

J89453
LEGAULT
JOSEPH HENRI



R94129

3805

Legault J

ROYAL CANADIAN AIR FORCE



Right Index
Fingerprint



Name LEGAULT, JOSEPH HENRY CHARLES

Rank Leading Aircraftman

Age 20

Height 5'7 1/2"

Weight 145 lbs

Hair Dk. Brown

Eyes Brown

Hair on face Dark

Marks, scars, etc. Scar over left eye

Joseph Legault (Signature of holder)

W. K. Kennedy (Signature of issuer)

Place No. 9, S.F.T.S.
Summerside, P.E.I.

Date November 13th 1941

Card serial number 1288

LOSE THIS CARD, notify your C.O.

Immediately, giving him full particulars

IF YOU FIND THIS CARD, please mail in

envelope addressed to: "The Secretary,
National Defence (Air); Ottawa, Ont.
Attention P.I.B."

NO POSTAGE NECESSARY



E. REEDY T.S.



J89453

P/O. J.H.C. LEGAULT.
425. SQDN. RCAF.

K/A
23.444

LCPL PEPPARD DM

ROYAL CANADIAN AIR FORCE
SERVICES
PAY BOOK

ROYAL CANADIAN AIR FORCE



SERVICE

AND

PAY BOOK

THIS BOOK IS THE PROPERTY OF THE
ROYAL CANADIAN AIR FORCE
IT IS TO BE KEPT IN GOOD CONDITION

Royal Canadian Air Force
SERVICE BOOK

R.C.A.F. A.47
Part 1.

INSTRUCTIONS TO OFFICERS
AND AIRMEN

1. You will be held responsible for the safe custody of the book.
2. You will always carry the book on your person both at home and abroad.
3. You must produce the book whenever called upon to do so by a competent authority, civil, naval, military or air.
4. You must not alter or make any entry in this Book (except as regards short form of Will on page 16, see instructions on pages 12 to 15), and disobedience of this order will be treated as a serious offence.
5. Should you consider that any entry in the book is lacking or incorrect, or should you lose the book, you will report the matter to your immediate superior in the Royal Canadian Air Force. Any change in name or address of person to be informed of casualties must be reported immediately to your Commanding Officer.

M-9 C.R. 453-1
789453
Air Force No. R. 94129 Surname LEGAULT
Christian Names (in full) JOSEPH HENRI CHARLES
Date of Birth 28-3-21 Religion R.C.
Date of Enlistment/Appointment 31-3-41
Married (M), Widower (W) or Single (S) S.
Occupation in Civil Life.....

Signature of Holder Legault J.H.B.

Name and Address of Next-of-Kin.....
.....
.....

Name, Address, and Relationship of Person to be informed of Casualties—
William Legault (father)
33 B Cherry St.
Montreal Que.

Certified Correct Abraham Plo
Date 7-7-43 Place 4 Depot Calgary

LEAVE RECORD
(With Free Railway Warrant)

| From (date) | To (date) | Signature of Officer |
|-------------|-----------|----------------------|
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LEAVE RECORD
(With Special Leave Warrant A.24)

| From (date) | To (date) | Authority and Signature of Officer |
|-------------|-----------|------------------------------------|
| | | T.W.# |
| | | T.W.# |
| | | T.W.# |
| | | T.W.# |
| | | T.W.# |

MEDICAL CLASSIFICATION

| Date | Category | Medical Board or Medical Exam. (Form No.) | Unit | Initials of M.O. |
|---------|----------|---|------------|------------------|
| 11.3.41 | A4B | M2 .1. | F. HOPKINS | |
| 1-7-43 | A3B(1) | m13 | | |
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BLOOD GROUP

| Date | International | Initials of M.O. |
|------|----------------------|------------------|
| | BLOOD GROUP A | |

NIGHT VISUAL CAPACITY

| Date | Score | Group | Initials of M.O. |
|------|-------|-------|------------------|
| | | | |
| | | | |

IMMUNIZATION PROCEDURES
VACCINATION

| Date | Result | Initials of M.O. |
|---------|---------------|------------------|
| 29-4-41 | J. F. HOPKIRK | |

| Susceptibility Test | Date | Result |
|---------------------|----------|--------|
| Schick Test..... | 20.5.41 | neg |
| Dick Test..... | 21.10.41 | neg |

PROTECTIVE INOCULATIONS*

| Nature of Inoculation | Date | Dose | Initials of M.O. |
|-----------------------|---------|--------|------------------|
| TABT | 8-4-41 | 1cc | J. F. HOPKIRK |
| | 29.4.41 | 1cc | |
| | 24.7.41 | 1cc | |
| Klein's Neg | 15.5.43 | — | |
| TABT Annual | 15.5.42 | 1/2 cc | |

IMMUNIZATION PROCEDURES—Con.

| Nature of Inoculation | Date | Dose | Initials of M.O. |
|-----------------------|------|------|------------------|
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* To include diphtheria toxoid, scarlet fever toxin, cholera, plague and yellow fever vaccines, etc.

An Officer or Airman who has made a Will before his enlistment, is recommended to inform his Commanding Officer where such Will has been deposited and the Commanding Officer shall upon receipt of such information forthwith complete the following certificate and despatch the same to the R.C.A.F. Records Officer.

No.....Rank.....Name.....

states that he has executed a Will and that the same has been deposited with.....

at.....

Signature of Officer.....

Rank or Appointment.....

Date.....

Before embarkation, each Officer or Airman is recommended, particularly those who have real estate, to consider the necessity for executing a document appointing some person or Trust Company his Attorney to manage or otherwise deal with real estate during his absence from Canada; also to review his affairs in the light of any changes that may have occurred since the date of his last Will and, if desirable, make a formal Will and inform his Commanding Officer thereof as indicated at the top of this page, or make a Will on R.C.A.F. R. 60 or R. 60A., and hand it duly completed to his Commanding Officer for transmission to the Records Officer concerned for safe custody.

The Officer receiving such Will shall complete the following certificate:—

Certificate R.C.A.F. R. 60 or 60A. received and forwarded to the R.C.A.F. Records Officer.

Signature of Officer.....

Rank or Appointment.....

Date.....

Date Certificate extracted.....
Signature of Officer.....

Unit.....
To Whom sent.....



MINUTE 1.

D.P.S.

1. No.425 R.C.A.F. Squadron reported that Halifax aircraft, LW.633, with a crew of 7, failed to return from an operational attack on Dusseldorf. It left base at approximately 22.40 hours on the 22nd. April, 1944, after which no further news was received.
2. A telegram from the I.R.C.C. quoting German information, states that F/Sgt. Legault and W.O.2. Brisson were killed on the 23rd. April, 1944.
3. An extract from official German totenliste No.218, confirms the information contained in paragraph two, and states that F/Sgt. Legault and W.O.2. Brisson were buried on the 26th. April, 1944, in Grave No.37 and Grave No.46, respectively, in Section KK., General Cemetery, Eindhoven-Woensel. Woensel is located approximately one mile North of Eindhoven, Holland.
4. It is accordingly submitted that the death of CAN/J86180 P/O. J.P.G. BRISSON, and, CAN/R94129 F/SGT. J.H.C. LEGAULT, be presumed, for official purposes, to have occurred on the 23rd. April, 1944.
5. One R.C.A.F. member of this crew, W.O.2. Davidson, is now a Prisoner of War, and the three remaining R.C.A.F. members, F/O. Fortin, F/O. Desrosiers and Sgt. Hurteau, are still classified as "Missing". The one remaining member of this crew was not R.C.A.F. personnel.

M.M. Solberg LAC

21/9/44.

R. E. MANN

for R.C.A.F. Casualties Officer.

MINUTE 2.

Para. 4. of Minute 1. approved.

A. B. MATTHEWS

Wing Commander,
for Director of Personal Services.

ORIGINAL ON PA/GAS/CAN.
"RETURNED" VOL. FOLIO: 41.
4-17.
43A. 20/10/44.
C.12. 1/6. M.M. Solberg LAC

Pod list to Ottawa

28/9/44.

M.M. Solberg LAC

GENERAL CEMETERY AT WOENSEL, NEAR EINDHOVEN,
NOORD, HOLLAND.

Enclosure with Air Ministry
letter T.23391/47/S.14 Cas.C.6
dated 30th January, 1948.

| <u>(1)</u> <u>Serial</u> <u>Number</u> | <u>(2)</u> <u>A.M. File</u> <u>No., etc.</u> | <u>(3)</u> <u>Casualty</u> <u>Date</u> | <u>(4)</u> <u>Service</u> <u>Number</u> | <u>(5)</u> <u>Rank</u> | <u>(6)</u> <u>Name & Initials</u> | <u>(7)</u> <u>Crew</u> <u>Position</u> | <u>(8)</u> <u>Burial</u> <u>Details</u> |
|--|--|--|---|---------------------------|--|--|---|
| 73 | P.416228/44 C.E. No. X.1350 p | 23.4.44 | J.24180 | Fg.Off. | Fortin, B.C.E. | Nav. | KK-38 |
| | | | R.194194 | Flt.Sgt. | Hurteau, J.F.R. | A/G | 39 |
| | | | 2201513 | Sgt. | Welch, I. | F/Eng. | 45 |
| | | | J.86180 | Plt.Off. | Brisson, J.P.G. | Capt. | + 6 |
| | | | J.89453 | Plt.Off. | Legault, N.J.H.C. | A/G | + 12 |

(Remainder safe)

p No. 2 Unit's letter of 21.5.47 acknowledged.
Case closed.
+ Row B, plot XVI, Grossbeek Canadian Military
Cemetery, Nijmegen.

Sgt. Legault J.H.C.

Copy to Ottawa 17/5/44

P.416228

425 (RCAP) Squadron

Ref: 425/SL/9/Air

8th May, 1944

6

Halifax III, L.633 "O" - Missing on the night of
22/23rd April 1944.

The following report is submitted in amplification of my A.49 dated 23rd April 1944, with reference to the crew of the above mentioned aircraft which has been reported missing on the night of 22/23rd April/44.

2. At approximately 22.40 hours on the night of 22nd April 1944, the above mentioned aircraft piloted by Can. N. 144989 W/O.2 Brisson J.P.C., took off from this aerodrome to carry out bombing of Dusseldorf, Germany, but unfortunately nothing further has been heard from any member of the crew since time of take off.

3. The names of the members of the crew, together with particulars of their operational trips and hours are as follows:-

| | | | | OPERATIONAL | |
|-----------|--------|-----------------|--------|--------------|--------------|
| | | | | <u>Trips</u> | <u>Hours</u> |
| R. 144989 | W/O.2 | Brisson J.P.C. | Pilot | 5 3/4 | 54.45 |
| J. 24180 | T/F/O. | B.C.M. Fortin | Nav. | 4 3/4 | 45.55 |
| J. 26858 | T/F/O. | J.Y. Desrosiers | W/Op. | 4 2/3 | 47.55 |
| R. 161701 | W/O.2 | Davidson E.L. | B/A. | 4 3/4 | 45.55 |
| R. 194194 | Sgt. | Hutsau J.F.R. | R/AG. | 4 3/4 | 45.55 |
| R. 24129 | Sgt. | Legault J.H.C. | MO/AG. | 3 3/4 | 38.15 |
| 2201513 | Sgt. | Welch D. | F/Eng. | 3 3/4 | 40.20 |

Sgd : J.F.R. St. Amour P/Lt.

For Wing Commander, Commanding,
425 (R.C.A.F.) Squadron

FOR FRENCH TRANSLATION

R94129 (R.O.4)

OTTAWA, Canada, 5th September, 1944.

Miss Marie-Jeanne Bilodeau,
89A Murray St.,
Sherbrooke, P.Q.

Dear Miss Bilodeau:

I wish to acknowledge your letter of August 14th to the Minister of National Defence which has been referred to me for reply.

It is with regret that I must inform you that Sergeant Joseph Henri Charles Legault was reported missing when he and his entire crew failed to return to their base after a bombing raid over enemy territory on the night of April 22nd and early morning of April 23rd, 1944.

A subsequent report from the International Red Cross Society at Geneva, quoting German information, stated that Sergeant Legault had lost his life and was buried in the Communal Cemetery, Section KK Grave number 37, Windhoven Woensel, Holland.

As this information comes from enemy sources it is necessary to consider Sergeant Legault "missing believed killed" until official confirmation has been received by the Air Ministry or until the lapse of six months from the date he was reported missing, at which time he will, for official purposes, be presumed dead.

The names of the other members of Sergeant Legault's crew who were Royal Canadian Air Force personnel and who were also reported missing are listed below.

(over)

Jean,
Ph-40.
6-9-66

Flying Officer J.Y. Desrosiers,
Next-of-kin: Mr. John Desrosiers (father)

Flying Officer B.C.E. Fortin,
Next-of-kin: Mr. Dominique Fortin, (Father)

Warrant Officer Second Class J.E.L. Davidson,
Next-of-kin: Mr. J.E. Davidson (father)

Warrant Officer Second Class J.P.G. Brisson,
Next-of-kin: Mr. Arthur Brisson (father)

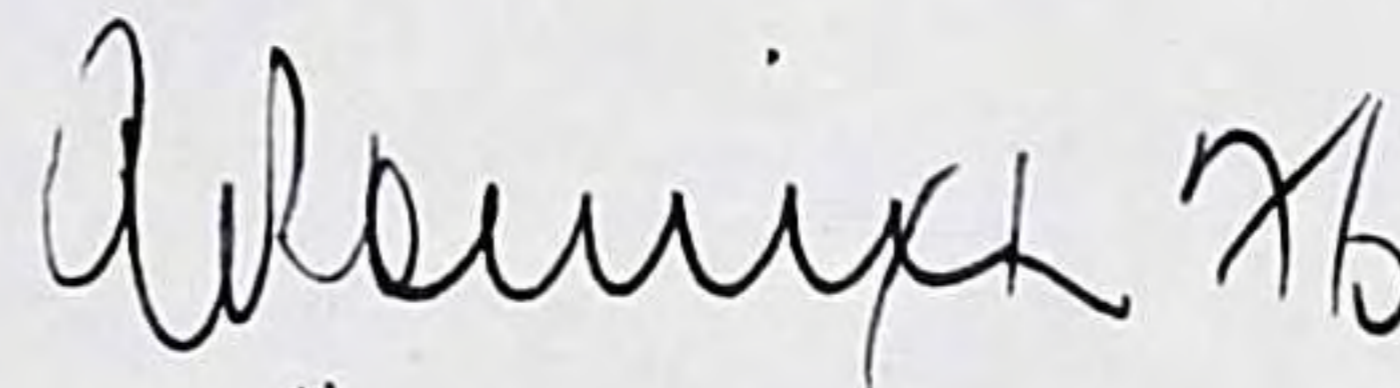
Sergeant J.F.R. Hurteau,
Next-of-kin: Mrs. Thelesfor Cloutier, (mother)

Regulations do not permit the disclosure of the addresses of the next-of-kin, but if you wish to write to them, letters addressed in the following manner will be forwarded at once.

