J15622
OLMSTED
CHARLES ROBER

SPECIAL RESERVE No. 1 Manning Pilot STD.

AIR FORCE No. R.82,236 POSTED TO Depot, Toronto 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 Olmsted FULL Christian Names Charles Robertson
2. Present Address 818 Bronson Avenue, Ottawa, Ontario Telephone 7-0716W
3. Permanent Address Same as above
4. Place of Birth Ottawa, Ontario Citizenship Canadian
5. Date of Birth September 15, 1919 Married, Single, Widower, Separated, Divorced Single
6. Particulars of Children

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

7. Occupation Actor 8. Religion Protestant Presbyterian
   State denomination
9. Languages English only
   State proficiency
10. Next of Kin (Full Name) Howard Russell Olmsted Relationship Father
    " Address 818 Bronson Avenue, Ottawa, Ont
11. Father (Full Name) Howard Russell Olmsted Birthplace Ottawa, Ont.
    " Address 818 Bronson Avenue Ottawa Ont Citizenship Canadian
    " Occupation Optometrist
12. Mother (Full Maiden Name) Claire Elizabeth ~~Olmsted~~ Robertson Birthplace Lanark, Ontario
    " Address 818 Bronson Ave., Ottawa Ont 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 DEC 20 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? Na
    When? Na Result Na
17. Were you ever discharged from any branch of His Majesty's Forces as Medically Unfit? No
    If so, state nature of disability Na
18. Have you ever been or are you now in receipt of a Disability Pension? No
    If so, state nature of Disability Na
19. Have you ever been convicted of an indictable offence? No If so state nature Na
20. Are you in debt? No If so, state particulars Na

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

74-171

21. Particulars of Education:

—	Name of school	Date From	Date To	Courses—Subjects, etc.
Primary Education—Public or Separate School	First Avenue, Hopewell, Mutchmor, Borden, Slaghan, — Public Schools	1925	1932	
High School—Collegiate Institute, etc.	Glebe Collegiate, Ottawa	1933	1939	Senior Matriculation
Technical School				with exception of one subject
University or School other than above				— Latin Composition
Correspondence Courses, etc.				

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

Employer and place	Duties, trades, positions	Date From	Date To	Reason for leaving
Murphy: Gamble's - Ottawa	Office Clerk	Employed in		Christmas season 1938, 1939.
Messrs. Kerridge, Gowling				
MacDavish & Watt - Ottawa	Patent Clerk	May 1939	May 1940	Left of own accord to join Theatrical Stock Company in New York. Returned recently to enlist.

23. Flying Experience (in Hours) Solo One Dual 3½ Passenger 25 (approx.)

24. Special Qualifications, Hobbies, etc., useful to the R.C.A.F. I have Grade 1 certificates from High School of Commerce Night Classes in both Shorthand and Typewriting. Also have operated adding machines.

25. Sports engaged in. State: extensively, ~~moderately, occasionally~~ Hockey, basketball, Skiing, Swimming, Tennis.

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 ~~Office Clerk~~
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
Lieut. D. K. MacDavish	56 Sparks Street, Ottawa	Naval Officer
Gordon F. Henderson (1st Lieutenant, R.C.A.)	56 Sparks Street Ottawa	Lawyer

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 September 24, 1940. Signature Charles D. Rivard

RD137 RD109

NATIONAL REGISTRATION CERTIFICATE PRODUCED. ... L.O'Farrell.....

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, Charles Robertson OLMSTED .....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 December 11, 19 40 Charles R Olmsted
Signature of Recruit

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

I, Charles Robertson OLMSTED .....do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.

Date December 11, 19 40 Charles R Olmsted
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 Ottawa, Ontario this eleventh day of December 19 40

D. Vaillant F/O
for (E.L. O'Leary) Flying Officer, Commanding Officer, R.C.A.F. Recruiting Centre,
Signature of Officer — Rank — Unit
90 O'Connor St., Ottawa, Ont.

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
(b) Tuberculosis ..... No
(c) Bronchitis or Asthma ..... No
(d) Heart Disease ..... No
(e) Kidney or Bladder Disease ..... No
(f) Gastro-intestinal ..... No
(g) Rupture ..... No
(h) Varicose Veins ..... No
(i) Flat or Deformed Feet ..... No
(j) Nasal Trouble ..... No
(k) Ear Disease ..... No
(l) Eye Disease ..... No
(m) Epilepsy ..... No
(n) Nervous or Mental Disease ..... No
(o) Syphilis ..... No
(p) Gonorrhoea ..... No
(q) Bone Fracture ..... No
(r) Other Disease or Defect ..... Appendectomy 1934

3. Have you ever worn glasses? ..... Yes - 3 yrs.

..... Stanley Webb
Signature of Applicant

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

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

1. Identification marks or scars (if operative obtain history) ..... Appendectomy scar.

2. Height ..... 5 ..... feet ..... 11 ..... inches.
3. Weight ..... 162 ..... pounds.
4. Complexion ..... Ruddy
5. Color of Eyes ..... Brown ..... Hair ..... Dk. Brown
6. Development ~~Good~~ ~~Fair~~ Poor
7. Chest Measurement—Full expiration ..... 34½ ..... inches
   Range of expansion ..... 2½ ..... inches
8. Hearing—Right ..... W.V. 20 ..... Left ..... W.V. 20 ..... Tympana—Right ..... Left .....
9. Vision—Without glasses—Right ..... 20/15 ..... With glasses—Right .....
   Left ..... 20/20 ..... Left .....
10. Condition of mouth and teeth ..... Dental count 32 Points 22
11. Urine—Albumen ..... Neg ..... Sugar ..... Neg
12. Abnormalities (Congenital and Pathological) found on Examination .....
    None

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 **A**

Any special remarks of the Medical Officers .....
Dec. 11/40 X-Ray (Chest) Neg. No. 6123
H. Hurd Lt. R.C.A.M.C.

Date 26/9/40 19.....

W.E. Hamm — President
T. d'Auvet — Member
Capt. R.C.A.M.C.
Lieut. R.C.A.M.C. — Member

R
ORCE
O. ~~R92230~~ R

OLMSTED, CHARLES ROBERTSON
SURNAME FULL CHRISTIAN NAMES

ENLISTMENT RE-ENLISTMENT
PLACE Ottawa
DATE 11-12-40

C.R. FILE NUMBER
S.R.

J.15622 S.J.

OFFICER

RECORD OF SERVICE AIRMEN

Comm. 20-6-42.

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

7. BIRTH: DATE 15-9-19 | PLACE Ottawa, Ont. | CITIZENSHIP British 2

FATHER (FULL NAME) Howard Russell Olmstead

BIRTHPLACE Ottawa, Ont.

MOTHER (FULL MAIDEN NAME) Claire Elizabeth Robertson

BIRTHPLACE Lanark, Ont.

8. EDUCATIONAL STANDING

HIGH SCHOOL ENTRANCE X Ont
JUNIOR MATRICULATION X Ont
SENIOR MATRICULATION 1/p. Ont.
TECHNICAL SCHOOL
UNIVERSITY
CORRESPONDENCE COURSES
Night classes in shorthand & typing. 7

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

Clerk.	2 years	Murphy Gamble
Patent clerk.	1 yr.	Kerridge Fowlds

8300

10. PREVIOUS ARMY, NAVY OR AIR FORCE SERVICE

nil

0

11. HONOURS-AWARDS, MENTIONS

	AUTHORITY	DATE
Pilot's Flying Badge.	257/87	8-8-41
C.D. Mx ribbon	10 OTU 413	15-1-44

12. FLYING EXPERIENCE ON ENLISTMENT (HOURS)

SOLO 1 DUAL 3 1/2 PASSENGER 25

13. RELIGION Presbyterian 4

14. LANGUAGES English 1

15. SPORTS Hockey, Basketball, Skiing Swimming, Tennis

16. SINGLE-MARRIED-WIDOWER-SEPARATED-DIVORCED: (Single) Married

WIFE (FULL MAIDEN NAME) Elisabeth Bartlett Garrett.
PLACE OF MARRIAGE Poughkeepsie N.Y. DATE 1-9-43.
AUTHORITY (IF AFTER ENLISTMENT) 10TU238. 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: Howard Russell Olmstead RELATIONSHIP Father
ADDRESS: 818 Bronson Ave Ottawa, Ont D.R.O.
FULL NAME: Mrs. C.R. Olmstead. RELATIONSHIP Wife
ADDRESS: 77 rue Victoria, Aylmer, Que D.R.O. 10TU229.

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

RATE CHANGES ETC.	EFFECTIVE			D.R.O.
Forfeited pay AWL 6 hrs Admonished & forfeits)	6/7	4	41	19/184
2 days' pay AWL.	14	10	41	RAF 49.

21. ENGAGEMENTS

TERM	EFFECTIVE			D.R.O.	TERM	EFFECTIVE			D.R.O.
Duration	11	12	40						

22. TEMPORARY DUTY AND MISCELLANEOUS ENTRIES

FROM	TO	DATE	D.R.O.
Occupying Public Qtrs		12-12-40	IMD 297
Posted to Y for duration	Intended for duty under Comd	27-12-40	7758
Occ. Pub Qtrs	Draw R'tions	21-8-41	EM 184
Iss A.L.W.	(Disembarkation	2-2-43	#45

Date and Place of Signing R 40.

A.P.E.
818 Bronson Ave., Ottawa, Ont.

10502

23. DOCUMENT CONTROL (INDICATE RECEIPT BY DATE) J.H.F.

R60	R79	B465	X-RAY	AFM-13	IDN. CARD
19-12-40	28-8-41				15-11-41

AIR FORCE No. ~~R62280~~

SURNAME: OLMSTED, FULL CHRISTIAN NAMES: CHARLES ROBERTSON

ENLISTMENT PLACE Ottawa DATE 11-12-40 RE-ENLISTMENT

FILE NUMBER J.R.

J.15622

OFFICER RECORD OF SERVICE AIRMEN

Comm'd 20-6-42

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.) — Temporary Duty (In Red)

S.O.S. OR T.O.S.	UNIT AND PLACE	EFFECTIVE			D.R.O.
T.O.S.	I.M.D. Toronto	12	12	40	I.M.D.297
SOS	I.M.D.	26	12	40	I.M.D.308
TOS	T.T.S. St. Thomas Ont.	22	12	40	TTS8
SOS	T.T.S. St Thomas	5	3	41	TTS55
TOS	#2 T.T.S. Toronto (amended)	5	3	41	1221 46-61
TOS	1221 Toronto	6	3	41	122161
SOS	1215 Toronto	10	4	41	121586
T.O.S.	1E.F.T.S Malton	11	4	41	1EF85
SOS	1E.F.T.S Malton Ont (amended)	28	5	41	1E.F.125
TOS	2 S.F. Uplands	28	5	41	287126 294
SOS	287 Uplands	9	8	41	287187
T.O.S.	"Y" Depot Halifax	10	8	41	FM.184
SOS	"Y" Depot to RAF Greenock	23	8	41	FM 2014
TOS	3 PRC from Canada	2	9	41	RAF4244
SOS	to 52 OTU	9	9	41	RAF42
SOS	to 52 O T U from PRC (cancelled)	16	9	41	RAF 13 RAF96
TOS	287 Uplands	29	5	41	287294
SOS	to 412 Sqd. from 52 O Tu (cancelled)	7	11	41	RAF 24 RAF50
SOS	to 412 SQN. FROM. 52 OTU.	4	11	41	RAF51
SOS	to 403 Sqd from 412 Sqd.	15	12	41	RAF3
SOS	to 503 Sqd. from 412 Sqd (cancelled) 6081463	17	12	41	RAF3 RAF22
TOS	403 Sqn. on appt to Comm.	20	6	42	P.O.R.53.
	RCAF Depot	4	1	43	Rec'd Secd
	Emb. Ch. on repat.	12	1	43	Rec'd Sept
	Selected for Commission	20	6	42	X6102 D/4.8 P302
TOS	Repatriation Rockcliffe (amended)	24	1	43	10 TU 105 H29 88
	Proc on T.D. H59				
SOS	Rep. Rockcliffe	19	3	43	H20
SOS	10 T U Bagotville Que	30	3	43	10 TU 73
TOS	Rep. Rockcliffe Ont	22	1	43	H.88 10TU105
Pro T.D.	Arr 10 TU 80 TD Lic: 10 T.U. 143	T.D.			Att U/50
SOS.	10 Tu Bagotville	1	5	44	10 TU 106
Killed	as result of flg accident	1	5	44	10 TU 106
W.S.	Comp	22	9	44	
	Killed	1	5	44	
	A378.	1	5	44	

Last entry

2. RECLASS'NS-PROMOTIONS-ETC.

RANK	EFFECTIVE			D.R.O.
AC2	11	12	40	I.M.D.297
LAC	10	4	41	121586 (A0)
Sgt (Upgrd) T4	8	8	41	287187
Temp Flt Sgt Pd	1	3	42	RAF15
Pilot Officer	20	6	42	GB161
T/F/Sgt.	8	2	42	AFRO 1/29
P/O 20-6-42 (APR 153/24-8-42)	(CB 12 d/19-9-42)			
T.F.O. 20-12-42	(APR 78/12-5-43)			
T/F.O.	20	12	42	10TU 127

3. MEDICAL HISTORY

EXAMINATIONS (IN RED INK)

DATE	FORM	CATEGORY	REMARKS
26-9-40	R100	A.	

