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15.55

Mr. Barnie McGie

Hopetown,

Bonaventure Co., P.Q.

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.O. 405-M-7166 FD 198

DEPARTMENT OF NATIONAL DEFENCE

ESTATES BRANCH OTTAWA, ONT.

June 28, 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

McGIE, Chester, Spr., No. E. 37016

2nd Field Company, R.C.E.

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.

RGP/JMcF

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

M.F.W. 77 6M-4-43 (9515) 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.

egrees	RELATIVES required to be accounted for Widow of the Deceased		INFORMANT'S STATEMENT					
of ela- ion- hip			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								
2	Children of the	a Deceased and						
2	dates of thei	e Deceased and ir Births						
3	Father of the	Deceased						
4			Miss Grace los		Hopetonu, Du			
	Brothers	Full Blood	None					
5	Brothers of the Deceased							
		Half Blood	None					
		Full Blood						
6	Sisters of the Deceased		Noue					
		Half Blood	None					
7	Names of brother of the full or to Deceased, who death of each.	rs or sisters (whether the half blood) of the are dead, and date of	Names and ages of their children (if any)		Address of their children			
			Mone					

1.0

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

sed ever

Deposite his death

8	Full names of the deceased & lester >	1- Gie
9	Date of his birth	16th 1921
10	Place and date of his marriage.	
11	Place and date of his parents' marriage.	
	PARTICULARS OF	DOMICILE
12	Place where deceased was born.	
13	State, in order, the Province, State and/or Country in which he resided before enlistment and the period of time in each.	(a) Helous, Bou. Com (b) (c) (d)
14	Nature of employment before enlistment.	Farners hely.
15	State whether he owned the premises in which he lived and, if so, where situated.	No
16	Name place where deceased stated he intended to make his permanent home.	Hopetown, Que
	PARTICULARS OF	FESTATE
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?	20
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.	No
20	Amount of War Savings Certificates held by deceased.	None
21	Amount of Victory Loan Bonds held by deceased.	voue.
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.	None
23	Is application for Probate or Letters of Administration necessary (see page 1)?	No
	OTHER PARTICU	LARS
24	Did the deceased after enlistment incur any debts for:— (a) His own separate board and lodging while on service. (b) Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	No
25	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	No
	(Note:—The Government pays funeral expenses within the and burial is made Overseas as well as where death occurs and zone, and if a relative has already paid those expenses the Govern authorized in the Regulations. Any amount of such expenses in the Government nor is it chargeable against the service estate of	ment will reimburse such relative to the extent of the amount excess of those authorized in the Regulations is not payable by

DECLARATION

AVA GIRLIAM PROFIL	that all the particulars shown on this for elatives that the deceased ever had in the deceased exert had in the deceased exert had in the deceased ever had in the deceased ever had in the deceased ever had in the deceased	he degrees specified; and that I am the
N. B. To be signed in full in the presence of a Clergyman, Priest, Local Magistrate, Commissioner or Notary Public.	Mes. Shaces,	Informant
I hereby certify	CERTIFICATE that, to the best of my knowledge and be	elief Grace Cos
*See above.		nother of the Deceased
	I believe the above Declaration and the Sant and signed in my presence to be com-	
Dated at. A bell Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public Address	Sault Qualification S Mew Carles	

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

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

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suid , magazi Counthy II formi - Tain "Inches

