J25376
BELLINGHAM
WILLIAM HENRY

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R 159926
A 1332

J025376BELLINGHAM WILLIAM H F07

NUMBER | NAME | RANK

SERVICE AWARD CARD

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

39-45 STAR	ATL. STAR	A/C EUR STAR	AFRICA STAR	PACIFIC STAR	BURMA STAR	ITALY STAR	FR. AND GER. STAR	DEFENCE MEDAL	GEN. SER. MEDAL	C.V.S.M.		op wgp	
✓							✓	✓	✓	✓			AWARD
										✓			AWARD AND CLASP
													APPLICATION DISPATCHED
							15215						RIBBON ISSUED
												4/2/47	MEDAL ISSUED

PREFIX NUMBER NAME RANK CODE

IBM 83961

LICENSED FOR USE UNDER CANADIAN PATENT NUMBER 315306

William H. Bellingham (Father)
6 Hatley St.,
Magog,
Que.

apr.-46.

4/10/49

456

MEMORIAL BAR
DATE DESP.
REGN. NO. 747

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 BELLINGHAM W. H. L. (b) Reg'l. No. R 159926
2. (a) Arm of service RCAF (b) Unit #3 M.D. LACHINE (c) Rank AC2
3. (a) Date of birth FEB 6/1922 (b) Have you any dependents? No (c) Place of residence at time of enlistment MONTREAL
4. (a) Place of enlistment MONTREAL QUE (b) Date of enlistment 23-3-42

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 17 (b) Were you attending school or college up to the time of enlistment? No
6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.) JR. MATRIC
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? AIRCRAFT (c) Did you finish it? No (d) If you did not finish it, how long did you serve at it? 1½ yrs.
9. (a) What languages do you speak fluently? ENG. (b) What languages do you read well? ENG

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? INT. UNION OF MACHINISTS

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 CAN. VICKERS AIRCRAFT Address MONTREAL
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) AIRCRAFT MANUFACTURE
20. (a) Your specific occupation MECH (b) Number of years' experience at this occupation with any employer 1½
21. (a) Did your employer promise definitely to give you employment on discharge? No (b) Did your employer refuse to promise you employment on discharge? No (c) Do you wish to return to your former employment? No

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

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

Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war? No (b) Do you feel competent to operate a farm? No (c) If so, in what kind of farming?
25. (a) Were you born on a farm? No (b) How many years' actual farming experience have you had? — (c) In what provinces did you have experience?

Section G—MISCELLANEOUS

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

...ds Office APR 18 1942 C.I.B. P.A. S.L.

DATE March 24 194 2 SIGNATURE [illegible]

C-58.

CONFIDENTIAL

R.C.A.F. Special R...

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

R159926

ROYAL CANADIAN AIR FORCE

FILE NUMBER J 25376

Medical Board held at Montreal, Que *Date* 18-3-42

Surname BELLINGHAM *Chr. Names* William Henry Laurie
Nature of Commission M1 *Date of Birth* 6-2-23 *Married or Single* Single
Branch General List *Hours Flown* None
Address Central YMCA., Montreal, 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 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 Scarlet Fever
(iv) STOMACH or BOWEL TROUBLE No
Chronic Indigestion or Pain after Food No
(v) KIDNEY or BLADDER TROUBLE No
Syphilis or Gonorrhœa No
(vi) TROPICAL DISEASE No
Malaria No
Dysentery No
(vii) EYE TROUBLE or Inflammation of Eyelids No
Wearing of Glasses No
Colour or Night Blindness No
(viii) EAR TROUBLE, Earache or Discharge from Ears No
Deafness, Noises in the Ears, or Dizziness No
Frequent Colds in Head, Catarrh or Obstruction No
Prolonged Hoarseness or Loss of Voice No
Sea, Car or Train Sickness No
Discomfort on Swings, Roundabouts, Switchbacks No
(ix) OPERATIONS No
(x) Any illness or Injury not mentioned above No

Education 11 th year
Present Occupation Aircraft mechanic Hobbies
Previous Service N.P.A.M
Athletics varied
Habits—Smoking very seldom Alcohol no
FAMILY HISTORY—Consumption no Diabetes no Haemophilia no
Nervous Ailments, Mental Trouble, or "Fits" no
Father Alive—Health good Dead—Cause
Mother Alive—Health good Dead—Cause
Brothers (2) Alive—Health good (0) Dead—Cause
Sisters (0) Alive—Health (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 18-3-42 *Signature* W. H. L. Bellingham *Witness* [illegible]

LG

GENERAL MEDICAL AND SURGICAL EXAMINATION

Impression given by *(a)* Physique wiry *(b)* Mentality intelligent
Body Marks, Scars, Deformities scars at both knees
Size of Thyroid Gland not palpable
Surgical Abnormalities none
Results of Wounds, Injuries, Operations none

	Date 18-3-42	Date 24-7-42	Date	Remarks on any Abnormalities Found
Height (ins.)	68	69		
Weight (lbs.)	139	140		Date
Chest Circumference (ins.)	32½-34			
Body Build (lbs.)	normal	0		
Leg Length (ins.)	ample	ample		
Pulse Rate: Sitting	72	72		
Pulse Rate: Standing 1st	96			
Pulse Rate: Standing 2nd	84			
Pulse Rate: After Exercise	108			
Pulse Rate: Time to Normal	45			
Arterial Walls	soft	N		Date
Blood Pressure: Systolic	120	L/6) 130		
Blood Pressure: Diastolic	80	72		
Room Temperature	normal			
Heart: Size (in cms.)	normal	N - 9		
Heart: Sounds	clear	N		
Heart: Rhythm	regular	n		
Lungs: Inspection	normal	N		
Lungs: Palpation	normal	N		
Lungs: Percussion	normal	N		
Lungs: Auscultation	normal	N		
Lungs: Expiratory Force	120			
Lungs: X-Ray	Neg			Date
Reflexes: Knee	normal	N		
Reflexes: Ankle	normal	N		
Reflexes: Triceps	normal	N		
Reflexes: Abdominal	normal	N		
Reflexes: Plantar	flexor	FLEXOR		
Cranial Nerves	normal	N		
Balancing Rod	R. L. N.A	R. L.	R. L.	
Self Balancing	R. L. FS FS	R. L. 1s 1ss	R. L.	
Tremors: Fingers	F F	ABS.		Date
Tremors: Eyelids	F F	ABS.		
Abdomen: Liver	not palpable	N		
Abdomen: Spleen	not percuss.	N		
Abdomen: Muscular Tone	good	N		
Urine: Albumen	negative	Neg.		
Urine: Sugar	negative	Neg.		
Initials of M.O.	LW	LL.		LW

40 mm. Hg. Test 55=7/998,888,888,88
Date 24-7-42 57 = 6/787,788,877,77)1st trial.
Date
Date
Date

Fit

24-7-42 Fit. Stability above average. P 8 0 6

L. Lowenstein (Flt.Lt.).

MEDICAL RECHECK

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

Date: 23/3/42 Signature W. H. Bellingham Witness C. K. Noble

Mr. Willie Bellingham
6 Hatley Street
Magog, 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. J25376 FD250

DEPARTMENT OF NATIONAL DEFENCE

ESTATES BRANCH

OTTAWA, ONT.

10 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

BELLINGHAM, William Henry Laurie F/O

J25376 RCAF

ESTATES BRANCH OCT 29 1945 H. Q. OTTAWA NATIONAL DEFENCE

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.

Robert Smith Col.

FEM/VR

Director of Estates.

