E52904
FIEZO
GANI

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Fiezo G.

OCCUPATIONAL HISTORY FORM

THIS FORM IS TO BE COMPLETED FOR EACH MEMBER OF THE ARMED FORCES. THE INFORMATION SOUGHT IS FOR THE USE OF GENERAL ADVISORY COMMITTEE ON DEMOBILIZATION AND REHABILITATION, A COMMITTEE SET UP BY THE GOVERNMENT OF CANADA TO STUDY PLANS FOR ESTABLISHING IN INDUSTRIAL LIFE THE MEMBERS OF THE ARMED FORCES, AFTER DISCHARGE. ACCURACY AND COMPLETENESS IN ANSWERING WILL BE OF MUCH HELP TO THE COMMITTEE.

PLEASE READ CAREFULLY THE INSTRUCTIONS GIVEN ON THE INSIDE OF COVER BEFORE COMPLETING FORM

PLEASE LEAVE BLANK

Section A—GENERAL INFORMATION

1. (a) Print name in full: FIEZO GANI (b) Reg'l. No.: E52904
2. (a) Arm of service: INFANTRY (b) Unit: ROYAL RIFLES OF CANADA (c) Rank: RIFLEMAN
3. (a) Date of birth: 3 Apr. 1919 (b) Have you any dependents?: YES (c) Place of residence at time of enlistment: 4644 DeLaroche St. Mtl.
4. (a) Place of enlistment: Vernon, B.C. (b) Date of enlistment: 12 May 42

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school: 15 (b) Were you attending school or college up to the time of enlistment?: NO
6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.): 6hh. year Elementary
7. If you attended a university, give name of university and standing or degree secured: NO
8. (a) Did you ever enter upon a trade apprenticeship?: NO (b) If so, for what occupation?: N/A (c) Did you finish it?: N/A (d) If you did not finish it, how long did you serve at it?: N/A
9. (a) What languages do you speak fluently?: Albian, Frehch-English (b) What languages do you read well?: English-French

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

10. (a) State whether you were WORKING or NOT WORKING at time of enlistment. (Enter here only "Working" or "Not Working", as case may be; particulars are asked for below): WORKING (b) At time of enlistment of what trade union or professional society were you a member?: NONE

Section D—PARTICULARS CONCERNING THOSE WHO WERE UNEMPLOYED AT TIME OF ENLISTMENT

QUESTIONS 11 TO 17 REFER ONLY TO THOSE WHO ANSWER "NOT WORKING" IN QUESTION 10 (a)

11. Had you ever been employed fairly regularly since leaving school?
12. (a) If answer to 11 be "Yes", state exact trade or occupation at which you actually worked: (b) State how long you had worked at this trade or occupation:
13. If answer to 11 be "No", state exact trade or occupation for which you feel qualified:
14. If you had been employed after leaving school, state when you last worked fairly regularly before enlistment:
15. Give details of last employer, if any: Name: Address:
16. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.):
17. (a) If your last employment was in a business of your own, state nature and address of business: (b) Date of discontinuing it:

Section E—PARTICULARS CONCERNING THOSE WHO WERE EMPLOYED AT TIME OF ENLISTMENT

QUESTIONS 18 TO 23 REFER ONLY TO THOSE WHO ANSWER "WORKING" IN QUESTION 10 (a). PLEASE READ THESE QUESTIONS AND REPLY TO THOSE APPLYING TO YOU AT TIME OF ENLISTMENT

IF YOU WERE AN EMPLOYEE WORKING FOR AN EMPLOYER UP TO THE TIME OF ENLISTMENT, PLEASE ANSWER QUESTIONS 18 TO 21

18. Name of employer: Sabry Fiezo Address: 1818 St. Catherine St.
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.): Restaurant
20. (a) Your specific occupation: Waiter (b) Number of years' experience at this occupation with any employer: 7 years
21. (a) Did your employer promise definitely to give you employment on discharge?: YES (b) Did your employer refuse to promise you employment on discharge?: NO (c) Do you wish to return to your former employment?: YES

IF YOU WERE WORKING ON YOUR OWN UP TO THE TIME OF ENLISTMENT, THAT IS TO SAY, OPERATING A FARM, A STORE, AN AGENCY, OR IN PROFESSIONAL PRACTICE, OR AS A PARTNER IN ANY SUCH LINE, PLEASE ANSWER QUESTIONS 22 AND 23

22. (a) State nature of business, or professional practice: (b) Where was it located?:
23. (a) Number of years engaged in this business: (b) Have you made, or will you make plans to return to the same or a similar business on discharge?:

Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war?: NO (b) Do you feel competent to operate a farm?: N/A (c) If so, in what kind of farming?: N/A
25. (a) Were you born on a farm?: NO (b) How many years' actual farming experience have you had?: NONE (c) In what provinces did you have experience?: N/A

Section G—MISCELLANEOUS

26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge?: NO
27. If so, state nature of your plans (for example, do you plan to return to school, or have you been assured of a job, etc.): N/A
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form: Mechanic

DATE: 12 May 42 194..2 SIGNATURE: Gani Fiezo

CARDS PUNCHED ✓

Still O/S

CONFIDENTIAL
Sold as Identification Card
CODED

Regt'l. Number	Last Name	First Name	Middle Names
E 52904	FIEZO	GANI	

2 Nationality: Can. 08' | By Birth | By Naturalization | Country of Birth: Canada.

3 Racial Origin: Central European. 4 8 Language spoken in home: French — Other: Albanian. English ✓

5 Age 23 7/12 6 Height 5'' 7½'' 7 Weight 160. 8 Silhouette 1 2 3 4

1919

Eyes: 9 Colour of brown 10 Acuity 1 2 3 10 Glasses no. 11 Colour Vision 1 2 3 4

12 Hearing: Acuity 1 2 3 13 Speech Defects

14 Handedness R L A 15 Med. Category A.

Cause

Attitude to own health Reasonable. To Medical attention

Health History Stomach trouble since 1935; Bad colds.

16 Education Level: Illiterate E 6 (16 yrs) S (Grade completed)

Conduct during school life Failed a few grades. Some truancy.

17 University or 18 Professional	Course Taken	Years Completed	Degree

19 Post Graduate	Course	From—To	Degree

Specialized Training:

20 1. (Course) At From—To Completed

21 2. (Course) At From—To Completed

22 3. (Course) At From—To Completed

Other trades papers, Diplomas Certificates or Qualifications

23 Languages: Spoken fluently English - French - Albanian.

02 09 37 Written well N. —

24 Main occupation: Description Waiter. Estimate of skill Limited.

9610. Duration (from—to) 1937 - 1942. Weekly Wage $18.

Employer's Name and Address Murray's Restaurant, Montreal, Que, Can.

"CARD COMPLETE"

50 "M" Test	Score	SM	
1	15		S. Tot. 41
2	16		SM
3	10		
4	10		S. Tot. 17
5	7		SM
6	7		S. Tot. 22
7	7		SM
8	8		
Tot.	80	SM	Grade E.

9 English.

51 OTHER MENTAL

Test

Score L. Grade

Date

52 MECHANICAL

Test

Score Grade

Date

52 CLERICAL APT.

Test

Score Grade

Date

53 TRADE TEST

1 Score G. Date

2 Score G. Date

3 Score G. Date

4 Score G. Date

54 OTHER

Test

Score Grade

Date

Unit 2 C D I R U. N A 16

1 Corps R.H.C. 503

25 Second Most Important Occupation: Description: Clerk and Waiting. Estimate of skill —

3528 2456 Duration (from—to) 1935 - 1937 Weekly Wage $6.

Employer's Name and Address Mr. Silvers, Montreal, Que, Can.

26 Third Most Important Occupation:

Estimate of skill

Duration (from—to) Weekly Wage

Employer's Name and Address

Trade Union or Professional Society

Vehicles: 27 Heavy Truck — 28 Light Truck — 29 2 Auto W. 30 Motorcycle —

31 Farm Tractor — 32 Tracked Vehicle — 33 Power Launch — 34 Aeroplane —

35 Accident Prone certain (Childhood)

Farming Experience: Wide none. Limited

District Type

Job promised after discharge yes. By whom? Name Sabry Fiezo,

Address 4644 De Lanaudiere St. Montreal, Que.

Other provision for post-discharge occupation Sabry Fiezo.

Type of work desired Mechanic.

Occupational history: Ambitious Accidental

Stable ✓ Erratic

36 Material Status: M S ✓ W D Sep.

2 Marital Problems (Remarks)

Age of wife Wife's attitude to Service Wife's Health

37 No. of Children No. Brothers 6. 5' No. Sisters 2.

Position in family 1. 38 No. Dependents — 0

Relationship of Dependents

Status of home in childhood Normal.

