G22097
MURRAY
JOSEPH HENRY

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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: Joseph H.O.L. MURRAY (b) Reg'l. No. G22097
2. (a) Arm of service: Army (b) Unit: N.Shore(NB) Regt.CA.AF (c) Rank: Cpl.
3. (a) Date of birth: Mar.28,1914 (b) Have you any dependents? Yes (c) Place of residence at time of enlistment: Campbellton N. B.
4. (a) Place of enlistment: Campbellton N. B. (b) Date of enlistment: June 7, 1940

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school: 18 yrs. (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.): 1 yr. High sch.
7. If you attended a university, give name of university and standing or degree secured: N/A
8. (a) Did you ever enter upon a trade apprenticeship? No (b) If so, for what occupation? N/A (c) Did you finish it? N/A (d) If you did not finish it, how long did you serve at it? N/A
9. (a) What languages do you speak fluently? English (b) What languages do you read well? English

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? No

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: Bertrand Bros. Address: Ottawa Ont.
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.): wharf construction
20. (a) Your specific occupation: Labourer (b) Number of years' experience at this occupation with any employer: 2 years
21. (a) Did your employer promise definitely to give you employment on discharge? No (b) Did your employer refuse to promise you employment on discharge? No (c) Do you wish to return to your former employment? No

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

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? Yes (c) If so, in what kind of farming? Mixed
25. (a) Were you born on a farm? Yes (b) How many years' actual farming experience have you had? 5 yrs (c) In what provinces did you have experience? Quebec

Section G—MISCELLANEOUS

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

DATE: April 4th 194[illegible] SIGNATURE: J.H.O.L. Murray Cpl.

FOR COMPLETION AND RETURN BY

Form P. 64

Mr. Alvin Murray,
Cross Point,
Bonaventure County, Quebec.

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

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

and the following number quoted:—

H.Q. 405-M-36218 FD 43

ESTATES BRANCH
AUG 21 1944
H. Q.
OTTAWA.
NATIONAL DEFENCE

DEPARTMENT OF NATIONAL DEFENCE

ESTATES BRANCH

OTTAWA, ONT.

July 31st, 1944

For the purpose of record and in the event of there being any Service estate available for distribution (according to law) on account of the late

MURRAY, Joseph Henry O'Leary Louis, C.S.M.

No. G.22097, Canadian Army.

it is necessary that certain information regarding the deceased and his relatives should be furnished the Estates Branch. You are asked therefore to read the enclosed memorandum before completing pages 2 and 3 of this form. The particulars required are to be carefully filled in and the Declaration on page 4 should then be signed in the presence of a Clergyman, Priest, Local Magistrate, Commissioner for Oaths, Notary Public or a Commissioned Officer of any of His Majesty's Forces who should be asked to complete and sign the Certificate. This form should then be returned to the above address.

If there is insufficient space for complete particulars to be given opposite any question on pages 2 and 3 of this form, the space under "additional remarks" on page 4 should be used.

A. G. Nelan Lt.
for Director of Estates.

RGP/BM

M.F.W. 77
6-44 (4878)
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 specified	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased.....		—		
2	Children of the Deceased and dates of their Births.....		—		
3	Father of the Deceased.....		Michael E. Murray	65	Cross Point. P.Q.
4	Mother of the Deceased.....		Laura Murray Deceased		Feb 23. 1928.
5	Brothers of the Deceased	Full Blood	James Murray	43	Cross Point. P.Q.
			Brennan Murray	41	Cross Point. P.Q
			Rosmond Murray	37	Cross Point - P.Q
			Alvin Murray	36	Cross Point. P.Q
			Lyman Murray	32	Cross Point. P.Q.
		Half Blood			
6	Sisters of the Deceased	Full Blood	Mrs. Gordon Lawlor.	39	Matapedia. P.Q.
			Mrs. James Fitzgerald	34	3555 St. Famille St. Montreal. P.Q
			Miss Rita Murray	26	1431 Mactay St. Montreal. P.Q
			Mrs Rena. Kasely	28	
			Mrs. Thomas J. Keane	30	Boucherville. P.Q.
		Half Blood			
7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, *who are dead*, and date of death of each.		Names and ages of their children (if any)		Address of their children

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Joseph Henry O'Leary Louis Murray
9	Date of his birth.	March 19, 1914
10	Place and date of his marriage.	—
11	Place and date of his parents' marriage.	Restigouche. P.Q. 1900

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Cross Point. P.Q.
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Bonaventure County (b) Province Quebec (c) (d)
14	Nature of employment before enlistment.	Common Labour
15	State whether he owned the premises in which he lived, and, if so, where situated.	No.
16	Name place where deceased stated he intended to make his permanent home.	Cross Point. P.Q.