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

ORIGINAL DUPLICATE TRIPLICATE

INSPECTED

ATTESTATION PAPER

1. Surname	Mo GAS	
2. Christian Names	OMBSTER.	
3. Present address	BOPETONE JO. BONA	VARIOUS P. A
4. Date of birth	16 DEGEMBER 1980	
5. Place of birth(Country)	(County or Province)	(Town or Township)
6. Religion (state denomination)		
7. Trade or Calling	FARMER	
8. Married, Widower or Single	BINGIA	
9. Name of next of kin	BARNIE MG GER	
10. Relationship	FATHER.	
11. Address of next of kin	HOPETOFE P.	
12. Do you belong to, or have you se	erved in the Active Militia of Ca	nada?
13. Have you served in (a) The Cana		(Yes or No) (b) Any other Naval, Military, or Air
Force?	Yes or No) (If Yes, specify Unit and Period of Se	
14. Did you serve during the Great	War 1914-1918?	
(If Yes, specify Regimental No., Unit and Dates	of Service)
DECLARATIO	N TO BE MADE BY MAN	ON ATTESTATION
particulars are true, and I hereby eng	gage to serve in the Canadian Action real or apprehended, exists	do solemnly declare that the above tive Service Force so long as an emergency, and for the period of demobilization after less than one year, provided His Majesty
Date 2000	Mat-	(Signature of recruit)
	BE TAKEN BY MAN ON	
declare) that I will be faithful and	bear true allegiance to His Majo	sincerely promise and swear (or solemnly esty. (Signature of Recruit
The Recruit above-named was questions he would be liable to be parties. The above questions and answer.	cautioned by me that if he maunished as provided by law. rs were then read to the recruit	CE OR ATTESTING OFFICER de any false answers to any of the above in my presence. his answer to each question has been dul declaration and taken the oath before me
circulation to, wire the same i	cordio mas made and signed one	

N.B.—ATTENTION IS DRAWN TO THE FACT THAT ANY PERSON MAKING A FALSE ANSWER TO ANY OF

Office or Rank and Unit

or appointment.

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

	tained from the re	
. Age. 19 2. Ha	ve you ever suffered	d from any of the following diseases?
a. Rheumatism	<u>no</u>	k. Ear diseaseno
o. Tuberculosis		1. Eye disease
c. Bronchitis or asthma	no	m. Epilepsy
l. Heart disease	<u>no</u>	n. Nervous or mental diseaseno
e. Kidney or bladder disease	no	o. Syphilisno
Gastro-intestinal		p. Gonorrhoeano
Rupture	no	q. Have you ever worn glasses? ^{no}
. Varicose veins	no	r. Are you now or have you in the past received disability pension or compensation? If so, give details
. Flat or deformed feet	no	pensation? If so, give details
. Nasal trouble	<u>no</u>	Chesting Gee Signature of Applicant
		l examination. The recruit must be stripped.
1. Identification marks or scars.	(11 operative obta	ain history.)
2. Height5feet	9inches	3. Weight pounds.
. Complexion Clear	Eyes. Blue	
	HairBrown	Poor
6. Chest measurement—Girth or	n full expansion	
		3.5½ inches. inches.
Range	of expansion	2inches.
Range of Vision, right O/20le	of expansion	8. Hearing, right W. V. 20 left W. V. 20
Range of Wision, right O. 20le	of expansion	8. Hearing, right W. V. 20 left W. V. 20
Range of Vision, right O/.2.0le	of expansion	8. Hearing, right V. 20 left W. V. 20
Range of Vision, right O/20le Condition of mouth and teeth The abnormalities (congenital Reflexes Exime	of expansion	8. Hearing, right v. 20 left v. v. 20 found on examination are as follows. Normales
Range of Vision, right O/20le Condition of mouth and teeth The abnormalities (congenital Reflexes Exime	of expansion	8. Hearing, right • V • 20 left W • V • 20 left word on examination are as follows.
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Statement of the Service of No. E 370/6

Rank...

Sheet No.

Name MCGIE OHESTER

	EPORT	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority	
Date	From whom received	(COMUNICATION OF LONG 2, MAIL 121. 1 OF LEATHER, 2)					Part II D.O. No. Cas. List, etc.	Dated
		P/2 no 2 2 mils / am 22	Opr	25 mar 42	221 con	CIF	1-6	10 apr 4
		ette sap total Can Id Con	Spr	202nay 42	220 con	W/V	27	23 June X
		Qual as Pineer Sup C	Spr		27dCon	445	33	14 July 2
		Ceases all to I de. 200 Coy	Spor	1 July 2	2 Id Coy	94	32	28 Julyer
		Grant Tom as Proneis Syp C		2) aug ()			33	4 Quy 4
			Spr	22 July 12	2 2d con	44	36	25 augy 2
305		Granted P/L (men) Embres 2 d for France Sos & Khish PCE		18 aug 42			3 9	28 augy
	1		Spr	20aug 42	X List	414		17 Senav
		S.O.S. KILLED IN ACTION	Spr.	19 Aug.	42.	11	5	14 May 43.
				***************************************		***************************************		
						(
						••••••••••••		
••••••••						•••••		
						•••••••••••		

