

J7987
JOHNSTON
JAY SYVER

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IBM 83961

LICENSED FOR USE UNDER CANADIAN PATENT NUMBER 315306

John E. Johnston (Father)
215 Confederation St.,
Sarnia,
Ont.

Sept. - 45.

7243

MEMORIAL	B	R
DATE DESP		
REGN. NO	2353	

NAME JOHNSTON, Jay Syver

FILE NO. _____

RANK F/O

CATEGORY ~~XXXXXXX~~ PRES DEAD

REG. NO. J7987

DATE OF DEATH: 20-Oct-43

MOTHER LIVING: ~~XXXXXX~~ NO

WIFE: NA

MINISTERIAL CARD: 9-11-43 ROYAL MESSAGE:

MEMORIAL CROSS
TO CHAPLAIN:

To father

To father: 25-Aug-44

SEP 7 1944

DEL'D TO MOTHER:

DEL'D TO WIFE:

Mr. John Eugene Johnston,
~~XXXXXXXXXXXXXXXXXXXX~~, 332 Confederation St.,
Sarnia, Ontario.

COMMAND: NO LTC

RELIGION: Lutheran

Am

IAL ROYAL CANADIAN AIR FORCE CASUALTY NOTIFICATION

NUMBER **J7887 (R78846)**

RANK **P/O**

UNIT **10 SQDN
(GANDER HPID)**

DE **WOAG (G.L.)**

IE **JOHNSTON, JAY SYVER**

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

MARITAL STATUS **SINGLE**

RELIGION **LUTHERAN**

CANADIAN **YES**

RENCH CANADIAN

OTHER

OF KIN AS SHOWN ON
OF SERV. & RELATIONSHIP

ADDRESS

NAME
ADDRESS
D.A.B.

**MR. JOHN EUGENE JOHNSTON (FATHER)
332 CONFEDERATION ST.
SARRIA, ONTARIO**

XT OF KIN AS SHOWN ON
S. SIG. & RELATIONSHIP

ADDRESS

**MR. J.E. JOHNSTON (FATHER)
116 SOUTH VIDAL STREET
XXXX SARRIA, ONTARIO (NOW RESIDING AT ABOVE ADDRESS)**

FATHER'S NAME

ADDRESS

**MR. JOHN EUGENE JOHNSTON
332 CONFEDERATION ST.
SARRIA, ONTARIO.**

LIVING ON ENLISTMENT **YES**

MOTHER'S NAME

ADDRESS

DECEASED

LIVING ON ENLISTMENT **NO**

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

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

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

CASUALTY DETAILS:

PRIORITY CAS. SIG. NO. **K.R. (AIR) PARA710 (3) -----17-JULY-44**

**PREVIOUSLY REPORTED "MISSING" 20-OCT-43 AS A RESULT OF A FLYING XXXX
ACCIDENT ---AIRCRAFT LAST REPORTED OVER MONT JOLI---ENROUTE
GANDERXX TO BORVAL (FAMILIARIZATION & TRANSPORTATION)**

NOW "PRESUMED DEAD" 20-OCT-43 FOR OFFICIAL PURPOSES

WILL ATTACHED TO
ICATION TO A. OF E.? YES/NO **NO**

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

DATE **14-AUG-44**

STATE P. OF D.
ED TO A. OF E. COPY YES/NO **NO**

FOR CHIEF OF THE AIR STAFF

7

COPY FOR DOCUMENT FILE

26669

ROYAL CANADIAN AIR FORCE

REPORT ON PUPIL PILOT--FLYING AND GROUND TRAINING

Surname.....Johnston.....Christian Names.....J S.....
Number.....R 72546.....Rank.....AC2.....

INSTRUCTIONS

1. The report is to be forwarded so as to arrive on or before the reporting date of the pupil as follows:--

ORIGINAL AND DUPLICATE

From Initial Training School to Elementary Flying Training School.

From Elementary Flying Training School to Service Flying Training School.

DUPLICATE

To be available on demand by the Training Command concerned.

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

3. In the event of 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 pilot 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 subject, each stage.

PART I

INITIAL TRAINING

1. No: 1..... I.T.S. Course No. 15..... From Jan. 5/41..... To Feb. 7/41.....

2. Results of Examinations:--

Subject	Maximum Marks	Marks Obtained	Subject	Maximum Marks	Marks Obtained
Mathematics.....	100	<u>68</u>	Hygiene & Sanitation	40	<u>37</u>
Armament (P.&O.)....	100	<u>78</u>	Drill.....	100	<u>92</u>
Signals.....	100	<u>97</u>	Law and Disc., etc..	60	<u>56</u>

3. Maximum Marks 500. Marks Obtained 423..... Percentage..... 86.....

Passed or Failed P..... Position in Class 57..... No. in Pilot's Class 139.....

4. Remarks..... Good Pilot material. Cool, steady, reliable type of Airman......

Progress was slow on Link Trainer but as value of Visual Link.....

still problem.....

..... critical. this Airman is sent on as a Pilot. Progress.....

report to the school would be appreciated......

..... Second. improve Recommendation: Air Observer:.....

G. S. O. Jones..... Wg. Comdr.
Commanding Officer

No..... I.T.S. Monte

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

Date..... FEB 11 1941.....

PART II

ELEMENTARY TRAINING

1. No.....12..... E.F.T.S. Course No.21 From.....22-2-41 To.....10-4-41

2. Flying Time:-- FLYING TRAINING

Aircraft	Dual (Excluding I.F. Dual)	Solo	Instrument Flying	Passenger	Total	Link Trainer
FINCH II	10:45	nil	nil	nil	10:45	30 minutes

3. Results of Flying Tests:--20 hour...N.A.% Final Test.....% Instr. Fly.....%

4. Ability as a Pilot...Poor.- below average.....Pass or Fail.....Failed

5. Recommended for training on T.E. or S.E. Aircraft.....N.A.

6. Remarks on Flying Progress and points which require special consideration.....
As a pilot he showed a lack of initiative, a lack of judgment, and poor reasoning.
Quite unable to maintain constant level on horizon. Very slow and below average
in learning. Has had co-ordination of controls. Too mechanical in his movements
Had a tendency to drop nose in turns and inclined to dive aircraft into ground upon
landing.

.....
Chief Flying Instructor
(H.A. MacPherson) C.F.I.
Date.....6-3-41

7. GROUND TRAINING

Subject	Maximum Marks	Marks Obtained	Subject	Maximum Marks	Marks Obtained
Airmanship.....	200		Th. of Flight.....	100	
Airframes.....	100		Air Nav.....	200	
Aero Engines.....	100		Arm. (Oral).....	200	
Signals (Prac.).....	100		Quals. as an (Officer (N.C.O.	200	

Maximum Marks 1200. Marks Obtained...N.A.....Percentage.....E.A.

Pass or Fail...N.A.....Position in Class.....No. in Class...N.A.

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

9. General Remarks (Ability, Conduct, etc.)...This airman is keen and willing to do a good
job. However, is unable to keep up with his class. He had above average in-
telligence. Recommended that his service training continue.

.....
Squadron Leader
Chief Supervisory Officer

No.....12.....E.F.T.S., Goderich...

Date.....6-3-41

To be passed to No. 1.....S.F.T.S.,

J. A. T. P. CANADA

Individual Record of Flying

F. O.

No.

4,7987

NAME.

JOHNSTON, J. S.

TOTALS CORRECT TO 30-7-43 JG

Intake No. 13

SPECIAL RESERVE

AIR FORCE No. R. 78546

POSTED TO NO. 1 Manning Pool, Toronto

TRADE Wireless Operator

Air Gunner

ROYAL CANADIAN AIR FORCE
(SUPPLEMENTARY DECLARATION)
(Items marked (x), on PAPER)

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

- Surname Johnston FULL Christian Names Jay Syver
- Present Address 115 S. Vidal Street, Sarnia Telephone No
- Permanent Address 115 S. Vidal Street ☒ Orch
- Place of Birth London, Ontario Citizenship Canadian
- Date of Birth May 30, 1922 Married, Single, Widower, Separated, Divorced Single
- Particulars of Children

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

- Occupation Student
- Religion Lutheran ☒ State denomination
- Languages English - excellent State proficiency
- Next of Kin (Full Name) John Eugene Johnston Relationship Father
Address 115 S. Vidal Street, London, Ontario
- Father (Full Name) John Eugene Johnston Birthplace Granby, Quebec
Address 115 S. Vidal Street, London, Ont. Citizenship Canadian
Occupation Janitor on School Board
- Mother (Full Maiden Name) Florence Goulder Birthplace Laurence Station, Ont.
Address Dead 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>						

- 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.? Yes If so, where? London
When? January 1940 Result Directed to wait till 18.
- 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.



21. Particulars of Education:

	Name of school	Date		Courses—Subjects, etc.
		From	To	
Primary Education—Public or Separate School.....	Durand-Rochiel George	1928	1935	Elementary education
High School—Collegiate Institute, etc.....	Sarnia Technical	1935	1940	Junior Matriculation equivalent
Technical School				
University or School other than above.....				
Correspondence Courses, etc.....				

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

Employer and place	Duties, trades, positions	Date		Reason for leaving
		From	To	
Devine St. School - Sarnia, Ont. Mr. Ede - Meat Market - Sarnia	Caretaker's Helper Parcel Boy	1934 Weekends 1939	1940 1939	End of holidays took on steady boy for all year

23. Flying Experience (in Hours) Solo.....0 Dual.....0 Passenger.....0

24. Special Qualifications, Hobbies, etc., useful to the R.C.A.F. Training in electrical theory and practice - little telegraphy

25. Sports engaged in. State: extensively, moderately, occasionally. Rugby - extensively; Hockey - extensively; Baseball - extensively; Swimming - extensively.

26. AIR FORCE DUTY you wish to enlist for ~~Ground Duties.~~ Flying Duties.

If for Ground Duties, state Air Force trade in which you wish to enlist. Grade Electrician
 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
F. C. Ashbury	Sarnia, Ont. 333 Blanche St.	Principal of High School
Thomas H. Elliott	Sarnia, Ont. 210 Cromwell St.	Imperial Oil employee
Mrs. J. A. Robson	122 Brock St. Sarnia, Ont.	Housewife

28. Other information that may have any bearing on this application. I have entered the Sarnia Cadet Corps for five years. This year I am a Sergeant. I have taken complete Technical electrical course.