M.F.W. 77
6M—4-45 (7053)
H.Q. 1772-39-972

ANSWER IN FULL ALL APPLICABLE QUESTIONS

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

Degrees of Relationship	RELATIVES required to be accounted for		INFORMANT'S STATEMENT: NAME IN FULL of any Relative, if any, in each degree specified	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased.....		—		
2	Children of the Deceased and dates of their Births.....		—		
3	Father of the Deceased.....		WILLIE BELLINGHAM	48	6. HATLEY STREET MAGOG. PROV. QUEBEC
4	Mother of the Deceased.....		BERTHA BELLINGHAM	48	6. HATLEY STREET. MAGOG, PROV. QUEBEC.
5	Brothers of the Deceased	Full Blood	CYRIL OSWALD BELLINGHAM	19	6. HATLEY ST. MAGOG. PROV. QUEBEC.
			BRIAN OLIVER BELLINGHAM	16.	6. HATLEY ST. MAGOG. PROV. QUEBEC.
		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.	WILLIAM HENRY LAURIE BELLINGHAM
9	Date of his birth.	6 - 2 - 1923
10	Place and date of his marriage.	—
11	Place and date of his parents' marriage.	LONDON, ENGLAND. 29 - 7 - 1922

PARTICULARS OF DOMICILE

12	Place where deceased was born.	BATHURST. NEW SOUTH WALES. AUSTRALIA.
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Stanstead County. Prov Quebec (b) (c) 20 years. (d)
14	Nature of employment before enlistment.	MESSRS. VICKERS LTD. MONTREAL. AEROPLANE CONSTRUCTION.
15	State whether he owned the premises in which he lived, and, if so, where situated.	—
16	Name place where deceased stated he intended to make his permanent home.	6. HATLEY STREET. MAGOG. PROV. QUEBEC.

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?	SERVICE WILL ONLY.
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	(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. Canadian Bank of Commerce. Magog $. 958.06. a/c no. 3154. Yes. —
20	Amount of War Savings Certificates purchased by the deceased and registered in his name. State where located.	Seventeen Certificates $68. Safety Deposit Box. Bank of Commerce, Magog.
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?	$1450. Bearer. — — Safety Dep. Box. Can. Bank of Commerce, Family Box. c/o W. Bellingham
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	Metropolitan Life Insur. Co. $.175. approximately. Father. W. Bellingham
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	Our son had a Bank a/c in London England, but we have no particulars of this.

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 —

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 *Father of the deceased.

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

Willie Bellingham — Signature of Informant

6 Hatley Street, Magog — Address

CERTIFICATE

I hereby certify that to the best of my knowledge and belief Willie Bellingham (Name of informant) is the* father of the Deceased above described. The above Declaration was made by the Informant and signed in my presence.

*See above.

Dated at Magog this 27th day of October 1944

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

Address Magog, Que.

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

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

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

R.C.A.F. Special Reserve Aircrew Pilot

AIR FORCE No. R 159926 POSTED TO #5 M.D. Lachine, P.Q. TRADE Or. Observer. Std

ROYAL CANADIAN AIR FORCE

(ATTESTATION PAPER)

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

1. Surname BELLINGHAM FULL Christian Names WILLIAM HENRY LAURIE
2. Present Address Central Y.M.C.A., Montreal, P.Q. Telephone None
3. Permanent Address Magog, P.Q.
4. Place of Birth ~~(Australia)~~ Bathurst, Australia Citizenship Canadian
5. Date of Birth February 6th, 1923. Married, Single, Widower, Separated, Divorced Single
6. Particulars of Children None

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

7. Occupation Aircraft mechanic 8. Religion Protestant Anglican (State denomination)
9. Languages English fluently, French fairly. (State proficiency)
10. Next of Kin (Full Name) Willie Bellingham Relationship Father
    " Address Magog, P.Q.
11. Father (Full Name) Willie Bellingham Birthplace Scotland
    " Address Magog, P.Q. Citizenship Canadian
    " Occupation Printer (Textile)
12. Mother (Full Maiden Name) Bertha Hinton Birthplace Leeds, England
    " Address Magog, P.Q. Citizenship Canadian
13. Details of any Naval, Military or Air Force Service:

Unit	Place	Rank	Trade	Date From	Date To	Reason for discharge
NPAM. Sherbrooke Regt.	Magog, P.Q.	Pte.	----	1940	1941	Struck off strenght.

R.C.A.F. Records Office
Rec'd. MAR 26 1942
O.K. JC C.I.B.
R. N.I.
S.L. P.A.

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

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

398-35'7

21. Particulars of Education:

—	Name of school	Date From	Date To	Courses—Subjects, etc.
Primary Education—Public or Separate School	Magog High School, Magog, P.Q.	1929	1940	Primary completed, graduated 4 years high.
High School—Collegiate Institute, etc.	SirGeorge William Col. Montreal, P.Q.	1941	1941	Evening engineering drawing course.
Technical School	~~Exxxxxxxxxxxxxxxxg~~			
University or School other than above				
Correspondence Courses, etc.				

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

Employer and place	Duties, trades, positions	Date From	Date To	Reason for leaving
Canadian Vickers, Montreal, P.Q.	Aircraft mechanic	1940	------	Still employed

23. Flying Experience (in Hours) Solo None Dual None Passenger ½ hour

24. Special Qualifications, Hobbies, etc., useful to the R.C.A.F. Model aircraft

25. Sports engaged in. State: extensively, moderately, occasionally

Hockey, skating, swimming, skiing, basketball, football, track, bowling, moderately.

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

If for Ground Duties, state Air Force trade in which you wish to enlist Pilot or Observer
If for Flying Duties, state preference as (a) Pilot; (b) Observer; (c) Air Gunner (d) W~~ireless 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. Atkinson	Magog, P.Q.	Minister
Mr. A. Suelle	Magog, P.Q.	Superintendent.
Mr. B.W. Franklin	Canadian Vickers, General Work, Notre Dame St., Maisonneuve, P.Q.	Manager
Mr. S. J. Olney	Magog, P.Q.	Principal

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 March 16th, 19 42. Signature W.H.L. Bellingham

CFL.

NATIONAL REGISTRATION CERTIFICATE
PRODUCED
68|21

MAR 23 1942

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

Date March 23rd 19 42 W. H. L. Bellingham
Signature of Recruit

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

I, William Henry Laurie BELLINGHAM do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.

Date March 23rd 19 42 W. H. L. Bellingham
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 23rd day of March 19 42

Signature of Officer ..... Rank ..... #13 Recruiting, Montreal, P.Q. 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? no

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

3. Have you ever worn glasses? no

4. Have you had any illness for more than one week's duration. scarlet fever

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

Signature of Applicant W. H. L. Bellingham

Examiner's Remarks *re* above none

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

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

2. Height 5 feet 8 inches. 3. Weight 139 pounds.

4. Complexion fair 5. Color of Eyes Hazel Hair Brown

6. Development {Good ~~Fair~~ ~~Poor~~} 7. Chest Measurement—Full expiration 32 1/2 inches

Range of expansion 1 1/2 inches

8. Hearing—Right W V 20 Left W V ~~25~~ 20 g.o. Tympana—Right N. Left ~~20 c pinhole~~ N.

9. Vision—Without glasses—Right 20/20 With glasses—Right 20/20

Left 20/25. Left 20/20 c pinhole.

10. Condition of mouth and teeth good.

11. Urine—Albumen neg Sugar neg

12. Abnormalities (Congenital and Pathological) found on Examination none

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

A1B A3B

19.3.42 X Ray 113569 neg. R.M.A. Fit

Any special remarks of the Medical Officers

23/3/42 R.C. Fit - A1B A3B

C. K. [signature]

Part 2 Cont'.

