FLEURY
JOSEPH OSCAR ROLLAND
J89447

OCCUPATIONAL HISTORY FORM

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

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

PLEASE LEAVE BLANK

Section A—GENERAL INFORMATION

1. (a) Print name in full ROLLAND JO. FLEURY (b) Reg'l. No. R 174 119
2. (a) Arm of service R.C.A.F. (b) Unit Main Drift (c) Rank A.C. 2
3. (a) Date of birth [illegible] (b) Have you any dependents? (c) Place of residence at time of enlistment DRUMMONDVILLE
4. (a) Place of enlistment MONTREAL (b) Date of enlistment 22-6-42

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 16 (b) Were you attending school or college up to the time of enlistment? No
6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.) Junior Matric.
7. If you attended a university, give name of university and standing or degree secured
8. (a) Did you ever enter upon a trade apprenticeship? No (b) If so, for what occupation? (c) Did you finish it? (d) If you did not finish it, how long did you serve at it? 2 mos.
9. (a) What languages do you speak fluently? (b) What languages do you read well?

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

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

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? Yes
12. (a) If answer to 11 be "Yes", state exact trade or occupation at which you actually worked Salesman (b) State how long you had worked at this trade or occupation 4 months
13. If answer to 11 be "No", state exact trade or occupation for which you feel qualified
14. If you had been employed after leaving school, state when you last worked fairly regularly before enlistment 1941-42
15. Give details of last employer, if any: Name Peoples Address Drummondville
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 Salesman (b) Number of years' experience at this occupation with any employer
21. (a) Did your employer promise definitely to give you employment on discharge? No (b) Did your employer refuse to promise you employment on discharge? No (c) Do you wish to return to your former employment? No

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

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

Section F—PARTICULARS OF FARMING EXPERIENCE

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

Section G—MISCELLANEOUS

Rec'ds Office
Rec'd JUL. 15 1942
O. K.
S. L.

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

DATE 17 June 1942 SIGNATURE Rolland Fleury

CONFIDENTIAL R. 174119

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

MV

ROYAL CANADIAN AIR FORCE

Medical Board held at MONTREAL, Quebec. *Date* 23-10-42

FILE NUMBER

Surname.... FLEURY ..... *Chr. Names*..... JOSEPH OSCAR ROLLAND .....
Nature of Commission... M2 ..... *Date of Birth* 17-8-12 20 ... *Married or Single* single .....
Branch..... General List ..... *Hours Flown*..... none .....
Address.... 153 St. Francois, Drummondville, Que. .....

HAVE YOU ANY HISTORY OF:—

(i) NERVOUS TROUBLE or Nervous Breakdown.... NO .....
Severe or "Sick" Headaches, Migraine..... NO .....
Fits or Convulsions of any kind..... NO .....
Sun or Heat Stroke..... NO .....
Head Injury or Concussion (including "knock-out")..... NO .....
Insomnia, Nightmares, Sleep-walking, or Bed-wetting..... NO .....
(ii) LUNG TROUBLE or Consumption..... NO .....
Bronchitis, Pneumonia or Pleurisy..... NO .....
Asthma or Hay Fever..... NO .....
(iii) HEART DISEASE, "Weak or Strained Heart"..... NO .....
Fainting Attacks or Giddiness..... NO .....
Rheumatism, Rheumatic Fever or "Growing Pains"..... NO .....
Frequent Sore Throats or Tonsilitis..... NO .....
Diphtheria, Scarlet Fever or Scarlatina..... 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..... NO .....
Wearing of Glasses..... NO .....
Colour or Night Blindness..... NO .....
(viii) EAR TROUBLE, Earache or Discharge from Ears..... NO .....
Deafness, Noises in the Ears, or Dizziness..... NO .....
Frequent Colds in Head, Catarrh or Obstruction..... NO .....
Prolonged Hoarseness or Loss of Voice..... NO .....
Sea, Car or Train Sickness..... NO .....
Discomfort on Swings, Roundabouts, Switchbacks..... NO .....
(ix) OPERATIONS..... NO .....
(x) Any illness or Injury not mentioned above..... NO .....
.....
.....

Education.... VIII
Present Occupation.... AC1 R.C.A.F. ..... Hobbies none .....
Previous Service.... enlisted June 23rd/42 .....
Athletics swimming, skiing. .....
Habits—Smoking..... 6 cigs. per day ..... Alcohol..... very seldom .....
FAMILY HISTORY—Consumption..... no ..... Diabetes..... no ..... Haemophilia..... no .....
Nervous Ailments, Mental Trouble, or "Fits"..... no .....
Father Alive—Health..... good ..... Dead—Cause.....
Mother Alive—Health..... good ..... Dead—Cause.....
Brothers (4..) Alive—Health..... good .....(0..) Dead—Cause.....
Sisters (5..) Alive—Health..... good .....(0..) Dead—Cause.....

R.C.A.F. Med. Unit
Rec'd AUG 5 1943
O.K. C.I.B.
R.C. N.I.
B.L. P.A.

I hereby declare that I have carefully considered the statements made above, that to the best of my belief they are complete and correct, and that I have not withheld any relevant information or made any misleading statement. I am fully aware that by wilfully suppressing any information I shall incur the risk of not being accepted for Service, or if accepted, of being discharged or retired and forfeit any claim to gratuity or other award.

Date 23-10-42 ..... *Signature* J. O. R. Fleury ..... *Witness* Claude Strong E.D.

(2)

GENERAL MEDICAL AND SURGICAL EXAMINATION

Impression given by *(a)* Physique **good** *(b)* Mentality **standard**
Body Marks, Scars, Deformities **scar left hypothenar eminence**
Size of Thyroid Gland **normal**
Surgical Abnormalities **nil**
Results of Wounds, Injuries, Operations **nil**

	Date 23-10-42	Date	Date	Remarks on any Abnormalities Found
Height (ins.)	67			
Weight (lbs.)	150			*Date*
Chest Circumference (ins.)	33-37			
Body Build (lbs.)	normal			
Leg Length (ins.)	ample			
Pulse Rate — Sitting	84			
Pulse Rate — Standing 1st	108			
Pulse Rate — Standing 2nd	96			
Pulse Rate — After Exercise	120			
Pulse Rate — Time to Normal	20			
Arterial Walls	soft			*Date*
Blood Pressure — Systolic	140			
Blood Pressure — Diastolic	90			
Room Temperature	70			
Heart — Size (in cms.)	N			
Heart — Sounds	N			
Heart — Rhythm	Reg.			
Lungs — Inspection	N			
Lungs — Palpation	N			
Lungs — Percussion	N			
Lungs — Auscultation	N			
Lungs — Expiratory Force	N.A.			
Lungs — X-Ray	NEG			*Date*
Reflexes — Knee	N			
Reflexes — Ankle	N			
Reflexes — Triceps	N			
Reflexes — Abdominal	N			
Reflexes — Plantar	N			
Cranial Nerves	N			
	R. L.	R. L.	R. L.	
Balancing Rod	N.A.			
	R. L.	R. L.	R. L.	
Self Balancing	1S 1S			
Tremors — Fingers	nil			*Date*
Tremors — Eyelids	nil			
Abdomen — Liver	N			
Abdomen — Spleen	N			
Abdomen — Muscular Tone	Good			
Urine — Albumen	neg.			
Urine — Sugar	neg.			
Initials of M.O.	C.St.O.			