SERVICE AND CASUALTY FORM

Part I (For all ranks)

M.F.M. 4 (Part I) A.F.B. 103 (Part I) 500M—8-39 (1700) H.Q. 1772-45-18

Unit No. 6. EMPLOYEMENT PLATOON R. (C.A.S.F)

Regimental Number E-37/2016

Unit (Battn., etc)	
Authority M.O.	
de in pencil)	
22	
The state of the s	

Notes-

- (A) Here enter particulars of any subsequent claim as to actual age after verification of birth certificate.
- (B) Whether for home service only, enlisted at special rates of pay, etc.
- (C) If to be retained on home service, period if specified to be stated; also authority and on what grounds: see (A) above.
- (D) Signaller, Farrier, etc.
- (E) Instructions regarding allotment of these sub-heads will be made as may be necessary after mobilization.

Date	From whom received	Unit	with para. 2 of Note to Table I of Appendix III of Field Service Regulations, Volume I				snown
		10HU	SOS to # / RCE NO	Bordon	29/3/41	Pte.	Do 73 31/3/41 Do 87 16/4/0
30 Mar 42	OC	27d Cry.	Tos from #1 GHU Sos to 2nd Fld Coy Tos from 1 E.H. U. P-1 7 days P Leave NFTW	Field	24 July 41 25 Jul 41 25 Mar 42		10 40 (1) 31 July 16 - 10 ah 42.
19 Jul 42 2 Jul 42		······································	atta FAP to 7 beln Fd boy BCK Qualified as Pronies Sup "C" Cases attd of up except r to I Can Fd Coy Conservation for retires to I Can Fd Coy		20 may 42 30 Juny 2 15 ful 42		30 14 dolys 36 25 Aug 42 32 28 Jul 42
8 Jul 42		Lessalle	Embarked for France Mahile O. S. C. J. J. S. Jones Stones Grant "C" Judystan as from Sunt "C" Jos from 2 Ceen Feeled Cay R. C.C.	U.K.	19 aug 42 3 Aug 42 20 aug 41		37-28 aug 42 39-4 Sur 42 33-4 aug 42
			Sos vous rep. Kelled in action-19 aug 42 Buried at conseture Des Vertus De Hautot-Sur-mer Brave no. 481				

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7-5-43 (0.C.L302)	AWARDS—CANAI	DIAN ARMY (ACTIVE) 146	35 100M—10-41 (2195) H.Q. 1772-45-8
				FILE NO. 405-M-7166
McGIE, Chester		E.37016	Spr.	R.C.E.
SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. NO.	RANKON	C.A.S.F. UNIT
WAR SERVICE				
(CLASS) NO.	DATE DE	SPATCHED:		
ADDRESS:				
CAMPAIGN MEDALS		REGISTRATION NU	MBER AND DATE	DESPATCHED
1939-45 Star	3883	31/3/	15-0	
Defence Medal War Medal 1939-45				
-CVSM & Clasp				

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

(SEE OTHER SIDE).

PARTICULARS OF FAMILY OF AN OFFICER OR SOLDIER OF THE CANADIAN FIELD FORCE

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
(-/	(Surname first—Christian names in full—Block capitals)
Lago troi	**************************************
(2)	Regimental Number E-37016
(3)	Unit NO.6. EMPLOYEMENT PLATOON R.C.E. (CASF)
(4)	Are you married? NO.
(5)	If married, state,
** .*	(a) Full name of your wife
	(b) Present postal address of wife N.A.
(6)	If married, have you been regularly supporting your wife? If not—state reasons
(F)	Are you a widower? N.A.
(7)	Are you a widower?
(8)	Have you any children?
	If so, give number of boys and girls
	Also their names and ages
(9)	If Separation Allowance is claimed in respect of children—state whether you have been regularly sup-
	porting them
	Give particulars of Guardian to whom Separation Allowance should be paid—if authorized—
	Name N.A.
	Postal Address