Mr. John Desrosiers,
Next-of-kin of,
F/O J.Y. Desrosiers,
R.C.A.F. Headquarters,
Ottawa, Ontario.

May I offer you my deepest sympathy.

Yours sincerely,



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

SJ089453 LEGAULT JOSEPH

POB

1 NUMBER NAME 29 RANK

SERVICE AWARD CARD

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

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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.

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129731

6/11/46

AWARD
 AWARD AND CLASP
 APPLICATION DISPATCHED
 RIBBON ISSUED
 MEDAL ISSUED

3688 27/3/50

J. William Legault (Father)

33 B Merry St. No.,

Magog,

Ave.

June - 45.

MEMORIAL BAR

DATE DESP.

REGN. NO.

35-55

P.A.

J89453 (RO)

REGISTERED OTTAWA, Canada, 6th November, 1946. /

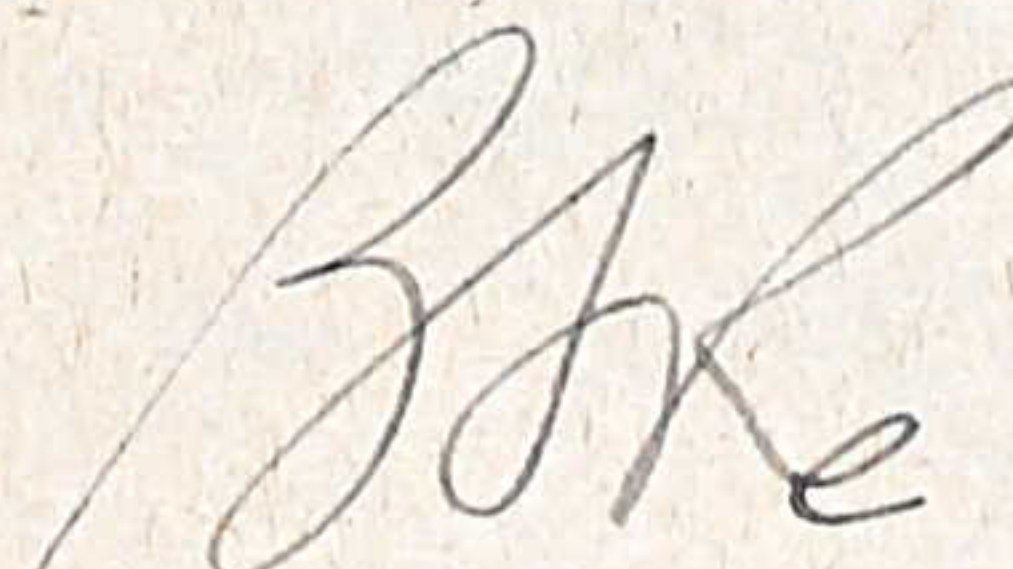
Mr. J. William Legault,
33B Merry North,
Magog, P.Q.

Dear Mr. Legault:

It is a privilege to have the opportunity of sending you the Operational Wings and Certificate in recognition of the gallant services rendered by your son, Pilot Officer J.H.C. Legault.

I realize there is little which may be said or done to lessen your sorrow, but it is my hope that these "Wings", indicative of operations against the enemy, will be a treasured memento of a young life offered on the altar of freedom in defence of his Home and Country.

Yours very sincerely,



(W.A. Dicks)
Wing Commander
for Chief of the Air Staff.

/BBO

p4602
efo
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CONFIDENTIAL *11*

Confidential

From:- Officer Commanding, R.A.F. Station, High Ercall.
To:- R.C.A.F. Headquarters, 20 Lincolns Inn Fields, W.C.2.
Date:- 16th July 1944.
Ref.:- HE/C.1131/P1.

F/SGT. HENRY LEGAULT.

I have had an enquiry by a Mrs. Turner of 62 Walton Avenue, Oakengates, Salop, who has asked if I can ascertain for her the address of the parents of the above named Canadian N.C.O. whom, it is understood, was reported "missing" on operations on 22nd April last while at R.A.F. Tholthorpe, Yorks. It is regretted that the Service number of F/Sgt. Legault, who was an Air Gunner, is not known.

2. Mrs. Turner, who is being divorced by her husband, had been associating with F/Sgt. Legault for some time before he was reported "missing" and she gave birth to a child, of which he is the father, in May last. There is every indication that Mrs. Turner and F/Sgt. Legault were much attached and he intended marrying her when she had received her freedom. It is understood that from time to time she received gifts from F/Sgt. Legault's parents but she does not know their address and she now wishes to get into touch with them.

3. It will be much appreciated if you could furnish this Unit with the particulars required.

LD to West F/u-
Group Captain, Commanding,
R.A.F. Station, High Ercall.

ECB.

22 JUL 1944

OFFICIAL ROYAL CANADIAN AIR FORCE CASUALTY NOTIFICATION

NUMBER J89453 RANK PILOT OFFICER UNIT 425 RCAF SQDN
 TRADE AIR GUNNER (SP GR) WITH EFF. 21-APRIL-44. OVERSEAS
 AP&R 277/44

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

NAME ~~XXXXXXXX~~ JOSEPH HENRI CHARLES
 LEGAULT,

MARITAL STATUS RELIGION CANADIAN

FRENCH CANADIAN R 94129 FD 297 OTHER

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

ADDRESS MR. WILLIAM LEGAULT (FATHER)
 33B MERRY STREET
 NAME ADDRESS D.A.B. MAGOG, QUEBEC

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

ADDRESS

FATHER'S NAME ADDRESS

LIVING ON ENLISTMENT

MOTHER'S NAME ADDRESS

LIVING ON ENLISTMENT

AMENDED EXTRACT RE: RANK



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. BOMBER MAIL LETTER-----d-OCTOBER-44

PREVIOUSLY REPORTED "MISSING" 23-APRIL-44 AFTER AIR OPERATIONS (OVERSEAS) (OVER DUSSELDORF, GERMANY) SUBSEQUENTLY REPORTED "MISSING BELIEVED KILLED" (OFFICIAL GERMAN INFORMATION)

NOW "PRESUMED DEAD" 23-APRIL-44 FOR OFFICIAL PURPOSES.

pending L.P.C.

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

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

DATE 15-12-44

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

[Signature]
 FOR CHIEF OF THE AIR STAFF

POUR L'USAGE DU DÉPARTEMENT SEULEMENT

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

Type d'homme..... *Very good* Apparence générale..... *Neat*

Aptitudes pour (indiquez à quel titre)..... *Standard General Duties*

Date..... *11-3-41* Signature..... *Fernand L. Bédoux* Grade..... *Cpl*

(B) Rapport sur l'épreuve professionnelle—

Métier sur lequel a porté l'épreuve..... *Na.*

Résultat..... *Na.*

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

..... *Nil*

Date..... *11-3-41* Signature..... *Fernand L. Bédoux* Grade..... *Cpl*

(C) DÉCLARATION D'ENGAGEMENT DE LA RECRUE

Je, soussigné, Joseph Henri Charles LEGAULT 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..... March 31st, 1941 19..... *Henri Legault*
Signature de la recrue

(D) SERMENT PRÊTÉ PAR LA RECRUE

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

Date..... March 31st, 1941 19..... *Henri Legault*
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..... thirty first jour de..... March 19..... 41

..... *Fernand Bédoux*
Signature de l'Officier Grade R.C.A.F. Recruiting Centre Montreal. Unité

POUR L'USAGE DU DÉPARTEMENT SEULEMENT
CERTIFICAT DE L'EXAMEN MÉDICAL

Partie 1. Renseignements obtenus de la recrue—

1. Age..... 19 2. Avez-vous souffert d'une des maladies suivantes?
- | | |
|--|--|
| (a) Rhumatisme..... <i>no</i> | (j) Affection nasale..... <i>no</i> |
| (b) Tuberculose..... <i>no</i> | (k) Maladies des oreilles..... <i>no</i> |
| (c) Bronchite ou asthme..... <i>no</i> | (l) Maladies des yeux..... <i>no</i> |
| (d) Affection cardiaque..... <i>no</i> | (m) Epilepsie..... <i>no</i> |
| (e) Maladie du rein ou de la vessie..... <i>no</i> | (n) Maladie nerveuse ou mentale..... <i>no</i> |
| (f) Gastrite intestinale..... <i>no</i> | (o) Syphilis..... <i>no</i> |
| (g) Hernie..... <i>no</i> | (p) Gonorrhée..... <i>no</i> |
| (h) Varices..... <i>no</i> | (q) Fracture..... <i>no</i> |
| (i) Pieds plats ou déformés..... <i>no</i> | (r) Autre maladie ou défectuosité..... <i>no</i> |
3. Avez-vous jamais porté des lunettes?..... *no*

Henri Legault
Signature de la recrue

Observations des examinateurs.....
.....
.....

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).....
But scar rt leg - arm scars at body
Birthmarks on rt buttocks
2. Taille..... 5 pieds..... 3/4 pouces. 3. Poids..... 146 livres.
4. Teint..... *Brunette* 5. Couleur des yeux..... *Brown* Cheveux..... *dk Brown*
6. Développement

| | |
|---|----------|
| { | Bon |
| { | Passable |
| { | Médiocre |

 7. Tour de poitrine—Expiration..... 37 pouces
Degré d'expansion..... 2 1/4 pouces
8. Ouïe—Droite..... *W V 20* Gauche..... *W U 20* Tympan—Droit..... *N* gauche..... *N*
9. Vue—sans lunettes—droit..... 20/20 avec lunettes—droit..... 20-20
gauche..... 20/30 gauche..... 20-20
10. État de la bouche et des dents..... *20 pts*
11. Urine—Albumine..... *neg* Sucre..... *neg*
12. Anomalies révélées à l'examen (congénitales et pathologiques).....
nil

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
~~A1B~~

Observations spéciales des médecins.....
Pending reanalysis & ophthalmologist report
12-3-41 Rechecked vision correctible
to 20-20 both eyes
13-3-41 V. Ray # 73281 Neg
31-3-41 Rechecked Cat A4B. Extra strength 8 to 10

Date..... 11 - 3 - 1941

John Allen Président *W. W. ...* Membre Membre

22

CONFIDENTIAL

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

ROYAL CANADIAN AIR FORCE

Medical Board held at London

Date Sept 21/42

FILE NUMBER

7

Surname Legault Chr. Names Joseph, Henri, Charles
 Nature of Commission Date of Birth Mar 28/21 Married or Single Single
 Branch Hours Flown 8 hours passenger
 Address # 9 S.F.S. Centralia Ont.

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 Acute Bronchitis: Oct/41. Hospitalized 6 days.
 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 Gonorrhoea 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 none.

Education Grade 8
 Present Occupation Gen. Duty R.C.A.F. Hobbies Reading
 Previous Service R.C.A.F. since March 30/41
 Athletics Hockey, Baseball
 Habits—Smoking 7-8 Cigs. daily Alcohol Occasional
 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 Dead—Cause
 Sisters (2.) Alive—Health Good Dead—Cause

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

Date Sept 21/42 Signature Henry Legault Witness L. F. Joffe F/O

GENERAL MEDICAL AND SURGICAL EXAMINATION

Impression given by (a) Physique *athletic* (b) Mentality *standard*
 Body Marks, Scars, Deformities *Cut scar at lower leg - Brown birth mark at buttocks*
 Size of Thyroid Gland *n*
 Surgical Abnormalities *none*
 Results of Wounds, Injuries, Operations *none*

| | Date <i>Sept 21/42</i> | Date | Date | REMARKS ON ANY ABNORMALITIES FOUND |
|----------------------------|------------------------|------|------|--|
| Height (ins.) | 67 | | | Date <i>Sept 21/42</i> <i>Genital Sites Clear</i> |
| Weight (lbs.) | 155 | | | |
| Chest Circumference (ins.) | | | | |
| Body Build (lbs.) | | | | |
| LEG LENGTH (ins.) | <i>ample</i> | | | |
| Pulse Rate | | | | |
| { Sitting | 84 | | | |
| { Standing 1st | 96 | | | |
| { Standing 2nd | 94 | | | |
| { After Exercise | 120 | | | |
| { Time to Normal | 60 | | | |
| Arterial Walls | <i>Soft</i> | | | Date |
| Blood Pressure | | | | |
| { Systolic | 140 | | | |
| { Diastolic | 80 | | | |
| Room Temperature | | | | |
| Heart | | | | |
| { Size (in cms.) | <i>n</i> | | | |
| { Sounds | <i>n</i> | | | |
| { Rhythm | <i>Reg.</i> | | | |
| Lungs | | | | |
| { Inspection | <i>n</i> | | | |
| { Palpation | <i>n</i> | | | |
| { Percussion | <i>n</i> | | | |
| { Auscultation | <i>Clear</i> | | | |
| { Expiratory Force | <i>\</i> | | | |
| { X-Ray | | | | Date |
| Reflexes | | | | |
| { Knee | <i>n</i> | | | |
| { Ankle | <i>n</i> | | | |
| { Triceps | <i>n</i> | | | |
| { Abdominal | <i>n</i> | | | |
| { Plantar | <i>U ↓</i> | | | |
| Cranial Nerves | <i>intact</i> | | | |
| Balancing Rod | R. L. R. L. R. L. | | | |
| Self Balancing | R. L. R. L. R. L. | | | |
| Tremors | F.S. F.S. | | | Date |
| { Fingers | S.F. S.F. | | | |
| { Eyelids | S.F. S.F. | | | |
| Abdomen | | | | |
| { Liver | <i>n</i> | | | |
| { Spleen | <i>n</i> | | | |
| { Muscular Tone | <i>Good</i> | | | |
| Urine | | | | |
| { Albumen | <i>mg</i> | | | |
| { Sugar | <i>mg</i> | | | |
| Initials of M.O. | <i>R.F.J.</i> | | | |

40 mm. Hg. Test
 Date *Sept 21/42* 7/788/888/877/777/ = 60 secs.
 Date
 Date
 Date

EYE EXAMINATION

History.....