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	Yes – Made before proceeding overseas + filed c̄ the Canadian Army.
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses,—was there a marriage contract dealing with property?	
19	Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc., and the amount on deposit. Do you wish it administered with the pay account?	Not to my knowledge.
20	Amount of War Savings Certificates held by deceased. Indicate where located.	?
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	Two Bonds purchased in last Victory Loan $50.00 each. See Page 4 for particulars.
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	—
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	—

OTHER PARTICULARS

24	Did the deceased after enlistment incur any debts for:— (a) His own separate board and lodging while on service. (b) Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	Not to my knowledge.
25	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	$75.00 Paid by Alvin Murray brother of deceased for Reg. High Mass & funeral service at St. Anne Church Restigouche P.Q. Receipt attached.

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

(PLEASE TURN OVER)

DECLARATION

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

I hereby declare that all the particulars shown on this form are correct, and a true and complete statement of all the relatives that the deceased ever had in the degrees specified; and that I am the

*Brother of the deceased.

N.B.—To be signed in full in the presence of a Clergyman, Priest, Local Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces.

Alvin Murray — Signature of Informant

Cross Point P.Q. — Address

CERTIFICATE

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

See above. Alvin Murray {Name of informant} is the Brother of the Deceased above described. The above Declaration was made by the Informant and signed in my presence.

Dated at Restigouche this 17th day of August 1944.

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces. Father Placide. Qualification Missionary priest

Address Restigouche Co. de Bonaventure P.Q.

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

(If the deceased has no living relatives of the degrees shown on page 2, the names and addresses and relationship of other relatives should be set out below.)

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

Re – Question 21. on Page 3.
Two (2) Bonds of Fifty Dollars ($50.00) each were purchased by C.S.M. Joseph Murray while in England in April 1944. One of these to be delivered to Miss Rita Murray, 1431 MacKay St. Montreal. P.Q. and the other delivered to William Murray. Cross Point. P.Q. These Bonds I presume were purchased on the Installment Plan.

AUG 18 1941

Received..... Checked..... Card..... Observations.....

Checked..... Card..... Observations.....

~~ORIGINAL~~
DUPLICATE
~~TRIPLICATE~~

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

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

Unit North Shore (NB) Regt. Regimental Number G22097

CANADIAN ACTIVE SERVICE FORCE

ATTESTATION PAPER

1. Surname MURRAY
2. Christian Names Joseph Henry O'leary Louis
3. Present address Cross Point, Bonaventure Co., Quebec
4. Date of birth March 19, 1914
5. Place of birth Canada (Country) Bonaventure Co., Quebec (County or Province) CrossPoint (Town or Township)
6. Religion (state denomination) R.C.
7. Trade or Calling Lumber Clerk
8. Married, Widower or Single Single
9. Name of next of kin ~~Murray, Mr. Michael~~
10. Relationship ~~Father~~ SEE CHANGE
11. Address of next of kin Cross Point, Bonaventure, Co., Quebec
12. Have you served in any Naval, Military or Air Force? No
13. If previous war service, state arm, force and regimental particulars N/A
14. Do you now belong to or have you served in the Active Militia of Canada? No

N/A
(Give unit and date of attestation)

DECLARATION TO BE MADE BY MAN ON ATTESTATION

I, Joseph Henry O'leary Louis Murray do solemnly declare that the above particulars are true, and I hereby engage to serve in the Canadian Active Service Force so long as an emergency, i.e., war, invasion, riot or insurrection, real or apprehended, exists, and for the period of demobilization after said emergency ceases to exist, and in any event for a period of not less than one year, provided His Majesty should so require my services.

Date June 7, 1940 Joseph H. Murray
Witness R.J. Sonson 2/Lt. (Signature of recruit)

OATH TO BE TAKEN BY MAN ON ATTESTATION

I, Joseph Henry O'leary Louis Murray do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.

Joseph H. Murray (Signature of Recruit)

CERTIFICATE OF MAGISTRATE, JUSTICE OF THE PEACE OR ATTESTING OFFICER

The Recruit above-named was cautioned by me that if he made any false answers to any of the above questions he would be liable to be punished as provided by law.

The above questions and answers were then read to the recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me,

at Campbellton, N.B. this Seventh day of June 19 40

T. Sullivan Capt. {Signature of Magistrate, Justice or Attesting Officer.

O.C. "C" Coy. North Shore (NB) Regt. {Office or Rank and Unit or appointment.

