H12075
VINCENT
HENRI

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Received SEP 16 1940 Checked Card Observations

~~ORIGINAL~~
~~DUPLICATE~~
~~TRIPLICATE~~

Occ Hist Compl

Deceased

M.F.M. 2
A.F.B. 271
168M-11-38 (8350)
H.Q. 1772-43-18

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

Unit: The 13th. (Wpg.) Field Battery C.A.S.F. Regimental Number: H.12075

CANADIAN FIELD FORCE
ATTESTATION PAPER

01
GNR

1. Surname: Vincent
2. Christian Names: Henri Joseph
3. Present address: Oka Lake of Two Mountains, Quebec, Canada.
4. Date of birth: October 23rd, 1906
5. Place of birth: Canada (Country) Quebec (County or Province) St. Lambert (Town or Township)
6. Religion (state denomination): ~~Roman Catholic~~ United Church of Canada
7. Trade or Calling: No trade
8. Married, Widower or Single: Married
9. Name of next of kin: Wife - Delva Vincent
10. Relationship: Wife
11. Address of next of kin: Oka Lake of Two Mountains, Quebec Canada
12. Have you served in any Naval, Military or Air Force? No
13. If previous war service, state arm, force and regimental particulars: No
14. Do you now belong to or have you served in the Active Militia of Canada? No

(Give unit and date of attestation)

I, HENRI JOSEPH VINCENT, 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: Sept. 6, 1939 Henri Vincent
Signature of Recruit.

W C Newman
witness

OATH TO BE TAKEN BY MAN ON ATTESTATION

I, Henri Joseph Vincent do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.

Henri Vincent (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 Winnipeg this 6th day of September 1939

S J McWhirter — Signature of Magistrate, Justice or Attesting Officer.

Captain S.J.McWhirter, 13th (Wpg) Field Battery C.A.S.F. — 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

13th Winnipeg Field Battery, R.C.A. C.A.S.F.

S J McWhirter Capt for OC

Record of Service of Vincent (Surname) Henry Joseph (Christian Name) Regimental Number H.12075

QUALIFICATIONS	
Military	~~None~~ Qualified as cook "C" 21, aug 41 Regmtl. Trade Testing Board
Business or Professional	None
Trade or Civil	None
Technical	None
Languages	English & French

EDUCATIONAL QUALIFICATIONS	
High School or Collegiate (years completed)	Grade school
Graduation or Matriculation (specify)	Grade 8.
*College	None
*University	None

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

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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
2301 6-9-39	13th Bty	Joined on appointment T.O.S. ~~Appointed~~ Gunner	Gunner	6-9-39	13th Bty	Winnipeg ~~6-9-39~~	Pt. II #4	6-9-39
18/9/39	13th Bty.	Admitted to Station Hospital	Gunner	15/9/39	13th Bty.	Winnipeg	Pt. II #14	18/9/39
043-3 26/1/40	13th Bty.	Discharged from Station Hospital	Gunner	24/9/39	13th Bty	Winnipeg	Part II # 26 Para 3	26/1/40
1/12/39	13th Bty.	Admitted to Station Hospital	Gunner	29/11/39	13th Bty.	Winnipeg	Part II # 87	1/12/39
8/12/39	13th Bty.	Discharged from Station Hospital	Gunner	2/12/39	13th Bty.	Winnipeg	Part II # 94	8/12/39
29-12-39	13th Bty	Granted leave 30-12-39 to 3-1-40	Gnr.	29-12-39	13th Bty	Winnipeg	Part II #116	29-12-39
4-3-40	13th Bty	Granted leave 29-2-40 to 10-4-40	Gnr.	4-3-40	13th Bty	Winnipeg	Part II #64	4-3-40
19-5-40	13th Bty.	Granted leave 19-5-40 to 21-5-40	Gnr.	19-5-40	13th Bty.	Winnipeg	Part II #116	19-5-40
4/6/40	O.C.	~~Disch Camp Hosp~~	–	2/6/40	6th Fld.	Shilo	2/7	4/6/40
3-7-40	O.C	T.O.S. 13/21 Bty	Gnr.	1-6-40	13/21 Bty	Shilo	#1 Para 1	28-5-40
12-8-40		Change Religion R.C. to United	Gnr.	10-8-40	P Bty	Shilo	Pt II #59-4	10-8-40
		S.O.S. C.A.S.F. Canada	"	24-8-40	"	HMT E/6	Pt II 69-1	26-8-40
		Disembarked at Gourock Scotland	-"-	5/9/40	-"-	Gourock	Pt II 72-1	7/9/40

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

CERTIFICATE OF MEDICAL EXAMINATION

Name in full: Vincent Henri Joseph Date: Sept. 6 1939

Part 1. Information obtained from the recruit.

1. Age: ~~36~~ 33 (40)

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	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		

Henri Vincent
(Signature of Recruit)

Examiner's remarks *re* above ....

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

1. Identification marks or scars. (If operative obtain history) Ends of 1st + 2nd fingers left amputated
2. Height 5 feet 4 inches.
3. Weight 119 1/2 pounds.
4. Complexion Swarthy Eyes brown Hair dark brown
5. Development .... Good / Fair / Poor
6. Chest measurement—Girth on full expansion 32 1/2 inches
   Range of expansion 2 inches
7. Vision, right 20/20 left 20/20
8. Hearing, right normal left normal
9. Condition of mouth and teeth four extractions mouth clean
10. The abnormalities (congenital and pathological) found on examination are as follows ....

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 ....

[illegible] President W. J. Moore [illegible] Member [illegible] Member

VACCINATIONS, INNOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature
15/11/39	1st Typh. Innoc. M.A. Nicholson	21-3-42	TABT 1/2 cc
22/11/39	2nd Typh. Innoc. M.A. Nicholson	25-2-43	TABT 1/2 cc
22/11/39	Small Pox Vacc. M.A. Nicholson		
23/11/39	Re-examination. Normal Urine.		
	Ears. Reflexes. Cat. A. M.A. Nicholson		
29/11/39	3rd Typh. Innoc. M.A. Nicholson		
13-11-39	Chest X-Ray [illegible] Lt.		
5-2-40	1st Anti Tetanus M.W. Bowering Capt.		
1-4-40	2nd Anti Tetanus M.W. Bowering Capt.		

