J15234
BUTLER
GERALD JAMES

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CONFIDENTIAL R55234 SPECIAL RESERVE SPECIAL RESERVE

R.C.A.F. M.2
25M—2-40 (3923)
H.Q. 1062-10-2

ROYAL CANADIAN AIR FORCE

Medical Board held at Quebec. *Date* May 20th, 1940.

FILE NUMBER 1130-B-420

Surname BUTLER *Chr. Names* Gerald James
Nature of Commission Pilot *Date of Birth* 8-10-18 *Married or Single* S.
Branch R.C.A.F. *Hours Flown* None.
Address 148 Bergemont St., Quebec City, P.Q.

HAVE YOU ANY HISTORY OF:—

(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 NO
(ii) LUNG TROUBLE or Consumption NO
Bronchitis, Pneumonia or Pleurisy NO
Asthma or Hay Fever NO
(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 NO
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 One cold in head a ~~XXX~~ year.
Prolonged Hoarseness or Loss of Voice One cold in head a year. NO
Sea, Car or Train Sickness NO
Discomfort on Swings, Roundabouts, Switchbacks NO
(ix) OPERATIONS Operated on a goitre without hyperthyroidism in 1936.
(x) Any Illness or Injury not mentioned above
Scar on right forehead. Result of a car accident in 1939; no concussion; no knock-out.

Education Senior Matriculation at St-Patrick's School.
Present Occupation Control operator for Shawinigan W.&P. Quebec Hobbies Reading (fiction).
Previous Service 5th Division Signals (Quebec) 1931-32. 97th Battery - 1935-36.
Athletics Hockey, base-ball, swimming 10 feet, Tennis, skiing, skating.
Habits—Smoking 2 cigarettes a day Alcohol One glass of beer a month.
FAMILY HISTORY—Consumption No
Nervous Ailments, Mental Trouble, or "Fits" No
Father Alive—Health Dead X—Cause Scarlet fever at 50 yrs. (1935) Nephritis.
Mother Alive X Health Good Dead—Cause
Brothers (1) Alive—Health Good (1) Dead—Cause In infancy.
Sisters (2) Alive—Health Good (0) Dead—Cause

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 20-5-40 *Signature* Gerald James Butler *Witness* A.C.2 [illegible]

GENERAL MEDICAL AND SURGICAL EXAMINATION

Impression given by *(a)* Physique ..Good.. *(b)* Mentality ..Alert..
Body Marks, Scars, Deformities ..Scar on the right fore head. Scar of thyroidectomy..
Size of Thyroid Gland ..Has been operated on in 1936..
Surgical Abnormalities ..None..
Results of Wounds, Injuries, Operations ..Good..

	Date 20-5-40	Assessing Room	Date	Assessing Room	Date	Assessing Room	Remarks on any Abnormalities Found
Height (ins.)	66½						
Weight (lbs.)	130						*Date*
Chest Circumference (ins.)	33½						
Body Build (lbs.)	+ 2						
Leg Length (ins.)	39½						
Pulse Rate — Sitting	84						
Pulse Rate — Standing 1st	96						
Pulse Rate — Standing 2nd	96						
Pulse Rate — After Exercise	108						
Pulse Rate — Time to Normal	40						
Arterial Walls	Soft						
Blood Pressure — Systolic	1 32						
Blood Pressure — Diastolic	89						
Heart — Size	N						
Heart — Sounds	N						
Heart — Rhythm	N						
Lungs	N						
Breath held	115						
Expiratory Force	130						
Vital Capacity (Best of 5)	4800						
Reflexes — Knee	Ex.						*Date*
Reflexes — Ankle	N						
Reflexes — Triceps	N						
Reflexes — Abdominal	Slug						
Reflexes — Plantar	Flex						
Cranial Nerves	N						
Balancing Rod	R. L. 1S 1S	R. L.	R. L.	R. L.	R. L.	R. L.	
Self Balancing	R. L. 1S 1S	R. L.	R. L.	R. L.	R. L.	R. L.	
Tremors — Fingers	S.C.						
Tremors — Eyelids	S.C.						*Date*
Abdomen — Liver	N						
Abdomen — Spleen	N						
Abdomen — Muscular Tone	N						
Urine — Albumen	Nil						
Urine — Sugar	Nil						
Initials of M.O.	G.L.						

40 mm. Hg. Test ..1st try: 50" 8/81010/101010/999/9..
Date ..2nd try: 65" 8/9109/8810/1099/999/9..
Date .....
Date .....
Date .....

Remarks by Consultant.

Candidate has a good body build and alert mentality. Pulse responses and blood pressure are variable but he is a little nervous; in general, physical efficiency is satisfactory.

G.L.

EYE EXAMINATION

History ..... Negative.

Visual Acuity { R. 20/20 , C⁻2.00 = 20/100
L. 20/20 , C⁻2.00 = 20/100

Colour Vision ..... Normal.

Red, Green ..... Normal: Orthophoria.

Diaphragm Test (P.D. = 58mm) ..... 2cm. Figures 3 & 4 crowd.

Convergence { C. = 7 cms.
S. C. = 10½ cms.

Accommodation { R. 11½
L. 12

Cover Test ..... Slight latent conv. R.: latent Div. L.: recovery rapid.

Fundi and Media ..... Normal

Fields ..... Wide.

Remarks:

Fit for flying .

Initials of M.O E.L. | *Initials of M.O* | *Initials of M.O*

Date 20-5-40. | *Date* | *Date*

EXAMINATION OF EAR, NOSE AND THROAT

History ..... Negative.

Hearing	R. Ear	W.V. 20	
	L. Ear	W.V. 20	
External Ear, Meatus Membranes	R. Ear	Patent	
	L. Ear	Patent	
Middle Ear, Eustachian Tubes	R. Ear	N	
	L. Ear	N	
Cochlear Apparatus	R. Ear	N	
	L. Ear	N	
Vestibular Apparatus	R. Ear	N	
	L. Ear	N	
Buccal Cavity		Healthy	
Teeth		33 points Good condition.	
Gums		Healthy	
Pharynx		Normal	
Nasopharynx		Normal	
Nose		Normal	
Larynx		Normal	

Remarks:

Initials of M.O E.L. | *Initials of M.O* | *Initials of M.O*

Date 20-5-40 | *Date* | *Date*

HISTORY OF PRESENT CONDITION

Date May 20th, 1940.

A-. Candidate has a good body build and alert mentality.

B-. Pulse responses and blood pressure are variable, but candidate is a little nervous. Besides, other examinations are satisfactory.
40mm. Hg. is satisfactory (type III).
Pulse stands at 8.

C-. His personal history does not offer serious illness.

D-. He had a car accident in 1939 with a shock in the forehead. He was not knocked out, had not fainted out.

E-. He was operated on a goitre in 1936. This goitre was discovered on course of a periodical medical examination. He has not presented and does not present actually signs of hyperthyroidism.

F-. He practises many recreational sports.

G-. He made previous services in Signals (5th Division) 1931-32, and 97th Battery (1935-36).

H-. One cold a year.

OBSERVATIONS AND FINDINGS BY PRESIDENT OF BOARD

Date 20-5-40

CATEGORY APPROVED
a.i.B. - A3B
MAY 29 1940
D H Hubbs
Lieut for D. G. M. S.

In the opinion of the Medical Board, the candidate is assessed:

A. 1 B.

R.C.A.F. Records Office
Rec'd JUN 17 1940
O. K. R.Z. C.I.B.
R. C. B. N. I.
S. L. P. A.

Guy Labatt
Lt. R.C.A.M.C.

Glen S Blows
Capt. R.C.A.M.C.

MEMORANDUM FOR **P. 64**

Mrs. E. R. Butler,
148 Bergemont Avenue,
Quebec City, 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. J.15234 FD. 144

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

June 16, 1943. 194

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

BUTLER, Gerald James, F/O (Deceased)

No. J.15234, R. C. A. F.

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.

ESTATES BRANCH JUN 22 1943 H.Q. OTTAWA NATIONAL DEFENCE

DBS/MS

for (NO. Seagram) S/Ldr., o/c
for (L.M. Firth) Lt.-Col.,
Administrator of Estates.

M.F.W. 77
6M-4-43 (9515)
H.Q. 1772-39-972

ANSWER IN FULL ALL APPLICABLE QUESTIONS

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

Degrees of Relationship	RELATIVES required to be accounted for		INFORMANT'S STATEMENT: NAME IN FULL of any Relative, if any, in each degree specified	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased.....		-		
2	Children of the Deceased and dates of their Births.....		-		
3	Father of the Deceased.....		The Late James Butler		February 4/1935
4	Mother of the Deceased.....		Ellen Rye Butler	55	148 Bergemont Ave Quebec, P.Q.
5	Brothers of the Deceased	Full Blood	Lieut Richard A.Butler	28	7th L.A.A.(R.C.A.Regt) 57th Battery Canadian Army Overseas
		Half Blood			
6	Sisters of the Deceased	Full Blood	Elizabeth Butler Mrs. Raymond Vachon	26 22	148 Bergemont Ave Quebec, P. Q. 148 Bergemont Ave Quebec, P. Q.
		Half Blood			

7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, *who are dead*, and date of death of each.	Names and ages of their children (if any)	Address of their children
		-	-

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased	Gerald James Butler
9	Date of his birth	October 8th, 1918
10	Place and date of his marriage.	-
11	Place and date of his parents' marriage.	Quebec, P.Q., JUNE 9TH, 1914

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Quebec, P.Q.
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*) Quebec, P. Q.
14	Nature of employment before enlistment.	Electrical Operator Shawinigan Water & Power Co.Quebec
15	State whether he owned the premises in which he lived and, if so, where situated.	No
16	Name place where deceased stated he intended to make his permanent home.	-

PARTICULARS OF ESTATE

17	Did he leave a Will?	-
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses, — was there a marriage contract dealing with property?	-
19	Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc. and the amount on deposit.	-
20	Amount of War Savings Certificates held by deceased.	-
21	Amount of Victory Loan Bonds held by deceased.	-
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.	Canada Life Assurance Co. $1,700.- Sun Life Assurance Co. of Canada 44.- Beneficiary -Ellen Rye Butler, Mother
23	Is application for Probate or Letters of Administration necessary (see page 1)?	

