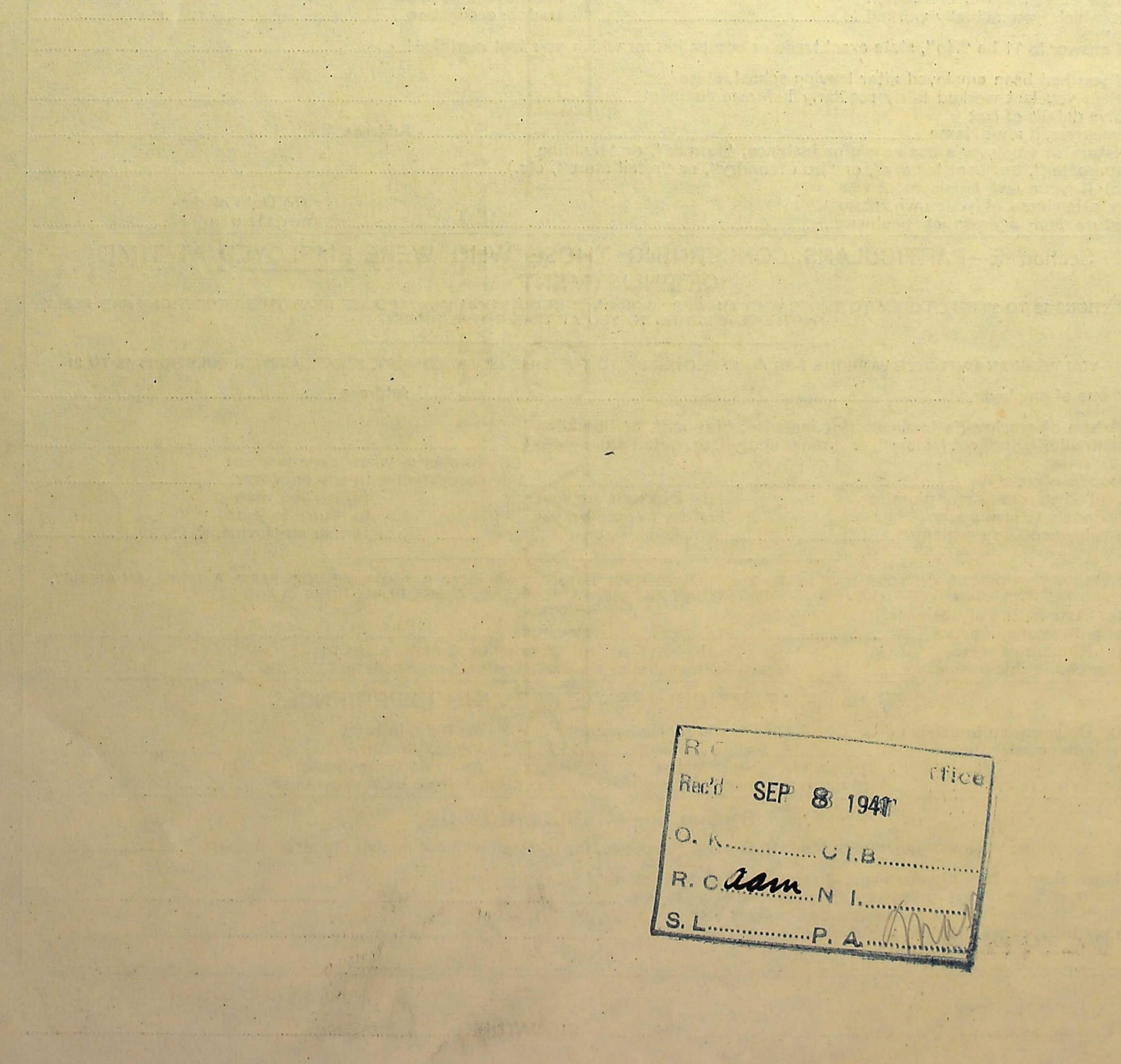
OCCUPATIONAL HISTORY FORM

FORM IS TO BE COMPLETED FOR EACH MEMBER OF THE ARMED FORCES. THE INFORMATION SOUGHT IS FOR THE USE OF GENERAL ADVISORY COM-MITTEE 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

	Section A—GENERAL INFORMATION	PLEASE
1.	(a) Print name in full AV 120121 (b) Reg'l. No. 120121	BLANK
2.	(a) Arm of service (b) Unit (b) Unit (c) Rank	
	(a) Date of birth	
4.	(a) Place of enlistment (b) Date of enlistment	
5	Section B—EDUCATION AND TRAINING (a) State age on (b) Were you attending school	
	finally leaving school	
0.	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.)	
7.	If you attended a university, give name of	
8.	university and standing or degree secured. (a) Did you ever (b) If so, (d) If you did not	
	enter upon a trade for what (c) Did you finish it, how long apprenticeship?	
9.	(a) What languages do you speak fluently?	
	Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT	
10.	(a) State whether you were WORKING or NOT WORK- (b) At time of en-	
	ING at time of enlistment. (Enter here only (Morks)	
	(Enter here only "Work- ing" or "Not Working", as case may he particular trade union or professional society	
	as case may be; particu- lars are asked for below) were you a member?	
_	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)	
	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	
12	If answer to 11 be "No", state exact trade or occupation for which you feel qualified	1
15.	If you had been employed after leaving school, state when you last worked fairly regularly before enlistment	
16	employer, if any: Name	
17	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	
-	Section E—PARTICULARS CONCERNING THOSE WHO WERE EMPLOYED AT TIME	The state of the s
	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	
	Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.)	••
	specific occupation	
- 11	definitely to give you refuse to promise you to return to your employment on discharge?former employment?	
1		
	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	
	. (a) State nature of business, or professional practice	
23	or professional practice	
-	Section F—PARTICULARS OF FARMING EXPERIENCE	
24		
25	(a) Do you wish to engage (b) Do you feel competent in farming after the war? (c) If so, in what kind of farming? (d) In what provinces (e) In what provinces (for the war) (e) In what provinces (for the war) (for the war) (e) In what provinces (for the war) (for the w	
	born on a farm? tarming experience have you madr	-
	Section G—MISCELLANEOUS . Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge?	
26	If so, state nature of your plans (for example, do you plan	
2/	If so, state nature of your plans (for example, do you plan to return to school, or have you been assured of a job, etc.)	
28	State any employment preference or ambition you may have, other than indicated elsewhere in this form.	
••••		



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ROYAL CANADIAN AIR FORCE

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7 -	1: of they ame commisse and correct and that	I have not withheld any relevant injointation of make
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and fo	forfeit any claim to gratuity or other award.	1/2 0 - 1 41
Date	14-8-41 Signature 297 Faul	Witness W. a. Gryzlo 4.0

GENERAL MEDICAL AND SURGICAL EXAMINATION Body Marks, Scars, Deformities. Size of Thyroid Gland.... Surgical Abnormalities..... REMARKS ON ANY Assessing Room ABNORMALITIES FOUND Height (ins.) Weight (lbs.) Chest Circumference (ins.) Body Build (lbs.) LEG LENGTH (ins.) Pulse Rate Standing 2nd After Exercise Time to Normal Time to Normal Arterial Walls..... Blood Systolic 120 Pressure Diastolic 90 Sounds...... Heart Rhythm RKG Expiratory Force..... Vital Capacity (Best of 5)..... Ankle..... Triceps..... Reflexes Plantar..... R. L. Balancing Rod..... R. L. R. L. R. L. R. L. R. L. Self Balancing.. Fingers. Tremors Eyelids.... Liver. Abdomen Spleen. Muscular Tone.. Albumen. Urine Sugar.. Initials of M.O. Remarks by Consultant. physical condition sood fit for aircrew duties.

EYE EXAMINATION

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Contract to the contract of th

MRS. DONALD FAWTHROP,

65 DORCHESTER STREET E.,

NURSES RESIDENCE;

MONTREAL, QUE.

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

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

and the following number quoted:-

HO J29737 FD75

DEPARTMENT OF NATIONAL DEFENCE ESTATES BRANCH OTTAWA, ONT.

28 March

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

J29737 R.C.A.F. 0/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.

FEM/MMB

Director of Estates.

THE PARTY OF THE P

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:

rees	RELATIVES required to be accounted for		INFORMANT'S STATEMENT			
grees of ela- on- nip			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 MONTREA GEN. Hosp. CENTRA DIV. NURSES RESIDENCE MONTREA Que	
1 Widow of the Deceased		eceased	ANNE KERVES FAWTHROO			
2	Children of the dates of their	Deceased and Births	od eradi to tree all to bearing a line and a second to a			
	dates of their births		secilité maig. Parent de Bineville, s			
3	Father of the D	eceased	ARTHUR WESLEY FAWTHROP	57	414-2ND ST WEST	
		HALL THE DESIGNATION	MARY ELIZABETH FAWTHROP		MA STALECT	
			GURDON MACDONALD FAWTHROP ROY VICTOR FAWTHROPSET.	The second second	CORNWALL ONT	
5	Brothers of the Deceased	Full Blood	ROBERT. CHARLES. FAWTHROP	18		
		Half Blood				
				28	#12. BAN. BEN HOSPI. C.A.O. B.L.A	
6	Sisters of the Deceased	Full Blood	MABEL GRACE FAWTHROP	25	414-2ND ST WEST CORNWALL ONTAR	
		Half Blood				
7	Names of brother of the full or the Deceased, who death of each.	s or sisters (whether ne half blood) of the are dead, and date of	Names and ages of their children (if any)		Address of their children	
	death of each.					