Disembarked at Gourock Scotland — 11 — 5/9/40 — 11 — Gourock [illegible] 72-1 7/9/40

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

Regtl. No. H-12075 Rank Gnr. Surname VINCENT Christian Name HENRY Joseph

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital Day	Month	Year	Dates of Discharge from Hospital Day	Month	Year	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.
Winnipeg Gen. Hosp. Winnipeg, Man.	15/9/39	15	9	39	24	9	39	Contusion left Eye.	9	Recovered. Duty	[illegible] Capt. RCAMC.
Station Hospital	29/11/39	29	11	39	2	12	39	Internal Injuries & Scabies	4	Recovered completely	[illegible] Bowering Capt

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

Statement of the Service of No. H-12075 Rank Gunner Sheet No. 1

M.F.M. 1 & 2 (a)
700 M—3-39 (1697)
H.Q. 1772-45-18

H. 12075.

Name Vincent, Henri Joseph.

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. C.A.S.F. Overseas	Gnr.	25-8-40	13/21 bty	HMTE/A	Part II 69-2	26-8-40
		Leave, 9 days (1st. priv.) Inv. W.	Gnr.	5, June 41	6, Fld Rgt.	Field	30.	30, June 41
		Trades pay "C" cook	Gnr.	4, aug. 41	6, Fld Rgt.	U.K.	40.	29, aug. 41
		Qualified "C" as cook Trade Test.	Gnr.	21, aug 41	6, Fld Rgt.	U.K.	40.	29, aug. 41.
		Ceases Trades pay "C" cook.	Gnr.	14, Nov. 41	6, Fld Rgt.	U.K.	55.	30, Nov. 41.
		adm. to 14, Cdn. Gen. Hosp.	Gnr.	26, apl 42	6, Fld Rgt.	U.K.	C.R.	
		adm. to 10, Fld amb.	Gnr.	25, apl 42	6, Fld Rgt.	U.K.	22.	1, May 42.
		Trans. to 5, C.C.S. (to 14, Cdn Gen Hosp)	Gnr.	25 apl 42	6, Fld Rgt.	U.K.	22.	1, May 42.
S.O.S.	6, May 42	S.O.S. to 1, Cdn. a.R.U. on adm.	Gnr.	26 apl 42	6, Fld Rgt.	U.K.	22.	1, May 42.
T.O.S.		T.O.S. frm 6th Fd Regt	Gnr	27 Apl 42	1, CARU.	U.K.	99.	30, apl. 42
		Adm to 14 Gen Hospl	Gnr	26 Apl 42	1. CARU	U.K.	99	30 Apl 42
		Removed to 1 C.M.C	Gnr	18 May 42	1. CARU	U.K	116	21 May 42
		Removed to 1 C.D.	Gnr	19 May 42	1. CARU	U.K.	118	23 May 42
Noted		Dischgd frm 14 Gen Hospl.	Gnr	4 June 42	1. CARU	U.K.	130	6 June 42
		Adm to 14 Gen Hospl	Gnr	23 June 42	1. CARU	U.K.	148	27 June 42
		Dischgd frm 14 Gen Hospl	Gnr	21 July 42	1. CARU	U.K.	168	23 July 42
		S.O.S. to 1. C.A.S.C.R.U.	Gnr	25 Sept 42	1. CARU	U.K.	225	28 Sept 42
T.O.S.		T.O.S. from 1. CARU	Gnr	26 Sep 42	1CASCRU	U.K.	230	26 Sept 42
		Transf from 1 Cdn Arty RU to RCASC	Gnr	26 Sep 42	CASC RU	U.K.	273	16 Nov 42

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Statement of the Service of No. H 12075 Rank

Name Vincent, H. J.

Sheet No. 3

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

REPORT Date	REPORT From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority Part II D.O. No. Cas. List, etc.	Authority Dated
		Granted T.P. Cook Group "C"	Pte.	20 Nov 42	CASC Ru	U.K.	282	26 Nov 42
		Qual Cook Group "C"	Pte.	20 Nov 42	CASC Ru	U.K.	282	26 Nov 42
		Cease T.P. Cook Gp. "C"	Pte.	3 Dec 42	CASC Ru	U.K.	288	3 Dec 42
SOS		SOS to 1 Cdn. A/TK Regt. RCA	Pte.	3 Dec 42	CASC RU	U.K.	288	3 Dec 42
	TOS	TOS from 1 CASC RU	Pte	4 Dec 42	1 A/TK Regt RCA	UK	59	10 Dec 42
		Granted Trades Pay "C" Cook	Pte	4 Dec 42	1 A/TK Rgt	UK	60	18 Dec 42
		Priv Leave (M.A)	Gnr	15 24 Jan 43	1 A/TK Rgt	UK	7	10 Feb 43
		Increase Trades Pay "Cook C" 1.75 PD	Gnr	1 Jan 43	1 A/TK	UK	~~30~~ 15	29 Mar 43
S.O.S		S.O.S Cdn Army (UK)	Gnr	15 June 43	1 A/TK	NA	30	26 July 43
	T.O.S	T.O.S Cdn Army (M)	Gnr	16 June 43	1 A/TK	NA	30	26 July 43
		Disembarked	Gnr.	10 July 43	1 A/TK	NA	30	26 July 43
		SOS to X-3 List RCASC (Cook C)	Gnr	26 Sep 43	1 A/TK RCA	NA	44	31 Oct 43
TOS, C25		TOS RCASC X-3 List from 1 Cdn A/TK Regt (4BN)	Gnr.	27 Sep 43	RCASC X List	NA.	24A.	31 Oct 43
(C27)		Posted from RCASC X3 List to RCASC X-4 List	Gnr.	27 Oct 43	RCASC X List	NA.	24A.	7 Nov 43
40S								
M33	TOS	TOS from 4 Bn RCASC cook "C"	Gnr.	30 Oct 43	1 A/TK	NA	46 / CLA 358	12 Nov 43 / 14 Dec 43
C109 SOS		SOS Killed in Action CMF	Gnr.	4 Dec 43	1 A/TK R	NA	50	18 Dec 43

6th Fld. Regt. R.C.A: C.A.S.F.

