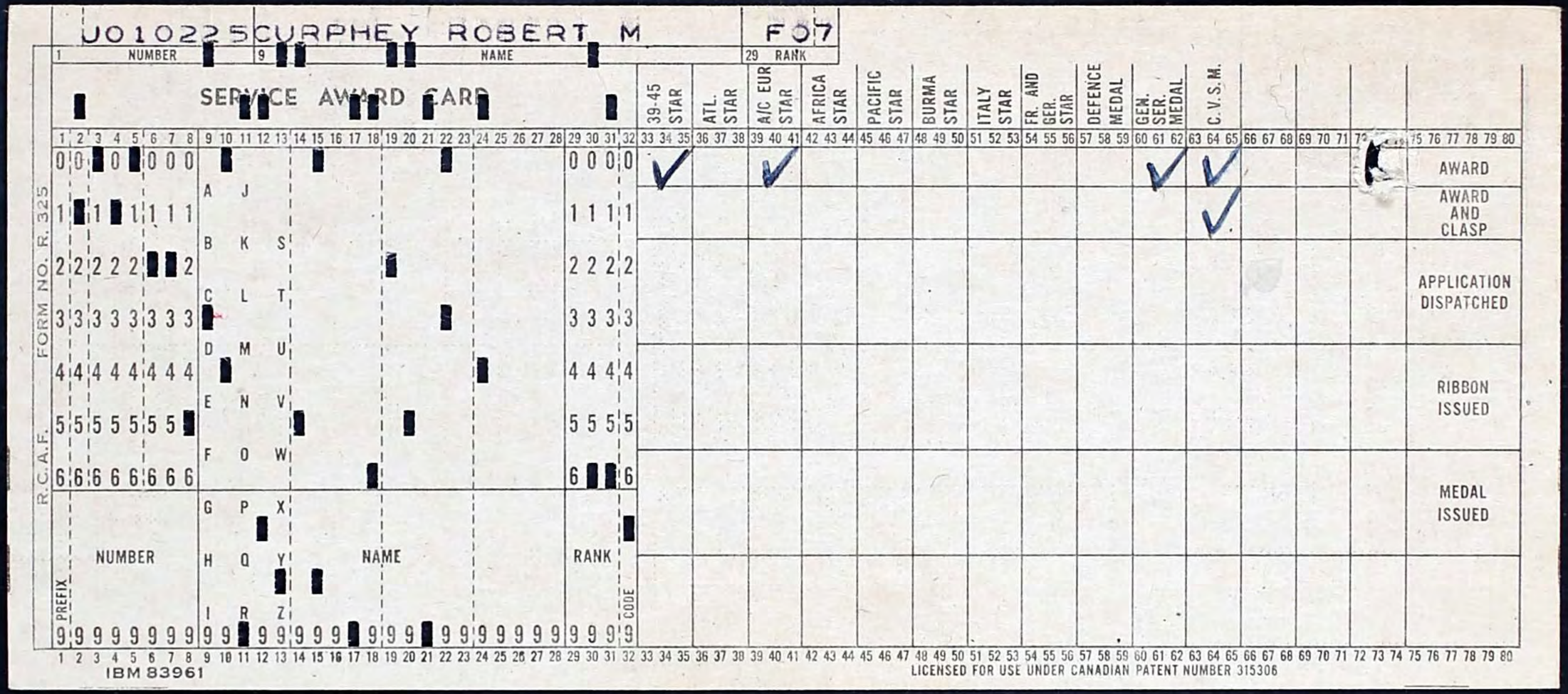
J10225
CURPHEY
ROBERT MAURI

Do not remove documents from this folder. Prepared for digitization project. Ces documents seront numérisés. Ne pas les déplacer.

R55978

R 88978

LA RNI CURPHEY


J01022 5 CURPHEY ROBERT M F 07
1 NUMBER
9 NAME
29 RANK
SERVICE AWARD CARD
R.C.A.F. FORM NO. R. 325
PREFIX
NUMBER
NAME
RANK
CODE
A J
B K S
C L T
D M U
E N V
F O W
G P X
H Q Y
I R Z
39-45 STAR
ATL. STAR
A/C EUR STAR
AFRICA STAR
PACIFIC STAR
BURMA STAR
ITALY STAR
FR. AND GER. STAR
DEFENCE MEDAL
GEN. SER. MEDAL
C.V.S.M.
AWARD
AWARD AND CLASP
APPLICATION DISPATCHED
RIBBON ISSUED
MEDAL ISSUED
IBM 83961
LICENSED FOR USE UNDER CANADIAN PATENT NUMBER 315306

Robert L. Curphey (Father)
Bank of Montreal,
Sherbrooke,
Que.

Nov.-45:

MEMORIAL BAR
DATE DESP
REGN. NO 3921

3140 12.3.5-D

10M—3-40 (4425)
H.Q. 1772-45-8

NAME CURPHEY, Robert Maurice

H.Q. FILE NO.

RANK F.O.

UNIT KILLED

REGT'L NO. J10225

| CABLE NO. | CABLE DATE | NATURE OF CASUALTY | | | CAS. LIST NO. | CAS. LIST DATE |
|---|---|---|---|---|---|---|
| DATE OF DEATH: | 22-11-42 | MOTHER LIVING: | YES | WIFE: NA | | |
| MINISTERIAL CARD: | 1-12-42 | ROYAL MESSAGE: | 18-1-43 | MEMORIAL CROSS: | 15-1-43 | |
| To mother & father | | To mother & father | | To mother | 22-1-43 | |

Mr. & Mrs. Robert Lewis Curphey,
153 Quebec Street,
Sherbrooke, Que.

51219

R.C.

L.W.R. SPECIAL RESERVE

AIR FORCE No. R.55978 POSTED TO RCAF Recruiting Centre, Quebec TRADE Pilot or Observer

# ROYAL CANADIAN AIR FORCE

## (ATTESTATION PAPER)

**(Pages one and two, only, are to be completed in Applicant's own Handwriting)**

1. Surname CURPHEY Full Christian Names ROBERT MAURICE
2. Present Address RICHMOND, P.Q. COUNTY OF RICHMOND Telephone N.A.
3. Permanent Address 153 Quebec St., Sherbrooke P.Q.
4. Place of Birth Hull P.Q. Citizenship Canadian
5. Date of Birth February 23, 1920 Married, Single, Widower, Separated, Divorced Single
6. Particulars of Children

| Name | Date of birth | Name | Date of birth |
|---|---|---|---|
| N.A. | | | |
| | | | |
| | | | |
| | | | |

7. Occupation Bank clerk 8. Religion Roman Catholic (State denomination)
9. Languages English and French fluently (State proficiency)
10. Next of Kin (Full Name) Robert L. Curphey Relationship father
" Address 153 Quebec St., Sherbrooke, Que. P.Q.
11. Father (Full Name) Robert L. Curphey Birthplace Douglas, Isle of Man G.B.
" Address 153 Quebec St., Sherbrooke P.Q. Citizenship Canadian
" Occupation Manager Bank of Montreal Sherbrooke P.Q.
12. Mother (Full Maiden Name) Gabrielle P. Perreault Birthplace Montreal P.Q.
" Address 153 Quebec St., Sherbrooke P.Q. Citizenship Canadian
13. Details of any Naval, Military or Air Force Service:

| Unit | Place | Rank | Trade | Date From | Date To | Reason for discharge |
|---|---|---|---|---|---|---|
| N.A. | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

R.C.A.F. Records Office
Rec'd MAY 29 1941
O.K. C.I.B.
R.C. P.R. N.I.
S.L. D.A.

14. Honours, Awards, Mentions none
15. Are you now on any Naval, Military or Air Force Reserve? no
16. Have you previously made application to join the R.C.A.F.? no If so, where? N.A.
When? N.A. Result N.A.
17. Were you ever discharged from any branch of His Majesty's Forces as Medically Unfit? no
If so, state nature of disability N.A.
18. Have you ever been or are you now in receipt of a Disability Pension? no
If so, state nature of Disability N.A.
19. Have you ever been convicted of an indictable offence? no If so state nature N.A.
20. Are you in debt? no If so, state particulars N.A.

R.C.A.F. Form R. 100
400M—6-40 (5739)
H.Q. 1062-3-83

201-145

21. Particulars of Education:

| — | Name of school | Date From | Date To | Courses—Subjects, etc. |
|---|---|---|---|---|
| Primary Education—Public or Separate School | Ottawa Ont. Normal Model School | 1928 | 1934 | primary school and 1 year high school |
| High School—Collegiate Institute, etc. | Lisgar Collegiate Institute Ottawa ont. | 1934 | 1938 | high school |
| Technical School | | | | |
| University or School other than above | none | | | |
| Correspondence Courses, etc. | Received diploma from Queen's University re the Associates Course by the Canadian Bankers Association | | | |

22. Particulars of all Civil Occupations (in full):

| Employer and place | Duties, trades, positions | Date From | Date To | Reason for leaving |
|---|---|---|---|---|
| Bank of Montreal | Clerk Feb | 1938 | 1941 | to join R.C.A.F. |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

23. Flying Experience (in Hours) Solo none Dual none Passenger none

24. Special Qualifications, Hobbies, etc., useful to the R.C.A.F. reading

25. Sports engaged in. State: extensively, moderately, occasionally Hockey, skiing, golf and tennis extensively

26. Air Force Duty you wish to enlist for ~~Ground Duties.~~ Flying Duties.

If for Ground Duties, state Air Force trade in which you wish to enlist.....
If for Flying Duties, state preference as (a) Pilot; (b) Observer; (c) ~~Air Gunner~~ (d) ~~Wireless Operator~~ (~~Air Crew~~).
(Cross out words not applicable.)

27. Names of at least two persons who can give references as to character and ability.

| Name | Address | Occupation |
|---|---|---|
| W. R. White Esq. | 161 Somerset St. Ottawa. | civil servant. |
| C. E. Manning M.D. | Richmond, Que. | doctor |
| | | |
| | | |

28. Other information that may have any bearing on this application. I am joining the R.C.A.F. to serve my country as best I can.

29. Do you understand that vaccination, re-vaccination and inoculation are compulsory? yes

I Hereby Certify that the foregoing information furnished by me is correct to the best of my knowledge and belief.

Date May 1st 1941 Signature Robertson Davies

NATIONAL REGISTRATION CERTIFIC...
PRODUCED. A. Fenjras F.O.

101
1
P.E.Q.

**FOR OFFICIAL USE ONLY**

(A) *Report of Interviewing Officer—*

Type.....General appearance.....

Suitability for (state in what capacity).....

Date.....Signature.....Rank.....

---

(B) *Report of Trade Test—*

Trade in which tested.....

