J21393
MCSORLEY
ROB

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 ... McSorley, Rob ... (b) Reg'l. No. ... R6075A
2. (a) Arm of service ... Air Force ... (b) Unit ... No 7 S.F.T.S., Macleod, Alta. ... (c) Rank ... AC1
3. (a) Date of birth ... April 12, 1921 ... (b) Have you any dependents? ... Yes ... (c) Place of residence at time of enlistment ... Montreal, Que.
4. (a) Place of enlistment ... Montreal, Que. ... (b) Date of enlistment ... July 23, 1940

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school ... 18 ... (b) Were you attending school or college up to the time of enlistment? ... Yes
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.) ... 4 yrs. High School
7. If you attended a university, give name of university and standing or degree secured ... No
8. (a) Did you ever enter upon a trade apprenticeship? ... Yes ... (b) If so, for what occupation? ... Silver Smith ... (c) Did you finish it? ... No ... (d) If you did not finish it, how long did you serve at it? ... 2 yrs.
9. (a) What languages do you speak fluently? ... English, French ... (b) What languages do you read well? ... English, French

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

10. (a) State whether you were WORKING or NOT WORKING at time of enlistment. (Enter here only "Working" or "Not Working", as case may be; particulars are asked for below) ... Working ... (b) At time of enlistment of what trade union or professional society were you a member? ... No

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 ... Henry Birks and Sons ... Address ... Montreal, Que.
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) ... Retail Store
20. (a) Your specific occupation ... Silver Smith ... (b) Number of years' experience at this occupation with any employer ... 2 yrs.
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 ... N/A ... (b) Where was it located? ... N/A
23. (a) Number of years engaged in this business ... N/A ... (b) Have you made, or will you make plans to return to the same or a similar business on discharge? ... N/A

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? ... N/A
25. (a) Were you born on a farm? ... No ... (b) How many years' actual farming experience have you had? ... No ... (c) In what provinces did you have experience? ... N/A

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.) ... To return to School
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form ... A job to do with Science

DATE ... October 10th ... 1941 ... SIGNATURE ... R. McSorley

FEB 16 1942

J-21393. 4

CONFIDENTIAL

R.C.A.F. M. 2
300M—4-41 (87)
H.Q. 1062-10-2

ROYAL CANADIAN AIR FORCE

Medical Board held at Macleod, Alta. *Date* 12/12/41.

FILE NUMBER

Surname McSorley *Chr. Names* Rob.
Nature of Commission Temp. *Date of Birth* 12/4/21(20) *Married or Single* Single
Branch Special Reserve *Hours Flown* 50 hrs. passenger.
Address No. 7 S.F.T.S., Macleod, Alta.

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") — Skiing- 5 minutes-complete recovery
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 Tonsilitis — 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 — Urinated blood once following accident. Complete recovery.
Syphilis or Gonorrhœa — No
(vi) TROPICAL DISEASE — No
Malaria — No
Dysentery — No
(vii) EYE TROUBLE or Inflammation of Eyelids — No
Wearing of Glasses — No
Colour or Night Blindness — No
(viii) EAR TROUBLE, Earache or Discharge from Ears — No
Deafness, Noises in the Ears, or Dizziness — No
Frequent Colds in Head, Catarrh or Obstruction — No
Prolonged Hoarseness or Loss of Voice — No
Sea, Car or Train Sickness — No
Discomfort on Swings, Roundabouts, Switchbacks — No
(ix) OPERATIONS — T. & A. -Child. Appendectomy - 2 years ago.
(x) Any illness or Injury not mentioned above
Measles Bronchitis 6-8-40 to 12-8-40 No other illness in service.

1934

Education Jr. Matriculation
Present Occupation R.C.A.F. - "A.F.M." Hobbies Journalism, writing.
Previous Service R.C.A.F. Sept. 1937 - July 39, July 1940 - present
Athletics Skiing, hockey.
Habits—Smoking 5 cigarettes/day Alcohol Occasionally socially.
FAMILY HISTORY—Consumption No Diabetes No Haemophilia No
Nervous Ailments, Mental Trouble, or "Fits" No
Father Alive—Health Unknown Dead—Cause
Mother Alive—Health Well Dead—Cause
Brothers (4) Alive—Health Well (0) Dead—Cause
Sisters (2) Alive—Health Well (0) Dead—Cause

I hereby declare that I have carefully considered the statements made above, that to the best of my belief they are complete and correct, and that I have not withheld any relevant information or made any misleading statement. I am fully aware that by wilfully suppressing any information I shall incur the risk of not being accepted for Service, or if accepted, of being discharged or retired and forfeit any claim to gratuity or other award.

Date 12/12/41 *Signature* R. Mc Sorley *Witness* [illegible]

GENERAL MEDICAL AND SURGICAL EXAMINATION

Impression given by *(a)* Physique Athletic *(b)* Mentality Alert
Body Marks, Scars, Deformities Appendectomy scar. Small scar rt. hip
Size of Thyroid Gland Normal
Surgical Abnormalities Nil
Results of Wounds, Injuries, Operations Nil

No. 4 M.S.B.

	Date 12/12/41	Date 16-2-42	Date 24-3-42	Remarks on any Abnormalities Found
Height (ins.)	70 1/8"		70 1/2	
Weight (lbs.)	165		164	*Date*
Chest Circumference (ins.)	34-37"		36 1/2	
Body Build (lbs.)	+ 13		+ 19	
Leg Length (ins.)	43"		44	
Pulse Rate — Sitting	60	60	72	
Pulse Rate — Standing 1st	84	84		
Pulse Rate — Standing 2nd	72	84		
Pulse Rate — After Exercise	96	96		
Pulse Rate — Time to Normal	15	20		
Arterial Walls	N		N	*Date*
Blood Pressure — Systolic	120		122	
Blood Pressure — Diastolic	84		70	X-ray done on enlistment - negative
Room Temperature	80 deg. F.		70	
Heart — Size (in cms.)	9 1/2 cm. from mid-line.		N	
Heart — Sounds	Normal		N	
Heart — Rhythm	Normal		N	
Lungs — Inspection	Normal		N	
Lungs — Palpation	Normal			
Lungs — Percussion	Normal			
Lungs — Auscultation	Normal			
Lungs — Expiratory Force	170			
Lungs — X-Ray				*Date*
Reflexes — Knee	Normal	N N	N	
Reflexes — Ankle	Normal	N N		
Reflexes — Triceps	Normal	N N		
Reflexes — Abdominal	Normal	N N		
Reflexes — Plantar	Normal	F F		
Cranial Nerves	Normal	N N		
Balancing Rod	R. 1S L. 1S	R. L.	R. L.	
Self Balancing	R. 1S L. 1S	R. L.	R. L.	*Date*
Tremors — Fingers	Nil		N	
Tremors — Eyelids	Nil		N	
Abdomen — Liver	Normal		N	
Abdomen — Spleen	Normal		N	
Abdomen — Muscular Tone	Good		good	
Urine — Albumen	Negative		neg	
Urine — Sugar	Negative		neg	
Initials of M.O.		CWT.		

40 mm. Hg. Test
Date 12/12/41 - 60 = 6/666,566,566,676
Date
Date 16-2-42 6-788-766-566-555-565 1 try 76 Sec.
Date

Tests all very good. Excellent material.

16-2-42 Physicall fit

CWT.

24.3.42 Fit QIB Q3B

EYE EXAMINATION

History ..... Nil

Visual Acuity	R 20/20 , $\bar{c}$ 2.25 = 20/200	20/20	20/20 + 2.50 = 20/20
	L. 20/20 , $\bar{c}$ 2.25 = 20/200	20/20	20/20 + 2.50 = 20/20
Colour Vision	Normal Ishihara	N Ishihara (9)	N Ish
Red, Green			Eso 2°
Diaphragm Test (P.D. 60)	Bar thru 4 at 0.		Eso 2°
Convergence	C. = 7 cms.		6
	S. C. = 12 cms.		10
Accommodation	R. 8		9
	L.		
Cover Test	Rt. lat.diverg. R. - Rapid Recovery		Fixed
Fundi and Media	Normal		N.
Fields	Normal		
REMARKS:	Fit	Fit RX. A1B A3B	Fit
	Initials of M.O.	*Initials of M.O.* JAW	*Initials of M.O.*
	Date 12/12/41	*Date* 16-2-42	*Date* 24-3-42

EXAMINATION OF EAR, NOSE AND THROAT

History ..... T& A. as a child

Hearing	R. Ear	W.V. 20'	W.V. 20
	L. Ear	W.V. 20'	W.V. 20
External Ear, Meatus Membranes	R. Ear	Normal	N
	L. Ear	Normal	N
Middle Ear, Eustachian Tubes	R. Ear	Normal - Patent	N
	L. Ear	Normal - Patent	N
Cochlear Apparatus	R. Ear	--	
	L. Ear	--	
Vestibular Apparatus	R. Ear	--	
	L. Ear	--	
Buccal Cavity		Normal	N
Teeth		Good	N
Gums		Healthy	N
Pharynx		Clear	N
Nasopharynx		Clear	N
Nose		Passages clear	N
Larynx		Normal	
REMARKS:	Fit		
		Initials of M.O.	*Initials of M.O.*	*Initials of M.O.*
		Date 12/12/41	*Date*	*Date* 24-3-42

Ret.

GENERAL REMARKS BY THE MEDICAL OFFICER ON HIS IMPRESSIONS OF THE CANDIDATE

Intelligent, cooperative - Tests all very satisfactory. Excellent type for air crew.

16-2-42

Candidate is found fit Category A1B A3B

J.A. Weddell Flt Lt
(J.A.Weddell) Flt/lt.

ALTITUDE TOLERANCE TEST. DATE 27/2/42

		Symptoms
No. of 2 hrs. tests at 35.000 feet	1. (2.) 3.	nil on 2 runs mild on ..... " moderate on ..... " severe on ..... "

Low Pressure Chamber - 2

OBSERVATIONS AND FINDINGS OF THE REVIEWING MEDICAL OFFICER

Date 12/12/41

24/32 Above Average Night Visual Acuity.

Category A1B
A3B

R. Johnson S/L

CATEGORY
A, B A3 B
MAR 24 1942
C Burt S/L
PRES. NO. 4 MED. SELECTION BD.
.....for D.M.S. Air.

24-3-42 Fit. Remuster L.A.C. A.F.M. - 4 yrs. service. Average pilot material.

A1B A3B J.G. Turner F/L.

FIT | Date 24.3.42
PILOT
OBSERVER
W/OPERATOR
A/GUNNER
M.O.

