E6014
HILL
JEAN CLAUD

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

NO. F. 6014 Rank Private Name HILL, Jean Claude

Unit Fusiliers Mont-Royal Date of death 29th January, 1945.

Died at ~~France.~~ Holland

Cause Died of wounds received in action.

Death occurred on strength of Forces H.Q. 405-H-8050

N/K Mr. Jimmy Hill, Relashionship Father

Address St. Boniface de Shawinigan, Cte. St. Maurice, P.Q.

Remains buried in Holland Cdn Mil Nijmegen sheet 5 Cemetery
E690595

Grave location

CHK ✓

OVER

REBURIAL

Nijmegen Canadian Military Cemetery,
4 miles S.E. of Nijmegen, Holland.

Grave 2, row E, plot 2.

HI & CR Form Despd. NOV 8 1946

Photographs
Despatched
JAN 2 - 1948

BURIAL REPORT TO N.K. JUL 20 1946

RETURN TO BUR. OF STAT. JUN 28 1945

ROYAL MESSAGE DESP'D. FEB 22 1945

CAN. MESSAGE DESP'D. FEB 24 1945

Temp B R sent to N K

10M-1-45 (M-4608)

Received........DDMD 5 CB. Checked E .... Card.. DUPLICATE

FINGERPRINTED AND PHOTOGRAPHED

WSG COMPLETED

Doit être remplie en triplicata, désignant chaque exemplaire en biffant les deux termes inutiles.
To be completed in triplicate. Copy designation to be shown by striking out terms not applicable.

M.F.M. 2 Fr.
C.A.F. B. 271
120 M—8-39 (1696)
H.Q. 1772-45-18

Unité ROYAL 22e REGT A.F.
Unit

Matricule E-6014
Regimental Number

~~Original~~
Duplicata
~~Triplicata~~

Original
Duplicate
Triplicate

01 PTE

ARMÉE ACTIVE DU CANADA
CANADIAN ACTIVE SERVICE FORCE
FORMULE D'ENRÔLEMENT
ATTESTATION PAPER

1. Nom / Surname: HILL
2. Prénoms / Christian Names: JEAN CLAUDE
3. Adresse actuelle / Present Address: ST BONIFACE DE SHAWINIGAN. CTE ST MAURICEP.Q. CANADA
4. Date de naissance / Date of birth: 12 FEVRIER 1919
5. Lieu de naissance / Place of birth: CANADA (Pays)—(Country) PR. QUEBEC? CTE ST MAURICE (Comté ou province)—(County or Province) ST GERARD DES LAURENTIDES (Ville ou canton)—(Town or Twp.)
6. Religion / (State denomination): CATH. ROMAINE.
7. Métier ou profession / Trade or Calling: CHAUFFEUR
8. Marié, veuf ou célibataire / Married, Widower or Single: CELIBATAIRE.
9. Nom du plus proche parent / Name of next of kin: JIMMY HILL
10. Parenté de celui-ci / Relationship: PERE
11. Adresse du plus proche parent / Address of next of kin: ST BONIFACE DE SHAWINIGAN CTE ST MAURICE P.Q. CANADA
12. Avez-vous servi dans les forces navales, militaires ou aériennes? / Have you served in any Naval, Military or Air Force? NIL
13. Si vous avez accompli du service de guerre antérieur, spécifiez l'arme, la force et les détails régimentaires / If previous war service, state arm, force and regimental particulars: NIL
14. Faites-vous actuellement partie de la milice active du Canada ou avez-vous déjà servi dans cette force? / Do you now belong to or have you served in the Active Militia of Canada? NIL
(Indiquez l'unité et la date de l'enrôlement)
(Give unit and date of attestation)

DÉCLARATION FAITE PAR L'HOMME LORS DE L'ENRÔLEMENT
DECLARATION TO BE MADE BY MAN ON ATTESTATION

Je, soussigné, JEAN CLAUDE HILL, déclare solennellement que les renseignements ci-dessous mentionnés sont vrais et je m'engage, par les présentes, à servir dans l'armée active du Canada, tant qu'il existera ou que l'on aura à craindre une guerre, une invasion, une émeute ou une insurrection, aussi bien que pour la période de démobilisation après que la dite crise aura cessé, et, en tout cas, pour une période d'au moins un an, si Sa Majesté requiert mes services.

Date 16/1/41 — Jean Claude Hill (Signature de la recrue)
TEMOIN J. P. Art. Gaudreau

SERMENT PRÊTÉ PAR LA RECRUE LORS DE L'ENRÔLEMENT
OATH TO BE TAKEN BY MAN ON ATTESTATION

Je, JEAN CLAUDE HILL, promets sincèrement et jure (ou déclare solennellement) que je serai fidèle et porterai sincère allégeance à Sa Majesté.

Jean-Claude Hill (Signature de la recrue)

CERTIFICAT DU MAGISTRAT, DU JUGE DE PAIX OU DE L'OFFICIER QUI FAIT PRÊTER LE SERMENT
CERTIFICATE OF MAGISTRATE, JUSTICE OF THE PEACE OR ATTESTING OFFICER

J'ai averti l'homme susnommé que s'il répondait inexactement à l'une quelconque des questions précédentes, il serait passible de punition, tel que prévu par la loi.

Les questions et les réponses ci-dessus lui furent ensuite lues en ma présence.

Je me suis assuré qu'il comprenait chaque question et que sa réponse à chacune d'elles a été dûment inscrite telle qu'il l'a donnée, et il a fait et signé la déclaration ci-dessus et a prêté serment devant moi,

à Québec ce 16e jour de Janvier 1941

G. Lamond
(Signature du magistrat, du juge de paix ou de l'officier qui fait prêter le serment)

MAJOR., ~~O.C.~~, REGT'L DEPOT, R. 22E. R.
(Titre, grade et unité ou emploi)

N.B. On désire attirer l'attention sur le fait que toute personne qui répond inexactement à l'une quelconque des questions ci-dessus est passible d'un emprisonnement de six mois.
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.

P

État de service de / Record of Service of: HILL (Nom—Surname) JEAN CLAUDE (Prénoms—Christian Names)

Matricule / Regimental Number: E-6014

APTITUDES / Qualifications

Militaires / Military: NIL

Professionnelles ou commerciales / Business or Professional: NIL

Civiles ou de métier / Trade or Civil: CHAUFFEUR

Techniques / Technical: NIL

Langues / Languages: FRANCAISE

QUALITÉS ÉDUCATIONNELLES / Educational qualifications

Académies / High School or Collegiate: 7 annees (années complétées—years completed)

Graduation ou (or) Immatriculation / Matriculation: NIL (Spécifier—Specify)

*Collège: Ecole de Shawinigan. Cte St Maurice. P. Q. Canada

*Université / University: NIL

*(Mentionnez le nom de l'institution, les années ou cours complétés et les diplômes obtenus)
(Name of institution, courses or years completed, and degrees obtained to be shown)

Toutes les recrues enrôlées le seront comme simples soldats, la nomination ou la promotion à un grade supérieur devant être indiquée dans l'espace ci-dessous prévu à cette fin
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.

Rapport — Report: Date	Rapport — Report: Reçu de — From whom received	État des promotions, rétrogradations, mutations et permutations, maladies ou blessures rapports, etc., à compter de la date de son enrôlement dans les troupes de campagne — Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. from date taken on strength of Field Force	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. Cas. List, etc.	Autorisation — Authority: Daté le — Dated
		Affecté lors de son enrôlement / Joined on enlistment						
20-1-41	D.D. 5-	Attested & TOS as att. to D.D. 5- Eff.	PTE	17-1-41	D.D. 5-	Quebec.	Part 11 No. 16	20-1-41
28-1-41.	D.D.5	SOS on attachment to CI(R)TU Valcartier	"	28-1-41.	D.D. 5	"	D.O. 23	28-1-41.
29-1-41	C.I.R.T.C.	TOS attached for all purposes	Pte	29-1-41	"	Valcartier	D.O.#25	29-1-41
20-2-41	C.I.R.T.C.	Admis a l'hopital Isolation a 1200hrs.	"	18-2-41	R,22eR.	Valcartier	D.O. Pt. 2 #45	20-2-41
22-2-41	"	Sorti de " "	"	21-2-41	"	"	" #47	22-2-41
6-3-41.	"	Admis a l'HOpital isolation a 1500hrs.	"	3-3-41.	"	"	" " " # 57	6-3-41.
6-3-41.	"	Place sous arret de solde sour l'art 222	"	3-3-41.	"	"	" " " # 57	6-3-41.
4-4-41.	"	Sorti de l'Hopital Isolation	"	3-4-41.	"	"	" " " #83	4-4-41.
8-4-41.	"	Cesse d'etre place sous arret de solde	"	3-4-41.	"	"	" " # 86	8-4-41

Pour les entrées supplémentaires, se servir de M.F.M. 1 et 2 (a) (Fr.)
For additional entries use M.F.M. 1 and 2 (a) (Fr.)

5606-

7954

7954

CERTIFICAT DE L'EXAMEN MÉDICAL
CERTIFICATE OF MEDICAL EXAMINATION

Nom en entier HILL, JEAN-CLAUDE — Date 16-1-41.
Name in full

PARTIE 1. Renseignements obtenus de la recrue.
Part 1. Information obtained from the applicant.

1. Age 21
2. Avez-vous déjà souffert de l'une quelconque des maladies suivantes?
Have you ever suffered from any of the following diseases?

a. Rhumatisme (Rheumatism)	Non	j. Affection nasale (Nasal trouble)	Non
b. Tuberculose (Tuberculosis)	Non	k. Maladies des oreilles (Ear disease)	Non
c. Bronchite ou asthme (Bronchitis or asthma)	Non	l. Maladie des yeux (Eye disease)	Non
d. Affection cardiaque (Heart disease)	Non	m. Epilepsie (Epilepsy)	Non
e. Maladie du rein ou de la vessie (Kidney or bladder disease)	Non	n. Maladie nerveuse ou mentale (Nervous or mental disease)	Non
f. Gastrite intestinale (Gastro-intestinal)	Non	o. Syphilis	Non
g. Hernie (Rupture)	Non	p. Gonorrhée (Gonorrhœa)	Non
h. Varices (Varicose veins)	Non	q. Avez-vous déjà porté des verres? (Have you ever worn glasses?)	Non
i. Pieds plats ou déformés (Flat or deformed feet)	Non		

Jean-Claude Hill
(Signature de la recrue)—(Signature of recruit)

Observations des examinateurs Nil.
Examiners remarks re above

PARTIE 2. Renseignements obtenus par l'examen médical. La recrue doit être déshabillée.
Part 2. Information obtained by medical examination. The recruit must be stripped.

