J29723

EGAN
WALTER HENRY

AIR FORCE No. ~~R96471~~

EGAN, WALTER HENRY
SURNAME — FULL CHRISTIAN NAMES

ENLISTMENT PLACE Ottawa, Ont. DATE 16-6-1941.
RE-ENLISTMENT

C.R. FILE NUMBER SR

J.29723 **OFFICER** RECORD OF SERVICE AIRMEN Comm 12-11-6-43

R.C.A.F. FORM R44(B) 30M-3-41 (9782) 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.
TOS	4 a.m.d. St Hubert	16	6	41	4 a.m.d. 38
S.O.S.	4 B.m.D. St. Hubert	28	7	41	4 B.m.D. 74
TOS	16 "X" Debert	29	7	41	16 X 174
SOS	16 "X" Debert	2	8	41	16 X 180
TOS	31 O.T.U. Debert. N.S.	3	8	41	31 OTU 89
SOS	31 OTU Debert N.S.	12	9	41	31 OTU 122
TOS	3 ITS Victoriaville Que	13	9	41	3 ITS 132
SOS	3 ITS Victoriaville (Cancelled)	8	11	41	3 ITS 198
	#11 ITS Cap de la Madeleine				
SOS	3 ITS Victoriaville	7	11	41	3 ITS 200
SOS	1727 Stanley	8	11	41	1727 205
SOS	1727 Stanley	3	1	42	17274
TOS	8 B.A.T. Moncton	4	1	42	8 SEF 7
SOS	8 S.F. Moncton	9	5	42	8 SEF 97
T.O.S	6 B.G.S. Mtn. View	9	5	42	MV 112
	(SR)	11	6	43	14 218
	Discharged under para 392(18)(K)(AIR)	10	6	43	MV 215
TOS	on appt. to a Comm.	11	6	43	MV 215 (CYD 328)
SOS	Mountain View	10	9	43	MV 215
TOS	14 O.T.U. Halifax	11	7	43	14 225
SOS	14 O.T.U. Halifax	12	10	43	14 D 258
	3 PRC				
	Died of Injuries 26 Nov 44				DC L 884 a/30 Nov 44
	COMPLETED				
14/57		10	2	45	
	Dangerously Ill PC 4 452 a/27 Nov. 44	26	11	44	

File Charge on R&P

2. RECLASS'NS-PROMOTIONS-ETC.

RANK	EFFECTIVE			D.R.O.
A.C.2.	16	6	41	4 a.m.d. 38
LAC	19	10	41	3 375 184
T/Sgt (pd) T/4	24	4	42	8 SEF 97
A/F/Sgt (pd)	24	10	42	MV 263
T/F/Sgt (pd)	24	10	42	MV 290
T/WO II. (pd)	24	4	43	MV. 106
P/O 11-6-43 (AR+R 178/44 10.43)				
T8				
T/F/O 11-12-43	28	8	05	(AR A 20/21-1-44)

3. MEDICAL HISTORY

EXAMINATIONS (IN RED INK)

DATE	FORM	CATEGORY	REMARKS

HOSPITALIZATION (IN BLACK INK)

HOSPITAL	ADMITTED	DISCHARGE	D.R.O.
QUARTERS	CONFINED	RET'N DUTY	
9-6-41	R. 100	a.1.B.a.3.B.	
3-10-41 Preston Hosp.	M2	a.1.B.A3B	
Toronto Sick Quarters	1-9-42	4-9-42	MV 213: MV 221
Mountain View	4-9-42	5-9-42	MV 221: 221

4. TRADE AND CHARACTER

TRADE	GROUP	EFFECTIVE			D.R.O.
P. or O. (Cancelled)	8.	16	6	41	4 a.m.d. 38
A/P Spec		14	4	42	8 SEF 97
30 25					1
Pilot S/L		11	6	43	(AR R 178/44 10.43)
1 M 00					

TRADE PROFICIENCY	CHARACTER ASSESSMENT	DATE OF R41

5. COURSES-TESTS-ETC.

SUBJECT	RESULT	DATE			AUTHORITY
Pupil Obs'r Course.	78.7%	9	1	42	7 93-1287

6. LEAVE

FROM	TO	DAYS	REMARKS	D.R.O.
25-4-42	5-6-42	14	Special	8 SEF 97
1-11-42	7-11-42	7	Annual	MV 264
8-1-43	14-1-43	7	Annual	MV 13
50				
14-6-43	27-6-43	14	Annual	MV 143
28-8-43	10-9-43	14	Embarkation	MV 255

RELIGION — PROVINCE OF ENLISTMENT — DISCHARGE — AC

AIR FORCE No. ~~R96471~~

EGAN, WALTER HENRY

SURNAME — FULL CHRISTIAN NAMES

ENLISTMENT — RE-ENLISTMENT

PLACE Ottawa, Ont.

DATE 16-6-1941

C.R. FILE NUMBER SR

J.29723 **OFFICER** RECORD OF SERVICE AIRMEN

Comm 11-6-43

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

7. BIRTH: DATE — PLACE — CITIZENSHIP 2

24-4-1920 Kermon, N.J.W.S.A. British

FATHER (FULL NAME) Thomas Henry Egan

BIRTHPLACE Ottawa, Ont.

MOTHER (FULL MAIDEN NAME) Agusta Winifred Thrum (Deceased)

BIRTHPLACE Ladysmith. P.2.

8. EDUCATIONAL STANDING

HIGH SCHOOL ENTRANCE x P.2.

JUNIOR MATRICULATION 3 years High School. P.2.

SENIOR MATRICULATION

TECHNICAL SCHOOL

UNIVERSITY

CORRESPONDENCE COURSES

3

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

junior clerk, sixth hand on paper machine. — 2 years. Canadian international Paper Co.

8300

10. PREVIOUS ARMY, NAVY OR AIR FORCE SERVICE

Nil.

0

11. HONOURS-AWARDS, MENTIONS

	AUTHORITY	DATE
Pilot's Flying Badge	8SF97	24-4-42

12. FLYING EXPERIENCE ON ENLISTMENT (HOURS)

SOLO — DUAL — PASSENGER 3 trips

13. RELIGION Anglican.

3

14. LANGUAGES English.

1

15. SPORTS Tennis, swimming, skiing. airplane modeling.

16. SINGLE-MARRIED-WIDOWER-SEPARATED-DIVORCED: Single.

WIFE (FULL MAIDEN NAME) W305516 Law. Bradley Mabel Florence

PLACE OF MARRIAGE St Michael's Belleville Ont. DATE 14-6-43 MV163

AUTHORITY (IF AFTER ENLISTMENT) 14D220

1

17. MARRIED ESTABLISHMENT

REMARKS	RANK	EFFECTIVE	D.R.O.
Carried Supernumerary Airmen Marriage Establishment		14 6 43	MV163

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: Thomas Henry Egan — RELATIONSHIP Father.

ADDRESS: Gatineau Mills. P.2. — D.R.O.

FULL NAME: W305516 Law Egan M.F. — RELATIONSHIP wife

ADDRESS: RCAF 113 Appel St London Ont DA 266-95

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

RATE CHANGES ETC.	EFFECTIVE	D.R.O.	RATE CHANGES ETC.	EFFECTIVE	D.R.O.
Dep. Allce	14 12 43	14D220			

21. ENGAGEMENTS

TERM	EFFECTIVE	D.R.O.	TERM	EFFECTIVE	D.R.O.
Duration	16 6 41				

22. TEMPORARY DUTY AND MISCELLANEOUS ENTRIES

FROM	TO	DATE	D.R.O.
Occ. qtrs. & dr. rtns.		16-6-41	4a MD 38
Occ. Publ. Ftrs.	29-7-41 & dr. rtns.	30-7-41	16x178
Occ. gov't qtrs. & draw. rtns.		13-9-41	39TS152
Occ. Gov't qtrs & draw rtns		6-1-42	8SF7
Special Leave	T20 C103268		8SF97
		R40.14D	11-9-43

22.(A) ADDRESS PRIOR TO ENLISTMENT

Gatineau Mills. P.2.

2240 1 OHJ

23. DOCUMENT CONTROL (INDICATE RECEIPT BY DATE)

R60	R79 A	B465	X-RAY	AFM-13	IDN. CARD	K.X.
25-6-41	FEB 2 17.9.43	24-6-41				R.M.

F/6
W. H. Egan
25243

P/O

Account No. 25243

Name Walter Henry Egan

Unit R. C. A. F.

In Account with

BANK OF MONTREAL, 9 Waterloo Place, Pall Mall, London, S.W.1

It is requested that all cheques drawn and all deposits made be marked with the above Account number. All communications to the Bank regarding the Account should bear this number.

Customers are particularly requested to have their pass-books written up at least quarterly.

Customers are advised that the Bank reserves the right at its discretion to postpone payment of Cheques drawn against uncleared effects although credited to the Account.

Due notice should be given of any alteration in Rank or Unit from that as shewn above.

Banking Hours

Monday to Friday, 10 a.m. to 3 p.m. Saturday, 9.30 a.m. to 12 noon

r.11/BH-87885

Date 1943	Details	Debit	Credit		Balance
Nov 3	449	5 . .		Dr	5 . .
4	Bkg Cert Pay		9 10 .	Cr	4 10 .
9	Dep		5 . .		
9	Chq Bk	4 .		C	9 14 .
16.	313	5 . .			
22	Oct. Allce.		3 . .		
23	314	4 . .			
30	Nov. Pay		15 . .	Cr	15 9 .
Dec 6	315	5 . .			
7	316	5 . .			5 9 .

		Debit			Credit			Balance.		
	B/F/d.				5	9				
Dec 13	Allowance					18				
14	317	2								
20	318	3						Cr	1	7
23	YYFXD.	5			5	11	10			
30	Pay				20					
1946 JAN 3.	319	5						CR	21	18 10
8	320	5								
10	322	5								
	321	1	10	8						
14	323	5								
24	324	5								
28	Jany Pay				20					
Feby 1	15 3399	5						Cr.	15	8 2.
		36	10	8	51	18	10			
3	325	5								
4	326	5								
8	327	1	10	8						
14	328		7	4						
22	Prom.				8			Cr	11	10 2
24	330.	48	8	8	59	18	10			
28	pay.	5			25			Cr	31	10 2
Mar 2	331	5								
3	329	2	12	6						
4	332	5								
7	333	5								
		71	1	2	84	18	10	Cr	13	17 8

1944

	Bal Fwd				13	17	8	C					
Mar 4	Chq Book		4										
9	334	5											
10	335	5	.										
15	Feb. Alloco	10	4			5	8	C		3	19	4	
29	Pay.				14	3	4	C		21	19	4	
Apr 3	336	2	2		18	.		C					
6	421	5											
.	422	5	10	6									
.	423	5								4	6	10	
18	424	3	14	6									
24	T. T. F.X.D.				5	11	10						
30	Apr. Pay.				19								
May 1	206	10											
4	Cash.	5						C		10	4	2	
	Alloc	46	11		56	15	2						
						8	.						
8	421	4	11	8									
18	427	3	6	9									
20	728	4	.	.									
26	Int-on CA.		1	.									
	425	5	.	.									
	May Pay	63	10	5	18	.	.	C		11	12	9	
Jun 3	42	1	6	4	75	3	2						
.	430	5											
16	T.T.F.X.D.				5	11	10	C		10	18	3	

1944

	Bal Fwd				10	18	3	C	10	18	3
Jan 17	731	5									
22	733	5	2	.							
30	June Pay.				18	-	.	C	18	16	3
July 6	734	5	-	.							
11	June Allces				1	3	4				
19	Allces				3	18	.				
21	732	10	.	.							
	July Pay				18	.	.	Cr	26	7	7
Augs	735	5	-	.			.				
12	July Allces					2	10				
.	736	3	9	5							
19	737	5	-	.							
29	738	5	-	.							
30	Aug. Pay				18	.	.	Cr	26	11	.
Sept 14	743	10	.	.							
15	740	5	-	.							
.	Chequebook		4	.							
19	739	3	10	8							
.	741	1	1	2							.
.	742	5	-	.							
29	T/T FxD				11	3	8				
	Sept Pay				18	.	.				
Oct 6	744	10	9	8				C	20	9	2
Nov 7	Rec Gen.	14	.					C	6	9	2

1944.

	Balance			6	9	2	©	6	9	2
	Nor Pay.			9	.					
1945 Jan 16	Unused Chq				3	10				
	Bal R.C.A.F.	15	13	.						
		15	13	.	15	13	.		Nil	

J 297 3
7023

Egam 2d

P/O

ROYAL CANADIAN AIR FORCE

J.29723

~~R 9 B 4 7 1~~

Right Index Fingerprint

Name EGAN, Walter Henry

Rank AC.2 R.C.A.F.

Age 21 Height 5' 11¾" Weight 150

Hair Brown Eyes Hazel Hair on face Light.

Marks, scars, etc. None Visible.

Walter H Egan (Signature of holder)

(Signature of issuer)

Place R.C.A.F. Recruiting Centre, Ottawa, Ont. Date June 16th, 1941.

Card serial number 13577

IF YOU LOSE THIS CARD, notify your C.O. immediately, giving him full particulars

IF YOU FIND THIS CARD, please mail in an envelope addressed to: "The Secretary; Dept. National Defence (Air); Ottawa, Canada; Attention P.I.B."

L.C.B. ONT. 1943-4

NO POSTAGE NECESSARY

U02972 3EGAN WALTER H F07

1 NUMBER 9 NAME 29 RANK

SERVICE AWARD CARD

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

Op wgs

65517

20/11/46

2779

20.4.50

FORM NO. R. 325

R.C.A.F.

PREFIX NUMBER NAME RANK CODE

IBM 83961

LICENSED FOR USE UNDER CANADIAN PATENT NUMBER 315306

DAIS.

Mrs. Mabel ~~F. Egan~~ (Widow)

~~113 Appel St.~~, 83 WARWICK.

~~London,~~ CARLISLE. CUMBERLAND.

~~Ont.~~ ENGLAND.

~~Sept. 45.~~ 26/11/46.

MEMORIAL BAR

DATE DESP.....

REGN. NO 11/855

B.F. DATE

DIED OF INJURIES

NO. J29723 RANK F/O NAME EGAN W.H.

UNIT OVERSEAS EFF. DATE 27-Nov-44 D.C.L. #884d-30-Nov-44.

MFW2643 rec'd N.A. E.236 DEFICIENCY LIST n a

STN. FILE rec'd 29-3-45 M.10 (INCLUDING M13) ✓ mj

M.10 to DMS(AIR) N.A. MFB465a DENTAL ENV. ✓ mj
(Natural Death only)

DEATH CERTIFICATE ✓ mj

1

5-4-45

NAME EGAN, Walter Henry, FILE NO. FD33

RANK F/O CATEGORY DIED REG. NO. J29723

DATE OF DEATH: 27 Nov./44 MOTHER LIVING: NO WIFE: YES

MINISTERIAL CARD: ~~XXXXXXXXX~~ 21-2-45 ROYAL MESSAGE: MAY 2 1945

To Wife- 21-2-45

MEMORIAL CROSS TO CHAPLAIN:

DEL'D TO MOTHER:

DEL'D TO WIFE: APR 30 1945

Mrs. W. H. Egan,
113 Appel Street,
London, Ontario.

COMMAND:

RELIGION:

OFFICIAL ROYAL CANADIAN AIR FORCE CASUALTY NOTIFICATION

NUMBER J29723 (R96471) RANK F/O UNIT 421 SQDN. AEAF (OVERSEAS)

TRADE PILOT (G.L.)

NAME EGAN, WALTER HENRY

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

PRESENT MARITAL STATUS MARRIED RELIGION R.C. CANADIAN YES

FRENCH CANADIAN OTHER

NEXT OF KIN MRS.W.H. EGAN

RELATIONSHIP ~~XXXXX~~ WIFE

ADDRESS 113 APPEL ST., LONDON, ONT.

FATHER'S NAME

ADDRESS MR. THOMAS HENRY EGAN LIVING ON ENLISTMENT YES

MOTHER'S NAME ~~XXRIVXRXXLEXXRIVE~~ 67 RIVERSIDE DRIVE., GATINEAU,MILLS, QUE.

