FULLER, GEORGE
FREDERICK LE ROY

~~ORIGINAL~~
DUPLICATE
~~TRIPLICATE~~

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

M.F.M. 1
25M—10-39 (2289)
H.Q. 1772-39-1644

Unit GEN. LIST. R.C.A.M.C. Rank Captain

Personal No. Name FULLER, George Frederick LeRoy

CANADIAN ACTIVE SERVICE FORCE

ATTESTATION PAPER

OFFICER'S DECLARATION PAPER

WSG COMPLETED

Also applicable to Nursing Sisters

1. Surname FULLER
2. Christian Names GEORGE FREDERICK LeROY
3. Present Address Cowansville, Quebec, Canada.
4. Date of birth 29 June ~~16~~, 1875
5. Place of birth Canada (Country) Quebec (County or Province) Sweetsburg (Town or Twp.)
6. Religion (state denomination) Church of England
7. Profession or occupation Physician and Surgeon.
8. Married, widower or single Married
9. Name of next of kin Mrs Clarabelle Fuller
10. Relationship Wife
11. Address of next of kin 116 William St. Cowansville, Que. Canada.
12. (a) State unit of Active Militia in which you are serving or have served GEN. LIST R.C.A.M.C.

    (b) Present rank Captain
13. State particulars of former war service C.A.M.C. CEF. from May 1916 to September 1919.

I, GEORGE FREDERICK LeROY FULLER do solemnly declare that the above particulars are true, that I hold His Majesty's Commission in the Canadian Militia and I am willing to serve in the Canadian Active Service Force if, when and so long as required.

Date 7 August 40 — G. F. L. Fuller Capt RCAMC (Signature and rank)

CERTIFICATE OF OFFICER COMMANDING

The application of GEORGE FREDERICK LeROY FULLER (Rank and name) for appointment to the GEN. LIST, R.C.A.M.C. (Unit) with the rank of Captain and appointment N.E.T.D. Conducting Officer R.C.A.M.C. (was) (is) recommended, appointment has been approved. is recommended for approval. to date from 7 August 1940

Authority Pers. 505. A 1853, dated 6 August 1940.

H.C. Bates Major (Signature of O.C.) (Rank)

COMMANDING No. 4 DISTRICT DEPOT, C. A. S. F.

Date 7 August 1940 (Unit)

Record of Service of GEORGE FREDERICK LeROY FULLER
(Name)

Active Militia Unit GEN. LIST. R.C.A.M.C.

Rank Captain Date of Rank OCTOBER 1916

Highest rank for which qualified by examination Captain

Staff College nil
Militia Staff Course nil
Advanced Course nil

Languages English and French

University or College Degrees M.D. C.M.

Civil Technical Training or qualifications (specify) nil

Other military qualifications or special courses (specify) nil
Cert # 50561

Report		Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., from date of appointment to Field Force	Rank Shown	Effective Date	Unit	Place	Authority	
Date	From whom received						Part II D.O. No. Cas. List, etc.	Dated
7 Aug 40	D.R.O	Joined on appointment NO 1 DISTRICT DEPOT C.A.S.F.	Captain	7Aug 40	4 DD	Montreal	4 DD Pt II-198	7 August 1940.
20Aug40	4 DD	~~Retd to Cape Breton Highlanders Halifax~~ ~~Proceeding Overseas~~ No 6 detachment, RCAMC (CASF) Halifax N.S.	"	20Aug40	"	"	" 209	20Aug40
19-9-40		S.O.S.No.6 Detachment,R.C.A.M.C.(CASF)	Captain	19-9-40	RCAMC	Halifax	Part 11 No.137	19-9-40
		SOS No 6 Det. RCAMC	"	20-9-40	"	St John	— 115	20-9-40
		SOS To No 7 Dist Depot	"	20 9 40	"	"	— —	—
		SOS. No 7 District Depot	"	21-9-40	No 7 DD	Fredericton	" 238	21-9-40
		SOS on transfer to #4 District Depot	"	14-4-41	"	"	" 103	30-4-41
8 MAY 41		TOS 4 DD ON T/A ON REPOSTING FROM NO.7. DISTRICT DEPOT. FREDERICTON.N.B.	"	15-4-41	4 D.D.	MTL.South	4 DD PtII No.108	8-5-41
6 MAY 41	4DD	HAVING BEEN PLACED IN MEDICAL CATEGORY "E" IS STRUCK OFF STRENGTH THE CANADIAN ARMY (ACTIVE) AND RETIRED FROM THE CANADIAN ARMY(RESERVE) UNDER THE PROVISIONS OF R.O. 229 AND 502 WITH EFFECT FROM	CAPTAIN	6-5-41	4DD	MONTREAL SOUTH	4DD PT II NO 106	6-5-41.