HOSPITALIZATION (IN BLACK INK)

HOSPITAL QUARTERS	ADMITTED CONFINED	DISCHARGE RET'N DUTY	D.R.O.
Sta Hospital	27-12-40	31-12-40	TTS 7, 8
Sta Hospital	5-1-41		TTS 12
Sta Hospital	3-1-41	3-1-41	TTS 11 TTS 17
Sta Hosp.	28-1-41	3-2-41	F/S 23 TTS 29, 34
Westminster Hosp		28-1-41	TTS 27
29-1-41	MFB 227	at Bt	
5-3-41	MFB 227	A.B F3 B.	
31-3-41	mx	A1B A3B	
Sta Hosp	4-7-43	7-7-43	10TU 163, 165
Hotel Dieu	3-8-43	11-8-43	10TU 189-195
Sta Hosp.	7-10-43	9-10-43	10TU 243-247
Sta. Hosp. S.M.P. Hosp Locke	2-1-44	5-1-44 22-1-44	10 T.U. 7 10TU 23

4. TRADE AND CHARACTER

TRADE	GROUP	EFFECTIVE			D.R.O.
Plt. Off.	Std	11	12	40	I.M.D.297
Pilot 3025	Spec	8	8	41	287187 1.
Gen List (SD)	Prov	20	6	42	GB161
Pilot G.L.		20	6	42	(APR 153/24-8-42)

TRADE PROFICIENCY	CHARACTER ASSESSMENT	DATE OF R41

Attd. C.M. (under Instr) 23-2-44 (10TU 48)

5. COURSES-TESTS-ETC.

SUBJECT	RESULT	DATE	AUTHORITY
Pupil Plt Co No 25	72.9	28 5 41	IEF, 193
Pupil R.A.F. Co.	75 1/3	8 8 41	58 287

6. LEAVE

FROM	TO	DAYS	REMARKS	D.R.O.
4-2-41	4-3-41	28	sick leave	TTS 49
19-10-42	25-10-42	7	annual	P.O.R 73
21-8-42	27-8-42	7	annual	P.O.R 55
2-2-43	16-2-43	15	sick	2430
16-2-43	1-3-43	14	amended	H29 437
17-2-43	2-3-43	14		H37
11-12-43	23-12-43	12d	Ann.	10TU 299
11-12-43	22-12-43	12	Ann.	10TU 304
1-9-43	14-9-43	14	Annual	10TU 210
11-12-43	22-12-43	12	Recalled Ann.	10TU 1 10TU 313

RELIGION: R.C. HEB. MIS. OTHER PREV. SERV.

PRESENT MARITAL STATUS: HIGH SCH. TECH. SCHOOL EDUCATION: U.C. PRES. U.C. HEB. BAP.

PROVINCE OF ENLISTMENT

DISCHARGE

AIR FORCE No. J/[redacted] 622

SURNAME: OLMSTED

FULL CHRISTIAN NAME: CHARLES ROBERTSON

~~ENLISTMENT~~/APPOINTMENT — PLACE: [redacted] DATE: 20-6-42

RELIGION: [redacted] PRES.

R.C.A.F. FORM 230

TYPE OF LEAVE

FROM	TO	No. DAYS	DESCRIPTION	AUTH.
1-9-43	14-9-43	14	ANNUAL	DRO 200
SETTLED C296[redacted]			of 26-8-43	" 210
12-12-43	22-12-43	12	annual	" 303

TYPE OF AIRCRAFT ON WHICH MOST PROFICIENT

(IF UNDER INSTRUCTION STATE NUMBER OF HOURS ON EACH TYPE AND TESTS PASSED)

SERVICE MACHINES FLOWN

POSTINGS, ATTACHMENTS & TEMPORARY DUTY

SOS TOS	FROM	TO	DATE	AUTHORITY
TOS	#1 OTU	Bagotville PQ	20 3 43	DRO 73
TD	to	Amherst N.S	28 3 43	" 80
	Ceases TD	" "	30 3 43	" 80
	TD	to Yarmouth, N.S.	1 6 43	- 143
	Cancel TD	" "	13 6 43	- 143
	TD. to #C.N.S.,	RIVERE, MAN.	12 10 43	- 245
	Returned, T.D.	- -	2 1 44	- 15
	T.D.	to Lachine, P.Q.	11 1 44	" 26
	ceases T.D.	- -	23 1 44	" 26
SOS	Killed as result of			
	a Flying Accident		1 5 44	DRO 106

ALL OTHER CASUALTIES

CASUALTY AND DATE	AUTHORITY
Adm. Stn. Hosp. 4-7-43	DRO 163
Disch " " 7-7-43	" 169
Admitted " " 3-8-43	" 188
Disch. Obs. - 11-8-43	- 195
Stroke to Sub. Allow. eff. 12-9-43	- 224
Married with Perm. 1-9-43	- 238
Ceases to draw allow. 1-10-43	- 241
ADM. STN. HOSP. 7-10-43	- 243
DISCH - - 9-10-43	- 247
Adm. - - 2-1-44	" 7
Trans. to S.M.D. HOSP 13-1-44	" 14
DISCH - - 22-1-44	" 23
Ent. to 50 & less day rate all 1-5-44	" 100

CHARACTER AND TRADE ASSESSMENT

DATE	CHARACTER	TRADE ASSESSMENT

HONOURS, AWARDS AND MENTIONS

DATE	AWARD	AUTHORITY
15 1 44	Can. Vol. Service Medal	DRO 13

AIR FORCE No. J 15622 ~~J 15622~~

SURNAME: OLMSTED

FULL CHRISTIAN NAME: CHARLES ROBERTSON

ENLISTMENT/APPOINTMENT
PLACE
DATE 20-6-42

RELIGION: PRES

ROYAL CANADIAN AIR FORCE
RECORD OF SERVICE
OFFICERS, AIRMEN AND AIRWOMEN

R.C.A.F. FORM R230
150M-7-42 (2446)
H.Q. 885-R-230

BIRTH DATE	PLACE	COUNTRY	CITIZENSHIP	RACIAL ORIGIN
15-9-19				

CIVIL EDUCATION

PUBLIC SCHOOL	JUNIOR MATRICULATION
HIGH SCHOOL ENTRANCE	SENIOR MATRICULATION
TECHNICAL SCHOOL	UNIVERSITY
CORR./BUSINESS COURSES	LANGUAGES SPOKEN

CIVIL OCCUPATIONS AND EXPERIENCE

PREVIOUS SERVICE

PLACE AND DATE OF MEDICAL	CATEGORY	PLACE AND DATE OF MEDICAL	CATEGORY

OFFICERS

RANK, BRANCH AND CATEGORY	DATE	AUTH.	DUTIES PERFORMED DURING SERVICE, E.G. ADJ.
P/O (GD) (SR)	20 6 42		
~~P~~/F/O (GD) (SR)	20 12 42	DND 127	

COURTS-MARTIAL ATTENDED WITH DATES
(STATE IF UNDER INSTRUCTION OR AS MEMBER)

Under Instruction at #1 O.T.U.
Bagotville P.Q. 23 Feb. 1944.

PARTICULARS OF FAMILY

SINGLE, MARRIED, WIDOWER, DIVORCED ~~Single~~ MARRIED

WIFE (FULL MAIDEN NAME) OR HUSBAND Elizabeth Bartlett Garrett

PRESENT ADDRESS (IN PENCIL)

PLACE OF MARRIAGE DATE

AUTHORITY (IF AFTER APPOINTMENT/ENLISTMENT)

CHILDREN

NAMES	PLACE AND DATE OF BIRTH	NAMES	PLACE AND DATE OF BIRTH

NAME(S), ADDRESS(ES), RELATIONSHIP OF PERSON(S) TO BE INFORMED OF CASUALTIES (IN PENCIL)

Mrs. C. K. Olmsted (wife)
77 Rue Victoria
Bagotville, PQ

EMPLOYMENT AS INSTRUCTOR OFFICER AIRMAN/AIRWOMAN

TYPE	FROM	TO	TYPE	FROM	TO

AIRMEN AND AIRWOMEN

RANK	DATE	AUTH.	TRADE	DATE	AUTH.

OFFICERS, AIRMEN/AIRWOMEN

COURSE OR TRADE	GRP.	%	PF	DATE
Pilot				

AIR FORCE No. J15622 R92236

Rep OLMSTED, CHARLES ROBERTSON

SURNAME — FULL CHRISTIAN NAME

1

ENLISTMENT/APPOINTMENT

PLACE Ottawa

DATE Comm 11-12-40 20-6-42

RELIGION Pres.

R.C.A.F. FORM R230

TYPE OF LEAVE

FROM	TO	No. DAYS	DESCRIPTION	AUTH.

TYPE OF AIRCRAFT ON WHICH MOST PROFICIENT

(IF UNDER INSTRUCTION STATE NUMBER OF HOURS ON EACH TYPE AND TESTS PASSED)

POSTINGS, ATTACHMENTS & TEMPORARY DUTY

SOS TOS	FROM	TO	DATE	AUTHORITY
SOS	2 S F Uplands		9 8 41	2 St 187
SOS	1 y dep to RAF trainee pool		23 8 41	Em 201
SOS	403 Sqn.		30 12 42	
Tobe repatriated			9 1 43	P.File 37-44
Repatriated to Canada			20 1 43	File 22-10-1

AFRO 1729 d 11/8/44 Page 21 col 1 Promotions shows this officer "deceased"

ALL OTHER CASUALTIES

CASUALTY AND DATE	AUTHORITY
Forfeits pay AWL 6 hrs 6/7-4-41	1 ITS 84
Admonished & forfeits 2 days pay AWL 14-10-41	RAF 49
Stn Hosp 27-12-40 to 31-12-40	TTS 7, 8
Stn Hosp. 5-1-41	TTS 12
Stn Hosp 3-1-41 to 3-1-41	TTS 11, 17
Stn Hosp 28-1-41 to 3-2-41	TTS 27, 29, 34
Westminster Hosp. 28-1-41	TTS 27

SERVICE MACHINES FLOWN

CHARACTER AND TRADE ASSESSMENT

DATE	CHARACTER	TRADE ASSESSMENT

HONOURS, AWARDS AND MENTIONS

DATE	AWARD	AUTHORITY
8 8 41	Pilot's Flying Badge	2 St 187

Embarked 24-8-41

AIR FORCE No. J 15622. R82236.

SURNAME: Olmsted

FULL CHRISTIAN NAME: Charles Robertson

ENLISTMENT/APPOINTMENT — PLACE: Ottawa — DATE: 11-12-40

RELIGION: Pres

Comm 20-6-42.