ADDRESS DECEASED LIVING ON ENLISTMENT NO

ADDRESS AT TIME OF ENLISTMENT GATINEAU MILLS, QUE. MARITAL STATUS AT TIME OF ENLISTMENT SINGLE

OCCUPATION WORKING IN ~~CAXXXX~~ PAPER MILL

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

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

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

CASUALTY DETAILS:

AUTHORITY CAS. SIG. NO. AIR MIN KWY-----PCX569----d-28-NOV-44 MR109/28 NOV

"DIED" 27-NOV-44 AS A RESULT OF INJURIES SUSTAINED IN AIR OPERATIONS ~~XXXXXXXX~~ (OVERSEAS)(NEAR BRUSSELS, BELGIUM) (ADMITTED NO. 8 R.A.F. GENERAL HOSPITAL, BRUSSELS)(FRACTURED SKULL AND COMPOUND FRACTURE RIGHT PATELLA)

(NEXT OF KIN ADVISED 29-NOV-44)

LAST WILL ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO ~~XX~~(2)

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

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

DATE 21-DEC-44

FOR CHIEF OF THE AIR STAFF

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

4

COPY FOR C.R. FILE

67354

OFFICIAL ROYAL CANADIAN AIR FORCE CASUALTY NOTIFICATION

NUMBER J29723 (~~R96471~~) RANK F/O UNIT 421 SQDN. AEAF (OVERSEAS)

TRADE PILOT (G.L.)

NAME EGAN, WALTER HENRY

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

PRESENT MARITAL STATUS MARRIED RELIGION R.C. CANADIAN YES

FRENCH CANADIAN OTHER

NEXT OF KIN MRS.W.H. EGAN

RELATIONSHIP ~~XXXXX~~ WIFE

ADDRESS 113 APPEL ST., LONDON, ONT.

ATES BRANCH DEC 23 1944 H. Q. OTTAWA NATIONAL DEFENCE

FATHER'S NAME

ADDRESS MR. THOMAS HENRY EGAN LIVING ON ENLISTMENT YES

~~XXXXXXXXXXXXXXXXX~~ 87 RIVERSIDE DRIVE.,

MOTHER'S NAME GATINEAU,MILLS, QUE.

ADDRESS DECEASED LIVING ON ENLISTMENT NO

ADDRESS AT TIME OF ENLISTMENT GATINEAU MILLS, QUE. MARITAL STATUS AT TIME OF ENLISTMENT SINGLE

OCCUPATION WORKING IN ~~XXXXX~~ PAPER MILL

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

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

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

CASUALTY DETAILS:

AUTHORITY CAS. SIG. NO. AIR MIN KWY-----PCX569----d-28-NOV-44 NR109/28 NOV

"DIED" 27-NOV-44 AS A RESULT OF INJURIES SUSTAINED IN AIR OPERATIONS ~~XXXXXXXX~~ (OVERSEAS)(NEAR BRUSSELS, BELGIUM) (ADMITTED NO. 8 R.A.F. GENERAL HOSPITAL, BRUSSELS)(FRACTURED SKULL AND COMPOUND FRACTURE RIGHT PATELLA)

(NEXT OF KIN ADVISED 29-NOV-44)

LAST WILL ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO ~~XX~~(2)

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

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

DATE 21-DEC-44

FOR CHIEF OF THE AIR STAFF

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

2

ADMINISTRATOR OF ESTATES, OTTAWA

67354

FORM 6

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not write in this space

1. PLACE OF DEATH

Municipal county: OVERSEAS (BELGIUM) | 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: EGAN (*Block letters*)

Given names: WALTER HENRY

Do not write in this space

4. RESIDENCE

Street: No.

Official name of civil municipality or township: Gatineau Mills

Municipal county: Province: Quebec

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

9. If married give name of wife or husband of deceased: Bradley, Mabel Florence

10. BIRTHPLACE (Province or Country): United States

11. DATE OF BIRTH: April (Month) 24th (Day) 1920 (Year)

12. AGE OF DECEASED	Years	Months	Days	If less than one day old
	24			....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.27/44

16. Total years spent in this occupation: Three

	17. NAME	18. BIRTHPLACE (Province or Country)
FATHER	Egan, Thomas Henry	Ontario
MOTHER (Maiden Name)	Thrum, Agusta Winifred	Quebec

19. Place of burial, cremation or removal

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

21. PLACE OF REGISTRATION OF THIS BURIAL

(a) Name of parish or church

(b) Civil municipality of

(c) Municipal county

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

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: November (Month) 27th (Day) 1944 (Year)

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

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

24. CAUSE OF DEATH

I

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

(a) Died of injuries sustained during air operations

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 (State which) Date: Nov.27th 19 44

Manner of injury: Died of injuries sustained during air operations (How sustained)

Nature of injury: Fractured skull and compound fracture right patella

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.)

S. Enlow 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)

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

Form 765 (C)
(Revised Feb. 1943.

TO BE RENDERED NOT LATER THAN 4 DAYS AFTER THE ACCIDENT

In every case copies of this form are to be rendered as follows :—

(i) One copy direct to Air Ministry, C.I. (Accidents).
(ii) Two copies direct to Air Ministry, S.4. (Statistics).
(iii) One copy direct to Ministry of Aircraft Production (R.M.I.).
(iv) One copy through usual channels to Command Headquarters.
[*In addition*, and *only* if casualties to officers or airmen are involved.]
(v) One copy to Air Ministry, P.4 (Cas.).

Indicate here by an X to whom this copy is addressed.

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

No1T.37.D/26.11.44.

Extra copies required for Dominion and Allied casualties; one for each authority concerned. When no casualties occur, one copy only if Canadians are pilots.

1. Unit	Group No.	Command	Serial No. of Form
No.421 Squadron, R.C.A.F.	83	2nd T.A.F.	11

2. Date of Incident 26.11.44.

Time 15:25

Site of Incident

(*a*) Name of airfield or landing ground B.56

(*b*) Place (if (*a*) not applicable) Evere, Brussels.

(*c*) County .....

Part (*a*) to be completed if the incident occurred on, or whilst taking off from or approaching to land on an airfield or landing ground.

3. Nature of and purpose for which flight authorised :—

Nature { (i) Operational or Non-operational ? Operational
(ii) Day or Night flying ? Day
(iii) Purpose SCRAMBLE

This flight is being included in this Unit's flying hour summary on { ~~Form 765A~~ XXXXXXX / Form 765B XXXXXXX } (Delete as necessary)

4. Type of Airframe and Engine and extent of damage (*see* footnotes to this section). 541

Details of Airframe and Engine.	Airframe.	Engine. Single or Port.	Starboard.	Centre Port.	Centre Starboard.
Type	SPIT. 1X.B.				
Mark or series					
R.A.F. No. (and makers' No. for engines)	MJ 569	180031/479853 *a*	*a*	*a*	*a*
Total hours run	270:55 *b*	142:55 *b*	*b*	*b*	*b*
Date last installed in Airframe	—	7/8/44 *b*	*b*	*b*	*b*
c Extent of damage	CAT. "E"				

a To be quoted whenever an engine is damaged or fails.
b To be quoted only for incidents involving defect or failure of airframe or engines.
c To be indicated as :—
E = Missing, unrepairable, reduction to scrap or instructional. AC = For repair by contractor's working party.
B = For repair at contractor's works or R.A.F. Depot. A = For repair by nearest R.A.F. unit. U = No damage.

5. All Occupants of Aircraft and Flying Experience of Pilots.

(i) Names to be entered in order of duty : 1st Pilot, 2nd Pilot, Pupil Pilots, etc.
(ii) Degree of injury to be classified as : Missing, Killed, Injured (admitted to Sick Quarters or Hospital), Slightly Injured (not admitted to Sick Quarters or Hospital), Uninjured. (Quote as M, K, I, I(s) or U as appropriate.)

Duty.	Name and Initials (Nationality to be quoted if not British).	Rank.	No.	Degree of Injury.	Flying Experience of Pilots and Pupil Pilots. *See* Note (ii)					
					Part A. Total Solo (Day & Night).		Part B (*see* Note (i) below). Solo (Night).		Part C (*see* Note (iii) below).	
					Type Quoted in Part 4.	All Types.	Type Quoted in Part 4.	All Types.	Instruments.	Link Trainer.
Pilot	EGAN, W.H. (CANADIAN)	F/O	J.29723	serious injured (Died in Hospital)		41:15		1024:35		
Attended No. 57 O.T.U.										

NOTE (i) Part B only to be quoted if incident occurred during night flying. (ii) Quote to nearest hour.
(iii) Part C only to be quoted if loss of control at night or in bad visibility or cloud by day is a possible contributory factor.

6. Stage of Flight.

A. Picketed or at moorings.
B. Starting up.
C. Stationary other than A or B.
D. Taxying.
E. Taking off
F. In flight.
G. Landing.
H. Towed or manhandled
J. Not known.

Quote A or B or C, etc., as appropriate ..... F.

7. Did Fire occur? If Yes, state "In air" or "On ground" as appropriate. If no fire state "No."

On Ground

8. Conditions of Light in which Incident occurred.

A. Day (daylight).
B. Dusk (half light of evening).
C. Dawn (half light of morning).
D. Dark (no moon or moon obscured).
E. Moonlight.
F. Not known

Quote as A or B or C, etc., as appropriate and amplify in Part 12(B) if necessary ..... A .....

9. If Incident occurred when taxying on, taking off from or landing on a runway state "Yes."

Yes.

10. DESCRIPTION OF ACCIDENT (or summary of pilot's report, if available). In cases of engine failure, information should be given as to the behaviour of the engine and manipulation of the engine controls immediately before failure.

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

As leader of the section in which F/O Egan took off I have this to report: F/O Egan called me by R/Tafter being airborne about ten minutes. He said he could not change his pitch control from the full fine position and was returning to base. I acknowledged and he broke off in the normal manner. I heard him call for a homing, but heard no more from him.

(F/L E.S.Smith) O.C. "A" FLIGHT.

(Pilot died as a result of injuries sustained.)

---

11. REPORT BY APPROPRIATE SPECIALIST OFFICERS (A. E. Nav., &c.) :—(i) If technical failure is involved, information as to the nature and cause of the failure is required ; precise information as to the extent of the damage arising as a result of this failure is not required. (ii) If the non-embodiment of an authorised modification is considered to have contributed to the accident. the serial number of the modification and reason for non-embodiment should be stated.

The possibility of failure of the pitch control cannot be ruled out, but it is not considered that failure of the propeller to come out of fine pitch would in any way prejudice the chance of a pilot landing an A/C.

Is Form 1022 or 1023 being rendered ? } ..... No. ..... Signature A.D.Hamilton. S/L
If " Yes " state which

12. REMARKS BY UNIT COMMANDER (to be given under three separate headings) :—

Part A. Remarks as to circumstances of the incident. (If it occurred at night on or near an airfield the nature of the lighting system in use at the time is to be noted in Part A.)

Part B. Diagnosis of all contributory factors. The manner in which any particular factor contributed to the incident is to be clearly indicated.

Part C. General remarks (including any recommendation with regard to personnel, training, airframes, engines, accessories, etc., and notes of any action taken as a result of this incident).

"A" There were no extraordinary conditions affecting this accident. The curcuit was clear, and visibility good. Flying Controlwas in contact with the Pilot.

"B" The failure of the pitch control may have induced a sense of emergency causing to pilot to attempt too tight a turn to make a runway. In any case he stalled off the turn, crashing at the end of the runway. He was in no real emerency.

"C" NIL.

Signature J.W.Brocine.S/L *Commanding* NO.421 Squadron,RCAF *Date* 2.12.44.

13. REMARKS BY STATION COMMANDER (and notes of any action taken as a result of this incident) :—

From independant evidence it would appear that the pilot pulled the nose of the a/c up, lost forward speed and turned too steeply, as a result of which he spun in.

J.Johnson
Wing Commander.

4 Dec.,1944

This would appear to be the answer but this accident is being formally envestigated at the moment.

Signature W.N.Marshall G/C *Commanding* No.127 Wing H.Q. *Date* 4 Dec.,1944

(*11591—8836) Wt. 48544—3196 100,000 2/43 T.S. 700
(*12342—8836) Wt. 15191—527 250M 6/43 T.S. 700

NAME Egan

REGT. RCAF

RANK F/O

TITLE

BN. 421 SQDN

INIT'S W H

NUMBER J29723

DATE OF DEATH 27/11/44 DII (FB)

CEMETERY Brussels Town Cem Evere les Bruxelles

PLOT X

ROW Z6

GRAVE NO. 53

COUNTRY Belgium

COMMUNE

MAP REF.

REPORT NO. Brabant 1-22

CROSS

AUTHORITY CAF/632/2/SSP/FB/4837

AGE

FILE NO.

NEXT OF KIN:- Wyf Mrs. W H Egan
c/o Mrs Grient
Gatineau Mills Que

POWERS-SAMAS ACCOUNTING MACHINES

TRADE MARK

ACTAR

SFP.958

PAT. NO. 808928
REG. NO. 771461

R. C. A. F.

R.A.F. Form 39
Army Form I. 1220
Naval Form M. 246

Surname Egan Christian Names Walter Henry

R.A.F. or Army No. J29723 Rank F/OFF.

Command T. A. F. Branch or Trade Pilot.

Unit 421 Sqdn. 127 Wing. Under instruction as

Age 24 yrs. Total Service 3½ yrs.

CONFIDENTIAL

Hospital or Sick List—Record Card

Hospital or Station rendering this form No. 8 R. A. F. GENERAL.

No. of enclosure in Form 48 Serial No. in Form 38 or in A. & D. Book 184

Dates of:

Arrival as direct admission from

„ „ transfer 26. 11. 44. from Unit.

Discharge to duty

„ as an invalid or to unit for invaliding

Transfer to

Death 27. 11. 44.

Number of days under treatment 2.

CLINICAL NOTES

Disease or injury Fractured Skull, (2) Compound Comminuted Fract. Rt. Patella. (3) Scattered 2nd. Degree Burns Face & Wrists. (F. A.)

New disease supervening, and date

Operation, nature and date 1. Reanoval and decompressin of depressed Fract. of Skull. 2. Excision of Fract. Patella, plaster

Anæsthetic, and method of administration I. V. Pentothal & intubation (G. O. E.)

Date	Previous history of case and family, if relevant
	Aircraft accinent 3.40 p.m. today, semi-conscious after crash. Morphia grs. ¼ given at 30. p.m. Intravenous plasma 500 c.cs. Injuries:- Fractured skull compound left frontal region. Compound comminuted fracture of Rt. patella. 2nd. degree burns of face and wrists.
	Condition on admission Admitted 16.45 hrs. P. 78. B. P. 120/90. 18.30 hrs. becoming restless P. 78. B. P. 100/60. Intavenous plasma commenced (2. bottles given) B. P. fell to 90/60 at 19.00 hrs. at 20.00 hrs. B. P. 98/60 P. 72. No occular abnormality noticed on admission pupils equal

N.B.—In the event of an error in diagnosis, the disease or injury entered will be crossed out in such a way as to remain legible, and the new disease or injury will be entered above it. In the event of a new disease supervening it will be entered in the space allotted.

D4683 Wt.39094/02965 40,000 12/43 T51-7804 D&Co.(Stpt)Ltd.

Date	Progress of case
	small, reacted to light.
	20.30.hrs. General condition improved slightly. P.72.
26.11.44.	Operation:- 20.30.hrs. Pentothal G.O.E. O.& ether. (W/Cmdr Dixon)
	Scalp incised and excised over left frontal fracture. Depressed fragment removed, margins of fracture excised. Dura not penetrated. Penicillin and sulphanilamide insufflated. Penicillin tube down to fracture site through stab wound. Wound closed with S.W.G.S.
27.11.44.	04.10.hrs. Respirations became slower. Patient collapsed and died suddenly.
	Sged. J.G.Pegg F/O.
	P.M. shows intact dura. No extra or subdural haemorrhages. Gross cerebral oedema with petechial haemorrhage throughout brain substance.
27.11.44.	Autopsy.
	Death due to:- 1. Anorexia. 2. Compression of cord. 3. Fracture dislocation of cervicl vertebrae.
	Sged. A. Warren S/Ldr.
27.11.44.	Condition on discharge As above.
	Sged. F.W. Dixon W/Cmdr.
	Signature of Medical Officer J. Lewis Holmes F/Lt.
	Date 27.11.44.