40 mm. Hg. Test 60 - 66 7, 78 7, 77 7, 76 6, C.St.O.
Date
Date
Date
Date

EYE EXAMINATION

History Nil

Visual Acuity	R. 20/20, c D =		
	L. 20/20, c 2.50 = 20/200		
Colour Vision	normal ishihara		
Red, Green	M.R. Ortho		
Diaphragm Test (P.D. = 58)	Bar at 1		
Convergence	C. = 6 cms.		
	S. C. = --left 8 cms.		
Accommodation	R.) Bl.		
	L.) 7		
Cover Test	ortho		
Fundi and Media	normal		
Fields	normal		
REMARKS:	AlBA3B		
	Initials of M.O. C.St.O.	*Initials of M.O.*	*Initials of M.O.*
	Date 23-10-42	*Date*	*Date*

EXAMINATION OF EAR, NOSE AND THROAT

History Nil

Hearing	R. Ear	WV 20	
	L. Ear	WV 20	
External Ear, Meatus Membranes	R. Ear	normal	
	L. Ear	normal	
Middle Ear, Eustachian Tubes	R. Ear	patent	
	L. Ear	patent	
Cochlear Apparatus	R. Ear	-	
	L. Ear	-	
Vestibular Apparatus	R. Ear	-	
	L. Ear	-	
Buccal Cavity		healthy	
Teeth		2 plates	
Gums		healthy	
Pharynx		healthy	
Nasopharynx		not seen	
Nose		clear	
Larynx		not seen	
REMARKS:			
		Initials of M.O. C.St.O.	*Initials of M.O.*	*Initials of M.O.*
		Date 23-10-42	*Date*	*Date*

GENERAL REMARKS BY THE MEDICAL OFFICER ON HIS IMPRESSIONS OF THE CANDIDATE

No. 13 Recruiting Centre	No. ..... M D.
Fit—A1B A3B (Turret) A3B A3B (Vision)	A1B A3B (T) A3B A3B (V)
Date. October 23/42	Date:
Claude St. Onge F.L. M.O.	M.O.

October 23/42
Should make a good air-gunner.
C.St.Onge F.L.

OBSERVATIONS AND FINDINGS OF THE REVIEWING MEDICAL OFFICER

Date.....

A3 b (1)
A3 b
CATEGORY.....APPROVED
DATE.....1943.....19.....
.....M.O.
No. 3 ~~WIRELESS, or~~ B. and G. School

FOR COMPLETION AND RETURN BY

Form P. 64

Mrs. Evariste Fleury,
153 St. Francois B. St.,
Drummondville, Que.

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. 1022-F-2504-FD46

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

May 12th 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

FLEURY, Joseph Oscar Rolland, Sgt.

R174119 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.

ESTATES BRANCH
MAY 18 1944
H. Q.
OTTAWA.
NATIONAL DEFENCE

for (N.O.Seagram) S/Ldr.,
(L.M.Firth) Lt.-Col.
Administrator of Estates.

DBS/CF

M.F.W. 77
5M—1-44 (3371)
H.Q. 1772-39-972

ANSWER IN FULL ALL APPLICABLE QUESTIONS

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

Degrees of Relationship	RELATIVES required to be accounted for		INFORMANT'S STATEMENT: NAME IN FULL of any Relative, if any, in each degree specified	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased		none		
2	Children of the Deceased and dates of their Births		none		
3	Father of the Deceased		Evariste F Leury	62	153 St Francois
4	Mother of the Deceased		Mrs Henriette F Leury	62	153 St Francois
5	Brothers of the Deceased	Full Blood			
		Half Blood			
6	Sisters of the Deceased	Full Blood			
		Half Blood			
7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, *who are dead*, and date of death of each.		Names and ages of their children (if any)		Address of their children

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Joseph - Oscar Pollard Tetreau
9	Date of his birth.	August 17
10	Place and date of his marriage.	
11	Place and date of his parents' marriage.	ST-FRANCOIS-DU-LAC P.Q. Sept. 24 - 1907

PARTICULARS OF DOMICILE

12	Place where deceased was born.	GRAYSON-SASK.
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) Grayson Sask 3 years (b) Holyoke Mass 6 " (c) (d) Drummondville 14 " P.Q.
14	Nature of employment before enlistment.	SPINNER-FOR-CANADIAN CELANESE
15	State whether he owned the premises in which he lived, and, if so, where situated.	no
16	Name place where deceased stated he intended to make his permanent home.	Drummondville P.Q.

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	no
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses,—was there a marriage contract dealing with property?	no
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?	no
20	Amount of War Savings Certificates held by deceased. Indicate where located.	none
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	none
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	no
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	none

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.	none that we know of
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 *MOTHER 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.

Mme Evariste Fleury ..... Signature of Informant

153 B St Frances Drummondville P.Q. ..... Address

CERTIFICATE

I hereby certify that to the best of my knowlege and belief.....

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

Dated at DRUMMONDVILLE this 16 day of May 19 44

Signature of Clergyman, Priest, Magistrate, Commissioner or Notary Public or Commissioned Officer of any of His Majesty's Forces. Jos. Branchaud Qualification Parish-Priest

Address 745 Blvd Mercure DRUMMONDVILLE

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

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

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

R.C.A.F. Special Reserve

N° MATRICULE R.174119 VERSÉ À #1 M.D., Toronto, Ontario MÉTIER Standard Guard

CORPS D'AVIATION ROYAL CANADIEN

(FORMULE D'ENGAGEMENT)

lo2-RB 27-11-44

(Le postulant devra répondre de sa propre main aux questions des pages 1 et 2)

1. Nom FLEURY Prénoms en entier JOSEPH OSCAR ROLLAND
2. Adresse actuelle 153 rue St-Francois B, Drummondville, P.Q. Téléphone 2960.
3. Adresse fixe 153 rue St-Francois B, Drummondville, P.Q.
4. Lieu de naissance Grayson, Sask., Nationalité Canadien.
5. Date de naissance 17 aout, 1920. Marié, célibataire, veuf, séparé, divorcé Celibataire.
6. Enfants

Nom	Date de naissance	Nom	Date de naissance
P.A.			

7. Profession Fileur. 8. Religion catholique romaine. (Indiquez la confession religieuse)
9. Langues francais et anglais couramment. Degré de connaissance
10. Plus proche parent (nom en entier) Evariste Fleury Degré de parenté Pere
    Adresse du plus proche parent 153 rue St-Francois B, Drummondville, P.Q.
11. Père (nom en entier) Evariste Fleury Lieu de naissance St-Marjoric, P.Q.
    Adresse 153 rue St-Francois B, Drummondville, P.Q. Nationalité Canadien.
    Profession Tisserand.
12. Mère (nom de fille en entier) Henriette Parenteau Lieu de naissance St-Marjoric, P.Q.
    Adresse 153 rue St-Francois B, Drummondville, P.Q. Nationalité Canadienne.
13. Détails du service dans les armées de terre, de mer ou de l'air:

Unité	Lieu	Rang	Profession	Date du	Date au	Motif de la libération
P.A.						