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 May 22 1940.

Signature J. S. Johnston

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, Jay Syver Johnston.....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 October 8, 19 40 J. S. Johnston
Signature of Recruit

(D)

OATH TAKEN BY MAN ON ATTESTATION

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

Date October 8, 19 40 J. S. Johnston
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 London, Ontario this 8th. day of October 19 40

H. R. Ramsey
OFFICER COMMANDING
R.C.A.F. RECRUITING CENTRE
LONDON, - ONT.
Signature of Officer Flying Officer Rank RCAF Recruiting Centre, London, Ont. Unit

FOR OFFICIAL USE ONLY
CERTIFICATE OF MEDICAL EXAMINATION

Part 1. Information obtained from the applicant—

1. Age. 18 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>no</u>

3. Have you ever worn glasses?.....no

J. S. Johnston

Signature of Applicant

Examiner's Remarks *re above* Appendectomy 1934

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

1. Identification marks or scars (if operative obtain history) App'd 7 y scar - lower

scar near L elbow - scar centre of upper lip.

2. Height 5 feet 8 inches.

3. Weight 138 pounds.

4. Complexion Fair

5. Color of Eyes Blue Hair D Brown

6. Development Good
Fair
Poor

7. Chest Measurement—Full expiration 34 inches

Range of expansion 3 inches

8. Hearing—Right 20' Left 20'

Tympana—Right Normal Left Normal

9. Vision—Without glasses—Right 20/15

With glasses—Right Normal

Left 20/15

Left Normal Ishihara

10. Condition of mouth and teeth Good Index 22.

11. Urine—Albumen neg Sugar neg

12. Abnormalities (Congenital and Pathological) found on Examination

2 Very Small Hemorrhoids

7/19/40
Recheck

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

Any special remarks of the Medical Officers

Available for proposed duties.

7-10-40 X-Ray Neg-Approved R.P.

Date

Oct. 7/40

19

J. R. Allen
 President

R. P. [Signature]
 Member

Member

Intake No 13

SPECIAL RESERVE

R.C.A.F. Special Reserve

Interview Report

~~Non-Flying~~ ~~Observer~~

Air Crew

Flying

~~Administration~~

~~Technical~~

~~Equipment & Accounts~~

~~Engineer~~

~~Observer~~

~~Wireless Operator~~ ~~Air~~

Air Gunner

SURNAME

CHRISTIAN NAMES IN FULL

JOHNSTON

Jay Syver

Age 18

Height 5'8"

Weight 148

~~Married~~ ~~or~~ ~~Single~~

~~No.~~ ~~of~~ ~~Children~~

ACADEMIC STANDING.

Five years in Sarnia Technical School. Junior Matriculation equivalent.

FLYING HISTORY (PARTICULARLY DURING LAST YEAR)

No.

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

Five years in Cadet Corps, now Sergeant. Youth.

SPORTS:

EXTENSIVELY: Rugby, Hockey, Baseball.

MODERATELY: Swimming.

~~OCCASIONALLY:~~

HOBBIES:

Electricity

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

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

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

PERSONALITY: ~~DOMINANT~~-~~CONFIDENT~~-
SUBMISSIVE-~~MATURE~~
IMMATURE-PLEASANT-
~~MOROSE~~-~~AGGRESSIVE~~

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

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

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

SUMMARY OF ALL OF THE ABOVE:

Applicant is an average schoolboy of that age dressed in pullover sweater with dirty shirt. Will carry out instructions. Appears to have the necessary stamina. Not officer or NCO calibre.

R.C.A.F. Records Office

Rec'd OCT 11 1940

O. K.....C.I.B.....

R. C.....N I.....

S. L.....P. A.....

~~EXCELLENT~~

~~ABOVE AVERAGE~~

~~AVERAGE~~

~~BELOW AVERAGE~~

(Strike out words

not applicable)

RECOMMENDED FOR:

Air Gunner.

DATE: 22-5-40

RECRUITING CENTRE: London, Ontario.

A.F.M. 5

Signed by

(C.S. Stonehouse) Flying Officer.

2/p.

OCCUPATIONAL HISTORY FORM

THIS FORM IS TO BE COMPLETED FOR EACH MEMBER OF THE ARMED FORCES. THE INFORMATION SOUGHT IS FOR THE USE OF GENERAL ADVISORY COMMITTEE ON DEMOBILIZATION AND REHABILITATION, A COMMITTEE SET UP BY THE GOVERNMENT OF CANADA TO STUDY PLANS FOR ESTABLISHING IN INDUSTRIAL LIFE THE MEMBERS OF THE ARMED FORCES, AFTER DISCHARGE. ACCURACY AND COMPLETENESS IN ANSWERING WILL BE OF MUCH HELP TO THE COMMITTEE.

PLEASE READ CAREFULLY THE INSTRUCTIONS GIVEN ON THE INSIDE OF COVER BEFORE COMPLETING FORM

Section A—GENERAL INFORMATION

1. (a) Print name in full..... JOHNSTON - JAY (b) Reg'l. No. J11967
 2. (a) Arm of service..... RCN-F (b) Unit..... 10 Squadron (c) Rank..... F/O
 3. (a) Date of birth..... 30-5-1922 (b) Have you any dependents?..... NO (c) Place of residence at time of enlistment..... SARNIA-ONTARIO
 4. (a) Place of enlistment..... LONDON-ON (b) Date of enlistment..... 5-10-1940

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school..... 18 yrs (b) Were you attending school or college up to the time of enlistment?..... YES
 6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.)..... JUNIOR MATRICULATION
 7. If you attended a university, give name of university and standing or degree secured..... N/A
 8. (a) Did you ever enter upon a trade apprenticeship?..... YES (b) If so, for what occupation?..... ELECTRICITY (c) Did you finish it?..... YES (d) If you did not finish it, how long did you serve at it?..... N/A
 9. (a) What languages do you speak fluently?..... ENGLISH (b) What languages do you read well?..... ENGLISH

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

10. (a) State whether you were WORKING or NOT WORKING at time of enlistment. (Enter here only "Working" or "Not Working", as case may be; particulars are asked for below)..... STUDENT NOT WORKING (b) At time of enlistment of what trade union or professional society were you a member?..... N/A

Section D—PARTICULARS CONCERNING THOSE WHO WERE UNEMPLOYED AT TIME OF ENLISTMENT

QUESTIONS 11 TO 17 REFER ONLY TO THOSE WHO ANSWER "NOT WORKING" IN QUESTION 10 (a)

11. Had you ever been employed fairly regularly since leaving school?.....
 12. (a) If answer to 11 be "Yes", state exact trade or occupation at which you actually worked..... (b) State how long you had worked at this trade or occupation.....
 13. If answer to 11 be "No", state exact trade or occupation for which you feel qualified..... RADIO
 14. If you had been employed after leaving school, state when you last worked fairly regularly before enlistment..... STUDENT
 15. Give details of last employer, if any: Name..... Address..... N/A
 16. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.).....
 17. (a) If your last employment was in a business of your own, state nature and address of business..... (b) Date of discontinuing it.....

Section E—PARTICULARS CONCERNING THOSE WHO WERE EMPLOYED AT TIME OF ENLISTMENT

QUESTIONS 18 TO 23 REFER ONLY TO THOSE WHO ANSWER "WORKING" IN QUESTION 10 (a). PLEASE READ THESE QUESTIONS AND REPLY TO THOSE APPLYING TO YOU AT TIME OF ENLISTMENT

IF YOU WERE AN EMPLOYEE WORKING FOR AN EMPLOYER UP TO THE TIME OF ENLISTMENT, PLEASE ANSWER QUESTIONS 18 TO 21

18. Name of employer..... Address.....
 19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.).....
 20. (a) Your specific occupation..... (b) Number of years' experience at this occupation with any employer.....
 21. (a) Did your employer promise definitely to give you employment on discharge?..... (b) Did your employer refuse to promise you employment on discharge?..... (c) Do you wish to return to your former employment?.....

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

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

Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war?..... (b) Do you feel competent to operate a farm?..... (c) If so, in what kind of farming?.....
 25. (a) Were you born on a farm?..... (b) How many years' actual farming experience have you had?..... (c) In what provinces did you have experience?.....

Section G—MISCELLANEOUS

26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge?.....
 27. If so, state nature of your plans (for example, do you plan to return to school, or have you been assured of a job, etc.).....
 28. State any employment preference or ambition you may have, other than indicated elsewhere in this form..... Had intended return Radio Co.
Prefer Radio & wireless

DATE..... Feb 6..... 194..... 3 SIGNATURE..... J. S. Johnston F/O

PLEASE
LEAVE
BLANK

ds Office
MAR 9 1943

DEPARTMENT OF NATIONAL DEFENCE
NAVY ARMY AIR FORCE
STATEMENT OF WAR SERVICE GRATUITY

DECEASED
MEMBER'S
NAME

Jay S.

(CHRISTIAN NAMES)

Johnston

(SURNAME)

REGISTER NO.

FILE NO.

DATE

SERVICE NO.

FINAL RANK OR RATING

DATE OF DISCHARGE

PAYEE

ADDRESS

Receiver General of Canada,
Director of Estates,
Ottawa, Ont.