1. Marques ou cicatrices d'identification (si celles-ci sont opératoires, obtenir les détails)
Identification marks or scars (If operative obtain history).
Cicatrice interessant l'aile du nez et la joue du cote droit.

2. Taille (Height) 5 pieds (feet) 5½ pouces (inches). 3. Poids (Weight) 131 livres (pounds)
4. Teint (Complexion) Clair Yeux (Eyes) Bleus Cheveux (Hair) Blonds
5. Développement (Development) Bon {Bon —Good; Passable —Fair; Médiocre —Poor}
6. Tour de poitrine—Circonférence, pleine expansion (Chest measurement—Girth on full expansion) 35½ pouces (inches) Degré d'expansion (Range of expansion) 2 pouces
7. Vue, œil droit (Vision, right) 20/20 œil gauche (left) 20/20
8. Ouïe, oreille droite (Hearing, right) 20 C.V. gauche (left) 20 C.V.
9. Condition de la bouche et des dents (Condition of mouth and teeth) Bonnes.
10. Les anormalités (congénitales et pathologiques) constatées lors de l'examen sont les suivantes:
The abnormalities (congenital and pathological) found on examination are as follows:
Nil.
Urine, oreilles, reflexes normaux.

17 JAN 1941 X-RAY CHEST - NEGATIVE
Geo. St-Amand

PARTIE 3. Nous, les examinateurs, ne trouvons aucune trace des maladies énumérées dans la question 2 de la partie 1, sauf tel que mentionné dans les observations. Nous avons examiné la recrue conformément aux instructions de la brochure "Physical Standards and Instructions for the medical examination of Recruits",

et il peut être classé dans la catégorie A

Observations spéciales lorsque la catégorie est inférieure à A
Special remarks when category lower than A

Geo. St-Amand — J.V. Lavoie, major — J.A. Girard M.D.
Geo. St-Amand, Lt-Col. (Président)—(President) J.V. Lavoie, Major. (Membre)—(Member) J.A. Girard, M.D. (Membre)—(Member)

VACCINATIONS, INOCULATIONS, COMMISSIONS, RECLASSIFICATION DE LA CATÉGORIE MÉDICALE
VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Détails succints et signature / Brief details and signature	Date	Détails succints et signature / Brief details and signature
18-1-41	Vacc [signature]	21-2-43	T.A.B.T. JBC
18-1-41	T.A.B [signature]	21-5-43	Category Unchanged JBC
29-1-41	— [signature]		
13-2-41	3 [signature]		
18-1-41	tet tox 1cc [signature]		
17-2-41	2 [signature]		
2/3/42	TABT ½cc S.V.		

8-4-41. Cesse d'être placé sous direct de solde

Pour les entrées supplémentaires, se servir de M.F.M. 1 et 2 (a) (Fr.)
For additional entries use M.F.M. 1 and 2 (a) (Fr.)

Matricule / Regtl. No. E-6014 Grade / Rank Dvr Nom / Surname Hill Prénoms / Christian Name Jean Claude.

Garnison — Station	Date d'arrivée à la garnison — Date of Arrival at the Station	Date de — Dates of: L'admission à l'hôpital — Admission into Hospital: Jour — Day	Mois — Month	Année — Year	La sortie de l'hôpital — Discharge from Hospital: Jour — Day	Mois — Month	Année — Year	Maladie — Disease	Nombre de jours à l'hôpital — Number of days in hospital	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 première 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. — Remarks on nature of the disease; how induced; if mild or severe; if completely recovered; 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 du médecin — Signature of Medical Officer
D'Valcartier	3-3-41	3	3	41	3	4	41	Gonorrhoea	31		
Valcartier	29-1-41	29	1	41	1	2	41	Scabies	3		
Valcartier	29-1-41	15	2	41	21	2	41	Scabies	3		
Gaspe		6	2	42	17	2	42	Cellulitis		Cured. Disch. to Unit.	
Gaspe		13	7	42	23	7	42	Fracture of 5th			
Gaspe		2	1	43	16	1	43	metacarpal		Satisfactory. Recom. 6 days leave.	
								" " " "			

Pour les entrées supplémentaires, se servir de **M.F.M. 1 et 2 (b) (Fr.)**
For additional entries use **M.F.M. 1 and 2 (b) (Fr.)**

Pour être fait en double exemplaire.
To be made out in duplicate.

M.F.M. 5 (Fr.)
100M — 8-39 (1702)
H.Q. 1772 — 45-18

DÉTAILS SUR LA FAMILLE D'UN OFFICIER OU D'UN SOLDAT DES TROUPES CANADIENNES DE CAMPAGNE

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

INSTRUCTIONS

(*a*) Cette formule doit être remplie dès qu'un officier ou un soldat est nommé ou enrôlé dans les troupes canadiennes de campagne.
This form is to be completed immediately an officer or soldier is appointed to, or enlisted in, the C.F.F.

(*b*) Il faut répondre à toutes les questions, et donner tous les détails nécessaires.
All questions, etc., must be completed.

(*c*) Les deux copies de la formule doivent être envoyées par le commandant de l'unité, dans le cas de chaque officier et chaque soldat, au payeur ou à l'officier agissant comme tel. Ce dernier enverra une copie par l'intermédiaire du Payeur du district ou du camp au Payeur en chef au quartier général de la Défense Nationale, Ottawa. L'autre copie sera retenue par le payeur jusqu'à ce que l'unité arrive outre-mer, alors que cette copie sera transmise au Payeur en chef à la Base Intermédiaire Canadienne Outre-mer.
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) Nom de l'officier ou du soldat ..... HILL JEAN CLAUDE
Name of Officer or Soldier. (Nom de famille — noms de baptême en entier — majuscules moulées)
(Surname first — Christian names in full — Block capitals)

(2) Matricule ..... E6014 PRIVATE
Regimental Number.

(3) Unité ..... ROYAL 22nd. REGIMENT (AF)
Unit.

(4) Etes-vous marié? ..... NON
Are you married?

(5) Dans l'affirmative, donnez
If married, state,
(*a*) Le nom de votre épouse en entier ..... NIL
Full name of your wife.

(*b*) L'adresse postale actuelle de votre épouse ..... NIL
Present Postal Address of wife.

(6) Si vous êtes marié, avez-vous toujours fait vivre votre épouse? ..... NIL
If married, have you been regularly supporting your wife?

Si non — donnez-en les raisons ..... NIL
If not — state reasons.

(7) Etes-vous veuf? ..... NIL
Are you a widower?

(8) Avez-vous des enfants? ..... NIL
Have you any children?
Si oui, faites connaître le nombre des garçons et des filles ..... NIL
If so, give number of boys and girls.

Donnez aussi leur nom et leur âge ..... NIL
Also their names and ages.

(9) Si une indemnité d'absence est réclamée pour les enfants, dites si vous avez toujours pourvu à leurs besoins
If Separation Allowance is claimed in respect of children — state whether you have been regularly supporting them.

..... NIL

Donnez des détails quant au tuteur auquel une indemnité d'absence devrait être payée — s'il existe une autorisation —
Give particulars of Guardian to whom Separation Allowance should be paid — if authorized —

Nom ..... NIL
Name.

Adresse postale ..... NIL
Postal Address.

[VOIR AU VERSO]
[SEE OTHER SIDE]

(10) Vivez-vous en union libre avec une femme — que vous avez toujours fait vivre et reconnue publiquement comme votre épouse?
Have you a common-law wife — whom you have been regularly supporting and publicly representing as you wife?

NON

Dans l'affirmative, donnez son nom en entier et son adresse postale NIL
If so, state her full name and Postal Address.

(11) Est-ce que votre père vit encore? OUI
Is your father alive?

Si oui, donnez son nom et son adresse HILL ~~M~~/ JIMMY
If so, state name and address.

ST.BONIFACE SHAWINIGAN P.Q.

(12) Si votre père est veuf et complètement incapable de gagner sa vie, êtes-vous son seul soutien? NON
If your father is a Widower and is totally incapacitated from earning a living — are you his sole support?

(13) Si vous êtes le seul soutien de votre père qui est veuf, dites quel montant par mois vous lui donniez avant de vous joindre aux troupes canadiennes de campagne NIL
If sole support of father who is a Widower — state what amount per month you have given him prior to joining the C.F.F.

Dites aussi pourquoi il n'a pas d'autres moyens de subsistance NIL
Also state reason he has no other means of support.

(14) Est-ce que votre mère vit encore? OUI
Is your mother alive?

Dans l'affirmative, donnez son nom et son adresse HILL ADRIENNE
If so, state name and address.

ST.BONIFACE SHAWINIGAN P.Q.

(15) Si votre mère est veuve, êtes-vous son seul soutien? NON
If your mother is a Widow, are you her sole support?

(16) Si vous êtes le seul soutien d'une mère veuve, dites quel montant par mois vous lui donniez avant de vous joindre aux troupes canadiennes de campagne.
If sole support of widowed mother — state what amount per month you have given her prior to joining C.F.F.

NIL

Dites aussi pourquoi elle n'a pas d'autres moyens de subsistance NIL
Also state reason why she has no other means of support.

DISTRICT PAY OFFICE RECEIVED JAN 28 1941 M.D. No. 5 Quebec.

(17) Etes-vous assuré? NON
Are you insured?

Si oui, dites dans quelle compagnie? NIL
If so, in what company?

Avez-vous pris les dispositions nécessaires pour le payement de votre prime d'assurance? NIL
Have you made arrangements for payment of your Insurance Premium?

Sinon, et s'il s'agit d'une prime mensuelle, vous pouvez déléguer le montant de cette prime en plus de toute autre délégation que vous désirez faire pourvu que la délégation totale ne dépasse pas le montant mensuel maximum qui peut être délégué.
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.

Je certifie par la présente que les renseignements par moi donnés sur cette formule sont exacts sous tous rapports.
I hereby certify that the information given by me on this form is correct in each and every particular.

Jean-Claude Hill
(Signature de l'officier ou de l'homme)
(Signature of officer or man)

Date Janvier le 20th.1941.