R.C.A.F. Records Office
Rec'd. JUN 26
O.K. C.I.
R.C. N.I.
S.L. P.A.

14. Honneurs, récompenses, citations AUCUNE
15. Faites-vous actuellement partie de la réserve de quelque armée de terre, de mer ou de l'air? NON
16. Avez-vous déjà demandé de faire partie du C. d'A.R.C.? NON Si oui, où? P.A.
    Quand? P.A. Résultat P.A.
17. Avez-vous déjà réformé de quelque service armé de Sa Majesté pour inaptitude physique? NON
    Si oui, indiquez la nature de l'infirmité P.A.
18. Avez-vous jamais touché ou touchez-vous actuellement une pension de réforme? NON
    Si oui, indiquez la nature de l'infirmité P.A.
19. Avez-vous jamais été trouvé coupable de délit? NON Si oui, indiquez-en la nature P.A.
20. Avez-vous des dettes? NON Si oui, donnez des détails P.A.

R.C.A.F.—R.100a
20M—4-41 (88)
Q.C. 1052-3-83

468.365

21. Éducation:

	Nom de l'école	Date du	Date au	Cours, sujets, etc.
Instruction primaire—Ecole publique ou séparée	Ecole Presentation de Marie, St-Joseph de Granham, P.Q.	1925	1937	Cours primaire, 7e annee.
Cours supérieur—Collège, etc.				
Cours technique				
Autres cours universitaires ou scolaires	Drummond Engineering Works, Drummondville, P.Q.,	1940-1941		(4 mois) Lecture des plans mecaniques et explications du maniement des machines. (cours du soir)
Cours par correspondance				

22. Emplois civils (détails au complet):

Employeur et lieu	Fonctions, métiers, positions	Date du	Date au	Motif du départ
Canadian Celanese, Drummondville, P.Q.	Fileur	1937	194---	Presente position.

23. Heures de vol, seul AUCUNE accompagné AUCUNE avec passager AUCUNE

24. Qualités spéciales, passe-temps favoris, etc., utiles dans le C. d'A.R.C. Cours de secourisme (3 mois)

25. Sports pratiqués, et dans quelle mesure, soit intensément, ou modérément, ou occasionnellement peche, ski, natation, tennis, patin, bowling, boxe, (moderement)

26. Service aéronautique dans lequel vous voulez vous engager {Service à terre. ~~{Service navigant~~ Aéi Force. Std Lund

Si c'est dans le service à terre, indiquez le métier aéronautique que vous visez ~~Aero Engine Mechanic~~ W.E.T.P.

Si c'est dans le service navigant, indiquez votre préférence soit comme (a) pilote; (b) observateur; (c) mitrailleur ou (d) radiotélégraphiste (membre d'équipage). (Biffez les mots qui ne s'appliquent pas).

27. Nommez au moins deux personnes qui peuvent témoigner de votre réputation et de vos aptitudes:

Nom	Adresse	Profession
Joseph Caron	Drummondville, P.Q.	Maire.
Dr. A. Rajotte	Drummondville, P.Q.	Depute provincial.
E. Lapierre	Drummondville, P.Q.	Chef de Police.
Jos. Beauchemin	Drummondville, P.Q.	Cure.

28. Autres renseignements se rapportant à votre demande d'engagement AUCUN

29. Comprenez-vous bien que la vaccination, la revaccination et l'inoculation sont obligatoires? OUI

JE, SOUSSIGNÉ, CERTIFIE que les renseignements que j'ai fournis ci-dessus sont exacts, autant que je sache et que j'aie raison de croire.

Date 31 mars 19 42. Signature Rolland Tellier

NATIONAL REGISTRATION CERTIFICATE
PRODUCED.
40/44
JUN 22 1942

POUR L'USAGE DU DÉPARTEMENT SEULEMENT

(A) *Rapport de l'officier qui a eu une entrevue avec le candidat—*

Type d'homme Average Apparence générale Neat & clean

Aptitudes pour (indiquez à quel titre) Standard Guard

Date 22-6-42 Signature John Shore Grade Cpl

(B) *Rapport sur l'épreuve professionnelle—*

Métier sur lequel a porté l'épreuve

Résultat

Autres qualités professionnelles susceptibles d'être mises à profit dans le C. d'A.R.C.

Date Signature Grade

(C) **DÉCLARATION D'ENGAGEMENT DE LA RECRUE**

Je, soussigné, Joseph Oscar Rolland Fleury, déclare solennellement que les renseignements ci-dessus mentionnés sont vrais et je m'engage, par les présentes, à faire du service actif dans le Corps d'aviation royal canadien, où que ce soit au Canada, de même qu'en dehors du Canada et outre-mer, pendant la durée de la présente guerre, ainsi que pour la période de démobilisation subséquente et, en tout cas, pour une période de pas moins d'un an, si Sa Majesté requiert mes services.

Date June 22nd, 1942 Rolland Fleury
Signature de la recrue

(D) **SERMENT PRÊTÉ PAR LA RECRUE**

Je, soussigné, Joseph Oscar Rolland Fleury, promets sincèrement et jure (ou déclare solennellement) que je serai fidèle et porterai loyale allégeance à Sa Majesté.

Date June 22nd 1942 Rolland Fleury
Signature de la recrue

(E) **DÉCLARATION DE L'OFFICIER CERTIFICATEUR**

J'ai averti la recrue susnommée que, si elle répondait inexactement à l'une quelconque des questions précitées, elle serait passible des peines prévues par la loi.

Les questions et réponses ci-dessus indiquées lui ont été ensuite lues en ma présence.

Je me suis assuré que la recrue comprenait chaque question et que sa réponse à chacune d'elles a été dûment inscrite telle que donnée et la recrue a fait et signé la déclaration, de même qu'elle a prêté serment devant moi,

à Montreal, P.Q. ce 22nd jour de June, 1942

Signature de l'Officier — Grade — #13 Recruiting Centre Mtl., P.Q. Unité

POUR L'USAGE DU DÉPARTEMENT SEULEMENT

CERTIFICAT DE L'EXAMEN MÉDICAL

Partie 1. Renseignements obtenus de la recrue—

1. Age 21 2. Avez-vous souffert d'une des maladies suivantes·

(a) Rhumatisme	no	(j) Affection nasale	no
(b) Tuberculose	no	(k) Maladies des oreilles	no
(c) Bronchite ou asthme	no	(l) Maladies des yeux	no
(d) Affection cardiaque	no	(m) Epilepsie	no
(e) Maladie du rein ou de la vessie	no	(n) Maladie nerveuse ou mentale	no
(f) Gastrite intestinale	no	(o) Syphilis	no
(g) Hernie	no	(p) Gonorrhée	no
(h) Varices	no	(q) Fracture	no
(i) Pieds plats ou déformés	no	(r) Autre maladie ou défectuosité	no

3. Avez-vous jamais porté des lunettes? no

4. Have you had any illness for more than one week's duration. Occasional Grippe no one per year

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

Rolland St Laurent
Signature de la recrue

Observations des examinateurs

Sick usually 1-2 days.

