FRY, WILLIAM S.

Prepared by: FL
Checked by : B.P.

~~ORIGINAL~~
DUPLICATE
~~TRIPLICATE~~

M.F.M. 1
50M—3-41 (9720)
H.Q. 1772-39-1644

(To be completed in triplicate. Copy designation to be shown by striking out terms not applicable)

Unit Royal Rifles of Canada (CASF) Rank LIEUTENANT

Personal No. ..... Name William Scarth Fry

ACTIVE FORMATIONS AND UNITS OF THE CANADIAN ARMY

ATTESTATION PAPER

OFFICER'S DECLARATION PAPER

Also applicable to Nursing Sisters

COPIED Archives COPIÉ

1. Surname FRY
2. Christian Names William Scarth
3. Present Address 18 Galipeau Avenue, Quebec, Prov. of Quebec
4. Date of birth 2nd September, 1907
5. Place of birth Canada (Country) Quebec (County or Province) Westmount (Montreal) (Town or Twp.)
6. Religion (state denomination) Church of England (Protestant)
7. Profession or occupation Assistant Treasurer
8. Married, widower or single Single
9. Name of next of kin Laura Stevenson FRY
10. Relationship Mother
11. Address of next of kin 16 Thornhill Avenue, Westmount, P.Q. (Montreal)
12. (a) State Reserve Formation or Unit of The Canadian Army in which you are serving or have served.

    Royal Rifles of Canada (NPAM) 1940 McGill (COTC) 1939-40

    (b) Present rank 2nd Lieutenant
13. State particulars of former war service None

I, William Scarth FRY do solemnly declare that the above particulars are true, that I hold His Majesty's Commission in The Canadian Army and I am willing to serve in any Active Formation or Unit of The Canadian Army if, when and so long as required.

Date Oct. 26th, 1940 (Sgd) W.S. Fry, Lt. (Signature and rank)

CERTIFICATE OF OFFICER COMMANDING

The application of LIEUTENANT WILLIAM SCARTH FRY (Rank and name) for appointment to the ROYAL RIFLES OF CANADA (CASF) (Unit) with the rank of ~~2/LT~~ Lieutenant and appointment (was) (is) recommended, appointment has been approved. is recommended for approval. to date from 28 Oct 40

Authority H.Q. 332-8-201

(Sgd) F.C. Magee, Lt.-Col. (Signature of O.C.) (Rank)

Date 28 Oct 40 O.C. DISTRICT DEPOT M.D. No. 5 (Unit)

94968 - 1940
McGill C.O.T.C.
Qualified Lieutenant

Record of Service of William Scarth FRY
(Name)

Canadian Army Reserve Unit Royal Rifles of Canada (CASF)

Rank Lieutenant Date of Rank 10 Sep 40

Highest rank for which qualified by examination Lieutenant

Staff College - Nil
Militia Staff Course - Nil
Advanced Course - Nil

Languages French and English

Other military qualifications or special courses (specify) - Nil

University or College Degrees ~~McGill~~ Bachelor of Arts 1928

Civil Technical Training or qualifications (specify)
Chartered Accountant

DND Archives Copie

	Report							Authority	
	Date	From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., from date of appointment to Canadian Army. (Active)	Rank Shown	Effective Date	Unit	Place	Part II D.O. No. Cas. List, etc.	Dated
			Joined on appointment T.O.S. Royal Rifles of Canada as attached		28 Oct 40			R.O. #817	d/30 Nov 40
			to D.D. #5	Lieut.	31 Oct 40	#5 D.D.	Citadel, Quebec	276	4 Nov 40
			S.O.S. of this Depot on proceeding to Sussex Camp	"	8 Nov 40	"	"	280	8 Nov 40
			T.O.S. R.R.C. (CASF) on transfer from #5 D.D.	"	9 Nov 40	R.R. of C.	Sussex Camp	109	9 Nov 40
2			Deleted by ~~Granted leave~~	"	~~29-Apr-41~~	"	"W" FORCE	84 78	21 Apr 41 ~~11-Apr-41~~
1			EMBARKED CANADA-SAILING LIST NO 414 "W" FORCE		2 Dec 40				
3			RETURNED TO CANADA AUGUST 18, 1941 S/L 51B		18 Aug 41				
4			EMBARKED CANADA-SAILING LIST NO 966 "C" FORCE		27 Oct 41				
5			Awarded C.V.S.M. & Clasp	"	25 Dec 41	R.R. of C. Force "C"	Ottawa	A.O.16	10 Sep 45

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

CERTIFICATE OF MEDICAL EXAMINATION

Name in full FRY, William Scarth Place

PART 1. Information obtained from the applicant.