ANSWER FULLY EACH QUESTION ON THIS PAGE PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	DONALD ARTHUR FAWTHROP
9	Date of his birth.	OCTOBER 8 1922
10	Place and date of his marriage.	CORNWALL, ONT. UULY 28 1943
11	Place and date of his parents' marriage.	JUNE 17TH 1914 IN CORNWALL ONTARIO
-	PARTICULARS OF D	OMICILE
12	Place where deceased was born.	CORNWALL ONTARIO.
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) ONTARIO 181/2 YEARS (b) QUEBEC 1/2 YEAR (c) (d)
14	Nature of employment before enlistment.	SWITCH BOARD INSPECTOR NORTHERNELECTRIC MONTREAL QUE
15	State whether he owned the premises in which he lived, and, if so, where situated.	
16	Name place where deceased stated he intended to make his permanent home.	CORNWALL, ONT.
	PARTICULARS OF	ESTATE
17	Did he leave a Will? If in your custody, please forward.	THE BUILDING
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses,—was there a marriage contract dealing with property?	
19		LONDON, ENGLAND
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? Amount of War Savings Certificates held by deceased. Indicate where located.	BANK OF MONTREAL LONDON, ENGLAND 2) YES \$ 21500 IN SAFETY BOX # 143 ROYAL BANK CORNWALL ONT.
	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? Amount of War Savings Certificates held by deceased. Indicate where located. Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	BANK OF MONTREAL LONDON, ENGIAND 2) YES \$ 21500 IN SAFETY BOX # 143 ROYAL BANK CORNWALL ONT. \$ 105000 INSAFETY BOX # 143 ROYAL BANK CORNWALL ONT.
20	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? Amount of War Savings Certificates held by deceased. Indicate where located. Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located. If deceased had life insurance, name companies and amount	BANK OF MONTREAL LONDON, ENGLAND NES DIGOOIN SAFETY BOX # 143 ROYAL BANK CORNWALL ONT. POYAL BANK CORNWALL ONT. POYAL BANK CORNWALL ONT. METROPOLITAN 2000 BENIFICIARY WI METROPOLITAN 1000 " BENIFICIARY WI
20	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? Amount of War Savings Certificates held by deceased. Indicate where located. Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located. If deceased had life insurance, name companies and amount	BANK OF MONTREAL LONDON, ENGLAND YES DISTON IN SAFETY BOX # 143 ROYAL BANK CORNWALL ONT. BIDGOUS IN SAFETY BOX # 143 ROYAL BANK CORNWALL ONT. METRO POLITAN 2000 BENIFICIARY WI METRO POLITAN 1000 BENIFICIARY WI CONFEDERATION LIFE AMOUNT PAYABLE NEXT PAGE FATT
20	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? Amount of War Savings Certificates held by deceased. Indicate where located. Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located. If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein. Describe other assets, if any, and estimated value thereof. Use	BANK OF MONTREAL LONDON, ENGLAND 1) YES \$ 21500 IN SAFETY BOX # 143 ROYAL BANK CORNWALL ONT. \$ 105000 IN SAFETY BOX # 143 ROYAL BANK CORNWALL ONT. METROPOLTAN 20000 BENIFICIARY WI METRO POLITAN 1000 " WILL CONFEDERATION LIFE AMOUNT PAYABLE NEXT PAGE FATI
20	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? Amount of War Savings Certificates held by deceased. Indicate where located. Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located. If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein. Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	BANK OF MONTREAL LONDON, ENGLAND 2) YES 9 21 500 IN SAFETY BOX # 143 ROYAL BANK CORNWALL ONT. 8 105000 IN SAFETY BOX # 143 ROYAL BANK CORNWALL ONT. METROPOLTAN 20000 BENIFICIARY WI METRO POLITAN 1000 NO SENIFICIARY WI CONFEDERATION LIFE MADDINT PRYABLE NEXT PAGE FATT

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.)

0000

(PLEASE TURN OVER)

DECLARATION *Insert degree of relationship for example, I hereby declare that all the particulars shown on this form are correct, and a true and conclete "Widow", statement of all the relatives that the deceased ever had in the degrees specified; and that I am the "Father", etc.of the deceased. Signature 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 Informant of His Majesty's Forces. Montreal Gen. Hosp Central Wir Address CERTIFICATE I hereby certify that to the best of my knowledge and belief. Him $\mathcal{K}_{\mathcal{I}}$ *See above. above described. The above Declaration was made by the Informant and signed in my presence. Signature of Clergyman,

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.

Priest, Magistrate,

Notary Public or Com-

missioned Officer of any

of His Majesty's Forces.

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Commissioner or

(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

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R.C.A.F. Special Reserve

POSTED TO RCAF Recruiting Centre, Mtl. TRADE Pilot or Observer Std.



ROYAL CANADIAN AIR FORCE

(ATTESTATION PAPER)

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

1. Surname FAWTHROP	Full Chr	istian Names.	DONALD A	RTHUR			
Present Address 1827 Fifth Ave., Verdun, Que. Telephone None							
	Permanent Address 414 Second St. W., Cornwall, Ont.						
Place of BirthCornwall.,Onta	rio		Citizenship!	Canadian			
5. Date of Birth Oct. 8th, 1922				The second secon			
6. Particulars of Children None							
Name	Date of birth		Name	Date of birth			
N.A.							
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7. Occupation Inspector in an	ual Telephone Do	ept 8. R		denomination			
9. LanguagesEnglish,fluently.	State proficiency		•••••••••••••••••••••••••••••••••••••••				
10. Next of Kin (Full Name)			elationshipFat	her			
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11. Father (Full Name)	The state of the s	ACCUPATION OF THE PARTY OF THE					
"Address414SecondSt				ian			
"OccupationMerchant G							
12. Mother (Full Maiden Name)Ma							
"Address414SecondS			tizenshipCanadi	an			
13. Details of any Naval, Military or A	ir Force Service: N	one					
Unit	ce Rank	Trad		Reason for discharge			
			From	To			
N.A.	***************************************						
			RC.A.F.Recor	dis Chiffice			
			Rec'd. AUG 2				
14. Honours, Awards, MentionsNon	8		Gas. C.I.	B. 11.3			
15. Are you now on any Naval, Militar		rve? No					
16. Have you previously made applicat	ion to join the R.C.	A.F.? No		where? N.A.			
When?		Result					
17. Were you ever discharged from any	branch of His Maje	esty's Forces a	s Medically Unfit?.	No			
If so, state nature of disability			••••••••••				
18. Have you ever been or are you now	in receipt of a Disa	bility Pension	?No				
If so, state nature of Disability							
19. Have you ever been convicted of an	indictable offence?.	No	If so state nature.	NIA.			
20. Are you in debt?No	If so, state particular	rsN.A	•				
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R.C.A.F. Form R. 100 400M-5-40 (5739) H.Q. 1052-3-33	155-6		LLL Ether				

		Date		
	Name of school	From	То	Courses—Subjects, etc.
Primary Education—Public or Separate School		1928	1.9.3.4.	Primary
				4 years of the Vocational Department
Correspondence Courses, etc				
22. Particulars of all Civil Occupa	ations (in full):			
		D	ate	
Employer and place	Duties, trades, positions	From	То	Reason for leaving
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24. Special Qualifications, Hobbie	s, etc., useful to the R.C.A.F	Non	Θ	
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25. Sports engaged in. State: ex	tensively, moderately, occasional	lyHo	ckey,I	acrosse, moderately
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••••••••••••	Generalies.	• • • • • • • • • • • •		
26. AIR FORCE DUTY you wish to				
If for Ground Duties, state A If for Flying Duties, state pre (Cross out words not applicab	ference as (a) Pilot; (b) Observe i	to enlist	txxxxi	N, A. XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
27. Names of at least two persons	who can give references as to ch	aracter	and abil	ity.
Name	Address			Occupation
Mr. Russel F. Snetsinger	ll6 Adolphons St	t., Con	nwall	Manager
Mr. W. Zeigler	Cornwall College al School, Cornv	e & Voc	ation-	Principal
Rev. Mr. Mac Laughlin				
Mr. T. Phelps	22 Fifth St. E.	, Corn	wall,	Electrical Instructor
28. Other information that may h	ave any bearing on this applicati	ionN	ne	
29. Do you understand that vacci				
I HEREBY CERTIFY that the belief.				to the best of my knowledge and
Date August 11th,	.19.41. Signature.		97	an Theolo