R.C.A.F. FORM R230
100M-3-43 (3137)
H.Q. 885-R-230

ROYAL CANADIAN AIR FORCE
RECORD OF SERVICE
OFFICERS, AIRMEN AND AIRWOMEN

BIRTH DATE	PLACE	COUNTRY	CITIZENSHIP	RACIAL ORIGIN
15-9-19	Ottawa Ont		British	

CIVIL EDUCATION

PUBLIC SCHOOL		JUNIOR MATRICULATION	X Ont
HIGH SCHOOL ENTRANCE	X Ont	SENIOR MATRICULATION	1/yr Ont
TECHNICAL SCHOOL		UNIVERSITY	
CORR./BUSINESS COURSES	Gr in Shorthand & typing	LANGUAGES SPOKEN	

CIVIL OCCUPATIONS AND EXPERIENCE

Actor	$300

PREVIOUS SERVICE

Nil

0

PLACE AND DATE OF MEDICAL	CATEGORY	PLACE AND DATE OF MEDICAL	CATEGORY
26-9-40	A.	31-3-41	A1B, A3B
29-1-41	A1B A3B.		
5-3-41	A1B, A3B		

PARTICULARS OF FAMILY

SINGLE, MARRIED, WIDOWER, DIVORCED	Single
WIFE (FULL MAIDEN NAME) OR HUSBAND	
PRESENT ADDRESS (IN PENCIL)	
PLACE OF MARRIAGE	DATE
AUTHORITY (IF AFTER APPOINTMENT/ENLISTMENT)	

CHILDREN

NAMES	PLACE AND DATE OF BIRTH	NAMES	PLACE AND DATE OF BIRTH

NAME(S), ADDRESS(ES), RELATIONSHIP OF PERSON(S) TO BE INFORMED OF CASUALTIES (IN PENCIL)

Howard Russell Olmstead (father) 818 Bronson Ave Ottawa Ont

EMPLOYMENT AS INSTRUCTOR OFFICER AIRMAN/AIRWOMAN

TYPE	FROM	TO	TYPE	FROM	TO

OFFICERS

RANK, BRANCH AND CATEGORY	DATE	AUTH.	DUTIES PERFORMED DURING SERVICE, E.G. ADJ.
P/O	20 6 42	ARR 153/24-8-42	
F/O	20 12 42	925/43	
Pilot GL	20 6 42	ARR 153/24-8-42	

COURTS-MARTIAL ATTENDED WITH DATES
(STATE IF UNDER INSTRUCTION OR AS MEMBER)

AIRMEN AND AIRWOMEN

RANK	DATE	AUTH.	TRADE	DATE	AUTH.
Sgt.	8 8 41.				
T/F/Sgt	8 2 42	AFRO 1729/44			

OFFICERS, AIRMEN/AIRWOMEN

COURSE OR TRADE	GRP.	%	PF	DATE
Pupil pilot course 25		72.9		28 5 41
" " "		75.1		8 8 41

AIR MINISTRY FILE REFERENCE:- A.432939/42 ENCLOSURE NO:-

RECORD OF SERVICE

of

NAME OLMSTED. Charles Robertson.

RANK PILOT OFFICER. PERSONAL NUMBER J.15622

of

ROYAL CANADIAN AIR FORCE

Date of Birth:- 15th September 1919.

Previous Service:-

R.82236.	RCAF	AC2	11-12-40.
		LAC	10-4-41.
		T/F/SGT.	1-3-42

Appointments:-

P/O. RCAF. GD. S.R. PILOT..	20-6-42.

Postings:-

NO. 3. PRC	2-9-41.
NO. 52. OTU	9-9-41.
NO. 412. SQDN.	4-11-41.
NO. 403. SQDN.	16-11-41.
NO. 403. SQDN.	20-6-42
RCAF. DEPOT.	9-1-43..

Miscellaneous Information:-

NIL

~~Casualty (and Nature of Casualty)~~
Repatriation (and Reason for Repatriation)
~~Transfer (and Reason for Transfer)~~

Embarked U.K on repatriation to Canada on medical grounds. 13-1-43

Honours and Awards:-

NIL

Adverse Reports:-

NIL

Special Information:-

NIL

MAR 16 1943
U.K.
R.C.
S.L.

AIR MINISTRY,
S.7(b)(2)(DOMINIONS)
LONDON, W.C.2.,

DATE 7/2/1943

(Signature) A. S. PETERKIN

for Officer-in-Charge of Royal Air Force Officers' Records.

A.13,214.

J 15622 J.A.T.P. CANA

ROYAL CANADIAN AIR FORCE

RECORD OF SERVICE AIRMEN

A.F. No.	Surname	Christian Names	Religion
R82236	Olmsted	Charles Robertson	Presby.

Born 15-9-19 Place Ottawa Country Canada Citizen of Canada Racial Origin

ENLISTMENT	CIVIL EDUCATION	PREVIOUS SERVICE
Date 11-12-40	High School Entrance yes Jr. Mat. yes Sr. Mat.	
At Ottawa	Technical School Corres. Courses	
Term Duration of War	University	

Rank	Date	Med. Cat.	Date
AC2	11 12 40		
LAC	10 4 41		
Sgt. Temp. Pd	8 8 41		
(7/6/15) F/Lt. (Pd)	1 3 42.		

CIVIL OCCUPATIONS AND EXPERIENCE

Actor

COURSES AND TRADE TESTS

Trade	Grp.	%	PorF	Date Rem.	Trade	Grp.	%	PorF	Date Rem.
Aircrew "S"									
Pilot "Special"				8 8 41					

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. Howard R. Olmsted, 818 Bronson Ave, Ottawa, Ontario.
(Father)

LEAVE

From	To	Auth. and Description
4-2-41	4-3-41	(28 days) DRO 49 (sick)

CHARACTER AND TRADE ASSM. HONOURS, AWARDS AND MENTIONS

Date	Character	Trade and Assm.	Honours and Awards	Signature

MOVEMENTS AND CASUALTIES

Authority	Unit from	Unit to	Date	Authority	Unit from	Unit to	Date
	B.C	1 M.D					
M.O.B. 13	Ottawa	Toronto	11-12-40	ERO 187	No 2 SFTS Uplands	"Y" Depot Halifax	9.8.41
D.R.O. 308-40	#1 M.D Toronto	A.D.M.					
D.R.O. 7/41	Adm. Station	Hospital		St. Thomas 27-12-40			
D.R.O. 8/41	Disch.	"	"	" " 31-12-40			
D.R.O 11/41	Adm. St. Hosp. 3-1-41	(ST. Hosp).					
D.R.O 17/41	Disch. St. hosp. St. Thomas			3-1-41 Discharged	Adm. Westminst		Hosp 3-1-41
D.R.O 27/41	Disch. West. hosp.		28-1-41	DRO 20/41	No 1 Y DEPOT HALIFAX	RAF T.P.	23-8-41
D.R.O 27/41	Adm. St. Hosp. St. Thomas		28-1-41			Embkt Canada	24.8.41
D.R.O 34/41	Quad. " " " "		3-2-41	54/41		3 PRC	2-9-41
D.R.O 55/41	T.T.S. St Thomas	#1 ITS Toronto	5-3-41			52 OTU	16.9.41 163/41
D.R.O 84/41	Forfeit 51 days pay	A.W.L.		16/6/41 .51.	Amend posting date to read 4-11-41 (P.B.R. 31/42 p/29)	412 Sqdn	7.11.41 43/41 (52)
D.R.O 86/41	#1 ITS Toronto	#1 EFTS Malton	10-4-41	54/41 (3)	103/41 (3)	403 Sqdn	15.12.41

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

(OVER)

D.B. 0125/41	#1 LEFTS Malton	#2 Lfts Uplands	28-5-41				
				Time Forfeited			
				520TU. 173/41 (48)	0800 1.10.41	0900 13.10.41	2d

The instructions regarding this form are contained in Chapter XIII, A.P. 1301 (War Manual Part II). R.A.F. Form 15

ROYAL AIR FORCE.

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

Official No. CAN/R82236 Name OLMSTED, Charles Robertson Rank F/Sgt.
(In full in block capitals, surname first). (Or acting appointment).

R.A.F. Trade Pilot Special Qualifications
(e.g., Gas Instructor, Fire Fighter, Boxing Instructor).

Date of Birth 15/9/19 Religion Presbyterian Occupation in Civil Life Actor

Last Enlisted 11-12-41 Current Engagement R. of W.

If a member of the Auxiliary Air Force

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

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

Mr. Howard R. Olmsted, 818 Bronson Ave., Ottawa, Ont. Father

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.")

N. of K.

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

Section 1.—Movements and Casualties.			Section 2.—Promotions, Acting Appointments (Paid or Unpaid), Reductions, Remusterings.		
Unit FROM which.	Unit TO which.	Date of Effect.	*Authority.	Description.	Date of Effect.
No. 2. S.F.T.S. Uplands, Ont	No. 1. Y. Depot. Halifax	9-8-41		A.C.2) Aircrew Std"	11/12/40
No. 1. Y. Depot	R.A.F. T.P.	23/8/41		Pilot "Spec Grp"	8/8/40
	Embarkada	24/8/41		Lac.	10/4/41
	3 P.R.C.	2/9/41			
3 P.R.C.	52 O.T.U.	4.9.41	P.O.R 19/42	Promoted T/F/Sgt.	1.3.42
52. O.T.U.	412 Sqd.	4. Sep 41	P.O.R 31/42	offg. Pilot Officer	20-6-42
412 Sqd.	403 Sqd.	16.12.41			
Discharged to Commission		19-6-42			

Section 3.—Good Conduct Badges.		
*Authority.	1st, 2nd, 3rd.	Awarded, Deprived, Restored.

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	Proficiency. B	Proficiency. C	Whether specially recommended, recommended, or not recommended for promotion or reclassification.	Date.	Signature and Rank of Commanding Officer.
Sgt.	V.G.	Pilot.				ON STRENGTH FOR TRAINING ONLY	10.12.41	[signature] S/Ldr
Sgt	V.G.	Pilot	Sat		Sat	Rec	17.12.41	[signature] S/Ldr.
Sgt.	V.G.	Pilot	Sat.	—	Sat	—	1.1.42	[signature] S/L
~~F/O~~ F/Sgt	V.G	Pilot	Sat	—	Sat	—	19.6.42 ~~21/8/42~~	[signature] S/L

?/42	15.2.42	21.2.42.	(T.A.L) RW. 309476 (SP. SUB. ALL)		6/0
?1	28.10.41 —	3.11.41. 7PL.	RWN° 214761.	O H Waller.	P/O.

Record of Leave and Issue of Free Travelling Warrants

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

[Sectio]n 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.

[Aut]hority.	Nature.	Date of Effect.
?0/5/P3	Recommended for Commission	19-7-42

NAME OLMSTED. Charles Robertson FILE NO. FD123

RANK F/O CATEGORY KILLED REG. NO. J15622 15-622

DATE OF DEATH: 1 May 44 MOTHER LIVING: YES WIFE: YES

MINISTERIAL CARD: 9-5-44. ROYAL MESSAGE: MEMORIAL CROSS TO CHAPLAIN:

To Wife. SEP 25 1944 DEL'D TO MOTHER: SEP 21 1944

DEL'D TO WIFE: 19-9-44

Mrs. C. R. Olmsted,
77 Victoria Street,
Bagotville, Quebec.

Mother-
Mrs. Howard Russell Olmsted,
818 Bronson Avenue,
Ottawa, Ontario.

COMMAND:

RELIGION:

CHARLES R.OLMSTED, F.O.

MRS.ELIZABETH B.OLMSTED, 602,151

% GLAMOUR MAGAZINE,
420 LEXINGTON,NEW YORK 17,USA.

20/1/50

Mrs. Elizabeth G. Olmsted (Widow)
77 Victoria St.,
Bagotville,
Que.

May-45.

