

E30391
AITKEN
DEIGHTON

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D.V.A. 405-A-2644
R 4(B)

Ottawa,

19th March, 1948.

Mrs. Lottie B. Aitken,
Grinstone, Magdalen Island,
P.Q.

Dear Mrs. Aitken:

I am forwarding herewith a photograph of the grave and marker over the burial place of your late son, E30391 Rifleman Deighton Aitken, the location of which is grave 3, row A, plot 1, Sai Wan Military Cemetery, Hong Kong.

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

Yours faithfully,



A/Director,
War Service Records.

Encl.



H.Q. 405-A-2644
R. 4 (B).

22nd September, 1947.


Mrs. Lottie B. Aitken,
Grindstone,
Magdalen Island, Quebec.

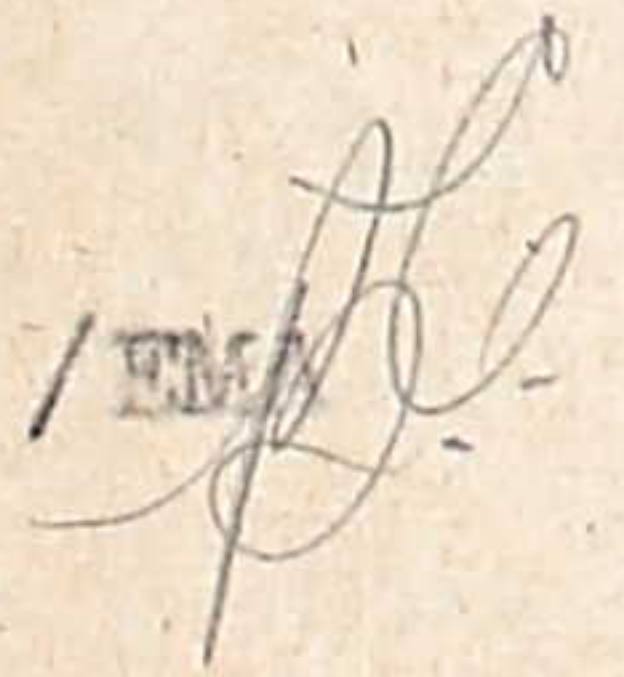
Dear Mrs. Aitken:

Information has just been received from military authorities in the Far East that the remains of your son, E30391 Rifleman Deighton Aitken, have now been interred in grave 3, row A, plot 1, of the Canadian Section in Sai Wan Military Cemetery, Hong Kong. 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.



REBURIAL RETURN OF CANADIANS

No. E-30391 Rank Rfn. Name AITKEN Initials D.

Unit Royal Rifles of Canada Location Report 62 GC MTM CON ~~24~~ 24

Means of Identification Known place of burial

Date of Death 2. 12. 42 Date of Reburial 16 JUN 1947

Exhumed from Bowen Rd. Hospital Cemetery STANLEY. Plot. 1. ROW. A. GRAVE
5

Place of Reburial: Sai Wan Military Cemetery, Hong Kong.

Remarks: Canadian Section.

Plot FIRST.

Row A.
3

Grave

Signed *Dr. J. H. Smith* Unit



VERIFICATION FORM
WAR SERVICE MEDALS 1939-45

No. E-20391 Name Ritken, Brighton
Rank on Discharge Rfmn. Date of Discharge 2 Dec. 42
Authority for Discharge or Retirement Deceased

Served in:		Non-qualifying service
Canada	from <u>26 Aug. 40</u> to <u>1 Dec. 40</u>	
<u>Nfld.</u>	from <u>19 Aug. 41</u> to <u>26 Oct. 41</u> <u>2 Dec. 40</u> <u>18 Aug. 41</u>	
United Kingdom	from <u>27 Oct. 41</u> to <u>Dec. 41</u> from _____ to _____	
Italy	from :- _____ to _____	
Northwest Europe	from _____ to _____	
<u>Hong Kong</u>	from <u>Dec. 41</u> to <u>2 Dec. 41</u> <u>(sick - Malaria & heart failure)</u> <u> whilst P.O.W.</u>	
-----	from _____ to _____	

Eligible for award of:

- 1939 - 45 Star ok ✓
- Pacific Star ok ✓
- Italy Star _____
- France-Germany Star _____
- Defence Medal N.E.
- War Medal ok ✓
- Canadian Volunteer Service Medal ok ✓
with Clasp ok ✓



M.R.D.

Verified by Georgette Pattee
Date 6 June 46
Carded JUN 6 1946

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION (DEATH)

NUMBER **E.30391** RANK **Rifleman** SERVICE UNIT **Royal Rifles of Canada**

NAME **AITKEN, Deighton**

DATE OF BIRTH **29 Jan 19**

DATE OF ENLISTMENT

MARITAL STATUS **Single**

RELIGION

NEXT OF KIN AS SHOWN ON
M.F.M. 1, 2 & 5 RELATIONSHIP

Mother

NAME
ADDRESS
D.A.B.

Mrs. Lottie B. Aitken,

ADDRESS

**Grindstone,
Magdalen Island, Que.**

ADDITIONAL PERSON
TO BE NOTIFIED

ADDRESS

PARENTS NAME

ADDRESS
(IF SOLDIER
MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO.

H.Q. 403-A-2644

CASUALTY DETAILS

**DIED of disease whilst P.O.W.
(Auth: Major J.N.B. Crawford, M.O., Hong Kong)**

DATE

2 Dec 42

AMENDED AS TO DATE OF DEATH

COPY OF ORIGINAL dated 22 Nov 45

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

ME YES/NO

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

YES/NO

DATE

2 Jul 46

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-D.O.C. FILE 7-GRAVES REG. 8-A.B. & C. LISTS.

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

ARMY

GL

Name AITKEN Daighton No. 1.30391
Surname Christian NamesRank RF101 Unit C.A. O/S Date of Death 1-7-43


AMOUNT

L.P.C. \$ 426.13Date 23-4-46

Other Credits

Total 426.13Prev dist. 424.80This dist. 1.33

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Mother	<p>Mrs Lottie G. ^{Gertrude} Aitken Grindstone, Magdalena Island, Que.</p> <p>(Sole beneficiary under will)</p> <p>DO NOT REMOVE FROM FILE</p> <p>P4. TO TREAS. 23-5-46 NR#275 QW</p>	1.33

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	1.33
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

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

ANNY

CF

Name: AITKEN, Deighton No.: E30391
Surname Christian Names

Surname

Christian Names

Rank	Unit	Date of Death
Rfmn	C.A. O/S	1-7-43

AMOUNT

L.P.C.....\$ 424.80

Date: May 18/44

Other Credits.....