SERVICE AND CASUALTY FORM

PART I (For all ranks)

Deceased

M.F.M. 4 (Part I)
A.F.B. 103 (Part I)
500M—8-39 (1700)
H.Q. 1772-45-18

Unit 6th.Cdn.Fd.Regt. C.A.S.F. Regimental Number H-12075

1. Surname Vincent, ~~Henrix~~ ~~Joseph~~
2. Christian Names Henri, ~~Vincent~~ JOSEPH
3. *Substantive Rank and Appointment Gunner
   *Acting Temporary or Local Rank
   giving date
   *To be entered in pencil to facilitate alteration.
4. Place of birth St.Lambert, Quebec. Canada.
5. Date of birth as declared on attestation October 23rd.1905
   (A)
6. Date of enlistment September 6th.1939
7. Place of enlistment Winnipeg, Manitoba. Canada.
8. Residence at time of enlistment Oaka Lake of Two Mountains
9. (B) Special conditions (if any) of enlistment or rate of pay
10. (C) Any subsequent variations of conditions of service
11. Religion Roman Catholic
12. If married, state date August 2nd.1932
13. Trade on enlistment NIL
14. Corps, trade and grade
15. (D) Qualifications Cook, Gp. "C"
16. (E) Miscellaneous entries

(17) Regiment or Corps: 6th.Cdn.Fd. Regt. C.A.S.F.

Unit (Battn., etc): R.C.A.

(18) Medical

Category	Date	Authority
"A"	6-9-39	Medical Board

(19) Next of kin (entries to be made in pencil)
Belva Vincent (wife)
Oaka Lake of Two Mountains
Quebec, Canada.

(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.

Report (a) Date	Report (a) From whom received	(b) Unit	(c) Record of all casualties regarding promotions (acting, temporary, local or substantive), appointments, transfers, postings, attachments, &c., forfeiture of pay, wounds, accidents, admission to and discharge from Hospital, Casualty Clearing Stations, &c. Date of disembarkation and embarkation from a theatre of war (including furlough, &c.) in accordance with para. 2 of Note to Table I of Appendix III of Field Service Regulations, Volume I	(d) Place of Casualty	(e) Date of Casualty	(f) Army rank as at (e)	(g) Army Form or other authority for entry to be shown
		13/21	T.O.S. C.A.S.F. Overseas	Gnr.	25-8-40	13/21 Hy	HMTE/4 Pt II 69-2/26-8-40
			Disembarked at Gourock Scotland	Gourock	5/9/40	Gnr	Part II 72-1 8-9-40
28 Jan 41	C.O. 6th C.F. Regt		1st Priv leave (9 days) F.T.W.	England	5 Jan 41	✓	30-6 30 Jan 41
27 Aug 41	✓	✓	Qualified cook Gp "C"	✓	21 Aug 41	✓	40-17 29 Aug 41
✓	✓	✓	to draw trades pay Gp "C" cook	✓	1 Aug 41	✓	40-18 29 Aug 41
26 Nov 41	✓	✓	ceases to draw trades pay Gp "C" cook	✓	14 Nov 41	✓	55-7, 30 Nov 41
27 Apr 42	HOSP RETURN		adm to 10 Fd Amb	"	25 Apr 42	"	22, 1 May 42
"	"	"	trans to 5 C.C.S	"	25 Apr 42	"	22, 1 May 42
28 Apr 42	"	"	SOS to No 1 CARU on adm to 14 Gen Hosp	"	26 Apr 42	"	22, 1 May 42
30 Apr 42		#1 C.A.R.U.	T.O.S. from 6th Fld Regt.	"	27 Apr 42	"	D.O. 99
30 Apr 42		"	Admitted to #14 Gen Hosp	"	26 Apr 42		D.O. 99
21 May 42		"	Trans. to #1 C.M.C.	"	18 May 42	"	D.O. 116
23 May 42		"	Trans to #1 Con. Depot	"	19 May 42	"	D.O. 118
6 June 42		"	Discharged from #1 Con Depot	"	4 June 42	"	D.O. 130
29 June 42		"	adm. 14 Gen Hosp	UK	25 June 42	"	D.O. 148
23 July 42		"	Discharged from 14 Gen H.	"	21 July 42	"	D.O. 168
		"	S.O.S. No 1 CARU to No 1 C.A.S.C.R.U.	"	25 Sept 42	"	D.O. 224 - 26-9-42
	T.O.S.	CASC/RU	T.O.S. from 1 Cdn. Arty. Reinf. Unit pending transfer to R.C.A.S.C.	U.K.	26 Sep. 42	Gnr.	230 - 26 Sep. 42.
	—"—		TRANSFERRED FROM 1 Cdn Arty R.U. to RCASC	U.K	26 Sept 42	Pte	273 - 18 Nov 42
		"	T.T. Qual. as Cook Grp. 'C'	U.K.	20 Nov 42	Pte	282 - 26 Nov 42
		"	T.P. on Quota as Cook Grp. 'C'	U.K.	20 Nov 42	Pte	282 - 26 Nov 42
		CASCRU	Ceases T.P. on quota as Cook Grp. 'C'	U.K.	3 Dec 42	Pte	288 - 3 Dec 42
		CASCRU	S.O.S. to 1 Cdn A/T Regt R.C.A.	U.K.	3 Dec 42	Pte	288 - 3 Dec 42
6 Dec 42	"	1A.Tk.	TOS from 1 CASC. Reinf. Unit	"	4 Dec 42	"	59, 10 Dec 42.
9 Dec 42	"	"	Trade pay "C" cook	"	4 Dec 42	"	60, 18 Dec 42.
4 Feb 43	"	"	Leave 15-24 Jan 43.	"	15 Jan 43	"	7, 10 Feb 43.
23 Mar 43	✓	✓	Granted Daily Rates of Pay of $ 1.75 per diem	"	1 Jan 43	✓	15, 29 Mar 43
			SOS UK ON EMBARKATION ON 14 Jun 43 TOS CMF ON 14 Jun 43 AND DISEMBARKED ON 10 Jul 43				30, 26 Jul 43
5 Oct 43	–	1A.TK.	SOS 1 A.TK RCA to X-3 RCASC "Cook" "C"	✓	26 Sep 43	✓	44, 31 Oct 43
	RCASC ✓	X3	TOS from 1 A.TK R.	✓	27 Sep 43	PTE	24 A/43.
		✓	adm 9 Fd amb	✓	26 Sep	✓	28 A/43
	✓	✓	Trans out	✓	28 Sep	✓	✓
	✓	✓	adm 13.2 Fd amb	✓	29 Sep	✓	✓
	✓	✓	Trans out	–	30 Sep	✓	✓