DATE OF TERMINATION OF OVERSEAS SERVICE 20 Oct/43

23520

5 Apr/46

J7987

F/O

20 Oct/43

A. TOTAL QUALIFYING SERVICE

NO. OF DAYS 1108 EQUAL TO 36 COMPLETE PERIODS AT \$7.50

\$ 270.00

B. QUALIFYING OVERSEAS SERVICE

NO. OF DAYS 666 LESS 28 INELIGIBLE DAYS, EQUAL TO 638 DAYS @ 25C. PER DAY

159.50

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY \$ 7.00
SUBSISTENCE OR LODGING
AND PROVISION ALLOWANCE \$ 1.70
ADDITIONAL PAY \$

DEPENDENTS' ALLOWANCE 1/30 OF \$

TOTAL \$ 8.70 X 7 = \$ 60.90
NO. OF DAYS 666 X \$ 60.90
183

221.63

D. WAR SERVICE GRATUITY

651.13

E. DEDUCTIONS

OVERPAYMENT OF

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

OTHER DEDUCTIONS \$

F. TOTAL AMOUNT PAYABLE

651.13

G. YOUR PORTION OF GRATUITY IS—

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU \$
TOTAL DEPENDENTS' ALLOWANCE IN ISSUE \$

P. & A. Bal. Trans. Trust Account
Journal Voucher # 69

CERTIFICATE

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

PREPARED BY

EHC

CHECKED BY

JES

TREASURY

CHECKED BY

DATE

8-4-46

SERVICE REPRESENTATIVE

R E G I S T E R E D

2nd August, 1944.

Mr. J.E. Johnston,
332 Confederation Street,
Sarnia, Ontario. /

Dear Mr. Johnston:

I have learned with deep regret that your son, Flying Officer Jay Syver Johnston, is now for official purposes presumed to have died on Active Service on October 20th, 1943. I wish to offer you and the members of your family my sincere and heartfelt sympathy.

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

Yours sincerely,

(SGD.) C. A. S.

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

/NA

air

13
To be made out in duplicate

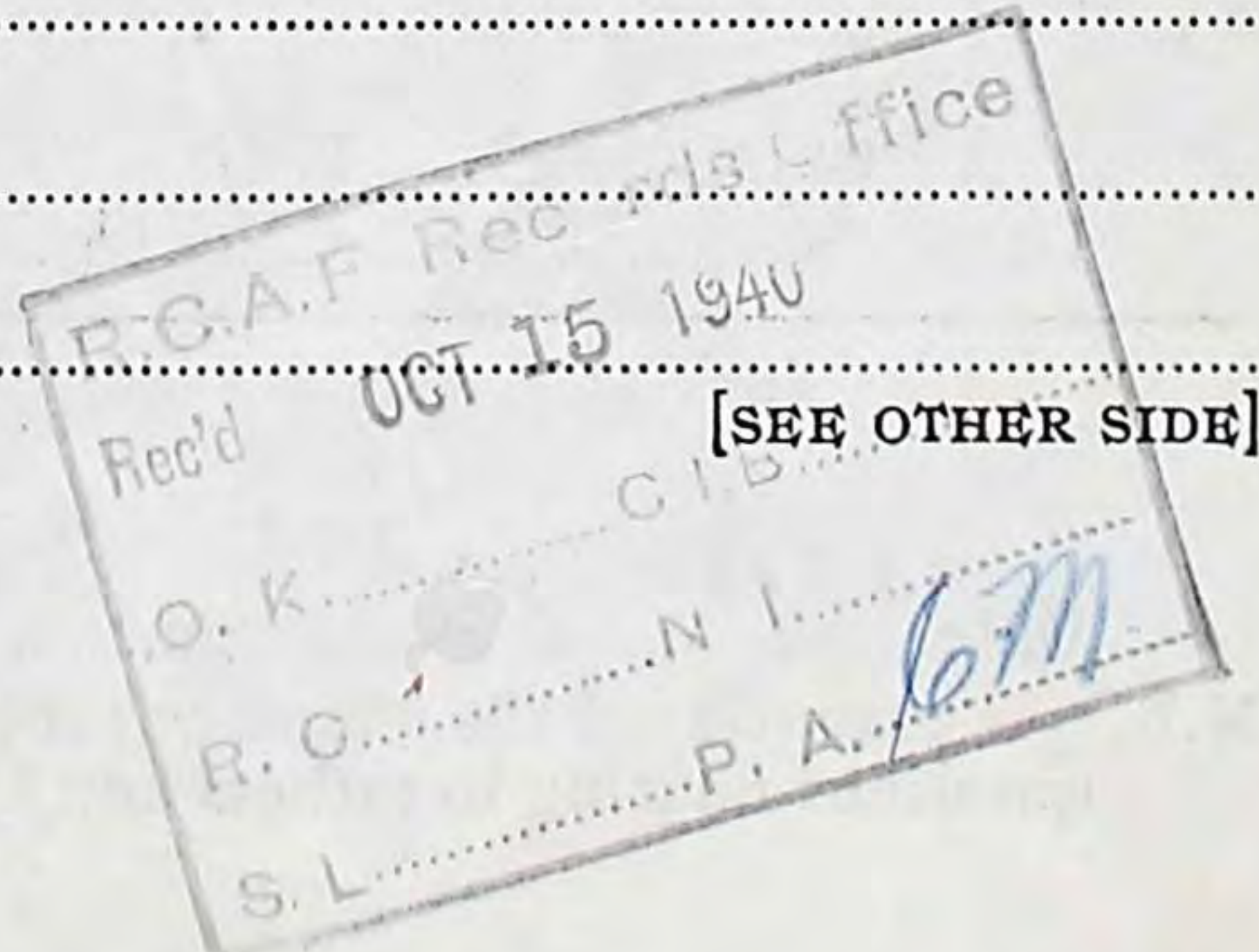
M.F.M. 5
200M-7-40 (6098-9)
H.Q. 1772-39-1651

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

INSTRUCTIONS.

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

- (1) Name of Officer of Other Rank..... **JOHNSTON JAY SYVER**
(Surname first—Christian names in full—Block capitals)
- (2) Regimental or Air Force Number and Rank..... **R. 73546**
- (3) Unit..... **RCAF. Recruiting Centre, London, Ontario.**
- (4) Are you married?..... **NO**
- (5) If married, state,
(a) Full name of your wife..... **N.A.**
(b) Present postal address of wife..... **N.A.**
- (6) If married, have you been regularly supporting your wife? If not—state reasons..... **N.A.**
- (7) Are you a widower?..... **NO**
- (8) Have you any children?..... **NO** Number of boys..... **N.A.** Girls..... **N.A.**
Names and ages..... **N.A.**
- (9) If Dependents' Allowance is claimed in respect of children—state whether you have been regularly supporting them..... **N.A.**
- Give particulars of Guardians to whom Dependents' Allowance should be paid—if authorized.
Name..... **N.A.**
Postal Address..... **N.A.**



(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..... **John Eugene Johnston,**

115 S. Vidal St., London, Ontario. Janitor in School

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

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

N.A.

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

(14) Is your mother alive?..... **NO**

If so, state name and address..... **N.A.**

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

(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..... **NO**

NA.

Full Name.....

Postal Address..... **N.A.**

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

(18) Are you insured?..... **NO**

If so, in what Company?..... **N.A.**

(Give number of policy)

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

October 8, 1940

Date.....

J. S. Johnston
(Signature of officer or man)

October 8, 1940

Date.....

Officer Commanding

H. G. Ramsey
OFFICER COMMANDING
R.C.A.F. RECRUITING CENTRE

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.

Mr. John Eugene Johnston,

332 Confederation St.

Sarnia, Ontario.

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

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

and the following number quoted:—

H.Q. J7987 FD 216

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

30 August

1944

For the purpose of record and in the event of there being any Service estate available for distribution (according to law) on account of the late

Johnston, Jay Syver F/O

No. J.7987 R.C.A.F.

it is necessary that certain information regarding the deceased and his relatives should be furnished the Estates Branch. You are asked therefore to read the enclosed memorandum before completing pages 2 and 3 of this form. The particulars required are to be carefully filled in and the Declaration on page 4 should then be signed in the presence of a Clergyman, Priest, Local Magistrate, Commissioner for Oaths, Notary Public or a Commissioned Officer of any of His Majesty's Forces who should be asked to complete and sign the Certificate. This form should then be returned to the above address.

If there is insufficient space for complete particulars to be given opposite any question on pages 2 and 3 of this form, the space under "additional remarks" on page 4 should be used.


Director 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 ~~lover~~ had in each of the degrees specified below:

Degrees of Relationship	RELATIVES required to be accounted for	INFORMANT'S STATEMENT		
		NAME IN FULL of any Relative, if any, in each degree specified	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased.....			
2	Children of the Deceased and dates of their Births.....			
3	Father of the Deceased.....	<i>Johnston John Eugene</i>	<i>63</i>	<i>332 Confederation</i>
4	Mother of the Deceased.....	<i>Gaulder Florence</i>	<i>53</i>	<i>Sarnia Died 1937</i>
5	Brothers of the Deceased	Full Blood	<i>Robert Eugene</i>	<i>30</i>
		Half Blood		
6	Sisters of the Deceased	Full Blood	<i>Victoria Eloise</i>	<i>24</i>
		Half Blood		
7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, who are dead, and date of death of each.	Names and ages of their children (if any)	Address of their children	

718217
16th Field Coy
P.C.C.
B.W.C.F.

332 Confederation
Sarnia

ANSWER FULLY EACH QUESTION ON THIS PAGE
PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Jay Syner Johnston
9	Date of his birth.	30 th May 1922
10	Place and date of his marriage.	
11	Place and date of his parents' marriage.	Toronto - 18 July 1913

PARTICULARS OF DOMICILE

12	Place where deceased was born.	London Ontario
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Ontario (1) London 2 years (2) Middlesex (3) Lambton Lanark 16 years
14	Nature of employment before enlistment.	Just out of High School
15	State whether he owned the premises in which he lived, and if so, where situated.	None
16	Name place where deceased stated he intended to make his permanent home.	Lanark

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	Not to my knowledge, other than what is in Army Passbook
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses,—was there a marriage contract dealing with property?	Not Married
19	Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc., and the amount on deposit. Do you wish it administered with the pay account?	Bank of Nova Scotia Acct # 4702 for further explanation Please see Note
20	Amount of War Savings Certificates held by deceased. Indicate where located.	Do not know of any War Savings Certificates
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	Whatever bonds he bought, he had with him or at the bank at Gander
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	Have no way of checking but did not possess any Policy before Enlistment
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	

OTHER PARTICULARS

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

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

(PLEASE TURN OVER)

DECLARATION

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

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

* Father of the deceased.