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.	
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.	

(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

*...Mother...of the deceased.

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

...Ellen Rose Butler... {Signature of Informant

148 Berge Mont Ave Quebec ...Address

CERTIFICATE

I hereby certify that, to the best of my knowledge and belief...Ellen Rose Butler...

See above. ...{Name of Informant}... is the...mother...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.

Dated at...Quebec...this...21st...day of...June...19.42.

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public ...E A Smith... Qualification ...Commissioner of the Superior Court Quebec District...

Address...54 Placemal ave Quebec P.Q.

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

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

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

ROYAL CANADIAN AIR FORCE

SERVICE

PAY BOOK

R.C.A.F. A.47
Part 1.

Drowned
19/5/43

ROYAL FORCE

I RS
AND AIRMEN

1. You will be held responsible for the safe custody of the book.

2. You will always carry the book on your person both at home and abroad.

3. You must produce the book whenever called upon to do so by a competent authority, civil, naval, military or air.

4. You must not alter or make any entry in this Book (except as regards short form of Will on page 16, see instructions on pages 12 to 15), and disobedience of this order will be treated as a serious offence.

5. Should you consider that any entry in the book is lacking or incorrect, or should you lose the book, you will report the matter to your immediate superior in the Royal Canadian Air Force. Any change in name or address of person to be informed of casualties must be reported immediately to your Commanding Officer.

Air Force No. J 15234 Surname BUTLER.

Christian Names (in full) GERALD JAMES

Date of Birth 8/10/18 Religion RC.

~~Date of Enlistment~~/Appointment 3.2.42.

Married (M), Widower (W) or Single (S) S.

Occupation in Civil Life Control Operator.

Signature of Holder

Name and Address of Next-of-Kin Mother
Mrs. E R Butler
148 Bergenon Ave. Quebec City

Name, Address, and Relationship of Person to be informed of Casualties—

Certified Correct A B Mackenzie F/Lt

Date 8/4/43 Place RCAF HQ/105

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R.C.A.F. A.47
Part 1.

ROYAL CANADIAN AIR FORCE SERVICE BOOK

INSTRUCTIONS TO OFFICERS AND AIRMEN

1. You will be held responsible for the safe custody of the book.

2. You will always carry the book on your person both at home and abroad.

3. You must produce the book whenever called upon to do so by a competent authority, civil, naval, military or air.

4. You must not alter or make any entry in this Book (except as regards short form of Will on page 16, see instructions on pages 12 to 15), and disobedience of this order will be treated as a serious offence.

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Air Force No. J 15234 Surname BUTLER.

Christian Names (in full) GERALD JAMES

Date of Birth 8/10/18 Religion RC.

~~Date of Enlistment~~/Appointment 3.2.42.

Married (M), Widower (W) or Single (S) S.

Occupation in Civil Life Control Operator.

Signature of Holder

Name and Address of Next-of-Kin Mother
Mrs. E.R. Butler
148 Bergemont Ave. Quebec City

Name, Address, and Relationship of Person to be informed of Casualties—

Certified Correct A.B. Mackenzie F/Lt

Date 8/4/43 Place RCAF 44/105

RANK, GROUP AND R.C.A.F. TRADE OR BRANCH

Branch or Trade and Group	Date of Effect	Authority	Signature and Rank of Officer making Entry
Air/Obs.			

Rank	Date of Effect	Authority	Signature and Rank of Officer making Entry
P/O	3.2.42		
F/O	1.10.42		

MEDALS, DECORATIONS, MENTIONS, ETC.

Particulars	Date and Authority	Signature and Rank of Officer

MISCELLANEOUS ENTRIES

(For entries for which space is not otherwise provided)

NOTE—No entry on this page has any legal effect as a Will

Particulars	Date and Authority	Signature and Rank of Officer

LEAVE RECORD
(With Free Railway Warrant)

From (date)	To (date)	Signature of Officer

LEAVE RECORD
(With Special Leave Warrant A.24)

From (date)	To (date)	Authority and Signature of Officer
		T.W.#
		T.W.#
		T.W.#
		T.W.#
		T.W.#

MEDICAL CLASSIFICATION

Date	Category	Medical Board or Medical Exam. (Form No.)	Unit	Initials of M.O.

BLOOD GROUP

Date	International	Initials of M.O.

NIGHT VISUAL CAPACITY

Date	Score	Group	Initials of M.O.

IMMUNIZATION PROCEDURES
VACCINATION

Date	Result	Initials of M.O.

Susceptibility Test	Date	Result	
Schick Test			
Dick Test			

PROTECTIVE INOCULATIONS*

Nature of Inoculation	Date	Dose	Initials of M.O.

IMMUNIZATION PROCEDURES—Con.

Nature of Inoculation	Date	Dose	Initials of M.O.

* To include diphtheria toxoid, scarlet fever toxin, cholera, plague and yellow fever vaccines, etc.

PRESCRIPTION FOR SPECTACLES

	Vision without Glasses	SPH	CYL	Axis Standard Notation	Vision with Glasses	Unit	Date of Exam.
R						Frame No. (or measurements)	Date of Issue
L							

Initials of M.O.....

	Vision without Glasses	SPH	CYL	Axis Standard Notation	Vision with Glasses	Unit	Date of Exam.
R						Frame No. (or measurements)	Date of Issue
L							

Initials of M.O.....

DENTURES SUPPLIED

Particulars	Date	Initials of Medical or Dental Officer
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....

SURGICAL APPLIANCES ISSUED

Particulars	Date	Initials of M.O.
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....

MISCELLANEOUS MEDICAL ENTRIES

(for entries for which space is not otherwise available)

Particulars	Date	Initials of M.O.

MEDICAL INSTRUCTIONS TO PERSONNEL ON LEAVE IN CANADA

1. Personnel on leave or pass or otherwise absent from their parent unit who require medical attention are to report to the nearest R.C.A.F. Medical Officer. In cases of urgency when the services of an R.C.A.F. Medical Officer are not available, report to:

(a) An R.C.A.M.C. Medical Officer,

(b) A Medical Officer of the Dept. of Pensions and National Health, or

(c) A civilian medical practitioner,

in that order.

2. When it is necessary to call in other than an R.C.A.F. Medical Officer, arrangements are to be made to notify the R.C.A.F. Medical Officer, if one is located in the vicinity, in order that he may assume charge of the case. Immediate action is also to be taken to notify the individual's Commanding Officer in the event that the illness is of serious nature and likely to delay reporting to the unit on termination of leave.

3. All accounts for attendance upon personnel on leave rendered by civilian hospitals or civilian practitioners are to be forwarded in triplicate to the nearest administrative centre of the Dept. of Pensions and National Health for payment.

4. Personnel who, while on leave, are in contact with a case of infectious disease are, on the termination of their leave, to report to their Station Medical Officer before they enter any barrack block, mess or other building on the station.

WILLS

1. The particulars of the next-of-kin should always be carefully inserted in the Form on page 1 of this Book, but the Officer or Airman must understand that the entries made there have no legal effect with respect to the disposition of his estate in the event of his death and therefore do not relieve him from the necessity of making a Will. Unless an Officer or Airman duly makes a Will, his estate is dealt with in the same manner as that of any other person who dies without leaving a Will, and not only may the relative or person desired or intended to be benefited receive little or no share of the estate but the distribution thereof is delayed until such of the next-of-kin as may be legally entitled can be located. Therefore, though his estate may consist of no assets other than the amount of pay and allowances at credit and the belongings he has on his person or in camp, it is urgent that he make a Will which, when completed, is left with his Commanding Officer for transmission to the Records Office for safe custody and in the event of his death is forwarded firstly, to the Estates Branch, Department of National Defence, Ottawa, for administration and distribution of the Service estate, and secondly, if other assets (including real estate) make it necessary, to the Executor named in the Will.

2. The Officer's or Airman's Will should preferably be made out on the Will Form—R.C.A.F. R. 60 (English) or R.C.A.F. R. 60A. (French)—provided for that purpose and on which are also printed a number of helpful instructions. These Forms are obtained through the Commanding Officer of each Unit. A separate sheet of paper may be used but in such case the general form of the Will as shown in the Form R.C.A.F. R. 60 or R. 60A. should be carefully followed. The Officer or Airman will date the Will and at the bottom of it sign his name in the presence of two witnesses who at the same time in the presence of each other and of the Officer or Airman will also sign their respective names. If the Officer or Airman cannot write, he will make his mark in the place in the Will where his signature would ordinarily appear, and immediately above their signatures on the Will the witnesses will write a memorandum as follows:—"The above Will has been first duly and audibly read over to this Officer or Airman when he appeared

to understand it and made his mark hereto in our presence as aforesaid". In such cases, however, it is recommended that the guidance of the Officer's or Airman's immediate superior Officer be obtained.

3. The Short Form of Will (see pages 15 and 16 of this Book) may be used by an Officer or Airman on Active Service but it must be entirely in his own handwriting. It is pointed out, however, that under the laws of some of the Provinces of Canada, such a Will is ineffective as to real estate. Therefore an Officer or Airman having a Canadian domicile and owning real estate should use the Will Form R.C.A.F. R. 60 or R. 60A., and appoint therein a responsible executor. An Officer or Airman having a domicile out of Canada should not use the Short Form on page 16 because it may not comply with the law of such domicile.