Total..... 424.80

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Mother	Mrs. Lottie G. Aitken, Grindstone, Magdalen Island, Que. (Sole beneficiary under Will)	424.80 R

P4. TO TREAS. 29/5

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	424.80
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

MEMORANDUM FOR

P. 64

Mrs. Lottie B. Aitken,
 Grindstone,
 Magdalen Island, Que.

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-A-2644 FD. 378

DEPARTMENT OF NATIONAL DEFENCE
 ESTATES BRANCH
 OTTAWA, ONT.

July 30

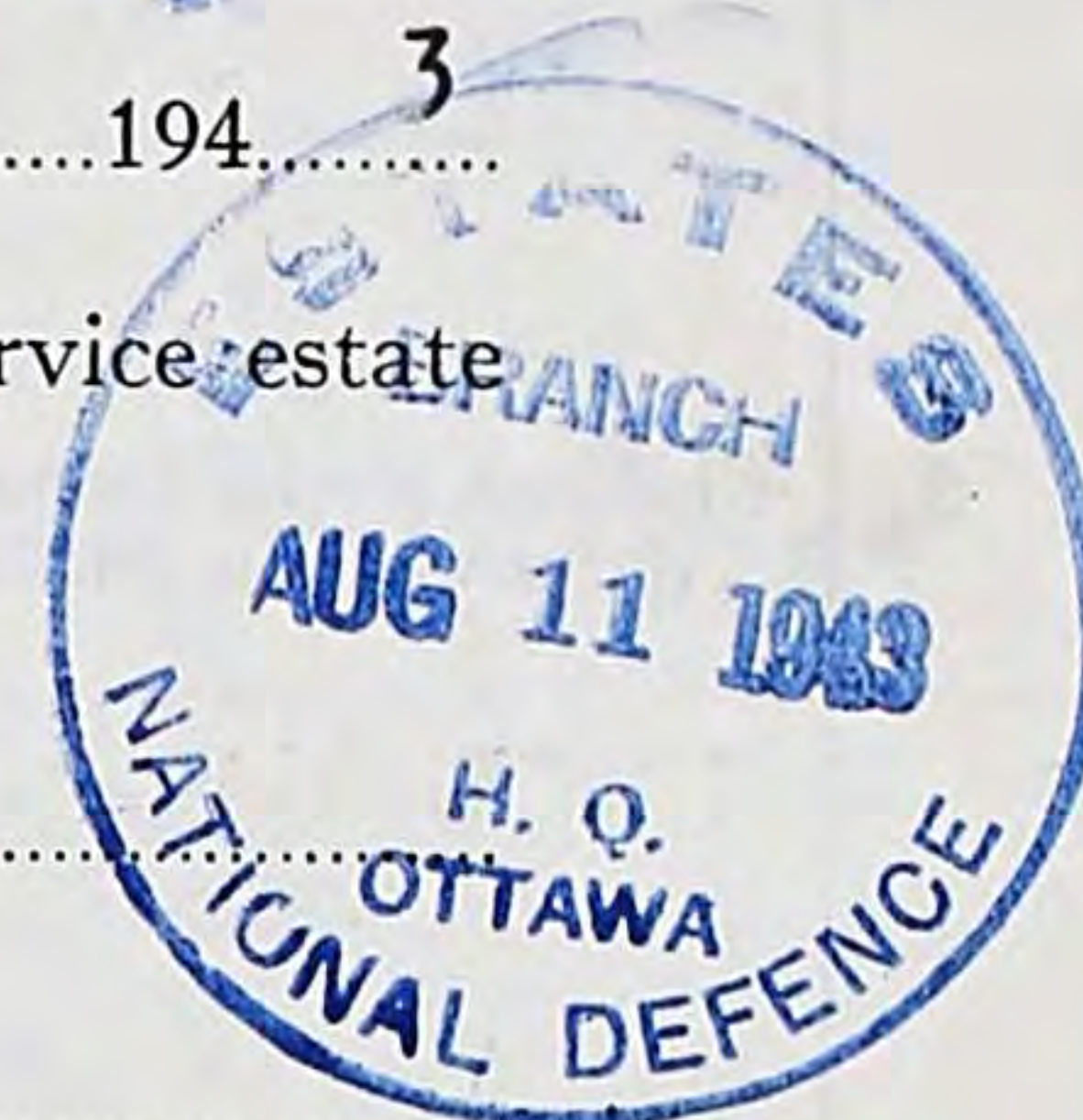
194

3

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

AITKEN, Deighton, Rfm.

No. E. 30391, C.A.



it is necessary that the requisite information regarding the deceased and his relatives should be furnished on the inside of this form in strict accordance with the printed instructions. The particulars required are to be carefully filled in and the Declaration on the back should then be signed in the presence of a Clergyman, Priest, Local Magistrate, Commissioner for Oaths or Notary Public, who should be asked to complete and sign the Certificate. This form should then be returned to the above address.

A deceased's Service estate, the administration of which is the responsibility of the Estates Branch, consists of any balance of pay and allowances at credit, cash on hand and the personal effects which are under the control of the Service authorities. To obtain such assets, it is not necessary for the person(s) legally entitled thereto to obtain through the Courts Probate of the Will, or if none, Letters of Administration of his estate.

In addition to the administration of those Service assets, the Administrator of Estates is authorized to withdraw into Government account any funds (within a defined amount) on deposit to the deceased's credit in Banks, Post Offices or other financial institutions in Canada and Overseas, without expense or trouble to the person(s) legally entitled to the estate, and to distribute such funds at the same time as any balance of pay is distributed. Also, War Savings Certificates and Victory Loan Bonds owned by the deceased may be redeemed and similarly distributed, or transmitted into the name(s) of the person(s) legally entitled. Such Certificates and Bonds should not be forwarded to the Administrator of Estates until they are requested.