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

J. E. Johnston

{ Signature of Informant

332 Confederation

Address

Sarnia

CERTIFICATE

I hereby certify that to the best of my knowledge and belief

J. E. Johnston

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

Dated at Sarnia, Ontario this 10th day of September 19 44

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

George W. Hoyer

Qualification

Clergyman —

Eng. Fath. Church of

Address

139 Parker St., Sarnia.

Our Redeemer — Sarnia

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

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

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

To our knowledge, my son 1798? Flying Officer J. E. Johnston, had accounts in Bank at London. New Zealand where he also bought War bonds, he had also an account in the Post Office Savings Dept. On his transfer in 1942 he transferred certain accounts to Halifax & Dartmouth N.S. Not certain but most probable its Royal Bank of Canada, but not sure

Q10 J. 7987

WILL

R.C.A.F. R.60

(1) I....Jay Syver Johnston.....of the ~~(City)~~
~~(Town)~~
~~(Village)~~
~~(Rural Municipality)~~
~~(Township)~~
County
of...Sarnia.....in the District of...LAMBTON.....
Province of...Ontario.....,.....Student.....
(Civil Occupation)

a member of the Royal Canadian Air Force, Number..R78546.....Do hereby
revoke all former Wills made by me and declare this to be my Last Will.

(2) I give, Devise and bequeath unto:-

My Father
Mr. John E. Johnston
115 South Vidal Street
Sarnia, Ontario

All my estate

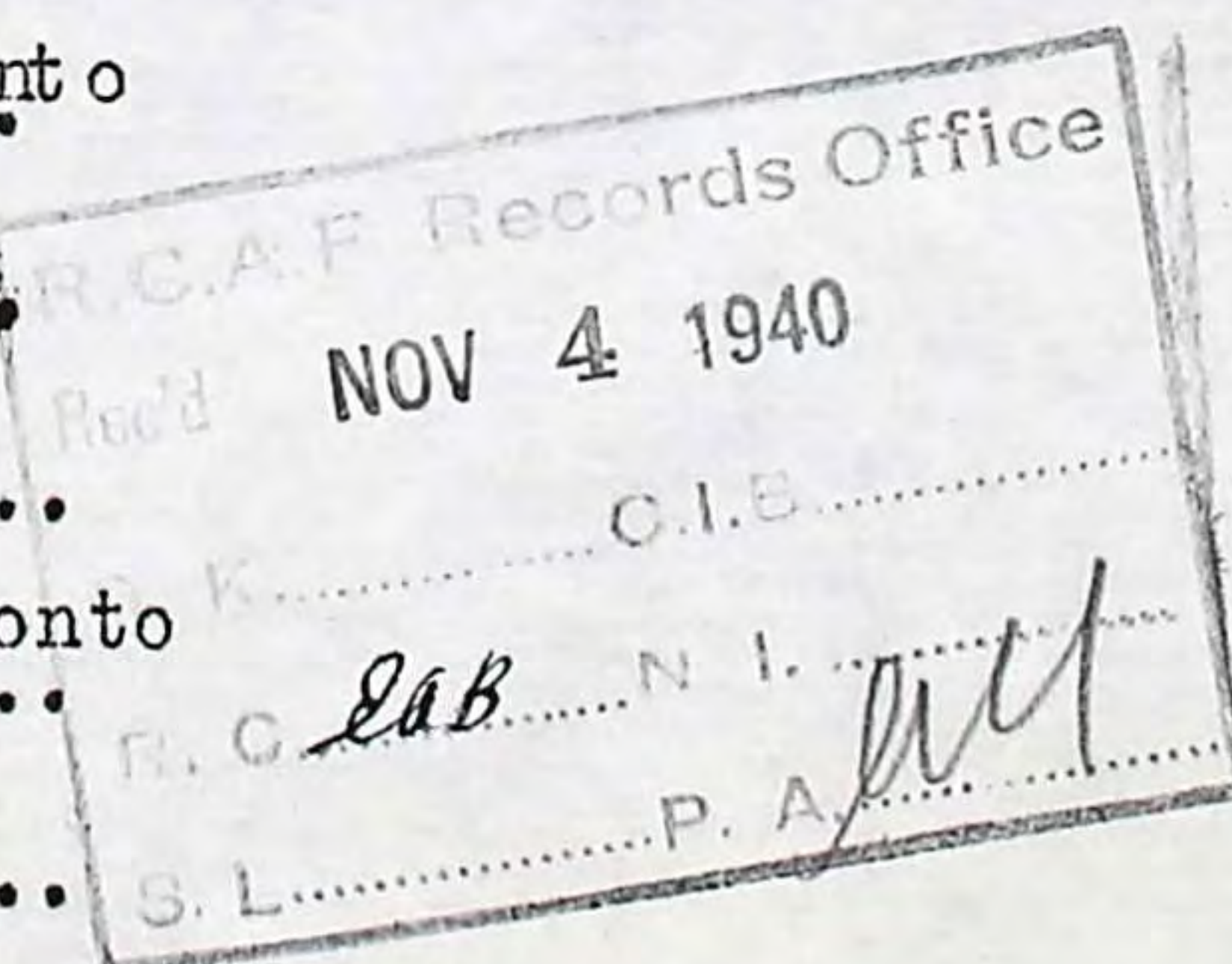
(3) I ~~give, devise and bequeath unto the person or persons named below, both~~
~~real and personal, of whatsoever kind and wheresoever situated unto:-~~

(4) I appoint My Sister, Miss. Eloise Johnston.....115. South Vidal Street
(Name) (Address)
~~(Address)~~
.....Sarnia, Ontario....., to be the Executrix of this my Last Will
IN WITNESS WHEREOF I have hereunto set my hand this Ninth.....day of
.....October.....1940..

Signed and acknowledged by the Testator,
in the presence of us present at the
same time who in his presence, at his
request, and in the presence of each
other have hereunto subscribed our
names as witnesses.

J. S. Johnston.....
(Signature of Testator)

(5) Signature.....John R. Weir.....
Address.....No. 1 Manning Depot, R.C.A.F. Toronto
Occupation.....Clerk.....
Signature.....Jacques Giguere.....
Address.....No. 1 Manning Depot, R.C.A.F., Toronto
Occupation.....Clerk.....



Royal Canadian Air Force

CERTIFICATE OF PRESUMPTION OF DEATH

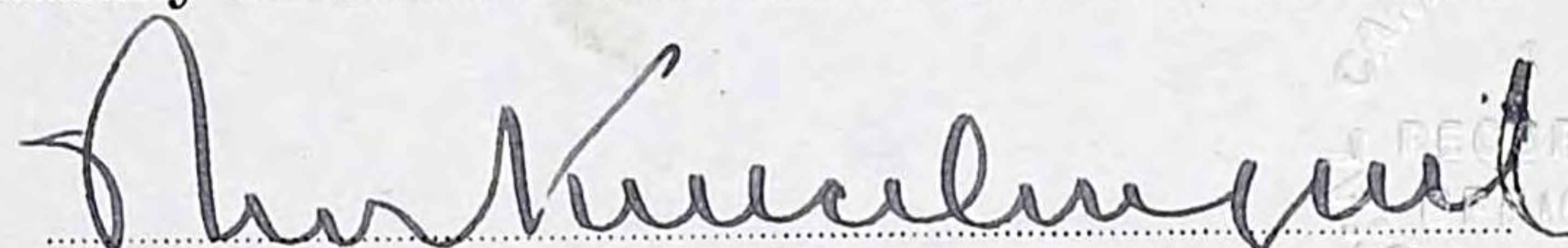
NO. 8309

This is to Certify that

J7987 FLYING OFFICER JAY SYVER JOHNSTON R.C.A.F.
(Number) (Rank) (Name in Full) (Unit)

has been officially reported as missing since the 20TH day
of OCTOBER, 194 3, and that, full inquiries having been
made, no information has been received which would indicate that he may be still alive.
For official purposes, therefore, he is presumed to have died on or since the above
mentioned date

Dated at Ottawa, Canada, this 14TH day of AUGUST 194 4



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

CLAIM FOR OUTFIT ALLOWANCE FORWARDED

RECORD OF PAY

APPOINTED OR ENLISTED

MARRIED

SINGLE

No. J-7987

NAME IN FULL.....JOHNSTON J.B.

[illegible]

PERIOD	NO. OF DAYS	AMOUNT OF PAY	SUB. ALLCE.	OTHER CREDITS		CREDIT B/F	TOTAL CREDITS	ASS. PAY	PEN. DED. & N.D.T.		DEBIT B/F	OTHER DEBITS		CAS. PAY	MID PAY	TOTAL DEBITS TO THIS COLUMN	END PAY	DEBITS & CREDITS TO NEXT ACCOUNT	CASUALTIES AND SIG. OF A.O. ON TRANSFER OF ACCOUNT
				DESCRIPTION	AMOUNT							DESCRIPTION	AMOUNT						
Oct 21	21	217 00	8 00			560 00	785 00							250 00		310 00		475 00	AL40-A157 DO. 156 - RAAL - OCT. 11 - NOV. 4
Nov —	—					475 00	475 00					DO. 279 - RAAL OCT. 11 - NOV. 4 LANG.	8 00	60 00		8 00		467 00	DRO 279 Missing after air operations eff. Oct. 20/43
						467 00													