4. No person who receives any benefit under a Will can be a witness. If a person to whom an Officer or Airman intends to give any part of his estate is a witness of the Will, he will not be allowed to receive the intended gift. He may, however, be appointed an executor.

5. When making a Will it is not desirable that alterations be made in it. If, however, alterations are made by the Officer or Airman in his Will, he and the two witnesses must write their initials in the margin opposite the alterations. Any changes in the provisions of a previously made Will can always be made by a new document called a Codicil which should refer to the previously made Will and then state the changes desired, and be dated and signed and witnessed in the same manner as the Will itself.

6. A completely new Will can at any time be made and in such case it revokes, or cancels, any Will of earlier date. The laws of all the Provinces of Canada except one, and of most English speaking countries provide that marriage after the date of a Will revokes that Will. Therefore, an Officer or Airman, immediately upon his marriage, should make a new Will in order that, in the event of his death, his estate may be distributed in accordance with his wishes as shown in his Will.

7. The Will of an Officer or Airman on Active Service is not invalid by reason that at the date it was made he was under the age of 21 years.

An Officer or Airman who has made a Will before his enlistment, is recommended to inform his Commanding Officer where such Will has been deposited and the Commanding Officer shall upon receipt of such information forthwith complete the following certificate and despatch the same to the R.C.A.F. Records Officer.

No.....Rank.....Name.....
states that he has executed a Will and that the same has been deposited with.....
at.....
Signature of Officer.....
Rank or Appointment.....
Date.....

Before embarkation, each Officer or Airman is recommended, particularly those who have real estate, to consider the necessity for executing a document appointing some person or Trust Company his Attorney to manage or otherwise deal with real estate during his absence from Canada; also to review his affairs in the light of any changes that may have occurred since the date of his last Will and, if desirable, make a formal Will and inform his Commanding Officer thereof as indicated at the top of this page, or make a Will on R.C.A.F. R. 60 or R. 60A., and hand it duly completed to his Commanding Officer for transmission to the Records Officer concerned for safe custody.

The Officer receiving such Will shall complete the following certificate:—

Certificate R.C.A.F. R. 60 or 60A. received and forwarded to the R.C.A.F. Records Officer.

Signature of Officer.....
Rank or Appointment.....
Date.....

Date Certificate extracted.....
Signature of Officer.....
Unit.....
To Whom sent.....

To Whom sent.....
Unit.....

Solely for use on Active Service. The Will, on page 16, must NOT be used until you have been placed under orders for Active Service.

SHORT FORM OF WILL

(Write Will on next page)

If an Officer or Airman on active service, or under orders, for active service, who has not previously made a Will, or who having previously made one, wishes to cancel it in its entirety or make some change in the disposal of his property, he may do so on the next page. **It must be entirely in his own handwriting and must be signed by him and dated.** The full names and addresses of the persons whom he desires to benefit, and the sum of money or the articles of property which he desires to leave to them, must be clearly stated. **The writing of the name of a person on the next page without stating what he or she is to receive is of no legal value.**

The following is a specimen of a Will leaving all to one person:—

In the event of my death I give all my estate to my mother, Mrs. Sheila Griffin, 711 Victory Street, Toronto, and appoint her my executrix.

(Signature) GEORGE GRIFFIN,
Sgt., R. 12345,
Date October 10th, 1942. R.C.A.F.

The following is a specimen of a Will leaving gifts to more than one person:—

In the event of my death, I give $10.00 to my friend, Miss Rose Smith, of No. 1, High Street, London, and I give $5.00 to my sister, Miss Margaret Griffin, 711 Victory Street, Toronto, and I give the remainder of my estate to my mother, Mrs. Sheila Griffin, 711 Victory Street, Toronto, and appoint my mother my executrix.

(Signature) GEORGE GRIFFIN,
Sgt., R. 12345,
Date October 10th, 1942. R.C.A.F.

Date Will extracted.....
Signature of Officer.....

Solely for use on Active Service. This Will page must NOT be used until you have been placed under orders for Active Service.

WILL

(For use if the Officer or Airman has not already made a will or wishes to alter one already made. See instructions on page 15.)

In the event of my death I give

I appoint.....

Residing at.....

to be my executor.

Signature.....

Rank, Air Force No.....

Unit.....

Date.....

OAN.

SPECIAL RESERVE ~~SPECIAL RESERVE~~ J. A. T. P. CANADA SPECIAL RESERVE

AIR FORCE No. R55,234 ✓ POSTED TO No. 1 Manning Depot. Toronto TRADE Air Crew Duties

5/5234

Corp.

ROYAL CANADIAN AIR FORCE

(ATTESTATION PAPER)

DEPT. OF NATIONAL DEFENCE MAY 25 1940 1130-B-420 CANADA

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

1. Surname Butler FULL Christian Names Gerald James
2. Present Address 148 Bergemont Ave Quebec Telephone 1540 0659
3. Permanent Address same H.Q.
4. Place of Birth Quebec Citizenship CANADA Irish - Can
5. Date of Birth Oct. 8th 1918 Married, Single, Widower, Separated, Divorced Single
6. Particulars of Children

Name	Date of birth	Name	Date of birth
N. A.			

7. Occupation Central Operator Shaw. Wire P. Co. 8. Religion R. C.
9. Languages English & French (Fluently) State proficiency State denomination
10. Next of Kin (Full Name) Ellen Rye Butler (Mo) Relationship Mother
" Address 148 Bergemont Ave., Quebec.
11. Father (Full Name) James Butler (dec'd) Birthplace Queens County Ireland
" Address Dead Citizenship Irish
" Occupation
12. Mother (Full Maiden Name) Eden Rye Birthplace London Eng.
" Address 148 Bergemont Ave. Quebec Citizenship English
13. Details of any Naval, Military or Air Force Service:

Unit	Place	Rank	Trade	Date From	Date To	Reason for discharge
5th Div. Signal. 57th Battery	Quebec "	Pte "		1931	1935	To Join 57th
				1935	1936	
		Automatic Telephone				

R.C.A.F. Records Office Rec'd JUN 29 1940 O.K. C.I.B. R.C. N.I. S.L. P.A.

14. Honours, Awards, Mentions N. A.
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. Records Office Rec'd JUN 14 1940 O.K. C.I.B. R.C. N.I. S.L. P.A.

R.C.A.F. Form R. 100
100M—2-40 (3924)
H.Q. 1062-3-83

21. Particulars of Education:

—	Name of school	Date From	Date To	Courses—Subjects, etc.
Primary Education—Public or Separate School	St. Patrick's High Sch	1925	1931	
High School—Collegiate Institute, etc.	" " " "	1931	1936	Senior Matric.
Technical School				
University or School other than above				
Correspondence Courses, etc.	I.C.S.	1935	—	Electrical Engineering
Line Telegraphy	5th Div. Signallers	1931	1932	Morse.

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

Employer and place	Duties, trades, positions	Date From	Date To	Reason for leaving
C.N.R. St Malo	Messenger	2 Mths		To enter Bell Co
Bell Telephone	Collector	1936	1937	" " S.S. & P. Co
Shawinigan W. & P. Co.	Operator	1937	—	—

23. Flying Experience (in Hours) Solo Nil Dual Nil Passenger Nil

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

25. Sports engaged in. State: extensively, moderately, occasionally Hockey Baseball & Tennis (moderately)

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
Mr. Chartier	Murray Ave Quebec	Asst. S.S. & P. Co
Bro. Fidelis	St Patrick's School Quebec.	Professor.

28. Other information that may have any bearing on this application None

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 16th 1940 Signature Gerald James Butler

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, BUTLER Gerald James 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 June 5th, 19 40 Gerald J Butler
Signature of Recruit

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

I, BUTLER Gerald James do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.

Date June 5th 19 40 Gerald J Butler
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 RCAF Recruiting Centre. Quebec this 5th day of June 1940...

J M Lindsay F/O RCAF Recruiting Centre Quebec P.Q.
Signature of Officer Rank Unit

FOR OFFICIAL USE ONLY

CERTIFICATE OF MEDICAL EXAMINATION

Part 1. Information obtained from the applicant—

1. Age.

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

(*a*) Rheumatism NO
(*b*) Tuberculosis NO
(*c*) Bronchitis or Asthma NO
(*d*) Heart Disease NO
(*e*) Kidney or Bladder Disease NO
(*f*) Gastro-intestinal NO
(*g*) Rupture NO
(*h*) Varicose Veins NO
(*i*) Flat or Deformed Feet NO
(*j*) Nasal Trouble One cold in head, a year.
(*k*) Ear Disease NO
(*l*) Eye Disease NO
(*m*) Epilepsy NO
(*n*) Nervous or Mental Disease NO
(*o*) Syphilis NO
(*p*) Gonorrhoea NO
(*q*) Bone Fracture NO
(*r*) Other Disease or Defect NO

3. Have you ever worn glasses? NO

Gerald James Butler
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) Scar on the right fore head. Scar of thyroidectomy. Has been operated on in 1936 for goitre without hyperthyroidism.

2. Height 5 feet 6½ inches. 3. Weight 130 pounds.

4. Complexion Medieu 5. Color of Eyes Brown Hair Brown

6. Development { Good / ~~Fair~~ / ~~Poor~~ } 7. Chest Measurement—Full expiration 36 inches
Range of expansion 3 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
Left 20/20 Left

10. Condition of mouth and teeth Healthy

11. Urine—Albumen Nil Sugar Nil

12. Abnormalities (Congenital and Pathological) found on Examination

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 **A1B**

Any special remarks of the Medical Officers
X-Ray: negative

Date June 5th 19 40

Geo Labelle
President
Lieut-R.C.A.M.C.

Member

Member
Capt R.C.A.M.C.

10M—3-40 (4425)
H.Q. 1772-45-8

NAME BUTLER, Gerald James H.Q. FILE NO.