og woun wife?	ave been regularly supporting and publicly representing
	N.A.
If so, state her full name and Postal Address.	
(11) Is your father alive? XES	61.
If so, state name and addressMR	The state of the s
(12) If your father is a widower and is totally incap	acitated from earning a living—are you his sole support?
(13) If sole support of father who is a widower—sto joining C.F.F	tate what amount per month you have given him prior
Also state reason he has no other means of sup	oport MXXXI He is sick
(14) Is your mother alive? YES	
If so, state name and address	ROSS (MCGEE
HOPE TOWN CTE EX	SKEX P.Q. BONAVENTURE
(15) If your mother is a widow, are you her sole su	ipport?
(16) If sole support of widowed mother—state what	t amount per month you have given her prior to joining
C.F.F	
Also state reason why she has no other means	of support
(17) And Train in armod? MI	
If so, in what Company?	
	your Insurance Premium?
	assign the amount in addition to any other assignment ment is not in excess of the maximum monthly amount
I hereby certify that the information given by	me on this form is correct in each and every particular.
	(Signature of officer or man)
	(Signature of officer of firall)
Date 30-7-40	
	Mageellager
	Officer Commanding
Date 30-7-40	District Depot.M.D.5.

No E.37016 Rank Sapper	Name	McGIE,	Chester.	
Unit R.C.E.	Date	of death_	19th Aug.	, 1942.
Died at France				
Cause Killed in action.				
Death occurred on strength o	of Forces.	HQ 40	05-M-7166	d10-5-43
N/K Mr. Barnie McGie,			Relation	hip Father
Address Hopetown, Bonaver	nture Co	., P.Q.		
Remains buried in	Cimetie	re des	Vertus	Cemetery
	Hautot	Sur Mer	France.	
Grave location/	Grave 4	81.		
				OIFR
				UVV

DEATH CERT. TO N.K.

BURIAL REPORT TO N.K. 12-5-43

RETURN TO BUR. OF STAT. 3-6-43

ROYAL MESSAGE DESP'D. MAY 3 1 1943

CAN. MESSAGE DESP'D. 12-5-43

Hautot-sur-Mer Cdn Mil Ce Hautot-sur-Mer, France.

1 & CR Form Despondant 6 - 1946

E 37016 - Spr. McGie, C.

Respirator, A/G, complete	*	1
Haversack, web		1
Straps, web, supporting		2
shoulder		2
Hags, kit, small		2
Rags, kit, small Capes, A/G		1
Groundsheet		1
Braces, web, left		1
Dubbin, tins		1
Shirts, gym		1
Blouse, battle dress		1
Trousers,		1
Towel		1
Socks, prs		4
Brushes, boot, blacking		1
polishing		1
Blouses, denim		1
trousers, "		1
Covers, mess tin		1
Shirts, flannel		1
Drawers, light		1
Shoes, canvas		1
Water bottle		1
Brasses, button		1
Housewife		1
Holdall		1
Shirts, summer		2
Razor		1
Greatcoat		1
Packs, web, large		1

OFFICIA	AL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION	
NUMBER	E.57016 RANK Sapper Service Unit 2nd Field Company R.C.E.	
NAME	MoGIE, Chester	
DATE OF BIRTH DAY	16th Month December year 1920	
MARITAL STATUS	Single	
NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 RELATIONSHIP ADDRESS	Father NAME Barnie McGie, D.A.B.	
ADDITIONAL PERSON TO BE NOTIFIED	Hopetown, Bonaventure County, Que. Address	
PARENTS NAME ADDRESS IF SOLDIER MARRIED OVERSEAS		
AUTHORITY CAS. SIG. NO. CASUALTY DETAILS	Canrecords 2638 H.Q.405-M-7166 Previously reported missing now officially DATE 19-8-42 reported killed in action. Buried at Des Vertus Cemetery, Heutot Sur Mer, France, Grave 481.	
AST WILL ATTACHED TO IOTIFICATION TO A. OF E.?	YES/NO M.F.M.5. ATTACHED TO NOTIFICATION TO A. OF E.7 YES/NO DATE 10-5-43	

COPY FOR DOCUMENT FILE

E-37016 Spr. McGIE, C. 2nd Field Coy R.C.E.