No H.12075 Rank Gunner Name VINCENT, Henri Joseph

Unit R.C.A. Date of death 4th December, 1943

Died at Italy.

Cause Killed in action

Death occurred on strength of Forces. HQ 405-V-2415 17-12-43 d

N/K Mrs. Belva Vincent Relationship Widow

Address Lake of Two Mountains, Oka, Quebec.

~~Oka Lake of Two Mountains, P.Q.~~

Remains buried in British Cemetery

Fossacesia, Italy. MR 398053

Grave location CHK ✓

OVER —

DEATH CERT. TO N.K.

BURIAL REPORT TO N.K. MAR 19 1945

RETURN TO BUR. OF STAT. 29-2-44.

ROYAL MESSAGE DESP'D. FEB 2 1944

CAN. MESSAGE DESP'D. 21-12-43.

REBURIAL

Morro River Cemetery,
Ortona, Italy.

Grave 3, row C, plot 10.

HI & CR Form Despd. FEB 4 1947

Photographs
Despatched
JUN 14 1947

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

MEMORIAL BAR

DATE DESP.

REGN. NO. 4572

(1) MEDALS

PERSON ENTITLED TO Mrs. Belva Vincent Widow

ADDRESS: Oaka Lake of Two Mountains, P.Q.

(1)

(2) MEMORIAL CROSS

WIDOW Mrs. Belva Vincent,

(1531)

ADDRESS: Oaka Lake of Two Mountains, P.Q.

DESP. FEB 17 1944
REGN No. 4390

(2)

(3) MEMORIAL CROSS

MOTHER Mrs. Dori Vincent, (M.F.M. 5)

(1550)

ADDRESS: Oka Lake of Two Mountains, P.Q. Quebec, P.Q.

DESP. MAR 6 1944
REGN No. 6064

(3)

LL/1/44
(O.C.L.-404)

AWARDS—CANADIAN ARMY (ACTIVE) (1550) (1531)

M

M.J.A.
100M—10-41 (2195)
H.Q. 1772-45-8

FILE No. 405-V-2415

SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. NO	RANK ON DISCHARGE	C.A.S.F. UNIT
VINCENT,	Henri Joseph	H.12075	Gnr.	R.C.A.

WAR SERVICE BADGE

(CLASS) NO. DATE DESPATCHED:

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ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star	6184
~~Italy Star~~	
Defence Medal	
War Medal 1939-45	
C.V.S.M. & Clasp	

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

17-10-66

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

NUMBER H.12075 RANK Gunner SERVICE UNIT 1st Army Tank Regiment (C.A.)

NAME VINCENT, Henri Joseph.

DATE OF BIRTH
DAY 23rd MONTH October YEAR 1905

MARITAL STATUS Married

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NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 RELATIONSHIP Wife NAME Mrs. Belva Vincent,

ADDRESS Oka Lake of Two Mountains, Quebec. ADDRESS D.A.B.

ADDITIONAL PERSON TO BE NOTIFIED ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. Canrecords 3954 H.Q. 405-V-2415

CASUALTY DETAILS Killed in Action. DATE 4-12-43

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 17-12-43

OFFICER I/C RECORDS

6

COPY FOR DOCUMENT FILE

To be made out in duplicate.

M.F.M. 5
88M—11-36 (9359)
H.Q. 1772-45-18

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

INSTRUCTIONS.

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

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

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

---

(1) Name of Officer or Soldier VINCENT

(Surname first—Christian names in full—Block capitals)

~~HENRY~~ Henri JOSEPH

(2) Regimental Number H.12075

(3) Unit 13th(Wpg)Field Battery,R.C.A.:C.A.S.F.

(4) Are you married? Yes

(5) If married, state,

(*a*) Full name of your wife Mrs. VINCENT, Belva.

~~Oka/Lake/of/Two/Mountains/Quebec/Can.~~

(*b*) Present postal address of wife Oka Lake of Two Mountains, Quebec, ~~Can.~~ 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.

If so, give number of boys and girls 1 boy 1 girl

Also their names and ages Raymond 5 years old. Jeannine, 3 years old

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

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

Name ---

Postal Address ---

(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

---

(11) Is your father alive? Yes.

If so, state name and address Vincent, Joseph
Oaka Lake of Two Mountains, ~~P.Q.~~ Quebec
Quebec Canada

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

---

(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.

Also state reason he has no other means of support

---

(14) Is your mother alive? Yes

If so, state name and address Mrs. VINCENT DORA
Oka Lake of Two Mountains P.Q.
Quebec ~~Mount~~ Canada

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

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

Also state reason why she has no other means of support ---

(17) Are you insured? No

If so, in what Company? ---

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

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.

Henri Vincent
(Signature of officer or man)

Date October 2 1939

T.H. Musgrave Major R.C.A.

Officer Commanding Major T.H.Musgrave,
13th(Wpg)Field Battery,R.C.A._C.A.S.F.