A1B		N.V.C. 24
A3B	Turret	N.V.C. 24
A1B		N.V.C. 24
A 1B	Vision	
A 1B	Radio	
Sig:		S/L
Date		4/3/43

FOR COMPLETION AND RETURN BY

Form P. 64

Mrs. C. Herbert McSorley
797 Canning St.,
Montreal, 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. J21393 FD296

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

9 November 1944

ESTATES BRANCH NOV 25 1944 H.Q. OTTAWA NATIONAL DEFENCE

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

MC SORLEY Rob F/O

J21393 R.C.A.F. O/S

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.

IJQ

for Director of Estates.

M.F.W. 77
6-44 (4878)
H.Q. 1772-39-972

ANSWER IN FULL ALL APPLICABLE QUESTIONS

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

Degrees of Relationship	RELATIVES required to be accounted for		INFORMANT'S STATEMENT: NAME IN FULL of any Relative, if any, in each degree specified	Age	INFORMANT'S STATEMENT: 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.....				
4	Mother of the Deceased.....		Elizabeth Norma McCoy	54	794 Cartier St. Montreal 3. P.Q.
5	Brothers of the Deceased	Full Blood			
		Half Blood			
6	Sisters of the Deceased	Full Blood			
		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.	Rob Mc Gorley
9	Date of his birth.	April 12th. 1921
10	Place and date of his marriage.	—
11	Place and date of his parents' marriage.	Tapler, (Bucks:) England. Aug: 6th. 1919.

PARTICULARS OF DOMICILE

12	Place where deceased was born.	London, 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) (c) (d) Montreal P. Q. Sept: 1924. on arrival from London, England
14	Nature of employment before enlistment.	Silver-plater.
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.	Home with mother sisters & brothers.

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.	nil.
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	nil.
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	none.
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.	—

(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.)

nil

(PLEASE TURN OVER)

DECLARATION

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

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

*Mother of the deceased.

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

(Mrs) E. H. McSorley, ... Signature of Informant

194 Canning St. Montreal 3. ..... Address

CERTIFICATE

I hereby certify that to the best of my knowledge and belief Mrs Elizabeth McSorley,

See above. ..... {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 Montreal this 23rd day of November 19 44.

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

Wm E Jackson ..... Qualification Clergyman

Address 1439 St. Catherine St. West, Montreal, P.Q.

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

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

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

R.C.A.F. Special Reserve

AIR FORCE NO. R-6075-A POSTED TO No 2 MANNING POOL TRADE A.F.M.M.

STANDARD

ROYAL CANADIAN AIR FORCE

(ATTESTATION PAPER)

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

1. Surname Mc Sorley Full Christian Names Rob
2. Present Address 797 Canning St Montreal Telephone WE 3825
3. Permanent Address " " " "
4. Place of Birth London, England Citizenship English
5. Date of Birth April 12, 1912 (WHB) ~~Married~~, Single, ~~Widower, Separated, Divorced~~
6. Particulars of Children

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

7. Occupation Metal Worker (Silversmith) 8. Religion Atheist (State denomination)
9. Languages English & French (Fair) (State proficiency)
10. Next of Kin (Full Name) Mrs C. F. Mc Sorley Relationship Mother
" Address 797 Canning St., Montreal
11. Father (Full Name) Mr. C. Herbert Mc Sorley Birthplace Canada
" Address Unknown. Left for Australia Citizenship Canadian
" Occupation January 1937. Present whereabouts unknown.
12. Mother (Full Maiden Name) Elizabeth Florence Stanifoth Birthplace Canada
" Address See 10. (Stanifoth) Citizenship Canadian
13. Details of any Naval, Military or Air Force Service:

Unit	Place	Rank	Trade	Date From	Date To	Reason for discharge
R.C.A.F. 115 F Squadron	Montreal	A.C.2.	Copper-smith metal worker.	Sept 1937	July 1939.	Requested.

14. Honours, Awards, Mentions None.
15. Are you now on any Naval, Military or Air Force Reserve? No
16. Have you previously made application to join the R.C.A.F.? Yes If so, where? 115 F Mtl.
When? June 1939. Result Accepted.
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

R.C.A.F. Records Office
Rec'd JUL 29 1940
O.K. C.I.B. MH
R.C. PI.
S.L. P.A.

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

385-20

21. Particulars of Education:

—	Name of school	Date From	Date To	Courses—Subjects, etc.
~~Primary~~ Education—Public ~~or Separate~~ School	Royal George School	29	34	
High School—Collegiate Institute, etc.	" " "	1934	34	
~~Technical School~~	Sir George Williams	1937	38	Chemistry
University or School other than above	College	1939	1940	High School.
~~Correspondence Courses, etc~~	Ground School Train-	Feb.	May	Ground School
M.L.A.C. wing	(Canadian Flying Clubs Assoc.	1939	1939	Courses for Flying Training

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

Employer and place	Duties, trades, positions	Date From	Date To	Reason for leaving
Henry Birks & Sons.	Silversmith.	Jan. 1937		
Mount Bruno Golf & Country Club	Caddy	May 1936	Nov. 1936	Season closed

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

24. Special Qualifications, Hobbies, etc., useful to the R.C.A.F. Sailing. Navigated to Gaspé and return on 3 weeks cruise... Boat building; constructed with assistance 2 Whalers in spare time.

25. Sports engaged in. State: extensively, moderately, occasionally Sailing swimming water polo • hockey. (Extensively) Golf paddling • hunting (moderately) Wrestling & Tennis (occasionally)

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 Metal Worker
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
Rev. H. K. Rokdown	77 Springfield Ave., Greenfield Park.	Incumbent.
Miss L. Loiviere (Royal George School)	St Lambert.	School Director

28. Other information that may have any bearing on this application Assistant Skipper of South Shore Sea Rovers. • former member of Pointe Claire Yacht Club Sea Rovers.

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 25 1940 Signature R. McSorley

Original dated. 27/10/39

FOR OFFICIAL USE ONLY

(A) *Report of Interviewing Officer—*

Type Very Good General appearance Very Good.

Suitability for (state in what capacity) Good type for Airframe Mechanic Metal

Date 25.6.40 Signature J.W. Graham Rank Sgt

(B) *Report of Trade Test—*

Trade in which tested Coppersmith.

Result Coppersmith (Sheet Metal worker) "Standard"

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

Date 27.10.39 Signature J.W. Graham Rank Sgt

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

I, Rob McSorley. 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 July 25th, 1940 19 R. Mc Sorley
Signature of Recruit

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

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

Date July 25th, 1940 19 R. Mc Sorley.
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. this 25th. day of July 19 40

A/ Maurice Gauvreau P/O R.C.A.F. Recruiting Centre Montreal.
Signature of Officer Rank Unit

