

J5315
BOWEN
CYRIL

KEITH

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CONFIDENTIAL

RECHECK
#2 Medical Selection Board

#R-56276

R.C.A.F. M.2
150M-8-40 (6421)
H.Q. 1062-10-2

ROYAL CANADIAN AIR FORCE

Medical Board held at.....Regina, Sask.....

Date.....12-11-40.....

FILE NUMBER

Surname.....BOWEN..... Chr. Names.....Cyril Keith.....
Nature of Commission.....Air Crew..... Date of Birth.....24-9-16..... Married or Single.....S.....
Branch.....R.C.A.F..... Hours Flown.....Nil.....
Address.....3807 Melrose Ave., Montreal, Que.....

(Enlisted at Montreal, Que.)

- HAVE YOU ANY HISTORY OF:—
- (i) NERVOUS TROUBLE or Nervous Breakdown.....No.....
Severe or "Sick" Headaches, Migraine.....No.....
Fits or Convulsions of any kind.....No.....
Sun or Heat Stroke.....No.....
Head Injury or Concussion (including "knock-out").....No.....
Insomnia, Nightmares, Sleep-walking, or Bed-wetting.....No.....
- (ii) LUNG TROUBLE or Consumption.....No.....
Bronchitis, Pneumonia or Pleurisy.....No.....
Asthma or Hay Fever.....No.....
- (iii) HEART DISEASE, "Weak or Strained Heart".....No.....
Fainting Attacks or Giddiness.....No.....
Rheumatism, Rheumatic Fever or "Growing Pains".....No.....
Frequent Sore Throats or 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.....No.....
Malaria.....No.....
Dysentery.....No.....
- (vii) EYE TROUBLE or Inflammation of Eyelids.....Had inflamed eyelids Jan. 1940 - relieved.....
Wearing of Glasses.....(by glasses. Not necessary now.).....No.....
Colour or Night Blindness.....No.....
- (viii) EAR TROUBLE, Earache or Discharge from Ears.....No.....
Deafness, Noises in the Ears, or Dizziness.....No.....
Frequent Colds in Head, Catarrh or Obstruction.....No.....
Prolonged Hoarseness or Loss of Voice.....No.....
Sea, Car or Train Sickness.....No.....
Discomfort on Swings, Roundabouts, Switchbacks.....No.....
- (ix) OPERATIONS.....T. & A.....
- (x) Any Illness or Injury not mentioned above.....Measles, chicken pox, mumps, whooping cough.....

Education.....Jr. Matric.....
Present Occupation.....Auditor..... Hobbies.....Skiing & swimming.....
Previous Service.....None.....
Athletics.....Good.....
Habits—Smoking.....None..... Alcohol.....Infrequent beer.....
FAMILY HISTORY—Consumption.....No.....
Nervous Ailments, Mental Trouble, or "Fits".....No.....
Father Alive—Health.....Good..... Dead—Cause.....
Mother Alive—Health.....Good..... Dead—Cause.....
Brothers (1) Alive—Health.....Good..... Dead—Cause.....
Sisters (1) Alive—Health.....Good..... 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.....12/11/40..... Signature.....C. Keith Bowen..... Witness.....Thompson.....

GENERAL MEDICAL AND SURGICAL EXAMINATION

Impression given by (a) Physique.....Athletic.....(b) Mentality.....Alert.....
 Body Marks, Scars, Deformities.....Wart tip left Elbow......
 Size of Thyroid Gland.....Normal.....
 Surgical Abnormalities.....Nil.....
 Results of Wounds, Injuries, Operations.....Nil.....

	Date.....	Assessing Room	Date.....	Assessing Room	Date.....	Assessing Room	REMARKS ON ANY ABNORMALITIES FOUND
Height (ins.).....	<u>69½</u>						<i>Date</i>
Weight (lbs.).....	<u>152</u>						
Chest Circumference (ins.).....	<u>36</u>						
Body Build (lbs.)..... <u>plus</u>	<u>4</u>						
LEG LENGTH (ins.).....	<u>42</u>						
Pulse Rate { Sitting.....	<u>84</u>						
{ Standing 1st.....	<u>96</u>						
{ Standing 2nd.....	<u>84</u>						
{ After Exercise.....	<u>108</u>						
{ Time to Normal.....	<u>25</u>						
Arterial Walls.....	<u>N</u>						
Blood { Systolic.....	<u>132</u>						
Pressure { Diastolic.....	<u>88</u>						
Heart { Size.....	<u>N</u>						
{ Sounds.....	<u>N</u>						
{ Rhythm.....	<u>N</u>						
Lungs.....	<u>N</u>						
Breath held.....	<u>80</u>						
Expiratory Force.....	<u>160</u>						
Vital Capacity (Best of 5).....	<u>5000</u>						
Reflexes { Knee.....	<u>N</u>						<i>Date</i>
{ Ankle.....	<u>N</u>						
{ Triceps.....	<u>N</u>						
{ Abdominal.....	<u>N</u>						
{ Plantar.....	<u>Flemor</u>						
Cranial Nerves.....	<u>N</u>						
Balancing Rod.....	<u>R. L. 1S. 1S.</u>	<u>R. L.</u>	<u>R. L.</u>	<u>R. L.</u>	<u>R. L.</u>	<u>R. L.</u>	
Self Balancing.....	<u>R. L. 1S. 1S.</u>	<u>R. L.</u>	<u>R. L.</u>	<u>R. L.</u>	<u>R. L.</u>	<u>R. L.</u>	
Tremors { Fingers.....	<u>Steady</u>						
{ Eyelids.....	<u>Steady</u>						
Abdomen { Liver.....	<u>N</u>						
{ Spleen.....	<u>N</u>						
{ Muscular Tone.....	<u>Good</u>						
Urine { Albumen.....	<u>N</u>						
{ Sugar.....	<u>N</u>						
Initials of M.O.							
40 mm. Hg. Test.....	<u>71 sec.</u>	<u>777/997/977/777/665/54</u>	<u>(Type 5).</u>				
Date.....							
Date.....							
Date.....							
Date.....							
Remarks by Consultant.							
		<u>Fit.</u>					

EYE EXAMINATION

History.....	No history of eye disease or injury.....	
Visual Acuity	$\left\{ \begin{array}{l} \text{R. } \frac{20}{20}, \bar{c} 2.25 = \text{blurred with glasses } 20/20 \\ \text{L. } \frac{20}{30}, \bar{c} 2.25 = \text{blurred with glasses } 20/30 \end{array} \right.$	
Colour Vision.....	Ishihara normal.....	
Red, Green.....	Alt. neg. of red. Eso. Tend.....	
Diaphragm Test (P.D. =	63.) 1.....	
Convergence	$\left\{ \begin{array}{l} \text{C.} = 6 \text{ cms. head thrown back.} \\ \text{S. C.} = 11 \text{ 11 cms. line moved to the right.} \end{array} \right.$	
Accommodation	$\left\{ \begin{array}{l} \text{R.} 9.5 \\ \text{L.} 17 \end{array} \right.$	
Cover Test.....	N.....	
Fundi and Media.....	N.....	
Fields.....	N.....	
Remarks:		
A3B		
Initials of M.O. <i>C5</i> -	Initials of M.O.....	Initials of M.O.....
Date <i>13-6-40</i> 13-6-40	Date.....	Date.....

EXAMINATION OF EAR, NOSE AND THROAT

History.....	No history of ear disease.....	
Hearing	$\left\{ \begin{array}{l} \text{R. Ear} \dots \text{W.V. } 20 \\ \text{L. Ear} \dots \text{W.V. } 20 \end{array} \right.$	
External Ear, Meatus Membranes	$\left\{ \begin{array}{l} \text{R. Ear} \dots \text{N} \\ \text{L. Ear} \dots \text{N} \end{array} \right.$	
Middle Ear, Eustachian Tubes	$\left\{ \begin{array}{l} \text{R. Ear} \dots \text{Patent} \\ \text{L. Ear} \dots \text{Patent} \end{array} \right.$	
Cochlear Apparatus	$\left\{ \begin{array}{l} \text{R. Ear} \dots \text{N} \\ \text{L. Ear} \dots \text{N} \end{array} \right.$	
Vestibular Apparatus	$\left\{ \begin{array}{l} \text{R. Ear} \dots \text{N} \\ \text{L. Ear} \dots \text{N} \end{array} \right.$	
Buccal Cavity.....	N.....	
Teeth.....	good condition.....	
Gums.....	Healthy.....	
Pharynx.....	N.....	
Nasopharynx.....	N.....	
Nose.....	Patent.....	
Larynx.....	N.....	
Remarks:		
Initials of M.O. <i>C7</i>	Initials of M.O.....	Initials of M.O.....
Date <i>13-6-40</i>	Date.....	Date.....

HISTORY OF PRESENT CONDITION

Date.....14-6-40.....

Vision was not corrected with his glasses to 6/6
accommodation not within normal limits. Pulse rapid.
40 mm Hg test not satisfactory.

ETam

Candidate is to be advised to correct vision and accommodation
also to improve endurance test by improving physical
condition.

ETam

23-7-40 Pulse and 40 mm Hg endurance test improved.
Candidate is for for Category A3B.

ETam

OBSERVATIONS AND FINDINGS BY PRESIDENT OF BOARD

Date.....17-6-40.....

Category A.T.B. one month.

ETam

*you are superior
but*

23-7-40

Category A3B.

ETam

*you are superior
but*

MEMORANDUM FOR

P. 64

Mrs. C.K. Bowen,

101 Woodlands Road,

Woodlands, P. Q.

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

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

and the following number quoted:—

H.Q. J5315 FD.251.

DEPARTMENT OF NATIONAL DEFENCE OTTAWA, ONT.

April 15th, 1942.

For the purpose of record and in the event of there being any balance of pay, medals or memorials available for distribution (according to law) on account of the late

Pilot Officer Cyril Keith BOWEN, No. J.5315.

RCAF ATTACHED RAF UNIT OVERSEAS.

it is necessary that the requisite information regarding the deceased and his relatives should be furnished on the inside of this form in strict accordance with the printed instructions. The particulars required are to be carefully filled in and the Declaration on the back should then be signed in the presence of a Clergyman, Priest, Local Magistrate, Commissioner for Oaths or Notary Public, who should be asked to complete and sign the Certificate. This form should then be returned to the above address.

N.O. Seagram 7/2.
(N.O. Seagram) F/L,
for (L.M. Firth) Major,
Administrator of Estates.



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 inquired for	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.....		Margaret Bernice	22	101 Woodlands Rd. Woodlands, P.Que.
2	Children of the Deceased and dates of their Births.....		none		
3	Father of the Deceased.....		Eril Fletcher Bowen	54	3807 Melrose Ave - N.Y.C. Montreal
4	Mother of the Deceased.....		Olivia Mabel Birkett Clark (Bowen)	58	3807 Melrose Ave - N.Y.C.
5	Brothers of the Deceased	Full Blood	Guy Birkett Bowen.	23	3807 Melrose Ave - N.Y.C. Montreal - P.Que.
		Half Blood			
6	Sisters of the Deceased	Full Blood	Olivia Sheila Bowen.	26	British Embassy, Washington, D.C.
		Half Blood			
7	Names of brothers or sisters (whether of the full or the half blood) of the De- ceased, who are dead, and date of death of each.		Names and ages of their children (if any)	Address of their children	

ONLY IF NO RELATIVES IN THE DEGREES ABOVE ARE NOW LIVING, THE FOLLOWING PARTICULARS SHOULD BE GIVEN

		NAMES OF THOSE LIVING	Age	ADDRESS IN FULL
8	Grand-Parents of the Deceased....			
9	Uncles and Aunts by blood of the Deceased (not Uncles and Aunts by marriage).....		Age	

FULL PARTICULARS AS TO IDENTITY

10	What is the full name of the deceased?	Byril Keith Bowen.
11	Give the month and year of his birth.	September 24, 1916
12	Where and when were his parents married?	Montreal, June 12, 1913 P. Que.
13	If deceased was married, state place and date of marriage.	Regina, January 25, 1940 Sask.,
14	Did he leave a Will? If so, a copy should be attached hereto.	Yes. X
15	Did he leave a bank account? If so, give full particulars.	No.
16	Is there any other estate which will necessitate application being made for Probate of the Will or Letters of Administration of the estate?	No.
17	State your own postal address in full.	101 Woodlands Rd., Woodlands P. Que.

PARTICULARS OF DOMICILE

18	Where was deceased born?	Montreal - P. Que.
19	State, in order, the Province (or State) and country in which the deceased resided and the period of time in each, and in which last.	Montreal - P. Que.
20	What was the nature of his employment?	Junior Auditor
21	Did he own the premises in which he lived? If so, where?	No.
22	Did he ever state verbally, or in writing, where he intended to make his permanent home?	Montreal, Que.