39 Hobbies: Photography M S ✓ Radio Engines

2 Mechanics Other

40 Sports: (1) skating (2) bowling (3)

W 3 2 Team Games and Position (1) Hockey (left wing)

(2) baseball (1st) base. (3) Rugby (rover)

41 Ability to Entertain: Music: String — Brass

Woodwind Percussion — Piano Vocal

Theatrical Other —

42 Previous Experience in Armed Forces

ARM or CORPS	Type (C.E.F., N.P., etc.)	Years	Highest Rank	Last Discharge (Yr.)	Special Training Received
Infantry.	NRMA. Huntingdon	1/2 mos.	pte.	1942.	Basic training (H.) K.

43 CURRENT SERVICE: Date Enlisted 12.5.42. Place Enlisted Vernon, BC, Can.

Date From—to	Country	Corps	Unit and Sub-unit	Rank 44	Principal Duty	Performance
12.5.42-22.9.42	Can.	R.R.C.	2nd Bn. "B" Coy	pte.	Advanced training.	
20.9.42-8.10.42	Can.	R.R.C.	# 2C DIRU	pte.	Draft.	
8.10.42-	Can.	R.H.C.	# 2C DIRU	pte.	Instr. for Blank Warfare.	

A.

45 COURSES ATTENDED

COURSES ATTENDED	PLACE	Date: From—to	Qualified as	Rating

46 Crime: Number Courts Martial Convictions — Hospitalization 1/15 days. V.D.'s.
Number Civil Convictions — Minor Offender — Occasional Offender —
Chronic Major Offender — Chronic Minor Offender — Occasional Offender —

49 Psychiatric ☑ ☑ ☐ ☐ ☐

C.M.H.Q. 1000:115
40/P & S/1246

47 Classification: Military Specialties and Trades

Designation	Degree of Proficiency	Date	Authority
—			

55 Type of Service Desired (1) Driver Yc. 170 (2) Mess Waiter. 318.

Remarks re Outstanding or Limiting Factors—

APP — Fairly neat.
MIL — Below average.
DEP — Fair.
PHY — Fair.
MAP — Poor.
DIS — Good.
MEC — None.

Below average military efficiency. No special ambitions. Not very interested in the army.

Attitude to Interview: Antagonistic ... Overanxious ... Co-operative ... Indifferent ...

Reason for Joining Cdn. Army (if ascertainable) Called.

48 Suggested Possibilities for Employment (1) Mess Waiter.
(2) Batman. 044.

Tests Indicated: 2nd Mental ... Mech. Apt. ... Clerical Apt. ...

Other Apt. ... Pers. ... Trade Test as ...

Interviewed by T. L. Hoskin Lieut. Date 3-11-42.

Reviewed by ... Date ...

FOR COMPLETION AND RETURN BY

Form P: 64

Mr. Sabry Fiezo,
4644 DeLaroche Street,
Montreal, P.Q.

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

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

and the following number quoted:—

H.Q. 405-F-11,770 FD 105

DEPARTMENT OF NATIONAL DEFENCE

ESTATES BRANCH

OTTAWA, ONT.

22 Nov. 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

JAN 18 1945

FIEZO, Gani Pte.

No. E-52904 CA

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.

NO FILE

C. W. Pybus Capt
for Director of Estates.

ESTATES BRANCH
JAN 5 1945
H. Q.
OTTAWA.
NATIONAL DEFENCE

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

SH

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.....				
2	Children of the Deceased and dates of their Births.....				
3	Father of the Deceased.....		Sabey Feigo	49	4644 rue DeLaroche
4	Mother of the Deceased.....		Jennie Ago	44	" " "
5	Brothers of the Deceased	Full Blood	Feizi Feizo	24	" " "
			Jimmy Feizo	22	in Army - D: 647361 - Royal Rifles of Canada Vernon (B.C.).
			Selma Feizo	16	" " "
			Marcel Feizo	14	" " "
			Vely Feizo	12	" " "
		Half Blood			
6	Sisters of the Deceased	Full Blood	Fatima Feizo	20	" " "
			Alfe Feizo	18	" " "
		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.	Jane Trezo
9	Date of his birth.	3 April 1919
10	Place and date of his marriage.	no marriage
11	Place and date of his parents' marriage.	

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Montreal
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) (b) (c) (d)
14	Nature of employment before enlistment.	he work for his father
15	State whether he owned the premises in which he lived, and, if so, where situated.	✓
16	Name place where deceased stated he intended to make his permanent home.	✓

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?	✓
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.	no
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	no
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	no
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	✓

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.	✓
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.	✓

(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

* father 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.

Sabey Feizo ..... Signature of Informant

7644 rue De Lavoche ..... Address

CERTIFICATE

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

See above. Sabey Feizo {Name of informant} is the father of the Deceased above described. The above Declaration was made by the Informant and signed in my presence.

Dated at Montreal this 28 day of November 1944

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

Jean Lendeau Qualification Secretary

Address 1277 rue De Montigny E. Montreal.

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

Sabey Feizo

Jeddoua Feizo
7644 Delaroche St.
Montreal.
Que.

(*Doit être remplie en triplicata*) Page 1 **M.F.M. 103A**
80M—5-41 (442) (971)
H.Q. 1772-39-1828

LOI DE LA MILICE

LOI DE MOBILISATION DES RESSOURCES NATIONALES, 1940

X Ray No 101174

PERSONNEL DE LA L.M.R.N.

FORMULE D'ENRÔLEMENT

12TH PERIOD

N° de série de l'avis d'appel L.M.R.N. B-12444 Matricule D-512390

1. Pris à l'effectif du dépôt central de la L.M.R.N. N°
2. Nom (Majuscules d'imprimerie) FIEZO
3. Prénoms en entier Gani
4. Adresse actuelle 4316 Montana St. Montreal Que.
5. Lieu de naissance Canada (Pays) Quebec (Comté ou province) Montreal (Ville ou canton)
6. Date de naissance 3 April 1919 7. Confession religieuse C. of E.
8. Signalement: Taille 5-6½ Poids 167 Yeux brown Cheveux black
   Teint dark Marques particulières None
9. Marié, célibataire, veuf? Single
10. Plus proche parent Mrs. Jevarer Fiezo (Nom) Degré de parenté Mother
    4316 Montana St. Montreal Que. (Adresse)
11. Profession ou emploi Waiter
12. Service naval, militaire ou aérien antérieur 30 days T.C. 40
    (Indiquer les unités et les dates de service)
13. Préférence pour la Marine? Pour l'armée de terre? Yes (Arme)
    Pour l'Aviation? None
14. Emploi dans une industrie de guerre, le cas échéant

Gani Fiezo X
(Signature de la recrue)

Wm Baird Lt
(Signature et grade de l'officier enrôleur)

4th. Dec. 1941
(Date de la signature)

RENSEIGNEMENTS DU CENTRE D'INSTRUCTION

A. Versé au C.I. élémentaire N° 41 à Huntingdon Que. Date 4th. Dec. 1941.
   A accompli jours d'instruction élémentaire.
   (Date, signature et grade de l'officier enregistreur)

B. Versé au C.I. supérieure N° A-12 à Farnham, P.Que. Date 5 Feb 42
   A accompli 44 jours d'instruction supérieure.
   Qualités de chef, positives Deviennent manifestes? Latentes? ✓
   Est passé dans (M.R.C., formation ou unité de l'A.C., C.A.R.C.) Date
   L.D.A. Badgley Major
   (Date, signature et grade de l'officier enregistreur)

C. Catégorie médicale à l'acceptation au centre d'instruction élémentaire "A" A

ÉTAT DE SERVICE de Piezo (Nom) K Gani (Prénoms) N° matricule D-512390

APTITUDES

1. Navales, militaires ou aériennes None
2. Commerciales ou professionnelles None
3. Civiles ou de métier None
4. Techniques None
5. Langue maternelle Albanian Quelles autres langues parlez-vous? English Albanian Lisez-vous et écrivez-vous? yes Savez-vous conduire une automobile? no
Savez-vous réparer un moteur? no Expérience culinaire? no Passe-temps favori? no

DEGRÉ D'INSTRUCTION

6. École secondaire ou Académie (Années achevées) none Graduation ou immatriculation (Spécifier) none
7. *Collège none
8. *Université none
(*Mentionner le nom de l'institution, les années ou cours complétés et les diplômes obtenus)

Toutes les recrues de la L.M.R.N. sont prises somme simples soldats, les nominations et les promotions à un grade supérieur devant être indiquées dans l'espace réservé ci-dessous à cette fin.