Partie 2. Renseignements obtenus par l'examen médical. (La recrue doit être déshabillée)—

1. Marques distinctives ou cicatrices (si celles-ci sont opératoires, obtenir les détails) Circumcised scar on left hypothenar eminence.

2. Taille 5 pieds 7 pouces. 3. Poids 150 livres.

4. Teint dark. 5. Couleur des yeux blue Cheveux black

6. Développement {Bon / ~~Passable~~ / ~~Médiocre~~} 7. Tour de poitrine—Expiration 34 pouces

Degré d'expansion 5" pouces

8. Ouie—Droite WV 20 Gauche WV 20 Tympan—Droit N gauche N

9. Vue—sans lunettes—droit 20/20 avec lunettes—droit na

gauche 20/20 gauche na

10. État de la bouche et des dents 2 plates

11. Urine—Albumine neg Sucre neg

12. Anomalies révélées à l'examen (congénitales et pathologiques)

Partie 3. Le candidat a été examiné conformément aux instructions de la brochure "Physical Standards and Instructions for the Medical Examination of Recruits" et jugé apte pour la catégorie.

A4B

17/6/42 X Ray #12765-8 Neg.

Observations spéciales des médecins

22/6/42 Rec. Int B4B

Part 2 Cont'd.

13. Reflexes N

14. Heart N

15. Lungs N

16. Blood Pressure S. 140 D. 90

17. Colour Vision N dh

Date 2-4-42 19

R.H. Hawkins F/L
Président

G.C. Anderson
Membre

Membre

SJ089447 FLEURY JOSEPH OR — POB

1 NUMBER — 9 NAME — 29 RANK

SERVICE AWARD CARD

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

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

72783

1146. 17.1.50

PREFIX — NUMBER — NAME — RANK — CODE

IBM 83961

LICENSED FOR USE UNDER CANADIAN PATENT NUMBER 315306

Mrs. Henriette Fleury (mother)
153 St. François B, St.,
Drummondville,
Que.

may-46.

MEMORIAL BAR
DATE DESP
REGN. NO 34-56

The instructions regarding this form are contained in Chapter XIII, A.P. 1801 (War Manual Part II). R.A.F. Form 1580.

ROYAL AIR FORCE.

AIRMAN'S/AIRWOMAN'S RECORD SHEET (Active Service).

Official No. CAN.R.174119 Name FIEURY, Joseph Oscar Rolland. Rank T/Sgt.
(In full in block capitals, surname first). (Or acting appointment).

R.A.F. Trade Air Gunner (Gr.2) Special Qualifications
(e.g., Gas Instructor, Fire Fighter, Boxing Instructor).

Date of Birth 17.8.20 Religion R.C. Occupation in Civil Life Spinner 1937-42

Last Enlisted 22.6.42 Current Engagement D. of W.

If a member of the Auxiliary Air Force

If Reservist, which Class ("E," "F," V.R.) SR Whether Married, Single or Widower S

Name, address and relationship of legal next of kin (to be entered in pencil) : father
Mr. E. Fleury, 153 St Francois B. St. Drummondville P.Q.

Name, address and relationship of person (or persons) to be informed of casualties (to be entered in pencil).
(If this person is the legal next of kin, it is only necessary to insert here "Next of Kin.")
N of K

Any alteration to above (e.g., Promotions) to be made by crossing out and writing above.

Section I.—Movements and Casualties.

Unit FROM which.	Unit TO which.	Date of Effect.
No.3 B & G.	No.1 Y Depot.	20.8.43
No.1 Y Depot.	RAFTP	25.8.43
	Emb. Halifax	26.8.43
	Disemb. U.K.	1.9.43
Int. C.123	3 PRC	2.9.43
3 PRC	23 OTU	21.9.43
23 OTU	1664 C.U.	16.11.43
1664 C.U.	425 Sqn	4.1.44
Killed in Flying Accident	S.O.S RCAF.	12.2.44.

Section 2.—Promotions, Acting Appointments (Paid or Unpaid), Reductions, Remusterings.

* Authority.	Description.	Date of Effect.
	Guard "Std" AC2	22.6.42
	" " [illegible] AC1	22.9.42
	" " u/t A.G. "	27.12.42
	Air Gunner "Std" LAC	26.6.43
	" " "Spec" T/Sgt.	6.8.43
	Air Gunner (Gr.2) T/Sgt.	6.8.43

Section 3.—Good Conduct Badges.

* Authority.	1st, 2nd, 3rd.	Awarded, Deprived, Restored.	Date of Effect.

* The authority to be quoted will be the serial number of the relevant P.O.R.

(*11902—10349) Wt. 54527—5881 50M 4/43 T.S. 700

Section 4.—Character and Trade Proficiency.

(To be assessed on every occasion on which an airman or airwoman is struck off the strength of a unit, e.g., on posting; admission to hospital when posted to N.E. strength; death; etc.; also on 31st December each year.)

Rank.	Character.	Trade Classification.	Proficiency. A	B	C	Whether specially recommended, recommended, or not recommended for promotion or reclassification.	Date.	Signature and Rank of Commanding Officer.
Sgt	V G	AG	ON STRENGTH FOR TRAINING ONLY				17.11.4[illegible]	R. Palmer S/L
Sgt	V. G.	AG.	ON STRENGTH FOR TRAINING ONLY				6.1.44	[illegible] F/L
Sgt	V. G.	A/G.	SAT	SAT.			11.2.44	R. McLennan S/L

Record of Leave and Issue of Free Travelling Warrants

POR 2/44	7 days	Leave & 48hrs.	8/1/44	to	14/1/44.	RW Issued.		E. Davis F/Lt.
POR 63/43	7 Days	Priv: Leave	9/11	-	15/11	RW. 173702	[illegible]	S/O
POR 233/43	4 Days	Priv: Leave	15.9.43 -		18.9.43.	RW. C811064		[illegible] W/O

First entry to be made at bottom of above section; subsequent entries to be made directly above in sequence.

Section 5.—Results of Courses of Instruction, Recommendations for Aircrew Duties, Recommendations for Commissioned Rank (K.R. 2132, (19) (A)). Decorations, Mentions, Special Commendations by A.Os.C., etc.

Authority.	Nature.	Date of Effect.
	Awarded Air Gunner Badge	6.8.43

To be made out in duplicate

M.F.M. 5
20M—12-41 (2833)
H.Q. 1772-39-1651

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

INSTRUCTIONS.

(*a*) This form is to be completed immediately an officer or other rank is appointed to, or enlisted in, the Canadian Army (AF) or R.C.A.F. ON ACTIVE SERVICE.

(*b*) All questions, etc., must be completed.