RECEIVED
8 FEB 1945
R.C.A.F. MEDICAL
STATION OFFICER

15

A I R M I N I S T R Y

73-77 Oxford St., London, W.1.,

31st January, 1945.

CAN/J29723/P.4 Cas C.9

Dear Mrs. Egan,

Enclosed herewith please find photographs of the grave of your husband, Flying Officer Walter Henry Egan who died as the result of injuries sustained on air operations on the 27th November, 1944.

Your husband was laid to rest on the 30th November, 1944 in the City Cemetery, Evere, Brussels in grave No. 53, plot 10, row 26.

It is hoped that these photographs will be of some consolation to you and may I extend my deepest sympathy to you in the loss of your husband.

Yours sincerely,

M. Cameron sb

for (J.S. Harris), Wing Commander,
FOR Air Officer Commanding-in-Chief,
R.C.A.F., Overseas.

Mrs. W.H. Egan,
c/o Mrs. Greene,
Gatineau Mills,
Quebec.

ECW/CEB

R.A.F. Form 1755
(in pads of 100).

13

BURIAL RETURN.

[To be rendered within 14 days by parent Unit in respect of all burials (including enemy dead) whether or not due to war operations.]

(Date) November 30 1944

PLACE OF BURIAL Cimetiere De La Ville Evere, Bruxelles Map Reference N.A.

(and name of Cemetery)

Grave No. 53 Plot 10 Row 26 Personal or Official No. J29723

Unit No. 421 Squadron, R.C.A.F. 127 Wing.

Name : (Surname) EGAN (Initials) W.H.

Rank Flying Officer Religion R.C.

Date of Death 27.11.44 Date of Burial 30.11.44

Means of Identification Medical documents on admission to Hospital

COPY FOR H.Q. OTTAWA

15/2/44

(NUMBER) (RANK) (NAME)

RECEIVED 13 DEC 1944 IN R.A.F. (CAS.)

[P.T.O.

To be answered by Home Units and Units in the Field.

Have effects (if any) been forwarded to the (i) Base Personnel Staff Officer ?

NO (ii) Standing Committee of Adjustment ? Yes. 2.12.44

To be answered by all Units.

CROSSES. (Strike out as necessary.)

1. No Cross required, as an adequate cross with durable inscription is already in position.
2. Cross required : (*a*) Will be called for at G.R.U. Office at.....
   (*b*) To be forwarded by G.R.U. to.....
   (*c*) To be erected by G.R.U. as soon as possible.
3. For Units in the Field.

When a Chaplain, Burial Officer or Commanding Officer renders a Burial Return and is not in a position personally to verify the particulars shown thereon, he must invariably state on the form the authority responsible for supplying the details of identity, and (if possible) how these were obtained.

(Signed) D Hennessy Jr Unit No. 421 Squadron

~~Chaplain, O. i/c Burials,~~ or O.C. Unit.

Distribution :—Units in the Field { 2 copies to B.P.S.O. / 1 copy to Head of Graves Services.

Home Units and Overseas Units not in the Field { 2 copies to Air Ministry. / 1 copy to Record Office for Airmen.

(*13827—X8138) Wt. 45054—P3846 2M Pads 1/44 T.S. 700

R E G I S T E R E D

7th December, 1944.

Should be 27th. CBS 9/1

Mrs. W.H. Egan,
c/o Mrs. Greene,
Gatineau Mills, Que.

Dear Mrs. Egan:

I have learned with deep regret of the death of your husband, Flying Officer Walter Henry Egan, on Active Service Overseas on November 26th and I wish to offer you and the members of your family my sincere and heartfelt sympathy.

It is most lamentable that a promising career should be thus terminated and I would like you to know that his loss is greatly deplored by all those with whom your husband was serving.

Yours sincerely,

(SGD.) C. A. S.

(Robert Leckie)
Air Marshal,
Chief of the Air Staff.

CB A

Norm

B

J29723 (R.O.4)

OTTAWA, Canada, 6th December, 1944.

Mr. T.H. Egan,
87 Riverside Drive,
Gatineau Mills, Que.

Dear Mr. Egan:

It is with sincere regret that I must confirm the telegram recently received by you which advised that your son, Flying Officer Walter Henry Egan, died on Active Service.

The Royal Canadian Air Force Casualties Officer, Overseas, has informed me that your son was dangerously injured during air operations when the aircraft, of which he was the sole occupant, fell to the ground at 3:30 P.M. on November 26th, 1944, near Brussels, Belgium. He was admitted to the No.8 Royal Air Force General Hospital, Brussels, where he died on November 27th, as a result of a fractured skull and a compound fracture of the right patella. May I assure you that when any further information is received it will be communicated to you immediately.

I know this message has brought you great sorrow, and I offer you my sincere sympathies. May the Great Architect comfort and strengthen you.

Yours sincerely,

(D.E. MacKell)
Air Commodore,
Acting Air Member for Personnel.

A&D.
5/12

CATHOLIC WELFARE BUREAU

REV. J. A. COOK, EXECUTIVE DIRECTOR
PHONES; OFFICE MET. 3194-W
RESIDENCE, MET. 3194-J

MEMBER AGENCY OF
LONDON COMMUNITY CHEST

193 KENT STREET
LONDON, CANADA

May 31, 1943

To Whom It May Concern:

Re: L.A.W. BRADLEY, Mabel F.

The above named has been personally known to the writer for many years. I can vouch for her being a young lady of good character and moral principles and of sound discretion and judgment.

The writer would recommend L.A.W. Bradley as a person who would discharge the duties and obligations of married life in a sound, commonsense responsible way. It is my conviction that this young lady, if granted permission to marry at this time, would embark upon a union the seriousness and stability of which she thoroughly understands and the permanence of which she might with all reason be expected to realize in a most fitting manner.

Any consideration shown L.A.W.Bradley because of this character reference would be greatly appreciated.

Yours faithfully,

J.A. Cook

JAC/W

Executive Director,
CATHOLIC WELFARE BUREAU.

CANADIAN INTERNATIONAL PAPER COMPANY

SUN LIFE BUILDING ~ DOMINION SQUARE

MONTREAL, QUE.

PLEASE ADDRESS REPLY TO
GATINEAU, QUE.

April 30th, 1941.

TO WHOM IT MAY CONCERN:

This is to certify that the bearer of this letter, Mr. Walter Egan, has been employed with our firm since September, 1939, and is presently employed as a Sixth Hand on our paper machines.

We do not hesitate to state that Mr. Egan is a chap of fine character and from a view point of work, he has always carried out his respective duties in a satisfactory manner.

Mr. Egan has informed the writer that he intends enlisting in the Air Force.

Very truly yours,
CANADIAN INTERNATIONAL PAPER COMPANY

George G. Gibb.

GEORGE G. GIBB,
Employment & Safety
Supervisor.

GGG/OML

Gatineau, Que., 5th May 1941

TO WHOM IT MAY CONCERN:

This is to certify that the bearer, Mr. Walter Egan, has been known to me for the past ten years.

This young man is living with his father, with whom he is working for the Canadian International paper Company of Gatineau, Que.,

The Egan family are good law abiding citizens and have proven to be upright and reliable with the Company thay are presently working for.

M.J.Schingh J.P.
Gatineau, Que.,

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

DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

Em 4 AIR

27850

DECEASED MEMBER'S NAME: Walter H. (CHRISTIAN NAMES) Egan (SURNAME)

REGISTER NO.

PAYEE: Mrs. Mabel F. Egan,

ADDRESS: 4838 Marguerite Ave., Vancouver, B.C.

FILE NO. 14157

DATE 26 Apr/45

SERVICE NO. J.29723

FINAL RANK OR RATING F/O

DATE OF TERMINATION OF OVERSEAS SERVICE 26 Nov/44

DATE OF DISCHARGE 26 Nov/44

		$	¢
A. TOTAL QUALIFYING SERVICE	NO. OF DAYS 1260/30 EQUAL TO 42 COMPLETE PERIODS AT $7.50	315.00	
B. QUALIFYING OVERSEAS SERVICE	NO. OF DAYS 411 LESS INELIGIBLE DAYS, EQUAL TO 411 DAYS @ 25c. PER DAY	102.75	
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 $ 47.20	$ 1.57		
TOTAL	$ 10.27 ×7 = $	71.89	
NO. OF DAYS 411/183	×$	71.89	161.46
D. WAR SERVICE GRATUITY			579.21
E. DEDUCTIONS — OVERPAYMENT OF	PAY AND ALLOWANCES $		
	DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $		
	OTHER DEDUCTIONS $		
F. TOTAL AMOUNT PAYABLE			579.21

MAY 17 1945
R. C. A. F.
B. L.

G. YOUR PORTION OF GRATUITY IS—

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU $ 47.20 / TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $ 47.20 OF $ 579.21 = $ 579.21

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
LCS	JFM

TREASURY

CHECKED BY	DATE
	17/5/45

Pilliner Dr/c
SERVICE REPRESENTATIVE

ΔT

Treasury Office.
Air Force Services
OTTAWA. - CANADA.

Rec'd. APR 27 1945

P. & A. SECTION

R96471

CERTIFICATE OF MARRIAGE

THIS IS TO CERTIFY THAT, ON THE.....Fourteenth.....

DAY OF.....June.....A.D.1943, AT...St. Michael's, Belleville.....

IN THE PROVINCE OF ONTARIO, I SOLEMNIZED THE MARRIAGE OF.....

...Walter Henry Egan, W/Oll, R.C.A.F. #6 B. & G. Mt. View.....AND

...Mable Florence Bradley, LAW, #6 B. & G. Mt. View.....UNDER MARRIAGE LICENSE

NO. L 77658 ISSUED ON THE....Fourteenth.....DAY OF.....June.....A.D. 1943

WITNESSES:

.....J.A. McDermott.....

.....Evelyn Larmond.....

...G.E. Mulligan, F/L.....

...#6 B & G. Mt. View.....

...R.C.....#12931.....

"CERTIFIED TRUE COPY" 30-June-43

(J.R. Mallory) F/L.
R.C.A.F. St'n., MOUNTAIN VIEW, Ont.

R.C. JUL 10 1943 O., R.C. S.L.

D 29723

STATION HEADQUARTERS

APPLICATION FOR APPROVAL OF MARRIAGE

DATE	June 2nd, 1943
NAME	WALTER HENRY EGAN
RANK	WARRANT OFFICER Second Class.
TOTAL SERVICE AT PRESENT DATE	Date of Enlistment :- June 16, 1941
AGE	Twenty Three.
PRESENT JOB	Staff Pilot.
NAME OF FUTURE WIFE	BRADLEY - MABEL
CERTIFICATE OF CHARACTER AVAILABLE AND ATTACHED	YES.
APPROXIMATE DATE AND PLACE OF MARRIAGE	June 14, 1943 Belleville, Ontario.
CERTIFIED I AM FREE FROM DEBT	YES
SECTION COMMANDER'S REMARKS Recd G. Goodfellow	PROVINCE IN WHICH MARRIAGE IS TO BE PERFORMED ONTARIO.
REMARKS OF COMMANDING OFFICER Approved	Robt C Ripley (?) GP/CPT. COMMANDING OFFICER

J29723 (RO)

R E G I S T E R E D OTTAWA, Canada, 20th November, 1946.

Mrs. Mabel F. Egan,
c/o Mrs. J.E. Larmond,
R.R. No. 4,
Eganville, Ont.

Dear Mrs. Egan:

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 husband, Flying Officer W.H. Egan.

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.

/BBO

CERTIFICATE OF MARRIAGE

THIS IS TO CERTIFY THAT, ON THE.....Fourteenth.....

DAY OF.....June.....A.D.1943, AT...St. Michael's, Belleville.....

IN THE PROVINCE OF ONTARIO, I SOLEMNIZED THE MARRIAGE OF.....

...Walter Henry Egan, WOll, R.C.A.F. #6 B & G, Mt. View.....AND

...Mable Florence Bradley, LAW, #6 B & G, Mt. View.....UNDER MARRIAGE LICENSE

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WITNESSES:

.....J.A. McDermott.....

.....Evelyn Larmond.....

...G.E. Mulligan, F/L.....

...#6 B & G, Mt. View.....

...R.C.....#12931.....

"CERTIFIED TRUE COPY" 30-June-43

(J.R. Mallory) F.L.
R.C.A.F. St'n., MOUNTAIN VIEW, Ont.

ROYAL CANADIAN AIR FORCE

INTERVIEW REPORT

SURNAME..... EGAN ..... N.F.

CHRISTIAN NAMES..... WALTER HENRY ..... FLY-ING

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

EDUCATIONAL STANDING:- Number of years.....

High School..... 3 yrs. .....Technical.....Commercial.....

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

.....

Standing Other Countries.....

FLYING EXPERIENCE:- Total Hours

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

Private " Solo..... None .....Dual..... None .....Passenger..... 1 hr. .....

No. Hours & Types during last 2 yrs..... as above. .....

MILITARY AND OTHER TRAINING:-

.....

No.

.....

.....

SPORTS:- (What Branches)

Tennis, Swimming, Skiing.

.....

Sketching, Aircraft Modeling.

HOBBIES.....

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

Very keen to fly. Aesthetic type. Pleasant personality.

.....

Should make good as a Pilot.

.....

.....

.....

.....

.....

CONSIDERED SUITABLE FOR COMMISSIONED RANK? Yes.

BEST FITTED FOR..... Pilot - Observer.

.....

DATE 5-6-41.

F.M.5

RECRUITING CENTRE
OTTAWA

(R.H. Masterman) F/O

Signature of Officer

AGE..... 21

HEIGHT..... 6'

WEIGHT..... 150

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

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

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

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

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

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

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

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

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

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

MARK WITH AN X T
DESCRIPTION
WHICH APPLIES

R.C.A.F Records Office
Rec'd JUN 21 1941
O.K. O.I.B.
R.C.A.M.N.I.
S.L. P.A.

REFERENCES CHECKED -- SATISFACTORY
" " UNSATISFACTORY
NOT CHECKED

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

IM

R.C.A.F.

Name: EGAN (Surname) Walter Henry (Christian Names) No.: J-29723

F/O. (Rank) R.C.A.F. O/S. (Unit) 27-11-44 (Date of Death)

AMOUNT

L.P.C. ..... $ 123.13

Date: 27-7-45

Other Credits ..... _____

Total 123.13

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Widow	Mrs. Mabel F. Egan, 6657 Angus Drive, VANCOUVER, B.C. (Sole beneficiary under will)	123.13

P4. TO TREAS. 4-9-45, Q.M.

AUTHORITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
0000 9999 XXXX	833	01	70	000 m	123.13

CLASSIFIED BY

EXAMINED BY

For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

(L. M. Firth) Colonel
Director of Estates

AUDITED FOR PAYMENT

For Chief Treasury Officer

75M—2-45 (6771)
H.Q. 1772-80-2

AIR FORCE NO. R. 96471 POSTED TO No. 4A Manning Depot, St. Hubert, Quebec. TRADE - PILOT - OBSERVER - Std.

ROYAL CANADIAN AIR FORCE

(ATTESTATION PAPER)

SPECIAL RESERVE

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

1. Surname Egan FULL Christian Names Walter Henry
2. Present Address Gatineau Mills, Quebec Telephone Canadian Int'l Paper Co.
3. Permanent Address Gatineau Mills, P.Q.
4. Place of Birth Hermon, New York, U.S.A. Citizenship Canadian
5. Date of Birth April 24, 1920 Married, Single, Widower, Separated, Divorced Single
6. Particulars of Children

Name	Date of birth	Name	Date of birth

COMPLETE

7. Occupation Worker in paper mill 8. Religion Anglican (State denomination)
9. Languages English - average (State proficiency)
10. Next of Kin (Full Name) Thomas ~~Harry~~ Henry Egan Relationship Father
" Address Gatineau Mills, Quebec
11. Father (Full Name) Thomas Henry Egan Birthplace Ottawa, Ont.
" Address Gatineau Mills, Que. Citizenship Canadian
" Occupation Worker in Canadian International Paper Co.
12. Mother (Full Maiden Name) ~~Augusta~~ agusta Wignford Shiren Birthplace Ladysmith, P.Q.
" Address Deceased Citizenship Canadian
13. Details of any Naval, Military or Air Force Service:

Unit	Place	Rank	Trade	Date From	Date To	Reason for discharge
	None.					