Date ~~Sept~~ October 2 1939

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 VINCENT, Henri Joseph (b) Reg'l. No. H-12075
2. (a) Arm of service Army (b) Unit 1st, A/T Regt R.C.A.* (c) Rank Pte
3. (a) Date of birth 23 Oct 05 (b) Have you any dependents? Yes (c) Place of residence at time of enlistment Dake Lake of Two (Mountains)
4. (a) Place of enlistment Winnipeg Man (b) Date of enlistment 6-9-39

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 11 (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.) 6 th Grade
7. If you attended a university, give name of university and standing or degree secured
8. (a) Did you ever enter upon a trade apprenticeship? No (b) If so, for what occupation? (c) Did you finish it? (d) If you did not finish it, how long did you serve at it?
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? None

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 Dominion Glass Co Address Montreal Que
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Glass.
20. (a) Your specific occupation Labourer (b) Number of years' experience at this occupation with any employer 6 Years
21. (a) Did your employer promise definitely to give you employment on discharge? not Stated (b) Did your employer refuse to promise you employment on discharge? No (c) Do you wish to return to your former employment? Undecided.

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

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

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.)
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form Undecided.

DATE 15 Mar 1943 SIGNATURE E. B. Freeman Lieut

*or, Officer i/c Records, C.M.H.Q.

Died

17-12975
gmm

xDMS

Neuropsychiatric Report.

Re Gnr. Vincent,H.J. 1 A/T Regt. RCA. age 43.
Enlisted 6 Sept. 39 England Sept. 40. Present unit Dec. 42.

History:

About a year ago he began to have attacks of dizziness and dimming of vision. He never loses consciuosness and can hear what is said around him but he cannot see. The attack usually lasts only a few moments. He usually has warning sufficient to get lying down and if he does the attack is averted and he can go right back to work, if he waits till he falls then he will feel ~~poorly~~ poorly for an hour or more. The attacks occur as often as three times a week but he may have free periods as long as a month. I examined this man in the U.K. and prescribed treatment for him then. The treatment was never given.

Examination:

Neurological examination normal, no evidence other organic disease.

Opinion:

These attacks may be epileptic in nature as there is little evidence to point to a functional illness. He should be given phenobarbitol grs.½ night and morning.

Diagnosis:

Epilepsy suspect.

Disposal:

R.T.U. with two months supply of medicine. Please have him report to me in a month.

In the Field,
24 Nov. 43.

A. Manning Doyle
A. Manning Doyle, Major, R.C.A.M.C.
Neuropsychiatrist, 1 Cdn. Division.

Dist:
A.D.M.S. 1 Cdn. Div.
Unit M.O.
File.

11

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

4
ARMY

DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

DECEASED MEMBER'S NAME: Henri Joseph (CHRISTIAN NAMES) VINCENT (SURNAME)

REGISTER NO. D-17565
FILE NO. 405-V-2415
DATE 26-11-45
SERVICE NO. H-12075
FINAL RANK OR RATING Gnr.
DATE OF DISCHARGE 4-12-43

PAYEE Mrs. Belva VINCENT,
ADDRESS Lake of Two Mts., Oka - P.Q.

DATE OF TERMINATION OF OVERSEAS SERVICE 4-12-43

A. TOTAL QUALIFYING SERVICE — NO. OF DAYS 1547 / 30 EQUAL TO 51 COMPLETE PERIODS AT $7.50		$ 382.50
B. QUALIFYING OVERSEAS SERVICE — No. OF DAYS 1197 LESS 17 INELIGIBLE DAYS, EQUAL TO 1180 DAYS @ 25c. PER DAY (SEE PAR. 2 OVERLEAF FOR EXPLANATION)		295.00
		677.50
C. SUPPLEMENT FOR OVERSEAS SERVICE		
DAILY RATES AT DISCHARGE: PAY $ 1.50		
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE $ 1.25		
ADDITIONAL PAY $ .25		
$		
$		
DEPENDENTS' ALLOWANCE 1/30 OF $ 63.12 $ 2.10		
$		
TOTAL $ 5.10 ×7 = $ 35.70		
NO. OF DAYS 1197 / 183 ×$ 35.70		233.51
D. WAR SERVICE GRATUITY		911.01
E. DEDUCTIONS — OVERPAYMENT OF PAY AND ALLOWANCES $		
DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $		
OTHER DEDUCTIONS $		
F. TOTAL AMOUNT PAYABLE		911.01

G. YOUR PORTION OF GRATUITY IS— 100%

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

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

ΔT

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

TREASURY	
CHECKED BY	DATE

Kirkbi Grant
SERVICE REPRESENTATIVE

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

Name: VINCENT, Earl J., No.: H.12075
Surname Christian Names

Gnr., C.A. O*S 4-12-43
Rank Unit Date of Death

AMOUNT

L.P.C. $ 102.75

Date: 25-6-44

Other Credits

Total 102.75

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
all	Widow	Mrs. Belva Vincent, Lake of Two Mountains, OKA, Que., (½ in community of property & ½ guardian of two minor children) (as next of kin entitled) TO BE FORWARDED BY REG. MAIL DIRECT.	102.75 R

P4. TO TREAS. 12/3/45

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
9999	72	00	00	001	$102.75

CLASSIFIED BY
Original Signed by
K. L. McCUAIG

EXAMINED BY

For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

Original signed by
L. M. FIRTH

(L. M. Firth) Lt.-Colonel
Administrator of Estates

AUDITED FOR PAYMENT

For Chief Treasury Officer

25M—9-43 (1913)
H.Q. 1772-80-2

File No. 405-V-2415

P.A.

VERIFICATION FORM

WAR SERVICE MEDALS 1939-45

No. H-12075 Name Vincent Henri Joseph

Rank on Discharge Gnr. Date of Discharge 14-12-43.