CERTIFIED TRUE COPY

S/L Dadson

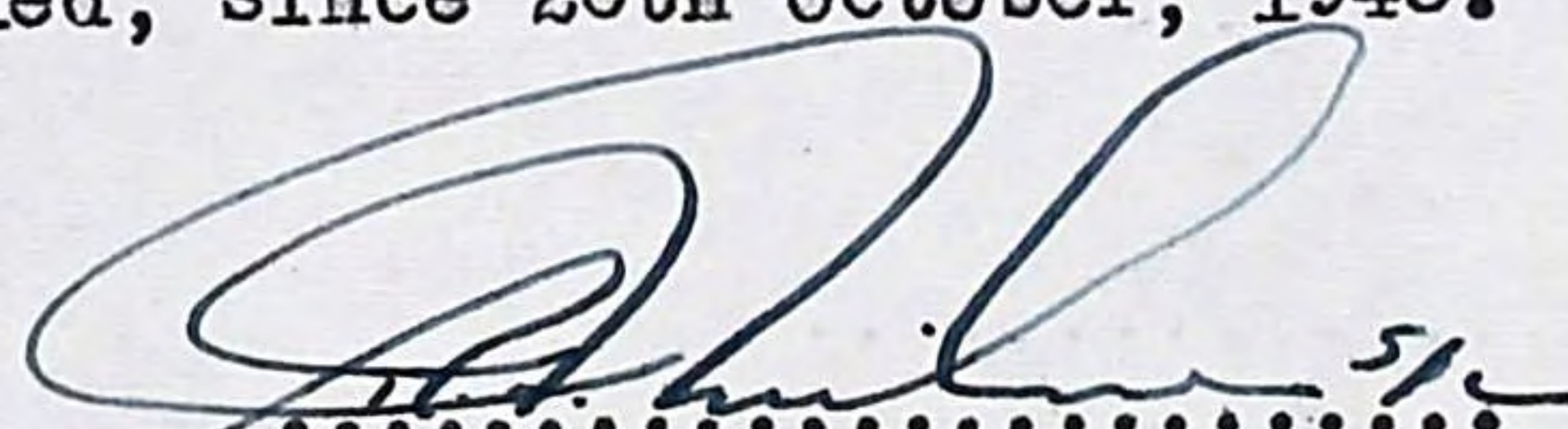
S/L Dadson K.J.

SENIOR ACCOUNTANT OFFICER

EXHIBIT "A"

<u>Qty.</u>	<u>Denom.</u>	<u>Article</u>
1	pr.	Slippers
1	ea.	Sweater, blue, wool
1	ea.	Sweatshirt, blue
1	ea.	Kit bag, blue
1	ea.	Jacket, sport
1	pr.	Trousers, grey, sport
2	pr.	Oxfords, black
9	pr.	Socks
1	ea.	Tunic, Service Dress, blue
2	ea.	Dressing gowns
2	pr.	Trousers, Service Dress, blue
1	pr.	Trousers, battledress
1	ea.	Tunic, battledress
1	ea.	Jacket, leather, green
2	pr.	Pyjamas, blue
2	ea.	Shirts, blue
2	ea.	Towels
8	ea.	Handkerchiefs
1	ea.	Greatcoat
1	ea.	Sportshirt, tan
1	ea.	Belt, grey
2	ea.	L.L. note books
1	ea.	Military brush set with trinkets enclosed
1	pr.	Sun glasses
		Letters and photographs

This is Exhibit "A" (being complete inventory of personal effects of F/O Johnston) accepted and entered in the report of the Committee of Adjustment for the estate of F/O Johnston, J.S., (J7987) missing presumed killed, since 20th October, 1943.


.....
President,
Committee of Adjustment.

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

PROVINCE OF ONTARIO—CERTIFICATE OF REGISTRATION OF DEATH

1. PLACE OF DEATH { County or District of OVERSEAS (NEWFOUNDLAND) Township of _____
 If in City, Town or Village _____ Street _____ House No. _____
 (Name) (If death occurred in a hospital or institution, give the name instead of street and number)

2. LENGTH OF STAY (in years, months and days)
 (a) In City, Town or Township where death occurred _____ (b) In Province _____ (c) In Canada (if immigrant) _____

3. PRINT FULL NAME OF DECEASED JOHNSTON JAY SYVER
 (Family name) (Given name or names in usual order)

RESIDENCE No. 115 Street S. Vidal Street City, Town, Village or Township Sarnia Province Ontario
 (Residence means usual place of abode. Post Office Address for residents in rural parts not sufficient)

4. Sex Male 5. Nationality (Citizenship) Canadian 6. Racial Origin _____ 7. Single, Married, Widowed or Divorced (Write the word) Single

8. BIRTHPLACE Ontario
 (Province or Country)

9. DATE OF BIRTH May 30th 1922
 (Month) (Day) (Year)

10. AGE in { Years 21 Months _____ Days _____ If less than one day old _____ hrs. or _____ min.

11. Trade, profession or kind of work as Wireless Operator
spinner, teamster, office clerk, etc. Air Gunner

12. Kind of industry or business, as cotton- R.C.A.F.
mill, lumbering, bank, etc.

13. Date deceased last worked Oct. 20/43 14. Total years spent in this occupation Three

15. If married give name of wife or husband of deceased _____

16. NAME Johnston, John Eugene

17. BIRTHPLACE Quebec
 (Province or Country)

18. MAIDEN NAME Goulder, Florence

19. BIRTHPLACE Ontario
 (Province or Country)

20. Person giving information sign here. D. J. Emund s/o
For (R.C.A.F. Records Officer)

Address _____

Relationship to deceased _____

21. Place of Burial, Cremation or Removal _____

Date of burial or removal _____

22. Burial Permit was issued by _____

Address _____

23. UNDERTAKER _____
 (Name and address)

MEDICAL CERTIFICATE OF DEATH

24. DATE OF DEATH October 20th 1943
 (Month) (Day) (Year)

25. I HEREBY CERTIFY that I attended deceased from: _____
 _____ 19 _____ to _____ 19 _____
 and last saw h. _____ alive on _____ 19 _____

CAUSE OF DEATH
 I. Immediate cause Previously reported missing in flying accident, now for official purposes, presumed dead.
 Give disease, injury or complication which caused death, not the mode of dying, such as heart failure, asphyxia, asthenia, etc. due to _____
 Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause). { (b) _____ due to _____ (c) _____
 II. Other morbid conditions (if important) contributing to death but not causally related to immediate cause. { _____

PHYSICIAN

Underline

the cause

to which

death

should be

charged

statistically

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

27. If a woman, was the death associated with pregnancy? _____

28. Was there a surgical operation? _____ Date of operation _____ 19 _____

State findings _____ Was there an autopsy? _____

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

Accident, suicide or homicide? Accident Date of injury Oct. 20th 19 43

Manner of injury Presumed killed in flying accident (transportation flight)

(How sustained)

Nature of injury _____

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

Signed by _____ M.D.

Address _____ Date _____ 19 _____

30. Division Registrar's Record No. _____

31. Filed _____ 19 _____
 (Division Registrar)

Every item of information should be carefully supplied. (See reverse side for instructions)

THIS FORM MUST BE FILED FORTHWITH WITH THE DIVISION REGISTRAR OF THE DIVISION IN WHICH THE DEATH OCCURRED BEFORE A BURIAL PERMIT CAN BE ISSUED

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

DEPARTMENT OF NATIONAL DEFENCE

Regtl. No. R 78546
P.F. Unit. R.C.A.F.

MEDICAL HISTORY OF

SURNAME Johnston CHRISTIAN NAMES James Syver

TABLE I.—General Table

Birthplace { Town St. John London.
Province Ont.

Examined { on 7 day of June 19 40
at London

Declared age 18 years days

Apparent age 18 years

Trade or occupation Student.

Height 5' feet 8 inches. Weight, stripped 135 lbs.

Colour of Hair Brown Complexion Fair

" Eyes Blue

Chest Measurement { Girth when fully expanded 37 inches
Range of expansion 3 inches

Physical development Good
(Good, fair or poor)

Arm	Right	Left
Vaccination marks		
Number	<u>0</u>	<u>0</u>

When vaccinated 7/4

Vision { R.E.—V 20/15 With Glasses { R
L.E.—V 20/15 L

Hearing, R. ear 20' W.V. L. ear 15' W.V.

Identification marks, such as Tattoo, Moles, Scars, etc.—
Appendectomy Scar
Linear Scar near left elbow
Scar Centre of upper lip

Defects or ailments:—
Teeth Good
Two small Hemorrhoids

Examined and found—

FIT FOR CATEGORY

(Strike out those which do not apply)

Signature R. G. Syver
(Rank) 1st Capt.

Enlisted or appointed { at London, Ontario
on 8th day of October 19 40

Joined on enlistment or appointment

CORPS

REGTL. No.

R.C.A.F. R 78546

Transferred to

No. 1 Manning Pool
Toronto, Ontario

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

DATE	BRIEF DETAILS AND SIGNATURES
<u>Oct. 7/40</u>	<u>Recheck - Ems - Reflexes -</u> <u>Hernia - Urine sat H.</u>
<u>2-10-40</u>	<u>X-Ray Neg. Approved</u>
<u>10-10-40</u>	<u>Vacc & TAB T JLS</u>
<u>17-10-40</u>	<u>TET. TOX T TAB II JLS</u>
<u>22-4-41</u>	<u>Cease Training report.</u> <u>Athletic appearance, Blood Pressure</u> <u>130/80 pulse regular and strong,</u> <u>soft murmur heard at pulmonic area</u> <u>not important. Some roughing at</u> <u>mitral area. A cardiograph should</u> <u>be considered. Fit Aircrew material.</u>
<u>4-4-41</u>	<u>Sick Test Neg. Cus Hall FTS</u>
<u>3-9-41</u>	<u>Schick Test Pos.</u>
<u>10-9-41</u>	<u>Dip toxoid T</u>
<u>27-9-41</u>	<u>Embarkation Fit JLS</u>
<u>Jan. 6/42</u>	<u>A crash. No injuries. Cat ATBT</u> <u>3 weeks sick leave. Court of inquiry held.</u> <u>Gander Nfld. DCL Graham F/L</u>
<u>7-1-42</u>	<u>Dip 24 1 cc DCL Graham F/LT.</u>
<u>7-1-42</u>	<u>T. ABT 1 cc DCL Graham F/LT.</u>
<u>Feb. 9/42</u>	<u>B2 EXAM. MFB 227. AIB-A3B DCL Graham F/LT.</u>

TABLE IV.—Service Table

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

Became non-effective by
on day of 19.....