R.C.A.F. Records Office Rec'd JUN 21 1941 U.K. C.I.B. R.C. R.M.N.I. S.I. 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.? Yes If so, where? Ottawa, Ont.
When? Four Years ago Result Accepted for file
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? Yes If so, state particulars Small clothing account at Shaffer's, Ottawa.

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

77-25

21. Particulars of Education:

—	Name of school	Date From	Date To	Courses—Subjects, etc.
Primary Education—Public or Separate School	Pyrites, N.Y., Public	1927	1930	Grammar, Literature, History, Geography, Arithmetic, Algebra, Geometry, Physics, French.
High School—Collegiate Institute, etc.	Gatineau Intermediate	1930	1936	
Technical School				
University or School other than above				
Correspondence Courses, etc.				

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

Employer and place	Duties, trades, positions	Date From	Date To	Reason for leaving
Canadian International Paper Co. - Gatineau Mills, Quebec.	Junior Clerk, Sixth hand on Paper Machine.	Oct. 1939	Still employed	Enlistment in RCAF.

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

24. Special Qualifications, Hobbies, etc., useful to the R.C.A.F. Sketching, airplane modelling.

25. Sports engaged in. State: extensively, moderately, occasionally Tennis, swimming, skiing all extensively.

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 [redacted].
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
George Gibb	Gatineau Mills, P.Q.	Employment manager at Int'l. Paper Co.
Claude Gilpatrick	Gatineau Mills P.Q.	
J. Schingh	Gatineau Mills, P.Q.	Justice of the Peace
Rev. Morgan	Woodstuffe, Ont.	

28. Other information that may have any bearing on this application. A basic knowlege of aircraft and flying.

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 5, 1941 Signature Walter H. Egan

NATIONAL REGISTRATION CERTIFICATE PRODUCED. ED 42 PD 11 5

FOR OFFICIAL USE ONLY

(A) *Report of Interviewing Officer—*

Type.....General appearance.....

Suitability for (state in what capacity).....

Date.....Signature.....Rank.....

(B) *Report of Trade Test—*

Trade in which tested.....

Result.....

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

.....

Date.....Signature.....Rank.....

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

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

Date June 16, 1941. 19..... Walter H. Egan
Signature of Recruit

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

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

Date June 16, 1941. 19..... Walter H. Egan
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 RCAF R/C Ottawa, Ontario. this 16th day of June 19 41

(L.H. Christie) Flight Lieutenant, Commanding Officer, RCAF Recruiting Centre, Ottawa, Ont.
Signature of Officer — Rank — Unit

Finger Print
Date 16/6/41
Initials

FOR OFFICIAL USE ONLY

CERTIFICATE OF MEDICAL EXAMINATION

Part 1. Information obtained from the applicant—

1. Age. 21 2. Have you ever suffered from any of the following defects in health?

(a) Rheumatism no
(b) Tuberculosis no
(c) Bronchitis or Asthma no
(d) Heart Disease no
(e) Kidney or Bladder Disease no
(f) Gastro-intestinal no
(g) Rupture no.
(h) Varicose Veins no -
(i) Flat or Deformed Feet no
(j) Nasal Trouble no
(k) Ear Disease may not hear so well in one yr
(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

3. Have you ever worn glasses? no

4. Have you had any illness for more than one week's duration. Pneumonia 1923.

Examiner's Remarks *re* above Measles Chicken pox, mumps

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

Signature of Applicant Walter H. Egan

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

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

2. Height 5 feet 11 1/2 inches. 3. Weight 148 pounds.

4. Complexion fair 5. Color of Eyes hazel Hair fair

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

Range of expansion 3 1/2 inches

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

9. Vision—Without glasses—Right 20/15- With glasses—Right

Left 20/15- Left

10. Condition of mouth and teeth 26 - 15-.

11. Urine—Albumen neg Sugar neg

12. Abnormalities (Congenital and Pathological) found on Examination

Bowell left varicocele - no disability.

A1B
H3B

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

Any special remarks of the Medical Officers 16-6-41 X-Ray 12199 WCB Neg. (Chest)

Part 2 Cont'.

13. Reflexes N
14. Heart N
15. Lungs N
16. Blood Pressure S. D. 125/80
17. Colour Vision IV

Date 9/6 19 41

R. H. Hawkins Flt Lt
President

Member

F. O.

Member

To be made out in duplicate

M.F.M. 5
200M—2-41 (9495-6)
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 EGAN WALTER HENRY
(Surname first—Christian names in full—Block capitals)

(2) Regimental or Official Number and Rank R. 96471 AC.2

(3) Unit ROYAL CANADIAN AIR FORCE

(4) Are you married? NO

(5) If married, state,

(*a*) Full name of your wife 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? NO

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

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

Name N.A.

Postal Address N.A.

N.A.F. Records Office
Rec'd JUN 21 1941
O.K. C.I.B.
R.C.A.F. N.I.
S.L. P.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 Thomas Henry Egan, Gatineau Mills, Que. Worker in Gatineau Paper Mills.

(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? NO

If so, state name and address N.A.

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

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

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

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

If so, state the following particulars:—

Relationship N.A.

Full Name N.A.

Postal Address N.A.

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

(18) Are you insured? Yes

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

Have you made arrangements for payment of your Insurance Premium? NO
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.

Walter H. Egan
(Signature of officer or man)

Date June 16, 1941.

R.S. Masterman F/L
(I.H. Christie) Flight Lieutenant,
Officer Commanding RCAF Recruiting Centre,
Ottawa, Ontario.

Date June 16, 1941.

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.

CONFIDENTIAL

No. 3 MEDICAL SELECTION BOARD,
No. 3 INITIAL TRAINING SCHOOL, R.C.A.F.,
VICTORIAVILLE, P. Q.

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

3128

ROYAL CANADIAN AIR FORCE

Medical Board held at OTTAWA, ONTARIO *Date* JUNE 9/41

FILE NUMBER 9671

Surname EGAN *Chr. Names* WALTER HENRY
Nature of Commission *Date of Birth* 24/4/20 (21) *Married or Single* Single
Branch R.C.A.F. *Hours Flown* no
Address Gatineau Mills, Quebec

HAVE YOU ANY HISTORY OF:—

(i) NERVOUS TROUBLE or Nervous Breakdown NO
Severe or "Sick" Headaches, Migraine NO
Fits or Convulsions of any kind NO
Sun or Heat Stroke NO
Head Injury or Concussion (including "knock-out") NO
Insomnia, Nightmares, Sleep-walking, or Bed-wetting NO
(ii) LUNG TROUBLE or Consumption NO
Bronchitis, Pneumonia or Pleurisy Pneumonia 1923
Asthma or Hay Fever NO
(iii) HEART DISEASE, "Weak or Strained Heart" NO
Fainting Attacks or Giddiness fainted once in a dentist ~~NO~~ chair, at 12 yrs age
Rheumatism, Rheumatic Fever or "Growing Pains" Growing pains ~~NO~~ at 12 yrs of age (for about a year--just when tired.
Frequent Sore Throats or Tonsillitis NO
Diphtheria, Scarlet Fever or Scarlatina NO
(iv) STOMACH or BOWEL TROUBLE NO
Chronic Indigestion or Pain after Food NO
(v) KIDNEY or BLADDER TROUBLE NO
Syphilis or Gonorrhœa NO
(vi) TROPICAL DISEASE
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 doesn't hear so well in one ear
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 measles, chicken-pox, mumps

Education 3 yrs High School -- left at 16 yrs age
Present Occupation working in a paper machine Hobbies
Previous Service NO
Athletics Tennis -- Club champion twice at Gatineau Mills--skiing, swimming
Habits—Smoking 18 cig a day Alcohol 2 beers a week
FAMILY HISTORY—Consumption no
Nervous Ailments, Mental Trouble, or "Fits" no
Father Alive—Health well Dead—Cause
Mother Alive—Health Dead—Cause pneumonia & heart disease
Brothers (1) Alive—Health well (....) Dead—Cause
Sisters (1) Alive—Health well (....) Dead—Cause

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

Date 9-6-41 *Signature* Walter Egan *Witness* R. S. Matthews

GENERAL MEDICAL AND SURGICAL EXAMINATION

Impression given by *(a)* Physique ..athletic.. *(b)* Mentality ..standard..
Body Marks, Scars, Deformities ..none..
Size of Thyroid Gland ..not palpable..
Surgical Abnormalities ..slight left varicococle--no disability..
Results of Wounds, Injuries, Operations ..none..

	Date 9/6/41	Assessing Room	Date	Assessing Room	Date 3-10-41 #3 M.S.B.	Assessing Room	Remarks on any Abnormalities Found
Height (ins.)	71½				71		
Weight (lbs.)	148				155		*Date*
Chest Circumference (ins.)	32						
Body Build (lbs.)	-5						
Leg Length (ins.)	44				44		
Pulse Rate (Sitting)	84				72		
Pulse Rate (Standing 1st)	108						
Pulse Rate (Standing 2nd)	84						
Pulse Rate (After Exercise)	108						
Pulse Rate (Time to Normal)	20						
Arterial Walls	N				N		
Blood Pressure (Systolic)	125				125		
Blood Pressure (Diastolic)	80				85		
Heart (Size)	N				N		
Heart (Sounds)	N				N		
Heart (Rhythm)	N				N		
Lungs	N				N		
Breath held	55						
Expiratory Force	120						
Vital Capacity (Best of 5)	4500						
Reflexes (Knee)	N				N		*Date*
Reflexes (Ankle)	N				N		
Reflexes (Triceps)	N				N		
Reflexes (Abdominal)	N				N		
Reflexes (Plantar)	N				N		
Cranial Nerves	N				N		
Balancing Rod	R. L. ls ls	R. L.	R. L.	R. L.	R. L.	R. L.	
Self Balancing	R. L. ls ls	R. L.	R. L.	R. L.	R. L.	R. L.	
Tremors (Fingers)	0						
Tremors (Eyelids)	0						*Date*
Abdomen (Liver)	N				N		
Abdomen (Spleen)	N				N		
Abdomen (Muscular Tone)	N				N		
Urine (Albumen)	Neg				N		
Urine (Sugar)	Neg				N		
Initials of M.O.	R.T.G.				JDCM		

40 mm. Hg. Test ..7 8 6, 6 8 6, 6 7 7, 7 7..
Date ..3-10-41 60 secs. 666/785/554/544/554..
Date .....
Date .....
Date .....

Remarks by Consultant.

9-6-41 Fit.

EYE EXAMINATION

3 M.S.B.

History	Negative		No symptoms.
Visual Acuity	R. 20/15 , c̄ 2.25 = 20/100		20/20 2.50 20/200
	L. 20/15 , c̄ 2.25 = 20/100		20/20 2.50 20/200
Colour Vision	N (Isch)		N
Red, Green	N		M.R. Eso 2 Rt. hyper 1
Diaphragm Test (P.D. = 60)	1 (exo)		P.D. 65 Bar at 0
Convergence C. =	6 cms.		6½
Convergence S. C. =	9 cms.		9
Accommodation R	12		12½
Accommodation L	12		11½
Cover Test	N		Very Sl.Lat.Dev. RR
Fundi and Media	N		N
Fields	N		N
Remarks:	Accommodation High. Fit A 3 B possibly fatigue.		Right hand and neither eye master. Fit.
	Initials of M.O. R.M.M.	*Initials of M.O.*	*Initials of M.O.* JVN
	Date 9-6-41	*Date*	*Date* 3-10-41

EXAMINATION OF EAR, NOSE AND THROAT

History: Was once told that his hearing was not as good in one ear as the other -- in the course of an insurance exam. Has never noticed any difference.

Hearing R. Ear	W.V. 20 ft		W.V. q20'
Hearing L. Ear	W.V. 20 ft		W.V. 20'
External Ear, Meatus Membranes R. Ear	N		N
External Ear, Meatus Membranes L. Ear	N		N
Middle Ear, Eustachian Tubes R. Ear	Pat		N & P
Middle Ear, Eustachian Tubes L. Ear	Pat		patent
Cochlear Apparatus R. Ear	N		N
Cochlear Apparatus L. Ear	N		N
Vestibular Apparatus R. Ear			N
Vestibular Apparatus L. Ear			N
Buccal Cavity	Clean		N
Teeth	Count 26 Points 15		N
Gums	N		N
Pharynx	N		N
Nasopharynx	has a cold--septal spur to left--still fair airway.		N
Nose			N
Larynx			N
Remarks:	Fit		
	Initials of M.O. R.M.M.	*Initials of M.O.*	*Initials of M.O.* JDCM
	Date 9-6-41	*Date*	*Date* 3-10-41

HISTORY OF PRESENT CONDITION

Date 9-6-41

Good candidate. Fit A 3 B. Returning to repeat accommodation tests.

A 3 B

R.M. MATTHEWS
F/O

#3 M.S.B. - 3-10-41 - I hereby declare that I have had no illness etc since my last M2 exam.

M.S.B. 3-10-41 Passed Jr. Matric. except for Alg. French and history at age 16. Was clerk in grocery store 2 yrs. Ran paper machine in paper mill 1½ yrs.
Choice: Pilot: Observer.
Pleasant lad of average intelligence and initiative. Not very aggressive. Average in emotional stability, general adjustment, and self-confidence.

C.G. Stogdill, F/L.

OBSERVATIONS AND FINDINGS BY PRESIDENT OF BOARD

Date 10-6-41 A 3 B. R M Matthews Flt. Lt.

CATEGORY
G.1.B.A.3.B
OCT 3 1941
PRES. NO. 3 MED. SELECTION BD.
for D.M.S. Air

R.C.A.F. Records Office
Rec'd OCT 17 1941
O. K. ..... C. I. .....
R. C. ..... N. I. .....
S. L. ..... P. A. .....

ROYAL CANADIAN AIR FORCE

RECORD OF SERVICE AIRMEN

R96471 — A.F. No.
Egan — Surname
Walter Henry — Christian Names
R.C. Anglican — Religion

Born 24-4-20 Place Hemon N.Y. Country U.S.A. Citizen of Canada Racial Origin Irish

ENLISTMENT	CIVIL EDUCATION	PREVIOUS SERVICE
Date 16-6-41	High School Entrance ✓ Jr. Mat. ✓ Sr. Mat.	Nil.
At Ottawa	Technical School Corres. Courses	
Term Duration	University	

RANK	DATE	Med. Cat.	Date
AC2	16-6-41	91 B G33 B	12-6-41
LAC	19-10-41		
Sgt.	24-4-42		
DRO 263/42 AFS97(Pd)	24-10-42		
T/F/Sgt(pd)	24-10-42		
DRO 104/43 T/WO II (Pd)	24-Apr-43		

CIVIL OCCUPATIONS AND EXPERIENCE

Junior Clerk - Canadian International Paper Co. Gatineau Mills, Que. Oct. 1939 — 1941.