3395

6-4-50

MEMORIAL BAR
DATE DESP
REGN. NO 2067

J01562 OLMSTEAD CHARLES R F07

1 NUMBER 9 NAME 29 RANK

SERVICE AWARD CARD

R.C.A.F. FORM NO. R. 325

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

153072

PREFIX NUMBER NAME RANK CODE

IBM 83961

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Deptment of National Defence Ottawa Ca-
nada

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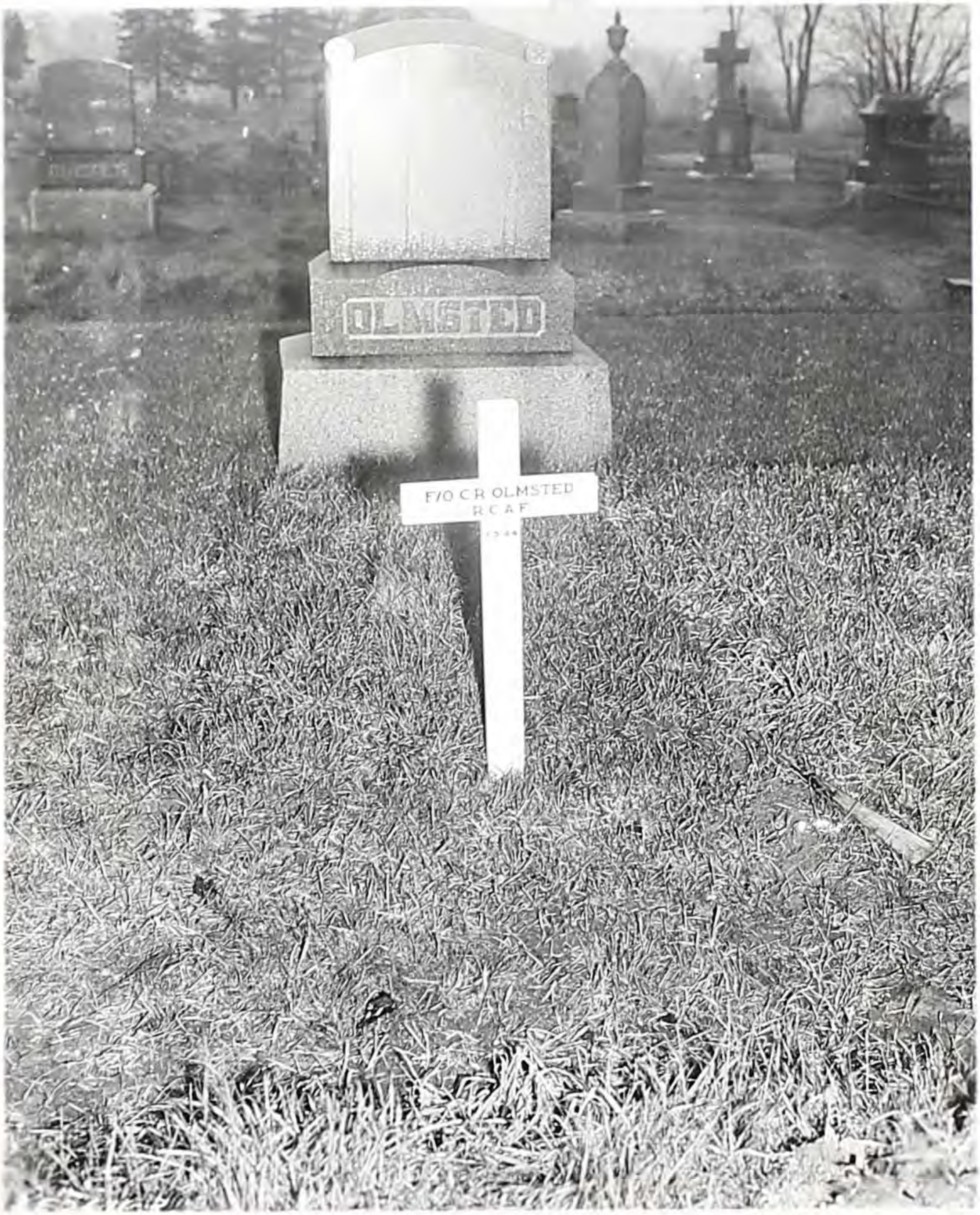
7/0 Almstead CR
J15622.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F/O C R OLMSTED
R C A F

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ROYAL CANADIAN AIR FORCE

INTERVIEW REPORT

SURNAME..OLMSTED.....

CHRISTIAN NAMES..Charles Robertson.....

MARRIED...Single.....NO. OF CHILDREN.....

EDUCATIONAL STANDING:- Number of years

High School..5 yrs.....Technical.....Commercial.....

University (Name and dates of Attendance).....

.....

Standing other Countries.....

FLYING EXPERIENCE:- Total hours

Commercial Hours Solo.....Dual.....

Private " 1 hr. Solo..3½ hrs...Dual...25 hrs.Passenger..

No. Hours & Types during last 2 yrs..4½ hrs. Taylor Cub..

MILITARY AND OTHER TRAINING:-

.....Clerical.....

.....

.....

SPORTS:- (What branches)

.....Hockey., Basketball., Skiing., Swimming., Tennis.....

HOBBIES: .Dramatics.....

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

.....Clean-cut--intelligent, well educated--good.....

.....appearance---eager to fly and fight. Should make..

.....a good pilot or observer.....

.....

.....

.....

.....

R.C.A.F. Records Office
Rec'd DEC 20 1940
O.K. C.I.B.
P.A.

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

.....

CONSIDERED SUITABLE FOR COMMISSIONED RANK?...Yes.....

BEST FITTED FOR..Pilot or Observer.....

.....

DATE Sept. 24, 1940 . RECRUITING CENTRE Ottawa.

A.F.M.5

(A. Fraser) F.O.
Signature of Officer

AGE.....
HEIGHT.....6'...
WEIGHT.....170...

N.F. ADMINISTRATION.....
TECHNICAL.....
EQUIP./ACCTS.....
FLYING GEN. LIST.....

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

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

CARRIAGE
Upright....X.....
Medium.....
Athletic...X.....

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

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

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

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

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

EXCELLENT.....

ABOVE AVERAGE...X.....

AVERAGE.....

BELOW AVERAGE.....

MARK WITH AN X THE DESCRIPTION WHICH APPLIES

To be made out in duplicate

SPECIAL RESERVE

M.F.M. 5
60M—7-40 (6140)
H.Q. 1772-39-1651

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

INSTRUCTIONS.

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

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

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

---

(1) Name of Officer of Other Rank OLMSTED, CHARLES ROBERTSON
(Surname first—Christian names in full—Block capitals)

(2) Regimental or Air Force Number and Rank R.82,236 A.C.2

(3) Unit R.C.A.F.

(4) Are you married? NO

(5) If married, state,

(*a*) Full name of your wife NA

(*b*) Present postal address of wife NA

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

NA

(7) Are you a widower? NO

(8) Have you any children? NO Number of boys NO Girls NO

Names and ages NA

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

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

Name NA

Postal Address NA

R.C.A.F. Records Office
JUN 18 1941
Rec'd C.I.B.
O. K. N. I.
R. O. P. A.
S. L.

[SEE OTHER SIDE]

(10) Have you a common-law wife—whom you have been regularly supporting and publicly representing as your wife for at least 2 years immediately prior to appointment or enlistment? NO

If so, state her full name and Postal Address NA

(11) Is your father alive? Yes

If so, state name and address, occupation Mr. Howard OLMSTED

818 Bronson St., Ottawa, Ontario -- Optometrist

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

(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

NA

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

(14) Is your mother alive? Yes

If so, state name and address Mrs. ~~Howard~~ OLMSTED (Clair Elizabeth ~~Robertson~~)

818 Bronson Ave., Ottawa, Ont.

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

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

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? NA

(17) Are you contributing to the support of any dependents, other than those shown above? NA
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 NA

Full Name NA

Postal Address NA

Amount contributed monthly during the past six months

NA

(18) Are you insured? NO

If so, in what Company? NA

(Give number of policy)

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

Clair Olmsted

(Signature of officer or man)

Date December 11, 1940

F. Vaillancourt F/O

Officer Commanding (E.L. O'Leary) Flying O
R.C.A.F. R/C Ottawa, Ontario.

Date December 11, 1940

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

OCCUPATIONAL HISTORY FORM

THIS FORM IS TO BE COMPLETED FOR EACH MEMBER OF THE ARMED FORCES. THE INFORMATION SOUGHT IS FOR THE USE OF GENERAL ADVISORY COMMITTEE ON DEMOBILIZATION AND REHABILITATION, A COMMITTEE SET UP BY THE GOVERNMENT OF CANADA TO STUDY PLANS FOR ESTABLISHING IN INDUSTRIAL LIFE THE MEMBERS OF THE ARMED FORCES, AFTER DISCHARGE. ACCURACY AND COMPLETENESS IN ANSWERING WILL BE OF MUCH HELP TO THE COMMITTEE.

PLEASE READ CAREFULLY THE INSTRUCTIONS GIVEN ON THE INSIDE OF COVER BEFORE COMPLETING FORM

PLEASE LEAVE BLANK

Section A—GENERAL INFORMATION

1. (a) Print name in full Cpl. Robertson Charles Orville (b) Reg'l. No. R 82136
2. (a) Arm of service RCAF (b) Unit W/T Offs - Mahon Cpt (c) Rank LAC
3. (a) Date of birth Sept 16/19 (b) Have you any dependents? No (c) Place of residence at time of enlistment New York City
4. (a) Place of enlistment Ottawa Canada (b) Date of enlistment Dec 11/40

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 19 (b) Were you attending school or college up to the time of enlistment? No
6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.) Senior Matriculation
7. If you attended a university, give name of university and standing or degree secured —
8. (a) Did you ever enter upon a trade apprenticeship? No (b) If so, for what occupation? — (c) Did you finish it? — (d) If you did not finish it, how long did you serve at it? —
9. (a) What languages do you speak fluently? English (b) What languages do you read well? English French

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

10. (a) State whether you were WORKING or NOT WORKING at time of enlistment. (Enter here only "Working" or "Not Working", as case may be; particulars are asked for below) Working (b) At time of enlistment of what trade union or professional society were you a member? Actors Equity New York City

Section D—PARTICULARS CONCERNING THOSE WHO WERE UNEMPLOYED AT TIME OF ENLISTMENT

QUESTIONS 11 TO 17 REFER ONLY TO THOSE WHO ANSWER "NOT WORKING" IN QUESTION 10 (a)

11. Had you ever been employed fairly regularly since leaving school?
12. (a) If answer to 11 be "Yes", state exact trade or occupation at which you actually worked (b) State how long you had worked at this trade or occupation
13. If answer to 11 be "No", state exact trade or occupation for which you feel qualified
14. If you had been employed after leaving school, state when you last worked fairly regularly before enlistment
15. Give details of last employer, if any: Name Address
16. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.)
17. (a) If your last employment was in a business of your own, state nature and address of business (b) Date of discontinuing it

Section E—PARTICULARS CONCERNING THOSE WHO WERE EMPLOYED AT TIME OF ENLISTMENT

QUESTIONS 18 TO 23 REFER ONLY TO THOSE WHO ANSWER "WORKING" IN QUESTION 10 (a). PLEASE READ THESE QUESTIONS AND REPLY TO THOSE APPLYING TO YOU AT TIME OF ENLISTMENT

IF YOU WERE AN EMPLOYEE WORKING FOR AN EMPLOYER UP TO THE TIME OF ENLISTMENT, PLEASE ANSWER QUESTIONS 18 TO 21

18. Name of employer Address
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.)
20. (a) Your specific occupation (b) Number of years' experience at this occupation with any employer
21. (a) Did your employer promise definitely to give you employment on discharge? (b) Did your employer refuse to promise you employment on discharge? (c) Do you wish to return to your former employment?

IF YOU WERE WORKING ON YOUR OWN UP TO THE TIME OF ENLISTMENT, THAT IS TO SAY, OPERATING A FARM, A STORE, AN AGENCY, OR IN PROFESSIONAL PRACTICE, OR AS A PARTNER IN ANY SUCH LINE, PLEASE ANSWER QUESTIONS 22 AND 23

22. (a) State nature of business, or professional practice Actor (b) Where was it located? New York
23. (a) Number of years engaged in this business 3 (b) Have you made, or will you make plans to return to the same or a similar business on discharge? Yes

Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war? No (b) Do you feel competent to operate a farm? No (c) If so, in what kind of farming? —
25. (a) Were you born on a farm? No (b) How many years' actual farming experience have you had? None (c) In what provinces did you have experience? —

Section G—MISCELLANEOUS

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

DATE 26/11/41 194.... SIGNATURE [signature]

R.C.A.F Records Office
Rec'd JUN 14 1941
O. K. ..... C.I.B. .....
R. C. ..... N. I. .....
S. L. ..... P. A. .....

FOR COMPLETION AND RETURN BY

Form P. 64

Mrs. C.R. Olmsted,
c/o Mr. R.A. Olmsted, 4261
Dept. of Justice,
Justice Bldg.
O t t a w a.

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.

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

May 8, 1944

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

OLMSTED, Charles Robertson, F/O

J.15622, R.C.A.F.

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

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

ESTATES BRANCH
MAY 9 1944
H.Q.
OTTAWA.
NATIONAL DEFENCE

(L.M. Firth) Lt.-Col.,
Administrator of Estates.

M.F.W. 77
5M—1-44 (3371)
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		Elizabeth Garrett Olmsted	22	818 Bronson Ave. Ottawa
2	Children of the Deceased and dates of their Births		None		
3	Father of the Deceased		Howard Russell Olmsted	49	818 Bronson Ave. Ottawa
4	Mother of the Deceased		Claire E. Olmsted	46	818 Bronson Ave. Ottawa
5	Brothers of the Deceased	Full Blood	None		
		Half Blood	None		
6	Sisters of the Deceased	Full Blood	Mary Katherine Olmsted	17	As Above
			Barbara Ann Olmsted	15	
		Half Blood	None		

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		

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Charles Robertson Olmsted
9	Date of his birth.	September 15, 1919
10	Place and date of his marriage.	Poughkeepsie, New York September 1, 1943. ✓
11	Place and date of his parents' marriage.	

