E9367
LANDRY
EDOINE

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Received AUG 19 1941 Checked W.J. "E" Card ✓ Observations

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

Unité Unit Regt de Chaud c.a.s.f Matricule Regimental Number E-9267

~~Original~~
Duplicata
~~Triplicata~~

ARMÉE ACTIVE DU CANADA
CANADIAN ACTIVE SERVICE FORCE

Original
Duplicate
Triplicate

FORMULE D'ENRÔLEMENT
ATTESTATION PAPER

1. Nom Surname Landry
2. Prénoms Christian Names Edwin EDOINE
3. Adresse actuelle Present Address Etat du Nord, Iles de la Madelaine P.Q.
4. Date de naissance Date of birth 17 aout, 1915
5. Lieu de naissance Place of birth Canada (Pays)—(Country) Quebec (Comté ou province)—(County or Province) Etat du Nord (Ville ou canton)—(Town or Twp.)
6. Religion (State denomination) Catholique
7. Métier ou profession Trade or Calling Pecheur
8. Marié, veuf ou célibataire Married, Widower or Single Celibataire
9. Nom du plus proche parent Name of next of kin Cleophas Landry
10. Parenté de celui-ci Relationship Pere
11. Adresse du plus proche parent Address of next of kin Etat du Nord, Iles de la Madelaine, P.Q.
12. Avez-vous servi dans les forces navales, militaires ou aériennes? Have you served in any Naval, Military or Air Force? Non
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? Non

(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, Edwin Landry, 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 24 aout, 1940 Edoine Landry
(Signature de la recrue)

~~Sgt.~~ Lgt. G.H. Oliver

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

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

Edoine Landry
(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 Cap-aux-Meules ce 24ieme jour de aout, 1940

J. Gerard Major
(Signature du magistrat, du juge de paix ou de l'officier qui fait prêter le serment)

Bgd. de la chaudière C.A.S.F.
(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

FINGERPRINTED

Occupational History Form completed

État de service de Landry ~~Alvin~~ EDOINE Matricule E-9267
Record of Service of (Nom—Surname) (Prénoms—Christian Names) Regimental Number

APTITUDES
Qualifications

Militaires Nil
Military

Professionnelles ou commerciales Nil
Business or Professional

Civiles ou de métier Pecheur
Trade or Civil

Techniques Nil
Technical

Langues Francais
Languages

QUALITÉS ÉDUCATIONNELLES
Educational qualifications

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

Graduation ou (or) Immatriculation Matriculation Nil (Spécifier—Specify)

Etat du Nord, Iles de la Madelaine P.Q.

*Collège Nil

*Université University

Rurale Etang des Nord 1922-29

*(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
24-8-40		Affecté lors de son enrôlement / Joined on enlistment I O S	Pte	24-8-40	R. DE CHAUD VALCART		220	5 Sept 40
12-3-41		D.O. 220 para 1 is amended to read						
		Landry Edoine					D.O. 224	10-9-40
		Atta ched with his Regt for all purposes at Sussex Camp the 22-9-40						
24-5-41		A.W.L. from 1200hrs 11-5-41.	Pte	11-5-41	R.Chaud.	SussexNB.	~~M~~ 49	15-5-41.
10-5-41		In so far as it relates to this man D.O. 49 para 9 is cancelled.	"	22-5-41	"	"	53	22-5-41.
11-7-41		Granted his embarcation leave					80	9-7-41
	SOS	Emb Canada (Halifax) 20.7.41						
	10S	(O/S) on transfer 21.7.41. Disembark Gowock	Pte	30.7.41	RdeC	UK	91	25.7.41

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.)

CERTIFICAT DE L'EXAMEN MÉDICAL
CERTIFICATE OF MEDICAL EXAMINATION

Nom en entier (Name in full) LANDRY Edwin Date 24/8/40.

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

1. Age 25 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) no
b. Tuberculose (Tuberculosis) no
c. Bronchite ou asthme (Bronchitis or asthma) no
d. Affection cardiaque (Heart disease) no
e. Maladie du rein ou de la vessie (Kidney or bladder disease) no
f. Gastrite intestinale (Gastro-intestinal) no
g. Hernie (Rupture) no
h. Varices (Varicose veins) no
i. Pieds plats ou déformés (Flat or deformed feet) no
j. Affection nasale (Nasal trouble) no
k. Maladies des oreilles (Ear disease) no
l. Maladie des yeux (Eye disease) no
m. Epilepsie (Epilepsy) no
n. Maladie nerveuse ou mentale (Nervous or mental disease) no
o. Syphilis no
p. Gonorrhée (Gonorrhœa) no
q. Avez-vous déjà porté des verres? (Have you ever worn glasses?) no

Edwin Landry
(Signature de la recrue)—(Signature of recruit)

Observations des examinateurs (Examiners remarks re above)
LegER relachement de l'anneau inguinal externe droit
pas de hernie. Idem a gauche.

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).
nil

2. Taille (Height) 5 pieds (feet) 2½ pouces (inches).
3. Poids (Weight) 131 livres (pounds)
4. Teint (Complexion) Clair Yeux (Eyes) Gris Cheveux (Hair) Chatain
5. Développement (Development) Good — 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 (inches)
7. Vue, œil droit (Vision, right) 20/30 œil gauche (left) 20/30
8. Ouïe, oreille droite (Hearing, right) W.V.20 gauche (left) W.V.20
9. Condition de la bouche et des dents (Condition of mouth and teeth) Traitement
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:
Reflexes
urine or ilies: Normal
X-Ray negative

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

J. B. Rodewell Gott (Président)—(President) Philippe Richard (Membre)—(Membre) Robert Naud 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
9-9-40	Vacc		
9-9-40	TAB		
18-9-40			
15.10.40	3		
9-9-40	Tetanus		
24.10.40	2		
31 3 41	Robt D. Naud		

Matricule / Regtl. No. E 9367 Grade / Rank Pte Nom / Surname Landry Prénoms / Christian Name Edouard

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
14 Field Ambulance	25.10.40	25	10	40	28	10	40	G.D. N.Y.D	3	N.I.L	

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.)**

Stateme[illegible] the Service of No. E 9367 Rank Pte Sheet No.

Name EDOINE LANDRY

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
	✓	14 days pay for/t Sect AA40 FR1149(1) e.	Pte	19 Aug 41	R de C	UK	5	29 Aug 41
	✓	Landing leave (w w)	Pte	11 15 Aug 41	R de C	UK	8	8 Sept 41
	✓	1st P Leave (w w)	Pte	11 17 Dec 41	R de C	UK	27	19 Dec 41
	✓	Admit 5th General	Pte	27 Mar 42	R de C	UK	ckpt 17	1 Apl 41 3 Apl 42
SOS	✓	SOS to 3 DIRU (admit hosp)	Pte	27 Mar 42	R de C	UK	17	3 Apl 41
	TOS	TOS from R de C while in 5 Gen Hosp	Pte	28 Mar 42	3 DIRU	UK	76	31 Mar 42
	✓	Discharged from 5th Gen: Hosp	Pte	30 Mar 42	3 DIRU	UK	76 CL 3 Apr 42	31 Mar 42
	✓	2nd Priv Leave (no FTW)	Pte	16 22 Mar 42	R de C	UK	14	20 Mar 42
	[illegible]	Admit 4 CCS 26/3/42 transf: to 5th Gen Hosp	Pte	27 Mar 42	R de C	UK	17	3 Apl 42
SOS	✓	SOS to R de C.	Pte	16 April 42	3 DIRU	UK	89	16 April 42
5601	TOS ✓	TOS from 3 DIRU	Pte	17 Apl 42	R de C.	UK	20	17 Apl 42
9330-2/7/3	✓	AWL 11 hrs 30 min 7 days C B - Off: Sect 15(1) AA. Forfs 1 days pay FR1149(1)a.	Pte	5 June 42	R de C	UK	31	19 June 42
—	✓	Leave	Pte	24 June to 2 July 42	R de C	UK	35	8 July 42
—	✓	Admit 14 F Amb; Discharged	Pte	18 July 42 4 July 42	R de C	UK	39 37	29 July 42 18 July 42
—	✓	Leave	Pte	15 21 July 42	R de C	UK	39	29 July 42
—	✓	Priv leave	Pte	9/15 Dec 42	R de C.	U.K.	63	31 Dec 42
—	✓	Increase Regt rate of pay $1.40	Pte	13 Feb 43	R de C	UK	22	26 May 43
	✓	Granted Regt rate of pay $1.50	Pte	1 Jan 43	R de C	UK	14	29 Mar 43
	✓	Att. to 1 Cdn. F.P. Camp C. Pro. C. fap.	Pte	2 Jul 43	R de C.	UK	33	31 Jul 43

Statement of the Service of No. E 9367 Rank Pte Sheet No. .....