Date 12 Aug 40

1. Age 33 2. Have you ever suffered from any of the following diseases?

a. Rheumatism Non
b. Tuberculosis or pleurisy Non
c. Bronchitis or asthma Non
d. Heart disease Non
e. Kidney or bladder disease Non
f. Stomach or bowel trouble Non
g. Rupture Non
h. Varicose veins Non
i. Foot trouble Non
j. Nasal trouble Non
k. Ear disease Non
l. Eye disease Non
m. Fits Non
n. Nervous or mental disease Non
o. Syphilis Non
p. Gonorrhoea Non
q. Have you ever worn glasses? Non
r. Are you now or have you in the past received disability pension or compensation? If so give details.

Examiner's remarks re above: Oct 1939 for the McGill COTC. Operated 4 years ago calculs Biliairs nothing since.

(Sgd) W.S. Fry
Signature of Applicant.

PART 2. Information obtained by medical examination. **THE APPLICANT MUST BE STRIPPED**

1. Identification marks or scars. (If operative obtain history.)
Operation mark of Laparotomy mediane sous ombilicale.

2. Height 5 feet 9 inches. 3. Weight 143½ pounds.

4. Complexion Clear Eyes Blue-Grey Hair Fair 5. Development Good (Good / Fair / Poor)

6. Chest measurement—Girth on full expansion 36½ inches.
Range of expansion 2⅛ inches.

7. Vision, right 20/20 left 20/20 8. Hearing, right 20 W.V. left 20 W.V.
With Glasses— right left

9. Condition of mouth and teeth Good

10. The abnormalities (congenital and pathological) found on examination are as follows
Reflexes, Urine, Ears, normal X-RAY CHEST - NEGATIVE 12 AUG 1940
No pension
(Sgd) J. Stevenson

PART 3. We, the examiners find no evidence of the diseases mentioned in Question 2. Part 1, except as reported in the remarks. We have examined the Applicant in accordance with the pamphlet "Physical Standards and Instructions for the medical examination of recruits" and he is found fit for Category A
Special remarks when category lower than A

(Sgd) J. Lavoie, Major (Sgd) J.A. Tousignant, Capt. MD (Sgd) Dr. P.V. Marceau
J. Lavoie, Major — President
J.A. Tousignant, Capt. — Member
Dr. P.V. Marceau — Member

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature
Oct 25/40	Re-examined and found fit (Sgd) J.A. Girard, MD (Sgd) Dr. P.V. Marceau (Sgd) J. Lavoie, Major		CERTIFIED TRUE COPY OF MFM1. J.S. Payne Officer having custody of regimental documents kept by the Director, War Service Records, DVA, Ottawa, 29 Dec 52.

Rank LIEUTENANT Surname FRY Christian Name WILLIAM SCARTH

STATION	Date of Arrival at the Station	Dates of Admission into Hospital			Dates of Discharge from Hospital			DISEASE	Number of days in Hospital	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied.	Signature of Medical Officer
		Day	Month	Year	Day	Month	Year				

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

Regimental No. ..... Rank Lieutenant ..... Sheet No. 2

M.F.M. 1 & 2 (a)
50[redacted]4 (4002)
H.[redacted]72-39-1646

Name William Scarth FRY

Record of Promotions, Reductions, Transfers, Casualties, Reports, etc.—	Rank Shown	Effective Date	Unit	Place	Authority D.O. Number	Authority Dated
Awarded 1939-45 Star	Lieut.	8 Dec 41	R.R. OF C. FORCE "C"	Ottawa	A.O. 16	10 Sep 45
21 Dec 41 Amended by		21 Dec 41 ~~between 8 &~~			A.O. 53	29 Jan 46
S.O.S. killed in action ~~between 8 and 25 Dec 41~~	"	~~25 Dec 41~~	"	"	A.O. 14	7 Sep 45

COPIED Archives Copie

11-1-43
(O.C.L.-246)

AWARDS—CANADIAN ARMY (ACTIVE)

M 1432

100M—10-41 (2195)
H.Q. 1772-45-8

FILE NO. 332-8-201

SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. NO	RANK ON DISCHARGE	C.A.S.F. UNIT
FRY,	William Scarth	-----	Leiut.	Quebec Regt.