Authority for Discharge or Retirement Deceased

Served in:

				Non-qualifying service
Canada	from 6-9-39.	to	24-8-40	
	from	to		
United Kingdom	from 25-8-40	to	15-6-43	
	from	to		
Italy	from 16-6-43.	to	4-12-43	11/a
Northwest Europe	from	to		
----------	from	to		
----------	from	to		

Eligible for award of:

1939 - 45 Star Sh /

---------- /

Italy Star Sh /

~~France-Germany Star~~ /

Defence Medal Sh /

War Medal Sh /

Canadian Volunteer Service Medal with clasp Sh /

M

Wt

Verified by D Foster

Date 16-9-46

SEP 18 1946

Carded

HA 165

NO RIBBON DESPATCH

466

CASUALTIES ONLY
For purpose of W.S.G.
Casualties include death
subsequent to discharge.

Register No. D.17565

File No. _____

WAR SERVICE GRANTS ACT 1944

Ottawa 12th Nov. 1945

To: Chief Treasury Officer,
Dependents' Allowance and Assigned Pay Branch

Service No. H.12075,

Name H.J. Vincent.
Christian Name Surname

Please supply the following information in respect of the marginally named at the time of his discharge or death and return this form in duplicate along with the file to the undersigned.

(K. W. RICE) Captain,
for(A.R. Mortimore)Brigadier,
Paymaster-General.

	Name	Amount
Names, address and relationship of persons in receipt of D.A. and amount of monthly award.	Mrs Belva Vincent	$(W) 63.12
If no D.A. in issue, list names, address and relationship of persons in receipt of A.P. who may be classed as Dependents under W.S.G. Act. 1944, and amount of monthly assignment.		nil
Names, address and relationship of persons to whom assigned pay was continued by supplementary award after death.		nil
Amount of overpayment of dependents' allowance and/or assigned pay deductable from the War Service Gratuity and name of person to whom paid.		nil

17-11-1945

For Chief Treasury Officer,
D.A. & A.P. Branch

C.T.O., D.A.&.A.P.

Overpayments of D.A. and/or A.P. recovered from W.S.G. $ _____

_____194_____

_____
for C.T.O.

FORM NO. 1

Register No. D17565

Nominal Roll No. D466

H.Q. File No. 405 V2415

To: P.M.G.

CANADIAN ARMY (ACTIVE)

Computation of Service

WAR SERVICE GRANT

Regt. No.	Rank when S.O.S.	Surname	Christian Name in Full
H12075	GNR	VINCENT	HENRI JOSEPH

REASON FOR TERMINATION OF SERVICE:

1st Enlistment KILLED IN ACTION CARO ( )

2nd Enlistment CARO ( )

3rd Enlistment CARO ( )

Total Service

1ST ENLISTMENT	2ND ENLISTMENT	3RD ENLISTMENT
T.O.S. 10 SEP 39	T.O.S.	T.O.S.
S.O.S. 4 DEC 43 MD 9S	S.O.S. MD	S.O.S. MD
Total Days 1547	Total Days	Total Days

Total Service 1547 DAYS

—	Total Service	Less Non-qualifying Service	Net Service
Western Hemisphere	350	nil	350
Overseas Service	1197		1197
Totals	1547		1547
Add Non-qualifying Service			nil
Total Service			1547

DOCUMENTS SHOW ABOVE DATES
T.O.S. & S.O.S.
INITIALS [signature]......
D. RECORDS D. R. 9

EMBARKATION DETAILS: 25 AUG 40

1. Date S.O.S. Overseas 4 DEC 43
2. Date S.O.S. Overseas

REMARKS: TOS 6 SEP 39

Computer's Signature [signature]

Checker's Signature [signature]

Date Computed 13 Nov 45

KILLED IN ACTION 4 DEC 43

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

[signature]

C. L. LAURIN,
Colonel,
DIRECTOR OF RECORDS.

500M—11-44 (6012)
H.Q. 1772-45-8

Details of Non-Qualifying Service

Western Hemisphere—

Forfeits for	From	To	Effective Date	Days	Total

Total

Overseas: T.O.S. 25 Aug 40 T.O.S. T.O.S.

S.O.S. 4 Dec 43 S.O.S. S.O.S.

Total

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

CANADIAN MILITARY HEADQUARTERS

ESTATES BRANCH
INVENTORY

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

No., RANK and NAME H-12075 Gnr. Vincent H.J. - 1 A/T Regt. RCA (Dec'd)

RECEIVED FROM Cdn. Sec. G.H.Q. 2nd. Echelon

CHECKED BY H-64818 Pte. Davidson E.
C-96325 Pte. Desormeaux J.M. DATE 20, Jan. 44

1	Fountain Pen		
1	Eversharp Pencil		
2	Jack Knives		
1	Religous Medal		
1	Picture		
1	Wallet (Empty)		
1	Prayer Book		
1	Y.M.C.A. Book ("Everyman")		

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

H.E. Fulmer Capt
for OC 1 Cdn KSD

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

CANADIAN ACTIVE SERVICE FORCE
OVERSEAS

District.....

Dispersal Area.....

LAST PAY CERTIFICATE
(All Ranks)

Regtl No. H.12075. Rank and Name Vincent, H. Gnr.

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

(~~Transfer or~~ Discharge) to..... on 4th December, 19 43.

Reason Death. Authority C.C.L. "A"358. d/14 Dec 43.

The following is a statement of the account of the above-named from 1st Dec to 31st Dec 19 43. the inclusive date of transfer or discharge.

Dr			Cr		
Particulars	Amount		Particulars	Amount	
Balance Dr from last account			Balance Cr from last account	73	50
First Monthly Payment			Regimental Pay 31 days @ $1.50	46	50
Casual Payments			Tradesmen's Pay 31 days at $ .25¢	7	75
Payments on Transfer or Discharge			Additional Pay (Give particulars) days at $		
Assigned Pay	25	00			
Regimental Charges			Allowances (Give particulars) days at $		
Public Stoppages (Give particulars):					
To Balance Cr — Free	102	75			
To Balance Cr — Deferred			By Balance Dr		
Total	127	75	Total	127	75

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

Remarks

1. Assigned Pay $25.00 Stopped eff. 1st January, 1944.
2. The above statement has been compiled from Treasury Records, the latest Pay book not bding available.

Compiled by E.V. Collins

Checked by [signature]

Date 16th June, 19 44.