PASSE du dépôt central de la L.M.R.N. N°

Rapport Date	Rapport Reçu de	État des promotions, abaissements de grade, mutations, maladies ou blessures, rapports, etc., à compter du passage dans une unité constituée	Grade indiqué	Prenant date le	Unité	Endroit	Autorisation N°, Partie II, Ordres du jour. Liste des morts et blessés, etc.	Autorisation Daté le
17/12/41	T.C.41	~~Admitted to Notre Dame Hospital Mtl.Que.~~ Liable to Hospital Stoppages of Pay under Art. 22 F.R. & I(Auth.M.F.D.869 dated 11/12/41)	Pte.	11/12/41	T.C.41	Huntingdon	Part II No.92B.	17/12/41
9/12/41	T.C.41	Awarded 5 days C.B. for A.W.L. 16 hrs. 30 mins. A.A. 15 (i)	Pte.	9/12/41	T.C.41	Huntingdon	Part II No.89B	9/12/41.
29/12/41	T.C.41	Subject to Hospital Stoppages of Pay under Art.22 F.R.&I. whilst in Notre Dame Hospital from 11/12/41 to 20/12/41 inclusive 10 days.	Pte.	11/12/41	T.C.41	Huntingdon	Part II No.95B.	29/12/41.
29/12/41	T.C.41	Discharged from Notre Dame Hospital.	Pte.	20/12/41	T.C.41	Huntingdon	Part II No.95B	29/12/41.
9/1/42	T.C. 41	Admonished 7/1/42 for Conduct to the prejudice of good order and military discipline.	Pte.	7/1/42	T.C. 41	Huntingdon	Partll No. 2	9/1/42
5/2/42	TC 41	SOS on transfer ATC 12	Pte.	4/2/42	TC 41	Huntingdon	Pt 11 No.10,B	5/2/42
6-2-42	ATC A12	Attached for all purposes on reposting from C.A.(B)T.C No.41 Huntingdon,Que.	"	5-2-42	ATC A12	Farnham	" " " B_23	6-2-42
8-4-42.	ATC A12	S.O.S. on transfer to Royal Rifles of Canada, Quebec.	Pte.	8-4-42.	ATC A12	Farnham	Pt.II B-58	8-4-42
10_4_42	RRC	T.O.S. ON TRANSFER FROM A-12 C.I.T.C.	Rfn.	9_4_42	RRC	QUEBEC	PART II No.63	10_4_42
15-5-42	"	S.O.S. of R.R.C. C.A.(A) and dischcarged from NRMA Clrg. Depot No. 4. on attestation Active Service Force with R.R.C. C.A.(A) (E~~XXXX~~ E-52904)	"	11-5-42	RRC	Nanaimo	Part II No.88	16-5-42

N° matricule..... Grade..... Nom..... Prénoms.....

VACCINATIONS, INOCULATIONS, COMMISSIONS, RECLASSIFICATION DE LA CATÉGORIE MÉDICALE

Date	Détails succints et signature	Date	Détails succincts et signature	Date	Détails succincts et signature
FEB 20 '42	Vacc + TABT-1 / Ltenant Lt				
FEB 20 '42	Urinalysis neg / Lt				
17 MAR '42	T-ABT-2				
2-5-42	TABT-3 A L MacRae Capt				

GARNISON	Date d'arrivée à la garnison	Date de Admission à l'hôpital Jour	Mois	Année	Date de Sortie de l'hôpital Jour	Mois	Année	MALADIE	Nombre de jours à l'hôpital	Détails sur la nature et l'origine de la maladie; dire si elle était bénigne ou grave, si elle est entièrement guérie, et si un traitement spécial a été adopté. Dans le cas des maladies vénériennes, mentionner la nature de la maladie primaire et dire si on a prescrit le mercure. Si la maladie est accidentelle, spécifier si elle fut contractée en service et si un conseil d'enquête a été tenu. Détails et dates au sujet des fausses dents et des appareils chirurgicaux fournis.	Signature du médecin
Huntingdon CABT-C 41	4/12/41	11	12	41	20	12	41	acute specific urethritis	10	notre Dame Hospital montreal	G A Fennessy

FORMULE D'EXAMEN MÉDICAL ET DE CERTIFICAT

MINISTÈRE DES SERVICES NATIONAUX DE GUERRE

LOI DE 1940 SUR LA MOBILISATION DES RESSOURCES NATIONALES

REGISTRAIRE DE DIVISION "E"
DIVISION ADMINISTRATIVE
SEP 24 1940
Min. des Services Nationaux de Guerre
MONTREAL QUE.

Numéro d'ordre de l'avis d'appel: E 12444

Les registraires de division utiliseront ces formules pour dresser les copies de l'original de la formule d'examen médical et de certificat.

PREMIÈRE PARTIE

Nom et prénoms.... Gani (Ecrire en lettres moulées) ..... Fiezo (Nom de famille) ..... (Prénoms)

Lieu de naissance... Montreal ..... Province canadienne (ou autre pays) .... Que ..... Date de naissance Avril 3, 1918

Résidence fixe..... 4316 rue Montana (Numéro et rue) (Bureau de poste ou itinéraire de facteur rural) ..... Montreal (Ville ou village) ..... Que (Province)

Répondre aux questions suivantes par " oui " ou par " non ".

Avez-vous déjà souffert de l'une quelconque des maladies ou affections suivantes?

Rhumatisme?..... non .... Tuberculose? non ..... Bronchite ou asthme?... non ..... Maladie de cœur?..... non .....

Maladie du rein ou de la vessie?... non ..... Maladie de l'estomac ou des intestins? non ..... Hernie? non .....

Varices? non ..... Maladie des pieds?..... non ..... Maladie du nez?... non ..... des oreilles?... non ..... des yeux?.. non ..... Crises épileptiques? non ..... Maladie nerveuse ou mentale?.. non ..... Syphilis? ... non .....

Gonorrhée?.... non ..... Avez-vous déjà porté des verres?..... non ..... Vous a-t-on déjà rejeté comme inapte au service militaire? non ..... Touchez-vous une indemnité ou une pension d'invalidité? non (Oui ou non) ..... Si oui, de quelle source? .....

Localité Montreal ..... Province Que. ..... Date Sept 23 - 40 .....

Signé: Gani Fiezo .....
Signature du sujet.

DEUXIÈME PARTIE

Observations du médecin examinateur. (Anamnèse claire et concise de toute maladie ou affection déclarée ci-dessus) .....

Examen somatique (sur la peau nue)

1. Taille..... 5 ..... pieds; ..... 8 ..... pouces. 2. Poids.... 154 ..... livres.
3. Teint clair ..... Couleur des yeux..... bruns .. 4. Constitution..... {Vigoureuse / Moyenne / Débile} Biffer les mentions inutiles.
   Couleur des cheveux..... noir
5. Périmètre thoracique à l'ampliation maxima..... 39 ..... pouces.
   Étendue de l'ampliation..... 4 ..... pouces.
6. (*a*) Acuité visuelle sans verres correcteurs: Œil droit.. 20/20 ..... Œil gauche..... 20/20 .....
   (*b*) Si le sujet porte des verres, acuité visuelle avec verres correcteurs: Œil droit.....
   Œil gauche.....
7. Acuité auditive: Oreille droite..... c.v.20 ..... Oreille gauche..... c.v.20 .....
8. Bouche et dents..... normal .....
   Indiquer la nature et l'emplacement de toutes dents artificielles.....
9. Si le sujet est atteint de quelque invalidité, congénitale ou pathologique, qui le range dans une catégorie inférieure à " A ", désigner ici, clairement et laconiquement, la nature de ladite invalidité.....

TROISIÈME PARTIE

Après avoir examiné le sujet précité, d'après les instructions relatives aux aptitudes physiques et à l'examen médical des recrues, je le certifie apte à être rangé dans la catégorie suivante:

Catégorie " A "..... A .....
" " B I "..... Signé:
" " B II "..... Signature ..... J. Vandandaigne .....
" " C I "..... (Médecin examinateur)
" " C II "..... Adresse..... 1018 Mont Royal .....
" " D "..... Date..... Sept. 23 - 40 .....
" " E ".....

L'espace ci-dessous est réservé aux inscriptions par le Médecin militaire du Centre d'instruction

QUATRIÈME PARTIE

Faire ici un relevé circonstancié de toute maladie ou invalidité dont il n'a pas été fait mention précédemment: —

Nil. ..... ✓ X

Signature..... Médecin militaire du Centre d'instruction militaire

NO. 40 CANADIAN MILITIA TRAINING CENTRE

Nom ou numéro du Centre d'instruction.....