Result.....

Trade qualifications other than above likely to lead to efficient employment in the R.C.A.F.....

.....

Date.....Signature.....Rank.....

---

(C) **DECLARATION MADE BY MAN ON ATTESTATION**

I, Robert Maurice CURPHEY .....do solemnly declare that the foregoing particulars are true, and I hereby engage to serve on active service anywhere in Canada, and also beyond Canada and overseas, in the Royal Canadian Air Force for the duration of the present war, and for the period of demobilization thereafter, and in any event for a period of not less than one year, provided His Majesty should so long require my services.

Date May 19th 19 41 .....
Signature of Recruit

---

(D) **OATH TAKEN BY MAN ON ATTESTATION**

I, Robert Maurice CURPHEY .....do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.

Date May 19th 19 41 .....
Signature of Recruit

---

(E) **CERTIFICATE OF 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 Quebec City, P.Q. this 19th day of May 19 41.

.....A. Fenjras..... F.O. ..... RCAF Recruiting Centre, Quebec. P.Q.
Signature of Officer — Rank — Unit

Finger Printed
Date 19/5/41
Initials J.D.R.

# FOR OFFICIAL USE ONLY

## CERTIFICATE OF MEDICAL EXAMINATION

*Part 1. Information obtained from the applicant—*

1. Age. 21 2. Have you ever suffered from any of the following defects in health?

| | | | |
|---|---|---|---|
| (a) Rheumatism | no | (j) Nasal Trouble | no |
| (b) Tuberculosis | no | (k) Ear Disease | no |
| (c) Bronchitis or Asthma | Hay fever 1940 | (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) Bone Fracture | Jaw Stitch, fracture left collar bone. |
| (i) Flat or Deformed Feet | no | (r) Other Disease or Defect | yes no |

3. Have you ever worn glasses? yes no

4. Have you had any Illness for more than one week's duration. yes. (1) Dry Pleurisy 1940 - 2 wks duration - no sequelae -

I certify that I have revealed my full medical history and have not withheld any relevant information.

.....
Signature of Applicant

Examiner's Remarks *re* above .....

*Part 2. Information obtained by Medical Examination* (Applicant must be stripped)—

1. Identification marks or scars (if operative obtain history) Vaccination on right arm. Freckles on back.

2. Height 5 feet 11 inches. 3. Weight 147 pounds.

4. Complexion Medium 5. Color of Eyes Hazel Hair Auburn

6. Development {Good / ~~Fair~~ / ~~Poor~~} 7. Chest Measurement—Full expiration 32 inches

Range of expansion 2 inches

8. Hearing—Right W.V. 20 Left W.V. 20 Tympana—Right NORMAL Left NORMAL

9. Vision—Without glasses—Right 20/20 With glasses—Right N.A.

Left 20/20 Left N.A.

10. Condition of mouth and teeth Healthy, 32 points.

11. Urine—Albumen nil Sugar nil

12. Abnormalities (Congenital and Pathological) found on Examination Infected ingrown Toenail

*Part 3.* The Candidate has been examined in accordance with the pamphlet, "Physical Standards and Instructions for the Medical Examination of Recruits" and he is considered fit for Category ~~A1B1~~ A1B3 A3B3

Any special remarks of the Medical Officers.....

ATBT on account of ingrown toenail

19/5/41 4226 X-Ray my H.P.

19-5-41 cat A1B3A3B3

Part 2 Cont'd:

13. Reflexes normal

14. HEART: normal

15: LUNGS: normal

16. Blood Pressure S.D. 124/80

17. Colour Vision NORMAL Ishihara edition

Date 19-5-41 19.....

President Member Member

AIR FORCE No. ~~F R55978~~

CURPHEY, ROBERT MAURICE [redacted]

SURNAME — FULL CHRISTIAN NAMES

ENLISTMENT — PLACE Quebec — DATE 19-5-41

RE-ENLISTMENT

~~C.R. FILE NUMBER~~ SR

J 10225

# OFFICER RECORD OF SERVICE AIRMEN

Comm. 27-2-42 14

R.C.A.F. FORM R44(B) 30M-3-41 (9782) H.Q. 1062-3-58

## 1. POSTING (INDICATE S.O.S. AND T.O.S.)

| S.O.S. OR T.O.S. | UNIT AND PLACE | EFFECTIVE | | | D.R.O. |
|---|---|---|---|---|---|
| TOS | Quebec s/c | 19 | 5 | 41 | Qs/c 47 |
| SOS | Quebec s/c | 2 | 6 | 41 | Qs/c 51 |
| TOS | 1 M.D. Toronto | 3 | 6 | 41 | 1MD 133 |
| S.O.S. | 1 M.D. Toronto | 4 | 7 | 41 | 1MD 159 |
| TOS | 16 SFTS, Hagersville | 5 | 7 | 41 | 16 G 135 |
| SOS | 16 S7 Hagersville | 8 | 8 | 41 | 16 S7 3 |
| TOS | 19 TS Toronto | 9 | 8 | 41 | 19TS 191 |
| SOS | 19 TS Toronto | 13 | 9 | 41 | 19TS 220 19TS 221 |
| TOS | 9 EFTS St Catherines | (amended) 13 | 9 | 41 | 9EF 116 9EF 112 |
| TOS | 9 EF St Catherines | 14 | 9 | 41 | 9EF 116 |
| SOS | 9 EF St Catherines | 7 | 11 | 41 | 9EF 137 |
| T.O.S. | 6 SFTS Dunnville | 8 | 11 | 41 | 6SF 229 |
| S.O.S. | 6 SFTS Dunnville | 28 | 2 | 42 | 6SF 42 |
| | #1 "Y" Depot Halifax | | | | |
| | Disch. under KR(Air) 39 2(18) | | | | |
| | on App to a Commission | 26 | 2 | 42 | 1Y 76 |
| | Commissioned | 27 | 2 | 42 | 1YD 76 |
| SOS | 6 SFTS Dunnville | 28 | 2 | 42 | 6SF 42 |
| TOS | 1 "Y" D. Halifax | 1 | 3 | 42 | 1YD 76 |
| SOS | 1 "Y" D. to Overseas RAF(TP) | 19 | 3 | 42 | 1YD 97 |
| Emb. | Can. 20-3-42 arr 3PRC | 29 | 3 | 42 | POR 15 |
| SOS | 3PRC to 410TU | 12 | 5 | 42 | POR 27, 29 |
| SOS | 410TU to 400 Sqdn | 17 | 6 | 42 | POR 37, 38 |
| TO | Andover | 15 | 8 | 42 | POR 53 |
| att | 400 Sqdn to 1526 BAT Flt Cen | 17/22 | 8 | 42 | POR 55 |
| Killed during Air Operations | | 22 | 11 | 42 | POR 87. AFRO 2014/42 |
| T.A. - Overton Hants Eng. - Miles Master - 400 RCA 3 Sqdn. | | | | | |
| W.S.O. completed | | 27 | 9 | 44 | |
| COMPLETED | | 25 | 6 | 45 | |

## 2. RECLASS'NS-PROMOTIONS-ETC.

| RANK | EFFECTIVE | | | D.R.O. |
|---|---|---|---|---|
| A. C 2 | 19 | 5 | 41 | Qs/c 47 |
| Lac | 13 | 9 | 41 | 19TS 220 221 |
| T/Sgt (Pd) | 27 | 2 | 42 | 6SF 42 |
| P/O | 27 | 2 | 42 | 1Y 76 |
| F/O PAID | 1 | 10 | 42 | POR 82 |
| P.O. 27-2-42 (APER 44 d/6-3-42) (CO 44 d/2-5-42) (AFRO 428/42) (1YD 76) | | | | |
| T4 | | | | |
| TFO 1-10-42 (APER 202 d/20-11-42) | | | | GB 268 |

## 3. MEDICAL HISTORY

EXAMINATIONS (IN RED INK)

| DATE | FORM | CATEGORY | REMARKS |
|---|---|---|---|

HOSPITALIZATION (IN BLACK INK)

| HOSPITAL QUARTERS | ADMITTED CONFINED | DISCHARGE RET'N DUTY | D.R.O. |
|---|---|---|---|
| 19-5-41 | R100 | A1B A3B | |
| 28-8-41 | M2 | A1B A3B | |

## 4. TRADE AND CHARACTER

| TRADE | GROUP | EFFECTIVE | | | D.R.O. |
|---|---|---|---|---|---|
| P. or O | S | 19 | 5 | 41 | Qs/c 47 |
| Airmn Pilot | | 13 | 9 | 41 | 19TS 220 221 |
| A/P | SG | 27 | 2 | 42 | 6SF 42 |
| GL (SR) Pilot | | 27 | 2 | 42 | d/6-3-42 APER 44 |
| 102 | | | | | |

| TRADE PROFICIENCY | CHARACTER ASSESSMENT | DATE OF R41 |
|---|---|---|
| | | |

## 5. COURSES-TESTS-ETC.

| SUBJECT | RESULT | DATE | | | AUTHORITY |
|---|---|---|---|---|---|
| Pupil Pilots Crse 38 | 74.6 | 7 | 11 | 41 | T93-9EF |
| Pupil Pilots Crse 42 | 74.8 | 27 | 2 | 42 | T87A-6S7 |

## 6. LEAVE

| FROM | TO | DAYS | REMARKS | D.R.O. |
|---|---|---|---|---|
| 20-5-41 | 1-6-41 | 13 | L WOP | Qs/c 47 |
| 28-2-42 | 14-3-42 | 14 | Appended Special | 6SF 42 47 |
| 28-2-42 | 14-3-42 | 14 | Embarkation | 6S7 47 |
| 8-4-42 | 14-4-42 | 7 | privilege | POR 19 |

AIR FORCE No. R55978

CURPHEY, ROBERT MAURICE
SURNAME — FULL CHRISTIAN NAMES

ENLISTMENT — RE-ENLISTMENT
PLACE Quebec.
DATE 19-5-41

C.P. FILE NUMBER SR

J 10225 SU

# RECORD OF SERVICE AIRMEN

Comm. 27-2-42

R.C.A.F. FORM R44(B)

**7. BIRTH:** DATE 23-2-20 — PLACE Hull P.Q. — CITIZENSHIP British 2

FATHER (FULL NAME) Robert Lewin Curphey
153 Quebec St. Sherbrooke P.Q.

BIRTHPLACE Douglas Isle of man, M.B.

MOTHER (FULL MAIDEN NAME) Gabrielle R. Perreault
153 Quebec St., Sherbrooke P.Q.

BIRTHPLACE Montreal, P.Q.