If there are other assets which necessitate an application for Probate or Letters of Administration, the Administrator of Estates may transfer and hand over the Service assets to the executor or administrator appointed by the Court so that all the estate, Service and otherwise, may be dealt with as a whole.

The information given by you on Pages 2 and 3 of this form is therefore of importance in determining whether or not the deceased's assets are such that they may all be administered by the Administrator of Estates to the person(s) legally entitled, that is, without the need for Probate or Administration.

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. Philan
 Lt. (L.M. Firth) Lt.-Col.,
 Administrator 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.....	None		
2	Children of the Deceased and dates of their Births.....	None		
3	Father of the Deceased.....	None (Dead)		10th June, 1935
4	Mother of the Deceased.....	(Mrs.) Hottie Gertrude Aitken	45	Grindstone Magdalen Islands. Que.
5	Brothers of the Deceased	Full Blood Clarence George Reginald Aitken	17	Grindstone Magdalen Islands. Que.
		Half Blood		
6	Sisters of the Deceased	Full Blood Susan Esther Aitken Irya May Joyce Aitken	14 11	Grindstone Magdalen Islands. Que.
		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	Robert Deighton Lawes Aitken
9	Date of his birth	29th January 1919
10	Place and date of his marriage.	(Not married)
11	Place and date of his parents' marriage.	Grindstone.

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Grindstone
13	State, in order, the Province, State and/or Country in which he resided before enlistment and the period of time in each.	(a) Always lived in (b) Province of Quebec (c) (d)
14	Nature of employment before enlistment.	Truck Driver
15	State whether he owned the premises in which he lived and, if so, where situated.	Home owned by Mother
16	Name place where deceased stated he intended to make his permanent home.	

PARTICULARS OF ESTATE

17	Did he leave a Will?	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?	Not married
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.	None
20	Amount of War Savings Certificates held by deceased.	None
21	Amount of Victory Loan Bonds held by deceased.	None
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary there. Describe other assets, if any, and estimated value thereof.	Great West Life Ins. Co. \$5000, payable to Mother.
23	Is application for Probate or Letters of Administration necessary (see page 1)?	If necessary for life insurance.

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.	None
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.	None

(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.

Lottie B. Aitken {Signature of Informant
Grindstone, Magdalen Islands, Que. Address

CERTIFICATE

I hereby certify that, to the best of my knowledge and belief Mrs. Lottie

*See above.

Aitken {Name of Informant} is the * Mother 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.

Dated at Grindstone this 16th day of August 1943

Signature of Clergyman,
Priest, Magistrate,
Commissioner or
Notary Public

M. McDunn Qualification Clergyman

Address Grindstone, Magdalen Islands, Que.

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

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) Upon completion, the form will, in the case of Army personnel, be forwarded to the District Records Officer for transmission to Officer i/c Records (Army) N.D.H.Q., Ottawa. In the case of R.C.A.F. personnel the form will be forwarded to R.C.A.F. Records Officer, Dept. of National Defence for Air, Ottawa.

(1) Name of Officer or Other Rank..... **AITKEN Deighton**
(Surname first—Christian names in full—Block capitals)

(2) Regimental or Official Number and Rank..... **E-30391**..... **Rifleman**

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

(4) Are you married?..... **No**

(5) If married, state,

(a) Full name of your wife.....

(b) Present postal address of wife.....

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

(7) Are you a widower?..... **No**

(8) Have you any children?..... **No**..... Number of boys..... Girls.....

Names and ages.....

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

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

Name.....

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?.....**No**.....

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

- (11) Is your father alive?.....**No**.....

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

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

- (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.....

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

- (14) Is your mother alive?.....**Yes**.....

If so, state name and address.....**Lottie Burke Aitken**
.....**Grindstone, Magdalen Island, P.Q.**.....

- (15) If your mother is a widow, are you her sole or partial support?.....**Sole support**.....

- (16) If sole or partial support of widowed mother—state what amount per month you have given her prior to appointment or enlistment.....**\$25.00 per month**.....

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?.....**She is a widow**.....

- (17) Are you contributing to the support of any dependents, other than those shown above?.....
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

Full Name

Postal Address

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

- (18) Are you insured?.....**Yes**.....

If so, in what Company?.....**Great West 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.

(Sgd.) **Deighton Aitken**

(Signature of officer or man)

Date.....**26th August, 1940**.....

(Sgd.) **W.T. Home, Lt.-Col.**

Officer Commanding.....**Royal Rifles of Canada**

Date.....**26th August, 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.)

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not
write in
this space

1. PLACE OF DEATH	Municipal county	IN THE FIELD (HONG KONG)		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	AITKEN			Do not write in this space	CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH										
	Given names	Deighton				22. Date of death										
4. RESIDENCE	Street	No.			December 2nd, 1942.											
	Official name of civil municipality or township	Grindstone, Magdalen Island.			(Month) (Day) (Year)											
5. SEX	M	6. NATIONALITY (Citizenship)			7. RACIAL ORIGIN			8. Single, Married, Widowed or Divorced (Write the word)			23. I HEREBY CERTIFY that I attended deceased from			19..... to..... 19.....		
													and last saw h..... alive on..... 19.....			
9. If married give name of wife or husband of deceased																
10. BIRTHPLACE (Province or Country)	Quebec															
11. DATE OF BIRTH	January 29th, 1919.															
	(Month) (Day) (Year)															
12. AGE OF DECEASED	Years	Months	Days	If less than one day old												
	23		 hrs. or..... min.												
13. Trade, profession or kind of work, as spinner, teamster, office clerk, etc.	Truck Driver															
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	Hong Kong															
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)															
22. Signature of person who fills in the form (curate, coroner, hospital authority, etc.)	23. Name of clergyman in charge of Register of Civil Status in which registration of this burial was made.															
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) Pellagra and Heart Failure.																
(b) due to																
(c) due to																
II Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause).																
(b) due to																
(c) due to																
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?..... 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. 19.....																
Address..... Date..... 19.....																
28. Signature of person who fills in the form (curate, 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 Records, Dept. of National Defence.

H.Q. 405-A-2644
D.R. 2 (b)

20th November, 1945


Mrs. Lottie B. Aitken,
Grindstone,
Magdalen Island, Quebec.