OTHER PARTICULARS

23	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.
24	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom. (NOTE:—The Government pays funeral expenses within the amounts authorized in the Regulations, where death occurs and burial is made Overseas as well as where death occurs and burial is made in Canada, 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.)	No.

(PLEASE TURN OVER)

DECLARATION

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

I hereby declare that the foregoing particulars are correct, and a true and complete statement of all the relatives that the deceased ever had in the degrees inquired for ; 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.

Margaret B. Bowen.

{Signature of Informant

CERTIFICATE

I hereby certify that, to the best of my knowledge and belief Margaret B.

*See above

Bowen. { Name of Informant } is the * Widow of the Deceased above described, and I believe the above Declaration and the Statement of Relatives made by the Informant and signed in my presence to be complete and correct.

Dated at Montreal this 11 day of May 20th 1942.

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public

A. H. Coates, Major

A. H. COATES
Commissioner of the Superior Court
District of Montreal.

Qualification

Address

Military District No. 4, Montreal

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 enquired after is stated in its proper place in the Statement opposite.

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

R.C.A.F. Special Reserve

comm 3

ROYAL CANADIAN AIR FORCE

(ATTESTATION PAPER)

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

- Surname Bowen FULL Christian Names Cyril Keith
- Present Address 3807 Melrose Ave, Montreal, Que. Telephone EL 8804
- Permanent Address 3807 Melrose Ave, Montreal, Que.
- Place of Birth Montreal, Que., Canada Citizenship Canadian
- Date of Birth September 24, 1916 Married, Single, Widower, Separated, Divorced Single
- Particulars of Children

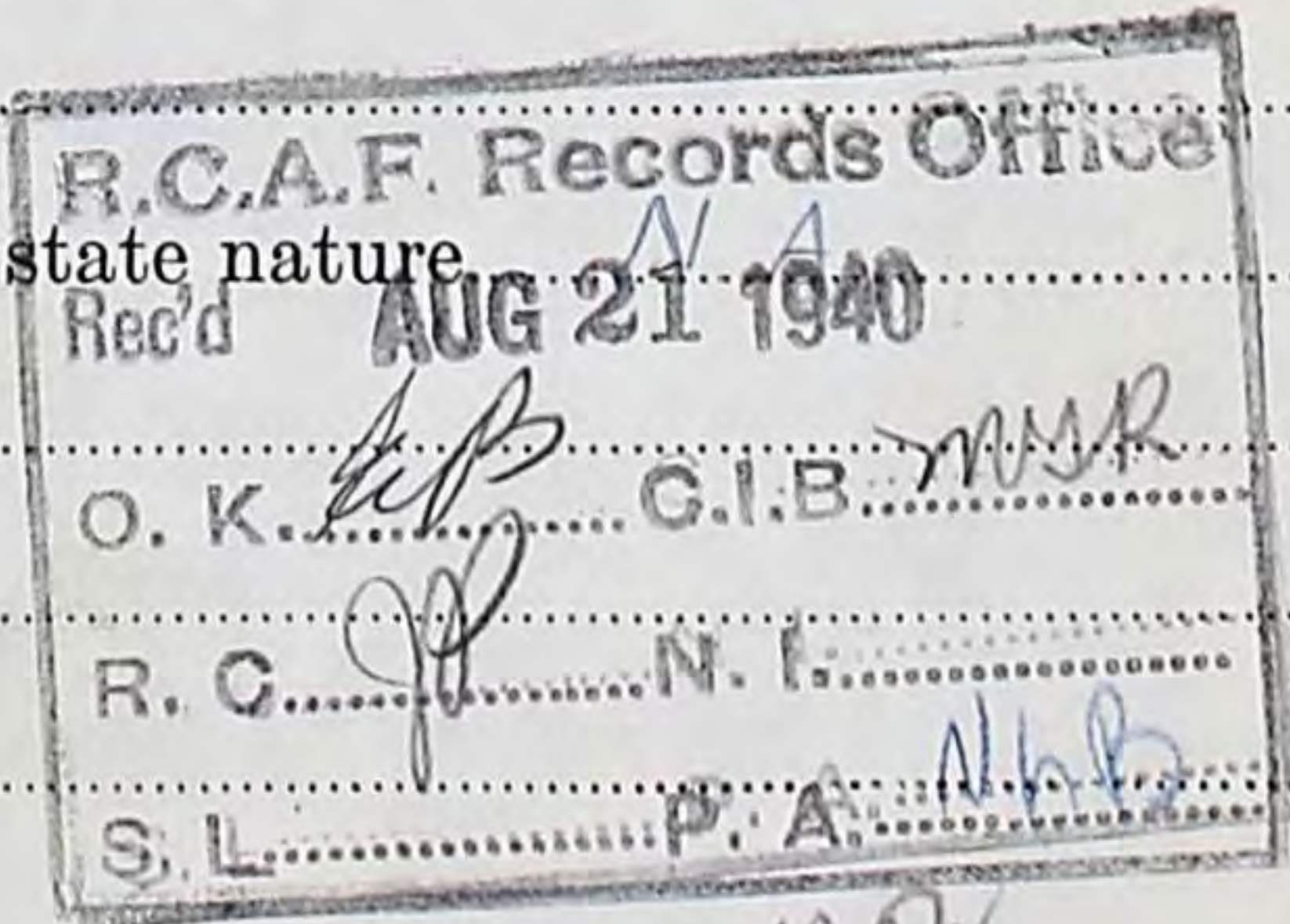
Name	Date of birth	Name	Date of birth
<u>N.A.</u>	<u>N.A.</u>	<u>N.A.</u>	<u>N.A.</u>

- Occupation Audit Clerk
- Religion Protestant - United Church
State denomination
- Languages English - native tongue French - elementary
State proficiency
- Next of Kin (Full Name) Olive Mabel Birkett Bowen Relationship Mother
" Address 3807 Melrose Ave, Montreal, Que., Canada
- Father (Full Name) Cyril Fletcher Bowen Birthplace Birmingham, England
" Address 2080 Lincoln Ave, Montreal Citizenship British
" Occupation Sec. - Treasurer & Manager, G. & J. Esplan Ltd, Montreal
- Mother (Full Maiden Name) Olive Mabel Birkett Clark Birthplace Montreal, Canada
" Address 3807 Melrose Ave, Montreal Citizenship Canadian

13. Details of any Naval, Military or Air Force Service:

Unit	Place	Rank	Trade	Date		Reason for discharge
				From	To	
<u>N.A.</u>	<u>N.A.</u>	<u>N.A.</u>	<u>N.A.</u>	<u>N.A.</u>	<u>N.A.</u>	<u>N.A.</u>

- Honours, Awards, Mentions N.A.
- Are you now on any Naval, Military or Air Force Reserve? No
- Have you previously made application to join the R.C.A.F.? No If so, where? N.A.
When? N.A. Result N.A.
- Were you ever discharged from any branch of His Majesty's Forces as Medically Unfit? No
If so, state nature of disability N.A.
- Have you ever been or are you now in receipt of a Disability Pension? No
If so, state nature of Disability N.A.
- Have you ever been convicted of an indictable offence? No If so state nature N.A.
- Are you in debt? No If so, state particulars N.A.



13-73

21. Particulars of Education:

	Name of school	Date		Courses—Subjects, etc.
		From	To	
Primary Education—Public or Separate School.....	Julius Richardson, Chateaugay	1923	1926	General. } Primary School
	Herbert Symonds, - Public	1926	1930	General. }
High School—Collegiate Institute, etc.....	West Hill High School	1930	1934	Classical Junior Matriculation
Technical School	N.A.	N.A.	N.A.	N.A.
University or School other than above.....	Sprott Commercial College	1934	1935	Elementary Accounting
Correspondence Courses, etc.....	Shaw Schools Ltd	1939	1940	General Bookkeeping and Accounting

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

Employer and place	Duties, trades, positions	Date		Reason for leaving
		From	To	
Howard Smith Paper Mills Ltd., Montreal, Que.	Clerk - General, Accounting, Audit	1934	1940	Still Employed

23. Flying Experience (in Hours) Solo..... N.A. Dual..... N.A. Passenger..... 1 hour.....

24. Special Qualifications, Hobbies, etc., useful to the R.C.A.F. Six years driving experience, -

(automobile.)

Photography, - amateur (some developing) and printing.

25. Sports engaged in. State: extensively, moderately, occasionally Water polo, swimming, - extensively.

Sailing, Paddling, Baseball, Basket Ball, Tennis, golf, - moderately.

Skating - moderately. Skiing - extensively, (Mount Royal & Laurentians)

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..... N.A.

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
J. E. Flint	4596 Decarie Ave. Montreal	Clerk
J. M. Martin	4260 Beaconsfield Ave. Montreal	Assistant Treasurer
J. L. Patenaude	407 McGill St. Montreal	Office Manager
A. Adamson	4915 Coolbrook Ave. Montreal	Accountant

28. Other information that may have any bearing on this application. eight years member of Y.M.C.A. -

active in swimming & gymnastics - "Leader" Standing. Three periods at Y.M.C.A. camp

as camper; two periods as bousellor. Bookkeeping & Accounting course first.

Pilot is my personal choice, but would like post which I can fill most satisfactorily in opinion of R.C.A.F.

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 July 11th 1940

Signature

C. Keith Bowen

21. Particulars of Education:

	Name of school	Date		Courses—Subjects, etc.
		From	To	
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23. Flying Experience (in Hours) Solo N.A. Dual N.A. Passenger 1 hour.24. Special Qualifications, Hobbies, etc., useful to the R.C.A.F. Six years driving experience, -(automobile.)Photography, - amateur (some developing) and printing.25. Sports engaged in. State: extensively, moderately, occasionally Water polo, swimming, - extensively.Sailing, Paddling, Base Ball, Basket Ball, Tennis, golf, - moderately.Skating - moderately Skiing - extensively, (Mount Royal & Laurentians)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 N.A.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.

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28. Other information that may have any bearing on this application. eight years member of Y.M.C.A. -active in swimming & gymnastics - "Leader" Standing. Three periods at Y.M.C.A. campas camper; two periods as counsellor. Bookkeeping & Accounting course first.Pilot is my personal choice, but would like post which I can fill most satisfactorily in opinion of R.C.A.F.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 July 11th 1940 Signature C. Keith Bowen

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, **Cyril Keith BOWEN**.....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 **August 14th,** 19**40.**

C. Keith Bowen
Signature of Recruit

(D)

OATH TAKEN BY MAN ON ATTESTATION

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

Date **August 14th,** 19**40.**

C. Keith Bowen
Signature of Recruit

(E)

CERTIFICATE OF ATTESTING OFFICER

The Recruit above named was cautioned by me that if he made any false answers to any of the above questions he would be liable to be punished as provided by law.

The above questions and answers were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to and the said Recruit has made and signed the declaration and taken the Oath before me,

at **Montreal, Que.** this **14th,** day of **August** 19**40.**

Leuri Geoffroy
Signature of Officer

F.O.
Rank

ROYAL CANADIAN AIR FORCE
Unit

FOR OFFICIAL USE ONLY
CERTIFICATE OF MEDICAL EXAMINATION

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

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

Signature of Applicant

Examiner's Remarks *re* above.....

Colon Vision Vision
normal

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

1. Identification marks or scars (if operative obtain history).....not

2. Height.....5 feet.....9 inches. 3. Weight.....143 pounds.

4. Complexion.....fair 5. Color of Eyes.....blue Hair.....light brown

6. Development ~~(Good)~~ Fair ~~(Poor)~~ 7. Chest Measurement—Full expiration.....33 1/2 inches

Range of expansion.....2 1/2 inches

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

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

Left.....20/30 Left.....20/30

10. Condition of mouth and teeth.....condition good

11. Urine—Albumen.....neg Sugar.....neg

12. Abnormalities (Congenital and Pathological) found on Examination.....

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

A3 B

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

Date.....Aug 9 19 40

President

Member

Member

१०

NUMBER

NAME _____

29	RANK
----	------

SERVICE AWARD CARD

39-45
STAR

ATL. STAR

A/C EUR	STAR
---------	------

AFRICA
STADPACIFIC
STANDARD

BURMA
CTAD

ITALY

FR. AN
CEDSTAR
DEFFN

MEDAL
GEN.

SEK.
MEDAL

C.V.S.