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

FINGERPRINTED—CAIB

OCCUPATIONAL HISTORY FORM COMPLETED

Record of Service of Murray (Surname) Joseph Henry O'Leary Louis (Christian Names) Regimental Number G22097

Qualifications

Military: Nil

Business or Professional: Nil

Trade or Civil: Lumber Clerk

Technical: Nil

Languages: English

Educational Qualifications

High School or Collegiate: Grade IX (years completed)

Graduation or Matriculation: Nil (specify)

*College: Nil

*University: Nil

Nil

*(Name of institution, courses or years completed, and degrees obtained to be shown)

All enlisted personnel will be taken on as Private soldiers, appointments and promotions to higher rank to be shown as provided in the space below.

Report: Date	Report: From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., from date taken on Strength of Field Force	Rank Shown	Effective Date	Unit	Place	Authority: Part II D.O. No. Cas. List, etc.	Authority: Dated
0101 —		Joined on appointment 2.O.S.	Pte	7-6-40	1st Bn N.B. Regt C.A.D.F.	Newcastle	N.B. Part II Page(1) Ord. 7	18-6-40.
—		Promoted from pte to	L/Cpl	1-8-40	"	Woodstock	N.B. Part II Page(1) Ord. 62	28-8-40.
—		" " L/Cpl to	Cpl	1-10-40	"	" "	" " " #110	26-10-40
—		Furlough 12-26 Dec 40	"	12-12-40	"	Sussex NB	" " " #149	14-12-40
1		Recd T.W. for Embarkation.	"	8/7/41	"	"	" " " #148	8/7/41
—		C.A.R.O # N18. 8/7/41 to 11/7/41						
		SOS. CA(Cas) Embarked at Halifax 18-7-41	"	18-7-41	"	Aldershot	" " " #161	8-8-41
		TOS. CA(O) disembarked at Liverpool 30-7-41 with warrant	"	19-7-41	"	"	" " " #161	8-8-41
		Landing leave from 7/8/41 to 11/8/41	"	7/8/41	"	"	" " " #161	8/8/41
		Promoted to	A/L/Sgt	1-8-41	"	"	" " " #161	8-8-41
		Confirmed in rank	Cpl.	1 Aug 41	N.S.R.	U.K.	4	22 Aug 41

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

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

CERTIFICATE OF MEDICAL EXAMINATION

Name in full Murray, Joseph Henry O'leary Louis Date June 7, 1940

Part 1. Information obtained from the recruit.

1. Age 26

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

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

Have you recieved disability pension or compensation.....No

Joseph H. Murray
(Signature of Recruit)

Examiner's remarks re above

Applicant in good condition

Part 2. Information obtained by medical examination. The recruit must be stripped.

1. Identification marks or scars. (If operative obtain history.)
Scar on right thigh, junction middle and upper third, anterior surface
Scar on left shoulder joint, Appendix scar, scar on left thigh, mid posterior surface

2. Height 5 feet 10 inches.
3. Weight 140 pounds.
4. Complexion Medium Tan Eyes brown Hair Dark Brown
5. Development Fair (Good / Fair / Poor)
6. Chest measurement—Girth on full expansion 38 inches.
Range of expansion 3 inches.
7. Vision, right 20/20 left 20/20
8. Hearing, right good left good
9. Condition of mouth and teeth Good
10. The abnormalities (congenital and pathological) found on examination are as follows

Urinalysis,,,,,,,Negative Blood Pressure.....130-84
Eardrums.....Normal No varicocele Reflexes.....Normal
Vesicular breathing, No rales, heart normal, no haemorrhoids

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

Special remarks when category lower than A

H. E. German Capt (President) — J. J. MacPherson Capt (Member) — O. E. Drummond Lieut (Member)

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	T.A.B.T.	Brief details and signature
7-6-40	X Ray chest negative	20.9.41	1/2	
2-10-40	Vacc & T (A B C)			
2-10-40	Tet Tox.			
25-10-40	TAB (1)			
6-11-40	TAB (3)			
12-11-40	Tet Tox (2)			
~~11-3-41~~	~~Reboard A~~			
11-3-41	Reboard A			

Regtl. No. G22097 Rank Pte Surname Murray Christian Name Joseph Henry O'Leary Louis

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)

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION No. DATE OF DESPATCH

MEMORIAL BAR

DATE DESP

REGN. NO 1517

(1) MEDALS PERSON ENTITLED TO Alvin J. Murray Brother Benef.
Cross Point,
Bonaventure Co. , Que.

ADDRESS:

(2) MEMORIAL CROSS

WIDOW Single.