NATIONAL REGISTRATION CERTIFICAT FOR OFFICIAL USE ONE

(A	Report	of	Interviewing	Officer
(1)	neport	OJ	Interviewing	Officer—

IAUG 151941

	TypeGeneral 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
	William Later Charles Light Control for the Control of the Control
	Date
(C)	DECLARATION MADE BY MAN ON ATTESTATION
Dat	te August 15th, 19 41 27 January of Recruit OATH TAKEN BY MAN ON ATTESTATION
(U)	
dec	I,do sincerely promise and swear (or solemnly lare) that I will be faithful and bear true allegiance to His Majesty.
Dat	te August 15th, 19 41 Signature of Recruit
(E)	CERTIFICATE OF ATTESTING OFFICER
he	The Recruit above named was cautioned by me that if he made any false answers to any of the above questions would be liable to be punished as provided by law.
	The above questions and answers were then read to the Recruit in my presence.
as 1	I have taken care that he understands each question, and that his answer to each question has been duly entered replied to and the said Recruit has made and signed the declaration and taken the Oath before me,
at	Montreal, P.A. this 15th day of August 19 41
ð	A K. Kollowill //o RCAF. Recruiting Centre , Montreel Signature of Officer Rank

Finger Printed
Date 15-8-41
Initials. & B

	OR OFFICIAL		Initials. E.B	
		ICAL EXAMINAT	ION	
Part 1. Information obtained from the appli				
1. Age. 2. Have you ever suffered	1		ealth?	
(a) Rheumatism	-Ma	(j) Nasal Trouble	5/	••••••
(c) Bronchitis or Asthma	No	(k) Ear Disease	400	
(d) Heart Disease	No		We.	
(e) Kidney or Bladder Disease			ntal Disease	
(f) Gastro-intestinal			uai Disease	
(g) Rupture			76	
(h) Varicose Veins	-1		Wo	
(i) Flat or Deformed Feet	no	O .		
3. Have you ever worn glasses? No. 4. Have you had any illness		medical history	have revealed m	y full hheid
for more than on week's	••••••	47	Signature of Applicant	
Examiner's Remarks re above	Mel.			
		•••••••••••••••••••••••••••••••••••••••		••••••
Part 2. Information obtained by Medical Ex				
1. Identification marks or scars (if ope	rative obtain hist	ory) Dettea	l dear 12	au
bridge of nose	٠			
••••••••••••••				
2. Height	inahaa 2	Weight	114	
		the second property of the second sec		pounds.
			Book Hair	J. Commit
6. Development Fair 7. Chest Poor	Measurement—F	ull expiration	31/4	inches
), Ra	nge of expansion	214	inches
8. Hearing—Right Wy Zoff Left	Wy 20 ft. Ty	mpana—Right	Left.	
9. Vision—Without glasses—Right				
Left	1	T C	·	
		Lert	•••••••••••••••	
10. Condition of mouth and teeth	9		,	••••••
11. Urine—Albumen	Su	gar	q	
12. Abnormalities (Congenital and Path	nological) found or	Examination		
	1 mes.			
***************************************				4 0 1 0
Part 3. The Candidate has been examined	in accordance v	with the pamphlet,	"Physical Standards	112. N 3 12
and Instructions for the Medical Exar	nination of Recru	its" and he is consid	dered fit for Category	
		1		The same of the sa
Any special remarks of the Medical Officers	- Creel	en canson	Part 2 Cont	
for air grew de	læs.	n/as.	13. Redlexes	1
15-8-44 X how \$ 969	9 recce			
South the state of			14. Heart	
***************************************	•••••••		15. Lungs	
			Disad Press	ire S. D.
			April 10 and 10	MA D

Date 14th a leguest 1941

Member 1

17. Colour Vision 1. D.L.

Member

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. FAWTHROP. (Surname first—Chri	DONALO ARTHUR
(2) Regimental or Official Number and Rank	
(3) Unit R.C.AF. Station Mt. View	
(4) Are you married? Yes.	
(5) If married, state,	
(a) Full name of your wife	Fawthrap
(b) Present postal address of wife Montreal Gener	a/Hospitat, 65 Dorchester StE
(6) If married, have you been regularly supporting your wife	fe? If not—state reasons
(7) Are you a widower? N.A.	
(8) Have you any children? N.A. Number of boy Names and ages.	
(9) If Dependents' Allowance is claimed in respect of	children—state whether you have been
regularly supporting them	••••••
	•••••••••••••••••••••••••••••••••••••••
Give particulars of Guardians to whom Dependents'	Allowance should be paid—if authorized.
Name	Bac'd MONIZZ 1350
Postal Address	
***************************************	SEE OTHER SIDE

William Be Districted as Districted the Property Bill District of the State of the

	Have you a common-law wife—whom you have been regularly supporting and publicly repre-
144	senting as your wife for at least 2 years immediately prior to appointment or enlistment?
	If so, state her full name and Postal Address
	Is your father alive? Yes
	If so, state name and address, occupation A.W. F. A.W.T.HROP 414 Second Stave Cornwall Ont.
(12)	If your father is a widower and is totally incapacitated from earning a living—are you his sole
(13)	or partial support? MA. 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
	Also state reason he has no other means of support if partially supported by you, what is your
	reason for not providing full support? N.A.
(14)	Is your mother alive? Yes.
	If so, state name and address Mary Elizabeth Fawthrop 414 Second St. W. Cornwall Ont.
(15)	If your mother is a widow, are you her sole or partial support?
	If sole or partial support of widowed mother—state what amount per month you have given her
Parameter of	prior to appointment or enlistment. 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?
(17)	Are you contributing to the support of any dependents, other than those shown above?
In edition to	Relationship
	Full Name
	Postal Address
C	Amount contributed monthly during the past six months
-	
(10)	Are you insured? Yes
(10)	If so, in what Company? Metropalitan Life (Give number of policy)
	Have you made arrangements for payment of your Insurance Premium? 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
******	Date 24/10/43 [Signature of officer or man]
2	Well Dunbull A/s/
	96-10-45 AnOfficer Commanding

NB 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.

WILL

	(a) Names in full to be written.	(1) (a) I, Donald Gither Fawtherf of the	City Town- Village Township
		of Cornwall in the County of Stormont District	••••••
		Province of Ontario (Civil Occupation)	••••••
		a member of the Royal Canadian Air Force, Number	do hereby
,	(a) Insert "wife", "father", "mother", "friend", etc.	(2) I GIVE, DEVISE AND BEQUEATH unto my	
7	(b) Insert the name of beneficiar(y)(ies) in full.	(a) My wife	
	(c) Insert the address(es) if known. (d) Here state "all of my estate" or the particular articles or money intended to be	(b) Anna Keages Fawthsp (c) Montreal General Hospital Central Division Mont	test Que
	given. See reverse side for example.	(d) All my estate	
	Draw a diagonal line through Para. (3) if not applicable, i.e., if all Es-	(3) All the remainder of my estate I give, devise and bequeath unto: (a)	
	tate disposed of in Para. (2) above.	(b)	
		(c) $Z = A + D = C$	13/1/
	Name and address of Executor.	(4) I appoint (Name) Tawthas P Montreal Bases (Address) to be the Executor of this my Last Will. Executrix	el Hospilal
		IN WITNESS WHEREOF I have hereunto set my hand this Twenty - fifth	Z
		day of February 1944.	
		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.	
)		2 Donald Gathus Fawle (Signature of Testator	Carp.
	First Witness sign here.	(5) Lu faireur F/O. (Signature) St Learge Ont.	
		(Permanent Home Address)	
	Second Witness sign	(Occupation) (Signature)	
	here.	253 Clesnam and Ottawa ont, (Permanent Home Address)	
		Stadent (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 is named, complete as follows: I give, devise and bequeath unto:
 - (a) my wife
 - (b) Mary Brown
 - (c) 26 Cherry Ave., Ottawa, Ont.
 - (d) all my estate

If more than one beneficiary, set out in clause 2 (d) what each is to receive, such as:

"my wife, Mary Brown, 26 Cherry Ave., Ottawa, Ont.

\$100.00

and my household goods and effects".

"my mother, Ethel Brown, 480 Yonge St., Toronto, Ont.

\$100.00"

"my friend, John Smith, 60 LaSalle St., Winnipeg, Man.

\$100.00"

and any personal gift, if desired.

If any specific gifts as above have been made, the testator should name in Clause 3 the person or persons to whom he desires to give the balance of his estate, such as "my wife, Mary Brown, 26 Cherry Avenue, Ottawa, Ontario, the balance of my estate", or "my mother, Ethel Brown, and my father, George Brown, of 480 Yonge Street, Toronto, Ontario, the balance of my estate in equal shares or in the event that one dies before the other, the balance to the survivor".

- (3) Failure to appoint an executor or an executrix can only result in additional expense in the settlement of the estate in question. You are, therefore, strongly urged to make such an appointment. A beneficiary under the will may be appointed executor or executrix. It is recommended, however, that you avoid appointing as executor any person on or likely to be on Active Service.
- (4) Do not omit to date the will. You are to sign the will with your usual signature in the presence of two witnesses, each of whom must immediately thereafter, and in your presence, 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

The laws of all the provinces of Canada, except one, provide that marriage subsequent to the date of the will revokes that will. Therefore, an officer or airman, immediately upon his marriage, should make a new will in order that, in the event of his death, his estate may be distributed in accordance with his wishes as set out in his will.