1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 26

1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100. 101. 102. 103. 104. 105. 106. 107. 108. 109. 110. 111. 112. 113. 114. 115. 116. 117. 118. 119. 120. 121. 122. 123. 124. 125. 126. 127. 128. 129. 130. 131. 132. 133. 134. 135. 136. 137. 138. 139. 140. 141. 142. 143. 144. 145. 146. 147. 148. 149. 150. 151. 152. 153. 154. 155. 156. 157. 158. 159. 160. 161. 162. 163. 164. 165. 166. 167. 168. 169. 170. 171. 172. 173. 174. 175. 176. 177. 178. 179. 180. 181. 182. 183. 184. 185. 186. 187. 188. 189. 190. 191. 192. 193. 194. 195. 196. 197. 198. 199. 200. 201. 202. 203. 204. 205. 206. 207. 208. 209. 210. 211. 212. 213. 214. 215. 216. 217. 218. 219. 220. 221. 222. 223. 224. 225. 226. 227. 228. 229. 230. 231. 232. 233. 234. 235. 236. 237. 238. 239. 240. 241. 242. 243. 244. 245. 246. 247. 248. 249. 250. 251. 252. 253. 254. 255. 256. 257. 258. 259. 260. 261. 262. 263. 264. 265. 266. 267. 268. 269. 270. 271. 272. 273. 274. 275. 276. 277. 278. 279. 280. 281. 282. 283. 284. 285. 286. 287. 288. 289. 290. 291. 292. 293. 294. 295. 296. 297. 298. 299. 300. 301. 302. 303. 304. 305. 306. 307. 308. 309. 310. 311. 312. 313. 314. 315. 316. 317. 318. 319. 320. 321. 322. 323. 324. 325. 326. 327. 328. 329. 330. 331. 332. 333. 334. 335. 336. 337. 338. 339. 340. 341. 342. 343. 344. 345. 346. 347. 348. 349. 350. 351. 352. 353. 354. 355. 356. 357. 358. 359. 360. 361. 362. 363. 364. 365. 366. 367. 368. 369. 370. 371. 372. 373. 374. 375. 376. 377. 378. 379. 380. 381. 382. 383. 384. 385. 386. 387. 388. 389. 390. 391. 392. 393. 394. 395. 396. 397. 398. 399. 400. 401. 402. 403. 404. 405. 406. 407. 408. 409. 410. 411. 412. 413. 414. 415. 416. 417. 418. 419. 420. 421. 422. 423. 424. 425. 426. 427. 428. 429. 430. 431. 432. 433. 434. 435. 436. 437. 438. 439. 440. 441. 442. 443. 444. 445. 446. 447. 448. 449. 450. 451. 452. 453. 454. 455. 456. 457. 458. 459. 460. 461. 462. 463. 464. 465. 466. 467. 468. 469. 470. 471. 472. 473. 474. 475. 476. 477. 478. 479. 480. 481. 482. 483. 484. 485. 486. 487. 488. 489. 490. 491. 492. 493. 494. 495. 496. 497. 498. 499. 500. 501. 502. 503. 504. 505. 506. 507. 508. 509. 510. 511. 512. 513. 514. 515. 516. 517. 518. 519. 520. 521. 522. 523. 524. 525. 526. 527. 528. 529. 530. 531. 532. 533. 534. 535. 536. 537. 538. 539. 540. 541. 542. 543. 544. 545. 546. 547. 548. 549. 550. 551. 552. 553. 554. 555. 556. 557. 558. 559. 560. 561. 562. 563. 564. 565. 566. 567. 568. 569. 570. 571. 572. 573. 574. 575. 576. 577. 578. 579. 580. 581. 582. 583. 584. 585. 586. 587. 588. 589. 590. 591. 592. 593. 594. 595. 596. 597. 598. 599. 600. 601. 602. 603. 604. 605. 606. 607. 608. 609. 610. 611. 612. 613. 614. 615. 616. 617. 618. 619. 620. 621. 622. 623. 624. 625. 626. 627. 628. 629. 630. 631. 632. 633. 634. 635. 636. 637. 638. 639. 640. 641. 642. 643. 644. 645. 646. 647. 648. 649. 650. 651. 652. 653. 654. 655. 656. 657. 658. 659. 660. 661. 662. 663. 664. 665. 666. 667. 668. 669. 670. 671. 672. 673. 674. 675. 676. 677. 678. 679. 680. 681. 682. 683. 684. 685. 686. 687. 688. 689. 690. 691. 692. 693. 694. 695. 696. 697. 698. 699. 700. 701. 702. 703. 704. 705. 706. 707. 708. 709. 710. 711. 712. 713. 714. 715. 716. 717. 718. 719. 720. 721. 722. 723. 724. 725. 726. 727. 728. 729. 730. 731. 732. 733. 734. 735. 736. 737. 738. 739. 740. 741. 742. 743. 744. 745. 746. 747. 748. 749. 750. 751. 752. 753. 754. 755. 756. 757. 758. 759. 760. 761. 762. 763. 764. 765. 766. 767. 768. 769. 770. 771. 772. 773. 774. 775. 776. 777. 778. 779. 780. 781. 782. 783. 784. 785. 786. 787. 788. 789. 790. 791. 792. 793. 794. 795. 796. 797. 798. 799. 800. 801. 802. 803. 804. 805. 806. 807. 808. 809. 810. 811. 812. 813. 814. 815. 816. 817. 818. 819. 820. 821. 822. 823. 824. 825. 826. 827. 828. 829. 830. 831. 832. 833. 834. 835. 836. 837. 838. 839. 840. 84

18

1

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PREFIX

NUMBER

H O

NAME

RANK

CODE

MEMORIAL BAR

DATE DESP

REGN. NO

1154

AWARD

AWARD AND CLASS

APPLICATION
DISPATCHED

RIBBON
ISSUED

MEDAL
ISSUED

Mrs. Margaret B. Bowen (Widow)
101 Woodlands Rd.,
Woodlands,
Que.

Oct. 42

9979

22-11-49

JCF19

J-5315

MRS. MARGARET B. BOWEN, 678, 177

101 WOODLANDS RD.,
WOODLANDS, P.Q.

MINISTERIAL CARD

ROYAL MESSAGE

MEMORIAL CROSS

NAME BOWEN Cyril Keith

H.Q. FILE NO.

J5315

REGT'L NO.

RANK P.O.

UNIT Overseas (missing)

| CABLE | | NATURE OF CASUALTY | | CAS. LIST | |
|--|---------|-------------------------------------|------------------------------|---------------------|------|
| NO. | DATE | IS MOTHER | IS WIFE | NO. | DATE |
| DATE OF DEATH | 28-8-41 | LIVING? Yes | LIVING? Yes | | |
| MINISTERIAL CARD SENT: | 4-9-41 | ROYAL MESSAGE SENT: 8-5-42 | MEMORIAL CROSS SENT: 30-4-42 | | |
| To wife same address. | | To be sent from overseas | | To wife & mother. ✓ | |
| Fatal - 10-4-42 | | To the wife. | | | |
| Wife: Mrs. C.K. Bowen,
101 Woodlands Rd.,
Woodlands, Quebec. | | PRESUMED DEAD - Cas.List. 4-4-42 | | | |
| MOTHER: MRS C.F. BOWEN
3807 MELROSE AVE, N.D.C.
MONTREAL, P.Q. | | | | | |

ing 29.8.41 Accts

ROYAL CANADIAN AIR FORCE

R.C.A.F. R. 45
40M-8-40 (6622)
H.Q. 1002-2-126

J. A. T. P. CANADA

Individual Record of Flying

RANK LAC P/O No. R-56276 NAME BOWEN C.K.

| UNIT | Month ending | SINGLE-ENGINE AIRCRAFT | | | | | | MULTI-ENGINE AIRCRAFT | | | | | | CREW DUTIES | | | | | | Passenger | TOTAL | | | | |
|-----------------|--------------|--|-----------|------|---------------------|-----------|------|-----------------------|-----------|------|---------------------|-----------|------|-------------|------------|-------|------|-----|------|-----------|-------|-----|------|-----|------|
| | | DAY | | | NIGHT | | | DAY | | | NIGHT | | | | | | | | | | | | | | |
| | | Captain of Aircraft | 2nd Pilot | Dual | Captain of Aircraft | 2nd Pilot | Dual | Captain of Aircraft | 2nd Pilot | Dual | Captain of Aircraft | 2nd Pilot | Dual | Observer | Air Gunner | Other | | | | | | | | | |
| | | (A) | (B) | (C) | (D) | (E) | (F) | (G) | (H) | (J) | (K) | (L) | (M) | (N) | (O) | (P) | (Q) | (R) | | | | | | | |
| | | Hrs | Mins | Hrs | Mins | Hrs | Mins | Hrs | Mins | Hrs | Mins | Hrs | Mins | Hrs | Mins | Hrs | Mins | Hrs | Mins | Hrs | Mins | Hrs | Mins | Hrs | Mins |
| | 31/12/40 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 31/1/41 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 28/2/41 | | | | | | | | | | | | | | | | | | | | | | | | |
| | | <div>Certified correct</div> <div><i>[Signature]</i></div> <div>Chief Supervisory Officer
No. 3 A.O.S. REGINA, SASK.</div> | | | | | | | | | | | | | | | | | | | | | | | |
| 42 B&Y SCHOOL | 9/3/41 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 16/3/41 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 23/3/41 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 30/3/41 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 6/4/41 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 13/4/41 | | | | | | | | | | | | | | | | | | | | | | | | |
| | | <div><i>[Signature]</i></div> <div>for OFFICER COMMANDING
ARMAMENT TRAINING SQUADRON</div> | | | | | | | | | | | | | | | | | | | | | | | |
| No. 1. Q. N. S. | 14/5/41 | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | |

~~R.C.A.F. Special Reserve~~

The corner of this Certificate
to be cut off if the man
is discharged with a
" Bad " Character
or with disgrace,
or if specially
directed by

ROYAL CANADIAN AIR FORCE

CERTIFICATE OF THE SERVICE AND DISCHARGE OF

NAME... Bolt ...
(in full, Surname first)

NAME. BOWEN, CYRIL KEITH

OFFICIAL No. R56-276

(1) DATE OF BIRTH 24-9-16..... AGE ON ENTRY INTO R.C.A.F. 23 years 324 days.

N.D.H.Q.

PLACE OF BIRTH (Parish) MONTREAL (Town or County) QUEBEC

OCCUPATION IN CIVIL LIFE AUDIT CLERK

TRADE IN ROYAL CANADIAN AIR FORCE *AIRCREW DUTIES (Observer)*

RELIGIOUS DENOMINATION UNITED CHURCH

SIGNATURE ON TRANSFER TO THE RESERVE OR DISCHARGE.

(2) CURRENT ENGAGEMENT IN R.C.A.F.:—

(a) State whether in Perm. or A.A.A.F.

R.C.A.F. SPECIAL RESERVE

(b) Period

[illegible]

(c) Date of actual entry into $\left\{ \begin{array}{l} \text{years Perm. R.C.A.F. Service} \\ \text{years A.A.A. Force Service} \end{array} \right.$

(d) Period re-engaged for.

(3) PRIOR ENGAGEMENT IN H.M. FORCES

[illegible]

(4) NAME, ADDRESS and RELATIONSHIP of person to be informed of casualties (to be entered in pencil).

Mrs. C. K. Bowen (Wife) 2301 Macintyre St, Regina, Sask.

PARTICULARS AS TO MARRIAGE

(5) Full Christian Names and Surname of Woman
and whether Spinster or Widow

Place and Date of Marriage

Present Address of Wife

No. and
Date of C.F.
Promulgating

Initials of
Officer
verifying entry

Margaret Bernice Legassie

Regina, Sask.
25-1-41

as in (4) above

(6) DESCRIPTION OF PERSON

Height

Chest

Colour of

Marks, Wounds or Scars

On entry as a boy.

~~On mustering as a man at age of 18 years~~
Or on entry at 18 years or over.....

On extension of service.

On re-engagement.

Further description if necessary.

DISCHARGE PARTICULARS:—

Date.....Address on Discharge.

