J18761
BOYD
WALTER DAWSO

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OCCUPATIONAL HISTORY FORM

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

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

PLEASE LEAVE BLANK

Section A—GENERAL INFORMATION

1. (a) Print name in full WALTER DAWSON CARL BOYD (b) Reg'l. No. R119234
2. (a) Arm of service R.C.A.F. (b) Unit AIRCREW (c) Rank AC. 2.
3. (a) Date of birth Jan. 17. 1918 (b) Have you any dependents? None (c) Place of residence at time of enlistment St Lambert Ave. Ottawa
4. (a) Place of enlistment Montreal. (b) Date of enlistment March 7. 1941

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 20 years (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.) Junior Matriculation
7. If you attended a university, give name of university and standing or degree secured None.
8. (a) Did you ever enter upon a trade apprenticeship? No (b) If so, for what occupation? — (c) Did you finish it? — (d) If you did not finish it, how long did you serve at it? —
9. (a) What languages do you speak fluently? English (b) What languages do you read well? English.

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

10. (a) State whether you were WORKING or NOT WORKING at time of enlistment. (Enter here only "Working" or "Not Working", as case may be; particulars are asked for below) Working (b) At time of enlistment of what trade union or professional society were you a member? None.

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

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

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

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

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

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

18. Name of employer F. D. Walker. Address St Jovite, Que.
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Hotel Manager.
20. (a) Your specific occupation Desk Clerk (b) Number of years' experience at this occupation with any employer 1½ years
21. (a) Did your employer promise definitely to give you employment on discharge? No. (b) Did your employer refuse to promise you employment on discharge? No (c) Do you wish to return to your former employment? No.

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

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

Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage In farming after the war? No (b) Do you feel competent to operate a farm? No (c) If so, in what kind of farming? —
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? Quebec.

Section G—MISCELLANEOUS

26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge? Yes.
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.) Return to school.
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form

DATE May 5 194 1. SIGNATURE Walter D.C. Boyd.

RECHECK TORONTO #1 M.S.B. 24/6/41 Course 29.

R.C.A.F. Special Reserve

CONFIDENTIAL

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

ROYAL CANADIAN AIR FORCE

Medical Board held at Montreal Recruiting Centre. *Date* 30-1-41

FILE NUMBER 79234

Surname BOYD *Chr. Names* WALTER DAWSON CARL
Nature of Commission Pilot *Date of Birth* 17-1-21 *Married or Single*
Branch Aircrew *Hours Flown* No
Address St. Jovite Station, P.Q.

HAVE YOU ANY HISTORY OF:—

(i)	NERVOUS TROUBLE or Nervous Breakdown	NO
	Severe or "Sick" Headaches, Migraine	NO
	Fits or Convulsions of any kind	NO
	Sun or Heat Stroke	NO
	Head Injury or Concussion (including "knock-out")	NO
	Insomnia, Nightmares, Sleep-walking, or Bed-wetting	NO
(ii)	LUNG TROUBLE or Consumption	NO
	Bronchitis, Pneumonia or Pleurisy	NO
	Asthma or Hay Fever	NO
(iii)	HEART DISEASE, "Weak or Strained Heart"	NO
	Fainting Attacks or Giddiness	NO
	Rheumatism, Rheumatic Fever or "Growing Pains"	NO
	Frequent Sore Throats or Tonsillitis	NO
	Diphtheria, Scarlet Fever or Scarlatina	NO
(iv)	STOMACH or BOWEL TROUBLE	NO
	Chronic Indigestion or Pain after Food	NO
(v)	KIDNEY or BLADDER TROUBLE	NO
	Syphilis or Gonorrhœa	NO
(vi)	TROPICAL DISEASE Never in the tropics	NO
	Malaria	NO
	Dysentery	NO
(vii)	EYE TROUBLE or Inflammation of Eyelids	NO
	Wearing of Glasses	NO
	Colour or Night Blindness Color vision safe G.O lamp	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 Never at sea	NO
	Discomfort on Swings, Roundabouts, Switchbacks Likes these	
(ix)	OPERATIONS T & A age 10 yrs.	
(x)	Any Illness or Injury not mentioned above Skin graft right leg for burns of leg.	

Education High School
Present Occupation unemployed Hobbies woodwork
Previous Service none
Athletics Hockey, baseball, swimming, running
Habits—Smoking 2 c.a.d. Alcohol None
FAMILY HISTORY—Consumption No
Nervous Ailments, Mental Trouble, or "Fits" No
Father Alive—Health good Dead—Cause
Mother Alive—Health good Dead—Cause
Brothers (....) Alive—Health good (....) Dead—Cause
Sisters (....) Alive—Health good (....) 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 30-1-41 *Signature* Walter D.C. Boyd *Witness* J.C. Elias F/S

J.C. Elias F/O

GENERAL MEDICAL AND SURGICAL EXAMINATION

Impression given by *(a)* Physique ..athletic.. *(b)* Mentality ..average..
Body Marks, Scars, Deformities ..r. graft scars..
Size of Thyroid Gland ..not enlarged..
Surgical Abnormalities ..Nil ..no hernia, no varicocoeli, no varicose veins..
Results of Wounds, Injuries, Operations ..Good healing..

	Date 30-1-41 Assessing Room	Date 24/6/41 Assessing Room	Date ..... Assessing Room	Remarks on any Abnormalities Found
Height (ins.)	70	69½		
Weight (lbs.)	170	168		Date .....
Chest Circumference (ins.)	35			
Body Build (lbs.)	+10	+24		
Leg Length (ins.)	41			
Pulse Rate — Sitting	84	84		
Pulse Rate — Standing 1st	108			
Pulse Rate — Standing 2nd	96			
Pulse Rate — After Exercise	126			
Pulse Rate — Time to Normal	20 sec.			
Arterial Walls	soft			
Blood Pressure — Systolic	140	122	120	
Blood Pressure — Diastolic	90	100 (88)	88	
Heart — Size	3½	N		
Heart — Sounds	N	N		
Heart — Rhythm	N	N		
Lungs	N	N		
Breath held	90			
Expiratory Force	120			
Vital Capacity (Best of 5)				Date .....
Reflexes — Knee	N			
Reflexes — Ankle	N			
Reflexes — Triceps	N			
Reflexes — Abdominal	N			
Reflexes — Plantar	Flexor			
Cranial Nerves	N			
Balancing Rod	R. 1/s L. 2/s	R. N L.	R. L.	R. L.
Self Balancing	R. 1/s L. 2/s	R. N L.	R. L.	R. L.
Tremors — Fingers	N	S.F.		Date .....
Tremors — Eyelids	N	O		
Abdomen — Liver	N	N		
Abdomen — Spleen	N	N		
Abdomen — Muscular Tone	Good	N		
Urine — Albumen	neg.	Neg.		
Urine — Sugar	neg.	Neg.		
Initials of M.O.	J.C.E.	C.S.B.		

40 mm. Hg. Test ..7/966, 777, 676, 667, 767, 766, 90 sec..
Date ..24/6/41 7/787/776/555/55 57 Sec..
Date .....
Date .....
Date .....
Date .....

Remarks by Consultant. 24/6/41 - Wants pilot, failing that observer. Intelligence average. Rather dour appearance, but probably due to tension. Consider average material.

Fit. J.C.E.

C. S. Barker, Fl/Lt.

Mr. H.W.A. Boyd,
St. Jovite Station,
Quebec.

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

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

and the following number quoted:—

H.Q. J18761 FD6

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

10 Feb 1945

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

BOYD, Walter Dawson Carl F/O

J18761 RCAF

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.

FEM/EK

P.E. Mullins f/o
for Director of Estates.

M.F.W. 77
16M-10-44 (5854)
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 had in each of the degrees specified below:

Degrees of Relationship	RELATIVES required to be accounted for		INFORMANT'S STATEMENT		
			NAME IN FULL of any Relative, if any, in each degree specified	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased.....		—		
2	Children of the Deceased and dates of their Births.....		—		
3	Father of the Deceased.....		Harry W. A. Boyd	59	St. Jovite Sta., Que.
4	Mother of the Deceased.....		Louisa Boyd	61	" " " "
5	Brothers of the Deceased	Full Blood	Gilbert Boyd.	37	Arundel, Que.
		Half Blood			
6	Sisters of the Deceased	Full Blood	(Mrs) Viola G. Thérroux.	34	St. Jovite Sta., Que.
		Half Blood			
7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, *who are dead*, and date of death of each.		Names and ages of their children (if any)		Address of their children

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Walter Dawson Earl Boyd.
9	Date of his birth.	Jan. 17, 1921.
10	Place and date of his marriage.	—
11	Place and date of his parents' marriage.	Mille Isles, Que. March 21, 1906.

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Arundel, Que.
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Quebec, Argenteuil, 19 yrs. (b) " , Terrebonne, 1 yr. (c) (d)
14	Nature of employment before enlistment.	Ammunition factory
15	State whether he owned the premises in which he lived, and, if so, where situated.	No.
16	Name place where deceased stated he intended to make his permanent home.	—

PARTICULARS OF ESTATE

17	Did he leave a Will? . If in your custody, please forward.	No
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses,—was there a marriage contract dealing with property?	—
19	Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc., and the amount on deposit. Do you wish it administered with the pay account?	No
20	Amount of War Savings Certificates held by deceased. Indicate where located.	—
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	—
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	—
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	—

OTHER PARTICULARS

24	Did the deceased after enlistment incur any debts for:— *(a)* His own separate board and lodging while on service. *(b)* Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	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.	No.

(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)

nil

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 comp[illegible] statement of all the relatives that the deceased ever had in the degrees specified; and that I am the

*.....father.....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.