(2)

ADDRESS:

(3) MEMORIAL CROSS

MOTHER Deceased. (MFM-5)

(3)

ADDRESS:

8975-17-11-49

4-7-44

M.J.A.

AWARDS—CANADIAN ARMY (ACTIVE) M

500M—1-44 (3467)
H.Q. 1772-45-8

FILE NO. 405-M-36218

SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT
MURRAY,	Joseph Henry O'Leary Louis	G.22097	C.S.M.	North Shore Regt.

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, 1939-45	
CVSM & Clasp	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

NUMBER G-22097 RANK Company Sergeant Major SERVICE UNIT The North Shor Regiment (C.A.)

NAME MURRAY, Joseph Henry O'Leary Louis

DATE OF BIRTH DAY 19th MONTH March YEAR 1914 Date Enlisted: 7-6-40

MARITAL STATUS Single Religion: Roman Catholic

NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 RELATIONSHIP Brother NAME Mr. Alvin Murray,

ADDRESS Cross Point, Bonaventure County, Que. ADDRESS D.A.B.

ADDITIONAL PERSON TO BE NOTIFIED ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. Canrecords 7730 H.Q. 405-M-36,218

CASUALTY DETAILS Killed in action DATE 4-7-44

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 13-7-44

MM

OFFICER I/C RECORDS

6

COPY FOR DOCUMENT FILE

(a) Report		(b)	(c)	(d)	(e)	(f)	(g)
Date	From whom received	Unit	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	Place of Casualty	Date of Casualty	Army rank as at (e)	Army Form or other authority for entry to be shown
		North	S.O.S., C.A. (CANADA)		18Jul41	Cpl	161, 8 Aug 41
		Shore	T.O.S., C.A. (OVERSEAS)		19Jul41	"	" "
		Regt	Disembarked in U.K.	U.K.	30Jul41	"	" "
			Confirmed Cpl	"	1Aug41	"	4, 22 Aug 41
			Appt'd A/L/Sgt	"	1Aug41	AL/Sgt	161, 8 Aug 41
			Appt'd A/Sgt	"	10ct41	A/Sgt	15, 17 Oct 41
			SOS to 3 CIRU	"	150ct41	Cpl	16, 21 Oct 41
		3CIRU	TOS from North Shore Regt	"	160ct41	"	7, 16 Oct 41
		NSR	Reverts to Cpl on SOS	"	150ct41	"	16, 21 Oct 41
		3CIRU	Adm No 1 Neuro Hosp	"	11Nov41	"	30, 12 Nov 41
			Disch from 1 Neuro Hosp	"	22Nov41	"	40, 22 Nov 41
			Appt'd A/Sgt	"	160ct41	"	45, 29 Nov 41
			Confirmed Sgt	"	16Jan42	Sgt	25, 30 Jan 42
			Appt'd A/CSM	"	21Mar42	A/CSM	94, 22 Apr 42
			Reverts to Sgt on SOS	"	24Sep42	Sgt	226, 24 Sep 42
			SOS to North Shore Regt	"	24Sep42	"	226, 24 Sep 42
		NSR	TOS from 3 CIRU	"	25Sep42	"	46, 30 Sep 42
			SOS to C.T.S.	"	1Jan43	"	1, 8 Jan 43
		CTS	TOS from North Shore Regt	"	2Jan43	"	1, 8 Jan 43
			Adm 7 Cdn Gen Hosp	"	12Jul43	"	30, 23 Jul 43
			Disch 7 Cdn Gen Hosp	"	31Jul43	"	32, 6 Aug 43
			SOS to 7 CIRU	"	7Aug43	"	33, 13 Aug 43
		7CIRU	TOS from C.T.S.	"	8Aug43	"	155, 9 Aug 43
			SOS to North Shore Regt	"	23Sep42	"	196, 25 Sep 43
		NSR	TOS from 7 CIRU	"	24Sep43	"	46, 30 Sep 43
		CBH	TOS from North Shore Regt	"	200ct43	"	70, 22 Oct 43
		NSR	SOS to North Shore Regt fromSpInc	"	260ct43	"	51, 28 Oct 43
			TOS from Sp Inc North Shore Regt	"	270ct43	"	51, 28 Oct 43
21Dec43	O.C.	NSR	Appt'd A/CSM(A/WOII) w.e.f.	"	15Dec43	A/CSM	~~60/43~~ Do 6/44
			Awd Cdn Vol Ser Medal &Cl		JAN 15 1944		7 - 1944
16Nov44	"	" " "	Confirmed in the rank of CSM and appt'd of WO II	"	16Nov44	CSM	75/44
7July44	"	" " "	WO II killed in action	"	4July44	"	46/44
			Embarked U.K. 3Jun44. Disembarked France.		6Jun44	"	44/44