Echelon questionmaire. - 15 Jan 43. The man was with Lt. Shackelton, B-25103 Sgt. Cleasby S.J. P.O.W. B-97216 Spr. Boyle W.M. (P.O.W.) carring out demolitions. Lt. Shackelton (P.O.W.) wrote that Spr. McGie had been killed. No one of this party returned from the operation. He was in danger of being taken prisoner as there was no Infantry covering party.

-	-	7	78 AT	6
10-4	C B			-
	v			

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do n	ot
write	in
this sp	ac

1. PLACE OF	Municipal County	THE F	IELD (FRANCE)	Official name civil municip ty or towns	ali-						Place an X of applies to this no City Town Vi	iunicipalit	ty or this	territory
DEATH	Street				No.		Hospit							Talling	
2. LENGTH OF STAY	(a) In hosp or insti- tion	A TO	Months Da	ys (b) In mur pality where death occu	nici- Years	Months	Days	(c) In Province	Years	Months	Days	(d) In Canada (if immigrant)	Years	Months	Days
3. NAME	Cumpama		MeG	TIC		Do not		CONFIDEN	TIAL	MEDI	CAL C	ERTIFICATE	OF DE	ATH	
OF	Surname	••••••••	(Bl	ock letters)		write in					1				
DECEASED	Given names	S	0110	DUCL		this space	22. Da	te of death	Augu	ST		19th,			1942.
Street					23 T I	HEREBY CERTII	EV that	(Mont		(Day)			(Year)		
					23. 1 1	TEREBLE CERTIFIC	r I mac.	1 attende	ed deceas	ed from					
4. E Official name of civil municipali-								19	to			19			
ty or town	A STATE OF THE PARTY OF THE PAR							1 i 1							
Municipal county	Bonav	enture	Co.,	Province	Quebec.		and	1 last saw n				CDEART			19
	NATIONALI	Control of the last of the las	CIAL ORIG	Section 19 10 10 10 10 10 10 10 10 10 10 10 10 10	e, Married,			I	2	4. CA	USE OI	F DEATH			
	(Citizenship)			Widowe	d or Divorced te the word)		Immed	diate cause		11	7	Killed in	act	ion.	
M.				Sin	gle.		tion v	disease, injury	or con	t the					
9. If married g	ivo						asphyx	of dying, such as ia, asthenia, etc.	heart	failure,	due to				
name of wife or h	us-								anv.	giving	((b)				
band of deceased								d conditions, if							
10. BIRTHPLAC	CE O	anhon.						ate cause).	kwards	from	due to				
(Province or Cour	HUTY)	lepec.		-/				II			(c)				
11. DATE OF BIRTH		Decemb	er.	Torn,	. 1920.		Other	Other morbid conditions (if important) contributing to death but not							
		(Month)	((Day)	(Year)		causal	ly related to	imm	ediate	}			••••••	
12. AGE OF DECEASED	Years	Months	Days	If less than	one day old		cause.				1) 1			
	21	8	4	hrs o	rmin.		If :	a communicable di	sease is	(a) Da	te Sapp	earance		1	9
							III men	ntioned on this cer	tificate,	1-	J' .	100			
Z kind of v	ade, profession work, as spini	ner.	mer.							(0) D	uration of	disease		da	lys
teamster	r, office clerk,	etc					25. If a	woman, was there	a nuern	eral conc	divien?				
	nd of industry							4	25	O	-				
	ng, bank, etc.		1 10	M-4-1			26. Wa	s there a surgical	peration	1	Date	of			19
0 15. Dat	e deceased	last		Total years spent in this				ON CE							
worked a	t this occupati	on		occupation	RTHPLACE			27. If death was due to external causes (violence) fill in also the following:—				topsy?			
	17.	NAME	A. The same		rovince or Country)		27. 11 0	death was due to ex	cternal ca	auses (vi	olence) ni	I in also the following	g:—		
			-		Jountly)		Acc	cident, suicide or he	omicide			Date			19
FATHER	MCGIE,	Barr	lie.							(Sta	te which)				
MOTHED							Ma	nner of injury			(H	low sustained)			
MOTHER (Maiden Name)							No	ture of injury	2.10						
19. Place of buri	ial cre-		tream transmit				1							The state of the s	
mation or i							inc	dustry, in home,	or in pu	blic pla	ce				
20. Date of buris	al				19		Sign	ed					••••••		M.D.
6 (a) N	Name of parish	+0													
A L N	r church		••••••	••••••		0.000		ress				.Date			19
OF COP	Civil muni- cipality of					. Sign	rate, cord	f person who fills oner, hospital author	ority, etc	e.)	29. 1	Name of clergyman Civil Status in wh	in charge	of Registration of	ster of of this
E E (c) Municipal						1			b	ourial was made.					
						-	1 13	la dia	. 0	THE					
I (p) I I I I I I I I I I I I I I I I I I I	Date				19	This sign	nature	thorizes the collection	ctor to	accept		••••••			
60 H	Javo	(Month)		(Day)	(Year)		this	form as authentic.				(Voir l'autre	côté pou	le franç	ais)
					IOI	Dire	ector	or Reco	ras	, De	pt.	of Matio	lal]	Defer	ice.