.....Harry W. A. Boyd..... {Signature of Informant}

.....St. Jovite, Que.....Address

CERTIFICATE

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

See above. .....W. A. Boyd..... {Name of informant} is the.....father.....of the Deceased above described. The above Declaration was made by the Informant and signed in my presence.

Dated at.....St Jovite.....this.....15th.....day of.....February.....19.45.

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

.....Qualification.....Notary.....

Address.....St Jovite, Que.....

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

C/o
Boyd

235 Wink

FOR OFFICIAL USE ONLY

CERTIFICATE OF MEDICAL EXAMINATION

Part 1. Information obtained from the applicant—

1. Age. 19. 2. Have you ever suffered from any of the following defects in health?

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

3. Have you ever worn glasses? no

Walter C. Boyd
Signature of Applicant

Examiner's Remarks *re* above Hearing Impaired

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

1. Identification marks or scars (if operative obtain history) vacc. left arm. Burn scar + punch graft scars

2. Height 5' feet 10 inches. 3. Weight 155 pounds.

4. Complexion Fair 5. Color of Eyes Blue Hair Fair

6. Development ~~Good~~ ~~Fair~~ ~~Poor~~ 7. Chest Measurement—Full expiration 37 inches

Range of expansion ~~3~~ 3 1/2 inches

8. Hearing—Right WV 20 Left WNL Tympana—Right normal Left normal

9. Vision—Without glasses—Right 20/20 With glasses—Right no

Left 20/20 Left no

10. Condition of mouth and teeth poor - Good

11. Urine—Albumen neg Sugar neg

12. Abnormalities (Congenital and Pathological) found on Examination
Dr Cutler reaction unsafe
B.P. 130/80. Reflexes normal

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 D, 1 ~~A 3~~ 1 B ~~A 4 B~~

Any special remarks of the Medical Officers
Moderately good condition
C.V. apparatus unsafe: D.H.
30-1-41 Recheck: Color vision normal. G.A. lamp. J.C.E.
reclassified A, 1 B - A 3 B.
31-1-41 X Ray #7034 Neg MB.

Date 13 - 2 - 41 19

John C. Calvin F/O — Authorising Capt — Member — Member

President

NATIONAL REGISTRATION CERTIFICATE PRODUCED

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, Walter Dawson Carl, Boyd 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 March 6th, 1941 Walter D. C. Boyd.
Signature of Recruit

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

I, Walter Dawson Carl, Boyd do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.

Date March 6th, 1941 Walter D. C. Boyd.
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 Montreal P.Q. this Sixth day of March 19 41

Signature of Officer ..... Rank RCAF Recruiting Montreal. P.Q.
Unit

R.C.A.F. Special Reserve

AIR FORCE No. R79234 POSTED TO No.1 Manning Depot Toronto TRADE Aircrew Pilot or Observer Standard

62 W 16
30-12-43

ROYAL CANADIAN AIR FORCE

(ATTESTATION PAPER)

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

1. Surname BOYD FULL Christian Names WALTER DAWSON CARL.
2. Present Address St. Jovite Station, Que. Telephone N.A.
3. Permanent Address St. Jovite Station, Que.
4. Place of Birth Arundel, Que. Citizenship Canadian.
5. Date of Birth January 17, 1921. ~~Married~~, Single, ~~Widower, Separated, Divorced~~ Single.
6. Particulars of Children

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

7. Occupation Student 8. Religion United (State denomination)
9. Languages English ~~French~~ (State proficiency)
10. Next of Kin (Full Name) Harry William Alfred Boyd Relationship Father.
" Address St. Jovite Station, Que.
11. Father (Full Name) Harry William Alfred Boyd Birthplace Mille Isles, Que.
" Address St. Jovite Station, Que. Citizenship Canadian.
" Occupation Horse dealer
12. Mother (Full Maiden Name) ~~Eva~~ Louise Eva ~~Smith~~ Beattie Birthplace Mille Isles, Que.
" Address St. Jovite Station, Que. 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. MAR 15 1941
O.K. C.I.B.
C. N.I.
P.

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.? Yes If so, where? Montreal
When? August 17th, 1940. Result Unsafe Color vision.
17. Were you ever discharged from any branch of His Majesty's Forces as Medically Unfit? No
If so, state nature of disability N.A.
18. Have you ever been or are you now in receipt of a Disability Pension? No.
If so, state nature of Disability N. A.
19. Have you ever been convicted of an indictable offence? No. If so state nature N.A.
20. Are you in debt? No. If so, state particulars N.A.

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

66-184

21. Particulars of Education:

—	Name of school	Date From	Date To	Courses—Subjects, etc.
Primary Education—Public or Separate School	Arundel Intermediate Sch.	1927	1939	High School
High School—Collegiate Institute, etc.	Sachute High School	1939	1940	High School Leaving
Technical School				
University or School other than above				
Correspondence Courses, etc.				

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

Employer and place	Duties, trades, positions	Date From	Date To	Reason for leaving
Canadian Industries Ltd.	Helper to machinist	Aug. 1940	Dec. 1940	Living expenses too high in comparasion to wages.

23. Flying Experience (in Hours) Solo N. A. Dual N. A. Passenger N. A.

24. Special Qualifications, Hobbies, etc., useful to the R.C.A.F. Use of guns,

25. Sports engaged in. State: extensively, moderately, occasionally Hockey; baseball, swimming, softball (extensively) Running, jumping (moderately) Basketball, soccer (occasionally).

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

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

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

Name	Address	Occupation
Mr. G. E. Beattie	St. Jovite Station.	Inspector of C.I.P. Company
Mr. E. M. Moore,	953 St. James St. West.	Pres. Moore Bros. Machinery.
Mr. C. L. Hall.	Sachute Que.	Principal Sachute High School.
Rev. C. Cushing.	Arundel Que.	Minister.

28. Other information that may have any bearing on this application ~~N. A.~~ 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 January 8th 1941. Signature Walter D. C. Boyd.

P/O Boyd W.D.C.

J.16761.

No Card

P.414381

12

No.38 Squadron,
Royal Air Force,
Middle East.

Ref:-
38S/C.904/166/P.1.

3rd March.1944
x. Reported as MP.743

Sir,

Wellington XIII - MP.742 Missing from Operations night 1st/2nd March.1944.

Crew:-	J.18761	P/O	W,D.C.	Boyd.	Captain
	146796	F/O	A.G.C.	Easson	Pilot
	A.425759	F/S	J.G.	Hussell	Navigator
	657345	SGT	D.	Driscoll.	WOP/AIR
	1337387	SGT	N.W.	Reeve	"
	1527364	SGT	F.	Brosnan	"

Above aircraft was airborne on the evening on the evening of 1st March,1944, for a shipping strike in the Aegean with the bombing of Melos as an alternative target.

2. No news of the aircraft has been received since its departure.

3. Aircraft and crew missing.

414381

I have the honour to be,
Sir,
Your obedient Servant,

Wing Commandern Commanding,
No.38 Squadron. R.A.F.

Distributions

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Cor Keeh

FORM 6

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not write in this space

1. PLACE OF DEATH — Municipal county: OVERSEAS (AEGEAN SEA) | 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: ROYD (*Block letters*)

Given names: WALTER DAWSON CARL

Do not write in this space

4. RESIDENCE

Street: No:

Official name of civil municipality or township: St. Jovite Station

Municipal county: Province: Quebec

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

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

10. BIRTHPLACE (Province or Country): Quebec

11. DATE OF BIRTH: January (Month) 17th (Day) 1921 (Year)

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

OCCUPATION

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

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

15. Date deceased last worked at this occupation: Mar.2/44

16. Total years spent in this occupation: Three

	17. NAME	18. BIRTHPLACE (Province or Country)
FATHER	Boyd, Harry William Alfred	Que.
MOTHER (Maiden Name)	Beattie, Louise E.M.	Quebec

19. Place of burial, cremation or removal:

20. Date of burial: ....19....

21. PLACE OF REGISTRATION OF THIS BURIAL

(a) Name of parish or church:

(b) Civil municipality of:

(c) Municipal county:

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

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: March (Month) 2nd (Day) 1944 (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) Previously reported missing after air operations, now due to for official purposes, presumed dead.

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

due to

(c)....

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

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

(b) Duration of disease....days

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

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

State findings....Was there an autopsy?....

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

Accident, suicide or homicide: Accident (State which) Date: March 2nd 19 44

Manner of injury: Presumed killed during air operations (How sustained)

Nature of injury: (shipping strike)

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

Signed....M.D.

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

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

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

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

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

(Voir l'autre côté pour le français)

FORMULE 6

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

N'écrivez pas dans cet espace

1. LIEU DU DÉCÈS

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

Rue | No. | Hôpital ou institution

2. SÉJOUR

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

3. NOM DU DÉFUNT

Nom de famille.....
(*Lettres moulées*)
Noms de baptême ou prénoms.....

N'écrivez pas dans cet espace

4. RÉSIDENCE

Rue.....No.....
Nom officiel de la municipalité civile ou du canton.....
Comté municipal.....Province.....

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

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

10. LIEU DE NAISSANCE (Province ou pays)

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

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

OCCUPATION

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

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

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

16. Nombre d'années occupées dans cette profession

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

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

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

21. LIEU DE L'ENREGISTREMENT DE CETTE SÉPULTURE

(a) Nom de la paroisse ou église.....
(b) Municipalité civile de.....
(c) Comté municipal.....
(d) Date.....19.....
(jour) (mois) (année)

CERTIFICAT MÉDICAL CONFIDENTIEL DE DÉCÈS

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

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

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

24. CAUSE DU DÉCÈS

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

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

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

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

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

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

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

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

Accident, suicide ou homicide.....Date.....19.....
(Spécifier)
Manière de la blessure.....
(Dans quelle circonstance)
Nature de la blessure.....
Indiquer si la blessure a été infligée **au lieu du travail, dans l'habitation ou dans un endroit public**.....