WAR SERVICE BADGE

(CLASS) NO. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star Pacific Star War Medal C.V.S.M. & Clasp	6755 24/3/50

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

MEMORIAL BAR

DATE DESP.

REGN. NO. 1887

(1) MEDALS PERSON ENTITLED TO Mr James S. Fry,
Room 1803,
360 St. James St.,
Montreal, Que. Brother.

ADDRESS:

(2) MEMORIAL CROSS

WIDOW

(2)

ADDRESS:

(3) MEMORIAL CROSS

MOTHER Mrs. Laura Stevenson Fry,

(3)

DESP. FEB 23 1943
REGN No. 1100

ADDRESS: 16 Thornhill Ave., Westmount, P.Q.

To be made out in duplicate

M.F.M. 5
100M—6-40 (5453-4)
H.Q. 1772-39-1651

PARTICULARS OF FAMILY OF AN OFFICER OR OTHER RANK OF THE C.A.S.F. OR R.C.A.F. (ON ACTIVE SERVICE)

INSTRUCTIONS.

(*a*) This form is to be completed immediately an officer or other rank is appointed to, or enlisted in, the C.A.S.F. or R.C.A.F. (ON ACTIVE SERVICE).

(*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 other rank, to the Paymaster, or Officer acting as such. The latter will transmit one copy, through the District, Command, or Camp Paymaster, to the Officer i/c Records, N.D.H.Q., Ottawa. The other copy will be retained by the Paymaster of the unit, when transferred to another unit the copy retained by the Paymaster will be sent to the Paymaster of the individuals new unit.

---

(1) Name of Officer of Other Rank FRY.
(Surname first—Christian names in full—Block capitals)
WILLIAM SCARTH

(2) Regimental or Air Force Number and Rank LIEUTENANT.

(3) Unit ROYAL RIFLES OF CANADA. C.A.S.F.

(4) Are you married? NO.

(5) If married, state,

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

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

DISTRICT PAY OFFICE
RECEIVED
NOV 12 1940
M.D. No. 5 Quebec.

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

(7) Are you a widower? NO.

(8) Have you any children? Number of boys N.A. Girls N.A.

Names and ages N.A.

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

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

Name N.A.

Postal Address N.A.

[SEE OTHER SIDE]

(10) Have you a common-law wife—whom you have been regularly supporting and publicly representing as your wife for at least 2 years immediately prior to appointment or enlistment? NO.

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

(11) Is your father alive? NO.

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

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

(13) If sole or partial support of father who is a widower, totally incapacitated from earning a living —state what amount per month you have given him prior to appointment or enlistment. N.A.

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

(14) Is your mother alive? YES.

If so, state name and address LAURA STEVENSON FRY. WIDOW
16 THORNHILL AVE. WESTMOUNT. P.Q.

(15) If your mother is a widow, are you her sole or partial support? NO.

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

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

(17) Are you contributing to the support of any dependents, other than those shown above? N.A.
This may include any brothers 16 years of age or under, or any sisters 17 years of age or under, solely supported and maintained as bona fide members of your household before your appointment or enlistment.

If so, state the following particulars:—

Relationship N.A.

Full Name N.A.

Postal Address N.A.

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

(18) Are you insured? YES

If so, in what Company? ROYAL INSURANCE CO. CANADA LIFE INS.CO.
(Give number of policy)

Have you made arrangements for payment of your Insurance Premium? YES
If not, and it is a monthly premium, you may assign the amount in addition to any other assignment you wish to make, provided the total assignment is not in excess of the maximum monthly amount which may be assigned.

I hereby certify that the information given by me on this form is correct in each and every particular.

(Signature of officer or man)

Date November 8th, 1940

F Mage

(F.C.MAGEE)Lieut-Col.,
Officer Commanding District Depot, M.D.No.5.