(*c*) Both copies of the form are to be forwarded by the Officer Commanding the unit for each officer and other rank, to the Paymaster, or Officer acting as such. The latter will transmit one copy, through the District, Command, or Camp Paymaster, to the Officer i/c Records, N.D.H.Q., Ottawa. The other copy will be retained by the Paymaster of the unit, when transferred to another unit the copy retained by the Paymaster will be sent to the Paymaster of the individual's new unit.

---

(1) Name of Officer or Other Rank FLEURY JOSEPH OSCAR ROLLAND
(Surname first—Christian names in full—Block capitals)

(2) Regimental or Official Number and Rank R 174119 AC2

(3) Unit No. 1 M DEPOT R.C.A.F. TORONTO

(4) Are you married? NO

(5) If married, state,

(*a*) Full name of your wife NA

(*b*) Present postal address of wife NA

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

(7) Are you a widower? NO

(8) Have you any children? NO Number of boys NA Girls NA

Names and ages NA

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

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

NA

Name

Postal Address

R.C.A.F. Records Office
Rec'd JUL 1 1942
O. K. C.I.B.
R. C. N. I.
S. L. P. A.

[SEE OTHER SIDE]

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

If so, state her full name and Postal Address NA

(11) Is your father alive? YES

If so, state name and address, occupation FLEURY EVAREST

153 ST. FRANCOIS ST. DRUMMONDVILLE QUE. WEAVER

(12) If your father is a widower and is totally incapacitated from earning a living—are you his sole or partial support? NA

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

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

(14) Is your mother alive? NO

If so, state name and address NA

(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 NA

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

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

If so, state the following particulars:—

Relationship NA

Full Name

Postal Address

Amount contributed monthly during the past six months NA

(18) Are you insured? YES

If so, in what Company? PRUDENTIAL LIFE
(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.

R. Edmond Fleury
(Signature of officer or man)

Date 23-6-42

Officer Commanding FOR (H.O.McDONALD) W/C

Date 23-6-42

No. 1 M DEPOT R.C.A.F. TORONTO

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.

WILL

R.C.A.F. r. 60

(1) I ....FLEURY Joseph Oscar Rolland..... of the (City, Town,) (Village, Township)

of ....Drummondville.....in the County District of.....

Province of .....Quebec.....Spinner.....
(Civil Occupation)

a member of the Royal Canadian Air Force, Number..R 174119.....Do hereby revoke all former wills made by me and declare this to be my Last Will

(2) I give, Devise and bequeath unto:-
Enriette ~~XXXXXX~~
My Mother Mrs. ~~XXXXXX~~ Fleury
of 153 St. Francois B. St.,
Drummondville, Que.,
MY WHOLE ESTATE

(3) I Give, Devise and Bequeath all the rest and residue of my estate, Both real and personal, of whatsoever kind and wheresoever situated unto:-

(4) I appoint ....MY MOTHER Mrs. Enriette ~~XXXXXX~~ Fleury OF THE ABOVE ADDRESS.....
(Name) (Address)

..... to be the ~~Executrix~~ Executrix

of this my LAST WILL IN WITNESS WHEREOF I have hereunto set my hand this

.....23rd.....day of June..... 19 .42.....

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.

.....Rolland Fleury.....
(Signature of Testator)

(5) Signature .....D Garfoyos.....
Address ...No. 1 Manning Depot. R.C.A.F. Toronto
Occupation ..Clerk.....

Signature .....Box.....
Address ...No. 1 Manning Depot. R.C.A.F. Toronto
Occupation...Clerk.....

R.C.A.F. Rec'd JUL 3 1942
O.K.
R.C. JM
S.L.

case 659

14/7/44

R.C. 20091.

PERSONAL EFFECTS OF CAN/R. 174119 SGT. FLEMY E.OR.

1 Bl[illegible] leather Gladstone containing:-

- pr. Black Oxfords.
- 1 pr. Bathing trunks.
- 2 Shirts.
- 2 Pullovers.
- 1 Blue kit bag.
- 5 Books.
- 1 pr. Pyjamas.
- 1 pr. Shorts.
- 4 Vests.
- 1 Laundry bag.
- 1 Towel.
- 7 prs. Socks.
- 5 Handkerchiefs.
- 1 Rolls Razor.
- 1 Hair brush.
- 1 Clothes brush.
- 1 Blue haversack.
- 1 Black leather zipper toilet case containing:-
  - 1 Tooth brush holder.
  - 1 Calender.
  - 1 Brevit AG.
  - 1 Box.
  - 1 Leather fountain pen holder.
  - 1 Match box containing: razor (part of Rolls)
  - 1 Torch.
  - 1 Glass mirror.
  - 1 Lock.
  - 1 Cigarette holder.
  - 1 Medallion.
  - 1 Womens Land Army badge.
  - 1 AG. Brevet.
  - 1 Beaver Club badge.
  - 1 Collar stud.
  - 1 Key.
  - 3 Ribbons on mount.
  - 2 Discs.
  - 1 piece of Flexiglass.

7/9/44 reached 1 G/Bag letter cosgrove

- 1 Address book.
- 1 Diary. R
- 1 Leather knife sheath.
- 1 Blue leather money belt.
- 1 Tie.
- 1 Blue leather zipper case containing:-
  - 1 Comb.
  - 1 Hair brush.
  - 2 Bakelite boxes.
  - 1 Package snaps.
  - 1 Folder containing:-
    - Life Saving Crest.
    - Cards.
  - 1 Package letters and post cards. R
  - 1 Hunting knife.
  - 1 Propelling pencil.
  - 1 Empty Watch case.
  - 1 Life Saving Medal.
  - 1 Black leather note case.
  - 1 Packet razor blades.
  - 1 pr. Nail clippers.
  - 1 pr. Laces.
  - 1 Tin Talcum powder.
  - 1 R.C. Booklet.

1 Cardboard box containing:-

1 Package letters. R

---

1 National Registration Certificate, Extracted by Unit and forwarded to R.C.A.F. Overseas Headquarters

---

OFFICIAL ROYAL CANADIAN AIR FORCE CASUALTY NOTIFICATION

NUMBER J89447 (R174119) RANK P/O UNIT 425 SQDN

TRADE A/G (X GL) WITH EFFECT FROM FEB 10)44

OVERSEAS

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

NAME FLEURY, JOSEPH OSCAR ROLLAND

MARITAL STATUS RELIGION CANADIAN

FRENCH CANADIAN 1022-F-2504 FD 46 OTHER

NEXT OF KIN AS SHOWN ON REC. OF SERV. & RELATIONSHIP

ADDRESS

NAME
ADDRESS
D.A.B.

AMENDED EXTRACT RE: R.A.F.

NEXT OF KIN AS SHOWN ON CAS. SIG. & RELATIONSHIP

ADDRESS

FATHER'S NAME LIVING ON ENLISTMENT

ADDRESS

MOTHER'S NAME LIVING ON ENLISTMENT

ADDRESS

ESTATES BRANCH FEB 21 1945 D.H.Q. OTTAWA. NATIONAL DEFENCE

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

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

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

CASUALTY DETAILS:

AUTHORITY CAS. SIG. NO. AIR MIN KWY ~~PUX643~~ PUX643--d-12-FEB-44 NR23/213FEB

"KILLED" 11-FEB-44 AS A RESULT OF A FLYING ACCIDENT (OVERSEAS)
(NEAR CARTERS HILL, ~~M~~ WORCESTERSHIRE, ENGLAND)

RA.
Entered on CUE
13/3/45.