(Signature)

(Rank)

[illegible]

Royal Canadian Air Force

CERTIFICATE OF PRESUMPTION OF DEATH

NO. 8309

This is to Certify that

J7987 FLYING OFFICER JAY SYVER JOHNSTON R.C.A.F.
(Number) (Rank) (Name in Full) (Unit)

has been officially reported as missing since the 20TH day
of OCTOBER, 1943, and that, full inquiries having been
made, no information has been received which would indicate that he may be still alive.
For official purposes, therefore, he is presumed to have died on or since the above
mentioned date.

Dated at Ottawa, Canada, this 17TH day of JULY 1944


(W.D. Low)
Squadron Leader,
Acting R.C.A.F. Records Officer.

ROYAL CANADIAN AIR FORCE

RECORD OF SERVICE AIRMEN

J. A. T. P. CANADA

R 78546

JOHNSTON

JAY SYNER

Lutheran

A.F. No.

Surname

Christian Names

Religion

Born 30-5-22

Place London, Ont.

Country Canada

Citizen of Canada

Racial Origin

ENLISTMENT

CIVIL EDUCATION

PREVIOUS SERVICE

Date 8-10-40

High School Entrance

Jr. Mat.

Sr. Mat.

At London, Ont.

Technical School

Corres. Courses

Term Dur.

University

RANK	DATE	Med. Cat.	Date
AE2	8-10-40		
LAC	19-3-41		
T/sgt Rd	29-9-41		

CIVIL OCCUPATIONS AND EXPERIENCE

Student

COURSES AND TRADE TESTS

Trade	Grp.	%	PorF	Date Rem.	Trade	Grp.	%	PorF	Date Rem.
WOAG	Std			8-10-40					
WOAG	Spec		P	29-9-41					

PARTICULARS OF FAMILY

M

S

D

Wife

Maiden Name

Present Address (in pencil)

Children

Names

Date of Birth

Place of Birth

NAME(S)

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

John E. Johnston (Father)
115 S Vidal St. London, Ont.

LEAVE

CHARACTER AND TRADE ASSM. HONOURS, AWARDS AND MENTIONS

FROM	TO	AUTH. AND DESCRIPTION	DATE	CHARACTER	TRADE AND ASSM.	HONOURS AND AWARDS	SIGNATURE
10-2-41	16-2-41	(7) DRo 34					
19-8-41	25-8-41	(6) DRo 159 special					
30-9-41	9-10-41	(10) DRo 247/41					

MOVEMENTS AND CASUALTIES

AUTHORITY	UNIT FROM	UNIT TO	DATE	AUTHORITY	UNIT FROM	UNIT TO	DATE
MO R 13	Rec. Centre	No. 1 MO		DRo 169	3 W.S.	2 B.G	
	London	Toronto	8-10-40		Winnipeg	Mosbank	1-9-41
DRo 255	No. 1 MO	REAF		DRo 247/41	2 B.G	31 OTU	
	Toronto	Rockcliffe	25-10-40		Mosbank	Rebent	30-9-41
	REAF	Toronto		31 OTU DRo 149	2 B.G	31 OTU	
	Rockcliffe	Toronto	3-1-41		Mosbank	Rebent	18-10-41
DRo 445	21 TS	12 EFTS.		POR 10/41	Donal	REAF	13-12-41
	Toronto	Goodrich	21-2-41	ATTACH 303	E.A.C.	No. 1 "Y"	14-12-41
DRo 57	12 EFTS.	No. 1 MO		303	E.A.C.	No. 10 (CB)	23-12-41
	Goodrich	Toronto	7-3-41				
DRo 87	No. 1 MO	3 W.S.					
	Toronto	Winnipeg	12-4-41				

CONFIDENTIAL

R E C H E C K

R.C.A.F. M2
150M-8-40 (8421)
H.Q. 1062-10-2

R 78546

ROYAL CANADIAN AIR FORCE

Medical Board held at Toronto, Ont. #1 M.S.B.

Date 14-1-41

FILE NUMBER

Surname Johnston Chr. Names Jay, Syver
Nature of Commission Date of Birth 30-3-22 Married or Single S
Branch Hours Flown None
Address 115 S. Vedal St. Sarnia, Ont.

HAVE YOU ANY HISTORY OF:—

- (i) NERVOUS TROUBLE or Nervous Breakdown No
Severe or "Sick" Headaches, Migraine "
Fits or Convulsions of any kind "
Sun or Heat Stroke "
Head Injury or Concussion (including "knock-out") "
Insomnia, Nightmares, Sleep-walking, or Bed-wetting "
- (ii) LUNG TROUBLE or Consumption "
Bronchitis, Pneumonia or Pleurisy "
Asthma or Hay Fever "
- (iii) HEART DISEASE, "Weak or Strained Heart" "
Fainting Attacks or Giddiness "
Rheumatism, Rheumatic Fever or "Growing Pains" "
Frequent Sore Throats or Tonsillitis "
Diphtheria, Scarlet Fever or Scarlatina "
- (iv) STOMACH or BOWEL TROUBLE "
Chronic Indigestion or Pain after Food "
- (v) KIDNEY or BLADDER TROUBLE "
Syphilis or Gonorrhoea "
- (vi) TROPICAL DISEASE "
Malaria "
Dysentery "
- (vii) EYE TROUBLE or Inflammation of Eyelids "
Wearing of Glasses "
Colour or Night Blindness "
- (viii) EAR TROUBLE, Earache or Discharge from Ears "
Deafness, Noises in the Ears, or Dizziness "
Frequent Colds in Head, Catarrh or Obstruction "
Prolonged Hoarseness or Loss of Voice "
Sea, Car or Train Sickness "
Discomfort on Swings, Roundabouts, Switchbacks "
- (ix) OPERATIONS Appendectomy 34
- (x) Any Illness or Injury not mentioned above Measles, in childhood

Education Tech. School graduate
Present Occupation Student Hobbies Stamp collecting, electricity
Previous Service None
Athletics Baseball, hockey, rugby, swimming
Habits—Smoking 2 cigs a day Alcohol No
FAMILY HISTORY—Consumption No
Nervous Ailments, Mental Trouble, or "Fits" No
Father Alive—Health Good Dead—Cause
Mother Alive—Health Dead—Cause Goitre at 50 yrs.
Brothers (1.) Alive—Health Good (0.) Dead—Cause
Sisters (1.) Alive—Health Good (0.) Dead—Cause

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

Date 15/1/41

Signature J. S. Johnston

Witness D. J. Savage

GENERAL MEDICAL AND SURGICAL EXAMINATION

Impression given by (a) Physique.....Wiry.....(b) Mentality.....Standard.....
 Body Marks, Scars, Deformities.....McBurney appendectomy scar.....
 Size of Thyroid Gland.....Normal.....
 Surgical Abnormalities.....None.....(Phimosis & 2 small Ext. hemorrhoidal tags).....
 Results of Wounds, Injuries, Operations.....Satisfactory.....

	Date.....15-1-41.....	Assessing Room	Date.....	Assessing Room	Date.....	Assessing Room	REMARKS ON ANY ABNORMALITIES FOUND
Height (ins.).....	67 $\frac{1}{2}$						Date..... Had "flu" Dec. 13. Was thought also to have something wrong with his heart, but after investigation was said to be O.K. Has "cold" now. Some thick nasal discharge. There is a soft systolic murmur best heard in the mitral region & toward the base, and in supine position. Exercise accentuates the murmur. Should receive further consideration with previous records available. Do not consider of functional importance to heart at present.
Weight (lbs.).....	143						
Chest Circumference (ins.).....	34						
Body Build (lbs.).....	49						
LEG LENGTH (ins.).....	42						
Pulse Rate {							
Sitting.....	72						
Standing 1st.....	84						
Standing 2nd.....	84						
After Exercise.....	108						
Time to Normal.....	30						
Arterial Walls.....	N						Date.....22-1-41..... E.K.G. type 3. Right side preponderance (F.A.L.M.)
Blood Pressure {							
Systolic.....	150	152	140				
Diastolic.....	90	86	88				
Heart {							
Size.....	N						
Sounds.....	N						
Rhythm.....	R						
Lungs.....	N						
Breath held.....	73						
Expiratory Force.....	110						
Vital Capacity (Best of 5).....	4800						
Reflexes {							Date..... Date..... Date..... Date.....
Knee.....	N						
Ankle.....	N						
Triceps.....	N						
Abdominal.....	N						
Plantar.....	N						
Cranial Nerves.....	N						
Balancing Rod.....	1FS 3U	1FS 3FS					
Self Balancing.....	1S 1S						
Tremors {							
Fingers.....	M.C.						
Eyelids.....	0						
Abdomen {							
Liver.....	N						
Spleen.....	N						
Muscular Tone.....	N						
Urine {							
Albumen.....	Neg.						
Sugar.....	Neg.						
Initials of M.O.							
40 mm. Hg. Test.....	69 -- 6/876,655,554,455,5						
Date.....							
Date.....							
Date.....							
Date.....							

Remarks by Consultant. B.P. to be rechecked, also balancing rod. (C.S.Barker) Lt.

22-1-41 Systolic soft murmur heard best over 3rd left interspace at junction with sternum radial both up and down. Accentuated by exercise and vanishes with respiration being heard well after expiration. Extrasystolic which clears with exercise. Not of functional importance. E.K.G. Right axis deviation. (F.A.L.M.)

EYE EXAMINATION

History.....	Negative.....		
Visual Acuity	{ R. $\frac{20}{20}$, $\bar{c} +2.25 = \frac{20}{200}$ { L. $\frac{20}{20}$, $\bar{c} +2.25 = \frac{20}{200}$		
Colour Vision.....	N Ishihara.....		
Red, Green.....	N.....		
Diaphragm Test (P.D. =	65.....) Bar at 1.....	Exo.....	
Convergence	{ C. = 7 cms. { S. C. = 13 cms.		
Accommodation	{ R..... 8 cms. { L..... 8 cms.		
Cover Test.....	Lat..... Div..... R & L rec..... rapid.....		
Fundi and Media.....	N.....		
Fields.....	N.....		
Remarks:			
	D.P. 0 0 0 mm		
	Fit		
	Initials of M.O. H.L.S.....	Initials of M.O.....	Initials of M.O.....
	Date..... 15-1-41.....	Date.....	Date.....