4

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

3. Have you ever worn glasses? no

R. H. Sorley
Signature of Applicant

Examiner's Remarks *re* above Appendix scar—well healed

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

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

2. Height 5 feet 8½ inches. 3. Weight 155 pounds.

4. Complexion fair 5. Color of Eyes brown Hair black

6. Development {Good / ~~Fair~~ / ~~Poor~~} 7. Chest Measurement—Full expiration 33½ inches

Range of expansion 3 inches

8. Hearing—Right WV 20 Left WV 20 Tympana—Right N Left N

9. Vision—Without glasses—Right 6/5 With glasses—Right

Left 6/5 Left

10. Condition of mouth and teeth healthy

11. Urine—Albumen N Sugar N

12. Abnormalities (Congenital and Pathological) found on Examination

X-Ray P

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

Any special remarks of the Medical Officers

Redeck n. July 3/40 mast
Redeck n July 22/40 HG

Date June 25 1940

President Member Member

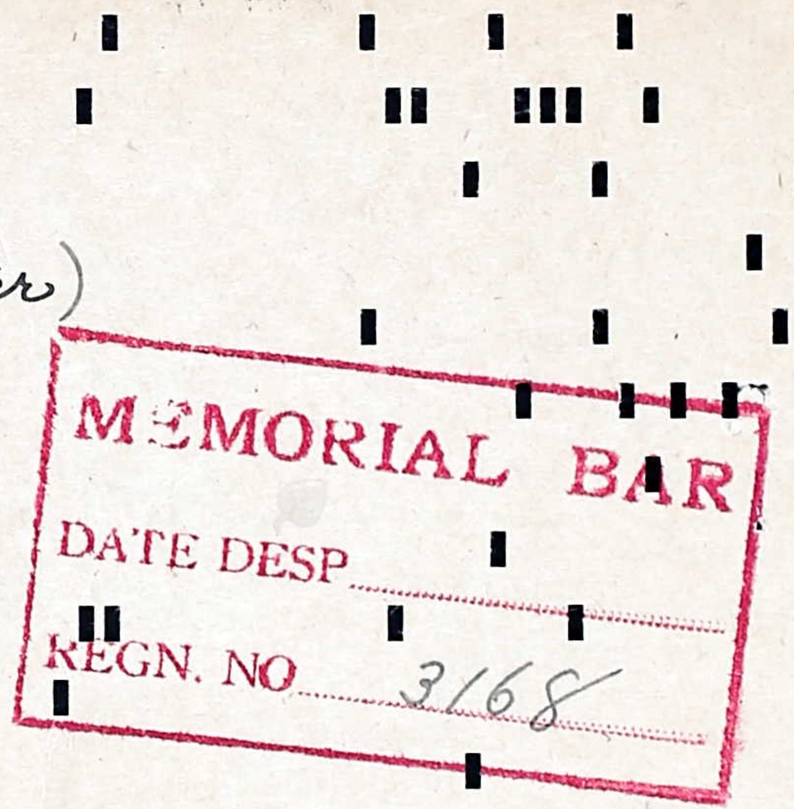
JCP270 J-21393

MRS.ELIZABETH F.McSORLEY,680406

93 FOURTH AVE.,
VERDUN,MONTREAL,P.Q.

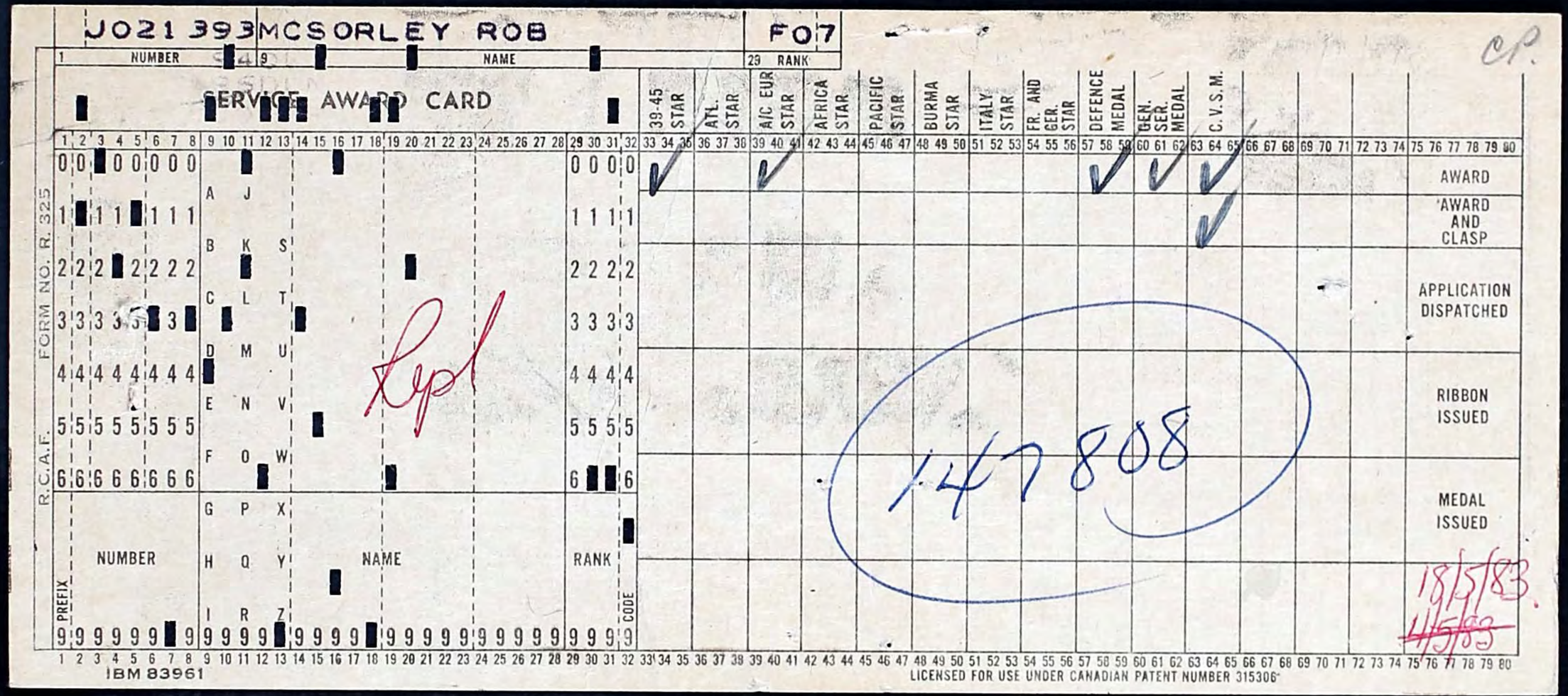
Mrs. Elizabeth F. McSorley (mother)
797 Canning St.,
Montreal,
Que.

Sept.-45:



4099

11-2-D


J021 393 MCSORLEY ROB
F07
1 NUMBER
9 NAME
29 RANK
SERVICE AWARD CARD
R.C.A.F. FORM NO. R. 325
PREFIX
NUMBER
NAME
RANK
CODE
Lpl
147808
18/5/83
4/5/83
39-45 STAR
ATL. STAR
AIC EUR STAR
AFRICA STAR
PACIFIC STAR
BURMA STAR
ITALY STAR
FR. AND GER. STAR
DEFENCE MEDAL
GEN. SER. MEDAL
C.V.S.M.
AWARD
AWARD AND CLASP
APPLICATION DISPATCHED
RIBBON ISSUED
MEDAL ISSUED
IBM 83961
LICENSED FOR USE UNDER CANADIAN PATENT NUMBER 315306

McSorley

NAME MCSORLEY, MCSORLEY, Rob FILE NO. J21393

RANK Flying Officer CATEGORY PRES. DEAD REG. NO.

DATE OF DEATH: 26 Nov. /43 MOTHER LIVING: Yes WIFE: No

MEMORIAL CROSS

MINISTERIAL CARD: 7 Dec 43 ROYAL MESSAGE: MAR 6 1945 TO CHAPLAIN:

MAR 5 1945

To mother: DEL'D TO MOTHER:

To Mother-9-11-44 DEL'D TO WIFE:

(Mrs. C.H. McSorley, 797 Canning Street, Montreal, Quebec.

WSR 102

Mrs. Charles Herbert, McSorley)
93 Fourth Avenue,
VERDUN, P.Q.

COMMAND:

RELIGION:

DESP. FEB 18 1953
REGN No. 2815

NATIONAL PERSONNEL
RECORDS CENTRE

CENTRE NATIONAL des
DOCUMENTS du PERSONNEL

MIL.
CIV.
RCMP
GRC

NAME: Mc. SORLEY.

RANK: F/O. TITLE:

INIT'S: ROBERT.

DATE OF DEATH: 26. IV. 43. PRES/D (F.B).

CEMETERY: APELDOORN (UCHELEN-HEIDEHOF) GEN.

PLOT: H ROW: GRAVE NO.: 298.

COMMUNE: COLL B/N. H. OTHERS.

REPORT NO.: HOLL. 139-2C. CROSS:

AGE: FILE NO.: NMF/3983

A.M.

REGT.: R.C.A.F.

BN.: 625. SQDN.

NUMBER: J. 21393.

COUNTRY: HOLLAND.

MAP REF.:

AUTHORITY: CAF. 403/8-607.

NEXT OF KIN: Mother. MRS. Mc SORLEY. 797. CANNING ST. MONTREAL.

POWERS-SAMAS ACCOUNTING MACHINES TRADE MARK ACTAB SFP.958

PAT NO. 398223 REG. NO. 771461

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 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

RECEIVED
APR 28
CASUALTY
SECTION

B.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.S. 26.11.43 CRH03

Air Force No. J21393 Surname Mc Sorley

Christian Names (in full) Robert M.

Date of Birth 12.4.21 Religion Atheist.

Date of Enlistment/Appointment 4-12-42

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

Occupation in Civil Life Student

Signature of Holder

Name and Address of Next-of-Kin

Mrs E.F. Mc Sorley 197 Canning St
Montreal Que mother

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

Certified Correct

Date 7.4.43 Place R.C.A.F. 075 H.Q. LONDON

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

Branch or Trade and Group	Date of Effect	Authority	Signature and Rank of Officer making Entry
Pilot			

Rank	Date of Effect	Authority	Signature and Rank of Officer making Entry
P/O	4.12.42		
F/O	4.6.43	O/0682/43	M Robinson Sgt.

MEDALS, DECORATIONS, MENTIONS, ETC.

Particulars	Date and Authority	Signature and Rank of Officer

MISCELLANEOUS ENTRIES

(For entries for which space is not otherwise provided)

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

Particulars	Date and Authority	Signature and Rank of Officer

To be made out in duplicate

R.C.A.F. Special Reserve

M.F.M. 5
100M—6-40 (5453-4)
H.Q. 1772-39-1651

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

INSTRUCTIONS.

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

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

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

---

(1) Name of Officer of Other Rank MC SORLEY ~~ROBERT~~. R.O.B R.M
(Surname first—Christian names in full—Block capitals)

(2) Regimental or Air Force Number and Rank R. 6075A AC.2 ~~AC1~~ "S"

(3) Unit Royal Canadian Air Force.

(4) Are you married? NO

(5) If married, state,

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

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

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

(7) Are you a widower? N.A.

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

Names and ages N.A.

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

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

Name N.A.

Postal Address N.A.

[SEE OTHER SIDE]

(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 Mr. C. Herbert McSorley. Unknown.

(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 Mrs. Elizabeth Florence MC SORLEY. 797 Canning St. Montreal, P. Q.

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

(16) If sole or partial support of widowed mother—state what amount per month you have given her prior to appointment or enlistment $40.00 per month.

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? Sister also providing partial support

(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? NO

If so, in what Company? N.A.
(Give number of policy)

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

R. Mc Sorley
(Signature of officer or man)

Date JULY 25th, 1940

For: A/Sqn Ldr Pro
Officer Commanding
R.C.A.F. Recruiting Centre Montreal.

Date July 25th, 1940

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

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

DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE

4 AIR

STATEMENT OF WAR SERVICE GRATUITY

DECEASED MEMBER'S NAME: Robert (CHRISTIAN NAMES) Mc Sorley (SURNAME)

PAYEE

ADDRESS: Mrs. Elizabeth F. Mc Sorley, 797 Canning St., Montreal 3, Que.

REGISTER NO. 17336
FILE NO. 8803E (8803)
DATE 14 Mar/45
SERVICE NO. J.21393
FINAL RANK OR RATING F/O
DATE OF DISCHARGE 26 Nov/43

DATE OF TERMINATION OF OVERSEAS SERVICE 26 Nov/43

		$	¢
A. TOTAL QUALIFYING SERVICE	NO. OF DAYS 1195/30 EQUAL TO 39 COMPLETE PERIODS AT $7.50	292.50	
B. QUALIFYING OVERSEAS SERVICE	NO. OF DAYS 327 LESS 25 INELIGIBLE DAYS, EQUAL TO 302 DAYS @ 25C. PER DAY	75.50	

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 $	25.00	$ .83		
TOTAL		$ 9.53	×7 = $ 66.71	
NO. OF DAYS 327/183		×$ 66.71		119.20

APR 3 1945
R. L. N. I.
S. L. P. A.

D. WAR SERVICE GRATUITY	487.20
E. DEDUCTIONS — OVERPAYMENT OF PAY AND ALLOWANCES $	
DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $	
OTHER DEDUCTIONS $	
F. TOTAL AMOUNT PAYABLE	487.20

G. YOUR PORTION OF GRATUITY IS—

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU $ 25.00 / TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $ 25.00 OF $ 487.20 = $ 487.20

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

PREPARED BY	CHECKED BY
NC	TGD

TREASURY	
CHECKED BY	DATE
	15-3-45

SERVICE REPRESENTATIVE

Treasury Office.
Air Force Services
OTTAWA. - CANADA.
Rec'd. MAR 15 1945
P. & A. SECTION

ICIAL ROYAL CANADIAN AIR FORCE CASUALTY NOTIFICATION

NUMBER [illegible] RANK [illegible] UNIT [illegible]

TRADE PILOT (G.D.)

NAME [illegible]

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

PRESENT MARITAL STATUS [illegible] RELIGION [illegible] CANADIAN [illegible]

FRENCH CANADIAN OTHER

NEXT OF KIN [illegible]

RELATIONSHIP [illegible]

ADDRESS [illegible]

FATHER'S NAME [illegible]

ADDRESS LIVING ON ENLISTMENT [illegible]

MOTHER'S NAME [illegible]

ADDRESS [illegible] LIVING ON ENLISTMENT [illegible]

ADDRESS AT TIME OF ENLISTMENT MARITAL STATUS AT TIME OF ENLISTMENT

OCCUPATION

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

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. [illegible]

PREVIOUSLY REPORTED "MISSING" 26-NOV-43 AFTER AIR OPERATIONS (OVERSEAS) (OVER BERLIN, GERMANY)

NOW REPORTED "PRESUMED DEAD" 26-NOV-43 FOR OFFICIAL PURPOSES.