Visual Acuity { R. 20/20, C -2.5^Δ = blur
 L. 20/25, C -2.5^Δ = blur

Colour Vision.....
 Red, Green.....

Diaphragm Test (P.D. = 66) bar at 2

Convergence { C. = 9 cms.
 S. C. = 13 cms.

Accommodation { R. } 11
 { L. }

Cover Test..... Se. dis. dev. / R. R.

Fundi and Media..... n.

Fields..... n.

REMARKS:
 Initials of M.O. R.F.J. Initials of M.O. Initials of M.O.
 Date Sept 21/42 Date Date

EXAMINATION OF EAR, NOSE AND THROAT

History..... n.

Hearing { R. Ear..... W.U. 20'
 L. Ear..... W.U. 20'

External Ear, Meatus Membranes { R. Ear..... n.
 L. Ear..... n.

Middle Ear, Eustachian Tubes { R. Ear..... Patent
 L. Ear..... Patent

Cochlear Apparatus { R. Ear.....
 L. Ear.....
 Vestibular Apparatus { R. Ear.....
 L. Ear.....

Buccal Cavity..... n.
 Teeth..... Satisf.
 Gums..... n.
 Pharynx..... n.
 Nasopharynx..... n.
 Nose..... Patent
 Larynx..... n.

REMARKS:
 Initials of M.O. R.F.J. Initials of M.O. Initials of M.O.
 Date Sept 21/42 Date Date

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

FIT Date Sept 21/42

PILOT
OBSERVER
W/OPERATOR
A/GUNNER

Fit
A, B, A, B

M.O. R. F. Joliffe / 7/0

Recheck
Night Vision Test B'Mth. $\frac{2}{32}$

fit.

| | | |
|------|--------|--------------------|
| A1B | | N.V.C. |
| A3B | Turret | N.V.C. <i>R2</i> |
| A1B | | N.V.C. |
| A1B | Vision | |
| A1B | Radio | |
| Sig: | | <i>[Signature]</i> |
| Date | | <i>10-6-43</i> |

OBSERVATIONS AND FINDINGS OF THE REVIEWING MEDICAL OFFICER

Date.....

| | |
|------------------------|-----------------------------|
| DATE MAY 31 1943 | DATE JUL 1 1943 |
| CATEGORY APPROVED | CATEGORY APPROVED |
| FIT: A1B | FIT: A1B |
| A3B (Turret) | A3B (Turret) |
| A3B | A3B |
| A3B (Vision) | A3B (Vision) |
| | On completion of training |
| <i>[Signature]</i> SMO | <i>[Signature]</i> F.O. SMO |

49 Bombing & Gunnery School, Mont-Joli, P.Q.

N° MATRICULE R. 94129

R.C.A.F. Special Reserve
VERSÉ À No 4 Manning Depot Quebec

General Duties
Standard
MÉTIER.....

CORPS D'AVIATION ROYAL CANADIEN (FORMULE D'ENGAGEMENT)

102-236
29-11-44

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

JOSEPH - HENRI - CHARLES

1. Nom LEGAULT Prénoms en entier CHARLES - HENRI
2. Adresse actuelle 5 rue Victoria Magog Québec Téléphone aucun
3. Adresse fixe 5 rue Victoria Magog Québec
4. Lieu de naissance Bronckburg Québec Nationalité Canadien
5. Date de naissance 28 mars 1924 Marié, célibataire, veuf, séparé, divorcé célibataire
6. Enfants

| Nom | Date de naissance | Nom | Date de naissance |
|-------------|-------------------|-----|-------------------|
| <u>n.a.</u> | | | |
| | | | |
| | | | |

7. Profession Généraliste 8. Religion Catholique Romaine
(Indiquez la confession religieuse)
9. Langues Anglais et français Couramment français
Degré de connaissance
10. Plus proche parent (nom en entier) William Legault Degré de parenté Père
Adresse du plus proche parent 5 rue Victoria Magog Québec
11. Père (nom en entier) William Legault Lieu de naissance Papineauville
Adresse 5 rue Victoria Magog Québec Nationalité Canadien
Profession Inspecteur
12. Mère (nom de fille en entier) Laura Fessier Lieu de naissance Lachute Québec
Adresse 5 rue Victoria Magog Québec Nationalité Canadienne
13. Détails du service dans les armées de terre, de mer ou de l'air:

| Unité | Lieu | Rang | Profession | R.C. Date Rec du au | Motif de la libération |
|-------------|------|------|------------|---------------------|------------------------|
| <u>n.a.</u> | | | | <u>APR 17 1941</u> | |
| | | | | | |
| | | | | | |

Stamp: R.C. Date Rec du au APR 17 1941 Motif de la libération
C.B. [Signature]
P.A. [Signature]

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? na
Quand? na Résultat na
17. Avez-vous déjà été réformé de quelque service armé de Sa Majesté pour inaptitude physique? non
Si oui, indiquez la nature de l'infirmité na
18. Avez-vous jamais touché ou touchez-vous actuellement une pension de réforme? non
Si oui, indiquez la nature de l'infirmité na
19. Avez-vous jamais été trouvé coupable de délit? non Si oui, indiquez-en la nature na
20. Avez-vous des dettes? non Si oui, donnez des détails na

142-273

complete em

21. Éducation:

| | Nom de l'école | Date | | Cours, sujets, etc. |
|---|----------------------------|------|------|---------------------|
| | | du | au | |
| Instruction primaire—École publique ou séparée..... | St - Patrice de Magog Que. | Sept | Oct. | Primaire |
| Cours supérieur—Collège, etc..... | | 1927 | 1937 | |
| Cours technique..... | | | | |
| Autres cours universitaires ou scolaires..... | | | | |
| Cours par correspondance..... | | | | |

22. Emplois civils (détails au complet):

| Employeur et lieu | Fonctions, métiers, positions | Date | | Motif du départ |
|--------------------------|-------------------------------|------|--------|-----------------|
| | | du | au | |
| Dom. Textile Magog. Que. | deging | 1937 | à date | encore employé |

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.....

Hockey

25. Sports pratiqués, et dans quelle mesure, soit intensément, ou modérément, ou occasionnellement.....

Gardin de but modérément
baseball occasionnellement

26. Service aéronautique dans lequel vous voulez vous engager { Service à terre. Service navigant.

Si c'est dans le service à terre, indiquez le métier aéronautique que vous visez..... Général

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 |
|----------------|----------------------------------|-----------------------------------|
| Ernest Sewell | Dominion Textile Que. Magog P.Q. | Surintendant Dominion Textile Co. |
| Ernest Jackson | vue Abbott Magog Que | Foreman Dominion Textile Co. |

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

Machiniste

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 11 mars

1941

Signature

Henri Legault

TRAINING REPORT AIR GUNNERS

No. 1 A.G.G.S. & No. 9 B&G

1. Surname LEGAULT Christian Names Joseph Charles Henry

2. Number R94129 Rank LAC Course No. 55

3. Posted from #5 SFTS Posted to No. 1 "Y" Depot, Halifax, N.S. Duration of Course From April 19, 43 To July 9th, 1943

4. Aircrew Category A3B (T) Height 67 Girth 37

5

| EQUIPMENT USED | | | | |
|----------------|-----------|-----------------|--------------|-------------------|
| Type Aircraft | Type Guns | | Type Turrets | |
| Battle | In Air | Ground | In Air | Ground |
| Battle | V.G.O. | V.G.O. Browning | Bristol | Bristol F.N. B.P. |

| 6. STAGE 1 | Marks Poss | Marks Obtd. | 7. STAGE 2 | | | ASSESSMENT | | |
|--------------------------|------------|-------------|-----------------------|-------|--------------------|---------------------|-------------|------|
| | | | AIR & GROUND TRAINING | | Subject | Marks Poss | Marks Obtd. | |
| | | | Day | Night | | | | |
| Armament Oral | 100 | 72 | Flying Time | 20:10 | Written | 150 | 101 | |
| Armament Written | 300 | 236 | Films Exposed | 3 | Practical and Oral | 100 | 63 | |
| Anti Gas | 100 | 71 | Hrs. Turret Mani | 13:30 | A C Rec. | 100 | 72 | |
| A C Recognition | 100 | 63 | Skeet Rounds | 120 | Drill | 100 | 53 | |
| Mathematics | 50 | 32 | 25 Yd. Range | 1220 | 100 | Signals | 100 | 50 |
| Navigation | 100 | 55 | 200 Yd. Range | 1000 | | Ability as Firer | 100 | 68 |
| Law Admin. Hygiene, etc. | 100 | 68 | Air to Ground | 500 | | TOTAL | 650 | 407 |
| Signals | 100 | 90 | Air to Air | 4000 | | Total Trng. Marks | 1600 | 1094 |
| TOTAL | 950 | 687 | % Hits A to A | 2.3 | | Percentage | | 68.3 |
| | | | | | | Personal Assessment | 800 | 488 |
| | | | | | | GRAND TOTAL | 2400 | 1582 |

8. No. in class 119 Position in class 79 Pass

9. Recommended for commissioned rank No

10. Experience in arming, loading and harmonizing turrets. 2:30 HOURS

R.C.A.F. Records Office
 Rec'd. AUG 5 1943
 J.K. JB N.I.
 'B P.A.

11.

| Suitability for Further training As a Gunnery Instructor. | 1. Not at all Suitable | 2. Moderately Suitable | 3. Definitely Suitable | 4. Extremely Suitable. |
|--|------------------------------|------------------------------|------------------------------|------------------------------|
| | X | | | |

12. Remarks:

Has little difficulty with language . Good student tried very hard.

Date: July 9, 1943.

A.J.M. Chadwick S/L
(A.J.M. Chadwick)S/L
Chief Instructor.

Date: July 9, 1943.

G.O. Godson W/C
(G.O. Godson)W/C
Commanding Officer.

Comm J 89453

R 94129

PROMOTION OF PERSONNEL ~~DECEASED~~, INTERNEED, ~~P-O-W.~~, MISSING 23-4-44

NO. R 94129 TRADE A.G.

NAME Legault J. H. G.

SUBSTANTIVE RANK Sgt. EFFECTIVE 9-7-43

APPOINTED 7/Sgt. (TEMP) (PAID) EFFECTIVE 9-4-44

Particulars checked by mat H.R.P.

Certified above (airman) (~~officer~~) is eligible for promotion in accordance with the provisions of A.F.A.O. A.44/10.

Signature [Signature]

Rank WING COMMANDER
D.A.P.S. (A.P. 2)

Appointment _____

Date AUG 24 1944

APPROVED

Signature _____

Rank _____

Appointment _____

Date _____

DRAFT
A.F.R.O.
SEP 8 1944
DATE.....

NOV 29 1944
B.L. P.A.

RECORD OF PAY

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

APPOINTED OR ENLISTED AT Montreal, P.Q. ON 31-3-41

MARRIED OR SINGLE Single

No. R.94129

NAME IN FULL LEGAULT, JOSEPH H.C.