Dear Mrs. Aitken:

With reference to previous correspondence from this Headquarters concerning the regretted death of your late son, E.30391 Rifleman Deighton Aitken, I wish to inform you it has now been confirmed that Rifleman Aitken was admitted to Sham Shui Po Hospital on the 5th day of November, 1942 transferred to Bowen Road Hospital on the 26th November and died on the 2nd day of December, 1942 cause of death being diagnosed as avitaminosis.

Please be assured that should further information be received concerning your late son's death and burial, it will be communicated to you without delay.

Yours truly,


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

GR/ME

405-A-2644

used

QUESTIONNAIRE ON FATAL CASUALTIES "C" FORCE

by

E. 30382..... L/Cpl..... MacLEAN, R.A.
Number Rank Name

Have you any information regarding the death or disappearance of personnel:

- (i) As per attached list of missing presumed killed in action.
(ii) Killed in action.

and if so, whom? E. 30391..... Rfn..... MacLEAN, R.A.
Number Rank Name

STATEMENT:

PLACE . Bowen Road Hospital

TIME . Afternoon

DATE . Approx 22 Dec 41. (listed as 30 Nov 41)

WHO WAS WITH HIM?

TO WHAT TASK WAS HE ASSIGNED? Bren Gnr

WHAT WAS HE DOING?

DETAILS OF WHAT HAPPENED. Saw the a/m Rfn's grave with name and number.

I was in that hospital and he was buried while I was there

PLACE OF BURIAL IF KNOWN... Near Bowen Road Hospital, Hong Kong

ITEMS OF PERSONAL EFFECTS OBTAINED AND BY WHOM

INTERVIEWED:

PLACE: Gordon Head Camp, B.C.

DATE: 6 Oct 45

MacLean R.A.
(SIGNED)

W. H. Armstrong
(W. H. Armstrong) Capt

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

4
ARMY

DECEASED
MEMBER'S
NAME

Deighton
(CHRISTIAN NAMES)

AITKEN
(SURNAME)

REGISTER NO.

D-9098

FILE NO.

405-A-2644

DATE

2-5-45

SERVICE NO.

E-30391

FINAL RANK OR RATING

Rfnp

DATE OF DISCHARGE

1-7-43

PAYEE Mrs. Lottie B. AITKEN,
ADDRESS Grindstone,
Magdalen Island, P.Q.

DATE OF TERMINATION OF OVERSEAS SERVICE

1-7-43

A. TOTAL QUALIFYING SERVICE

1020

NO. OF DAYS 1040 EQUAL TO 34 COMPLETE PERIODS AT \$7.50

\$ 255.00

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 612 LESS 20 INELIGIBLE DAYS, EQUAL TO 592 DAYS @ 25c. PER DAY
SEE PAR. 2 OVERLEAF FOR EXPLANATION

148.00

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

RECEIVED
MAY 12 1945
WAR SERVICE GRATUITY DIVISION, ARMY TREASURY

PAY	\$ 1.50
QUARTERS OR LODGING	\$ 1.25
PROVISION ALLOWANCE	\$
ADDITIONAL PAY	\$
DEPENDENTS' ALLOWANCE 1/30 OF \$ 25.00	\$.83
TOTAL	\$ 3.58
NO. OF DAYS 612	X7 = \$ 25.06
	X\$ 25.06
	183

403.00

83.81

D. WAR SERVICE GRATUITY

486.81

E. DEDUCTIONS OVERPAYMENT OF PAY AND ALLOWANCES \$
DEPENDENTS' ALLOWANCE \$
AND ASSIGNED PAY \$
OTHER DEDUCTIONS \$

F. TOTAL AMOUNT PAYABLE

486.81

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

TREASURY
CHECKED BY
H. M. Clelland
DATE
16/5/45

SERVICE REPRESENTATIVE

COMPUTATION OF WAR SERVICE GRATUITY

MEMBER'S NAME DEIGHTON AITKEN Register No. D-8098
(Christian Names) (Surname)
 PAYEE'S NAME MRS LOTTIE B. AITKEN File No. 405-A-2644
(Christian Names) (Surname) Date 2-5-45
 ADDRESS GRINDSTONE, MAGDALEN Service No. E-30391
ISLAND, P.O.U.E. Final Rank RFMN
 DATE OF TERMINATION OF OVERSEAS SERVICE 1-7-43 Date of Discharge 1-7-43

		AMOUNT	
		\$	c
A. TOTAL QUALIFYING SERVICE No. of day <u>1040</u> ³⁴ = <u>34</u> ⁹⁰ Periods @ \$7.50		25500	
B. QUALIFYING OVERSEAS SERVICE No. of days <u>612</u> less <u>90</u> Ineligible days, equal <u>592</u> Days @ 25c per day		14800	
C. SUPPLEMENT FOR OVERSEAS SERVICE Daily Rate of Pay \$. <u>1.50</u> ✓ Subsistence Allowance \$. <u>1.25</u> ✓ Additional Pay \$. <u> </u> Dependents' Allowance 1/30 \$ <u>25.00</u> \$. <u>.83</u> ✓ TOTAL \$ <u>3.58</u> × 7 = \$ <u>25.06</u> No. of Days <u>612</u> × \$ <u>25.06</u> <u>183</u>		40300	
		8381	
D. WAR SERVICE GRATUITY Computed By <u>Montey</u>		48681	
E. DEDUCTIONS Overpayment of (1) Pay & Allowance \$. <u> </u> (2) D.A. & A.P. \$. <u> </u> Other Deductions \$. <u> </u>			
Entered By <u>[Signature]</u>			
F. AMOUNT PAYABLE (This amount is payable in <u>1</u> monthly instalments of \$ <u>486.81</u> each)		48681	
G. Monthly instalment not to exceed daily rate of Pay & Allowances per (C) \$. <u> </u> × 30 = \$. <u> </u>			

REMARKS

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Form No. 1

Register No. D9098

Nominal Roll No. D191

H.Q. File No. 405-A-2644

TO: P.M.G.