Signature.....**M.D.**

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

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

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

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

.....

(For English see other [illegible])

J018761 BOYD WALTER DC — F07

1 NUMBER — 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.				
33 34 35	36 37 38	39 40 41	42 43 44	45 46 47	48 49 50	51 52 53	54 55 56	57 58 59	60 61 62	63 64 65	66 67 68	69 70 71	72 73 74	75 76 77 78 79 80
✓			✓					✓	✓	✓			OP WGP	AWARD
			✓							✓				AWARD AND CLASP
														APPLICATION DISPATCHED
				23282										RIBBON ISSUED
													30/11/46	MEDAL ISSUED

PREFIX — NUMBER — NAME — RANK — CODE

IBM 83961

LICENSED FOR USE UNDER CANADIAN PATENT NUMBER 315306

Harry H. A. Boyd (Father)
St. Jovite Station,
Que.

July- 45

MEMORIAL BAR
DAT
RH
3134

1860 11-10-49

NAME BOYD, Walter Dawson Carl FILE NO. J18761

RANK F/O CATEGORY ~~MISSING~~ PRES.DEAD REG. NO. J18761

DATE OF DEATH: 2 Mar. /44 MOTHER LIVING: YES WIFE: NA

MINISTERIAL CARD: 14-3-44 ROYAL MESSAGE: MAY 29 1945 MEMORIAL CROSS TO CHAPLAIN:

To mother & father
To Mother and Father-

MAR 1 1945

DEL'D TO MOTHER:

DEL'D TO WIFE: MAY 28 1945

Mr. & Mrs. Harry William Arthur Boyd,
St. Jovite, Station,
Quebec.

COMMAND:

RELIGION:

MOB

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

(I) ...Boyd...Walter Dwson Carl.....

of...St Jovite Station.....in the District of ..... County

Province of...Quebec.....Student.....
(Civil Occupation)

a member of the Royal Canadian Air Force, Number..R.79234.....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 Father: Mr Henry Boyd
St Jovite Station
P.Q.

my 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...?Mr Henry Boyd.....same as above.....
(NAME) (ADDRESS)

Executor
.....to be the ~~Executrix~~ of this my Last Will IN WITNESS WHEREOF I have hereunto set my hand this ...15th.. day of

March ..... 19.41.....

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.

...Walter D. C. Boyd...
(SIGNATURE OF TESTATOR)

(5) Signature ....Richard J. Sutton.....

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

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

Signature .....H. H. Gilliland.....

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

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

R.C.A.F. Records Office
Rec'd MAR 25 1941
Cl.
N.K.
R.C. M.D.
S.L.

OFFICIAL ROYAL CANADIAN AIR FORCE CASUALTY NOTIFICATION

NUMBER J18761 (R79234) RANK F/O UNIT 38 SQDN (OVERSEAS)

TRADE PILOT (G.D.)

NAME BOYD, WALTER DAWSON CARL

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

PRESENT MARITAL STATUS SINGLE RELIGION U/C CANADIAN YES

FRENCH CANADIAN OTHER

NEXT OF KIN MR. H.W.A. BOYD

RELATIONSHIP FATHER

ADDRESS ST. JOVITE STATION, QUEBEC

FATHER'S NAME

ADDRESS MR. & MRS. HARRY WILLIAM ALFRED BOYD
ST. JOVITE STATION
QUEBEC

LIVING ON ENLISTMENT YES

MOTHER'S NAME

ADDRESS

LIVING ON ENLISTMENT YES

ADDRESS AT TIME OF ENLISTMENT

MARITAL STATUS AT TIME OF ENLISTMENT

OCCUPATION

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?

AUTHORITY CAS. SIG. NO.

CASUALTY DETAILS:

BOMBER MAIL LETTER----- d-16-DEC-44

PREVIOUSLY REPORTED "MISSING" 2-MAR-44 AFTER AIR OPERATIONS (OVERSEAS)(MILOS ISLAND IN THE AAGEAN S A)(SHIPPING STRIKE)

NOW "PRESUMED DEAD" 2-MAR-44 FOR OFFICIAL PURPOSES

8/6
7/x

LAST WILL ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO XX

M.F.M. 5 ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO XX

DATE 4-FEB-45

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

FOR CHIEF OF THE AIR STAFF

R.C.A.F. R217
30M-6-44 (4664)
H.Q. 885-R217.
△TS-RT

4

COPY FOR C.R. FILE

68435

AIR FORCE No. ~~R70234~~ J18761

BOYD, WALTER DAWSON CARL
SURNAME — FULL CHRISTIAN NAMES

ENLISTMENT PLACE Montreal DATE 6-3-41
RE-ENLISTMENT

C.R. FILE NUMBER SR

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

OFFICER RECORD OF SERVICE AIRMEN

Commr 3-7-43.

7. BIRTH: DATE 17-1-21 PLACE Arundel Que CITIZENSHIP British
FATHER (FULL NAME) Harry Hillcairn Alfred Boyd
BIRTHPLACE Mille Isles Quebec
MOTHER (FULL MAIDEN NAME) Louise Eva Maria Bettie
BIRTHPLACE Mille Isles Quebec

8. EDUCATIONAL STANDING
HIGH SCHOOL ENTRANCE x Ont
JUNIOR MATRICULATION x Ont.
SENIOR MATRICULATION
TECHNICAL SCHOOL 4 yrs High School
UNIVERSITY
CORRESPONDENCE COURSES

9. CIVIL OCCUPATIONS OR EXPERIENCE USEFUL TO R.C.A.F.
Helper-Machinist 4 mos.
9000

10. PREVIOUS ARMY, NAVY OR AIR FORCE SERVICE
Nil
0

11. HONOURS-AWARDS, MENTIONS

	AUTHORITY	DATE
Pilot's Flying Badge	RSF 291	5-12-41

12. FLYING EXPERIENCE ON ENLISTMENT (HOURS)
SOLO — DUAL — PASSENGER —

13. RELIGION United
2

14. LANGUAGES English
1

15. SPORTS Hockey Baseball Swimming Softball Running Jumping Basketball - Soccer
1

16. SINGLE-MARRIED-WIDOWER-SEPARATED-DIVORCED: Single
WIFE (FULL MAIDEN NAME)
PLACE OF MARRIAGE — DATE
AUTHORITY (IF AFTER ENLISTMENT)
1

17. MARRIED ESTABLISHMENT

REMARKS	RANK	EFFECTIVE	D.R.O.

18. CHILDREN

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

19. NEXT OF KIN (ADDRESS AND D.R.O. IN PENCIL)
FULL NAME: Harry Hillcairn Boyd RELATIONSHIP Father
ADDRESS: 46 Jarvis Apts Ottawa Ont D.R.O.
FULL NAME: See emb Statement RELATIONSHIP
ADDRESS: D.R.O.

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

RATE CHANGES ETC.	EFFECTIVE	D.R.O.	RATE CHANGES ETC.	EFFECTIVE	D.R.O.
Entitled to 1 day's pay (1 day's subs allnce)	6 3 41	Medicell			
A.W.2	16 1 42	1327			
Forfeits 11 days pay AWOL	14/26 1 42	1329			
Ceases to be A.W.O.L.	22 1 42	1329			
Forfeits 11 days pay and 10 days subs allnce	16/26 1 42	RAF 27			

21. ENGAGEMENTS

TERM	EFFECTIVE	D.R.O.	TERM	EFFECTIVE	D.R.O.
Duration	6 3 41				

22. TEMPORARY DUTY AND MISCELLANEOUS ENTRIES

FROM	TO	DATE	D.R.O.
Provided with public qtrs + stns		14/3/41	1 M 966.
occ. pub. qtrs.		9-4-41	H87; 93
att. Security Guard for duty & disc.			H87
occ. pub. qtrs.		10-4-41	H93
Occ. pub. qtrs., rations		21-6-41	1275, 147
Occ Pub. qtrs. & draw stns in kind		15-9-41	RSF 221
Issued Special Leave & W/C 40771 Masters to St Jovite	St Jovite		RSF 293
Occ pub Qtrs & draw stns		18-12-41	1Z 303
Att & occ. pub Qtrs & draw stns		26-1-42	1Z 28

AIR FORCE No. ~~R76234~~

SURNAME: BOYD, WALTER DAWSON CARL — FULL CHRISTIAN NAMES

ENLISTMENT PLACE Montreal DATE 6-3-41 — RE-ENLI

C.R. FILE NUMBER SK.