| RATE OF PAY | | | | | | | | | | ASSIGNMENTS | | | | DEPENDENTS ALLOWANCE | | | | REMARKS |
|-------------|-----------|------|-------|-------------------|------------|----------|---------------|-----------|----------------------------------|-------------|-----------|--------|-------|----------------------|--------------|----------------|-----------|---------------|
| D.R.O. No. | EFF. DATE | RANK | GROUP | P.F. OR A.S. RATE | DAILY RATE | ADD. PAY | COMBINED RATE | PEN. DED. | CASUALTIES AFFECTING RATE OF PAY | ASSIGNEE | EFF. DATE | AMOUNT | TOTAL | DATE APP. FORWARDED | RELATIONSHIP | AMOUNT AWARDED | EFF. DATE | N.D.T. CLASS. |
| 188 | 1-7-41 | AP1 | S | AS | 1.40 | | 1.40 | | | | | | | | | | | |
| 293 | 30.9.41 | LAC | S | AS | 1.50 | | 1.50 | | | | | | | | | | | |

| PERIOD | No. OF DAYS | AMOUNT OF PAY | SUB. ALLCE. | OTHER CREDITS | | CREDIT E/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 | | | | | | | |
| 30-9/30-11 | 62 | 620. | | | | | | | | | | | | | 21.00 | 21.00 | 31.70 | 0 | #9 SFTS Summerside P.C.I. |
| 1-31-12 | 31 | 46.50 | | | | | 52.70 | | | | | | | | 23.00 | 23.00 | 23.50 | 0 | A.R. 208. |
| 1-31-1 | 31 | 46.50 | | | | | 46.50 | | | | | | | | | | | | |
| 1-28-2 | 28 | 42.00 | | | | | 42.00 | | | | Spent + Mess | 1.00 | | | 20.00 | 21.00 | 21.00 | 0 | |
| 1-31-3 | 31 | 46.50 | | | | | 46.50 | | | | SP - MESS | 1.00 | | | 23.00 | 24.00 | 22.50 | 0 | |
| 1-30-4 | 30 | 45.00 | | | | | 45.00 | | | | SP - MESS | 1.00 | | | 22.00 | 23.00 | 22.00 | 0 | |
| 1-31-5 | 31 | 46.50 | | | | | 46.50 | | | | ✓ ✓ | 1.00 | | | 22.00 | 23.00 | 23.50 | 0 | |
| 1-30-6 | 30 | 45.00 | | | | | 45.00 | | | | ✓ ✓ | 1.00 | 21.00 | | 22.00 | 23.00 | 23.00 | 0 | |
| 1-31-7 | 31 | 46.50 | | | | | 46.50 | | | | ✓ ✓ | 1.00 | | | 22.00 | 23.00 | 23.50 | 0 | |
| 1-31-8 | 31 | 46.50 | | | | | 46.50 | | | | ✓ ✓ | 1.00 | | | 1.00 | 45.50 | | 0 | |
| 1-30-9 | 30 | 45.00 | | | | | 45.00 | | | | ✓ ✓ | 1.00 | 24.00 | | 25.00 | 44.00 | 24.00 | 0 | A.R. 133 |
| 1-24-10 | 24 | 36.00 | 7.00 | | | | 43.00 | | | 24.00 | ✓ ✓ | 75 | 18.25 | | 43.00 | | | 0 | S.O.S. From #9 SFTS. DO 252 EFF. 24.10.42 |
| 25-31/10 | 7 | 10.50 | | | | | 10.50 | | | | ARO. 292 | | | | | 10.00 | 50 | 0 | DO. 328. SOS To. 1. M Depot. |
| 1-30/11 | 30 | 45.00 | | | | | 45.50 | | | | 2-DYS. AWL. DO. 322 | 3.00 | | | 20.00 | 23.00 | 22.50 | 0 | Voluntary. Ont. eff. 14. Dec 42. |
| 1-1-12 | 14 | 21.00 | | | | | 21.00 | | | | 1-DAYS pay | 1.50 | 20.00 | | 21.50 | | | 50 | Abolished Oil |
| 15-72 | 17 | 25.50 | | | | | 25.50 | | | 50 | AWL 1 DAY 30/5 231-13 | 1.50 | | | 25.00 | 21.00 | | 150 | 10515-12-42 30W |
| 31-12 | 31 | 46.50 | | | | | 46.50 | | | 150 | | | | | 20.00 | 21.50 | 18.80 | 620 | GRF PAY AWL 16-12-42 to 17-12-42 (1 DAY) DRG 365- |
| 1-28-2 | 28 | 42.00 | | | | | 48.20 | | | | | | | | 25.00 | 25.00 | 23.20 | 0 | |
| 1-17-3 | 14 | 21.00 | | | | | 21.00 | | | | | | | | 25.00 | 25.00 | | 400 | 5-05-143-43, D.R.O. #66, No. 5-S.F.T.S. - Banff, Ont. 46-4 |
| 15-31-3 | 17 | 25.50 | | | | | 25.50 | | | 4.60 | | | | | 4.00 | 21.50 | | 0 | DR071 GRANT. ED. LEAVE 3-4-43-16.4-43 |
| 1-16-4 | 16 | 24.00 | 7.00 | | | | 31.00 | | | | | | | | 24.00 | 24.00 | | 7.00 | AR071 5-05 NO. 1 AIR GUNNERS SCHOOL Quebec EFF 16-4-43 |
| 17-30-4 | 14 | 21.00 | | | | | 28.00 | | | | | | | | | | | | DR074 GRANTE TA 14 days 11/11/43 |
| 1-29-5 | 29 | 43.50 | | | | | 43.50 | | | | | | | | 23.50 | 23.00 | 46.50 | 300 | 503 TO 165 MT. DON EFF MAY 29/43 DRO 78-4 |

JUL 14 1943

2486
39

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

RECORD OF PAY

CLAIM FOR OUTFIT ALLOWANCE FORWARDED APPOINTED OR ENLISTED MARRIED
TO..... ON..... AT Montreal, Que. ON 31-3-41 OR SINGLE Single NoR-94129 NAME IN FULL Legault, Joseph H. C.

| RATE OF PAY | | | | | | | | | | ASSIGNMENTS | | | | DEPENDENTS ALLOWANCE | | | | REMARKS |
|-------------|-----------|------|-------|-------------------|------------|----------|---------------|-----------|----------------------------------|-------------|-----------|--------|-------|----------------------|--------------|----------------|-----------|---------------|
| D.R.O. No. | EFF. DATE | RANK | GROUP | P.F. OR A.S. RATE | DAILY RATE | ADD. PAY | COMBINED RATE | PEN. DED. | CASUALTIES AFFECTING RATE OF PAY | ASSIGNEE | EFF. DATE | AMOUNT | TOTAL | DATE APP. FORWARDED | RELATIONSHIP | AMOUNT AWARDED | EFF. DATE | N.D.T. CLASS. |
| | | LAC | S | A/S | 150 | | 150 | | | | | | | | | | | |
| 137 | 30-5-43 | LAC | S | A/S | 150 | 75 | 225 | | F/P. EFF. 30-5-43 | | | | | | | | | |
| 164A | 9/7/43 | Sgt. | SP. | A/S | 295 | | 295 | | App. T/Sgt. (K.G.) - EFF. 9/7/43 | | | | | | | | | |

| 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 | | | | | | |
| 30-31/43 | 2 | 3.00 | | | | | 3.00 | | | 3.00 | | | | | 3.00 | | | |
| 1-30/43 | 30 | 67.50 | | | | | 69.00 | | | | | | | 35.00 | 35.00 | 34.00 | | D.R.O. 164A - R.A. on Embark. Leave 10-24/7/43 (14 days) |
| 1-8/43 | 8 | 18.00 | | | | | | | | | | | | | | | | D.R.O. 164A - S.O.S. to No. 1 "Y" Depot Halifax - Eff. 23/7/43 |
| 9-23/43 | 15 | 44.57 | 00 | | | | 69.25 | | | 476 | | | | | 74.01 | | 4.76 | |
| | | | | | | | | | | 476 | | | | | | | 4.76 | Dr. Audited by treasury 15/7/43 Smackenzie |

AIRMAN'S STATEMENT AT EMBARKATION

Charles

1. Number *R 94129* Rank *Sgt* Name *Legault Joseph Henry*
Surname Christian Names

2. Name and address of person to be notified in case of casualty.....
Mrs Mrs William Legault
33B Messy St Magog Relationship, if any *Parents*

3. Alternative or second name of person & address to be notified in case of casualty.....
.....

4. Legal next of kin (wife, if married, father if unmarried, mother if father deceased).....
W Legault *William*
Surname Christian Names

5. Are you single, married, widower, divorced, separated? *Single*
Full Christian & surname of wife.....
Address.....

6. If married, have you completed a will since marriage?....state location.....
.....

7. Have you completed necessary documentation for dependent's allowance.....

8. Are your parents living? Father *yes* Mother *yes*

9. Full Christian & surname of parents (if living).
Father *William Legault*
Address *33 As Above*
Mother *Mrs Laura Legault*
Address *As Above*

10. Your own permanent home address *As Above*

11. Religious Denomination *R. C.*

12. Have you Identification Discs? *Yes*

Airman's usual signature *Legault J. H. C.*
Date *29/7/43*

Stamp: AUG 8 1943
O. K.
R. C.
S. L. P.
Hub

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 HENRI-LEGault (b) Reg'l. No. R-94129
2. (a) Arm of service A-R (b) Unit 49575 SUMMERLAND (c) Rank FC2
3. (a) Date of birth 28-3-21 (b) Have you any dependents? NO (c) Place of residence at time of enlistment Magog P-Q
4. (a) Place of enlistment Montreal P-Q (b) Date of enlistment 1-4-41

PLEASE
LEAVE
BLANK

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 17 (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.) Public School
7. If you attended a university, give name of university and standing or degree secured NO
8. (a) Did you ever enter upon a trade apprenticeship? NO (b) If so, for what occupation? NONE (c) Did you finish it? NO (d) If you did not finish it, how long did you serve at it? —
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? NO

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

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

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

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

18. Name of employer Dominion-Textile Address Magog-East P-Q
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) PRINT-WORK
20. (a) Your specific occupation SPRINTER (b) Number of years' experience at this occupation with any employer 3 YRS
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? NO
25. (a) Were you born on a farm? NO (b) How many years' actual farming experience have you had? NO (c) In what provinces did you have experience? NO

Section G—MISCELLANEOUS

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

DATE 20-5-41 194 41 SIGNATURE Henri Legault

R.C.A.F. Records Office
Rec'd JUL 8 1941
O. K. _____
R. C. _____ N. I. _____
S. L. _____ P. A. *Ph*

Paroisse Saint-Patrice

Magog, P. Q.

2 mars 1941

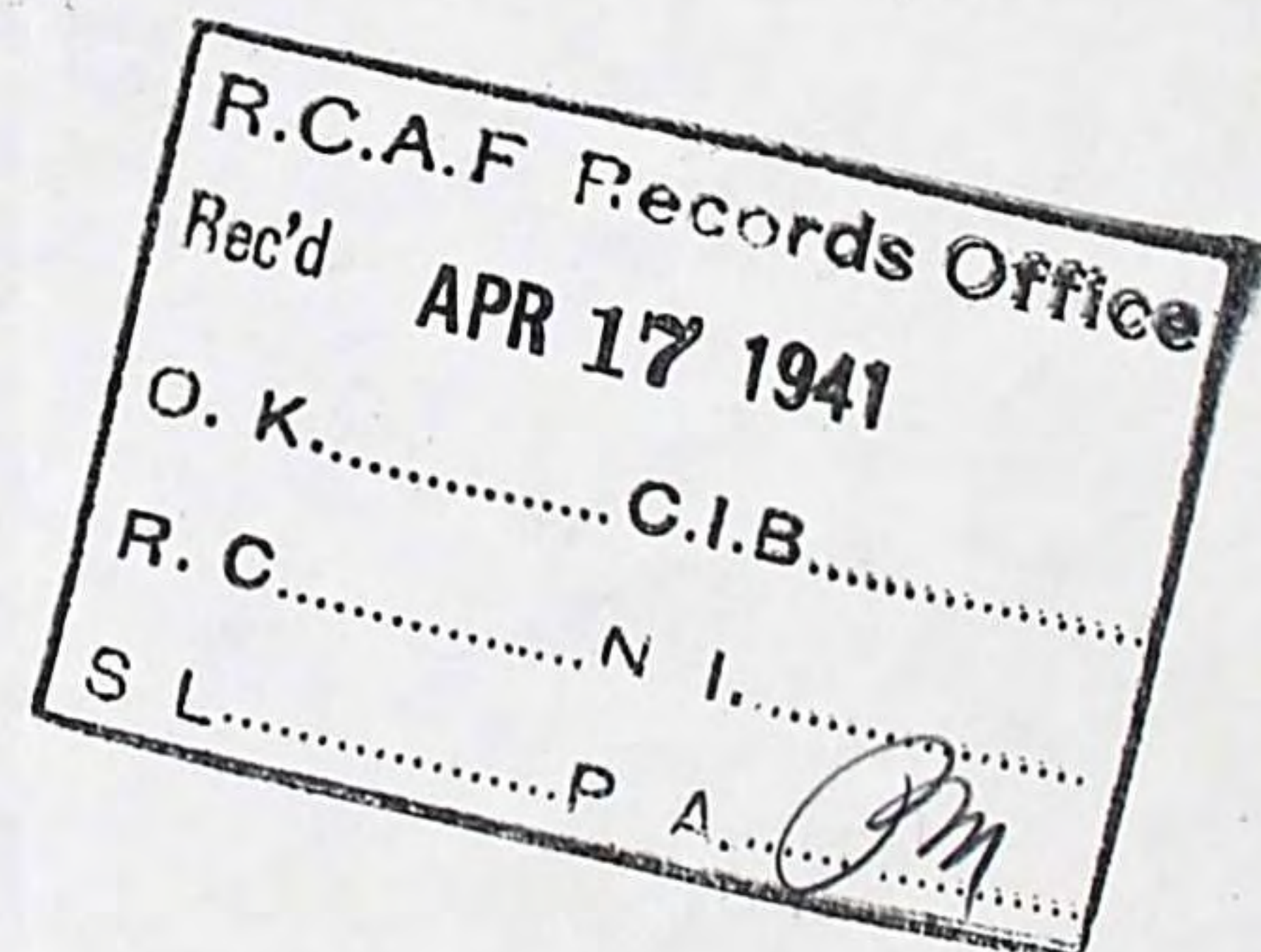
R.C.A.F. Special Reserve

Au Corps d'Aviation Royal Canadien,

Messieurs,

Je, soussigné, curé de St Patrice
de Magog, certifie connaître M. Henri Legault
comme un honnête jeune homme, sobre et
travaillieux, et de bonne famille.

Léon Bouchier, curé





ECOLE ST-PATRICE

Magog, Qué. 1^{er} mars 1931.

A qui de droit:

M. Henri Legault a fait ses études à l'École St-Patrice de Magog et nous a quitté après avoir fait sa septième année du cours primaire commercial actuel.

De plus, ce jeune homme appartient à une brave famille de cette même localité. Vous viarez qu'il a vous rejoint de ses services.

Fr. Jeanne, directeur

R.C.A.F. Special Reserve

CONVENTION

Joseph Henri Charles Legault.
M. le commandant du bureau
de recrutement du C.A.R.C.

1. Au cas où je serais admis à m'enrôler dans le Corps
d'aviation royal Canadien, j'accepte les conditions de service
qui suivent:

(a) Je serai susceptible d'être appelé à remplir des
fonctions qui ne se rapportent pas directement ou
indirectement au métier dans lequel j'ai sollicité
mon admission, soit
General Duties Standard
jusqu'à ce que le C.A.R.C. soit en mesure de m'em-
ployer ou de m'instruire dans ledit métier.