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Ottawa
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Ontario, Carleton (b) (c) (d)
14	Nature of employment before enlistment.	Law Clerk
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.	Not known

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	Yes. In custody of Air Force
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses,—was there a marriage contract dealing with property?	No.
19	Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc., and the amount on deposit. Do you wish it administered with the pay account?	Banque Canadienne Nationale Bagotville, Quebec Yes
20	Amount of War Savings Certificates held by deceased. Indicate where located.	None
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	None
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	Monarch Life $2000 wife Manufacturer's $2000 mother rebate of premiums only.
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	

OTHER PARTICULARS

24	Did the deceased after enlistment incur any debts for:— *(a)* His own separate board and lodging while on service. *(b)* Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	No No
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.	Account not yet received.
	(NOTE:—The Government pays funeral expenses within the amounts authorized in the Regulations, where death occurs and burial is made Overseas as well as where death occurs and burial is made in Canada or elsewhere in the North American zone, and if a relative has already paid those expenses the Government will reimburse such relative to the extent of the amount authorized in the Regulations. Any amount of such expenses in excess of those authorized in the Regulations is not payable by the Government nor is it chargeable against the service estate of the deceased.)	

(PLEASE TURN OVER)

DECLARATION

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

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

*.....Widow.....of the deceased.

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

.....Elizabeth Garrett Olmsted..... {Signature of Informant

.....818 Bronson Avenue, Ottawa, Ont..... Address

CERTIFICATE

I hereby certify that to the best of my knowlege and belief.....Elizabeth Garrett

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

Dated at.....Ottawa.....this.....9th.....day of.....May.....1944

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces.

.....Qualification.....Notary Public in and for the Province of Ontario.

Address.....Dept of Justice. Ottawa.

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

OFFICIAL ROYAL CANADIAN AIR FORCE CASUALTY NOTIFICATION

NUMBER J15622 (R82236) RANK F/SGT (PAID) UNIT 1 OTU

WITH EFF 6-FEB-42. ROSETVILLE.

TRADE PILOT (G.L.) NOW FLYING OFFICER.

NAME GLASTED, CHARLES ROBERTSON.

R.C.A.F.	R.A.F.	R.A.A.F.	R.N.Z.A.F.	OTHER

MARITAL STATUS RELIGION CANADIAN

FRENCH CANADIAN OTHER

NEXT OF KIN AS SHOWN ON REC. OF SERV. & RELATIONSHIP

ADDRESS

NAME
ADDRESS
D.A.B.

NEXT OF KIN AS SHOWN ON CAS. SIG. & RELATIONSHIP

ADDRESS

FATHER'S NAME

ADDRESS LIVING ON ENLISTMENT

MOTHER'S NAME LIVING ON ENLISTMENT

ADDRESS

AMENDED BY TELEGRAM NIL RANK

WAS MEMBER ATTACHED TO R.A.F. AT ANY TIME? YES/NO

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

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

CASUALTY DETAILS:

AUTHORITY CAS. SIG. NO.

1 OTU MASCOTVILLE A378 4-1-MAY-44 RH12/2 MAY-44

"KILLED" 1-MAY-44 AS A RESULT OF A FLYING ACCIDENT (ONE MILE NORTH OF ST. AMBROSE, (NAVIGATION)

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 4-DEC-44.

CERTIFICATE P. OF D. ATTACHED TO A. OF E. COPY YES/NO

FOR CHIEF OF THE AIR STAFF

△TS-RT 7

COPY FOR DOCUMENT FILE

18847

10

WILL R.C.A.F. r.60

(I) .....Olmsted, Charles, Robertson.....

of Ottawa County in the District of .....

Province of Ontario Actor
(Civil Occupation)

a member of the Royal Canadian Air Force, Number..R.82236..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:

Mrs. Claire Elizabeth Olmsted

818 Bronson Ave.,

Ottawa, Ont.

My entire 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..Mrs. Claire Elizabeth Olmsted, 818 Bronson, Ave...Ottawa..Ont.
(NAME) (ADDRESS)

~~Executor~~

.....to be the Executrix of this my Last Will IN WITNESS WHEREOF I have hereunto set my hand this .12th.... day of December ..... 19.40.....

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

.....
(SIGNATURE OF TESTATOR)

(5) Signature ...A. A. Williams.....

Address .#I.MANNING.DEPOT..TORONTO..ONT.....

Occupation.....CLERK.....

Signature .Wm. E. Lemon....

Address .#I.MANNING.DEPOT..TORONTO..ONT.....

Occupation.....CLERK.....

R.C.A.F. File
Rec'd DEC 19 40
O.K. C.I.
R.C. N.I.
S.L. P.A.

DEC 13

(COPY)

CANADIAN 261036

CONFIDENTIAL. Form 47A

ROYAL AIR FORCE.

Medical Board on an Officer, Cadet, Member of the Nursing Service, Airman Pilot, Air Gunner, Air Observer or Rating

Authority for Board Para 1440 (3)(a)(ix) KR's

1. Name of Hospital or Station No. 1 CMB London Date 2-11-42
2. Surname Olmsted Christian Names Charles Robertson
3. Rank P/O Age 23 1/12 Official No. J-15622
4. Branch or Trade G.D.
5. Unit No. 403 Squadron, Catterick
6. Address on leave, if applicable N/A
7. Disability (1) Attacks of epigastric pain at high altitude. (2) Splenomegaly.
8. (i.) Date and place of origin of disability 1.Noted 29-8-42 U.K. (2) Uncer
   (ii.) Date of cessation of duty N/A (tain prior to entry Canada
9. Was the disability contracted in the Service ? 1 & 2 Yes & No
10. Was it contracted in circumstances over which he had no control ? 1 & 2 Yes
11. Is it directly attributable to conditions of Service ? L 1 & 2 NO
12. If so, by what specific conditions ? 1 & 2 N/A
13. If not directly attributable to conditions of Service, was it aggravated thereby, and, if so, by what specific conditions ? 1 & 2 No
14. History of the disability

This Officer has been aware that he has had an enlarged spleen since childhoos. He did not declare it at entry and it was apparently not noticed. He complains of attacks of severe abdominal pain when flying at heights above 20,000 ft. These do not occur on all occasions - about 20% of such flights. The pain is incapacitating but he has never fainted. It is relieved by descent. From 12-9-42 he was inpatient in Catterick Military Hospital and was investigated for the condition. Findings were enlargement of spleen. Kidneys enlarged, but not pathological. Blood count normal. Stomach displaced to mid line.

15. Present condition .....

On Examination
General Condition and response to tests satisfactory.
Spleen palpable and slightly tender.

Consultant in Medicine (Air Commodore Conybeare/ reports:-
"The spleen is definitely palpable and slightly tender. He has been thoroughly investigated at Catterick and no cause found for the splanomegaly. I do not feel that any useful purpose would be served by re-investigation. The attacks have only come on at over 20,000 ft and by no means always at this height. They pass off rapidly as he descends. I think they are due to expansion of gas in colon and perhaps in stomach. Apart from that he is very fit and very anxious, I think genuinely, to continue operational flying. I advise A2hBh under 20,000 ft. He should be perfectly fit for operational flying in any squadron which is unlikely to operate above 20,000 ft. Review in 6 months.

The Board concurs.

16. Findings of Board :—A 2h B.h Under 20,000 ft.
17. Is there a reasonable probability of the required standard of fitness being attained for
(*a*) Aerial Duties ? (*b*) Ground Duties ? } To be
If so, after what approximate period ? (*a*) (*b*) } Assessed
18. Period of leave recommended (if any) N/A
19. Date and place of next Board No. 1 CMB. 8-5-43
20. Orders given to the Officer or Airman by the President of the Board } Return to Unit.

CERTIFIED TRUE COPY

(SGD) D.A. SMITH SQUADRON LEADER

Signatures { (SGD) O. PLOWRIGHT FLIGHT LIEUTENANT — President.
— } Members.

(X8146) Wt. 18274—965 47,000 7/41 T.S. 700
(*8414—8146) Wt. 30695—1873 116M 10/41 T.S. 700

SUMMARY OF PILOT'S REPORT:

Duration of flight since last take off: Hours. . . .Minutes. . .If engine failure occurred during take off quote height. . . . .

I was Numbe r 2 to P/O Parr and we had both started our aircraft preparatory to taxying out for take-off. Three men were standing by my starboard wing and in reply to my thumbs up query replied in kind from which I understood that all was clear ahead. I then began moving straight ahead slowly with my eyes Mr. Parr. I had gone only ten yards when I saw the tail plane of the damaged aircraft a little ahead of my port wing. I applied full brake but it was too late and the leading edge of my aircraft crumpled the tail ~~pal~~ plane assembly with, however, no damage to my own aircraft.

REPORT BY APPROPRIATE SPECIALIST OFFICERS (A.E. Nav., &c)

This accident was due to no technical fault on the aircraft. Last daily inspection was carried out on the 14.3.42 and no defects found.

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 taker as result of this incident).

A. Aircraft were parked in two lines:
i.e. X X X the damaged a/c in the front line.

X X X

B. The pilot of the a/c which caused the accident could not but help see that other aircraft were parked in front of him, whilst climbing into his cockpit. I therefore consider this accident was caused solely by the pilot's negligence in taxying out.

C. This pilot has just been promoted to F/Sgt. May I suggest he be reduced for a further 3 months.

Remarks by Station Commander:

I agree with the Squadron Commaner's remarks, and consider his recommendation of reduction to Sgt. for a further 3 months would be an excellent penalty for this accident.

Signature . . . . . ,Commanding . . . . . .Date. . . . . .

J15622

R82236

FORM 765C

C A N A D I A N S

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

If this incident has been reported to the Air Ministry by signal, quote Reference No. and date T.227 15.3.42

Unit	Group No.	Command	Serial No. of Form.
403 Squadron.		H.Q.F.C.	

Date of incident 15.3.42

Time 1445

Site of Incident

Name of Aerodrome or landing ground Martlesham.Suffolk.

Nature of and purpose for which Flight authorized.

Nature (i Operational or Non-operational (Operational.
(ii Day or Night Flying?
(iii Purpose

Details of Airframe and Engine	Airframe	ENGINE			
		Single or Port	Starboard	Centre Port	Centre Starboard
Type	Spitfire				
Mark or series	MK VB				
RAF No. (and makers' No. for engines)	W.3170				
Extent of Damage	A				

All Occupants of Aircraft and Flying Experience of Pilots.

Duty	Name and Initials	Rank	No.	Degree of inj.	PART A Total Solo (Day & Night)	PART B Solo (Night)
	OLMSTED, H.R.	F/Sgt.	R82236		65	176

EXHIBIT "F"

OUTFIT ALLOWANCE PAID
WARRANT OFFICERS $.....ON.....
OFFICERS $.....ON.....
$.....ON.....

MARRIED OR SINGLE MARRIED

APPOINTED OR ENLISTED
AT.....ON.....

RECORD OF PAY

BANKING ARRANGEMENTS #6 Ottawa

NET RATE OF
DEFERRED PAY $.....

No. J15622 NAME IN FULL OLMSTEAD, C. R

RATE OF PAY

D.R.O. No.	Eff. Date	Rank	Group	P.F. or A.S. Rate	Daily Rate	Add Pay	Combined Rate	Pen. Ded.	Net Draw'g Rate of Pay	Casualties Affecting Rate of Pay
127	20-12-42	F/O	G.D.	AS	7 00		7 00			B/F

ASSIGNMENTS

Assignee	Eff. Date	Amount		Total	
INSURANCE	1-2-43	5	00		
5th V. Loan	1-11-43	16	80		
INSURANCE		4	10	25	90
MOTHER		25	00	50	90
OLMSTEAD, CLAIRE ELIZABETH	1-2-44	25	00		
5th V Loan	1-5-44	16	80		
INSURANCE	31-3-44	9	10	NIL	

DEPENDENTS ALLOWANCE

Date App. Forwarded	Relationship	Amount Awarded	Eff. Date
1-10-43	Wife		

REMARKS

ANNOTATED POSITION
DRO 169 NO. 1 OTU

Date	Particulars of Entry	Debit	Credit	Balance
Mch/44	BROUGHT FORWARD			$ c
APR	C.P. 30 x 7.00		210 00	210 00
	A.P	25 90		184 10
	A.9	92 00		92 10
	A.20	92 10		c
May	C.P. 31 x 7.60 (+50)		232 50	232 50
	A.P.	42 70		189 80
	adj. A.P.		33 60	223 40

CARRIED FORWARD

Date	Particulars of Entry	Debit	Credit	Balance
	BROUGHT FORWARD			

CARRIED FORWARD

Date	Particulars	Debit	Credit	Balance
	BROUGHT FORWARD			

CARRIED FORWARD

142

CERTIFIED TRUE COPY

R.C.A.F. A28B
300M—9-43 (3367-3483)
H.Q. 685-A28B

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

A-14601

DECEASED MEMBER'S NAME: Charles R. (CHRISTIAN NAMES) Olmsted (SURNAME)

REGISTER NO.