Name Landry ~~Edwin~~ EDOINE

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
26-7-41	amended D024 30/11/41	S.O.S. (C.A.) Canada on embarkation (Halifax) on 21-7-41	"	20-7-41	Chant Parly			5-8-41
6-8-41		T.O.S. (C.A.) Overseas on transfer and disembarked at Gourock	"	30-7-41	"	Aldershot	92	5-8-41
	27 Aug 43 amended D037	~~Stop in pay £ 10-7~~ Dam. to Govt prop) 2 off. Awd 21 dys F.P. & Tot. Forf. 21 dys. pay.	Pte.	29 Jun 43	Rde Ch.	UK.	33	31 Jul. 43.
		adm to Mil Hosp Inverarary.	Pte	17 Sept-43			CL 7 Oct-43	
		Remd from Mil H. Inv to ICMC	Pte	28 Sep 43	6C1RU	UK	218	13 Oct-43
		Disch from IC MC	Pte	8 Oct-43	6C1RU	UK	218	13 Oct-43
SOS		SOS. To 6C1RU on adm to Mil Inverary (Scot)	Pte	16 Sept 43	Rde Ch	UK	43.	9 Oct 43.
	TOS	TOS from Rde C on adm to Mil H. Inveraray Scotland	Pte	17 Sep 43	6C1RU	UK	218	13 Oct-43
		adm to Mil Inverary (Scot)	Pte	16 Sept 43	Rde Ch	UK	43.	9 Oct 43.
SOS		SOS To Rde Chand	Pte	4 Nov 43	6C1RU	UK	237	4 Nov 43
	TOS	TOS. From 6 C1RU	Pte	5 Nov 43	Rde Ch	UK	46.	13 Nov 43.
		SOS.						
		TOS. From 6 C1RU	Pte	5 Nov 43	Rde Chand	UK	46.	13 Nov 43.
		AWARDED THE CANADIAN VOLUNTEER SERVICE MEDAL AND CLASP						
C19		Awd 28 days F.P. & forf 28 days Pay	Pte	4 Jan 44	Rde Ch.	UK.	10	18 Feb 44.

Statement [illegible] Service of No. E-9367 Rank P[illegible] Sheet No.

Name Landry, E

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
		14 days pay for/sit Sect AA 40. FR1149(1)e	Pte	19 Aug 41	R de C	UK	5	29 Aug 41
		Landing leave (w. w.)	Pte.	11 15 Aug 41	R de C	UK	8	8 Sept 41.
		1st P Leave (w. w.)	Pte	11 Dec to 17 Dec 41	R de C	UK	27	19 Dec 41.
		Admit 5th Gen.	Pte	27 Mar 42		UK	C Rpt	1 apl
SOS		A SOS to 3 DIRU (admit hosp)	Pte	27 Mar 42	R de C	UK.	17	3 apl 42
	TOS	TOS from Fld Unit (while in 5 Gen Hosp)	Pte	28 Mar 42	3 C DIRU.	"	97	25 Apr. 42.
		Discharged from 5 Gen Hosp	Pte	30 Mar 42	3 DIRU	UK	76	31 Mar 42
		2nd P Leave (NOFTW)	Pte	16 22 Mar 42	R de C	UK.	14	20 Mar 42
		Admit 4 CCS 26/3/42 Trans/: to 5th Gen: Hosp	Pte	27 Mar 42	R de C	UK.	17	3 apl 42
SOS		S.O.S to (R de Claud) 2d Unit, Dmd No 62	Pte	16 Apr 42	3 C DIRU	UK	89	16 Apr 42

Statement of the Service of No. E-9367 Rank Pte Sheet No.

Name Landry, E

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
26-7-41		S.D.S. (C.A) Canada on embarkation (Halifax	"	20-7-41	Chand	Halifax	92	5-8-41
6-8-41	amended 7024 30/11/41	S.D.S. (C.A) Overseas on transfer and disembarked at Gourock	"	30-7-41	"	Aldershot	92	5-8-41
		Landing leave (w.o.w)	Pte	7.8.41	R de C	UK	2	21 Aug 41

Regimental No. E 9367 Rank Pte Sheet No. .....

MFM 1 & 2a
40/P & S/119 (4398)

Name Landry E

Record of Promotions, Reductions, Transfers, Casualties, Reports, etc—	Rank Shown	Effective Date	Unit	Place	Authority	
			Rde C.	UK &	DO Number	Dated
✓ Killed	Pte	6 Jun 44	Rde C	C.L.S. A	37	~~20 June 44~~ 18 Jun 44
Embarked at UK on	Pte	2 June 44	Rde C.	21 A. Gp.	H5.	13 July 44.
Disembarked at France on		6 June 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 Regt. de Chaud. C.A.S.F. Regimental Number E-9367

1. Surname Landry
2. Christian Names ~~Edwin~~ EDOINE
3. *Substantive Rank and Appointment Pte
   *Acting Temporary or Local Rank Pte
   giving date 24 aug 40

*To be entered in pencil to facilitate alteration.

4. Place of birth Etang du Nord, Iles de la Madeleine P.Q.
5. Date of birth as declared on attestation Aug. 17th 1915
   (A)
6. Date of enlistment Aug. 24 th 1940
7. Place of enlistment Cap aux Meules P. Que.
8. Residence at time of enlistment Etang du Nord Iles de la Mad.
9. (B) Special conditions (if any) of enlistment or rate of pay
10. (C) Any subsequent variations of conditions of service
11. Religion Roman Catholic
12. If married, state date
13. Trade on enlistment Fisher
14. Corps, trade and grade
15. (D) Qualifications
16. (E) Miscellaneous entries

(17) Regiment or Corps R. de Chaud. C.A.S.F. | Unit (Battn., etc)

(18) Medical

Category	Date	Authority
A.	24-8-40	D.M.O.5

(19) Next of kin (entries to be made in pencil)
Mr Alophas Landry (Father)
Etang du Nord Iles de la Madeleine

(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.

(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
9-9-41		"	Leave with warrant 5 days	field	11-8-41	Pte	No 8/ 8-9-41
4-9-41		"	An offence under A.9.40 forfeits 14 days pay (149) (1)(e)	Field	19-8-41	Pte	No 5/ 29-8-41
16-12-41	O.C.	Chaud.	Privilege leave 7 days (1) warrant	"	11-12-41 17-12-41	"	27/19 Dec 41
18 Mar 42	"	"	(P2) FTW	"	16 Mar 42	"	14 d/20 Mar 42
2 Apr 42	OC	Chaud	SOS to 3 CDIRU on Adm. to No. 5 Cdn Gen Hospital	"	27 Mar 42	Pte	17 d/3 Apr 42.
		3CDIRU	T.O.S. from Fld Unit (white in 5 Gen Hosp)	U.K	28 Mar 42	Pte	76 d/ 31 Mar 42
		"	Discharged 5 Gen Hosp.	"	30 Mar 42	Pte	76 d/ 31 Mar 42.
		"	S.O.S. to Fld Unit (Dmd No 62)	"	16 Apr 42	Pte	89 d/16 Apr 42.
16 Apr 42	OC	Chaud	T.O.S. from 3CDIRU " "	Field	17 Apr 42	Pte	20 d/17 Apr 42
17 Jun 42	"	"	7 days CB for AWL from 2230 hrs 4 Jun 42 to 1000 hrs 5 Jun 42 (Als 11 hrs 30 mins) forf 1 day's pay FR 21,149(1)(a)	"	5 Jun 42	"	31 d/19 Jun 42.
27 Jun 42	"	"	Privilege leave (3)	"	26 Jun 42	"	35 d/8 Jul 42.
13 Jul 42	"	"	Adm. 14 Can Fd Amb.	"	4 Jul 42	"	37 d/8 Jul 42
27 Jul 42	"	"	Disch 14 Can Fd Amb.	"	18 Jul 42	"	39 d/29 Jul 42
22 Dec 42	"	"	7 days P.L. with money Allowance	"	9 Dec 42	"	63 d/31 Dec 42
25 Mar	-	-	Grtd Daily Rates Pay of $1.50		1 Jan 43		14 1943
15 Apr 43	"	"	9 days P.L.	"	12 Apr 43	"	19 d/Apr 43.
—	"	"	21 days FR + forf 21 days pay for 2 off. sec 40 A.A. Stop pay £0-10-7 for damages to govt property)	"	29 Jun 43	"	33/43.
—	"	"	attap to 1 Cdn FP Camp	"	2/19 Jul 43	"	33/43.
30 Sep 43	"	"	Adm Mil Hosp Inveraray Scotland	"	16 Sep 43	"	43/43
"	"	"	SOS to 6CIRU on adm Mil Hosp Inveraray Scotland	"	16 Sep 43.	"	43/43
		6CIRU	T.O.S. fr. Rde Chaud on adm. to Mil. H. Inv. Scot.	U.K.	17 Sep 43	"	218 - 13 Oct 43
		"	Rem'd to 1 CMC	"	28 Sep 43	"	218 - 13 Oct 43
		"	Disch. fr. 1 CMC	"	8 Oct 43	"	218 - 13 Oct 43
		"	Granted P.L. with all ie 9 days	"	22 Oct 43	"	226 - 22 Oct 43
		6CIRU	SOS to Rde Chaud (DEM-1100-31Oct43)	U.K.	4 NOV 43	"	237-4NOV 43
31 Oct 43	Dmd 1100	Chaud	TOS from 6CIRU	Fd	5 Nov 43	Pte	46/43

Awd Cdn Vol Ser Medal &Clasp 15 JAN. 44 5- 1944

SERVICE AND CASUALTY FORM

(PART II)

M.F.M. 4(a) (Part II)
(A.F.B. 103) (Part II)
500M—8-39 (1701)
H.Q. 1772-45-18

Regiment or Corps: R de Chaud Regimental Number: E9367

Substantive Rank: Pte Surname: Landry Christian Names: Edoine

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 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
7 Feb 44	OC	Chaud	28 dys FP + forf 28 dys pay for off Sec 40AA	Fd	7 Jan 44	Pte	10/44.
	✓	✓	att fwd to 1 Cdn FP Camp wef 10 Jan 44	to "	3 Feb 44	✓	15/44.
10 Jun 44	✓	✓	SOS Killed in action	✓	6 Jun 44	✓	37/44

6-6-44

(O.C.L.-517)

AWARDS—CANADIAN ARMY (ACTIVE) (1624)

M

M.J.A.