(b) Je serai tenu de passer les examens et épreuves
prescrits devant une Commission d'épreuve pro-
fessionnelle du C.A.R.C. avant de pouvoir être
admis à me rengager dans un groupe professionnel
plus élevé.

(c) Au cas où les autorités du C.A.R.C. me trouve-
raient inapte à servir ou m'instruire dans le
métier susmentionné, je serai susceptible d'être
rengagé dans un autre métier. ou ouvrage generale.

2. J'ai lu attentivement cette convention et je comprends
absolument qu'elle est en sus de celle de la formule d'engagement
qu'il me faudra signer, le cas échéant.

[Signature] F/O
(Témoïn)

[Signature] Legault
(Signature du postulant)

March 31st, 1941
(Date)

March 31st, 1941
(Date)

A.F.M. 23

R.C.A.F. Records Office
Rec'd APR 17 1941
O.K. [initials] C.I.B. [initials]
R.C. [initials] N I.
S.L. [initials] P.A. [initials]

ROYAL AIR FORCE.

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

Official No. 289453 Name LEGAULT, Joseph Henri Charles Rank T/Sgt. P/O
 (In full in block capitals, surname first). (Or acting appointment).

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

Date of Birth 28.3.21 Religion R.C. Occupation in Civil Life Dyer 3 1/2 years

Last Enlisted 31.3.41 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
W. Legault 33B. Cherry St. Naggy, Que

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.")

Next of kin

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

| SECTION I.—MOVEMENTS AND CASUALTIES. | | | SECTION 2.— PROMOTIONS, ACTING APPOINTMENTS (PAID OR UNPAID), REDUCTIONS, REMUSTERINGS. | | |
|--------------------------------------|-----------------------------------|----------------------|---|--------------------------|-----------------|
| Unit FROM which. | Unit TO which. | Date of Effect. | * Authority. | Description. | Date of Effect. |
| 9 B. & G. | 1.Y. Depot | 23.7.43. | | G.D. "Std" AC.2. | 31.3.41. |
| 1.Y. Depot | RAF. TP. | 2.8.43. | | " " AC.1. | 1.7.41. |
| | Emb.. New York. | 3.8.43. | | " " LAC. | 30.9.41. |
| | Dis. Emb. U.K. | 11.8.43. | | Batm n "Std" LAC. | 1.5.42. |
| Int. C. 119. | 3 PRC. | 12.8.43. | | G.D. "Std" u/t A.G. LAC. | 24.10.42. |
| 3 PRC. | No. 23 O.T.U | 24.8.43. | | Air Gunner "Spec" T/Sgt. | 9.7.43. |
| 23 O.T.U. | 61 Base. | 30/11/43 | | Air Gunner (Gp.2) T/Sgt. | 9.7.43. |
| 61 Base | 425 Sqn. | 4.2.44. | 0/1005/44 | F/SGT | 9.4.44 |
| 425 Sqn. | RAAF N/E UNIT. | 23/4/44. | | | |
| | <i>Presumed Dead</i> | <i>23.4.44</i> | | | |
| | <i>Discharged on app. 20.4.44</i> | <i>to commission</i> | | | |
| | | <i>0/61142/44</i> | | | |

| 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.

ROYAL CANADIAN AIR FORCE

WAR SERVICE GRATUITY - PARTICULARS OF SERVICE

CASUALTY
W.I.S.G.

625

NUMBER 89453 ✓ FINAL PAID RANK P/O 21-4-44 ✓ GROUP 22 ✓ CHRISTIAN NAMES Joseph Charles ✓ SURNAME Legault ✓

Reason for termination of service: Ab 2856/28-10-44

TOTAL SERVICE:

T.O.S. 31-3-41 ✓ S.O.S. 23-4-44 ✓ 1120 DAYS
 T.O.S. _____ S.O.S. _____ DAYS
 TOTAL 1120 ✓ DAYS

LESS NON-QUALIFYING SERVICE:

From: 26-10-42 To: 27-10-42 ✓ 2 DAYS
 From: 7-12-42 To: 8-12-42 ✓ 21 DAYS
 From: 16-12-42 To: 17-12-42 ✓ 1 (21) DAYS
 " 24-7-43 To 27-7-43 ✓ 3 DAYS
 TOTAL QUALIFYING SERVICE 1110 ✓ DAYS

OVERSEAS SERVICE:

From: 2-8-43 ✓ To: 23-4-44 ✓ 260 DAYS
 From: _____ To: _____ DAYS
 From: _____ To: _____ DAYS
 TOTAL 266 ✓ DAYS

LESS NON-QUALIFYING SERVICE:

From: _____ To: _____ DAYS
 From: _____ To: _____ DAYS
 From: _____ To: _____ DAYS
 TOTAL QUALIFYING OVERSEAS SERVICE 266 ✓ DAYS

1688
568
1120
1422
266

Certified that entitlement to benefits under The War Service Grants Act, 1944 has been established, based on service shown herein.

| | |
|---------------------|--------------------|
| COMPUTER'S INITIALS | <i>[Signature]</i> |
| CHECKER'S INITIALS | <i>[Signature]</i> |
| DATE | <u>16-7-45</u> |

[Signature]
 for R.C.A.F. RECORDS OFFICE
 OTTAWA
 R.C.A.F.-R.310

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not
write in
this space

| | | | | | | | | | |
|---|------------------------------|---|--|--|--|---|--|--|--|
| 1. PLACE OF DEATH | | Municipal county OVERSEAS (GERMANY) | | Official name of civil municipality or township | | Place an X over the word which applies to this municipality or this territory City Town Village Parish Township | | | |
| 2. LENGTH OF STAY | | (a) In hospital or institution | Years | Months | Days | (b) In municipality where death occurred | (c) In Province | (d) In Canada (if immigrant) | |
| 3. NAME OF DECEASED | | Surname..... LEGAULT (Block letters) | | Given names..... JOSEPH HENRI CHARLES | | Do not write in this space | | CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH | |
| 4. RESIDENCE | | Street..... Victoria Street | | No. 5 | | Official name of civil municipality or township..... Magog | | Municipal county..... Province..... Quebec | |
| 5. SEX | 6. NATIONALITY (Citizenship) | 7. RACIAL ORIGIN | 8. Single, Married, Widowed or Divorced (Write the word) | | 22. Date of death..... | | 23. I HEREBY CERTIFY that I attended deceased from | | |
| Male | Canadian | | Single | | April 23rd 1944 (Month) (Day) (Year) | |19..... to.....19..... and last saw h.....alive on.....19..... | | |
| 9. If married give name of wife or husband of deceased | | 10. BIRTHPLACE (Province or Country) | | 11. DATE OF BIRTH | | 24. CAUSE OF DEATH | | 25. If a woman, was there a puerperal condition?..... | |
| | | Quebec | | March 28th 1921 (Month) (Day) (Year) | | I Immediate cause Give disease, injury or complication which caused death, not the mode of dying, such as heart failure, asphyxia, asthenia, etc. | | 26. Was there a surgical operation?..... Date of.....19..... State findings..... Was there an autopsy?..... | |
| 12. AGE OF DECEASED | | Years | Months | Days | If less than one day old | III If a communicable disease is mentioned on this certificate, give | | 27. If death was due to external causes (violence) fill in also the following:— | |
| 23 | | | | |hrs. or.....min. | (a) Date of appearance.....19..... (b) Duration of disease.....days | | Accident, suicide or homicide..... Accident Date April 23rd 1944 (State which) Manner of injury..... Presumed killed during air operations (How sustained) Nature of injury..... Specify whether injury occurred in industry, in home, or in public place..... public place | |
| 13. Trade, profession or kind of work, as spinner, teamster, office clerk, etc. | | 14. Kind of industry or business, as cotton-mill, lumbering, bank, etc. | | 15. Date deceased last worked at this occupation | | 16. Total years spent in this occupation | | Signed..... M.D. | |
| Air Gunner | | R.C.A.F. | | Apr. 23/44 | | Three | | Address..... Date.....19..... | |
| 17. NAME | | 18. BIRTHPLACE (Province or Country) | | 19. Place of burial, cremation or removal | | 20. Date of burial.....19..... | | 28. Signature of person who fills in the form (curate, coroner, hospital authority, etc.) | |
| FATHER | | MOTHER (Maiden Name) | | | | | | 29. Name of clergyman in charge of Register of Civil Status in which registration of this burial was made. | |
| Legault, William | | Tessier, Laura | | | | | | For (H.C.A.F. Records Officer) This signature authorizes the collector to accept this form as authentic. | |
| | | | | | | | | (Voir l'autre côté pour le français) | |

89453

Hw

General Duties Standard

ROYAL CANADIAN AIR FORCE

R.C.A.F. Special Reserve

RECORD OF SERVICE AIRMEN

289453

A.F. No. 289453 Surname Legault Christian Names Joseph Henri Charles Religion Roman Catholic

Born 28/3/21 Place Brownburg P2 Country Canada Citizen of Canada Racial Origin Canadian

| ENLISTMENT | CIVIL EDUCATION | PREVIOUS SERVICE |
|------------------------|--|------------------|
| Date <u>31/3/41</u> | High School Entrance <input checked="" type="checkbox"/> Jr. Mat. _____ Sr. Mat. _____ | NA |
| At <u>Montreal Que</u> | Technical School _____ Corres. Courses _____ | |
| Term <u>duration</u> | University _____ | |

| RANK | DATE | Med. Cat. | Date | CIVIL OCCUPATIONS AND EXPERIENCE |
|----------------------------|----------------|------------|----------------|----------------------------------|
| <u>AC-2</u> | <u>31 3 41</u> | <u>A4B</u> | <u>31 3 41</u> | Types 3 1/2 yrs |
| <u>AC-1</u> | <u>1 7 41</u> | | | |
| <u>L.A.C.</u> | <u>30 9 41</u> | | | |
| <u>DR0 164A T/Sgt (Pd)</u> | <u>9 7 43</u> | | | |

| COURSES AND TRADE TESTS | | | | | | | | | |
|--|------------|---|------|----------------|-------------------|--------------|---|----------|---------------|
| Trade | Grp. | % | PorF | Date Rem. | Trade | Grp. | % | PorF | Date Rem. |
| <u>G. D</u> | <u>STD</u> | | | <u>31 3 41</u> | <u>Air Gunner</u> | <u>Sp 44</u> | | <u>P</u> | <u>9 7 43</u> |
| <u>Std Batman</u> | | | | <u>1 5 42</u> | | | | | |
| <u>25/42 Remustered to G.D. Std (Ancien A.G.) eff 24-10-42</u> | | | | | | | | | |

| PARTICULARS OF FAMILY | Maiden Name | Present Address (in pencil) |
|-----------------------|-------------|-----------------------------|
| Wife _____ | _____ | _____ |
| Children | Names | Date of Birth |
| | | |
| | | |

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

William Legault; Peace
33B Cherry St., Magog Quebec

| LEAVE | | | CHARACTER AND TRADE ASSM. HONOURS, AWARDS AND MENTIONS | | | | |
|------------------------------|--|--|--|-----------------------|-----------------|---------------------------|-----------------|
| FROM | TO | AUTH. AND DESCRIPTION | DATE | CHARACTER | TRADE AND ASSM. | HONOURS AND AWARDS | SIGNATURE |
| <u>1-10-41</u> | <u>15-10-41</u> | <u>DR0 215/41</u> | <u>11/3/41</u> | <u>V. Good</u> | <u>Standard</u> | | |
| | | <u>Issued T.W.C 21995 d 29-9-41 DR0 230/41</u> | | | <u>General</u> | | |
| <u>3-10-42</u> | <u>17-10-42</u> | <u>DR0 233/42 (14 days)</u> | | | <u>Subst</u> | | |
| <u>DR0 246/42</u> | <u>Issued T.W. # C 81357 d/30-9-42</u> | | <u>9-7-43</u> | | | <u>Air Gunner's Badge</u> | <u>DR0 164A</u> |
| <u>DR0 247/42</u> | <u>3 Apr-43 (14)</u> | <u>16-Apr-43 Special</u> | <u>9-7-43</u> | <u>Categorized AG</u> | | | <u>DR0 164A</u> |
| <u>10-7-43</u> | <u>24-7-43 (14 days)</u> | <u>Embarkation DR0 164A</u> | | | | | |
| <u>5-TW C379943 d/8-7-43</u> | | <u>DR0 164A</u> | | | | | |

| MOVEMENTS AND CASUALTIES | | | | | | | |
|--------------------------|--------------------------|-------------------------|-----------------|---------------------------------------|---|---------------------------|------|
| AUTHORITY | UNIT FROM | UNIT TO | DATE | AUTHORITY | UNIT FROM | UNIT TO | DATE |
| <u>Reg 61</u> | <u>12-12/41</u> | <u>Rec Ctr Montreal</u> | <u>Quebec</u> | <u>DR0 10</u> | <u>Proceeded on to</u> | <u>Lot 16</u> | |
| | | <u>2nd</u> | <u>1/4/41</u> | | <u>Crash Party</u> | <u>12-1-42</u> | |
| <u>DR0 106</u> | <u>47th D. 95.F.T.S.</u> | <u>Quebec</u> | <u>5-5-41</u> | <u>DR0 234/41</u> | <u>Rel'd from T.W. Lot #16, P.F.I</u> | <u>15-1-42</u> | |
| | | <u>Summer side</u> | <u>5-5-41</u> | <u>DR0 247/41</u> | <u>Rel'd from T.W. Lot #16, P.F.I</u> | <u>12-3-42</u> | |
| <u>DR0 215/41</u> | <u>279-10</u> | <u>Adm. Sup. Dept</u> | <u>23-10-41</u> | <u>DR0 62/42</u> | <u>Discharged from Station Hosp.</u> | <u>13-3-42</u> | |
| <u>DR0 254-10</u> | <u>Mixed. Gen. Dept</u> | <u>Party</u> | <u>29-10-41</u> | <u>DR0 134/42</u> | <u>Attached to 4485 T.S. Centralia Lab. for duty,</u> | <u>8-6-42</u> | |
| <u>DR0 297</u> | <u>Temporary Duty</u> | <u>Party</u> | <u>16-12-41</u> | <u>Issued T.W. # 134275 d/20-6-42</u> | | | |
| <u>Remington P.O.</u> | <u>16-12-41</u> | <u>17-12-41</u> | | <u>DR0 233/42</u> | <u>Entitled to draw allowance in lieu</u> | | |
| | | | | | <u>of rations from 3-10-42 to 16-10-42 (14 days)</u> | | |
| | | | | <u>DR0 251/42</u> | <u>Remustered to G.D. Std (Ancien A.G.)</u> | <u>effective 24-10-42</u> | |