LAST WILL ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO [illegible] (2)

M.F.M. 5 ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO [illegible]

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

DATE [illegible]

FOR CHIEF OF THE AIR STAFF

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

7

COPY FOR DOCUMENT FILE

65656

Read this whole Form and Instructions on other side before commencing to complete.

WILL

R.C.A.F. R. 60
50M—8-40 (6698)
H.Q. 1062-3-45

(1) I, ROB Mc SORLEY, MONTREAL QUE. of the City / Town / Village / Township

Last Permanent Civilian Address

of 797 CANNING, ST. in the County / District of MONTREAL

Province of QUE., STUDENT.
(Civil Occupation)

a member of the Royal Canadian Air Force, Number 6075 do hereby revoke all former Wills by me made and declare this to be my LAST WILL.

(a) Relationship
(b) Names and
(c) Address of beneficiaries and
(d) What each is to receive.

(2) I GIVE, DEVISE AND BEQUEATH unto

Mrs. E.F. Mc Sorley (mother) of 797 Canning St. Montreal, Que. — All properties & monies to which I have claim & am bequeathed to me.

Relationship, Names and Address of Residuary Beneficiaries.

(3) I GIVE, DEVISE AND BEQUEATH all the rest and residue of my estate, both real and personal, of whatsoever kind and wheresoever situate unto

W. W

(4) I appoint MR WM. HAWES (Name) OF 995 St JAMES St W (Address)

MONTREAL QUE., to be the Executor / Executrix of this my Last Will.

IN WITNESS WHEREOF I have hereunto set my hand this 15 day of

AUG 1942.

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.

R. Mc Sorley.
(Signature of Testator)

First Witness sign here.

(5) L. G. Williams
(Signature)

6 CHESTERFIELD Rd BASINGSTOKE
(Address)

Tool. MAKER
(Occupation)

Second Witness sign here.

S H Hayes
(Signature)

9 KIRKLAND AVE BIRKENHEAD. CHESHIRE ENG.
(Address)

SOAP MAKER
(Occupation)

(Witnesses are not to be beneficiaries.)

[OVER]

R.C.A.F. G. 65

Royal Canadian Air Force

CERTIFICATE OF PRESUMPTION OF DEATH

NO. 9566

This is to Certify that J21393 (Number) FLYING OFFICER (Rank)

ROB McSORLEY (Name in Full) R.C.A.F. (Unit)

has been officially reported as missing since the 26TH day of NOVEMBER, 1943, and that, full inquiries having been made, there appears to be conclusive proof that he is dead. For official purposes, therefore, he is presumed to have died on or since the above mentioned date.

Dated at Ottawa, Canada, this 2ND day of NOVEMBER, 1944.

(T.K. McDougall)
Group Captain
R.C.A.F. Records Officer.

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

MARRIED or SINGLE.....

APPOINTED or ENLISTED AT..... ON 4.12.42

RECORD OF PAY

NET RATE OF DEFERRED PAY $.....

BANKING ARRANGEMENTS.....

No. J21393 NAME IN FULL R. M. McSORLEY

RATE OF PAY

S.R.O. No.	Eff. Date	Rank	Group	P.F. or A.S. Rate	Daily Rate	Add Pay	Combined Rate	Pen. Ded.	Net Fortnight Rate of Pay £	Casualties affecting rate of pay
	4.6.43	F/O	GL	AS	7 00		7 00			

ASSIGNMENTS

Assignee	Eff. Date	Amount	Total

DEPENDENTS ALLOWANCE

Date App. Forwarded	Relationship	Amount Awarded	Eff. Date

REMARKS

N.D.T. Class.

Mustering 26-11-43. CR 403-71
Presumed Dead 26.11.43 BCR 607

PAY AND ALLOWANCES

Date	Particulars of Entry	Debit	Credit	Balance	
	BROUGHT FORWARD		223 10	223 10	
Dec 1/20/123	Reverse Dec Pay	21 7 00		1 6 10	
Dec 24/11/134399	W/P Bank A/C Transfer	20 1 63		20 8 03	B/F Montreal.
Dec 16/13/153926	Mess Bill Deduction	24 3		183 72	
	Balance	183 72			
		205 03	425 03		
	L/R Jan 45		183 72	183 72	
	CARRIED FORWARD				

Date	Particulars of Entry	Debit	Credit	Balance	
	BROUGHT FORWARD				
	CARRIED FORWARD				

DEFERRED PAY NR390

Date	Particulars	Debit	Credit	Balance	
	BROUGHT FORWARD		96 06	96 06	
	CARRIED FORWARD				

183.72
96.06
279.78

R.C.A.F
OVERSEAS HEADQUARTERS
JAN 26 1945

R.C.A.F. A28B. (240640) WT 17233/0753 100M 6/42 H J B & L GP 745/6

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

MARRIED or SINGLE .....

APPOINTED or ENLISTED AT ..... ON 4-4-42

RECORD OF PAY

NET RATE OF DEFERRED PAY $ Nil

BANKING ARRANGEMENTS MONTREAL ROBERT M.

No. J21393 NAME IN FULL Mc SORLEY

RATE OF PAY MONTHLY

D.R.O. No.	Eff. Date	Rank	Group	P.F. or A.S. Rate	Daily Rate	Add Pay	Combined Rate	Pen. Ded.	Net Fortnight Rate of Pay £	Casualties affecting rate of pay
43	5.1.43	P/O	G.L.	A.S.	6 Y5		6 Y5		24.10.0 100.12 22.16.0 121.27	
200 2x3	4-6-43	F/O	"	"	7 00		7 00	—		From 20 4-6-43.

ASSIGNMENTS

Assignee	Eff. Date	Amount	Total
Mother.	1-2-43	32 00	
Y.M.C.A.	"	40 00	
Dent	"	7 62	79 62
Mother	1-11-43	32 00	
W.S.C.	1-11-43	40 00	
Ins	1-11-43	7 Y5	

DEPENDENTS ALLOWANCE

Date App. Forwarded	Relationship	Amount Awarded	Eff. Date
43	Missing 26-11-43		

REMARKS

N.D.T. Class. 7-0031

PAY AND ALLOWANCES

Date	Particulars of Entry	Debit	Credit	Balance
1-31/43	Brought Forward 31 Days.		193 75	
	A.F.	79 6x		
1-30/43	30 Days.		189 50	
	A.F.	79 6x		
	Corp.	109 5x		
	Jane Pay A.	109 5x		x97
	CARRIED FORWARD	381 Y5	383 Y5	
2/43	Brought Forward		2 97	2 97
1-2-43	Duty Pay		198 75	196 7x
	Men Pay	79 6x		117 10
1-3-43	Duty Pay A.	109 5x		7 58
1-4-43	Men Pay	189 14	193 75	x01 33
	Corp Pay	79 6x		1 71 71
1-6-43	Corp Pay W.	109 5x		1x 19
Sept	Sept Pay		87 50	199 69
	Corp Pay	79 6x		1x0 07
x7	Sept. Dep.	109 5x		10 55
Oct.	O.S. Pay		193 75	x04 30
	A.F.	79 6x		1x4 66
x8	Dep.	109 5x		15 16
Nov.	Men Pay		187 50	x0x 66
	A.F.	79 6x		1x3 04
1x	42 Lect 3rd Canc. Pay		135 00	x58 04
	Xmas Deposit	25 92 6		122
Dec	Dec Pay		x17 -	x15 78
	A.F.	79 6x		136 16
	C.U.7x Bal Leave	136 16		
		1311 xx	1311 xx	
	Bal Fwd		136 16	136 16
DEC.	1/20/1/23 - REVERSE DEC A/C PAY	✓	79 62	215 78
	✓ INS. CEASE 1-11-43	✓	7 62	223 40
	CARRIED FORWARD		223 40	

DEFERRED PAY NK390

Date	Particulars	Debit	Credit	Balance
43	Brought Forward			
1x 43	42 3.9x Jan 21	Dw	93 50	93 50
Sept	C.U.7x Bal Leave	93 30		
		93 30	93 30	
	Bal Fwd		93 30	93 30
3 MAR 1944	Interest		2 56	96 06
Sept	Bal Overleaf	96 06		
		96 06	96 06	
			96 06	96 06
	CARRIED FORWARD			

331

R.C.A.F.
SVENSKA HEADQUARTERS
JAN 26 1945

390

N.1112. PERSONAL EFFECTS OF NO: 3.21393. F/O. HOPKINS. R.

1 brown suitcase, damaged, flaps torn, contg;-

2 tunics.
2 prs. trousers.
1 greatcoat.
1 top-cloth.
3 prs. pants.
4 vests.
1 bundle of correspondence.
1 Canadian Soldier bill.
6 collars.
1 dog coat.
2 razor cloths.
1 neck warmer.
7 handkerchiefs.
1 sliding rule.
2 prs. braces.
1 pr. leather gloves.
1 pen.
1 dog harness.
1 buckle.
1 padlock.
2 odd cuff links.
4 coins.
1 clothes brush.
1 black leather notecase.
1 French dictionary.
6 black ties.

1 black gladstone bag, damaged, strap torn, contg;-

4 prs. pyjamas.
1 pr. pyjama trousers.
3 towels.
2 hairbrushes.
1 box contg; mathematical instrumen
12 books.
1 blue leather shaving case, contg
1 pillows.
1 [illegible] soap.
8 shirts.
17 prs. socks.
1 pr. shoes.

ROYAL CANADIAN AIR FORCE
(NON-PERMANENT)

CERTIFICATE OF DISCHARGE

This Certifies *that* #6075A A.C.2 McSorley, R.
(Rank and Name)

of Montreal *County of* .....

Province of Quebec *served continuously in*

No.115 (F) Squadron *of the Non-Permanent Active Air Force*
(Unit)

from the 22nd *day of* September *19* 37, *to*

the 12th *day of* July *19* 39, *and is now discharged*

therefrom, and that he attended and completed Training as follows:—

Standard Apprentice(Coppersmith) (Metal Worker)
(Describe training)

1 year, 293 days
(Total training in years or days)

R McC Sorley
(Signature of Airman)

Place Westmount, Que.

Date July 12th, *19* 39

for Officer

Commanding No.115 (F) Squadron, RCAF.
(Unit)

R.C.A.F. R. 67
1,500—5-38
H.Q. 1062-3-51

Executive Committee

City Hall

CHAIRMAN:
J.-M. SAVIGNAC, NOTARY

HECTOR DUPUIS
DR. JANVIER COUPAL
JOHN KERRY, K. C.
J.-H. DELISLE

Montreal June 25th, 1940.