500M—1-44 (3467)
H.Q. 1772-45-8

FILE NO. 405-L-18380

SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT
LANDRY,	Edoine	E.9367	Pte.	Regt. de Chaudiere

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 & Clasp	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

(1) MEDALS
PERSON
ENTITLED TO Mr. Cleophas Landry Father

ADDRESS: Etang du Nord Iles de la Madeleine, Que. May-45

(2) MEMORIAL CROSS
WIDOW

ADDRESS:

(3) MEMORIAL CROSS
MOTHER Mrs. Cleophas Landry, (MFM-5) (FRENCH)
(1624)
ADDRESS: Etang du Nord, Iles de la Madeleine, P.Q.

3460. 19/10/49.

MEMORIAL BAR
(1) DATE DESP
REGN NO 4496

(2)

(3) DESP. SEP 1 1944
REGN No. 1613

To be made out in duplicate.

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

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

INSTRUCTIONS.

(*a*) This form is to be completed immediately an officer or soldier is appointed to, or enlisted in, the C.F.F.

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

(*c*) Both copies of the form are to be forwarded by the Officer Commanding the unit for each officer and soldier, to the Paymaster, or Officer acting as such. The latter will transmit one copy, through the District or Camp Paymaster, to the Chief Paymaster, N.D.H.Q., Ottawa. The other copy will be retained by the Paymaster until the unit arrives Overseas, when it will be forwarded to the Chief Paymaster, Canadian Overseas Intermediate Base.

---

(1) Name of Officer or Soldier EDWIN LANDRY
(Surname first—Christian names in full—Block capitals)

(2) Regimental Number E-9367

(3) Unit REGT. DE CHAUD. C.A.S.F.

(4) Are you married? NO

(5) If married, state,

(*a*) Full name of your wife NA

(*b*) Present postal address of wife NA

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

(7) Are you a widower? NA

(8) Have you any children? NA

If so, give number of boys and girls NA

Also their names and ages NA

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

Give particulars of Guardian to whom Separation Allowance should be paid—if authorized—

Name NA

Postal Address

DISTRICT PAY OFFICE
RECEIVED
SEP 21 1940
M. D. No. 5 Quebec.

(SEE OTHER SIDE).

(10) Have you a common-law wife—whom you have been regularly supporting and publicly representing as your wife? NO

If so, state her full name and Postal Address NA

(11) Is your father alive? HE YES

If so, state name and address CLEOPHAS LANDRY

ETANG DU NORD ILES DE LA MADELEINE P. QUE.

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

YES

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

Also state reason he has no other means of support MY BROTHER IS IN THE ARMY AND THE OTHERS ARE TOO YOUNGS

(14) Is your mother alive? YES

If so, state name and address MDE CLEOPHAS LANDRY

ETANG DU NORD ILES DE LA MADELEINE P. QUE.

(15) If your mother is a widow, are you her sole support? YES

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

Also state reason why she has no other means of support MY BROTHER IS IN THE ARMY AND THE OTHERS ARE TOO YOUNGS.

(17) Are you insured? NO

If so, in what Company? NA

Have you made arrangements for payment of your Insurance Premium? NA

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.

E Laine Landry

(Signature of officer or man)

Date SEPT 6th 1940 Valcartier Camp P. Que.

Officer Commanding

SEP 17 1940

Date

LE REGIMENT DE LA CHAUDIERE
C. A. S. F.

Landry Edoine

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: Edoine LANDRY (b) Reg'l. No. R.9367
2. (a) Arm of service: Army (b) Unit: R. DE CHAUD A.F. (c) Rank: Private
3. (a) Date of birth: 17-6-1915 (b) Have you any dependents? No (c) Place of residence at time of enlistment: Rtand du Nord P.Q.
4. (a) Place of enlistment: Cap aux Meules, P.Q. (b) Date of enlistment: 24-8-40

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school: 14 years old (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.): 7 years Public School
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? Nil (b) If so, for what occupation? Nil (c) Did you finish it? Nil (d) If you did not finish it, how long did you serve at it? Nil
9. (a) What languages do you speak fluently? French (b) What languages do you read well? 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? Nil

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 Address
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.)
20. (a) Your specific occupation (b) Number of years' experience at this occupation with any employer
21. (a) Did your employer promise definitely to give you employment on discharge? (b) Did your employer refuse to promise you employment on discharge? (c) Do you wish to return to your former employment?

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: Fishing (b) Where was it located? Cap aux Meules, P.Q.
23. (a) Number of years engaged in this business: 3 years (b) Have you made, or will you make plans to return to the same or a similar business on discharge? No

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? Nil (c) If so, in what kind of farming? Nil
25. (a) Were you born on a farm? No (b) How many years' actual farming experience have you had? Nil (c) In what provinces did you have experience? Nil

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.): To be a fisher man
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form

DATE 12-7-41 194..... SIGNATURE Edoine Landry (E. LANDRY) PTE.

No E.9367 Rank Pte. Name LANDRY, Edoine.

Unit Regt. de la Chaud. Date of death 6-6-44

Died at France

Cause Killed in action.

Death occurred on strength of Forces. HQ 405-A-18380 d

N/K Mr. Cleophas Landry, Relationship Father

Address Etang du Nord, Iles de La Madelaine, P.Q.

Remains buried in Cemetery

MR. 99758190, France.

Grave location

CHK

OVER-

DEATH CERT. TO N.K. FEB 2 1946

BURIAL REPORT TO N.K. DEC 15 1944

RETURN TO BUR. OF STAT. DEC 15 1944

ROYAL MESSAGE DESP'D. 30/6/44

CAN. MESSAGE DESP'D.

REBURIAL

Beny-sur-Mer Canadian Military Cemet.
Beny-sur-Mer, France.

Grave 3, row E, plot 2.

HI & CR Form Despd. DEC 3 - 1946

Photographs
Despatched
JUL 16 1947

MÉMORANDUM POUR

M. Cleophas Landry,
Etang du Nord,
Iles de la Madeleine, Qué.

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

L'ADMINISTRATEUR DES SUCCESSIONS,
MINISTÈRE DE LA DÉFENSE NATIONALE,
OTTAWA, ONTARIO

et de citer le numéro suivant:

Q.G. 405-L-18,380 FD.420

ESTATES BRANCH
AUG 5 19
H.Q. OTTAWA
NATIONAL DEFENCE

MINISTÈRE DE LA DÉFENSE NATIONALE
DIVISION DES SUCCESSIONS
OTTAWA, ONTARIO

ce 20 juillet 1944

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

LANDRY, Edoine,

Soldat,

No. E.9367, ARMEE CANADIENNE

il est nécessaire que les renseignements voulus concernant le défunt et les membres de sa famille soient fournis à l'intérieur de cette formule, en stricte conformité des instructions imprimées. Les détails exigés doivent être inscrits comme il faut et la déclaration au verso doit être ensuite signée en présence d'un pasteur, prêtre, magistrat de la localité, commissaire ou notaire public, que l'on priera de compléter et signer le certificat. Cette formule doit être ensuite renvoyée à l'adresse mentionnée ci-dessus.

La succession militaire d'un défunt, dont l'administration incombe à la division des successions, comprend tout reliquat de solde et d'allocations au crédit du défunt, l'argent en main et les effets personnels qui sont sous le contrôle des autorités militaires. Pour entrer en possession de ces valeurs, il n'est pas nécessaire que les personnes qui y ont légalement droit fassent homologuer le testament en cour ou, si le défunt était intestat, qu'elles obtiennent des lettres d'administration de sa succession.

En plus de voir à l'administration de ces valeurs militaires, l'administrateur des successions est autorisé à retirer, au compte du gouvernement, tous les fonds (jusqu'à concurrence d'un montant défini) déposés au nom du défunt dans les banques, bureaux de poste ou autres institutions financières au Canada et outre-mer, sans frais ni dérangement pour les personnes ayant légalement droit à la succession, et de distribuer cet argent en même temps que tout reliquat de solde. De même, les certificats d'épargne de guerre et les bons de la victoire que possédait le défunt peuvent être rachetés et distribués de la même façon, ou transférés au nom des personnes qui y ont légalement droit. Ces certificats et bons ne doivent pas être envoyés à l'administrateur des successions avant qu'il les demande.

S'il y a d'autres valeurs nécessitant une demande d'homologation du testament ou de lettres d'administration, l'administrateur des successions pourra transférer et remettre les valeurs militaires à l'exécuteur ou à l'administrateur nommé par la Cour, afin que toute la succession, militaire et autre, soit traitée comme un tout.