RANK F.O. UNIT DROWNED REGT'L NO. J15234

CABLE NO.	CABLE DATE	NATURE OF CASUALTY	CAS. LIST NO.	CAS. LIST DATE
DATE OF DEATH:	19 May 43	MOTHER LIVING: YES WIFE: NA		
MINISTERIAL CARD:	10 June 43	ROYAL MESSAGE: MEMORIAL CROSS:	16-8-43	
To mother		NA To mother	26-8-43	

Mrs. James Butler,
148 Bergemont Ave.,
Quebec City, Que.

3179G

R&C&

No 3

AIR FORCE No. ~~R55234~~

BUTLER, GERALD JAMES

SURNAME — FULL CHRISTIAN NAMES

ENLISTMENT — PLACE Quebec — DATE 5-6-40

RE-ENLISTMENT

C.R. FILE NUMBER 1130 B 420

J 15234

RECORD OF SERVICE AIRMEN

14

R.C.A.F. FORM R44(B) 50M-10-40 (7685) 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.
T.O.S.	1MD Toronto	7	6	40	TMP135
S.O.S.	1MD & 1ITS Toronto	24	6	40	TMP148
S.O.S.	1ITS & 1AOS Malton	19	7	40	1ITS104
S.O.S.	1AOS & 1BGS Jarvis	13	10	40	1AOS43
S.O.S.	1BGS & 1ANS Rivers (Amended)	24	11	40	1BGS102 -113
S.O.S.	1BGS & 1ANS Rivers Cancelled	25	11	40	1BGS113-62
T.O.S.	1ANS Rivers	25	11	40	1ANS15
SOS.	1ANS Rivers	31	12	40	1ANS36
T.O.S.	1MD Toronto	1	1	41	1MD4
S.O.S.	1 M.D Toronto	24	1	41	1M.D.20
T.O.S.	1 N.E from Canada	7	2	41	RAF13
S.O.S.	to #15 O.T.U	15	2	41	RAF.13
S.O.S.	to Middle East	2	6	41	RAF.29
SOS.	2PDC supy to 1RAF Depot.	23	7	42	POR49,47
SOS.	1RAF Depot to 19OTU	4	8	42	POR51

4255 WSG

Completed NOV 15 1944

WA G. Computed 27 9 44

Killed 19 5 43

PS 6542 21 5 43

2. RECLASS'NS-PROMOTIONS-ETC.

RANK	EFFECTIVE			D.R.O.
AC2	5	6	40	TMP135
LAC (amended)	20	7	40	1AOS19-33
LAC	19	7	40	1ITS108 1AOS33.
Sgt (Temp)(Pd.)	25	11	40	1ANS26 1BGS113
T/F/S. +8	1	9	41.	RA79ME
Temp. Flt. Sgt	1	9	42	RAF65
W5	1	12	41	AFRO2258
P.O.	3	2	42	APIR64d/1-4-42
TFO 1-10-42 (APIR 1d/2-1-43) POR 88				GB303

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.
5-6-40	R100	A1B.	
29-5-40	M2	A1B A3B.	
18-7-40	M2	A1B A3B.	

4. TRADE AND CHARACTER

TRADE	GROUP	EFFECTIVE			D.R.O.
Aircrew	Std	5	6	40	TMP135
Aircrew amended	pec.	25	11	40	1ANS26 1ANS113 318
Air Obs.	Sp	25	11	40	1BG318
103					1
G.L. (SR) A.O.		3	2	42	APIR64d/1-4-42

TRADE PROFICIENCY	CHARACTER ASSESSMENT	DATE OF R41

5. COURSES-TESTS-ETC.

SUBJECT	RESULT	DATE			AUTHORITY
Air Observers Course	78%	23	12	40	T81

6. LEAVE

FROM	TO	DAYS	REMARKS	D.R.O.
22-12-40	31-12-40	10	Annual	1ANS3
12-2-41	14-2-41	3	privilege	RAF13
23-2-41	1-3-41	7	"	RAF.14
10-5-41	14-5-41	5	"	RAF.26
20-9-42	22-9-42		extension of leave	POR57,56
26-9-42	9-10-42	14	privilege	POR67
21-7-42	22-7-42		extension of leave	POR53

AIR FORCE No. R55234 / J15234 SJ

SURNAME: Butler

FULL CHRISTIAN NAMES: Gerald James

ENLISTMENT — PLACE: Quebec — DATE: 5-6-40

RE-ENLISTMENT

C.R. FILE NUMBER: 1130 J420

RECORD OF SERVICE AIRMEN

R.C.A.F. FORM R. 44 (B

7. BIRTH: DATE: 8-10-18 | PLACE: Quebec, Que. | CITIZENSHIP: British

FATHER (FULL NAME): James Butler

BIRTHPLACE: Queen's Co, Ireland

MOTHER (FULL MAIDEN NAME): Ellen Rye

BIRTHPLACE: London, England

8. EDUCATIONAL STANDING

HIGH SCHOOL ENTRANCE

JUNIOR MATRICULATION

SENIOR MATRICULATION X Que.

TECHNICAL SCHOOL

UNIVERSITY

CORRESPONDENCE COURSES I.C.S. Elect. Eng. 1yr.
5th Div. Sigs. Line Telegraphy 1yr. Morse.

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

Messenger 2 mos.
Collector 1 yr.
Operator 3 yrs. Shawinigan Water & Power

2990

10. PREVIOUS ARMY, NAVY OR AIR FORCE SERVICE

5th Div. Sigs Pte. 1931-1935
57th Bty. Pte. 1935-1936.

6

11. HONOURS-AWARDS, MENTIONS	AUTHORITY	DATE
Air Observer's Badge.	196 54 d/9-12-40	25-11-40

12. FLYING EXPERIENCE ON ENLISTMENT (HOURS)

SOLO — DUAL — PASSENGER —

13. RELIGION Roman Catholic R79

14. LANGUAGES English, French

3

15. SPORTS Hockey, Baseball, 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: Mrs. Ellen R. Butler — RELATIONSHIP: Mother

ADDRESS: 148 Bergemont Ave, Quebec, Que. — 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.

21. ENGAGEMENTS

TERM	EFFECTIVE	D.R.O.	TERM	EFFECTIVE	D.R.O.
Duration	5 6 40				

22. TEMPORARY DUTY AND MISCELLANEOUS ENTRIES

FROM	TO	DATE	D.R.O.
Occupying	Public Offices	2-1-41	1MD4

25409

APE. 148 Bergemont Ave. Quebec, Que.

23. DOCUMENT CONTROL (INDICATE RECEIPT BY DATE)

R60	R79	B465	X-RAY	AFM-13	IDN. CARD	
15-7-40	8-2-41		14-6-40			IX

Instructions regarding this form are contained in Chapter XIII, A.P. 1301 (War Manual Part II) R.A.F. Form

J15234. ROYAL/ CANADIAN AIR FORCE. U·K 19.5.42

AIRMAN'S/AIRWOMAN'S RECORD SHEET (Active Service).

Official No. CAN/R 55234 Name BUTLER Gerald James Rank T/Sgt (Pd)
(In full in block capitals, surname first). (Or acting appointment).

R.A.F. Trade Aircrew "SG" (Air/obs.) Special Qualifications
(e.g., Gas Instructor, Fire Fighter, Boxing Instructor).

Date of Birth 8-10-18 Religion RC Occupation in Civil Life Control operator

Last Enlisted 5th June, 1940 Current Engagement D of War

~~If a member of the Auxiliary Air Force~~ Attached to RAF from RCAF

If Reservist, which Class ("E," "F," V.R.) --- Whether Married, Single, or Widower S

Name, address and relationship of legal next of kin (to be entered in pencil):

Mrs E K Butler, 48 Bergemont Avenue, Quebec Mother

Name, address and relationship of person (or persons) to be informed of casualties (to be entered in pencil).
(If this person is the legal next of kin, it is only necessary to insert here "Next of Kin.")

NofK

Any alteration to above (e.g., Promotions) to be made by crossing out and writing above.

SECTION 1.—MOVEMENTS AND CASUALTIES.

Unit FROM which.	Unit TO which.	Date of Effect.
Nol	Manning Depot Toronto	6- 6-40
Manning Depot Nol	ITS Toronto	24- 6-40
ITS Nol	AOS Malton	19- 7-40
AOS Nol	B&GS Jarvis	13-10-40
B&GS Nol	ANS Rivers Man	25-11-40
ANS Nol	Manning Depot	31-12-40
Manning Depot Emb	Pool Halifax	24- 1-41
ADA UK		
15 OTU	Middle East Command	
ME	38 Sqdn 42/41	17-6-41
38 Sqdn	T.C. Almaza 70/42	7-5-42
T.C. Almaza	U.K.	19.5.42

SECTION 2.—PROMOTIONS, ACTING APPOINTMENTS (PAID OR UNPAID), REDUCTIONS, REMUSTERINGS.

* Authority.	Description.	Date of Effect.
	AC2 Aircrew "STD"	6- 6-40
	LAC	20- 7-40
	T/Sgt (Pd) Aircrew "SG"	25-11-40
75/42	Promoted to F/Sgt.	1-9-41

SECTION 3.—GOOD CONDUCT BADGES.

* Authority.	1st, 2nd, 3rd.	Awarded, Deprived, Restored.	Date of Effect.

* The authority to be quoted will be the serial number of the relevant P.O.R.

(5750—1016 Wt. 27694—1871 120M. 11/40 T.S. 700

Section 4.—Character and Trade Proficiency.

(To be assessed on every occasion on which an airman or airwoman is struck off the strength of a unit, e.g. on posting; admission to hospital when posted to N.E. strength; death; etc.; also on 31st December each year.)