RECORDS OFFICE OVERSEAS CAHADIAN MILITARY HEADQUARTERS GRAVES REGISTRATION CARD

DATE 6 MAY 43	<u>FIO</u> .
NAME MCGIE, CHESTER	DATE OF BIRTH 16. Dec. 1920.
RANK SPR.	REGIMENTAL NO
UNIT 2 ND. FIEID COY.R.C.E.	TEXT OF KIN ADDRESS FATHER
	Barnie McGie,
	HOPETOWN, P.Q.
PARTICULARS 0	F HOSPITALIZATION
DATE OF ADMISSION	NAME & LOCATION OF HOSPITAL
DIAGNOSIS	
PARTICULAR	S OF DEATH
DATE OF DEATH	PLACE OF DEATH
HRS	
CAUCE OF DEATH PREV. MISSING NOW	REP. KILLED IN ACTION 19 AUG 42
PARTICULARS	OF BURIAL .
DATE OF BURIAL	CEMETERY Cimitiere dex Vertus.
DEATH CERTIFICATE NO	LOCATION OF CEMETERYHautot sur Mer
PLOT NO. Tombe No.481	DATE OF REGISTRATION Inferieure.
MARKERS TEIPORARY	
INSCRIPTION (IF ANY)	
REMARKS	The same of the sa
DISPOSAL OF EFFECTS	
RELIGION Church of England.	
Extracted from Burial Records, RECORDS OFFICE OVERSHAS, LCTON, LONDON, W.3.	SEP 1 4 1943
H.B. This burial report contains all information at present available but is subject to revision by this Office.	H.F. BALSDON) Lieut. For (R.T.E.Hicks-Lyne) LtColonel Officer i/c Records Canadian Military Headquarters.

M.F. 10	
40/P & S/254 (1-43)	Ų
	3

CANADIAN ACTIVE SERVICE FORCE

OVERSEAS

District	
Dispersal	
Area	

LAST PAY CERTIFICATE

Regtl. NoE. 37.016Rank and Name					
			on		
			on 19 August		
			Authority: C. C. I. "A" 265 d/5 Ma		
The following is a statement of the account the inclusive date of transfer or discharge.		e-named	from 1 August to 31 August	194. Cr.	2
Particulars	Amou	ınt	Particulars	Amo	unt
Balance Dr. from last account			Balance Cr. from last account	119	0.7
First Monthly Payment			77 770	The real of	30
Casual Payments			Tradesmen's Pay. 31 days at. \$ 25		75
Payments on Transfer or Discharge			Additional Pay (Give particulars)\$		
Assigned Pay	20	00			
Regimental Charges			Allowances (Give particulars)days		
Public Stoppages (Give particulars):					
A.R. 3.3.	8	94			
MFM. 513.		3.7			
To Balance Cr. Free	137	81			
Deferred			By Balance Dr.		
Total	. \$167	12	Total	\$167	12
BALANCI AND/OR CREI	E GIVEN DITS END	IS SU ORSEI	BJECT TO ANY CHARGES ON THE REVERSE HEREOF		
Remarks:					
Assigned Pay \$20.0	n aton		effective Sentember 1942		
			G.T. T. C.C. O.T. A.G		
			= 44		
			OF THE ROPE OF		
Compiled by O. I. Duke			ENC		
Checked by			Certified correct		

for Chief Treasury Officer, Overseas.