J. [illegible] Capt.
for R.22e R. [illegible]

Officier Commandant (F.C.MAGEE)Lt.Col.
Officer Commanding

DISTRICT DEPOT. M.D. No.5.

Date Janvier le 20th.1941.

ORIGINAL

OFFICER I/C RECORDS A.G. BRANCH JUL 18 1942 H.Q. OTTAWA NATIONAL DEFENCE

Q-39-H-467

M.F.B. 271
300M—7-41 (1087)
H.Q. 1772-39-164

RECEIVED JUL 20 1942 RANKS

REPORT ON INJURIES

Other than Wounds Received in Action

405-H-8059

1. Certificate to be signed by injured officer or soldier:

I, E 6014 Gnr. HILL ~~Jack~~ Jean Claude
(a) (number) (b) (rank) (c) (surname) (Christian names in full)

105th Coast Battery, R.C.A. hereby declare that the injury sustained by me
(d) (unit)

on the 13th July, 1942. did* ~~did not*~~ occur while I was in the performance
(e) (date of casualty)

of military duty.

J. Claude Hill
(Signature of officer or soldier)

Gaspe, Que., 13th July, 1942.
(station) (date)

2. (a) Description of injuries transverse fracture at the middle of the V th right metacarpal.

(b) Are the injuries serious or of such a nature that they *might* be the exciting cause of disability later? Unlikely

(c) Whether admitted to hospital or sick in quarters? Admitted to Hospital

(d) How long before initial treatment was given? the same day.

Date 13th July, 1942. Signature of medical officer T.P. Kearns Capt. RCAMC

3. Short statement by injured person of the circumstances of the injury (see instruction 5). Signed statements of witnesses, or of persons to whom the injured person may have mentioned his injury, to be attached (see instructions 3 and 4):

" I was returning from the lights to the barracks. I tripped and fell on my right hand."

T.P. Kearns Capt
(T.P. Kearns) Capt.

On return my from duty in the morning of the 13 July, at the gate entering the First in front of Sgts. mess, I fell and I hurt my wrist. After a few hours of rest, I was paraded in front of the commandant; but in bad humour after being paraded, I hit the table with my fist in the Sgts. mess and I felt a soreness then I reported to the camp hospital.

*Strike out whichever is not applicable.

4. Statement of Commanding Officer:

(*a*) Was the individual in the performance of military duty? Not known as yet

(*b*) Nature of duty ——

(*c*) Was it incurred in a game or other form of physical recreation definitely organized with the approval of the unit commander? No

(*d*) If it was incurred on leave, was such leave with or without pay? N.A.

(*e*) Was anyone else to blame? No

(i) Whom? ——

(*f*) Did the injury occur on military premises and if so in what part of such premises? Possibly on a table in the Gun Mess

(*g*) Court of Inquiry:

(i) Has one been held? not yet

(ii) Will one be held? Yes

(iii) Date and place as directed by O.C. Unit.

Date 23-7-42 Commanding

5. Remarks of District Officer Commanding or Division Commander:

Date

6. Received by N.D.H.Q.

7. Forwarded to D.P.N.H.

INSTRUCTIONS

1. This form is to be rendered within 48 hours after the event in all cases of accidental or self-inflicted injuries to an officer or soldier involving;

(*a*) death,

(*b*) absence from duty for 48 hours or more, or

(*c*) absence from duty of less than 48 hours when the medical officer should invariably be consulted as to whether the injury may be the exciting cause of disability later.

(*d*) in all accidents involving personnel whether there is evidence of injury or not.

2. A separate form is to be used in respect to each individual affected.

3. This form is to be rendered notwithstanding the holding of a court of inquiry or investigation. If a court of inquiry is held a copy of this form is to be included in the proceedings.

4. Full statements are to be taken by an officer from the witnesses of the accident or, where there was no witness, from any persons to whom the injured officer or soldier may have mentioned his injury immediately after the occurrence. These statements, when obtainable will be signed by the persons making them, and by the officer who takes them, and will be forwarded with this form. Where it is intended to take disciplinary action, duplicates of these statements should be retained by the unit for use in lieu of a summary of evidence.

5. Where it is possible to obtain it, a statement from the injured officer or soldier will also be forwarded. This, however, should not be used as evidence against him in any subsequent disciplinary proceedings.

6. This form will be prepared in triplicate, one copy to be retained by the unit and the two other copies to be forwarded to N.D.H.Q., through the usual channels. Where a Court of Inquiry is held the copies to be forwarded to N.D.H.Q. will be attached to the proceedings.

SPECIAL INSTRUCTIONS AS TO EVIDENCE IN CASES OF SELF-INFLICTED WOUNDS

7. In these cases the statements mentioned in paragraphs 4 and 5 above should bring out all material points, e.g., statements to the effect that the witness was with the accused standing on the fire step (or sitting in a dug-out); that the accused was cleaning his rifle; position of safety catch, magazine, etc., if known; muzzle of rifle on toe of foot; hand on muzzle; that accused pulled trigger; that the rifle was afterwards examined and an empty cartridge case was found in chamber; that accused was seen to be wounded; what accused said ("I have shot myself," "I did not know it was loaded," etc.).

8. An officer or a soldier is specially trained in the safe use of his rifle and revolver, and evidence of any neglect of the ordinary precautions as to their handling in such cases usually has considerable bearing on the question of negligence. In cases of wilful self-wounding the fullest possible evidence should be obtained; unless the evidence is conclusive this charge should not be used. The charge will therefore usually be laid under section 40 Army Act—"Conduct to the prejudice of good order and military discipline in wounding himself through negligently handling a rifle," and an alternative charge to this effect should be made, even if the accused is to be tried under section 18 for wilful maiming.

Statement of the Service of No. E-6014 Rank Pte Sheet No.

Name Hill Jean Claude.

M.F.M. 1 & 2 (a)
700 M—8-39 (1697)
H.Q. 1772-45-18

REPORT Date	REPORT From whom received	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 Part II D.O. No. Cas. List, etc.	Authority Dated
20-5-41.	C.I.R.T.C	Ceases to be attached To CIRTC 20-5-41. on prodeding to ~~C.D.N.A~~ CD+AA mc, Training centre Halifax. N.S.	Pte.	20-5-41.	R.22eR.	Valcartier	D.O.PT11#121	20-5-41.
		T.O.S. C. D. & A. A. Artillery TRaining Centre	"	21-5-41	"	Halifax	D. O1 PT. II # 11	21-6-41
		S. O.S. on Transfer to 105 Heavy Battery	"	3-7-41 ~~20-6-41~~	"	"	D. O. Pt. II #32 41	3-7-41 ~~20-6-41~~
		awarded 7 days C.B. 1 day pay also 2 days pay and 1 day allowance	Gnr.	24/7/41	"	"	" " 58	25/7/41
		T.O.S. on transfer from CD&AA	Gnr.	6-8-41	105th	Peninsula	D.O.#. 41	30-8-41
		Attached to "B" Troop 105th.Hvy.Bty.RCA. for Rations and Quarters. at Peninsula. Gaspe.P.Q.	Gnr.	20-8-41	"D"Tp.	Penin.	D.O....34	23-8-41
		Furlough from 0800 hrs.6-9-41 to 0800 hrs. 19-9-41	Gnr.	6-9-41	105th.	Penin.	D.O....49	9-9-41
		Returned from Furlough at 2200 hrs.	Gmr.	19-9-41	105th.	Penin.	D.O....53	21-9-41
3-2-42	"	Sick adm H.G.M. 6-2-42	"	6-2-42	"	"	" " 10	3-2-42
18-2-42		Sick disch H.G.M. 17-2-42	"	17-2-42	"	"	" " 13	18-2-42
20/2/42	H.Q. Off	S.O.S. on being attached for all purposes to 3rd N B Coast Bde	Gnr	20/2/42	105th	Sussex	Pt II Order #15	20/2/42
		Attached 1st S/L Bty RCA for all purposes	"	21/2/42	1st S/L	St. John	45	23/2/42
		Ceases to be att'd to 1st S/L Bty.(CD), R.C.A for all purposes.	"	11/5/42	"	"	108	8/5/42

Statement of the Service of No..... Rank..... Sheet No.....

Name.....

M.F.M. 1 & 2 (a)
700 M—8-39 (1697)
H.Q. 1772-45-18

REPORT Date	REPORT From whom received	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 Part II D.O. No. Cas. List, etc.	Authority Dated
		T.O.S 105th Bty, R.C.A.		12-5-42	105th	Gaspe	#44	13-5-42
		Admitted to Mil. Hosp. Gaspe		13-7-42	"	"	76	16-7-42
		Discharged from Gaspe Mil. Hospital		23-7-42	105th.	"	89	11-8-42
		Attached to Shelburne Defences f or pay	Gnr.	19-1-43		Shelburne	# ~~22~~ 7	25-1-43
		OCCUPATIONAL HISTORY FORM COMPLETED.						
		Ceased to be attached to Shelburne Defences for all purposes on being attached to Gaspe Defences	"	28-3-43	"	Gaspe	# 55	30-3-43
		Granted furlough from 17-4-43 to 30-4-43	"	17-4-43	"	"	# 46	9-4-43
4-6-43	Ft. Off.	Granted embarkation leave 2-6-43 to 7-6-43	"	2-6-43	"	"	# 110	2-6-43
4-6-43	Ft. Off.	TO DRAW RATES OF PAY @ $1.50 PER DIEM	"	11-43	"	"	110	2-6-43
4-6-43	Ft. Off.	Ceases to be attached to Gaspe Defences for all purposes and is S.O.S. 105th Cst. Bty., R.C.A. to 1 Transit Camp, Windsor, Ont.	"	7-6-43	"	"	111	3-6-43
		ATT. R.C.I TRANSIT CAMP			10. 6. '43	#1 TRANSIT	WINDSOR, N. S. 149	11. 6. '43
		Admitted Select Mil Hosp.	"	23,6,43	"	"	" 160	23,6,43.
		Discharged " " "	"	29,6,43	"	"	" 165	29,6,43.
		SOS. R.C.I TRANSIT CAMP		21. 7. '43	#1 TRANSIT	WINDSOR, N. S.	186	22. 7. '43

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

NUMBER E6014 RANK Private SERVICE UNIT Les Fusiliers Mont-Royal (CA)

NAME HILL, Jean Claude

DATE OF BIRTH
DAY 12th MONTH February YEAR 1919 Date enlisted: 16-1-41

MARITAL STATUS
Single Religion: R.C.

NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 RELATIONSHIP Father NAME Mr. Jimmy Hill,
ADDRESS St. Boniface de Shawinigan, Cte. St. Maurice, Quebec. ADDRESS D.A.B.

ADDITIONAL PERSON TO BE NOTIFIED ADDRESS

PARENTS NAME
ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. 5915A X H.Q. 405-H-8050
CASUALTY DETAILS Died of wounds DATE 29-1-45

FRANCE

[LA]ST WILL ATTACHED TO [NO]TIFICATION TO A. OF E.? YES/NO
LF

M.F.M.5. ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO
O/S with 6 CIRU
S/L 2972 Inf.

DATE 11-2-45

Mallabie Smith
for OFFICER I/C RECORDS

Gd. 6

COPY FOR DOCUMENT FILE

SERVICE AND CASUALTY FORM

(PART II)

M.F.M.4 (a) (Part II)
40/P&S/412 (3006)

Regiment or Corps .... Regimental Number E6014

Substantive Rank .... Surname HILL Christian Names Jean Claude

Acting Temporary or Local Rank ....
(To be entered in pencil to facilitate alteration)

(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 1 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 shown
		FusMR	SOS to X-3 LIST FUS M R WEF	Fd	23JUL44	Pte	57d/1 AUG 44
6 Aug 44	X-3	FMR	TOS X-3 List ..	Field	24 Jul 44	Pte	30 12 Aug 44
			SOS 'X' 3 List to 'Y' 3 List 6 CIRU wef 29 JUL 44				
	Y-3 List 6 CIRU		TOS from X-3 List Fus M.R. whilst in 18 CGH	..	30 Jul44	"	151-A/44
–	–		Rem'd from 18 CGH to RWCH	U.K.	14 Aug 44	–	151/A/44
"	"		Rem f RWCH to 4 CCD	"	6 Oct 44	"	193 A/44
"	"		SOS to 4 CITR disch f. 4 CCD	"	27 Oct 44	"	3A/44
		4 CITR.	TOS f. Y3 List " " "	"	28 Oct 44	"	4/44
		"	Special Pri Leave 9 day 23 Oct - 5 Nov 44	"	27 Oct 44	"	4/44
		4 CITR	SOS TO X-4 LIST CIC (UKAG/18/17 Ser. C6392/4C)	U.K.	30 Nov 44	"	25/44
			Embarked..... 1 Dec 44 Disembarked.....	NWE.	2 Dec 44	"	92 DEC 1944
			and TOS X4. C.I.C (11 Bn) wef	"	1 Dec 44	"	
	X4 CIC	11 Bn.	Posted to X-3 List	✓	5 Dec 44	Pte	93 Dec 44
	X3	CIC	posted to X4 11 Bn	Fd	21 Dec 44	"	3/45
X4	11 Bn	Inf Unall	S.O.S. to Fus. M.R.	Fd	24 Dec 44	Pte	30
		FusMR	TOS from X-4 List Inf Gen Unall	Fd	25DEC44	Pte	DO 1 & DO 8/45
3014/233 & CR 19 (CANC DO 10/45)		~~FusMR~~	~~SOS to X-4 List FusMR~~	~~Fd~~	~~29JAN45~~	~~Pte~~	~~DO 8/FEB 45~~
~~7 Feb 45~~			~~TOS from FMR Cancelled~~	~~✓~~	~~30 Jan 45~~	~~–~~	~~15/45~~
014/234		FusMR	SOS DECEASED DIED OF WOUNDS on adm 5 CFDS 29 JAN 45	Fd	29JAN45	Pte	DO 10/FEB 45

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 22e REGIMENT~~ (CASF) Regimental Number: E-6014

1. Surname: HILL
2. Christian Names: JEAN CLAUDE
3. *Substantive Rank and Appointment: Pte
   *Acting, Temporary or Local Rank: PTE
   giving date:

*To be entered in pencil to facilitate alteration.

(17) Regiment or Corps: CIC(FS)

Unit (Battn., etc):

4. Place of birth: St Gerard des Laurentides. P.Q. Ca.
5. Date of birth as declared on attestation: 12-2-19
   (A)
6. Date of enlistment: 16-1-41
7. Place of enlistment: Quebec
8. Residence at time of enlistment: St Boniface de Shawinigan, Co. St-Maurice. P.Q. Ca.
9. (B) Special conditions (if any) of enlistment or rate of pay:
10. (C) Any subsequent variations of conditions of service:
11. Religion: Catholique romain
12. If married, state date:
13. Trade on enlistment: Chauffeur
14. Corps, trade and grade:
15. (D) Qualifications:
16. (E) Miscellaneous entries:

(18) Medical: Board

Category	Date	Authority
"A"	17-1-41	

(19) Next of kin (entries to be made in pencil)
Jimmy Hill Père
St Boniface de Shawinigan
Co. St-Maurice
P. Que
Ca

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

SD

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.

(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	Army rank as at (e)	(g) Army Form or other authority for entry to be shown
30-1-41	D.D. 5		attested & T.O.S at D.D. 5	Quebec	17-1-41	Pte	D.O. 16
28-1-41	D.D. 5		S.O.S on attachment to C.I.(R)T.C. Valcartier	"	28-1-41	Pte	D.O. 23
29-1-41	C.I.T.C		T.O.S attached for all purposes	"	29-1-41	"	D.O. 25
30-2-41	"		admitted Hospital	"	18-2-4.	"	D.O. 45
22-3-41	"		Discharged "	"	21-2-41	"	D.O. 47
6-3-41	"		admitted "	"	3-3-41	"	D.O. 57
8-4-41	"		Discharged	"	3-4-41	"	D.O. 83
30-5-41	"		Ceased to be attached TO CIRTC	"	30-5-41	"	D.O. 131
			T.O.S C.D. & A.A.	Halifax	21-5-41	Gnr	D.O. 14
			S.O.S on transfer 105 [illegible]	"	3-7-41	"	D.O. 41
			Granted furlough	Gasp.	6-9-41	"	D.O. 49
			Returned from furlough			"	D.O. 57
			admitted Gaspé Hospital	"	6-2-42	"	D.O. 10
			Discharged " "	"	17-2-42	"	D.O. 13
			S.O.S attached 3rd N.T. Coast Brig.	"	20-2-42	"	D.O. 15
			attached 1st S.L. Bty R.C.A.	St. John	21-2-42	"	D.O. 45
			Ceased to be attached 1st [illegible]	"	11-5-42	"	D.O. 108
			T.O.S 105th coast Bty RCA	Gasp.	12-5-42	"	D.O. 44
			admitted Hospital	"	13-7-42	"	D.O. 76
			Discharged "	"	23-7-42	"	D.O. 89
			attached to [illegible] Defence	"	28-3-43	"	D.O. 55
			Granted furlough	"	17-4-43	"	D.O. 42
			Returned from furlough				
		6 C.I.R.U.	S.O.S. Cdn. Army Can. on embark.	U.K.	20 Jul 43	Pte	153 - 30 Jul 43
		"	T.O.S. " " Overseas	"	21 " "	"	" "
		"	Disembarked in U.K.	"	28 " "	"	" "
		"	Reported for duty to 6 C.I.R.U.	"	29 Jul 43	"	153 - 30 Jul 43
SOS		"	SOS to 2 CIRU (auth 444/AT 56/1 (SCA) d/ 2 aug 43)	"	4 aug 43	"	159 - 6 aug 43
T.O.S		2 CIRU	T.O.S from #6 C.I.R.U	✓	5 aug 43	✓	159 6 aug 43
SOS		✓	SOS to 6 CIRU	✓	9 aug 43	✓	162 10 aug 43
		6 CIRU	T.O.S fr. 2 C.I.R.U	"	10 aug 43	"	163 - 11 aug 43
		"	Warned for draft	"	11 aug 43	"	163 - 11 aug 43
		"	SOS to Fus MR (Draft Dem. 4369 d/11 aug 43	"	12 aug 43	"	164 - 12 aug 43
T.O.S	F.M.R.		T.O.S from 6 CIRU. Dem 4369 d/11 aug 43	"	13 aug 43	Pte	44 AUG 43
			AWARDED CDN. VOL. SER. MEDAL & CLASP	✓	5 JAN 44	Pte	4 D/- 22 JAN 44
		Fus MR	Embarked U.K. 4 Jul 44 Disembarked France 6 Jul 44		6 Jul 44	Pte	48 D/13 Jul 44

This form will accompany the soldier's regimental documents at all times.

DEPARTMENT OF NATIONAL DEFENCE
(Army)

Personnel Selection Record

R.C.A.
Arm or Corps

Trade (if Tradesman or Trade Trainee)

Gunner.
Work in Arm (if Non-Tradesman)

I.

Regt. No.	Rank	Name (surname first)	A or R	Age	Med. Cat.
E 6014	Gnr.	HILL, Jean Claude	A	23	A

Main Language	Other Language(s)	Place (Unit) Interviewed	Date Interviewed
French	English (some)	105th Bty,R.C.A.,Gaspe,P.Q.	9 Apr 43

II. Revised Examination "M"

B.F. 32712 Gaspe,P.Q. (Place Tested) 6 Apr 43 (Date Tested) B.Douglass Lt. (By Whom)

Total	Group	Subtests 1	2	3	4	5	6	7	8	Subtotals 1–3	4–5	6–8	English or French
117	III(F)	13	15	11	23	14	7	11	23	39	37	41	French

Other Tests

III. Educational Background

Completed Grade 4 at Shawinigan Falls, P.Q., age 5 to 12 years.

IV. Occupational Background

Truck driver, transport, five years.

V. Military Background

Enlisted in Jan 41 in 22nd Bn. Transferred to R.C.A. in May 41.
To Gaspe in Aug 41.

VI. Other Personal History and Appraisal

Leisure Activities: Does some reading, and goes out to see the girls.

General: Single. Father was a pipe fitter in Shawinigan Falls, P.Q.
Oldest in family of seven children.
One brother is a taxi driver.

Has been driving cars and trucks for five years, and had no accidents.
His father woned three trucks, and he did some repairs on them.

Would like to take a course in Automotive Trades.

Stability probably average. Has been up for office several times for minor infractions.
Learning ability above average and general education well above that of Grade 4. Evidently education has not stopped when leaving school.
~~Should be good material for trade training in Automotive work.~~

VII. Recommendations

Driver, I.C. for upgrading. (TT).

