

J19131
HYDE
PHILIP

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

OTTAWA, Canada, February 9th, 1948.

Mrs. Samuel Hyde,
Box 531,
Magog, Quebec.

Dear Mrs. Hyde:

It is with regret that I refer to the loss of your son, Flying Officer Philip Hyde, and my letter of April 10th, 1947, which conveyed the information that it was believed that your son and Flying Officer A.L. Evans were resting in Mingolsheim Cemetery in Germany, but it has now been advised that the grave has been exhumed, and while it has been definitely determined as the grave of your son and Flying Officer Evans, most unfortunately individual identification was not possible.

You will also recall from my letter of April 10th, that the grave of Pilot Officer S.G. Rundle had been located in a neighbouring village called Oostringen, and in accordance with the agreed policy of the Nations of the British Commonwealth that all British aircrew buried in Germany would be moved to British Military Cemeteries located in Germany, your son, Flying Officer Evans and Pilot Officer Rundle will be moved to a British Military Cemetery located in Germany, and on reinterment, your son and Flying Officer Evans will rest in a communal grave beside the grave of Pilot Officer Rundle. I regret that it is not possible at present to advise you of the name and location of the cemetery, but you may rest assured that when this information is received it will be conveyed to you promptly.

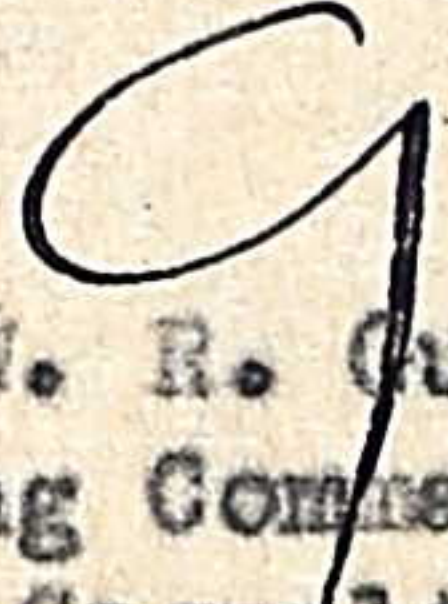
These British Military Cemeteries located in Germany will be turned over shortly to the Imperial War Graves Commission (of which Canada is a member) who are responsible for the reverent and perpetual care of the resting places of all our Fallen. The cemeteries will be beautified by landscaping and the planting of shrubs and flowers and headstones will be erected. Unhappily, there

- 2 -

are great numbers of these headstones to be erected, and it will quite naturally take considerable time. It is not necessary to write to the Imperial War Graves Commission, as you will be contacted by them before the stone is prepared.

May I take this opportunity of again expressing to you and the members of your family my deepest sympathy in the loss of your gallant son.

Yours sincerely,


(W. R. Gunn)
Wing Commander
R.C.A.F. Casualties Officer,
for Chief of the Air Staff.

400:10

6th February 1945

Dear Mrs. Hyde:

Before you receive this letter you will have been notified by telegram that your son, Flying Officer Philip Hyde, is missing as the result of air operations.

On January 28th, Phil was Air Gunner on an aircraft detailed to attack a target in Germany. The Captain of the aircraft was his friend and Commanding Officer, Wing Commander Carling-Kelly. The rest of the crew were all good men also and had operated together several times previously. They took off at 7.05 p.m. and set course for the target. Nothing further has been heard from any member of the crew since time of take off, although this is not unusual as wireless silence is always maintained on such sorties.

There is always the possibility that the crew are prisoners of war, in which case you will either hear from Phil direct or else receive notification from the Air Ministry, who will have been informed by the International Red Cross Society.

In the meantime your son's effects have been gathered together and forwarded to the Royal Air Force Central Depository where they will be held until better news is received or, in any event, for a period of six months before being forwarded to you, through the Administrator of Estates, Ottawa.

The loss of your son was sustained with regret by the Squadron as a whole and especially by his many friends here. He was very popular with his brother officers and his crew. He was a fine chap and a very good Air Gunner, and we all had complete confidence in his technical ability and respect for his manly character. I can say personally that he set a fine example for all ranks in every way and his loss is being felt keenly.

I wish, on behalf of the entire Squadron, to tender to you our sympathy in your great anxiety. We join with you in the heartfelt hope that better news will be forthcoming soon.

12 FEB 1945

If I have overlooked anything which you wish to know please do not hesitate to write to me, Mrs. Hyde. I am only too anxious to give you any information you need and which may help in any way.

Very sincerely yours,

C.M. Black

(C.M. Black) Wing Commander,
Officer Commanding,
426 (R.C.A.F.) Squadron,
R.C.A.F. OVERSEAS

Mrs. S. Hyde,
10, Bullard Street,
Magog, Quebec.

CANADA

LETTER RECEIVED.....	12.2
ORIGINAL SENT.....	14.2
COPY TO OTTAWA.....	19.2
PHOTOS SENT TO.....	14.14

DEPARTMENT OF NATIONAL DEFENCE
NAVY ~~=====~~ ARMY ~~=====~~ AIR FORCE
STATEMENT OF WAR SERVICE GRATUITY

2
AIR

DECEASED
MEMBER'S
NAME

Philip
(CHRISTIAN NAMES)

Hyde
(SURNAME)

REGISTER NO.

FILE NO. 30984

DATE 26 Sept./46

SERVICE NO. J19131

FINAL RANK OR RATING F/O

DATE OF DISCHARGE 28 Jan./45

PAYEE
ADDRESS

Receiver General of Canada,
Director of Estates,
Ottawa, Ont.

DATE OF TERMINATION OF OVERSEAS SERVICE

28 Jan./45

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 1289 EQUAL TO 42 COMPLETE PERIODS AT \$7.50

\$ 315.00

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 826 LESS 29 INELIGIBLE DAYS, EQUAL TO 797 DAYS @ 25C. PER DAY

199.25

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY \$ 7.00
SUBSISTENCE OR LODGING
AND PROVISION ALLOWANCE \$ 1.70
ADDITIONAL PAY \$

DEPENDENTS' ALLOWANCE 1/30 OF \$

TOTAL \$ 8.70 X 7 = \$ 60.90

NO. OF DAYS 826 X \$ 60.90

274.88

D. WAR SERVICE GRATUITY

789.13

E. DEDUCTIONS

OVERPAYMENT OF

PAY AND ALLOWANCES \$
DEPENDENTS' ALLOWANCE
AND ASSIGNED PAY \$

OTHER DEDUCTIONS \$

F. TOTAL AMOUNT PAYABLE

789.13

G. YOUR PORTION OF GRATUITY IS—

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU \$ OF \$

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$

CERTIFICATE

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

PREPARED BY CHECKED BY

FEC

JS

TREASURY

CHECKED BY

DATE

27/9/46

ESTATES
BRANCH

SERVICE REPRESENTATIVE

BX.27193. PERSONAL EFFECTS OF F/O HYDE.P. (J.19131)

- | | |
|--|------------------------------------|
| 1 carton contg:- | 1 sterling silver cigarette case |
| 1 black leather shaving kit contg: | 1 New testament |
| 1 identification bracelet | 1 Officer's greatcoat |
| 1 pr. scissors, | 3 tennis balls |
| 1 key ring and chain contg. 12 keys. | |
| 1 safety razor Gillette, | 1 carton contg:- |
| 1 green parker eversharp pencil | 1 green sports shirt |
| 1 piece 39-43 ribbon, | 10 shirts |
| 8 coins, | 7 collars |
| 3 collar pins, | 1 blue leather money belt |
| 1 metal mirror and case | 5 prs. undershorts |
| 1 blue leatherette tobacco pouch | 14 handkerchiefs |
| 1 airplane model lighter and ashtray (4 pieces) | 1 blue silk dressing gown |
| 1 black leather shaving case contg: | 8 ties |
| 3 metal containers | 5 undervests |
| 1 hairbrush | 1 white sweatshirt |
| 1 Kodak "Bulls Eye" camera. 620 | 1 blue woollen sleeveless sweater |
| 1 pr. battledress trousers | 1 blue woollen turtle neck sweater |
| 1 battledress blouse with AG brevet | 2 prs. sand pyjamas |
| 1 officers raincoat | 2 towels |
| 2 prs. officer's trousers | 13 prs. socks |
| 1 Officer's field service cap | 1 brown suede leather jacket |
| 2 officer's tunics with AG brevet | 1 small blue kitbag |
| 2 prs. black leather shos | 1 blue canvas haversack |
| 1 pr. shoe trees | 1 Officer's forage cap |
| 1 pr. blue leather bedroom slippers | 2 prs. braces. |
| 1 leather folder contg: snapshots, postcards, 1 envelope contg: newspaper clippings, souvenir leaflets, | 1 towel |
| 1 black leather billfold contg: | 1 handkerchief |
| 8 foreign bank notes, 6 foreign coins, 1 black leather billfold, 1 diary, 1 address book, 1 photo album, | 3 handkerchiefs |
| 1 black zipper wallet contg: 7 Canadian coins, 1 brown leather cigarette case, | 1 pkge. of letters. |
| 1 cardboard photo holder contg: photo | |
| 1 loose-leaf memo book, 1 green celophane tobacco pouch, | |

/Contd.

/ Wristwatch and part of strap

Original station inventory signed by R.G. Rathwell F/Lt. dated 31. 1. 1945.

Effects checked at Central Depository on 16.2.45.

Note: Cash amounting to £1.13.8 found amongst the personal effects has been credited to his service account.

The following items have been extracted and forwarded to RCAF Overseas H.Q., London.

- 1 £200 7th Victory Loan Receipt
- 1 Bank of Montreal cheque book Nos. B.845017 - B.845040.

MAGOG. QUE.

Single

1937-41 Dominion Textile, Magog - (Machine engraver)

Hockey, tennis.

Awarded the Operational Wings. O/S O.#972-979, d/9-6-44.

1940-41 53rd Sherbrooke - Pte.

(SR)

21

Age on Appointment

7-9-43.
Date of Appointment

POSTINGS AP&R #2, d/3-1-44.

[illegible]

DEPARTMENT OF NATIONAL DEFENCE

INVENTORY



Date *March 1 1946*

The Estates Branch has received the following personal effects of

NAME..... *J19131 F/O HYDE P*.....

- 1 brown suede leather jacket
- 1 small blue kitbag
- 1 blue canvas haversack
- 1 Officer's forefe cap
- 2 prs braces
- 1 towel
- 3 handkerchiefs
- letters
- 1 wristwatch and part of strap

Received the effects as listed

SIGNATURE *Wm. Beattie Hyde*

DATE REC'D *March 1 1946*

DEPARTMENT OF NATIONAL DEFENCE

INVENTORY



The Estates Branch has received the following personal effects of

NAME.....J19131 F/O HYDE P.....