**8. EDUCATIONAL STANDING**

HIGH SCHOOL ENTRANCE x Ont.
JUNIOR MATRICULATION 4 yrs. Ont. yes.
SENIOR MATRICULATION
TECHNICAL SCHOOL
UNIVERSITY
CORRESPONDENCE COURSES 6
Artificate for Banking Course - Juli's

**9. CIVIL OCCUPATIONS OR EXPERIENCE USEFUL TO R.C.A.F.**

clerk 1 Bank of Montreal 1938-41 3 yrs.

8300

**10. PREVIOUS ARMY, NAVY OR AIR FORCE SERVICE**

nil

0

| 11. HONOURS-AWARDS, MENTIONS | AUTHORITY | DATE |
|---|---|---|
| Pilots Flying Badge | 6SF 42 | 27-2-42 |

**12. FLYING EXPERIENCE ON ENLISTMENT (HOURS)**

SOLO — DUAL — PASSENGER —
On app't 190 hrs.

**13. RELIGION** Roman Catholic 1

**14. LANGUAGES** English
French (moderate) 1

**15. SPORTS** Swimming, Badminton
Hockey, Skiing, Golf
Tennis

**16. SINGLE-MARRIED-WIDOWER-SEPARATED-DIVORCED:** Single

WIFE (FULL MAIDEN NAME)
PLACE OF MARRIAGE — DATE
AUTHORITY (IF AFTER ENLISTMENT)

1

**17. MARRIED ESTABLISHMENT**

| REMARKS | RANK | EFFECTIVE | D.R.O. |
|---|---|---|---|
| | | | |

**18. CHILDREN**

| CHRISTIAN NAMES | BIRTH DATE | D.R.O. | CHRISTIAN NAMES | BIRTH DATE | D.R.O. |
|---|---|---|---|---|---|
| | | | | | |

**19. NEXT OF KIN** (ADDRESS AND D.R.O. IN PENCIL)

FULL NAME: Robert L. Curphey — RELATIONSHIP Father
ADDRESS: 153 Quebec St. Sherbrooke P.Q. — D.R.O.
FULL NAME: — RELATIONSHIP
ADDRESS: — D.R.O.

**20. PAY ENTRIES** (OFFENCE FORFEITURES, STOPPAGES IN RED INK)

| RATE CHANGES ETC. | EFFECTIVE | D.R.O. | RATE CHANGES ETC. | EFFECTIVE | D.R.O. |
|---|---|---|---|---|---|
| Pay 1 day / Subs allce 1 day | 19 5 41 | Q4/c47 | | | |
| Entitled to Pay | 2 6 41 | 1MU133 | | | |

**21. ENGAGEMENTS**

| TERM | EFFECTIVE | D.R.O. | TERM | EFFECTIVE | D.R.O. |
|---|---|---|---|---|---|
| Duration | 19 5 41 | | | | |

**22. TEMPORARY DUTY AND MISCELLANEOUS ENTRIES**

| FROM | TO | DATE | D.R.O. |
|---|---|---|---|
| Quarters & rations | | 3-6-41 | 1MD133 |
| Att to No 1 T.C. for pay only | | 5-7-41 | 1TC135 |
| Occ Pub qtrs & dw rtns | | 8-8-41 | 1STS191 |
| Occ pre qtrs & rat | | 13-9-41 | 9EF112 |
| Occ single Govt qtrs & drawing rtns | | 9-11-41 | 6SF229 |
| Ceases qtrs & rtns | | 7-11-41 | 9EF137 |
| | | 16-3-42 | 1YD Halifax |

**22.(A) ADDRESS PRIOR TO ENLISTMENT**

153 Quebec St. Sherbrooke P.Q.

26303

**23. DOCUMENT CONTROL** (INDICATE RECEIPT BY DATE)

| R60 | R79 A | B465 | X-RAY | AFM | IDN. CARD | OHF K.X. |
|---|---|---|---|---|---|---|
| 16-6-41 | 29-12-41 | 3-6-41 | | | | |
| 7-4-42 | 15-3-42 | | | | | |

com

# ROYAL CANADIAN AIR FORCE

RECORD OF SERVICE AIRMEN

J 10225

| A.F. No. | Surname | Christian Names | Religion |
|---|---|---|---|
| R55978 | Curphey | Robert Maurice | R. C. |

Born 23-2-20 Place Hull, P.Q. Country Canada Citizen of Canada Racial Origin English Canadian

| ENLISTMENT | CIVIL EDUCATION | | | PREVIOUS SERVICE |
|---|---|---|---|---|
| Date 19-5-41 | High School Entrance | Jr. Mat. yes | Sr. Mat. | |
| At Quebec | Technical School | Corres. Courses | | |
| Term Duration of war | University | | | |

| RANK | DATE | | | Med. Cat. | Date | | |
|---|---|---|---|---|---|---|---|
| AC 2 | 19 | 5 | 41 | AB A³ B | 19 | 5 | 41 |
| LAC | 13 | 9 | 41 | | | | |
| Sgt. (T)(P) | 27 | 2 | 42. | | | | |

CIVIL OCCUPATIONS AND EXPERIENCE

Clerk (Bank) 1938-1941

COURSES AND TRADE TESTS

| Trade | Grp. | % | PorF | Date Rem. | Trade | Grp. | % | PorF | Date Rem. |
|---|---|---|---|---|---|---|---|---|---|
| P. or Ops | STd | | | | | | | | |
| Pilot | S. | | | 13 9 41 | | | | | |
| Pilot Sp. Gp | | | | 27 2 42 | | | | | |

PARTICULARS OF FAMILY M S D

Wife Maiden Name Present Address (in pencil)

| Children | Names | Date of Birth | Place of Birth |
|---|---|---|---|
| | | | |

NAME(S) ADDRESS AND RELATIONSHIP OF PERSONS TO BE INFORMED OF CASUALTIES (in pencil)

Mr Robert L. Curphey (Father)
153 Quebec St. Sherbrooke, P.Q

LEAVE

| FROM | TO | AUTH. AND DESCRIPTION |
|---|---|---|
| 0715 hrs. | 2200 hrs. | Special leave |
| 28-2-42 | 14-3-42 | A.A.R.O. 42-42. |

CHARACTER AND TRADE ASSM. HONOURS, AWARDS AND MENTIONS

| DATE | CHARACTER | TRADE AND ASSM. | HONOURS AND AWARDS | SIGNATURE |
|---|---|---|---|---|
| 19-5-41 | Pilot or observer | | Standard | J.C. Breuch |

MOVEMENTS AND CASUALTIES

| AUTHORITY | UNIT FROM | UNIT TO | DATE | AUTHORITY | UNIT FROM | UNIT TO | DATE |
|---|---|---|---|---|---|---|---|
| DRO #47 | | R/C Quebec | | | | | |
| D.R.O #51 | R/C Quebec | #1 MD Toronto | 2-6-41 | | | | |
| | | DRO | 133/41 | | | | |
| DRO 158-41 | #1 MD TORONTO | #16 S.F.T.S. Hagersville | 4-7-41. | | | | |
| DRO #3 | #16 SFTS | #1 ITS | 9-8-41 | | | | |
| " 218 | #1 ITS | #9 EFTS | 13-9-41 | | | | |
| " 137 | #9 EFTS | #6 SFTS. | 10.11.41. | | | | |
| A.A.R.O. 42-42 | Awarded Pilots Flying badge | | 27-2-42 | | | | |
| A.A.R.O. 42-42 | 6. S.F.T.S. | #1 "Y" Depot. | | | | | |
| | Dunnville Ont. | Halifax N.S. | 27-2-42 | | | | |

R.C.A.F. R.44C
100M—12-40 (8755)
H.Q. 1062-3-58

(OVER)

Ringer Printed
Date 12/5/41
Initials A D R.

SPECIAL RESERVE

ROYAL CANADIAN AIR FORCE

INTERVIEW REPORT

SURNAME..... CURPHEY

CHRISTIAN NAMES..... Robert Maurice

MARRIED..... Single ..... NO OF CHILDREN. none .....

N.F

FLY-ING

AGE.... 21 .....
HEIGHT.... 5'10" .....
WEIGHT..... 150 ....

ADMINISTRATION.....
TECHNICAL.....
EQUIP./ACCTS.....
GEN.LIST.....

PILOT..... X
OBSERVER.....
W.O. AIR GUNNER.....

APPROACH
Confident..... X
Nervous.....
Easy.....

MARRIAGE
[illegible]..... X
Medium.....
Athletic.....

DRESS
Neat..... X .....
Conservative.. X .....
Clean..... X .....
Careless.....

PHYSIQUE
Medium.....
Heavy set.....
Slender... X .....

SPEECH
Clear..... X .....
Slow.....
Hesitant.....

RESPONSE
Quick..... X .....
Deliberate.....
Slow.....

MANNER
Alert..... X .....
Confident.... X .....
Sincere..... X .....
Reserved.....
Nervous.....
Overbearing.....
Irresponsible.....

EXCELLENT.....

ABOVE AVERAGE.....

AVERAGE... X .....

BELOW AVERAGE.....

MARK WITH AN X THE DESCRIPTION WHICH APPLIES

EDUCATIONAL STANDING:- Number of years

High School 4 yrs ..... Technical none ..... Commercial none .....

University (Name and dates of Attendance)..... none .....

Standing other Countries..... none .....

FLYING EXPERIENCE:- Total hours

Commercial Hours Solo none ..... Dual none .....

Private " Solo none ..... Dual none ..... Passenger no

No, Hours & Types during last 2 yrs..... none .....

MILITARY AND OTHER TRAINING:-

..... none .....

.....

.....

.....

SPORTS:- (What branches)

Hockey, Tennis, Golf, Skiing, .....

HOBBIES:..... Reading .....

INTERVIEWING OFFICER'S OPINION AS TO CHARACTER AND SUITABILITY FOR THE SERVICE:-

Keen, Intelligent young man. .....

Very good appearance. Bilingual. .....

Will be asset to the R.C.A.F. .....

.....

.....

.....

REFERENCES CHECKED--SATISFACTORY X
" " --UNSATISFACTORY
" NOT CHECKED

.....

CONSIDERED SUITABLE FOR COMMISSIONED RANK?.....No.....

BEST FITTED FOR.....Pilot.....

.....

DATE May 1st, 1941

RECRUITING CENTRE
QUEBEC.

A.F.M.5

L.R. Gingras F.O.
Signature of Officer
(L.R. Gingras) F/O

577

I-197

SPECIAL RESERVE

# Bank of Montreal,

## Richmond, Que.

30th April, 1941.

Royal Canadian Air Force,

Quebec, Que.

Dear Sirs:

I am glad of the opportunity of recommending Mr. J. Robert M. Curphey, who has been in the employ of this Bank for slightly over three years.