PAYEE: Mrs. Elizabeth B. Olmsted,
ADDRESS: 818 Bronson Ave.,
Ottawa, Ont.

FILE NO. 22516
DATE 1 Aug/45
SERVICE NO. J15622
FINAL RANK OR RATING F/O
DATE OF DISCHARGE 1 May/44

DATE OF TERMINATION OF OVERSEAS SERVICE 22 Jan/43

		$	¢
A. TOTAL QUALIFYING SERVICE			
NO. OF DAYS 1235/30 EQUAL TO 41 COMPLETE PERIODS AT $7.50		307	50
B. QUALIFYING OVERSEAS SERVICE			
NO. OF DAYS 516 LESS - INELIGIBLE DAYS, EQUAL TO 516 DAYS @ 25C. PER DAY		129	00
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 $ 47.20	$ 1.57		
TOTAL	$ 10.27 X7 = $ 71.89		
NO. OF DAYS 516/183 X$ 71.89		202	71
D. WAR SERVICE GRATUITY		639	21
E. DEDUCTIONS — OVERPAYMENT OF PAY AND ALLOWANCES	$		
DEPENDENTS' ALLOWANCE AND ASSIGNED PAY	$		
OTHER DEDUCTIONS	$		
F. TOTAL AMOUNT PAYABLE		639	21

G. YOUR PORTION OF GRATUITY IS—

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU $ 47.20 OF $ 639.21 =$ 639.21
TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $ 47.20

AUG 8 1945

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
RK	JFM

TREASURY	
CHECKED BY	DATE
	28/8/45

SERVICE REPRESENTATIVE

Treasury Office.
Air Force Services
OTTAWA. - CANADA.
Rec'd. AUG 1 1945
P. & A. SECTION

R.C.A.F. R. 45
75M—8-41 (648)
H.Q. 1062-2-126

5

ROYAL CANADIAN AIR FORCE

Individual Record of Flying

RANK Plt F/O. NO. J15622 NAME Olmsted, C.P

UNIT	PERIOD ENDING	SERIAL NO.	SINGLE-ENGINE AIRCRAFT — DAY 1ST PILOT (A) Hrs	(A) Mins	2ND PILOT (B) Hrs	(B) Mins	DUAL (C) Hrs	(C) Mins	SINGLE-ENGINE AIRCRAFT — NIGHT 1ST PILOT (D) Hrs	(D) Mins	2ND PILOT (E) Hrs	(E) Mins	DUAL (F) Hrs	(F) Mins	MULTI-ENGINE AIRCRAFT — DAY 1ST PILOT (G) Hrs	(G) Mins	2ND PILOT (H) Hrs	(H) Mins	DUAL (J) Hrs	(J) Mins	MULTI-ENGINE AIRCRAFT — NIGHT 1ST PILOT (K) Hrs	(K) Mins	2ND PILOT (L) Hrs	(L) Mins	DUAL (M) Hrs	(M) Mins	CREW DUTIES — OBSERVER (N) Hrs	(N) Mins	AIR GUNNER (O) Hrs	(O) Mins	OTHER (P) Hrs	(P) Mins	PASSENGER (Q) Hrs	(Q) Mins	TOTAL (R) Hrs	(R) Mins
#1 O.T.U.																																				
	31/3/43		5	55																															5	55
	30/4/43		32	55																															32	55
	31/5/43		22	20																															22	20
	30/6/43		13	40																															13	40
			74	50																															74	50
	31/7/43		20	05																															20	05
	31/8/43		10	25																															10	25
	30/9/43		6	35																															6	35
	31/10/43		1	00																															1	00
	30/11/43																																			
Semi Annual			38	05																															38	05
Annual 1943			112	55																															112	55
Navigation Course at Rivers	31/12/43																										49	10							49	10
	31/1/44		3	15																															3	15
	29/2/44		55	20																															55	20
	31/3/44		39	05																															39	05
	30/4/44		56	40																															56	40

Semi Annual. Grand Total.

(1)

SPECIAL RESERVE

DEPARTMENT OF NATIONAL DEFENCE

J 15627

Regtl. No. ~~R.32,336~~

P.F. Unit R.C.A.F.

MEDICAL HISTORY OF

SURNAME OLMSTED CHRISTIAN NAMES CHARLES ROBERTSON

TABLE I.—General Table

Birthplace { Town Ottawa / Province Ontario

Examined { on 26 day of September 1940 / at 90 O'Connor Street Ottawa

Declared age 21 years 11 days

Apparent age 21 years

Trade or occupation Actor.

Height 5 feet 11 inches. Weight, stripped 162 lbs.

Colour of Hair d. brown Complexion ruddy

" Eyes brown

Chest Measurement { Girth when fully expanded 37 inches / Range of expansion 2½" inches

Physical development Good.
(Good, fair or poor)

Vaccination marks

Arm	Right	Left
Number		1X

When vaccinated 1928.

Vision { R.E.—V 20/15- / L.E.—V 20/20 } With Glasses { R. / L ✓

Hearing, R. ear W.V. 20' L. ear W.V. 20'

Identification marks, such as Tattoo, Moles, Scars, etc.—
appendectomy Scar

Defects or ailments:—
Dentalm count 32 Points 22
none.

Examined and found— Fit A.

FIT FOR CATEGORY { A / ~~B~~ / ~~C~~

(Strike out those which do not apply)

Signature T. O'Sweet.

(Rank) Lieut RCAMC.

Enlisted or appointed { at R.C.A.F. R/C Ottawa, Ont. / on 11 day of December xxx1940

Joined on enlistment or appointment	CORPS	REGTL. No.
	No. 1 Manning	
Transferred to	Depot, Toronto	

TABLE III.—Boards, Courts of Enquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service; Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances, Glasses, etc.

DATE	BRIEF DETAILS AND SIGNATURES
	B.P. 122/84
	C.V. Normal - Schick.
	URINE A. neg. S. neg.
11/12/40	Rechecked for enlistment Fit for Cat A. G. Caughey Capt A.M.S.
	Dec. 11/40 X-Ray (Chest) Neg. No. 6123
	H.H. Head Lt. R.C.A.M.C.
13-12-40	Vacc. T.A.B. I. Jan.
20/12/40	T.T. - T.A.B. II Jan.
27.2.41	Dick Test Pos. } H.W.R. per at.
6.3.41	Scarlet Fever Toxin 1 cc
6/5/41	T.T. Typoid E.H.W.
27/5/41	Re-checked O.K. E.H.W.
26-9-40	M_2 Cat A_1B-A_3B @ Ian F/L
11-12-40	M_2 Cat A_1B-A_3B @ Ian F/L
29-1-41	~~227~~ Cat A_1 B_1 @ Ian F/L
12-3-41	M_2 Cat A_1B-A_3B. @ Ian F/L
5-8-41	~~227~~ Cat A_1B-A_3B. D.H. Perley F/L
5-8-41	B2 Cat A_1B A_3B D.H. Perley F/L
6-8-41	Fit to proceed Overseas D.H. Perley F/L
10.10.42	T.A.B. .5cc Gen'l Med E.H.W.
19.3.43	Med Bd appl'd. Sec'd A2 H.S.H. (Limited to 20,000 ft)
10-7-43	Kline Test - Neg. J.T. Avery S/L
1/5/44	Killed in Harvard crash 1 mile north Ste Anne P.Q.

TABLE IV.—Service Table

Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation

Became non-effective by

on ..... day of ..... 193.....

(*Signature*) .....

(*Rank*) .....

For disposal of this form use K.R. Canada, 1594, 1597 and 1611.

M.F.B. 313b.
2M—6-37
H.Q. 1772-39-439

TABLE II.—Only for admissions to Hospital or to the Sick List in cases treated in quarters

NAME OF HOSPITAL	ADMITTED TO HOSPITAL			DISCHARGED FROM HOSPITAL			DISEASE	NUMBER OF DAYS IN HOSPITAL	EACH ENTRY WILL BE ACCURATE, BRIEF AND RELEVANT Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, etc., will be given in the special syphilis case sheet. Rubber stamps will not be used.	SIGNATURE MEDICAL OFFICER
	Day	Month	Year	Day	Month	Year				
R.C.A.F. St Thomas	27	12	40	31	12	40	Influenza	4	Disc. to duty	[illegible]
R.C.A.F. St Thomas	3	1	41	4	1	41	Influenza	1	Trans. to Westminster Hosp. London	[illegible]
~~R.C.A.F. St Thomas~~ Westminster London	4	1	41	28	1	41	Spinal Meningitis	24	Disc. to R.C.A.F. St Thomas Hosp.	T. O'Sweet Capt.
R.C.A.F. St Thomas	28	1	41	3	2	41	Post meningitis suspect. S(Conv.)	6	Disc. to sick leave	T. O'Sweet Capt.
# 10 F.U.	4	7	43	7	7	43	Ac. Sceptic Tonsillitis	3	to duty	O. Hébert F/L
H.D. St Valier Chicoutimi	3	9	43	11	9	43	Chr. Tonsillitis	7.	To Unit. + Att. C 48 hours.	O. Hébert F/L
R.C.A.F. Bagotville	7	10	43	9	10	43	Sciatica rt ly.	2.	Improved. Att C 24 hours.	J.F. Avery S/L
R.C.A.F. Bagotville	2	1	44.	13	1	44	Sciatica rt side	11	Transferred to "Y" Depot Lachine for complete neurological examination and investigation	J.F. Avery S/L
#3 T.C.M.B. Lachine P.O.	13	1	44	22	1	44	Herniated 1-V disc LIV-LV.	9	Discharged to duty.	J.F. Avery S/L

FORMULE F

Cette formule placée dans une enveloppe marquée "Statistique fédérale-Franco. Pénalité pour usage illégal—$300," et correctement adressée, jouira de la FRANCHISE POSTALE

PROVINCE DE QUÉBEC — BULLETIN DE DÉCÈS — MINISTÈRE DE LA SANTÉ ET DU BIEN-ÊTRE SOCIAL

1. LIEU DU DÉCÈS — Comté municipal: St-Ambroise | Nom officiel de la municipalité civile ou du canton: St-Ambroise de Chicoutimi | *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: OLMSTED (*Lettres moulées*)

Noms de baptême ou prénoms: FLYING Officer Charles Robertson

4. RÉSIDENCE

Rue: 818 Brandon Ave No.: ____

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

Comté municipal: Ont.

5. SEXE	6. NATIONALITÉ (Citoyenneté)	7. ORIGINE RACIALE	8. Célibataire, marié, veuf ou divorcé (*Écrire l'un de ces mots*)
M.	C-A.	Canadien	Célibataire

9. Si le défunt était marié, nom de son conjoint: Elisabeth Bartlett Garrett

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

11. DATE DE NAISSANCE: 15 (jour) 9 (mois) 1919 (année)

12. ÂGE DU DÉFUNT	Années	Mois	Jours	Si âgé de moins d'un jour
	25	8	15	____ hrs. ou ____ min.

OCCUPATION

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

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: 1-5-44

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

17. NOM		18. LIEU DE NAISSANCE (Province ou pays)
PÈRE	Howard Russell Olmsted	Ottawa
MÈRE (Nom de fille)	Claire Elizabeth Robertson	Lanark ont.