CSM (WO II)

North Shore Regt

SERVICE AND CASUALTY FORM

PART I (For all ranks)

M.F.M. 4 (Part I)
A.F.B. 103 (Part I)
40/P & S/318

Unit ..... Regimental Number G22097

1. Surname MURRAY
2. Christian Names Joseph Henry O'Leary Louis
3. *Substantive Rank and Appointment CSM (WO II)
   *Acting Temporary or Local Rank 16 Mar 44
   giving date
   *To be entered in pencil to facilitate alteration.
4. Place of birth Cross Point, Monaventure Co., P.Q.
5. Date of birth as declared on attestation 19 Mar 1914
   (A)
6. Date of enlistment 7 Jun 40
7. Place of enlistment Campbellton, N.B., Canada.
8. Residence at time of enlistment Cross Point, P.Q.
9. (B) Special conditions (if any) of enlistment or rate of pay
10. (C) Any subsequent variations of conditions of service
11. Religion R.C.
12. If married, state date
13. Trade on enlistment Lumber Clerk
14. Corps, trade and grade
15. (D) Qualifications
16. (E) Miscellaneous entries

(17) Regiment or Corps: C I C
Unit (Battn., etc): North Shore Regt

(18) Medical

Category	Date	Authority
A	7Jun40	MFM 2

(19) Next of kin (entries to be made in pencil)
Mr Alfie J. Murray (Brother)
Cross Point, Bonaventure Co., P.Q.

(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.

To be made out in duplicate.

M.F.M. 5
100M—9-39 (1870)
H.Q. 1772-39-1651

PARTICULARS OF FAMILY OF AN OFFICER OR SOLDIER OF THE CANADIAN ACTIVE SERVICE 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 MURRAY, JOSEPH HENRY O'LEARY LOUIS
(Surname first—Christian names in full—Block capitals)

(2) Regimental Number G22097

(3) Unit North Shore (NB) Regt. CASF

(4) Are you married? Single

(5) If married, state,

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

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

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

(7) Are you a widower? N/A

(8) Have you any children? N/A

If so, give number of boys and girls N/A

Also their names and ages N/A

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

Give particulars of Guardian to whom Separation 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? No

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

(11) Is your father alive? Yes

If so, state name and address Cross Point, Bonaventure Co., Quebec.

Murray, Mr. Michael

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

N/A

(13) If sole support of father who is a widower—state what amount per month you have given him prior to joining C.F.F. N/A

Also state reason he has no other means of 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 support? N/A

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

Also state reason why she has no other means of support N/A

(17) Are you insured? No

If so, in what Company? N/A

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

If not, and it is a monthly premium, you may assign the amount in addition to any other assignment you wish to make, provided the total assignment is not in excess of the maximum monthly amount which may be assigned.

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

Joseph H. Murray
(Signature of officer or man)

Date June 7, 1940.

J McCaelin Magson
For Officer Commanding North Shore (N.B.) Regt C.A.S.F.

Date 3/7/40

Regimental No. G-22097 Rank ..... Sheet No. .....

MFM 1 & 2a
40/P & S/119 (3913)

Name Murray - J. H. O. L

	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc—	Rank Shown	Effective Date	Unit	Place	Authority DO Number	Authority Dated
M4G.	Confirmed in rank of W O II - App: C S M.	C S M.	16 Mar 44.	N.S.(N.B.)R	U.K.	15	21 Mar 44
	Embarked at UK on 3 June 44						
	Disembarked at FRANCE on 6 June 44	C S M.	—	N.S.(N.B.)R.	21 A Gp	44	13 July 44
	Promoted	P S M	4 July 44	(A.E.F.)	A E F	A-46	
	Killed	C S M.	4 July 44.	N.S. Regt.	C.A.S. dist.	468.	12 Jul 44.
	Killed in action.	C S M	4 July 44.	N.S.R.	21 A Gp.	46.	18 July 44.

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

Name MURRAY, J. H. O. W.