He has proved himself to be accurate and thorough, and has made splendid progress.

I have no hesitation in recommending him for any position he feels he is qualified to fill.

Yours very truly,

H.N. Becker

Manager,
H.N. Becker.

R.C.A.F. Records Office
Rec'd. MAY 29 1941
O.K. ..... C.I.B. .....
S.R. ..... N.I. .....

QUEEN'S UNIVERSITY

SCHOOL OF COMMERCE AND ADMINISTRATION

KINGSTON, CANADA

R 55978

May 22, 1941

TO WHOM IT MAY CONCERN:

Joseph Robert Maurice Curphey has successfully completed the examinations of the Associates' Course in Banking conducted by this University for the Canadian Bankers' Association and is now an Associate of the Canadian Bankers' Association.

R. A. Smith

Acting Director of Banking Courses.

DAD

**CONFIDENTIAL**

(2)

RECHECK TORONTO #1 M.S.B. 27-8-41. Course 33.

R.C.A.F. M.2
150M—8-40 (6421)
H.Q. 1062-10-2

55978
(J 10225)

# ROYAL CANADIAN AIR FORCE

**Medical Board held at** ~~XXXXXXXX~~ Quebec R.C. *Date* 1-5-41 19-5-41

FILE NUMBER

*Surname* Curphey *Chr. Names* Robert Maurice.
*Nature of Commission* Pilot *Date of Birth* 23-2-20 *Married or Single* Single.
*Branch* R.C.A.F. *Hours Flown* NONE
*Address* 153 Quebec St. Sherbrooke P.Q.

HAVE YOU ANY HISTORY OF:— (21)

(i) NERVOUS TROUBLE or Nervous Breakdown no
Severe or "Sick" Headaches, Migraine no
Fits or Convulsions of any kind no
Sun or Heat Stroke no
Head Injury or Concussion (including "knock-out") no
Insomnia, Nightmares, Sleep-walking, or Bed-wetting Once at the age of 4 (2) Until 4 or 5
(ii) LUNG TROUBLE or Consumption no
Bronchitis, Pneumonia or Pleurisy ~~Org.~~ DAY (mal?) pleurisy 1940 Some cough, but no wheezing since 1941
Asthma or Hay Fever Slight attack Hay fever August 1940- Duration one week
(iii) HEART DISEASE, "Weak or Strained Heart" no
Fainting Attacks or Giddiness no
Rheumatism, Rheumatic Fever or "Growing Pains" no
Frequent Sore Throats or Tonsillitis occasional sore throat while at school-O.K. this last year or so.
Diphtheria, Scarlet Fever or Scarlatina no
(iv) STOMACH or BOWEL TROUBLE no
Chronic Indigestion or Pain after Food no
(v) KIDNEY or BLADDER TROUBLE no
Syphilis or Gonorrhœa no
(vi) TROPICAL DISEASE no
Malaria no
Dysentery no
(vii) EYE TROUBLE or Inflammation of Eyelids no
Wearing of Glasses no
Colour or Night Blindness no
(viii) EAR TROUBLE, Earache or Discharge from Ears no
Deafness, Noises in the Ears, or Dizziness no
Frequent Colds in Head, Catarrh or Obstruction About two a year-duration 1 week
Prolonged Hoarseness or Loss of Voice no
Sea, Car or Train Sickness no
Discomfort on Swings, Roundabouts, Switchbacks no
(ix) OPERATIONS none
(x) Any Illness or Injury not mentioned above Mumps childhood
Green stick fracture left collar Bone.

Education 4 years High School. Equivalent to Matriculation.
Present Occupation Bank Clerk Hobbies none.
Previous Service none.
Athletics Hockey(intermediate) -Skiing -tennis-swimming
Habits—Smoking 1 Cig. a day. Alcohol 1 quart of beer a month.
FAMILY HISTORY—Consumption no
Nervous Ailments, Mental Trouble, or "Fits" no
Father Alive—Health good Dead—Cause n.a.
Mother Alive—Health good Dead—Cause n.a.
Brothers (4) Alive—Health good (0) Dead—Cause n.a.
Sisters (4) Alive—Health good (0) Dead—Cause n.a.

*I hereby declare that I have carefully considered the statements made above, that to the best of my belief they are complete and correct, and that I have not withheld any relevant information or made any misleading statement. I am fully aware that by wilfully suppressing any information I shall incur the risk of not being granted a Commission, or if it is granted, of being required to relinquish it and forfeit any claim to gratuity or other award.*

*Date* 1-5-41 *Signature* Robert Maurice Curphey *Witness* H. Beaudoin P/C

# GENERAL MEDICAL AND SURGICAL EXAMINATION

Impression given by (a) Physique Wiry (b) Mentality Alert
Body Marks, Scars, Deformities Vacc. on left arm: Freckles on back.
Size of Thyroid Gland Normal
Surgical Abnormalities Ingrown toe nail (Inf Rt) Rt Gt.
Results of Wounds, Injuries, Operations none.

| | Date 1-5-41. | Assessing Room | Date 19-8-41 | Assessing Room | Date | Assessing Room | Remarks on any Abnormalities Found |
|---|---|---|---|---|---|---|---|
| Height (ins.) | 71 | | 70½ | | | | |
| Weight (lbs.) | 147 | | 143 | | | | Date |
| Chest Circumference (ins.) | 33 | | | | | | |
| Body Build (lbs.) | -4 | | -5 | | | | |
| Leg Length (ins.) | 45" | | | | | | |
| Pulse Rate — Sitting | 72 | | 72 | | | | |
| Pulse Rate — Standing 1st | 84 | | | | | | |
| Pulse Rate — Standing 2nd | 72 | | | | | | |
| Pulse Rate — After Exercise | 96 | | | | | | |
| Pulse Rate — Time to Normal | 15 | | | | | | |
| Arterial Walls | soft | | | | | | |
| Blood Pressure — Systolic | 124 | | 116 | | | | |
| Blood Pressure — Diastolic | 80 | | 72 | | | | |
| Heart — Size | N | | N | | | | |
| Heart — Sounds | N | | | | | | |
| Heart — Rhythm | N | | | | | | |
| Lungs | N | | N | | | | |
| Breath held | (%95 | | | | | | |
| Expiratory Force | 160 | | | | | | |
| Vital Capacity (Best of 5) | 5200 | | | | | | |
| Reflexes — Knee | Exag. | | | | | | Date |
| Reflexes — Ankle | N | | | | | | |
| Reflexes — Triceps | N | | | | | | |
| Reflexes — Abdominal | pres. | | | | | | |
| Reflexes — Plantar | Flex. | | | | | | |
| Cranial Nerves | N | | | | | | |
| Balancing Rod | R. L. 1/s 2/s | R. L. | R. L. FS | R. L. | R. L. | R. L. | |
| Self Balancing | R. L. 1/fs 3/fs | R. L. | R. L. N | R. L. | R. L. | R. L. | |
| Tremors — Fingers | sf sf | | SFt | | | | |
| Tremors — Eyelids | sf sf | | | | | | Date |
| Abdomen — Liver | N | | N | | | | |
| Abdomen — Spleen | N | | | | | | |
| Abdomen — Muscular Tone | Good | | | | | | |
| Urine — Albumen | Nil | | | | | | |
| Urine — Sugar | Nil | | | | | | |
| *Initials of M.O.* | (F.M.) | | | | | | |

40 mm. Hg. Test 68= 7/8-9-8/9-8-8/ Pulse could not be felt after this first 30 sec
*Date* 55# 6/9-9-7/7-7-7/6-7-7/6-6 Type -2-
*Date* 55-5- 6/66 1/65 5/55 5/66 (1)
*Date*
*Date*

Remarks by Consultant.

The first 40 MM test was very good as far as time is concerned.
But pulse was not felt on account of contraction of muscles of wrists.
The second was good.
The test are very good on the whole.

Advance / Pilot (Fighter) / 2.0353. WAG.
Average (3)

(F. Montreuil) Flt. Lt.

O.H. Barker

## EYE EXAMINATION

| | | |
|---|---|---|
| History Negative. | | |
| Visual Acuity R. 20/20 , ± 2.25 c = 20/200 | | 20/20 + 2.25 20/200 |
| Visual Acuity L. 20/20 , ± 2.25 c = 20/200 | | 20/20 + 2.25 20/200 |
| Colour Vision Normal Ish. 8 Edition. ~~Red neglect on horizontal.~~ | | ~ Ish |
| Red, Green Normal Eso tendency | Red neglect on horizontal | Exo Tend. No hyper |
| Diaphragm Test (P.D. = 60MM ) line at -0- | | -6S - Exo - base out |
| Convergence C. = 8 cms. | | 9.5 cms |
| Convergence S. C. = 11 cms. | | 16 cms |
| Accommodation R. 9 | | 10 cms |
| Accommodation L. 9 | | 10 cms |
| Cover Test Slight lat div R¢R. Both eyes | | Slight Div Rt R R |
| Fundi and Media Normal | | 〃 |
| Fields Wide | | 〃 |
| Remarks: Fit | | Rt eye master Rt handed. A, B A, B |
| *Initials of M.O.* [illegible] 1-5-41 | *Initials of M.O.* | *Initials of M.O.* E.A.B. |
| *Date* 1-5-41 | *Date* | *Date* 19-8-41 |

## EXAMINATION OF EAR, NOSE AND THROAT

History Occasional sore throat while at school- OK this last year or so slight attack hay fever August 1940 with nasal obstruction and discharge.

| | | | |
|---|---|---|---|
| Hearing R. Ear | W.V. 20 | W.V. 20' | |
| Hearing L. Ear | W.V. 20 | W.V. 20' | |
| External Ear, Meatus Membranes R. Ear | Normal | 〃 | |
| External Ear, Meatus Membranes L. Ear | Normal | 〃 | |
| Middle Ear, Eustachian Tubes R. Ear | Patent | Pat | |
| Middle Ear, Eustachian Tubes L. Ear | Patent | Pat | |
| Cochlear Apparatus R. Ear | Normal | 〃 | |
| Cochlear Apparatus L. Ear | Normal | 〃 | |
| Vestibular Apparatus R. Ear | Normal | 〃 | |
| Vestibular Apparatus L. Ear | Normal | 〃 | |
| Buccal Cavity | Healthy | N | |
| Teeth | 32 Points | Healthy | |
| Gums | Healthy | | |
| Pharynx | Healthy | 〃 | |
| Nasopharynx | Healthy | 〃 | |
| Nose | Healthy | pale mucous membrane (Hay Fever) | |
| Larynx | Healthy | 〃 | |
| Remarks: Fit | *Initials of M.O.* [illegible] | *Initials of M.O.* | *Initials of M.O.* |
| | *Date* 1-5-41 | *Date* 27.8.41 | *Date* |

Fit

## HISTORY OF PRESENT CONDITION

Date 1-5-41

Education: Equivalent to Junior Matric.