- | | | | |
|---|--|----|-------------------------------------|
| 1 | black leather shaving kit | 8 | foreign bank notes |
| 1 | identification bracelet | 6 | " coins |
| 1 | pr scissors | 1 | black leather billfold |
| 1 | key ring & chain contg. 12 keys | 1 | diary |
| 1 | safety razor Gillette | 1 | address book |
| 1 | green parker eversharp pencil | 1 | photo album |
| 1 | piece 39-43 ribbon | 1 | black zipper wallet |
| 8 | coins | 7 | Canadian coins |
| 3 | collar pins | 1 | brown leather cigarette case |
| 1 | metal mirror and case | 1 | cardboard photo holder contg. photo |
| 1 | blue leatherette tobacco pouch | 1 | loose-leaf name book, |
| 1 | airplane model lighter & ashtray (4 pcs) | 1 | green celophane tobacco pouch |
| 1 | black leather shaving case | 1 | sterling silver cigarette case |
| 3 | metal containers | 1 | New Testament |
| 1 | hairbrush | 1 | Officers greatcoat |
| 1 | Kodak "Bulls Eye" camera 620 | 3 | tennis balls |
| 1 | pr battledress trousers | 1 | green sports shirt |
| 1 | battledress blouse with AG brevet | 7 | collars |
| 1 | officers raincoat | 1 | blue leather money belt |
| 2 | prs officers trousers | 5 | prs undershorts |
| 1 | Officers' field service cap | 14 | handkerchiefs |
| 2 | " tunics with AG brevet | 1 | blue silk dressing gown |
| 2 | prs black leather shoes | 8 | ties |
| 1 | pr shoe trees | 5 | undervests |
| 1 | pr blue leather bedroom slippers | 1 | white sweatshirt |
| 1 | leather folder | 1 | blue woollen sleeveless sweater |
| | snapshots | 1 | blue woollen turtle neck sweater |
| | postcards | 2 | prs sand pyjamas |
| 1 | envelope contg; newspaper clippings | 2 | towels |
| | souvenir leaflets | 13 | prs socks |
| 1 | black leather billfold | | |

Received the effects as listed

SIGNATURE.....*Wm. B. Hyde*.....

DATE REC'D.....*March 1, 1946*.....

AK

CONT'D

Mrs. Samuel Hyde.

10 Bullard Street

Megog Que.

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. J19131 FD 67

DEPARTMENT OF NATIONAL DEFENCE

ESTATES BRANCH

OTTAWA, ONT.

22 Oct 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

HYDE. Philip F/O

J19131 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.



R. Smith Col.

DBS/IMF

Director of Estates.

*copy will
already sent*

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.....	<i>Nil.</i>		
2	Children of the Deceased and dates of their Births.....	<i>Nil.</i>		
3	Father of the Deceased.....	<i>Samuel Hyde.</i>	<i>50.</i>	<i>10 Bullard St. May 909.</i>
4	Mother of the Deceased.....	<i>Beatrice Ann Hyde.</i>	<i>51.</i>	<i>10 Bullard St. May 909.</i>
5	Brothers of the Deceased	Full Blood	<i>Stanley Hyde.</i>	<i>17. 10 Bullard St. May 909.</i>
		Half Blood	<i>Nil.</i>	
6	Sisters of the Deceased	Full Blood	<i>Nil.</i>	
		Half Blood	<i>Nil.</i>	
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	
		<i>Nil.</i>		

ANSWER FULLY EACH QUESTION ON THIS PAGE
PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Philip Hyde.
9	Date of his birth.	Oct 27 th 1921.
10	Place and date of his marriage.	Nil.
11	Place and date of his parents' marriage.	Buxton, April 30 th 1921. England

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Birch Vale, Derbyshire England.
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) (b) Quebec, Standstead County. (c) 16 years. (d)
14	Nature of employment before enlistment.	Machine Engraver (Textile).
15	State whether he owned the premises in which he lived, and, if so, where situated.	Nil.
16	Name place where deceased stated he intended to make his permanent home.	Magog, Que.

PARTICULARS OF ESTATE

17	Did the deceased leave a Will other than a Service Will? If in your custody, please forward. If not, can you state where it is?	Nil.
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?	Nil.
19	(a) Did he have a Bank, Post Office or other deposit account? (b) Give name and address of bank, etc., and the amount on deposit. (c) Do you wish it administered with the pay account? (d) If it is a joint account, state the survivor's name and relationship to the deceased.	yes. Bank of Montreal, Magog. \$100. also not known. Bank of Montreal, England
20	Amount of War Savings Certificates purchased by the deceased and registered in his name. State where located.	10 Bullaug St. Magog. \$96.
21	(a) Amount of Victory Loan Bonds left by deceased. (b) State whether bearer or registered. (c) State in whose name they are registered. (d) During what loan were they purchased? (1st, 2nd, 3rd, etc.) (e) In whose possession, and address, are they?	\$800. Bearer Bonds. 5, 6, 7, 8. Beatrice Ann Hyde.
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	Nil.
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.	Nil.
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DECLARATION

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

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

* Mother of the deceased.

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

Beatrice Ann Hyde {Signature of Informant
10 Bullard St. Magog Address

CERTIFICATE

I hereby certify that to the best of my knowledge and belief Beatrice

*See above.

Ann Hyde { Name of informant } is the* Mother of the Deceased above described. The above Declaration was made by the Informant and signed in my presence.

Dated at Magog this 30th day of October 19 45

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

Arthur E. Tuelk Qualification Clergyman

Address 18 Main Street, Magog, Quebec

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

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

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

R.C.A.F. r.60

a member of the Royal Canadian Air Force, Number.....R.108429.....Do hereby
revoke all former Wills made by me and declare this to be my Last Will.

My Mother - Mrs. Beatrice Ann HYDE
of - 10 Bullard St.,
MAGOG, Que.

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

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

ROYAL CANADIAN AIR FORCE SERVICE BOOK

INSTRUCTIONS TO OFFICERS AND AIRMEN

1. You will be held responsible for the safe custody of the book.
2. You will always carry the book on your person both at home and abroad.
3. You must produce the book whenever called upon to do so by a competent authority, civil, naval, military or air.
4. You must not alter or make any entry in this Book (except as regards short form of Will on page 16, see instructions on pages 12 to 15), and disobedience of this order will be treated as a serious offence.
5. Should you consider that any entry in the book is lacking or incorrect, or should you lose the book, you will report the matter to your immediate superior in the Royal Canadian Air Force. Any change in name or address of person to be informed of casualties must be reported immediately to your Commanding Officer.

m J-19131 1
Air Force No. R108429 Surname Hyde
Christian Names (in full) Philip
Date of Birth 27/10/21 Religion 30-6-41
Date of Enlistment/Appointment 30-6-41
Married (M), Widower (W) or Single (S) S
Occupation in Civil Life Engraver
Signature of Holder Philip Hyde
Name and Address of Next-of-Kin Mrs. S. Hyde,
10 Bullard St., Mayoy,
Quebec, Canada.
Name, Address, and Relationship of Person to be informed
of Casualties—
Certified Correct Philip Hyde
Date 9/7/43 Place Navillies, C. Africa
North Africa

[illegible][illegible][illegible]

MISCELLANEOUS ENTRIES

(For entries for which space is not otherwise provided)

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

[illegible]

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

No.....Rank.....Name.....

states that he has executed a Will and that the same has been deposited with.....

at.....

Signature of Officer.....

Rank or Appointment.....

Date.....

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

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

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

Signature of Officer.....

Rank or Appointment.....

Date.....

Date Certificate extracted.....
Signature of Officer.....

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

D96425 Lt. Styan of B.
#2 Sub Depot.
C.B.O.P.
C.A.C.

OTTAWA, Canada, April 20th, 1945.

Mr. Samuel Hyde,
10 Bullard Street,
Magog, Quebec.

Dear Mr. Hyde:

Further to my letter of February 2nd, I am indeed sorry that according to information received from Wing Commander Carling-Kelly it is believed that your son, Flying Officer Philip Hyde lost his life.

Wing Commander Carling-Kelly states that the aircraft was "shot up" in the air at 11:28 P.M. on January 28th, 1945. Just before they reached the target all members of the crew baled out, but the Germans advised him that your son and Flying Officer Evans were dead and showed him their identity discs. Wing Commander Carling-Kelly further states that he understood that they were buried in the village of Kronau, which is located 19 miles North East of Karlsruhe, Germany, on January 30th or 31st.

Flying Officer Dales and Sergeant Bromley were captured and have been reported as Prisoners of War. Wing Commander Carling-Kelly advises that Flying Officer Bird was wounded and to his last knowledge was in a Prisoner of War camp at Nuremburg. However, as no further report has been received regarding Flying Officer Bird he is still listed as "missing". He does not know what happened to Sergeant Rundle after he baled out.

I feel I should point out that, although most unhappily this information is believed to be accurate, Wing Commander Carling-Kelly did not identify your son and is only going by what he was told by the Germans. Your son must be still considered for official purposes "missing" until further confirmation is received.

---2---

I realize how anxious you must be and I greatly regret that the information should be of such a distressing nature, however I felt that you would wish me to advise you of it. You may be assured that any further details regarding your son will be forwarded to you just as soon as they are received.

May I offer you my most earnest sympathy in this period of anxious waiting.

Yours sincerely,

JLN/PHM

W
R.C.A.F. Casualty Officer,
for Chief of the Air Staff.

426		(R.C.A.F.)	Squadron
H.Q. OTTAWA			
519131	F/O	Hyde, P.	
(NUMBER)	(RANK)	(NAME)	

6th February 1945

Dear Mrs. Hyde:

Before you receive this letter you will have been notified by telegram that your son, Flying Officer Philip Hyde, is missing as the result of air operations.

On January 28th, Phil was Air Gunner on an aircraft detailed to attack a target in Germany. The Captain of the aircraft was his friend and Commanding Officer, Wing Commander Carling-Kelly. The rest of the crew were all good men also and had operated together several times previously. They took off at 7.05 p.m. and set course for the target. Nothing further has been heard from any member of the crew since time of take off, although this is not unusual as wireless silence is always maintained on such sorties.

There is always the possibility that the crew are prisoners of war, in which case you will either hear from Phil direct or else receive notification from the Air Ministry, who will have been informed by the International Red Cross Society.

In the meantime your son's effects have been gathered together and forwarded to the Royal Air Force Central Depository where they will be held until better news is received or, in any event, for a period of six months before being forwarded to you, through the Administrator of Estates, Ottawa.