| Authority | UNIT FROM | UNIT TO | Date | Authority | Unit From | Unit to | Date |
|------------------|--|----------------------------------|-----------|-----------|-----------|---------|------|
| DR0 252/42 | 9.5.5.5. EYETER, ONT | No 9 80-8 school MONT JOLI RR | 24-10-42 | | | | |
| DR0 292/42 | Forfeits 2 days pay & allow. A.W.L. 1000 hrs. 26-10-42 to 0243 hrs 27-10-42 (1 day 2 hrs 44 min) | | | | | | |
| DR0 297/42 | Absent without leave from 0010 hrs. 26-10-42 to 0243 hrs. 27-10-42 | | | | | | |
| DR0 322/42 | Forfeits one days pay & allow. A.W.L. from 0630 hrs. 7-12-42 to 0010 hrs. 8-12-42 (Absent 18 hrs. 20 min.) | | | | | | |
| DR0 322/42 | Absent Without Leave from 0630 hrs. 7-12-42 to 0040 hrs. 8-12-42 (Absent 18 hrs 20 min.) | | | | | | |
| DR0 328/42 | #9 B&G S | #1 "M" D | | | | | |
| #1 M. D. DR0 304 | Mont. Joli Que Toronto Ont | | 14-12-42 | | | | |
| #1 M. D. 305 | Forfeits pay A.W.L. from 2359 hrs. 16-12-42 to 0830 hrs 17-12-42 (1 day) | | 15-12-42 | | | | |
| #1 M. D. 306 | No 1 M. D. Toronto to 1055 P.T.S Brantford | | 14/Jan/43 | | | | |
| DR0 58/43 | TOS #5 SPTS Brantford | | 15-Jan-43 | | | | |
| DR0 71/43 | SOS #5 SPTS #1 AB GTS | | | | | | |
| DR0 78 | SOS | Brantford Quebec | 16-Apr-43 | | | | |
| DR0 137/43 | Last flying pay | | 29-5-43 | | | | |
| DR0 164A | SOS | 987 G #1 D | 23-7-43 | | | | |

Royal Canadian Air Force

CERTIFICATE OF PRESUMPTION OF DEATH

NO. 9637

This is to Certify that..... R94129 FLIGHT SERGEANT

(Number)

(Rank)

LE GAULT, JOSEPH HENRI CHARLES

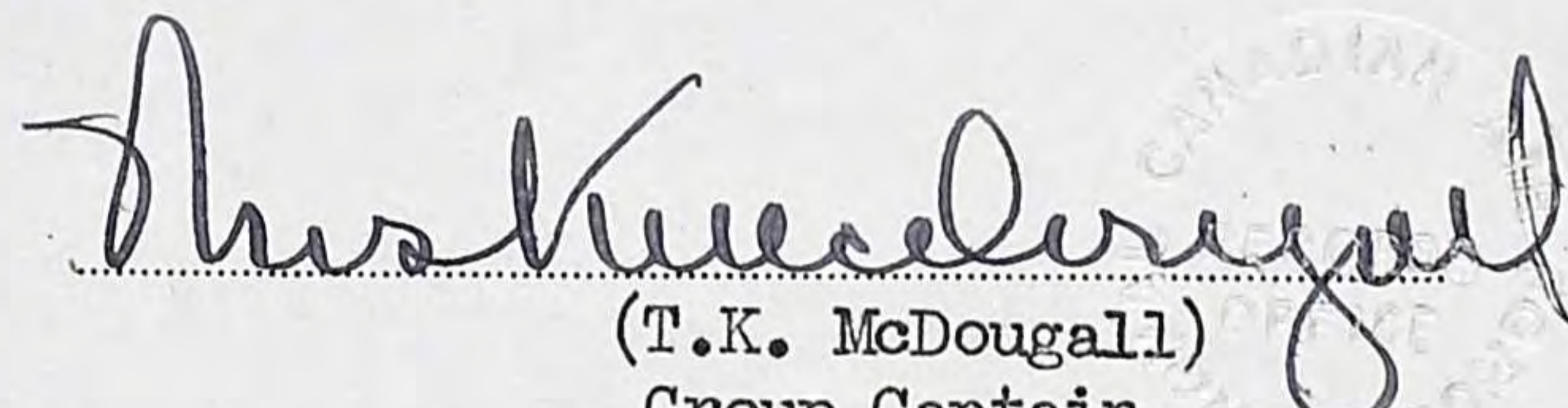
R.C.A.F.

(Name in Full)

(Unit)

has been officially reported as missing since the..... 23RD.....day
of..... APRIL....., 194⁴....., and that, full inquiries having been made,
there appears to be conclusive proof that he is dead. For official purposes,
therefore, he is presumed to have died on or since the above mentioned date.

Dated at Ottawa, Canada, this..... 4TH.....day of..... NOVEMBER....., 194⁴.....


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

R.C.A.F. Special Reserve

Doit être fait en double exemplaire

M.F.M. 5 (Fr.)
30M — 3-40 (4227-8)
H.Q. 1772-39-1651

DÉTAILS SUR LA FAMILLE D'UN OFFICIER OU SOLDAT DE L'ARMÉE ACTIVE DU CANADA, OU D'UN OFFICIER OU AVIATEUR DU CORPS D'AVIATION ROYAL CANADIEN (RÉSERVE SPÉCIALE)

INSTRUCTIONS:

- (a) Cette formule doit être remplie dès qu'un officier ou un soldat est nommé ou enrôlé dans l'armée active du Canada ou qu'un officier ou aviateur est nommé ou enrôlé dans le Corps d'aviation royal canadien (Réserve spéciale).
- (b) Il faut répondre à toutes les questions, et donner tous les détails nécessaires.
- (c) Les deux exemplaires de la formule visant chaque officier, ou soldat ou aviateur doivent être envoyés par le commandant de l'unité au payeur ou à l'officier qui le remplace. Ce dernier enverra un exemplaire au Chef des Archives du quartier général de la Défense nationale, Ottawa, par l'intermédiaire du payeur du district, de la région ou du camp. L'autre exemplaire sera retenu par le payeur de l'unité. En cas de mutation, cet exemplaire sera transmis au payeur de la nouvelle unité où l'intéressé aura été versé.

-
- (1) Nom de l'officier, ou soldat, ou aviateur..... LEGAULT JOSEPH HENRI CHARLES
(Nom et prénoms en entier et en lettres moulées)
- (2) Matricule et grade..... R. 94129 AC.2 Standard
- (3) Unité..... Royal Canadian Air Force.
- (4) Êtes-vous marié?..... NON
- (5) Si oui, donnez
- (a) le nom entier de votre épouse..... N.A.
- (b) l'adresse postale actuelle de votre épouse..... N.A.
- (6) Si vous êtes marié, avez-vous toujours fait vivre votre épouse?..... NON
- Sinon, donnez-en les raisons..... N.A.
-
- (7) Êtes-vous veuf?..... NON
- (8) Avez-vous des enfants?..... NON
- Si oui, indiquez le nombre de garçons et de filles..... N.A.
- Donnez aussi leurs noms et leurs âges..... N.A.
- (9) Si une allocation familiale est réclamée pour les enfants, dites si vous avez pourvu régulièrement à leurs besoins..... N.A.

Donnez les détails quant au tuteur auquel l'allocation familiale doit être payée, si elle est autorisée.

Nom..... N.A.

Adresse postale..... N.A.

| | |
|----------------------------------|-------------|
| R.C.A.F. Records Office | |
| Nom..... <u>N.A.</u> | APR 15 1941 |
| Adresse postale..... <u>N.A.</u> | |
| (VOIR AU VERSO) | |

(10) Vivez-vous en union libre avec une femme — que vous avez constamment fait vivre et reconnue publiquement comme votre épouse pendant au moins deux ans à venir jusqu'à votre enrôlement?

NON

Dans l'affirmative, donnez son nom en entier et son adresse postale..... N.A.....

(11) Est-ce que votre père vit encore?..... OUI

Si oui, donnez son nom, son adresse et son emploi..... William Legault (Inspecteur)

5 Victoria St. Magog, P. Q.

(12) Si votre père est veuf et complètement incapable de gagner sa vie, êtes-vous son soutien unique ou partiel?..... NON

(13) Si vous êtes le soutien unique ou partiel de votre père qui est veuf et totalement incapable de gagner sa vie, dites quel montant par mois vous lui donniez avant de faire partie de l'A.A.C. ou du C.A.R.C. (Réserve spéciale)..... N.A

Si vous subveniez partiellement à son entretien, dites aussi pourquoi il n'a pas d'autres moyens de subsistance et pourquoi vous n'assuriez pas entièrement son entretien?.....

N.A

(14) Est-ce que votre mère vit encore?..... OUI

Dans l'affirmative, donnez son nom et son adresse..... Laura Tessier (LEGAULT)

5 Victoria St. Magog, P. Q.

(15) Si votre mère est veuve, êtes-vous son soutien unique ou partiel?.....

NON

(16) Si vous êtes le soutien unique ou partiel de votre mère veuve, indiquez la somme mensuelle que vous lui donniez avant de faire partie de l'A.A.C. ou du C.A.R.C. (Réserve spéciale).

N.A..... Si vous subveniez partiellement à son entretien, dites aussi pourquoi elle n'a pas d'autres moyens de subsistance et pourquoi vous n'assuriez pas entièrement son entretien?..... N.A

(17) Contribuez-vous à l'entretien de personnes à charge, autres que les susnommées?..... NON

Si oui, donnez les détails suivants: —

Degré de parenté..... N.A

Nom en entier..... N.A

Adresse postale..... N.A

Montant de la contribution mensuelle au cours des six derniers mois.....

N.A

(18) Avez-vous des frères âgés de pas plus de 16 ans ou des sœurs âgées de pas plus de 17 ans dont vous assuriez entièrement l'entretien comme faisant partie réellement de votre maison avant votre nomination ou enrôlement?..... NON

(19) Êtes-vous assuré?..... OUI

Si oui, dites dans quelle compagnie?..... Artisans Canadienne Francais,

(Indiquez le numéro de la police)

Avez-vous pris les dispositions nécessaires pour le paiement de votre prime d'assurance?

OUI..... Sinon, et s'il s'agit d'une prime mensuelle, vous pouvez déléguer le montant de cette prime en plus de toute autre délégation que vous désirez faire, pourvu que la délégation totale ne dépasse pas le montant mensuel maximum qui peut être délégué.

Je certifie par la présente que les renseignements par moi donnés sur cette formule sont exacts sous tous rapports.

Henri Legault
(Signature de l'officier, soldat, ou aviateur)

Date..... March 31st, 1941

for Officier Commandant.....

Date..... March 31st, 1941..... R.C.A.F. Recruiting Centre Montreal, P. Q.

N.B. — Dans la présente formule l'expression père comprend un père adoptif et l'expression mère comprend une mère adoptive; toutefois, l'expression juste doit être, au besoin, substituée à celle de la formule.

Monsieur William Legault,

33B, rue Merry,

Magog, Québec.

Prière d'adresser toute communication subséquente à ce sujet au:

DIRECTEUR DES SUCCESSIONS,
MINISTÈRE DE LA DÉFENSE NATIONALE,
OTTAWA, ONTARIO

et de citer le numéro suivant:

Q.G...R.94129..FD.297.....

MINISTÈRE DE LA DÉFENSE NATIONALE
DIVISION DES SUCCESSIONS
OTTAWA, ONTARIO

9 novembre 1944

Afin de les consigner dans nos dossiers et au cas où il y aurait une succession militaire à distribuer (conformément à la loi) au nom de feu

LEGAULT, Joseph Henri Charles, F/S

89453
R.94129, C.A.R.C.

il est nécessaire que les renseignements voulus concernant le défunt et les membres de sa famille soient fournis à la Division des successions. Vous êtes donc prié de lire le memorandum ci-inclus avant de remplir les pages 2 et 3 de cette formule. Les détails exigés doivent être inscrits comme il faut et la déclaration à la page 4 doit être ensuite signée en présence d'un pasteur, prêtre, magistrat de la localité, commissaire instrumentaire, notaire public, ou officier de l'une quelconque des forces de Sa Majesté, que l'on priera de compléter et signer le certificat. Cette formule doit être ensuite renvoyée à l'adresse mentionnée ci-dessus.

Si l'espace destiné aux questions des pages 2 et 3 de cette formule n'est pas suffisant pour donner tous les détails, il faudra alors se servir de l'espace réservé aux "remarques supplémentaires", à la page 4.