Les renseignements que vous donnerez aux pages 2 et 3 de cette formule seront donc un facteur qui aidera à déterminer si toute la succession du défunt peut ou non être entièrement distribuée par l'administrateur des successions aux personnes qui y ont légalement droit, c'est-à-dire, sans qu'il soit nécessaire de faire homologuer le testament ou administrer la succession.

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 "observations supplémentaires", à la page 4.

L'Administrateur des successions,

A. Goldhawk major
pour Le Directeur des successions.

M.F.W. 77a
1M-9-43 (2070)
H.Q. 1772-39-972.-K.P.

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.....		Clerphas Landry	63	Etang du Nord I.M.
4	Mère du défunt.....		Maggie Landry	52	" " "
5	Frères du défunt	Frères germains	Ephrem "	22	Angleterre.
			Armand "	20	Etang-du-Nord " "
			René "	16	" " " "
			Arnold "	13	" " " "
		Demi-frères			
6	Sœurs du défunt	Sœurs germaines	Delima Landry.	32	Ontario.
			Florida "	27	"
		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 — Aucun.		Adresse de leurs enfants

RÉPONDRE AU LONG À TOUTES LES QUESTIONS SUR CETTE PAGE

DÉTAILS D'IDENTITÉ

8	Nom et prénoms du défunt.	Landry Edwin
9	Date de sa naissance.	27 Août 1913
10	Lieu et date de son mariage.	Célibataire
11	Lieu et date du mariage de ses parents.	14 novembre 1912

DÉTAILS DE DOMICILE

12	Lieu où le défunt est né.	Etang-du Nord — Iles-de la Madeleine P.Q.
13	Indiquer, par ordre, la province, l'état et/ou le pays où le défunt a résidé avant son engagement, et la durée dans chaque cas.	(a) (b) (c) (d) Iles-de la Madeleine P.Q.
14	Nature de son emploi avant son engagement.	Pêcheur.
15	Indiquer s'il était propriétaire de la maison où il demeurait. Le cas échéant, à quel endroit?	Il demeurait Chez ses parents
16	Indiquer le lieu où le défunt entendait vivre d'une façon permanente.	aux Iles-de la Madeleine.

DÉTAILS DE LA SUCCESSION

17	A-t-il laissé un testament?	non
18	Si le défunt était marié et domicilié dans la province de Québec ou dans un état des État-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?	———
19	Avait-il un compte d'épargnes 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.	non. aucun
20	Montant des certificats d'épargne de guerre que possédait le défunt.	aucun.
21	Montant des bons de la victoire que possédait le défunt.	aucun.
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. Décrire les autres valeurs, le cas échéant, et en donner le montant approximatif.	aucune.
23	Est-il nécessaire de faire une demande d'homologation du testament ou de lettres d'administration (voir la page 1)?	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.	non non
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?	Nous ayons aucune nouvelle des frais on été payés par 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)

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

DÉCLARATION

Je, soussigné, déclare que les renseignements qui précèdent 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* Père ..... du défunt.

N.B.—A être signée au long en présence d'un pasteur, prêtre, magistrat de la localité, commissaire ou notaire public.

..... Cléophas Landry ..... Signature du déclarant

Elang du nord. N. Sm. ..... Adresse

CERTIFICAT

Je, soussigné, certifie que, autant que je sache .....

*Voir plus haut

Monsieur Cléophas Landry. ..... Nom du déclarant

est le/la* Père ..... du défunt ci-dessus décrit et je crois que la liste des parents et des détails fournie par le déclarant et la déclaration ci-dessus, signée en ma présence, sont complètes et exactes.

Daté à Elang du nord ..... ce 31ème ..... jour de Juillet 194 4

Signature du pasteur, prêtre, magistrat, commissaire ou notaire public.

W Chasson ..... Titre Juge de Paix.

Adresse Elang du nord. N. Sm.

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 et adresse 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 OBSERVATIONS SUPPLÉMENTAIRES.

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

[redacted] NUMBER E.9367 RANK Private SERVICE UNIT Le Regiment de la Chaudiere (C.A.).

NAME LANDRY, Edoine

DATE OF BIRTH
DAY 17th MONTH August YEAR 1915 Enlisted: 24-8-40

MARITAL STATUS Single Religion--Roman Catholic

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

ADDRESS Etang du Nord, Iles de La Madeleine, P.Q. ADDRESS D.A.B.

ADDITIONAL PERSON TO BE NOTIFIED ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. Canrecords 6985 H.Q. 405-J-18,380

CASUALTY DETAILS Killed in action DATE 6-6-44

ST WILL ATTACHED TO TIFICATION TO A. OF E.? YES/NO M.F.M.S. ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO DATE 22-6-44

PC

5

COPY FOR C.R. FILE

OFFICER I/C RECORDS

FORM 6

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not write in this space

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

Surname: LANDRY (*Block letters*)

Given names: Edoine

Do not write in this space

4. RESIDENCE

Street: Etang du Nord No.:

Official name of civil municipality or township: Iles De La Madeleine

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: August (Month) 17th (Day) 1915 (Year)

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

OCCUPATION

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

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	LANDRY, Cleophas	
MOTHER (Maiden Name)		

19. Place of burial, cremation or removal: France

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

21. PLACE OF REGISTRATION OF THIS BURIAL

(a) Name of parish or church:

(b) Civil municipality of:

(c) Municipal county:

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

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: June (Month) 6th (Day) 1944 (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**....

OVERSEAS CASUALTY CANADIAN ARMY

Signed ....**M.D.**

Address .... **Date** ....19....

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

E. Gauvin C.S.

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

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

(Voir l'autre côté pour le français)

Director of Records. Dept. of National Defence.

DEC 15 1944

Sheet No.....

POSTINGS FROM O/S CASUALTY LISTS

To be attached to M.F.M. 1 or M.F.M. 2

Regt'l No. E-93677 Rank Pte. Surname Landry Christian Name Edoine

Unit	Hospt.	Admitted			Discharged			Hospt. Days	Disease or Injury	Remarks	Cas. List No.
		Day	Mo.	Year	Day	Mo.	Year				
	Mil.,				28	9	43	11			B-1354
C. Sandhurst Regt.	Inverarary	17	9	43					G.S.W. Head		L-1150
"									Killed 6-6-44		A-457

Records B3-49
H.Q. 1772-45-8
100M—5-43 (9999)

3/7238

4d

1

bnS

*N.B.—As this form is applicable to any Board of Officers or Committee or Court of Inquiry, the blank is to be filled in accordingly.

The signature of each Officer composing the Board, etc., should appear on the last page of this form in the space provided therefor.

PROCEEDINGS of a* COURT OF INQUIRY

assembled at IN THE FIELD

on the 19th September 1943.

by order of Lt-Col P. Mathieu E.D. Regt de la Chaudiere

for the purpose of Inquiring into and reporting upon the injuries sustained by E-9367 Pte Landry E Le R de Chaud on the 16th Sept 1943 at 1330hrs in the Field

PRESIDENT

Major Guy Savoie
Le Regiment de la Chaudiere A.F.

MEMBERS

Capt H. Lapointe
Le Regiment de la Chaudiere A.F.

Capt R. Lamoureux
Le Regiment de la Chaudiere A.F.

TO— OFFICER I/C R.C.O.D.S. C.M.H.Q.

The COURT having assembled pursuant to order, proceed to take evidence.

1st Witness

E-9367 Pte Landry E Le Regiment de la Chaudiere having been sworn states:
I am E-9367 Pte Landry E. of Le Regiment de la Chaudiere. I was in the same craft as Major Audet and was sitting on the second seat from the front in the centre row behind Sgt Godin. Major Audet was sitting on the front seat on starboard. When the ramp went down I jumped out with Sgt Godin and followed him. We went forward on the beach and then stopped. I knelt two steps behind Sgt Godin. I could not lie down as I was carrying a #38 set. At that monent, a grenade went off and I was hit on the side of the head and in the neck. The shock stunned me for a short time. Afterwards I turned around and saw Major Audet a few steps away lying down on the beach with both hands blown off. At no time while in the LCA had I seen Major Audet with a grenade in his hand nor had I heard him asking for one.

Landry E.
E-9367 Pte Landry E.

M.F.B. 303
200M—4-42 (4336)
H.Q.1772-39-133

2nd Witness E-42620 Cpl Bergess B.F. of Le Regiment de la Chaudiere A.F. having been duly sworn states:
I am Cpl Bergess B.F. of Le Regiment de la Chaudiere A.F. I command ~~HER~~ 9 sec in 9pl. 'A' coy. On the 16th Sept 43 Pte Landry Was sitting in front of me in an LCA on the landing exercise at Newton Bay. When we touched the beach the ramp was let down he jumped out of the craft in front of me and seemed to follow Major Audet I passed him on my left running upnthe beach. A couple of steps further I heard an explosion which threw me down on the ground. Then I heard Major Audet yelling I turned around and saw that he had had an accident. He had both hands blown off I also notice that Landry was standing about one yard behind him and that he was holding the left side of his head with his left hand. As he turned towards me I notice that he was bleeding profusely from wounds which he appeared to have on the left side of his head.

E-42620 Cpl Burgess B.F.
E-42620 Cpl. Burgess B.F.