Numéro dans la Milice active non permanente..... 33

(Important — Voir au verso)

N.W.S. Formule N° 1A-F

Station	Entré à l'hôpital le			Sorti de l'hôpital le			Maladie	N.B. — Indiquer s'il s'est agi d'une maladie grave ou bénigne et si la guérison a été complète. S'il s'est agi d'un accident, indiquer s'il y a eu Conseil d'enquête et, le cas échéant, la date où l'accidenté a reçu un appareil orthopédique ou prothétique.
	Jour	Mois	Année	Jour	Mois	Année		

INSTRUCTIONS

1. Seul un médecin diplômé, autorisé à exercer sa profession au Canada et nommé par le ministre des Services nationaux de Guerre à la fonction de médecin examinateur conformément aux Règlements de 1940 sur les Services nationaux de Guerre (Recrues), aura qualité pour examiner le sujet et remplir la présente formule.

2. Le médecin examinateur est tenu d'examiner le sujet et de remplir la présente formule d'après les instructions relatives aux aptitudes physiques et à l'examen des recrues, instructions dont le ministère des Services nationaux de Guerre lui fournira un exemplaire.

3. Dès qu'il aura rempli la présente formule, le médecin examinateur la postera ou la remettra lui-même au registraire de la division administrative du ministère des Services nationaux de Guerre où réside le sujet. Le nom et l'adresse des registraires divisionnaires seront signalés aux médecins examinateurs par voie d'avis publiés dans les journaux ou, si possible, par lettre.

4. Le ministère des Services nationaux de Guerre versera chaque mois aux médecins examinateurs dûment nommés les honoraires fixés pour l'examen de chaque sujet. Aussi les médecins examinateurs s'abstiendront-ils de présenter toute note supplémentaire. La présente formule, dûment remplie, tiendra lieu et place de la note du médecin.

5. Dès qu'il recevra la présente formule, dûment remplie, le registraire de la division administrative où réside le sujet estampillera la date où la formule lui sera parvenue, et il en tapera, ou en fera taper quatre copies identiques, chacune revêtue de la date à laquelle l'original de la formule a été reçu du médecin examinateur. Chaque copie ainsi dressée sera certifiée conforme par le registraire de division ou par une personne nommée par lui à cette fin.

Le registraire de division conservera la première copie. Il en annexera une copie à la formule originale reçue du médecin examinateur, et expédiera aussitôt ces deux documents au ministère des Services nationaux de Guerre, à Ottawa. Il expédiera la troisième copie au représentant du ministère de la Défense nationale, et la quatrième — si toutefois le sujet a été déclaré apte à l'instruction militaire et avisé de se rendre à un centre d'instruction militaire — à l'Officier commandant du centre d'instruction militaire où le sujet aura reçu instruction de se rendre; autrement, le registraire de division conservera la quatrième copie dactylographiée.

6. Personne ne doit, sans autorisation, avoir en sa possession un exemplaire de la présente formule.

L'article 12 (3) des Règlements de 1940 sur les Services nationaux de Guerre (Recrues) se lit comme suit:

"Dans tous les cas où un doute peut s'élever sur le bien-fondé d'un certificat d'inaptitude à l'instruction militaire délivré par le médecin examinateur à l'égard d'un homme qu'il a examiné, le registraire de division pourra donner à l'intéressé un autre avis lui enjoignant de subir un autre examen; dans ce cas, l'homme se présentera aux temps et lieu indiqués par le registraire de division pour être examiné par trois médecins nommés par le Ministre. Ces trois médecins examinateurs examineront l'homme, et s'ils ne confirment pas le certificat donné par le médecin qui a procédé au premier examen, ils délivreront un autre certificat, qui sera définitif et probant."

L'article 36 des Règlements de 1940 sur les Services nationaux de Guerre (Recrues) se lit comme suit:

"Tout médecin examinateur qui, en fournissant des renseignements sous le régime des présents règlements, fait sciemment une déclaration inexacte ou signe un certificat inexact, sera coupable d'une infraction et passible, sur déclaration sommaire de culpabilité, d'un emprisonnement pour une période d'au plus six mois ou d'une amende d'au plus cent dollars, ou à la fois de l'emprisonnement et de l'amende."

Copie certifiée conforme à l'original.

.....

Le registraire estampillera les quatre copies en indiquant le lieu et la date où les copies ont été dressées et certifiées conformes.

(Voir les Règlements de 1940 sur les Services nationaux de Guerre (Recrues)

Records
M. D. XI SEP 10 1942 Observed
Received SEP 28 1942 Checked E.T. Card ✓ Observations

ORIGINAL
DUPLICATE
TRIPLICATE

DUPLICATE

M.F.M. 2
A.F.B. 271
500M—7-41 (1131)
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.(A). Regimental Number E 5 2904 01 PTE

ACTIVE FORMATIONS AND UNITS OF THE CANADIAN ARMY

ATTESTATION PAPER

WSG COMPLETED

1. Surname: Fiezo
2. Christian Names: Gani
3. Present address: 4316 Mentana St. Montreal, P.Q.
4. Date of birth: 3 April 19
5. Place of birth: Canada (Country) Quebec (County or Province) Montreal (Town or Township)
6. Religion (state denomination): Protestant (Church of England)
7. Trade or Calling: Waiter
8. Married, Widower or Single: Single
9. Name of next of kin: ~~Jean Fiezo~~ Rec Change
10. Relationship: ~~Mother~~
11. Address of next of kin: ~~4316 Montana St. Montreal, P.Q.~~ ~~Same as above~~ ~~4644 St Denis~~
12. Do you belong to, or have you served in a Reserve Formation or Unit of The Canadian Army? ~~No~~ No
    ~~Yes-N.R.M.A. Clrg. Depot #4 9 Oct. 40. N.R.M.A. 4 Dec. 41. (D512390).~~
    (If Yes, Give Unit and Dates of Service)
13. Have you served in (*a*) an Active Formation or Unit of The Canadian Army? No (Yes or No)
    (*b*) Any other Naval, Military, or Air Force? Yes-N.R.M.A.Clrg.Depot #4 9 Oct.40. N.R.M.A. 4 Dec.41. (D512390).
    (If Yes, Give Regimental No. and Unit) (Yes or No) (If Yes, specify Unit and Period of Service)
14. Did you serve during the Great War 1914-1918? No
    (If Yes, specify Regimental No., Unit and Dates of Service)

DECLARATION TO BE MADE BY MAN ON ATTESTATION

I, Gani Fiezo, 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 12 May 42. Gani Fiezo (Signature of recruit)

OATH TO BE TAKEN BY MAN ON ATTESTATION

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

Gani Fiezo (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 Vernon, B.C. this ~~2nd~~ 12th day of May 19 42.

J. [illegible] Lee Capt. R.R.C. — Signature of Magistrate, Justice or Attesting Officer. Officer or Rank and Unit or appointment.

N.B.—ATTENTION IS DRAWN TO THE FACT THAT ANY PERSON MAKING A FALSE ANSWER TO ANY OF THE ABOVE QUESTIONS IS LIABLE TO A PENALTY OF SIX MONTHS' IMPRISONMENT

FINGERPRINTED

OCCUPATIOANL HISTORY forms completed

Record of Service of FIEZO (Surname) Gani (Christian Names) Regimental Number E-52904

Qualifications

Military: NIL

Business or Professional: WAITER

Trade or Civil: WAITER

Technical: NIL

Languages: NIL

Educational Qualifications

High School or Collegiate: 6 Yrs. Public School (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 Date	Report From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., from date taken on Strength of Field Force	Rank Shown	Effective Date	Unit	Place	Authority Part II D.O. No. Cas. List, etc.	Authority Dated
		Joined on appointment (Previous Service NRMA Clrg. Depot No.4 4 Dec. 41 to date (D-512390)						
15-5-42	RRC	ROYAL RIFLES OF CANADA C.A(A)	Rfn.	12-5-42	RRC	Vernon	Part II No.88	15-5-42
14-7-42	RRC	Admonished and forfeits under F.R. & I. Art. 149 (1)(a) one days pay for A.W.L. from 2359 hrs. 10 July 42 to 1130 hrs. 11 July 42 (Absent 11 hrs. 31mins.)Sec. 15(1) A.A. Total forfeiture of 1 days pay.	"	13-7-42	RRC	Nanaimo	Part II No.130	14-7-42
17-6-42	RRC	Granted fourteen days furlough under the provisions of R.O. 699 from 27 June 42 to 10 July 42 (Incl).	"	27-6-42	RRC	Nanaimo	Part II No.109	17-6-42
11-7-42	RRC	A.W.L. from 2359 hrs. 10 July 42.	"	10-7-42	RRC	Nanaimo	Part II No. 128	11-7-42
13-9-42	RRC	S.O.S. of R.R.C. C.A. (A) to Canadian Army Overseas w.e.f. 13-9-42 and attached to D.D. No. 5 Quebec, P.Q. for period of concentration.	"	13-9-42	RRC	Nanaimo	Part II No. 181	13-9-42

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

CERTIFICATE OF MEDICAL EXAMINATION

Name in full FIEZO Gani Place Vernon, B.C.