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

ARE YOU RECEIVING OR HAVE
YOU IN THE PAST RECEIVED,

CERTIFICATE OF MEDICAL EXAMINATION

Name in full ...Fuller, George Frederick LEROY... Date ...August 7th 1940

PART 1. Information obtained from the applicant.

1. Age ...65...

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

a. Rheumatism	no	j. Nasal trouble	no
b. Tuberculosis	no	k. Ear disease	no
c. Bronchitis or asthma	no	l. Eye disease	no
d. Heart disease	no	m. Epilepsy	no
e. Kidney or bladder disease	no	n. Nervous or mental disease	no
f. Gastro-intestinal ...YES...	~~no~~	o. Syphilis	no
g. Rupture	no	p. Gonorrhoea	no
h. Varicose veins	no	q. Have you ever worn glasses?	no
i. Flat or deformed feet	no		

Geo. F. L Fuller
(Signature of Applicant)

Examiner's remarks *re* above

Hars normal. Reflex normal.
Col. vision ishihara (C.N.)

URINE N
X'RAY N

PART 2. Information obtained by medical examination. The applicant must be stripped.

1. Identification marks or scars. (If operative obtain history.)
1 vaccination left arm. moles on body. (Appendix, 2 opperations 1908 and 1934.

2. Height ...5... feet ...5¾... inches. 3. Weight ...130... pounds.

4. Complexion ...fair... Eyes ...brown... Hair ...brown...

5. Development ...good... Good / Fair / Poor

6. Chest measurement—Girth on full expansion ...34... inches.
Range of expansion ...4... inches.

7. Vision, right ...20/40... left ...20/60... 8. Hearing, right ...W.V. 20... left ...W.V. 20...

9. Condition of mouth and teeth ...Upper denture. Partial lower.

10. The abnormalities (congenital and pathological) found on examination are as follows. Appendix scar on right side, and adhesion one on left. Slight arterio sclerosis. Blood pressure 140/80 arythmic. Extra systolic 1 to every 4 beats to six beats.

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

A.R.Bazin Lt.	G.A.Seguin M.D.	L.JUlien M.D.
A R Bazin Lt.	G A Seguin	Lucien Julien M.D.
President	Member	Member

DISABILITY OR COMPENSATION.
IF SO GIVE DETAILS. NO.....

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature
May 7th	T A B ½ c c		
May 14th	T A B 1 c c		
May 27th	T A B 1 c c		
July 7th	Tet Toxoid 1 c c		
Sept. 15th	Tet Toxoid 1 c c		
12-12-41	Vaccination		

Rank: Captain Surname: FULLER Christian Name: GEORGE FREDERICK LeROY

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				
FREDERICTON, N. B.	DEC 15 1940	15	12	40	26	12	40	acute Sinusitis	11	To Victoria Public Hosp.	F.F. Ramey Capt.

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

26-7-42 DECEASED

P.D.

AWARDS—CANADIAN ARMY (ACTIVE)

M

EMG

SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. No.	RANK ON DISCHARGE	C.A.S.F. UNIT
FULLER,	George Frederick LeRoy		Capt.	RCAMC

FILE No. 372-4-192

WAR SERVICE BADGE (CLASS) No. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
War Medal, 1939-45	
CVSM ?	
	7805, 17-1-50

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

REM. RAND LTD. 100M-5-46 (9181) H.Q. 1772-45-8

KARDEX SYSTEMS DIV. CAT. NO. K. 15332*

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

MEMORIAL BAR

DATE DESP.....

(1) REGN. NO. 2099

(1) MEDALS PERSON ENTITLED TO: Mrs. Claire Belle Fuller (widow)

ADDRESS: ~~4890 Queen Mary Road, Montreal, Que.~~ 118 William St., COWANSVILLE, Que. 5-11-49

(2) MEMORIAL CROSS

WIDOW: Mrs. Claire Belle FULLER (English)

2012

ADDRESS: COWANSVILLE, Que.