Date November 8th, 1940

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

No _____ Rank Lieutenant Name FRY, William Scarth

Unit Royal Rifles of Canada. Date of death ~~8/25~~ 21-12-41

Died at Hong Kong

Cause Killed in action

Death occurred on strength of Forces. HQ 332-8-201 d _____

N/K Mrs. Laura Stevenson Fry Relationchip Mother

Address 16 Thornhill Avenue, Westmount, Quebec. OK

Remains buried in Red Hill Cemetery

Hong Kong.

Grave location CHK HONG KONG MEMORIAL

COPIED Archives COPIE

DEATH CERT. TO N.K.

BURIAL REPORT TO N.K.

RETURN TO BUR. OF STAT. 24-5-43

ROYAL MESSAGE DESP'D. JAN 25 1943

CAN. MESSAGE DESP'D. JAN 23 1943

COPIED Archives Copy

MEMORANDUM FOR

Mrs. Laura Stevenson Fry,
16 Thornhill Ave.,
Westmount, Que.

P. 64

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

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

and the following number quoted:—

H.Q.332-8-201 FD.10

DEPARTMENT OF NATIONAL DEFENCE
OTTAWA, ONT.

February 11, 1943.

For the purpose of record and in the event of there being any balance of pay, medals or memorials available for distribution (according to law) on account of the late

FRY, William Scarth, Lieut.,

The Royal Rifles of Canada

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

R. G. Phelan Lieut

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

ESTATES BRANCH FEB 18 1943 OTTAWA

Ottawa, Ont.
(Place)

M.F.W. 77
7500—6-42 (5113)
H.Q. 1772-39-972

ANSWER IN FULL ALL APPLICABLE QUESTIONS

STATEMENT of the Names, Ages and Addresses or Dates of Death, of all the relatives that the deceased ever had in each of the degrees specified below.

Degrees of Relationship	RELATIVES required to be accounted for		INFORMANT'S STATEMENT: NAME IN FULL of any Relative, if any, in each degree inquired for	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased		Deceased was unmarried		
2	Children of the Deceased and dates of their Births		—		
3	Father of the Deceased		Henry Fry	Deceased	Sept. 1925
4	Mother of the Deceased		Laura Stevenson Fry	73	16 Thornhill Ave. Westmount. Montreal
5	Brothers of the Deceased	Full Blood	James Stevenson Fry	45	527 Lansdowne Ave. Westmount. Montreal
			John Dawson Fry	41	16 Thornhill Ave Westmount. Montreal
		Half Blood	—		
6	Sisters of the Deceased	Full Blood	—		
		Half Blood			
7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, *who are dead*, and date of death of each.		Names and ages of their children (if any)		Address of their children
	Henry Stevenson Fry June 7. 1920		Mary Scott Fry, 23		% Mrs. J. B. Rutherford 4065 Côte des Neiges Road Montreal
	Gilbert Stewart Fry March 20. 1914		—		—

ONLY IF NO RELATIVES IN THE DEGREES ABOVE ARE NOW LIVING, THE FOLLOWING PARTICULARS SHOULD BE GIVEN

	—	NAMES OF THOSE LIVING	Age	ADDRESS IN FULL
8	Grand-Parents of the Deceased			
9	Uncles and Aunts by blood of the Deceased (not Uncles and Aunts by marriage)		Age	

FULL PARTICULARS AS TO IDENTITY

10	What is the full name of the deceased?	William Scarth Fry
11	Give the month and year of his birth.	September 1907
12	Where and when were his parents married?	In Quebec P.Q. May 2. 1892
13	If deceased was married, state place and date of marriage. Was there a marriage contract? (Quebec)	—
14	Did he leave a Will? If so, a copy should be attached hereto.	Yes, copy attached
15	Did he leave a bank account? If so, give full particulars.	Yes. Savings Act. # 6134. Bank of Montreal. Sherbrooke + Drummond Sts. Montreal.
16	Is there any other estate which will necessitate application being made for Probate of the Will or Letters of Administration of the estate?	~~No~~ Yes
17	State *your own* postal address in full.	16 Thornhill Ave. Westmount. Montreal

PARTICULARS OF DOMICILE

18	Where was deceased born?	Montreal
19	State, in order, the Province (or State) and country in which the deceased resided and the period of time in each, and in which last.	Quebec. Canada All his life.
20	What was the nature of his employment?	Chartered accountant, being Asst.-treasurer. Canada Starch Co.
21	Did he own the premises in which he lived? If so, where?	No.
22	Did he ever state verbally, or in writing, where he intended to make his permanent home?	No.