STATEMENT OF LOCATION OF WILL

A.F.H.Q	Ottawa	07					
		(Name	and address in f	ull)		••••••	
		•••••		• • • • • • • • • • • • • • • • • • • •	•••••••	*****************	

1 bille Grey metal suitcase contg: 1 sealed envelope contg: 1 Identity bracelet 1 gold ring 1 key case l Air Force blue wallet 1 blue folder contg: snapshots l bundle of letters l silver chain 11 or. undershorts 6 towels 3 pr. pyjamas . 12 pr. socks 1 shirt 4 face clothes 1 New Testament 4 undervests " 1 sweat shirt l sleeveless pullover 1 pr. swimming trunks 1 pullover 1 leather shaving kit contg: 1 shaving brush 3 pipes 1 tobacco pouch 1 or. Gloves 3 black ties 1 shoe horn 1 Officers greatcoat 1 neck tie 6 handkerchiefs 1 pr. suspenders 1 Officers dress trousers 1 Officers raincoat 1 pr. battle dress trousers 1 battle dress tunic 1 pr. overshoes 1 pr. shoes

1 pr. leather moccasins

1 pr. slippe s

1 Officers Camp kit-incomplete contg: 1 camp bed complete 1 chair 1 bucket l basin 1 wash stand 1 ground sheet l valise 2 canvas bags 2 suits underwear 7 shirts 1 sweater . . . 4 pr. stockings 1 towel 2 handkerchiefs 1 writing case-leather 1 pen case & pen 1 New Testament 1 blue haversack 1 pr. half wellington boots 1 pr. shoe trees 1 khaki blouse-pilots brevet 1 Gladstone bag contg: 1 pr. battle dress trousers 1 battle dress blouse-"P" brevet 1 pr. civilian trousers 1 blue dressing gown 1 pr. pyjamas 1 service shirt -1 flannel civilian shirt 1 white silk scarf 1 civilian tie 2 pr. pants I book "The Robe" 1 sleeveless pullover blue woollen. l book "Nazi Flier" 1 pr. black leather shoes -1 leather money belt /P.T.O. 1 electric torch

1 brush

1 pipe

l pack playing cards

l pr. sun glasses in leather case

2 black ties

2 packages : Adhesive bandages

1 metal mirror in leather case

larmlet

1 electric fitting

6 coins-souvenir

1 coathanger

l tie clip

1 packet correspondence

1 pr. P.T. trunks

1 pr. pyjamas

1 towel

9 prs. socks

l jock strap

l jewelley case

1 pr. leather braces

1 pr. mocassins

1 pr. rubber overshoes.

1 pr. running shoes

1 kitbag handle

1 pr. service trousers . .

Wooden box contg:

1 Wartime civilian wireless set

e/ arther . ar S

decion estraced i

-1 valve broken

1.38 Revolver retained in safe custody.

ender we vollers are leves Lu I

a destruction door I

Legardage Leading and L

dwide neidivio fornell b

NOTE. 1 Bank Book-Bank of Montreal. Cheque book-Bank of Montreal

1 Chauffeur's licence 1943.

1 Metropolitan Life Insurance Policy Receipt

2 Certificate of Posting Registered Postal packets.

l Inventory of Personal Kit stored at R.A.F. Central Depository.

Extracted by Unit and forwarded to R.C.A.F. 0/S. H.Q. Longon.

Cash amounting to 16/6d and 205 Belgian France, found among the personal effects have been credited to his service account at the Air Ministry.

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PROCESTO .

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amendo a perior el de de la comitación de

OFFICIAL ROYAL CANADIAN AIR FORCE CASUALTY NOTIFICATION NUMBER J29737 (R120) FLYING OFFICER 421 SQDN UNIT TRADE PILOT (G.L.) R.N.Z.A.F. 'R.C.A.F. R.A.F. R.A.A.F. OTHER FAWTHROP, DONALD ARTHUR PRESENT MARITAL STATUS BAPTIST RELIGION CANADIAN YES MARRIED FRENCH CANADIAN OTHER NEXT OF KIN MRS. DONALD ARTHUR FAWTHROP RELATIONSHIP WIFE 65 DORCHESTER STREET E. NURSES RESIDENCE MONTREAL QUE. & MRS. FATHER'S NAME MR./WESLEY FAWTHROP YES LIVING ON ENLISTMENT ADDRESS 414 SECOND ST. WEST CORNWALL ONTARIO MOTHER'S NAME LIVING ON ENLISTMENT YES ADDRESS MARITAL STATUS AT TIME ADDRESS AT TIME SINGLE SECOND ST. W. CORNWALL ONT. OF ENLISTMENT OF ENLISTMENT INSPECTOR IN MANUAL TELEPHONE DEPT. OCCUPATION NOT KNOWN BEING OBTAINED. WAS MEMBER ATTACHED TO R.A.F. AT ANY TIME? YES/NO IF CASUALTY OCCURRED IN CANADA DID MEMBER HAVE SERVICE OUTSIDE CANADA DURING WAR WITH THE GERMAN REICH? YES/NO IF ON LEAVE, STATE DATE LEAVE COMMENCED AND WHETHER ON LEAVE WITH OR WITHOUT PAY? CASUALTY DETAILS: NP24/14 MAR AUTHORITY CAS. SIG. NO. AIR MIN KWY 591---d-13-MAR-45 A RESULT OF AIR OPERATIONS (OVERSEAS) (ESCORTING "KILLED" 11-MAR-45 AREA GERMANY) CRASHED LANDED IN BELGIUM AIRCRAFT TO THE REEINE KIN ADVISED 14-MAR-45 M.F.M. 5 ATTACHED TO NOTIFICATION TO A. of E.? LAST WILL ATTACHED TO NOTIFICATION TO A. OF E.? CERTIFICATE P. OF D. ATTACHED TO A. OF E. COPY R.C.A.F. R217 FOR CHIEF OF THE AIR STAFF

ADMINISTRATOR OF ESTATES, OTTAWA

30M-6-44 (4664)

H.Q. 885-R217

ATS-RT

REPORT ON FLYING ACCIDENT

R.A.F. Form 765 (c) Revised Jan., 1945

(To be retained in, and checked against F764 until completion)

DISTRIBUTION :-

(i) Two copies to Air Ministry (P.A.2).
(ii) One copy to Ministry of Aircraft Production (R.M.1).
(iii) Two copies to Group Headquarters.

(iv) One copy to the Air Ministry P.4.Cas. when pilot is member of R.C.A.F. (v) One copy to the O.T.U. or H.C.U. where pilot or crew was trained—for all accidents occurring in squadrons.

(vi) One copy to the parent unit of the aircraft if accident occurs to aircraft whilst temporarily attached to another unit.

Additional copies to Air Ministry P.4.Cas. :-

(a) One copy if there is a casualty to Officer or Airman.

P. 430439

ENCL.

If this incident has been reported to the Air Ministry by signal quote Ref. No. and date. T. 278 dated 12. 3. 45.

(b) One copy for each Allied Authority if casualty to Dominion or Allied personnel.									
1. Unit No. 421	(RCAF)	Squadron.	Grou	ıp No. 83	Command 2nd	r.A.F.	Serial No. of Form 22		
2. (i) UNIT STATIONEI (ii) Aircraft stationed					5. DETAILS OF FLIGHT:— (i) Operational or Non-Operational Operational				
3. DETAILS OF ACCID (i) Date 11.3.45 (ii)		Moon Due	—Day, Dark sk or Dawn	()					
4. WHERE DID CRASH (i) Airfield				(iv) Dual, Solo or two Pilots (v) Time of take-off					
(ii) Whether "on" or "near" this Airfield (iii) Place (see Note 1). Map Ref K455818				(vi) What	was aircraft doing v	vhen it	In flight.		
(iv) Height above sea level (approx.) (v) County Note 1.—Reference to be to places marked on 1 in. map,				Put:—Landing (i.e., on airfield), Taxying, Take-off, Circu Flight, Forced Land (not on A/F), Ditching (forced land on water Picketed or moored, Starting up, Towed or Manhandle Stationary.					
6. DETAILS OF AIRCH	DETAILS OF AIRCRAFT. AIR			RAME					
Type/Mark	Mark		Īο.		Total Hours Flown if technical failure		mage : E, B, C, A, AR, U.		
Spitfire XVl		R.K. 91	0		51.00		E		
			ENC	INES					
	Sin	gle or Port Outer	A STATE OF THE PARTY OF THE PAR	rt or Inner	Starboard or Starboard Inn		Starboard Outer		
Type/Mark	Pack	ard Merlin	266						
Damage † E, B, AC, A, U.									
R.A.F. and Maker's No.	V3604	01	Data below	equired if there has been technical failure		ailure.			
Total Hours Run	1	7.00				18			
Date Eng. last Installed									
Time of failure		D - Hon remain at an	nt no at on' a vyoni	o or D A H. Don	A.C. — C	ontroator's ron	noir of atation		
+ E = Write off. U = Undamage		B = For repair at co A = Unit repair.	AR	= Unit repair by	y replacing component of	or engine in un			
7. DID FIRE OCCUR? No. Put:—Total aircraft, airframe, engine fire only, suspected fire, No fire. Note.—If possible state source, e.g., port inner, bomb bay, etc. 8. WHEN DID FIRE OCCUR? Put:—In air, after starting up, etc.			n air, after c	rash,	9. WAS GRAVINER (i) Put:—Yes by Not fit (ii) Did Extinguis Note.—(i) and (ii) to be occurred or not.	inertia switch ted, Not know ther Bottles D	ch, Yes by hand, No,		
10. CHIEF TECHNICAL Report in sequence, fail of the relevant specialist	The state of the s	R'S REPORT. details. In all cases g., Signals, Armamer	s of real or sus	pected TECHNI	CAL failures, this report	should be a s	ummary of the reports ion is believed to have		

contributed to the accident, the serial number of the modification and the reason for non-embodiment should be stated. Precise details of damage are not required.