J18761

OFFICER

RECORD OF SERVICE AIRMEN

13 Comm 3-7-43

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.) Attach + Dclose missed

S.O.S. OR T.O.S.	UNIT AND PLACE	EFFECTIVE			D.R.O.
TOS	Montreal R/Centre	6	3	41	Mtl R/C 11
SOS	Montreal R/C.	14	3	41	Mtl R/C 13
T.O.A.	#1 M.D. Toronto	14	3	41	1 M D 66.
SOS	1 M D Toronto	9	4	41	1 M D 85
TOS	RCAF Stn Rockcliffe (Ont) amended	9	4	41	H87 ; 93
TOS	RCAF Stn, Rockcliffe	10	4	41	H93
SOS	RCAF Stn Rockcliffe	21	6	41	H145
T.O.A.	#1 D.T.S., Toronto.	22	6	41	1 P T S 148
SOS	" 1 P T S Toronto	26	6	41	1 P T S 178
TOS	11 E F T S Cap de Madeleine	26	7	41	11 E F 34
SOS	11 E F Cap de la Madeleine	13	9	41	11 E F 42
TOS	8 S F Moncton NB	14	9	41	8 S F 221
SOS	8 S F Moncton	6	12	41	8 S F 291
TOS	1 "Y" Depot Halifax	7	12	41	1 Y 303
SOS	1 Y Dep to RAF Ferry Pool cancelled	31	12	41	1 Y 14
Att	#3 Y Dep Debert NS	12	1	42	1 Y 14 A 0
Att	" " post from Duffer's Drift C.	23	1	42	1 Y 14 A 0
TOS	1 Y Dept to RAF Ferry Pool Cancelled	8	2	42	1 P T 4 - 1 P T 175
TOS	3 P R C	20	2	42	RAF 11
SOS	to 2 (P) A.F.U. from 3 P R C	6	4	42	RAF 22
SOS	2 (P) A.F.U. to 7 P.R.C.	23	6	42	R.A.F. 42
SOS	7 P.R.C to 70 T.U.	6	8	42	RAF 53
SOS	7 P.R.C Harrogate to Stn Limavady	8	8	42	RA 756
Cease att	to 1443 F.T. Flt on post.	9	12	42	RAF 111
W84	Committed	10	10	43	
Presumed Dead 2 Mar. 44					DC K914 2/6 Jan. 45.
Missing	PC X 23/4-3-44	23	3	44	

2. RECLASSIFICATIONS-PROMOTIONS-ETC.

RANK	EFFECTIVE			D.R.O.
A/c 2	6	3	41	Mtl R/C 11
Trac	27	6	41	1 P T S 178
W/Sgt (paid) T/t	5	12	41	8 S F 291
T/W/Sgt	1	1	43	RA 916.
T/Flt/Sgt	5	6	43	4 B 675
T/W.O 2 (paid)	5	12	43	4 B 675
T/W.O 1 (paid)	5	6	43	4 B 675.
~~P/O 27-7-43 (1 R R 216 (22-11-43)~~				9 A 707
T/8				
T F O 3-1-44 (24/3/44)				
2170 3-1-43 (a) R 67/16-3-44)				
Commissioned	3	7	43	Lst. Gaz 10-4

3. MEDICAL HISTORY

EXAMINATIONS (IN RED INK)

DATE	FORM	CATEGORY	REMARKS

HOSPITALIZATION (IN BLACK INK)

HOSPITAL	ADMITTED	DISCHARGE	D.R.O.
QUARTERS	CONFINED	RET'N DUTY	
13-4-41	R 1 (D)	#1 B H 3 B.	
24-6-41	M 2	A 1 B A 3 B	

4. TRADE AND CHARACTER

TRADE	GROUP	EFFECTIVE			D.R.O.
Pilot Observer	Ltd	6	3	41	Mtl R/C 11
Airman Plt		27	6	41	1 P T S 178
A/P	L	5	12	41	8 S F 291
3025					1.
Pilot, P.C.		3	7	43	~~P/O 27-7-43 (1 R R 216 (22-11-43)~~
1 M O O					

TRADE PROFICIENCY	CHARACTER ASSESSMENT	DATE OF R41

5. COURSES-TESTS-ETC.

SUBJECT	RESULT	DATE			AUTHORITY
Pupil Pilots Crse.	63.28%	13	9	41	193-1127
1 Y R Crse Duties Harrogate		27/3	4/9	42	RA 762

6. LEAVE

FROM	TO	DAYS	REMARKS	D.R.O.
7-3-41	13-3-41	7	Leave with pay	Mtl R/C 11
6-12-41	17-12-41	12		8 S F 291
50				

R.C.A.F. OVERSEAS | ENLISTMENT MARITAL STATUS | PRESENT MARITAL STATUS | HIGH & TECH. SCHOOL EDUCATION | C. OF E. BAP. | U.C. PRES. R.C. RELIGION | HEB. MIS. OTHER PROV. | PREV. SERV.

PROVINCE OF ENLISTMENT

USUAL CHANGE AC

J 18761

AIR FORCE No. ~~R 79234~~

BOYD, WALTER DAWSON CARL

SURNAME — FULL CHRISTIAN NAME

ENLISTMENT/APPOINTMENT

PLACE Montreal

DATE 6-3-41

COMM. 3.7.43

RELIGION C

[illegible]

[illegible] C.A.F. FORM R230

TYPE OF LEAVE

FROM	TO	No. DAYS	DESCRIPTION	AUTH.
29.11.43	5.12.43	7	Leave.	M.E.C. 3/44
20 9 43	3 10 43	14	Leave	235 Wg 1/43
8.2.44	14.2.44	7	Amn Leave.	M.E.C. 62.

TYPE OF AIRCRAFT ON WHICH MOST PROFICIENT

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

TOS - Shallufa 29/6/43 Auth. Shallufa POR 2/43

SERVICE MACHINES FLOWN

CHARACTER AND TRADE ASSESSMENT

DATE	CHARACTER	TRADE ASSESSMENT

HONOURS, AWARDS AND MENTIONS

DATE	AWARD	AUTHORITY
5 12 41	Plt Flying Badge	883291

POSTINGS, ATTACHMENTS & TEMPORARY DUTY

SOS TOS	FROM TO	DATE	AUTHORITY
S.O.S.	883 Moncton	6 12 41	883-291
S.O.S.	1Y Flep. to RAF Train Pool	31 12 41	1Y14
	Disembarked	19 2 42	E455
TOS.	3.P.R.C.	20 2 42	Int. 306
SOS.	3.P.R.C. - 2(P) A.F.U.	6 4 42	
SOS.	2(P) A.F.U. - 7.P.R.C.	22 6 42	42/53
SOS.	7.P.R.C. - 7.O.T.U.	6 8 42	53/4
SOS	7.O.T.U. - M.E.	22 12 42	94/43
TOS.	38 Sqdn. M.E.	8 1 43	POR. O.S. 5/43
S.O.S.	38 Sqdn. to 235 Wing	9 9. 43	38 Sqdn. 18/43
	Left by air	15 9. 43	38 Sqdn. 18/43
T.O.S.	to 38 Sq from 235 Wing	4 2 44	M.E.C. 48/44 M.E.C. 79/44
TOS	Shallufa to 38 Sqd.	29 6 43	Shallufa 2/43
F/B	Missing from 38 Sqd. (ME)	1/2 3 44	M.E.C. 60/44 CR436 AFRO 809/44
TOS	NE Unit from 38 Sqn (FBM)	3 3 44	NEU 11/44
PRESUMED. DEAD.		2 7 44	CL. 661. AFRO 279

ALL OTHER CASUALTIES

CASUALTY AND DATE	AUTHORITY
AWL 16/221-42	1Y27-29
Forfeits 11 days pay AWL 2 16/261-42	1Y29 RA727
6 cases to be A.W.L. 22-1-42	1Y29
Forfeits 11 day pay (AWL) 16/26-1-42	RA727

ADVISE ENTRIES
UNIT RECORDS RETURNED
TO CANADA 000261

Embarked 9-2-42

AIR FORCE No. J 18461 R 79234

SURNAME: Boyd, FULL CHRISTIAN NAME: Walter Dawson Carl

ENLISTMENT/APPOINTMENT — PLACE: Montreal — DATE: 6-3-41

RELIGION: C.C.

Comm. 3.7.43.

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

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

BIRTH DATE	PLACE	COUNTRY	CITIZENSHIP	RACIAL ORIGIN
11-1-21	Arundel Que	Canada	British	

CIVIL EDUCATION

PUBLIC SCHOOL	JUNIOR MATRICULATION X
HIGH SCHOOL ENTRANCE	SENIOR MATRICULATION
TECHNICAL SCHOOL 4 yrs. High School	UNIVERSITY
CORR./BUSINESS COURSES	LANGUAGES SPOKEN

CIVIL OCCUPATIONS AND EXPERIENCE

9000	

PREVIOUS SERVICE

Nil.

PLACE AND DATE OF MEDICAL	CATEGORY	PLACE AND DATE OF MEDICAL	CATEGORY
13-4-41	A1 B A3 B		
24-6-41	A1 B A3 B		

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)

Harry William Boyd Father
St Jovite Station Que
St. Jovite Stn. P.O. CR436d 8/3/44

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. SR. GL. P/L OT	3 7 43	00704 - H.E.C. 149/43.	
T/Lt.	3 1 44	H.E.C. 64 00853/44	

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

AIRMEN AND AIRWOMEN

RANK	DATE	AUTH.	TRADE	DATE	AUTH.
a/C2.	6 3 41	Mo. 11	Pilot (Ab) (D)	6 3 41	Mark 4
L/Cpl.	27 6 41	1 DSS 178	Aircraftsman Ufd	27 6 41	1 DSS 178
D/Sgt (jd)	5 12 41	883291	a/P. (Ab)	5 12 41	883291
T/Flt/Sgt.	3 5 42 / 1 7 43	8 83 Immediate / 12 (756			
T/F/Sgt	5 6 42	1/3			
T/WO II	5 12 42	0/0			
T/WO I	5 6 43	675/43			

OFFICERS, AIRMEN/AIRWOMEN

COURSE OR TRADE	GRP.	%	PF	DATE
Paper Pilots Cert.		63%		13 9 41
I.D.R. Cer. Instructional				27/5/6/42

ADVISE ENTRIES
UNIT RECORDS RETURNED
TO CANADA
000062

ROYAL CANADIAN AIR FORCE

RECORD OF SERVICE AIRMEN

A.F. No.	Surname	Christian Names	Religion
~~R.99234~~ J. 18761	Boyd.	Walter Dawson Earl	United Church.