EXAMINATION OF EAR, NOSE AND THROAT

History.....	Negative.....		
Hearing	{ R. Ear..... W. V. 20' { L. Ear..... W. V. 20'		
External Ear, Meatus Membranes	{ R. Ear..... N { L. Ear..... N		
Middle Ear, Eustachian Tubes	{ R. Ear..... Pat. { L. Ear..... Pat.		
Cochlear Apparatus	{ R. Ear..... N { L. Ear..... N		
Vestibular Apparatus	{ R. Ear..... N { L. Ear..... N		
Buccal Cavity.....	N.....		
Teeth.....	One carious molar.....		
Gums.....	Healthy.....		
Pharynx.....	".....		
Nasopharynx.....	".....		
Nose.....	".....		
Larynx.....	N.....		
Remarks:			
	Fit		
	Initials of M.O. J.B.W.....	Initials of M.O.....	Initials of M.O.....
	Date..... 15-1-41.....	Date.....	Date.....

HISTORY OF PRESENT CONDITION

Date.....

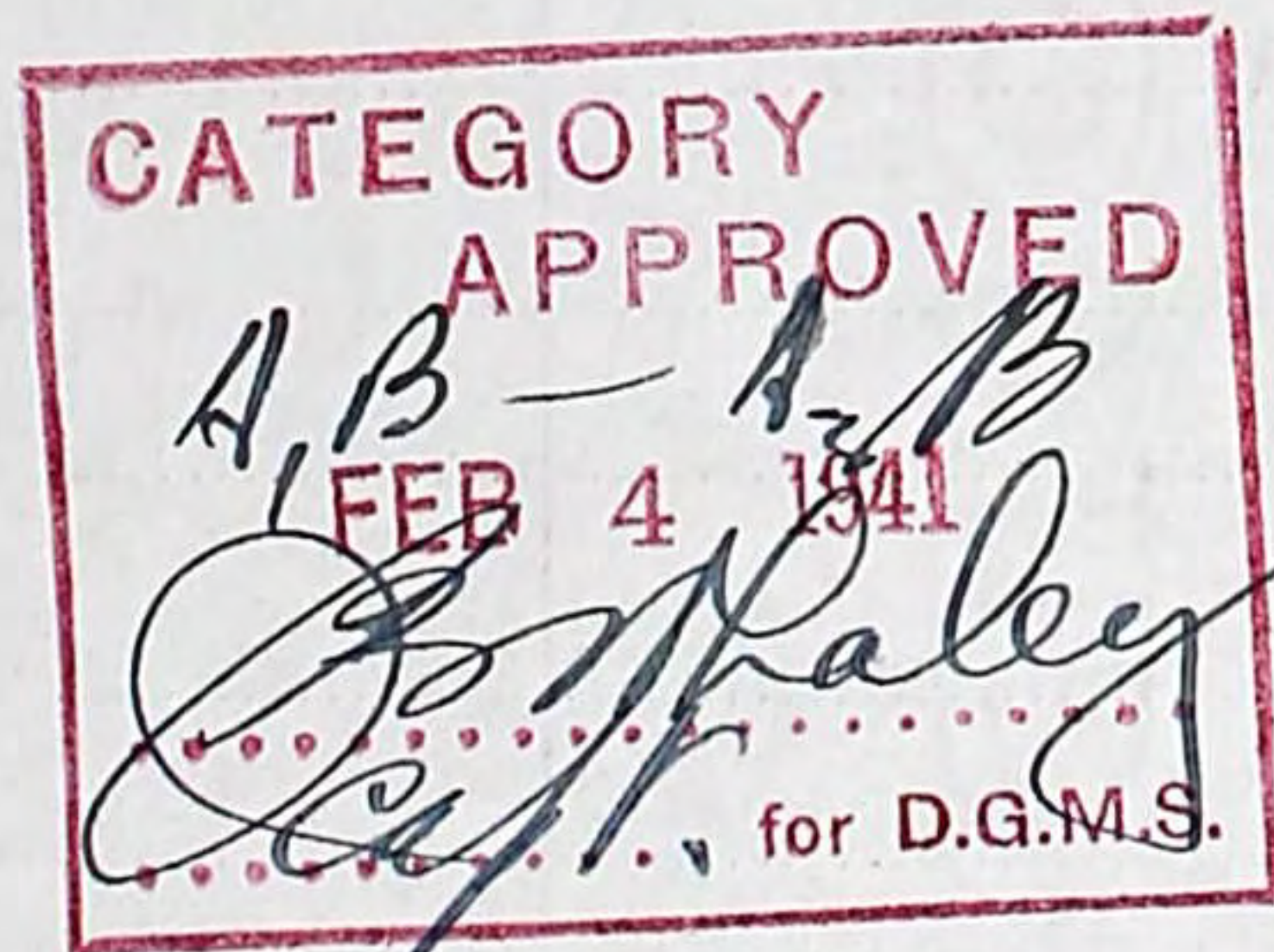
R.C.A.F. Records Office	
Rec'd	MAR 3 1941
O. K.	C.I.
R. C.	N. II.
S. L.	P. A.

HK

OBSERVATIONS AND FINDINGS BY PRESIDENT OF BOARD

Date.....22-1-41

Some question of "heart" when he had influenza in December. Systolic murmur. 3rd left space not organic. E.K.G. right axis deviation. B.P. elevated due to nervousness. Doubtful stamina. Not pilot type. best as A.G. A 1 B -- A 3 B



(F.A.L. Mathewson) Major, R.C.A.M.C.

TELEPHONE 2730



JAMES A. ELLENOR INSURANCE AGENCY

AGENTS

125 N. VIDAL STREET

SARNIA - ONTARIO

August 14, 1940

Royal Canadian Air Force
London, Ontario

Gentlemen:

I have known Jay Johnston of this City since he was a very small boy. I have watched him grow up. He informs me he is desirous of joining the Air Force. As to character and reputation I know he is A. 1. He has attended the Collegiate and Technical School of Sarnia for the last five years.

If there is any further information you desire I shall be only too pleased to supply same for you.

Very truly yours,

James A. Ellenor

James A. Ellenor Insurance Agency

R.C.A.F. Records Office	
Rec'd	OCT 11 1940
O. K.	C.I.B.
R. C.	N. H.
S. L.	P. A. <i>Om</i>

241 Bright St.

Sarnia, Ont.,

Febr. 29, 1940.

Royal Canadian Air Force,

Dear Sirs,

I have been acquainted with the bearer of this letter,
Mr. Jay Johnston, for nearly four years. On the basis of
this acquaintance I feel that I can recommend this young man
as one of moral and civic honesty and integrity.

Sincerely yours,

A. V. Kuster

(Rev.) A. V. Kuster,

Pastor, Lutheran Church of
Our Redeemer.
Sarnia, Ont.

R.C.A.F. Records Office	
Rec'd	OCT 11 1940
O. K.	C. I. B.
R. C.	N. I.
S. L.	P. A.

Sarnia, Ontario.

Oct 5 -

1940

I John E. Johnston
declare that I know Ray Syver Johnston
am His or ~~Her~~ Father that he was born on the 30th
day of May in the year of our Lord, A.D. 1922
at London Ontario

I have taken the record from the Family Bible and I believe this to be true,
record.

Declared before me this
3rd day of October
in the year of our Lord
A.D. 1940, at the City
of Sarnia.

J. E. Johnston
W. MacKenzie J.P.
One of His Majesty's Justices
of the Peace in and for the
County of Lambton in the
Province of Ontario.

Sarnia, Aug 16/40

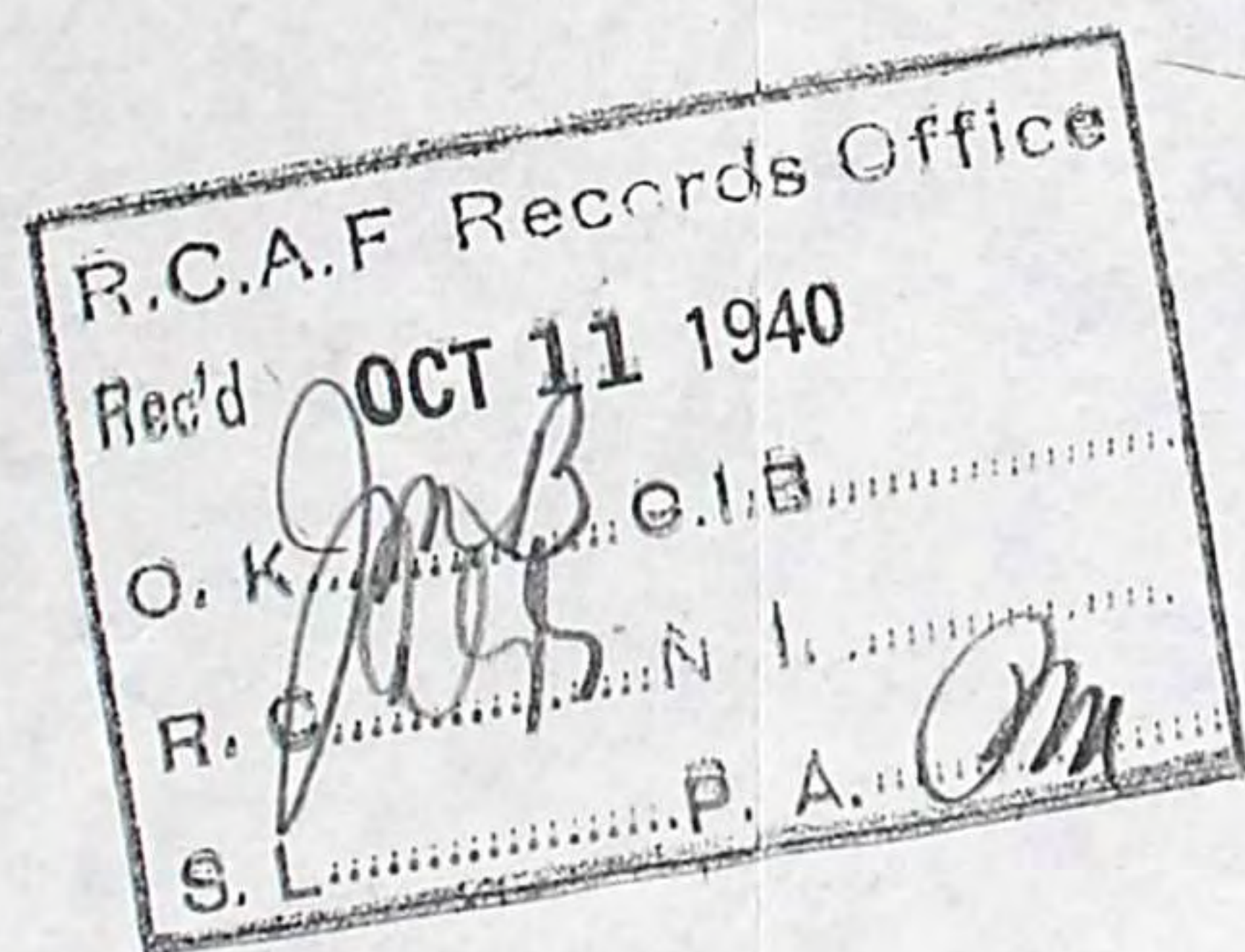
To The Commandant.