13. Reflexes N

14. Heart N

15. Lungs N

16. Blood Pressure S. 120 D. 80

17. Colour Vision N.I.sh

Date 18-3 19 42

[signature] F/L — President R. L. Matthews F/L — Member — Member

NAME BELLINGHAM, William Henry Laurie, FILE NO. FD326

RANK F/O CATEGORY ~~MISSING~~ PRES DEAD REG. NO. J25376

DATE OF DEATH: 19-Nov-44 MOTHER LIVING: YES WIFE: NA

MINISTERIAL CARD: 30-11-44 ROYAL MESSAGE: MEMORIAL CROSS TO CHAPLAIN:

To Mother and Father-
To mother and father, 14-10-45

DEC 5 1945

DEL'D TO MOTHER:

DEC 4 194

DEL'D TO WIFE:

Mr. & Mrs. Willie Bellingham,
6 Hatley Street,
Magog, Quebec.

COMMAND:

RELIGION:

AIR FORCE No. J25376

Bellingham, William Henry Laurie
SURNAME — FULL CHRISTIAN NAME

ENLISTMENT/APPOINTMENT
PLACE Montreal
DATE 23-3-42

RELIGION Anglican

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

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

BIRTH DATE	PLACE	COUNTRY	CITIZENSHIP	RACIAL ORIGIN
6-2-23	Bathhurst	Aust.	Canadian	Scotch

CIVIL EDUCATION

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

CIVIL OCCUPATIONS AND EXPERIENCE

Aircraft mechanic

PREVIOUS SERVICE

NPAM Sherbrooke Reg.

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

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)

Willie Bellingham (father) Magog, P.Q.

EMPLOYMENT AS INSTRUCTOR OFFICER AIRMAN/AIRWOMAN

TYPE	FROM	TO	TYPE	FROM	TO

OFFICERS

RANK, BRANCH AND CATEGORY	DATE	AUTH.	DUTIES PERFORMED DURING SERVICE, E.G. ADJ.
Pilot Officer	16 4 43	CAS. AFRO 925.	
T/F.O.	16 10 43	I.R.S. 1/44. AFRO 756/43	AFRO 513/44

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
2 SFTS. No. 71	15/58			16/4/43

ADVISE ENTRIES
UNIT RECORDS RETURNED
TO CANADA

AIR FORCE No. J25376

BELLINGHAM, WILLIAM HENRY LAURIE
SURNAME — FULL CHRISTIAN NAME

ENLISTMENT/APPOINTMENT
PLACE Montreal
DATE 23-3-42

RELIGION C Anglican

R.C.A.F. FORM R230

N

TYPE OF LEAVE

FROM	TO	No. DAYS	DESCRIPTION	AUTH.
17-4-43	30-4-43		Embark.	DR093.
17-6-43	23-6-43.	7	P. L	3 PRC 137/43
4.9.43	10.9.43	7	Priv Leave.	7.(P)AFU. 22/43.
21.8.43	27.8.43	7	Priv. Leave	7(P)AFU 20/43
14.9.43	20.9.43	7	Priv Leave.	7(P)AFU. 24/43.
26.11.43	4.12.43	9	Priv Leave.	I.R.S. 25/43.
15.1.44	26.1.44	12	Priv. Leave	I.R.S. 2/44
17.4.44	1.5.44	15	Priv Leave.	I.R.S. 10/44

TYPE OF AIRCRAFT ON WHICH MOST PROFICIENT

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

POSTINGS, ATTACHMENTS & TEMPORARY DUTY

SOS TOS	FROM	TO	DATE			AUTHORITY
SOS	1 Y.D. to RAF T.P.		26	5	43	DR0139
Disembarked U.K.			9	6	43	E672
TOS	at 3 PRC		5	6	43	POR131
SOS	3 PRC to 7(P)AFU		6	7	43	3PRC 147/43
S.O.S.	from 7.(P)AFU. to I.R.S.		23	11	43	7.(P)AFU 240/43. I.R.S. 23/43.
SOS	from I.R.S. to 61.O.T.U.		24	5	44	61 O.T.U. 20 I.R.S. 11
SOS	61 O.T.U. to 83 G.S.U.		3	8	44	83 Grp. S.U. 109 61 O.T.U. 38 BP.SO 15. 121 83 Grp 61
TOS	412 Sqn.		15	8	44	412 Sqn. 122 BPSO.
F/B	Missing from 412 Sqn.		19	11	44	AFRO 1/44. CR625
TOS	N/EU		20	11	44	200/44
SOS	NEU & Pres Dead.		19	11	44	NEU 168/45
Presumed Dead			19	11	44	CR829.

SUPP AFRO 1507

ALL OTHER CASUALTIES

CASUALTY AND DATE	AUTHORITY
Adm. 52 M.F.H. 11.9.44.	BPSO.(9F) 150/44
Disd. 52 M.F.H. 12.9.44.	BPSO.(9F) 150/44
Adm. 52 M.F.H. 9.10.44	BPSO. 188/44.
Dis. 52 M.F.H. 16.10.44.	BPSO. 188/44.

SERVICE MACHINES FLOWN

160.10 hrs. - Single

CHARACTER AND TRADE ASSESSMENT

DATE	CHARACTER	TRADE ASSESSMENT

HONOURS, AWARDS AND MENTIONS

DATE	AWARD	AUTHORITY
14 4 43	Flying Badge	DR093.

ADVISE ENTRIES
UNIT RECORDS RETURNED
TO CANADA

Emb. 27-5-43

AIR FORCE No. ~~R59926~~ J.25376

BELLINGHAM, WILLIAM HENRY LAURIE [redacted]

SURNAME — FULL CHRISTIAN NAMES

OFFICER

RECORD OF SERVICE AIRMEN

13 — 8/2/45 — Comm 16-4-43.

ENLISTMENT	RE-ENLISTMENT
PLACE Montreal, Que.	
DATE 23.3.42	

C.R. FILE NUMBER SR.

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

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

S.O.S. OR T.O.S.	UNIT AND PLACE	EFFECTIVE			D.R.O.
T.O.S.	5 M.D. Lachine	23	3	42	5 M.D.71
T.D.	3 T.C. Hqtrs (trans USA re parades)	9/7	6	42	5 M.D.141
T.D.	RCAF Stn Rockcliffe	5/6	6	42	5 M.D.138
T.D.	#2 S.F.T.S. Uplands	11	7	42	5 M.D.168
S.O.S.	#5 M.D. Lachine (amended)	19	7	42	5 M.D.172 (5 M.D.174)
T.O.S.	#5 I.T.S. Belleville	19	7	42	5 I.T.S. 175
T.D.	RCAF Stn Rockcliffe	17/19	5	42	5 M.D.119
S.O.S.	5 M.D. Lachine	18	7	42	5 M.D.174
S.O.S.	5 I.T.S. Belleville	10	10	42	5 I.T.S.242
T.O.S.	#13 E.F.T.S. St. Eugene	10	10	42	13 E.F.134
S.O.S.	13 E.F.	27	12	42	13 E.F.162
T.O.S.	2 S.F. Uplands	28	12	42	2 S.F. 312.
S.O.S.	2 S.F. Uplands	30	4	43	2 S.F. 93
T.O.S.	1 "Y" Depot. Halifax	1	5	43	1 Y-104
Disch under K.R.(Air) 392(18) on appt to Comm.		16	4	43	1 Y.D.98
T.O.S.	As an Officer on appt to Comm.	16	4	43	1 Y.D.98
S.O.S.	1 Y Depot to R.A.F. Trainees Pool	26	5	43	1 Y 137 Ao.
	Missing	19	11	44	DCL 878 d/23-11-44
	Presumed Dead - 19 Nov. 44 - DCL 1120 d/10 Sept. 45				