CANADIAN ARMY (ACTIVE)
COMPUTATION OF SERVICE
WAR SERVICE GRANT

Rank
When
Regt. No. S.O.S. Surname Christian Name in Full
E. 30391 18 Km. AITKEN Deighton

Reason for Termination of Service:

1st Enlistment Died while P.O.W. CARO () ✓

2nd Enlistment CARO ()

3rd Enlistment CARO ()

TOTAL SERVICE

1st Enlistment 2nd Enlistment 3rd Enlistment
T.O.S. 26 Aug 40 T.O.S. T.O.S.
S.O.S. 1 Jul 43 MD 0/5 S.O.S. 228 MD S.O.S. MD
Total Days 1040 Total Days Total Days

TOTAL SERVICE

1040 DAYS

WESTERN HEMISPHERE

OVERSEAS SERVICE

Totals

Add Non-qualifying Service

TOTAL SERVICE

Total
Service

428
612
1040

Less Non-
qualifying
Service

Net
Service

428
612
1040
1040

EMBARKATION DETAILS:

1.

Date S.O.S. Overseas 28 Oct 41 ✓
1 Jul 43 ✓

2.

Date S.O.S. Overseas

REMARKS:

DIED WHILST IN SERVICE

Computer's Signature

Checker's Signature

Date Computed

Research Branch show above
dates. T.O.S. + S.O.S.

Certified that entitlement to bene-
fits under the War Service Grants
Act, 1944, has been established,
based on service shown herein.

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

DETAILS OF NON-QUALIFYING
SERVICE

WESTERN HEMISPHERE

[illegible]

TOTAL

OVERSEAS

T.O.S. 28 Oct 91 T.O.S.

T. O. S.

S. O. S. 126443 S. O. S.

S. O. S.

[illegible]

TOTAL

CASUALTIES ONLY

For purposes of W.S.G.
Casualties include death
subsequent to discharge.

Register No. D. 9098

File No. 405-A-2644

WAR SERVICE GRANTS ACT 1944

Ottawa April 9 1945

To: Chief Treasury Officer,
Dependents' Allowance and Assigned Pay Branch

Service No. E. 30391

Name D. Autken.
Christian Name Surname

Please supply the following information in respect of the marginally
named at the time of his discharge or death and return this form in
duplicate along with the file to the undersigned.

K. W. Rice
(K.W. Rice) Lieutenant,
for (A.R. Mortimore) Brigadier,
Paymaster-General

Names and relationship of persons
in receipt of D.A. and amount of
monthly award.

Name	Amount
<i>Mrs. Lathie B. Autken</i>	\$ <u>25.00</u>
<i>mother</i>	

If no D.A. in issue, list names and
relationship of persons in receipt
of A.P. who may be classed as
dependents under W.S.G. Act, 1944
and amount of monthly assignment

Names and relationship of persons to
whom assigned pay was continued by
supplementary award after death.

Amount of overpayment of dependents'
allowance and/or assigned pay deductible
from the War Service Gratuity and
name of person to whom paid.

APR 28 1945 194

Chubb
For Chief Treasury Officer,
D.A. & A.P. Branch

C.T.O., D.A. & A.P.

Overpayments of D.A. and/ or A.P. recovered from W.S.G. \$

194

for C.T.O.

49



Windstone W 9098

Magdalen Island
Prov. Quebec

1945 MAR 15 AM 11:27
March 27, 1945

National Defence Headquarters
Dear Sir's

I have read in
the papers where I am
entitled to war service
gratuity for my son
E-30391 Leighton Cuthken
Rfn. of the Royal Rifles
who died while prisoner
in Hong Kong

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but if I am entitled
to the gratuity as I know
I must be, it will
be of great help to me
please let me know
as soon as you receive
this.

Yours Truly
Mrs. Lottie B. Cuthen

Deighton was the
only one I had to
depend on, as his
father has been dead
for ten years I am
left with a cripple Boy
and two little girls.
it was certainly quite
a shock to me when I
heard of his death as he
was my only one to take
care of the home
money will never take
his place he was a
dear good Boy

October 1st., 1943.

Mrs. Lottie B. Aitken,
Grindstone,
Magdalen Island, Quebec.

Dear Madam:

You will, no doubt, have observed from press notices that a second batch of mail has recently reached Canada from the Far East consisting of 962 letters, nearly all from Canadian Army personnel who were prisoners of war in Hong Kong. These letters have been censored and are now in course of distribution.

Included in this mail is the enclosed letter addressed to you by your son, E.30391 Rifleman Deighton Aitken, who was previously officially reported by the Tokyo Government to have died of illness while a prisoner of war at Hong Kong. Action has been taken through the Department of the Secretary of State to obtain the date of death. This information has not as yet been reported.

Letters recently arrived are nearly all dated as far back as the summer of 1942 and have been a very long time on their way to Canada. As the date of your son's death has not yet been confirmed by the Tokyo Government, it must be assumed that his death occurred subsequent to the summer of 1942.

In forwarding this letter from your son, I am to express the sincere hope it may be of some comfort to you in your bereavement.