COURSES AND TRADE TESTS

Trade	Grp.	%	PorF	Date Rem.	Trade	Grp.	%	PorF	Date Rem.
P. or O.	5th								
Gen. Armt. Rel. Sp. Gr.				24-4-42					

PARTICULARS OF FAMILY M S D

Wife WIFE — Maiden Name Bradley, M. F. — Present Address (in pencil)

Children	Names	Date of Birth	Place of Birth

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

Egan, M. F. (Wife) 319 Dufferin St. Belleville, Ont. DRO. 163/43 (Trfd Rec)

LEAVE

FROM	TO	AUTH. AND DESCRIPTION
25-4-41	8-5-42	Special Leave (14 days)
1-11-42.	7-11-42. (7)	Annual DRO 264.
8-JAN-43	14-JAN-43 (7)	Leave Instl. DRO # 13/43
14 June 43	27 June 43 (14)	Annual DRO 143/43

CHARACTER AND TRADE ASSM. HONOURS, AWARDS AND MENTIONS

DATE	CHARACTER	TRADE AND ASSM.	HONOURS AND AWARDS	SIGNATURE
1-11-42	V.G.	SAT		

MOVEMENTS AND CASUALTIES

AUTHORITY	UNIT FROM	UNIT TO	DATE
	RC	#4 DRD	
M & R Ottawa	St Hubert		16-6-41
DRO 38/41 No 4A M.D.	ST HUBERT		16-6-41
D.R.O. 54/41	4A M.D. St-Hubert	#1C Depot Debert	28-7-41
DRO 122/41	31 OTU	31 TS	12-9-41
DRO 198/41.	31 T.S.	#10 E.F.T.S.	
	VICTORIAVILLE, P.Q.	[redacted]	[redacted]
		Stanley N.S.	7-11-41.
[redacted]	[redacted]	[redacted]	[redacted]
DRO. 4/43	Stanley	No. 8 S.F.T.S. Moncton	3-1-42

AUTHORITY	UNIT FROM	UNIT TO	DATE
DRO 97 Award. Dly.		Badge	24-4-42.
" " Iss.	T.W.C. Ottawa.	103218 Montreal	
" "	No 8 SFTS	No 6 BTS M.T. Vernon	8-5-42
Dep 213/42 Adv	Trenton	Hosp	1-9-42
Dro 221/42	Hosp	Sick Lve	4-9-42.
Dro 221/42. Discha	Trenton	Hosp	19-9-42
Dro 221/42 Discharged	Sick Lve	Sick Lve	5-9-42
Dro. 163/43 Auth. to draw Subs. allowance			14-6-43
Dro. 163/43 Married with permission			14-6-43 to W305516
LAW Bradley, Mabel Florence			

The above entry is amended to read. auth to draw Subs. allowance 28-June-43 Dro. 167/43

(OVER)

	FROM	TO	DATE				
Dro. 163/43	Carried supernumerary to the airmen's Marriage Est.		14-6-43				
DRo 315	Desich. from the RAFS (SR) under para 392 (18) K.R.&(Air) eff: 10-June-43 on appt to a com as Pilot officer in the G.D Br. (Auth: AFHQ Secy. 5405 d/24-Aug-43)		10-6-43				
DRo 315	Ceases to draw Subsistence allow. eff: 25-Aug-43.		25-8-43.				
~~DRo~~							

Finger Printed
Date ..16/6/44
Initials..

(*12864—10512) Wt. 24986—1506 105M 8/43 T.S. 700

400

ROYAL AIR FORCE G 82648

R.A.F. Form 412
(Revised Aug., 1943.)

PROCEEDINGS OF COURT OF INQUIRY OR INVESTIGATION

opened on (date) 29.11.44

at (place) B. 56 A/F. Belgium. No. 127 Wing by order of Rear Headquarters, No. 83 Grou

with instructions to inquire into the FLYING ACCIDENT on (date) 26.11.44

at (place) B. 56 Airfield, Belgium (nearest town) Brussels.

*Here insert any special terms of reference and whether recommendations are called for.

and (i) To establish the facts called for in the Findings set out below.
(ii) To inquire specially into*

1. To investigate. On accident involving Spit. IXB
2. Allocate responsibility, if any. M.J. 569
3. Make recommendations --

COMPOSITION OF THE COURT (OR NAME OF INVESTIGATING OFFICER)

	Rank	Name	Unit
President	F/Lt.	Donald Melvin WALZ	443 Squadron
Members			
In attendance (a)			

LIST OF WITNESSES

Rank	Name	Unit (if civilian say so)	Rank	Name	Unit (if civilian say so)
S/L	A. H. Sager	443 Sqdn	W/Cdr.	L. W. P. Dixon	No. 8 R.A.F. Gen. Hosp.
F/L.	I. E. Tinkess	127 Wing Flying Cont.	F/O	H.F.O. Olmer	443 Sqdn.
F/L	M.H. Brown	421 Sqdn			
F/L	E.L.Smith	421 Sqdn			
Cpl.	J. R. Comtois	127 Wing			
Cpl.	M. J. Nolin	127 Wing			
F/L.	W.J.H. Disher	127 Wing			

FINDINGS (b) OF THE COURT OR INVESTIGATING OFFICER

(NOTE.—THE COURT OR INVESTIGATING OFFICER MUST REFER TO A.P. 837, SECTION 51.)

1. Description of aircraft.

Type, Mark and Number	Dual or single control	Damage to Airframe (c)	Engine(s) Type and Series	Engine Number(s) A.M. No.	Engine Number(s) Makers No.	Damage to Engine(s) (d)	Whether aircraft was fit for the Flight
Spitfire IXB MJ. 569	Single	Cat. E Burnt	Merlin 66	479853	180031	Cat. E. Burnt	Yes.

2. Description of Occupants.

Service Number and Name (e)	Rank	Unit	Duty, e.g., Pilot, A.G. etc.	No. of aircraft in which he was occupant	Where seated	Extent injured (f)
J. 29723 Walter Henry EGAN	F/O	421 Sqdn	Pilot	MJ. 569	Cockpit	Fatal

NOTES.—(a) If present by reason of Specialist qualifications, nature of these to be stated (vide A.P.837 S.51, para. 1360 (iii)).
(b) The Findings must be based on and supported by the recorded evidence.
(c) and (d) Indicate as "Total," "serious," "slight" or "no damage."
(e) If more than one aircraft involved, insert here first, in order, names of occupants of aircraft entered first above. Captain of each aircraft to be stated.
(f) Classify as "Fatally, missing, seriously, slightly or uninjured."

3. The purpose of and instructions for the flight(s) were as follows :

Aircraft Type and Number	(i) Who authorised the flight(s)? (ii) For what purpose? (iii) Special instructions (if any). (iv) Was instruction being given? If so, by whom?
Spitfire IXB MJ. 569 Merlin 66 180031/ 479853	(i) Flight authorised by F/L. E. S. Smiht (ii) Patrol Munchen Gladbach (iii) No special instructions (iv) No.

4. The aircraft took off as follows :

Aircraft Type and Number	Time	Place (from which)	Weather conditions (including strength and direction of surface wind) at the time and place of take-off.
Spitfire IXB MJ. 569 Merlin 66	15.00	B. 56 Airfield Belgium	Observation made at 15.00 hrs. by 127 Wing Met. is as follows:- Viz - 5 miles Weather - Fair, slight mist Cloud - 6/10 at 2200 ft. Wing - West 10 - 15

5. The accident occurred at the place and on the date set forth on the front page of this Form. Further details are as follows :

Time	Exact location of crash, including height (g) where relevant	Weather conditions (including strength and direction of surface wind, condition of light, etc.) at the time and place of accident.
15,30 hrs	East end of runway on B.56 Airfield Belgium. 75 yds short of runway and perimeter track. Height of ground above sea level 150 feet.	Weather conditons in area of accident were fair. Observation made by 127 Met Office at 15.00 and 1600 hrs are as follows:- 1500 Vis. 5 miles, cloud 6/10 at 1200 slight mist, wind west 10- 16 m.p.h. 1600 Vis 5 miles. cloud 4/10 at 20000 2/10 at 2200, slight mist, wind west 10-15 mph.

6. The flying experience of the pilot prior to this flight was :

PILOT(S) (h)	Hours flown (quote to nearest hour)									
	Within 6 months prior to accident					Total solo (Day and Night)		Total solo (Night) (k)		By In-stru-ments (l)	Hours on Link Trainer (m)
Name, Age, where trained, and how assessed.	Type of aircraft including type quoted in para. 1.	Day and Night		Night (j)		On type quoted in para. 1	On all types	On type quoted in para. 1	On all types		
		Dual	Solo	Dual	Solo						
	Master 'II I III	4.10				22.55	879.20				
EGAN, W.H.	Spitfire I		18.20								
Age - 24	Spitfire II		9.00								
Trained:-	Spitfire VB		2.45								
17 EFTS, Stanley N.S.Canada	Spitfire IXB		22.55								
8 SFTS, Moncton, N.B. Canada											
6 B & G Mountain View Ont., Canada.											
5(P) A.F.U. Ternhill, Eng. Assessed Average											
57 O.T.U., Eshott and Boulmer Assessed, Proficient.											

NOTES.—(g) Give (i) height (above sea level) of ground at scene of accident ; (ii) Height above ground of any obstacle struck by aircraft before impact with the ground, as applicable.
(h) Include all pilots involved in accident except any whose flying hours it would serve no useful purpose to quote.
(j) and (k) Only to be quoted if accident occurred at night.
(l) and (m) To be quoted only if loss of control occurred at night, or in bad visibility necessitating instrument flying, or while flying artificially blind.

7. We (I) have
books and

Description of boo and form
Flight Authori Book Pilots Flying Form 700
Aircraft and E

NOTE.—If any

8. We (I) ha have following

9. We (I) have

Name
DUDGEN

10. CONCLU

(a) B
(b) D
(c) R

(a) Pilot ma slipping around t slip str

(b) Through come to
(i) The
(ii) Pil aro
(iii) Pil
(iv) Air rec

(c) Height to give

7. We (I) have examined the following aircraft, engine, flight authorization book, and pilot's flying log books and also Form 700 and have ascertained :

Description of book and form	Remarks, including material facts supplementing or confirming evidence of witnesses and whether all necessary inspections were carried out prior to the flight.
Flight Authorisation Book	This book was in order and properly signed out for flight.
Pilots Flying Log. Form 700	Log Book in order. All inspections were carried out prior to flight. Aircraft properly D.I'd at 19.00 hrs. on the 25.11.44. Form 700 was not signed by F/O Egan. Aircraft and engine were removed before investigation was ordered; thus rendering inspection impossible. Aircraft engine were in burnt condition.
Aircraft and Engine	

NOTE.—If any of these Documents have not been examined, this must be stated and reason given.

8. ~~We~~ (I) have / ~~have not~~ visited the scene of the accident ~~before~~ / after aircraft was / ~~were~~ removed and have found the following material facts :

No material facts were found at scene of accident.

9. We (I) have been unable to obtain the evidence of the following material witnesses :

Name	Rank	Unit	Reasons precluding obtaining of evidence	How concerned with accident
DUDGEN	W/CDR.	111 Wing	ON DUTY IN U.K.	Eye witness.

10. **CONCLUSIONS.** Under this Heading the following should always be included :

(a) Brief description of the accident and its attendant circumstances.
(b) Diagnosis of cause or causes including all contributory factors.
(c) Recommendations, if called for by the convening authority.

(a) Pilot made a very tight circuit of airdrome. He had the aircraft in a very steep slipping turn to the left, on final approach. The aircraft appeared to be stalling around the turn; at a dangerously low altitude. The aircraft appeared to stall and slip straight on to the ground, just short of runway and perimeter track.

(b) Through the evidence I have gathered, and my experience with spitfire aircraft, I have come to the conclusion that, the causes of the accident were:-
(i) They tried to do too tight a circuit and crowded the runway.
(ii) Pilot realizing he was too close to the runway and possibly not wishing to go around again, tried to turn on to the runway and slip off height in the turn.
(iii) Pilot had insufficient speed for a tight turn.
(iv) Aircraft stalled in turn, and slipped straight into the ground before pilot could recover.

(c) Height should not be slipped off spitfire aircraft unless sufficient speed is maintaine to give ample lateral stability.

10. (*Continued*)

11. This accident ~~(is not)~~ / ~~is~~ being investigated by the Accidents Investigation Branch.

Signature of President (or Investigating Officer) Sgd. D. M. WALZ. F/L.

,, (Member of Court) .....

,, ,, ,, ...

Date of signing 3.12.44

REPORT OF COMMANDING OFFICER File Ref. No.....

I concur.

Signature of C.O. Sgd. ?

Date of signing 6th Dec. 1944 Commanding R.A.F. Station 127 Wing H.Q.

REMARKS OF GROUP COMMANDER File Ref. No.....

I concur.

Signature D. A. BOYLE A/CDR.

Date of signing 10. 12. 44 for Air Officer Commanding, 83 Group

FORWARDING REMARKS OF COMMANDER-IN-CHIEF File Ref. No.....

I concur.

Date of signing 15. 12. Signature Sgd. ? W/C

pp T.A.F. Command.

6th Witness - R. 136620 Corporal, Nolin, Marie, Joseph, Armand, Fire Fighter, 127 Wing, states:-

I am a fire fighter in 127 Wing, and was on duty, with my crew consisting of three men, at the touchdown end of runway, on B, 56 Airfield, on the 26.11.44. at 15.30 hrs, when Flying Officer Egan crashed. Immediately I saw the aircraft crash, we went as quickly as possible to scene of crash, which was approximately 150 yds. distance. We had about 75 yds. of mud to pass through before reaching crash. The aircraft was all in flames when we arrived; I immediately put a foam compound hose in the cockpit to put out fire, and rescue the pilot. One of my crew cut the pilot out of the cockpit, while I protected them with foam hose. It took a minute to reach scene of crash, thrity seconds to rescue pilot, and the fire was completely out in two minutes. I could have reached the crash thirty seconds sooner, had there been no mund to pass through, with fire truck.

Sgd. M. J. A. MOLIN.

7th Witness - Flight Lieutenant William James Hamilton, Disher, 127 Wing Headquarters, states:-

I am engineering officer in 127 Wing Headquarters. I inspected Spitfire M.J. 569, Merlin 66, 180031/479853, after Flying Officer Egans crash, and categorised same, as Cat. E., Burnt.
Previous to flight aircraft was considered airworthy. Due to burnt condition of aircraft, further investigation was limited; thus full investigation report was not feasible.

Sgd. W. J. H. DISHER, F/L.

8th Witness - Wing Commander Francis Wilfred Peter Dixon, No. 8 RAF General Hospital, states:-

I am the surgical specialist at No. 8 RAF General Hopsital, and I performed the operation on Flying Officer Egan on 26.11.44. The injuries found were
(1) Compound depressed fracture of the skull.
(2) First degree burns of face, and neck (3) Compound

/fracture

Compound fracture of right patella. Cause of death was due to the gross cerebral injuries sustained in the accident; Time 0500 hrs. 27.11.44. Flying Officer Egan had no evidence of pre accident injuries.

Sgd. F.W.P. DIXON, W/C.

9th Witness - Flying Officer Harold Fredrick OLMER, 443 Squadron, states:-

I am a pilot in 443 Squadron, 127 Wing; and I was standing in front of 443 Squadron Dispersal at 15.30 hrs., on 26.11.44, when Flying Officer Egan crashed. I saw a spitfire approaching the airdrome from the North east at a low altitude. The pilot did a very tight circuit, within the bounds of the perimeter track. At the touchdown end of the runway, the pilot was in a very steep slipping turn. The engine sounded natural, but aircraft seemed to be stalling around the turn. Aircraft seemed to stall, and slip into the ground, just short of the runway.

Sgd. H. F. OLMER F/O.

COPY

CERTIFIED TRUE COPY

1st Witness — Squadron Leader Arthur Hazelton SAGER, 443 Squadron, states:-

I am Officer Commanding, 443 Squadron, 127 Wing. While standing outside of 443 Squadron dispersal which is situated on the south side of B.56 airdrome, on the 26.11.44 at 15.30 hours, I saw a Spitfire approaching the drome from about 60 at a height of approximately 300 ft. It made a tight circuit within the bounds of the perimeter track - at a very low speed. The pilot appeared to be dragging the aircraft around with a lot of motor and at the end of the downwind leg turned steeply into wind, losing height rapidly. He appeared to stall to the left before he was able to straighten out on to the runway.

Sgd. A. H. SAGER S/L.

2nd Witness — Flight Lieutenant Ivan Earl TINKESS, Flying Control Officer, states:-

I am a flying control officer in 127 Wing, and while on duty in control tower, situated in the centre of B.56 Airfield, on 26.11.44, Cradle Pink, 2, F/O Egan, called for a homing at 15.20 hours. Bearing 260 was passed, on second transmission 270 passed; in a minute or two later F/O Egan said he was O.K., and was approaching base; he asked if he could make a quick circuit, and come straight in. I replied 'O.K', come stright in now'. He acknowledged. The aircraft then made a very steep turn around the touchdown end of runway; when the aircraft was turning towards the end of runway it appeared to slip in off the turn, hitting the ground at approximately 75 or 80 yards, short of perimeter track, immediately blowing up.
The pilot F/O Egan, did not ask for an emergency homing, or say he had engine trouble. He appeared to be calm, and collected over the R.T.

Sgd. I. E. TINKESS, F/L.

3rd Witness - Flight Lieutenant Maurice William Brown, 421 Squadron, states:-

I am a pilot in 421 Squadron, 127 Wing; I flew Spitfire IX M.J. 569, on a patrol prior to the flight in which Flying Officer Egan crashed, which was on the 26.11.44 The aircraft performed perfectly throughout the patrol

Sgd. M. W. BROWN F/L.