(Signed) B Douglass
Army Examiner
(B. Douglass) Lieut.

M F.M. 196
200M—1-43 (7957)
H.Q. 1772-39-1916

See reverse side for further information and follow-up

FURTHER INFORMATION AND FOLLOW-UP

Re-interviewed at No. 1 Transit Camp, Windsor, N.S. 25 June '43.

Suitable for overseas service in Infantry - ex Artillery.

L.E.A. Fraser
(L.E.A. Fraser) Capt.
Army Examiner.

Enlisted 16-1-41 with friends. Completed Basic and advanced training infantry when he joined. Was then transferred to searchlight battery where he was "Diesel Operator" Limited knowledge of English. Would like to be a driver a capable fellow but not ambitious. Not very enthusiastic about the army now but says he liked it before. Feels he has been a soldier long enough. Stability only average. Should make a good driver

W Racine Lieut.
2-8-43

Deportment Correct.
Disposition Correct.
Grooming Neat.
appearance Normal
Eng Reading Def
Military knowledge Def
Mechanical knowledge Sat.
height 5' 6½"
weight 142
marital status Single
Children —
Religion R.C.
attitude to own health. Reasonable.
Hospital 3/54. 2 cases of VDG. One for broken wrist
Punishment: 5/12 C.B. - 8/40 Pay. (cases of absence)
T.O.S. C.A.O. 21-7-43

Soldiers Qualification Card

CODED

Regt'l. Number	Last Name	First Name	Middle Names
E-6014	HILL	JEAN	CLAUDE

DECEASED

Unit: Les Fus Mont-Royal 13-8-

1 Corps: Infantry

2 Nationality: Canadian | By Birth: ✓ | By Naturalization: | Country of Birth: Canada

3 Racial Origin:

4 Language spoken in home: French / Other: / English:

5 Age: 24 (12 Feb '19)

6 Height: 5'5¼"

7 Weight: 131

8 Silhouette: 1 2 3 4

Eyes 9 Colour of: Blue

10 Acuity: 1 ✓ 2 3

10 Glasses:

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: To Medical attention:

Health History:

16 Education Level: Illiterate: E 4(12) S: (Grade completed)

Conduct during school life:

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: French

Written well:

24 Main occupation: Description: Stuffers

Estimate of skill:

Duration (from—to):

Weekly Wage:

Employer's Name and Address:

50 "M"

Test	Score	SM	
1	13		S. Tot. 39
2	15		SM
3	11		
4	23		S. Tot. 37
5	14		SM
6	7		S. Tot. 41
7	11		SM
8	23		
Tot.	117	SM	Grade
9			

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:

25 Second Most Important Occupation: Description:

Estimate of skill:

Duration (from—to):

Weekly Wage:

Employer's Name and Address:

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 Auto: 30 Motorcycle:

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

35 Accident Prone:

Farming Experience: Wide: Limited:

District: Type:

Job promised after discharge: By whom? Name:

Address:

Other provision for post-discharge occupation:

Type of work desired:

Occupational history: Ambitious: Accidental:

Stable: Erratic:

36 Material Status: M: S: ✓ W: D: Sep.:

Marital Problems: (Remarks)

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

37 No. of Children: No. Brothers: No. Sisters:

Position in family: 38 No. Dependents:

Relationship of Dependents:

Status of home in childhood:

39 Hobbies: Photography: M: S: Radio: Engines:

Mechanics: Other:

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

Team Games and Position (1):

(2): (3):

41 Ability to Entertain: Music: String: Brass:

Woodwind: Percussion: Piano: Vocal:

Theatrical: Other:

42 Previous Experience in Armed Forces

13 OCT 1943

ARM or CORPS	Type (C.E.F., N.P., etc.)	Years	Highest Rank	Last Discharge (Yr.)	Special Training Received

43 CURRENT SERVICE: Date Enlisted 17 Jan. '41 Place Enlisted Quebec

Date From—to	Country	Corps	Unit and Sub-unit	Rank 44	Principal Duty	Performance
17/1/41	Canada	Inf	#5 D.D.	PE		
21/7/43	GB	✓	#6 CIRU	✓	TOS CA o/s	
16/8/43	✓	✓	#6 CIRU	✓		
13/8/43	✓	✓	Fus MR	✓	(OR-6)	

45

COURSES ATTENDED	PLACE	Date: From—to	Qualified as	Rating

46 Crime: Courts Martial Convictions..... Major Offences..... Minor Offences.....

Civil Convictions..... Fines..... Hospitalization.....

49 Psychiatric ☐ ☐ ☐ ☐ ☐

C.M.H.Q. 1000:115
40/P&S/1246 (10/42)

47 Classification: Military Specialties and Trades

CONFIDENTIAL

Designation	Degree of Proficiency	Date	Authority

55 Type of Service Desired (1).....(2).....

Remarks re Outstanding or Limiting Factors

Deportment	
Disposition	
Appearance (grooming)	
Physical appearance	
Map Reading	
Military Knowledge	
Mechanical Knowledge	

No. 4 C.I.T.R. — 7 Nov. 44. —
Back from hospital where treated for wound at right foot. — Healing well according to himself — Employed as carrier driver — without official qualifications. — Would like a D. Mech. Course. — Referred to C.I. —
J. Gripaw, Capt.

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

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

48 Suggested Possibilities for Employment (1).....

.....(2).....

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

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

Interviewed by..... Date.....

Reviewed by..... Date.....

3/45A MFM 510
40/P&S/254 (7012)

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

District.....

Dispersal Area.....

Regtl No. E.6014. Rank and Name H111. J.C. Pte.

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

(~~Transfer or~~ Discharge) ..... to ..... on 29th. Jan. 19 45.

Reason Death. Authority: C.C.L. "A" 539 d/4th. Feb. 45.

The following is a statement of the account of the above-named from 1st. Jan. to 31st. Jan. 19 45. the inclusive date of transfer or discharge.

Dr Particulars	Amount		Cr Particulars	Amount	
Balance Dr from last account			Balance Cr from last account	26	58
First Monthly Payment			Regimental Pay 31 days @ $ 1.50	46	50
Casual Payments			Tradesmen's Pay ..... days at ..... $		
Payments on Transfer or Discharge			Additional Pay (Give Particulars) ..... days at ..... $		
Assigned Pay	10	00	Allowances (give particulars) ..... days at ..... $		
Regimental Charges					
Public Stoppages (give particulars):			Cash effects SOCR 42155	2	72
			Def. Pay Interest.		15
To Balance Cr — Free	35	95			
To Balance Cr — Deferred	30	00	By Balance Dr		
Total	75	95	Total	75	95

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

Remarks

Assnd. Pay of $10.00 (M) stopped eff. Feb. 45.

Compiled by W.W. Marsh.

Checked by B.M. Wadsworth

Date 28th. July 19 45.

PH.

Certified correct D. Lowley
for Chief Treasury Officer, Overseas

8/55B CFA 339 40/P & S/3040 (7255)

No. 22142

CANADIAN MILITARY HEADQUARTERS

RECORDS OFFICE

CASUALTY REPORT

Name (in full) HILL Jean Claude

No. E-6014 Rank PTE Unit FUS MONT ROYAL

Hospital (UK only) in which death took place, if applicable

RU (UK only) to which posted on admission to hospital

Casualty DIED OF WNDS Date 29 JAN 45 List No. "A" 539 Place AEF

If PW or Interned; Number and Address

Previously reported Date

OIC R 5 Wing (Cas Sec)

NEXT OF KIN

1. Canada or U.S.A.—Yes/~~No~~ (if No, complete No. 2)

2. Name (in full)

   Relationship Address

3. Any relatives in UK from MFM 5, or any other source, including children born overseas. If none so state.

   Date of marriage, if known

Dup.Will to O i/c Estates

WILL, EFFECTS, ETC

1. ~~No will here~~ (or) will herewith dated 6 Nov. 44 Beneficiary MOTHER (Relationship)

   Mde Adrienne Hill, St.Boniface de Shawinigan Co.St.Maurice,Quebec (Name) (Address) Executor MOTHER.

2. Bank account—name of bank, etc A/c No.

   Address

3. Kit privately stored—name of custodian

4. Particulars of debts, remarks, etc

Date FEB 14 1948

ORIGINAL — With will, if any to OIC Estates, CMHQ.

DUPLICATE — To file.

OIC R 3 Wing (Non-effective Pers)
for OIC Records,
CANADIAN MILITARY HEADQUARTERS

DEPARTMENT OF NATIONAL DEFENCE

INVENTORY

Date .....

The Estates Branch has received the following personal effects of:

NAME HILL J.C. Pte. E-6014

1 Personal Letter
1 Leather Wallet
Snapshots
1 Pocket Knife
1 Fountain Pen "Parker"
1 Mech Pencil
1 Rosary (Broken)
8 Religious Medals
2 Crucifixes
1 Scapular
1 Souvenir Coin
1 CVSM Ribbon & Clasp

Received the effects as listed

SIGNATURE .....

DATE REC'D .....

NB

CANADIAN MILITIA

SOLDIER'S SERVICE

AND

PAY BOOK

51-7325 A.F.W3084

Number E-6014

Name Hill J.C.

Rank Pte Religion R.C.

Arm C.I.C.

Branch if R.A.; Regt. if Foot Guards or Infantry

NOT to be filled in by Officer or Soldier.

Diagnosis

Disposal

A.F.W3084

Number E-6014

Name Hill J.C.

Rank Pte Religion R.C.

Arm C.I.C.

Branch if R.A.; Regt. if Foot Guards or Infantry

NOT to be filled in by Officer or Soldier.

Diagnosis

Disposal

A.F W3084

Number E-6014

Name Hill J.C.

Rank Pte Religion R.C.

Arm C.I.C.

Branch if R.A.; Regt. if Foot Guards or Infantry

NOT to be filled in by Officer or Soldier.

Diagnosis

Disposal

1. You will be held pe
custody of this book.
2. You will always ca
when on duty, and on activ
3. You must produce thi
do so by a competent au
Officer, N.C.O., Military Po
4. You must not alter or
(except as regards short f
instructions on pages 20 to
order will be treated as a se
5. Should you consider
incorrect, or should you los
matter to your immediate
6. You will be permitted
charge as a record of your
the book after discharge it

Hill J. C.
E 6014

Militia Book M-1. (Part I)
40/P&S/279 (12/42)

SOLDIER'S SERVICE BOOK

(Soldier's Pay Book, Militia Book M. 1 (Part II) will be issued for active service.)