19. Lieu de l'inhumation de l'incinération ou destination du transport: Ottawa ont.

20. Date de l'inhumation: 4-5- 44

21. LIEU DE L'ENREGISTREMENT DE CETTE SÉPULTURE

(a) Nom de la paroisse ou église: ____

(b) Municipalité civile de: ____

(c) Comté municipal: ____

(d) Date: ____ (jour) ____ (mois) 19____ (année)

Nom de l'entrepreneur de pompes funèbres (*Pour les cités seulement*)

ÉCRIRE LISIBLEMENT AVEC UNE ENCRE INDÉLÉBILE. CECI EST UN DOCUMENT PERMANENT. Chaque information doit être donnée minutieusement.

Le médecin traitant, ou le coroner, doit gratuitement remplir, signer et délivrer ce certificat médical et y attester la ou les causes du décès. Pour rendre son attestation CONFIDENTIELLE, il doit la recouvrir de l'appendice attaché, humecter le pourtour gommé et le coller avec soin dans le cadre approprié. Il doit ensuite certifier par ses initiales le recto de cet appendice.

PLIER EXACTEMENT AU POINTILLÉ et ÉVITER DE LAISSER BAILLER

CERTIFICAT MÉDICAL CONFIDENTIEL DE DÉCÈS

22. Date du décès: 1 (jour) mai (mois) 19 44 (année)

23. JE CERTIFIE PRÉSENTEMENT que j'ai donné mes soins au défunt depuis le M. A. 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) blessures multiples 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? non 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 (Spécifier): accident Date 1-5- 19 44

Manière de la blessure (Dans quelle circonstance): accident d'avion

Nature de la blessure: multiple

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

Signature: Dr. Leo. Tremblay Par L. T. M.D. M.D.

Adresse: Hotel-Dieu, Chicoutimi Date 2 mai 19 44

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

Léonidas Tremblay M.D.

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)

FORM F

This form if placed in an envelope, marked "Dominion Statistics—Free, penalty for improper use $300," and properly addressed will pass through the mail "FREE".

PROVINCE OF QUEBEC—STATISTICAL RETURN OF DEATH—MINISTRY OF HEALTH AND SOCIAL WELFARE

1. PLACE OF DEATH — Municipal county | 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 (*Block letters*) Given names

4. RESIDENCE — Street No. | Official name of civil municipality or township | Municipal county Province

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

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

10. BIRTHPLACE (Province or Country)

11. DATE OF BIRTH (Month) (Day) (Year)

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

OCCUPATION

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

14. Kind of industry or business, as cotton-mill, lumbering, bank, etc.

15. Date deceased last worked at this occupation

16. Total years spent in this occupation.

	17. NAME	18. BIRTHPLACE (Province or Country)
FATHER		
MOTHER (Maiden name)		

19. Place of burial, cremation or removal

20. Date of burial 19

21. PLACE OF REGISTRATION OF THIS BURIAL

(a) Name of parish or church

(b) Civil municipality of

(c) Municipal county

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

WRITE PLAINLY WITH UNFADING INK.
THIS IS A PERMANENT RECORD.
Every item of information should be carefully supplied.

Name of Undertaker (*For cities only*)

The attending physician, or coroner, shall without charge fill in, sign and release this medical certificate. In order that his statement be CONFIDENTIAL, he must cover the medical certificate with the attached flap by moistening the gummed edge and sticking it down carefully. He shall then initial the obverse of the flap.

FOLD EXACTLY ON THE DOTTED LINE AND SMOOTH DOWN TO AVOID BULGING.

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death (Month) (Day) 19 (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)

due to

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

due to

(c)

II

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

III If a communicable disease is mentioned on this certificate, give (a) Date of appearance 19

(b) Duration of disease days

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

26. Was there a surgical operation? Date of 19

State findings Was there an autopsy?

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

Accident, suicide or homicide (State which) Date 19

Manner of injury (How sustained)

Nature of injury

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

Signed M.D.

Address **Date** 19

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

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

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

(Voir l'autre côté pour le français)

1. No.	2. RANK OR RATING	3. SURNAME	4. CHRISTIAN NAMES
J.15622	Flying/Officer	Olmstead	Charles Robertson

5. UNIT OR SHIP	6. DATE OF CASUALTY	7. H. Q. FILE No.	8. RELIGION
#1 O.T.U. Bagotville, Ont. RCAF	May 1 1944	(J15622)	Protestant

9. CIRCUMSTANCES OF CASUALTY

Aircraft crashed in Low Flying Area subsequent to take off--------cause obscure.

10. NAME, RELATIONSHIP AND ADDRESS OF NEXT OF KIN

Mrs. C.R. Olmstead (Wife)
~~818 Bronson Ave.,~~
~~Ottawa, Ont.~~

77 Victoria St.,
Bagotville, P.Q.

11. LOCATION OF UNIT AT TIME OF CASUALTY

Bagotville, Ontario.

NOTE:—Items 12, 13 and 14 are not to be completed until grave is permanently located

12. CEMETERY	13. LOCATION OF CEMETERY	14. GRAVE LOCATION	15. REGISTERED No. OF GRAVE
Conroys Cemetery	Aylmer Road, Que.	Grave Family Plot Plot not available Row not available	Nil

16. PHOTOGRAPH OF GRAVE TAKEN	17. EXPOSURE No.	18. PHOTOGRAPH OF GRAVE AND CEMETERY SUPPLIED TO
May 6 1944	RE.1415-1-2-3-4	Mrs. C.R. Olmstead (Wife) 818 Bronson Ave, Ottawa, Ont.

19. FURTHER PARTICULARS ON REVERSE SIDE OF SHEET.

M. F. W. 2643
3,500—10–41 (2074)
H.Q. 1772-39-1458

20. REPORTED LOCATIONS OF GRAVE

21. REMARKS.

This officer is buried in a small country cemetery. Exact information regarding position of grave Plot, Row, and Registered number are unavailable since this cemetery is not laid out or operated by any company or board of trustees.

A.F. No. J15622 F/O Name Olmsted, C.R.

EVIDENCE OF MARRIAGE

Description of Document: Certificate of Marriage Number_____

ISSUING AUTHORITY Minister 1st. Prebyterian Church Poughkeepsie, N.Y.

HUSBAND (Full Name) Charles Robertson Olmsted

WIFE (Full Maiden Name) Elizabetn Bartlett Garrett

DATE OF MARRIAGE September 1st. 1943

PLACE OF MARRIAGE Poughkeepsie, N.Y

CERTIFIED TRUE EXTRACT

Date: 1-10-43

Simmons F/O
(signature & rank)

A.F.M. #13

Rec'd OCT 11 1943
O. K. C.I.B.
R. C. N. I.
S. L. P. A.

3W4

ROYAL CANADIAN AIR FORCE

GENERAL CONDUCT SHEET

J. A. T. P. CANADA

OFFICIAL No. R-82236 NAME AND INITIALS Olmsted C. R. (IN BLOCK LETTERS) DATE OF ENLISTMENT 11-12-40

SHEET No. One (IN WORDS) SIGNATURE AND RANK OF C.O. Lurneau P/O. DATE 12-12-40

(G. N. Irwin) Wing Comdr.

UNIT AND PLACE	Date of Offence	Rank	Cases of Drunkenness (in red)	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Initials and Rank of Officer making entry and Remarks, with Date
No. 1 I.T.S Toronto	7-4-41	AC2		W. O.A.S. Absent from 2359 hrs 6-4-41 to 0600 hrs 7-4-41 (Absent 6 hrs.)	Documentary	4 days C.B. Forfeits 1 days pay	7-4-41	E. Kenrick F/	EWK Flt/Lt. 7-4-41
#2 S.F.T.S. Uplands, Ottawa.	23/6/41	LAC		NEGLIGENTLY DAMAGING TWO OF HIS MAJESTY'S AIRCRAFT In that he on Uplands Aerodrome at 23.40 hours, did negligently taxi Harvard a/c #3047 into Harvard a/c #2672, thereby damaging both of said aircraft. Section 39A 1(a)	R136A Sgt Martin W.Y.	7 days C.B. 7 days extra hangar duties concurrent	24-6-41	C.E. Wilmot S/L	LCL F/O 25-4-41
				CERTIFIED NO FURTHER ENTRY		C W Rosam Pop F/Lt. Adjt. 3 P.R.C.			24 SEP 1941
				Certified no further entry		Ottrallis P/O for Adjt 52 O.T.U.			4.11.41
				To be carried over CERTIFIED NO ENTRIES		R Howe F/O 412 Squadron			17.12.41

C.A.F. R. 71
M—8-40 (6352)
1062—3-53

Brought forward

CERTIFIED NO FURTHER ENTRY C. Bringloe F/O No. 403 (CANADIAN) SQUADRON. 16-8-42

M Ryan

DECLARATION

I, P/O C.R. OLMSTED, J 15622, ... do hereby agree to accept a commission in the Royal Canadian Air Force (Special Reserve) and do hereby declare that I am willing to serve on Active Service anywhere in Canada, also beyond Canada and Overseas, for the duration of the present war and for the period of demobilization thereafter, should His Majesty so long require my services. I also understand that His Majesty may exercise the right at any time to dispense with the services of an Officer on probation

Witness ..... Signature C.R. Olmsted P/O
Date DECEMBER 14, 1942.
Place R.A.F. STATION CATTERICK. YORKS.

R.C.A.F.
Rec'd JAN 13 1943
O. K.
R. C. N. I.
S. L. P. A.

A7B
1
20 DEC 1942

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

ROYAL CANADIAN AIR FORCE

REPORT ON PUPIL PILOT--FLYING AND GROUND TRAINING

Surname Olmsted Christian Names C R

Number R82236 Rank AC2

INSTRUCTIONS

1. For instructions on the use of this form, see C.A.P.100, Section 7.

PART I

INITIAL TRAINING

1. No. 1 I.T.S. Course No. 20 From March 6 To April 10/41.

2. Results of Examinations:--

Subject	Maximum Marks	Marks Obtained	Subject	Maximum Marks	Marks Obtained
Mathematics.....	100	96	Hygiene & Sanitation	40	35
Armament (P.&O) ..	100	89	Drill.....	100	80
Signals.....	100	99	Law and Disc., etc..	60	55
		454			91

3. Maximum Marks 500. Marks Obtained 454 Percentage 91

4. Passed or Failed P Position in Class 12 No. in Pilot's Class 63

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

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

7. Remarks: Above average. Aggressive and alert with pleasant, cheerful manner and yet quite capable of assuming responsibility. Played hard, worked hard, and made fine impression at this school.

Second Aircrew Recommendation: Air Observer

E. Brandon Wg. Comdr.
Commanding Officer

No. 1 I.T.S.

Date 10-4-41

To be passed to No. 1 E.F.T.S.

~~XXX~~ Can.
~~XXX~~ U.K. Trainee.
~~XXX~~ Aus.
N.Z.

NOTE: X out Countries not applicable.

PART II

ELEMENTARY TRAINING

1. No. 1 E.F.T.S. Course No. 25 From 10-4-41 To 26-5-41

2. Flying Time:--

FLYING TRAINING

Aircraft	Total Dual	Total Solo	Instrument Flying	Passenger	Total	Link Trainer
TIGER MOTH	26.15	25.25	5.30	--	51.40	10.00

3. Results of Flying Tests:--20 hour 73.3 % Final Test 77.5 % Instr. Fly 77.5 %

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

5. Recommended for Training on T.E. or S.E. aircraft ~~T.E.~~ S.E (NOT T.C)

6. Remarks on Flying Progress and points which require special consideration
Above average pilot. Keen industrious. Should make splendid officer material.

P. V. Carter
Chief Flying Instructor

Date 27-5-41

7. GROUND TRAINING

Subject	Maximum Marks	Marks Obtained	Subject	Maximum Marks	Marks Obtained
Airmanship	200	139	Th. of Flight	100	65
Airframes	100	54	Air Nav.	200	136
Aero Engines	100	67	Arm. (Oral)	200	155
Signals (Prac.)	100	84	Quals. as an Officer	200	175

Maximum Marks 1200 Marks Obtained 875 Percentage 72.9

Pass or Fail P Position in Class 16 No. in Class 35

8. Commissioned Rank (appears suitable or unsuitable) Suitable

9. General Remarks (Ability, Conduct, etc.)
Alert and active. Conduct and deportment very good. Hard worker. Should do well.

J. K. Lee
Chief Ground Instructor

Date 27-5-41

E. L. Weaver F/L
Chief Supervisory Officer

No. 1 E.F.T.S. Malton, Ont.

Date 27-5-41

To be passed to No. 2 S.F.T.S.

PART III

R82236 LAC OLMSTED C.R.