OTHER PARTICULARS

23	Did the deceased after enlistment incur any debts for:— (*a*) His own separate board and lodging while on service. (*b*) Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	No
24	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	No

(NOTE:—The Government pays funeral expenses within the amounts authorized in the Regulations, where death occurs and burial is made Overseas as well as where death occurs and burial is made in Canada, and if a relative has already paid those expenses the Government will reimburse such relative to the extent of the amount authorized in the Regulations. Any amount of such expenses in excess of those authorized in the Regulations is not payable by the Government nor is it chargeable against the service estate of the deceased.)

(PLEASE TURN OVER)

DECLARATION

*Insert degree of relationship for example, "Widow", "Father", "Brother", etc.

I hereby declare that the foregoing particulars are correct, and a true and complete statement of all the relatives that the deceased ever had in the degrees inquired for; and that I am the

* Mother of the deceased.

N.B. To be signed in full in the presence of a Clergyman, Priest, Local Magistrate, Commissioner or Notary Public.

Laura Stevenson Fry — Signature of Informant

CERTIFICATE

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

See above Fry (Name of Informant) is the mother of the Deceased above described, and I believe the above Declaration and the Statement of Relatives made by the Informant and signed in my presence to be complete and correct.

Dated at Montreal this 16th day of February 1943

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public: H. Stevenson N.P. Qualification: Notary

Address: 360 St James St W. Montreal

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

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

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION (DEATH)

NUMBER

RANK LIEUTENANT

SERVICE UNIT THE ROYAL RIFLES OF CANADA

NAME FRY, WILLIAM SCARTH

DATE OF BIRTH 2-9-07

DATE OF ENLISTMENT 28-10-40

MARITAL STATUS SINGLE

RELIGION CHURCH OF ENGLAND.

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

NAME ADDRESS D.A.B. MRS. LAURA STEVENSON FRY

ADDRESS 15 THORNHILL AVE., WESTMOUNT, QUE.

ADDITIONAL PERSON TO BE NOTIFIED

ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. H.Q. 332-6-201

CASUALTY DETAILS KILLED IN ACTION

DATE 21-12-41

AMENDED AS TO DATE OF DEATH

Hong Kong

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

M.F.M.5. ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO

DATE 27-11-45

DIRECTOR OF RECORDS

FORM NO. CAS. 6
25M-4-44 (4184)
H.Q. 1772-39-1989-1990

6

COPY FOR DOCUMENT FILE

FORM 6

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not write in this space

1. PLACE OF DEATH

Municipal county: IN THE FIELD

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: (HONG KONG) 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: FRY

Given names: William Scarth (Block letters)

Do not write in this space

4. RESIDENCE

Street: 18 Galipeau Avenue, No.

Official name of civil municipality or township: Quebec.

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: September (Month) 2nd, (Day) 1907. (Year)

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

OCCUPATION

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

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	Deceased.	
MOTHER (Maiden Name)		

19. Place of burial, cremation or removal

20. Date of burial: 19

21. PLACE OF REGISTRATION OF THIS BURIAL

(a) Name of parish or church:

(b) Civil municipality of:

(c) Municipal county:

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

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: December (Month) 8th/25th, (Day) 19 41. (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 (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** 19

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

J. B. Radise

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)

for Director of Records, Dept. of National Defence.

COPIED Archives COPIE

M.F.D. 930A
200M—2-45 (6635)
H.Q. 1772-39-1548

CANADIAN ARMY (A)

LAST PAY CERTIFICATE

Amended

Regtl. No. ..... Rank and Name Lieut. Fry, W.S.

of Royal Rifles of Canada "C" Force Unit, on Discharge

(Transfer, Posting or Discharge) to ..... on Dec. 31st 1941
(Unit and Station)

Reason for discharge XDeceased bet. 8th & 25th Dec. 1941 Authority After Order No.14

On TRANSFER of OFFICER or WARRANT OFFICER, Class I

Outfit allowance of $ ..... has been paid by the Treasury Officer, Military District No. 132-8-201

REMARKS:

State (1) Date of appointment or enlistment 31-10-40

(2) If individual has dependents eligible for Dependents Allowance, has application been submitted? no

(3) Has assignment of pay been made? no If so, amount $ .....