Estates Form "P. 4"

DISTRIBUTION OF SERVICE ESTATES

ARMY

Name MC GIE. Chester No. E-37016 Surname Christian Names

Date....1.7.-5-46....

Other Credits.....

Total..... 502.21

Prev. dist. 137.81 This dist. 364.40

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Mother	Mrs. Grace Ross, Hopetown, Bonaventure CO., P.Q.	364.40
		(As next of kin entitled)	
		RAS TO TREAS.	
		MAY 23 1948	
			WSC

AUTHOR	RITY		· ·		
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	овј.	AMOUNT
9999	731	00	00	001	\$364.40
CLASSIFIEI		EXAMINED BY			
			For Chi	ef Treasury Officer	

DISTRIBUTION APPROVED AND AUTHORIZED

(L. M. Firth) Colonel Director of Estates

AUDITED FOR PAYMENT

DEPARTMENT OF NATIONAL DEFENCE WSG

ARMY AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

DECEASED MEMBER'S NAME

Chester (CHRISTIAN NAMES)

MC GIE (SURNAME)

D-20856 REGISTER NO. 405-M-7166 FILE NO.

PAYEE Director of Estates

28-3-46 E-37016 SERVICE NO.

DATE

ADDRESS

Spr. FINAL RANK OR RATING 10-8-12 10 0 10

Digital Control	DATE OF TERMINATION OF OVERSE	45 SERVICE	19-0-42	DATE OF DISCHARGE	19-8-42
A.	TOTAL QUALIFYING SERVICE				\$ 6
		NO. OF DAYS_	747 EQUAL TO	24 COMPLETE PERIODS AT \$7.50	180.00
B.	QUALIFYING OVERSEAS SERVICE	CE	TERRIPATE LINE		

130.75 310.75

1025 ARMY

3.	SUPPLEMENT	FOR OVERSEAS SERVICE	

DAILY RATES AT DISCHARGE

PAY	\$ 1.30	
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE	\$ 1.00	
ADDITIONAL PAY	\$.25	
	\$	
	\$	

NO. OF DAYS 550 LESS 27 INELIGIBLE DAYS, EQUAL TO 523 DAYS @ 25c. PER DAY

DEPENDENTS' ALLOWANCE 1/30 OF \$		\$				
	TOTAL	\$	2.55	×7 = \$	17.85	
	NO. OF DA	YS_	550	_ ×\$	17.85	53.65

D. WAR SERVICE GRATUITY

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

OTHER DEDUCTIONS

F. TOTAL AMOUNT PAYABLE

E. DEDUCTIONS

364.40

364.40

G. YOUR PORTION OF GRATUITY IS-

100%

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU \$_

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$

= \$

CERTIFICATE I CERTIFY THAT THE AMOUNT HAS BEEN CORRECTLY COMPUTED AND IS PAYABLE IN ACCORDANCE WITH THE TERMS OF THE WAR SERVICE GRANTS ACT, 1944 AND THE REGULATIONS ISSUED THEREUNDER.

PREPARED BY

TREASURY CHECKED BY DATE

SERVICE REPRESENTATIVE



CLASS OF SERVICE				
Fuli				
Day Letter	X			
Night Message				
Night Letter				
Evening and Sunday Messages				
Please mark an X opp				

CANADIAN PACIFIC TELEGRAPHS

CHECK

TIME FILED



W.D. NEIL, GENERAL MANAGER OF COMMUNICATIONS. MONTREAL

Send the following message, subject to the conditions on the back thereof, which are hereby agreed to.