3rd Witness E-10027 CSM Audet E. of Le Regiment de la Chaudiere A.F. having been duly sworn states:
I am E-10027 CSM Audet E. of Le Regiment de la Chaudiere On the 16th Sept 43 I was sitting in the same craft as Major R Audet and Pte Landry E. during the landing assault on Newton Bay. When the craft touched the beach Pte Landry who was sitting on the second seat forward in the middle row jumped out of the craft behind Sgt Godin. As I got on the beach an explosion took place and I saw that Major Audet had been wounded by a grenade I went over to help him. As some of the men were stoping near him to see what had happen I ordered them away. Amongs them was Pte Landry E.. When I ordered them away he told that he had been wounded himself by the explosion of the grenade. He turned sideways and I saw that he had been hit on the left side of the face and in the back of the neck. I told to remain there until the SBs came

Edgar Audet CSM
E-10027 CSM Audet E.

4th Witness Capt Albert D.J. RCAMC attached to Le Regiment de la Chaudiere having been duly sworn states:
I am Capt Albert D.J. RCAMC attached to Le R de Chaud. as MO On the 16th Sept 43 while assisting at the assault landing exercise at Newton Bay I was told by Capt M Cardinal to come forward, that Major R. Audet had been seriously wounded. When I Reached him I found that he had lost both hands by the explosion of a grenade. Pte Landry E. was also standing around and I was told that he had been wounded at the same time. I noted that he had minor injuries on the left side of the face and left ear and also in the back of the neck. The SBs attended to him while I gave first treatment to Major Audet. Afterwards I brought back Landry together with Major Audet on an LCA to the other side of the beach, where an ambulance was waiting to take them to the hospital.

Capt Albert D.J. RCAMC

tness Major R. Audet Le Regiment de la Chaudiere A.F. having been duly sworn states:
I am Major R. Audet of Le R de Chaud. On the 16th Sept 43 at approximately 1330hrs, in my capacity as O.C. of A coy. I was on the coy comd's craft on the landing exercise at Newton Bay Pte Landry E was in the same craft. Just as we were going to land I noticed that there was no smoke on the beach and that there seemed to be a lull in the firing. I asked for a #77 grenade. At that very time we touched the beach. As the ramp wnet down some one handed me a grenade. I took it as I started forward out of the craft but I noticed that it was a #69 bakelite grenade. I am not sure but believe I said "Never mind, it will do just the same". As I went forward out of the LCA I held the grenade in my left hand and unscrewed the safety cap with my right hand. I ran a few steps on the beach and passed the grenade from my left hand to my right hand in order to through it forward in the vicinity of the wall It was then that the grenade wxploded I cannot tell how it happened. My hands may have been wet from the spray and the grenade may have slipped but it seems to me that I had both hands on the grenade when it exploded. I had thrown many #69 grenades before and I was thoroughly familiar with the mechanism.

FINDING

The Court having read the evidence submits the following report: -

1. E-9367 Pte Landry E. R de Chaud was wounded by the explosion of a #69 grenade while participating in an assault landing exercise with live ammunition.

2. Pte. Landry E was on duty when he was injured.

3. The grenade which caused the injuries to Landry was set off accidentally by Major R Audet R de Chaud.

4. Landry suffered minor wounds on the left side of the face and left ear and on the back of theneck.

5. No negligence can be attached to Landry or any other party for the responsibility of this accident.

I concur,

HQ First Cdn Army (E A Anglin) Major
25 Oct 43 for GOC in C, First Cdn Army

Signed at In the Field this 23rd day of Sep 194 3

Guy Lavoie Major
(Signature)

PRESIDENT

R de Chaud
(Unit)

Hugues Lapointe Capt
(Signature)

R de Chaud
(Unit)

MEMBERS

(Signature)

R de Chaud
(Unit)

COMMENTS OF THE COMMANDING OFFICER

After having read the evidence I am of the opinion that:-

1. E-9367 Pte Landry, E. Le Regiment de la Chaudiere was on duty at 1330 hours on the 16 Sep 43 when he was wounded by the explosion of a 69 Grenade while in an assault landing exercise with live ammunition.

2. The grenade which caused the injuries to Pte Landry, E. was set off by Major R. Audet, Le Regiment de la Chaudiere who was also wounded.

3. No blame can be attached to Pte Landry, E. or any other party.

Paul Mathieu
(Paul MATHIEU) Lt-col.,
Commanding,
Le Regiment de la Chaudiere

In the Field,
This 24th day of Sep 1943.

I concur

29 Sep 43.

W Blackader Brig
8 Cdn Inf Bde.

I concur with the Bde Comd and the Commanding Officer that the injury was caused as a result of the explosion of a 69 grenade and that no blame can be placed on E/9367 Pte Landry, E. Pte Landry was on duty and there is no evidence of misconduct or of an offence under the Army Act.

Ernest A. Cote
(E A Cote) Lt-Col, AA & QMG
for and by direction of
R F L Keller, Major-Gen
GOC 3 Cdn Inf Div

6 Oct 43

Summary of a Court of Inquiry held on the 19 Sep 43 by order of Lt-Col P Mathieu E.D. Regt de la Chaudiere, for the purpose of inquiring into and reporting upon the injuries sustained by E.9367 Pte Landry E. Le R de Chaud on the 16th Sept 1943 at 1330 hrs in the Field

PRESIDENT - Major Guy Savoie

MEMBERS - Capt H. Lapointe
Capt R. Lamoureux

All of Le Regiment de la Chaudiere A.F.

INJURIES: Minor wounds in neck caused by the explosion of a hand grenade No. 69 at a few feet from him.

FINDING.
The Court having read the evidence submits the following report:-

1. E.9367 Pte Landry E. R de Chaud was wounded by the explosion of a #69 grenade while participating in an assault landing exercise with live ammunition.
2. Pte Landry E. was on duty when he was injured.
3. The grenade which caused the injuries to Landry was set off accidentally by Major R Audet R de Chaud.
4. Landry suffered minor wounds on the left side of the face and left ear and on the back of the neck.
5. No negligence can be attached to Landry or any other party for the responsibility of this accident. (23 Sep 43)

REMARKS BY Paul Mathieu, Lt-Col Commanding R de Chaud:
"After having read the evidence I am of the opinion that:-
1. E.9367 Pte Landry E. Le Regiment de la Chaudiere was on duty. at 1330 hours on the 16 Sep 43 when he was wounded by the explosion of a 69 grenade while in an assault landing exercise with live ammunition.
2. The grenade which caused the injuries to Pte Landry E. was set off by Major R. Audet le R giment de la Chaudiere who was also wounded.
3. No blame can be attached to Pte Landry E. or any other party. "

REMARKS BY E.A. Cote, Lt-Col A.A. & Q.M.G., for and by direction of R F L Keller, Major-Gen., GOC 3 Cdn InfDiv:
"I concur with the Bde Comd and the Commanding Officer that the injury was caused as a result of the explosion of a 69 Grenade and that no blame can be placed on E.8367 Pte Landry E. Pte Landry was on duty and there is no evidence of misconduct or of an offence under the Army Act" (6 Oct 43)

over/.....

REMARKS BY E.A. Anglin Major, for G.O.C. in C., First Cdn Army:
"I concur" (25 Oct 43)

Original with M.F.B. 371 to Officer i/c Records CMHQ

Refer to folio 102 on 18/Pers/1

Date...9..Dec 43 Jmb

N.D.M. 1 (Fr.)
40/P & S/279

MILICE CANADIENNE

Livre de Solde

ENDE

Service du Soldat

E 9367 Ole Landry
DECEASED

M.B.M. 1 (partie I) (Fr.)
40/P & S/279

LIVRE DE SERVICE DU SOLDAT

(Le livre de solde du soldat, M.B.M. 1 (partie II), sera délivré pour le service actif)

Toute entrée dans ce livre (autre que celles de la page 24 de cette partie du livre de milice M. 1, ayant trait à la formule abrégée de testament pour l'usage du soldat), doit être faite sous la direction du commandant de la compagnie, de la batterie ou de l'escadron auquel l'homme appartient ou est attaché.

Toute correction faite dans les entrées doit être signée des initiales d'un officier.

INSTRUCTIONS AUX SOLDATS

1. Vous serez tenu **personnellement responsable** du soin de ce livre.

2. Vous devez **toujours porter ce livre sur vous** lorsque vous êtes de service ou en activité de service.

3. Vous devez produire ce livre lorsque vous êtes appelé à le faire par des autorités autorisées telles qu'un officier, un officier à brevet, un sous-officier ou un membre de la police militaire ou civile.

4. Vous ne devez ni changer ni faire aucune entrée dans ce livre (sauf lorsqu'il s'agit de la formule abrégée de testament à la page 24 ; voir les instructions aux pages 20-23), et toute infraction à cet ordre sera considérée comme une offense grave.

5. Si vous croyez qu'une entrée n'a pas été faite ou a été faite incorrectement, ou encore si vous perdez ce livre, vous devez en avertir votre supérieur militaire immédiat.

6. Il vous sera permis de garder ce livre après votre libération comme un état de vos services, mais si, après votre libération, vous le perdez, il ne pourra pas être remplacé.