Effective date .....

(4) In the case of Officers in receipt of a Service (P.F.) Pension state monthly deduction $ .....

Restricted

The following is a statement of the account of the above named from Dec. 1st to 31st 1941 the inclusive date of transfer, posting or discharge.

Dr. PARTICULARS	AMOUNT $	c.	Cr. PARTICULARS	AMOUNT $	c.
Balance Dr. from last account			Balance Cr. from last account L.P.C.	155	00
First Monthly Payment			Regimental Pay ..... days at $		
Casual Payments			Tradesmen's Pay ..... days at $		
Payment on Transfer, Posting or Discharge			Additional Pay (Give particulars)		
Assigned Pay			..... days at $		
Regimental Charges			Allowances (Give particulars)		
Public Stoppages (Give particulars):			..... days at $		
			Bal. Nov. 1941 Paylist.	2	63
Net Additional Cr. 2.63					
To Balance Cr. (To be paid by new unit)	157	63	By Balance Dr. (To be deducted by new unit)		
Total	157	63	Total	157	63

N.D.H.Q. Ottawa, Ont.
(Place)

13-2-46
(Date)

I certify that the above is a true and correct statement of the account of the above named on transfer, posting or discharge.

Paymaster or Accounting Officer

C.T.O. Army Services.

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

ARMY LL

Name FRY, William, S. No.
Surname Christian Names

Lieut. C.A. O/S 21.12.47
Rank Unit Date of Death

AMOUNT W.S.G. 120.60
L.P.C. $ 157.63

Date 20 Mar. 46 Other Credits

Total 278.23
Prev. Dist. 275.60
This Dist. 2.63

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
½	Brother	John H. Fry. Room 1803, 360 St. James St., Montreal, P.Q.	1.31
½	Brother	James S. Fry. (As above) (Co-beneficiaries under will)	1.32

NR#327

P4. TO TREAS 13-9-46 QW

AUTHORITY

H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	2.63

CLASSIFIED BY

EXAMINED BY

For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

(L. M. FIRTH) Colonel
Director of Estates

AUDITED FOR PAYMENT

For Chief [illegible] Officer

50M—5-46 (9153)
H.Q.1772-45-27

5M-1-46 (8548)
H.Q. 1064-81-3

WSU.955 11633

2
ARMY

DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

DECEASED MEMBER'S NAME: William Scarth (CHRISTIAN NAMES) FRY (SURNAME)

REGISTER NO. D-19841
FILE NO. 332-8-201
DATE 20-3-46
SERVICE NO. E-900665
FINAL RANK OR RATING Lieut.
DATE OF DISCHARGE 21-12-41

PAYEE Director of Estates

ADDRESS

DATE OF TERMINATION OF OVERSEAS SERVICE 21-12-41

	$ ¢
A. TOTAL QUALIFYING SERVICE NO. OF DAYS 409/30 EQUAL TO 13 COMPLETE PERIODS AT $7.50	97.50
B. QUALIFYING OVERSEAS SERVICE NO. OF DAYS 55 LESS 19 INELIGIBLE DAYS, EQUAL TO 36 DAYS @ 25c. PER DAY	9.00
	106.50
C. SUPPLEMENT FOR OVERSEAS SERVICE	
DAILY RATES AT DISCHARGE: PAY $5.00; SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE $1.70; ADDITIONAL PAY $; $; $; DEPENDENTS' ALLOWANCE 1/30 OF $ $	
TOTAL $6.70 X7 = $ 46.90; NO. OF DAYS 55/183 X$ 46.90	14.10
D. WAR SERVICE GRATUITY	120.60
E. DEDUCTIONS OVERPAYMENT OF PAY AND ALLOWANCES $; DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $; OTHER DEDUCTIONS $	
F. TOTAL AMOUNT PAYABLE	120.60

G. YOUR PORTION OF GRATUITY IS— 100%

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

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

ESTATES BRANCH APR 10 1946 H.Q. OTTAWA NATIONAL DEFENCE

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

PREPARED BY	CHECKED BY
KRM	

TREASURY	
CHECKED BY	DATE
[illegible]	30/3/46

Kurt Lui Gant
SERVICE REPRESENTATIVE

Form 6102B

Exclusive Connection with WESTERN UNION TELEGRAPH CO.