The loss of your son was sustained with regret by the Squadron as a whole and especially by his many friends here. He was very popular with his brother officers and his crew. He was a fine chap and a very good Air Gunner, and we all had complete confidence in his technical ability and respect for his manly character. I can say personally that he set a fine example for all ranks in every way and his loss is being felt keenly.

I wish, on behalf of the entire Squadron, to tender to you our sympathy in your great anxiety. We join with you in the heartfelt hope that better news will be forthcoming soon.

12 FEB 1945

If I have overlooked anything which you wish to know please do not hesitate to write to me, Mrs. Hyde. I am only too anxious to give you any information you need and which may help in any way.

Very sincerely yours,

CM

(C.M. Black) Wing Commander,
Officer Commanding,
426 (R.C.A.F.) Squadron,
R.C.A.F. OVERSEAS

Mrs. S. Hyde,
10, Bullard Street,
Magog, Quebec.

CANADA



F07

77
W90

K. m.

108209

$$\begin{array}{r} 8 \\ 2 \\ \hline 47 \end{array}$$

Mrs. Beatrice Ann Hyde (mother)

P.O. Box 531,

Magog,

Que.

Aug. - 46.

4145

8-4-50

MEMORIAL BAR

DATE DESP

REGN. NO 3/1/7

NAME HYDE, Philip

FILE NO. FD31

RANK E/O

CATEGORY

~~MISSING~~ PRES. DEAD

REG. NO. J19131

DATE OF DEATH: 28-January-45 MOTHER LIVING: YES

WIFE: NA

MINISTERIAL CARD: 9-2-45

ROYAL MESSAGE:

MEMORIAL CROSS
TO CHAPLAIN:

To Mother and Father-

DEL'D TO MOTHER:

To Mother & Father--16-Oct-45

DEL'D TO WIFE:

Mr. & Mrs. Samuel Hyde,
10 Bullard Street,
Magog, Quebec.

COMMAND:

RELIGION:

MB

AIR FORCE No. R108429

HYDE, PHILIP

SURNAME

FULL CHRISTIAN NAMES

ENLISTMENT

RE-ENLISTMENT

PLACE Montreal, Que.
DATE 30-6-41

C.R. FILE NUMBER
SR

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

J.19131

OFFICER

RECORD OF SERVICE AIRMEN

Comm-7-9-43

1. POSTING (INDICATE S.O.S. AND T.O.S.)				2. RECLASS'NS-PROMOTIONS-ETC.				4. TRADE AND CHARACTER				6. LEAVE				
S.O.S. OR T.O.S.	UNIT AND PLACE	EFFECTIVE	D.R.O.	RANK	EFFECTIVE	D.R.O.	TRADE	GROUP	EFFECTIVE	D.R.O.	FROM	TO	DAYS	REMARKS	D.R.O.	
S.O.S.	Montreal s/c	30 6 41	mdy/58	Ac 2	30 6 41	mdy/58	W.A.G.		30 6 41	mdy/58	1-7-41	20-7-41	20	LYNOP	mdy/58	
S.O.S.	Montreal s/c	20 7 41	mdy/58	Lac.	2 3 42	mdy/58					11-6-42	25-6-42	14	Special h.	mdy/58	
S.O.S.	17m.D. Toronto	21 7 41	mdy/58													
S.O.S.	17m.D. Toronto	13 9 41	mdy/58	T Sgt (paid)	28 8 42	mdy/58	Air Gunner	Spec	28 8 42	mdy/58						
T.O.S.	31 S.F.T.S. Kingston	14 9 41	mdy/58	1st Lt Sgt (Pd)	20 2 43	mdy/58										
S.O.S.	31 S.F.T.S. Kingston	31 1 42	mdy/58				A/G. G.R.		7 9 42	mdy/58						
T.O.S.	W.S. Montreal	1 2 42	mdy/58	T/W.O.D. (Pd)	28 8 43	mdy/58	1 E60									
S.O.S.	W.S. Montreal	25 6 42	mdy/58													
T.O.S.	K.T.S. Trenton but	26 6 42	mdy/58													
S.O.S.	K.T.S. Trenton	18 7 42	mdy/58													
T.O.S.	9 B.S. Mont Joli	19 7 42	mdy/58													
S.O.S.	9 B.S. Mont Joli	29 8 42	mdy/58													
T.O.S.	1/4 Dept. Halifax	30 8 42	mdy/58													
Missing 29 Jan. 45. D.C.L. 938 d/3 5-6-45.																
Presumed Dead. 28 Jan. 45. D.C.L. 1128 d/19 Sep 45.																
B. 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																
19-6-41 R. 100 H3B.																
Stn Hosp 28-11-41 5-12-41 3157371-338																
Stn H 6-1-42 12-1-42 21878-14																
Sick at Home 29-12-41 6-1-42 31878																
17/2/42 M 2. H1B, H3B.																
Stn Sch 10-3-42 12-3-42 148. 148. 61. 63.																
Stn Sch 7-4-42 11-4-42 148. 148. 89.																
8/6/42 B 2. H1B, H3B.																
5. COURSES-TESTS-ETC.																
SUBJECT RESULT DATE AUTHORITY																
Marketing Case B C 17 9 41 315F261																

AIR
FORCE
No. ~~R108429~~

HYDE, PHILIP
SURNAME FULL CHRISTIAN NAMES

ENLISTMENT	RE-ENLISTMENT
------------	---------------

PLACE Montreal, Que.
DATE 30-6-41

C.R. FILE
NUMBER

SR

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

J.19131

RECORD OF SERVICE AIRMEN

Comm-7.9.42

7. BIRTH: DATE PLACE CITIZENSHIP					
27-10-21 Birch Vale, Eng British					
FATHER (FULL NAME)					
Samuel Hyde					
BIRTHPLACE Birch Vale, England					
MOTHER (FULL MAIDEN NAME)					
Beatrice Ann Stratford					
BIRTHPLACE New Mills, England.					
8. EDUCATIONAL STANDING					
HIGH SCHOOL ENTRANCE	X	Quebec			
JUNIOR MATRICULATION	2 yrs	"			
SENIOR MATRICULATION					
TECHNICAL SCHOOL					
UNIVERSITY		O			
CORRESPONDENCE COURSES		2			
9. CIVIL OCCUPATIONS OR EXPERIENCE USEFUL TO R.C.A.F.					
Machine engraver 4 yrs					
2620					
10. PREVIOUS ARMY, NAVY OR AIR FORCE SERVICE					
73rd Field Battery, Tarham Pte 26-8-40 to 29-6-41					
11. HONOURS-AWARDS, MENTIONS AUTHORITY DATE					
Awarded King's Medal 1st Class 28-8-42					
Africa Star ribbon & clasp 2594-105					
Oper. Wing 95974					
12. FLYING EXPERIENCE ON ENLISTMENT (HOURS) SOLO DUAL PASSENGER					
13. RELIGION Church of England					
14. LANGUAGES English					
15. SPORTS Football					
16. SINGLE-MARRIED-WIDOWER-SEPARATED-DIVORCED: Single					
WIFE (FULL MAIDEN NAME)					
PLACE OF MARRIAGE DATE					
AUTHORITY (IF AFTER ENLISTMENT)					
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: Samuel Hyde RELATIONSHIP Father ADDRESS: 10 Bullard St., Magog, Que. D.R.O. FULL NAME: RELATIONSHIP ADDRESS: D.R.O.					
20. PAY ENTRIES (OFFENCE FORFEITURES, STOPPAGES IN RED INK) RATE CHANGES ETC. EFFECTIVE D.R.O. RATE CHANGES ETC. EFFECTIVE D.R.O. Pay 1 day Sub allow 1 day 30 6 41 mds/ass Enlist to pay 21 7 41 mds/176 Awarded 5 days C.C. 30 10 41 3 82 303 Awarded 7 days C.C. 19 11 41 3 15 323					
21. ENGAGEMENTS TERM EFFECTIVE D.R.O. TERM EFFECTIVE D.R.O. Duration 30 6 41					
22. TEMPORARY DUTY AND MISCELLANEOUS ENTRIES FROM TO DATE D.R.O. Reported & occupy post draw rdms. 22-7-41 17md176 Issued T.M. issued #75008 22-11-41 31828 Issued T.M.S.L.C. 1162771 9245234					
Date and Place of Signing R40-					
22.(A) ADDRESS PRIOR TO ENLISTMENT 10 Bullard St., Magog, Que.					
23. DOCUMENT CONTROL (INDICATE RECEIPT BY DATE) R60 R79 B465 X-RAY AFM-13 IDN.CARD XX 29-7-41 22-7-41 22-7-41 4-9-41					

[illegible]

AIR
FORCE
No.