Mentality: Alert very keen and anxious to make good in tests.

Physical: Is in very good shape physically except for ingrown toe nail; tests are abvcve average.

History: History of org. pleurisy in 1940- Duration 2 weeks.
On auscultation no abnormality to be found;
no apparent sequelae.

This is a very good candidate.

(F.Montreuil)Flt.Lt.

19-5-41.

Lateral portion toe nail removed and root also removed. Well healed.

(F.Montreuil)Flt.Lt.

---

## OBSERVATIONS AND FINDINGS BY PRESIDENT OF BOARD

Date 1-5-41.

Cat: A T B T.

(F.Montreuil)Flt.Lt.

19-5-41

Cat: A 1 B, A 3 B.

(F.Montreuil)Flt.Lt.

CATEGORY APPROVED
A1B-A3B
AUG 28 1941
J.C.White
S/L For D.M.S., RCAF

wants pilot.
Good average material (3) (P06)

R.C.A.F Records Office
Rec'd SEP 22 1941
O. K. C.I.
R. C. J.M. N.I.
S. L. P. A.

R. C. A. F. T.58A

ROYAL CANADIAN AIR FORCE

REPORT OF PUPIL PILOT - FLYING AND GROUND TRAINING

Surname....Curphey.... Christian Names....R. M.....

Number....R55978....Rank....AC2....

INSTRUCTIONS

1. For instructions on the use of this form, see A.F.A.O. A. 51/2

PART 1

INITIAL TRAINING

1. No....1.... I.T.S. Course No....33.... From...Aug. 9....To.Sept. 12/41

2. Results of Examinations:-

| Subject | Maximum Marks | Marks Obtained | Subject | Maximum Marks | Marks Obtained. |
|---|---|---|---|---|---|
| Mathematics.... | 100 | ....99.... | Hygiene & Sanitation | 40 | ....34.... |
| Armament (P&O) | 100 | ....83.... | Drill..... | 100 | ....85.... |
| Signals..... | 100 | ....100.... | Law and Disc., etc. | 60 | ....59.... |

3. Maximum Marks 500. Marks Obtained.....460..... Percentage.....92.....

4. Passed or Failed...P... Position in Class....7.....No. in Pilot's Class...125

5. Considered Suitable ~~Unsuitable~~ for Commissioned Rank

6. Recommended for training as: (a) Pilot.....X.....
(b) Air Observer.....
(c)

7. Remarks. Intelligent and keen sense of responsibility. Keen and alert. ~~Serious and dependable.~~ Splendid material. Recommended as commission material.

Second Aircrew Recommendation:- Air Observer.

See Link Trainer Report Attached.

8. Link Trainer: ....47.....%

Edward Kemp Air Comdr.
S/L
Commanding Officer

No...1.... I.T.S. .Toronto,Ont...

Date SEP 1 8 1941

To be passed to No....9.....E.F.T.S.

A ~~Can.~~ ~~xxx.~~ ~~xxx.~~ ~~xxx.~~ Trainee.

NOTE: X out Countries not applicable

PART 11

ELEMENTARY TRAINING

1. No. 9 E.F.T.S. Course No. 38 From 13-9-41 To 7-11-41

2. Flying Time:--

FLYING TRAINING

| Aircraft | Total Dual | Total Solo | Instrument Flying | Passenger | Total | Link Trainer |
|---|---|---|---|---|---|---|
| Finch II | 32:05 | 32:25 | 10:40 | Nil | 64:30 | 10:40 |

3. Results of Flying Tests:- 20 hour 63 % Final Test 70 % Instr.Fly 70 %

4. Ability as a Pilot (Ex. AA., A., Below Av., Poor) Good Av. Pass or Fail P

5. Recommended for Training on T. E. or S. E. aircraft S.E.

6. Remarks on Flying Progress and points which require special consideration

Good average. General flying - good. Instrument work average. Aerobatics - good.

J. Cochran
Chief Flying Instructor
Date 8-11-41

7. GROUND TRAINING

| Subject | Maximum Marks | Marks Obtained | Subject | Maximum Marks | Marks Obtined |
|---|---|---|---|---|---|
| Airmanship | 200 | 139 | Th. of Flight | 100 | 71 |
| Airframes | 100 | 73 | Air Nav | 200 | 150 |
| Aero Engines | 100 | 66 | Arm. (Oral) | 200 | 140 |
| Signals (Prac) | 100 | 95 | Quals as an Officer | 200 | 161 |

Maximum Marks 1200. Marks Obtained 895 Percentage 74:6

Pass or Fail P Position in Class 7 No. in Class 31

8. Commissioned Rank (appears suitable or unsuitable) Unsuitable

9. General Remarks (Ability, Conduct, etc) Conscientious worker. Showed marked progress throughout flying training. Conduct and deportment - Satisfactory.

W. S. Bowdery
Chief Ground Instructor
Date 8-11-41

A. Gunn F/O Sqn.Ldr.
Chief Supervisory Officer
No. 9 E.F.T.S St. Catharines
Date 8-11-41

To be passed to No. 6 S.F.T.S.

Curphey, R.M.

PART 111

SERVICE FLYING TRAINING

1. No. 6 S.F.T.S. Course No. 42 From 10-11-41 To 30-1-42

2. Flying Time:-

FLYING TRAINING

| Aircraft | S. E. Aircraft | | | | T. E. Aircraft | | | | Instrument | Link Trainer | Passenger |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | Day | | Night | | Day | | Night | | | | |
| | Dual | Solo | Dual | Solo | Dual | Solo | Dual | Solo | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Total | 44:25 | 65:05 | 4:10 | 12:05 | | | | | 20:05 | 21:15 | |
| Brought forward from E.F.T.S. | 32:05 | 32:25 | | | | | | | 10:40 | 10:30 | |
| Grand Totals | 76:30 | 97:30 | 4:10 | 12:05 | | | | | 30:45 | 31:45 | |

3. Qualities as a Pilot. 750 Marks Obtained 535.5

4. Remarks on Flying Progress, Navigation, and points which require consideration

Navigation average. Good reliable pilot with average air sense.

Squadron Commander

Date 27-2-42

5. GROUND TRAINING

| Subject | Maximum Marks | Marks Obtained | Subject | Maximum Marks | Marks Obtained |
|---|---|---|---|---|---|
| Airmanship & Maintenance | 200 | 171 | Navigation & Meteorology | 200 | 113 |
| Armament (W) | 100 | 61 | Signals (W) (P) | 100 | 95 |
| Armament (p) | 100 | 55 | Signals (P) (W) | 50 | 45 |
| | | | TOTAL | 750 | 583 |

6. Remarks of C. G. I. Satisfactory, worked well

Chief Ground Instructor

Date 28/1/42

7. Armament (Air Exercises) (T. E. Schools Only) (Ex., A.Av., Av., B.Av., B.Av., or P.)

(a) Wind Speed and Direction Finding.....

(b) Straight Runs Over as Pilot.....

PART III (Continued)

8. Character & Leadership (Marks Possible) 750. Marks Obtained.....565.....

9. Final Assessment (Maxixum Marks) 2250. Marks Obtained.....1683.5.....

10. Passed or Failed....P.....Position in Class...9.....No. in Class....54.....

11. Qualities as an Operational Pilot (Ex., Above Aver.,Av.,Below Av.,Poor)..High.Av.

(a) Formation Flying.....Above Av.....(b) Navigation Ability ..Av.....

(c) Night Flying.....Av.....(d) Determ. and Initiative..Above Av.....

(e) Instrument Flying.....Av.....

(f) Ability to Maintain Speed, Course & Height (T.E.)....N.A.....

Recommended for (Type of Service Squadron)....Fighter...Pupil's preference "Fighter"-

Type of A/C (T. E. or S.E.)....S.E.....Recommended for Flying Instructor..No....
(yes or no)

NOTE: Paras. 11(a)(b)(c)(d)(e)(f) to be assessed Ex.,A.Av.,Av.,below Av., Poor.....

12. General Remarks on training, Ability, etc.....Satisfactory progress, willing.... worker.

.....

.....

Link Trainer - 90%

.....

Certified that pupil pilot has passed all tests required for Pilot's Badge, as laid down by A.F.A.O. A. 51/2 ....Yes.....

.....E. K. Johnston.....Wg. Comdr. Sqn.Ldr.
Chief Instructor

13. Awarded Pilot's Flying Badge w.e.f. .....27/2/42.....
(Date)

14. Recommended for Commissioned Rank.....Assessment.....Av.....
(yes or no) (ex., Above Av., Av.)

15. Remarks of Commanding Officer.....

.....

.....W. W. Oswald.....W. C. Wg.Comdr.
Commanding Officer

No.....6.....S.F.T.S. Dunnville, Ont.

Date...27.2.42.....

16. Accidents (C.A.P. 100, Sec.4)

This pupil has been involved in the following flying accidents during his training.

| E.F.T.S. Or S.F.T.S. | Type of Accident Para. 27 | Assessment of Blame - Para. 25. | Previous Communications | Signature of Chief Supervisory Officer or Chief Instructor (as applicable) |
|---|---|---|---|---|
| #6 S.F.T.S. Nil | | | | |

# ROYAL CANADIAN AIR FORCE

## *Individual Record of Flying*

R.C.A.F. T.P. CAN.

RANK Lac P/O NO. J.10225 R55975 NAME Curphy, R.M.