4th Witness Flight Lieutenant Edward Shirlock Smith, 421 Squadron, states:-

I am a Flight Commander of 421 Squadron, 127 Wing. I authorised the flight of the 26.11.44 on which Flying Officer Egan crashed. We were to patrol Munchen G.1. Gladback area, and were only airborn approximately ten minutes when Flying Officer Egan, who was flying as my No. 2, called up, and said he was having trouble with his pitch control; that he could not decreasehis r.p.m. from full fine. Position, and that he was returning to base. I heard him call up for a homing, and nothing more. In my experiences with Flying Officer Egan, he could be considered an average pilot; although conscientious about his work, he did not appear to be of a fighter pilot temperament.

5th Witness R. 96687, Corporal, Comtois, Joseph, Roger, General Duty 127 Wing, states:-

I am a booking corporal for 127 Wing, and was on duty, on the control truck, on the 26.11.44 at 15.30 hrs, when Flying Officer Egan crashed off the east end of runway on B. 56 Airfield.
I saw the Spitfire turning in on the touch down end of runway at a very low speed, with engine on. It was very low, and was in a very steep slipping turn to the left. The aircraft seemed to stall, and slip straight into the ground 75 - 80 yds., short of the runway. The aircraft immediately burst into flames.

/6th

R.C.A.F. R.47
50M—10-41 (971)
H.Q. 1062—3—56

ROYAL CANADIAN AIR FORCE

OFFICER'S APPLICATION AND RECORD SHEET

Finger Printed YES Date JUNE 16/41 Initials WHE. Date AUGUST 25 1943.

I have the honour to apply for an appointment to the Special Reserve (~~Non-Flying List~~)
(General List)

Please read these notes before completing the form:—

(a) All questions must be answered in candidate's own handwriting. It is not sufficient to leave a space for reply, blank. Write "N.A." if "Not Applicable". Incorrect answers may prejudice an applicant's chance of selection.

(b) Where spaces are inadequate, information should be given on foolscap paper attached to and identified with this application.

(c) Paragraphs 35, 36 and 37 must be signed, dated and witnessed.

(d) The submission of false information or falsified documents in connection with this application may render the applicant liable to Prosecution.

1. Surname EGAN
(Use capital letters)

2. Christian Names WALTER HENRY
(Use capital letters)

3. Date of Birth APRIL 24th. 1920 Place HERMON (City) NEW YORK STATE (~~Province~~) U.S.A. (Country)

4. Permanent Address 81 Riverside Drive - Gatineau Mills, P.Q.

5. Present address for correspondence stating date until which it holds good. 319 DUFFERIN ST. Belleville, Ontario. Telephone 908 R.

6. Nationality (If Naturalized Canadian, proof of naturalization must be submitted) AT PRESENT AM ENDEAVORING TO ESTABLISH WHETHER CANADIAN OR AMERICAN. (No Reply As Yet).

7. Religion (State denomination, e.g., C. of E., R.C., U.C., etc.) R.C.

8. Next of Kin (Name) L.A.W. EGAN. Mabel Florence Relationship WIFE
Address R.C.A.F. STATION - MOUNTAIN VIEW, ONTARIO.

9. Father's name in full THOMAS HENRY EGAN Alive / Deceased ALIVE
Address 81 RIVERSIDE DRIVE, GATINEAU MILLS, P.Q.
Birth Place Ottawa, Ontario Nationality CANADIAN.
Profession BRICKLAYER IN CANADIAN INTERNATIONAL PAPER Co. Gatineau P.Q.
Mother's maiden name in full AUGUSTA WINNIFRED THRUN Alive / Deceased DECEASED
Birth Place LADYSMITH, P.Q.

10. Has either parent acquired any other nationality? (If so, full particulars and date must be given) NO.

11. Single, Married, Widower, Divorced, Separated? MARRIED.
Particulars of Marriage JUNE 14, 1943 (Date) Belleville, Ont. (Place)
Full maiden name of Wife MABEL FLORENCE BRADLEY Birthplace WINNIPEG, MAN.

12. Particulars of Children:—

NAME	DATE OF BIRTH	PLACE OF BIRTH
N.A.	N.A.	N.A.

13. Person or persons to be notified in case of casualty:—
Name L.A.W. EGAN M.F. Relationship WIFE
Address M.P.O. 309, RCAF STATION, MOUNTAIN VIEW, ONTARIO
ALSO
MR. T.H. EGAN — 81 RIVERSIDE DRIVE
GATINEAU MILLS, P.Q.

14. Education:—

SCHOOLS	DATES IN ATTENDANCE FROM	DATES IN ATTENDANCE TO	COURSES	DIPLOMAS AND DEGREES
PYRITES N.Y.(USA) GRAMMAR SCHOOL	1927	1931	PRIMARY AND SECONDARY GRADE COURSES	N.A.
GATINEAU HIGH SCHOOL	1931	1936	ENTRANCE AND UPPER FORM COURSES	N.A.
Universities				

15. Special Civil Courses or Examinations other than in 14 above, Correspondence Courses, etc.

N.A.

16. Civil Employment, from leaving school to present in chronological order, and Reasons, if any, for leaving:—
(If space does not permit full details of civil duties supplementary memorandum should be attached to and identified with each copy of this form.)

NAME AND ADDRESS OF EMPLOYER	FROM	TO	DUTIES	CAUSE OF LEAVING
TECUMSEH GOLF CLUB (GATINEAU PQ)	1937	1939	CADDY MASTER	BETTER POSITION
CANADIAN INTERNATIONAL PAPER	1939	1941	OFFICE BOY	
CO. GATINEAU MILLS, P.Q.			MACHINE HAND	JOIN R.C.A.F.

16a. BANKER (Name of Bank and Branch) BANK OF MONTREAL - BELLEVILLE, ONT.

17. Clubs or Organizations of which applicant is a member N.A.

17a. Have you ever been convicted of an indictable offence NO. If so, State Nature N.A.

18. Previous Service with Navy, Army, Air Force, Permanent or Non-Permanent:—
(If in the Air Force state nature of duties, *e.g.*, Pilot, Observer, Technical or Ground duties and if entitled to wings.)

FULL NAME OF UNIT	FROM	TO	RANK	DUTIES
R.C.A.F. SPECIAL RESERVE (AIRMAN)	JUNE 16 1941	JUNE 10 1943	W.O. II	PILOT

19. Reason for Termination of last Service Engagement APPLICATION TO COMMISSIONED RANK (R.C.A.F)

20. Details of Ground Officer's Duties Performed N.A.

21. Experience as Teacher or Instructor (Service or Civilian):—

SUBJECT	FROM	TO	UNIT	PLACE
N.A.	N.A.		N.A.	N.A.

22. Have you ever been or are you now in receipt of a Disability Pension? N.A.

If so, state nature of disability: N.A.

Particulars of other Pension: N.A.

23. Honours and Awards (Quote authority—*London* or *Canada Gazette*) N.A.

24. Service Cou

PILOT

25. Have you
of its auxili

26. Have you a

ENGINES

27. Types of A

NO. 17 E.F.T.
N.O. 8. S.F.
No. 6 B.&G.
VIEW, ON

28. Total Flyin

29. Sports and

TENNIS

30. Hobbies

31. Languages

32. Any other

33. Names and
personal kn

Name C.

Addre

Profes

Name F/L

Addre

Profes

34. NOTE:—
The app
The Departm
the candidat
personally ac
Applicants
or outside t

35.
The fore
that His Ma

Witness

Date

36.
If select

Witness

Date

24. Service Courses taken:—

TYPE OF COURSE	PLACE	FROM	TO
PILOT'S TRAINING	R.C.A.F. AND CIVILIAN OPERATED TRAINING SCHOOLS		

25. Have you previously applied for a Commission or for enlistment in the Royal Canadian Air Force or any of its auxiliaries? If so, state:—

N.A.

(Unit and Place) (Date) (Result)

26. Have you any knowledge of internal combustion engines, construction of aircraft, mechanics or electricity?

ENGINES AND A/C CONSTRUCTION IN PILOT'S TRAINING COURSE.

27. Types of Aircraft Flown (Service or Civilian):—

PLACE	LIST FLYING HOURS BY YEARS	REMARKS
NO. 17 E.F.T.S. STANLEY N.S.	62 hrs. 1941	
N.O. 8. S.F.T.S. MONCTON. N.B.	140 hrs. 1942	
No. 6 B.&G. SCHOOL - MOUNTAIN VIEW, ONTARIO	200 hrs. 1942	
	450 hrs. 1943	

28. Total Flying Time 850 (Hours) N.A. (State Type and No. of Licence held)

29. Sports and games played, and whether extensively, moderately or occasionally.

TENNIS, BADMINTON, SWIMMING, SKIING - (EXTENSIVELY)

30. Hobbies MODEL BUILDING - DRAWING

31. Languages spoken, or written (State proficiency) ENGLISH (ONLY)

32. Any other remarks or information not included in the foregoing—

N.A.

33. Names and present addresses of responsible persons (preferably including employer), able to certify from personal knowledge of the candidate's career, as to his suitability for commissioned rank.

Name C. J. GILPATRICK (in capitals) Name J. FORTLINE (in capitals)

Address GATINEAU MILLS, P.Q. Address C/O CAN. INTERNATIONAL PAPER CO

Profession CONNECTED WITH CANADIAN INTERNATIONAL PAPER CO. GATINEAU P.Q. Profession PERSONNEL MANAGER

Name F/L R.C. LOVE (in capitals) Name F/L. R.Z. CONNER (in capitals)

Address KINGSTON MILITARY HOSPITAL Address R.C.A.F. STATION, MTN. VIEW

Profession OFFICER PILOT Profession O/C DROGUE FLIGHT

34. NOTE:—

The applicant must be prepared to provide, if required, references from his former headmaster, employer or other person. The Department is not prepared to enter into correspondence, whether officially or unofficially, with persons other than those whom the candidate has nominated; and the Selection Board will disregard recommendations from any persons who are not directly and personally acquainted with the candidate's work, at school, university, in industry or business, in H.M. Forces or otherwise. **Applicants are cautioned not to prejudice their candidature by endeavouring to enlist the support of persons inside or outside the Service who they consider might have some influence.**

35. CERTIFICATE

The foregoing information was personally compiled by me and is correct to the best of my knowledge and belief. I understand that His Majesty may exercise the right at any time to dispense with the services of an Officer on probation.

Witness ..... Signature Walter Henry Egan

Date ..... 19.....

36. AGREEMENT

If selected, I agree to accept a Commission in the Royal Canadian Air Force, Special Reserve (Non-Flying List) (General List).

Witness ..... Signature Walter Henry Egan

Date ..... 19.....

37. DECLARATION

I, WALTER HENRY EGAN, having made an application, dated

(.....) for a Commission on the Special Reserve of the R.C.A.F. do hereby declare, provided my said application is accepted, 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.

Witness.....

Date.....19 ..... Signature. Walter Henry Egan

Place.....

38. *(a)* Location of Will. R.C.A.F. RECORDS OFFICE.

(b) Entered in Officer's Records by.....
(Rank) (Date) (Place)

CERTIFICATE OF MEDICAL EXAMINATION

Name in full. Walter Henry Egan.

PART 1. Information obtained from the applicant:—

1. Age 23. 2. Have you ever suffered from any of the following defects in health?

(a) Rheumatism	No	*(j)* Nasal Trouble	No
(b) Tuberculosis	No	*(k)* Ear Disease	No.
(c) Bronchitis or Asthma	Bronchitis ~~T~~ - once.	*(l)* Eye Disease	No
(d) Heart Disease	No.	*(m)* Epilepsy	No
(e) Kidney or Bladder Disease	No.	*(n)* Nervous or Mental Disease	No
(f) Stomach or Bowel Trouble	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 of more than one week's duration? Tonsillectomy.

W. H. Egan
Signature of Applicant.

Examiner's remarks *re* above. Nil.

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

1. Identification marks or scars (if operative, obtain history) ¼" scar over right eyebrow.

2. Height 6 Feet 0 Inches 3. Weight 155 lbs.

4. Complexion Medium 5. Colour of eyes green. Hair Fair.

6. Development (Good / Fair / Poor) 7. Chest measurement—full expiration 32 inches; range of expansion 3. inches

8. Hearing—Right WV 20' Left WV 20' Tympana—Right ~ Left ~

9. Vision—Without Glasses—Right 20/20 With Glasses—Right —
Left 20/20 Left —
Colour Vision CVN 2nd

10. Condition of mouth and teeth good.

11. Heart and blood vessels good. 12. Blood Pressure—S 120 D 80

13. Reflexes N. 14. Urine—Albumen — Sugar —

15. Abnormalities (Congenital and Pathological) found on Examination Nil.

PART 3. The candidate has been examined in accordance with existing standards and he is considered fit for Category A1 B – A3 B Tuns. B2 Mark 9/43

A1 B
A3 B(T)

General Impression and any special remarks of Medical Officers Physically fit.

Date May 25 19 43

D C Graham S/L. (President)
(Member)
(Member)

Confidential

R.A.F. TRAINING REPORT.

R.A.F. Form 5014

PILOT

No. 5 ADVANCED FLYING UNIT

1. Surname EGAN Christian Names WALTER HENRY
2. Number J.29723 3. Rank F/O. 4. Course No. 96
5. Posted from 3 P.R.C. 6. Date course commenced 7/3/44 7. Date course ended 26/6/44 8. Posted to 57 O.T.U.

9. Flying Tests

Subject	Marks Allotted	Marks Obtained
(a) General Flying	400	270
(b) Applied Flying	200	130
(c) Instrument Flying ...	250	170
(d) Night Flying	100	70
(e) Link Trainer	50	25
Total	1,000	665
PER CENT.		66.5

10. Assessment of qualities of Character and Leadership	Marks Allotted	Marks Obtained
	100	75

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 :

A good average pilot and a sound officer. Night flying, navigation, aerobatics and formation are all satisfactory.
Gunnery assessment is low average - range estimation being very weak.

Date 25/6/44 Signed W. L. WOODCOCK. F/LT.
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	Instru-ment	Link Trainer
MASTER	Day ...	6.00	35.25	39.15	1.00	12.05	3.55	10.15
	Night...	1.45	11.10	5.30				

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.
–		–	–	– –		–	–

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

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

PILOT

No. 57 OPERATIONAL TRAINING UNIT

1. Surname EGAN | Christian Names WALTER HENRY

2. Number J.29723 | 3. Rank FLYING OFFICER | 4. Course No. 65

5. Posted from 5 (P) AFU | 6. Date course commenced 4.7.44. | 7. Date course ended 12.9.44. | 8. Posted to 83 G.S.U.

9. Ground Examinations

Subject	Marks Allotted	Marks Obtained
(a) Airmanship ... ... (Recognition 100 - 82; Ops & Tactics 200 - 172)	300	254
(b) Armament	300	252
(c) Meteorology S.D. 158..	100	88
(d) Navigation	200	170
(e) Signals	100	90
Total	1,000	854
PER CENT.		85

10. Flying Tests

Subject	Marks Allotted	Marks Obtained
(a) General Flying	400	280
(b) Applied Flying	200	135
(c) Instrument Flying ...	250	150
(d) Night Flying	100	60
(e) Link Trainer	50	38
Total	1,000	663
PER CENT.		66

11. Assessment of qualities of Character and Leadership	Marks Allotted	Marks Obtained
	100	75

12. Remarks :

(a) General assessment as a pilot.....Average
(b) Assessment on formation flying.....Average
(c) Combat.....Average
(d) Marksmanship (Air Firing).....Average
Dive Bombing.....Good average
(e) Rounds fired air to air.....2040 % hits 5.0
air to ground.....1750 % hits 8.7
(f) Cine gun feet exposed.....168 feet.

A reliable pilot with no outstanding qualities. Cheerfully disposed, he has worked well throughout the course. Dog fighting and formation fair, and will improve when he acquires more confidence. Squadron experience should help him considerably.

Date 13.9.44. Signed [signature] S/L.
for Officer Commanding.
Training Wing, 57 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	Instrument	Link Trainer
Master	Day ...	-	1.10	-		0.35	0.10	9.40
Spitfire		-	-	60.05		23.00	1.35	
Spitfire	Night...			1.25				

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.