J 19131

R108429

HYDE

PHILIP

SURNAME

FULL CHRISTIAN NAME

ENLISTMENT/APPOINTMENT

PLACE

Montreal, Que

DATE

30-6-41

RELIGION

Café

R.C.A.F. FORM R230

TYPE OF LEAVE

TYPE OF AIRCRAFT ON WHICH MOST PROFICIENT

POSTINGS, ATTACHMENTS & TEMPORARY DUTY

ALL OTHER CASUALTIES

FROM	TO	No. DAYS	DESCRIPTION	AUTH.	(IF UNDER INSTRUCTION STATE NUMBER OF HOURS ON EACH TYPE AND TESTS PASSED)	SOS	TOS	FROM	TO	DATE	AUTHORITY	CASUALTY AND DATE	AUTHORITY
12-3-43	26-3-43		P. h.	45/1/43		SOS		9885 Mnt Joli		29 8 42	9885 234M	Sta Hosp 28/1/41 = 3/12/41	345331-338
21-5-43	28-5-43		Em. h.	425/43		SOS		to Overseas.		27 10 42	16551	Sta Hosp. 6-1-42 = 12/1/42	315F8-14
14-11-43	27-11-43	14	Disemb. + 48	425/43		Disembarked U.K.		4 11 42		6 551		Back at Home 29-12-41-6-1-42	315F8.
13-12-43	19-12-43	7	Leave	180TU 18/43		TOS		at 230.T.U.		29 12 42	16 42	Sta Hosp 10/12 = 3-42	1WS: 1WS 61: 63 1WS: 1WS
24-2-44	3-3-44	9	Priv.	180TU 6/44		SOS		23 0.T.U. & 425/43		26 3 43	6 1/3	Sta. Rich Str 1-4-42-11-4-42	96: 89
5-4-44	11-4-44	7	P.	820TU 26/44		SOS		425/43 to 415/43		26 4 43	17/43	Quarried 3 days CC = 30/10/41	3157.303
23/5/44	31/5/44	9	P.L.	820TV 40		draft		7522 with 425/43				Unwarded 4 days CC 19/1/41	3157.323
11-7-44	17-7-44	7	Priv.	86 02TU 11		Em. h. n/a for U.K.		25 10 43		5 14 25-1			
1-9-44		7	Priv.	86 0TU 37		With 425/43							
22-9-44		7	Annual.	61Base 104		Disemb. U.K.		6 11 43		425/43			
12-10-44		7	Pf	1659CA 19		Disemb. for commission		11 9 43		425/43			
SERVICE MACHINES FLOWN						Disc		RCAR to COMM		6 9 43	425/43		
						TOS		180TU FROM 425/43		8 12 43	180TU 30/43		
						Att.		to 300TU scanned AG.S.		14 1 44	180TU 31/43		
						SOS		180TU to 820TU.		14 3 44	180TU 10/44		
						Att.		180TU from 820TU.		14 3 44	820TU 26/44		
						SOS		820TU - 686.0TU		16 6 44	860TU 1/44		
						SOS		86 0TU to 61Base		20 9 44	86 0TU 42		
						Att.		Station of 61Base		20 9 44	61Base 1/44		
						A.H.		1659CA		11 10 44	1659CA 7/44		
						SOS		76Base to 63Base		17 11 44	76Base 130		
						T.O.S.		42687		2 1 45	42687 4/45		
CHARACTER AND TRADE ASSESSMENT						F.B.		MISSING.		28 1 45	SUPP. AFRO 471 C.L. 681		
						TOS		NEU		30 1 45	NEU 29/45		
						SOS		NEU(PD)		28 1 45	NEU-168		
						Presumed Dead				28 1 45	CRP29	Supp AFRO 1558.	
											Supp. AFRO 1558		

HONOURS, AWARDS AND MENTIONS

DATE	AWARD	AUTHORITY
28 8 42	Air Merit Badge	9865 234 AD
	Air Star Ribbon + clasp	180TU 5/44 d/12.3.44.
	RCAR Op 6/44	974/44

ADVISE ENTRIES
UNIT RECORDS RETURNED
TO CANADA
000489

Em. 27-10-42



Hyde P.



Hyde, P. Ac 2. NAC.

R. 108429.

1084/29

Wnew in Summer Standard .

ROYAL CANADIAN AIR FORCE

RECORD OF SERVICE AIRMEN

R.C.A.F. Special Reserve

519131
R.108429

Hyde

PHILIP

Church of England

A.F. No.

Surname

Christian Names

Religion

Born 27-10-21

Place

Burch Vale. Eng.

Country

Canada

Citizen of

Canada

Racial

Origin British

ENLISTMENT

Date

30/6/41

At

Montreal

Term

Duration of War

University

CIVIL EDUCATION

High School Entrance

2/20

Jr. Mat.

Sr. Mat.

Technical School

Corres. Courses

PREVIOUS SERVICE

RCA

1940-41

RANK

DATE

Med. Cat.

DATE

AC.2

30 6 41

A3B

30 6 41

LAC

8 8 42

II/Sgt

28 8 42

Comm. P.O.

7 9 43

7 9 43

CIVIL OCCUPATIONS AND EXPERIENCE

Machine Operator. 1937-41

COURSES AND TRADE TESTS

Trade

Grp.

%

PorF

Date Rem.

Trade

Grp.

%

PorF

Date Rem.

W.O.B. Sta

Passed Training

8 6 42

Unsup. Airframes - DRO 184

29 6 42

Qui summer sp. exp.

28 8 42

Blas

19 9 42

PARTICULARS OF FAMILY

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 Samuel Hyde (Father)
10 Bullard St Magog Que

LEAVE

FROM

TO

AUTH. AND DESCRIPTION

1/7/41

20/7/41

Without Pay
Bull 129

11-6-42

25-6-42

220/40 Special (14hp)

28-8-42

11-9-42 (14)

Enlistment

Issued S.B.

F.W.#C 116

771 9/28-8-42 (234/42)

CHARACTER AND TRADE ASSM. HONOURS, AWARDS AND MENTIONS

DATE

CHARACTER

TRADE AND ASSM.

HONOURS AND AWARDS

SIGNATURE

28-8-42

Awarded Air Gunner's Badge.

MOVEMENTS AND CASUALTIES

AUTHORITY

UNIT FROM

UNIT TO

DATE

AUTHORITY

UNIT FROM

UNIT TO

DATE

MO. R.13

R/C Mt

R/C Mt

30/6/41

139

#1 W/S

R.T.S.

25-6-42

Due

Due

30/6/41

T.O.S. Q.R.O. 122

Mtl

Montreal

26-6-42

R/C Mt

#1 W.S.

21/7/41

D.G.O. 234 28-8-42

#1 W.S.

R.T.S.

26-6-42

Due

Due

21/7/41

#1 W.S.

R.T.S.

R.T.S.

28-8-42

D.R.O. 220/41

no. 1 m

DRD

176-41

DRD 313

W.D. 10/42

R.A.T.P.

26-10-42

SAO. 33/42

31 S.F.T.S.

#1 W.S. MONTREAL

31/1/42

W.D. 10/42

R.A.T.P.

Emp. Can.

27-10-42

61

Adm.

S. S. 2/42

10-3-42

W.D. 10/42

W.D. 10/42

W.D. 10/42

4-11-42

63

Disch.

S. S. 2/42

12-3-42

W.D. 10/42

W.D. 10/42

W.D. 10/42

5-11-42

86

Adm.

S. S. 2/42

7-4-42

W.D. 10/42

W.D. 10/42

W.D. 10/42

29-10-42

89

Disch.

—

11-4-42

W.D. 10/42

W.D. 10/42

W.D. 10/42

26-3-43

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

(OVER)

This almanac has not been fingerprinted

30-6-41

V. G. Boisjoly J. H. L. H.

DATE.....

for C.O., RCAF, Recruiting
Centre, Montreal, P.Q.

ROYAL CANADIAN AIR FORCE

REPORT ON PUPIL WIRELESS OPERATOR (AIR GUNNER)
OR AIR GUNNER

AIR AND GROUND TRAINING

Surname.....**Hyde**..... Christian Names.....**P.**
Number.....**719131**..... Rank.....**LAC**

INSTRUCTIONS

1. At the conclusion of each stage of training this report must be completed and forwarded as indicated below in sufficient time to arrive on or before the date on which the pupil reports for the commencement of the next stages of training:—
- Original and Duplicate—From Wireless School to Bombing and Gunnery School.
2. On completion of training, the original is to be placed on the pupil's personal file and the duplicate forwarded to Air Force Headquarters through Command Headquarters.
3. In the event of the discontinuance of training at any stage, the duplicate is to be forwarded to R.C.A.F. Headquarters through Command Headquarters with full particulars as to the cause of discontinuance of training and instructor's report as to the reasons for the pupil's failure and the original is to be placed on the pupil's personal file.
4. A pupil will be entitled to "Pass" if he obtains not less than 60 per cent of the total marks in the Written, Practical and Oral Tests, and not less than 50 per cent in each of the separate subjects included in this Test.

PART I

WIRELESS TRAINING

1. No.....**1**..... Wireless School. Course No.....**36**..... To.....**18.7.42**..... From.....**2.2.42**.....
2. *Flying Times*—
- (a) In Flying Classroom as 1st Operator.....hours.
- (b) In Flying Classroom, listening watch.....hours.
- (c) In 2-seat aircraft as sole operator.....hours.
3. Assessment as Air Operator (delete categories not applicable). Unless at least 5 hours has been shown against para. 2 (a) above, no assessment is to be made and therefore all categories are to be deleted.
- Above average
Average
Below average
4. *Ground Training*—

Subject	Maximum marks	Marks obtained	Subject	Maximum marks	Marks obtained
Theory.....	50	27	Signals Organization...	150	122
Radio Equipment.....	250	166	Armament.....	100	79
Morse (buzzer and lamp).....	200	0	Drill and P.T.....	50	0
Procedure.....	200	98	TOTALS.....	1000	0

Maximum Marks, 1000. Marks Obtained.....Percentage.....**Failed** Pass or Fail.....

Position in Class.....No. in Class.....

5. Date authorized to wear Wireless Operator's Badge.....

WIRELESS TRAINING

No. 1 Wireless School

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

1. No..... B. G. S. Course No.....

2. Dates of Courses:— From..... To.....

3. *Flying Time*:—

Aircraft	Day	Night	Passenger	Total
				Hrs. Mins.
.....
.....

5. *Total Rounds Fired*—

Ground.....%
Air to Ground.....%
Air to Air.....%

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

8. Date authorized to wear Air Gunner's Badge.....

9. Comments on suitability for Commissioned Rank.....

10. Remarks.....

.....

.....

.....
 No.....B. G. S. *Chief Instructor*
 Date.....

ROYAL CANADIAN AIR FORCE

GENERAL CONDUCT SHEET

OFFICIAL No. R 108429 NAME AND INITIALS HYDE P. DATE OF ENLISTMENT 30-6-41
(IN BLOCK LETTERS)

SHEET No. ONE SIGNATURE AND RANK OF C.O. [Signature] DATE 22-7-41
(IN WORDS) FOR (G. H. NASH) W-C

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
31 S.F.T.S. Kingston.	29/10/41	AC2		When on active service absent from 00.01 hours until 15.40 hrs. (Absent 15 hrs. 39 minutes).	Cpl. Harris C.W. R.A.F. Police.	3 days C.C.	30/10/41.	Y/Lt. R. G. Mitchell	Forfeits one days pay in accordance with K.R. & O. Para 495. R.G. Mitchell F/LT. 1/11/41.
31 S.F.T.S. Kingston	16/11/41.	AC2.		When on active service absent from 18.00 hrs. on 16/11/41 until 19.52 hours on 18/11/41. (Absent 2 days, 1 hour, 52 minutes).	Cpl. Luttit J.A. R.A.F. Police (Doc.)	7 days C.C.	19/11/41.	Y/Lt. R. G. Mitchell.	Forfeits 3 days pay under K.R. & O. Para 495. R.G. Mitchell F/LT. 19/11/41. 25' 3 +3
				CERTIFIED NO FURTHER ENTRY To be carried over	Kingston	4/22/41 N° 230.1	Pushover		
				CERTIFIED NO ENTRY	R. Davis F/LT Adj.	475 (RCAF) Squadron	6/9/43.		

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

Official No. R108429 Name HYDE, Philip Rank T/ Sgt
(In full in block capitals, surname first). (Or acting appointment).