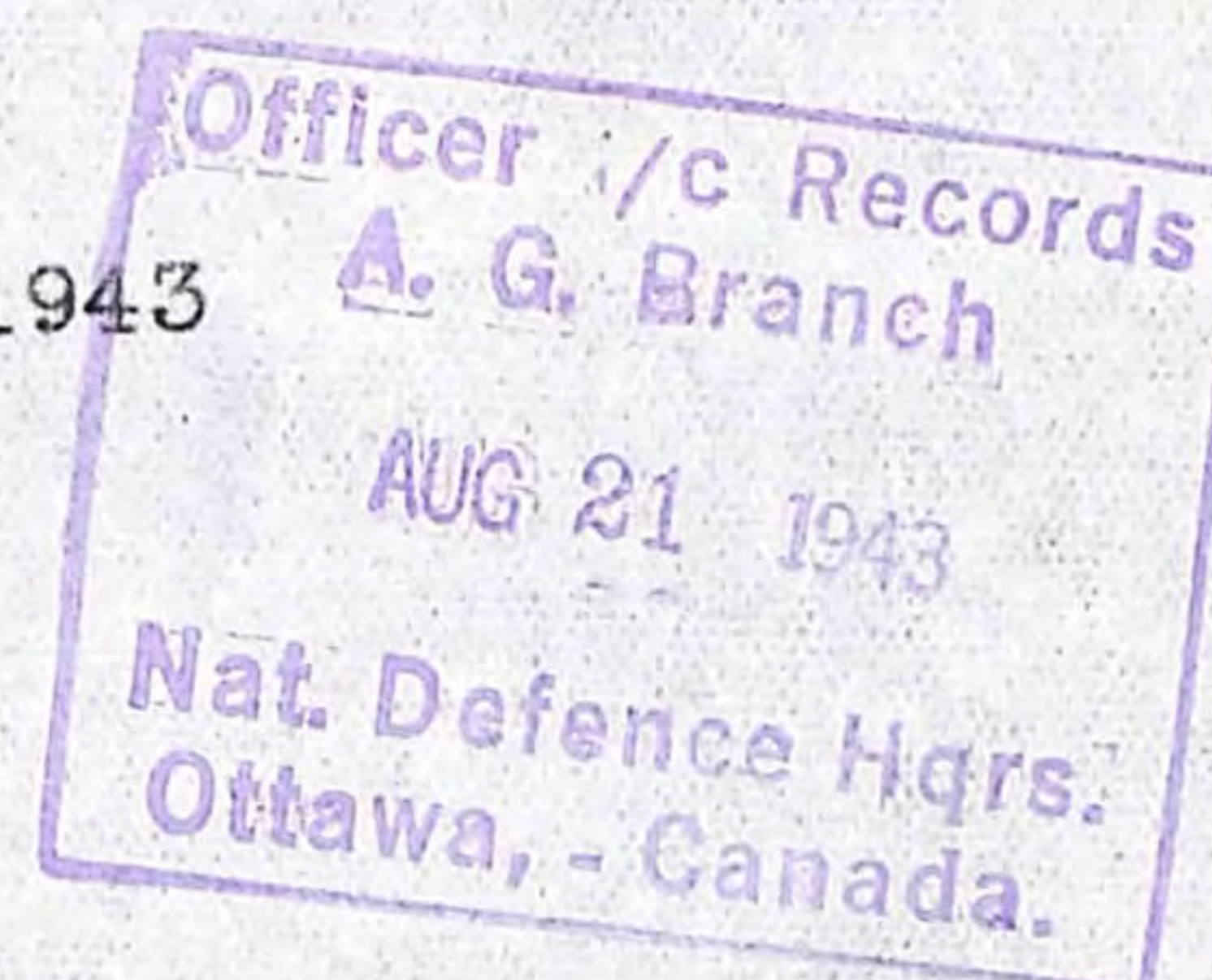
Yours truly,

OH
Colonel,
Director of Records,
for Adjutant-General.

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405 - A - 2647

July 6th, 1943



Mrs. Lottie Burke Aitken,
Grindstone,
Magdalen Island, Que.

Dear Mrs. Aitken:

I wish to express to you my deep sympathy in the loss of your son, now officially reported to have died of illness 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, Col.
S.A.A.G.

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CERTIFICATE OF DEATH

THIS IS TO CERTIFY that according to information received at the Department of National Defence from the overseas authorities dated July 2nd, 1943, No. E.30391, Rifleman Deighton AITKEN, of the Royal Rifles of Canada, Canadian Army, died of illness while a prisoner of war at Hong Kong.

W.E.C.

Colonel,
Director of Records,
for Adjutant-General.

Department of National Defence,
Ottawa, Canada.
July 27th, 1943.

W.E.C.

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OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

NUMBER **E30391**

RANK **Rifleman**

SERVICE UNIT **Royal Rifles
of Canada**

NAME **AITKEN, Deighton**

DATE OF BIRTH
DAY **29th** MONTH **January** YEAR **1919**

MARITAL STATUS **Single**

NEXT OF KIN AS SHOWN ON
M.F.M. 1, 2 & 5 RELATIONSHIP **Mother**

ADDRESS

Grindstone, Magdalen Island, Quebec.

NAME **Mrs. Lottie B. Aitken,**
ADDRESS
D.A.B.

ADDITIONAL PERSON
TO BE NOTIFIED

ADDRESS

PARENTS NAME

ADDRESS
(IF SOLDIER
MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO.

SBC 475 H.Q.405-A-2644

CASUALTY DETAILS

**Died - Pellagra and Heart failure.
whilst prisoner of war Hong Kong.**

DATE **not stated**

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 **6-7-43**

P.L.
OFFICER I/C RECORDS

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COPY FOR C.R. FILE

Monument National Bldg.,

15th March, 1943.

Mrs. Lottie B. Aitken,
Grindstone,
Magdalen Island,
Que.

Dear Mrs. Aitken: Re: E.30391 Rfn. Aitken, Deighton
Royal Rifles of Canada.

This will acknowledge your letter of March 7th in which you ask if letters are being sent to prisoners of war at Hong Kong.

Mail is still being forwarded via Russia until arrangements can be made to ship it by a more direct route.

For your information, I am enclosing the copy of a circular letter giving the latest regulations regarding letters. While there is no definite restriction placed on the number of letters, I suggest that in order to facilitate the work of the Japanese Censors, you do not write more than once or twice a month.

If there is any further information you require, please do not hesitate to write to me.

Yours sincerely,

G/C
Encl:

F. W. Clarke, Colonel.

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E. 30391 - Rfn. Aitken, Weighon

Ryl. Rifles of Con "C" Force Grundstone

445-A-2644

Magdalen Island

March 7, 1943

Dear Mr. Clarke,

would you please
let me know if letters
are going to prisoners
in Hong Kong as I
have not written my
son for some time
and would like to do
so, if there is any
chance of them getting
through please let me
know soon as possible

Yours Truly
Lottie B. Aitken.

19

Received MAR 11 1943

For Attention of Lt C. M.

For Information of _____

Acknowledged _____

File 405-A-2644

ND

H.Q. 405-A-2644
(D.R.)

April 4, 1942.

Mrs. Lottie B. Aitken,
Grindstone,
Magdalen Island, Quebec.

Re: E 30391 Rifleman Deighton AITKEN
The Royal Rifles of Canada (C.A.)

Dear Madam:

I am directed to acknowledge receipt of your letter of the 11th ultimo, in which you request information concerning the present welfare of your son, the soldier marginally named, who was serving with the Canadian Forces in Hong Kong when the garrison capitulated on the 25th day of December, 1941.