M.F.M.1 & 2A
40/P & S/119

REPORT Date	REPORT From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority Part II D.O. No. Cas. List, etc.	Authority Dated
	T.O.S.	TOS from 3 D/RU	Sgt	25 Sep 42	NSR	UK	46	30 Sept 42
		Pre leave.	Sgt	14/21 Dec 42	N.S.R	U.K.	60	31 Dec 42
S.O.S.		S.O.S. to C.T.S.	Sgt	1 Jan 43.	N.S.R.	U.K.	1	8 Jan 43
	T.O.S.	TOS from N SR	Sgt	2 Jan 43	C.T.S.	U.K.	1	8 Jan 43
		P/leave to 10 Apr 43 ma	Sgt	3 Apr 43	1/W CTS	UK	16	16 Apr 43
		adm Gen Hosp	Sgt.	12 July 43	1/W CTS	UK	38	23 July 43
		Disch Gen Hosp	Sgt.	31 July 43	1/W CTS	UK	32	6 Aug 43
SOS		SOS to JC1RU	Sgt	7 Aug 43	1/W CTS	UK	33	13 Aug 43
	T.O.S	TOS from CTS	Sgt.	8 Aug 43	JC1RU	UK	155	9 Aug 43
S.O.S		SOS to N Stores R	Sgt	23 Sep 43	JC1RU	UK	196	25 Sep 43.
	T.O.S.	TOS from JC1RU	Sgt.	24 Sep 43	NSNBR WO & NCO	UK	46.	30 Sep 43
SOS cancelled DOS 28 Oct 43		~~UK to CBH to W.E.~~	~~Sgt~~	~~19 Oct 43~~	~~NSR INC~~	~~UK.~~	~~50.~~	~~20 Oct 43~~
	T.O.S.	TOS from NS (NB) Rect	Sgt	20 Oct 43	C. Bn NCO's INC	UK.	70	22 Oct 43
SOS		SOS to NSR	Sgt.	26 Oct 43	NSR. WOs	UK.	51.	28 Oct 43
	TOS	TOS from N.S.R. WO's & NCO's INCR.	Sgt.	29 Oct 43	NSR.	UK.	51.	28 Oct 43.
		Appointed acting CSM A WO II	A/CSM	15 Dec 43	NSR	UK	6	31 Jan 44
		AWARDED THE CANADIAN VOLUNTEER SERVICE MEDAL AND CLASP						
M49.			A/CSM.		NSR.	UK.	9.	14 Feb 44.

Change of NOK MR ALLIE J. MURRAY (BROTHER), CROSS POINT, BONAVENTURE COUNTY, QUEBEC, CAN.

Statement of the Service of No. G 22097 Rank Cpl

Name Murray J H G.

Sheet No.

M.F.M.1 & 2A
40/P & S/119

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
		To be A/Sgt (w.p.)	A/Sgt	16 Oct 41	N S R	U.K.	15	17 Oct 41
S.O.S.	Amended	S.O.S. to 3 Div: I H U	Cpl.	15 Oct 41	N S R	U.K.	16	21 Oct 41
31-13.11-41	T.O.S.	S.O.S. from N S R	~~Sgt~~ Cpl	16 Oct 41	3 D I R U	U.K.	7	16 Oct 41
		Reverts to ~~Cpl~~ on being S.O.S.	Cpl	15 Oct 41	N S R	U.K.	16	21 Oct 41
		Admitted # 1 Neuro. Hosp	Sgt.	11 Nov 41	3 D I R U.	U.K.	30 Cas list	12 Nov 41 14 Nov 41
		Discharged 1 Neuro. Hosp.	Sgt.	22 Nov 41	3 D I R U.	U.K.	D.O. # 40 Cas list.	22 Nov 41 27 Nov 41
		To be A/Sgt.	A/Sgt	16 Oct 41	3 D I R U	U.K.	45	29 Nov 41
		1st P/leave (w.w.) to 5 Dec. 41	Sgt.	28 Nov 41	3 D I R U	U.K.	44	28 Nov 41
		Posted to P.E.	Sgt.	1 Dec 41	3 D I R U.	U.K.	56	12 Dec 41
		Confirmed in rank of	Sgt	16 Jan 42	3 D I R U.	U.K.	25	30 Jan 42.
		Pro. on Comd to #2 Det. N.C.O.C.	Sgt.	15 Feb 42	3 D I R U	U.K.	39	16 Feb 42
		Returned from above	Sgt.	1 Mar 42	3 D I R U.	U.K.	52	3 Mar. 42.
		2nd P/leave (w.w.) to 16 March 42.	Sgt	9 Mar 42	3 D I R U	U.K.	58	10 Mar 42.
		To be A/C.S.M.	A/C.S.M.	21 Mar 42	3 D I R U	U.K.	94	22 Apr 42
		3 P/leave to 25 June 42	A/C.S.M.	18 June 42	3 D I R U	U.K.	144	19 June 42.
		Attd f.a.p. except pay to 5 C D I R U (A.D.)	A/C.S.M.	30 Aug 42	3 D I R U	U.K.	206	1 Sep 42
		Cease attd f.a.p. except Pay to 5 D I R U	A/C.S.M.	12 Sept 42	3 D I R U	U.K.	218	15 Sept 42
		Reverts to rank of Sgt on being S.O.S.	Sgt.	24 Sep 42	3 D I R U	U.K.	226	24 Sep 42
		Ceases to be attached in P.E. 3 D I R U d/ in						
S.O.S.		S.O.S. to N S R	A/C.S.M.	24 Sept 42	3 D I R U	U.K.	226	24 Sept 42

No G.22097 Rank C.S.M. Name MURRAY, Joseph Henry Louis O'Leary

Unit North Shore Regt. Date of death 4th July, 1944.