Rank.	Character.	Trade Classification.	Proficiency. A	B	C	Whether specially recommended, recommended, or not recommended for promotion or reclassification.	Date.	Signature and Rank of Commanding Officer
Sgt.	VG	A/Obs.	ON STRENGTH FOR TRAINING ONLY.				23.5.41.	[illegible] S/Ldr.
F/Sgt	VG	Air Obs	Sat	—	Sat	Recent notification promotion to P/Sgt	31.12.41	[illegible]
F/Sgt.	VG	Air Obs.	Sat	—	Sat		7.5.42	[illegible]
F/Sgt.	VG.	Air Obs.	SAT ~~ON STRENGTH FOR DISPOSAL ONLY~~		SAT		19.5.42	[illegible]

Record of Leave and Issue of Free Travelling Warrants

23.3.42	29.5.42	7 days P 40/42		[illegible]	
11.12.41	14.12.41	4 days P 202/41		[illegible]	
31.10.41	3.11.41	4 days P. 178/41		[illegible]	
Granted Leave	10/5/41-14/5/41	(5 Day Privilege)	Free Warrant	POR 145/41	[illegible] F/Lt
Granted Leave	23.2.41-1.3.41	(7 days Privilege)	Free Warrant	POR 52/41	

First entry to be made at bottom of above section; subsequent entries to be made directly above in sequence.

Section 5.—Results of Courses of Instruction, Recommendations for Aircrew Duties, Recommendations for Commissioned Rank (K.R. 2132, (19) (A)). Decorations, Mentions, Special Commendations by A.Os.C., etc.

Authority.	Nature.	Date of Effect.

R.C.A.F. Special Reserve

Interview Report

SPECIAL RESERVE	SPECIAL RESERVE
~~Non-Flying~~	~~Administrative~~ ~~Technical~~ ~~Equipment Accounting~~
Air Crew X	Pilot ~~Observer~~ ~~Wireless Op/Air.~~ ~~Gunner~~

4

SURNAME	CHRISTIAN NAMES IN FULL	
BUTLER	Gerald, James.	Age 21 Height 5' 6½" Weight 130 ~~Married~~ Single ~~No. of Children~~

ACADEMIC STANDING:

Senior Matriculation

FLYING HISTORY (PARTICULARLY DURING LAST YEAR)

None.

EXPERIENCE AND TRAINING (INCLUDING MILITARY) USEFUL IN THE R.C.A.F.

5th Divisional Signaller (Quebec).

57th Battery Artillery.

During 2 years each.

SPORTS:	HOBBIES:
EXTENSIVELY: Tennis- Hockey. ~~MODERATELY~~: Skiing - Baseball. ~~OCCASIONALLY~~: Swimming.	Fishing. Lecture.

APPEARANCE: HEALTHY-~~XXXXXXXXXXXXX~~ ~~XXXX~~-MEDIUM - ~~XXXXX~~ ~~XXXXXXX~~-ORDINARY-~~XXXXXX~~ CLEAN - ~~XXXXXX~~ - ~~XXXXX~~	DRESS: ~~XXXXX~~-TASTEFUL-CONSERVATIVE ~~XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX~~ ~~XXXX~~-SMART-~~XXXXXXXXXXXXXXX~~
INTELLIGENCE: ~~XXXXX~~ - DELIBERATE - ~~XXXX~~ ORGANIZED-ACCURATE-~~XXXXXXXX~~	PERSONALITY: ~~XXXXXXXXXXXXXXXXXXXX~~- SUBMISSIVE-MATURE- ~~XXXXXXXX~~-PLEASANT- ~~XXXXXXX-XXXXXXXXX~~
SUITABLE IN ALL RESPECTS FOR SERVICE IN R.C.A.F.....YES Yes NO ____	FULLY QUALIFIED IN PERSONAL RESPECTS FOR COMMISSIONED RANK...YES Yes NO ____

INFORMATION ELUCIDATED FROM INVESTIGATION IN ACCORDANCE WITH A.F.M. 6/1 Para.1(b)

Very recommendable.

SUMMARY OF ALL OF THE ABOVE:

Good type of applicant. Quick and assuming - Modest but of an energetic character.

Should make a good pilot.

R.C.A.F. Records Office
Rec'd JUN 14 1940
O. K. ..... C.I.S.
R. O. ..... N. I. .....
S. L. ..... P. A. .....

~~XXXXXXXXX~~
ABOVE AVERAGE
~~XXXXXXXX~~
~~XXXXXXXXXXXXX~~
(Strike out words not applicable)

RECOMMENDED FOR:

Pilot

DATE: 24-5-40 RECRUITING CENTRE: Quebec City

SIGNATURE OF OFFICER:

(P.O. Gadbois) F/O.
O.C. RCAF Recruiting Centre, Quebec.

A.F.M.5

SPECIAL RESERVE

SPECIAL RESERVE

5

The Shawinigan Water & Power Co.

Box 39, St-Roch Post Office.

Quebec. P.Q.

Canada

May 16th., 1940.

To The Royal Canadian Air Force,
Quebec.
P.Q.

This is to certify that Mr. Gerald Butler has been an employee of The Shawinigan Water & Power Company at Quebec for the last three years in the capacity of an electrician operator in our large Sub-Station, this man's services with our Company have been excellent, and can recommend him as a good conscientious worker.

As far as his character, we have nothing to complain about, as he has always been very nice to all his companions at work, and also outside.

Yours truly

SHAWINIGAN WATER & POWER CO.

E. Chartier

EC/GC.,

Superintendent.
Quebec Division.

SPECIAL RESERVE

SPECIAL RESERVE

St. Patrick's High School

59 De Salaberry Ave.

Quebec

6

To Whom It May Concern:

RE GERALD BUTLER

This is to certify that Mr. Gerald Butler was a student of this school for a period of about ten years. He left in 1936, having obtained both the Junior and Senior Matriculation certificates from McGill University. His academic work and application left nothing to be desired, and his excellent qualities of character marked him as one of the most outstanding graduates of this school in the past few years. During his period of training here he was interested in all phases of school activity: sports, at which he showed considerable ability, debating, and public speaking. In all branches he won high honours and left a fine record behind him when he graduated. It is a pleasure to be able to recommend Mr. Butler as I feel that any trust placed in him will be well rewarded.

Brother Fidelis, F.S.C.

Brother Fidelis, F.S.C.,M.A.

Quebec, May 17, 1940.

R.C.A.F. Records Office
Rec'd JUN 14 1940
O. K. ... C I B .....
R. C. ..... N I .....
S. L. ..... P. A. ME .....

SPECIAL RESERVE SPECIAL RESERVE

AIR FORCE NO. R55,234 NAME OF OFFICER OR AIRMAN **BUTLER** Gerald James.

EVIDENCE OF EDUCATION

DESCRIPTION OF DOCUMENT **Senior Matriculation Certificate.**

NO. **None.** DATE **July 1937.**

ISSUING AUTHORITY **J.H. Matthews, Registrar, McGill University, Montreal, P.Que.**

COURSES TAKEN **Senior Matriculation Subjects.**

DIPLOMAS, DEGREES OBTAINED **Senior Matriculation Diploma.**

DATE **May 24th, 1940.**

CERTIFIED TRUE EXTRACT

(P.O. Gadbois) F/O.
O.C. RCAF Recruiting Centre,
Quebec City, P. Que.

(Signature & Rank)

A.F.M. No. 11

R.C.A.F. Records Office
Rec'd JUN 14 1940
O.K. mm C.I.S.
R.C. N° 1
E.H. P.A. M/E

M. F. M. 14
120M-8-40 (6128-9)
H. Q. 1772-39-1662

No. R55[redacted]4 RANK ~~LAC~~ SGT NAME Butler G.J.

*~~MARRIED~~ PLACE OF ENLISTMENT
*~~WIDOWER~~ AND DATE 5-6-40
*SINGLE Quebec P.Q.

RATE OF PAY

D. O. No.	DATE	RANK	GROUP	P. F. OR A. S.	DAILY RATE	IF LIABLE PEN. DED.	REMARKS
		LAC	S	A.S.	1.50		
26	11-12-40		Spec		3.70		

ASSIGNMENTS NR 907 10/1/41

ASSIGNEE	EFFECTIVE DATE	AMOUNT	TOTAL
BUTLER, ELLEN RYE	FEB 41	50.00	50 00

DEPENDENTS' ALLOWANCES

DATE APPLICATION FORWARDED	RELATIONSHIP	AMOUNT AWARDED	EFFECTIVE DATE

OUTFIT ALLOWANCE $ PAID ON
*DELETE WORDS WHICH ARE INAPPLICABLE

IN RECEIPT OF PENSION UNDER PENSION ACT
OR MILITIA PENSION ACT. (1910) $ P. A.

CASUALTIES, ETC.

PART II D. O. NO.	DATE		
135	8-6	Enl. Quebec TOS #1 M.D. (Air Crew Std.)	Eff. 7-6-40
148	24-6	SOS #1 M.D. to I.T.S. Toronto	Eff. 24-6-40
83	25-6	TOS #1 I.T.S. from #1 M.D.	Eff. 25-6-40
104	19-7	SOS #1 I.T.S. to #1 AOS	Eff. 19-7-40
19	19-7	TOS #1 AOS & Ent. 75¢ a day from I.T.S.	Eff. 20-7-40
19	19-7	Reclassified LAC	Eff. 20-7-40
33	14-9	Above reclassification amended	Eff. 19-7-40
43	15-10	SOS #1 AOS to #1 B & G School Jarvis	Eff. 13-10-40
62	15-10	TOS #1 B & G from AOS & Ent. 75¢ a day	Eff. 14-10-40
102	24-11	SOS #I B&G to #I ANS Rivers, Man.	Eff. 24-11-40
15	28-11	TOS #1 ANS Rivers Man	eff 25-11-40
26	11-12	Remustered Air Crew Special	eff 25-11-40
26	11-12	Appointed T/SGT Paid	eff 25-11-40
36	23-12	SOS #1 ANS Rivers Man	eff 31-12-40
38	26-12	Granted Leave 10 Days	eff 22-12-40 to 31-12-40
4	6-1-41	TOS #1 MD. FROM #1 A.NS. RIVERS EFF 1-1-41	
20	24-1-41	SOS.#1MD.POST.EFF.24-1-41	

(J 15234)

R.C.A.F. T. 81
8M—6-40 (5298)
H.Q. 1062-13-58

ROYAL CANADIAN AIR FORCE

REPORT ON PUPIL AIR OBSERVER

AIR AND GROUND TRAINING

Surname Butler. Christian Names G.J.