The engine has been salvaged and is being examined for the cause of failure. A full report will be rendered on completion of this investigation.

1022 action taken	Not	known	
1022 action taken	- 11	11	
State number of previo	us simila	ar defects :-	-
(a) Causing acciden			

Sgd: A.B. Bogy S/Ldr.

REPORTS OF SPECIALIST OFFICERS. (Report in sequence, failure, cause, details. Where the accident is due or partly due to failures in procedure, the report of the appropriate specialist officer should be given, e.g., Navigation Officer, Flying Control Officer, Signals Officer, Meteorological Officer, Armament Officer, etc.)

(ii) Airfield	****************				and the commence of the commen
	" near " this Aireald	***********		of take-off	
, , , , , , , , , , , , , , , , , , , ,					n it In flight.
(iv) Height above sea le	evel (approx.)				
(v) County	****************		Picketed	or moored, Starting 1	Taxying, Take-off, Circuit, itching (forced land on water), p, Towed or Manhandled,
6. DETAILS OF AIRCI	be to places marked on 1 in.	THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER, THE PERSON NAMED IN	Stationary		
Type/Mark	R,A,F,	A STATE OF THE PARTY OF THE PAR		Hours Flown chnical failure	Damage: E, B, † AC, A, AR, U.
Spitfire XVl	R.K. 9	10		51.00	F
		ENG	INES		
	Single or Port Outer		t or Inner	Starboard or Starboard Inner	Starboard Outer
Type/Mark	Packard Merlin	266			
Damage † E, B, AC, A, U.					
R.A.F. and Maker's No.	V360401	Data below re	equired if the	re has been technical failu	re.
Total Hours Run	17.00				
Date Eng. last Installed					
Time of failure					
+ E = Write off. U = Undamage	B = For repair at coed. $A = Unit repair.$	ontractor's works	or R.A.F. Der	ot. AC = Control of replacing component or e	actor's repair at station.
Put:—Total aircraft, engine fire only, suspending. Note.—If possible states	Put :—I sta	n air, after cr	ash,	(ii) Did Extinguisher	ertia switch, Yes by hand, No, Not known. Bottles Discharge?
e.g., port inner, bomb l	bay, etc.			Note.—(i) and (ii) to be fill occurred or not.	ed in for all accidents whether fire
are not required.			CHC TCABOH TO	non-embodiment should be s	l modification is believed to have tated. Precise details of damage
1022 action taken	The engine has because of failure. Completion of this	en salva A ful	ged and l report	is being exami: will be render	tated. Precise details of damage
1022 action taken	The engine has because of failure, completion of this work. Not known """ s similar defects:—	en salva A ful	ged and l report	is being exami: will be render	tated. Precise details of damage
1022 action taken	The engine has because of failure. Completion of this	en salva A ful	ged and l reportigation.	is being examinated by the second of the sec	tated. Precise details of damage

100

12. DETAILS OF ALL OCCUPANTS OF AIRCRAFT (R.A.F. and others). (i) Put the name of the pilot in charge of the aircraft at the time Solo Flying of Pilots and Pupil Pilots of the crash, then the names of all other occupants. For dual instruction put instructor first. For For Accidents For all Accidents (ii) Degree of injury to be classified as :- Missing, Killed, Injured Night Accidents involving (admitted to Sick Quarters or Hospital), Slightly Injured (not Instrument Total solo admitted to Sick Quarters or Hospital), Uninjured. / (Quote as Night Solo Flying (Day and Night) M, K, I, I(s) or U as appropriate.) Degree On On Hrs. Hrs. on On On Name and Initials this all this Number Rank Instru-Duty on (Nationality if not British) Injury φ Type Types Link Type Types ments K 42.00 1225.20 J.29737 平/0 Pilot D.A. FAWTHROP (Canadian) (Attended No. 57 O.T.U. ESHOTT). φ N.B. If the log book is not available estimate as close as possible and put "estimated" underneath the figure. Total solo should include any flying done before entering R.A.F. The word "Type" includes all marks of the type. R.A.F. personnel killed or injured not occupants of aircraft. 13. Were any other persons killed or injured? If so, give numbers. Killed......Injured.....

14. PILOT'S REPORT. (This space must not be left blank or filled in "not available." If the Pilot's report is not available the best description of the circumstances possible must be inserted. If the aircraft is missing the last information concerning its whereabouts, direction of flight, intentions, probable area of crash must be given, together with notes on the weather, petrol duration, etc.)

On March 11th, 1945, at 1500 hours, Flying Officer Fawthrop was flying as Cradle Brown Two returning from an operational sweep. We had just begun to let down through 10/10 Cloud at 6,000 feet, when Fawthrop called me and reported his engine dead. I instructed him to let down on the same course. When I broke cloud at 2,000 feet, I orbited to port to look for him and called him at the same time. There was no reply.

ø (i)	All up	weight	lbs.	ø (ii) C.G.	position
\$.T	o be calc	culated at tim	e of accident.		

- 15. Conclusions of Unit Commander. (This section should be a complete summary.)
 - Part A. What happened and under what circumstances?
 - Part B. What errors were made or what went wrong?
 - Part C. What action is indicated or has been taken?
 - A. Returning from an Operational Sortie.
 - B. Descending through cloud with a dead engine, the Pilot apparently carried straight on in to the deck under a 2,000 ft. cloud base crashing into a tiny wood surrounded by open fields, large enough to safely crash land a plane. In my opinion, the pilot suffered a touch of panic which was largely responsible for the fatality of the crash.
 - C. Nil.

On March 11th, 1945, at 1500 hours, Flying Officer Fawthrop was flying as Cradle Brown Two returning from an operational sweep. We had just begun to let down through 10/10 Cloud at 6,000 feet, when Fawthrop called me and reported his engine dead. I instructed him to let down on the same course. When I broke cloud at 2,000 feet, I orbited to port to look for him and called him at the same time. There was no reply.

# (i) All up weightlb	os. \$\phi\$ (ii) C.G.	position

- 15. Conclusions of Unit Commander. (This section should be a complete summary.)
 - Part A. What happened and under what circumstances?
 - Part B. What errors were made or what went wrong?
 - Part C. What action is indicated or has been taken?
 - A. Returning from an Operational Sortie.
 - B. Descending through cloud with a dead engine, the Pilot apparently carried straight on in to the deck under a 2,000 ft. cloud base crashing into a tiny wood surrounded by open fields, large enough to safely crash land a plane. In my opinion, the pilot suffered a touch of panic which was largely responsible for the fatality of the crash.
 - C. Nil.

Signature	Sgd: J.D. BROWNE S/L.	
Name (Typed	l or in Block Caps.)	,
Commanding	No. 421 (RCAF) Sqdn.	
Date	14.3.45.	

-16. Remarks of Station Commander. (Notes of any further action taken or recommended.)

Engine failure was the direct cause of the accident, however, this cannot be assumed as the cause for the pilot crashing into a small stand of trees.

Signed: J.D. Browne S/L. for Wing Commander Operations.

An experienced pilot, there is no explanation why he did not crash land in surrounding open fields - cloud bare 2,000' - Possible causes: Panic - monoxide poisoning - in latter case there was insufficient remains to make the test.

Signature	Sgd: P.S. TURNER G/Cpt.	7
Name (Typed	or in Block Caps.)	
Commanding	No. 127 Wing.	
Date	March 14th 1945.	
Date		••••

A.I.B. investigating (Yes or No).....