Every entry in this book (other than those on page 24 of this part of Militia Book M. 1, connected with the making of a Soldier's short form of Will) is to be made under the superintendence of the Officer Commanding the Squadron, battery or company to which the man belongs or is attached.

Alterations in any of the entries will be initialled by an officer.

INSTRUCTIONS TO SOLDIER

1. You will be held **personally responsible** for the custody of this book.

2. You will **always carry this book** on your person when on duty, and on active service.

3. You must produce this book whenever called upon to do so by a competent authority, viz.: Officer, Warrant Officer, N.C.O., Military Policeman or Civilian Police.

4. You must not alter or make any entry in this book (except as regards short form of Will on page 24; see instructions on pages 20 to 23), and disobedience of this order will be treated as a serious offence,

5. Should you consider that any entry is lacking or incorrect, or should you lose the book, you will report the matter to your immediate military superior.

6. You will be permitted to retain this book after discharge as a record of your services, but should you lose the book after discharge it cannot be replaced.

(XIV) PARTICULARS OF DENTAL TREATMENT

Date	Required	Completed	Specification Use authorized Abbreviations and Symbols	Signature of Dental Officer
27-4-44	✓		P.D.U.	[signature]
11-5-44		✓		[signature]

(1) SOLDIER'S NAME AND DESCRIPTION ON ATTESTATION

Regtl. No. E-6014

Surname (in capitals) HILL

Christian Names (in full) JEAN-CLAUDE

Date of Birth 2 FEB 1919

Place of Birth ST-GERARD DES LAURENTIDES PQUE

Trade on Enlistment DRIVER

Nationality of Father at birth CANADIAN

Nationality of Mother at birth AMERICAN (U.S.A.)

Religion ROMAN CATHOLIC

Enlisted at QUEBEC

Date 16 JAN 1940

Particulars of former service (if any) i.e. Regtl. No., Corps and period.

Signature of Soldier

Signature of Officer J R Decary Capt

Place FORT PREVEL GASPE PQUE Date 7-6-43

SP

3724 Pte Jenis

+ 47
15
223 5
99 1
£ 6 1 8

39

(II) NEXT OF KIN NOW LIVING

Any change becoming known is to be duly noted with date of such change and reported by O.C. Unit to the Officer i/c Records.

NOTE.—No entry in these pages has any legal effect as a Will (see pages 20 to 23)

Nearest degree of relationship		Names	Date	Latest known Address in full
1st	Wife			
	Children			
2nd	Father	Jenis Hill		St-Boniface de Shawinigan P Que
	Mother	Adrienne Hill		" "
3rd	*Brothers and Sisters	Herman Hill		" "
		Solange Hill		" "
4th	Other Relations (stating relationship)			

*State whether brothers are older or younger.

(III) RANK and APPOINTMENT

Date	Rank and Appointment	Substantive, Temporary, Acting or Local (with or without pay)	Authority of Part II Orders	Signature of Officer
16-1-40	Sutler		1/40-1-41	J.B. Decarey Capt
6-8-40	Gunner	W-Pay	PO # 41	

(IV) Certificate Applicable to all Arms, to be completed and signed by the C.O. Bn., etc., before a Soldier proceeds Overseas

TRAINED (passed Recruit's Course as laid down for his arm of the Service) *except that he requires further training in:*—*

A complete Course de Tir

Completed 2 weeks C.I.T.R. refresher course 25 Nov 44
Roberts, Lay

Qualified in addition as under :—

Date 30-5/40 J.B. Decarey Capt

*If no further training required, strike out words in italics and initial.

SP

3924[illegible]

(V) PARTICULARS OF TRAINING

Courses and Schools. Specialist Qualifications. Swimming, etc., show'g result	Date	Signature of Officer
A/T.K. Course Qual.		[illegible] Capt.

(VI) SMALL ARMS RANGE COURSES

Year	Classification	If Table not completed, state parts fired	Signature of Officer
1940	Fail	Part IV	J. B. [illegible] Capt.
14-5-41	Bren 95/110	App. IV	
9-5-41	Pass	Bren	
1943	60%	Rifle	
Nov 44	II.		[illegible] Capt.
"	2-36	Grenades	[illegible] Capt.

447
15
2235
447
$67.05

SP

39 9 3924 A Penis

(VII) EDUCATIONAL QUALIFICATIONS

Certificate, Specialist Qualifications, etc.	Place	Date	Signature of Officer
7 year Ecole de Shawinigan Co St Maurice P Que			J M Decarey Capt

(VIII) TRADE RECORD
(For men in receipt of tradesmen's rates of pay only)

Trade	Group	Class	Remarks, e.g., On enlistment; Re-classified; Re-mustered, etc.	Date	Signature of Officer

x 47
15
2235
447 =
$ 67.05

SP

39 9 3924 A Pani

(IX) EMPLOYMENT WHILST SERVING

Period		Nature of Employment	Remarks and Signature of O.C. Coy., etc.
From	To		
16-1-40	28-1-40	General Training Gunner	J.B. Deacey Capt.

To include (1) Regimental, (2) as Skilled Tradesmen, (3) as Specialist, e.g., Signaller or M. Gunner.

(X) MEDICAL CLASSIFICATION

Date	Category or Grade	Medical Examiner of Recruits, or other Medical Authority	Signature of Medical Officer
16-1-40	A.	Medical Board.	G. Soncie Capt.
16-1-41	A.	Urine reflection	
	Normal.	X RAY.	
17-1-41	A.	Chest neg.	
21-5-43	A'	R. examined	

SP

3924 ... [illegible]

(XIV) PROTECTIVE INOCULATIONS

Nature of Vaccine, "T.A.B." Cholera, Plague, etc.	Date	Signature of Medical Officer
T.A.B.T. ½ cc	21-2-43	
TPHUS 3/ ¼ cc	27-12-43	G. Senecal Capt.
½ cc	4-1-44	
1 cc	24-1-44	
TYPHUS-1 cc	5-6-44	G. Senecal Capt
T.A.B.T ½ cc	5-6-44	G. Senecal Capt
TYPHUS. 1 cc	15-1-45	[illegible] Capt.
T.A.B.T ½ cc	15-1-45	

(XV) VACCINATION

Date Vaccinated	Signature of Medical Officer
24-1-44 Immediate reaction	G. Senecal Capt.

(XVI) MISCELLANEOUS ENTRIES

(For entries for which space is not otherwise provided)

NOTE.—No entry on this page has any legal effect as a WILL

Particulars	Date	Signature of Officer
"M" TEST (REV) COMPLETE	4 July 43	
"Q" CARD COMPLETE		
C.A. [illegible] Maryland Day	3 Sept 43	
Priv. Leave	14 Sept 43	
[illegible]	24 Sept 43	
[illegible]	[illegible]	
[illegible]	No 4	
15 Jan 44 [illegible]	21/1/44	
[illegible]	10-3-44	
[illegible]	19-3-44	[illegible] Capt.
[illegible] 23 May 44	[illegible]	
[illegible] 3R	[illegible]	[illegible] Capt.
[illegible]	[illegible]	
FINGERPRINTED—CAIB		
Priv. Leave F.T.W.	27-10-44	[illegible] Capt
N.V. TEST FAIR 2CNVTTS(2)	15-11-44	[illegible] Lt.
Gas Compound.	Nov 44	
Rifle Zeroed.	"	
Mines & Booby Tps	"	[illegible] Capt.

A soldier who has made a Will is recommended to inform his Commanding Officer where such Will has been deposited and the Commanding Officer shall upon receipt of such information forthwith complete the following certificate and despatch the same to the Officer i/c Records.

No. Rank Name

states that he has executed a Will and that the same has been deposited with
at

Signature of Officer.
Rank or Appointment.

Date

Soldiers who possess real estate and who have not made a Will are recommended to make a formal Will before embarkation when action as indicated above should be taken, or to make a Will on one of the forms provided, M.F.M. 10 with one or more beneficiaries or M.F.M. 10a in the case of a soldier owning real estate, and to hand this document duly executed to their Commanding Officer for transmission to the Record Officer concerned for safe custody.

The Officer receiving such Will shall complete the following certificate—

Certificate

M.F.M. 10 A. received and forwarded to the Officer i/c Records at C.M.H.Q.

[illegible signature]
Signature of Officer.
Rank or Appointment. H.R.C.I.R.

Signature of Officer.............
Date Certificate or Will extracted.............
To whom sent.............
Dept.............

Dept.............
To whom sent.............
Date Certificate or Will extracted.............
Signature of Officer.............

Solely for use on Active Service. The Will, on page 24, must **NOT** be used until you have been placed under orders for Active Service.

SHORT FORM OF WILL

(Write Will on next page)

If a soldier on active service, or under orders for active service, wishes to make a short Will, he may do so on next page. **It must be entirely in his own handwriting and must be signed by him and dated.** The full names and addresses of the persons whom he desires to benefit, and the sum of money or the articles of property which he desires to leave to them, must be clearly stated. **The mere entry of the name of an intended legatee on the next page without any mention of what the legatee is to receive is of no legal value.**

The following is a specimen of a Will leaving all to one person :—

In the event of my death I give the whole of my property and effects to my mother, Mrs. Mary Bull, 999 High Street, Toronto.

(Signature) GEORGE BULL,
Private No. 30000,

Date 5th August, 1936.

The following is a specimen of a Will leaving legacies to more than one person :—

In the event of my death, I give $10.00 to my friend, Miss Rose Smith, of No. 1, High Street, London, and I give $5.00 to my sister, Miss Maud Bull, 999 High Street, Toronto, and I give the remaining part of my property to my mother, Mrs, Mary Bull, 999 High Street, Toronto.

(Signature) GEORGE BULL,
Private No. 30000,

Date 5th August, 1936.

Solely for use on Active Service. This Will page must **NOT** be used until you have been placed under orders for Active Service.

WILL

(For use if the soldier has not already made a Will or wishes to alter one already made. See instructions on page 23).

Signature.....

Rank, Regt'l Number.....

Date.....

T ÊTRE REMPLIE ET RENVOYÉE PAR

Formule P. 64

Monsieur Jimmy Hill,
St-Boniface de Shawinigan,
Cté St-Maurice,
P. Q.

