43

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 15-2-44

OFFICER I/C RECORDS

BTC

6

COPY FOR DOCUMENT FILE

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION (DEATH)

NUMBER E30299 RANK RIFLEMAN SERVICE UNIT ROYAL RIFLES OF CANADA

NAME BREEN, FREDERICK

DATE OF BIRTH 25-10-03 DATE OF ENLISTMENT 26-8-40

MARITAL STATUS MARRIED RELIGION UNITED CHURCH

NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 RELATIONSHIP WIFE NAME MRS. ELMA MIRIAM BREEN

ADDRESS 40 MCKELVIE AVE., KIRKLAND LAKE, ONT. 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-B-9233

CASUALTY DETAILS DIED OF BERI BERI WHILST A PRISONER OF WAR AT NIIGATA, JAPAN. DATE 22-11-43

AMENDED AS TO NEXT OF KIN ADDRESS

Incl Diagnosis

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

M.F.M.5. ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO

DATE 24-11-45

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

DIRECTOR OF RECORDS

5 COPY FOR C. R. FILE

DISTRIBUTION— 1-CDN. PENSION COMM. 2-CHAIRMAN D.A.B. 3-D.A.B. 4-CHAPLAIN SER. 6-DOC. FILE 7-GRAVES REG. 8-A.B. & C. LISTS.

H.Q. 405-B-9233
(D.R. 2(C))

11th January, 1947.

Mrs. Elma M. Breen,
40 McKelvie Avenue,
Kirkland Lake, Ontario.

Dear Mrs. Breen:

Information has just been received from military authorities in the Far East that the remains of your husband, E30299 Rifleman Frederick Breen, have now been interred in plot A, row A, grave 10, 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

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: BREEN, (Block letters)

Given names: Frederick.

Do not write in this space

4. RESIDENCE

Street: Tachereau St., No. 385

Official name of civil municipality or township: Rouyn,

Municipal county: 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): Ireland.

11. DATE OF BIRTH: October (Month) 25th (Day) 1903. (Year)

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

OCCUPATION

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

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:

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: November (Month) 22nd (Day) 19 43. (Year)

23. I HEREBY CERTIFY that I attended deceased from ....19.... to ....19....

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

24. CAUSE OF DEATH

I

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

(a) Beri Beri whilst P.O.W.

due to

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

(b)

due to

(c)

II

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

III If a communicable disease is mentioned on this certificate, give

(a) Date of appearance ....19....

(b) Duration of disease ....days

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

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

State findings .... Was there an autopsy?

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

Accident, suicide or homicide .... 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.)

[signature] C.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

P.A. 405-B-9233 FEB 25 1946

FORMULE 6

BUREAU FÉDÉRAL DE LA STATISTIQUE—COPIE DU BULLETIN DE DÉCÈS—QUÉBEC

N'écrivez pas dans cet espace

1. LIEU DU DÉCÈS — Comté municipal | Nom officiel de la municipalité civile ou du canton | *Apposer un X sur le mot qui s'applique à cette municipalité ou ce territoire* — *Cité* | *Ville* | *Village* | *Paroisse* | *Canton*

Rue ..... No. ..... Hôpital ou institution .....

2. SÉJOUR

(a) dans l'hôpital ou l'institution	*Années*	*Mois*	*Jours*	(b) dans la municipalité du décès	*Années*	*Mois*	*Jours*	(c) dans la province	*Années*	*Mois*	*Jours*	(d) au Canada (s'il s'agit d'un immigré)	*Années*	*Mois*	*Jours*

3. NOM DU DÉFUNT

Nom de famille ..... (*Lettres moulées*)

Noms de baptême ou prénoms .....

N'écrivez pas dans cet espace

4. RÉSIDENCE

Rue ..... No. .....

Nom officiel de la municipalité civile ou du canton .....

Comté municipal ..... Province .....

5. SEXE	6. NATIONALITÉ (Citoyenneté)	7. ORIGINE RACIALE	8. Célibataire, marié, veuf ou divorcé (*Ecrire l'un de ces mots*)

9. Si le défunt était marié, nom de son conjoint

10. LIEU DE NAISSANCE (Province ou pays)

11. DATE DE NAISSANCE ..... (jour) (mois) (année)

12. ÂGE DU DÉFUNT	Années	Mois	Jours	Si âgé de moins d'un jour
				.....hrs. ou.....min.

OCCUPATION

13. Métier, profession ou occupation, ex. **tisserand, voiturier, employé de bureau,** etc .....

14. Genre d'industrie ou d'entreprise, tel que **filature de coton, industrie du bois, banque,** etc .....

15. Dernière date à laquelle le défunt vaquait à ce travail

16. Nombre d'années occupées dans cette profession

	17. NOM	18. LIEU DE NAISSANCE (Province ou pays)
PÈRE		
MÈRE (Nom de fille)		

19. Lieu de l'inhumation, de l'incinération ou destination du transport

20. Date de l'inhumation ..... 19.....

21. LIEU DE L'ENREGISTREMENT DE CETTE SÉPULTURE

(a) Nom de la paroisse ou église .....

(b) Municipalité civile de .....