R.A.F. Trade A/Gunner (2) Special Qualifications.....
(e.g., Gas Instructor, Fire Fighter, Boxing Instructor).

Date of Birth 27.10.21 Religion C of E Occupation in Civil Life Machine Operator

Last Enlisted 30.6.41 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 Single

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

Mr. S. Hyde (Father) 16 Bullard St, Magog, 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.")

No 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 9 Bty	No 14 Depot	29.8.42		W.O. A.C. AC2	30.6.41
No 14 Depot	RAFTP	26.10.42		LAC	2.3.42
	Emb Can	27.10.42		A/Gunner Skd	29.6.42
	UK	4.11.42		Spec. T/Sgt	28.8.42
1 W.B.	3 PRC	5.11.42	PR 33/43	Promoted T/F/S.	28.2.43
10/43 3 PRC	23 OTU	29.12.42	PR 35/43	Discharged from the R.C.A.F.	28.8.43
23 OTU	425 Squadron	25.3.43		on appoint. via Commission	6/9/43
	Emp. U.K.	2/6/43			
	Disemb. N Africa	3/6/43			
	425 Sqn.	3/6/43			
	Emp. N Africa	26/10/43			
	Disemb. U.K.	6/11/43			
	RO 80	26.11.44			
	Discharged.	6.9.43			

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.

M 2

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

POR 33/43	14 days + 48	Disemb. leave.	14/11	to 29/11/43.	RW.DH86857.		
	4 Days Priv.	RECORD OF LEAVE AND ISSUE OF FREE TRAVELLING WARRANTS	24-27/12/43		RW C.866463.	Blannington	F/27 11/10

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

SECTION 5.—RESULTS OF COURSES OF INSTRUCTION, RECOMMENDATIONS FOR AIRCREW DUTIES, RECOMMENDATIONS FOR COMMISSIONED RANK (K.R. 2132, (19) (A)). DECORATIONS, MENTIONS, SPECIAL COMMENDATIONS BY A.Os.C., ETC.

[illegible]

OFFICIALLY PRESUMED DEAD

B. F. DATE.....

NO. J19131 RANK F/O NAME HYDE, P.

UNIT OVERSEAS EFF. DATE Jan. 28/45 D.C.L. #1128 d Sept. 19/45

MFW2643 rec'd N.A. MIO (INCLUDING M13) ✓ m.j.

STN. FILE rec'd 3-1-46 MFB465a DENTAL ENV ✓ m.j.

MIO to DMS(AIR) N.A. DEATH CERTIFICATE ✓ G.D.

9-1-46

DEPARTMENT OF NATIONAL DEFENCE
NAVY ~~NAVY~~ ARMY ~~ARMY~~ AIR FORCE
STATEMENT OF WAR SERVICE GRATUITY

LK 4
AIR

DECEASED
MEMBER'S
NAME

Philip
(CHRISTIAN NAMES)

Hyde
(SURNAME)

REGISTER NO.

FILE NO. 30984

DATE 26 Sept./46

SERVICE NO. J19131

FINAL RANK OR RATING F/O

DATE OF DISCHARGE 28 Jan./45

PAYEE
ADDRESS

Receiver General of Canada,
Director of Estates,
Ottawa, Ont.

DATE OF TERMINATION OF OVERSEAS SERVICE 28 Jan./45

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 1289 EQUAL TO 42 COMPLETE PERIODS AT \$7.50

\$ 315.00

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 826 LESS 29 INELIGIBLE DAYS, EQUAL TO 797 DAYS @ 25c. PER DAY

199.25

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY \$ 7.00
SUBSISTENCE OR LODGING
AND PROVISION ALLOWANCE \$ 1.70
ADDITIONAL PAY \$

DEPENDENTS' ALLOWANCE 1/30 OF \$

TOTAL \$ 8.70 X 7 = \$ 60.90
NO. OF DAYS 826 X \$ 60.90
183

274.88

D. WAR SERVICE GRATUITY

789.13

E. DEDUCTIONS

OVERPAYMENT OF

PAY AND ALLOWANCES \$
DEPENDENTS' ALLOWANCE \$
AND ASSIGNED PAY \$

OTHER DEDUCTIONS \$

F. TOTAL AMOUNT PAYABLE

789.13

G. YOUR PORTION OF GRATUITY IS—

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

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$

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

PREPARED BY
JEC

CHECKED BY
JS

TREASURY
CHECKED BY
DATE 27/1/46

SERVICE REPRESENTATIVE

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

**Do not
write in
this space**

1. PLACE OF DEATH		Municipal county		OVERSEAS (GERMANY)		Official name of civil municipality or township		Hospital or Institution		Place an X over the word which applies to this municipality or this territory City | Town | Village | Parish | Township					
2. LENGTH OF STAY		(a) In hospital or institution		Years	Months	Days	(b) In municipality where death occurred	Years	Months	Days	(c) In Province	(d) In Canada (if immigrant)	Years	Months	Days
3. NAME OF DECEASED		Surname		HYDE (Block letters) PHILIP		Given names		Do not write in this space		CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH January 28th 1945					
4. RESIDENCE		Street		Bullard Street		No.		10		22. Date of death.....19..... (Month) (Day) (Year)					
		Official name of civil municipality or township		Magog		Municipal county		Quebec		23. I HEREBY CERTIFY that I attended deceased from.....19..... to.....19..... and last saw h.....alive on.....19.....					
5. SEX		6. NATIONALITY (Citizenship)		7. RACIAL ORIGIN		8. Single, Married, Widowed or Divorced (Write the word)				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)..... Morbidity conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause). (b)..... (c)..... II Other morbidity conditions (if important) contributing to death but not causally related to immediate cause. (a)..... (b)..... (c)..... III If a communicable disease is mentioned on this certificate, give (a) Date of appearance.....19..... (b) Duration of disease.....days					
9. If married give name of wife or husband of deceased		10. BIRTHPLACE (Province or Country)		England		11. DATE OF BIRTH		October 27th 1921 (Month) (Day) (Year)		25. If a woman, was there a puerperal condition?.....					
12. AGE OF DECEASED		Years		Months		Days		If less than one day old		26. Was there a surgical operation?.....Date of.....19..... State findings.....Was there an autopsy?.....					
13. Trade, profession or kind of work, as spinner, teamster, office clerk, etc.		Air Gunner		14. Kind of industry or business, as cotton-mill, lumbering, bank, etc.		R.C.A.F.		15. Date deceased last worked at this occupation		Jan. 28/45		16. Total years spent in this occupation		Four	
17. NAME		FATHER		Hyde, Samuel		MOTHER (Maiden Name)		Stafford, Beatrice Ann		18. BIRTHPLACE (Province or Country)		England		England	
19. Place of burial, cremation or removal		20. Date of burial		.....19.....		21. PLACE OF REGISTRATION OF THIS BURIAL		(a) Name of parish or church		(b) Civil municipality of		(c) Municipal county		(d) Date.....19..... (Month) (Day) (Year)	
22. Signature of person who fills in the form (curate, coroner, hospital authority, etc.)		23. Name of clergyman in charge of Register of Civil Status in which registration of this burial was made.		24. Signature of collector to accept this form as authentic.		25. (Voir l'autre côté pour le français)									

OFFICIAL ROYAL CANADIAN AIR FORCE CASUALTY NOTIFICATION

NUMBER **J19131(M106429)** RANK **S/O**

UNIT **426 Sqn**

TRADE **A/Q (G.L.)**

(OVERSEAS)

NAME **HYDE, PHILIP**

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

PRESENT MARITAL STATUS **SINGLE**

RELIGION **C.O.F.E.**

CANADIAN **YES**
BRITISH BORN
OTHER

FRENCH CANADIAN

NEXT OF KIN **MR. SAMUEL HYDE**

RELATIONSHIP **FATHER**

ADDRESS **10 BULLARD STREET, M1000: QUEBEC**

FATHER'S NAME **MR. & MRS SAMUEL HYDE**

ADDRESS **10 BULLARD STREET**

LIVING ON ENLISTMENT **YES**

MOTHER'S NAME **M1000: QUEBEC.**

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

NOT KNOWN BRING OBTAINED

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.

AIR MIN. KWT. PC15051---4--14-SEPT-45

**PREVIOUSLY REPORTED "MISSING" 28-JANUARY-45 (OFFICIAL "MISSING"
DATE CORRECTED) (AFTER AIR OPERATIONS OVERSEAS) (OVER
STUTTGART, GERMANY)**

NOW "PRESUMED DEAD" 25-JANUARY-45 FOR OFFICIAL PURPOSES

ALL WILLS (1)
LAST WILL ATTACHED TO
NOTIFICATION TO A. OF E.?

YES/NO **NOX**

M.F.M. 5 ATTACHED TO
NOTIFICATION TO A. OF E.?