E 9367 Pte. Landry

DECEASED

(XIV) PARTICULARS OF DENTAL TREATMENT

Date	Required	Completed	Specification Use authorized Abbreviations and Symbols	Signature of Dental Officer
19 Nov 43		✓		[illegible] Capt

(I) NOM ET DESCRIPTION DU SOLDAT LORS DE L'ENRÔLEMENT

Matricule E 9367

Nom (en majuscles) LANDRY

Prénoms (en entier) EDOINE

Date de naissance 17 août 1915

Lieu de naissance Étang du Nord P.Q.

Métier ou profession lors de l'enrôlement Pêcheur

Nationalité du père à sa naissance Canadien-fr

Nationalité de la mère à sa naissance " " "

Religion Catholique - Romain

Enrôlé à Cap-Saux-Meules P.Q.

Date 24 août 40

Détails sur le service antérieur (s'il y a lieu), c.-à-d. matricule, corps, et durée du service.

Nil

E Landry

Signature du soldat

Signature de l'officier [illegible] Capt

Endroit In the field Date 1 avril 43

E 9367 Ste. Landry

DECEASED

(II) PLUS PROCHE PARENT VIVANT

Tout changement connu ainsi que la date de ce changement doivent être dûment notés, et le commandant de l'unité doit transmettre ce renseignement à l'officier en charge des archives

NOTE.—Les entrées faites sur ces pages n'ont ancune valeur légale comme TESTAMENT (voir aux pages 20-23)

Degré de parenté le plus rapproché		Nom	Date	Dernière adresse connue au complet
1er	Epouse			
	Enfants			
2e	Père	Cléophas Landry	Sept. 40	Etang du Nord Iles de la Madeleine P.Q.
	Mère	Mde C. Landry	" "	" " " " "
3e	*Frères et soeurs	René Landry	" "	" " " " "
		Harnelle Landry	" "	" " " " "
4e	Autres parents (mentionner la parenté)	George Landry Cousin	" "	" " " " "

*Spécifier s'il s'agit de frères plus jeunes ou plus âgés.

E 9367 Pte. Landry L.

DECEASED

(III) GRADE et EMPLOI

Date	Grade et emploi	Grade définitif, temporaire, intérimaire ou local (avec ou sans solde)	Autorisé par la Partie II des Ordres du jour	Signature de l'officier
24-8-40	Pte	L Temp	220	[signature]

(IV) Certificat applicable à toutes les armes, qui doit être rempli et signé par le commandant du bataillon, etc., avant que le soldat se rende outre-mer

A SUIVI L'INSTRUCTION (a complété le cours des recrues tel que spécifié pour l'arme du service à laquelle il appartient), *sauf qu'il requiert une instruction plus étendue en*—*

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Possède en plus les aptitudes et connaissances suivantes:—

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Date.....

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*Si le soldat ne requiert pas une instruction plus étendue, biffez les mots en italique et signez de vos initiales.

E 9367 Ole. Landry

DECEASED

(V) DÉTAILS DE L'INSTRUCTION

Cours et écoles Spécialités. Natation, etc., faisant connaître les résultats	Date	Signature de l'officier

(VI) COURS DE TIR AVEC ARMES PORTATIVES

Année	Classification	Si le cours de tir n'a pas été complété, spécifier les parties qui ont été exécutées	Signature de l'officier
1941	2nd	Tell Ord. II	[signature]
1941	2nd	ap. III IV	
1942	Qualified	Grp. 100	
"	" "	" 200	
"	" "	app. 200	
"	" "	" 300	
"	" "	Snap shooting 200	

E 9367 Ste. Landry L.

DECEASED.

(VII) QUALITÉS ÉDUCATIONNELLES

Certificat, spécialités, etc.	Endroit	Date	Signature de l'officier
Farm Bureau	Stang du Nord	1922-1929	

10

(VIII) ÉTAT DES MÉTIERS EXERCÉS

(Pour les hommes seulement qui reçoivent la solde d'artisan)

Métier	Groupe	Classe	Observations lors de l'enrôlement, de la reclassification, du changement de métier, etc.	Date	Signature de l'officier

11

E 9367 Ste. Landry L.

DECEASED.

(IX) EMPLOI AU COURS DU SERVICE

Période		Nature de l'emploi	Observations et signature du commandant de la compagnie, etc.
Du	Au		
24-8-10		General Training	

Doit inclure (1) l'emploi régimentaire, (2) comme artisan, (3) comme spécialiste; ex: signaleur ou mitrailleur

12

(X) CLASSIFICATION MÉDICALE

Date	Catégorie ou grade	Examinateur médical des recrues, ou autre autorité médicale	Signature du médecin
24-8-10	"A"	D. M. O. 6	
24-8-10		+ Bronch. Chest negative Refer - mine Opinion Bronchus Refused	
31-3-11	"A"		

13

E 9367 Ste. Landry L.

DECEASED.

(XI) PRESCRIPTION POUR DES VERRES

	Vision sans verres	Sph.	Cyl.	Axe	Vision avec verres	Centre ophtal.	Date de l'examen
D						No de la monture (ou mesures)	Date à laquelle les verres ont été fournis
G							

Signature du médecin.....

	Vision sans verres	Sph.	Cyl.	Axe	Vision avec verres	Centre ophtal.	Date de l'examen
D						No de la monture (ou mesures)	Date à laquelle les verres ont été fournis
G							

Signature du médecin.....

(XII) DÉTAILS AU SUJET DES FAUSSES DENTS FOURNIES

Détails	Date	Signature du médecin ou du dentiste
Partial upper and denture	10-2-41	

(XIII) DÉTAILS AU SUJET DES APPAREILS CHIRURGICAUX FOURNIS

Détails	Date	Signature du médecin

E 9367 Pte. Landry L
DECEASED

(XIV)Protective Inoculations

Nature of Vaccine A B Cholera, Plague	Date	Signature Med Offr

(XVI) ENTRÉES DIVERSES

(Entrées pour lesquelles il n'a pas été prévu d'espace ailleurs)

NOTE.—Les entrées sur cette page n'ont aucune valeur légale comme TESTAMENT

Détails	Date	Signature de l'officier
"M" Test (REV) complete	23-2-42	[illegible]
"Q" Card Complete	23-2-42	
Wesleyan D.M.		
Test Gaschamber.	18-2-42	
Dorking M.G.	15-3-42 to 30-3-42	
P.L.(1) 11-12-41 till 17-12-41 F.T.W.		[illegible]
P.L.(2) 26-2-42 till 3-7-42 F.T.W.		
P.L.(3) 9-12-42 till 15-12-42 F.T.W.		MG
(4) P.L. 12-4-43 till 18-4-43 with F.T.W.		MG.
FINGERPRINTED—CAIB		[illegible]
D.M. Test	27-7-43	
9 days P.L. wef 22 Oct 43		[illegible] Capt
CAP Test Chamber	6 Dec 43	[illegible]

rkcatalog.com

E 9367 Ote. Landry I.

DECEASED

Nature du vaccin, "T.A.B.", contre le choléra, la peste, etc.	Date	Signature du médecin
T.A.B.	9-9-40	
Tetanus	9-9-40	
T.A.B.	18-9-40	
T.A.B.	15-10-40	
Tetanus	14-10-40	
T.A.B.T.	25-10-41	
T.A.B.T.	25-9-42	
T.A.B.T. 1/2 c.c.	24-11-43	[illegible]
Typhus I	21-12-43	[illegible]
Typhus II	30-12-43	[illegible]
" III	9-1-44	[illegible]
Typhus 1 c.c.	19-4-44	[illegible]

(XV) VACCINATION

Date de la vaccination	Signature du médecin
9-9-40	
7-2-44	[illegible]

(XVI) ENTRÉES DIVERSES

(Entrées pour lesquelles il n'a pas été prévu d'espace ailleurs)

NOTE.—Les entrées sur cette page n'ont aucune valeur légale comme TESTAMENT

Détails	Date	Signature de l'officier
"M" Test (REV) complete	23-2-42	
"Q" Card Complete	23-2-42	
Undergen D.M.		
Test Gaschamber	18-2-42	
Dorking Map	15-3-42 to 30-3-42	
P.L.(1) 11-12-41 till 17-12-41 F.T.W.		
P.L.(2) 26-2-42 till 3-7-42 F.T.W.		
P.L.(3) 9-12-42 till 15-12-42 F.T.W.		[illegible]
(4) P.L. 12-4-43 till 18-4-43 With F.T.W.		[illegible]
FINGERPRINTED CAIB		
D.M. Test	27-7-43	
9 days P.L. [illegible] 22 od 43		J. Major Capt
CAP Test Chamber	6 Dec 43	[illegible]

On recommande au soldat qui a fait un testament de faire savoir à son commandant où ledit testament a été déposé, après quoi ce dernier remplira immédiatement le certificat suivant et l'enverra à l'officier intéressé en charge des archives— E9367

Grade Pte Nom E. Landry Matricule

déclare qu'il a fait un testament et que celui-ci a été déposé entre les mains de NDHQ à Ottawa

.....
Signature de l'officier
Grade ou emploi

Date

On recommande aux soldats qui possèdent des biens immobiliers et qui n'ont pas fait de testament soit de rédiger un testament formel avant de s'embarquer, dans quel cas la procédure susmentionnée devra être suivie, soit de faire un testament sur l'une des formules fournies à cet effet, à savoir: la formule M.F.M. 10 lorsqu'il y a un ou plusieurs bénéficiaires, ou la formule M.F.M. 10a lorsque le soldat est propriétaire de valeurs immobilières, et de remettre ce document signé en bonne et due forme à leur commandant qui le transmettra à l'officier archiviste intéressé pour qu'il en ait la garde.