Certified correct [signature]
for Chief Treasury Officer, Overseas

MEMORANDUM FOR **P. 64**

Mrs. Belva Vincent,

Oaka Lake of Two Mountains, P.Q.

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. 405-V-2415 FD.46

DEPARTMENT OF NATIONAL DEFENCE

ESTATES BRANCH

OTTAWA, ONT.

January 3, 1944.

ESTATES BRANCH JAN 18 1944 H.Q. OTTAWA NATIONAL DEFENCE

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

VINCENT, Henri Joseph, Gnr.,

H.12075 C. A.

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.

A deceased's Service estate, the administration of which is the responsibility of the Estates Branch, consists of any balance of pay and allowances at credit, cash on hand and the personal effects which are under the control of the Service authorities. To obtain such assets, it is not necessary for the person(s) legally entitled thereto to obtain through the Courts Probate of the Will, or if none, Letters of Administration of his estate.

In addition to the administration of those Service assets, the Administrator of Estates is authorized to withdraw into Government account any funds (within a defined amount) on deposit to the deceased's credit in Banks, Post Offices or other financial institutions in Canada and Overseas, without expense or trouble to the person(s) legally entitled to the estate, and to distribute such funds at the same time as any balance of pay is distributed. Also, War Savings Certificates and Victory Loan Bonds owned by the deceased may be redeemed and similarly distributed, or transmitted into the name(s) of the person(s) legally entitled. Such Certificates and Bonds should not be forwarded to the Administrator of Estates until they are requested.

If there are other assets which necessitate an application for Probate or Letters of Administration, the Administrator of Estates may transfer and hand over the Service assets to the executor or administrator appointed by the Court so that all the estate, Service and otherwise, may be dealt with as a whole.

The information given by you on Pages 2 and 3 of this form is therefore of importance in determining whether or not the deceased's assets are such that they may all be administered by the Administrator of Estates to the person(s) legally entitled, that is, without the need for Probate or Administration.

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.

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

RGP: MW

M.F.W. 77
2M-11-43 (2842)
H.Q. 1772-39-972
K.P. 95075

MEMORANDUM FOR **P. 64**

Mrs. Belva Vincent,

Oaka Lake of Two Mountains, P.Q.

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DEPARTMENT OF NATIONAL DEFENCE,
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R.G. Phelan
(R.G. Phelan) Capt.,
for (L.M. Firth) Lt.-Col.,
Administrator of Estates.

RGP: MW

M.F.W. 77
2M-11-43 (2842)
H.Q. 1772-39-972
K.P. 95075

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		Delva Vincent nee Simon	39	Oka Lake of Two Mountains Que.
2	Children of the Deceased and dates of their Births		Raymond Joseph Vincent 4th January 1934	10	Oka Que
			Mary Jean Vincent 30th July 1936	7½	Oka. Que.
3	Father of the Deceased		Joseph Peter Vincent Sept 14 1870	74	Oka. Quebec.
4	Mother of the Deceased		Mary Laura Gibeault Sept 26 1881	63	
5	Brothers of the Deceased	Full Blood	Lucien Joseph Vincent 21 November 1910	34	In the army
			Eugene Jos. Vincent. 10 February 1911	33	Montreal. Que
			Aimer Hyacinthe Vincent 15 April 1918	26	Oka Que.
		Half Blood			
6	Sisters of the Deceased	Full Blood	Laura Marie Vincent 29 July 1905	39	Montreal. Que
			Emilienne Marie Vincent 25 December 1913	31	Oka } Quebec
			Georgette Marie Vincent 23 May 1924.	20	Oka } Quebec
			Lucienne Marie Vincent 22 November 1925.	19	Oka } Quebec
		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

8	Full names of the deceas
9	Date of his birth
10	Place and date of his ma
11	Place and date of his pa
12	Place where deceased wa
13	State, in order, the Provi resided before enlistment
14	Nature of employment b
15	State whether he owned so, where situated.
16	Name place where decea permanent home.
17	Did he leave a Will?
18	If married, and domiciled in the U.S.A. or in a Co community of property b contract dealing with pro
19	Did he have a Bank, Pos give name and address of
20	Amount of War Savings
21	Amount of Victory Loan
22	If deceased had life ins payable under each polic there. Describe other ass
23	Is application for Probat necessary (see page 1)?
24	Did the deceased after e (*a*) His own separa (*b*) Service clothing An itemized account fo hereto, and if same "approved" and sig particulars.
25	Have you or any other part thereof? If so amount paid, and by
	(NOTE:—The Gove and burial is made Ove zone, and if a relative ha authorized in the Regul the Government nor is i

ONS

relatives that the deceased ever

IENT

ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
Oka Lake of Two Mountains Que.
Oka, Que
Oka. Que.
Oka. Quebec.
In the army
Montreal. Que
Oka Que.
Montreal. Que
Oka / Oka / Oka } Quebec

Address of their children

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased	Henry Joseph Vincent.
9	Date of his birth	Oct 21 ~~st~~ 1906
10	Place and date of his marriage.	Oka. Que. 2nd August 1933.
11	Place and date of his parents' marriage.	St Joseph Church montreal nove. 23rd 1903

PARTICULARS OF DOMICILE

12	Place where deceased was born.	St. Lambert Quebec.
13	State, in order, the Province, State and/or Country in which he resided before enlistment and the period of time in each. (a) (b) (c) (d)	Always resided in province of Quebec except in period of training
14	Nature of employment before enlistment.	labourer.
15	State whether he owned the premises in which he lived and, if so, where situated.	Did not own property.
16	Name place where deceased stated he intended to make his permanent home.	In Oka. Quebec.

PARTICULARS OF ESTATE

17	Did he leave a Will?	Not to informants knowledge
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?	No marriage contract.
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.	Not to informants knowledge
20	Amount of War Savings Certificates held by deceased.	None
21	Amount of Victory Loan Bonds held by deceased.	None.
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary there. Describe other assets, if any, and estimated value thereof.	None.
23	Is application for Probate or Letters of Administration necessary (see page 1)?	Do not think so.