FORM 6

1. PLACE					IFICATE OF REGISTR Township of			
OF	-			Street	(If death occurred in a hospital or i		House No	
2. LENGTI (a) In (3. PRINT	H OF STAY (in your City, Town or Town	ears, months aship where DECEASE	and days) death occurre	d	(b) In Province	DONALD ARTHUR (Given name or names in usu	da (if immigrant)	
4. Sex	5. Nationality (Citizenship)	6. Racial	Origin	7. Single, Married, Widowed or Divorced (Write the word)		L CERTIFICATE OF March (Month)	DEATH 11th (Day)	
8. BIRTHE	l		ntario		25. I HEREBY CERTIFY that			
		Oat abox	rovince or Coun	try) 1022		19to		19
9. DATE C	F BIRTH	(Month)		(Day) (Year)	and last saw h	alive on		19
10. AGE in	24	Months	Days	If less than one day old hrs. ormin.		CAUSE OF DEATH		PHYSICI
12. King 13. Date 15. If marri	de, profession or king pinner, teamster, officed of industry or businell, lumbering, bank te deceased last work at this occupation	iness, as cott	n- R. C. A.		Other morbid conditions (if important)	(a) Killed as a due to (b)		Underli the cau to whice death should charge statistics
16. NA 17. BII	RTHPLACE Onta	rio	(Province or Co	untry)	26. If a communicable disease (a) Disease (a) Disease (a) Disease (b) Disease (a) Disease (b) Disease (b) Disease (b) Disease (b) Disease (c) Disease	ate of appearanceuration of disease		
18. MA	IDEN NAME. Ma.CD			zabeth	27. If a woman, was the death as 28. Was there a surgical operation			
20. Person sign	3	r (R.C.		nty) Munt Sign ords Officer)	Manner of injury Killed	auses (violence) fill in als Accident Date (State which) as a result of (How su	of injury	11th _{19.45}
21. Place of	f Burial, Cremation	or Removal	•••••••					blic place
Date of	burial or removal	•••••••						
22. Burial	Permit was issued b	оу	•••••		- Address	Date		19
Addres	3S				30. Division Registrar's Record	No	•••••	
23. UNDER	TAKER	••••••••••	(Name and add	ress)	31. Filed	19	(Division	Registrar)

This form if placed in an envelope, marked "Dominion Statistics-Free, penalty for improper use \$300," and properly addressed will pass through the mail "FREE"



DEPARTMENT OF PROVINCIAL SECRETARY REGISTRAR-GENERAL'S BRANCH

July-14-1941

This Certificate of Birth is issued for Military, Naval and Air Force purposes only

> THIS IS TO CERTIFY that the Birth of the person named hereunder is of record at the office of the Registrar-General of Ontario as of the date and place noted.

Donald Arthur Fawthrop

Stormont County

October-8-1922

Name of Father Wesley Fawthrop

Maiden Name of Mother Mary Elizabeth MacDonald

Reg-Oct-11-1922 77

Deputy Registrar-General R.C.A.F. Records Office

CERTIFICATE OF MARRIAGE

THIS IS TO CERTIFY THAT, ON THE
DAY OFJulyA.D.1943, ATCornwell
IN THE PROVINCE OF ONTARIO, I SOLEMNIZED THE MARRIAGE OF
Donald Arthur Fawthrop
NO. L 81600 ISSUED ON THE
WITNESSES: G.S. Lloyd
Audrey M. Edey
Thomas H. Cowtan Presbyterian 7476
"CERTIFIED TRUE COPY" 13 Aug/43 J. BrisTol sp. [A (J.R. Mallory) F.L.

STATION HEADQUARTERS

APILIC TION FOR APIROVAL OF MARRIAGE

	LOVELL OF LIELLELACTE
DATE	July 9/43
NAIE	Fawlbrop Donald Arthur
RANK	T/Flight Sergeant
TOTAL SERVICE AT FRESENT DATE	Lyear Ilmonths
A.GE	20
PRESENT JOB	Staff proof
NAME OF FUTURE LITE	Anna Keys Edey
CHRTIFICATE OF CHARACTER AVAILABLE AND ATTACHED	Dr. J.H. V. Armstrong Rev. G.S. Lloyd
APPROXIMATE DATE AND PLACE OF MARRIAG	
CERTIFIED I AM FREE FRONDEBT	D.a. Fawther
SECTION COMIANDER'S RETARKS 2 would recommend permission le granted.	IROVINCE IN THICH MAINIAGE IS TO BE PERFOLIED Ontario
RELIRKS OF OK. SMO CONTINUING OFFICER	
approved.	COLLIAND ING OFFICER

John's Presbyterian Church Rev. G. S. Lloyd, M.A., B.D. Minister

CORNWALL, ONT.
July 3rd, 1943.

To whom it may concern:

This is to certify

that I have known Miss Anna Edey since I came
to this charge almost six years ago. I have no
hesitation in recommending her as a young lady of
excellent character.

G. S. Alloys.



IF YOU LOSE THIS CARD, notify your C.O. imm diately, giving him full particula-IF YOU FIND THIS CARD, please mail: an envelope addressed to: "The Secreta. Dept. National Defence (Air); Ottawa, Ca. ada; Attention P.I.B." NO POSTAGE NECESSARY

Posted to Eff.Date Rank
No. 1 FIS 15-8-42 Set.
Trenton, Ont.
No.6 B&G Mountain View. SGT. 5/10/42



Faw throp Da



INTERVIEW REPORT

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		WEIGHT. 118	
SURNAMEFAWTHROP	1		
CHRISTIAN NAMEDONALD.ARTHUR			
MARRIEDSINGLENO. OF CHILDREN. NONE	FLY	PILOTX	
	J. 140	OBSERVER	
EDUCATIONAL: - NUMBER OF YEARS13		APPROACH	
High SchoolTechnical4.yrs.Commercial.		Confident	
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Onit voi bit of (Name and Dates of Attendance),,,,,,,,,		CARRIAGE	
***************************************		Upright	
Standing other Countries		Athletic	
FLYING EXPERIENCE: - Total hours		DRESS	
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No. hours & types during last 2 yrs		PHYSIQUE Medium	
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		MANNER	
HOBBIES:None		AlertX	
INTERVIEWING OFFICER'S OPINION AS TO CHARACTER		ConfidentX SincereX	
AND SUITABILITY FOR THE SERVICE:		Reserved	
Quiet, courteous, keen and bright. OK		Overbearing	L. M. Market
for aircrew.		Irresponsible	
R.C.A.F. Records Office			
Rec'd. AUG. 20.1941.		EXCELLENT	
REFERENCES CHECKED // SATISFACTORY REFERENCES CHECKED // UNSATISFACTORY		AVERAGEX	
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12-8-41 Montreal, P.Q. 000 P.E.	Signa Henar	ture of Officer alt F.O.	

1022-1-1623

CERTIFIED TRUE COPY

50M—10-41 (971) H.Q. 1062—3—56

ROYAL CANADIAN AIR FORCE

OFFICER'S APPLICATION AND RECORD SHEET

12973/

	ger Printed	nt to the Special Reserve (
	ase read these notes before completing the (a) All questions must be answered in candidate' "N.A." if "Not Applicable". Incorrect answ (b) Where spaces are inadequate, information sho (c) Paragraphs 35, 36 and 37 must be signed, date (d) The submission of false information or falsified to Prosecution.	s own handwriting. It is not surers may prejudice an applicant's ould be given on foolscap paper at ted and witnessed.	fficient to leave a space for a chance of selection.	h this application.
1.	Surname FAWTHROP	(Use capital letters)		••••••••
2.	Christian Names. DONALD. AK	THUR (Use capital letters)	•••••••••••••••••••••••••••••••••••••••	•••••••
3.	Date of Birth Oct 8/1922	Place annuall City	Ontario C. Province	Country
4.	Permanent Address. 414. Second	St. W. Commall?	22	901
	Present address for correspondence stating		good.	Telephone
	RCAF Station Mount	Tans Vieur		
6.	Nationality (If Naturalized Canadian, pr		be submitted)	
7	Religion (State denomination, e.g., C. of		14-	
-	Next of Kin (Name). Mass. D.Q., Z.		Relationship. 7/2	
8.	Address 128 West Bridge St	111 111	Relationship	
	Auditoss	ley Faw this bound of Nationality.	Alive Deceased Canadian	
	Profession. Meschand Mother's maiden name in full may Galia Birth Place. Commall. O.M.		Alive Deceased	
10.	Has either parent acquired any other nat	ionality? (If so, full partic	culars and date must be	given)
	Single, Married, Widower, Divorced, Sep Particulars of Marriage	(Date)	/// >	
12.	Particulars of Children:—			
	NAME	DATE OF BIRTH	PLACE OF I	BIRTH
	N.A.			OTTO 2 10V 5 1943
	Person or persons to be notified in case o	f casualty:—	THE PERSON OF TH	1911
	Name Mrs Da Faw this	Belleville Ond	Relationship	