Place Vernon Military Hospital Date 12-May-42

Part 1. Information obtained from the recruit.

1. Age 23 2. Have you ever suffered from any of the following diseases?

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

~~G. FIEZO~~ Gani Fiezo
Signature of Applicant.

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

1. Identification marks or scars. (If operative obtain history).
1/2 scar right forehead

2. Height 5 feet 6 inches. 3. Weight 158 pounds.

4. Complexion Dark Eyes Brown Hair Black 5. Development Good (Good / Fair / Poor)

6. Chest measurement—Girth on full expansion 39 inches.
Range of expansion 3 inches.

7. Vision, right 20/20 left 20/20.
With Glasses— right N/A left N/A 8. Hearing, right CV 10 left CV20

9. Condition of mouth and teeth Good

10. The abnormalities (congenital and pathological) found on examination are as follows
Occasional aching about both knees
Small varicose veins. Old perforation healed right ear drum
Occasional chocking sensation
Urine reflexes normal

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 I

Special remarks when category lower than A

CERTIFIED TRUE COPY

R.P. McCaffrey Capt. (President) W.C. Mooney Capt. (Member) Lowthite Capt (Member)

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature
2-2-42	Vacc. & T.A.B.T. #1		
"	Urine Neg.		
17-3-42	T.A.B.T. #2		
2-5-42	T.A.B.T. #3		
10-9-42	Cat A-1 Confirmed		
11-8-42	Blood Type O		
23-9-42	Cat A-1 Reclass.		

Regtl. No. E-52904 Rank Rfn. Surname FIEZO Christian Name Gani

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				

5/7B CFA 187
40/P & S/2180 (7060)

CANADIAN MILITARY HEADQUARTERS

ESTATES BRANCH
INVENTORY

of personal effects received by
Casualty Section, No. 1 CKSD

No., RANK and NAME ....R E-52904 A/Cpl Fiezo G.....(Dec'd).....

RECEIVED FROM .....Cdn Sec G.H.Q. 2nd Ech 21 A Gp.....

CHECKED BY ...R-69920 Tpr Browning W M..... DATE .....8 Mar 45.....

AND .....R-38320 L/Cpl Turnbull T C.....

1	Wrist watch (Tavannes)		
1	Bund. writing paper & envelopes		
	Letters		
	Photos & snaps		
1	Spool of thread		
1	Pocket knife		
1	Nail file in case		
1	New Testament		
1	Prayer book		
1	Souvenir penny		
1	Sweater (Wool)		

ORIGINAL, DUPLICATE, TRIPLICATE — To Officer i/c Estates with original inventory, if any.

QUADRUPLICATE—with effects.

.....
for OC 1 Cdn KSD

MFM 510
40/P & S/254 (3444)

CANADIAN ACTIVE SERVICE FORCE
OVERSEAS
LAST PAY CERTIFICATE
(All Ranks)

District.....

Dispersal Area.....

Regtl No. E.52904 Rank and Name Flezo G. A/Cpl.

of (Unit).....on.....

(~~Transfer~~ or Discharge).....to.....on 2nd October 19 44

Reason Death Authority : C.C.L."A" 500 d/13th Oct.1944.

The following is a statement of the account of the above-named from 1st October to 31st October 19 44 the inclusive date of transfer or discharge.

Particulars	Dr Amount		Particulars	Cr Amount	
Balance Dr from last account			Balance Cr from last account	75	09
First Monthly Payment			Regimental Pay 31 days @ $ 1.70	52	70
Casual Payments			Tradesmen's Pay .....days at .....$		
Payments on Transfer or Discharge			Additional Pay (Give particulars) ....days at .....$		
Assigned Pay	20	00	Allowances (Give particulars) .....days at .....$		
Regimental Charges					
Public Stoppages (Give particulars) :					
To Balance Cr { Free	107	79			
To Balance Cr { Deferred	~~107~~ 1		By Balance Dr		
Total	127	79	Total	127	79

BALANCE GIVEN IS SUBJECT TO ANY CHARGES AND/OR CREDITS ENDORSED ON THE REVERSE HEREOF

Remarks:

1) Assigned Pay $ 20.00 (M) stopped effect November 1944.

The above Statement has been compiled from Treasury Records, the last Pay Book not being available.

Compiled by E.G. Ripley

Checked by R Bell

Date 26th February 1945.

Certified correct .....
for Chief Treasury Officer, Overseas

SIS.

CFA 187
40/P & S/2180 (4066)

CANADIAN MILITARY HEADQUARTERS

ESTATES BRANCH
INVENTORY

of personal effects received by
Casualty Section, No. 1 CKSD

No., RANK and NAME E-52904 A/Cpl Fiezo G ..... Dec'd

RECEIVED FROM Cdn Sec GHQ 2nd Echelon 21 Army Group

CHECKED BY A-II7006 Gnr Schwartz M
R-81759 Sgt Graves J G DATE 12 Jan 45

I	Red "I" Disc.		
I	Chain w/Cross & Medal.		

ORIGINAL } To Officer i/c Estates with
DUPLICATE } original inventory, if any.

TRIPLICATE — with effects.

.....
for OC 1 Cdn KSD

CANADIAN MILITARY HEADQUARTERS No. 16258

RECORDS OFFICE

H. 163

C A S U A L T Y R E P O R T

NAME (in full) FIEZO Gani

NO. E-52904 RANK A/Cpl. UNIT Black Watch

HOSPITAL (U.K. only) In which death took place, if applicable

R.U. (U.K. only) to which posted on admission to Hospital

CASUALTY Killed DATE 2 Oct 44 LIST# "A"500 PLACE AEF

If P.O.W. or INTERNED, NUMBER & ADDRESS

PREVIOUSLY REPORTED DATE

(L.S.APPLEFORD) Major
Officer i/c R.5 Wing.CAS. SECT.

NEXT OF KIN

1. CANADA or U.S.A. - YES/NO (If NO, Complete #2)
2. NAME (In full)

   RELATIONSHIP ADDRESS

3. ANY RELATIVES IN U.K. from M.F.M.5. or any other source, including children born Overseas. If NONE so state

   Date of Marriage, if known

WILL, EFFECTS, ETC.

1. NO WILL HERE (or) ~~WILL HEREWITH~~ DATED BENEFICIARY
   (Relationship)

   (Name) (Address) EXECUTOR
2. BANK ACCOUNT - NAME OF BANK, etc. A/C NO.

   ADDRESS
3. KIT PRIVATELY STORED - NAME OF CUSTODIAN
4. Particulars of DEBTS, Remarks, etc.

NOV 6 1944

Date

(B.E. WILLAN) Capt.
Officer i/c R.3 Wing Non-Effectives
for Officer i/c Records,
CANADIAN MILITARY HEADQUARTERS

ORIGINAL - With WILL, if any to
O. i/c ESTATES, C.M.H.Q.

DUPLICATE - To File

MF

(6215)
81-3

WSG 747 - 2
9970

DEPARTMENT OF NATIONAL DEFENCE
NAVY ═══ ARMY ═══ AIR FORCE — ARMY

STATEMENT OF WAR SERVICE GRATUITY

DECEASED MEMBER'S NAME: Gani (CHRISTIAN NAMES) FIEZO (SURNAME)

PAYEE: Director of Estates

ADDRESS:

REGISTER NO. D-15853
FILE NO. 405-F-11770
DATE 6-2-46
SERVICE NO. E-52904
FINAL RANK OR RATING A/Cpl.
DATE OF DISCHARGE 2-10-44

DATE OF TERMINATION OF OVERSEAS SERVICE 2-10-44

	$	¢
A. TOTAL QUALIFYING SERVICE NO. OF DAYS 874/30 EQUAL TO 29 COMPLETE PERIODS AT $7.50	217.50	
B. QUALIFYING OVERSEAS SERVICE NO. OF DAYS 734 LESS 4 INELIGIBLE DAYS, EQUAL TO 730 DAYS @ 25c. PER DAY (SEE PAR. 2 OVERLEAF FOR EXPLANATION)	182.50	
	400.00	
C. SUPPLEMENT FOR OVERSEAS SERVICE		
DAILY RATES AT DISCHARGE		
PAY $ 1.70		
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE $ 1.25		
ADDITIONAL PAY $		
$		
$		
DEPENDENTS' ALLOWANCE 1/30 OF $ $		
TOTAL $ 2.95 X7 = $ 20.65		
NO. OF DAYS 734/183 X$ 20.65	82.83	
D. WAR SERVICE GRATUITY	482.83	
E. DEDUCTIONS OVERPAYMENT OF PAY AND ALLOWANCES $		
DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $		
OTHER DEDUCTIONS $		
F. TOTAL AMOUNT PAYABLE	482.83	