In replying thereto, I regret to inform you that the only additional information presently available at National Defence Headquarters concerning the Canadian Force at Hong Kong is that received in a cable dated 24th February, 1942, from the Canadian Minister to the Argentine, Buenos Aires, in which he advised that the Japanese Government had officially communicated that 1,689 Canadian officers and other ranks were prisoners of war. However, their respective names have not yet been released by the Japanese Government.

It is earnestly hoped that information respecting the welfare of your son, Rifleman Aitken, will be released by the Japanese Government without protracted delay and you may rest assured that on receipt of any particulars respecting his welfare, you will be advised immediately by telegram.

Yours truly,

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

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Grindstone M. J.
March 11th 1942

Dear Mr. Coleman,

I received your letter
some time ago. I have
been waiting anxiously every
day since Christmas to
get word about my son,
is there no possible way
that you could find
out if he was living or
dead, no one can realize
the distress we have been
in all winter. I do hope
if he is in prison that he
will get something to eat and
be used right, there is only
God that knows that.

2

if there is any word
about them please let
me know as soon as
possible, as if he is in
prison we can send
him a parcel of food
as often as we can.
I have only one son left
and he is a cripple been
in cast for two years
now and hasent walked
since he was five & he
is now sixteen I have my
wonnies in this world.
I will close this hoping to hear
from you soon yours Truly
Lottie B. Aitken.

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, Deighton AITKEN, of the Grindstone, in the County of Magdalen Island,
(Name in Full) (City, Town, Village, Township)

Address in
civil life.

of Grindstone, in the County of Magdalen Island,
District of Quebec, Province of Quebec, Truck Driver,
(Civil Occupation)

Regimental No. E-30391, 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, Mrs. Lottie Burke AITKEN,
Grindstone, Magdalen Island, P.Q. ALL MY ESTATE.

Relationship,
names and
address of
residuary
beneficiaries.

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

(4) I appoint nil, to be the Executor
(Name) (Address)

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

IN WITNESS WHEREOF I have hereunto set my hand this 7 day of September

19 40

Signed and acknowledged by the Tes-
tator, 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.

Deighton Aitken
(Signature of soldier)

First witness
sign here.

(5) Signature W. B. Brady

Civil Address Rice House Quebec P.Q.

Civil Occupation Fire Insuranceman

Second witness
sign here.

Signature Samuel Campbell

Civil Address Campbell St. H.B.

Civil Occupation Clerk

(Witnesses are not to be beneficiaries.)

[OVER]

Prepared by: FL
Checked by : al

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-30391

ACTIVE FORMATIONS AND UNITS OF THE CANADIAN ARMY

ATTESTATION PAPER

1. Surname AITKEN
2. Christian Names Deighton
3. Present address Grindstone, Magdalen Island, P.Q.
4. Date of birth 29th January, 1919
5. Place of birth Canada Quebec Grindstone, Magdalen Is.
(Country) (County or Province) (Town or Township)
6. Religion (state denomination) Protestant (Church of England)
7. Trade or Calling Truck Driver
8. Married, Widower or Single Single
9. Name of next of kin Lottie Burke AITKEN
10. Relationship Mother
11. Address of next of kin Grindstone, Magdalen Island, P.Q.
12. 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)
13. Have you served in (a) an Active Formation or Unit of The Canadian Army?
no (b) Any other Naval, Military, or Air
(If Yes, Give Regimental No. and Unit) Force?
no (Yes or No) (If Yes, specify Unit and Period of Service)
14. 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, Deighton Aitken, 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 26th August, 1940 (Sgd) Deighton Aitken
WITNESS: (Sgd) G.H. Olivier, Sgt. (Signature of recruit)

OATH TO BE TAKEN BY MAN ON ATTESTATION

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

(Sgd) Deighton Aitken (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 Cap-aux-Meules this 26th day of August 19 40

(Sgd) L. Garant, Major {Signature of Magistrate, Justice
or Attesting Officer.
Regt. de la Chaudiere, 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.....AITKEN.....Deighton.....Regimental Number.....E-30391.....
(Surname) (Christian Names)

QUALIFICATIONS

EDUCATIONAL QUALIFICATIONS

Military.....No.....High School }10.....Graduation }
or }(years completed)or }
Business or Professional.....No.....Collegiate }Matriculation }
Trade or Civil.....Truck Driver.....*College.....Grindstone, Magdalen Island.....
Technical.....No.....*University.....Nil.....
Languages.....Francais, Anglais.....
*(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			Royal			
		T.O.S. Royal Rifles of Canada CASF	Rfn.	26 Aug 40	Rifles	Valcartier	56	9 Sep 40
		Admitted to Sussex Camp Hosp.	"	26 Sep 40	"	Sussex Camp	71	26 Sep 40
		Discharged from Sussex Camp Hosp.	"	30 Sep 40	"	"	74	30 Sep 40
		EMBARKED CANADA-SAILING LIST NO 414 "W" FORCE		2 Dec 40				
		Granted 14 days leave of absence commencing"		2 Jun 41	"	"W" FORCE	101	14 May 41
		Granted 7 days leave in addition to						
		furlough granted, for travelling purposes	"	2 Jun 41	"	"	101	14 May 41
		Awarded 3 days C.B. & forf. 3 days' pay						
		for A.W.L. from 1700 hrs. 30 Jun 41 to						
		1630 hrs. 3 Jul 41 (absent 2 days, 23 hrs.,						
		30 mins.)	"	4 Jul 41	"	"	143	4 Jul 41
		RETURNED TO CANADA AUGUST 18, 1941						
		Sailing List #51B						

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

CERTIFICATE OF MEDICAL EXAMINATION

Name in full...AITKEN, Deighton..... Place

Place..... Date 26 Aug 40.....

Part 1. Information obtained from the recruit.

1. Age 21 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) Deighton Aitken

(Sgd) Deighton Aitken

Signature of Applicant.

Part 2. Information obtained by medical examination.

THE RECRUIT MUST BE STRIPPED

1. Identification marks or scars. (If operative obtain history).

2. Height5.....feet.....7.....inches.

3. Weight133.....pounds.

4. ComplexionClear.....EyesBlue.....

5. DevelopmentGood.....

HairBlond.....

Good
Fair
Poor

6. Chest measurement—Girth on full expansion. 35.....inches.

Range of expansion.....2.....inches.