Number R-55234 Rank AC2

INSTRUCTIONS

1. At the conclusion of each stage of training this report must be completed and forwarded as indicated below in sufficient time to arrive on or before the date on which the pupil reports for the commencement of the next stages of training:—

Original and Duplicate	From I.T.S. to Air Observers School. From Air Observers School to Bombing and Gunnery School. From Bombing and Gunnery School to Air Navigation School.
Duplicate	To be available on demand by the Training Command concerned.

2. On completion of Training, the original is to be placed on the pupil's personal file and the duplicate forwarded to Air Force Headquarters through Command Headquarters.

3. In the event of the discontinuance of training at any stage; one copy is to be forwarded to R.C.A.F. Headquarters through Command Headquarters with full particulars as to the cause of discontinuance of training and instructor's report as to the reasons for the pupil's failure.

4. A pupil will be entitled to "Pass" if he obtains not less than 60 per cent of the total marks in the Written, Practical and Oral Tests, and not less than 50 per cent in each of the separate subjects, included in this Test.

PART I

INITIAL TRAINING

1. No. 1 Initial Training School. Course No. 3 From June 24 To July 20/40

2. Results of Examinations:—

Subject	Maximum Marks	Marks Obtained	Subject	Maximum Marks	Marks Obtained
Mathematics	100	100	Drill	100	80
Armament (P. & O.)	100	70	Law and Disc., etc.	100	80
			TOTAL	400	

3. Maximum Marks 400. Marks Obtained 330 Percentage 80 Pass or Fail P

Position in Class 59 No. in Observers Class 84

4. Remarks Should make a good observer. Very keen and Maths is his best subject.

R.C.A.F. Records Office
Rec'd. MAR 4 1941
O.K. C.I.B.
R.C. N.I.
S.L. P.A.

To be passed to No. 1 A.O.S.

G.S. O'Brien Wg. Comdr.
Commanding Officer
No 1 ITS

Date:— 10/8/40

PART II

AIR OBSERVERS SCHOOL

1. No. 1 Air Observers School. Course No. 3 From 22-7-40 To 12-10-40

Air Training

2. Flying Time:—

Aircraft	Day		Night		Passenger	Total
	1st Nav.	2nd Nav.	1st Nav.	2nd Nav.		
	22:36	22:25	3:10	3:10		51:21

3. Proficiency as Air Observer 500. Marks obtained 430

4. Remarks on Air Training and points which require special consideration Very good in the air. Fast and accurate in his work.

5. **Ground Training**

Subject	Maximum Marks	Marks Obtained	Subject	Maximum Marks	Marks Obtained
D.R. (Plotting)	150	123	Maps and Charts	100	78
D.R. (Written)	150	116	Meteorology	100	60
Compasses and Instruments	150	113	Photography	100	87
D.F. (W/T)	100	73	Reconnaissance	100	56
Signals	50	50			
			Total	1000	756

6. Remarks on Ground Training Good hard working student.

7. Qualities as Officer or N.C.O. 300. Marks obtained 240

8. Total Assessment 1800. Marks Obtained 1426 Percentage 79.2 Pass or Fail Passed

9. Position in Class 27 No. in Class 45

10. Assessment as Air Navigator (Ex., Above Av., Av., Below Av., or Poor) Good

Assessment as Air Observer (Ex., Above Av., Av., Below Av., or Poor) Good

11. Commissioned Rank (Appears suitable or unsuitable) Suitable

12. As Instructor (Appears suitable or unsuitable) Suitable

13. General Remarks on Training, Ability, etc. Good man with lots of energy and ambition.

W. H. Stapley F/L
Chief Instructor

No. 1 A.O.S. Date:— 11-10-40

To be passed to No. 1 B.G.S.

PART III

ARMAMENT TRAINING

1. No. 1 B.G.S. Course No. 3 ~~1~~ From 14-10-40 To 25-11-40

Air Training

2. Flying Time:—

Aircraft	Bombing		Gunnery		Passenger	Total
	Day	Night	Day	Night		
Battle	7:45		5:50		1:55	15:30
					Brought Forward	51:21
					Grand Total	66:51

Air Exercises

3. Bombing:—

(a) Individual High Level Bombing—Stationary Target (results converted to 10,000 ft.).

(i) Average error of all exercises 196 yds. (5 bombs dropped) (ii) Average error of best exercise 196 yds.

(b) Low Level Bombing—Average error of all exercises (7 bombs dropped) 347 yds.

4. Air Gunnery:—

(a) Beam Test (Average % hits to rounds fired) 7 %

(b) Beam Relative Speed Test (Average % hits to rounds fired) 2 %

(c) Under Tail Test (Average % hits to rounds fired) 1 %

Assessment

5. Examination Results:—

Subject	Maximum Marks	Marks Obtained	Subject	Maximum Marks	Marks Obtained
Bombing (W)	150	122	Gunnery (W)	100	68
Bombing (P)	150	111	Gunnery (P)	100	79

6. Proficiency as Bomb Aimer 300 Marks. Marks obtained 237

7. Remarks Above average (assessed on Grouping Exercises)

8. Proficiency as Air Gunner 200 Marks. Marks obtained 116

9. Remarks Below average

10. Qualities as an Officer or N.C.O. 200 Marks. Marks obtained 156

11. Total Assessment 1200. Marks obtained 889 Percentage 74 Pass or Fail Pass

Position in Class Tie 14 No. in Class 41

12. Commissioned Rank (Appears suitable or unsuitable) Suitable 18/19

Chief Instructor

No. 1 B. & G.S. Date:— 26.11.40

13. General Remarks Average in all subjects

G. E. Wait G/C

Officer Commanding

No. 1 B. & G.S. Date:— 26/11/40

*To be passed to No. / A.N.S.

*In the case of Air Observers who do not proceed to an Air Navigation School paragraphs 12 to 14 of Part IV will be completed at the Bombing and Gunnery School.

PART IV

ADVANCED AIR OBSERVERS TRAINING (At Air Navigation School)

1. No. 1 A.N.S. Course No. 3 From Nov. 26 To Dec. 23, 1940.

Air Training

2. Flying Time:—

Aircraft	Day		Night		Passenger	B.G.S.	Total
	1st Nav.	2nd Nav.	1st Nav.	2nd Nav.			
	5:45	6:55	8:00	8:50			29:30
Brought Forward	22:36	22:25	3:10	3:10	1:55	13:35	66:51
Grand Totals	28:26	29:20	11:10	12:00	1:55	13:35	96:21

3. Proficiency as Air Navigator 250. Marks Obtained 194

4. Remarks on Air Training and points which require special consideration

A competent and reliable navigator.

Ground Training

5. Examination Results:—

Subject	Maximum Marks	Marks Obtained
Astronomical Navigation (Plotting)	150	140
Astronomical Navigation (Written)	100	86

6. Remarks on Ground Training A good all round undustrious student

7. Total Assessment 500. Marks Obtained 420 Pass or Fail Pass

8. Position in Class 8 No. in Class 43

9. Assessment as Air Navigator (Ex., Above Av., Av., Below Av., or Poor) Above average

10. Recommended as an Instructor (Yes or No) No

11. General Remarks on Training, Ability, etc. Will make a very fine air observer.

A.H.S. Ruben S/L

Chief Instructor

No. 1 A.N.S. Date:— Dec. 23, 1940.

12. Final Assessment (A.O.S., B.G.S. and A.N.S.)

Subject	Maximum Marks	Marks Obtained	Subject	Maximum Marks	Marks Obtained
Air Observers' School	1800	1426	*Air Navigation School	500	420
Bombing and Gunnery School	1200	889	Total	3500	2735

Percentage 78.1 Pass or Fail Pass Position in Class 19 No. in Class 43

13. Recommended for Commissioned Rank Yes 20/22 (Yes or No) Assessment Above average (Ex., Above Av.)

14. Remarks An excellent personality suitable for commissioned rank.

H.L. Buller W/C

Officer Commanding

No. 1 A.N.S. Date:— Dec. 23, 1940.

15. Awarded Air Observer's Badge (date) Nov. 22, 1940

Officer Commanding

* Delete if not applicable.

14

AIR MINISTRY

CAN/J15234/P4/CAS 73977 Oxford St., London W.1.

3rd. June, 1943.

Dear Mrs. Butler,

It is with deep regret that I must confirm the information which you have already received from Air Force Headquarters, Ottawa, which stated that your son, Flying Officer Gerald James Butler lost his life while on active service on the 19th. May, 1943.

Your son was boating while off-duty in Findhorn Bay when the boat must have accidently capsized, and he and Warrant Officer Cook, a New Zealander were drowned.

Your son's funeral was held at 2.30 o'clock on the afternoon of the 24th. May at Kinloss Abbey, Elgin, Scotland.

Please accept my deepest sympathy with your in your great loss.

Yours sincerely,

MILTON A. FOSS

(Milton A. Foss) Flight Lieutenant,
for Air Officer Commanding-in-Chief,
Royal Canadian Air Force, Overseas.

Mrs. E.R. Butler,
148 Belvedere Ave.,
Quebec, Quebec,
CANADA

WLC/MMC

P404&03
Copy To Ottawa 1576.

CHQ J15234 F/O BUTLER-E.

15

R.A.F. Station, Kinloss,

Morayshire.

30th May, 1943.