ESTATES BRANCH FEB 22 1946 H.Q. OTTAWA NATIONAL DEFENCE

G. YOUR PORTION OF GRATUITY IS— 100%

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

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

ΔT

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	CHECKED BY
KRM	

TREASURY	
CHECKED BY	DATE
McClinton	11/2/46

Cecil D. Crumbled Lt.
SERVICE REPRESENTATIVE

10870

1971

FORM No. 1

Register No. D-158253 Nominal Roll No. D-388

To: P.M.G. H.Q. File No. 405-F-11,770

CANADIAN ARMY (ACTIVE)

Computation of Service

WAR SERVICE GRANT

Regt. No.	Rank when S.O.S.	Surname	Christian Name in Full
F-52904	A/Cpl.	FIEZO	SANI

REASON FOR TERMINATION OF SERVICE:

1st Enlistment KILLED IN ACTION CARO ( )

2nd Enlistment CARO ( )

3rd Enlistment CARO ( )

Total Service

1ST ENLISTMENT	2ND ENLISTMENT	3RD ENLISTMENT
T.O.S. 12 MAY 42	T.O.S.	T.O.S.
S.O.S. 2 OCT 44 MD O/S	S.O.S. MD	S.O.S. MD
Total Days 875	Total Days	Total Days

Total Service 875 DAYS

——	Total Service	Less Non-qualifying Service	Net Service
Western Hemisphere	141	1	140
Overseas Service	734	NIL	734
Totals	875	1	874
Add Non-qualifying Service			1
Total Service			875

EMBARKATION DETAILS:

1. Date S.O.S. Overseas 2 OCT 44 2. Date S.O.S. Overseas

REMARKS:

KILLED IN ACTION 2-OCT 44

Computer's Signature R Saunders

Checker's Signature R Saunders

Date Computed 10 May 45

All Dates shown above Surname as correct

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

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

500M—11-44 (6012)
H.Q. 1772-45-8

Details of Non-Qualifying Service

Western Hemisphere—

Forfeits for	From	To	Effective Date	Days	Total
AWL	10JUL42	11JUL42		1	1
				Total	1

Overseas: T.O.S. 30 SEP42 T.O.S. T.O.S.

S.O.S 2 OCT44 S.O.S. S.O.S.

H.Q. 405-F-11770
(D.R. 2(C))

6th March, 1946.

Mr. Sabry Fiezo,
4644 De Laroche Street,
Montreal, Quebec.

Dear Sir:

Information has just been received from overseas that the remains of your son, E52904 Private Gani Fiezo, have been carefully exhumed from the original place of interment and reverently reburied in grave 5, row E, plot 5, of Bergen-op-Zoom Canadian Military Cemetery, four miles North-East of Bergen-op-Zoom, Holland. Marked map is enclosed. This is a recognized military burial ground and 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.

F.G.D.

Yours faithfully,

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

/EMA

File No 405-F-11720

R E B U R I A L

NO E.52904

RANK Corporal

NAME FIEZO, G.

NAME OF CEMETERY Bergen-op-Zoom Canadian Military Cemetery

LOCATION OF CEMETERY 4 miles N.E. of Bergen-op-Zoom, Holland.

GRAVE LOCATION Plot 5, Row E, Grave 5.

AUTHORITY 54-27-88-2 Vol. 20

Reburial list.

Director of Estates

Regimental No. E-52904 Rank Pte.

FIEZO Gani
Surname Christian Names

Unit The Black Watch (RHR) of Canada (C.A.)

Date of Death 2 Oct 44 Place of Death Overseas (France)

Next-of-Kin Mr. Sabry Fiezo Relationship Father

Address 4644 DeLaroche Street, Montreal, P.Q.

M.F.M. 5 Copy M.F.M. 5 herewith.

Will Will d/14 July 42, herewith.

Date 15 Nov 44

ESTATES BRANCH NOV 17 1944 H.Q. OTTAWA NATIONAL DEFENCE

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

JEC/FS

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

WILL

M.F.M. 10
200M—6-41 (693)
H.Q. 1772-39-1656

(1) I, Gani Fiezo, of the City
(Name in Full) (City, Town, Village, Township)

Address in civil life.

of Montreal, in the County District of

Province of Quebec, Waiter
(Civil Occupation)

Regimental No E52904, Unit R.R.C. C.A.(A)., 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, Jean Fiezo all my estate both personal and real, of whatsoever kind and wheresoever situate,, for her sole use and benefit.

G. F.

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 Mrs. Jean Fiezo, 4644 de Lorche ~~4316 Montana~~ St. Montreal, P.Q.
(Name) (Address)

Housewife, to be the ~~Executor~~ Executrix of this my Last Will.
(Civil Occupation)

IN WITNESS WHEREOF I have hereunto set my hand this 14 day of July 1942.

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.

Gani G. Fiezo
(Signature of soldier)

First witness sign here.

(5) Signature D. J. McKinnon
Civil Address 175 Querbes avenue, Outremont, P.Q.
Civil Occupation Stock broker.

Second witness sign here.

Signature G. Schwartz
Civil Address 4647 Clarke St. Montreal P.Q.
Civil Occupation Salesman

(Witnesses are not to be beneficiaries.)

[OVER]

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)

FORM 6

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

1. PLACE OF DEATH — Municipal county: IN THE FIELD(France) | 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 (Block letters)

Surname: FIEZO

Given names: Cani

Do not write in this space

4. RESIDENCE

Street: Delaroche St. No. 4464

Official name of civil municipality or township: Montreal,

Municipal county: Province: Quebec

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

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

10. BIRTHPLACE (Province or Country): Quebec

11. DATE OF BIRTH: April (Month) 3rd (Day) 1919 (Year)

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

OCCUPATION

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

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	Sabry Fiezo	Quebec
MOTHER (Maiden Name)		

19. Place of burial, cremation or removal: Belgium

20. Date of burial: ....19....

21. PLACE OF REGISTRATION OF THIS BURIAL

(a) Name of parish or church:

(b) Civil municipality of:

(c) Municipal county:

(d) Date: ....(Month) ....(Day) ....19.... (Year)

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: October (Month) 2nd (Day) 44 (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) Killed in Action

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.)

C Quesnel L.S.D.

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)

OVERSEAS CANADIAN A.F. CASUALTY

MAY 12 1945

Director of Records. Dept. of Natl. Defence

30th October, 1944.

Mr. Sabry Fiezo,
4644 De Laroche Street,
Montreal, Quebec.

Dear Mr. Fiezo:

It was with deep regret that I learned of the death of your son, E52904 Private Gani Fiezo, who gave his life in the Service of his Country in the Western European Theatre of War, on the 2nd day of October, 1944.

From official information we have received, your son was killed in action against the enemy. 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.

15

Yours sincerely,

A. E. WALFORD
Major - General
Adjutant - General

Mem X- mother
6-11-44.

OCT 26 1944

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

EFH

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

NUMBER B-52904 RANK Private SERVICE UNIT The Black Watch (RHR) of Canada (C.A.)

NAME FIEZO, Gani

DATE OF BIRTH DAY 3rd MONTH April YEAR 1919 Date Enlisted: 12-5-42

MARITAL STATUS Single Religion: Church of England.

NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 RELATIONSHIP Father NAME Mr. Sabry Fiezo,

ADDRESS 4644 De Laroche Street, Montreal, Quebec. ADDRESS D.A.B.

ADDITIONAL PERSON TO BE NOTIFIED ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. Canrecords 2014A H.Q. 405-F-11,770

CASUALTY DETAILS Killed in action DATE 2-10-44

14

FRANCE

MM

LAST WILL ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO M.F.M.S. ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO O/S with DATE 16-10-44

TO

5 Bks

OFFICER I/C RECORDS

COPY FOR C.R. FILE

No E.52904 Rank Private Name FIEZO, Gani

Unit Black Watch (R.H.R.) Date of death 2nd October, 1944.

Died at ~~France~~ Belgium.

Cause Killed in action.

Death occurred on strength of Forces.H.Q. 405-F-11770

N/K Mr. Sabry Fiezo, Relationship Father

Address 4644 De Laroche Street, Montreal, Quebec.