R.C.A.F.

London, Ont.

This is to certify that the
bearer, Jay Johnston, completed
a four year's course in the Technical
Dept. of the Sarnia Collegiate and
Technical School. He was granted
his diploma in June 1940.

During his term at school
he proved himself a satisfactory
student in every way. He is
earnest, honest and reliable.



Thos. G. Cole,

Asst. Prin. S.C.S. & T.S.

ROYAL CANADIAN AIR FORCE

REPORT ON PUPIL WIRELESS OPERATOR (AIR GUNNER)
OR AIR GUNNER

AIR AND GROUND TRAINING

Surname.....JOHNSTON..... Christian Names.....Jay Syner.....
Number.....R78546..... Rank.....LAC.....

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 Wireless School to Bombing and Gunnery School.

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, the duplicate 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 and the original is to be placed on the pupil's personal file.

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

WIRELESS TRAINING

1. No....3.... Wireless School. Course No...15..... To...29-8-41... From...14-4-41.....

2. Flying Times—

(a) In Flying Classroom as 1st Operator...1.....hours.

(b) In Flying Classroom, listening watch...3.05.....hours.

(c) In 2-seat aircraft as sole operator...6.50.....hours.

3. Assessment as Air Operator (delete categories not applicable). Unless at least 5 hours has been shown against para. 2 (a) above, no assessment is to be made and therefore all categories are to be deleted.

Above average
Average
Below average

4. Ground Training—

Subject	Maximum marks	Marks obtained	Subject	Maximum marks	Marks obtained
Theory.....	50	48	Signals Organization....	150	142
Radio Equipment.....	250	208	Armament.....	100	75
Morse (buzzer and lamp).	200	200	Drill and P.T.....	50	40
Procedure.....	200	178	TOTALS.....	1000	891

Maximum Marks, 1000. Marks Obtained 891. Percentage 89.1. Pass or Fail....Pass.....

Position in Class....8..... No. in Class.44.....

5. Date authorized to wear Wireless Operator's Badge....29-8-41.....

WIRELESS TRAINING

Highly recommended.

Date ... August 29, 1941

PART II

ARMAMENT TRAINING

2. Dates of Courses:— From.....1-9-41..... To.....29-9-41.....

AIR TRAINING

GUNNERY

Aircraft	Day	Night	Passenger	Total
				Hrs. Mins.
..Battle.....	8:55.....		2:55.....	11:50.....

Average percentage
hits to rounds fired

Ground.....	.. 83 ...%
Air to Ground.....	.. 81 ...%
Air to Air.....	%

Marks Obtained

Totals..... (~~600~~ Marks)
450

Numerical Assessment as to

10. Remarks.....**Excellent Officer Material.**.....

No. **2** **B.** G. S.

Date.... 29-9-41

AIR TRAINING

Course	Maximum Marks	Marks Obtained
Wireless School.....	1000	 891
Bombing and Gunnery School.....	600 450	 365
TOTALS.....	1600 1450	 1256

No. in Class.....37.....

14. Remarks.....Excellent knowledge of armament... Enthusiastic and keenly
.....interested in his work.....

No. 2 B. G. S. Officer Commanding

Date 29-9-41

AIR
FORCE
No. J 7987

Johnston
SURNAME

J. S.
FULL CHRISTIAN NAME

PLACE

DATE _____

RELIGION

R.C.A.F. FORM R230

[illegible]

[illegible]

AIR
FORCE
No. _____

JOHNSTON, JAY SYVER

SURNAME

FULL CHRISTIAN NAMES

ENLISTMENT

RE-ENLISTMENT

C.R. FILE
NUMBER

PLACE London
DATE 8-10-40

DATE 8-10-40

Comm 29-9-41

R.C. 1062-3-58
50M-1040 (7685)
H.Q. 1062-3-58

57987

OFFICER RECORD OF SERVICE AIRMEN

[illegible]

AIR FORCE No.	577546 SURNAME	Johnston Jay Syver FULL CHRISTIAN NAMES	ENLISTMENT	RE-ENLISTMENT	C.R. FILE NUMBER
			PLACE <u>London</u> DATE <u>8-10-40</u>		
57987.8.g			RECORD OF SERVICE AIRMEN		
			Comm 29-9-41		

AIR FORCE No.	577546 SURNAME	Johnston Jay Syver FULL CHRISTIAN NAMES	ENLISTMENT	RE-ENLISTMENT	C.R. FILE NUMBER
			PLACE <u>London</u> DATE <u>8-10-40</u>		
57987.8.g			RECORD OF SERVICE AIRMEN		
			Comm 29-9-41		

AIR FORCE No.	577546 SURNAME	Johnston Jay Syver FULL CHRISTIAN NAMES	ENLISTMENT	RE-ENLISTMENT	C.R. FILE NUMBER
			PLACE <u>London</u> DATE <u>8-10-40</u>		
57987. S.g. RECORD OF SERVICE AIRMEN			Comm 29-9-41		C.A.F. FORM R. 44 (B)

AIR FORCE No.		57987.8.8		Johnston Jay Syver		ENLISTMENT PLACE London DATE 8-10-40		RE-ENLISTMENT		C.R. FILE NUMBER	
RECORD OF SERVICE AIRMEN											
7. BIRTH: DATE PLACE CITIZENSHIP				16. SINGLE-MARRIED-WIDOWER-SEPARATED-DIVORCED: single				21. ENGAGEMENTS			
30-5-22 London Ont. British				WIFE (FULL MAIDEN NAME)				TERM EFFECTIVE D.R.O.			
FATHER (FULL NAME) John E. Johnston				PLACE OF MARRIAGE DATE				Duration 8 10 40.			
BIRTHPLACE Ervaby Sue				AUTHORITY (IF AFTER ENLISTMENT)							
MOTHER (FULL MAIDEN NAME) Florence Goulden (deceased)				17. MARRIED ESTABLISHMENT							
BIRTHPLACE Lawrence Stn. Ont.				REMARKS RANK EFFECTIVE D.R.O.				22. TEMPORARY DUTY AND MISCELLANEOUS ENTRIES			
8. EDUCATIONAL STANDING				18. CHILDREN				FROM TO DATE D.R.O.			
HIGH SCHOOL ENTRANCE				CHRISTIAN NAMES BIRTH DATE D.R.O.				acc. pub. gtr & draw rts 4-1-41 11754			
JUNIOR MATRICULATION Yrs. Ont.				CHRISTIAN NAMES BIRTH DATE D.R.O.				Occupying public quarters 7-3-41 11064			
SENIOR MATRICULATION								Occupied pub gtr & draw rations 14-4-41 3WS50			
TECHNICAL SCHOOL								Issued S.T. & W. # 23366 18-8-41 348157			
UNIVERSITY								Dec. Gov't gtr & drawing rts 1-9-41 2865223			
CORRESPONDENCE COURSES								at #1 R.A.F. Det C/PTC 2764 James St. Mil. 18-10-41 2898247			
9. CIVIL OCCUPATIONS OR EXPERIENCE USEFUL TO R.C.A.F.				19. NEXT OF KIN (ADDRESS AND D.R.O. IN PENCIL)				Att. to RAF Ferry Comm and Med. 19-10-41 3107014			
Caretaker's helper 1454-48 - for father				FULL NAME: John E. Johnston RELATIONSHIP father				Single Eng Multi P			
Parcel Boy 1793-98 - Mr. Ede				ADDRESS: 115 S. Vidal St. London				D. N. obs. Cross Duties			
Meat Market. Larnia.				FULL NAME: ADDRESS: RELATIONSHIP D.R.O.				Tuss. other Pass Total			
10. PREVIOUS ARMY, NAVY OR AIR FORCE SERVICE				20. PAY ENTRIES (OFFENCE FORFEITURES, STOPPAGES IN RED INK)				30-6-42 29910 29910			
Nil.				RATE CHANGES ETC. EFFECTIVE D.R.O. RATE CHANGES ETC. EFFECTIVE D.R.O.							
				Allan in Dec of 42 2/20 2/7 42 2/230-							
11. HONOURS-AWARDS, MENTIONS											
Air Gunner's Badge				2098247 29-9-41							
M.I.D.				AFR01380							
12. FLYING EXPERIENCE ON ENLISTMENT (HOURS)											
SOLO DUAL PASSENGER											
13. RELIGION								115-S. Vidal St London Ont 13003			
Lutheran											
14. LANGUAGES								23. DOCUMENT CONTROL (INDICATE RECEIPT BY DATE)			
								R60 R79 B465 X-RAY AFM-13 IDN. CARD			
15. SPORTS								4-11-40 5-11-41 11-10-40			
rugby hockey baseball								HX			
swimming electrical theory								9174			
Sgt. in Larnia Cadet Corps											