Died at France

Cause Killed in action.

Death occurred on strength of Forces H.Q 405-M-36218 d

N/K Mr. Alvin Murray Relationship Brother

Address Cross Point, Bonaventure Co., P.Q.

Remains buried in Cemetery

MR.976687 945713, 970691. sheet 7F/1. Near Carpiquet.

France.

Grave location

CHK

OVER-

REBURIAL

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

Grave 7, row G, plot 9.

HI & CR Form Despd. JAN 2 1947

Photographs
Despatched
JUL 15 1947

BUR. REPORT TO N.K. FEB 14 1946

RETURN TO BUR. STAT. DEC 5 1944

ROYAL MESSAGE DESP'D AUG 1 1944

CAN. MESSAGE DESP'D 20/7/44

19th July, 1944.

Mr. Alvin Murray,
Cross Point,
Bonaventure Co., Que.

Dear Mr. Murray:

It is with deep regret that I learned of the death of your brother, G22097 Company Sergeant Major Joseph Henry O'Leary Louis Murray, who gave his life in the Service of his Country in France on the 4th day of July, 1944.

From official information we have received, your brother 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,
H. F. G. LETSON
Major - General
Adjutant - General

JUL 15 1944
(H.F.G. Letson),
Major-General,
Adjutant-General.

GR/MM

H.W.

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: MURRAY (*Block letters*)

Given names: Joseph Henry O'Leary Louis

4. RESIDENCE

Street: No.:

Official name of civil municipality or township: Cross Point,

Municipal county: Bonaventure 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: March (Month) 9th (Day) 1914 (Year)

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

OCCUPATION

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

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	MURRAY, Michael	
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: (Month) (Day) (Year) 19....

Do not write in this space

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: July (Month) 4th (Day) 19 44 (Year)

23. I HEREBY CERTIFY that I attended deceased from ....19.... to ....19....

and last saw h.... alive on ....19....

24. CAUSE OF DEATH

I

Immediate cause Give disease, injury or complication which caused death, **not** the mode of dying, such as heart failure, asphyxia, asthenia, etc.: (a) Killed in action

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.)

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

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

(Voir l'autre côté pour le français)

OVERSEAS CASUALTY CANADIAN ARMY

DEC 5 1944

Director of Records, Dept. of National Defence

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

2
ARMY

DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

DECEASED MEMBER'S NAME: Joseph Henry O'Leary Louis (CHRISTIAN NAMES) MURRAY (SURNAME)

REGISTER NO. D-4818
FILE NO. 405-M-36218
DATE 10-10-45
SERVICE NO. G-22097
FINAL RANK OR RATING C.S.M.
DATE OF DISCHARGE 4-7-44

PAYEE Director of Estates

ADDRESS

NSG 373-6038

DATE OF TERMINATION OF OVERSEAS SERVICE 4-7-44

	$ ¢
A. TOTAL QUALIFYING SERVICE NO. OF DAYS 1489/30 EQUAL TO 49 COMPLETE PERIODS AT $7.50	367.50
B. QUALIFYING OVERSEAS SERVICE NO. OF DAYS 1082 LESS 19 INELIGIBLE DAYS, EQUAL TO 1063 DAYS @ 25c. PER DAY (SEE PAR. 2 OVERLEAF FOR EXPLANATION)	265.75
	633.25
C. SUPPLEMENT FOR OVERSEAS SERVICE	
DAILY RATES AT DISCHARGE: PAY $3.00; SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE $1.25; ADDITIONAL PAY $; $; $; DEPENDENTS' ALLOWANCE 1/30 OF $ $	
TOTAL $4.25 X7 = $ 29.75; NO. OF DAYS 1082/183 X$ 29.75	175.90
D. WAR SERVICE GRATUITY	809.15
E. DEDUCTIONS OVERPAYMENT OF PAY AND ALLOWANCES $; DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $; OTHER DEDUCTIONS $	
F. TOTAL AMOUNT PAYABLE	809.15