Born 17/1/41 21 Place Arundel Country Quebec Citizen of Racial Origin

ENLISTMENT	CIVIL EDUCATION	PREVIOUS SERVICE
Date ~~XXXXX~~ 6/3/41	High School Entrance Jr. Mat. Sr. Mat.	
At Montreal	Technical School Corres. Courses	
Term Duration	University	

RANK	DATE	Med. Cat.	Date
A.C.2.	6 3 41		
A.C.1	6 3 41		
L/Cpl	16 7 41		
Sgt	5 12 41		
7(C)OTU 12(P)T/H/Sgt	1 1 43		
P.O.	3 7 43	6.0.703/43	

CIVIL OCCUPATIONS AND EXPERIENCE

Student.

COURSES AND TRADE TESTS

Trade	Grp.	%	PorF	Date Rem.	Trade	Grp.	%	PorF	Date Rem.
P. & O.	Std			6 3 41					
Pilot				16 7 41					
Mar. Sh.				5 12 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) (Father)

Harry Hilton Alfred Boyd., St. Jovite Station, Quebec.

LEAVE

FROM	TO	AUTH. AND DESCRIPTION

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
M.O.R. 13	R.C. Montreal	#1M.D. Toronto	6-3-41	WWW 29	Request to be	R.W.L.	eff. 26-1-42
DRO 84/41	#1M.D. Toronto	R.C.A.F. STN. ROCKCLIFFE	9-4-41	DRO 53	M. Depot	RAF T.P.	8-2-42
~~DRO 145~~	O.R.S.	~~#1 T.S.~~	21-6-41	AMENDED 3PRC 107/42 (7/56)		Comb Cen	~~9-2-42~~
1178	#11T1	~~#11 EFTS~~	26-7-41		INT. 306	3PRC	20.2.42
DRO 42/40	~~#11 EFTS~~	~~#8 SFTS.~~	13-9-41			~~2(P)AFU~~	~~1.4.42~~
	8 STS.	1 Yeldet	5.12.41	97/42 (8/22) (55/42 (20/22))	3PRC	2(P)A.F.U.	6.4.42
~~DRO 13~~	1 Y Depot	~~R.A.F.~~	~~26-12-41~~	96/42. (8/42) 35/42 (53/42)	2(P)AFU	Harrogate TPRC	22-6-42
DRO 27 Abs. without leave from Hours			16-1-42.	47/42 (4/53) 1443 133/42 (52/56)	Y.P.D.C.	Y.O.T.U.	6.8.42.
Corrd 29 forfeits (1 days pay (A.W.L) from				28/42 (11/111) 94/43	T.O.T.U.	MIDDLE EAST.	9-12-42.
1400 hrs. 14-1-42		to 2400 hrs.	26-1-42.	~~1403 (34/80)~~ wrong		~~R.A.F. Gibraltar~~	~~22.12.42.~~

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

(OVER)

			52/42 (8/62)	Attend. No 1. G.R. Crse of Instruct. at Harrogate from 29.6.42	— 3.8.42 ~~Volunteer~~		
				Time Forfeited 2(P) AFW 65/42 (41/27) AWL	From 1400 hrs 16-1-42	To 2200 hrs 26-1-42	Days 11

The instructions regarding this form are contained in Chapter XIII, A.P. 1301 (War Manual Part II). TEMP **R.A.F. Form 1580.**

ROYAL AIR FORCE.

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

Official No. CAN R79234 J18761 Name BOYD, WALTER DAWSON CARL Rank T/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 17.1.21 Religion U.C. Occupation in Civil Life

Last Enlisted 6.3.41 Current Engagement D. of W.

If a member of the Auxiliary Air Force

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

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

HARRY WILLIAM BOYD (FATHER) ST. JARRITE STATION, QUE.

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 I.—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.
8 SF MONCTON		6.12.41	M.R.& A. 11	AC2 PO & O	6.3.41
14 DEPOT	RAF T.P.	31.12.41	1 ITS 178	L AC AIRMAN PILOT	27.6.41
EMBARKED	CANADA	9.2.42	88F291	T/Sgt. (PD) PILOT (SE)	5.12.41
DISEMBARKED U.K.		19.2.42	LIMAU/0004 1743. 19/16	T/FLT/Sgt.	1.1.43
	3 PRC	20.2.42		F/Sgt.	5.6.42
3 PRC.	2(P) AFU	6.4.42.	00675/43	WO II	5.12.42
2(P) AFU	4 PRC	22.6.42.		WO I	5.6.43
4 PRC	4 OTU	6.8.42.			
4 OTU	M.E.	22.12.42	MEBPO/OR 149/43.	P/O.	3.7.43.
	201 Grp 38 SQDN	29.12.42 8.1.43.			
	RAF Shallufa 3/43	29.6.43.			
	235 Wing 7/43	9.9.43			

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

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

(*11902—10349) Wt. 54527—5881 50M 4/43 T.S. 700

Section 4.—Character and Trade Proficiency.

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

Rank.	Character.	Trade Classification.	Proficiency.			Whether specially recommended, recommended, or not recommended for promotion or reclassification.	Date.	Signature and Rank of Commanding Officer.
			A	B	C			

...rding this form are contained in Chapter XIII, A.P. 1301 (War Manual Part II) (4) R.A.F. Form 1580.

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

Official No. Can R 79234 J 18761 Name BOYD WALTER DAWSON Carl. Rank LAC.
(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 17.1.41 Religion U.C. Occupation in Civil Life Student

Last Enlisted 6.3.41 Current Engagement D 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):

Mrs W.A. Boyd (Father) St Jovite Station Quebec.

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.
8 S.F.T.S.	1 Y Depot	5.12.41.	Enlisted	A.C.2 Pur Otl	6.3.42.
1 Y Depot	RAF T.P.	8.2.42.		AC1 " "	6.3.42
	Pool Can.	9.2.43.		LAC. Pilot "	26.7.41.
	3 P.R.C.	20.2.42.		T/Sgt Pilot.	5.12.41.
	2 SFTS (PAFU)		12/43.	T/F/Sgt	1.1.43.
2(P)AFU	7 PRC	23.6.42	606 8/43	F/Sgt.	5.6.42
				W.O.II	5.12.42 -
7 P.R.C.	7 O.T.U.	6.8.42		W.O.I.	5.6.43
				P/O.	3.7.43.
U.K	ME.	12.12.42			
ME	201 Gp. 8/43	20.12.42			
8/43 201 Gp	38 Sqan 8/43.	8.1.43			
38 Sqan	235 Wing 1/43	9.4.43.			
3/43 235 Wing	Shallufa 2/43.	29.6.43.			
3/43 235 Wing	DISCH TO COMM	2.7.43			
3a 9.12.43					

Section 3.—Good Conduct Badges.

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

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

...McC. & Co. Ltd. 51-994.

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	VG	Pilot	On strength for training only				23.6.42	C.A. Lindsell S/Ldr
	VG.	Pilot	On strength for training only				3.11.42	C. Taylor Sq/Ldr for W/C
~~Sgt~~ T.W.O. II	V.G.	Pilot	AC Sat	AC Sat			31.12.42	J. Sinclair
T.W.O.I.	V.G.	Pilot	Sat	Sat	–		2.7.43	A/S/O

Sheet Destroyed, date .....
Date of last entry .....
Number of cases of drunkenness .....
Date of last instance of drunkenness .....

ROYAL CANADIAN AIR FORCE

GENERAL CONDUCT SHEET

OFFICIAL No. R79234 **NAME AND INITIALS** BOYD, W.D.C. (IN BLOCK LETTERS) **DATE OF ENLISTMENT** 6/3/41.

SHEET No. ONE (IN WORDS) **SIGNATURE AND RANK OF C.O.** J. P. Culliton F/O FOR (G.N.IRWIN) WING COMDR. **DATE** 17/3/41.

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"Y"Depot, Halifax,N.S	16-1-42	Sgt.	NIL	AWL. 1400/16-1-42 to 2200/26-1-42 10 days 8 hours. Sec.15 (1) AFA.	F/ Sgt. Jackson,F.M.	Severly Reprimanded	27-1-42	H.P.Rickard W/Comdr.	for 11 days pay [signature] F/Lt. 29-1-42.
				CERTIFIED NO FURTHER ENTRY	[signature] F/Asst. adjutant	No. 2 (P) A.F.U. BRIZE NORTON, OXON.			23-6-42
				CERTIFIED NO ENTRY	[signature] F/S/L	ADJUTANT No. 7.P.R.C. HARROGATE			6-8-42
				Certified no Entry.	R.T. Fernayne F/L. No 7(C)OTU, Lunawady				3.11.42.
				To be carried over					

R.C.A.F. R. 71
15M—11-40 (8152)
H.Q. 1062—8-53

				Brought forward					

(P.334) Wt.33929/2095 25M 10/41 C.&Co. 745(9).

R.A.F. Form 1499C (a).

CONFIDENTIAL.

REPORT ON THE FLYING AND GROUND TRAINING OF PILOTS

SURNAME BOYD J18761 CHRISTIAN NAMES WALTER DAWSON CARL

NUMBER CAN.7234. RANK SERGEANT

AT

No. 1515 BEAM APPROACH TRAINING FLIGHT

ARRIVED ON 2.5.42. LEFT 11.5.42.

FLYING TIMES: COURSE NO. 21.

	Type of Aircraft	Day		Night		Beam Flying	Instrument Flying	Passenger	Link Trainer
		Dual	Solo	Dual	Solo				
Previous Flying									
At B.A.T.F.	OXFORD	11.50	-	-	-	11.50	11.50	-	06.00
	Total ...								

BEAM FLYING (on conclusion of Course)

	Procedure	Exceptional	Above Average	Average	Below Average	Poor
1.	Knowledge of Beam Procedure			X		
2.	Knowledge of Receiver Operation			X		
3.	Application			X		
4.	Instrument Flying			X		
5.	Cloud Flying					
6.	Night Flying					
7.	Skill in Landing					

Any further observations.