(c) Comté municipal .....

(d) Date ..... 19..... (jour) (mois) (année)

CERTIFICAT MÉDICAL CONFIDENTIEL DE DÉCÈS

22. Date du décès ..... 19..... (jour) (mois) (année)

23. JE CERTIFIE PRÉSENTEMENT que j'ai donné mes soins au défunt depuis le ..... 19..... jusqu'au ..... 19.....

que je l'ai vu vivant pour la dernière fois le ..... 19.....

24. CAUSE DU DÉCÈS

I

Cause immédiate Mentionner la maladie, blessure ou complication, causant la mort, **non pas** son syndrome final, tel: syncope, asphyxie, asthénie, etc. (a) ..... dû à

États morbides, s'il y en a, ayant produit la cause immédiate (Les indiquer dans l'ordre chronologique inverse de leur apparition). (b) ..... dû à (c) .....

II

Autres conditions morbides (importantes seulement) ayant contribué au décès mais n'ayant aucune portée sur la cause immédiate. .....

III Si une maladie contagieuse est mentionnée à ce certificat, donner (a) Date d'éclosion ..... 19..... (b) Durée de la maladie ..... jours

25. S'il s'agit d'une femme, y avait-il état puerpéral? .....

26. Y a-t-il eu intervention chirurgicale? ..... Date de l'opération ..... 19.....

Constatations ..... Y a-t-il eu autopsie? .....

27. Dans les cas où le décès est attribuable à des causes extérieures (violence):—

Accident, suicide ou homicide ..... Date ..... 19..... (Spécifier)

Manière de la blessure ..... (Dans quelle circonstance)

Nature de la blessure .....

Indiquer si la blessure a été infligée **au lieu du travail, dans l'habitation ou dans un endroit public** .....

Signature ..... **M.D.**

Adresse ..... **Date** ..... **19.....**

28. Signature de la personne qui remplit la formule (vicaire, coroner, autorité d'un hôpital, etc.)

.....

Cette signature autorise le collecteur à accepter la formule comme authentique.

29. Nom du ministre du culte gardien du registre de l'État civil où est inscrit l'acte de cette sépulture.

.....

(For English see other side)

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, Frederick BREEN, of the town
(Name in Full) (City, Town, Village, Township)

Address in civil life.

of Rouyn, in the County District of ,

Province of Quebec., Miner
(Civil Occupation)

Regimental No. E-30299, 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. Elma BREEN, 385 Tashereau St., Rouyn, P.Q., 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 28 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.

Fred Breen
(Signature of soldier)

First witness sign here.

(5) Signature Colin A. Blaney

Civil Address 43 Ste Ursule, Quebec P.Q.

Civil Occupation Chemist Assist.

Second witness sign here.

Signature C.C. Pope

Civil Address Cookshire, P.Q.

Civil Occupation Clerk

(Witnesses are not to be beneficiaries.)

[OVER]

To be made out in duplicate

M.F.M. 5
200M—2-41 (9495-6)
H.Q. 1772-39-1651

PARTICULARS OF FAMILY OF AN OFFICER OR OTHER RANK OF THE CANADIAN ARMY (AF) OR R.C.A.F. (ON ACTIVE SERVICE)

INSTRUCTIONS.

(*a*) This form is to be completed immediately an officer or other rank is appointed to, or enlisted in, the Canadian Army (AF) or R.C.A.F. ON ACTIVE SERVICE.

(*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 individual's new unit.

---

(1) Name of Officer or Other Rank ..... BREEN
(Surname first—Christian names in full—Block capitals)
..... Frederick

(2) Regimental or Official Number and Rank ..... E.30299 ..... Rfmn.

(3) Unit ..... Royal Rifles of Canada (CASF)

(4) Are you married? ..... YES

(5) If married, state,

(*a*) Full name of your wife ..... Mrs. Elma Breen

.....

(*b*) Present postal address of wife ..... 385 Tashereau St., Rouyn, 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? ..... YES ..... Number of boys ..... One ..... Girls ..... One .....
Names and ages ..... Victor 2yrs. and 6 months.
..... Margerie 4 yrs.

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

.....

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

Name ..... NIL .....

Postal Address .....

.....

[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 2 years immediately prior to appointment or enlistment? .....

If so, state her full name and Postal Address .....

NIL

(11) Is your father alive? YES

If so, state name and address, occupation Thomas Breen

Enniskillen, Ireland.

(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 appointment or enlistment.....

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? NO

If so, state name and address .....

(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 appointment or enlistment 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
This may include any brothers 16 years of age or under, or any sisters 17 years of age or under, solely supported and maintained as bona fide members of your household before your appointment or enlistment.

If so. state the following particulars:—

Relationship NIL

Full Name .....

Postal Address .....

Amount contributed monthly during the past six months .....

(18) Are you insured? NO

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.

(Sgd.) Fred Breen
(Signature of officer or man)

Date 26th Aug. 1940

(Sgd.) John H. Pine (??) Major

Officer Commanding Royal Rifles of Canada

Date 26th Aug. 1940

N.B. If parent(s) of the officer or other rank concerned has (have) been replaced by foster parent(s), questions relating to fathers and/or mothers above should be altered and answered as applicable.