Recruiting Officer,
R.C.A.F.,
Montreal.

Dear Sir:-

This letter will introduce Rob McSorley, with whom I have been acquainted for a number of years. He bears a good character and you will find him industrious and intelligent.

Yours truly,

John Kerry

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

DECLARATION

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

Witness J. C. Uttley P/O. Signature R. Mc. Sorley P/O.

Date 29/12/42.....

Place Halifax N.S.....

Special Reserve.

J 21393?

ROYAL CANADIAN AIR FORCE

RECORD OF SERVICE AIRMEN

R 60752 A. | Mc Sorley | Robert M. | Atheist

A.F. No. | Surname | Christian Names | Religion

Born April 12/1921 Place London Country England Citizen of | Racial Origin

PARTICULARS OF FAMILY

M. S. D. W.

Wife's Maiden Name | Present Address (in pencil)

Children	Names	Place of Birth	Date	Children	Names	Place of Birth	Date

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

Mrs Elizabeth Florence Mc Sorley (Mother)
797 Canning St. Montreal Que

CIVIL EDUCATION

High School Entrance | Jr. Mat. | Sr. Mat.

Technical School | Business Courses

University

CIVIL OCCUPATIONS AND EXPERIENCE

PREVIOUS SERVICE	ENLISTMENT	Med. Cat.	Date	Med. Cat.	Date
RCAF 115 F. Squadron.	Date [redacted] 25/7/40				
Sept 1937 - July 1939	At Montreal				
	Term Duration				

RANK	Auth.	Date	TRADE	Auth.	Date
AC2		25 7 40	A.F.M.		
AC1 DRO 48		13 1 41			
LAC. DRO 213.		13 4 41			
Reverts AC2 DRO 762/42		14 3 42			
LAC. DRO #95		1 4 42			

TRADE TESTS AND COURSES				Date		
Trade	GP	%	P or F			
AFM	Std.			25	7	40
AFM. DRO 10/41	C			13	1	41
AFM. DRO 77	B			11	4	41
AFM DRO 237	B			30	9	41
AFM. DR. 7	A			1	1	42
Remustered Std. P. and O. DRO 67/42	Std			14	3	42.
A.F.M. DRO #95	"A"			1	4	42
AFM "A" (U.T. Pilot) DRO		147	20/4/42	8	5	42

LEAVE

From	To	Auth. and Description
28/10/41 T. W.	11/11/41 #C 42753	14 days DRO 223
SL, FW Issued	11-5-42 TW #C/18751	DRO. 115
12-5-42	25-5-42 (13 Days)	Lv Prior To Posting DRO 115
30-5-42	8-6-42 (9 Days)	Lv Prior To Posting DRO 131

CHARACTER AND TRADE ASSM. HONOURS, AWARDS AND MENTIONS

Date	Character	Trade and Assm.	Honours and Awards	Auth.
18 1 41	V. G.	Sat.		

R.C.A.F. R.44C
100M—6-41 (305)
H.Q. 1062-3-58

(OVER)

P.D.

MOVEMENTS AND CASUALTIES

AUTHORITY	UNIT FROM	UNIT TO	DATE	AUTHORITY	UNIT FROM	UNIT TO	DATE
MO. R 13.	RC. Montreal	Brandon M.D.	25/7/40				[redacted]
DRO 77	Admitted to	Station Hosp.	6/8/40				
DRO 82.	Disch. Station	Hosp.	12/8/40				
DRO 94	#2 M.D. Brandon	T.T.S. St. Thomas	28/8/40				
DRO 13.	#1 T.T.S. St Thomas	#7 SFTS Macleod	15/1/41				
Recommended for	A.y Crew	#7 SFTS	18/12/41				
DRO 29. T.Duty	to Pearce	31/1/42	duty 2/2/42				
" " "	" "	3/2/42					
" 33 Rctd	from T. Duty	Pearce	16/2/42				
" " T. Duty	to Pearce		9/2/42				
DRO 44 T.D	to Calgary	16/2/42	rtd 17/2/42				
DRO 42/42 T.D.	to Pearce	Leave Calgary	17-2-42. rec'd (G.M.T.)				
12 K 062	#7 T.T.S.	#4 2 S.F.	14-3-42.				
DRO. 147 25/6	Mailed, Alta	Edmonton, Alta					
	41 TS EDMONTON	5 EFTS HIGH RIVER	20-6-42				
DRO 77.	41-T-S.	5 EFTS.	21-6-42				
DRO 77	Rctd to draw	Flying Pay	21-6-42				
11 100	#5 EFTS.	#39 SFTS	16-8-42				
	39 SFTS.	37 SFTS.	25.9.42				
DRO 288/42	37 SFTS	Discharged under KR (Air) 392 (18) to Commissioned rank	4.12.42				

R21893

ROYAL CANADIAN AIR FORCE

R.C.A.F. T.58A
Revised: 1-42.

REPORT ON PUPIL PILOT - FLYING AND GROUND TRAINING

SURNAME.... MCSORLEY ..... CHRISTIAN NAMES.... ROB ..... NUMBER 6075A ..... RANK LAC ....

I.T.S. ...No. 4 ..... COURSE NO. ..... FROM ..... TO .....

E.F.T.S. No. 5 ..... COURSE NO. 49 ..... FROM 16-3-42 ..... TO 8-5-42 .....

S.F.T.S. #39 & 37 ..... COURSE NO. 58 62 .... FROM 22-6-42 17-8-42 ..... TO 14-8-42 4-12-42 .....

TRAINEE FROM: CAN.: X ..... U.K.: ..... AUS.: ..... N.Z.: .....

(1) G. I. S. RESULTS

SUBJECTS	Finals ITS	Finals EFTS	Finals SFTS	Supps. ITS	Supps. EFTS	Supps. SFTS
1. Mathematics	93		-			
2. Law, Discipline	62		-			
3. Navigation	124	144	98			
4. General Studies	93		-			
5. Airmanship		162	163			
6. Airframes			-			
7. Aero-Engines			-			
8. Theory of Flight			-			
9. Anti-Gas	37		-			
10. Armament (Written)	39	107	65			
11. Armament (Practical)			75			
12. A/C Recognition	84	64	-			
13. Drill	75		-			
14. Signals (Written)	150	80P	37			
15. Signals (Practical)			90			
16. Meteorology			46			
TOTAL OBTAINED	757	557	574			
TOTAL POSSIBLE	1000	700	750			
PERCENTAGE	76	80	76.6			
NUMBER IN CLASS	89	43	59			
POSITION IN CLASS	60	15	33			

(2) FLYING RESULTS

TESTS	EFTS	SFTS
NIGHT FLYING: 20 Hours	72	92
GENERAL FLYING: Instrument	72	65 105
Clear Hood	75	130
Navigation	78	97
TOTAL OBTAINED		489
TOTAL POSSIBLE		750
PERCENTAGE		65.2
NUMBER IN CLASS	42	55
POSITION IN CLASS	7	38

(3) FLYING APTITUDE

	EFTS	SFTS
1. Natural Skill	A	A.
2. Skill in Landing	A	A.
3. Airmanship	A	A.
4. Cockpit Drill	A	A.
5. Instrument Flying	A	A.
6. Night Flying	A	A.
7. Aerobatics	A	B.A.
8. Formation Flying		A.
9. Map Reading		A.
10. Wind Speed & Direction Finding (TE)	-	-
11. Straight Runs over as Pilot (TE)	-	-

(4) FLYING TIME

School	Type A/C	DAY Dual	DAY Solo	NIGHT Dual	NIGHT Solo	Formation	Instrument	Link	NAVIGATION Dual	NAVIGATION Solo	Dual to First Solo	Passenger
#5 E.F.T.S.	Moth	37:00	44:05	4:00			11:40				11:40	
39 & 37 SFT.	Harvard.	53.30	73.45	7.30	8.50	4.20	17.35	20.25	7.30	13.05	10.45	-

(5) ACCIDENTS (C.A.P. 100 Sec. 4)

School	Type of ACCIDENT. Para. 27	Assessment of Blame Para. 25	Previous Communications	Signature of C.S.O. or C.I.

R.C.A.F. Records Office
Rec'd. FEB 22 1943
O.K.
R.C.A.F.

(6) ASSESSMENT OF SUITABILITY FOR FURTHER TRAINING

SCHOOL	SINGLE ENGINE	TWIN ENGINE	FLYING INSTRUCTOR	STAFF PILOT	RECONNAISSANCE PILOT	FIGHTER PILOT	BOMBER PILOT
E.F.T.S.		P					
S.F.T.S.		X					X

(7) S.F.T.S. FINAL STANDING

	Marks Obtained
Flying (Para. 3)	489
G. I. S. (Para. 1)	574
Character & Leadership (Para. 8)	525
TOTAL	1588
PERCENTAGE	70.6
STANDING IN CLASS	19/55.

(8) ASSESSMENT OF CHARACTER AND LEADERSHIP

I.T.S.	111
S.F.T.S.	414
TOTAL	525

(9) CERTIFIED:

(a) That this pupil pilot has ~~xxxxxxx~~ passed all tests required for Pilot's Flying Badge.

(b) That this pupil is ~~xxx xxxx~~ authorized to wear the Pilot's Flying Badge, w.e.f. 4th. December, 1942.

(W.C.S.COOPER) S/Ldr.,
Chief Instructor
No. 37 S.F.T.S.

(10) SIGNATURES OF OFFICERS IN CHARGE - WITH REMARKS, IF NECESSARY

(a) I.T.S. Visual Link 80%. Posted to No. 5 E.F.T.S., High River, Alta. 20-6-42. Grade XI (Quebec) Student with 1½ years experience R.C.A.F. as A.E.M. plus 20 months in Auxiliary R.C.A.F. Remustered as LAC. Energetic persistent type, inclined to be slightly high strung. Father overseas in last war. Recommended N.C.O. Alternative: W.A.G.

Commanding Officer
No. 4 I.T.S.

(b) E.F.T.S. Above average student, keen and alert, inclined to be artumentive, conduct fair.

Chief Supervisory Officer
~~XXXXXXXXXXXXXXXXXXXX~~
No. 5 E.F.T.S.
Chief Flying Instructor

(c) S.F.T.S. Pupils preference for future training:- S.E. FIGHTERS DAY. Average. Hamfisted. Rather 'Irish', acts first and thinks afterwards. Keen, and has perseverance.

(W.C.S.COOPER) S/Ldr.,
Chief Instructor
No. 37 S.F.T.S.

(d) S.F.T.S.

I concur.