LOWE-MARTIN MFRS.

| UNIT | PERIOD ENDING | SERIAL NO. | SINGLE-ENGINE AIRCRAFT | | | | | | | | | | | | MULTI-ENGINE AIRCRAFT | | | | | | | | | | | | CREW DUTIES | | | PASSENGER | | TOTAL | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | DAY | | | | | | NIGHT | | | | | | DAY | | | | | | NIGHT | | | | | | | | | | | |
| | | | 1ST PILOT | | 2ND PILOT | | DUAL | | 1ST PILOT | | 2ND PILOT | | DUAL | | 1ST PILOT | | 2ND PILOT | | DUAL | | 1ST PILOT | | 2ND PILOT | | DUAL | | OBSERVER | | AIR GUNNER | | OTHER | | | |
| | | | (A) | | (B) | | (C) | | (D) | | (E) | | (F) | | (G) | | (H) | | (J) | | (K) | | (L) | | (M) | | (N) | | (O) | | (P) | | (Q) | | (R) | |
| | | | Hrs | Mins | Hrs | Mins | Hrs | Mins | Hrs | Mins | Hrs | Mins | Hrs | Mins | Hrs | Mins | Hrs | Mins | Hrs | Mins | Hrs | Mins | Hrs | Mins | Hrs | Mins | Hrs | Mins | Hrs | Mins | Hrs | Mins | Hrs | Mins |
| No 9 E.F.T.S. | | 1941 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 15-9 | | | | | 1 | 20 | | | | | | | | | | | | | | | | | | | | | | | | | 1 | 20 |
| | | 22-9 | 1 | 10 | | | 8 | 25 | | | | | | | | | | | | | | | | | | | | | | | | | 10 | 55 |
| | | 29-9 | 1 | 55 | | | 2 | 10 | | | | | | | | | | | | | | | | | | | | | | | | | 15 | 00 |
| | | 6-10 | 3 | 45 | | | 1 | 40 | | | | | | | | | | | | | | | | | | | | | | | | | 20 | 25 |
| | | 13-10 | 7 | 20 | | | 5 | 45 | | | | | | | | | | | | | | | | | | | | | | | | | 33 | 30 |
| | | 20-10 | 8 | 10 | | | 4 | 55 | | | | | | | | | | | | | | | | | | | | | | | | | 46 | 35 |
| | | 27-10 | 3 | 20 | | | 1 | 50 | | | | | | | | | | | | | | | | | | | | | | | | | 57 | 45 |
| | | 4-11 | 6 | 45 | | | 0 | 00 | | | | | | | | | | | | | | | | | | | | | | | | | 64 | 30 ✓ |
| #6 S.F.T.S. | 27-2-42 | | 65 | 05 | | | 44 | 25 | 12 | 05 | | | 4 | 10 | | | | | | | | | | | | | | | | | | | 125 | 45 |

ADDRESS REPLY TO:

The Secretary,
Department of National Defence for Air,
Ottawa, Canada.

J10225 (R.O.4.)

OTTAWA, Canada. 20th April, 1943.

Miss R.B. Rowby,
209 Oxford Avenue,
Buffalo, New York, U.S.A.

Dear Miss Rowby:

I wish to acknowledge your letter of April 13th concerning Flying Officer Robert Maurice Curphey.

I regret that I must inform you that Flying Officer Curphey who was a member of the crew of an aircraft lost his life during flying operations on November 22nd, 1942, at Overton, Hants, England. His funeral took place at 1.30 P.M. on November 25th, at Brookwood Cemetery, Brookwood, Woking, Surrey, England.

Should you wish to write to his parents, Mr. and Mrs. R.L. Curphey, their address is 153 Quebec Street, Sherbrooke, Quebec.

May I extend my sincere sympathy.

Yours sincerely.

(T.K. McDougall)
Wing Commander
for Chief of the Air Staff.

/IGS

# REPORT ON FLYING ACCIDENT OR FORCED LANDING NOT ATTRIBUTABLE TO ENEMY ACTION.

Form 765 (C)
*(Revised Dec., 1941.)*

In every case copies of this form are to be rendered as follows :—

(i) One copy direct to Air Ministry, C.I. (Accidents).
(ii) Two copies direct to Air Ministry, (S.4. Statistics).
(iii) One copy direct to Ministry of Aircraft Production (R.M.I.).
(iv) One copy through usual channels to Command Headquarters.
[*In addition*, and *only* if casualties to airmen are involved.]
(v) One copy direct to Records Office.

Indicate here by an X to whom this copy is addressed.

| |
|---|
| |
| |
| |
| |
| |

P. 375836
If this incident has been reported to the Air Ministry by signal, quote Reference No. and date.

T. 364 22.11.42.

| 1. Unit | Group No. | Command | Serial No. of Form |
|---|---|---|---|
| 400 Sqdn R.C.A.F. | ~~xxxxxxx~~ Wing 35 | A.C.C. | |

2. Date of Incident ..... 22.11.42

Time ..... 16.15 hours.

Site of Incident

(*a*) Name of aerodrome or landing ground .....

(*b*) Place (if (*a*) not applicable) Woodlands Farm Overton. M.R. 958656

(*c*) County ¼" Sheet 12. Hants.

Part (*a*) to be completed if the incident occurred on, or whilst taking off from or approaching to land on an aerodrome or landing ground.

3. Nature of and purpose for which flight authorised :—

Nature { (i) Operational or Non-operational ? ~~xxxxxxxxx~~ Yes
(ii) Day or Night flying ? ~~xxxxxx~~ Yes
(iii) Purpose ..... Practice.

P.A.

This flight is being included in this Unit's flying hour summary on { Form 765A / Form 765B } ~~xxxxxxxx~~ (Delete as necessary)

4. Type of Airframe and Engine and extent of damage (*see* footnotes to this section).

| Details of Airframe and Engine. | Airframe. | Engine. Single or Port. | Starboard. | Centre Port. | Centre Starboard. |
|---|---|---|---|---|---|
| Type | Master | Kestrel | | | |
| Mark or series | Mk. 1 | ~~xxx~~ | | | |
| R.A.F. No. (and makers' No. for engines) *a* | N. 8067 | 5275/ | | | |
| *b* | | A.110692 | | | |
| Total hours run *b* | | | | | |
| Date last installed in Airframe | ——— | | | | |
| *c* Extent of damage | E | E | | | |

*a* To be quoted whenever an engine is damaged or fails.
*b* To be quoted only for incidents involving defect or failure of airframe or engines.
*c* To be indicated as :—
E = Missing, unrepairable, reduction to scrap or instructional. AC = For repair by contractor's working party.
B = For repair at contractor's works or R.A.F. Depot. A = For repair by nearest R.A.F. unit. U = No damage.

5. All Occupants of Aircraft and Flying Experience of Pilots.

(i) Names to be entered in order of duty : 1st Pilot, 2nd Pilot, Pupil Pilots, etc.
(ii) Degree of injury to be classified as : Missing, Killed, Injured (admitted to Sick Quarters or Hospital), Slightly Injured (not admitted to Sick Quarters or Hospital), Uninjured. (Quote as M, K, I, I(s) or U as appropriate.)

| Duty. | Name and Initials (Nationality to be quoted if not British). | Rank. | No. | Degree of Injury. | Flying Experience of Pilots and Pupil Pilots. *See* Note (ii) Part A. Total Solo (Day & Night). Type Quoted in Part 4. | Part A. Total Solo (Day & Night). All Types. | Part B (*see* Note (i) below). Solo (Night). Type Quoted in Part 4. | Part B (*see* Note (i) below). Solo (Night). All Types. | Part C (*see* Note (iii) below). Instruments. | Part C (*see* Note (iii) below). Link Trainer. |
|---|---|---|---|---|---|---|---|---|---|---|
| Pilot | R.M. Curphey (RCAF) | F/O | J.10225 | K | 1.05 | 390.15 | | | | |
| Passenger | Bruce Campbell Clark 4 PLDG (Recce) Regt. Canadian Army. | Lt. | | K | | | | | | |

Note (i) Part B only to be quoted if incident occurred during night flying. (ii) Quote to nearest hour.
(iii) Part C only to be quoted if loss of control at night or in bad visibility or cloud by day is a possible contributory factor.

6. Stage of Flight.
A. Picketed or at moorings. F. In flight.
B. Starting up. G. Landing.
C. Stationary other than A or B. H. Towed or manhandled.
D. Taxying. J. Not known.
E. Taking off.
Quote A or B or C, etc., as appropriate ..... F

7. Did Fire occur ? If Yes, state "In air" or "On ground" as appropriate. If no fire state "No."
No

8. Conditions of Light in which Incident occurred.
A. Day (daylight). E. Moonlight.
B. Dusk (half light of evening). F. Not known.
C. Dawn (half light of morning).
D. Dark (no moon or moon obscured).
Quote as A or B or C, etc., as appropriate and amplify in Part 12(B) if neccessary. ..... A

9. If Incident occurred when taxying on, taking off from or landing on a runway state "Yes."
N/A

[P.T.O.

10. SUMMARY OF PILOT'S REPORT (or a description of circumstances which terminated in the accident if the pilot's report is not available). In cases of engine failure information should be given as to the behaviour of the engine and manipulation of the engine controls immediately before failure.

Duration of flight since last take off : Hours - Minutes 50 If engine failure occurred during take off quote height N/A

From witnesses, Master No 8067 appeared to have closed to 300 yards of bomber (witness thought it was a glider being towed) while flying at approx 1200 feet. The Master then turned away sharply to the left and came around again into the line of flight of the bomber. While still in the turn it appeared to flick into a spin. It appears to have recovered but at too low an altitude so that the aircraft struck the ground in a steep dive.

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11. REPORT BY APPROPRIATE SPECIALIST OFFICERS (A. E. Nav., &c.) :—(i) If technical failure is involved information as to the nature and cause of the failure is required ; precise information as to the extent of the damage arising as a result of this failure is not required. (ii) If the non-embodiment of an authorised modification is considered to have contributed to the accident, the serial number of the modification and reason for non-embodiment should be stated.

On investigating the crash of Master I No. N.8067 Aircraft, the most reliable witness states that the engine was running when the aircraft hit the ground. All control surfaces were found at the scene of the accident in a very badly damaged condition.

Is Form 1022 or 1023 being rendered? No Signature ? F/O
If "Yes" state which

---

12. REMARKS BY UNIT COMMANDER (to be given under three separate headings) :—

Part A. Remarks as to circumstances of the incident. (If it occurred at night on or near an aerodrome the nature of the lighting system in use at the time is to be noted in Part A.)

Part B. Diagnosis of all contributory factors. The manner in which any particular factor contributed to the incident is to be clearly indicated.

Part C. General remarks (including any recommendation with regard to personnel, training, airframes, engines, accessories, etc., and notes of any action taken as a result of this incident).

A. Circumstances as stated in para. 10.

B. Primary cause of accident was aircraft going into a spin at too low an altitude to recover. The cause of the spin may have been the aircraft re-entering the slipstream of the bomber while in a ti ght turn. The aircraft was fitted with dual controls. The only other contributory factor may have been interference on the controls by the passenger.

C. The pilot had been warned against flying in formation with bombers and had signed an order to that effect in the Squadron Pilot's Order Book. In future familiarization flights of army personnel will not be carried out in aircraft fitted with dual controls. The accident is being investigated by an independent investigating Officer.

*Signature* ? W/Cdr *Commanding* 400 Sqdn RCAF *Date* 24.11.42

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13. REMARKS BY STATION COMMANDER (and notes of any action taken as a result of this incident) :—

(i) Was any assistance rendered in rescue work after the accident, which is considered worthy of recommendation ? Yes or No..... If any such assistance was rendered, the recommendation is to be forwarded separately.