~~NEXT~~ OF/KIN ADVISED 13 FEB-44

LAST WILL ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO

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

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

DATE 16-FEB-45

FOR CHIEF OF THE AIR STAFF

ΔTS-RT 2 ADMINISTRATOR OF ESTATES, OTTAWA 25433

Lt. Fluery R. copy to Ottawa 14/3/44.

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

Form 765 (C)
(*Revised Feb.*, 1943.)

14.

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

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

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

P.413593

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

AF I dated 12.2.44

1. Unit 425 (R.C.A.F.) Squadron	Group No. 6	Command Bomber	Serial No. of Form 3

2. Date of Incident ..... 11.2.44.....

Time ..... 21.07 hours.....

Site of Incident

(*a*) Name of airfield or landing ground ..... - .....

(*b*) Place (if (*a*) not applicable) ..... Carters Hill Harbury .....

(*c*) County ..... Worcs. .....

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

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

Nature { (i) Operational or Non-operational ? ..... Non-operational
(ii) Day or Night flying ? ..... Night

(iii) Purpose ..... Practice

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

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

Details of Airframe and Engine.	Airframe.	Engine. P.O. Single or Port	S.O. Starboard	P.I. Centre Port.	S.I. Centre Starboard.
Type	HALIFAX	Hercules	Hercules	Hercules	Hercules
Mark or series	III	XVI	XVI	XVI	XVI
R.A.F. No. (and makers' No. for engines)	LW.395 *b*	SS16036M *a* A383016 *b*	AC91071 *a* A382525 *b*	SS16126M *a* A383106 *b*	SS16050M *a* A383030 *b*
Total hours run		*b*	*b*	*b*	*b*
Date last installed in Airframe	—				
c Extent of damage	Cat. E. Burnt				

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

5. ALL OCCUPANTS OF AIRCRAFT and FLYING EXPERIENCE OF PILOTS.

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

Duty.	Name and Initials (Nationality to be quoted if not British).	Rank.	No.	Degree of Injury.	Flying Experience of Pilots and Pupil Pilots. *See* Note (ii)					
					Part A. Total Solo (Day & Night).		Part B (*see* Note (i) below). Solo (Night).		Part C (*see* Note (iii) below).	
					Type Quoted in Part 4.	All Types.	Type Quoted in Part 4.	All Types.	Instruments.	Link Trainer.
Pilot	Aubin G.D.	F/Sgt.	R.118590	K			20.00	76.55		
Nav.	Mitton H.	F/Sgt.	1319639	K						
W/Op.(Air)	Dubroy W.E.	Sgt.	R.54360	K						
B/Aimer	Albert J.H.	F/Sgt.	R.125906	K						
MU/AG.	Fluery R.	Sgt.	R.174119	K						
F/Eng.	Shanahan J.J.	Sgt.	1801992	K						
Passenger	Dubroy J.E.	Pte.	C.100606	K						

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

6. STAGE OF FLIGHT.	7. DID FIRE OCCUR? If Yes, state "In air" or "On ground" as appropriate. If no fire state "No."	8. CONDITIONS OF LIGHT IN WHICH INCIDENT OCCURRED.	9. IF INCIDENT occurred when taxying on, taking off from or landing on a runway state "Yes."
A. Picketed or at moorings. F. In flight. B. Starting up. G. Landing. C. Stationary other than A or B. H. Towed or manhandled. D. Taxying. J. Not known. E. Taking off		A. Day (daylight). E. Moonlight. B. Dusk (half light of evening). F. Not known. C. Dawn (half light of morning). D. Dark (no moon or moon obscured).	
Quote A or B or C, etc., as appropriate	.....	Quote as A or B or C, etc , as appropriate and amplify in Part 12(B) if neccessary.	.....

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

Duration of flight since last take off : Hours...2.. Minutes...30 If engine failure occurred during take off quote height.....

Not known.

Sgd: E.W.Blenkinsop, S/Ldr.,

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

Not known.

Is Form 1022 or 1023 being rendered?
If "Yes" state which } ..... Signature H.Roberge, F/Lt.,
Chief Technical Officer.

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

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

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

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

A & B. Not known.

C. No remarks.

Signature Sgd: E.W.Dienelnsop S/Ldr. *Commanding* 425 (R.C.A.F.) Sqdn. *Date* 22.2.44

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

(i) Was any assistance rendered in rescue work after the accident, which is considered worthy of recommendation? Yes or No..... If any such assistance was rendered, the recommendation is to be forwarded separately.

(ii) Remarks. Court of Inquiry held 12th February 1944. Conclusions of the Court:-

(a) The Court found engines, engine components, empennage components and other parts of the aircraft scattered over a wide area in a radius of approximately 4 miles of the main body of the aircraft, which appeared to have fallen out of control and landed on its back. The main wreckage was almost totally consumed by fire.

(b) No conclusive evidence was brought to light by the Court of the cause of the accident.

In accordance with the terms of reference the Court finds:-

(1) that the cause of the accident is obscure, and is unable to allocate any responsibility.

Signature Sgd: ???? G/CApt. *Commanding* R.C.A.F. THOLTHORPE. *Date* 26.2.44

*11591—8836) Wt. 48544—3196 100,000 2/43 T.S. 700

FORM 6

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: — Street: — No. — Hospital or Institution: — *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 (*Block letters*)

Surname: FLEURY

Given names: JOSEPH OSCAR ROLLAND

Do not write in this space

4. RESIDENCE

Street: ST. FRANCOIS B. STREET No. 153

Official name of civil municipality or township: DRUMMONDVILLE

Municipal county: Province: QUEBEC

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

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

10. BIRTHPLACE (Province or Country): SASKATCHEWAN

11. DATE OF BIRTH: AUGUST (Month) 17 (Day) 1920 (Year)

12. AGE OF DECEASED	Years	Months	Days	If less than one day old
	23			....hrs. or....min.

OCCUPATION

13. Trade, profession or kind of work, as **spinner, teamster, office clerk,** etc.: AIR GUNNER

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

15. Date deceased last worked at this occupation: 11/FEB/44

16. Total years spent in this occupation: TWO

	17. NAME		18. BIRTHPLACE (Province or Country)
FATHER	FLEURY	EVARISTE	QUEBEC
MOTHER (Maiden Name)	PARENTEAU	HENRIETTE	QUEBEC

19. Place of burial, cremation or removal:

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

21. PLACE OF REGISTRATION OF THIS BURIAL

(a) Name of parish or church:

(b) Civil municipality of:

(c) Municipal county:

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

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: FEBRUARY (Month) 11 (Day) 44 (Year)

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

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

24. CAUSE OF DEATH

I **Immediate cause** — Give disease, injury or complication which caused death, **not** the mode of dying, such as heart failure, asphyxia, asthenia, etc.: (a) KILLED IN FLYING ACCIDENT

due to

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

due to

(c)....