(D. ~~IRON~~) Group Captain,
Commanding Officer
No. 37 S.F.T.S.

NOTES ON USE AND DISTRIBUTION OF T.58A

1. Actual marks to be given for 1, 2, 7, and 8.
2. Para. 2 - Total for E.F.T.S. is from 60 hour Clear Hood Test and Instrument Test only (omit 20 hour test in total).
3. Paras. 3 and 6 to be assessed as: Ex., A.A., A., B.A., P. (A.F.A.O. A.51/2).
4. Para. 6 - the letter "P", which is the pupil's preference for further training, is to precede the assessment, i.e. "P.(Ex.)".
5. Para. 7 is for Service Flying Training Schools only.

DISTRIBUTION AS LAID DOWN IN AIR FORCE ADMINISTRATIVE ORDER A.51/2.

FORM 6

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: | Place an X over the word which applies to this municipality or this territory: City | Town | Village | 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: MCSORLEY (*Block letters*)

Given names: ROB

4. RESIDENCE

Street: Canning Street No. 797

Official name of civil municipality or township: Montreal

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): England

11. DATE OF BIRTH: April (Month) 12th (Day) 1921 (Year)

12. AGE OF DECEASED	Years	Months	Days	If less than one day old
	22			....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: Nov.26/43

16. Total years spent in this occupation: Three

	17. NAME	18. BIRTHPLACE (Province or Country)
FATHER	McSorley, Charles Herbert	Canada
MOTHER (Maiden Name)	Staniforth, Elizabeth Florence	Canada

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)

Do not write in this space

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: November (Month) 26th (Day) 43 (Year) 19.....

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 for official purposes, presumed dead.

due to

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

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

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

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

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

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

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

Accident, suicide or homicide: Accident Date: Nov.26th 19: 43

(State which)

Manner of injury: Presumed Killed during air operations

(How sustained)

Nature of injury.....

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

Signed.....M.D.

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

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

R.W.Rhynas S/O

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)

Airframe Mechanic Metal.

DEPARTMENT OF NATIONAL DEFENCE

O 8D 121393

Regtl. No. R. 6075A.

S ~~A.F.~~ Unit RCAF

MEDICAL HISTORY OF

SURNAME McDerley CHRISTIAN NAMES Bob.

TABLE I.—General Table

Birthplace { Town London Province England

Examined { on 25 day of June 1940 at Montreal Quebec

Declared age 17 years days

Apparent age 17 years

Trade or occupation silversmith

Height 5' feet 9½ inches. Weight, stripped 155 lbs.

Colour of Hair black Complexion fair

" Eyes brown

Chest Measurement { Girth when fully expanded 36½ inches; Range of expansion 3 inches

Physical development good (Good, fair or poor)

Vaccination marks

Arm	Right	Left
Number		2

When vaccinated as a child

Vision { R.E.—V 6/9 L.E.—V 6/9 } With Glasses { R L }

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

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

appendix scar well healed

Defects or ailments:—

Examined and found—

FIT FOR CATEGORY A ~~B~~ C

(Strike out those which do not apply)

Signature H Stubbs

(Rank) Captain

Enlisted or appointed { at Montreal. on 25th day of July 1940

Joined on enlistment or appointment	CORPS	REGTL. No.
	No 2 Manning Depot.	R.6075A
Transferred to		

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

DATE	BRIEF DETAILS AND SIGNATURES
	Cat Vis V
27/6/40	Cat Vis V
3/7/40.	Recheck in Unit Cat V
22/7/40	Recheck N
1.8.40	Vacc & TAB i Sub Lieut Kent
8.8.40	TAB ii Sub Lieut Kent
15.8.40	TAB iii Tet Tox i Sub Lieut Kent
21-8-41	Diph Immunised Lieut J.H.
23-9-41	Diph. Toxoid Lieut J. Hogg R.C.A.F.
17-11-41	Gas Gangrene TAB ½ c.c.
25-11-41	Gas Gangrene Diph Toxoid
24-3-42	Cat A1B2B3B(N.2) R.C.A.F.

TABLE IV.—Service Table

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

Became non-effective by

on day of 19

(Signature)

(Rank)

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

M.F.B. 313b.
50M—12-39 (3361)
H.Q. 1772-39-439

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

NAME OF HOSPITAL	ADMITTED TO HOSPITAL			DISCHARGED FROM HOSPITAL			DISEASE	NUMBER OF DAYS IN HOSPITAL	EACH ENTRY WILL BE ACCURATE, BRIEF AND RELEVANT Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, etc., will be given in the special syphilis case sheet. Rubber stamps will not be used.	SIGNATURE MEDICAL OFFICER
	Day	Month	Year	Day	Month	Year				
RCAF	6	8	40	12	8	40	Coryza	6	Recovered - to duty	Lieut Blatchford
#41 T.S. Edmonton	11	4	42	16	4	42	Measles	5	Recovery to duty t no complication	J Blatchford S/L

J 21393 A.

ROYAL CANADIAN AIR FORCE

Air Force No. R6075

MEDICAL HISTORY OF

SURNAME Mc SORLEY CHRISTIAN NAMES R

TABLE I—General

Recruiting Centre:

Date 19 . Age yrs.

Former Occupation:

Height ft. ins. Weight lbs.

Identification Marks:

Past Illnesses, Operations, Injuries:

Colour Vision Test

Vision—without glasses—Rt. 20/
—Lt. 20/
—with glasses —Rt. 20/
—Lt. 20/

Condition of Mouth and Teeth:

Blood Pressure: S D

Abnormalities:

Remarks by Medical Examiner:

Category:

Signature of M.O.

Rank

X-Ray of Chest:

Date 19 . M.O.

SEROLOGICAL TEST FOR V.D.S.	INTERNATIONAL BLOOD GROUP
Test Hey	O A B AB
Date 1-1-43	M.O.

*Note:
O = Moss IV: Jansky I: Univ. Donor
A = Moss II: Jansky II
B = Moss III: Jansky III
AB = Moss I: Jansky IV: Univ. Recipient

TABLE II

Consultations	Re-check Medical Examinations
Medical Boards	X-ray of Chest
Courts of Inquiry	Sick Leave
Surgical Appliances	Issue of Glasses
Flying Accidents	Corrective Lens Goggles

DATE	BRIEF DETAILS AND SIGNATURES
12.12.41	Medical Board (m2). A1B, A3B. Fit.

R.C.A.F. M.13
125M—10-41 (1042)
H.Q. 1062-10-13

TABLE III—ADMISSIONS TO HOSPITAL AND SICK IN QUARTERS

Hospital	Date Admitted	Date Discharged	Disease	Days in Hosp.	Brief Details and Remarks	Signature of Medical Officer
22 Depot Brandon	6.8.40	12-8-40	Cerygan	6	39.8.40. Left on this	[illegible] Lieut.
H.I.T.S.	11.4.42	16.4.42.	German Measles.	5	Station.	

TABLE IV—SERVICE IMMUNIZATION RECORD

PROCEDURE	DATE	RESULT	STATION OR UNIT	SIGNATURE OF M.O.
Smallpox Vaccination	1-8-40	No Take | Primary Take | Early Reaction | Vaccinoid Reaction		
Schick Test	20-8-41	Positive ✓ | Neg. ~~1~~ | Neg. ~~6~~ | ~~Sensitive~~		
Dick Test	No Records.	Positive | Negative		
Diphtheria Toxoid	23-9-41	1 Amount 1.CC Reaction Amb.		
	15-11-41	2 1.CC		
Scarlet Fever Toxin		1		
		2		
		3		
		4		
		5		
T.A.B.T.	1-8-40	1 1.CC Amb		
	8-8-40	2 1.CC		
	15-8-40	3 1.CC		
Annual T.A.B.T.	18-11-41	1/2 C.C.		
Re-inoculations and inoculations not provided for above.	1-1-43	1/2 cc.		
Unusual Reactions				
Remarks				
Etc.				

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

ROYAL CANADIAN AIR FORCE

Individual Record of Flying

RANK L.A.C. NO. 6075 A. NAME Mc Sorley, R.

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
	June 28						1	00																										1	00
	July 5						9	30																										9	30
	12		15				13	45																										14	00
	19	10	25				22	05																										32	30
	26	21	30				27	55																										49	25
	Aug. 2	22	50				32	05					2	00																				56	55
	9	37	35				33	15					4	00																				74	50
	15	44	05				37	-					4	-																			30	85	35
			44	05			37	00					4	00																			30	85	35
39 S.F.T.S.	31/8/42		5	50			14	15																										20	05
"	30/9/42		27	25			17	25																										44	50
37 "	31/10/42		24	25			11	35					1	20																				37	20
			101	45			80	15					5	20																			30	187	50
37 SFTS	4.12.42		16	10 05			10	15	8	50			6	10																				41	20
			117	50			90	30	8	50			11	30																			30	229	10

...ial

R.A.F.—TRAINING REPORT R.A.F. Form 5015.

PILOT

No. 81 OPERATION TRAINING UNIT

1. Surname McSorley Christian Names Robert
2. Number J.21393 3. Rank P/O 4. Course No. 14
5. Posted from 18 (P) A.F.U. 6. Date course commenced 25.5.43 7. Date course ended 31.7.43 8. Posted to 1656 Con.Unit

9. Ground Examinations		
Subject	Marks Allotted	Marks Obtained
(a) Airmanship	300	261
(b) Armament	300	156
(c) Meteorology	100	-
(d) Navigation	200	108
(e) Signals	100	89
Total	~~1,000~~ 900	614
PER CENT.		68

10. Flying Tests		
Subject	Marks Allotted	Marks Obtained
(a) General Flying	400	320
(b) Applied Flying	200	160
(c) Instrument Flying ...	250	190
(d) Night Flying	100	90
(e) Link Trainer	50	35
Total	1,000	795
PER CENT.		80

11. Assessment of qualities of Character and Leadership	Marks Allotted	Marks Obtained
	100	78

Decompression Chamber Test. Yes.

12. **Remarks :**

An above average pilot who has trained his crew to a very high standard. Very keen. Should make an excellent operational captain.

C.V.MASTERS. S/L.
for Chief Instructor

Date 9.8.43 Signed R.G.HARMAN G/Capt.
Officer Commanding.
81 O.T.U.

(N.B.—Flying Times and Accident Record shown overleaf.)

13. **Flying Times** (At this Unit) :

Type of Aircraft	Time	Dual to 1st Solo	Total dual	Solo	Passenger	Formation	Ins n	
WHITLEY V	Day ...	4.20	5.00	34.45	4.15	3.00	27.30	15.00
	Night...	3.40	4.10	35.50				

14. **Flying Accidents.—All** flying accidents in which this pupil was concerned while at this unit are to be noted below, whether serious or trivial, whether otherwise reported or not. If there were no such accidents, write in " None."