YES/NO **NOX**

DATE

CERTIFICATE P. OF D.
ATTACHED TO A. OF E. COPY

YES/NO **NOX**

28-SEPT-45

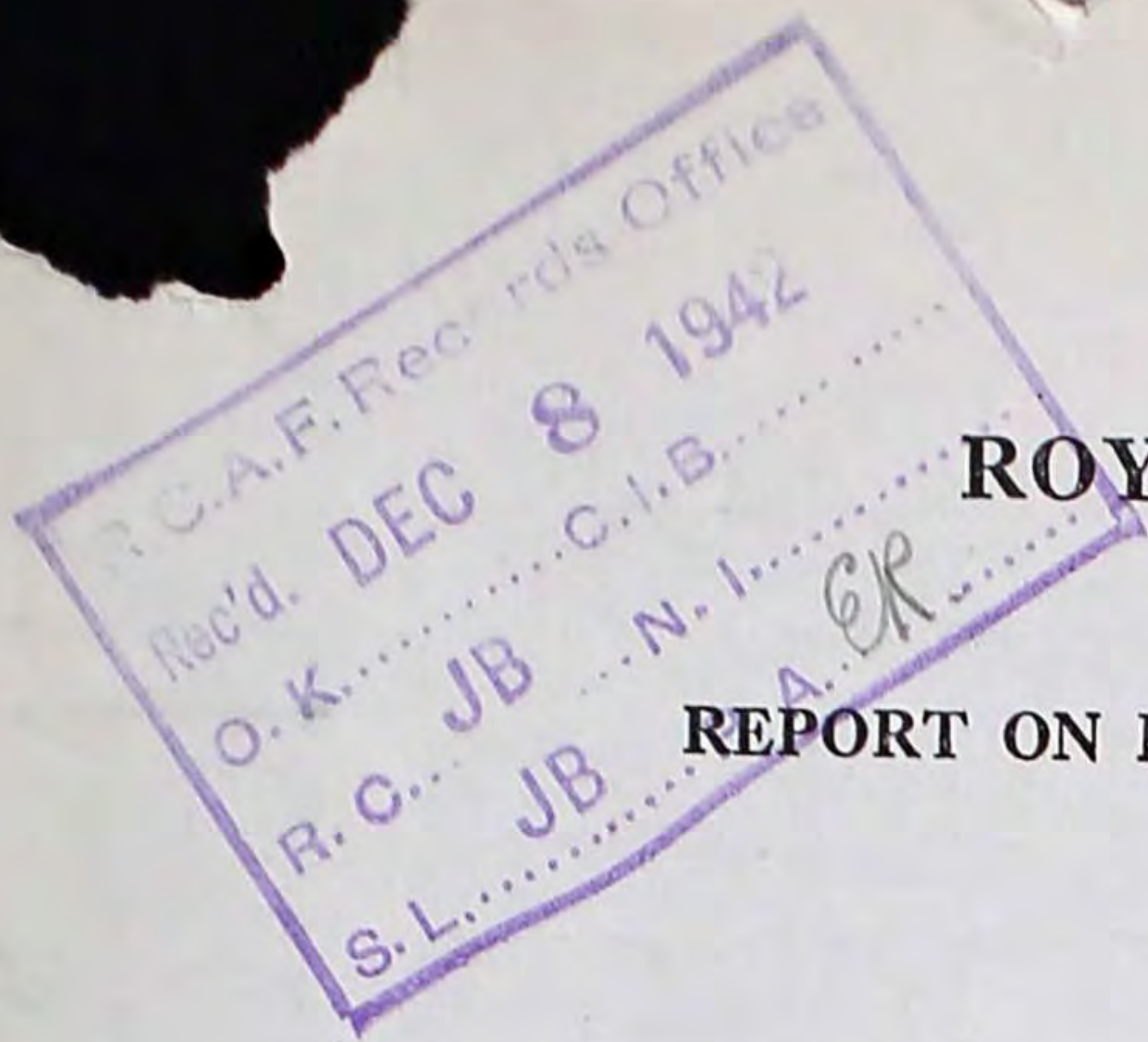
FOR CHIEF OF THE AIR STAFF

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

7

COPY FOR DOCUMENT FILE

46489



ROYAL CANADIAN AIR FORCE

REPORT ON PUPIL WIRELESS OPERATOR (AIR GUNNER)
OR AIR GUNNER

AIR AND GROUND TRAINING

Surname.....HYDE..... Christian Names.....PHILIP.....
Number.....R103429..... Rank.....

INSTRUCTIONS

Instructions regarding the use and distribution of this form are contained in Air Force Administrative Order A.51/24.

PART I

WIRELESS TRAINING

1. No..... Wireless School. Course No..... To..... From.....
2. *Flying Times*—
(a) In Flying Classroom as 1st Operator.....hours.
(b) In Flying Classroom, listening watch.....hours.
(c) In 2-seat aircraft as sole operator.....hours.
3. Assessment as Air Operator (delete categories not applicable). Unless at least 5 hours has been shown against para. 2 (a) above, no assessment is to be made and therefore all categories are to be deleted.
- Above average
Average
Below average

4. *Ground Training*—

Subject	Maximum marks	Marks obtained	Subject	Maximum marks	Marks obtained
Theory.....	50	.....	Signals Organization.....	150	.....
Radio Equipment.....	250	.....	Armament.....	100	.....
Morse (buzzer and lamp).....	200	.....	Drill and P.T.....	50	.....
Procedure.....	200	.....	TOTALS.....	1000	.....

Maximum Marks, 1000. Marks Obtained..... Percentage..... Pass or Fail.....
Position in Class..... No. in Class.....

5. Date authorized to wear Wireless Operator's Badge.....
6. Character and Leadership—Assessment (Max. 500 Marks).....Marks.

.....
Officer Commanding

No..... Wireless School

Date.....

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

Hyde

PART II
ARMAMENT TRAINING

1. No.....**9**.....B. G. S. Course No.....**36A**.....
2. Dates of Courses:— From..... To.....

AIR TRAINING
GUNNERY

3. Flying Time:—

Aircraft	Day	Night	Passenger	Total	
				Hrs.	Mins.
BATTLE	25:50			25:50	

4. Air Gunnery Results—

Average percentage
hits to rounds fired

- (a) Beam Test..... **8.6** %
(b) Beam Relative Speed Test..... **3.4** %
(c) Under Tail Test..... **7.4** %

5. Total Rounds Fired—

- Ground..... **740**
Air to Ground..... **400**
Air to Air..... **3064**

6. Assessment—

Marks Obtained

- (a) Written Examination..... (100 Marks) **66**
(b) Practical and Oral Examination..... (100 Marks) **73**
(c) Ability as Firer..... (250 Marks) **173**
Totals..... (450 Marks) **312**

7. Position in Class..... **16 T** No. in Class..... **29** Pass or Fail.....
8. Date authorized to wear Air Gunner's Badge..... **29-8-42**
9. Character and Leadership—Assessment (Maximum 250 Marks)..... **114** Marks.
10. Remarks..... **Very good results in turret work.**

E.A. Nanton S/L
(E.A. Nanton) S/L Chief Instructor

No..... **9** B. G. S.

Date..... **29-8-42**

11. Final Assessment:—

Course	Training Marks		Character and Leadership		Totals		
	Max.	Obtained	Max.	Obtained	Max.	Obtained	%
Wireless School.....	1000		500		1500		
Bombing and Gunnery School.....	450	312	250	114	700	426	60.9
TOTALS.....	1450		750		2200		

12. Position in Class..... **17** No. in Class..... **29**

13. Remarks..... **Sensible, quiet type - who should do well.**

R.H. Little
(R.H. Little) W.O. Officer Commanding

No..... **9** B. & G. S.

Date..... **29-8-42**

EYE EXAMINATION

History.....	neg.		
Visual Acuity	$\left\{ \begin{array}{l} \text{R. } 20/20, \text{ c } -2.25 = 20/200 \\ \text{L. } 20/25, \text{ c } -2.25 = 20/200 \end{array} \right.$	$\left\{ \begin{array}{l} 20/20 + 2.50 = 20/200 \\ 20/20 \end{array} \right.$	
Colour Vision.....	N. Ish.	Normal Ish.	
Red, Green.....	NA	$\frac{1}{2}$ exo	
Diaphragm Test (P.D. = NA.....)		6.5 Bar at 2	
Convergence	$\left\{ \begin{array}{l} \text{C.} = \text{NA} \text{ cms.} \\ \text{S. C.} = \text{NA} \text{ cms.} \end{array} \right.$	$\left\{ \begin{array}{l} 7 \\ 13\frac{1}{2} \end{array} \right.$	
Accommodation	$\left\{ \begin{array}{l} \text{R.} \quad 10 \\ \text{L.} \quad 10 \end{array} \right.$	$\left\{ \begin{array}{l} 9 \\ 8\frac{1}{2} \end{array} \right.$	
Cover Test.....	NA	SL. Lat D. - R.R.	
Fundi and Media.....	N	N	
Fields.....	N	N	
Remarks:	FIT	FIT	
Initials of M.O. <i>Deu</i>	Initials of M.O. CT	Initials of M.O.	
Date 19-6-41	Date 17-2-42	Date	

EXAMINATION OF EAR, NOSE AND THROAT

History.....	neg		
Hearing	$\left\{ \begin{array}{l} \text{R. Ear} \quad W V 20 \\ \text{L. Ear} \quad W V 20 \end{array} \right.$	$\left\{ \begin{array}{l} W.V. 20 \\ W.V. 20 \end{array} \right.$	
External Ear, Meatus Membranes	$\left\{ \begin{array}{l} \text{R. Ear} \quad N \\ \text{L. Ear} \quad N \end{array} \right.$	$\left\{ \begin{array}{l} N \\ N \end{array} \right.$	
Middle Ear, Eustachian Tubes	$\left\{ \begin{array}{l} \text{R. Ear} \quad \text{PATENT} \\ \text{L. Ear} \quad \text{PATENT} \end{array} \right.$	$\left\{ \begin{array}{l} N\&P \\ N\&P \end{array} \right.$	
Cochlear Apparatus	$\left\{ \begin{array}{l} \text{R. Ear} \quad NA \\ \text{L. Ear} \quad NA \end{array} \right.$		
Vestibular Apparatus	$\left\{ \begin{array}{l} \text{R. Ear} \quad NA \\ \text{L. Ear} \quad NA \end{array} \right.$		
Buccal Cavity.....	good condition	Healthy	
Teeth.....	good condition	Condition Good	
Gums.....	N	N	
Pharynx.....	N	N	
Nasopharynx.....	N	N	
Nose.....	N	Patent	
Larynx.....	N	N	
Remarks:	FIT		
Initials of M.O. <i>Deu</i>	Initials of M.O. CT	Initials of M.O.	
Date 19-6-41	Date 17-2-42	Date	

HISTORY OF PRESENT CONDITION

Date.....June 19/41.....