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

III If a communicable disease is mentioned on this certificate, give (a) Date of appearance....19....

(b) Duration of disease....days

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

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

State findings....Was there an autopsy?....

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

Accident, suicide or homicide: ACCIDENT (State which) Date: FEBRUARY 11 19 44

Manner of injury: FLYING ACCIDENT (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.)

D. G. Emond. S/O

FOR(R.C.A.F. RECORDS OFFICER)

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

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

(Voir l'autre côté pour le français)

R 74119
5383

Fleury Jr.

CONFIDENTIAL

R.C.A.F. FORM 5035

R.C.A.F. TRAINING REPORT

WIRELESS OPERATOR (AIR GUNNER) AND AIR GUNNER

NO.....BOMBING AND GUNNERY SCHOOL

1. SURNAME....FLEURY.....CHRISTIAN NAMES.....Joseph Oscar Rolland.....

2. NUMBER....R174119..3. RANK.....LAC..... 4. COURSE NO.....57.....

5. POSTED FROM.#2 AGGTS. 6. DATE COURSE COMMENCED.17/May/43. 7. DATE COURSE ENDED..6/Aug/43.... 8. POSTED TO.#1 Y Dpo. HALIFAX

9. AIRCREW TRADE.....Air Gunner..... 10. HEIGHT.....67".... 11. GIRTH.....37".....

12. EQUIPMENT USED

TYPE OF AIRCRAFT	TYPE OF GUNS			TYPE OF TURRETS			
	IN AIR	ON GROUND	ROUNDS FIRED 25 YD.	IN AIR	ON GROUND	ROUNDS FIRED 200 YD.	HOURS TURRET MANIP.
BATTLE	V.G.O.	V.G.O.	790	BRISTOL	F.N.	1100	15:00
Anson		Browning			B.P.		
					Bristol		

13. GROUND WORK

SUBJECT	MARKS ALLOTTED	MARKS OBTAINED
GUNS, PYROS. AND AMMO. (WRITTEN)	200	134
GUNS (PRACTICAL)	100	65
SIGHTING (~~WRITTEN~~)ORAL	250	163
TURRETS (PRACTICAL)	200	134
A/C RECOGNITION	150	143
SIGNALS	100	75
TOTAL	1000	714
PERCENTAGE		71.4

14. AIR WORK

FLYING EXPERIENCE		DAY	NIGHT
NUMBER HOURS FLOWN		25:15	
NO. CINE EX. COMPLETED		0	
ROUNDS FIRED	AIR TO GROUND	400	
	AIR TO AIR	3525	
% HITS AIR TO AIR		7	

AIR FIRING MARK	MARKS ALLOTTED	MARKS OBTAINED
	1000	694

15. ASSESSMENT OF QUALITIES OF CHARACTER AND LEADERSHIP	MARKS ALLOTTED	MARKS OBTAINED
	100	64

16. DEGREE OF SUITABILITY FOR FURTHER TRAINING	0 NOT AT ALL SUITABLE	1 MODERATELY SUITABLE	2 DEFINITELY SUITABLE	3 EXTREMELY SUITABLE
AS A GUNNERY INSTRUCTOR	X			

(MARK "X" IN APPROPRIATE COLUMN)

17. REMARKS:- Average student, keen on his work, displays ample initiative, can be relied upon.

DATE:-.....6/August/43.....

W/C Queen a/c

OFFICER COMMANDING
NO...3...BOMBING & GUNNERY SCHOOL

DISTRIBUTION OF SERVICE ESTATES

Estates Form "P. 4"

R.C.A.F. GL

Name FLEURY [redacted] Joseph O.R. No. J.89447
Surname Christian Names

P/O R.C.A.F. O/S 11-2-44
Rank Unit Date of Death

AMOUNT

L.P.C. $ 94.55

Date 9-4-46 Other Credits

Total 94.55
Prev dist. 72.20
This dist. 22.35

SHARE	RELATIONSHIP	NAME AND ADDRESS	AMOUNT
All	Mother	Mrs Henriette Fleury 153 B. St. Francois St., Drummondville, Que. (Sole beneficiary under will)	22.35

DO NOT REMOVE FROM FILE

P4 TO TREAS 29-4-46 QMW

AUTHORITY

H.Q. F.E. No.	VOTE	PRI	H.Q. SUB.	OBJ.	AMOUNT
0000 ~~XXXX 9999~~	833	01	70	000	22.35

CLASSIFIED BY

EXAMINED BY

For Chief Treasury Officer

DISTRIBUTION APPROVED AND AUTHORIZED

for GSG.
(L. M. FIRTH) Colonel
Director of Estates

AUDITED FOR PAYMENT

For Chief Treasury Officer

30M—1-46 (8630)
H.Q. 1772-45-27

R.C.A.F. A81-A
5M-12-44 (4876)
H.Q. 885-A81-A

DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

4
AIR

46867

DECEASED MEMBER'S NAME: J.O. Rolland (CHRISTIAN NAMES) Fleury (SURNAME)

REGISTER NO.

FILE NO. 25208

PAYEE: Mde. Enriette Fleury,

ADDRESS: 153 rue St. Francois, Drummondville, Que.

DATE 16 Aout/45

SERVICE NO. J89447

FINAL RANK OR RATING P/O

DATE OF TERMINATION OF OVERSEAS SERVICE 11 Fev/44

DATE OF DISCHARGE 11 Fev/44

		$ ¢
A. TOTAL QUALIFYING SERVICE	NO. OF DAYS 600/30 EQUAL TO 20 COMPLETE PERIODS AT $7.50	150.00
B. QUALIFYING OVERSEAS SERVICE	NO. OF DAYS 171 LESS INELIGIBLE DAYS, EQUAL TO 171 DAYS @ 25C. PER DAY	42.75
C. SUPPLEMENT FOR OVERSEAS SERVICE		
DAILY RATES AT DISCHARGE		
PAY	$ 6.25	
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE	$ 1.70	
ADDITIONAL PAY	$	
	$	
	$	
DEPENDENTS' ALLOWANCE 1/30 OF $	$	
TOTAL	$ 7.95 ×7 = $ 55.65	
NO. OF DAYS 171/183	×$ 55.65	52.00
D. WAR SERVICE GRATUITY		244.75
E. DEDUCTIONS — OVERPAYMENT OF PAY AND ALLOWANCES	$	
OVERPAYMENT OF DEPENDENTS' ALLOWANCE AND ASSIGNED PAY	$	
OTHER DEDUCTIONS	$	
F. TOTAL AMOUNT PAYABLE		244.75

G. YOUR PORTION OF GRATUITY IS—

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU $ ////// OF $ 100% =$ 244.75

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

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

PREPARED BY	CHECKED BY

TREASURY

CHECKED BY	DATE
W Lebert	18-8-45

SERVICE REPRESENTATIVE

ΔT

Treasury Office.
Air Force Services
OTTAWA. - CANADA.
Rec'd. AUG 18 1945
P. & A. SECTION

Tél. Bureau 333
" Résidence 2568

Cité de Drummondville

Directeur département
Police et Feu

Drummondville, Qué. 26 mars 1942.