Has tried hard, but is slow to react to Beam Signals and Instrument flying needs improving. A course at a later date would be beneficial.

Distribution:
A.M.(T.P.Stats).
No. 2 (P) A.F.U.
File.

R J Rothwell S/Ldr. Officer Commanding.

Date 14.5.42. No. 1515 Beam Approach Training Flight.

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

ROYAL CANADIAN AIR FORCE

REPORT ON PUPIL PILOT--FLYING AND GROUND TRAINING

Surname BOYD Christian Names W.D.

Number ~~R79234~~ J18761 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. ..... I.T.S. Course No. ..... From.....To.....

2. Results of Examinations:--

Subject	Maximum Marks	Marks Obtained	Subject	Maximum Marks	Marks Obtained
Mathematics.....	100	.....	Hygiene & Sanitation	40	.....
Armament (P.&O) ..	100	.....	Drill.....	100	.....
Signals.....	100	.....	Law and Disc., etc..	60	.....

3. Maximum Marks 500. Marks Obtained..... Percentage.....

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

5. Considered Suitable / Unsuitable for Commissioned Rank.

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

7. Remarks: .....

.....

.....

.....Wg. Comdr.
Commanding Officer

No. ..... I.T.S.....

Date.....

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

A Can. / U.K. / Aus. / N.Z. Trainee.

NOTE: X out Countries not applicable.

PART II

ELEMENTARY TRAINING

1. No. ..II...E.F.T.S. Course No. .34.... From.26-7-41.....To..12-9-41.....

2. Flying Time:--

FLYING TRAINING

	Aircraft	Total Dual	Total Solo	Instrument Flying	Passenger	Total	Link Trainer
Fleet	Finch2	27:05	32:30	3:10		59:35	10:00

3. Results of Flying Tests:--20 hour..67...% Final Test62..% Instr. Fly55.8...%

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

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

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

Should make an above average pilot on twin motors. He has no dash but will work hard. His greatest assets are steadiness and coolness.

.....

.....

F.M. Boisvert

...F.M. Boisvert.....
Chief Flying Instructor

Date.....17-9-41

7. GROUND TRAINING

Subject	Maximum Marks	Marks Obtained	Subject	Maximum Marks	Marks Obtained
Airmanship.....	200	117	Th. of Flight.....	100	48
Airframes.....	100	51	Air Nav.....	200	112
Aero Engines.....	100	71	Arm. (Oral).....	200	136
Signals (Prac.)....	100	94	Quals. as an Officer	200	130

Maximum Marks 1200. Marks Obtained.....759.....Percentage...63.25.....

Pass or Fail.....P.....Position in Class...31.....No. in Class...36.....

8. Commissioned Rank (appears ~~suitable~~ unsuitable)..Unsuitable.....

9. General Remarks (Ability, Conduct, etc.)..Just average..did not show.....
..any outstanding characteristics...Conduct good.....
.....
.....

Marks obtained in Supplemental Theory of Flight..89.....

Jas Sanders Elliott

.....
Chief Ground Instructor

Date. Sept..19th.1941.

.....Sqn. Ldr.
Chief Supervisary Officer

No.....11.....E.F.T.S.....

Date.....20-9-41.....

To be passed to No. ...8.....S.F.T.S.

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

ROYAL CANADIAN AIR FORCE

REPORT ON PUPIL PILOT--FLYING AND GROUND TRAINING

Surname..Boyd..... Christian Names..W D.....

Number..~~R79234~~ J18761..... Rank..AC2.....

INSTRUCTIONS

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

PART 1

INITIAL TRAINING

1. No. ...1..... I.T.S. Course No. ...29..... From..June 23..To..July 25/41...

2. Results of Examinations:--

Subject	Maximum Marks	Marks Obtained	Subject	Maximum Marks	Marks Obtained
Mathematics.....	100	...73....	Hygiene & Sanitation	40	...28....
Armament (P.&O.)	100	...76....	Drill.....	100	...89....
Signals.....	100	...100....	Law and Disc., etc..	60	...40....

3. Maximum Marks 500. Marks Obtained.....406..... Percentage.....81.....

4. Passed or Failed..P.....Position in Class....50....No. in Pilot's Class.74.

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

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

7. Remarks:....Average type quiet, slow, and slightly self-conscious, but ....should develop satisfactorily. Second Aircrew recommendation: Air Observer.

Edward Kent Wg. Comdr.
Commanding Officer.

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

Date.....JUL 31 1941.....

To be passed to No. ....11.... E.F.T.S.
~~No. 1 Training Depot.~~

Can.
A U.K. Trainee.
~~xxxxxx~~ Aus.
~~xx~~N.Z.

NOTE: X out Countries not applicable.

PART III (Continued)

Boyd

Character & Leadership (Marks Possible) 750. Marks Obtained....430.....

9. Final Assessment (Maximum Marks) 2250. Marks Obtained....1468.....

10. Passed or Failed.....P.....Position in Class....36.....No. in Class.....57.....

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

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

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

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

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

Recommended for (Type of Service Squadron).....B.....

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

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

12. General Remarks on Training, Ability, etc.....

Quiet and resourceful type of pupil who worked hard and behaved well. Displayed just average intellectual ability and aptitude.

.....

.....

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

.....S/L.....S/L
Chief Instructor

13. Awarded Pilot's Flying Badge w.e.f.....5-12-41.....
(Date)

14. Recommended for Commissioned.....NO.....Assessment.....N.A.....
(Yes or No) (Ex.,Above Av., Av.)

15. Remarks of Commanding Officer....I concur.....

.....

.....Wg.Comdr.
Commanding Officer

No.....8... S.F.T.S. Moncton,N.B.....

Date.....5-12-41.....

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)

J18761

PART III

SERVICE FLYING TRAINING **Boyd, W.D.**

1. No. **8** S.F.T.S. Course No. **38** From **13-9-41** To **5-12-41**

2. Flying Time:--

FLYING TRAINING

Aircraft	S.E. AIRCRAFT				T.E. AIRCRAFT				Instrument	Link Trainer	Passenger
	Day		Night		Day		Night				
	Dual	Solo	Dual	Solo	Dual	Solo	Dual	Solo			
Anson I					37:05	51:30	1:45	10:20	22:10	20:00	27:20
Total											
Brought Forward from E.F.T.S.	27:05	32:30							5:10	10:00	
GRAND TOTALS	27:05	32:30			37:05	51:30	1:45	10:20	27:20	30:00	27:20

3. Qualities as a Pilot. 750 Marks Obtained **539**

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

Just average in all respects. He doesn't look around enough. He is rough on controls and carries out his checks in a haphazard manner. Watch him for attempting to open the throttles before the aircraft is lined up on the runway, his airspeed on an approach and his general judgment, particularly single engine.

F. A. Bryan S/L

No.1 Squadron Commander

Date **5-12-41**

5. GROUND TRAINING

Subject	Maximum Marks	Marks Obtained	Subject	Maximum Marks	Marks Obtained
Airmanship & Maintenance	200	135	Navigation & Meteorology	150	105
Armament (W)	100	55	Signals (W)	50	36
Armament (P)	100	60	Signals (P)	50	33
				100	75
			TOTAL	750	499

6. Remarks of C.G.I. **Slow at the beginning but progressed steadily. Passed all examinations with average results.**

J. B. Williamson Flt

Chief Ground Instructor

Date **18-11-41.**

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

(a) Wind Speed and Direction Finding... **¢Av**

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

R.C.A.F. R. 45
30M-4-41 (168)
H.Q. 1062-2-126

ROYAL CANADIAN AIR FORCE

Individual Record of Flying

RANK L.A.C. NO. R. 79234 NAME B. of D. W. P.

LOWE-MARTIN MFRS.

UNIT	PERIOD ENDING	SERIAL NO.	SINGLE-ENGINE AIRCRAFT — DAY 1ST PILOT (A) Hrs	(A) Mins	DAY 2ND PILOT (B) Hrs	(B) Mins	DAY DUAL (C) Hrs	(C) Mins	NIGHT 1ST PILOT (D) Hrs	(D) Mins	NIGHT 2ND PILOT (E) Hrs	(E) Mins	NIGHT DUAL (F) Hrs	(F) Mins	MULTI-ENGINE AIRCRAFT — DAY 1ST PILOT (G) Hrs	(G) Mins	DAY 2ND PILOT (H) Hrs	(H) Mins	DAY DUAL (J) Hrs	(J) Mins	NIGHT 1ST PILOT (K) Hrs	(K) Mins	NIGHT 2ND PILOT (L) Hrs	(L) Mins	NIGHT 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
M.E.F.T.S.																																			
	3/8/41	1	6:	20			6:	20																										6:	20
	10/8/41	2		55			5:	45																										6:	40
	17/8/41	3	3:	15			2:	50																										6:	05
	24/8/41	4	10:	45			3:	35																										14:	20
	31/8/41	5	9:	50			1:	55																										11:	45
	7/9/41	6	4:	00			5:	00																										9:	00
	14/9/41	7	3:	45			1:	40																										5:	25
			32:	30			27:	05							51	30			37	05	10	20			1	45							27	20	100	40
#8 S.F.T.S.	5-12-41																																		

Certified Correct T. W. Gill F/L

R.C.A.F. R.45
30M-4-41 (168)
H.Q. 1062-2-126

ROYAL CANADIAN AIR FORCE

Individual Record of Flying

F/L

J 18761

RANK L.A.C. No. R~~79234~~ NAME BOYD. W. D.