Cable Service to all the World

Money Transferred by Telegraph

CANADIAN NATIONAL TELEGRAPHS

D. E. GALLOWAY, Assistant Vice-President, Toronto, Ont.

CLASS OF SERVICE DESIRED	
FULL-RATE MESSAGE	
DAY LETTER	
NIGHT MESSAGE	
NIGHT LETTER	X

PATRONS SHOULD MARK AN X OPPOSITE THE CLASS OF SERVICE DESIRED. OTHERWISE THE MESSAGE WILL BE TRANSMITTED AS A FULL-RATE TELEGRAM

RECEIVER'S NO.	TIME FILED	CHECK

Send the following message, subject to the terms on back hereof, which are hereby agreed to
Veuillez expedier la dépêche suivante aux conditions mentionnées au verso auxquelles je consens par les présentes

OTTAWA JANUARY 5 1943

MRS LAURA STEVENSON FRY
16 THORNHILL AVENUE
WESTMOUNT QUEBEC

12550 REGRET DEEPLY LIEUTENANT WILLIAM SCARTH FRY NOW OFFICIALLY REPORTED KILLED IN ACTION AT HONG KONG STOP DATE OF DEATH NOT YET REPORTED STOP FURTHER INFORMATION FOLLOWS WHEN RECEIVED

Officer i/c Records

PREPAID

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

H. Q. 532-8-201
(D. R.)

January 12, 1943

Mrs. Laura Stevenson Fry,
16 Thornhill Avenue,
Westmount, Quebec.

Dear Madam:

I deeply regret to inform you that your son, Lieutenant William Scarth Fry gave his life in the Service of his Country at Hong Kong. The official date of death has not yet been reported.

From official information we have received, your son was killed in action against the enemy. You may be assured that any additional information received will be communicated to you without delay.

The Minister of National Defence and the Members of the Army Council have asked me to express to you and your family their sincere sympathy in your bereavement.

We pay tribute to the sacrifice he so bravely made.

Yours sincerely,

JAN 13 1943

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

GR/ME

J. D. FRY

16 Thornhill Avenue
Westmount, Montreal

January 20 1943

(4)

JAN 27 1943
File
Chgd. to
Referred to

~~DR 6/43~~

Major-General H. F. G. Letson
Adjutant-General
Department of National Defence
OTTAWA

Your reference HQ 332-8-201 (DR)

~~7/43~~

Dear Sir

On behalf of my mother, Mrs. Laura Stevenson Fry, I want to thank the Minister of National Defence and the Members of the Army Council for the kind sympathy expressed in your letter of January 12.

Yours very truly

J. D. Fry

J. D. Fry

H.Q.332-8-201
D.R. 2(B)

27TH NOVEMBER, 1945.

MRS. LAURA STEVENSON FRY,
16 THORNHILL AVE.,
WESTMOUNT, QUE.

DEAR MRS. FRY:

WITH REFERENCE TO PREVIOUS CORRESPONDENCE FROM THIS HEADQUARTERS CONCERNING THE DEATH OF YOUR LATE SON, I DEEPLY REGRET TO INFORM YOU OFFICIAL INFORMATION HAS NOW BEEN RECEIVED THAT LIEUTENANT WILLIAM SCARTH FRY WAS KILLED IN ACTION AT HONG KONG ON THE 21ST DAY OF DECEMBER, 1941.

PLEASE BE ASSURED THAT SHOULD ADDITIONAL INFORMATION BE RECEIVED CONCERNING YOUR LATE SON'S DEATH OR BURIAL, IT WILL BE COMMUNICATED TO YOU WITHOUT DELAY.

YOURS TRULY,

(C.L. LAURIN) COLONEL,
DIRECTOR OF RECORDS,
FOR ADJUTANT-GENERAL.

GR/MEB