(2) DESP. JAN 6 1947 REGN No. 22576

(3) MEMORIAL CROSS

MOTHER: Deceased (MFM 5)

ADDRESS

(3)

K. 15332*

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 FULLER GEORGE FREDERICK LeROY
(Surname first—Christian names in full—Block capitals)

(2) Regimental or Air Force Number and Rank Captain

(3) Unit GEN. LIST. R.C.A.M.C.

(4) Are you married? Yes

(5) If married, state,

(*a*) Full name of your wife Mrs Clarabelle Fuller

(*b*) Present postal address of wife 116 Williams St. Cowansville, Quebec Canada

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

(7) Are you a widower? No

(8) Have you any children? Yes Number of boys 2 Girls 2

Names and ages Adele 29 yrs. Shirley 27 yrs. Paul 26 yrs. Wetheral 25 yrs.

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

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? NO

If so, state name and address N/A

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

(16) If sole or partial support of widowed mother—state what amount per month you have given her prior to 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? Yes
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 Grand son

Full Name Dennis George Hardey, (9yrs)

Postal Address 116 William St., Cowansville Quebec Canada

Amount contributed monthly during the past six months $25.00

(18) Are you insured? Yes

If so, in what Company? Canada Life Ass. & Canadian Order of Foresters
(Give number of policy)

Have you made arrangements for payment of your Insurance Premium? No
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.

Geo. V. R. Fuller
(Signature of officer or man)

Date 7, August 1940

H.C. Bates Major
COMMANDING No. 4 DISTRICT DEPOT, C. A. S. F.
Officer Commanding

Date 7, August 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 Captain Name FULLER, George LeRoy Frederick

Unit R.C.A.M.C. Date of death 26th July, 1946.

Died at Cowansville, Quebec.

Cause Carcinoma of throat due to cerebral metaste, cachexia and exhaustion.

Death was Due.CPC.d 5-11-46 HQ 372-4-192 d

N/K Mrs. Claire Belle Fuller Relationship Widow

Address Cowansville, P.Q.

Remains buried in Church of England. Cemetery

Swantsburg, P.Q.

CHK

Grave location Private memorial erected.

10M-2-45 (M-4640)

DEPARTMENT OF VETERANS AFFAIRS
(War Service Records)

NOV 28 1949

Regimental Number 372-4-192(R.3d)DVA File No. Capt.

Name George Frederick LeRoy FULLER Ottawa November 5, 1949

For the purpose of record and in the event of there being any Medals or Memorials available for distribution on account of the ex-soldier marginally noted, it is necessary that the following information regarding the deceased and his relatives be furnished.

It is essential that the ages of any surviving children brothers, or sisters be shown.

Relatives required to account for	Name in full of relatives	Age	Address in Full	(or date of death)
Widow of soldier	Clara Belle Fuller	70	4890 Queen Mary Rd Montreal.	
Children of soldier and ages	Adele Leroy Forlier.	43	457 Argyle Ave. Westmount.	
	Shirley B. Dichon	39	4890 Queen Mary Rd Montreal.	
	Paul K. Fuller	36	1948 Tupper St. Montreal	
	W. George Fuller	35	Montreal. P.Q.	
Father of soldier	H. Leroy Fuller M.D.		Sweetsburg P.Q	Dead
Mother of soldier	Alice Kemp Fuller		Sweetsburg P.Q.	Dead
Brothers of soldier and ages	Harold Fuller		Sweetsburg P.Q.	18 years old when died
Sisters of soldier and ages	M. W. O'Halloran	42	357 Melville Ave Westmount. P.Q.	

If the soldier was married, please state exact place and date of marriage.
the 12th February, 1903 Montreal. P.Q

If soldier left a Will it is essential that the same or a Certified true copy be forwarded for examination and return .

DECLARATION

I HEREBY DECLARE that the above particulars are correct, that the particulars given in this Statement are a true and complete statement of all the relatives that the soldier ever had in the degrees enquired for, and that I am the # Widow of the deceased.

Insert degree of relationship: for example:-"Widow","Father", "Mother", "Brother", etc..

DATE Nov. 24th 1949

(Signature of Applicant)

Clara Belle Fuller

(ADDRESS)

4890 Queen Mary Rd.
Montreal
P.Q.

Please complete and return as soon as possible to: Director, War Service Records, (R.3d) No.8 Temporary Bldg., OTTAWA, Ont.

D.R.3.161

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

Address in civil life.