7. Vision, right $\frac{20}{60}$ left $\frac{20}{40}$
 With Glasses— right $\frac{20}{20}$ v. $\frac{20}{20}$ v. left $\frac{20}{20}$ v. $\frac{20}{20}$

8. Hearing, right....w.v....20 left....w.v....20.

9. Condition of mouth and teeth.....Good.

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

Reflexes, urine, oreilles: normal

X-Ray Negative (Sgd) Ph. R.

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, Capt. (Sgd) Philippe Richard (Sgd) Robert Naud, M.D.
President BCAMC Member M.D. Member

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature
			<p>CERTIFIED TRUE COPY OF MF2</p> <p><i>J. L. Payne</i></p> <p>Officer having custody of regimental documents kept by the Director, War Service Records, DVA, Ottawa, 1 Aug.</p>

To be made out in duplicate.

ORIGINAL

M.F.M. 5
400M-8-39 (1702)
H.Q. 1772-45-18

PARTICULARS OF FAMILY OF AN OFFICER OR SOLDIER OF
THE CANADIAN ~~FIELD~~ FORCE
ACTIVE SERVICE

INSTRUCTIONS.

- (a) This form is to be completed immediately an officer or soldier is appointed to, or enlisted in, the C.F.F.
- (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 soldier, to the Paymaster, or Officer acting as such. The latter will transmit one copy, through the District or Camp Paymaster, to the Chief Paymaster, N.D.H.Q., Ottawa. The other copy will be retained by the Paymaster until the unit arrives Overseas, when it will be forwarded to the Chief Paymaster, Canadian Overseas Intermediate Base.

(1) Name of Officer or Soldier.....AITKEN DEIGHTON.....
(Surname first—Christian names in full—Block capitals)

(2) Regimental Number.....E-30391 Rifleman.....

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

(4) Are you married?.....No.....

(5) If married, state,
(a) Full name of your wife.....Nil.....

(b) Present postal address of wife.....Nil.....

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

(7) Are you a widower?.....No.....

(8) Have you any children?.....No.....
If so, give number of boys and girls.....Nil.....
Also their names and ages.....Nil.....

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

Give particulars of Guardian to whom Separation 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?..... **No**

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

(11) Is your father alive?..... **No**

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

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

(13) If sole support of father who is a widower—state what amount per month you have given him prior to joining ~~C.F.C.~~ **C.A.S.F.**..... **Nil**

Also state reason he has no other means of support..... **Nil**

(14) Is your mother alive?..... **Yes**

If so, state name and address..... **Lottie Burke AITKEN, Grindstone, Magdalen Island, P.Q.**

(15) If your mother is a widow, are you her sole support?..... **Sole Support**

(16) If sole support of widowed mother—state what amount per month you have given her prior to joining ~~C.F.C.~~ **C.A.S.F.**..... **\$25.00 per month**

Also state reason why she has no other means of support..... **She is a widow**

(17) Are you insured?..... **Yes**

If so, in what Company?..... **Great West Life Ins.**

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.

Deighton Aitken
.....
(Signature of officer or man)

Date ^{Aug} ~~Sept~~ **26th** 1940

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

Date ^{Aug} ~~Sept~~ **26th** 1940

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

(1) MEDALS
PERSON

ENTITLED TO

Mrs. Lottie G. AITKEN (MOTHER)

ADDRESS:

Grindstone,
Magdalen Island, Que.

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER

Mrs. Lottie B. Aitken,

ADDRESS:

Grindstone, Magdalen Island, P.Q.

MEMORIAL BAR

DATE DESP

REGN. NO.

(2)

DESP. AUG 2 1943

REGN No. 2454

(3)

5-7-43
(O.C.L.-324)

AWARDS—CANADIAN ARMY (ACTIVE)

M

100M-10-41 (2105)
H.Q. 1772-45-8

1463

FILE NO. 405-A-2644

AITKEN, Deighton

E.30391

Rfn.

Quebec Regt.

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
C.V.S.M. & Clasp

3286. 18/3/50

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

No E.30391 Rank Rifleman Name AITKEN, Deighton

Unit Royal Rifles of Canada Date of death ~~30 Nov 1942.~~
July 1st, 1943.

Died at Hong Kong, while a prisoner of war

Cause Pellagra and Heart failure.

Death occurred on strength of Forces.HQ 405-A-2644 d

N/K Mrs. Lottie B. Aitken, Relationship mother

Address Grindstone, Magdalen Island, Quebec.

Remains buried in Bowen Road Hospital Cemetery

Hong Kong

Grave location

CHK ✓

OVER—

DEATH CERT. TO N.K.

BURIAL REPORT TO N.K. SEP 22 1947

RETURN TO BUR. OF STAT. DEC 15 1945

ROYAL MESSAGE DESP'D. 9-8-43.

CAN. MESSAGE DESP'D. 12-7-43.

REBURIAL

Sai Wan Military Cemetery,
Hong Kong.

Grave 3, row A, plot ~~1~~⁸.

Photographs

Despatched

MAR 19 1948

IWGC Quest Form Desp'd 10 ¹/₄ 9.

267 0 162

5H/37

收容所 Camp	香港 昭和 17 年 1 月 7 日	番 號 No.	香 6226
姓 名 Name	AITKEN, Deighton エイトケン, デイトン	生 年 月 日 Date of Birth	1919.1.29.
國 籍 Nationality	加	所 屬 部 隊 Unit	No. E 30391 Royal Rifles of Canada
階 級 身 分 Rank	Rifleman 兵	捕 獲 年 月 日 Date of Capture	昭和 16 年 12 月 25 日
捕 獲 場 所 Place of Capture	香港島防禦陣地	母 ノ 名 Mother's Name	Lottie
父 ノ 名 Father's Name	ROBERT	職 業 Occupation	運轉手
本 籍 地 Place of Origin	Grindstone Magdalen Islands Quebec - Canada	特 記 事 項 Remarks	死 二
通 報 先 Destination of Report	Mother: Aitken, Lottie Grindstone Magdalen Islands Quebec - Canada		處理 濟

補
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電
濟

補修欄 Other Informations

昭17-11-30 慢性腸炎兼脚気兼ペラグラ兼心臓麻痺 = テ死亡ス。

PELLAGRA Heart Failure

午前4時50分

昭和17年11月26日

死亡場所 香港 俾盧收容所 第1 ^遺 舎 所

3