2. RECLASS'NS-PROMOTIONS-ETC.

RANK	EFFECTIVE			D.R.O.
AC2	23	3	42	5 M.D.71
8				
LAC	12	9	42	5 I.T.S.220
Sgt. (temp) (pd)	16	4	43	2 S.F. 93
P/O 16-4-43 (APR 17/17-5-43)				
T8				
T/F/O 16-10-43 GB756 (15A-109)				
T/F/O 16-10-43 (APR 20/21-1-44)				

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.
23.3.42	R100	A1B A3B	

4. TRADE AND CHARACTER

TRADE	GROUP	EFFECTIVE			D.R.O.
P.O.	S	23	3	42	5 M.D.71
A/C. I.T.S. 3018	S.	9	7	42	5 M.D.T63
A/C. Pilot		12	9	42	5 I.T.S.220
A/C Pilot.	S.G.	16	4	43	2 S.F. 93
Pilot G.L.		16	4	43	(APR 17/17-5-43)
1M00					

TRADE PROFICIENCY	CHARACTER ASSESSMENT	DATE OF R41

5. COURSES-TESTS-ETC.

SUBJECT	RESULT	DATE	AUTHORITY

6. LEAVE

FROM	TO	DAYS	REMARKS	D.R.O.
14-9-42	28-9-42	14	Spec.	5 I.T.S.226
5-10-42	11-10-42		cancelled / annual	5 I.T.S.242 / 5 I.T.S.240
6-10-42	12-10-42	6	Special	5 I.T.S.242
17-4-43	30-4-43	14 incl.	preembark.	2 S.F. 93
50				

Posting (Belated P.O.R.'s)

S.O.S. (Linton) to "R" Depot 29-5-45 BAR 34/45

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

AIR FORCE No. ~~R159926~~

BELLINGHAM, WILLIAM HENRY LAURIE

SURNAME — FULL CHRISTIAN NAMES

ENLISTMENT
PLACE Montreal, Que
DATE 23. 3. 42

RE-ENLISTMENT
PLACE
DATE

C.R. FILE NUMBER SR

J.25376 — OFFICER

RECORD OF SERVICE AIRMEN

Comm 16-4-43.

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

7. BIRTH:

DATE	PLACE	CITIZENSHIP
6-2-23	Bathurst, Austr.	British

FATHER (FULL NAME) Willie Bellingham

BIRTHPLACE Scotland

MOTHER (FULL MAIDEN NAME) Bertha Henton

BIRTHPLACE Leeds, England

8. EDUCATIONAL STANDING

HIGH SCHOOL ENTRANCE x Que.
JUNIOR MATRICULATION x "
SENIOR MATRICULATION
TECHNICAL SCHOOL evening Engineering Drawing course 1941. Que.
UNIVERSITY
CORRESPONDENCE COURSES

6

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

aircraft mechanic 1940 –
Can. Vickers Montreal Que.

2801

10. PREVIOUS ARMY, NAVY OR AIR FORCE SERVICE

N.P.A.M. Sherbrooke Regt Magog, Que.
Pte. 1940-41

6

11. HONOURS-AWARDS, MENTIONS

HONOURS-AWARDS, MENTIONS	AUTHORITY	DATE
Awarded Pilots Fly. Badge	78793	16-4-43

12. FLYING EXPERIENCE ON ENLISTMENT (HOURS)

SOLO — DUAL — PASSENGER 1/2

13. RELIGION Anglican

3

14. LANGUAGES English, French fairly.

15. SPORTS hockey, skating, swimming, skiing, basketball, football, track, bowling. Hobby: model aircraft.

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: Willie Bellingham — RELATIONSHIP father
ADDRESS: 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.
R.A.	1/28 9 42	51+S226			

21. ENGAGEMENTS

TERM	EFFECTIVE	D.R.O.	TERM	EFFECTIVE	D.R.O.
Duration	23 3 42				

22. TEMPORARY DUTY AND MISCELLANEOUS ENTRIES

FROM	TO	DATE	D.R.O.
Occ. qtrs + draw. rtns		23-3-42	5 MD 71

Date and Place of Signing R 40 -

22.(a) ADDRESS PRIOR TO ENLISTMENT

Magog, Que.

26506

23. DOCUMENT CONTROL (INDICATE RECEIPT BY DATE)

QHF

R60	R79	B465	X-RAY	AFM-13	IDN. CARD
6-4-42	27-3-42 27-4-43	26-3-42			x x

J 25376 (DPC)

OTTAWA, Canada, 22 January, 1951.

Mr. Willie Bellingham,
6 Hatley Street,
Magog, Quebec.

Dear Mr. Bellingham:

Please find enclosed a photograph which has been received from Overseas, of the grave of your son, Flying Officer William Henry Laurie.

Cemeteries are being handed over progressively to the Imperial War Graves Commission, of which Canada is a member, who are entrusted with the perpetual maintenance of the resting places of all our Fallen, and who will beautify the graves and surroundings, and erect a permanent headstone at each grave.

It is not necessary for you to contact the Commission. Any discrepancy as to rank, etc., which may appear on the temporary cross shown in the enclosed photograph, will appear correctly on the permanent headstone.

Yours sincerely,

/BC single grave

for (J.G. Stephenson)
Group Captain,
for Chief of the Air Staff.

Encl.

J25376(DPC)

OTTAWA, Canada, 30th October, 1948.

Mr. W. Bellingham,
6 Hatley St.,
Magog, Quebec.

Dear Mr. Bellingham:

Further to our letter of March 9, 1948, the Graves Registration Service has advised that the correct number of your son's grave in the Reichswald Forest British Military Cemetery is Plot 14, Row F, Grave No. 6 and not Plot 14, Row F, Grave No. 4 as previously advised.

The error is deeply regretted.

Yours sincerely,

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

FFF:GB

J25376(DPC.)

Ottawa, Canada, 9th March, 1948.

Mr. Willie Bellingham,
6 Hatley Street,
Magog, Quebec.

Dear Mr. Bellingham:

It is with regret that I again refer to the loss of your son, Flying Officer William Henry Laurie Bellingham, but you will wish to know of a report received from our Graves Registration Service.

The report states that your son has been re-interred in the Reichswald Forest British Military Cemetery, three miles South West of Cleve, Germany. He lies at rest in Plot 14, Row F, Grave No. 4.

This is one of the permanent British Military Cemeteries which has been located in Germany in accordance with the agreed policy of Canada, Australia, New Zealand and the United Kingdom, that all British aircrew buried in Germany would be moved to British Military Cemeteries located in Germany. This cemetery 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 a headstone will be erected at each grave. Unhappily, there are great numbers of these headstones to be erected and it will quite naturally take considerable time.

May I again offer you my most sincere sympathy in the loss of your gallant son.

Yours sincerely,

??

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

FFF:GB

PA CR file

J.25376 (RO)

Ottawa, Ont.,
14th Apr. 1947

R E G I S T E R E D

Mr W. Bellingham,
6 Hatley St.,
Magog, Que.

Re: W.H. Bellingham (J.25376)

The enclosed log book which is part of the service estate of the above named is passed herewith for your retention.