/GC



for Le directeur des successions,

RÉPONDRE AU LONG À TOUTES LES QUESTIONS APPLICABLES

ÉTAT des noms, âges et adresses, ou dates de décès, de tous les parents du défunt, à chacun des degrés spécifiés ci-dessous.

| Degrés de parenté | PARENTS à signaler | TÉMOIGNAGE DU DÉCLARANT | | |
|-------------------|--|---|---|--|
| | | NOM ET PRÉNOMS de tout parent de chacun des degrés mentionnés | Age | ADRESSE AU LONG de chaque parent survivant, en regard de son nom, et date du décès de tout parent décédé |
| 1 | Veuve du défunt..... | ✓ | | ✓ |
| 2 | Enfants du défunt et dates de naissance..... | ✓ | | |
| 3 | Père du défunt..... | J. WILLIAM LEBAULT | 45 | |
| 4 | Mère du défunt..... | LAURA - TESSIER | 41 | Decedee le 21 AVRIL 1944 |
| 5 | Frères du défunt ✓ | Frères germains | Private Paul Legault - 22 Yvon Legault - 17 Jules - Legault - 15 Maurice Legault - 9 | - Camp de Farnham Que 33 B Merry St. Magog Que |
| | | Demi-frères | ✓ | ✓ |
| 6 | Sœurs du défunt ✓ | Sœurs germaines | Pauline Legault - 19 Ida Legault - 18 | 33 B - Merry St. Magog Que. |
| | | Demi-sœurs | | |
| 7 | Noms des frères ou sœurs (germains ou non) du défunt, qui sont décédés, et date de décès de chacun d'eux | Noms et âges de leurs enfants (le cas échéant) | | Adresse de leurs enfants |
| | | aucun | | |

RÉPONDRE AU LONG À TOUTES LES QUESTIONS SUR CETTE PAGE
DÉTAILS D'IDENTITÉ

| | | |
|----|---|--------------------------------|
| 8 | Nom et prénoms du défunt. | Joseph, Henri, Charles Legault |
| 9 | Date de sa naissance. | 28 Mars 1921 |
| 10 | Lieu et date de son mariage. | Celibataire |
| 11 | Lieu et date du mariage de ses parents. | Lachute P. Rue - 1920 - |

DÉTAILS DE DOMICILE

| | | |
|----|--|--|
| 12 | Lieu où le défunt est né. | Brownsburg P. Rue |
| 13 | Indiquer, par ordre, la province, l'état et/ou le comté où le défunt a résidé avant son engagement, et la durée dans chaque cas. | (a) Magog P. Rue - Comté de Stanstead (b) (c) (d) depuis l'âge de 2 Mois. |
| 14 | Nature de son emploi avant son enrôlement. | Employé à la Dominion Textile Co Magog Rue. |
| 15 | Indiquer s'il était propriétaire de la maison où il demeurait. Le cas échéant, à quel endroit? | demeurait avec ses parents |
| 16 | Indiquer le lieu où le défunt entendait vivre d'une façon permanente. | A - Magog chez ses Parents |

DÉTAILS DE LA SUCCESSION

| | | |
|----|---|--|
| 17 | A-t-il laissé un testament? Si vous en avez la garde, veuillez nous le transmettre. | Non - |
| 18 | Si le défunt était marié et domicilié dans la province de Québec ou dans un état des États-Unis d'Amérique ou dans un pays où il existe communauté de biens entre les époux, existait-il un contrat se rapportant à la propriété? | Celibataire |
| 19 | Avait-il un compte d'épargne dans une banque, un bureau de poste ou autre institution? Le cas échéant, donner le nom et l'adresse de la banque, etc., et le montant déposé. Désirez-vous qu'il soit administré avec le compte de solde? | Non, pas à ma connaissance |
| | Avait-il des certificats d'épargne de guerre que possédait le défunt. Indiquer l'endroit où ils se trouvent. | inconnu |
| 21 | Montant des bons de la victoire que possédait le défunt. Indiquer s'ils sont enregistrés ou payables au porteur, ainsi que l'endroit où ils se trouvent. | |
| 22 | Si le défunt possédait des polices d'assurance-vie, donner les noms des compagnies et la somme payable en vertu de chacune des polices, ainsi que le nom de la personne qui y est nommée bénéficiaire. | Artisan. Canadien Français. W. \$500.00 payable à son père. Legault |
| 23 | Décrire les autres valeurs, le cas échéant, et en donner le montant approximatif. Se servir de l'espace à la page 4, au besoin. | aucune connue |

AUTRES DÉTAILS

| | | |
|----|---|-----------------------|
| 24 | Après son engagement, le défunt avait-il contracté des dettes: (a) pour ses propres logement et pension pendant qu'il était dans les forces armées. (b) pour habits et équipement militaires. Un état détaillé de chacun de ces comptes doit être annexé à cette formule et, s'ils sont exacts, veuillez y inscrire "approuvé" et signer votre nom. Si vous les croyez inexacts, donnez des détails. | Aucune dette connue - |
| 25 | Est-ce que les frais funéraires ont été payés, entièrement ou en partie, par vous-même ou un autre parent? Le cas échéant, annexez des états détaillés indiquant les montants payés, et par qui. | |

(REMARQUE:—Le gouvernement paye les frais funéraires, jusqu'à concurrence de montants déterminés par les règlements, lorsque le militaire est décédé et inhumé outre-mer, de même lorsqu'il est décédé et inhumé au Canada ou ailleurs en Amérique du Nord; si un parent a déjà payé les frais funéraires, ceux-ci lui seront remboursés par le gouvernement jusqu'à concurrence du montant fixé par les règlements. Cependant, si les frais excèdent ce montant, la différence ne sera pas payée par le gouvernement ni ne sera à la charge de la succession militaire du défunt.)

(VOIR AU VERSO)

over ↓

*Insérez le degré de parenté, par exemple: "veuve", "père", "frère", etc.

DÉCLARATION

Je, soussigné, déclare que tous les renseignements contenus dans cette formule sont exacts et constituent une liste fidèle et complète de tous les parents que le défunt ait jamais eus aux degrés signalés; et que je suis le/la* père du défunt.

N.B.—A être signée au long en présence d'un pasteur, prêtre, magistrat de la localité, commissaire, notaire public ou officier de l'une quelconque des forces de Sa Majesté.

J. William Legault

Signature du déclarant

33 B. Merry N. Magog - P. Que

Adresse

CERTIFICAT

Je, soussigné, certifie que, autant que je sache

J. William Legault

Nom du déclarant

*Voir plus haut

est le/la* père du défunt ci-dessus décrit. La déclaration ci-dessus a été faite par le déclarant et signée en ma présence.

Daté à Magog ce 21^{ème} jour de novembre 19 44

Signature du pasteur, prêtre, magistrat, commissaire, notaire public ou officier de l'une quelconque des forces de Sa Majesté.

Oliver Langlois

Titre

Notaire

Adresse

68 main Magog. P. Q.

REMARQUE.—Avant d'accorder le certificat qui précède, il faut veiller à ce que le déclarant donne des détails concernant le décès de tout parent qu'il déclare être décédé et que les nom et prénoms, ainsi que l'adresse et l'âge de chaque parent survivant visé soient inscrits à l'endroit voulu dans la déclaration qui est vis-à-vis.

(Si le défunt n'a aucun parent vivant des degrés signalés à la page 2, il faudrait donner ci-après les noms et adresses, et le degré de parenté, d'autres parents.)

SE SERVIR DE L'ESPACE CI-DESSOUS SI VOUS DÉSIREZ FAIRE DES REMARQUES SUPPLÉMENTAIRES.

Comme mon fils - Charles Henri Legault - ^{\$/s}

N'est pas jusqu'à date déclaré officiellement mort mais "presumé mort". Je n'es pas fait abanti de service a Magog - Mais j'espere que sous peu vu que la partie de la Hollande ou il est supposé être inhumé est aux mains des Allies, Recevoir Confirmation ou tout autre rapport le Conservant. J'aimerais beaucoup savoir si la société de la Croix rouge. essaie d'avoir de plus amples renseignements a son sujet - ou si après un laps de temps soit 6 mois, toute recherche est abandonné -

Sincèrement a Vous

J. William Legault.

33 B Merry Nord
Magog Que

FN. 49573

PERSONAL EFFECTS OF CAN/R.94129 F/SGT. LEGAULT, J.H.C.

1 Cardboard box containing:-

- 2 Prs Pyjamas.
- 1 Pyjama top.
- 5 Shirts.
- 1 Towel.
- 1 Pr Black leather oxfords.
- 1 Pr Wooden shoe trees.
- 1 Pr brwn leather slippers.
- 7 Prs socks.
- 4 Schick Injector tubes.
- 2 Schick Injector razors in cases.
- 1 Package correspondence & Snaps.
- 1 Photo.
- 1 Pr blue woollen gloves.
- 12 Handkerchiefs.
- 2 Face cloths.
- 1 Flower Vase.
- 6 Prs shorts.
- 2 Torches.
- 1 Pr garters.
- 3 Kit bag handles.
- 1 Small cardboard ~~xxxx~~ box containing:-

- 1 Camelia Wrist Watch (unserviceable)

Small Cardboard box contd:

- 1 Brevet.
- 1 Shaving Brush.
- 1 Pipe.
- 1 Lord Chesterfield Fountain Pen (unserviceable)
- 1 Grey fountain Pen.
- 1 Brown leather wallet cntg^L
 - 1 Rosary.
- 1 Service Ribbon.
- 1 Steel mirror in canvas case.
- 1 Soap Box.
- 1 Shoe Horn.
- 1 Sgts. Chevrons.
- 1 F/Sgts. crown.
- 1 Cross.
- 1 Cigarette lighter (unserviceable "Polo" utility.
- 1 Metal punch.
- 4 Religious booklets.
- 1 Soldiers Pocket Book.
- 1 Address Book.
- 1 Pr Nut crackers.

✓ NOTE. Post Office Savings Bank Book 192 Pershore R.A.F.^H and 2 Sealed letters addressed to Miss Mary Jane Bilodeau. extracted by Unit and forwarded to R.C.A.F. Overseas Headquarters. London W.C.2.

Original Station inventory signed by H.E. Briggs, F/O. dated
23rd April 1944.

Effects checked at Central Depository 15/6/44.

[Faint, mostly illegible text, possibly a list or inventory details]

[Faint, mostly illegible text at the bottom of the page]

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

WILL

R.C.A.F. R. 60
50M-8-40 (6698)
H.Q. 1082-3-45

Last Permanent Civilian Address

(1) I, Joseph Henri Charles Legault of the Brownburg in the Argenteuil County of Quebec Province of Quebec Lyer (Civil Occupation)

a member of the Royal Canadian Air Force, Number R 94129 do hereby revoke all former Wills by me made and declare this to be my LAST WILL.

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

(2) I GIVE, DEVISE AND BEQUEATH unto my father and mother
Mr + Mrs William Legault
5 Victoria St

Magog
P.Q.
all my estate

Relationship, Names and Address of Residuary Beneficiaries.

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

(4) I appoint Miss Virginie Legault 1842 St Andre (Name) (Address)
Montreal P.Q. to be the Executer of this my Last Will.
Executrix

IN WITNESS WHEREOF I have hereunto set my hand this 2nd day of April 19 41.

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. Henri Legault
(Signature of Testator)

First Witness sign here.

(5) A. J. E. R. Clear (Signature)
W. Manning Depot (Address)
clerk (Occupation)

Second Witness sign here.

J. Duke (Signature)
W. Manning Depot (Address)
Stenographer (Occupation)

(Witnesses are not to be beneficiaries.)

[OVER]

W

NOTE

- (1) Example: I, John Charles Brown, of the City of Ottawa, County of Carleton, Province of Ontario, Mechanic.
- (2) If only one beneficiary, complete as follows: I give, devise and bequeath unto "my wife, Mary Brown, 26 Cherry Avenue, Ottawa, Ontario, all my estate", in which event, strike out clause (3). If more than one beneficiary, set out in clause (2) what each is to receive, such as—

| | |
|--|---------------|
| "my wife, Mary Brown, 26 Cherry Avenue, Ottawa, Ont..... | \$.....00 and |
| my household goods and effects", | |
| "my mother, Ethel Brown, 480 Yonge St., Toronto, Ont. | \$.....00", |
| "my sister, Margaret Brown, 480 Yonge St., Toronto, Ont..... | \$.....00", |
| "my friend, John Smith, 60 LaSalle St., Winnipeg, Man..... | \$.....00", |

and any personal gift, if desired.
- (3) If any specific gifts have been made in clause (2), the testator should name the person or persons to whom he desires to give the balance of his estate in clause (3), such as "my wife, Mary Brown, 26 Cherry Avenue, Ottawa, Ontario" or "my mother, Ethel Brown, and my father, George Brown, of 480 Yonge Street, Toronto, Ontario, equally" or as desired.
- (4) Failure to appoint an executor or an executrix can only result in additional expense in the settlement of the estate in question. Testators are, therefore, strongly urged to make such an appointment. A beneficiary or legatee under the will may be appointed executor or executrix. It is recommended, however, that testators avoid appointing as executor any person on or likely to be on Active Service.
- (5) Do not omit to date the will. The testator should sign the will with his usual signature in the presence of two witnesses, each of whom should immediately thereafter, and in the presence of the testator, sign his or her name, and insert his or her address and occupation in the place provided. No person who receives any benefits under the will should act as witness. It is preferable, though not essential, that the witnesses be persons not on Active Service.

GENERAL

Generally speaking, under the Laws of most of the provinces, a will revoked or cancelled by marriage of the testator after the date of the will is invalid; it is advisable, therefore, immediately upon marriage to make a new will.

When completed, leave with Commanding Officer for transmission to the Records Office for safe custody.

DISTRIBUTION OF SERVICE ESTATES GMV
AIR

Estates Form "P. 4"

Name LEGAULT, Joseph H.C. No. J89453
Surname Christian Names

Rank P/O Unit O/S Date of Death 23-4-44

AMOUNT
W.S.G. 424.89
L.P.C. \$ 101.15

Date 9-5-46

Other Credits.....
Total..... 526.04
Prev. Dist. 101.15
This Dist. 424.89

| SHARE | RELATIONSHIP | NAME AND ADDRESS | AMOUNT |
|-------|--------------|--|--------|
| All | Father | J. William Legault, 33B Merry St. N., Magog, P.Q. <i>J. W. Legault</i> 13/5 (Sole beneficiary per will) | 424.89 |

| AUTHORITY | | | | | |
|----------------------------------|------|-----|----------------------------|------|--------|
| H.Q. F.E. No. | VOTE | PRI | H.Q. SUB. | OBJ. | AMOUNT |
| 9990 | 333 | 01 | 70 | 000 | 424.89 |
| CLASSIFIED BY <i>[Signature]</i> | | | EXAMINED BY | | |
| | | | For Chief Treasury Officer | | |

DISTRIBUTION APPROVED AND AUTHORIZED

[Signature]
.....
(L. M. FIRTH) Colonel
Director of Estates

AUDITED FOR PAYMENT

.....
For Chief Treasury Officer

AIR FORCE No.