SERVICE FLYING TRAINING

1. No. 2 S.F.T.S. Course No:....29..... From...28-5-41..... To....6-8-41.....

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			
HARVARD	38.55	42.55	2.00	8:00					21.30		
TOTAL	38.55	42.55	2.00	8.00					21.30	20.00	
Brought Forward from E.F.T.S..	26.15	25.25							5.30	10.00	
GRAND TOTALS	65.10	68.20	2.00	8.00					27.00	30.00	

3. Qualities as a Pilot, 750. Marks Obtained....556.....

4. Remarks on Flying Progress, Navigation, and points which require consideration
....Over confident at start of course. Fair type. Weak on aerobatics, but ....rest of flying is good. Above average on Instruments.

.....C.E.E. Wilmot S/L.....
Squadron Commander

Date.....7.8.41.....

GROUND TRAINING

SUBJECT	Maximum Marks	Marks Obtained	SUBJECT	Maximum Marks	Marks Obtained
Airmanship & Maintenance.....	200	167 ✓	Navigation & Meteorology.....	200	135 ✓
Armament (W).....	100	77 ✓	Signals (W).....	100	91 ✓
Armament (P).....	100	63	Signals (P).....	50	50 ✓
			TOTAL.....	750	583 ✓

6. Remarks of C.G.I. Bright keen lad, good worker, confident of his ability. ....Very neat in his work.

G.E.G. Wilson F/L
Chief Ground Instructor

Date....5-8-41.....

7. ARMAMENT (AIR EXERCISES) (T.E. SCHOOLS ONLY)

Subject	Maximum Marks	Marks Obtained
Wind Speed and Direction Finding	100	
Straight Runs over as Pilot.....	100	
TOTAL	200	

PART III (Continued)

8. Qualities of Character and Leadership: (Marks Possible) 750: Marks Obtained 551

9. Final Assessment: (S.E. and T.E. Schools):-

	Maximum Marks	Marks Obtained
S.E. Schools	2250	1690
T.E. Schools	2350	

10. Percentage 75.1 Passed or Failed D.P. Position in Class 22 Number in Class 58

11. Qualities as an Operational Pilot (Ex. Above Av., Av., Below Av., Poor) Av.
(a) Formation Flying Av. (b) Navigation Ability
(c) Night Flying Av. (d) Determ. and Initiative
(e) Instrument Flying Above Average
(f) Ability to Maintain Speed, Course & Height (T.E.) N.A.
Recommended for: (Type of Service Squadron): Bomber

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

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

12. General Remarks on Training Ability, Etc: Good appearance, neat. Fair discipline.

Certified that pupil pilot has passed all tests required for Pilot's Badge, as laid down by C.A.P. 100, Section 7, (Yes or No: Yes

W.R. Chambers W/C
Chief Instructor

13. Awarded Pilot's Flying Badge: Date: 7-8-41

14. Recommended for Commisioned Rank Yes (Yes or No) Assessment (Ex.,Above Av., Av.)

15. Remarks of Commanding Officer Concurs

W.A. Curtis Group Captain.
Commanding Officer,
No. 2 S.F.T.S., Uplands, Ottawa, Ont.
Date: 6.8.41

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)

R.C.A.F. Records Office
Rec'd. AUG 28 1941
O.K. C.B.

14

CONFIDENTIAL

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

ROYAL CANADIAN AIR FORCE

Medical Board held at LONDON, ONTARIO. *Date* 4-3-41

FILE NUMBER

Surname O L M S T E D *Chr. Names* Charles Robertson
Nature of Commission Air-Crew *Date of Birth* 15-9-19 *Married or Single* S.
Branch R. C. A. F. *Hours Flown* 10 hours (Pass)
Address 818 Bronson Ave. Ottawa, Ontario.

HAVE YOU ANY HISTORY OF:—

(i) NERVOUS TROUBLE or Nervous Breakdown Spinal Meningitis - Dec. 1940 - in bed
Severe or "Sick" Headaches, Migraine NO (4 weeks - good recovery.
Fits or Convulsions of any kind NO
Sun or Heat Stroke NO
Head Injury or Concussion (including "knock-out") Knocked-out boxing - 10" - 1936.
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 Appendectomy 1934 - good result
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 Wears glasses for close work - no symptoms
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 NO
Prolonged Hoarseness or Loss of Voice NO
Sea, Car or Train Sickness Or Air Sick. NO
Discomfort on Swings, Roundabouts, Switchbacks NO
(ix) OPERATIONS Appendectomy only
(x) Any Illness or Injury not mentioned above Measles, chicken-pox - as child

Education Sr. Matriculation equiv.
Present Occupation R.C.A.F. Air-Crew Hobbies Acting - Theatricals
Previous Service Joined R.C.A.F. Dec. 11, 1940.
Athletics Skiing, Skating, volleyball - softball at school
Habits—Smoking 10 cigs. 1 day Alcohol 1 pint beer 1 week.
FAMILY HISTORY—Consumption none
Nervous Ailments, Mental Trouble, or "Fits" none
Father Alive x —Health good Dead—Cause ------
Mother Alive x —Health good Dead—Cause ------
Brothers (0....) Alive—Health ------ (0...) Dead—Cause ------
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 March 4th, 1941. *Signature* Charles Olmsted *Witness* J. G. Palmer Lt

GENERAL MEDICAL AND SURGICAL EXAMINATION

Impression given by *(a)* Physique Athletic *(b)* Mentality Alert
Body Marks, Scars, Deformities Gridiron Appendectomy scar
Size of Thyroid Gland Thyroid palpable but normal
Surgical Abnormalities none
Results of Wounds, Injuries, Operations Good

	Date Mar.4/41	Assessing Room	Date	Assessing Room	Date	Assessing Room	Remarks on any Abnormalities Found
Height (ins.)	71						Date Mar. 4, 1941.
Weight (lbs.)	157						
Chest Circumference (ins.)	36						All Reflexes are brisk
Body Build (lbs.)	+6						
Leg Length (ins.)	41½						but not exaggerated.
Pulse Rate — Sitting	84	-1					J m m
Pulse Rate — Standing 1st	108	-1					
Pulse Rate — Standing 2nd	90						
Pulse Rate — After Exercise	108	-1					
Pulse Rate — Time to Normal	25 secs.						
Arterial Walls	N						To rough Examination
Blood Pressure — Systolic	120						Neurological & Muscular
Blood Pressure — Diastolic	75						systems appear normal.
Heart — Size	N						J m m
Heart — Sounds	N						
Heart — Rhythm	REG						
Lungs	clear						Date
Breath held	/						
Expiratory Force	/						
Vital Capacity (Best of 5)	/						
Reflexes — Knee	N N						
Reflexes — Ankle	N N						
Reflexes — Triceps	N N						
Reflexes — Abdominal	N N						
Reflexes — Plantar	N N						
Cranial Nerves	N						
Balancing Rod	R. L.	R. L.	R. L.	R. L.	R. L.	R. L.	
Self Balancing	R. L. 1/S 1/FS	R. L.	R. L.	R. L.	R. L.	R. L.	
Tremors — Fingers	S F	-1					
Tremors — Eyelids	S C	-1					Date
Abdomen — Liver	N						
Abdomen — Spleen	N						
Abdomen — Muscular Tone	Good						
Urine — Albumen	Neg						
Urine — Sugar	Neg						
Initials of M.O.	J m m						

40 mm. Hg. Test
Date Mar. 4, 1941. Before 7/7,9,7/8,7,6/6,8,7/7,6,6/6,6 = 70 secs. (-2)
Date
Date
Date

Remarks by Consultant.

P.E.I. = $\frac{37}{44}$ A ppears to be completely fit.
A good man.
J m m

EYE EXAMINATION

History			
Wears glasses for close work.			
Visual Acuity R.	20/20 , c ~~2.25~~ + =	20/60	
Visual Acuity L.	20/20 , c ~~2.25~~ + =	20/60	
Colour Vision	N (Ishihara)		
Red, Green	Ortho. with Fusion		
Diaphragm Test (P.D. = 66)	Bar @ 1		
Convergence C. =	6. cms.		
Convergence S. C. =	12. cms.		
Accommodation R.	10.5 cms.		
Accommodation L.	10.5 cms.		
Cover Test	Sl. Lat. Div. Rap. Rec.		
Fundi and Media	Normal		
Fields	normal		
Remarks: Visually fit. A1B - A3B			
	Initials of M.O. J.m.r	*Initials of M.O.*	*Initials of M.O.*
	Date Mar. 4, 1941.	*Date*	*Date*

EXAMINATION OF EAR, NOSE AND THROAT

History Nil

Hearing R. Ear	w.v. 20'		
Hearing L. Ear	w.v. 20'		
External Ear, Meatus Membranes R. Ear	normal		
External Ear, Meatus Membranes L. Ear	normal		
Middle Ear, Eustachian Tubes R. Ear	patent		
Middle Ear, Eustachian Tubes L. Ear	patent		
Cochlear Apparatus R. Ear	normal		
Cochlear Apparatus L. Ear	normal		
Vestibular Apparatus R. Ear	Steady		
Vestibular Apparatus L. Ear	Nystag. 20 secs.		
Buccal Cavity	normal		
Teeth	D.I. = 18 - Good		
Gums	normal		
Pharynx	normal		
Nasopharynx	normal		
Nose	normal		
Larynx	normal		
Remarks: E. N. T. FIT			
	Initials of M.O. J.m.r	*Initials of M.O.*	*Initials of M.O.*
	Date Mar. 4, 1941.	*Date*	*Date*

HISTORY OF PRESENT CONDITION

Date.....MARCH 4th, 1941.....

HISTORY:

1. Cerebro - Spinal Meningitis - Dec. 1940 - in bed 4 weeks. Complete recovery.
2. Appendectomy 1934 - Good result.

EXAMINATION:

A very prepossesing, alert candidate.

Appears to be in good condition.

To rough examination neurological system is normal.

Appears to be completely recovered.

Fit for any Air-Crew Duty.

James M. Mason 7/0

A1B-A3B

OBSERVATIONS AND FINDINGS BY PRESIDENT OF BOARD

Date.....

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TRADE MARK

ACME GLOVE WORKS LIMITED

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TORONTO,
QUEBEC,
OTTAWA,
VANCOUVER.

ADDRESS ALL CORRESPONDENCE TO
P. O. BOX 100 MONTREAL

~~MONTREAL~~ Ottawa, Sept. 24, 1940.

TO WHOM IT MAY CONCERN:-

This will testify that I have known Mr. Charles Olmsted of the City of Ottawa for the past twelve years, being a neighbor of mine.

I take pleasure in testifying to his good character and ability and feel sure that any task allotted to him in any capacity will be fulfilled satisfactorily.

Wishing him every success, I remain,

Yours truly,

Henry H Galbraith

(H. Galbraith
810 Bronson Ave.)

HERRIDGE, GOWLING, MACTAVISH & WATT
BARRISTERS & SOLICITORS

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GORDON F. HENDERSON
JOHN W. H. ROWLEY

TELEPHONE 2-1781
56 SPARKS STREET
OTTAWA,
CANADA

September 23, 1940.

The Royal Canadian Air Force.

Dear Sirs,

I understand that Charles Olmsted has made application to enlist in your branch of the service.

I have known Mr. Olmsted and his family for many years and he was also in the employ of our firm from June, 1939, to May, 1940. I can not only vouch for his character but recommend him most highly as an efficient and industrious young man.

Yours very truly,

EGG:MLC

E. Gowling

R.C.A.F. Records Office
Rec'd DEC 20 1940
O. K. ..... C.I.B. .....
R. C. ..... N. I. .....
S. L. ..... P. A. & P. D. .....

MRS. C. H. THORBURN, O.B.E.
CHAIRMAN OF BOARD

CECIL BETHUNE
SEC.-TREAS. OF BOARD

PHONE 7-0866

PRINCIPAL'S OFFICE
GLEBE COLLEGIATE INSTITUTE
OTTAWA, CANADA

W. D. T. ATKINSON, M.A.
PRINCIPAL

September 25th, 1940.

To Whom It May Concern:

This is to certify that Charles Robertson Olmsted was in attendance at the Glebe Collegiate Institute for six years concluding June 1939. He has full Junior Matriculation with an average of Second Class Honours and eight Subjects of his Honour Matriculation with an average of Third Class Hohours.

While here he took an active part in the affairs of the school and we always found him reliable. He left the school in good standing in all respects.

W D Atkinson

Principal.