Yours truly,

(W.A. Dicks)
Wing Commander,
for Chief of the Air Staff.

Encls. 1

(1)

Magog. Quebec
13.2.47

W/C. W. A. Dicks
Royal Canadian Air Force
Ottawa.

CR/PA

J. 25376.

Dear Sir.

Thank you very much indeed for your letter of the 4th inst. enclosing the Operational Wings and Certificate in recognition of the services rendered by my son. I appreciate deeply your kind expression of sympathy in the great loss we have sustained.

Yours very Sincerely
W. Bellingham

(2) R2

Note & pa
[illegible]
R2

Noted by R2-2-1
awf
for R2-2-1
18/2/47

P.A.

J25376 (RO)

OTTAWA, Canada, 4th February, 1947.

R E G I S T E R E D

Mr. William H. Bellingham,
6 Hatley St.,
Magog, Que.

Dear Mr. Bellingham:

It is a privilege to have the opportunity of sending you the Operational Wings and Certificate in recognition of the gallant services rendered by your son, Flying Officer, W.H.L. Bellingham.

I realize there is little which may be said or done to lessen your sorrow, but it is my hope that these "Wings", indicative of operations against the enemy, will be a treasured memento of a young life offered on the altar of freedom in defence of his Home and Country.

Yours very sincerely,

(W.A. Dicks)
Wing Commander
for Chief of the Air Staff.

F/O R.J. Rocheleau/MCL

HQ J.25376

ESTATES BRANCH

OTTAWA, Canada.
10th September, 1946.

Mr. William H. Bellingham,
6 Hatley St.,
Magog, Que.

BELLINGHAM, William H.L. F/O (deceased)
J.25376 R.C.A.F.

Dear Mr. Bellingham:

An Identification bracelet and chain belonging to your son have now been received here from Overseas and will go forward to you in the course of the next few days, in a parcel by registered mail.

Upon receipt of same, will you kindly complete and return the enclosed form of acknowledgment.

Yours faithfully,

1112

V

Director of Estates.

FEM/R

6. Hatley Street
Magog. Quebec.
12. 11. 45

The Director of Estates
Royal Canadian Air Force
Estates Branch, Ottawa.

ESTATES BRANCH
NOV 14 1945
H. Q.
OTTAWA
NATIONAL DEFENCE

Dear Sir

H.2. J.25376. F.D.250.
F.O. W.H.L. Bellingham.

Thank you very much indeed for your letter of the 2nd inst. I shall be obliged if you will kindly send me a Certificate of Death, also a certified copy of my son's Will, in order that I may take up the matter of his insurance with the local Agent of the Metropolitan Insurance Co.

Again thanking you for the trouble you are taking on our behalf,

Yours truly,

W Bellingham.

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

WILL

R.C.A.F. R. 60
40M—5-41 (225)
H.Q. 1062-3-45

(1) I, WILLIAM HENRY LAURIE BELLINGHAM of the City / Town / Village / Township

Last Permanent Civilian Address

of Magog in the County / District of

Province of Que, Mech (Civil Occupation)

a member of the Royal Canadian Air Force, Number R 159926 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 my Father

WILLIAM HENRY BELLINGHAM

Magog, Que.

All my Estate

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

(4) I appoint William Henry Bellingham (Name) (Address)

Same as above, to be the Executor ~~Executrix~~ of this my Last Will.

IN WITNESS WHEREOF I have hereunto set my hand this 24 day of March 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.

W.H.L. Bellingham
(Signature of Testator)

First Witness sign here.

(5) Oliver Korpela
(Signature)
#5- M.D. Lachine Que.
(Address)
Clerk
(Occupation)

Second Witness sign here.

E. Stougittam
(Signature)
#5 M.D. Lachine, Que.
(Address)
Clerk
(Occupation)

(Witnesses are not to be beneficiaries.)

R.C.A.F. ... Rec'd APR 6 1942
C.I.
O.K.
N.I.
R.C.
P.A.
S.L.
JMcC

[OVER]

NOTE

(1) Example: I, John Charles Brown, of the City of Ottawa, County of Carleton, Province of Ontario, Mechanic.

(2) If only one beneficiary, complete as follows: I give, devise and bequeath unto "my wife, Mary Brown, 26 Cherry Avenue, Ottawa, Ontario, all my estate", in which event, strike out clause (3). If more than one beneficiary, set out in clause (2) what each is to receive, such as—

"my wife, Mary Brown, 26 Cherry Avenue, Ottawa, Ont.....$.....00 and my household goods and effects",
"my mother, Ethel Brown, 480 Yonge St., Toronto, Ont. .....$.....00",
"my sister, Margaret Brown, 480 Yonge St., Toronto, Ont.....$.....00",
"my friend, John Smith, 60 LaSalle St., Winnipeg, Man.....$.....00",
and any personal gift, if desired.

(3) If any specific gifts have been made in clause (2), the testator should name the person or persons to whom he desires to give the balance of his estate in clause (3), such as "my wife, Mary Brown, 26 Cherry Avenue, Ottawa, Ontario" or "my mother, Ethel Brown, and my father, George Brown, of 480 Yonge Street, Toronto, Ontario, equally" or as desired.

(4) Failure to appoint an executor or an executrix can only result in additional expense in the settlement of the estate in question. Testators are, therefore, strongly urged to make such an appointment. A beneficiary or legatee under the will may be appointed executor or executrix. It is recommended, however, that testators avoid appointing as executor any person on or likely to be on Active Service.

(5) Do not omit to date the will. The testator should sign the will with his usual signature in the presence of two witnesses, each of whom should immediately thereafter, and in the presence of the testator, sign his or her name, and insert his or her address and occupation in the place provided. No person who receives any benefits under the will should act as witness. It is preferable, though not essential, that the witnesses be persons not on Active Service.

GENERAL

Generally speaking, under the Laws of most of the provinces, a will revoked or cancelled by marriage of the testator after the date of the will is invalid; it is advisable, therefore, immediately upon marriage to make a new will.

When completed, leave with Commanding Officer for transmission to the Records Office for safe custody.

STATEMENT OF LOCATION OF WILL

I hereby certify that I have previously made a will, which is now located at.....

.....
(Name and address in full)

.....

.....
(Signature)

V

OFFICIAL ROYAL CANADIAN AIR FORCE CASUALTY NOTIFICATION

NUMBER J25376 (~~R159926~~) RANK F/O UNIT 412 SQDN. AEAF (OVERSEAS)

TRADE PILOT (G.L.)

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

NAME BELLINGHAM, WILLIAM HENRY LAURIE

PRESENT MARITAL STATUS SINGLE RELIGION C. OF E. CANADIAN YES

FRENCH CANADIAN OTHER

NEXT OF KIN MR. WILLIE BELLINGHAM

RELATIONSHIP FATHER

ADDRESS 6 HATLEY ST. MAGOG QUEBEC.

ESTATES BRANCH OCT 1 Rec'd H.Q. OTTAWA NATIONAL DEFENCE

FATHER'S NAME MR. & MRS. WILLIE BELLINGHAM

ADDRESS 6 HATLEY ST. LIVING ON ENLISTMENT YES

MOTHER'S NAME

ADDRESS MAGOG QUEBEC. LIVING ON ENLISTMENT YES

ADDRESS AT TIME OF ENLISTMENT MAGOG QUEBEC. MARITAL STATUS AT TIME OF ENLISTMENT SINGLE

OCCUPATION AIRCRAFT MECHANIC

WAS MEMBER ATTACHED TO R.A.F. AT ANY TIME? YES/NO NOT KNOWN BEING 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. BOMBER MAIL LETTER -----d---29-AUG-45

PREVIOUSLY REPORTED "MISSING" 19-NOV-44 AFTER AIR OPERATIONS (OVERSEAS) (DIVE BOMBING ARMED RECCE)(SOUTHEAST OF GELDERN GERMANY)

NOW "PRESUMED DEAD" 19-NOV-44 FOR OFFICIAL PURPOSES.