Dear Mrs. Butler,

I find it my unfortunate task to confirm the telegram you will have received informing you that your son died as a result of a boating accident on the evening of the 19th May.

He and three companions were spending the evening canoeing on a river near this station. There was only a slight breeze blowing and they decided to hoist a sail. Unfortunately just as the sail was being hoisted a gust of wind caught the canoe and overturned it, all the occupants being thrown into the water. They then started to swim for the shore and two of the party succeeded in doing so, but I very much regret to inform you that your son was unable to swim strongly and was drowned.

Your son's fellow officers, the N.C.Os. of this station, all personnel who knew him and I wish to convey to you our very deep sympathy for your sad loss and to express our sincere regrets at this sad occurrence.

Your son's funeral took place on Monday the 24th May at 2.30 p.m., the service being conducted by the Rev. Father McWilliam, after which the body was interred in the cemetery at Kinloss Abbey. Full service honours were accorded and the coffin, draped with the Union Jack, was carried by air crew personnel of his own unit, also the Last Post was sounded at the end of the ceremony. Wreathes were sent from the Officers, N.C.Os. and airmen.

You will wish to know that all War Graves are taken care of by the Imperial War Graves Commission, who will erect a temporary cross, pending the provision of a permanent memorial. Unfortunately the question of re-interment, if desired, can only be considered at the conclusion of hostilities.

The names of all who lose their lives, or are wounded or reported missing while serving with the Royal Air Force will appear in the official casualty lists published from time to time in the Press. Publication of the date, place or circumstances of a casualty and particularly any reference to the unit concerned might give valuable information to the enemy, and for this reason, only the name, rank and service number are included in the official lists. Relatives are particularly requested to ensure that any notices published privately, do not disclose the date, place or circumstances of the casualty or the unit.

Please do not hesitate to ask for any assistance that I, or my staff may be able to give you to relieve your sorrow in any way.

Yours Sincerely,

Group Captain, Commanding
R.A.F. Station, Kinloss.

Mrs. E. R. Butler,
148 Bergemont Avenue,
QUEBEC,
Canada.

F/o

1021/160/P.I

AMENDED GRAVE NO.

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

19

BURIAL RETURN.

[To be rendered within 14 days by parent Unit in respect of all burials (including enemy dead) whether or not due to war operations.]

(Date) 28-6-43 19

PLACE OF BURIAL Kinloss Map Reference Monaughty

(and name of Cemetery) Kinloss Abbey

Grave No. 56 Personal or Official No. J15234

Unit 19 O.T.U.

Name : (Surname) BUTLER (Initials) G.J.

Rank F/O Religion R.C.

Date of Death 19-5-43 Date of Burial 24-5-43

Means of Identification

Authority S. M.O.

[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 Officer ?

..... (ii) Standing Committee of Adjustment ?.....

To be answered by all Units.

CROSSES. (Strike out as necessary.)

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.
3. For Units in the Field.

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) A. S. Goodrich S/L. Unit 190 T. 4.

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.

(*11259—x8138) Wt. 42383—2855 1,250 pads 1/43 T.S. 700

OFFICIAL ROYAL CANADIAN AIR FORCE CASUALTY NOTIFICATION

NUMBER [redacted] J15234 (R55234) RANK F/O TRADE AIR OBS (G.L.) UNIT 19 O.T.U. OVERSEAS

S E R V I C E	R.C.A.F.	R.A.F.	R.A.A.F.	R.N.Z.A.F.	OTHER
	X				

NAME BUTLER, GERALD JAMES

MARITAL STATUS SINGLE

WAS AIRMAN ON INDEFINITE LEAVE WITHOUT PAY?

NEXT OF KIN AS SHOWN ON REC. OF SERV. & RELATIONSHIP MRS. E.R. BUTLER (MOTHER)
ADDRESS 148 BERGEMONT AVENUE QUEBEC CITY, QUEBEC.

NAME MRS. ELLEN R. BUTLER
ADDRESS D.A.B. SAME ADDRESS

ADDITIONAL PERSON TO BE NOTIFIED

ADDRESS

NEXT OF KIN AS SHOWN ON CAS. SIG. & RELATIONSHIP MRS. E.R. BUTLER (MOTHER)
ADDRESS 148 BERGEMONT AVENUE QUEBEC CITY, QUEBEC.

RELIGION R.C. CANADIAN YES FRENCH CANADIAN OTHER

PARENTS NAMES MRS. JAMES BUTLER
ADDRESS 148 BERGEMONT AVENUE QUEBEC CITY, QUEBEC.

FATHER LIVING ON ENLISTMENT NO
MOTHER LIVING ON ENLISTMENT YES

WAS MEMBER ATTACHED TO R.A.F. AT TIME OF CASUALTY? YES/~~NO~~ IF SO, WAS HE A B.C.A.P.P. TRAINEE? YES/~~NO~~
IF NOT, UNDER WHAT CIRCUMSTANCES WAS HE SO ATTACHED?

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

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: . . . . . .

D.H.Q. BRANCH JUN 10 1943 H.Q. OTTAWA NAVAL DEFENCE

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

AUTHORITY CAS. SIG. NO. 6144

CASUALTY DETAILS: AIR MIN KWY---PX6542---d-21-MAY-43.
AIR MIN KWY---FX5346---d-23-MAY_43.

"DROWNED" 19-MAY-43 (WHILE OFF DUTY) WHEN BOATING IN FINDHORN BAY, SCOTLAND. BOAT CAPSIZED.

NEXT OF KIN ADVISED 21-MAY-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 8-JUNE_43.

E.W. Douglas A/S
FOR CHIEF OF THE AIR STAFF

C.A.F. R217
1-4-42 (2067)
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

	Years	Months	Days
(a) In hospital or institution			
(b) In municipality where death occurred			
(c) In Province			
(d) In Canada (if immigrant)			

3. NAME OF DECEASED

Surname: BUTLER

(*Block letters*)

Given names: GERALD JAMES

Do not write in this space

4. RESIDENCE

Street: Bergemont Avenue No. 148

Official name of civil municipality or township: Quebec City

Municipal county: Province: Quebec

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

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

10. BIRTHPLACE (Province or Country): Quebec

11. DATE OF BIRTH: October (Month) 8th (Day) 1918 (Year)

12. AGE OF DECEASED: Years 24 | Months 7 | Days 11 | If less than one day old ....hrs. or ....min.

OCCUPATION

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

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

15. Date deceased last worked at this occupation: May 19/43

16. Total years spent in this occupation: Three

	17. NAME	18. BIRTHPLACE (Province or Country)
FATHER	Butler, James	Ireland
MOTHER (Maiden Name)	Rye, Helene	England

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: May (Month) 19th (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) Drowned while boating in Findhorn Bay, Scotland.

due to (Boat capsized)

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: May 19th 19 43

Manner of injury: Drowned while boating in Scotland (How sustained)

Nature of injury: (Boat capsized)

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.)

For (R.C.A.F. Records Officer)

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)

FORMULE 6

BUREAU FÉDÉRAL DE LA STATISTIQUE—COPIE DU BULLETIN DE DÉCÈS—QUÉBEC

N'écrivez pas dans cet espace

1. LIEU DU DÉCÈS — Comté municipal | Nom officiel de la municipalité civile ou du canton | *Apposer un X sur le mot qui s'applique à cette municipalité ou ce territoire* — *Cité | Ville | Village | Paroisse | Canton*

Rue ..... No. ..... Hôpital ou institution .....

2. SÉJOUR — (a) dans l'hôpital ou l'institution ..... *Années* ..... *Mois* ..... *Jours* ..... | (b) dans la municipalité du décès ..... *Années* ..... *Mois* ..... *Jours* ..... | (c) dans la province ..... *Années* ..... *Mois* ..... *Jours* ..... | (d) au Canada (s'il s'agit d'un immigré) ..... *Années* ..... *Mois* ..... *Jours* .....

3. NOM DU DÉFUNT

Nom de famille ..... (*Lettres moulées*)

Noms de baptême ou prénoms .....

N'écrivez pas dans cet espace

RÉSIDENCE

4. Rue ..... No. .....

Nom officiel de la municipalité civile ou du canton .....

Comté municipal ..... Province .....

5. SEXE	6. NATIONALITÉ (Citoyenneté)	7. ORIGINE RACIALE	8. Célibataire, marié, veuf ou divorcé (*Ecrire l'un de ces mots*)

9. Si le défunt était marié, nom de son conjoint .....

10. LIEU DE NAISSANCE (Province ou pays) .....

11. DATE DE NAISSANCE ..... (jour) (mois) (année)

12. ÂGE DU DÉFUNT	Années	Mois	Jours	Si âgé de moins d'un jour
				.....hrs. ou.....min.

OCCUPATION

13. Métier, profession ou occupation, ex. **tisserand, voiturier, employé de bureau,** etc .....

14. Genre d'industrie ou d'entreprise, tel que **filature de coton, industrie du bois, banque,** etc .....

15. Dernière date à laquelle le défunt vaquait à ce travail .....

16. Nombre d'années occupées dans cette profession .....

	17. NOM	18. LIEU DE NAISSANCE (Province ou pays)
PÈRE		
MÈRE (Nom de fille)		

19. Lieu de l'inhumation, de l'incinération ou destination du transport .....

20. Date de l'inhumation .....19.....

21. LIEU DE L'ENREGISTREMENT DE CETTE SÉPULTURE

(a) Nom de la paroisse ou église .....

(b) Municipalité civile de .....

(c) Comté municipal .....

(d) Date .....19..... (jour) (mois) (année)

CERTIFICAT MÉDICAL CONFIDENTIEL DE DÉCÈS

22. Date du décès .....19..... (jour) (mois) (année)

23. JE CERTIFIE PRÉSENTEMENT que j'ai donné mes soins au défunt depuis le .....19.....jusqu'au.....19.....

que je l'ai vu vivant pour la dernière fois le .....19.....