Total Service { towards engagement.....(years).....(days)
towards pension.....(years).....(days)

R.C.A.F. R. 44a

15M-4-40 (4783)
H.Q. 1062-3-58

(8)

MOVEMENTS AND CASUALTIES

MOVEMENTS AND CASUALTIES

| Departure Authority | Unit FROM which | Unit TO which | Date of effect | Arrival Authority confirming |
|--------------------------|-----------------|---------------|----------------|------------------------------|
| M.O. | | | | |
| A. B | | | | |
| N.R.O. 129 | | | | |
| DRO 60 | | | | |
| DRO-148 | | | | |
| DRO 7 | | | | |
| 9 | | | | |
| 16 | | | | |
| 16 | | | | |
| DRO 92/41 | | | | |
| D.R.O. 112/41 | | | | |
| MONTREAL | BRANDON | 14-8-40 | D.P. O. 85 | |
| #2 M. Depot. | #11 Equip. S. | 8-10-40 | DRO 34 | |
| Brandon | Calgary | 8-11-40 | DRO 124 | |
| No 11 Equip. D.A. | No 2 & T.S. | 9-12-40 | DRO 27 | |
| Calgary | Regina | 25-1-41 | | |
| #2 I.T.S. | #3 AOS | 3-2-41 | | |
| Regina | Regina | 15-2-41 | | |
| Moved without Permission | | 3-3-41 | DRO 55 | |
| Duty | Hospital | 14-4-41 | D.R.O. 88 | |
| Hospital | Duty | 13-5-41 | | |
| No 3 A.O.S. | No 2 B. H.S. | | | |
| Regina | Monkton. | | | |
| 2 B.G. | I.A.N.S. | | | |
| Monkton. | Rivers, Man. | | | |
| # I.A.N.S. | #1 "H" DEPT. | | | |
| Rivers, Man. | Halifax, N.S. | | | |

| (9) PROMOTIONS, REDUCTIONS, REMUSTERINGS | | |
|--|-------------------------------|----------------|
| Authority | Description | Date of effect |
| REQ. NO. | | |
| AC 572 | ACC 2 | 14-8-40 |
| 0/5-8-40 | STATUTORY RENEW (OBSERVATION) | " " |
| DRO 148 | LAC | 9-12-40 |
| DRO 92/41 | App. 1/Sgt. Pd. | 14
13-4-41 |
| do | Special Group. | 14
13-4-41 |



IN REPLY PLEASE QUOTE

NO. M. 8-1-2-285

Department of National Defence
(Canadian Chaplain Service)

Montreal, P.Q., 18th April, 1941



Officer Commanding,
Air Navigation School,
R.C.A.F.,
Rivers, Manitoba.

3859

Mrs. C.K. Bowen -
née - Margaret Legassic.

421- R56276

This is to advise you that
I am well acquainted with the mar-
ginally named lady, wife of C.K. Bowan,
No. R56276, in your command.

2. I most warmly recommend her
for your favorable consideration.

J. Bruce Hunter, Major
(J. BRUCE HUNTER), Major,
District Chaplain, (P),
Military District No. 4.

J. A. T. P. CANADA

R 56 296

MARRIAGE CERTIFICATE

Registered at Regina, Saskatchewan


I hereby certify that on Saturday the twenty-fifth
day of January in the year of our Lord One Thousand
Nine Hundred and forty one,
Cyril Keith Bowen of Regina, Sask., and
Margaret Bernice Legassic of Montreal, Quebec,
were by me united in the bonds of Matrimony at Knox Church Manse,
2334 Lorne St., Regina, Saskatchewan, Canada

Witness my hand this twenty-fifth day of January, 1941

Harvey Campbell
Officiating Minister

Ethel V. Legassic
Witnesses
Walter G. Howard

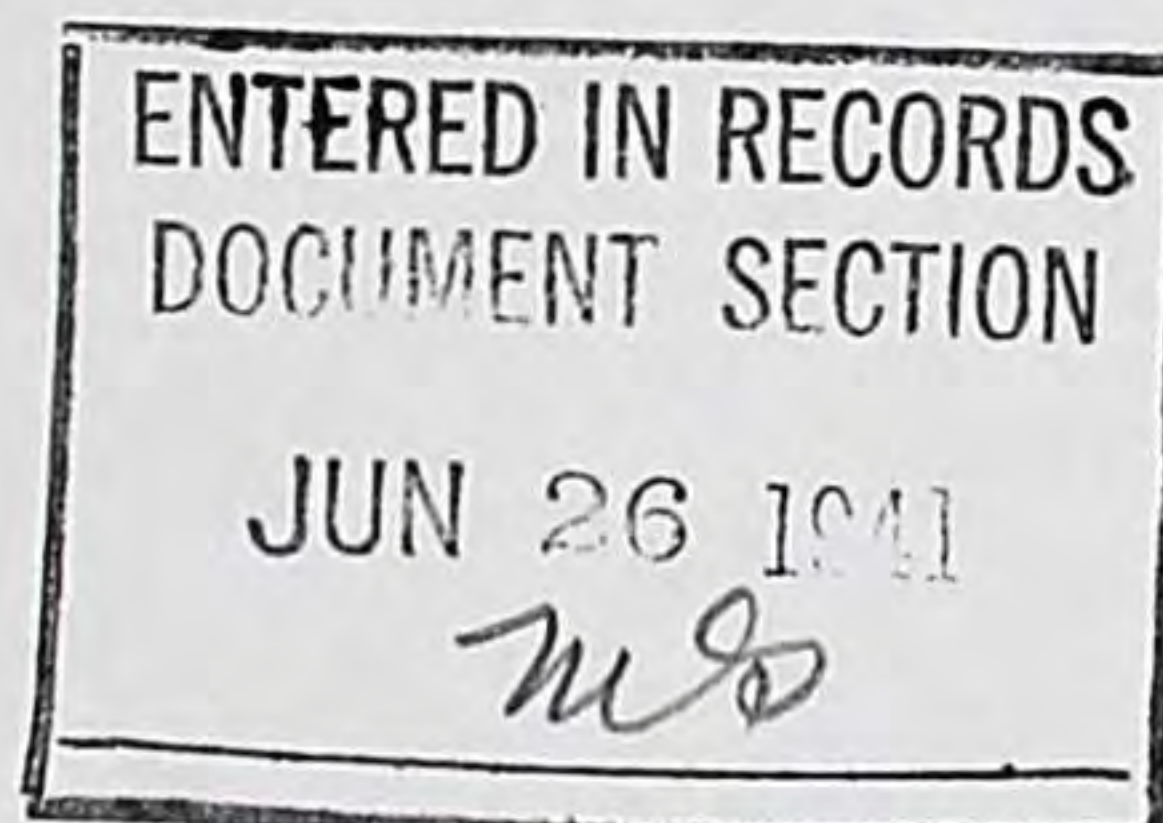
Certified True Copy


-----F/O.
(W.M. Conners) Flying Officer

753/5

OFFICERS' STATEMENT AT EMBARKATION

1. Next of Kin (give full Christian names) *MARGARET BERNEICE BOWEN*
101 Woodlands Rd,
Address... *Woodlands, Que*... Relationship... *Wife*.....
2. Name of Person to be Notified in Case of Casualty.....
MRS. M. B. BOWEN.....
Address... *101 WOODLANDS RD., WOODLANDS, P. QUE.*
3. Single, Married, Widower, Divorced, Separated?..... *MARRIED*.....
Full Christian names of wife... *MARGARET BERNEICE*.....
Address... *101 WOODLANDS RD., WOODLANDS, QUE.*
4. Parent's name (If living. Give full Christian names)
Mother... *OLIVE MABEL BOWEN*.....
Address... *3807 MELROSE AVE., N.D.G., MONTREAL, QUE.*
Father... *CYRIL FLETCHER BOWEN*.....
Address... *3807 MELROSE AVE., N.D.G., MONTREAL, QUE.*
5. Permanent home address... *3807 MELROSE AVE., N.D.G., MONTREAL.*
6. Religion (State denomination, e.g., C. of E., R.C., U.C., etc.)..... *U.C.*...
7. Commission Script to be sent to:-
(a) Overseas.....
.....
(b) Next-of-kin or other person in Canada (state name and address of person to whom sent)
MRS. M. B. BOWEN.....
101 WOODLANDS RD., WOODLANDS, P. QUE.



Signature and Rank of Officer... *L. Keith Bowen* P/O
Date... *May 27th 1941*

P/O C.K. Bowen (J5315)

Married without permission to Margaret

Berneice Legassic at Regina Sask., 25-1-41

by Rev. H. Campbell.

(Authority 1 "M" Depot Halifax DRO #97 d/28-5-41.)

UNIT PAYMASTER'S CERTIFICATE THAT HE HAS EXAMINED MARRIAGE CERTIFICATE
AND/OR BIRTH CERTIFICATES AND/OR DEATH CERTIFICATE.

This form is to be attached to M.F.M. 16 or M.F.M. 16A in all cases and to accompany these forms to the
Dependents' Allowance Board.

DETAILED INSTRUCTIONS ON REVERSE SIDE OF FORM

Name of Officer or Enlisted Man Bowen Cyril Keith Official No. H J5315

Rank P/O Unit No. 1 "M" Depot,

Unit Stationed at Halifax, N.S.

To—The Dependents' Allowance Board:—

I hereby CERTIFY that the above named has produced for my inspection the *Certified True Copy* ~~authentic~~ Certificates of Marriage,
Birth and Death, particulars of which are as follows:—

Particulars of Marriage Certificates Produced

| Names of Parties to Marriage | Date of Marriage | Place of Marriage | Name and Designation of Official Performing Ceremony |
|------------------------------------|------------------|---------------------|--|
| <u>Bowen, Cyril Keith</u> | <u>25-1-41</u> | <u>Regina, SASK</u> | <u>Rev. H. Campbell,</u> |
| <u>Legassic, Margaret, Bernice</u> | | | <u>UC of C</u> |
| | | | |
| | | | |

Particulars of Birth Certificates Produced

| Name of Child | Date and Year of Birth | Place of Birth | Name of | |
|---------------|------------------------|----------------|---------|--------|
| | | | Father | Mother |
| | | | | |
| | | | | |
| | | | | |

Particulars of Death Certificates Produced

| Name of Deceased | Date of Death | Place of Death | Name and Designation of Signer of Certificate |
|------------------|---------------|----------------|---|
| | | | |
| | | | |
| | | | |

NOTE:—Where circumstances are exceptional, such as Separation or Divorce in cases of first marriage, attach the documents
produced to you. The Board will make copies of all original documents and return the originals to the applicant. List any documents
attached, hereunder—(If none, insert 'Nil').

Date 27-5-41

AWZeland
PAYMASTER

F/O No. 1 "M" Depot, Halifax, N.
UNIT

3403

R56276

30

MARRIAGE CERTIFICATE

Registered at Regina, Saskatchewan

I hereby certify that on Saturday the twenty-fifth
day of January in the year of our Lord One Thousand
Nine Hundred and forty one,
Cyril Keith Bowen of Regina, Sask., and
Margaret Bernice Legassic of Montreal, Quebec,
were by me united in the bonds of Matrimony at Knox Church Manse,
2334 Lorne St., Regina, Saskatchewan, Canada

Witness my hand this twenty-fifth day of January, 1941

Harvey Campbell
Officiating Minister

Ethel V. Legassic
Witnesses
Walter G. Howard

Certified True Copy

W. M. Conners
-----F/O.
(W.M.Conners) Flying Officer



Montreal Herald

MONTREAL'S OLDEST EVENING NEWSPAPER—ESTABLISHED 1811
THE HERALD PRINTING HOUSE, 265 VITRE ST. W.
MONTREAL — CANADA

THE HERALD PUBLISHING COMPANY LIMITED
BUSINESS OFFICE
PHONE LANcaster 5181

R.C.A.F. Special Reserve 13

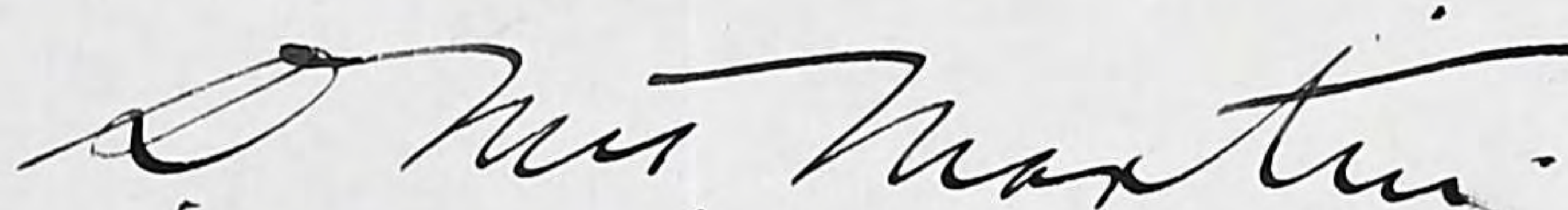
ADDRESS ALL COMMUNICATIONS
TO
P. O. Box 4017
Place d'Armes

7th June, 1940.

Royal Canadian Air Force,
Montreal.

Gentlemen,

This is to certify that the bearer, Mr. Keith Bowen, has been known to me intimately for the past fifteen years and I have watched his progress with great interest. He was a promising student in school and immediately after matriculation succeeded in securing employment where his services are appreciated, as evidenced by the rapid promotions conferred upon him. His request for such a letter as this shows him to be a young man of spirit, high-ideals and worthy ambition, and I believe him to be capable of giving an honourable account of himself in all circumstances.