L'officier à qui un tel testament est remis doit remplir le certificat suivant—

Certificat

Ai reçu la formule M.F.M.....et l'ai transmise à l'officier en charge des archives à

.....
Signature de l'officier,
Grade ou rang

Date de l'extraction du certificat ou du testament.....

A qui envoyé.....

Signature de l'officier.....

Département.....

E 9367 Pte. Landry
DECEASED

Date de l'extraction du testament.....

A qui envoyé.....

Signature de l'officier.....

Département.....

Ne doit servir que lorsque le soldat est en service actif. Le testament qui apparaît à la page 24 ne doit pas servir tant que le soldat n'a pas été appelé en service actif.

FORMULE ABRÉGÉE DE TESTAMENT

(Rédiger le testament sur la page suivante)

Si un soldat en service actif ou qui a été appelé en service actif désire faire un testament abrégé, il peut le faire sur la page suivante. **Ce testament doit être écrit entièrement de sa main, et signé et daté par lui.** Le nom et l'adresse en entier des personnes qu'il désigne comme bénéficiaires, ainsi que le montant d'argent ou les articles personnels qu'il désire leur léguer. doivent être clairement spécifiés. **L'entrée seulement du nom d'un bénéficiaire sur la page suivante sans aucune mention du legs fait audit bénéficiaire n'a aucune valeur légale.**

Suit un spécimen de testament par lequel tous les biens sont laissés à une seule personne:—

En cas de décès, je lègue tous mes biens et effets à ma mère, Madame Marie Bernard, 099, rue Montcalm, Montréal.

(Signature) GEORGES BERNARD,
Matricule

Daté le 5 août 1936.

Suit un spécimen de testament par lequel les biens sont laissés à plus d'une personne.

En cas de décès, je lègue $10.00 à mon amie, Mademoiselle Rose Chevalier, 01, rue Laval, Québec, $5.00 à ma soeur, Mademoiselle Jeanne Bernard, 099, rue Montcalm, Montréal, et le résidu de mes biens à ma mère, Madame Marie Bernard, 099, rue Montcalm, Montréal.

(Signature) GEORGES BERNARD,
Soldat, Mat. 00.

Daté le 5 août 1936.

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

WILL

M.F.M. 10
75M—5-40 (5241)
H.Q. 1772-39-1656

(1) I, Edoine Landry (Name in Full), of the paroisse (City, Town, Village, Township)

Address in civil life.

of Etang du Nord, in the County District of Gaspé,

Province of Quebec, Pêcheur (Civil Occupation)

Regimental No. E.9367, Unit R de Chaud .C.A.S.F, do hereby revoke all former Wills by me made and declare this to be my LAST WILL.

Relationship, names and address of beneficiaries, and what each is to receive.

(2) I GIVE, DEVISE AND BEQUEATH unto MON PÈRE Cleophas Landry, Etang du Nord, Iles de la Madeleine, tous mes biens.

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 ..... (Name) (Address)

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

IN WITNESS WHEREOF I have hereunto set my hand this 10 day of sept 19 40

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.

Edoine Landry (Signature of soldier) 19

First witness sign here.

(5) Signature G. Hallé

Civil Address Val D'Or Que

Civil Occupation Vendeur.

Second witness sign here.

Signature Cpl F. X Rondeau Gomendatory Quebec P.

Civil Address

Civil Occupation

(Witnesses are not to be beneficiaries.)

[OVER]

CONTINUATION CARD TO M.F.M. 14

Regimental No. E-9367 Name LANDRY EDWIN.

Part 11 D.O. No.	Date	PARTICULARS OF CASUALTY
		~~Stoppages of pay in the amount of £21-13-10 for an offence under A.A. Sec 40.~~
35	8/7/42	Granted P.L. from 26/6 to 2/7/42 - 2 days S.A 3/2 per diem = 6/4 $1.42
63	31/12/42	Granted 7 days P.L. with R/A from 9 to 15 Dec. 42
14	29-3-43	Granted Eff Pay 1.50 wef 1-1-43
19	30/4/43	Granted 9 days P.L with R/A from 12 to 21 Apr 43
33	31/7/43	AWARDED 21 DAY'S. F.P. + 21 DAYS. PAY SEC. 40. 29/6/43. STOP. PAY. £. 0.10.7. (Damage. Govr. prop.)
37	27/8/43	D.O. 33 is amended by deleting stop of pay £. 0.10.7
43	9/10/43	S.O.S. to 6. C.I.R.U. u.e.f. 16 Sep. 43. on adm to British hosp. Inverary Scotland
218	13.10.43	TOS-6 C.I.R.U. fr R de C. on adm. to Mil. Hosp. Inverary. Scotl. 17.9.43
218	13.10.43	Trans fr Mil. Hosp. Inveraray to #1 C M.C 28.9.43

M.F.M. 14A 40 & S 67

Part 11 D.O.		PARTICULARS OF CASUALTY
No.	Date	
218	13.10.43	Disch. fr. #1 C.M.C. 8.10.43
226	22-10-43	Granted 9 days L.L. with R.A. fr. 22-10 to 31-10-43
237	4.11.43	SOS-6 C.I.R.U to R de C. 4.11.43
46.	13-11-43.	T.O.S. R. DE Chaud. from. 6.C.I.R.U. 5-11-43.
10	18-2-44.	Off. Sec. 40. A.A. 28 days. F.P. camp. & forf. 28 days. pay
		~~Stop pay to the amount of £ 1/95 (Dem. Jovn. Prof.)~~ on. 7-1-44
15.	9-3-44.	Att. to 1 Cdn. F.P. Camp. wef. 10-1-44 to 3-2-44.
5/	JAN 29 1944	AWD. THE C.V.S.M. AND CLASP WEF. JAN 15 1944
37	20/6/44	SOS. Killed in action 6/6/44

A.

$1.50. 1-1-43.

NAME LANDRY EDWIN.

REGIMENTAL NO. E-9367 RANK Pte

ENLISTED AT Valcartier Camp PROMOTIONS, ETC. AND DATE

DATE 24-8-40

IF SERVED PREVIOUSLY, STATE UNIT, ETC.

MARRIED, WIDOWER OR SINGLE Single

NEXT OF KIN Landry Cleophas RELATIONSHIP Father

ADDRESS OF Etang du Nord, Ilde de la Madeleine P.Q.

ASSIGNMENT OF PAY, $ 20.00 C Nov. 41 Vol

ADDRESS Same as above

DEPENDENT'S ALLOWANCE, ENTITLED OR NOT Not AMOUNT OF AWARD

DATE APPLICATION FORWARDED TO DISTRICT PAYMASTER 23/9/41

IN WHOSE FAVOUR Mrs. Margie Landry (mother)

M. F. M. 14

120M - 7-40 (6128-9)

H. Q. 1772-39-1662

CASUALTIES, ETC.

NATURE E. G. ABSENCE. PROMOTION, ETC.	PART 11. D. O. NO.	PART 11. D. O. DATE	REMARKS IF IN HOSPITAL, NOTE NAME, ETC.
T.O.S.	220	5-9-40	
D.O.220 para 1. to read. Landry eEDOINE.	224	10-9-40	
Awl from 1200 hrs. 11-5-41	49	15-5-41.	
D.O. 49 para. 9 is cancelled	53	22-5-41	
Embarcation Leave from 2100 hrs 4-7-41 to 1600 hrs 10-7-41	80	9-7-41	
Was on 19 Aug. 1941. Awarded forfeiture of 14 days pay F.R.& O. (1)(E) for one offence under A.A. 40	5	29-8-41	
TOS 3 CD IRU from Fd 4 mit	76	31-3-42	eff 28-3-42 (in 5 Gen)
Disch from 5 Gen.	76	31-3-42	eff 30-3-42
S.O.S. To Fd 4 mit	89	16-4-42	eff 16-4-42
T.O.S. L de Chaud from 3 CD I.R.U. 17/4/42.	20	17/4/42	
AWL. Forfeits. 1 day's pay.	31	19/6/42	

No. E 9367 Name Landry E. Sqn., Battery, or Company A Corps C.I.C. Date of enlistment 24 Aug 40. G.C. Badges Service or Proficiency Pay N/A

M.F.M. 6 (A.F. B.122) 40/P & /S136 (2965)

Date of last entry in Company Conduct Sheet N/A No. and date of last drunk N/A Period not reckoning towards freedom from extra fine N/A Sheet No. 1 Signature O.C. Company, etc. [signature] Benoit capt Character

Place	Date of offence	Rank	Cases of drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks
Field	1941 mars 12	Pte		A.A.40 Improper Dress on parade	C.S.M. Paré	3 Days C.B.	14 Mars 41	CAPT. LANGLOIS	CB
Field	4 Jul 42	Pte		A.A.15 a.w.l. from 23.30 hrs 4 Jun 42 till 10.00 hrs 5 June 42 – Total 11.30 hrs	Sgt Gronden	7 Days CB	5 Jun 42	CAPT. TASCHEREAU	CB 1 Days Pays. F.R.&I 149
"	42 aug 21	Pte		A.A.40 – Prejudice to --- broke a plate glass valued £23/13/10	Sgt Tremblay	admonished	21 aug 42	Lt col To-Power	stoppage of pay for £21/13/10
"	43 15 Jun	"		1) A.A.40 neglect to the prejudice --- did not take necessary step to prevent comrade behaving in an unsoldierly manner	C.S.M audit cpl Godin Pte Morin	21 Days F.P.	29 Jun 43	Maj AUDET	stoppages of pay for £4/15/0
				2) A.A.40 – neglect to the prejudice – damaged gov't property to amount of £4/15/0					

(P.T.O.)