Prière d'adresser toute communication subséquente à ce sujet au:

DIRECTEUR DES SUCCESSIONS,
MINISTÈRE DE LA DÉFENSE NATIONALE,
OTTAWA, ONTARIO

et de citer le numéro suivant:
405-H-8050 FD 100
Q.G.

MINISTÈRE DE LA DÉFENSE NATIONALE
DIVISION DES SUCCESSIONS
OTTAWA, ONTARIO

ESTATES BRANCH
MAR 16 1945
H.Q.
OTTAWA
NATIONAL DEFENCE

5 mars 1945

Afin de les consigner dans nos dossiers et au cas où il y aurait une succession militaire à distribuer (conformément à la loi) au nom de feu

HILL, Jean Claude, Soldat, (décédé)

No. E-6014, Armée Canadienne

il est nécessaire que les renseignements voulus concernant le défunt et les membres de sa famille soient fournis à la Division des successions. Vous êtes donc prié de lire le mémorandum ci-inclus avant de remplir les pages 2 et 3 de cette formule. Les détails exigés doivent être inscrits comme il faut et la déclaration à la page 4 doit être ensuite signée en présence d'un pasteur, prêtre, magistrat de la localité, commissaire instrumentaire, notaire public, ou officier de l'une quelconque des forces de Sa Majesté, que l'on priera de compléter et signer le certificat. Cette formule doit être ensuite renvoyée à l'adresse mentionnée ci-dessus.

Si l'espace destiné aux questions des pages 2 et 3 de cette formule n'est pas suffisant pour donner tous les détails, il faudra alors se servir de l'espace réservé aux "remarques supplémentaires", à la page 4.

Pour Le directeur des successions,

/TD

M.F.W. 77a (French)
3M—10-44 (5704)
H.Q. 1772-39-972

RÉPONDRE AU LONG À TOUTES LES QUESTIONS APPLICABLES

ÉTAT des noms, âges et adresses, ou dates de décès, de tous les parents du défunt, à chacun des degrés spécifiés ci-dessous.

Degrés de parenté	PARENTS à signaler		TÉMOIGNAGE DU DÉCLARANT — NOM ET PRÉNOMS de tout parent de chacun des degrés mentionnés	Age	ADRESSE AU LONG de chaque parent survivant, en regard de son nom, et date du décès de tout parent décédé
1	Veuve du défunt..........................				
2	Enfants du défunt et dates de naissance..................................				
3	Père du défunt..............................		Hill Jimmy.	53 ans	St. Boniface de Shawinigan Comté St. Maurice P.Q.
4	Mère du défunt..............................		Comtois Adrienne	47 ans	St. Boniface de Shawinigan Comté St. Maurice P.Q.
5	Frères du défunt	Frères germains	Hill Patrick	~~ans~~	décédé le 24 juin 1942
			Hill Hermann	21ans	St. Boniface de Shawinigan
			Hill Robert	~~ans~~	décédé le ~~2~~ 28 août, 1947
			Hill André	12ans	St. Boniface de Shawinigan
		Demi-frères			
6	Sœurs du défunt	Sœurs germaines	Hill Gaëtanne		décédée le 28 déc. 1925
			Hill Carmelle	16ans	St. Boniface de Shawinigan
			Hill Solange	14ans	" " "
			Hill Dorothée	7ans	" " "
			Hill Gertrude		décédée le 5 mai 1938
			Hill Gertrude	5ans	St. Boniface de Shawinigan
		Demi-sœurs			
7	Noms des frères ou sœurs (germains ou non) du défunt, *qui sont décédés*, et date de décès de chacun d'eux		Noms et âges de leurs enfants (le cas échéant)		Adresse de leurs enfants

8	Nom
9	Date
10	Lieu
11	Lieu
12	Lieu
13	Indiq déf cha
14	Natu
15	Indiq cas
16	Indiq ma
17	A-t-il nou
18	Si le ou il e con
19	Avait pos l'ac vou
20	Mont déf
21	Mont diq que
22	Si le nor des bén
23	Décri mo bes
24	Après (a) p les (b) p Un é for sig dét
25	Est-c par ann par
	lorsq du N du m ment

RÉPONDRE AU LONG À TOUTES LES QUESTIONS SUR CETTE PAGE

DÉTAILS D'IDENTITÉ

8	Nom et prénoms du défunt.	Hill Jean Claude
9	Date de sa naissance.	2 février 1921
10	Lieu et date de son mariage.	—
11	Lieu et date du mariage de ses parents.	12 avril 1920 à St Angèle de Laval Comté de Nicolet P.Q.

DÉTAILS DE DOMICILE

12	Lieu où le défunt est né.	Ste Flore, comté St Maurice P.Q.
13	Indiquer, par ordre, la province, l'état et/ou le comté où le défunt a résidé avant son engagement, et la durée dans chaque cas.	(a) province de Québec (b) comté St Maurice (c) St Boniface de Shawinigan (d) 12 ans
14	Nature de son emploi avant son enrôlement.	au moulin de son père à St Boniface comme scieur de bardeaux
15	Indiquer s'il était propriétaire de la maison où il demeurait. Le cas échéant, à quel endroit?	Il restait chez son père
16	Indiquer le lieu où le défunt entendait vivre d'une façon permanente.	à St Boniface, au moulin de son père

DÉTAILS DE LA SUCCESSION

17	A-t-il laissé un testament? Si vous en avez la garde, veuillez nous le transmettre.	Il nous a écrit qu'il avait fait son testament en Angleterre dans l'armée
18	Si le défunt était marié et domicilié dans la province de Québec ou dans un état des États-Unis d'Amérique ou dans un pays où il existe communauté de biens entre les époux, existait-il un contrat se rapportant à la propriété?	non
19	Avait-il un compte d'épargne dans une banque, un bureau de poste ou autre institution? Le cas échéant, donner le nom et l'adresse de la banque, etc., et le montant déposé. Désirez-vous qu'il soit administré avec le compte de solde?	non
20	Montant des certificats d'épargne de guerre que possédait le défunt. Indiquer l'endroit où ils se trouvent.	$100.00 déposé à la banque Canadienne Nationale de Shawinigan sur la 5e Rue
21	Montant des bons de la victoire que possédait le défunt. Indiquer s'ils sont enregistrés ou payables au porteur, ainsi que l'endroit où ils se trouvent.	
22	Si le défunt possédait des polices d'assurance-vie, donner les noms des compagnies et la somme payable en vertu de chacune des polices, ainsi que le nom de la personne qui y est nommée bénéficiaire.	non
23	Décrire les autres valeurs, le cas échéant, et en donner le montant approximatif. Se servir de l'espace à la page 4, au besoin.	non

AUTRES DÉTAILS

24	Après son engagement, le défunt avait-il contracté des dettes: (a) pour ses propres logement et pension pendant qu'il était dans les forces armées. (b) pour habits et équipement militaires. Un état détaillé de chacun de ces comptes doit être annexé à cette formule et, s'ils sont exacts, veuillez y inscrire "approuvé" et signer votre nom. Si vous les croyez inexacts, donnez des détails.	on n'en connaît pas
25	Est-ce que les frais funéraires ont été payés, entièrement ou en partie, par vous-même ou un autre parent? Le cas échéant, annexez des états détaillés indiquant les montants payés, et par qui.	le service n'a pas encore été chanté. On attend après la décision de l'armée.

(Remarque:—Le gouvernement paye les frais funéraires, jusqu'à concurrence de montants déterminés par les règlements, lorsque le militaire est décédé et inhumé outre-mer, de même lorsqu'il est décédé et inhumé au Canada ou ailleurs en Amérique du Nord; si un parent a déjà payé les frais funéraires, ceux-ci lui seront remboursés par le gouvernement jusqu'à concurrence du montant fixé par les règlements. Cependant, si les frais excèdent ce montant, la différence ne sera pas payée par le gouvernement ni ne sera à la charge de la succession militaire du défunt.)

(VOIR AU VERSO)

DÉCLARATION

*Insérez le degré de parenté, par exemple: "veuve", "père", "frère", etc.

Je, soussigné, déclare que tous les renseignements contenus dans cette formule sont exacts et constituent une liste fidèle et complète de tous les parents que le défunt ait jamais eus aux degrés signalés; et que je suis le/la* le père du défunt.

N.B.—A être signée au long en présence d'un pasteur, prêtre, magistrat de la localité, commissaire, notaire public ou officier de l'une quelconque des forces de Sa Majesté.

x Jimmy Hill — Signature du déclarant

x St-Boniface de Shaw — Adresse

CERTIFICAT

Je, soussigné, certifie que, autant que je sache M. Jimmy Hill ~~est le~~ (Nom du déclarant)

*Voir plus haut

est le/la* père du défunt ci-dessus décrit. La déclaration ci-dessus a été faite par le déclarant et signée en ma présence.

Daté à St Boniface ce 14e jour de mars 19 45

Signature du pasteur, prêtre, magistrat, commissaire, notaire public ou officier de l'une quelconque des forces de Sa Majesté.

Rev. Napoléon St Pierre ptre Titre curé de la paroisse

Adresse St Boniface de Shawinigan Comté St Maurice P.Q.

REMARQUE.—Avant d'accorder le certificat qui précède, il faut veiller à ce que le déclarant donne des détails concernant le décès de tout parent qu'il déclare être décédé et que les nom et prénoms, ainsi que l'adresse et l'âge de chaque parent survivant visé soient inscrits à l'endroit voulu dans la déclaration qui est vis-à-vis.

(Si le défunt n'a aucun parent vivant des degrés signalés à la page 2, il faudrait donner ci-après les noms et adresses, et le degré de parenté, d'autres parents.)

SE SERVIR DE L'ESPACE CI-DESSOUS SI VOUS DÉSIREZ FAIRE DES REMARQUES SUPPLÉMENTAIRES.

Director of Estates

Regimental No. E.6014 ..... Rank. Private .....

..... HILL ..... Jean Claude .....
Surname — Christian Names

Unit ..... Les Fusiliers Mont-Royal (CA) .....

Date of death. 29 Jan 45 ..... Place of Death. OVERSEAS (France) .....

Casualty Details. Died of wounds .....

.....

.....

Next-of-kin... Mr. Jimmy Hill ..... Relationship Father .....

Address ..... St. Boniface de Shawinigan, Cte. St. Maurice, Quebec.

.....

.....

Will ..... Will d/6 Nov. 44 herewith .....

Date ..... 27 Feb. 45

EXCERPT OF M.F.M.5 dated. 20 Jan 41 .....