Secretary-Treasurer.

| | |
|-------------------------|-------------|
| R.C.A.F. Records Office | |
| Rec'd | AUG 21 1940 |
| O. K. | C. I. B. |
| R. C. | N. I. |
| S. L. | P. A. |



R.C.A.F. Special Reserve

IN REPLY PLEASE QUOTE

Department of National Defence
"Air Force"

NO.

July 15, 1940.

To Whom It May Concern:

KEITH CYRIL BOWEN

I have known the above mentioned gentleman ever since he was a small boy and I can recommend him very highly as an intelligent, industrious, and a good worker. His father, Mr. Cyril Bowen, has been employed by G. & J. Esplin, Ltd. for the past 30 years, and has brought his son up in a way which makes for character and honesty.

I can strongly recommend Mr. Keith Cyril Bowen as good officer material and if accepted under the Commonwealth Air Training Plan, I am sure would be a great asset to the Royal Canadian Air Force.

William Sutherland 27/10

(W. Sutherland) Flying Officer,
R.C.A.F. Station,
Camp Borden, Ontario.

| | |
|-------------------------|--------------------|
| R.C.A.F. Records Office | |
| Recd AUG 21 1940 | |
| O. K. | C. I. B. |
| R. C. | N. I. |
| S. L. | P. A. <i>N. B.</i> |

R.C.A.F. Special Reserve //

SPROTT COMMERCIAL COLLEGE Inc.

EMPRESS THEATRE BLDG.

2304 OLD ORCHARD AVENUE, MONTREAL, QUE.

V. D. SPROTT, Principal

June 7, 1940.

The Royal Canadian Air Force,
Montreal, Quebec.

Gentlemen:

I am pleased to submit the following
information with reference to Mr. Keith Bowen.

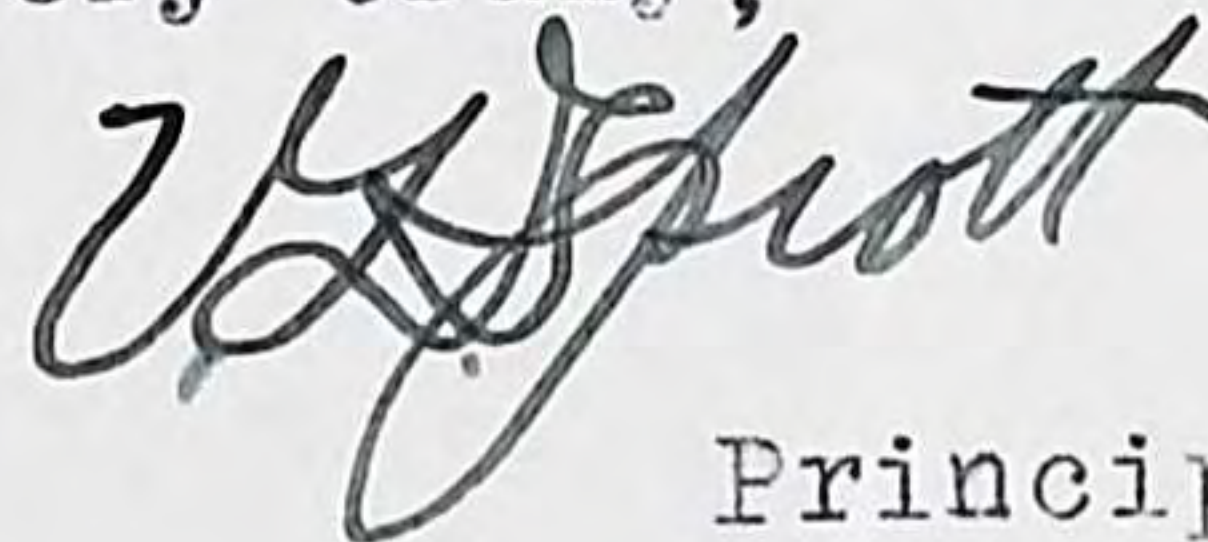
Mr. Bowen registered in our day
classes during the spring of 1934, and later
transferred to our night classes when he com-
pleted our Bookkeeping and Accountancy Courses.

Mr. Bowen is above the average in in-
telligence. He is very concentrated in his work
and delves to the very bottom of anything he
undertakes.

He is an industrious, clean-cut young
man and I am positive will prove a credit to any
organization with which he becomes affiliated.

We have therefore, much pleasure in
recommending Mr. Bowen.

Yours very truly,



Principal.

VDS:MN

| | |
|-------------------------|------------------|
| R.C.A.F. Records Office | |
| Rec'd | AUG 21 1940 |
| O. K..... | C. I. B..... |
| R. C..... | N. I..... |
| S. L..... | P. A. <i>Nhb</i> |

9

R.C.A.F. Special Reserve
Protestant Board of School Commissioners
of the City of Montreal

WEST HILL HIGH SCHOOL

4400 WEST HILL AVENUE

MONTREAL

H.C. ATKINSON, B.A., PRINCIPAL

June 7th, 1940.

To The Royal Canadian Air Force.

I have much pleasure in writing in favour of Mr. C. Keith Bowen, Age 23, residing at 3807 Melrose Ave., Montreal, who was a student of the West Hill High School throughout his High School Course from February 1930 to January 1934. In January 1934 he obtained the Provincial High School Leaving Certificate with Matriculation standing. His splendid school record is given below.

| | |
|---|---------------------------------|
| 1930-31 .. Eighth Year (First Year High) .. | 81.4% Promoted,
Scholarship. |
| 1931-32 .. Ninth Year (Second Year High) .. | 81. % Promoted,
Scholarship. |
| 1932-33 .. Tenth Year (Third Year High) .. | 79.7% Promoted,
Scholarship. |
| 1933-34 .. Eleventh Year (Graduation Class) | 68.1% Graduated. |

Concerning Mr. Bowen's diligence, conduct and reliability I have only the most favourable comment to make, and I feel that I can recommend him.

(Signed)

HCA/DS

H.C. Atkinson
.....
Principal.

| | |
|-------------------------|---------------|
| R.C.A.F. Records Office | |
| Rec'd | AUG 21 1940 |
| O. K. | C. I. B. |
| R. C. | N. I. |
| S. L. | P. A. |

Protestant Board of School Commissioners



OF THE
CITY OF MONTREAL

Certificate of Graduation

This Certifies that **C. Keith Bowen.**
a student of the **West Hill High School**
has completed the **Classical** *Course prescribed*
for the High Schools under the control of this Board, having
passed the Final Examinations of the Eleventh Year.

Montreal, **January 1934.**



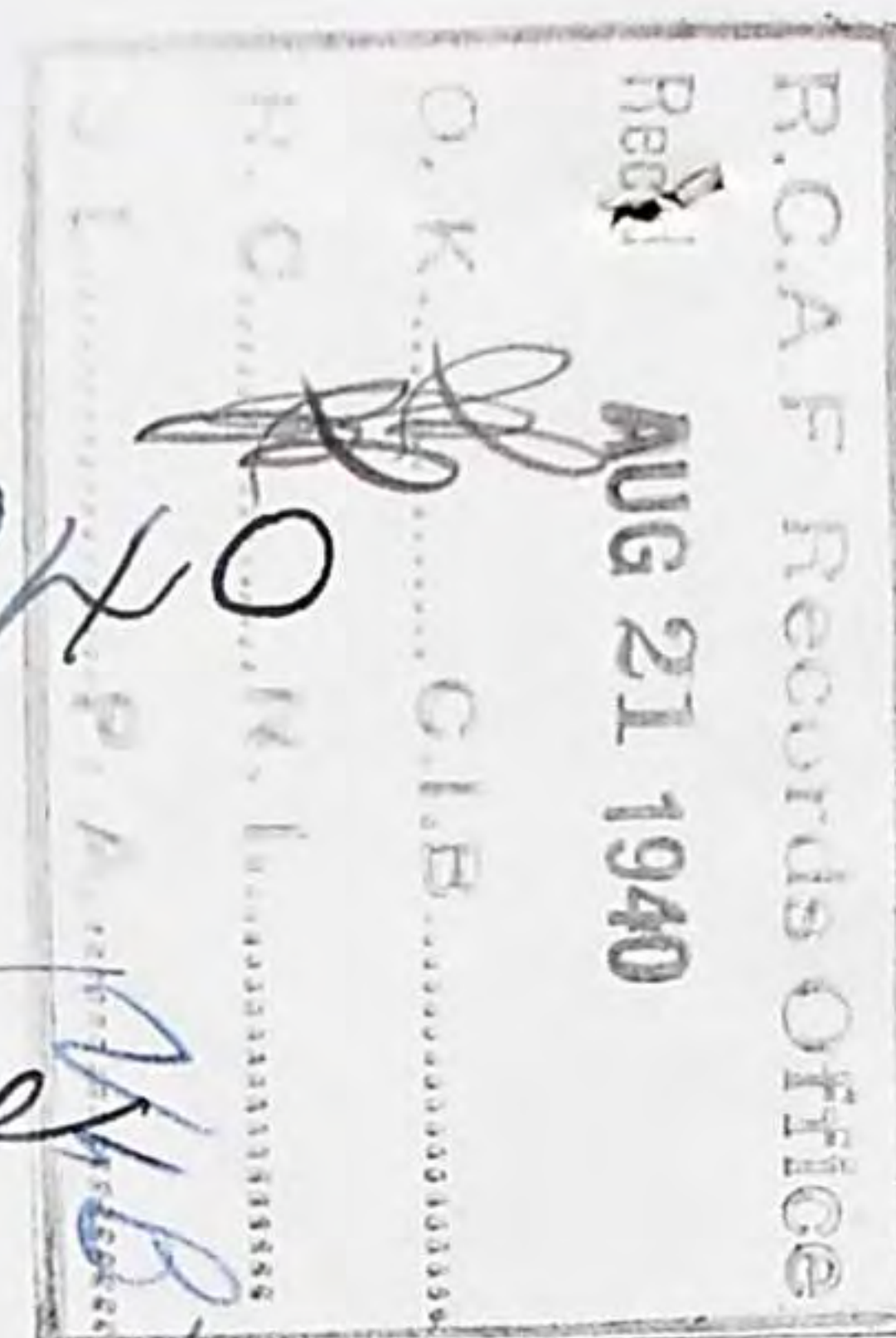
W. C. Hogan
SUPERINTENDENT OF SCHOOLS

H. C. Munson
PRINCIPAL

2

Montreal

June 11, 1940



I certify this is a true
copy of the Certificate
of Graduation from
West Hill High School
granted to C. Keith

Bowen in January 1934.

Howard S. Ross
Commissioner of the
Superior Court, District
of Montreal

CASUALTY DIGEST

PRESS RELEASE
(OVERSEAS CASUALTY ONLY)
DATE 2-9-41
TIMENAME BOWEN, Cyril Keith
(SURNAME) (CHRISTIAN NAMES) NUMBER J5315 RANK P/OUNIT Overseas SERVICE : R.C.A.F.
(INDICATE IF RCAF, RAF, RAAF OR RNZAF)

AIR FORCE TRADE Air Observer

PLACE OF ENLISTMENT Montreal, Quebec. DATE 14-8-40 NATIONALITY Canadian

PLACE OF BIRTH Montreal, Quebec DATE 24-9-16 RELIGION U.C.

NEXT OF KIN Mrs. Margaret Berneice Bowen RELATIONSHIP Wife

ADDRESS 101 Woodlands Rd., Woodlands, Quebec.

NAME OF WIFE Mrs. M.B. Bowen,

ADDRESS 101 Woodlands Rd., Woodlands, Quebec.

PARENTS Mr. & Mrs. C.F. Bowen, IS MOTHER LIVING? Yes

IS FATHER LIVING? Yes

ADDRESS 3807 Melrose Ave., N.D.G. Montreal Que.

EDUCATIONAL BACKGROUND

(SCHOOLS ATTENDED, ETC.) Attended Public School at Julius Richardson School, Chateauguy,
Que., Herbert Symonds School, Montreal, Jr. Matriculation - West Hill High, Montreal.1934-36 Elementary Bookkeeping - Sprott Commercial College, Montreal. 1939-40
accounting & auditing - Shaw Schools, Ltd., Toronto, Ontario. CertificateGENERAL BACKGROUND 3 yrs. Trail Ranger, 3rd class instructor certificate. Royal Life Saving
(OUTSTANDING ACHIEVEMENTS, ETC.) Employed with the Howard Smith Paper Mills Ltd., Montreal

from 1934 to enlistment, as accountant & auditor. Sports: golf, tennis, water polo,

swimming, sailing, skiing. Hobbies: Photography, hunting, fishing & music. 8 yrs.

Y.M.C.A. member, attended Y camps, 3 periods as camper, and two periods as
councillor. Commissioned from ranks 13-5-41.