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

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

District.....

Dispersal Area.....

Regtl No. E9367 Rank and Name LANDRY. E Pte.

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

~~(Transfer~~ or Discharge).....to.....on 6th June. 19 44.

Reason Death Authority: C.C.L." A" 457 d/18th June.44.

The following is a statement of the account of the above-named from 1st June. to 30th June. 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	59	55
First Monthly Payment			Regimental Pay 30 days at $ 1.50	45	00
Casual Payments			Tradesmen's Pay .....days at .....$		
Payments on Transfer or Discharge			Additional Pay (Give particulars) ....days at .....$		
Assigned Pay	20	00			
Regimental Charges			Allowances (Give particulars) .....days at .....$		
Public Stoppages (Give particulars):					
			Def Pay Interest	4	14
To Balance Cr Free	39	69			
To Balance Cr Deferred	49	00	By Balance Dr		
Total	108	69	Total	108	69

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

Remarks:

Assnd Pay $20.00 (M) stopped eff July. 44.

Compiled by R.Reynolds.

Checked by E.Melon

Date 2nd January. 19 45.

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

MSV

File No 405-L-18388

P.A.

VERIFICATION FORM

WAR SERVICE MEDALS 1939-45

No. E-9367 Name LANDRY EDaine

Rank on Discharge Pte Date of Discharge 6-6-44

Authority for Discharge or Retirement Deceased

Served in:

				Non-qualifying service
Canada	from	24-8-40.	to 30-7-41.	
	from		to	
United Kingdom	from	31-7-41	to 2-6-44	
	from		to	
Italy	from		to	
Northwest Europe	from	6-6-44	to 6-6-44 K/A.	
---------	from		to	
---------	from		to	

Eligible for award of:

1939 - 45 Star ok ✓

~~Italy Star~~

France-Germany Star ok ✓

Defence Medal ok ✓

War Medal o.k.

Canadian Volunteer Service Medal o.k. ✓ KP

with clasp o.k. ✓

M

NO RIBBON DESPATCH

Verified by L. Menard

Date 30-7-46

Carded JUL 30 1946

IIA 165

2114

FORM No. 1

Regist. No. C.D. 1853 Nominal Roll No. D-594

H.Q. File No. 405-L-18380

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-9367	PTE.	LANDRY	EDOINE

REASON FOR TERMINATION OF SERVICE:

1st Enlistment DECEASED CARO ( )

2nd Enlistment CARO ( )

3rd Enlistment CARO ( )

Total Service

1ST ENLISTMENT	2ND ENLISTMENT	3RD ENLISTMENT
T.O.S. 24 AUG 40	T.O.S.	T.O.S.
S.O.S. 6 JUNE 44 MD O/S	S.O.S. MD	S.O.S. MD
Total Days 1383	Total Days	Total Days

Total Service 1383 DAYS

—	Total Service	Less Non-qualifying Service	Net Service
Western Hemisphere	331	—	331
Overseas Service	1052	64	988
Totals	1383	64	1319
Add Non-qualifying Service			64
Total Service			1383

EMBARKATION DETAILS:

1. Date S.O.S. Overseas 6 JUNE 44 2. Date S.O.S. Overseas

REMARKS:

Computer's Signature R. Crosgrove

Checker's Signature [illegible]

Date Computed 30 May 45

UNDER ACTION 6 June 44

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

for 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

Total

Overseas: T.O.S. 21 July 41 T.O.S. T.O.S.

S.O.S. 6 JUNE 44 S.O.S. S.O.S.

Aw'd			19 AUG 41	14	14
Awl	4 June 42	5 June 42		1	1
AA40 Aw'd			29 JUN June 43	21	21
AA40 Aw'd			7 Jan 44	28	28

Total 64

CANADA

QUOTE NO. H.Q. 405-J-18380 D.R.2(C)

DEPARTMENT OF NATIONAL DEFENCE
ARMY

OTTAWA, CANADA,

31st January, 1946.

F.T.

Mr. Cleophas Landry,
Etang du Nord,
Iles de la Madelaine, P.Q.

Dear Sir:

Information has just been received from overseas that the remains of your son, E9367 Private Edoine Landry, have been carefully exhumed from the original place of interment and reverently reburied in grave 3, row E, plot 2, of Beny-sur-Mer Canadian Military Cemetery, Beny-sur-Mer, France. 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.

K.J.D.

Yours faithfully,

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

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NAT. DEF. A-168-A
2,000M—11-43 (2777)
H.Q. 1772—39—376

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

NUMBER: E.9367 RANK: Private SERVICE UNIT: Le Regiment de la Chaudiere (C.A.).

NAME: LANDRY, Edoine

DATE OF BIRTH DAY: 17th MONTH: August YEAR: 1915 Enlisted: 24-8-40

MARITAL STATUS: Single Religion--Roman Catholic

NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 RELATIONSHIP: Father NAME ADDRESS D.A.B.: Mr. Cleophas Landry,

ADDRESS: Etang du Nord, Iles de la Madeleine, P.Q.

ADDITIONAL PERSON TO BE NOTIFIED: ADDRESS:

PARENTS NAME:

ADDRESS (IF SOLDIER MARRIED OVERSEAS):

AUTHORITY CAS. SIG. NO.: Canrecords 6985 H.Q. 405-J-18,380

CASUALTY DETAILS: Killed in action DATE: 6-6-44

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

M.F.M.5. ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO DATE: 22-6-44

DTC

6

OFFICER I/C RECORDS

COPY FOR DOCUMENT FILE

File No 405-L-1838-0

R E B U R I A L

NO E-9367

RANK Pte.

NAME LANDRY E.

NAME OF CEMETERY Beny-sur-Mer Canadian Militaryn Cemetery

LOCATION OF CEMETERY Beny-sur-Mer, France.

GRAVE LOCATION Plot 2, Row E, Grave 3.

AUTHORITY 54-27-88-2 Vol. 19.

Reburial list.

48

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

8

CANADIAN MILITARY HEADQUARTERS

ESTATES BRANCH
INVENTORY

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

No., RANK and NAME ..... E-9367 Pte. Landry E. (Deceased) .....

RECEIVED FROM ..... Cdn Sec GHQ 2nd Echelon 21 Army Group .....

CHECKED BY ..... M-16610 Pte. Funnell L.T.F.
M-166202 Cpl. Sislofsky A. ..... DATE ..28 Aug 44.....

1	Red Identification Disc		

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

TRIPLICATE — with effects.

.....Adjutant Lieut.....
for OC 1 Cdn KSD

CANADIAN MILITARY
ESTATES
30 AUG 1944
BRANCH
HEADQUARTERS

TL

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

ARMY

Name: LANDRY (Surname) Edoine (Christian Names) No.: E9367

Pte. (Rank) C.A. O/S (Unit) 6-6-44 (Date of Death)

AMOUNT

L.P.C. $ 88.69

Date: 2-5-45

Other Credits

Total 88.69

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Father	Cleophas Landry, Etang du Nord, I les de La Madeleine, P.Q. (Sole beneficiary under will)	88.69 R

P4. TO TREAS. 4-6-45 DM

TO BE FORWARDED BY REG. MAIL DIRECT.

AUTHORITY

H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	$88.69

CLASSIFIED BY

Original Signed by
K. L. McCUAIG

EXAMINED BY

For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

Original signed by

(L. M. Firth) Colonel
Director of Estates

AUDITED FOR PAYMENT

For Chief Treasury Officer

75M—2-45 (6771)
H.Q. 1772-80-2

Ottawa, le 28 Juin, 1944

Cher monsieur,

C'est avec un profond regret que j'apprends le décès de votre fils, le soldat Edoine LANDRY, matricule E-9367, qui a donné sa vie au service de sa patrie, en France, le 6 juin 1944.

D'après les renseignements officiels que nous avons reçus, votre fils a été tué au combat contre l'ennemi. Vous pouvez compter que sur réception de détails supplémentaires, nous vous en aviserons sans délai.

Le Ministre de la Défense nationale et les membres du Conseil de l'Armée me chargent de vous offrir, à vous-même et à votre famille, leurs sincères condoléances dans votre deuil.

Nous rendons hommage au soldat Landry pour son vaillant sacrifice.

Votre bien dévoué,

l'adjudant-général,

(H.F.G. Letson),
major-général.

M. Cléophas Landry,
Etang du Nord,
Iles de la Madeleine, Qué.

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