Fir for Wireless Air Gunner

AJB

D. H. Munro F/O.

D. Hutton F.O.

D. Hutton F.O.

OBSERVATIONS AND FINDINGS BY PRESIDENT OF BOARD

CATEGORY A.B-43B
Date.....17-2-42.....APPROVED
DATE.....17-2-42.....1942
.....D. Hutton M......M.O.
No.....1.....WIRELESS, or B. and G. School

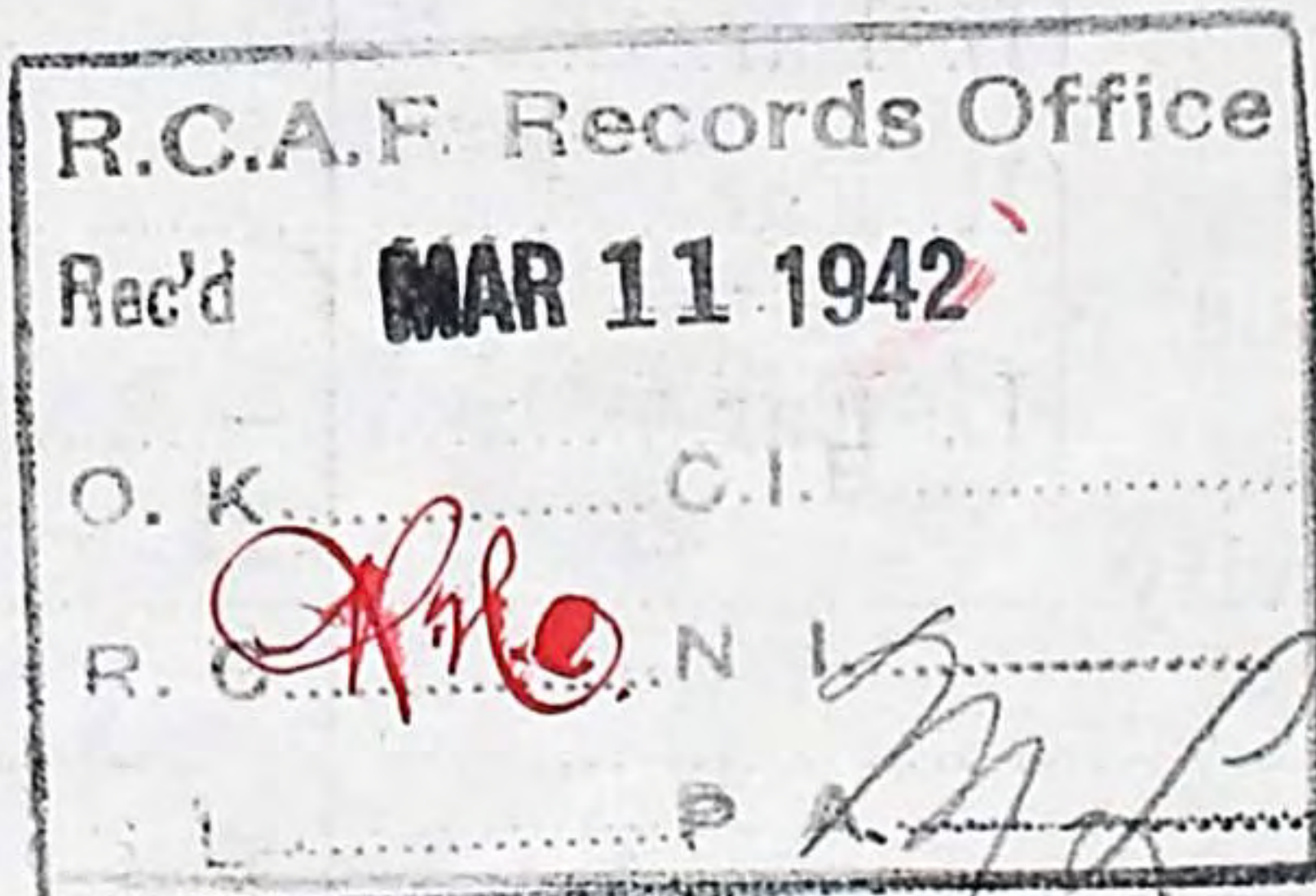
FIT Date 17-2-42
PILOT ✓
OBSERVER ✓
W/OPERATOR ✓
A/GUNNER ✓

D. Hutton M.

MEDICAL RE-EXAMINATION

I certify upon my honour that I have suffered no illness or disability since my last examination.

Date 30-6-41 Signature Philip Hyde Witness D. Hutton F.O.



CONFIDENTIAL

R.C.A.F. Special Reserve
ROYAL CANADIAN AIR FORCE

R.C.A.F. M3
50M-12-39 (3211)
H.Q. 1062-10-2

Medical Board held at Montreal

Date 19-6-41

FILE NUMBER

B108429

Surname Hyde Chr. Names Philip
Nature of Commission M-2-3 Date of Birth Oct. 27-21 Married or Single S
Branch Gen. List Hours Flown NONE
Address 10 Ballard St. Magog Que

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 Pneumonia Act. 2
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 scarlet fever at Act. 6 - No sequelae
(iv) STOMACH or BOWEL TROUBLE NO
Chronic Indigestion or Pain after Food NO
(v) KIDNEY, or BLADDER TROUBLE NO
Syphilis or Gonorrhoea NO
(vi) TROPICAL DISEASE NO
Malaria NO
Dysentery NO
(vii) EYE TROUBLE or Inflammation of Eyelids NO
Wearing of Glasses NO
Colour or Night Blindness NO
(viii) EAR TROUBLE, Earache or Discharge from Ears NO
Deafness, Noises in the Ears, or Dizziness NO
Frequent Colds in Head, Catarrh or Obstruction NO
Prolonged Hoarseness or Loss of Voice N
Sea, Car or Train Sickness was sea sick for 1½ days going to England in 1936 O.K. on return trip
Discomfort on Swings, Roundabouts, Switchbacks NO
(ix) OPERATIONS NO
(x) Any Illness or Injury not mentioned above fracture R. Clavicle at Act. 11 - No trouble since.

Education two years High School

Present Occupation machine engraver Hobbies none in particular varied activities

Previous Service 1 month training in 1940

Athletics High School hockey - swimming, tennis

Habits—Smoking 0 Alcohol rarely used

FAMILY HISTORY—Consumption NO

Nervous Ailments, Mental Trouble, or "Fits" NO

Father Alive—Health good Dead—Cause N.A.

Mother Alive—Health good Dead—Cause N.A.

Brothers (1) Alive—Health good Dead—Cause N.A.

Sisters (...) Alive—Health N.A. Dead—Cause N.A.

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

Date 19-6-41

Signature Philip Hyde

Witness [Signature]

F/O

GENERAL MEDICAL AND SURGICAL EXAMINATION

Impression given by (a) Physique..... **wiry** (b) Mentality..... **standard**
 Body Marks, Scars, Deformities..... **NONE**
 Size of Thyroid Gland..... **N**
 Surgical Abnormalities..... **NONE**
 Results of Wounds, Injuries, Operations..... **NONE**

	Date..... 19-6-41	Assessing Room	Date.....	Assessing Room	Date.....	Assessing Room	REMARKS ON ANY ABNORMALITIES FOUND
Height (ins.).....	69						Date.....
Weight (lbs.).....	137						
Chest Circumference (ins.).....	34						
Body Build (lbs.).....	1-4						
LEG LENGTH (ins.).....	NA						
Pulse Rate { Sitting.....	72						Date.....
{ Standing 1st.....	96						
{ Standing 2nd.....	72						
{ After Exercise.....	96						
{ Time to Normal.....	25 secs.						
Arterial Walls.....	N						Date.....
Blood Pressure { Systolic.....	120						
{ Diastolic.....	20						
Heart { Size.....	N						
{ Sounds.....	N						
{ Rhythm.....	N						Date.....
Lungs.....	N						
Breath held.....	62 secs						
Expiratory Force.....	120						
Vital Capacity (Best of 5).....	NA						
Reflexes { Knee.....	N						Date.....
{ Ankle.....	N						
{ Triceps.....	N						
{ Abdominal.....	N						
{ Plantar.....	N						
Cranial Nerves.....	N						Date.....
Balancing Rod.....	R. L. 18 ls	R. L.	R. L.	R. L.	R. L.	R. L.	
Self Balancing.....	18 1V	R. L.	R. L.	R. L.	R. L.	R. L.	
Tremors { Fingers.....	NONE						
{ Eyelids.....	sl. fine						
Abdomen { Liver.....	N						Date.....
{ Spleen.....	N						
{ Muscular Tone.....	GOOD						
Urine { Albumen.....	0						
{ Sugar.....	0						
Initials of M.O.	Shu						

40 mm. Hg. Test. **June 19/41 6/788/888/8/8 40 seconds**
 Date..... **June 19/41 6/788/888/888/877/7 65 secs.**
 Date.....
 Date.....
 Date.....

Remarks by Consultant.

To be made out in duplicate

R.C.A.F. Special Reserve

M.F.M. 5
200M-2-41 (9495-6)
H.Q. 1772-39-1051

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

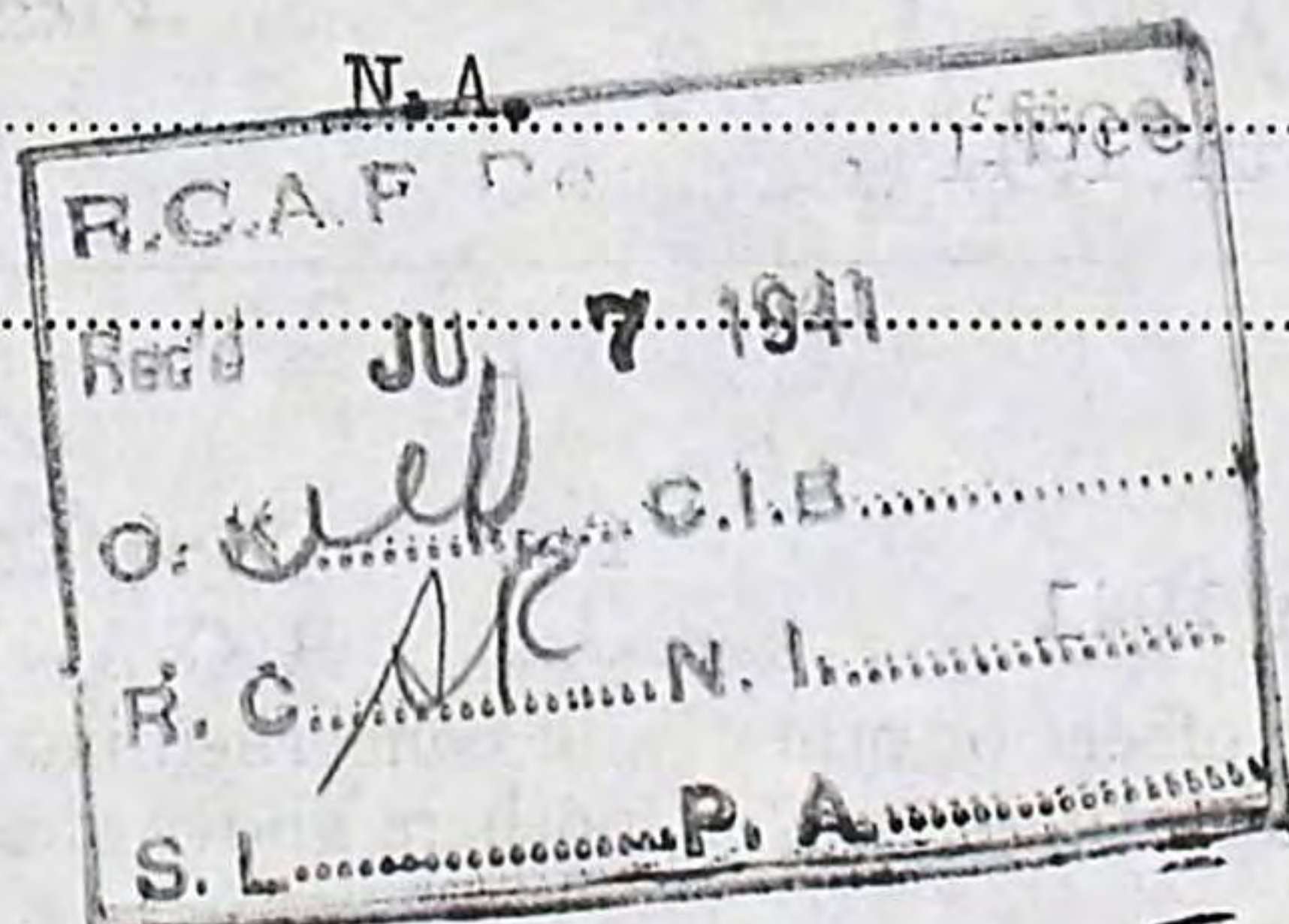
INSTRUCTIONS.