Remains buried in Cemetery

MR 872093, St.Leonard, Belgium.

CHK ✓

Grave location

OVER-

BURIAL REPORT TO N.K. MAR 6 1946

RETURN TO BUR. OF STAT. MAY 12 1945

ROYAL MESSAGE DESP'D.

CAN. MESSAGE DESP'D. NOV 1 1944

NOV 14 1944

REBURIAL

Bergen-op-Zoom Cdn. Military Cemetery,
4 miles N.E. of Bergen-op-Zoom, Holland.

Grave 5, row E, plot 5.

HI & LR Form Despd. NOV 14 1946

Photographs
Despatched
NOV 14 1947

5M-10-44 (M-4414)

2-10-44

AWARDS—CANADIAN ARMY (ACTIVE)

1809 M

C.B.
500M—1-44 (3467)
H.Q. 1772-45-8

FILE NO. 405-F-11,770

SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT
FIEZO	Gani	E-52904	Pte.	R.H.R.of Canada

WAR SERVICE
BADGE
(CLASS) NO. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star France-Germany Star Defence Medal War Medal CVSM with clasp	
	9118 20-1-50

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

MEMORIAL BAR

(1) DATE DESP

REGN. NO 148

(1) MEDALS

PERSON ENTITLED TO Mrs. Jean FIEZO (MOTHER)

ADDRESS: 4644 DeLaroche St.,
MONTREAL, P.Q.

(2) MEMORIAL CROSS

WIDOW

(2)

ADDRESS:

(3) MEMORIAL CROSS

MOTHER Mrs. Jean Fiezo,(MFM5) (ENGLISH)

1809

ADDRESS: 4644 De Laroche St., Montreal, Que.

DESP. FEB 7 1945
(3) REGN No. 13053

M.F.M. 82
480M—8-40 (6652)
H.Q. 1772-39-1773

MILITIA ACT

National Resources Mobilization Act, 1940

ENROLMENT

NON-PERMANENT ACTIVE MILITIA OF CANADA

462

REGIMENTAL No. D512390

Militia Unit taken On Strength R.H.C.

1. Surname (Block Letters) FIEZO
2. Christian Names (In Full) GANI
3. Present Address 4316 Mentenna St. Montreal Que.
4. Place of Birth Canada Date of Birth April 3 1919
5. Religion Protestant 6. Occupation Waiter
7. Next-of-Kin Mrs. Geairu Fiezo
   (NAME AND ADDRESS)
   4316 Mentenna St, Montreal Que.
8. Physical Description: Height Weight
   Color of Eyes Color of Hair
9. Preference, if any, for Naval, Military or Air Force Service. (Give particulars, qualifications, etc.)

   Military

Dated this Ninth day of Oct. 1940

G. Fiezo
(SIGNATURE OF MAN)

Training Centre No.

(SIGNATURE AND RANK OF OFFICER EFFECTING ENROLMENT)

O/C A. Company

TRAINING CERTIFICATE
STAMP
NO. 40 CANADIAN MILITIA TRAINING CENTRE

H. Howard
Lieut. Colonel
(SIGNATURE OF OFFICER AFFIXING THE STAMP)

N.P.A.M. TRAINING CENTRE No. 40 STAMP COURSE 1 ENDING NOV 7 1940

To be made out in duplicate

M.F.M. 110
200M—2-41 (9404)
H.Q. 1772-39-1800

PARTICULARS OF FAMILY OF A RECRUIT ON REPORTING FOR TRAINING UNDER THE NATIONAL RESOURCES MOBILIZATION ACT, 1940

INSTRUCTIONS.

(*a*) This form is to be completed immediately a recruit reports for training at a Basic Training Centre.

(*b*) All questions, etc., must be completed.

(*c*) Both copies of the form are to be forwarded by the Officer Commanding the training centre for each recruit, to the Paymaster. The latter will transmit one copy, through the District, 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 training centre; when transferred to another training centre the copy retained by the Paymaster will be sent to the Paymaster of the individual's new training centre.

---

(1) Name Fiezo Gani
(Surname first—Christian names in full—Block capitals)

(2) Regimental Number and Rank D-512390 Pte.

(3) Basic Training Centre 41

(4) Are you married? no

(5) If married, state,

(*a*) Full name of your wife N/A

(*b*) Present postal address of wife N/A

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

(7) Are you a widower? No

(8) Have you any children? No Number of boys N/A Girls N/A

Names and ages n/A

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

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

Name N/A

Postal Address N/A

[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 enlistment? No

If so, state her full name and Postal Address N/A

(11) Is your father alive? Yes

If so, state name and address, occupation Mr. Sabry Fiezo
4316 Mentana St. Montreal Que. Restaurant Prop.

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

(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 enlistment N/A

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

(14) Is your mother alive? Yes

If so, state name and address Mrs. Jevarer Fiezo
4316 Mentana St. Montreal Que.

(15) If your mother is a widow, are you her sole or partial support? N/A

(16) If sole or partial support of widowed mother—state what amount per month you have given her prior to enlistment N/A

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? N/A

(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 enlistment.

If so, state the following particulars:—

Relationship N/A

Full Name N/A

Postal Address N/A

Amount contributed monthly during the past six months N/A

(18) Are you insured? No

If so, in what Company? N/A
(Give number of policy)

Have you made arrangements for payment of your Insurance Premium? N/A
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.

Gami Fiezo X
(Signature of recruit)

Date 4th. Dec. 1941.

Officer Commanding

Date

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

(a) Report: Date	(a) Report: From whom received	(b) Unit	(c) Record of all casualties regarding promotions (acting, temporary, local or substantive), appointments, transfers, postings, attachments, &c., forfeiture of pay, wounds, accidents, admission to and discharge from Hospital, Casualty Clearing Stations, &c. Date of disembarkation and embarkation from a theatre of war (including furlough, &c.) in accordance with para. 2 of Note to Table I of Appendix III of Field Service Regulations, Volume I	(d) Place of Casualty	(e) Date of Casualty	(f) Army rank as at (e)	(g) Army Form or other authority for entry to be shown
		RHC	Embarked U.K. C.A.(C)	Can	29-9-42	Pte	242 11 oct 42
		2CDIRU	T.O.S. C.A.(C)	U.K.	30 "	"	" "
		"	Dtd in U.K.	"	7-10-42	"	" "
		"	Rejtd for duty	"	8 "	"	242 11 oct 42
		"	attd to HQ 4 C.I.B	"	26 Dec 42	"	309 — 28 Dec 42.
SOS		"	Ceases attd SOS to 2 Sdn Coy 4 C.I.B	"	26 Dec 42	"	1 — 1 Jan 43
			1 o/s 2 yrs boy + adm fap Chest Unit		27 Dec -		1 Jan 43
		2 SIC	SOS to 2 CDIRU and ceases att fap to Essex Scot.	"	12Jan43	"	4 Jan 43.
	T.O.S.	2 CDIRU	T.O.S. from 2 Spl Coy 4 C.I.B	"	13 Jan 43	"	11 13 Jan 43
SOS		"	SOS to #5 C.I.R.U.	"	31-1-43	"	27 31 Jan 43
		"	att to #2 C.I.R.U.	"	1-2-43	"	27 31 Jan 43
		5 C.I.R.U.	T.O.S. posted to B.W. Trg Coy (R) att Fap 2CDIRU. 16 11 Feb 43. rations only to 12 Feb 43	U.K.	1 Feb 43	Pte	9. 13 Feb 43.
~~Cancelled D.O. 26~~	~~SOS to X Infantry Bde~~		~~att Fap A.D.H.Q.C. Bde HQ~~	"	27 Feb 43	"	20 - 11 March 43
			D.O. 20 is amended to read SOS to X Infantry Bde	"	27 Feb 43	"	26 - 11 March 43
21 Mar 43	O.C.	Hqrs Bde	Ceases attd from 5 C.I.R.U.	"	28 Feb 43	"	2 17 Mar 43
" " "	"	"	SOS from to 5 C.I.R.U.	"	18 mar 43	"	3 - 23 March 43
		5 C.I.R.U.	TOS from HQ Gds Bde	"	19 mar 43	"	34-25 March 43
		"	Present mus rate of Pay 1:50	"	1 Jan 43	"	37. 20.3.43
		"	PLL (9 days) 26 mar to 4 april 43	"	26 mar 43	"	38. 31.3.43
		"	SOS to B.H.C.	"	29 apr 43	Pte	63 - 19 may 43.
30 Apr 43		1 RHC	T.O.S. from 5 C.I.R.U.	Fd	30 Apr 43	"	26 d/7 May 43
	✓	✓	Change of address N. of K.	✓	—	✓	28 - 31 may 43.
	✓	✓	on adm to 18/7 d. amb.	✓	14 June 43	—	40 - 24 June 43.
	✓	✓	Rend to 2 C.C.S.	✓	14 June 43	✓	40 - 24 June 43
	✓	✓	Disch from 2 C.C.S.	✓	16 June 43	—	40 - 24 June 43.
7 July 43	✓	✓	9 days P/L.	✓	2 July 43	✓	46 - 10 July 43
	✓	✓	Awarded Canadian Volunteer Service Medal and Clasp	✓	15 Jan 43	✓	4 - 26 Jan 44
	✓	✓	awarded One Good conduct badge	✓	12 Aug 44	PLE	29-9 June 44
			Embarked U.K. 5 July 44 Disembarked France.....		6 July 44	PLE	37-14 July 44
	✓	✓	SOS to X-3 list 1 RHC on adm to 18/7 d amb wef		20 July 44	PLE	40-26 July 44
2 Sept to 2 Aug 44	X-3	—	Leave X-3 Grd	Brtn	21 July 44	Pte	26 - 7 Aug 44
	X-3	"	Posted to X-4 list	Field	25 July 44	"	28 — Aug 44
	—	—	SOS to Rtg	—	31 July 44	—	30 Aug 44.
		Black Watch	TOS from X-4 list Rtg.	"	1 aug 44	"	46 - aug 44