(1) I, GEORGE FREDERICK LeROY FULLER (Name in Full), of the Town (City, Town, Village, Township)

of Cowansville, in the County / District of Missisquoi,

Province of Quebec, Physician & Surgeon (Civil Occupation)

Regimental No. Captain, Unit ~~GEN. LIST~~ #4 Dist. Depot RCAMC., do hereby revoke all former Wills by me made and declare this to be my LAST WILL.

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

(2) I GIVE, DEVISE AND BEQUEATH unto " My Will is located in the record of M.O. Hart, Notary, whose record has been transferred to Notary Meunier, Main St., Cowansville Quebec Canada.

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 7 day of August 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.

G. F. L. Fuller
(Signature of soldier)

First witness sign here.

(5) Signature George Roberts Pte.

Civil Address Y.M.C.A. Drummond St. Montreal Que.

Civil Occupation Driver

Second witness sign here.

Signature R. Hamegault Pte

Civil Address 3885 Ontario St. E. Montreal Que

Civil Occupation Clerk

(Witnesses are not to be beneficiaries.)

[OVER]

CANADIAN EXPEDITIONARY FORCE

W.W. 4-41.
P.H.

Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

This is to Certify that (Rank) Captain.

(Name in full) George Frederick LeRoy FULLER.

Enlisted in Canadian Army Medical Corps.

CANADIAN EXPEDITIONARY FORCE, on the ~~xxxx

CANADIAN ACTIVE SERVICE FORCE

CERTIFICATE OF SERVICE

ISSUED TO OFFICERS AND NURSING SISTERS

This is to Certify THAT (Rank) Captain Personal Number [illegible]

(Name in Full) George Frederick Le Roy PULLEN

was appointed to Commissioned Rank

in Royal Canadian Army Medical Corps

CANADIAN ACTIVE SERVICE FORCE on the Seventh day

of August 19 40.

SERVED IN CANADA, with the Royal Canadian Army Medical Corps.

and was STRUCK OFF THE STRENGTH on the Sixth day

of May 19 41 by reason of being unable to meet

the required military physical standards

Dated at Ottawa this Fourteenth day

of June 19 41.

H.E.L. Colonel, Lt.-Col.

Officer i/c Records, for Adjutant-General.

M.F.M. 8
2M-9-40 (6915)
H.Q. 1772-39-1654

167

M. F. D. 930 A
350M-8-40 (6594-5)
H.Q. 1772-39-1548

C.A.S.F. & R.C.A.F.

CANADA

LAST PAY CERTIFICATE

DEPT NATIONAL DEFENCE MAY 28 1941 H.Q. CANADA

272-4-192

Regtl. No. ..... Rank and Name Capt. Fuller, G. F. L.

of ..... Company, etc., No. 4 District Depot AF Regiment, etc., on .....

(Transfer, Posting or Discharge) ~~XXXXXXXXX~~ to ..... (Unit and Station) on May 6th 1941

Reason for discharge S.O.S. Cdn. Active Army & retired from the Canadian Army Reserve, Auth;- Authority: D.O. 106-2

On TRANSFER OF OFFICER or WARRANT OFFICER, Class I

Outfit alowance of $ $ 150.00 has been paid by the Treasury Officer, Military District No. #-4-- or ----o--- Air Command.

REMARKS:

State (1) Date of appointment or enlistment August 7th., 1940

(2) If individual has dependents eligible for Dependents Allowance, has application been submitted? Yes

(3) Has assignment of pay been made? Yes If so, amount 50.00 effective date Sept. 1940

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

The folowing is a statement of the account of the above named from May 1 to May 6 1941 the inclusive date of transfer, posting or discharge.

DR. PARTICULARS	AMOUNT		CR. PARTICULARS	AMOUNT	
			Reg. Pay Apr. 15-30/41, 16 days @ 7.50	120	00
Balance Dr. from last account			Balance Cr. from last account	75	74
First Monthly Payment			Regimental Pay 6 days at 7.50 $	45	00
Casual Payments			Trademen's Pay days at $		
Payment on ~~Transfer, Posting~~ or Discharge A.R. 260	202	90	Additional Pay (Give particulars) days at $		
Assigned Pay 6/30 of 50.00	10	00			
Bal. A/P April	26	66	Allowances (Give particulars) days at $		
Regimental Charges					
Public Stoppages (Give particulars):					
N. D. Tax May 1-6, AR # 262	1	18	Rehabilitation Grant DO 110	225	00
Rehab. Grant, A.R. 261	169	08			
" " Assigned Pay	50	00			
" " N. D. Tax A.R. 262	5	92			
To Balance Cr. (To be paid by new unit)			By Balance Dr. (To be deducted by new unit)		
Total	465	74	Total	465	74

RECEIVED MAY 21 1941 CENTRAL REGISTRY H.Q.M.D.4

Jacques Cartier Barracks, Montreal South, QUE.
(Place)

May 10th., 1941.
(Date)

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

W. Dean O'Connor Major
Paymaster.

(W. DEAN O'CONNOR) Major
PAYMASTER
#4 DISTRICT DEPOT C.A.S.F.