- This form is to be completed immediately an officer or other rank is appointed to, or enlisted in, the Canadian Army (AF) or R.C.A.F. ON ACTIVE SERVICE.
- All questions, etc., must be completed.
- 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 individual's new unit.

- Name of Officer or Other Rank..... HYDE PHILIP
(Surname first—Christian names in full—Block capitals)
- Regimental or Official Number and Rank..... R. 108429..... AC2..... Standard
- Unit..... Royal Canadian Air Force
- Are you married?..... NO
- If married, state,
 - Full name of your wife..... N.A.
 - Present postal address of wife..... N.A.
- If married, have you been regularly supporting your wife? If not—state reasons..... NO
- Are you a widower?..... NO
- Have you any children?..... NO..... Number of boys..... N.A...... Girls..... N.A.
Names and ages..... N.A.
- If Dependents' Allowance is claimed in respect of children—state whether you have been regularly supporting them..... N.A.

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

Name..... N.A.
Postal Address..... N.A.



[SEE OTHER SIDE]

(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.....N.A.....

(11) Is your father alive?.....Yes.....

If so, state name and address, occupation.....Samuel Hyde, Bleacher.....

.....10 Ballard St., Magog, P.Q.....

(12) If your father is a widower and is totally incapacitated from earning a living—are you his sole or partial support?.....NO.....

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

.....N.A.....

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

(14) Is your mother alive?.....Yes.....

If so, state name and address.....Beatrice Ann Stafford (Hyde).....

.....10 Ballard St., Magog, P.Q.....

(15) If your mother is a widow, are you her sole or partial support?.....NO.....

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

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

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

If so, state the following particulars:—

Relationship.....N.A.....

Full Name.....N.A.....

Postal Address.....N.A.....

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

(18) Are you insured?.....Yes.....

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

Have you made arrangements for payment of your Insurance Premium?.....Yes.....
If not, and it is a monthly premium, you may assign the amount in addition to any other assignment you wish to make, provided the total assignment is not in excess of the maximum monthly amount which may be assigned.

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

Philip Hyde

(Signature of officer or man)

Date.....June 30th 1941.....

for

Officer Commanding

Date.....June 30th 1941.....

R.C.A.F. Recruiting Centre, Montreal, P.Q.

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.

Protestant Board of School Commissioners



Magog, Que.,

June 14 th, 1941.

The Royal Canadian Airforce,
Montreal, Que.

Dear Sir,

This is to certify that the bearer, Mr. Philip Hyde, passed the Quebec Departmental Examinations for grade nine in June 1937 with the following standing:
English Composition 80, Algebra 64, Geometry 65,
Spelling 90, Arithmetic 150 out of 200, Geography 78,
English Literature 65, History 70, Oral French 65,
Written French 57, Average 72.8 % , Rank fourth.

Very truly yours,

Stephen J. Olney, Principal.



R.C.A.F. Records Office	
Rec'd	JUL 7 1941
O. K.	G.I.B.
R. C.	N. I.
S. L.	P. A.

R.C.A.F. Special Reserve

AIR FORCE No. **R108429**

POSTED TO **RCAF Recruiting Centre**
Montreal, P.Q.

TRADE **Wireless Air Gunner**
Standard

ROYAL CANADIAN AIR FORCE

(ATTESTATION PAPER)

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

1. Surname **Hyde** FULL Christian Names **Philip**
2. Present Address **10 Bullard St. Magog Que.** Telephone **664**
3. Permanent Address **10 Bullard St. Magog Que.**
4. Place of Birth **Birch Vale England** Citizenship **Canadian**
5. Date of Birth **October 17, 1920** Married, Single, Widower, Separated, Divorced **Single**
6. Particulars of Children

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

7. Occupation **machine engraver** 8. Religion **Protestant Church of England**
State denomination
9. Languages **English / fluently** State proficiency
10. Next of Kin (Full Name) **Samuel Hyde** Relationship **father**
" Address **10 Bullard St. Magog Que.**
11. Father (Full Name) **Samuel Hyde** Birthplace **Birch Vale England**
" Address **10 Bullard St. Magog P.Q.** Citizenship **Canadian**
" Occupation **Bleacher**
12. Mother (Full Maiden Name) **Beatrice Ann Hyde** Birthplace **New Mills England**
" Address **10 Bullard St. Magog P.Q.** Citizenship **Canadian**
13. Details of any Naval, Military or Air Force Service:

Unit	Place	Rank	Trade	Date	Reason for discharge
53rd Sherbrooke	Amherst	Private	R.C.A.F. Rec'd JUL 7 1941	1940 1940	To join R.C.A.F.
			O.K. C.I.B.	30-6-44	
			R.C. N.I.C.		
			S.L. P.A.		

14. Honours, Awards, Mentions **None**
15. Are you now on any Naval, Military or Air Force Reserve? **73 Battery Magog**
16. Have you previously made application to join the R.C.A.F.? **No** If so, where? **N.A.**
When? **N.A.** Result **N.A.**
17. Were you ever discharged from any branch of His Majesty's Forces as Medically Unfit? **No**
If so, state nature of disability **N.A.**
18. Have you ever been or are you now in receipt of a Disability Pension? **No**
If so, state nature of Disability **N.A.**
19. Have you ever been convicted of an indictable offence? **No** If so state nature **N.A.**
20. Are you in debt? **No** If so, state particulars **N.A.**

21. Particulars of Education:

	Name of school	Date		Courses—Subjects, etc.
		From	To	
Primary Education—Public or Separate School.....	Wagogo High School	1937	1935	English, Algebra, Geometry
High School—Collegiate Institute, etc.....	Wagogo High School	1935	1937	Science, Math. etc.
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		Reason for leaving
		From	To	
Domestic Textile, Wagogo	Machine-engraver	1937	1941	To join R.C.A.F

23. Flying Experience (in Hours) Solo *None* Dual *None* Passenger *None*

24. Special Qualifications, Hobbies, etc., useful to the R.C.A.F. *None*

25. Sports engaged in. State: ~~extensively~~, moderately, ~~occasionally~~ *Hockey, 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.....
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
A. A. Libus	Wagogo, Que.	retail gasoline
John T. Connor.	Wagogo, Que.	Overseas Engraver
Lazare Lingras	Wagogo, Que.	Merchant (Mayor)
T. Lavoie	Wagogo, Que.	Chief of Police

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 *June 16th* 19 *41* Signature *Philip Hyde*

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

Date **June 30th** 19 **41**.....**Philip Hyde**
Signature of Recruit

(D)

OATH TAKEN BY MAN ON ATTESTATION

I, **Philip Hyde**.....do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.

Date **June 30th** 19 **41**.....**Philip Hyde**
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 **30th** day of **June** 19 **41**

P. D. Boshuis
Signature of Officer

Rank

RCAF Recruiting Centre Montreal.
Unit

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..... | <u>No</u> | (j) Nasal Trouble..... | <u>No</u> |
| (b) Tuberculosis..... | <u>No</u> | (k) Ear Disease..... | <u>No</u> |
| (c) Bronchitis or Asthma..... | <u>No</u> | (l) Eye Disease..... | <u>No</u> |
| (d) Heart Disease..... | <u>No</u> | (m) Epilepsy..... | <u>No</u> |
| (e) Kidney or Bladder Disease..... | <u>No</u> | (n) Nervous or Mental Disease..... | <u>No</u> |
| (f) Gastro-intestinal..... | <u>No</u> | (o) Syphilis..... | <u>No</u> |
| (g) Rupture..... | <u>No</u> | (p) Gonorrhoea..... | <u>No</u> |
| (h) Varicose Veins..... | <u>No</u> | (q) Bone Fracture..... | <u>No</u> |
| (i) Flat or Deformed Feet..... | <u>No</u> | (r) Other Disease or Defect..... | <u>Scarlet Fever Act 2, 6, Pneumonia Act 2</u> |

3. Have you ever worn glasses?.....

4. Have you had any illness for more than one week's duration. Scarlet Fever + Pneumonia + Measles

Examiner's Remarks re above.....

None

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

Signature of Applicant

Philip Hyde

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

1. Identification marks or scars (if operative obtain history)..... None

- | | | | |
|---|---|---|-------------------------------|
| 2. Height..... | <u>5</u> feet <u>9½</u> inches. | 3. Weight..... | <u>137½</u> pounds. |
| 4. Complexion..... | <u>dark</u> | 5. Color of Eyes..... | <u>Blue</u> Hair <u>Brown</u> |
| 6. Development | <u>Good</u>
<u>Fair</u>
<u>Poor</u> | 7. Chest Measurement—Full expiration..... | <u>33</u> inches |
| | | Range of expansion..... | <u>1½</u> inches |
| 8. Hearing—Right..... | <u>WV 20</u> | Left..... | <u>WV 20</u> |
| | | Tympana—Right..... | <u>N</u> |
| | | Left..... | <u>N</u> |
| 9. Vision—Without glasses—Right..... | <u>20/20</u> | With glasses—Right..... | <u>NA</u> |
| | | Left..... | <u>NA</u> |
| 10. Condition of mouth and teeth..... | <u>Good</u> | | |
| 11. Urine—Albumen..... | <u>0</u> | Sugar..... | <u>0</u> |
| 12. Abnormalities (Congenital and Pathological) found on Examination..... | <u>None</u> | | |

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

A3B

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

Fit
20-6-41 X-Ray # 82271 (neg) D.H.
30-6-41 Resnick Normal D.H.

Part 2 Cont.

- | | |
|-------------------|----------|
| 13. Reflexes..... | <u>N</u> |
| 14. Heart..... | <u>N</u> |
| 15. Lungs..... | <u>N</u> |

16. Blood Pressure..... S.D.

17. Colour Vision..... 120/30

Date..... 19-6- 1941

D. J. Munn President

D. H. T. H. Member

Member