UNIT	PERIOD ENDING	SERIAL No.	SINGLE-ENGINE AIRCRAFT												MULTI-ENGINE AIRCRAFT												CREW DUTIES			PASSENGER	TOTAL	
			DAY						NIGHT						DAY						NIGHT											
			1ST PILOT		2ND PILOT		DUAL		1ST PILOT		2ND PILOT		DUAL		1ST PILOT		2ND PILOT		DUAL		1ST PILOT		2ND PILOT		DUAL		OBSERVER		AIR GUNNER		OTHER			
			(A)		(B)		(C)		(D)		(E)		(F)		(G)		(H)		(J)		(K)		(L)		(M)		(N)		(O)		(P)		(Q)		(R)	
			Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins
N.E.F.T.S.																																		
TOTAL COURSE 14/9/41			32	30			27	05																									59	35

ROYAL CANADIAN AIR FORCE

SERVICE CONDUCT SHEET

Official No. ~~R79234~~ J. 18761 Name and Initials (IN BLOCK CAPITALS) BOYD W.D.C. Date of Enlistment 6-3-41 Sheet No. (IN WORDS) ONE Signature and Rank of C.O. J. P. Cullitow F/O FOR (G.N. IRWIN) WING COMDR. Date 17-3-41

UNIT AND PLACE	Date of Offence	Rank	Cases of Drunkenness (In Red Ink)	OFFENCE	Names of Witnesses	PUNISHMENT AWARDED	Date of award, or of order dispensing with trial	BY WHOM AWARDED	Date of Commencement	Date of Expiration	Initials and Rank of Officer making entry and remarks, with date
No.1"Y" Depot, Halifax, N.S.	16-1-42	Sgt.	NIL	AWL from 1400/16-1-42 to 2200/26-1-42. 10 days 8 hours. Sec. 15 (1) A.F.A.	F/Sgt. Jackson, F.M.	Severly Reprimanded	27-1-42	H.P. Rickard, Wing/ Commander			for 11 days pay. [signature] F/Lt. 29-1-42.

To be carried over

R.C.A.F. R-72
35M—8-40 (6623)
H.Q. 1062-3-54

UNIT AND PLACE	Date of Offence	Rank	Cases of Drunkenness (In Red Ink)	OFFENCE	Names of Witnesses	PUNISHMENT AWARDED	Date of award, or of order dispensing with trial	BY WHOM AWARDED	Date of Commencement	Date of Expiration	Initials and Rank of Officer making entry and remarks, with date

R.C.A.F. Special Reserve

ROYAL CANADIAN AIR FORCE

INTERVIEW REPORT

J.18761

SURNAME.....BOYD.....

CHRISTIAN NAMES...WALTER DAWSON CARL.....

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

N.F. X

FLYING: PILOT....X.....
OBSERVER.....
W.O.A.GUNNER....

AGE...19.....
HEIGHT...5'11....
WEIGHT...165....

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

EDUCATIONAL:- Number of years....11....

High School.....4 yrs...Technical.....Commercial....

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

.....High School Graduate at Lachute High School.....

Standing other Countries.....

FLYING EXPERIENCE:- Total hours None

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

Private Hours Solo.....Dual...Pass.....

No. hours & types during last 2 years.....

.....

MILITARY AND OTHER TRAINING:-

No Military training

.....

.....

.....

SPORTS:- (What branches) .....

Baseball, hockey, swimming, running, softball.....

HOBBIES:- .....Reading, woodworking.....

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

Pleasant though ordinary. Not officer type at present

Clean and polite, rugged. Does not look pilot type...

but looks strong.

.....

.....

REFERENCES CHECKED // SATISFACTORY
REFERENCES CHECKED // UNSATISFACTORY
REFERENCES NOT CHECKED

REFERENCES CHECKED
6-3-41 (Date) (Initials)

CONSIDERED SUITABLE FOR COMMISSIONED RANK?.....

BEST FITTED FOR.....PILOT OR OBSERVER.....

.....

DATE: 8-8-40

RECRUITING CENTRE: Montreal, P.Q.

Signature of Officer

M. Janin F.O.

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

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

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

PHYSIQUE
Medium.....
Heavy Set..X.....
Slender.....

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

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

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

EXCELLENT.....
ABOVE AVERAGE....
AVERAGE....X.....
BELOW AVERAGE....

MARK WITH AN X THE DESCRIPTION WHICH APPLIES

GROUP / UNIT Copy J 18461

ROYAL AIR FORCE.

Form 373.

1. Rank.	2. Christian Names.	3. Surname.	4. Decorations.
P/O	WALTER DAWSON CARL	BOYD	

5. Type and date of commission or engagement, if Airman Pilot.
R.C.A.F. (S.R. – G.L.)
3.7.43
Date of expiry.

6. Branch or Trade
PILOT

7. Date of award of flying badge. 5'.12.41
Date of qualification as service pilot, % marks, and whether failed, and re-examined.

7a. Qualifications, including any symbols ; whether passed Promotion Exam. (with date) and whether passed Staff College Qualifying Exam.

8. Types of service aircraft flown.

9. Type on which most proficient. (If under instruction state total number of hours flown on each type and tests passed).

10. Date of birth.
14.1.21.

11. Religion.
U.C.

12. If married : Date

13. Medical classfn.	14. Date and place of last medical Exam.	15. *Date of last vaccination.	16. *Date of last inoculation. 1. T.A.B. 2. Cholera. 3. Plague.

9, 13-19 and 21 to be kept in pencil.

*To be inserted in unit copy only.

17. Permanent Address.

18. Next of kin. Relationship and address.
FATHER
MR. H.W. BOYD,
ST. JARRITE STATION,
QUE.

19. Name and address of person to be notified in case of casualty.
Instead of / *In addition to the Next of kin.

*Delete as necessary

20. Periods in hospital, or sick quarters, or sick at home.

21. Whether completed Annual Musketry Course and Annual Gunnery and Signalling Training ; If not, what tests still require to be passed.

Wt. 52496/03594 250M 51-6571 R.I. Co. 3/43.

22. Courses of instruction: Subject.	Unit.	From	To.	Result and percentage of marks.

23. Postings and Attachments.

To	Duty	"P" or "A"	Date	Authy.
TOS 38 Sqn. M.E.			6.1.43	P.O.R. O.S. 4/43

Postings and Attachments.

To	Duty	"P" or "A"	Date	Authy.

24. Attendances at Courts Martial.

Date	Under Instrn.	As P. or M.	Date	Under Instrn.	As P. or M.

PART III

SERVICE FLYING TRAINING Boyd, W.D.

1. No. 8 S.F.T.S. Course No. 38 From 13-9-41 To 5-12-41

2. Flying Time:--

FLYING TRAINING

Aircraft	S.E. AIRCRAFT				T.E. AIRCRAFT				Instrument	Link Trainer	Passenger
	Day		Night		Day		Night				
	Dual	Solo	Dual	Solo	Dual	Solo	Dual	Solo			
Anson I					37:05	51:30	1:45	10:20	22:10	20:00	27:20
Total											
Brought Forward from E.F.T.S.	27:05	32:30							5:10	10:00	
GRAND TOTALS	27:05	32:30			37:05	51:30	1:45	10:20	27:20	30:00	27:20

3. Qualities as a Pilot. 750 Marks Obtained.....539.....

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

.....Just average in all respects. He doesn't look around enough. He is rough on controls and carries out his checks in a haphazard manner. Watch him for attempting to open the throttles before the aircraft is lined up on the runway, his airspeed on an approach and his general judgment, particularly single engine.

.....W/C Bryant.....

No.1 Squadron Commander

Date 5-12-41

5. GROUND TRAINING

Subject	Maximum Marks	Marks Obtained	Subject	Maximum Marks	Marks Obtained
Airmanship & Maintenance	200	135	Navigation & Meteorology	150	105
Armament (W)	100	55	Signals (W)	50	36
Armament (P)	100	60	Signals (P)	50	33
				100	75
			TOTAL	750	499

6. Remarks of C.G.I. Slow at the beginning but progressed steadily. Passed all examinations with average results.

.....J.B. Williamson F/L.....

Chief Ground Instructor

Date 18-11-41.

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

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

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

PART II

ELEMENTARY TRAINING

1. No. ..11...E.F.T.S. Course No. 34.... From 26-7-41.....To.12-9-41.....

2. Flying Time:--

FLYING TRAINING

	Aircraft	Total Dual	Total Solo	Instrument Flying	Passenger	Total	Link Trainer
Fleet	Finch2.....	27.05...	32.30...	5.10.....	.....	59.35...	1.0.0.0.

3. Results of Flying Tests:--20 hour.6.7...% Final Test.6.2..% Instr. Fly.5.5.5..%

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

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

6. Remarks on Flying Progress and points which require special consideration.....
Should make an above average pilot on twin motors. He has no dash but will work hard. His greatest assets are steadiness and coolnest.

P.M. Boisvert.
Chief Flying Instructor

Date.....17-9-41

7. GROUND TRAINING

Subject	Maximum Marks	Marks Obtained	Subject	Maximum Marks	Marks Obtained
Airmanship.....	200	117	Th. of Flight.....	100	48
Airframes.....	100	51	Air Nav.....	200	112
Aero Engines.....	100	71	Arm. (Oral).....	200	136
Signals (Prac.)....	100	94	Quals. as an Officer	200	130

Maximum Marks 1200. Marks Obtained 759 Percentage 63.25

Pass or Fail.....P...Position in Class...31.....No. in Class...36.....

8. Commissioned Rank (appears suitable or unsuitable)....Unsuitable.....

9. General Remarks (Ability, Conduct, etc.)..Just average, did not show any outstanding characteristics. Conduct good.

Marks obtained in Supplemental Theory of Flight 89.

J. Jackson F. Elliott
Chief Ground Instructor

Date..Sept..19th 1941.

.....Sqn. Ldr.
Chief Supervisary Officer

No.....11.....E.F.T.S.....

To be passed to No. ..8.....S.F.T.S.