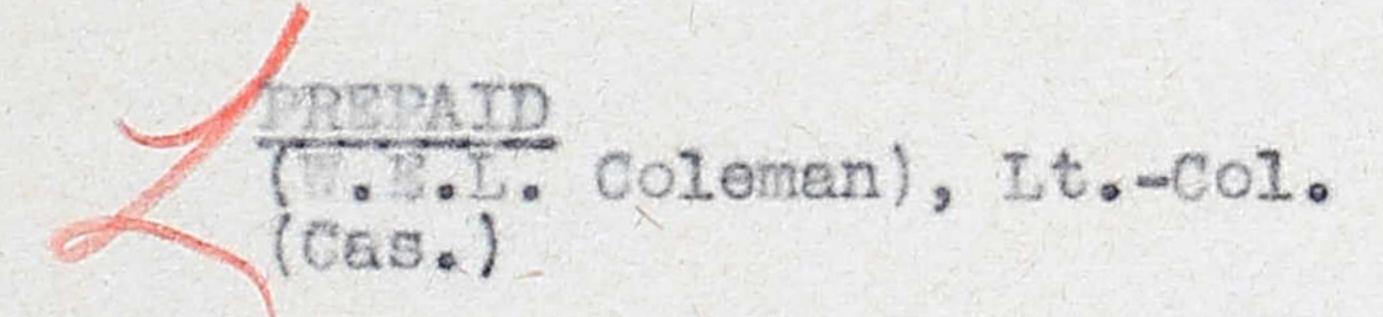
CASUALTY

OTTAWA AUGUST 23 1942

MR BARNIE MCGEE HOPETOWN BONAVENTURE QUE

4897 SINCERELY REGRET INFORM YOU M37016 SAPPER CHESTER MCGEE OFFICIALLY REPORTED MISSING IN ACTION STOP FURTHER INFORMATION FOLLOWS HEN RECEIVED

Officer 1/c Records



405-M-7166 October 15, 1942. Mr. Barnie McGie, Hopetown, Bonaventure County, Quebec. Re: E.37016, Sapper Chester McGIE 2nd Field Company R.C.E. (C.A.) Dear Sir: I am directed to acknowledge receipt of your letter of October 7, in which you ask for further information regarding your son, the marginally named soldier, who was missing in action after the Dieppe engagement. I regret to advise that no further information has been received to date regarding your son. However, lists of those taken Prisoners of War are being received from the German Government through the International Red Cross Committee at Geneva, and should your son's name appear on any such lists you will be immediately advised by telegram. Yours truly, J. R. Leut.

W.E.L. Coleman), Lt.-Col.,

Officer i/c Records,

for Adjutant-General. NJM/MB

405-M-7166 Records "C" March 3rd., 1943. Mr. Barnie McGie, Hopetown, Bonaventure County, Quebec. Dear Sir: It is with deep regret that in view of the lapse of time and the absence of any further official information regarding your son, E. 37016 Sapper Chester McGie, since he was reported missing as a result of the action at Dieppe on the 19th day of August, 1942, it is now proposed to take action to presume his death for official purposes. I am now directed to request that you be good enough to advise the Director of Records, National Defence Headquarters, Ottawa, Ontario, if you have received any further evidence or news concerning him which would indicate that he is still alive. The presumption of death will be completed by Canadian Military Headquarters, England, shortly after hearing from you provided there is no evidence why such action should not be taken. You will receive official notification by telegram when action has been completed. May I extend to you my earnest sympathy in this time of your great anxiety. An addressed envelope which will require no postage is enclosed herewith for the convenience of your reply. Yours truly, Director of Records, for Adjutant-General.

Hopetown, Bon. County. Que.
Mar. 9th 1943.

Re.E.37016. Sapper Chester McGie.

Director of Records.

Dep't of National Defence.

Dear Sirs:
Replying to your letter of Mar 3rd

Asking if I had received any further evidence of my son

if he was still alive, I regret to say that there has

been no further news from any source.

Trusting that this will be all that is required,

I remain,
Yours truly,

Danie Mc-Glie

May 12, 1943

Mr. Barnie McGie, Hopetown, Bonaventure County, Quebec.

Dear Sir:

I deeply regret to inform you that your son, E.37016 Sapper Chester McGie, gave his life in the Service of his Country in France on the 19th day of August, 1942.

From official information we have received your son was killed in action against the enemy at Dieppe and was buried in Grave 481, Des Vertus Cemetery, Hautot Sur Mer, France. You may be assured that any additional information received will be communicated to you without delay.

fence 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,
M.F. G. LETSON
Wajor - General
Adjutant - General

MAY 11 1943
(H.F.G. Letson),
Major-General,
Adjutant-General.