ALL WILLS (1)
~~LAST WILL~~ ATTACHED TO NOTIFICATION TO A. OF E.? YES/~~NO~~

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

DATE 20-SEPT-45

CERTIFICATE P. OF D. ATTACHED TO A. OF E. COPY YES/~~NO~~ BOND LETTER (1)

FOR CHIEF OF THE AIR STAFF

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

2

ADMINISTRATOR OF ESTATES, OTTAWA

46565

J25376 (R-4)

OTTAWA, Canada, 15th February, 1946.

Mr. Willie Bellingham,
6 Hatley Street,
Magog, Quebec.

Dear Mr. Bellingham:

It is indeed with regret that I must advise you that a report, which has now been received, advises that your son, Flying Officer William Henry Laurie Bellingham, lost his life.

This report states that the aircraft of which your son was the sole occupant was shot down by anti-aircraft fire at approximately 11:40 A.M. on November 19, 1944 at Kapellen-Boeckelt, which is located 1¾ miles north east of Geldern, Germany and your son was instantly killed. His body was recovered and he has been interred in the St. Andrews British Military Cemetery, Issum, Germany, in Row 6, Grave 7.

The reverent care of the burial places of all those who served in the forces of the British Empire is the task of the Imperial War Graves Commission. Already eminent architects are at work, planning the construction of beautiful cemeteries, and each individual grave will be supported and sustained by the nations of the Empire. I hope it may be of some consolation to you to know that your gallant son's grave is in sacred care and keeping.

May I again offer you my sincere sympathy in your great loss.

Yours sincerely,

LEO/mcs

J25376 (R-4)

OTTAWA, Canada, 3rd August, 1945.

R E G I S T E R E D M A I L

Mr. Willie Bellingham,
6 Hatley Street,
Magog, Que.

Dear Mr. Bellingham:

It is with deep regret that, in view of the lapse of time and the absence of any further information concerning your son, Flying Officer William Henry Laurie Bellingham, since he was reported missing the Air Ministry Overseas now proposes to take action to presume his death for official purposes.

Will you please confirm by letter that you have not received any further evidence or news concerning him. The presumption fo death will proceed after hearing from you, and on completion you will receive official notification by registered letter from the Chief of the Air Staff.

May I extend to you and the members of your family my sincere sympathy in this time of great anxiety.

Yours sincerely,

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

BD

ROYAL CANADIAN AIR FORCE

SERVICE

AND

PAY BOOK

N.S.-43
14/5/43

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.

Air Force No. J25376 Surname Bellingham

Christian Names (in full) William Henry Laurie

Date of Birth 6·2·43 Religion Ang.

Date of ~~Enlistment~~/Appointment 16·3·43

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

Occupation in Civil Life Aircraft Mechanic

Signature of Holder W. H. Bellingham

Name and Address of Next-of-Kin

As Below

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

William Bellingham
Magog. Que.
Canada

Certified Correct M. I. Morton Aso

Date 11 May 1943 Place No. 1 Y Depot Halifax N.S.

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
G.L. Pilot	16·4·43	DRO 93	M. I Morton ASO

Rank	Date of Effect	Authority	Signature and Rank of Officer making Entry
P/O	16·4·43	CAS 927-1	M I Morton ASO
49 (D of M T)		B.N 1632 d / 19-4-43.	M I Morton ASO
F O	16·10·43	0/756/43	M Robinson [illegible]

MEDALS, DECORATIONS, MENTIONS, ETC.

Particulars	Date and Authority	Signature and Rank of Officer
Flying Badge	16·4·43 DRO 93	M I Morton ASO

MISCELLANEOUS ENTRIES

(For entries for which space is not otherwise provided)

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

Particulars	Date and Authority	Signature and Rank of Officer

LEAVE RECORD
(With Free Railway Warrant)

From (date)	To (date)	Signature of Officer
~~17.4.43~~	~~30.4.43~~	

LEAVE RECORD
(With Special Leave Warrant A.24)

From (date)	To (date)	Authority and Signature of Officer
17.4.43	30.4.43	T.W.#
		T.W.#
		T.W.#
		T.W.#
		T.W.#

MEDICAL CLASSIFICATION

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

BLOOD GROUP

Date	International	Initials of M.O.
	BLOOD GROUP O	

NIGHT VISUAL CAPACITY

Date	Score	Group	Initials of M.O.

IMMUNIZATION PROCEDURES

VACCINATION

Date	Result	Initials of M.O.
04.3.42	J. F. HOPKIRK	

Susceptibility Test	Date	Result	
Schick Test			
Dick Test			

PROTECTIVE INOCULATIONS*

J. F. HOPKIRK

Nature of Inoculation	Date	Dose	Initials of M.O.
Kahn neg	11.5.43	—	
TABC .5cc ATT 1cc	10.4.44.	A. W. CALLAGHAN.	mo.
TABC ·5 ATT 1cc	4/8/44	.5cc/1cc	
Typhus 1cc.		1cc	WHS/L.

IMMUNIZATION PROCEDURES—Con.

Nature of Inoculation	Date	Dose	Initials of M.O.

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

PRESCRIPTION FOR SPECTACLES

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

Initials of M.O. .....

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

Initials of M.O. .....

DENTURES SUPPLIED

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

SURGICAL APPLIANCES ISSUED

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

MISCELLANEOUS MEDICAL ENTRIES

(for entries for which space is not otherwise available)

Particulars	Date	Initials of M.O.

MEDICAL INSTRUCTIONS TO PERSONNEL ON LEAVE IN CANADA

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

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

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

(c) A civilian medical practitioner,

in that order.

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

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

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

WILLS

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SHORT FORM OF WILL

(Write Will on next page)

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

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

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

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

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

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

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

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

WILL

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

In the event of my death I give

I appoint...

Residing at..

to be my executor.

Signature..

Rank, Air Force No...

Unit...

Date..

TERRY – [illegible] 2500
CHAS – [illegible]
TEX – [illegible]
DON – [illegible] 2500
ED – [illegible]
LIN – [illegible]
GAR – [illegible]
MOE – [illegible]
GAR – [illegible]

CREDIT

CHAS – [illegible]

TEX – [illegible] 1000

MOE – £600

3500
1900
1600
1600
2900
8400

CANADIAN B. of C.
2 LOMBARD ST.
LONDON

DEBITS
DORKY – [illegible]
CHARLIE – [illegible]
TERRY – [illegible]
CHURCH – 500
DON – [illegible]
[illegible] – [illegible]

LOG BOOK
2 ENTRIES

CREDIT

ED – [illegible]
TEX – [illegible]
DON – [illegible]
DON – [illegible]
CHAS – [illegible]
1000
GAR – [illegible]
DON – [illegible]

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

CS-44-20

DECEASED MEMBER'S NAME: William H.L. (CHRISTIAN NAMES) Bellingham (SURNAME)