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.	(a) No b Not to informants 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.	No expenses incurred as yet.

(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 elswhere 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

*Widow of the deceased.

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

Mrs. Belva Vincent — Signature of Informant

Lake Of Two Mts Oka. Quebec — Address

CERTIFICATE

I hereby certify that, to the best of my knowledge and belief Mrs. Belva Vincent {Name of Informant} is the* widow of the Deceased above described, and I believe the above Declaration and the Statement of Relatives and of particulars made by the Informant and signed in my presence to be complete and correct.

*See above.

Dated at Oka this 15th day of January 19 41

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public: W. Harold Bourke — Qualification: Minister

Address: Caughnawaga, Quebec

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

405-V-2415

FIELD SERVICE

Army Form B. 2090A.

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

REGIMENT OR CORPS: R.C.A. S.C. Att'd

Squadron, Troop, Battery or Company: 1 A/Tk Regt.

Officer's Personal No. (if known) / Soldier's Army No.: H.10275

Rank: Pte.

Surname: VINCENT

Christian Names: H.J.

Died — Date: 4 Dec 43 Place: Italy

Cause of Death*: KILLED IN ACTION

Nature and Date of Report: AFW3012/C 5 Dec 43

By whom made: 1 A/Tk Regt.

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

Burial — Place: Fossaceisa, Italy MR 398053 Brit. Cem Date: 4 Dec 43

By whom reported: C.F. Irish Bde. 78 Div.

State whether he leaves a Will or not

(a) in Army Book 64: NIL - Paybook not received

(b) as a separate document: NNO

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

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

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

Station and Date: Italy, 18 Jan 44

Signature of Officer in charge of Section Adjutant-General's Office at the Base: [signature] Lieut.
for/Officer i/c
Cdn. Sect GHQ 2nd Ech
C.M.F.

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

17

FORM 6

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not write in this space

1. PLACE OF DEATH

Municipal county: IN THE FIELD (ITALY).

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: VINCENT, (Block letters)

Given names: Henri Joseph.

Do not write in this space

4. RESIDENCE

Street: No.:

Official name of civil municipality or township: Oaka, Lake of Two Mountains,

Municipal county: Province: Quebec.

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

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

10. BIRTHPLACE (Province or Country): Quebec.

11. DATE OF BIRTH: October 23rd, 1905. (Month) (Day) (Year)

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

OCCUPATION

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

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		
MOTHER (Maiden Name)		

19. Place of burial, cremation or removal: Italy.

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) 4th, (Day) 19 43. (Year)

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

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

24. CAUSE OF DEATH

I

Immediate cause Give disease, injury or complication which caused death, **not** the mode of dying, such as heart failure, asphyxia, asthenia, etc.

(a) Killed in action.

due to

Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause).

(b)

due to

(c)

II

Other morbid conditions (if important) contributing to death but **not causally related to immediate cause.**

III If a communicable disease is mentioned on this certificate, give

(a) Date of appearance ....19....

(b) Duration of disease ....days

25. If a woman, was there a puerperal condition?

26. Was there a surgical operation? Date of ....19....

State findings: Was there an autopsy?

27. If death was due to external causes (violence) fill in also the following:—

Accident, suicide or homicide: Date ....19....
(State which)

Manner of injury:
(How sustained)

Nature of injury:

Specify whether injury occurred in **industry, in home, or in public place**

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

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

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

J. B. Radine

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.

OVERSEAS CASUALTY CANADIAN ARMY

FEB 29 1944

91

EFH

CANADIAN PACIFIC TELEGRAPHS

DAY LETTER ☐

NIGHT LETTER ☒

CASUALTY (REPORT DELIVERY)

OTTAWA

DECEMBRE 14 1943

TO:-

MME BELVA VINCENT
LAC OAKA DES DEUX MONTAGNES
QUEBEC

8258 REGRETTONS PROFONDEMENT VOUS INFORMER ARTILLEUR HENRI JOSEPH VINCENT H12075 OFFICIELLEMENT PORTE TUE AU COMBAT QUATRE DECEMBRE 1943 STOP PLUS AMPLES DETAILS SUIVRONT SUR RECEPTION

le directeur des archives militaires

Mailed notice also party in Montreal with Phone message CPT 15-12-43

PREPAID

OFFICER I/C RECORDS

M.F.M. 268
50M-11-42 (7150)
H.Q. 1772-39-1990

4

H.Q. 405-V-2415
(Records-C)

/AG

Ottawa, le 21 decembre, 1943.

Madame,

Je regrette profondément de vous faire savoir que votre mari, le canonnier Henri Joseph Vincent, numéro matricule H-12075, a donné sa vie au service de sa patrie sur le théâtre de guerre méditerranéen le 4 décembre 1943.

D'après les renseignements officiels que nous avons reçus, votre mari a été tué au combat contre l'ennemi. Vous pouvez compter que dès que nous recevrons des détails supplémentaires, nous vous en ferons part.

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

Nous rendons hommage au canonnier Vincent pour son vaillant sacrifice.

Votre bien dévoué,

l'adjudant-général,

pour (H.F.G. Letson), Brig.
major-général.

Mme Belva Vincent,
Lac Oaka des deux Montagnes,
Qué.

10

Lake Of Two Mts.
Oka Quebec
February 16/1944

To The Administrator
Of Estates
Department of national
Defence.
Ottawa Ont.
H.Q. 405-V2415 F1346.
In re

ESTATES BRANCH
FEB 18 1944
H. Q.
OTTAWA
NATIONAL DEFENCE

Dear Sir:—

I understand that the church service was given to my husband overseas. very glad and thankful but we over here want to give him the service in our church also so this is why I am writting to you to ask what class of service you pay up to as I understand I would want the first class service and that is seventy dollars and that church service will be held on the 4th of March

I shall be glad to hear before this and also would like to know if I should send the bill to this address.

Yours Truly.

Mrs. Henri Vincent
(Belva)

Henri J. Vincent
Gnr. H.12075 C.A.