~~R94129~~

LEGAULT, JOSEPH HENRI CHARLES

SURNAME FULL CHRISTIAN NAMES

ENLISTMENT

RE-ENLISTMENT

C.R. FILE NUMBER R.S.S.

PLACE Montreal

DATE 31-3-41

J.89453

OFFICER

RECORD OF SERVICE AIRMEN *Comm. 21-4-44*

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

7. BIRTH: DATE PLACE CITIZENSHIP

28-3-21 Brownburg Que. British

FATHER (FULL NAME) William Legault

BIRTHPLACE Papineauville Que.

MOTHER (FULL MAIDEN NAME) Laura Gussler

BIRTHPLACE Lachute Que.

8. EDUCATIONAL STANDING

HIGH SCHOOL ENTRANCE X Que Primary

JUNIOR MATRICULATION 1 yr. High school Que.

SENIOR MATRICULATION

TECHNICAL SCHOOL

UNIVERSITY

CORRESPONDENCE COURSES

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

Dyeing 4 yrs. Dom. Textile

2420

10. PREVIOUS ARMY, NAVY OR AIR FORCE SERVICE

nil

11. HONOURS-AWARDS, MENTIONS

AUTHORITY

DATE

Air Gunnery Badge 9158164A 9-7-43

C.V. in Ribbon M.P.E. 10B47-163

12. FLYING EXPERIENCE ON ENLISTMENT (HOURS)

SOLO

DUAL

PASSENGER

13. RELIGION

Roman Catholic

14. LANGUAGES

French & English

15. SPORTS

Baseball Hockey Hockey

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

WIFE (FULL MAIDEN NAME)

PLACE OF MARRIAGE

DATE

AUTHORITY (IF AFTER ENLISTMENT)

17. MARRIED ESTABLISHMENT

REMARKS

RANK

EFFECTIVE

D.R.O.

18. CHILDREN

CHRISTIAN NAMES

BIRTH DATE

D.R.O.

CHRISTIAN NAMES

BIRTH DATE

D.R.O.

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

FULL NAME: William Legault

RELATIONSHIP Father

ADDRESS: 33 B Cherry St. Sagoy Que.

D.R.O. 963288

FULL NAME:

RELATIONSHIP

ADDRESS:

D.R.O.

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

RATE CHANGES ETC.

EFFECTIVE

D.R.O.

RATE CHANGES ETC.

EFFECTIVE

D.R.O.

Alloc. Rtn 3/10 42 954233
 Forfeit. days P.M. (over) 26/ 27 10 42 9040292
 P.M. 28/ 10 42 9040297
 A.M. J. Forfeit. 7/8 12 42 9040322
 Forfeit. pay 14/ 12 42 12.11.11
 Forfeit. pay 24/ 3 43 14.18.1

21. ENGAGEMENTS

TERM

EFFECTIVE

D.R.O.

TERM

EFFECTIVE

D.R.O.

Quarters 31 3 41

22. TEMPORARY DUTY AND MISCELLANEOUS ENTRIES

FROM

TO

DATE

D.R.O.

Occ. Gov't Trav. Drawing Rtns 4-1-41 49m079
 Occ. Gov't Trav. Drawing Rtns 7-5-41 987102
 Spec. Leave P.M. #6 2/445 29-9-41 987230
 Spec. Leave T.M. C. 81357 30-9-42 954246

Date and Place of Signing R 40.

A.P.C. 5 Victoria St. Sagoy Que. 26506

23. DOCUMENT CONTROL (INDICATE RECEIPT BY DATE)

R60

R79

B465

X-RAY

AFM-13

IDN. CARD

5-4-41

FEB 6 '42

TR

ch

ER

AIR FORCE No. **R94129**

LEGAULT, JOSEPH HENRI CHARLES

ENLISTMENT PLACE Montreal RE-ENLISTMENT DATE 3-3-41

C.R. FILE NUMBER R.S.S.

J. 89453 OFFICER

RECORD OF SERVICE AIRMEN Common ¹³ 21-4-44

R.C.A.F. FORM R44(B) 50M-10-40 (7685) H.Q. 1062-3-58

| 1. POSTING (INDICATE S.O.S. AND T.O.S.) | | | | 2. RECLASS'NS-PROMOTIONS-ETC. | | | | 4. TRADE AND CHARACTER | | | | 6. LEAVE | | | | |
|---|------------------------------------|-----------|------------|--------------------------------|------------|------------|---------------------|------------------------|-----------|-----------|---------|----------|------|---------|---------|--|
| S.O.S. OR T.O.S. | UNIT AND PLACE | EFFECTIVE | D.R.O. | RANK | EFFECTIVE | D.R.O. | TRADE | GROUP | EFFECTIVE | D.R.O. | FROM | TO | DAYS | REMARKS | D.R.O. | |
| T.O.S. | 4 M.D. Quebec | 31 3 41 | 4 M.D. 79 | AC-2 | 31 3 41 | 4 M.D. 79 | Gen Duties | Std. | 31 3 41 | 4 M.D. 79 | 1-10-41 | 15-10-41 | 14 | | 987215 | |
| S.O.S. | 4 M.D. | 5 5 41 | 4 M.D. 106 | AC-1 | 1 7 41 | 987188 | Standard Batmen | | 1 5 42 | 987112 | 3-10-42 | 17-10-42 | 14 | Annual | 987233 | |
| S.O.S. | 9 SF Summerside | 6 5 41 | 987102 | AC-1 | 30 9 41 | 987293 | | | | | 3-7-43 | 16-4-43 | 14 | special | 50771 | |
| Att. | 9871 Centralia for duty discipline | 8 6 42 | 987136 | 2 Sgt (p.d) 6 | 9 7 43 | 9891640 | Gen. D. (Continued) | Std. | 24 10 42 | 987251 | 10-7-43 | 24-7-44 | 14 | Embark | 9891640 | |
| | | | | 77 Sgt (p.d) | 9 4 44 | AER 2001 | AC (Sp) | | 9 7 43 | 9891640 | | | | | | |
| S.O.S. | 98718 Centralia | 24 10 42 | 987252 | O/C | 21 4 44 | 9871005 | | | | | | | | | | |
| S.O.S. | 9 B + G. Mont Joli | 2 5 10 42 | 987286 | | | | Gen. Off. Sgt. | | | | | | | | | |
| S.O.S. | 9 B + G. Mont Joli | 14 12 42 | 987328 | | | | | | | | | | | | | |
| T.O.S. | 1 M.D. Toronto Ont | 15 1 42 | 1 M.D. 304 | | | | | | | | | | | | | |
| S.O.S. | 1 M.D. Toronto | 14 3 43 | 1 M.D. 66 | | | | | | | | | | | | | |
| T.O.S. | * 5 S. F.T.S. Brantford | 15 3 43 | 50758 | | | | | | | | | | | | | |
| S.O.S. | 5 A 7 Brantford | 16 4 43 | 50771 | | | | | | | | | | | | | |
| T.O.S. | 109975 Quebec | 17 4 43 | 109975 | | | | | | | | | | | | | |
| S.O.S. | 109975 Quebec | 29 5 43 | 109978 | | | | | | | | | | | | | |
| T.O.S. | 9 B 4 S. Mont Joli | 29 5 43 | 9845131 | | | | | | | | | | | | | |
| S.O.S. | 9 B 4 S. Mont Joli | 23 7 43 | 9891640 | | | | | | | | | | | | | |
| T.O.S. | 1 M.D. Halifax | 24 7 43 | 14192 | | | | | | | | | | | | | |
| S.O.S. | 1 M.D. R.A.F. Brantford | 2 8 43 | 14195 | | | | | | | | | | | | | |
| | | | | 3. MEDICAL HISTORY | | | | | | | | | | | | |
| | | | | EXAMINATIONS (IN RED INK) | | | | | | | | | | | | |
| | | | | DATE | FORM | CATEGORY | REMARKS | | | | | | | | | |
| | | | | HOSPITALIZATION (IN BLACK INK) | | | | | | | | | | | | |
| | | | | HOSPITAL | ADMITTED | DISCHARGE | D.R.O. | | | | | | | | | |
| | | | | QUARTERS | CONFINED | RET'N DUTY | | | | | | | | | | |
| | | | | | 31-3-41 | 19100 | A4B. | | | | | | | | | |
| | | | | | Stn. Hosp. | 23-10-41 | 29-10-41 | 987249-254 | | | | | | | | |
| | | | | | Stn. Hosp. | 12-3-42 | 13-3-42 | 98761-62 | | | | | | | | |
| | | | | Presumed dead. 23 4 44 | | | | | | | | | | | | |
| | | | | AER 8560 28-10-44 | | | | | | | | | | | | |
| | | | | WUSA 11/10/44 | | | | | | | | | | | | |
| | | | | Training 23 4 44 | | | | | | | | | | | | |
| | | | | P.C.X 153 24-4-44 | | | | | | | | | | | | |
| | | | | Cast/Pres. | | | | | | | | | | | | |

1. AIR FORCE
2. ENLISTMENT
3. RE-ENLISTMENT
4. PRESENT
5. MARRIAGE
6. MARRIAGE
7. HIGH & TECH. SCHOOL EDUCATION
8. COE. BAP.
9. RELIGION
10. MIS. OTHER PREV. SERVS.
11. PROVINCE OF ENLISTMENT
12. DISC.
13. AGE
14. AC

J.89453
AIR FORCE No. *R 94129*

Legault
SURNAME

Joseph Henri Charles
FULL CHRISTIAN NAME

ENLISTMENT/APPOINTMENT
PLACE *Montreal Que.*
DATE *31-3-41*

RELIGION
P.C.

ROYAL CANADIAN AIR FORCE
RECORD OF SERVICE
OFFICERS, AIRMEN AND AIRWOMEN

Comm. 21-4-44

R.C.A.F. FORM R230
100M-3-43 (3137)
H.Q. 885-R-230

| BIRTH DATE | PLACE | COUNTRY | CITIZENSHIP | RACIAL ORIGIN | PARTICULARS OF FAMILY | | | |
|----------------|--------------------------|-------------|-------------|---------------|------------------------------------|--|--|--|
| <i>28-3-21</i> | <i>Braunschweig P.G.</i> | <i>Can.</i> | <i>Can.</i> | <i>Can.</i> | SINGLE, MARRIED, WIDOWER, DIVORCED | | | |

| CIVIL EDUCATION | |
|-------------------------------|----------------------|
| PUBLIC SCHOOL | JUNIOR MATRICULATION |
| HIGH SCHOOL ENTRANCE <i>✓</i> | SENIOR MATRICULATION |
| TECHNICAL SCHOOL | UNIVERSITY |
| CORR./BUSINESS COURSES | LANGUAGES SPOKEN |

| | | | |
|---|--|------|--|
| WIFE (FULL MAIDEN NAME) OR HUSBAND | | | |
| PRESENT ADDRESS (IN PENCIL) | | | |
| PLACE OF MARRIAGE | | DATE | |
| AUTHORITY (IF AFTER APPOINTMENT/ENLISTMENT) | | | |

| CIVIL OCCUPATIONS AND EXPERIENCE | |
|----------------------------------|--|
| <i>Dyer 3 1/2 yrs.</i> | |

| CHILDREN | | | |
|----------|-------------------------|-------|-------------------------|
| NAMES | PLACE AND DATE OF BIRTH | NAMES | PLACE AND DATE OF BIRTH |
| | | | |

| PREVIOUS SERVICE |
|------------------|
| <i>N.A.</i> |

| NAME(S), ADDRESS(ES), RELATIONSHIP OF PERSON(S) TO BE INFORMED OF CASUALTIES (IN PENCIL) |
|--|
| <i>William Legault, Rene (Father) 338 Cherry St Magog Que.</i> |

| PLACE AND DATE OF MEDICAL | CATEGORY | PLACE AND DATE OF MEDICAL | CATEGORY |
|---------------------------|----------|---------------------------|----------|
| | | | |

| EMPLOYMENT AS INSTRUCTOR OFFICER AIRMAN/AIRWOMAN | | | |
|--|------|----|--|
| TYPE | FROM | TO | |
| | | | |

| OFFICERS | | | |
|----------------------------------|----------------|----------------------|--|
| RANK, BRANCH AND CATEGORY | DATE | AUTH. | DUTIES PERFORMED DURING SERVICE, E.G. ADJ. |
| <i>P/O (R) S.S.G. Senior Off</i> | <i>21/4/44</i> | <i>0.0. 11/42/44</i> | |

| AIRMEN AND AIRWOMEN | | | | |
|---------------------|----------------|----------------|-------------------------|----------------|
| RANK | DATE | AUTH. | TRADE | DATE |
| <i>Ac2</i> | <i>31/3/41</i> | | <i>AIRGUNNER S. Exp</i> | <i>9/4/43</i> |
| <i>Ac1</i> | <i>1/7/41</i> | | <i>G/D</i> | <i>31/3/41</i> |
| <i>LAC</i> | <i>30/9/41</i> | | | |
| <i>T/Sgt. (Pd)</i> | <i>9/7/43</i> | <i>DR0/64A</i> | | |
| <i>T/K1 Sgt</i> | <i>9/4/44</i> | <i>1005/44</i> | | |

| OFFICERS, AIRMEN/AIRWOMEN | | | | |
|---------------------------|--------------|---|----------|---------------|
| COURSE OR TRADE | GRP. | % | PF | DATE |
| <i>AIR GUNNER</i> | <i>S.S.A</i> | | <i>P</i> | <i>9/4/43</i> |

| COURTS-MARTIAL ATTENDED WITH DATES (STATE IF UNDER INSTRUCTION OR AS MEMBER) |
|--|
| |

ADVISE ENTRIES
UNIT RECORDS RETURNED
TO CANADA