Royal Canadian Air Force,
Montréal,
P.Q.

Messieurs,

Le porteur de cette lettre est M. Rolland Fleury, 21 ans, qui habite notre ville depuis une dizaine d'années.

C'est un bon jeune homme, sobre, de bonne moeurs et il n'a jamais eu de dossiers de police dans nos records, à sa demande, je suis donc heureux de vous le recommander.

Veuillez me croire

Votre tout dévoué,

EL/ES

Chef de Police
Cité de Drummondville.
E Lapierre

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

PRESBYTÈRE

PAROISSE SAINTE-THÉRÈSE

DRUMMONDVILLE, P. Q.

A CEUX QUE LA PRESENTE PEUT CONCERNER.

Le curés soussigné, certifie que Monsieur Rolland Fleury, porteur de la présente est un bon citoyen de ma paroisse, et qu'il mérite la confiance de tous ceux qui auront affaire à lui.

Donné à Drummondville ce vingt-septième jour de mars mil neuf cent quarante deux.

Jos. Beauchemin ptre curé

ASSEMBLÉE LÉGISLATIVE

PROVINCE DE QUÉBEC

Rec'd
27 nov 1942

A la Royale air Force.

La présente est pour recommander Son Lieutenant Rolland Fleury de Drummondville Lequel y est mais depuis de nombreuses années connu ainsi que ses parents Sa conduite et sa bonne Conduite

Il désire sincèrement s'enrôler dans la force de l'air et communiquer ses qualités personnelles Je suis assuré qu'il Sera un bon modèle et un fidèle ami Défenseur de sa patrie

J. A. Arsenault M.P.P.
Co. Drummond.

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

CITÉ DE DRUMMONDVILLE

BUREAU DE L'INGÉNIEUR

DRUMMONDVILLE, P. Q. March 28/42

Commanding Officer R.C.A.F.
Montreal

Dear Commander

I am pleased to recommand to your kind attention, the bearer, Mr Roland Fleury, a young man of Drummondville, whose entire Canadian life to be known as Canadian.

This young man is sober, active, honest, my milleleiseut and I know he'll show himself quite an acquisition for the R. C. A. F.

Respectfully,

Dr Joseph Caron,
Mayor of Drummondville

R.C.A.F. Records Office
Rec'd JUIN 26 1942

le 16 février 4

M. Evariste Fleury,
153, rue François B,
Drummondville, P.Q.

Monsieur,

J'ai le pénible devoir de confirmer le télégramme qui vous a été envoyé récemment pour vous faire savoir que votre fils, le sergent Joseph-Oscar-Rolland Fleury, avait été tué en activité de service.

J'apprends, de la part de l'officier préposé au registre des morts, blessés et disparus du C.A.R.C., outre-mer, que votre fils, qui était membre de l'équipage de bord d'un aéronef, a perdu la vie au cours d'opérations aériennes effectuées à neuf heures sept minutes du soir, le 11 février 1944, près de Carters Hill, Worcestershire, Angleterre.

Soyez assuré que tous nouveaux renseignements reçus au quartier général vous seront communiqués sans retard.

Permettez-moi de vous offrir, ainsi qu'à tous les membres de votre famille, mes profondes condoléances.

Votre tout dévoué,

MC

W.R. Gunn,
Chef d'escadrille,
Préposé au registre des morts, blessés et disparus
du C.A.R.C.
pour le Chef de l'état-major de l'Air

Translation,
PL-YS,
16-2-44

le 23 février 1944

M. Evariste Fleury,
153, rue François B,
Drummondville, P.Q.

Monsieur,

J'ai appris avec un vif regret la mort de votre fils, le sergent Joseph-Oscar-Rolland Fleury, survenue en activité de service, outre-mer, le 11 février. Je tiens à vous exprimer, de même qu'à tous les membres de votre famille, mes condoléances les plus profondes.

Il est à déplorer qu'une carrière aussi pleine de promesses ait été si brusquement interrompue. Soyez assuré que la mort de votre fils est vivement regrettée par tous ses compagnons d'armes.

Votre tout dévoué,

(SGD.) C. A. S.

Robert Leckie,
Maréchal de l'Air,
Chef de l'état-major de l'Air.

1022-F-2504
Translation,
PL-YS,
23-2-44

COPY FOR H.Q. OTTAWA

R174119 Sgt. Fleury J.O.R.
(NUMBER) (RANK)

Le 29 Février, 1944.

P.A.

Cher Monsieur Fleury, 1022-F-250

Avant de recevoir cette lettre, vous aurez sans doute été notifié par les Bureaux Chef de l'Aviation, de l'accident arrivé à votre fils, Sergeant Rolland Fleury.

La présente lettre est pour vous donner quelques détails et vous exprimer les regrêts et la sympathie ressentis par tous les membres de l'Escadrille et par moi-même.

L'avion dans lequel votre fils agissait comme mitrailleur était engagé dans des pratiques de vol de nuit, le soir du 11 Février, 1944, mais pour des raisons inconnues jusqu'ici, l'avion s'écrasa sur le sol, vers neuf heures, près de Hanbury, Comté de Worcestershire, causant la mort instantanée de tous les occupants.

Malheureusement, à cause du temps qu'il faut pour communiquer dans les présentes conditions, il a été impossible de vous consulter au sujet des funérailles, et en conséquences, j'ai du arranger Le Service sans connaitre vos désirs. Vous comprendrez, j'en suis sur, la nécessité de cette action et j'espère sincerement que les arrangements que nous avons faits s'accordent avec ce que vous auriez pu désirer.

Votre fils fut inhumé dans le cimétiere de Pershore, Comté de Worcestershire, à trois heures de l'après-midi, Mercredi le 16 Février, 1944. Des membres de l'Escadrille étaient présent et les Honneurs Militaires Réglementaires lui furent accordés. Le cercueil était couvert du Drapeau Britannique, Union Jack, et porté par des confrères. Des couronnes de fleurs ont ete envoyées par les membres de l'Escadrille. A la fin du Service, le "Dernier Appel" fut sonné. Vous trouverez ci-inclus, un set de photographies prises aux funérailles.

Je désire ajouter que Rolland était très populaire avec tous et chacun de l'Escadrille et je tiens aussi à vous assurer que nous respectons le suprême sacrifice qu'il a fait, si loin de son pays et de sa famille, pour la Cause de l'Humanité et au Service de la Cause Alliée.

Les effêts personnels de votre fils furent envoyés à l'Officier Commandant, Royal Air Force Central Depository, et vous seront transmis par l'intermédiaire des Bureaux-chef à Ottawa.

Je désire vous exprimer encore une fois toute la sympathie que nous ressentons avec vous dans ce deuil cruel.

Votre tout devoué,

B.D. Richer m/cdg.

(B.D. Richer)
Commandant d'Escadre,
Escadrille 425, R.C.A.F.
Outremer.

Mr. E. Fleury,
153 St.Francois,
Drummondville, Que.,
Canada.

AWATTO D.H FOR COPY
NUMBER

RECEIVED
APR 18 1944
CASUALTY
SECTION