(1) Type of Aircraft	(2) Date of Accident	(3) Day or Night	(4) Previous Reports	(5) Nature of Accident	(6) Amount of Damage	(7) Degree of pupil's responsibility	
(Name)	Day Month Year	" D " or " N "	e.g. 765c Number or other reports (if any)	Use one or two words (e.g. " Taxying ", " Heavy Landing " " Over-shooting " etc.)	" R.U." " R.X.U." or " W.O."*	" None " " Partial " " Full " or " Unknown "	Comment e.g. " Engine Failure " " Inexperience " " Carelessness," etc.
				NONE			

* Column (6) above : " R.U." —Repairable at Unit.
" R.X.U." —Repairable away from Unit.
"W.O." —Write off.

(*12125—10275) Wt. 11892—43 50M 5/43 T.S. 700

R.C.A.F.R. 44
40M-12-39 (8271)
H.Q. 1062-3-39

ROYAL CANADIAN AIR FORCE
RECORD OF SERVICE

NAME MC SORLEY, ROB (SURNAME / CHRISTIAN NAMES) AIR FORCE No. R6075A

1 PARTICULARS OF BIRTH

DATE	PLACE	NATIONALITY	BIRTH OR NATURALIZATION
12-4-21	London, Eng.		Birth

2 NEXT OF KIN

NAME	ADDRESS	RELATIONSHIP
Mrs. E.A. McSorley	797 Canning St. Montreal	mother

3 ADDRESS PRIOR TO ENLISTMENT

797 Canning St. Montreal

4 RELIGION Methodist

5 MARRIED OR SINGLE Single

6 PARTICULARS OF MARRIAGE

DATE	TO WHOM	PLACE	CLERGYMAN

7 PARTICULARS OF CHILDREN

CHRISTIAN NAMES	DATE	PLACE OF BIRTH	BAPTISED

8 CIVIL EDUCATION

SCHOOLS OR COURSES	YEARS	COURSES OR SUBJECTS
Royal Str. Ruby Sch.	1929-34	
" " ~~High~~ "	1934	
Sir Geo. Williams College	1937-38	chemistry
	1939-40	High school
groundpck training	late may-39	course for flying training

9 CIVIL EMPLOYMENT

EMPLOYER	YEARS	DUTIES
Henry Birks & Sons	Jan 37 -	Silversmith
Mount Bruno Golf Club	May-Nov 36	caddy.

10 USEFUL CIVIL EXPERIENCE

EMPLOYER	YEARS	DUTIES	ASSESSED

11 PREVIOUS SERVICE

UNITS	RANK	FROM	TO	DUTIES
R.C.A.F. 115 F Squadron Montreal	A/Cr	1937	1939	coppersmith, metalworker

12 PARTICULARS OF DISCHARGE FROM LAST ENGAGEMENT

REASON FOR DISCHARGE	CHARACTER	TRADE AND ASSESSMENT	PENSION

13 HONOURS, AWARDS AND MENTIONS

AWARD	AUTHORITY

14 USEFUL SERVICE EXPERIENCE

SERVICE	YEARS	DUTIES	ASSESSED

15 CAPABILITIES OTHER THAN TRADE CLASSIFIED

16 SPECIALLY ADAPTED TO UNITS

17 RANK AND APPOINTMENTS

RANK	DATE
A/Cr	25-7-40

18 TRADE AND CLASSIFICATION

TRADE	DATE
A.F.M. (M)	25-7-40

19 MEDICAL CATEGORIES

CATEGORY	DATE
A.	22-7-40

20 CHARACTER ASSESSMENT

ASSESSMENT	DATE

21 TRADE PROFICIENCY

TRADE AND ASSESSMENT	DATE

22 COURSES OF INSTRUCTION

COURSE	FROM	TO

23 EXAMINATIONS AND TESTS

SUBJECT	RESULTS	DATE

24 INCREASED RATES OF PAY

INCREASE ON RANK	DATE OF EFFECT

25 ENGAGEMENTS

ENGAGEMENT	FROM	TO
duration of war	25-7-40	

26 OFFENCES WHILE SERVING

OFFENCE	DATE	PUNISHMENT
A.W.L. (1 day)	23-9-40	Forfeits Pay
A.W.L. (3 days)	4-11-40	" "

27 MARRIED ESTABLISHMENT

PLACED ON OR REMOVED FROM	RANK	DATE

28 FLYING TIME

UNIT	DATE	HOURS	
		PILOT	PASS

KX

R.60 SJR

R6075A MC SORLEY, ROB

AUTHORITY	CASUALTY	DATE OF EFFECT	
p	Enlisted R.C.A.F. as L.A.C. Inoculated 25-7-40 A.C.2 Graded A.F.M. (M) Std	25-7-40	✓
	Posted R.D. and T.O.S. # 2 M.D. Brandon Man 25-7-40	25-7-40	✓
W.Cmd 94	S.B.Std 28-5-40 on proceeding to R.C.A.F. St Thomas Ont reporting 30-5-40	28-5-40	✓
W.Cmd 231	Forfeits pay, A.W.2. 0600 hrs. 23-9-40 to 1400 hrs. 23-9-40. (1 day)	23-9-40	✓
W.Cmd 3385269	Forfeits pay A.W.2 4-11-40 - 6-11-40 (3 days)	4-11-40	

AUTHORITY	CASUALTY

AIR FORCE No. ~~R6075A~~ J.21393

SURNAME: MC SORLEY, ROB

FULL CHRISTIAN NAMES: OFFICER

RECORD OF SERVICE AIRMEN

ENLISTMENT — PLACE St. Hubert, Que. — DATE 22-9-39

RE-ENLISTMENT — Montreal, Que. — 25-7-40

C.R. FILE NUMBER LR

R.C.A.F. FORM R44(B) 30M-8-41 (637) H.Q. 1062-3-58

Comm 4-12-42

1. POSTING (INDICATE S.O.S. AND T.O.S.) Temporary Duty (In Red)

S.O.S. OR T.O.S.	UNIT AND PLACE	EFFECTIVE			D.R.O.
T.O.S.	115 (F) Sqn	22	9	39	115(F) 41
	Discharged	12	7	39	115(F) 40
T.O.S	2 M.D. Brandon	25	7	40	BMP 68
S.O.S	I.T.S St. Thomas	28	8	40	BMP 94
S.O.S	I.T.S	15	1	41	TTS 13
T.O.S	#7 S.F.T.S. MacLeod, Alta.	16	1	41	7 S.F. 22
S.O.S.	#7 S.F.T.S. Macleod	14	3	42	7 S.F 62
T.O.S	#4 S.F.T.S. Edmonton	15	3	42	4 S.F. 64
S.O.	4 S.F.T.S	20	6	42	4 S.F. 147
T.O.	5 E.F.T.S. High River	21	6	42	5 E.F. 77
S.O.	5 E.F.T.S. High River	15	8	42	5 E.F. 100
T.O.S	39 S.F.T.S. Swift Current #16	8		42	39 S.F. 201
S.O.S.	3 S.F.T.S. Calgary	4	12	42	3 S.F.T.S. 288
T.O.S.	Ungraded Commissions	4	12	42	3 S.F.T.S. 288
S.O.S	3 S.F.T.S. Calgary	27	12	42	3 S.F.T.S. 288
T.O.S	1 y Depot Halifax	28	12	42	1 y 361.
S.O.S	Airmen Strength Supp. to a Commission.	3	12	42	1 y 361.
S.O.S	1 y Dept to R.A.F. Ferries Pool	4	1	43	1 y 15
	Presumed Dead.	26	11	43	D.C.R. 854 a/27-10-44.
S.O.S.	100 Sqdn to 625 Sqdn	13	10	43	D 198 A-82
	USG	10	10	44	
	Missing Pic x 18	26	11	43	
		27	11	43	

Completed DEC 11 1944

8803 W.R.S.

2. RECLASS'NS-PROMOTIONS-ETC.

RANK	EFFECTIVE			D.R.O.
AC.2	22	9	39	115(F) 41
A.C.2	25	7	40	BMP 68
A.C.1	13	1	41	7 S.F 48
L.A.C.	13	4	41	7 S.F. 213
AC2 (Reverts	14	3	42	7 S.F 62
LAC	1	4	42	49 S.F. 95
Sgt (Temp Rank)	4	12	42	3 T.S.F. 288
P/O 4-12-42 (CORRN 14-12-42) (CA				5 A/30-1-43) 12 361
TFO 4-6-43 (CA 880-82) (O 201 A-26)				4 B 6 2
T/F/O. 4-6-43 (CA PRO 224) (10-12-43)				

3. MEDICAL HISTORY

EXAMINATIONS (IN RED INK)

DATE	FORM	CATEGORY	REMARKS

HOSPITALIZATION (IN BLACK INK)

HOSPITAL QUARTERS	ADMITTED CONFINED	DISCHARGE RET'N DUTY	D.R.O.
16-8-37	R54	A	
22-7-40	R100	A	
Stn Hosp	11-4-42	16-4-42	49 S.F. 87-90
24-3-42.	M.2.	A.B.Q.3 B	

4. TRADE AND CHARACTER

TRADE	GROUP	EFFECTIVE			D.R.O.
L.D.	Sig	22	9	39	115(F) 41
Corp. A.R.	L.	22	4	38	115(F) 15
Coppersmith Mech. A	L	19	5	38	115(F) 19
A.F.M. (M)	L.	22	7	40	BMP 68
A.F.M.	L.	13	1	41	TTS 10
A.F.M (Cancelled)	B	11	4	41	7 S.F. 19; 26
A.F.M	B	11	4	41	7 S.F. 17-29-77
A.F.M (Cancelled)	B	13	1	41	7 S.F. 47-48
A.F.M	B	30	9	41	7 S.F. 236
A.F.M	A	1	1	42	7 S.F 7
P. & Q.	L	14	2	42	7 S.F 62
A.F.M (M.T. Pool)	L	1	4	42	49 S.F. 95

TRADE PROFICIENCY 2075. CHARACTER ASSESSMENT DATE OF R41

5. COURSES-TESTS-ETC.

SUBJECT	RESULT	DATE			AUTHORITY
AFM "C"	85% P	18	1	41	TTS TC
AFM "A"	72.5 E	11	8	41	7 S.F. TT
A.F.M. "A"	86.5	17	11	41	7 S.F. T.T.
C/S 49 per Current Posting					49 S.F. 114