(ii) Remarks.

*Signature*..... *Commanding*..... *Date*.....

R (*8836) Wt. 41475—2739 200M 1/42 T.S. 700

# NOTIFICATION OF DEATH.

CERTIFIED that according to the records of this Department Can/J.10225 Flying Officer, Robert Maurice Curphey, Royal Canadian Air Force, lost his life on active service, at Overton, Hampshire, on the twenty-second day of November, 1942.

Flight Lieutenant,
for Director of Personal Services.

Dated at
the Air Ministry,
London,
this 1st day of March, 1943.

R.A.F. Form 1755
(in pads of 100).

# BURIAL RETURN.

[To be rendered in respect of all burials (including enemy dead) whether or not due to war operations.]

(Date) 13 - 1 - 1943

PLACE OF BURIAL Brookwood Map Reference —

(and name of Cemetery) Brookwood Surrey —

Grave No. 4 Plot 33 Row F Personal or Official No. CAN.J.10225

Unit 400 Squadron R.C.A.F.

Name: (Surname) CURPHEY (Initials) R.M.

Rank Flying Officer Religion R.C.

Date of Death 22.11.42 Date of Burial 25.11.42

Means of Identification Identity Discs

[P.T.O.

**To be answered by Home Units and Units in the Field.**

Have effects (if any) been forwarded to the (i) Base Personnel Staff Office ?
..... (ii) Standing Committee of Adjustment ?.....

**To be answered by Units in the Field.**

CROSSES. (Strike out all but one line.)

1. No Cross required, as an adequate cross with durable inscription is already in position
2. Cross required : (*a*) Will be called for at G.R.U. Office at.....
   (*b*) To be forwarded by G.R.U. to.....
   (*c*) To be erected by G.R.U. as soon as possible.

When a Chaplain, Burial Officer or Commanding Officer renders a Burial Return and is not in a position personally to verify the particulars shown thereon, he must invariably state on the form the authority responsible for supplying the details of identity, and (if possible) how these were obtained.

(Signed) W. SEHERS, F/L. Unit 1400 Sqdn

Chaplain, O. i/c Burials, or O.C. Unit.

*Distribution* :—Units in the Field { 2 copies to B.P.S.O. / 1 copy to Head of Graves Services.
Home Units and Overseas Units not in the Field { 2 copies to Air Ministry. / 1 copy to Record Office for Airmen.

(*9383—x8138) Wt. 52705—3580 1,250 pads 4/42 T.S. 700

# OFFICIAL ROYAL CANADIAN AIR FORCE CASUALTY NOTIFICATION

NUMBER J10225 (R55978) RANK FLYING OFFICER TRADE PILOT (GEN LIST) UNIT OVERSEAS

NAME CURPHEY, ROBERT MAURICE

SERVICE

| R.C.A.F. | R.A.F. | R.A.A.F. | R.N.Z.A.F. | OTHER |
|---|---|---|---|---|
| X | | | | |

MARITAL STATUS SINGLE

WAS AIRMAN ON INDEFINITE LEAVE WITHOUT PAY? NO

NEXT OF KIN AS SHOWN ON REC. OF SERV. & RELATIONSHIP MR. R.L. CURPHEY, (FATHER)

ADDRESS 153 QUEBEC STREET, SHERBROOKE, QUE.

NAME ADDRESS D.A.B. AGREES

ADDITIONAL PERSON TO BE NOTIFIED

ADDRESS

NEXT OF KIN AS SHOWN ON CAS. SIG. & RELATIONSHIP MR. R.L. CURPHEY, (FATHER)

ADDRESS 153 QUEBEC ST., SHERBROOKE, P.Q.

RELIGION R.C. CANADIAN YES FRENCH CANADIAN OTHER

PARENTS NAMES MR.& MRS. ROBERT LEWIN CURPHEY,

ADDRESS 153 QUEBEC STREET, SHERBROOKE, QUEBEC.

FATHER LIVING ON ENLISTMENT YES

MOTHER LIVING ON ENLISTMENT YES

(400 RCAF SQDN.)

WAS MEMBER ATTACHED TO R.A.F. AT TIME OF CASUALTY? ~~YES/NO~~ NO IF SO, WAS HE A B.C.A.P.P. TRAINEE? ~~YES/NO~~ YES

IF NOT, UNDER WHAT CIRCUMSTANCES WAS HE SO ATTACHED?

IF MEMBER WAS ATTACHED TO R.A.F. AT ANY TIME, GIVE DETAILS: . . . . . .

ESTATES BRANCH DEC 2 1942 H.Q. OTTAWA. NATIONAL DEFENCE

IF CASUALTY OCCURRED IN CANADA DID MEMBER HAVE SERVICE OUTSIDE CANADA DURING WAR WITH THE GERMAN REICH? YES/NO.

IF SO, GIVE PERIOD OR PERIODS: . . . . . .

IF ON LEAVE, STATE DATE LEAVE COMMENCED AND WHETHER ON LEAVE WITH OR WITHOUT PAY? . . . . . .

AUTHORITY CAS. SIG. NO. 1581

CASUALTY DETAILS: AIR MIN KWY PX6221 d/23-11-42

"KILLED" 22-11-42 ~~AFTER AIR OPERATIONS~~ (AT OVERTON HANTS ENGLAND) OVERSEAS AS THE RESULT OF A FLYING ACCIDENT

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 1-12-42

B.M. Lawson A/L/O

FOR CHIEF OF THE AIR STAFF

R.C.A.F. R217
15M-4-42 (2067)
H.Q. 885 R217

2

ADMINISTRATOR OF ESTATES, OTTAWA

FORM 6

# DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not write in this space

**1. PLACE OF DEATH**

Municipal county: OVERSEAS

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: CURPHEY

(*Block letters*)

Given names: Robert Maurice

Do not write in this space

**4. RESIDENCE**

Street: Quebec Street No. 153

Official name of civil municipality or township: Sherbrooke

Municipal county: Province: Quebec

| 5. SEX | 6. NATIONALITY (Citizenship) | 7. RACIAL ORIGIN | 8. Single, Married, Widowed or Divorced (*Write the word*) |
|---|---|---|---|
| Male | Canadian | Manx | Single |

**9.** If married give name of wife or husband of deceased: N.A.

**10.** BIRTHPLACE (Province or Country): Quebec

**11.** DATE OF BIRTH: February (Month) 23rd (Day) 1920 (Year)

| 12. AGE OF DECEASED | Years | Months | Days | If less than one day old |
|---|---|---|---|---|
| | 22 | 8 | 30 | ....hrs. or....min. |

**OCCUPATION**

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

**14.** Kind of industry or business, as **cotton-mill, lumbering, bank,** etc.: R.C.A.F.

**15.** Date deceased last worked at this occupation: 22-11-42

**16.** Total years spent in this occupation: Two

| | 17. NAME | 18. BIRTHPLACE (Province or Country) |
|---|---|---|
| FATHER | CURPHEY, Robert L. | Isle of Man |
| MOTHER (Maiden Name) | PERREAULT, Gabrielle | Quebec. |

**19.** Place of burial, cremation or removal

**20.** Date of burial....19....

**21. PLACE OF REGISTRATION OF THIS BURIAL**

(a) Name of parish or church

(b) Civil municipality of

(c) Municipal county

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

## CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

**22.** Date of death: November (Month) 22nd (Day) 19 42 (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 as result of flying due to accident.

**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: Accident (State which) Date: November 22 19 42

Manner of injury: Killed as result of flying accident. (How sustained)

Nature of injury....

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

Signed....M.D.

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

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

O.M. Casselman F.O.
for (RCAF Records Officer)

This signature authorizes the collector to accept this form as authentic. 10-12-42

**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)**

MEMORANDUM FOR

P. 64

Mr. R.L. Curphey,
153 Quebec Street,
Sherbrooke,
Que.

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. J.10225 FD.328

---

DEPARTMENT OF NATIONAL DEFENCE
OTTAWA, ONT.

December 11th, 1942

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

CURPHEY, Robert Maurice,
Flying/Officer,
No. J10225,
ROYAL CANADIAN AIR FORCE OVERSEAS.

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.

for (N.O. Seagram) S/Leader.
for (L.M. Firth) Lt.-Colonel,
Administrator of Estates.

M.F.W. 77
5M—9-41 (1669)
H.Q. 1772-39-972

ESTATES BRANCH DEC 26 1942 H.Q. OTTAWA. NATIONAL DEFENCE.

## ANSWER IN FULL ALL APPLICABLE QUESTIONS

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

| Degrees of Relationship | RELATIVES required to be accounted for | | INFORMANT'S STATEMENT: NAME IN FULL of any Relative, if any, in each degree inquired for | Age | ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative |
|---|---|---|---|---|---|
| 1 | Widow of the Deceased..... | | ~ | | |
| 2 | Children of the Deceased and dates of their Births..... | | ~ | | |
| 3 | Father of the Deceased..... | | ROBERT LEWIN CURPHEY | 53 | 153 Quebec Street Sherbrooke. Que. |
| 4 | Mother of the Deceased..... | | GABRIELLE PERRAULT CURPHEY | 54 | do do |
| 5 | Brothers of the Deceased | Full Blood | F/O. LEWIN HENRY CURPHEY | 23 | J7769, 112th Squadron, R.A.F., M.E.F. |
| | | | EDWIN RAOUL CURPHEY | 18 | 153. Quebec St., Sherbrooke. Que. |
| | | | GERALD CHRISTIAN CURPHEY | 17 | do do |
| | | | CHARLES PERRAULT CURPHEY. | 10 | do do |
| | | Half Blood | ~ | | |
| 6 | Sisters of the Deceased | Full Blood | MRS LILIAN STEVENSON (IAN) | 28 | 438 Queen St. Ottawa. |
| | | | MRS GLADYS DRAPER (P.M.F.) | 27 | 5 Dalhousie, Halifax, N.S. |
| | | | MRS MURIEL EGAN (D.A). | 26 | 152 Maple, Barrie, Ont. |
| | | | MISS JOAN CURPHEY | 17 | 153 Quebec, Sherbrooke. Que. |
| | | 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 |
|---|---|---|---|
| | None | None | |