REGISTER NO. 29140
FILE NO. 8 Feb/46
DATE
SERVICE NO. J.25376
FINAL RANK OR RATING F/O
DATE OF DISCHARGE 19 Nov/44

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

DATE OF TERMINATION OF OVERSEAS SERVICE 19 Nov./44

	$ ¢
A. TOTAL QUALIFYING SERVICE — NO. OF DAYS 973 / 30 EQUAL TO 32 COMPLETE PERIODS AT $7.50	240.00
B. QUALIFYING OVERSEAS SERVICE — NO. OF DAYS 544 LESS 13 INELIGIBLE DAYS, EQUAL TO 531 DAYS @ 25C. PER DAY	132.75
C. SUPPLEMENT FOR OVERSEAS SERVICE	
DAILY RATES AT DISCHARGE: PAY $ 7.00; SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE $ 1.70; ADDITIONAL PAY $; $; $; DEPENDENTS' ALLOWANCE 1/30 OF $; $	
TOTAL $ 8.70 ×7 = $ 60.90	
NO. OF DAYS 544 / 183 ×$ 60.90	181.05
D. WAR SERVICE GRATUITY	553.78
E. DEDUCTIONS — OVERPAYMENT OF PAY AND ALLOWANCES $; DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $; OTHER DEDUCTIONS $	
F. TOTAL AMOUNT PAYABLE	553.78

G. YOUR PORTION OF GRATUITY IS—

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

P. & A. Int. Trans. Trust Account
Voucher # G357
C.I.B.

R.C.A.F. Records Office
FEB 18 1946
O.K. N.I.
P.A.

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
CV	HRH

TREASURY	
CHECKED BY	DATE
	11.2.46

SERVICE REPRESENTATIVE

"C.T.E. CANADA"

RP

ROYAL CANADIAN AIR FORCE

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

REPORT ON PUPIL PILOT - FLYING AND GROUND TRAINING

J25376 P10

SURNAME BELLINGHAM CHRISTIAN NAMES W.H. NUMBER ~~R159926~~ RANK ~~LAC.~~

I.T.S. #5 COURSE NO. 58 FROM 20-7-42 TO 12-9-42

E.F.T.S. 13 COURSE NO. 66 FROM 12-10-42 TO 11-12-42

S.F.T.S. ~~No. 2 UPLANDS~~ COURSE NO. ~~71~~ FROM ~~4-1-43~~ TO ~~16-4-43~~

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	142					
2. L.D.A.O.	74					
3. Navigation	132	154	125			
4. General Studies						
5. Airmanship	86	181	166			
6. Airframes						
7. Aero-Engines						
8. Theory of Flight						
9. Anti-gas	46					
10. Armament (Writ)	38	81	87			
11. Armament (Prac)			41			
12. A/C Recognition	89	82	34			
13. Drill	68					
14. Signals (Writ)	144		37			
15. Signals (Prac)		100	100			
16. Meteorology	46		41			
TOTAL OBTAINED	865	598	631			
TOTAL POSSIBLE	1000	700	750			
PERCENTAGE	87	85.4	84.13%			
NUMBER IN CLASS	79	29	58			
POSITION IN CLASS	5	7	15			

(2) FLYING RESULTS

TESTS	EFTS	SF
20 hours	74.2	N.A
Instrument	74	71
Clear Hood	105	69
Navigation	32	78
TOTAL OBTAINED	211	218
TOTAL POSSIBLE	300	300
PERCENTAGE	70.3	72.7
NUMBER IN CLASS	39	59
POSITION IN CLASS	20	
(3) FLYING APTITUDE		
1. Natural Skill	AA	A.
2. Skill in Landing	A	A.
3. Airmanship	A	A.
4. Cockpit Drill	A	A.
5. Instrument Flying	A	A.
6. Night Flying	AA	A.
7. Aerobatics	A	A.
8. Formation in Flying		A.
9. Map Reading	A	A.
10. Wind Speed & Direction Finding (TE)		N.A.
11. Straight Runs over as Pilot (TE)		N.A.

(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	Passenge
13 EFTS	FINCH II	28:55	27:15	3:30	1:00		7:05	10:00			9:05	
2 SFTS	HARVARD	66:50	74:35	7:15	11:30	12:20	28:20	25:00	12:55	9:20	4:05	12:35

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

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

(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.	Yes	No	2	5	4	1	3
S.F.T.S.	Yes		Av.		Av.	P(A.A.)	A.Av.

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

	Marks Obtained
Flying (Para.3)	546
G.I.S. (Para.1)	631
Character & Leadership (Para.8)	602
TOTAL	1779
PERCENTAGE	79.07
STANDING IN CLASS	20

(8) ASSESSMENT OF CHARACTER AND LEADERSHIP

I.T.S.	96
S.F.T.S.	506
TOTAL	602

RECOMMENDATIONS

~~A. Suitable for special high altitude duties.~~

~~B. Suitable for limited special high altitude duties.~~

C. Not suitable for high altitude duties.

(9) CERTIFIED

(a) That this pupil pilo has (~~xxxxxx~~) passed all tests required for Pilot Flying Badge.

(b) That this pupil is (~~not~~) authorized to wear Pilot's Flying Badge, W 16-4-43

Chief Instructo
No. 2 S.F.T.S.

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

(a) I.T.S.

Keen, conscientious type of airmen, hardworking and very anxious to be a pilot.

Commanding Officer
No. 5 I.T.S.

C.G.I. Excellent student. Hard worker. Very keen.

(b) E.F.T.S.

LINK: Good attitude, accurate performance.

C.F.I.: Potential Instructor, keen, should become good service pilot.

Chief Supervisory Officer
No. 13 E.F.T.S.

(c) S.F.T.S.

This student has confidence in his own ability which has made him an average clear hood and instrument pilot. Does his work without complaint, and is clean-cut and intelligent.
Recommended for a commission.

Chief Instructor
No. 2 S.F.T.S.

(d) S.F.T.S.

ALTITUDE TOLERANCE TEST. DATE 12/5/43

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

Commanding Officer,
No. 2 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. if 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.

Confidential

PILOT

R.A.F. TRAINING REPORT.

R.A.F. Form 5014

No. 7 ADVANCED FLYING UNIT

1. Surname BELLINGHAM. Christian Names WILLIAM HENRY

2. Number J.25376 3. Rank Pilot Officer. 4. Course No. 48

5. Posted from 3 P.R.C. 6. Date course commenced 6.7.43. 7. Date course ended 23.11.43. 8. Posted to 1 Radio School.

9. Flying Tests		
Subject	Marks Allotted	Marks Obtained
(a) General Flying	400	300
(b) Applied Flying	200	150
(c) Instrument Flying ...	250	120
(d) Night Flying	100	65
(e) Link Trainer	50	35
Total	1,000	670
PER CENT.		67%

10. Assessment of qualities of Character and Leadership	Marks Allotted	Marks Obtained
	100	70

Degree of Suitability for further training	0 Not at all suitable	1 Moderately suitable	2 Definitely suitable	3 Extremely suitable
11. As a Flying Instructor	X			

(Mark "X" in appropriate column.)

12. **Remarks :**

Night Flying quite satisfactory on clear but dark night. Will need more dual before solo on operational types.
Good average pilot, coped well in all exercises. Competent in spinning.
Formation above average. I.F. Good average.
Keen pilot - will be an asset to a squadron.

Date 21.11.43 Signed M. Griffiths. W/Cmdr. for Officer Commanding.

(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	Instrument	Link Trainer
MASTER	Day ...	2.45	19.20	68.25	Anson. 5.35	30.50	3.00	12.00
	Night...	2.00	8.30	8.10				

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	
							Comment
(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 "	e.g. " Engine Failure " " Inexperience " " Carelessness," etc.