24. CAUSE DU DÉCÈS

I

Cause immédiate Mentionner la maladie, blessure ou complication, causant la mort, **non pas** son syndrome final, tel: syncope, asphyxie, asthénie, etc. (a) .....

dû à

États morbides, s'il y en a, ayant produit la cause immédiate (Les indiquer dans l'ordre chronologique inverse de leur apparition). (b) .....

dû à

(c) .....

II

Autres conditions morbides (importantes seulement) ayant contribué au décès mais n'ayant aucune portée sur la cause immédiate. .....

.....

III Si une maladie contagieuse est mentionnée à ce certificat, donner (a) Date d'éclosion .....19.....

(b) Durée de la maladie .....jours

25. S'il s'agit d'une femme, y avait-il état puerpéral? .....

26. Y a-t-il eu intervention chirurgicale? .....Date de l'opération .....19.....

Constatations .....Y a-t-il eu autopsie? .....

27. Dans les cas où le décès est attribuable à des causes extérieures (violence):—

Accident, suicide ou homicide .....Date .....19..... (Spécifier)

Manière de la blessure ..... (Dans quelle circonstance)

Nature de la blessure .....

Indiquer si la blessure a été infligée **au lieu du travail, dans l'habitation ou dans un endroit public** .....

Signature .....M.D.

Adresse .....**Date** .....**19**.....

28. Signature de la personne qui remplit la formule (vicaire, coroner, autorité d'un hôpital, etc.)

.....

Cette signature autorise le collecteur à accepter la formule comme authentique.

29. Nom du ministre du culte gardien du registre de l'État civil où est inscrit l'acte de cette sépulture.

.....

(For English see other side)

T.M.P.
1 ITS.
A05

J1524 14

R.C.A.F. R.60

R55234 **W I L L**

This is the last Will and Testament of me, Gerald James Butler.
a member of the Royal Canadian Air Force, Presently residing at 148 Bergemont St.,
in the city of Quebec in the Province of Quebec.
Canada, and I do hereby revoke all former Wills, Codicils, Dispositions, appointments and testamentary writings whatsoever by me at any time heretofore made,

I appoint Mrs. Ellen Rye Butler (mother)
148 Bergemont St.,
of Quebec, P. Q.

to be the executor of this my Will and direct.....Her.....to pay all my just debts, funeral and testamentary expenses as soon after my decease as may be conveniently possible.

I give, devise and bequeath all the residue of my estate, both real and personal, of which I shall be possessed or to which I shall be entitled at the time of my decease, or over which I may then have the power of appointment and disposal, unto

Mrs. Ellen Rye Butler (mother)

Now residing at:- 148 Bergemont ST.

in the city of:- Quebec.

in the Province of:-Quebec. ,for.....Her own use and benefit absolutely and forever.

In Witness Whereof I, the said Gerald James Butler.

the testator, have to this my last Will and Testament, set my hand this.

7th. day of June 19 40

Signed, Published and Declared by the said

Gerald James Butler. testator, as and for his last Will Testament, in the presence of us, both present at the same time, who, at his request, and in his presence, and in the presence of each other, have hereunto subscribed our names as witnesses.

Gerald J. Butler
Signature.

Witness: K. V. Lanki
Address: #1 Manning Depot, R.C.A.F.
Occupation: clerk

Witness: J. Hunt
Address: #1 Manning Depot, R.C.A.F.
Occupation: Clerk.

R.C.A.F. Records Office
Rec'd JUL 15 1940
O. K.....C.I.B.....
R. C. 17m.....N. I.....
S L.....P A.....

SPECIAL RESERVE Quebec P.Q. 5/6/40

To be made out in duplicate

M.F.M. 5
90M—3-40 (4225-6)
H.Q. 1772-39-1651

PARTICULARS OF FAMILY OF AN OFFICER OR OTHER RANK OF THE C.A.S.F. OR R.C.A.F. (SPECIAL RESERVE)

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. (Special Reserve.)

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

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

---

(1) Name of Officer of Other Rank BUTLER - GERALD JAMES
(Surname first—Christian names in full—Block capitals)

(2) Regimental or Air Force Number and Rank R55,234 AC2

(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? No.

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

Also their names and ages N.A.

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

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

Name N.A.

Postal Address N.A.

[SEE OTHER SIDE]

bm

(10) Have you a common-law wife—whom you have been regularly supporting and publicly representing as your wife for at least 12 months immediately prior to enlistment? No.

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

(11) Is your father alive? No.

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

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

(13) If sole or partial support of father who is a widower, totally incapacitated from earning a living —state what amount per month you have given him prior to joining C.A.S.F. or R.C.A.F. (Special Reserve) N.A.

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

(14) Is your mother alive? Yes.

If so, state name and address Mrs. Helen Rye, BUTLER
148 Bergemont Ave., Quebec City, P.Q.

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

(16) If sole or partial support of widowed mother—state what amount per month you have given her prior to joining C.A.S.F. or R.C.A.F. (Special Reserve) 60.00

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? Because she has another son and 2 daughters.

(17) Are you contributing to the support of any dependents, other than those shown above? No.

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) Have you any Brothers 16 years of age or under or Sisters 17 years of age or under solely supported and maintained by yourself as Bona Fide members of your household before your enlistment or appointment? No.

(19) Are you insured? Yes.

If so, in what Company? Canada Life Insurance Co Policy No. 677233.
(Give number of policy)

Have you made arrangements for payment of your Insurance Premium? Yes.

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

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

Gerald Ritchie
(Signature of officer or man)

Date ~~May~~ June 5th, 1940

J.R. Landry

Officer Commanding (J.R. Landry) F/O.
O.C. RCAF Recruiting Centre, Quebec.

Date June 5th, 1940

N.B. In the above form the term Father includes Foster Father; the term Mother includes Foster Mother, the form should, however, be changed to read accordingly and applicable.

A.4442. Personal effects of J.15234 F/O. Butler, G.J. RCAF.

15/12/43

1 Princess camera in leather case.

1 blue scarf
1 Obs. brevet
1 wooden brooch
1 service dress belt
7 prs underpants
1 shaving brush
1 toilet bag
1 undervest
2 wrist watches, winder of one missing
1 wrist watch strap
1 fishing rod
1 fishing reel
2 tins fishing gear
1 leather zip pocket book
1 RAF blue knitted cap comforter
1 Ronson lighter, damaged
1 Rosary
2 nail files
2 safety razors, Gillette & Schick
5 toothbrushes
1 nail brush
1 cake soap
1 leather cigarette case
1 leather pocket book
1 hair brush
1 comb
4 coat hangers
1 St. Christopher medallion
3 prs leather gloves
2 black ties
12 handkerchiefs
1 grey fibre trunk and
1 leather suitcase.
11 blue shirts
1 white shirt
15 blue collars
1 service greatcoat
1 service dress cap
1 field service cap
18½ prs socks
1 service raincoat

6/12/43

3 prs pyjamas
1 pyjama coat
2 brown civilain shirts
1 pr gabadine slacks
1 fawn tweed sports coat
1 khaki cardigan
1 pr brown leather slippers
4 towels
1 brown felt hat
1 blue pullover
2 dressing gowns
1 service dress tunic
obs. & brevet attached.
1 pr service dress trousers
1 pr braces
2 civilian ties
1 fawn pullover
3 prs black shoes
1 tartan belt
1 lace dressing table set.
3 silk lace handkerchiefs
1 pr grey flannel trousers

1 S/C Ltr
Vals

mu Keys

The following items have been extracted and forwarded to A.M. by the Unit.

1 P.O. Savings Bank Book - Inverness No. 18721.
1 cheque book serial No. Q.5059-24.
1 Nat. Savings Stamps value 30/-.
Services Clothing book (contg. 5 cpns) cancelled and returned to Board of Trade.

ESTATES BRANCH 16 1943 DEFENCE

Mrs. E.R. Butler, (Mother)
148 Bergement Ave.,
Quebec, Canada.

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

DEPARTMENT OF NATIONAL DEFENCE

NAVY — ARMY — AIR FORCE

4 AIR

STATEMENT OF WAR SERVICE GRATUITY

DECEASED MEMBER'S NAME: Gerald J. Butler
(CHRISTIAN NAMES) (SURNAME)

PAYEE: Mrs. Ellen R. Butler,
ADDRESS: 148 B ergemont Avenue,
Quebec, P.Q.

REGISTER NO. 32498
FILE NO. 4255
DATE 12 May 1945
SERVICE NO. J.15234
FINAL RANK OR RATING F/O
DATE OF DISCHARGE 19 May 1943

DATE OF TERMINATION OF OVERSEAS SERVICE 19 May/43

	$	¢
A. TOTAL QUALIFYING SERVICE — NO. OF DAYS 1079 / 30 EQUAL TO 35 COMPLETE PERIODS AT $7.50	262.50	
B. QUALIFYING OVERSEAS SERVICE — NO. OF DAYS 846 LESS 29 INELIGIBLE DAYS, EQUAL TO 817 DAYS @ 25C. PER DAY	204.25	
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 846 / 183 ×$ 60.90	281.54	
D. WAR SERVICE GRATUITY	748.29	
E. DEDUCTIONS — OVERPAYMENT OF PAY AND ALLOWANCES $; DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $; OTHER DEDUCTIONS $		
F. TOTAL AMOUNT PAYABLE	748.29	

MAY 28 1945

G. YOUR PORTION OF GRATUITY IS—

~~DEPENDENTS' ALLOWANCE IN ISSUE TO YOU $ OF~~ 100% of =$ 748.29
~~TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $~~

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

PREPARED BY	CHECKED BY	TREASURY CHECKED BY	TREASURY DATE
TGD	RK	[signature]	11-5-45

[signature]
SERVICE REPRESENTATIVE