DETAILS OF CASUALTY MISSING after a flying accident 28-8-41. (OVERSEAS).

AUTHORITY AIR MINISTRY KINGSWAY X5325 dated 30-8-41.

R.C.A.F. Special Reserve

R.C.A.F. Special Reserve

Interview Report

Non-Flying List

Air Crew

Administration
Technical
Equip. & Accounts
Pilot
Observer
Wireless Op. Air.
Air Gunner

SURNAME CHRISTIAN NAMES IN FULL

Bowen Cyril. Keith.

ACADEMIC STANDING:

Junior Matriculation (West Hill High 1934)

Business College 2 years (Accounting & Bookkeeping)

Correspondance School 1 year.

Age 23
Height 5'10 1/2"
Weight 153
Married or Single
No. of Children

FLYING HISTORY (PARTICULARLY DURING LAST YEAR)

N. A.

EXPERIENCE AND TRAINING (INCLUDING MILITARY) USEFUL IN THE R.C.A.F.

Trail Ranger for 3 yrs.

Royal Life Saving Certificate.

3rd Class instructor certificate.

SPORTS:

EXTENSIVELY: Skiing Swimming Water polo Bowling
MODERATELY: Golf Tennis Hockey Baseball Basketball.
OCCASIONALLY:

HOBBIES:

Photography
Music, Hunting, Sailing.

APPEARANCE HEALTHY-RUGGED-SLENDER
TALL-MEDIUM-SHORT
REFINED-ORDINARY-COARSE
CLEAN - UNTIDY-DIRTY

DRESS: ELEGANT-TASTEFUL-CONSERVATIVE
POORLY DRESSED-BUT CLEAN AND
NEAT-SMART-UNTIDY-CARELESS

INTELLIGENCE: QUICK - DELIBERATE - SLOW
ORGANIZED-ACCURATE-RAMBLING

PERSONALITY: DOMINEERING-CONFIDENT-
SUBMISSIVE-MATURE-
IMMATURE-PLEASANT-
MOROSE-DETERMINED

SUITABLE IN ALL RESPECTS FOR SERVICE IN
R.C.A.F.....YES yes NO

FULLY QUALIFIED IN PERSONAL RESPECTS
FOR COMMISSIONED RANK...YES yes NO

INFORMATION ELUCIDATED FROM INVESTIGATION IN ACCORDANCE WITH A.F.M. 6/1 Para.1 (b)

Well recommended

SUMMARY OF ALL OF THE ABOVE:

Very keen to join, Likes all sports. Good intellect
and good appearance. Polite, Good character,
Reliable, should make a good officer.
Highly recommended for pilot material.

EXCELLENT
ABOVE AVERAGE
AVERAGE
BELOW AVERAGE
(Strike out words
not applicable)

RECOMMENDED FOR:

Air Crew.

R.C.A.F. Records Office
Rec'd AUG 21 1940
O. K. C.I.B.
R. C. N. I.

OFFICER COMMANDING,
R.C.A.F. RECRUITING CENTRE,
MONTREAL, - QUEBEC.

C. S. Goudreau, P. O.
SIGNATURE OF OFFICER:

DATE:

June 11th 1940

RECRUITING CENTRE:

A.F.M.5

J. A. T. P. CANADA

R.C.A.F. T. 81
SM-6-40 (5295)
H.Q. 1062-13-58

ROYAL CANADIAN AIR FORCE

REPORT ON PUPIL AIR OBSERVER

AIR AND GROUND TRAINING

Surname Bowen Christian Names Cyril Keith
Number R56276 Rank AC2

INSTRUCTIONS

1. At the conclusion of each stage of training this report must be completed and forwarded as indicated below in sufficient time to arrive on or before the date on which the pupil reports for the commencement of the next stages of training:—

Original and Duplicate..... From I.T.S. to Air Observers School.
From Air Observers School to Bombing and Gunnery School.
From Bombing and Gunnery School to Air Navigation School.

Duplicate..... To be available on demand by the Training Command concerned.

2. On completion of Training, the original is to be placed on the pupil's personal file and the duplicate forwarded to Air Force Headquarters through Command Headquarters.

3. In the event of the discontinuance of training at any stage; one copy is to be forwarded to R.C.A.F. Headquarters through Command Headquarters with full particulars as to the cause of discontinuance of training and instructor's report as to the reasons for the pupil's failure.

4. A pupil will be entitled to "Pass" if he obtains not less than 60 per cent of the total marks in the Written, Practical and Oral Tests, and not less than 50 per cent in each of the separate subjects, included in this Test.

PART I

INITIAL TRAINING

1. No. 2 Initial Training School. Course No. 14 From Nov. 9 To Dec. 6

2. Results of Examinations:—

| Subject | Maximum Marks | Marks Obtained | Subject | Maximum Marks | Marks Obtained |
|-------------------------|---------------|----------------|-------------------------|---------------|----------------|
| Mathematics..... | 100 | <u>88</u> | Drill..... | 100 | <u>72</u> |
| Armament (P. & O.)..... | 100 | <u>86</u> | Law and Disc., etc..... | 100 | <u>89</u> |
| | | | TOTAL..... | 400 | <u>335</u> |

3. Maximum Marks 400. Marks Obtained 335 Percentage 84 Pass or Fail P

Position in Class 5th No. in Observers Class 44

4. Remarks.....

Mature Studious type.

PILOT

A. J. Borden Wg. Comdr.
Commanding Officer

Date:—

To be passed to No. 3 A.O.S.

Regina, Sask.
December 6, 1940

PART II
AIR OBSERVERS SCHOOL

1. No.....3.....Air Observers School. Course No.....13 From 9-12-40 To 3-3-41

Air Training

2. Flying Time:—

| Aircraft | DAY | | NIGHT | | Passenger | Total |
|------------|----------|----------|----------|----------|-----------|-------|
| | 1st Nav. | 2nd Nav. | 1st Nav. | 2nd Nav. | | |
| Avro Anson | 16.25 | 15.55 | 5.05 | 2.15 | --- | 39.40 |

3. Proficiency as Air Observer 500. Marks obtained.....300

4. Remarks on Air Training and points which require special consideration.....Does very well
.....in the air, should make a good observer.

5. Ground Training

| Subject | Maximum Marks | Marks Obtained | Subject | Maximum Marks | Marks Obtained |
|--------------------------------|---------------|----------------|----------------------|---------------|----------------|
| D.R. (Plotting)..... | 150 | 130 | Maps and Charts..... | 100 | 89 |
| D.R. (Written)..... | 150 | 124 | Meteorology..... | 100 | 83 |
| Compasses and Instruments..... | 150 | 115 | Photography..... | 100 | 91 |
| D.F. (W/T)..... | 100 | 70 | Reconnaissance..... | 100 | 67 |
| Signals..... | 50 | 42 | TOTAL..... | 1000 | 811 |

6. Remarks on Ground Training.....Although absent for two weeks training due to
.....illness, this student is above average in all subjects.

7. Qualities as Officer or N.C.O. 300. Marks obtained.....255

8. Total Assessment 1800. Marks Obtained.....1366 Percentage.....76 Pass or Fail.....Pass

9. Position in Class.....5 No. in Class.....42

10. Assessment as Air Navigator (Ex., Above Av., Av., Below Av., or Poor).....Above Average

Assessment as Air Observer (Ex., Above Av., Av., Below Av., or Poor).....Above Average

11. Commissioned Rank (Appears suitable or unsuitable).....Suitable 7/21

12. As Instructor (Appears suitable or unsuitable).....Suitable

13. General Remarks on Training, Ability, etc.....Splendid type. A bit quiet. Should
.....make a good instructor and officer.

.....*W. Minglee* Flt. Lt.
Chief Instructor

No.....3 A.O.S. Date:— 3-3-41

To be passed to No.....2.....B.G.S.

PART III

J. A. T. P. CANADA

ARMAMENT TRAINING

1. No. 2 B.G.S. Course No. 13 From 3-3-41 To 14-4-41

Air Training

2. Flying Time:—

| Aircraft | BOMBING | | GUNNERY | | Passenger | Total |
|---------------|--------------|-------|-------------|-------|-------------|--------------|
| | Day | Night | Day | Night | | |
| Battle | 14.05 | | 8.30 | | 4.55 | 27.30 |

Brought Forward.....**39.40**.....GRAND TOTAL.....**67.10**.....

Air Exercises

3. BOMBING:—

(a) Individual High Level Bombing—Stationary Target (results converted to 10,000 ft.).

(i) Average error of all exercises.....**114**.....yds. (ii) Average error of best exercise.....**38**.....yds.

(b) Low Level Bombing—Average error of all exercises.....yds.

4. AIR GUNNERY:—

(a) Beam Test.....(Average % hits to rounds fired).....**17**.....%(b) Beam Relative Speed Test.....(Average % hits to rounds fired).....**15**.....%(c) Under Tail Test.....(Average % hits to rounds fired).....**12**.....%

Assessment

5. EXAMINATION RESULTS:—

| Subject | Maximum Marks | Marks Obtained | Subject | Maximum Marks | Marks Obtained |
|------------------|---------------|------------------|------------------|---------------|-----------------|
| Bombing (W)..... | 150 | 114 | Gunnery (W)..... | 100 | 80 |
| Bombing (P)..... | 150 | 120 | Gunnery (P)..... | 100 | 81 |

6. Proficiency as Bomb Aimer 300 Marks. Marks obtained.....**245**.....7. Remarks.....**Above Average Bomb Aimer**.....8. Proficiency as Air Gunner 200 Marks. Marks obtained.....**145**.....9. Remarks.....**Average Air Gunner**.....10. Qualities as an Officer or N.C.O. 200 Marks. Marks obtained.....**160**.....11. Total Assessment 1200. Marks obtained.....**945**..... Percentage.....**78.8** Pass or Fail **Pass**Position in Class **1**..... No. in Class.....**36**12. Commissioned Rank (Appears suitable or unsuitable).....**Suitable 4/12 Ex.**

G.O. Godson (G.O. Godson) Flt. Lt.,
for Chief Instructor

No. 2 B. & G.S. Date:— 17-4-4113. General Remarks.....**This Man possesses a very good knowledge of Armament. Has****studied a lot. Above average in theory and practical.****Definitely Officer material.**

A.J. Ashton (A.J. Ashton) Gp.C.
Officer Commanding

No. 2 B. & G.S. Date:— 17-4-41*To be passed to No. 1 A.N.S.

*In the case of Air Observers who do not proceed to an Air Navigation School paragraphs 12 to 14 of Part IV will be completed at the Bombing and Gunnery School.

PART IV

ADVANCED AIR OBSERVERS TRAINING (At Air Navigation School)

1. No. 1 A.N.S. Course No. 13 From 14-4-41 To 12-5-41

Air Training

2. Flying Time:—

| Aircraft | DAY | | NIGHT | | Passenger | B.G.S. | Total |
|-----------------|----------|----------|----------|----------|-----------|--------|--------|
| | 1st Nav. | 2nd Nav. | 1st Nav. | 2nd Nav. | | | |
| | 6.50 | 6.35 | 8.55 | 12.05 | | | 34.25 |
| Brought Forward | 16.25 | 15.55 | 5.05 | 2.15 | 4.55 | 22.35 | 67.10 |
| GRAND TOTALS | 23.15 | 22.30 | 14.00 | 14.20 | 4.55 | 22.35 | 101.35 |

3. Proficiency as Air Navigator 250. Marks Obtained 215

4. Remarks on Air Training and points which require special consideration
Exceptional ability. Very accurate and works hard

Ground Training

5. Examination Results:—

| Subject | Maximum Marks | Marks Obtained |
|------------------------------------|---------------|----------------|
| Astronomical Navigation (Plotting) | 150 | 117 |
| Astronomical Navigation (Written) | 100 | 91 |

6. Remarks on Ground Training
A very keen student. A sound knowledge of all subjects

7. Total Assessment 500. Marks Obtained 423 Pass or Fail Pass

8. Position in Class 12 No. in Class 73

9. Assessment as Air Navigator (Ex., Above Av., Av., Below Av., or Poor) Above Av.

10. Recommended as an Instructor (Yes or No) Yes

11. General Remarks on Training, Ability, etc.

Chief Instructor

No. 1 A.N.S. Date: 17-5-41

12. Final Assessment (A.O.S., B.G.S. and A.N.S.)

| Subject | Maximum Marks | Marks Obtained | Subject | Maximum Marks | Marks Obtained |
|----------------------------|---------------|----------------|------------------------|---------------|----------------|
| Air Observers' School | 1800 | 1366 | *Air Navigation School | 500 | 423 |
| Bombing and Gunnery School | 1200 | 945 | Total | | 2734 |

Percentage 78.1 Pass or Fail Pass Position in Class 19 No. in Class 73

13. Recommended for Commissioned Rank Yes Assessment 39 Above Av.
(Yes or No) (Ex., Above Av.)

14. Remarks Very quiet apparently shy. He has the qualities of a good officer

Officer Commanding

APR 14 1941 A.N.S. Date:

15. Awarded Air Observer's Badge (date)

Officer Commanding
COMMANDING OFFICER, NO. 2 BOMBING AND
GUNNERY SCHOOL, R.C.A.F., MOSSBANK, SASK.