(*14028—10875) Wt. 48660—P3772 50M 2/44 T.S. 700

PART 11

ELEMENTARY TRAINING

1. No. ...17..E.F.T.S. Course No....42... From...10-11-41..... To..2-1-42.....

2. Flying Time:--

FLYING TRAINING

Aircraft	Total Dual	Total Solo	Instrument Flying	Passenger	Total	Link Trainer
Finch II	23:30	30:05	7:45		61:20	10:00

3. Results of Flying Tewts:--20 hour...64.% Final Test..77..% Instr. Fly....72...%

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

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

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

.....Appearance and discipline good. A rough pilot but very eager to .....

.....get along. Instruments fair. Commission material.....

.....

.....

B. M. Smith

.....

Chief Flying Instructor

Date....2-1-42.....

7. GROUND TRAINING

Subject	Maximum Marks	Marks Obtained	Subject	Maximum Marks	Marks Obtained
Airmanship.....	200	...148.	Th. of Flight....	100	...80...
Airframes.....	100	....89.	Air Nav.....	200	..160...
~~Aero Engines~~	100	80	Arm. (Oral).....	200	..180...
Signals (Prac.)...	100	....50.	Quals.as an Officer	200	.....

Maximum Marks 1200. Marks Obtained....787.....Percentage.....78.7.....

Pass or Fail....P.....Position in Class.....8.....No. in Class....29.....

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

9. General Remarks (Ability, Conduct, etc.).....

.....Good type... Intelligent and able, is pleasant, well-mannered, steady,.....

.....shows initiative but is somewhat immature...Has artistic sense.....

.....Should develop well.....

B. M. Smith

.....

Chief Ground Instructor

Date....2-1-42.....

G. O. Jones Flt./Lt.

.....

Chief Supervisory Officer

No..17.....E.F.T.S..Stanley, N.S.

Date.....2-1-42.....

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

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

ROYAL CANADIAN AIR FORCE

REPORT ON PUPIL PILOT--FLYING AND GROUND TRAINING

Surname EGAN Christian Names W.H.

Number ~~R96471~~ J.29423 Rank LAC

INSTRUCTIONS

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

PART I

INITIAL TRAINING

1. No. 3 .I.T.S. Course No. 36 From 13-9-41 To 7-11-41

2. Results of Examinations:--

Subject	Maximum Marks	Marks Obtained	Subject	Maximum Marks	Marks Obtained
Mathematics	100	58	Hygiene & Sanitation	40	37
Armament	100	84	Drill	100	74
Signals	100	92	Law and Disc., Etc.	60	57

3. Maximum Marks 500. Marks Obtained 402 Percentage 80

4. Passed or Failed P Position in Class 38 No. in Pilot's Class 150

5. Considered ~~XXXXXXX~~ Unsuitable for Commissioned Rank.

6. Recommended for training as: (a) Pilot
(b) ~~XXXXXXXXXX~~
(c)

7. Remarks: Quiet. Serious. Neat. Applies himself. Composed.

Alternative W.A.G.

D.D. Findlay Wg. Comdr.
Commanding Officer

No. 3. I.T.S., Victoriaville, Que.

Date 7-11-41

To be passed to No. 12 E.F.T.S.

Can.
A ~~XXX~~ Trainee
~~XXX~~
~~XXX~~

Note: X out Countries not applicable

PART III

Egan, W.H.

SERVICE FLYING TRAINING

1. No. 8 S.F.T.S. Course No....46..... From..5-1-42..... To..24-4-42....

2. Flying Time:--

FLYING TRAINING

Aircraft	S.E. AIRCRAFT				T.E. AIRCRAFT				Instrument	Link Trainer	Passenger
	Day		Night		Day		Night				
	Dual	Solo	Dual	Solo	Dual	Solo	Dual	Solo			
Harvard II	53:05	60:10	6:00	13:00					30:45	20:00	9:25
Total											
Brought Forward from EFTS	32:40	30:05	-	-					7:15	10:00	-
GRAND TOTAL	85:45	90:15	6:00	13:00					38:00	30:00	9:25

3. Qualities as a Pilot. 750 Marks obtained...491.....

4. Remarks on Flying Progress, Navigation, and points which require consideration.....
Low average throughout, lacks co-ordination between c.c. and rudder, airmanship very weak. On instruments he is rough, lacks precision. All this pilot's flying is sloppy. Link Trainer 72%.
Pupil's choice - Fighter.

G.O. Bryant S/L
No. 1 Squadron Commander

Date.....24-4-42.....

5. GROUND TRAINING

Subject	Maximum Marks	Marks Obtained	Subject	Maximum Marks	Marks Obtained
Airmanship & Maintenance.....	200	153	Navigation.....	150	95
Armament (W).....	100	90	Meteorology....	50	47
Armament (P).....	100	80	Signals (W)....	50	46
			Signals (P)....	100	85
			TOTAL.....	750	596

6. Remarks of C.G.I.....Average. Interested.....

W.S. Dunbar S/L
Chief Ground Instructor

Date.....31-3-42.....

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

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

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

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

WILL

R.C.A.F. R. 60
40M—5-40 (5140)
H.Q. 1062-3-45

(1) I, EGAN, Walter Henry of the ~~City~~ Town ~~Village~~ ~~Township~~

Last Permanent Civilian Address

of Gatineau in the ~~District~~ County of Papineau

Province of Quebec, Paper Maker
(Civil Occupation)

a member of the Royal Canadian Air Force, Number R96471 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 wife, W305516 LAW Egan, Mabel Florence, R.C.A.F. Station, Mountain View, Ont. 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 my said wife, Mabel Florence Egan, R.C.A.F. Station,
(Name) (Address)
Mountain View, Ontario, to be the ~~Executor~~ Executrix of this my Last Will.

IN WITNESS WHEREOF I have hereunto set my hand this 2nd day of July, 1943.

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. Egan
(Signature of Testator)

First Witness sign here.

(5) E.K. Macdonald
(Signature)

71 Robinson St., Oakville, Ont.
(Address)

Clerk
(Occupation)

Second Witness sign here.

E.B. Tuck
(Signature)

"Gilmerton", Clarkson, Ont.
(Address)

Clerk.
(Occupation)

(Witnesses are not to be beneficiaries.)

[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.

FOR COMPLETION AND RETURN BY

Form P. 64

[redacted]

Mrs. W.H. Egan,
113 Appel St., London, Ont.

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. J.29723 ED 335

ESTATES BRANCH
JAN 31 1945
H.Q.
OTTAWA.
NATIONAL DEFENCE

DEPARTMENT OF NATIONAL DEFENCE

ESTATES BRANCH

OTTAWA, ONT.

January 2 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

EGAN, Walter Henry, F/O,

J.29723 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.

IGR/JL

Director of Estates.

M.F.W. 77
16M-10-44 (5854)
H.Q. 1772-39-972

ANSWER IN FULL ALL APPLICABLE QUESTIONS

STATEMENT of the Names, Ages and Addresses or Dates of Death, of all the relatives that the deceased 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.....		Mabel Florence Egan	23	113 Appel St. London Ont.
2	Children of the Deceased and dates of their Births.....		N.A.		
3	Father of the Deceased.....		Thomas Harold Egan	57	Riverside Drive Gatineau Mills Quebec
4	Mother of the Deceased.....		Deceased 1935		
5	Brothers of the Deceased	Full Blood	Harold Egan	20	R.C.A.F. Regina Sask.
		Half Blood	Edgar Egan	3	Riverside Drive Gatineau Mills Quebec.
6	Sisters of the Deceased	Full Blood	Mrs. Winnifred Mooney	22	Buckleigh Manor, 1631 Gail Rd. Apt. 6. Baltimore 21 Md. U.S.A.
		Half Blood	N.A.		
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
			N.A.		

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Walter Henry Logan.
9	Date of his birth.	April 24 1920
10	Place and date of his marriage.	Brockville Ontario June 14 1943
11	Place and date of his parents' marriage.	Ottawa Ontario 1918.

PARTICULARS OF DOMICILE

12	Place where deceased was born.	New York State
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) New York State about 14 years. (b) Quebec. 7 years. (c) (d)
14	Nature of employment before enlistment.	International Paper Co.
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.	Ottawa Ont.

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?	N.a.
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?	yes. Bank Montreal 9 Waterloo Place Pallmall London SW3 England Bank account No. 25243 Yes.
20	Amount of War Savings Certificates held by deceased. Indicate where located.	N.a
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	$100.00 registered: City Hall Br. Bank Montreal London Ont.
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	Metropolitan Life Insurance. $160.00 amount payable. Beneficiary Mabel Florence Logan
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	N.a.

OTHER PARTICULARS

24	Did the deceased after enlistment incur any debts for:— *(a)* His own separate board and lodging while on service. *(b)* Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	No
25	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	No.

(NOTE:—The government pays funeral expenses within the amounts authorized in the Regulations, where death occurs and burial is made Overseas as well as where death occurs and burial is made in Canada or elsewhere in the North American zone, and if a relative has already paid those expenses the Government will reimburse such relative to the extent of the amount authorized in the Regulations. Any amount of such expenses in excess of those authorized in the Regulations is not payable by the Government nor is it chargeable against the service estate of the deceased.)

(PLEASE TURN OVER)

DECLARATION

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

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

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

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

...Mabel Florence Egan... {Signature of Informant}

...113 Upper St, London Ont...Address

CERTIFICATE

I hereby certify that to the best of my knowledge and belief...Mabel Florence Egan...

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

Dated at...London, Ont...this...25...day of...January...19 45

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

...D. W. Baxter... Qualification...P/O. / R. C. A. F.

Address...#6 O.T.U. Comox.

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

A820 [illegible] J29723 C/O. R.C.A.F.

1 [illegible]
1 [illegible]
1 service [illegible]
1 officers general service hat
2 [illegible]
1 white silk scarf
  towels
1 woollen scarf
1 pr. [illegible] shorts
4 blue shirts
1 pr. leather [illegible]
1 pr. black oxfords
1 pr. socks
1 pr. braces
12 handkerchiefs
1 officers [illegible]
  pr. shorts
2 pr. pyjamas
1 deck of cards
1 [illegible]
  1 nail file
  1 comb
  1 metal watch-strap
  4 keys on chain
1 leather cigarette case
  with photos
1 cigarette lighter
1 rubber eraser
2 fountain pens
1 religious book
1 badge blue embroidery
1 nail file
1 leather [illegible] cont:
  [illegible] rosary
  Sacred Heart
  4 lucky mascots
1 identity bracelet disc & chain
1 ring
[illegible] Metal plate
Religious medallion
1 miniature R.A.F. med. badge

1 blue handkerchief
1 knife in case
1 leather case cont:
  1 toothbrush
  1 pr. scissors
  1 cuticle remover
  1 [illegible] cutter nail file in
    box
  1 pr. sun glasses(1 lens
    cracked)
1 toothbrush in holder
1 shoe horn
1 [illegible] hote
1 comb
1 cigarette holder
1 watch strap
1 serviceable Birks service
    wristwatch, chrom. complete
    with strap
1 good luck charm
1 [illegible] book
5 negatives
1 Falcon miniature camera in case
1 [illegible] torch batteries & bulb
1 flash light less bulb
1 alarm clock "Baby Ben"
    unserviceable
1 [illegible] kit cont: photos
  & personal correspondence
1 blue leather wallet cont:
  photos, personal papers
  2 keys, 1 lock of hair
1 kitbag handle & lock
1 small cross
1 black celluloid case cont:
  razor blade & razor Gillette
1 wallet of photos
1 souvenir coin

/T.T.O.

Next of Kin :- (Wife) Mrs. W.H.Egan,
113, Appel Street,
London, Ontario, Canada.

with "Pilot"

1 [illegible] outfit complete; 1
1 [illegible] valise
1 kit strap with handle
1 ground sheet
2 blankets
1 bucket
1 hold-all
1 holdall frame & cover
1 chair
1 basin
1 pillow
1 bath
1 [illegible] stand
1 trunk well worn-lock broken
contg:
1 greatcoat
1 tweed civilian jacket
1 pr. service trousers
1 pr. brown civilian trousers
1 pr. K.D. trousers
1 khaki slip tunic (pilot brevet)
1 bedding roll
1 pr. slippers
1 pr. pyjamas
1 blue haversack
2 kitbags
4 khaki shirts
1 pr. black shoes
3 leather straps-
1 broken
1 pr. braces
1½ pr. socks
1 vest
1 sewing outfit
1 hairbrush
2 clothes brushes
1 shaving brush
1 knife

1 hold-all
1 pr. shoe laces
1 cardboard folder contg:
1 pencil, 1 penknife
1-12" ruler, 9 pencils
3 pen holders
1 drawing compass
1 tin nibs, 1 box nibs
3 nail files, 2 books
1 "Hymns for the Forces"
1 leather purse containing
rosary & Crucifix
1 pr. safety pins
2 kitbag handles
1 small screwdriver
1 pr. tweezers
1 collar stay
1 tank pedal
1 wristwatch strap (broken)
1 celluloid dice
6 pamphlets, misc. papers

with. 2 books clothing coupons.
1 Bank Book Bank of Montreal
1 cheque book, Bank of Montreal
1 book of cheque stubs.
Intimated by Unit and forwarded
to [illegible] O/C. H.Q. London.

Cash amounting to 392 Belgian
francs found upon at the personal
effects has been credited to his
service account.

CONFIDENTIAL REPORTS

Date	
28-2-44	Promoted overseas. Not yet promulgated in A.F.R.O.'s.
19.11.44	Casualty R.211.Score:67;Total sorties:6; Total hrs:8.35; Last 6 mos:All;(W.A.Prest S/L 421 Sqdn)(W.R.MacBrien G/C ~~it~~ 127 Wing)

Date	Remarks re Promotion
19.11.44	R.211.Ordinary.

GENERAL INFORMATION

GATINEAU MILLS P.Q. Married

EDUCATION
1937-39
1927-30 Pyrites N.Y . Public
1930-36 Gatineau Intermediate.

CIVIL EXPERIENCE
1937-39 Tecumseh Golf Club - Cady Master.
1939 Canadian International Paper Co., - Gatineau Mills - Jr.Clerk Sixth Hand on Paper Machine.

HOBBIES
Sketching, airplane modeling.

SPORTS
Tennis, swimming, skiing, all extensively, badminton

OTHER INFORMATION
Flying experience - 3 trips.

COURSES
Pilot's course.

AIRCRAFT FLOWN
Total flying time 850 hrs.
Types of aircraft flown - Fleet Finch, Harvard MKII Fairey Battle, Bolingbroke MK I & IV, Lysander, D.H.Moth.

R.C.A.F. R.198D,
35M—11-43 (3618)
H.Q. 885-R-198D

Pilot

(GL) CFR (FIELD)	FULL NAME	Serv. No.
	EGAN, Walter Henry	(SR) J.29723

Birth Date	Age on Appointment	Date of Appointment
24-4-20	23	11-6-43.

POSTINGS AP&R #178 d/4-10-43

Rank	Date	Station	Date	Duty	Posting List No.
P/O	11-6-43	Overseas		Pilot	
TFO	11-12-43	Overseas		O/O #805/44	
		Died of injuries	26-11-44	C.R. 632	
		Emb. 13-10-43			

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

ROYAL CANADIAN AIR FORCE

Individual Record of Flying

RANK ~~LAC~~ ~~Sgt.~~ ~~P/O~~ 2 NO. ~~R 96474~~ NAME Egan W.H.

LOWE-MARTIN MFRS.