14. Education:—					
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		••••••			
15. Special Civil Courses or Examination					
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6. Civil Employment, from leaving scho	ol to prese	nt in chro	nological	order, and Reasons, i	f any, for leaving:
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NAME AND ADDRESS OF EMPLOY	ER	FROM	то	DUTIES	CAUSE OF LEAVING
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		10-	7-/) \
6a. BANKER (Name of Bank and Bran		1			~
7. Clubs or Organizations of which appraise. Have you ever been convicted of an					
8. Previous Service with Navy, Army, A (If in the Air Force state nature of duties, e.g. FULL NAME OF UNIT	., Pilot, Obse				to wings.) DUTIES
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0. Details of Ground Officer's Duties Pe	rformed		•••••••		•••••••
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2. Have you ever been or are you now in	n receipt o	f a Disab	ility Pens	ion? NA	
If so, state nature of disability:					
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Particulars of other Pension:				······································	
3. Honours and Awards (Quote authorit	y—London	or Cana	da Gazette)	•••••••
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TYPE OF COURSE	# 5 ITS	FROM	Z/1/42
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		3/1/42	26/3/42
	# 11 S.F.T.S.	26/3/42	16/8/42
		17/8/47	5/10/4>
lave you previously applied for a Commission its auxiliaries? If so, state:—	n or for enlistment in the	Royal Canadian	Air Force or ar
(Unit and Place)	(Date)	(Result)	
lave you any knowledge of internal combustion	n engines, construction of	aircraft, mechanic	cs or electricity
ypes of Aircraft Flown (Service or Civilian):-	Tiges moth, Fleet, Gorn	ell anson, Ce	sona Crani
	FLYING HOURS BY YEARS		MARKS
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- R.C.A.F.I sendan M. Oseno.	0.6.7.1.7.7.		
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otal Flying Time7.5.0 /hrs. (Hours)	PCAF	No. of Licence held)	
ames and present addresses of responsible personal knowledge of the candidate's career, as		Tayran and	
ame F/L Mac Kenzie G.W., (in capitals) Address. R.C.AF. M.T. V.ew.	7	OH, ARMS. (in capitals) 333 Lecon	T.R.ON.G LANCon
ProfessionR.C.A.F.	Profession		
ame Rev WISMER		Do49a/	
Tame Rev. WISMER (in capitals) Address 212 Bedford St. Carn.w. Profession.	Address	(in capitals)	Fr.acers. Carn
OTE:—			
The applicant must be prepared to provide, if require the Department is not prepared to enter into correspondence candidate has nominated; and the Selection Board we ersonally acquainted with the candidate's work, at sepplicants are cautioned not to prejudice their carroutside the Service who they consider might have	ence, whether officially or unoffice fill disregard recommendations for school, university, in industry or ndidature by endeavouring to	om any persons of business, in H.M.	are not directly a Forces or otherwi
The foregoing information was personally compiled beat His Majesty may exercise the right at any time to o	RTIFICATE by me and is correct to the best of dispense with the services of an (f my knowledge and Officer on probation.	belief. I understa
Vitness J. 18 rus I al sya	Signature. 2.	a fanthis	£
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DECLARATION

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ROYAL CANADIAN AIR FORCE

R			LYING AND GROUND TRAI		
SurnameFawth	rop	Christian	NamesD.A		
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ELEMENTARY TRAINING

- 1. No. 14. ... E.FIT.S. Course No. 46. From 4-1-42 To 13-3-42
- 2. Flying Time:

7.

FLYING TRAINING

lircraft	Total	Solo	Instrument	Total Dual)	Passenger	Total	Link
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GROUND TRAINING

Subject	Maximum Marks	Marks Obtained	Subject	Maximum	Marks Obtained
Airmanship	200	1.46.	Th. of Flight	100 200	5.5.
Aero Engines Signals (Prac.)			Aircrant Recog	75 125	
			quals, as an Officer	200	

	Maximum Marks 1000, Marks Obtained	ntage3
	Pass or Fail	in Class
· .	3. Commissioned Rank (appears suitable or unsuitable)	
9.). General Remarks (Ability, Conduct, etc.)	
	Marialeut, Janes ame	served in
	Laces at at the levels were	and Reservation
	Chief Ground Instructor	rvisory Officer E.F.T.S.
	Monday Supe	rvisory Officer
.0	'c be passed to NoS.F.T.S. Date	***************

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	S.	E. AIR	CRAFT			C.E. AI	RCRAFT				
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CRANE					66:35	64.05	7:45	0.75	31,25	25.0	17.5
TOTAL										i di	
Brought Forward.	30:35.	42:40	3:10						7:05	12:00	
From E.F.T.S.	Δ				0.						
GRAND TOTALS	30:35	42:40	3:10		66:35	64:0	7:45	8:15	38:30	37:00	17.50
Qualities as Remarks on Fl	ying P	rogress	, Navi	gation	, and p	oints	which	require	consi	derati	on:
A very go as a pilo	ood typ	e of st	udent,	not a	lways c	onsiste	ent bú	high	average	abil:	ity
	-						1	1.1.1.0	111	1	
								N. N	IN I-A	MAU	A
							(H.G.)	Rhod	es) F1	ight L	ieuter
							(H.G.) Squad	Rhod ron Cor	es) Flammander	ight L	ieuter
							(H.G.) Squad	Rhod ron Cor	es) F1 mmander	ight L	ieuter
			G	ROUND	TRAINII	VG	(H.G.) Squad	Rhod ron Cor	es) F1: mmander	ight L	ieuter
Subject	Maxi	imum	Marks	ROUND	TRAINII	VG	(H.G.) Squad	Rhod ron Cor		ight L Marks btaine	
	Maxi Maxi	imum	Marks	ROUND	TRAINII	ion and				100 100 100 100	
Subject Airmanship & Mai	Max:	imum cks 0	Marks btained	ROUND	TRAINII	ion and		Marks	0	btaine	
Subject Airmanship & Maitenance Armament (W)	Max: Max:	imum cks 0	Marks btained	ROUND	TRAINII	ion and logy		Marks 200	50	ll8	
Subject Airmanship & Maitenance	Max: Max:	imum cks 0	Marks btained	ROUND	TRAINII Subje	ion and logy		Marks 200 Zøø/	50	ll8	
Subject Airmanship & Maitenance Armament (W) Armament (P)	Max: Max: 1	imum cks 0	Marks btained 136	ROUND	TRAINII Subje Navigat Meteoro Signals TOTAL	ion and logy (W) (P)		200 200 200 200/ 200/ 750	50	118 42 95 549	
Subject Airmanship & Maitenance Armament (W) Armament (P)	Maximal 1	i.mum cks 0	Marks btained 136	ROUND	TRAINII Subje Navigat Meteoro Signals TOTAL	ion and logy (W) (P)		200 200 200 750 750	50	118 42 95 549	
Subject Airmanship & Maitenance Armament (W) Armament (P)	Maximal 1	imum cks 0	Marks btained 136	ROUND	TRAINII Subje Navigat Meteoro Signals TOTAL	ion and logy (W)		200 200 200 750	50	118 42 95 549	
Subject Airmanship & Maitenance Armament (W) Armament (P)	Maximal Maxima	imum cks 0 00 00 course	Marks btained 136	ble im	TRAINII Subje Navigat Meteoro Signals TOTAL provement	ion and logy (W)	d	200 200 200 750 750	50 100	118 42 95 549	
Subject Airmanship & Maitenance Armament (W) Armament (P) Very you towards	Maximal Maxima	imum cks 0 00 00 course	Marks btained 136 79	ble in	TRAINII Subje Navigat Meteoro Signals TOTAL	ion and logy (W) (P)	d	200 100/ 750 RC	50	118 42 95 549	
Subject Airmanship & Maitenance Armament (W) Armament (P) Very you towards	Maximal Maxima	imum rks 00 00 course	Marks btained 136	ble im	TRAINII Subje Navigat Meteoro Signals TOTAL	ion and logy (W) (P)	(R. Chie	Marks 200 100/ 150/ 750 C. Wood Groun	50 100	squadr Squadr	on Les
Subject Airmanship & Maitenance Armament (W) Armament (P) Very you towards	Maximal Maxima	imum rks 0	Marks btained 136 79	ble im	TRAINII Subje Navigat Meteoro Signals TOTAL	ion and logy (W)	((R. Chie	Marks 200 100/ 750 C. Wood Groun	50 100 head)	118 42 95 549 Squadr	on Les
Subject Airmanship & Maitenance Armament (W) Armament (P) Very you towards	Maximal Maxima	imum rks 0 00 00 course	Marks btained 136 79	ble im	TRAINII Subje Navigat Meteoro Signals TOTAL	ion and logy (W) (P)	((R. Chie	Marks 200 100/ /50/ 750 C. Wood Groun	50 100 thead) d Inst	118 42 95 549 Squadr	on Les

PART III (Continued)

	540
) 750. Marks Obtained
9. Final Assessment (Maximum Marks) 2250.	Marks Obtained
	n Class
11. Qualities as an Operational Pilot (Ex.	Above Av., Av., Below Av., Poor)
(a) Formation Flying Average	(b) Navigation Ability Average
(c) Night FlyingAverage	(d) Determ. and InitiativeAverage
(f) Ability to Maintain Speed, Course	Height (T.E.) Average
Recommended for (Type of Service Squad	commended for Flying Inst. XES (Yes or No)
	e assessed Ex., A.Av., Av., Below Av., Poor.
12. General Remarks on Training, Ability,	etc:
Sound pilot whose work and cond	luct have been good.
	all tests required for Pilot's Bidge as
	ma Indention
	(W.R. Irwin) Squadron Leader Chief Instructor
	16/7/42 (Date)
14. Recommended for Commissioned Rank	NOAssessment
(Yes	or No) (Ex., Above Av., Average)
15. Remarks of Commanding Officer:	
	7. Q Pelen
	(G.H. Sellers) Wing Commander CXXX.
087	No. 11 S.F.T.S Yorkton, Sask.
	DATE
16. Accidents (C.A.P. 100, Sec. 4)	

						dono	1777	11:
- 100	This	pupil	has	been	involved	in	the	f

'ollowing flying accidents during his training.