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 ROYAL RIFLES OF CANADA C.A(A). Regimental Number E52904

1. Surname FIEZO
2. Christian Names CANI
3. *Substantive Rank and Appointment ~~Rifleman~~ L/Cpl
   *Acting Temporary or Local Rank a/Cpl
   giving date ~~12 May 42.~~ 16 Aug 44

*To be entered in pencil to facilitate alteration.

4. Place of birth Canada, Quebec, Montreal.
5. Date of birth as declared on attestation 3 April 1919.
   (A)
6. Date of enlistment 12 May 42.
7. Place of enlistment Vernon, British Columbia.
8. Residence at time of enlistment ~~4316 Montana St. Mtl.~~ 4644 DeLorimier
9. (B) Special conditions (if any) of enlistment or rate of pay
10. (C) Any subsequent variations of conditions of service
11. Religion Church of England
12. If married, state date
13. Trade on enlistment Waiter
14. Corps, trade and grade
15. (D) Qualifications
16. (E) Miscellaneous entries

(17) Regiment or Corps Infantry CA(A) — Unit (Battn., etc) ROYAL RIFLES OF CANADA
BW
19 aug 44

(18) Medical

Category	Date	Authority
A-1.	12May42	M.F.M.2.
H Cav	23-9-42	Sask.

(19) Next of kin (entries to be made in pencil). (Father)
S. Fiezo
4644 Delorimier St.
Montreal P.Q. Canada

(20) E
(21) E
(22) E

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.

État de service [illegible]-52904 Grade RFN Feuille N°

Statement of the Service Rank Sheet No.

Nom Fiezo Ganil

Name

M.F.M. 1 & 2 (a) Fr.
20M—11-40 (7978)
H.Q. 1772-39-1646

Rapport — Report: Date	Rapport — Report: Reçu de — From whom received	Mention des promotions, rétrogradations, mutations et permutations, maladies ou blessures, rapports, etc. (Suite de la page 2, M.F.M. 1 et 2) — Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2, M.F.M. 1 and 2)	Grade indiqué — Rank shown	Prenant date le — Effective date	Unité — Unit	Endroit — Place	Autorisation — Authority: N° Partie II, Ordres du jour Liste des morts et blessés, etc. — Part II D.O. No. Casualty list, etc.	Autorisation — Authority: Daté le — Dated
	5500-	Attached to Le Regt. de Levis, C.A.(A). for quarters and rations, Proceeding from R.R.C. .C.A(A). NANAIMO Military Camp.B.C.	RFN	18-9-42	Le Regt. Levis	Valcartier	Part.II No52	18-9-42
	—							
	=	Ceases to be attached to Le Regt. de Levis C.A.(A). for quarters and rations	"	24-9-42	"	"	" No.55	23-9-42
	=							
	1	✓Embarked + S.O.S. C.A.(A).	"	29-9-42	2CDIRU.	Hfx.	242.	11-10-42.
	—	✓S.O.S. - C.A.(O).	"	30-9-42	✓	✓	✓	✓
		✓Disembarked U.K.	"	7-10-42	✓	U.K	✓	✓
		✓Reported for Duty.	"	10-10-42	✓	✓	✓	✓
		✓awtd to HQ HC 1B (wolf no2)	Pte	26 Dec 42	2CDIRU	U.K	309	29 Dec 42
SOS		✓S.O.S to # 2 Special Coy HC 1B (ceases attd to HQ HC 1B.)	Pte	26 Dec 42	2CDIRU	U.K	1	1 Jan 43
	TOS	✓TOS From 2/DIRU + att Yap to E Scot.	Pte	27 Dec 42	2 Spec Coy HC 1B	UK	1	19 Jan 43
SOS		✓S.O.S. To. 2DIRU. + ceases att Yap to E Scot	Pte	12 Jan 43	2 Sp Coy.	UK	4	27 Jan 43
	TOS	✓TOS From 2 Spec. Coy.	Pte	13 Jan 43	2/DIRU	UK	11	13 Jan 43
		✓Attd to 2CIRU	Pte	1 Feb 43	2CDIRU	UK	27	31 Jan 43
SOS		✓S.O.S to 5CIRU	Pte	31 Jan 43	2CDIRU	UK	27	31 Jan 43
	TOS	✓TOS from 2CDIRU	Pte	1 Feb 43	5CIRU	UK	9	13 Feb 43
		✓Attd Yap to 2CIRU	Cpl	11 Feb 43	5CIRU	UK	9	13 Feb 43
		✓Granted Regtl Pay $1.50	Pte	13 Jan 43	5CIRU	UK	37	30 Jan 43

État de service du N°..... Grade..... Feuille N°.....
Statement of the Service of No. Rank Sheet No.

Nom.....
Name

M.F.M. 1 & 2 (a) Fr.
20M—11-40 (7978)
H.Q. 1772-39-1646

Rapport — Report: Date	Rapport — Report: Reçu de — From whom received	Mention des promotions, rétrogradations, mutations et permutations, maladies ou blessures, rapports, etc. (Suite de la page 2, M.F.M. 1 et 2) — Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2, M.F.M. 1 and 2)	Grade indiqué — Rank shown	Prenant date le — Effective date	Unité — Unit	Endroit — Place	Autorisation — Authority: N° Partie II, Ordres du jour Liste des morts et blessés, etc. — Part II D.O. No. Casualty list, etc.	Autorisation — Authority: Daté le — Dated
SOS		SOS Vo. X 9 Inf Bde.	Pte	27 Feb 43	5 C I R U.	UK.	20.	4 Mar 43
	TOS	TOS From 5 C I R U	Pte	28 Feb 43	N.D. Greek	UK	2	17 Mar 43
		Prm Leave with R/O to 4 April 43	Pte	26 Mar 43	56 I R U	UK	38	31 Mar 43
SOS		SOS.						
	TOS.	TOS from H.Q. Greek Bde Posted V & E Coy	Pte	19 Mar 43	5 C I R U	UK	34	25 Mar 43
SOS		S.O.S to Black Watch	Pte	29 apr 43	5 C I R U	U.K.	62	30 apr 43
	TOS	T.O.S from 5 C I R U	Pte	30 apr 43	B.W	U.K	26	7 May 43
Charge of Nok to		S. Fiezo (Father) 4644 Delaroche Str			B.W. Montreal	Que.	28	21 May 43.
		Adm to 18 Fd. Amb Remd to 2 C.C.S	Pte	14 June 43	Blk W	U.K	40	24 Jun 43
		Disch. from 2 C.C.S	Pte	15 June 43	Blk. W	U.K	40	24 Jun 43
		AWARDED THE CANADIAN VOLUNTEER SERVICE MEDAL AND CLASP						
		Awarded First Good Conduct Badge	Pte	13 May 44	Blk Watch	UK	29	9 June 44
		Embarked at U.K. on 5 July 44						
		Disembarked at France on 6 July 44	Pte	/	1/3rd Blk Watch	21 A.G.	37.	14 July 44
		Wounded	Pte	20 July 44		AEF	A-473	
6.12.5	SOS							
		TOS TOS from X4 Rist R.H.C.	Pte	1 Aug 44	R.H.C.	21 A.G.	46.	25 Aug 44