M. F. D. 330 A
3500M-8-40 (6294-8)
H.Q. 1172-20-1-38

C.A.S.F. & R.C.A.F.

CANADA

LAST PAY CERTIFICATE

Regtl. No. ..... Rank and Name .....

of ..... Company, etc. ..... Regiment, etc., on .....

(Transfer, Posting or Discharge) ..... to ..... on 194

(Unit and Station)

Reason for discharge ..... Authority .....

On TRANSFER OF OFFICER or WARRANT OFFICER, Class I

Outfit allowance of $ ..... has been paid by the Treasury Officer, Military District No. ..... or ..... Air Command.

REMARKS:

State (1) Date of appointment or enlistment .....

(2) If individual has dependents eligible for Dependents Allowance, has application been submitted? .....

(3) Has assignment of pay been made? ..... If so, amount ..... effective date .....

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

The following is a statement of the account of the above named from ..... to ..... 194 ..... the inclusive date of transfer, posting or discharge.

PARTICULARS	AMOUNT	PARTICULARS	AMOUNT
	Dr.		Cr.
Balance Dr. from last account		Balance Cr. from last account	
First Monthly Payment		Regimental Pay ..... days at $	
Casual Payments		Tradesmen's Pay ..... days at $	
Payment on Transfer, Posting or Discharge		Additional Pay (Give particulars) ..... days at	
Assigned Pay		Allowances (Give particulars) ..... days at	
Regimental Charges			
Public Stoppages (Give particulars):			
To Balance Cr. (To be credited by new unit)		By Balance Dr. (To be debited by new unit)	
		Total	

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

..... (Place)

..... (Date)

..... Paymaster.

H. Q.
CHARGED TO
DATE
RECD. CENTRAL REGISTRY
MAY 23 1940
FILED TO

25M-12-44 (6215)
H.Q. 1064-81-3

DEPARTMENT OF NATIONAL DEFENCE

NAVY ARMY AIR FORCE

ARMY

STATEMENT OF WAR SERVICE GRATUITY

DEC. MEM. N

George Frederick Leroy FULLER
(CHRISTIAN NAMES) (SURNAME)

REGISTER NO. D-10704
FILE NO. 372-4-192
DATE 24-5-45
SERVICE NO. D-900781
FINAL RANK OR RATING Capt.
DATE OF DISCHARGE 6-5-41

PAYEE Mrs. Clara B. FULLER,
ADDRESS 4924 Sherbrooke St. W.,
Westmount - P.Q.

DATE OF TERMINATION OF OVERSEAS SERVICE

	$ ¢
A. TOTAL QUALIFYING SERVICE NO. OF DAYS 273 / 30 EQUAL TO 9 COMPLETE PERIODS AT $7.50	67.50
B. QUALIFYING OVERSEAS SERVICE No. of Days LESS INELIGIBLE DAYS, EQUAL TO DAYS @ 25c. PER DAY — SEE PAR. 2 OVERLEAF FOR EXPLANATION	
	67.50
C. SUPPLEMENT FOR OVERSEAS SERVICE	
DAILY RATES AT DISCHARGE: PAY $; SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE $; ADDITIONAL PAY $; $; $; DEPENDENTS' ALLOWANCE 1/30 OF $ ____ $ ____; TOTAL $ X7 = $; NO. OF DAYS ____ / 183 X$	
D. WAR SERVICE GRATUITY	67.50
E. DEDUCTIONS OVERPAYMENT OF PAY AND ALLOWANCES $; DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $; OTHER DEDUCTIONS $	
F. TOTAL AMOUNT PAYABLE	67.50

RECEIVED
JUL 17 1945
WAR SERVICE GRATUITY DIVISION, ARMY TREASURY

G. YOUR PORTION OF GRATUITY IS— 100%

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU $ ____ OF $ ____ = $
TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

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

PREPARED BY	CHECKED BY
KRM	

TREASURY	
CHECKED BY	DATE

SERVICE REPRESENTATIVE