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

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

## FULL PARTICULARS AS TO IDENTITY

| | | |
|---|---|---|
| 10 | What is the full name of the deceased? | ROBERT MAURICE CURPHEY. |
| 11 | Give the month and year of his birth. | FEBRUARY 1920 |
| 12 | Where and when were his parents married? | MONTREAL, 1913. |
| 13 | If deceased was married, state place and date of marriage. **Was there a Marriage Contract (Quebec)?.** | ~~Single~~ See LPC |
| 14 | Did he leave a Will? If so, a copy should be attached hereto. | Not to my knowledge Have the Air Force one ? |
| 15 | Did he leave a bank account? If so, give full particulars. | Believed to have an account at ~~to~~ Bank of Montreal, Waterloo Place, London Eng. |
| 16 | Is there any other estate which will necessitate application being made for Probate of the Will or Letters of Administration of the estate? | Not to my knowledge ~~do~~ ~~do~~ Insurance policy PRUDENTIAL of ENG. has military clause. Date 1939 and rebate of premiums called for. About $100. |
| 17 | State *your own* postal address in full. | c/o Bank of Montreal, Sherbrooke. Que. |

## PARTICULARS OF DOMICILE

THE PRUDENTIAL ASSURANCE COMPANY LTD OF LONDON, ENGLAND, H.O. for Canada 465 St John St. Montreal. POLICY No. 3722555

See remarks on back sheet.

| | | |
|---|---|---|
| 18 | Where was deceased born? | Hull. Que. |
| 19 | State, in order, the Province (or State) and country in which the deceased resided and the period of time in each, and in which last. | QUEBEC, Birth to 1932<br>ONTARIO, 1932 to 1940<br>QUEBEC, 1940 to 1942 with several months in Ontario while training.<br>ENGLAND since April 1942. |
| 20 | What was the nature of his employment? | BANK CLERK (Bank of Montreal, Richmond, Que. at time of enlistment.) |
| 21 | Did he own the premises in which he lived? If so, where? | NO. |
| 22 | Did he ever state verbally, or in writing, where he intended to make his permanent home? | NO. He enlisted while he and his parents were Quebec residents. |

## OTHER PARTICULARS

| | | |
|---|---|---|
| 23 | Did the deceased after enlistment incur any debts for:—<br>*(a)* His own separate board and lodging while on service.<br>*(b)* Service clothing and equipment.<br>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 our knowledge. |
| 24 | Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.<br><br>(NOTE:—The Government pays funeral expenses within the amounts authorized in the Regulations, where death occurs and burial is made Overseas as well as where death occurs and burial is made in Canada, and if a relative has already paid those expenses the Government will reimburse such relative to the extent of the amount authorized in the Regulations. Any amount of such expenses in excess of those authorized in the Regulations is not payable by the Government nor is it chargeable against the service estate of the deceased.) | Not to our knowledge |

(PLEASE TURN OVER)

## DECLARATION

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

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

* FATHER .....of the deceased.

Robert Lewin Humphrey

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

Rob Humphrey ..... {Signature of Informant}

---

## CERTIFICATE

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

*See above CURPHEY {Name of Informant} is the * FATHER of the Deceased above described, and I believe the above Declaration and the Statement of Relatives made by the Informant and signed in my presence to be complete and correct.

Dated at Sherbrooke this 22 day of December 1942

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public } C.B. Worthington Qualification Notary Public

Address Sherbrooke, Que.

---

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

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

As the husbands of Mrs Draper and Mrs Egan are in the armed services, addresses are only temporary and it might be advisable to address them in my care at Bank of Montreal, Sherbrooke, Que.

I understand he left instructions with the proper department in Ottawa for deduction from his pay to be send to the Prudential Life Insurance Co of London England. In order to enable me to make claim the last receipt is required and I would ask your kind offices to obtain this for me.

Please address mail for me to c/o Bank of Montreal, Sherbrooke Que., instead of to my residence.

J10225

# WILL

R.C.A.F. r.60

(1) I, CURPHEY, Robert Maurice, of the (City / Town / Village / Township of Sherbrooke in the County of ..... in the District of ..... Province of Quebec. Bank Clerk (Civil Occupation)

a member of the Royal Canadian Air Force, Number R.55978 ..... Do hereby revoke all former Wills made by me and declare this to be my Last Will.

(2) I give, Devise and bequeath unto:-

My mother, ~~Mrxxx Thxrxxxxx Exxp~~ Mrs. Gabrielle P. Curphey,
153 Quebec St.,
SHERBROOKE,
Que.

My whole estate.

(3) I Give, Devise and Bequeath all the rest and residue of my Estate, both real and personal, of whatsoever kind and wheresoever situated unto:-

(4) I appoint My mother, (Name) Mrs. Gabrielle P. Curphey, (Address) of the above address ..... Executor ....., to be the Executrix of this my Last Will

IN WITNESS WHEREOF I have hereunto set my hand this 3rd day of June 1941

Signed and acknowledged by the Testator, in the presence of us present at the same time who in his presence, at his request, and in the presence of each other have hereunto subscribed out names as witnesses.

..... (Signature of Testator)

(5) Signature W. L. Hayman

Address No. 1 Manning Depot. R.C.A.F. Toronto.

Occupation Clerk

Signature No. 1 Manning Depot. R.C.A.F. Toronto.

Address Clerk

Occupation Clerk

R.C.A.F Records
Rec'd JUN 16 1941
O.K. C.I.B.
R.C. N.I.
S.L. P.A.

SPECIAL RESERVE

1682 1 P.F.W.

**To be made out in duplicate**

**M.F.M. 5**
200M—7-40 (6098-9)
H.Q. 1772-39-1651

Prudential Life Insurance. Montreal, Que

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

INSTRUCTIONS.

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

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

2.51.

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

---

(1) Name of Officer of Other Rank CURPHEY ROBERT MAURICE
(Surname first—Christian names in full—Block capitals)

(2) Regimental or Air Force Number and Rank R.55978 AC.2

(3) Unit Royal Canadian Air Force

(4) Are you married? No

(5) If married, state,

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

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

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

(7) Are you a widower? No

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

Names and ages N.A.

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

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

Name N.A.

Postal Address N.A.

[SEE OTHER SIDE]

R.C.A.F. Station Office
Rec'd JUN 10 1941
O. K. C.I.B.
R. O. N.
S.L. P.A.

(10) Have you a common-law wife—whom you have been regularly supporting and publicly representing as your wife for at least 2 years immediately prior to appointment or enlistment? N.A.

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

(11) Is your father alive? Yes. Lewin

If so, state name and address, occupation Robert L. CURPHEY, Manager, Bank of Montreal.
153 Quebec St. Sherbrooke. P.Q.

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

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

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

(14) Is your mother alive? Yes. Perrault

If so, state name and address Gabrielle P. CURPHEY,
153 Quebec St. Sherbrooke. P.Q.

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

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

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

(17) Are you contributing to the support of any dependents, other than those shown above? No
This may include any brothers 16 years of age or under, or any sisters 17 years of age or under, solely supported and maintained as bona fide members of your household before your appointment or enlistment.

If so, state the following particulars:—

Relationship N.A.

Full Name N.A.

Postal Address N.A.

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

(18) Are you insured? Yes.

If so, in what Company? Prudential Life Ins. Co. of London. England.
(Give number of policy)

Have you made arrangements for payment of your Insurance Premium? No
If not, and it is a monthly premium, you may assign the amount in addition to any other assignment you wish to make, provided the total assignment is not in excess of the maximum monthly amount which may be assigned.

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

Robertson Curphey
(Signature of officer or man)

Date May 19th, 1941

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J.R. Genin F.O.
Officer Commanding

Date May 19th, 1941

Commanding Officer,
R. C. A. F. Recruiting Centre,
QUEBEC CITY, P. Que.

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

R.C.A.F. A-81
25M-12-44 (4876)
H.Q. 885-A81

# DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE

## STATEMENT OF WAR SERVICE GRATUITY

4 AIR

43943

DECEASED MEMBER'S NAME: Robert M. (CHRISTIAN NAMES) Curphey (SURNAME)

REGISTER NO.

FILE NO. 21166

PAYEE: Receiver General of Canada

ADDRESS: Director of Estates, Ottawa, Ont.

DATE 24 July/45

SERVICE NO. J10225

FINAL RANK OR RATING F/O

DATE OF TERMINATION OF OVERSEAS SERVICE 22 Nov/42

DATE OF DISCHARGE 22 Nov/42

| | | $ | ¢ |
|---|---|---|---|
| A. TOTAL QUALIFYING SERVICE | NO. OF DAYS 540/30 EQUAL TO 18 COMPLETE PERIODS AT $7.50 | 135.00 | |
| B. QUALIFYING OVERSEAS SERVICE | NO. OF DAYS 249 LESS nil INELIGIBLE DAYS, EQUAL TO 249 DAYS @ 25c. PER DAY | 62.25 | |
| C. SUPPLEMENT FOR OVERSEAS SERVICE | | | |
| DAILY RATES AT DISCHARGE | | | |
| PAY | $ 7.00 | | |
| SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE | $ 1.70 | | |
| ADDITIONAL PAY | $ | | |
| | $ | | |
| | $ | | |
| DEPENDENTS' ALLOWANCE 1/30 OF $ | $ | | |
| TOTAL | $ 8.70 ×7 = $ 60.90 | | |
| NO. OF DAYS 249/183 | ×$ 60.90 | 82.87 | |
| D. WAR SERVICE GRATUITY | | 280.12 | |
| E. DEDUCTIONS — OVERPAYMENT OF PAY AND ALLOWANCES | $ | | |
| OVERPAYMENT OF DEPENDENTS' ALLOWANCE AND ASSIGNED PAY | $ | | |
| OTHER DEDUCTIONS | $ | | |
| F. TOTAL AMOUNT PAYABLE | | 280.12 | |

AUG 3 1945

G. YOUR PORTION OF GRATUITY IS—

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

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

~~P. & A. Bal.~~ Trans. Trust Account
Journal Voucher # G100

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 |
|---|---|
| DRM | FW |

TREASURY

| CHECKED BY | DATE |
|---|---|
| | 26-7-45 |

SERVICE REPRESENTATIVE

ΔT

Treasury Office.
Air Force Services
OTTAWA. - CANADA.
Rec'd. JUL 25 1945
P. & A. SECTION

J10225 (R.O.)

Ottawa, Ontario. April 22nd, 1942.

Mr. R.L. Curphey,
153 Quebec Street,
Sherbrooke, P.Q.

Dear Mr. Curphey:-

Your son, Pilot Officer R.M. Curphey (J10225), has requested that his Officer's Commission Script be forwarded to you from this Headquaters.

The enclosed Commission Script represents the authority vested in Pilot Officer Curphey as well as the trust placed in him by His Majesty, The King.

Would you be good enough to sign and return the enclosed receipt as evidence that the script has been received by you in good condition.

Yours very truly,

J. Barbour
for (T.K. McDougall)
Squadron Leader,
for Chief of the Air Staff.

Encl. (3)

/LD

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