* Delete if not applicable.

ESTATES BRANCH

Ottawa, May 22, 1942.

Mrs. C.K. Bowen,
101 Woodlands Road,
Woodlands, P.Q.

BOWEN, Cyril Keith, P/O (Deceased)
No. J.5315, RCAF att. RAF Overseas.

Dear Mrs. Bowen:

We have received our Form P.64 for which please accept our thanks. We have also received the copy of Will in favour of your late husband's mother, but the Marriage Certificate referred to in your letter was not enclosed. As we do not require a Marriage Certificate, please do not trouble to forward another.

A Will executed by your husband, dated April 15th, 1941, in which you are named sole beneficiary and sole executrix is now on file here. If no later Will is received from Overseas or codicil changing the one on file, you will be entitled to your husband's Service estate as this Will revokes the one of earlier date in favour of your husband's mother.

Should a copy be required in connection with the insurance, please let us know and we will have a copy mailed to you.

Due to existing war conditions and shipping facilities, it will be some months before your husband's effects and belongings are received here, from Overseas. As soon as they arrive and the necessary particulars of pay outstanding are received, we will immediately communicate with you.

Yours faithfully,

(W.O. Seagram) F/L
for (L.M. Firth) Major,
Administrator of Estates.

IGR/MB.

This is the last Will of me, Cyril Keith Bowen,
of 3807 Melrose Ave., City of Montreal, clerk.

I revoke all wills and testamentary dispositions
heretofore made by me.

I give, devise and bequeath all my Estate to my
mother absolutely.

Signed and Executed by me at 3807 Melrose Ave.,
the City of Montreal on the fourteenth day of August,
One Thousand Nine Hundred and Forty, as my last Will and
Testament in holograph form, the whole in my own hand-
writing.

SGD: C. Keith Bowen

*Note - this
will revoked
by service will
2008*



May 18, 1942.

Dear Sir,

Re H.Q. 95315 F.D. 251.

Bowen, Cyril Kerck P/O.

As requested in your letter of the 15 Mkt. I have completed and return herewith Form P64, together with a copy of a will in favor of his mother and a copy of our Marriage Contract. Will you kindly advise me if my husband made a later will after reaching England on active service as it was my understanding that he intended to do so appointing me executrix.

Kindly return the Marriage Contract after it has served your purpose.

I have received no word regarding his personal belongings and would be obliged if you could let me know if and when they are being sent to Canada, as I wish to have them insured.

Yours faithfully
Margaret B. Bowen.



J5315 (DPC)

Ontario,
5 May, 1952.

Mrs. Margaret B. Bowen,
101 Woodlands Road,
Woodlands, P.Q.

Dear Mrs. Bowen:

It is with reluctance that after so long an interval, I must refer to the loss of your husband, Pilot Officer Cyril Keith Bowen, but due to the lack of any information concerning him since he was reported missing, it must be regretfully accepted and officially recorded that he does not have a "known" grave.

Due to the extreme hazards attending air operations there are, unhappily, many thousands of British aircrew boys who do not have "known" graves and all will be commemorated on General Memorials that will be erected at a number of locations by the Imperial War Graves Commission (of which Canada is a member), each Memorial representative of a theatre of operations. One of these Memorials will be erected at Runnymede, England, and the name of your husband will appear on that Memorial.

I realize that this is an extremely distressing letter and that there is no manner of conveying such information to you that would not add to your heartaches. I am fully aware that nothing I may say will lessen your great sorrow, but I would like to express to you and the members of your family my deepest sympathy.

Yours sincerely,

W.R. Gunn
for (W.R. Gunn)

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

FTY/NC

18
"Air Force"

September 6, 1940.

Mr. C.F. Bowen,
170 Duke St.,
Montreal, P.Q.

Dear Sir:

In reply to your letter of September 5, 1940, intimating that you have been informed that the Birth Certificate of your Son, R 56276 AC2 Bowen, C.E., is missing from his file, you are advised that this Office cannot understand why such an impression was created. Your Son's Birth Certificate is on file with his other documents at this Office.

Very truly yours,

for E.E. Middleton
Wing Commander,
R.C.A.F. Records Officer.

WMS:DG



Department of National Defence
Air Service

IN REPLY PLEASE QUOTE

FILE NO.....J.5315.....

Ottawa, Canada,.....April 9th,.....1942.

Administrator of Estates,
304 Sparks Street,
Ottawa, Ontario.

Official Royal Canadian Air Force notification of casualty - death or missing.

Air force No.....J.5315.(R.56276)...Rank.PILOT OFFICER.....

Name.....BOWEN.....CYRIL KEITH.....
(Surname) (Christian Name)

Unit.....R.C.A.F., ATTACHED R.A.F. OVERSEAS.....

Details of Casualty...PREVIOUSLY REPORTED MISSING 28-8-41.....

.....NOW PRESUMED DEAD FOR OFFICIAL PURPOSES 28-8-41.....

Authority..AIR MINISTRY KINGSWAY XX5323 DATED 30-8-41 and PX6803 DATED 2-4-42

Next of Kin.....MRS. C.K. BOWEN.....Relationship.WIFE.....

Address.....101 WOODLANDS ROAD, WOODLANDS, QUEBEC.....
(Street) (Town or City) (Province)

If attached to R.A.F. at time of casualty was member a B.C.A.T.P. trainee...YES.....or, if not, under what other circumstances was
(Yes or No)

he so attached?.....

.....if member was attached to R.A.F. at any time, give details.....

If casualty occurred in Canada, did member have service outside
Canada during the war with the German Reich?.....If so,
(Yes or No)

give details and period or periods.....

If on leave, state date leave commenced and whether on leave with
or without pay.....

M.F.M.5 and Will...YES.....

T.K. McDougall
for (T.K. McDougall)
Squadron Leader,
for Chief of the Air Staff

To be made out in duplicate

R.C.A.F. Special Reserve

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

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

INSTRUCTIONS.

- This form is to be completed immediately an officer or other rank is appointed to, or enlisted in, the C.A.S.F. or R.C.A.F. (ON ACTIVE SERVICE).
- All questions, etc., must be completed.
- Both copies of the form are to be forwarded by the Officer Commanding the unit for each officer and other rank, to the Paymaster, or Officer acting as such. The latter will transmit one copy, through the District, Command, or Camp Paymaster, to the Officer i/c Records, N.D.H.Q., Ottawa. The other copy will be retained by the Paymaster of the unit, when transferred to another unit the copy retained by the Paymaster will be sent to the Paymaster of the individuals new unit.

(1) Name of Officer or Other Rank Bower Cyril Keith (BOWEN)
(Surname first—Christian names in full—Block capitals)

(2) Regimental or Air Force Number and Rank R56-276

(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? N.A.

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

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

Name N.A.

Postal Address N.A.

| | |
|-------------------------|-------|
| R.C.A.F. Records Office | |
| AUG 30 1940 | |
| [SEE OTHER SIDE] | |
| D. K. | |
| R. C. | N. I. |
| S. L. | P. A. |

(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..... **Cyril Fletcher BOWEN**
3807 Melrose Avenue, Montreal, Que. Secy Treas.

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

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

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

(14) Is your mother alive?..... **YES.**

If so, state name and address..... **Olive Mabel (CLARK) BOWEN**
3807 Melrose Avenue, Montreal, Que.

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

(16) If sole or partial support of widowed mother—state what amount per month you have given her prior to appointment or enlistment..... **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?..... **PRUDENTIAL ASS. CO. LONDON LIFE ASS. CO.**
(Give number of policy)

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

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

August 14th, 1940.

Date.....

L. Keith Bowen
(Signature of officer or man)

(J.V. Sorsobell) Plt. Lieut;

R.C.A.F. Recruiting Centre, Montreal 1, Que.

Date.....

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

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

WILL

R.C.A.F. R. 60
20M-12-40 (8303)
H.Q. 1062-3-45

Last
Permanent
Civilian
Address

(1) I, Cyril Keith Bowen 95315 of the City
Montreal in the County
District of Quebec

Province of Quebec Audit Clerk
(Civil Occupation)

a member of the Royal Canadian Air Force, Number R-56276 do hereby
revoke all former Wills by me made and declare this to be my LAST WILL.

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

(2) I GIVE, DEVISE AND BEQUEATH unto

My wife, Margaret Berneice Bowen,
4438 Oxford Avenue, N.D.S., Montreal, P. Que.,
all my estate.

Relationship,
Names and
Address of
Residuary
Beneficiaries.

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

(4) I appoint Margaret Berneice Bowen, 4438 Oxford Avenue,
(Name) (Address)
N.D.S., Montreal, P. Que., to be the ~~Executor~~
Executrix of this my Last Will.

IN WITNESS WHEREOF I have hereunto set my hand this fifteenth day of
April 1941

Signed and acknowledged by the Tes-
tator, 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.

C. Keith Bowen
(Signature of Testator)

First
Witness
sign here.

(5) W. C. McNally
(Signature)
3439 Addington Ave. Montreal Que.
(Address)

Order clerk
(Occupation)

Second
Witness
sign here.

J. C. Hall
(Signature)
No. 1 Ave. S. Fovers
(Address)
Clerk
(Occupation)

(Witnesses are not to be beneficiaries.)

[OVER]

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

INSTRUCTIONS.

- (a) This form is to be completed immediately an officer or other rank is appointed to, or enlisted in, the C.A.S.F. or R.C.A.F. (ON ACTIVE SERVICE).
- (b) All questions, etc., must be completed.
- (c) Both copies of the form are to be forwarded by the Officer Commanding the unit for each officer and other rank, to the Paymaster, or Officer acting as such. The latter will transmit one copy, through the District, Command, or Camp Paymaster, to the Officer i/c Records, N.D.H.Q., Ottawa. The other copy will be retained by the Paymaster of the unit, when transferred to another unit the copy retained by the Paymaster will be sent to the Paymaster of the individuals new unit.

- (1) Name of Officer of Other Rank Cyril Keith BOWEN
(Surname first—Christian names in full—Block capitals)
- (2) Regimental or Air Force Number and Rank R56-276
- (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? N.A.
- (8) Have you any children? N.A. Number of boys N.A. Girls NA
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 Guardian to whom Dependents' Allowance should be paid—if authorized.

Name N.A.
Postal Address N.A.

[SEE OTHER SIDE]

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

If so, state her full name and Postal Address **N.A.**

(11) Is your father alive? **YES.**

If so, state name and address, occupation **Cyril Fletcher BOWEN**

3807 Melrose Avenue, Montreal, Que. Secy Treas.

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

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

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

(14) Is your mother alive? **YES.**

If so, state name and address **Olive Mabel (CLARK) BOWEN.**

3807 Melrose Avenue, Montreal, Que.

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

(16) If sole or partial support of widowed mother—state what amount per month you have given her prior to appointment or enlistment. **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? **PRUDENTIAL ASS. CO. LONDON LIFE A SS. CO.**
(Give number of policy)

Have you made arrangements for payment of your Insurance Premium? **YES.**

If not, and it is a monthly premium, you may assign the amount in addition to any other assignment you wish to make, provided the total assignment is not in excess of the maximum monthly amount which may be assigned.

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

August 14th, 1940.

Date

C. L. B. Bowen
(Signature of officer or man)

Date **August 14th, 1940**

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

for **(J.V. Sorsocail) Etl. Lieut;**

R.C.A.F. Recruiting Centre, Montreal 1 Que.

UNIT PAYMASTER'S CERTIFICATE THAT HE HAS EXAMINED MARRIAGE CERTIFICATE
AND/OR BIRTH CERTIFICATES AND/OR DEATH CERTIFICATE.

This form is to be attached to M.F.M. 16 or M.F.M. 16A in all cases and to accompany these forms to the
Dependents' Allowance Board.