(1) Are you married? ..... No ..... Children? .....

Wife's name and address) ..... Names and Ages .....

(2) Is your father alive? Yes ..... If so, state name and address.....

..... Jimmy Hill .....

..... St. Boniface, Shawinigan, P.Q. .....

(3) Is your mother alive? Yes ..... If so, state name and address....

..... Adrienne Hill .....

..... St. Boniface, Shawinigan, P.Q. .....

(4) Are you insured? ..... No ..... If so, in what company? .....

.....

JEC/SLG

ESTATES LIAISON

ESTATES BRANCH FEB 28 H.Q. OTTAWA NATIONAL DEFENCE

File No 405-H-80550

VERIFICATION FORM

WAR SERVICE MEDALS 1939-45

No. E 6014 Name HILL JEAN CLAUDE

Rank on Discharge Pte Date of Discharge 29-1-45

Authority for Discharge or Retirement Deceased

Served in:

				Non-qualifying service
Canada	from 17-1-41	to 20-7-43		
	from	to		
United Kingdom	from 21-7-43	to 4-7-44		
	from 30-7-44	to 1-12-44		
Italy	from	to		
Northwest Europe	from 5-7-44	to 29-7-44		Died of wounds
	2-12-44	29-1-45		
---------	from	to		
---------	from	to		

Eligible for award of:

1939 - 45 Star OK

~~Italy Star~~

France-Germany Star OK

Defence Medal OK

War Medal OK

Canadian Volunteer Service Medal OK

with clasp OK

M

Verified by H.G. Palen

Date 19-7-46

Carded JUL 19 1946

NO RIBBON DESPATCH

HA 165

CEG

405-H-8050

RECORDS OFFICE OVERSEAS.

CANADIAN MILITARY HEADQUARTERS.

GRAVES REGISTRATION CARD.

P.A.

NAME HILL, Jean Claude

PLACE & DATE OF BIRTH ST. MAURICE, QUEBEC, CANADA. 12 FEB 1919

RANK PTE

REGTL NO E.6014

UNIT FUS MONT ROYAL (AEF)

NEXT OF KIN & ADDRESS FATHER:
Mr Jimmy HILL - ST.BONIFACE DE
SHAWINIGAN CTE. ST MAURICE, QUEBEC, CAN.

PARTICULARS OF HOSPITALIISATION.

DATE OF ADMISSION

NAME & LOCATION OF HOSPITAL

DIAGNOSIS

PARTICULARS OF DEATH

DATE OF DEATH 29 JAN 45

PLACE OF DEATH Holland

HRS

CAUSE OF DEATH WOUNDED & DIED OF WOUNDS

PARTICULARS OF BURIAL

DATE OF BURIAL 31 Jan 45

CEMETERY Holland Cdn.Mil.Cem.Nijmegen
Sh.5 E 690595 Jonkers Bosch

PLOT NO 2 Div ROW NO 1 GRAVE NO 3

DEATH CERTIFICATE NO

DATE OF REGN OF DEATH CERT

RELIGION R.C.

DATE 31 Oct 45

M.BLUTEAU. (Capt.)

for Officer i/c Records,
CANADIAN MILITARY HEADQUARTERS.

Extracted from Burial Records,
RECORDS OFFICE OVERSEAS,
ACTON LONDON W.3.

H.Q. 405-H-8050
(D.R. 2(C))

20th July, 1946.

Mr. Jimmy Hill,
St. Boniface de Shawinigan,
Cte. St. Maurice, Quebec.

Dear Sir:

Information has just been received from overseas that the remains of your son, E6014 Private Jean Claude Hill, have been carefully exhumed from the original place of interment and reverently reburied in grave 2, row E, plot 2, of Nijmegen Canadian Military Cemetery, four miles South-East of Nijmegen, 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.

Yours faithfully,

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

/EMA

KJD

Ed. 8.7.46

File No. 405-H-8050

REBURIAL

NO E. 6014

RANK Pte.

NAME Hill, J. C.

NAME OF CEMETERY Nijmegen Canadian Military Cemetery,

LOCATION OF CEMETERY 4 miles S.E. of Nijmegen, Holland.

GRAVE LOCATION Grave 2 Row E Plot 2

AUTHORITY 54-27-88-2 Vol. 21

Reburial list.

Form No. 1

2100

Register No. CD 14487

Nominal Roll No. D 575

H.Q. File No. 405-H-8050

TO: P.M.G.

CANADIAN ARMY (ACTIVE)
COMPUTATION OF SERVICE
WAR SERVICE GRANT

Regt. No.	Rank When S.O.S.	Surname	Christian Name in Full
E.6014	Pte	HILL	JEAN CLAUDE

Reason for Termination of Service:

1st Enlistment Died of Wounds CARO ( )

2nd Enlistment CARO ( )

3rd Enlistment CARO ( )

TOTAL SERVICE

1st Enlistment	2nd Enlistment	3rd Enlistment
T.O.S. 16 JAN 41	T.O.S.	T.O.S.
S.O.S. 29 JAN 45 MD O/S	S.O.S. MD	S.O.S. MD
Total Days 1475	Total Days	Total Days

TOTAL SERVICE 1475 DAYS

	Total Service	Less Non-qualifying Service	Net Service
WESTERN HEMISPHERE	916	2	914
OVERSEAS SERVICE	559	—	559
Totals	1475	2	1473
Add Non-qualifying Service			2
TOTAL SERVICE			1475

EMBARKATION DETAILS:

1. Date S.O.S. Overseas T.O.S. 21 JUL 43

2. Date S.O.S. Overseas 29 JAN 45

REMARKS:

DIED WHILST IN SERVICE

Died of Wounds - 29 JAN 45

Computer's Signature [illegible]

Checker's Signature [illegible]

Date Computed 13 Apr 45

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.

DETAILS OF NON-QUALIFYING SERVICE

WESTERN HEMISPHERE

Forfeits for	From	To	Eff. Date	Days	Total
AWL.			24 Jul 41	1	
Award.			24 Jul 41	1	2
				TOTAL	2

OVERSEAS

T.O.S. 21 Jul 43 T.O.S. ..... T.O.S. .....

S.O.S. 29 JAN 45 S.O.S. ..... S.O.S. .....

				TOTAL	

FORM 6

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not write in this space

1. PLACE OF DEATH — Municipal county: IN THE FIELD (HOLLAND) — Official name of civil municipality or township: — Place an X over the word which applies to this municipality or this territory: City | Town | Village | Parish | Township

Street: — No.: — Hospital or Institution:

2. LENGTH OF STAY

(a) In hospital or institution	Years	Months	Days	(b) In municipality where death occurred	Years	Months	Days	(c) In Province	Years	Months	Days	(d) In Canada (if immigrant)	Years	Months	Days

3. NAME OF DECEASED

Surname (Block letters): HILL

Given names: Jean Claude

4. RESIDENCE

Street: — No.:

Official name of civil municipality or township: St-Boniface de Shawinigan,

Municipal county: Cte St-Maurice, Province: Quebec.

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

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

10. BIRTHPLACE (Province or Country): Quebec

11. DATE OF BIRTH: February (Month) 12th, (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.: Chauffeur

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	HILL, Jimmy	
MOTHER (Maiden Name)		

19. Place of burial, cremation or removal: Holland

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

21. PLACE OF REGISTRATION OF THIS BURIAL

(a) Name of parish or church:

(b) Civil municipality of:

(c) Municipal county:

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

Do not write in this space

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: January (Month) 29th, (Day) 1945. (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) Died of wounds received 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 (State which) Date ....19....

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:

OVERSEAS CASUALTY CANADIAN ARMY

JUN 28 1945

28. Signature of person who fills in the form (curate, coroner, hospital authority, etc.)

This signature authorizes the collector to accept this form as authentic.

29. Name of clergyman in charge of Register of Civil Status in which registration of this burial was made.

(Voir l'autre côté pour le français)

Director of Records, Dept. of National Defence.

A534

405-H-8050

FIELD SERVICE

Army Form B. 2090A.

REPORT of Death of an Officer or a Soldier to be forwarded to the War Office with the least possible delay after receipt of notification of death. See Table II, Appendix III, Field Service Regulations, Vol. I.

REGIMENT OR CORPS: Fus M.R.

Squadron, Troop, Battery or Company:

Officer's Personal No. (if known) / Soldier's Army No.: E.6014

Rank: Pte.

Surname: H ILL,

Christian Names: J.C.

Died — Date: 29 Jan 45 Place: Holland.

Cause of Death*: Died of Wounds.

Nature and Date of Report: CFA 74, 29 Jan 45.

By whom made: 5 C.F.D.S.

* Specially state if killed in action, or died from wounds received in action, or from illness due to field operations or to fatigue, privation or exposure while on military duty, or from injury while on military duty.

Burial — Place: H olland, Cdn.Mil.Nijmegen Sheet 5 E690595 Date: 31 Jan 45.

By whom reported: D.A. Kerr, H/Capt, 9 C.I.B.

State whether he leaves a Will or not — (a) in Army Book 64: No

(b) as a separate document: Not received.

All private documents and effects received from the front or hospital, as well as A. B. 64, should be examined, and if any will is found it should be at once forwarded to the War Office.

Any report received as to verbal expressions by a deceased officer or soldier of his wishes as to the disposal of his estate should be forwarded to the War Office at once, supported by a certified statement of the person who actually received the information.

In the case of a soldier a duplicate of this report is to be sent to the Paymaster at the Base, together with the deceased's A. B. 64 (after withdrawal of any will from the latter), for transmission to the Paymaster who compiles the soldier's account.

Station and Date: Belgium 19 Feb 45.

Signature of Officer in charge of Section Adjutant-General's Office at the Base: Eric G Robert Capt for Officer i/c Cdn Sec 2 Ech H.Q. 21 A Gp.

48

Wt. 46939/917 500M. 3/40 M. & S., Ltd. 51-6239

F.T.

13th February, 1945.

Mr. Jimmy Hill,
St. Boniface de Shawinigan,
Cte. St. Maurice, Quebec.

Dear Mr. Hill:

It was with deep regret that I learned of the death of your son, E6014 Private Jean Claude Hill, who gave his life in the Service of his Country in the Western European Theatre of War on the 29th day of January, 1945.

From official information we have received, your son died as the result of wounds received 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.

Yours sincerely,

(A.C. Spencer),
Brigadier,
Acting Adjutant-General.

/EMA

39