25M-12-44 (6215)
H.Q. 1064-81-3

DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

4
ARMY

DECEASED MEMBER'S NAME: Frederick (CHRISTIAN NAMES) BREEN (SURNAME)

PAYEE: Mrs. Elma M. BREEN,

ADDRESS: 40 McKelvie Ave., Kirkland Lake, Ont.

REGISTER NO. D-2357
FILE NO. 405-B-9233
DATE 5-3-45
SERVICE NO. B-30299
FINAL RANK OR RATING Rfn.
DATE OF DISCHARGE 22-11-43

DATE OF TERMINATION OF OVERSEAS SERVICE 22-11-43

		$	¢
A. TOTAL QUALIFYING SERVICE 1170 — NO. OF DAYS 1184 / 30 EQUAL TO 39 COMPLETE PERIODS AT $7.50		292.50	
B. QUALIFYING OVERSEAS SERVICE — No. of Days 756 LESS 14 INELIGIBLE DAYS, EQUAL TO 742 DAYS @ 25c. PER DAY (SEE PAR. 2 OVERLEAF FOR EXPLANATION)		185.50	
		478.00	
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 $ 59.00	$ 1.97		
TOTAL	$ 4.72 X7 = $ 33.04		
NO. OF DAYS 756 / 183	X $ 33.04	136.49	
D. WAR SERVICE GRATUITY		614.49	
E. DEDUCTIONS — OVERPAYMENT OF PAY AND ALLOWANCES	$		
DEPENDENTS' ALLOWANCE AND ASSIGNED PAY	$		
OTHER DEDUCTIONS	$		
F. TOTAL AMOUNT PAYABLE		614.49	

RECEIVED
MAR 9 1945
WAR SERVICE GRATUITY DIVISION, ARMY TREASURY

G. YOUR PORTION OF GRATUITY IS— 100%

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

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

△T

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.

63

PREPARED BY	CHECKED BY
KRM	

TREASURY	
CHECKED BY	DATE
H.W. Maclaren.	9.3.45

Kenneth Lt
SERVICE REPRESENTATIVE

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

MK

ARMY

Name: BREEN (Surname) Frederick (Christian Names) No.: B.30299

Rfmn. (Rank) C.A. O/S (Unit) 22-11-43 (Date of Death)

AMOUNT

L.P.C. ..... $ 520.52

Other Credits .....

Total 520.52

Date: April 13, 1944

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Widow	Mrs. Elma M. Breen, 55 McKelvie Ave., Kirkland Lake, Ont. (Sole beneficiary under will)	520.52 R.

P4. TO TREAS. 20/4

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	520.52

CLASSIFIED BY

Original Signed by
E. W. QUINNEY

EXAMINED BY

For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

Original signed by
L. M. FIRTH

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

AUDITED FOR PAYMENT

For Chief Treasury Officer

25M—9-43 (1913)
H.Q. 1772-80-2

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

~~XXX~~ ARMY GL

Name BREEN Frederick No. E.30299
Surname Christian Names

RFNR C.A. O/S 22-11-43
Rank Unit Date of Death

AMOUNT

L.P.C. $ 637.70

Date 25-3-46

Other Credits

Total 637.70
Prev dist. 520.52
This dist. 117.18

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Widow	Mrs Elma Breen 40 McKelvie Ave., Kirkland Lake, Ont.	117.18

(Sole beneficiary under will)

DO NOT REMOVE FROM FILE

P4. TO TREAS 25-4-46 N.R#262 QMG.

AUTHORITY

H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	117.18

CLASSIFIED BY

EXAMINED BY

For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

(L. M. FIRTH) Colonel
Director of Estates

AUDITED FOR PAYMENT

For Chief Treasury Officer

30M—1-46 (8630)
H.Q. 1772-45-27

22-11-43

(O.C.L.-439)

AWARDS—CANADIAN ARMY (ACTIVE)

(1553)

M

M.J.A.

100M—10-41 (2195)
H.Q. 1772-45-8

FILE NO. 405-B-9233

SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. NO	RANK ON DISCHARGE	C.A.S.F. UNIT
BREEN,	Frederick	E.30299	Rfmn.	Roy.Rif. of Can.

WAR SERVICE BADGE (CLASS) NO. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star Pacific Star	
War Medal CVSM & Clasp	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

MEMORIAL BAR

DATE DESP (1)

REGN. NO 8991

(1) MEDALS

PERSON ENTITLED TO Lehtonen (Re-married) Mrs. Elma M. ~~BREEN~~ (WIDOW)

ADDRESS: ~~35 Kirkpatrick St.,~~ 7A Spruce St., KIRKLAND LAKE, Ont.

23-11-49

(2) MEMORIAL CROSS

WIDOW Mrs. Elma M. Breen,

(1553)

ADDRESS: 35 Kirkpatrick St., Kirkland Lake, Ont.

DESP. MAR 7 1944

REGN No. 6132 (2)

(3) MEMORIAL CROSS

MOTHER (DECEASED) MFM 5.

(3)

ADDRESS:

5455