UNIT	PERIOD ENDING	SERIAL No.	SINGLE-ENGINE AIRCRAFT DAY 1ST PILOT (A) Hrs Mins	SINGLE-ENGINE AIRCRAFT DAY 2ND PILOT (B) Hrs Mins	SINGLE-ENGINE AIRCRAFT DAY DUAL (C) Hrs Mins	SINGLE-ENGINE AIRCRAFT NIGHT 1ST PILOT (D) Hrs Mins	SINGLE-ENGINE AIRCRAFT NIGHT 2ND PILOT (E) Hrs Mins	SINGLE-ENGINE AIRCRAFT NIGHT DUAL (F) Hrs Mins	MULTI-ENGINE AIRCRAFT DAY 1ST PILOT (G) Hrs Mins	MULTI-ENGINE AIRCRAFT DAY 2ND PILOT (H) Hrs Mins	MULTI-ENGINE AIRCRAFT DAY DUAL (J) Hrs Mins	MULTI-ENGINE AIRCRAFT NIGHT 1ST PILOT (K) Hrs Mins	MULTI-ENGINE AIRCRAFT NIGHT 2ND PILOT (L) Hrs Mins	MULTI-ENGINE AIRCRAFT NIGHT DUAL (M) Hrs Mins	CREW DUTIES OBSERVER (N) Hrs Mins	CREW DUTIES AIR GUNNER (O) Hrs Mins	CREW DUTIES ~~OTHER~~ Instrument (P) Hrs Mins	PASSENGER (Q) Hrs Mins	TOTAL (R) Hrs Mins
No. 17 E.F.T.S.			30 05		32 40												7 15		62 45
Total at # 8 S.F.T.S. Moncton, N.B.	18/4/42		53 05		60 10	13 00		6 00									30 45	9 25	132 15
																			195 00
R.C.A.F. Stn. Mt. View	31-5-42		35 35		50														231 25
"	30-6-42		50 55						X 10	20	40								283 30
"	31-7-42		45 40						2 20	30									332 00
"	31-8-42		19 10						22 20										373 30
"	30-9-42		1 25						21 40										396 35
"	31-10-42								42 20		1 40								440 35
"	30-11-42								16 05										456 40
"	30-12-42								22 50				1 30						481 00
Annual Total	31/12/42		205 50		61 00	13 00		6 00	127 45	50	2 20		1 30					9 25	434 40
"	31/1/43								18 25	1 00									500 25
"	28/2/43		4 15						43 20										548 00
"	31/3/43		3 10						62 35										613 45
"	30/4/43		3 25						49 20				.40						667 10
"	31/5/43		3 05						50 25	40									721 20
"	30/6/43		34 05						1 00										766 25
Semi-Annual Total			48 00						225 05	1 40			40						275 25
"	31/7/43		48 30							1 00									815 10
"	21/8/43		51 45																866 55
																		TOTAL	866 55

Grand Total to date 195 00

H. Bryant S/C
CERTIFIED CORRECT

J. R. Badgley S/C
Officer Commanding,
ARMAMENT TRAINING SQUADRON,
No. 6 Bombing & Gunnery School

R.C.A.F. FORM A.28
150M—10-41 (1009)
H.Q. 885-A-28

RECORD OF PAY

CLAIM FOR OUTFIT ALLOWANCE FORWARDED TO ..... ON .....

APPOINTED OR ENLISTED AT OTTAWA, ONT. ON 16-6-41

MARRIED OR SINGLE SINGLE No. R 99471 NAME IN FULL EGAN, HENRY

633, ISSUED (100.00) - 6-43 WAIVER

RATE OF PAY

D.R.O. No.	Eff. Date	Rank	Group	P.F. or A.S. Rate	Daily Rate	Add. Pay	Combined Rate	Pen. Ded.	Casualties affecting rate of pay
	1-12-41	LAC	S	A/S	1 50	75	2 25	NA	#17 E.F.T.S. (#3 T.C.)
97	24-4-42	SGT	SG	AS	3 70		3 70		
263	24-10-42	F/SGT	SP.	PS	4 00		4 00		APP. A/F/SGT. EFF. 24-10-42 (PROV)
290	24-10-42	F/SGT	SP.	AS	4 00		4 00		APP. T/F/SGT. EFF. 24-10-42.
106	24-4-43	WO2	"	"	4 60		4 60		APP. T/WO2 . 24-10-42

ASSIGNMENTS

Assignee	Eff. Date	Amount	Total
EGAN (MR) THOMAS (FATHER (VOL	1-10-42	20 00	20 00
REC. GEN. (V. LOAN.)	1"/42.	8 41	28 41
REC. GEN (3RD V. LOAN) STOP 30-4-43		8 41	20 00
REC. GEN 4TH V. LOAN	1-5-43	16 80	36 80

DEPENDENTS ALLOWANCE

Date App. Forwarded	Relationship	Amount Awarded	Eff. Date

REMARKS — N.D.T. Class.

Period 1941	No. of Days	Amount of Pay	Sub. Allce.	Other Credits: Description	Other Credits: Amount	Credit B/F	Total Credits	Ass. Pay	Pen. Ded. & N.D.T.	Debit B/F	Other Debits: Description	Other Debits: Amount	Cas. Pay	Mid Pay	Total Debits to this Column	End Pay	Debits & Credits to Next Account	Casualties and Sig. of A.O. on Transfer of Account
1-31/2	31	23 25 / 46 50					69 75							34 00	34 00	35 75	+	ENT. F/P 10-11-41.
1942 1-3/1	3	2 25 / 4 50					6 75							34 00	34 00		27 25	204-505 TO #85 F.T.S. 3-1-42
4-31/1	28	63 00					63 00			27 25					27 25	35 75	NIL	
1-28/2	28	63 00					63 00							31 00	31 00	32 00	+	
1-31/3	31	69 75					69 75							35 00	35 00	34 75	+	
1-23/4	23	51 75					77 65						73 25	34 00	107 25	+	29 60	
24-30/4	7	25 90																EFF 8-5-42 DRO 97 SOS TO #6 B&G. MT. VIEW
1-8/5	8	29 60					29 60			29 60				—	29 60	+	+	
MAY 9-31	23	85 10					85 10							25 00	25 00	60 10	+	
JUN 30	30	111 00					111 00							55 00	55 00	55 00	100	
1-31	31	114 70				100	115 70							55 00	55 00	60 70	+	
AUG 31	31	114 70					114 70							55 00	55 00	59 70	+	
		111 00					111 00	—						55 00	55 00	56 00	+	
1-31/10	31	114 70					114 70	20 00						65 00	65 00	49 70	+	
24-8/10	8	2 40																
1-30/11	30	120 00			3 50		125 90	28 41						45 00	73 41	52 49	+	TD. 264 ENT. T/P. 6-11-42 (7-11-42 TO 15
1-31/12	31	124 00			2 50		126 50	28 41						45 00	73 41	53 09	+	TRD. 316 ENT. T/P. 31-12-42 TO 4-1-43 (5 DAYS)
1-31/1	31	124 00					127 50	28 41					59 30		87 71	39 79	+	TRD. 13 ENT. T/P. 8-1-43/43 (7 DAYS)
1-28/2	28	112 00					112 00	28 41						40 00	68 41	43 59	+	
1-31/3	31	124 00					124 00	28 41						45 00	73 41	50 59	+	
1-30/4	30	120 00					120 00	28 41			E.159-210	20		45 00	73 61	46 34	65	
24-30/4	7	4 20				65	146 85	36 80						50 00	86 80	60 05	+	
1-31-5	31	142 60																
1-30/6	30	136 00			7 00		145 00	36 80					98 08	—	134 88	10 12	+	DRO 143 ENT R/A WHILE ON A/CY 14T027-643 (14 DAYS)

R.C.A.F. FORM A.28
150M—10-41 (1009)
H.Q. 885-A-28

RECORD OF PAY

1943

CLAIM FOR OUTFIT ALLOWANCE ~~FORWARDED~~ PAID ~~TO~~ AT MT VIEW ON 27/8/43 [illegible]

APPOINTED OR ENLISTED AT OTTAWA, ONT. ON 16-6-41

MARRIED OR SINGLE ~~SINGLE~~ MARRIED

J.29723 (DRO 215)

NO ~~R96471~~

NAME IN FULL EGAN, WALTER, HENRY.

RATE OF PAY										ASSIGNMENTS				DEPENDENTS ALLOWANCE				REMARKS
D.R.O. No.	Eff. Date	Rank	Group	P.F. or A.S. Rate	Daily Rate	Add. Pay	Combined Rate	Pen. Ded.	Casualties Affecting Rate of Pay	Assignee	Eff. Date	Amount	Total	Date App. Forwarded	Relationship	Amount Awarded	Eff. Date	
106	24-4-43	W.O.2.	S.P.	AS.	4 60		4 60		APP T/W.O.2. EFF 24-~~16~~ 10-42	BROUGHT FORWARD			36 80					N.D.T. CLASS. DRO 163 MARRIED W/P TO MABEL, FLORENCE BRADLEY AT BELLEVILLE, ONT. 14-6-43.
215	11-6-43	P/O	G.L.	AS	6 25		6 25		APP. P/O	MR. T. EGAN (MFM 14)	1-8-43	20 00	16 80					

Period	No. of Days	Amount of Pay	Sub. Allce.	Other Credits Description	Other Credits Amount	Credit B/F	Total Credits	Ass. Pay	Pen. Ded. & N.D.T.	Debit B/F	Other Debits Description	Other Debits Amount	Cas. Pay	Mid Pay	Total Debits to this Column	End Pay	Debits & Credits to Next Account	Casualties and Sig. of A.O. on Transfer of Account
1-31/7	31	142 60	21 25 38 75				202 60	36 80			AMENDS S/A	17 50		70 00	124 30	78 30	0	DRO 163 - ENT TO DRAW S/A. EFF. 14-6-43. DRO 167 - AMENDS DRO 163 - ENT S/A EFF 28-6-43.
11/6 To 31/7	51	84 15	26 55	28/6 To 25/8/43 @ 45														DRO 215. S.O.S. To 1 Y DEPOT. HALIFAX. EFF. 10/9/43
	31	193 75	31 25	1-25/8 @ 1.25			345 90	16 80			E159 Z 125	10 72	312 28	80 00	419 80		73 90	DRO 215. CTD. EMB. LVE. 28/8 To 10/9/43 (14 DYS)
			10 20	26-31/8 @ 1.70														DRO 215 CEASES. S/A EFF 25/8/43
1-10/9	10	62 50	17 00				79 50	5 60		73 90					79 50		0	DRO 215 ENT S/A 26/8 To 10/9/43 (16 DYS) [illegible]

0 Aud. by Treas.
2-9-43 L. M. Taylor

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 EGAN WALTER HENRY (b) Reg'l. No. J 24723
2. (a) Arm of service R.C.A.F. (b) Unit No. 1 'Y' Depot - Halifax (c) Rank P/O
3. (a) Date of birth April 24, 1920 (b) Have you any dependents? NO (c) Place of residence at time of enlistment GATINEAU MILLS, P.Q.
4. (a) Place of enlistment OTTAWA, ONT. (b) Date of enlistment JUNE 16, 1941

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 16 (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.) Three Yrs. High School
7. If you attended a university, give name of university and standing or degree secured N.A.
8. (a) Did you ever enter upon a trade apprenticeship? N.A. (b) If so, for what occupation? N.A. (c) Did you finish it? N.A. (d) If you did not finish it, how long did you serve at it? N.A.
9. (a) What languages do you speak fluently? ENGLISH ONLY (b) What languages do you read well? ENGLISH ONLY

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? INTERNATIONAL BROTHERHOOD PULP & PAPERMAKERS UNION

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. INTERNATIONAL PAPER CO. Address GATINEAU MILLS P.Q.
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) PAPER MILL
20. (a) Your specific occupation MILL HAND ON PAPER MACHINE. (b) Number of years' experience at this occupation with any employer
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?

R.C.A.F. Regd OCT 21 1943

Section F—PARTICULARS OF FARMING EXPERIENCE

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

O.K. U.I.P. N.I. P.A.

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.) N.A.
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form ANYTHING CONNECTED WITH AVIATION

DATE SEPT. 11 - 1943 1943. SIGNATURE W.H. Egan P/O

AIR FORCE No. J 29723

Egan — SURNAME

Walter Henry — FULL CHRISTIAN NAME

ENLISTMENT/APPOINTMENT

PLACE Ottawa Ont. Mt. View

DATE 16 June 41 11 June 43

RELIGION R.C. Anglican

R.C.A.F. FORM R230

TYPE OF LEAVE

FROM	TO	No. DAYS	DESCRIPTION	AUTH.
25-4-41	8-5-42	14	Special Leave	
1-11-42	7-11-42	7	Annual ✓	DRO 264
8-1-43	14-1-43	7	Annual ✓	DRO 13
14-6-43	27-6-43	14	Annual ✓	DRO 143
Leave taken as Airman				
Entitled to draw Sub. Allow from 26-Aug to 10 Sept-43.				DRO 215
28-8-43	10-9-43	14	Embarkation Leave	DRO 215
Iss. S.L. TW # C 380 860 d/25-Aug-43				DRO 215
30-10-43	6-11-43	7	P-L	3PRC 5
17-6-44	23-6-44	7	P/L.	5(P)AFU. 33/44

TYPE OF AIRCRAFT ON WHICH MOST PROFICIENT

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

SERVICE MACHINES FLOWN

Fleet, Harvard, Battle, Anson, Yale Lysander, Bolingbroke IV + 1.

POSTINGS, ATTACHMENTS & TEMPORARY DUTY

SOS TOS	FROM	TO	DATE	AUTHORITY
✓	on appl to a com in the RCAF (SR) eff 11 June-43 as Pilot Officer in the G.L. Branch: (Auth: AFHQ Sig P5405 d/24-Aug-43)		11 6 43	DRO 215
S.O.S.	RCAF STN MTN VIEW	No 1 "Y" DEPOT HALIFAX, N.S.	10 9 43	DRO. 215/43
.	1 Y.D.	3PRC	12 10 43	260
	Embarked New York		12 10 43	
	Disembarked U.K.		19 10 43	
	INT. C136 R.A.F. B'MOUTH		20 10 43	
T.D.	3PRC to London		31 1 2 44	3PRC 22
T.D.	3PRC to Mt Ent Sidmouth		2 2 16 44	Sidmouth 3. 3PRC 26
T.D.	3PRC to Benson		23 2 44	3PRC 35-38
TOS	5(P)AFU fr. 3PRC		7 3 44	3PRC 43 5(P)AFU 17
att.	Satellite Condover		15/16 6/6 44	5(P)AFU 33-44 5(P)AFU 33/44
T.O.S	57.O.T.U.		27 6 44	5(P)AFU 36/44 57/OTU 38/44
S.O.S	from 57.O.T.U. TO 83. GSU		16 9 44	83.G.S.U. BPSO AE 153/44 57.OTU. 55/44
T.O.S.	421 Sqdn. BPSO AE.		5 10 44	421 Sqdn. BPSO AE 181/44

F/B FROM 421 Sqd. 26 11 44 CR 632
DIED OF INJURIES 27 11 44 Supp AFRO 2732.

ALL OTHER CASUALTIES

CASUALTY AND DATE	AUTHORITY

CHARACTER AND TRADE ASSESSMENT

DATE	CHARACTER	TRADE ASSESSMENT

HONOURS, AWARDS AND MENTIONS

DATE	AWARD	AUTHORITY
24 4 42	Flying Badge	DRO 97/42

ADVISE ENTRIES
UNIT RECORDS RETURNED
TO CANADA

Embarked 12/10/43.

AIR FORCE No. J 29723

SURNAME: Egan

FULL CHRISTIAN NAME: Walter Henry

ENLISTMENT/APPOINTMENT

PLACE: Ottawa, Ont. Mt View

DATE: 16-June-41 11 June-43

RELIGION: R.C. Anglican

ROYAL CANADIAN AIR FORCE

RECORD OF SERVICE

OFFICERS, AIRMEN AND AIRWOMEN

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

BIRTH DATE	PLACE	COUNTRY	CITIZENSHIP	RACIAL ORIGIN
24 April-20	Hermon, N.Y.	U.S.A.	Canadian	Irish

CIVIL EDUCATION

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

CIVIL OCCUPATIONS AND EXPERIENCE

Jr. Clerk - Canadian International Paper Co.
Gatineau Mills, Que. Oct 1939-41

PREVIOUS SERVICE

Nil

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

PARTICULARS OF FAMILY

~~SINGLE~~, MARRIED, ~~WIDOWER~~, ~~DIVORCED~~ Married

WIFE (FULL MAIDEN NAME) OR HUSBAND Mabel Florence Bradley

PRESENT ADDRESS (IN PENCIL) 319 Dufferin St. Belleville, Ont

PLACE OF MARRIAGE Belleville, Ont. DATE 14-June-43

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. W. H. Egan (wife)
40 Mrs Greene, Gatineau Mills Quebec
CR 6354 2/12/41

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 (SR)(GL) Pilot	11 6 43	DRO 215	
T.F.O.	11 12 43	3PRC26 00805/44 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
Pilots Course	sp.	80	P	7 11 41

ADVISE ENTRIES
UNIT RECORDS RETURNED
TO CANADA