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

(*11077—10274) Wt. 38188—P2393 30M 12/42 T.S. 700
(*12116—10274) Wt. 12085—49 40M 5/43 T.S. 700

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

PILOT

No. 61 OPERATION TRAINING UNIT

1. Surname BULLINGHAM Christian Names WILLIAM HENRY.

2. Number 325376 3. Rank F/O 4. Course No. 45

5. Posted from R.A.F. Cranwell 6. Date course commenced 30.5.44. 7. Date course ended 1.8.44. 8. Posted to 83 G.S.U.

9. Ground Examinations			10. Flying Tests		
Subject	Marks Allotted	Marks Obtained	Subject	Marks Allotted	Marks Obtained
(a) Airmanship	300	240	(a) General Flying	400	260
(b) Armament	300	258	(b) Applied Flying	200	60
(c) Meteorology	100	85	(c) Instrument Flying ...	250	-
(d) Navigation	200	172	(d) Night Flying	100	63
(e) Signals	100	88	(e) Link Trainer	50	41
Total	1,000	843	Total	1,000 750	424
PER CENT.		84.3	PER CENT.		57%

11. Assessment of qualities of Character and Leadership	Marks Allotted	Marks Obtained
	100	60

12. **Remarks :** A good average pilot who has learnt much on the course and flies steadily. As an officer is cheerful and pleasant.

	Rounds fired.	Hits.
Air/Air.	2300	4.4
Air/Ground.	3600	17.0
High Dive bombing.	16	Average.
Cine film exposed.	270	

Air firing assessment. Air/Air good average Air/Ground Ab. Average.

Proficient in use of G.R.U. Assessor.

Date 6. 8.44. Signed (Signed) G.J. Donovan. W/Cdr.
Officer Commanding.

(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	Instrument	Link Trainer
MASTER	Day ...	-	.15	5.15	-	22.55	2.10	11.00
SPITFIRE.				57.50				
SPITFIRE.	Night...	-	-	5.15				

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	
							Comment
(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 "	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
(*13137—10275) Wt. 30508—1917 50M 9/43 T.S. 700

FORM 6

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

[redacted]

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 | Parish | Township

Street: No.: Hospital or Institution:

2. LENGTH OF STAY

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

3. NAME OF DECEASED

Surname: BELLINGHAM (Block letters)

Given names: WILLIAM HENRY LAURIE

Do not write in this space

4. RESIDENCE

Street: No.:

Official name of civil municipality or township: Magog

Municipal county: Province: Quebec

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

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

10. BIRTHPLACE (Province or Country): Australia

11. DATE OF BIRTH: February (Month) 6th (Day) 1923 (Year)

12. AGE OF DECEASED	Years	Months	Days	If less than one day old
	21			....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. 19/44

16. Total years spent in this occupation: Three

	17. NAME	18. BIRTHPLACE (Province or Country)
FATHER	Bellingham, Willie	Scotland
MOTHER (Maiden Name)	Hinton, Bertha	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: (Month) (Day) 19.... (Year)

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: November (Month) 19th (Day) 19 44 (Year)

23. I HEREBY CERTIFY that I attended deceased from ....19.... to ....19....

and last saw h.... alive on ....19....

24. CAUSE OF DEATH

I

Immediate cause Give disease, injury or complication which caused death, **not** the mode of dying, such as heart failure, asphyxia, asthenia, etc.

(a) Previously reported missing after air operations, now

due to for official purposes, presumed dead.

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

(b)

due to

(c)

II

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

III If a communicable disease is mentioned on this certificate, give

(a) Date of appearance: ....19....

(b) Duration of disease: ....days

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

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

State findings: Was there an autopsy?

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

Accident, suicide or homicide: Accident (State which) Date: Nov. 19th 19 44

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

Nature of injury: (dive bombing armed reconnaissance)

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

Signed ....**M.D.**

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

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

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

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

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

(Voir l'autre côté pour le français)

FORMULE 6

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

N'écrivez pas dans cet espace

1. LIEU DU DÉCÈS

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

Rue | No. | Hôpital ou institution

2. SÉJOUR

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

3. NOM DU DÉFUNT

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

Noms de baptême ou prénoms.....

N'écrivez pas dans cet espace

4. RÉSIDENCE

Rue..... No.....

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

Comté municipal..... Province.....

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

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

10. LIEU DE NAISSANCE (Province ou pays)

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

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

OCCUPATION

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

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

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

16. Nombre d'années occupées dans cette profession

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

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

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

21. LIEU DE L'ENREGISTREMENT DE CETTE SÉPULTURE

(a) Nom de la paroisse ou église.....

(b) Municipalité civile de.....

(c) Comté municipal.....

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

CERTIFICAT MÉDICAL CONFIDENTIEL DE DÉCÈS

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

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

.....19.....jusqu'au.....19.....

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

24. CAUSE DU DÉCÈS

I

Cause immédiate

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

(a).....

dû à

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

(b).....

dû à

(c).....

II

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

.....

.....

III Si une maladie contagieuse est mentionnée à ce certificat, donner

(a) Date d'éclosion.....19.....

(b) Durée de la maladie.....jours

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

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

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

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

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

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

Nature de la blessure.....

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

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

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

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

.....

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

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

.....

(For English see ot[illegible]side)

COURSE	FROM	TO	RESULT
Initial Training, Belleville, Ont.	20-7-42	12-9-42	Passed, 87% 5th.
Elementary Training, St. Eugene, Ont.	12-10-42	11-12-42	Passed, 85.4% 7th.
Service Flying Training, Uplands, Ont.	4-1-43	16-4-43	Passed, 79.07% 20th.
			Wings, 16-4-43

NAME BELLINGHAM, W.H.L.

No. J.25376

FORM NO. M. 76 -- VISIBLE RECORDS LIMITED, SCARBORO P.O., CANADA
CUT AND PUNCHED TO BE USED IN "NU-STYL" BINDER, MODEL NO. A.16F.
R.C.A.F. T-118 5M-9-42 (2651) H.Q. 885-T-118

NAME No.

COURSE	FROM	TO	RESULT

"C.T.E. CANADA"

To be made out in duplicate

M.F.M. 5
50M—8-41 (1292)
H.Q. 1772-39-1651

PARTICULARS OF FAMILY OF AN OFFICER OR OTHER RANK OF THE CANADIAN ARMY (AF) 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 Canadian Army (AF) 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 individual's new unit.

---

(1) Name of Officer or Other Rank BELLINGHAM WILLIAM HENRY LAURIE
(Surname first—Christian names in full—Block capitals)

(2) Regimental or Official Number and Rank R. 159926 J25376 AC2

(3) Unit No. 5 M.D. Training Unit R.C.A.F.

(4) Are you married? No

(5) If married, state,

(*a*) Full name of your wife na

(*b*) Present postal address of wife na

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

(7) Are you a widower? No

(8) Have you any children? na Number of boys Girls

Names and ages na

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

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

Name na

Postal Address na

[SEE OTHER SIDE]

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

If so, state her full name and Postal Address na

(11) Is your father alive? YES

If so, state name and address, occupation WILLIAM HENRY BELLINGHAM Magog Que Textile Printer

(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. na

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

(14) Is your mother alive? YES

If so, state name and address BERTHA BELLINGHAM Magog Que.

(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 na

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

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

Full Name na

Postal Address na

Amount contributed monthly during the past six months na

(18) Are you insured? No

If so, in what Company? na
(Give number of policy)

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

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

W.H.L. Bellingham
(Signature of officer or man)

Date March 24/42

E. Strachan Lt
Officer Commanding #5 M.D. Lachine Que.

Date

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.