E.F.T.S. or S.F.T.S.	Type of Accident Para 27	Assessment of Blame Para. 25.	Previous Communications	Signature of Chief Supervisory Officer or Chief Instructor (as applicable)
				idg.i. (i.

R.C.A.F.

HG

NameFAWTHROP	Donald A.		No. J. 29737
Surname	Christian Names	•••••••••••••••••••••••••••••••••••••••	······································
F/0.	R.C.A.F.0/S		11-3-45
Rank	Unit		Date of Death
		AMOUNT	
			L.P.C 523.25
	Date15-11-45		Other Credits
			Total

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Widow	Mrs. Anne K. Fawthrop, 66 Dorchester St. East,	\$523.25
		Nurses Residence, MONTREAL, P.Q.	
		(Sole beneficiary under will)	
		P4. TO TREAS. 26 -11-45 an.	

					6 6	
AUTHOR	RITY					
H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT	
00000	033	01	70	000	\$525.25	
CLASSIFIED BY			EXAMINED BY			

For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

(L. M. Firth) Colonel Director of Estates

AUDITED FOR PAYMENT

40M-8-45 (7876) H.Q.1772-45-27 For Chief Treasury Officer

DEPARTMENT OF NATIONAL DEFENCE

AIR FORCE

WAR SERVICE GRATUITY STATEMENT OF





MEMBER'S NAME

Donald A.

Fawthrop,

(SURNAME)

REGISTER NO

FILE NO. DATE

PAYEE ADDRESS Mrs. Anne K. Fawthrop, 1452 Bishop St. Apt. 3, Montreal, Quebec.

SERVICE NO. FINAL RANK OR RATING J29737 F/0

(CHRISTIAN NAMES)

11 Mar 45

DATE OF DISCHARGE

11 Mar 45

A. TOTAL QUALIFYING SERVICE

NO	OF DAYS	DAYS	1289	EQ
			30	

COMPLETE PERIODS AT \$7.50

7.00

1.70

315.00

B. QUALIFYING OVERSEAS SERVICE

INELIGIBLE DAYS, EQUAL TO NO. OF DAYS

307 DAYS @ 25C. PER DAY 76.75

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE

ADDITIONAL PAY

DEPENDENTS' ALLOWANCE 1/30 OF \$

47.20 71.89 $\times 7 = \$$ TOTAL 71.89

131.99

D. WAR SERVICE GRATUITY

523.74

E. DEDUCTIONS

OVERPAYMENT OF

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

OTHER DEDUCTIONS

523.74

G. YOUR PORTION OF GRATUITY IS-

F. TOTAL AMOUNT PAYABLE

47.20 DEPENDENTS' ALLOWANCE IN ISSUE TO YOU \$_

NO. OF DAYS

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$

523.74

523.74

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.

CHECKED BY EPARED BY

TREASURY CHECKED BY DATE

SERVICE REPRESENTATIVE

military to a restrict the sub-less personagement of the party of the last the last

15th March, 1945.

Montreal General Mospital, Westign Central Division, Montreal, Quebec. Lee Verfection

Tear Hrs. Fawthrop:

Before you receive this letter, you will have had a telegram informing you that your husband Flying Officer D.A. Fawthrop was killed as the result of a flying accident.

aftermoon of March the eleventh, when shortly after crossing the front line into our territory, he called on the radio saying that his engine had stopped running. The Squadron had just begun a descent through cloud, which had to be continued, and upon coming out at two thousand feet, they searched for Don's aircraft without success. We subsequently learned from witnesses of the accident that the aircraft came out of cloud flying a streight course until it crashed into the ground. We can only assume from the small amount of information available, that Don somehow lost control of the plane while carrying out the very difficult task of descending through cloud on instrutents with a dead engine. He was instantly killed as the result of head injuries.

Owing to the time taken to communicate under the present conditions, it was not possible to ascertain your wishes regarding the funeral in the time available and I had therefore to arrange for burial without reference to you. You will, I am sure, understand the necessity for this action and I sincerely trust that the arrangements we were able to make were such as you would have wished.

Your husband's funeral took place in Brussels on March 13th, the service being conducted by Squadron Leader Jackson, Protestant Padre of the Wing. Afterwards his body was interred in the Cimetiere De La Ville, Evere, Brussels. Full Service honours were accorded, the coffin, covered with the Union Jack, being carried by comrades of the Wing. His Sister, Nursing Sister J. Fawthrop attended the service.

You will wish to know that all war graves are cared for by the Imperial War Graves Commission, which will erect a temporary wooden cross pending the provision of a permanent memorial by them.

Your husband's effects have been gathered together and sent to the R.A.F. Central Depository, by which they will be forwarded to the Administrator of Estates, Ottawa, who will be writing to you in this regard in due course.

May I now express the great sympathy which all of us feel with you in the sad loss which you have sustained. I should like also to assure you how highly appreciated and honoured by all members of the Squadron is the unselfish sacrifice your husband has made for his country in the cause of Freedom. Don was a very popular member of the Squadron and his loss has already been keenly felt.

In closing may I offer the sincerest sympathy from myself and all members of the Squadron.

Yours very sincerely,

(J.D. Browne, DPC) Squadron Leader, Officer Commanding,

No. 421 Squadron, R.C.A.F.

~

COPY TO OTTAWA.

LETTER RECEIVED. 24.3

ORIGINAL SENT. 29.3

COPY TO OTTAWA. 2.4

PHOTOS SENT TO MA.

Description of the first of the second of th

OTTAWA, Canada, 20th March, 1945.

Mrs. D.A. Fawthrop, 65 Dorchester Street E., Nurses' Residence, Montzeal, Quebec.

Dear Mrs. Fawthrop: /

It is with deep regret that I must confirm our recent telegram informing you that your husband, Flying Officer Donald Arthur Fawthrop, was killed on Active Service.

Advice has been received from the Royal Canadian Air Force Casualties Officer, Overseas, that your husband lost his life during air operations at 3:00 P.M. on March 11th, 1945./ The aircraft, of which he was the sole occupant, crash landed in Belgium, while escorting aircraft to the Rheine Area, Germany.

You may be assured that any further information received will be communicated to you immediately.

I realize that this news has been a great shock to you, and I offer you my deepest sympathy. May the same spirit which prompted your husband to offer his life give you courage.

Yours sincerely,

Bled 4.

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

DIO

OTTAWA, Canada, 21st September, 1945.

Mrs. D.A. Fawthrop.
65 Dorchester Street, East.
Nurses Residence.
Montreal, Quebec.

Dear Mrs. Fawthrop:

You will wish to know that a report has now been received giving full burial particulars with respect to your husband, Flying Officer Donald Arthur Fawthrop.

Your husband was buried March 13th, 1945 in grave number 21, section 10, plot 25 in the Brussels Military Cemetery, Brussels (Evere), Belgium.

I extend to you my very deep and heartfelt sympathy in the great loss you have sustained.

Yours sincerely,

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

EMB/KB

OTTAWA, Canada, 21st September, 1945.

Mrs. D.A. Fawthrop, 65 Dorchester Street, E., Nurses Residence, Montreal, Quebec.

Dear Mrs. Fawthrop:

You will wish to know that a report has now been received giving full burial particulars with respect to your husband, Flying Officer Donald Arthur Fawthrop.

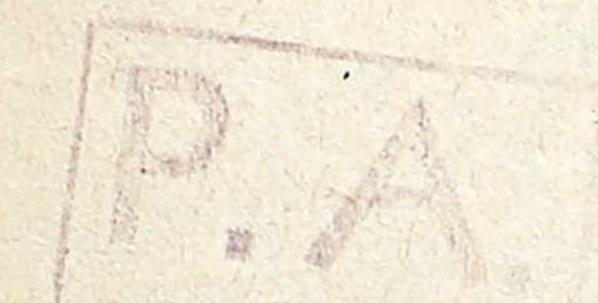
Your son was buried March 13th, 1945 in grave number 21, section 10, plot 25 in the Brussels Military Cemetery, Brussels (Evere), Belgium.

felt sympathy in the great loss you have sustained.

Yours sincerely,

EMB/KB

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



OTTAWA, Canada, 18th December, 1946.

REGISTERED

Mrs. Anne K. Fawthrop.
66 Dorchester Street East.
Nurses Residence.
Montreal Quebec.

Dear Mrs. Fawthrop:

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, D.A. Fawthrop.

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.

/HM D

15th July, 1948.

Dear Mrs. Fawthrop:

of informing you that the Belgium Government has conferred the award of the Croix de Guerre 1940 with Palm on your husband, the late Flying Officer Donald Arthur Fawthrop, for his services in the recent war, particularly in recognition of his valuable contribution towards the liberation of Belgium.

Air Force join with me in extending heartfelt congratulations and I feel sure the knowledge that his services have been recognized by the Belgium Government will help temper your very sad loss.

by the Belgium Embassy in Ottawa, in the very near future.

Yours sincerely,

DE Mackell

(D.E. MacKell)

Air Commodore

for Chief of the Air Staff

Mrs. A.K. Fawthrop, Nurse's Residence, 65 Dorchester Street, East, Montreal, Quebec.

S/L EE Ball:FA