G. YOUR PORTION OF GRATUITY IS— 100%

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

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

REGISTRY BRANCH OCT 30 Rec'd 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

SERVICE REPRESENTATIVE

MH
Estates Form "P. 4"

DISTRIBUTION OF SERVICE ESTATES

ARMY

Name MURRAY, Joseph H. O. L. No. G-22097
Surname Christian Names

C.S.M. C.A. O/S 4-7-44
Rank Unit Date of Death

AMOUNT W.S.G. 809.15
L.P.C. $ 164.23

Date 5-11-45

Other Credits

Total 973.38

Prev.dist. 164.23
This dist. 809.15

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Brother	Alvin J Murray, Cross Point, Bonaventure Co., Que. (Sole beneficiary per will)	809.15

P4. TO TREAS.
DEC 4 1945

WSG

AUTHORITY

H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	731	00	00	001	$809.15

CLASSIFIED BY

EXAMINED BY

For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

T.JKG

(L. M. FIRTH) Colonel
Director of Estates

AUDITED FOR PAYMENT

For Chief Treasury Officer

40M—8-45 (7876)
H.Q.1772-45-27

H.Q. 405-M-36218 D.R.2(C)

14th February, 1946.

Mr. Alvin Murray,
Cross Point,
Bonaventure Co. P.Q.

Dear Sir:

Information has just been received from overseas that the remains of your brother, G22097 Company Sergeant Major Joseph Henry O'Leary Louis Murray, have been carefully exhumed from the original place of interment and reverently reburied in grave 7, row G, plot 9, 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.

JJJ

File No. 405-M-36,218

VERIFICATION FORM

WAR SERVICE MEDALS 1939-45

No. E-22097 Name MURRAY, Joseph Henry O'Leary Louis

Rank on Discharge C.S.M. Date of Discharge 4-7-44

Deceased

Authority for Discharge or Retirement

Served in:

				Non-qualifying service
Canada	from 7-6-40	to	18-7-41	
	from	to		
United Kingdom	from 19-7-41	to	3-6-44	
	from	to		
Italy	from	to		
Northwest Europe	from 4-6-44	to	4-7-44 K/A	
----------	from	to		
----------	from	to		

Eligible for award of:

1939 - 45 Star O.K

Italy Star

France-Germany Star OK

Defence Medal OK

War Medal 1939-45 OK

Canadian Volunteer Service Medal } OK
with clasp

M

Verified by J Slater

Date 19 Oct 46

Carded

HA 165

NO RIBBON DESPATCH

OCT 19 1946

1914 Manufacturers Street,
Montreal June 28th,1950.

Dept. of Veterans' Affairs
War Service Records
Referred To
JUL 3 1950
File No.
Chargeable

The Deputy Minister,
Department Veteran Affairs,
Government Buildings,
Ottawa - ONT..

G. 22097

Re-Joseph Henry Louis O'Leary Murray.

Dear Sir:-

I have been advised to write to you in connection with the above deceased soldier.

He was a non-commissioned officer in the South Shore Regiment (N.B) and went overseas around 1941. I regret that I do not know either his regimental number or the division to which he belonged. I believe that he went overseas from Sussex,N.B..

Joe Murray,as we called him,was killed in action at Normandy about July 4th,1944,the telegraphed notice of his death being received by either his brother,Alvin,or his wife Mrs Alvin Murray,of Cross Point,Que.. I understand that the estate was either paid over to or is now administered by either the said Alvin Murray or his wife Emily Murray,or both,of Cross Point,Que..

I am totally unaware of the disposition of this estate whether through Joe's will and testament or by any other legal means. Because I was the twin of my brother Joe,we being born at Cross Point, Que.,on March 19th,1914,to our Parents Michael Ernest Murray and Laura Alice Quinn,I am exercising my right to ascertain the truth of my late twin brother's estate. I feel that the first step is to seek the help of your department. To this end I am ready to furnish documentary evidence that will establish my relationship and give any other information within my power and that may be required by your department.

Thanking you for your kind consideration of the foregoing,and in anticipation of a reply.

Yours very truly,

Mrs Patricia (Murray) Keane

JAG (EST.)

PATRICIA GERTRUDE LAURA(MURRAY) KEANE

MRS.KEANE.

For your kind attention pls.
J. B. Loding
WSR (VB)

3/7/50

RECEIVED
JUN 29 1950
Central Registry
HEAD OFFICE
OTTAWA

DEPARTMENT
VETERANS' AFFAIRS
JUL 3 1950
WAR SERVICE RECORDS
OTTAWA -