Date.....20-9-41.....

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

ROYAL CANADIAN AIR FORCE

REPORT ON PUPIL PILOT--FLYING AND GROUND TRAINING

Surname BOYD Christian Names W.D.

Number R79234 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. ..... I.T.S. Course No. ..... From.....To.....

2. Results of Examinations:--

Subject	Maximum Marks	Marks Obtained	Subject	Maximum Marks	Marks Obtained
Mathematics.....	100	.....	Hygiene & Sanitation	40	.....
Armament (P.&O) ..	100	.....	Drill.....	100	.....
Signals.....	100	.....	Law and Disc., etc..	60	.....

3. Maximum Marks 500. Marks Obtained..... Percentage.....

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

5. Considered Suitable / Unsuitable for Commissioned Rank.

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

7. Remarks: .....

.....

.....

.....Wg. Comdr.
Commanding Officer

No. ..... I.T.S.....

.....Date.....

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

A Can. / U.K. / Aus. / N.Z. Trainee.

NOTE: X out Countries not applicable.

20

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

ROYAL CANADIAN AIR FORCE

REPORT ON PUPIL PILOT--FLYING AND GROUND TRAINING

Surname.....Boyd..... Christian Names...W.D.....

Number....R79234..... Rank...AC2.....

INSTRUCTIONS

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

PART 1

INITIAL TRAINING

1. No. ...1..... I.T.S. Course No. ..29..... From...June 23..To..July 25/41...

2. Results of Examinations:--

Subject	Maximum Marks	Marks Obtained	Subject	Maximum Marks	Marks Obtained
Mathematics.....	100	...73...	Hygiene & Sanitation	40	...28....
Armament (P.&O.)	100	...76...	Drill.....	100	...89....
Signals.....	100	...100...	Law and Disc., etc..	60	...40....

3. Maximum Marks 500. Marks Obtained.....406..... Percentage.....81.....

4. Passed or Failed...P.....Position in Class.....50.....No. in Pilot's Class.74.

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

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

7. Remarks:.....Average type quiet, slow, and slightly self-conscious, but
....should develop satisfactorily.....
....Second Aircrew recommendation: Air Observer.
.....

Edward Kent S/L
.....Wg. ~~Comdr.~~
Commanding Officer.

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

Date.....JUL 31 1941.....

To be passed to No. ....11.... E.F.T.S.

~~Asst Training Supt~~

Can.
A U K ~~xxxxxx~~ Trainee.
~~xxxxx~~
~~xxxx~~

NOTE: X out Countries not applicable.

R.C.A.F. Records Office
Rec'd. JAN 13 1942
O.K. ..... C.I.B. .....
R.C. ..... N.I. .....
S.L. ..... P.A. .....

AIRMAN'S STATEMENT AT EMBARKATION

1. Number...R-79234....Rank..SGT....Name..BOYD.....WALTER DAWSON EARL
   Surname Christian Names

2. Name of Person to be Notified in Case of Casualty.... .....
   .....MR...HARRY...W...A...BOYD.....
   Address....ST...JOVITE,...QUE.Relationship, if any..FATHER.

3. Alternative Name of Person to Notified in Case of Casualty.....
   .....MRS....HARRY....BOYD.....ST.JOVITE,...QUE.

4. Legal Next-of-Kin...MR...HARRY...WILLIAM...ALFRED...BOYD
   (Full Christian Names)

5. Single, Married, Widower, Divorced, Separated?.....SINGLE.....
   Full Christian Names of Wife.....NIL.....
   Address.....NIL..... .....

6. If married, have you completed a Will since marriage..NIL....If ~~so, state~~
   Location.....NIL.....

7. Have you completed necessary documentation for Dependents' Allowance....YES..

8. Are Parents living - Father.....YES.....Mother....YES.....

9. Parents Name (If living give full Christian Names.)
   Mother....LOUISE.....E.U.A....MAUDE.....BEATTY...
   Address....ST.....JOVITE,...QUE.....
   Father....HARRY.....WILLIAM...ALFRED....BOYD.
   Address....ST.....JOVITE,...QUE.....

10. Permanent Home Address.....ST.....JOVITE,...QUE.....

11. Religion.....UNITED.....

Airman's Signature...Walter...D.C....Boyd.
Date.....18/12/41.....

R.C. ... Office
Rec'd DEC 22 1941
O.C. ... C.I.B.
R.C.M.P. NOR
S.L. ...

CONFIDENTIAL. Form 1499D

REPORT ON THE FLYING AND GROUND TRAINING OF PILOTS

SURNAME BOYD CHRISTIAN NAMES WALTER DAWSON CARL.

NUMBER ~~R.175.84~~ J 18761 RANK ~~SGT.~~

AT

No. 7 (C) OPERATIONAL TRAINING UNIT

ARRIVED ON 8-8-42. LEFT 3-11-42. COURSE No.

FLYING TIMES

Type of Aircraft	Day				Night				Instrument Flying	Formation Flying	Link Trainer
	Dual	2nd Pilot	Solo	Crew Training	Dual	2nd Pilot	Solo	Crew Training			
Previous Flying	115.00	-	137.05	-	9.40	-	15.50	-	47.00	15.30	46.20
At O.T.U.	6.30	52.40	16.20	9.45	9.40	13.40	15.50	13.40	.30	5.30	5.35
Total	121.30	52.40	153.25	39.45	9.40	13.40	15.50	13.40	47.30	21.00	51.55

GROUND EXAMINATION MARKS.

Airmanship	Pass.	%	Navigation 49 %
Maintenance	Pass.	%	Aircraft Recognition Pass. %
Armament	Av.	%	Torpedo Training. 33.5 %
Signals (Pract.)	Pass.	%	%

FLYING APTITUDE (on conclusion of Course)

	Exceptional	Above Average	Average	Below Average	Poor
1. Natural Aptitude			X		
2. Skill in Landing			X		
3. Airmanship					
4. Aerobatics				X	
5. Cockpit Drill			X		
6. Instrument Flying			X		
7. Formation Flying			X		
8. Night Flying			X		
9. Map Reading					
10. Flying for Bombing			X		

(*8852) Wt. 41208—2715 50,000 1/42 T.S. 700

DISTINCTIVE QUALITIES—

	Exceptional	Above Average	Average	Below Average	Poor
1. **Persistence** (Does he keep on trying or is he easily discouraged ?)			X		
2. **Sense of Responsibility** (Has he common sense or is he over-confident ?)			X		
3. **Endurance** (Does he put up a consistently satisfactory performance under conditions of strain ?)				X	
4. **Leadership** (Has he taken the lead in any activities ? Would he make a good captain of aircraft or Flight leader ?)				X	
5. **Method** (Does he work systematically to a plan ?)				X	
6. **Deliberation** (Does he act decisively **for reasons** or on impulse ?)			X		
7. **Initiative** (Does he want to try things on his own ?)			X		
8. **Dash** (Is he quick and decisive in action ?)				X	
9. **Distribution of Attention** (Does he find it difficult to do more than one thing at a time ?)				X	
10. **Self-Control** (Does he get flustered ?)			X		
11. **General Assessment of suitability as Operational Pilot.**			X		

(a) Exercises not carried out :

(b) Number of bombs dropped as pilot : (1) Day : (2) Night :

(c) Number of bombs dropped as bomb aimer : (1) Day : 24. (2) Night :

(d) Result of best ~~high~~ low level exercise : As pilot : (1) Day : 43.5 (2) Night :

As bomb aimer : (1) Day : (2) Night :

(e) Number of rounds fired : (1) Air to air : (2) Air to ground :

General Remarks (if any required) : Lack of experience on large aircraft, lacks keenness.

Date 4th November, 1942. Signature ..... Officer Commanding.

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

DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

4
AIR

E490-6

DECEASED MEMBER'S NAME: Walter D.C. (CHRISTIAN NAMES) Boyd (SURNAME)

REGISTER NO.

FILE NO. 28017

PAYEE / ADDRESS: Receiver General of Canada, Director of Estates, Ottawa, Ont.

DATE 20 Dec/45

SERVICE NO. J.18761

FINAL RANK OR RATING F/O

DATE OF TERMINATION OF OVERSEAS SERVICE 2 Mar./44

DATE OF DISCHARGE 2 Mar./44

		$	¢
A. TOTAL QUALIFYING SERVICE	NO. OF DAYS 1074/30 EQUAL TO 35 COMPLETE PERIODS AT $7.50	262.50	
B. QUALIFYING OVERSEAS SERVICE	NO. OF DAYS 754 LESS 24 INELIGIBLE DAYS, EQUAL TO 730 DAYS @ 25c. PER DAY	182.50	
C. SUPPLEMENT FOR OVERSEAS SERVICE			
DAILY RATES AT DISCHARGE — PAY	$ 7.00		
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE	$ 1.70		
ADDITIONAL PAY	$		
	$		
	$		
DEPENDENTS' ALLOWANCE 1/30 OF $	$		
TOTAL	$ 8.70 ×7 = $ 60.90		
NO. OF DAYS 754/183	×$ 60.90	250.92	
D. WAR SERVICE GRATUITY		695.92	
E. DEDUCTIONS — OVERPAYMENT OF PAY AND ALLOWANCES	$		
DEPENDENTS' ALLOWANCE AND ASSIGNED PAY	$		
OTHER DEDUCTIONS	$		
F. TOTAL AMOUNT PAYABLE		695.92	

JAN 19 1946
N. L.
P. A.

G. YOUR PORTION OF GRATUITY IS—

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

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

P. & A. Bal. Trans. Trust Account
Journal Voucher # G320

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
HRL	JS

TREASURY	
CHECKED BY	DATE
	27/2/46

SERVICE REPRESENTATIVE

△T