6. LEAVE

FROM	TO	DAYS	REMARKS	D.R.O.
06.15/28-5-39	23-9/10-6-39			115(F) 23
28-10-41	11-11-41	14		7 S.F. 223
29-12-41	29-12-41		Spreotavas	7 S.F. 80 A
12-5-42	25-5-42	13	prior to posting	49 S.F. 115
30-5-42	8-6-42	9	prior to posting	49 S.F. 131
5-12-42	13-12-42	9	Detachment	3 T.S.F. 152 B
14-12-42	27-12-42	14	Embarkation	3 T.S.F. 152 B

R.C.A.F. OVERSEAS | ENLISTMENT MARITAL STATUS | PRESENT MARITAL STATUS | MUSICAL & TECH. SCHOOL EDUCATION | RELIGION | PROVINCE OF ENLISTMENT | DISCHARGE | AC

AIR FORCE No. ~~R6075A~~ J.21393

MC SORLEY, ROB
SURNAME — FULL CHRISTIAN NAMES

ENLISTMENT PLACE Mt Hebert Que DATE 22-9-37
RE-ENLISTMENT Montreal Que 25-7-40

C.R. FILE NUMBER

OFFICER

RECORD OF SERVICE AIRMEN

R.C.A.F. FORM R44(B) 30M-8-41 (637) H.Q. 1062-3-58

7. BIRTH: DATE 12-4-21 — PLACE London Eng. — CITIZENSHIP British 4

FATHER (FULL NAME) Mr. C. Herbert Mc Sorley

BIRTHPLACE Canada

MOTHER (FULL MAIDEN NAME) Elizabeth Florence Staniford

BIRTHPLACE Canada

8. EDUCATIONAL STANDING

HIGH SCHOOL ENTRANCE X Que.
JUNIOR MATRICULATION 3 yrs. Que. & 1 yr. Chemistry Course
SENIOR MATRICULATION
TECHNICAL SCHOOL
UNIVERSITY
CORRESPONDENCE COURSES
Gr. School Training 3 mos. Course for Flying 3

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

Silversmith 3 yrs. Henry Birks & Sons
Caddy 6 months McBurney Golf Coach Qué.
Shipper (month — Birks)
Salesman 3 months
2670

10. PREVIOUS ARMY, NAVY OR AIR FORCE SERVICE

No. 115 (F) Squadron AC.2 - 22-9-37
12-7-39
3

11. HONOURS-AWARDS, MENTIONS

	AUTHORITY	DATE
Pilot's Flying Badge	3751-TJ2884	4-2-42

12. FLYING EXPERIENCE ON ENLISTMENT (HOURS)

SOLO — DUAL — PASSENGER —

13. RELIGION Atheist
0

14. LANGUAGES English French
3

15. SPORTS sailing swimming water polo hockey golf boating paddling wrestling tennis boat building
Type Hind air with Ford ambulance

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: Mrs. E. F. Mc Sorley — RELATIONSHIP Mother
ADDRESS: 197 Canning St. Montreal, 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.
A.W.L. (1 day)	23 9 40	St. J 231	1		
A.W.L. (3 days)	4 11 40	JJS 269	3		
A.W.O.L.	2 6 41	78F 115			
Ceases to be A.W.O.L.	5 6 41	78F 115			
Forfeits 4 days pay A.W.O.L. (3 days 13 hrs)	3/5 6 41	78F 117	4		
Forfeits 7 days pay vice custody awaiting trial (6 days 18 hrs)	5/12 6 41	78F 117	7		
Forfeits 7 days pay awarded 168 Res Depot	12/19 6 41	78F 117	7		
Forfeits 3.34 for transportation		78F 117			
Forfeits 1 day pay	7/28 5 42	4938/31	1		
			23		

21. ENGAGEMENTS

TERM	EFFECTIVE	D.R.O.	TERM	EFFECTIVE	D.R.O.
3 years	22 9 37				
Duration	25 7 40				

22. TEMPORARY DUTY AND MISCELLANEOUS ENTRIES

FROM	TO	DATE	D.R.O.
Draw stns		19-1-41	78F22
Occ. pub. qtrs.		18-1-41	78F22
attached to T.E.D. for flying (2 da)		6/7-6-41	78D121
occ pub qtrs & draw stns		14-3-42	4938/4
sp leave & furlough T.W. C11875		11-5-42	4938/15

Date and Place of Sign. 23-5-40

22.(A) ADDRESS PRIOR TO ENLISTMENT

197 Canning St. Montreal, Que.

22302

23. DOCUMENT CONTROL (INDICATE RECEIPT BY DATE) OHF

R60	R79	B465	X-RAY	AFM-13	IDN. CARD	
2-8-40	8-1-42	2-8-40				KX
	11-12-42					

4. TRADE AND CHARACTER

TRADE	GROUP	EFFECTIVE			D.R.O.
A.F.M.(U.T.P)	A	8	5	42	4778/147
Pilot Sp.B.		4	12	42	3781-288
Pilot Gl		4	12	42	(AP206/14-12-42)
102					

AIR FORCE No. J21393 R 6075 A

SURNAME: Mc Sorley, FULL CHRISTIAN NAME: Rob

ENLISTMENT/APPOINTMENT
PLACE St Hubert Que
DATE 22-7-37
Re-enlistment Montreal Que 25-7-40 Commn 4-12-42

RELIGION: Atheist

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

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

BIRTH DATE	PLACE	COUNTRY	CITIZENSHIP	RACIAL ORIGIN
12-4-21	London Eng	Canada	British	

Gr. 12 Ch. Training 3 mos. Ste for flying 3

CIVIL EDUCATION

PUBLIC SCHOOL	JUNIOR MATRICULATION 3 yrs. 2 sec. 1 chem.
HIGH SCHOOL ENTRANCE	SENIOR MATRICULATION
TECHNICAL SCHOOL	UNIVERSITY
CORR./BUSINESS COURSES	LANGUAGES SPOKEN French

CIVIL OCCUPATIONS AND EXPERIENCE

2670 Student

PREVIOUS SERVICE

No 115 F/ Squadron AC2 - 22-F-37
12-2-39

PLACE AND DATE OF MEDICAL	CATEGORY	PLACE AND DATE OF MEDICAL	CATEGORY
22-7-40	A		
24-3-42	G1 B G3 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)

Mrs. E. F. Mc Sorley, mother, 792 Canning St. Montreal Que.

EMPLOYMENT AS INSTRUCTOR OFFICER AIRMAN/AIRWOMEN

TYPE	FROM	TO	TYPE	FROM	TO

OFFICERS

RANK, BRANCH AND CATEGORY	DATE	AUTH.	DUTIES PERFORMED DURING SERVICE, E.G. ADJ.
P/O Pilot S.L.	4/12/42	AFRO 2088/43	4
T/F.O. AFRO 2088/43	4 6 43	00.682/43	3
		6255 Sqd	3

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

AIRMEN AND AIRWOMEN

RANK	DATE	AUTH.	TRADE	DATE	AUTH.

OFFICERS, AIRMEN/AIRWOMEN

COURSE OR TRADE	GRP.	%	PF	DATE
Q7M	C	85	P	18 1 41
Q7M	A	72.5	F	11 8 41
Q7M	A	85.5		17 11 41
Case 49 pilot awaiting posting				
to se. 62 at 375 E.T.S.		33/60		17/12/41 3/4/42

ADVISE ENTRIES
UNIT [illegible] FORWARDED
TO CANADA

AIR FORCE No. J21393 R60755

SURNAME: MC SORLEY

FULL CHRISTIAN NAME: ROB

ENLISTMENT/APPOINTMENT

PLACE: St Hubert, Que / Re-enlistment Montreal

DATE: 22-9-37 / Comm. 4-12-42 / 25-7-40

RELIGION: C

G Thiest

R.C.A.F. FORM R230

TYPE OF LEAVE

FROM	TO	No. DAYS	DESCRIPTION	AUTH.
1-8-43	8-8-43	8	Part Annual	81 OTU 42/43
28-9-43	4-10-43	8	PRiv	1656 CU 22/10

TYPE OF AIRCRAFT ON WHICH MOST PROFICIENT

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

Mark Harvard

POSTINGS, ATTACHMENTS & TEMPORARY DUTY

SOS TOS	FROM TO	DATE	AUTHORITY
Dos	31 OTU Swiftcurrent	16 8 42	395F 201
SOS	to Overseas	4 1 43	E 567
	Disembarked U.K.	12 1 43	E 567
TOS	3 P.R.C.	13 1 43	3 P.R.C. 3/43
Det.	to NO-50 gp. Pool	12 3 43	3 P.R.C. 36/43
Lsd. "	" " " "	2 4 43	3 P.R.C. 59/43
TOS	18 (P) A.F.U.	6 4 43	3 P.R.C. 67/43
Att. to Det	1533 Bat. Flight	3/8 5 4 43	18(P) A.F.U. 8/43
TOS	No. 81 O.T.U.	25 5 43	18(P) A.F.U. 9/43
TOS	81 OTU. to 1656 CU	8 8 43	81 OTU 48/43
Det.	to Base Ord. Newmarket	27 9 43	1656 CU 24/10
TOS	10 Sgd on Cmg of All to Newmarket	7 10 43	1656 CU 100 5/10
SOS	100 Sqd. to 625 Sq	13 10 43	625 Sq 100 3/11/43
F/B	Missing from 625 Sqdn	26 11 43	625 Sq.Dn. 4/43 CR 403 AFRO 5/44
TOS	From 625 Sqd To RCAF N/EU (M)	27 11 43	N/EU 3/43
PRESUMED DEAD		26 11 43	CR 607 AFRO 2479/44

ALL OTHER CASUALTIES

CASUALTY AND DATE	AUTHORITY
Sm. Disp. 11-4-42 16-4-42	4 WTI 87, 90
Awl (1 day) 23/3 - 3/4 - 40/40	St J 231
Awl (3 days) 4/6 - "/" - 40/40	ITS 269
AWOL 2-6-41	7SF 115
Cease to be AWOL 5-6-41	7SF 115
Forfeit 4 days pay AWL 3 days, 15 hrs. 2/5 - 6 - 41	7SF 117
Forfeit 7 days pay 16 days, 15 hrs. 45 min. awaiting trial in custody 5/2-6-41	7SF 117
Forfeit 7 days pay awarded by Sentence 168 hrs 13/19-6-41	7SF 117
Forfeit $36.38 for transportation Escort	7SF 117
Forfeit 1 days pay AWL 27/28 - 5 - 42	49 TI 131

SERVICE MACHINES FLOWN

Mark Harvard

CHARACTER AND TRADE ASSESSMENT

DATE	CHARACTER	TRADE ASSESSMENT

HONOURS, AWARDS AND MENTIONS

DATE	AWARD	AUTHORITY
		X

ADVISE ENTRIES MADE IN UNIT RETURNED TO CANADA

E/date 5-1-43