DETAILED INSTRUCTIONS ON REVERSE SIDE OF FORM

Name of Officer or Enlisted Man Bowen Cyril Keith Official No. N J5315
Rank P/O Unit No. 1 "M" Depot,
Halifa , N.S.
Unit Stationed at _____

To—The Dependents' Allowance Board:—

I hereby CERTIFY that the above named has produced for my inspection the *Certified True Copy* authentic Certificates of Marriage,
Birth and Death, particulars of which are as follows:—

Particulars of Marriage Certificates Produced

| Names of Parties to Marriage | Date of Marriage | Place of Marriage | Name and Designation of Official Performing Ceremony |
|---|------------------|---------------------|--|
| <u>Bowen, Cyril Keith</u>
<u>Legassic, Margaret, Bernice</u> | <u>25-1-41</u> | <u>Regina, SASK</u> | <u>Rev. H. Campbell,</u>
<u>UC of C</u> |
| | | | |
| | | | |
| | | | |

Particulars of Birth Certificates Produced

| Name of Child | Date and Year of Birth | Place of Birth | Name of | |
|---------------|------------------------|----------------|---------|--------|
| | | | Father | Mother |
| | | | | |
| | | | | |
| | | | | |

Particulars of Death Certificates Produced

| Name of Deceased | Date of Death | Place of Death | Name and Designation of Signer of Certificate |
|------------------|---------------|----------------|---|
| | | | |
| | | | |
| | | | |

NOTE:—Where circumstances are exceptional, such as Separation or Divorce in cases of first marriage, attach the documents
produced to you. The Board will make copies of all original documents and return the originals to the applicant. List any documents
attached, hereunder—(If none, insert 'Nil').

Date 27-5-41 *AW Bond* F/O No. 1 "M" Depot, Halifax, N.S.
for PAYMASTER UNIT

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not
write in
this space

| | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|---|--------|--|--|--|-------|--------|------|---|--|-------|--------|------|------------------------------|--|-------|--------|------|
| 1. PLACE OF DEATH | | Municipal county OVERSEAS (ENGLAND) | | 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 | | | | | | | | | | | | | | | |
| 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 BOWEN
(Block letters)
Given names Cyril Keith | | | | | | | | | | Do not write in this space | | | | | | | | | |
| 4. RESIDENCE | | Street Melrose Ave., No. 3807
Official name of civil municipality or township Montreal, P.Q.
Municipal county _____ Province _____ | | | | | | | | | | CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH | | | | | | | | | |
| 5. SEX | | 6. NATIONALITY (Citizenship) | | 7. RACIAL ORIGIN | | 8. Single, Married, Widowed or Divorced (Write the word) | | | | | | | | | | | | | | | |
| MALE | | CANADIAN | | ENGLISH | | MARRIED | | | | | | | | | | | | | | | |
| 9. If married give name of wife or husband of deceased Mrs. Margaret Berneice BOWEN | | | | | | | | | | | | | | | | | | | | | |
| 10. BIRTHPLACE (Province or Country) Montreal, P.Q. | | | | | | | | | | | | | | | | | | | | | |
| 11. DATE OF BIRTH September 24 1916
(Month) (Day) (Year) | | | | | | | | | | | | | | | | | | | | | |
| 12. AGE OF DECEASED 24 11 4
Years Months Days If less than one day old _____ hrs. or _____ min. | | | | | | | | | | | | | | | | | | | | | |
| OCCUPATION | | 13. Trade, profession or kind of work, as spinner, teamster, office clerk, etc. Air Observer
14. Kind of industry or business, as cotton-mill, lumbering, bank, etc. R.C.A.F.
15. Date deceased last worked at this occupation 28-8-41
16. Total years spent in this occupation 1 year. | | | | | | | | | | | | | | | | | | | |
| 17. NAME | | 18. BIRTHPLACE (Province or Country) | | | | | | | | | | | | | | | | | | | |
| FATHER | | Cyril Fletcher BOWEN | | | | | | | | | | Birmingham Eng. | | | | | | | | | |
| MOTHER (Maiden Name) | | Olive Mabel CLARK | | | | | | | | | | Montreal, P.Q. | | | | | | | | | |
| 19. Place of burial, cremation or removal | | | | | | | | | | | | | | | | | | | | | |
| 20. Date of burial _____ 19____ | | | | | | | | | | | | | | | | | | | | | |
| 21. PLACE OF REGISTRATION OF THIS BURIAL | | (a) Name of parish or church _____
(b) Civil municipality of _____
(c) Municipal county _____
(d) Date _____ 19____
(Month) (Day) (Year) | | | | | | | | | | | | | | | | | | | |
| 22. Date of death August 28 1941
(Month) (Day) (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) Missing after flying operations, now presumed to have died.
(b) _____
(c) _____ | | | | | | | | | | | | | | | | | | | | | |
| Morbidity conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause).
II
Other morbidity conditions (if important) contributing to death but not causally related to immediate cause.
(a) _____
(b) _____
(c) _____ | | | | | | | | | | | | | | | | | | | | | |
| III
If a communicable disease is mentioned on this certificate, give (a) Date of appearance _____ 19____
(b) Duration of disease _____ days | | | | | | | | | | | | | | | | | | | | | |
| 25. If a woman, was there a puerperal condition? _____ | | | | | | | | | | | | | | | | | | | | | |
| 26. Was there a surgical operation? _____ Date of _____ 19____
State findings _____ Was there an autopsy? _____ | | | | | | | | | | | | | | | | | | | | | |
| 27. If death was due to external causes (violence) fill in also the following:—
Accident, suicide or homicide Accident Date August 28, 1942
(State which)
Manner of injury _____ (How sustained)
Nature of injury _____
Specify whether injury occurred in industry, in home, or in public place Public place. | | | | | | | | | | | | | | | | | | | | | |
| Signed _____ M.D.
Address _____ Date _____ 19____ | | | | | | | | | | | | | | | | | | | | | |
| 28. Signature of person who fills in the form (curate, coroner, hospital authority, etc.)
J.C. Mitchell F10
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) | | | | | | | | | | | | | | | | | | | | | |

10/4/42

ROYAL CANADIAN AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

MEMBER'S NAME: CYRIL K
(Christian Names)

BOWEN
(Surname)

Register No.

File No. 23031

PAYEE: MRS MARGARET B
(Christian Names)

BOWEN
(Surname)

Date 13 AUG 45

Service No. 5315

ADDRESS: 93 WOODLANDS RD.
WOODLANDS QUE
CA CHATEAUGUY

Final Rank or Rating P/O

Date of Discharge 28 AUG 41

Date of Termination of O/S service 28 AUG 41

A. TOTAL QUALIFYING SERVICE

No. of days 380 equal to 12 complete periods @ \$7.50
30

\$

90.00

B. QUALIFYING OVERSEAS SERVICE

No. of days 64 less 20 ineligible days, equal to 44 days @ 25¢ per day

11.00

C. SUPPLEMENT FOR OVERSEAS SERVICE

Daily Rates at Discharge

Pay\$ 8.75

Subsistence or Lodging
and Provision Allowance\$ 1.70

Additional Pay

.....\$

Dependents' Allowance 1/30 of \$ 45.00 \$ 1.50

TOTAL \$ 94.50 x 7 = \$ 661.50

No. of days 64
183 x \$ 661.50

DD. WAR SERVICE GRATUITY

E. Deductions Overpayment of Pay and Allowances \$
Dependents' Allowance \$
and Assigned Pay

Other deductions \$

F. TOTAL AMOUNT PAYABLE

G. YOUR (D.A. in issue to you = 45.00 or \$)
PROPORTION: (Total D.A. in issue 45.00)

PREPARED BY [Signature] CHECKED BY [Signature]

[Large Signature]

AIR
FORCE
No. _____

5315

BOWEN

CYRIL KEITH.

ENLISTMENT/APPOINTMENT

RELIGION

PLACE

DATE 13-5-41

R.C.A.F. FORM R230

[illegible]

[illegible]

AIR
FORCE
No.

R56276

Bowen, Cyril Keith

SURNAME

FULL CHRISTIAN NAMES

ENLISTMENT

RE-ENLISTMENT

PLACE *Montreal Que.*
DATE *14-8-40*C.R. FILE
NUMBER

R.C.A.F. FORM R. 44 (B)

RECORD OF SERVICE AIRMEN

Commissioned 13-5-41

7. BIRTH: DATE *24-9-1916* PLACE *Montreal Que.* CITIZENSHIP *British*
FATHER (FULL NAME) *Cyril Fletcher Bowen*
BIRTHPLACE *Birmingham Eng.*
MOTHER (FULL MAIDEN NAME) *Olivia Mabel Birkett*
BIRTHPLACE *Montreal Can.*

8. EDUCATIONAL STANDING

HIGH SCHOOL ENTRANCE
JUNIOR MATRICULATION *x* *Imber 4 yrs.*
SENIOR MATRICULATION *1 yr. Comm. Acctg 2 yr.*
TECHNICAL SCHOOL
UNIVERSITY
CORRESPONDENCE COURSES *Shaw Schools Ltd 1 yr. Bookkeeping*

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

Clerk - General, Accounting
Audit - Paper Mill - 1934-40
P.Q.
8000

10. PREVIOUS ARMY, NAVY OR AIR FORCE SERVICE

nil
0

11. HONOURS-AWARDS, MENTIONS
Qui observer Badge AUTHORITY *24845 892* DATE *14-4-41*

12. FLYING EXPERIENCE ON ENLISTMENT (HOURS)

SOLO - DUAL - PASSENGER *1 hr*

13. RELIGION *United Church*

14. LANGUAGES

15. SPORTS *water sports, skating, skiing, tennis*
photography

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

WIFE (FULL MAIDEN NAME) *Margaret Bernice Legassic*
PLACE OF MARRIAGE *Regina Sask* DATE *25-1-41*
AUTHORITY (IF AFTER ENLISTMENT) *3A057*
Without permission

17. MARRIED ESTABLISHMENT

| REMARKS | RANK | EFFECTIVE | D.R.O. |
|---------|------|-----------|--------|
| | | | |
| | | | |
| | | | |

18. CHILDREN

| CHRISTIAN NAMES | BIRTH DATE | D.R.O. | CHRISTIAN NAMES | BIRTH DATE | D.R.O. |
|-----------------|------------|--------|-----------------|------------|--------|
| | | | | | |
| | | | | | |
| | | | | | |

19. NEXT OF KIN (ADDRESS AND D.R.O. IN PENCIL)

FULL NAME: *Olivia Mabel Birkett Bowen* RELATIONSHIP *mother*
ADDRESS: *3807 Melrose Ave. Mt. 2nd* D.R.O.
FULL NAME: *Mrs. Margaret Bernice Bowen* RELATIONSHIP *Wife*
ADDRESS: *2301 MacIntyre St. Regina* D.R.O. *3A057*

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

| RATE CHANGES ETC. | EFFECTIVE | D.R.O. | RATE CHANGES ETC. | EFFECTIVE | D.R.O. |
|-------------------|-----------|--------|-------------------|----------------|---------------|
| | | | <i>Flying pay</i> | <i>9 12 40</i> | <i>3A0527</i> |
| | | | | | |
| | | | | | |

21. ENGAGEMENTS

| TERM | EFFECTIVE | D.R.O. | TERM | EFFECTIVE | D.R.O. |
|-----------------|----------------|--------|------|-----------|--------|
| <i>Duration</i> | <i>14 8 40</i> | | | | |
| | | | | | |
| | | | | | |

22. TEMPORARY DUTY AND MISCELLANEOUS ENTRIES

| FROM | TO | DATE | D.R.O. |
|--|------------------------|-----------------|-----------------|
| <i>all #221 & for rates & gtr</i> | <i>RCAF St. Therap</i> | <i>3/5-2-41</i> | <i>28784</i> |
| <i>occ pg pub. gtr & drawing rates</i> | | <i>9-12-40</i> | <i>3A0527</i> |
| <i>auth. to draw rations</i> | | <i>15-2-41</i> | <i>3A0516</i> |
| <i>Ceases to draw rates</i> | | <i>3-2-41</i> | <i>3A059</i> |
| <i>Occ. gov't gtr & draw rates</i> | | <i>3-3-41</i> | <i>28785.55</i> |
| <i>ceases to occ. gov't gtr & draw rates</i> | | <i>14-4-41</i> | <i>28788.92</i> |
| <i>Occupying gov't gtr & drawing rates</i> | | <i>15-4-41</i> | <i>1A0588</i> |
| <i>ceases to occupy gov't gtr & draw rates</i> | | <i>12-5-41</i> | <i>1A05112</i> |
| <i>occ. pub. gtr & draw rates</i> | | <i>25-5-41</i> | <i>E1794</i> |
| <i>Entitled to issues of dependents allowance</i> | | <i>27-7-41</i> | <i>3A0582</i> |

23. DOCUMENT CONTROL (INDICATE RECEIPT BY DATE)

| R60 | R79 | B465 | X-RAY | AFM-13 | IDN.CARD |
|----------------|-----|----------------|-------|--------|----------|
| <i>22-8-40</i> | | <i>20-8-40</i> | | | |
| <i>21-4-41</i> | | | | | |