J90294
PARSONS
GORDON

1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38

CAN.J90294

VERDUN QUEBEC

GENERAL INFORMATION

SINGLE

EDUCATION
1935-37 - Strathearn H.S. Montreal - 2nd yr. High

CIVIL EXPERIENCE
1937-39 - International Correspondence Sch. Montreal - Office clerk
1939-42 - C.N.R. Montreal - Office clerk

SPORTS
All sports occ.

SERVICE EXPERIENCE
1942-42 - Black Watch Montreal - Pte.
Enlisted R.C.A.F. 18-9-42

(GL)(G.O.) CFR FIELD — PARSONS Gordon — SR

Birth Date	Age on Appointment	Date of Appointment
2-9-23	20	11-6-44

D

POSTINGS AFRO #2684, d/15-12-44.

Rank	Date	Station	Date	Duty
P/O	11-6-44	OVERSEAS		GUNNERY OFFICER
		MISSING	13-6-44	
		Now presumed DEAD.	13-6-44	Cas. List #1030

R.C.A.F. R198B
20M-11-43 (3616)
H.Q. 885-R-198B
K.P- 93145

LOWE-MARTIN CO. LIMITED—D91977

To be made out in duplicate

M.F.M. 5
25M—6-42 (4975)
H.Q. 1772-39-1651

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

INSTRUCTIONS.

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

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

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

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(1) Name of Officer or Other Rank PARSONS GORDON
(Surname first—Christian names in full—Block capitals)

J 90294 P/O

(2) Regimental or Official Number and Rank R-194097 AC2

(3) Unit R.C.A.F. #5 Manning Depot

(4) Are you married? No

(5) If married, state,

(*a*) Full name of your wife N/a

(*b*) Present postal address of wife N/a

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

(7) Are you a widower? N/a

(8) Have you any children? N/a Number of boys Girls

Names and ages

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

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

Name N/a

Postal Address

[SEE OTHER SIDE]

(10) Have you a common-law wife—whom you have been regularly supporting and publicly representing as your wife for at least 2 years immediately prior to appointment or enlistment? .....

If so, state her full name and Postal Address ..... No .....

(11) Is your father alive? ..... No .....

If so, state name and address, occupation ..... No .....

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

(13) If sole or partial support of father who is a widower, totally incapacitated from earning a living —state what amount per month you have given him prior to appointment or enlistment ..... No .....

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

(14) Is your mother alive? ..... Yes .....

If so, state name and address Amelia Lawsons .....
322 5th Ave Verdun Que .....

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

(16) If sole or partial support of widowed mother—state what amount per month you have given her prior to appointment or enlistment ..... $ 70.00 .....

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

(17) Are you contributing to the support of any dependents, other than those shown above? .....
This may include any brothers 16 years of age or under, or any sisters 17 years of age or under, solely supported and maintained as bona fide members of your household before your appointment or enlistment.

If so, state the following particulars:—

Relationship ..... No .....

Full Name ..... No .....

Postal Address ..... No .....

Amount contributed monthly during the past six months ..... No .....

.....

(18) Are you insured? ..... Yes .....

If so, in what Company? ..... Prudential & Mutual .....
(Give number of policy)

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

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

..... G Lawsons .....
(Signature of officer or man)

Date ..... Oct. 9, 1942 .....

..... H.H. Smith P/O .....

Date ..... 9.10.42 ..... for Officer Commanding ..... #5 Manning Depot .....

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

DEPARTMENT OF NATIONAL DEFENCE

INVENTORY

Date .....

The Estates Branch has received the following personal effects of:

NAME J.90294 F/O PARSONS, G. .....

1 leather belt
1 pr. blakk leather shoes
1 pr. shoe trees
2 prs. brown leather slippers
1 blue laather wallet
1 pr. brown tweed trousers
1 red leather photo folder
1 razor hone in box
1 small flashlight
1 black Parker pen & pencil set
2 pr. laces
2 photos in blue leather folder
1 trouser hanger
1 Kodak camera in black leahher case
1 Military missal
1 small blue kit bag
24 handkerchiefs
1 black leather cigarette case
1 Air Force diary
1 screwdriver
1 bottle opener
1 /5 keys on chain
2 black combs
3 shirts

1 kit bag handle
1 book "My Friend Flicka"
2 prayer books
1 brown suede jacket
1 athletic support
2 blue woollen pullovers
2 kit bag handles
16 pr. socks
4 odd socks
2 vests
1 black tie
1 white sweat shirt
1 pr. shorts
1 hair brush
1 ice cream spoon
1 tube of leads
1 lock
1 collar pin
2 A.G. brevets
1 pen knife
1 nail file
1 brooch
1 calluliod fork
1 trinket broken
1 New Testament
1 book Westminister Abbey Pictures and papers
envelope contg; 7 coins
1 black leather memo book
1 pr. braces
1 money belt

Received the effects as listed

SIGNATURE .....

DATE REC'D .....

Mrs. Amelia Parsons,
2034 Wellington Street,
Montreal, Quebec.

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

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

and the following number quoted:—

H.Q. J.90294 FD 140

DEPARTMENT OF NATIONAL DEFENCE

ESTATES BRANCH

OTTAWA, ONT.

October 5th., 1945

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

PARSONS, Gordon P/O (Deceased) J.90294 R.C.A.F.

ESTATES BRANCH
OCT 10 19
H.Q.
OTTAWA
NATIONAL DEFENCE

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

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

HRB/et

H. R. Button F/L
for Director of Estates.

Answer P.64
- Ins.
V.L.

M.F.W. 77
6M—4-45 (7053)
H.Q. 1772-39-972

ANSWER IN FULL ALL APPLICABLE QUESTIONS

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

Degrees of Relationship	RELATIVES required to be accounted for		INFORMANT'S STATEMENT: NAME IN FULL of any Relative, if any, in each degree specified	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased.....		Nil	—	—
2	Children of the Deceased and dates of their Births.....		Nil	—	—
3	Father of the Deceased.....		MARK PARSONS	73	(DECEASED)
4	Mother of the Deceased.....		AMELIA PARSONS	63	2034 Wellington St. Montreal, 22, Que
5	Brothers of the Deceased	Full Blood	GEO. EDWARD PARSONS	41	8525 LASALLE BLVD VILLE LASALLE. Que
			ELI REES PARSONS	38	324-5TH AVE. VERDUN
			MALCOLM MARK PARSONS	34	418 ASH AVE. M'TREAL
			KENNETH ALFRED PARSONS	32	426A. " " "
			WM. LESLIE PARSONS	30	432 " " "
		Half Blood			
6	Sisters of the Deceased	Full Blood	Isabella Ann STEVEN	40	3447 Prudhomme Ave
			CLARA MARGARET MAC DONALD	36	2034 Wellington ST.
			AMELIA HASH	28	2034 " "
			MARY HELENA CAMPBELL	25	418 ASH AVE all Montreal
		Half Blood			
7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, *who are dead* and date of death of each.		Names and ages of their children (if any)		Address of their children
	Nil		Nil		—

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	GORDON PARSONS
9	Date of his birth.	2 SEPT. 1923
10	Place and date of his marriage.	N/A.
11	Place and date of his parents' marriage.	GRACE CHURCH, MONTREAL 5 AUG. 1903.

PARTICULARS OF DOMICILE

12	Place where deceased was born.	413 Congregation St. Montreal, Que.
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) (b) (c) (d) Always in Quebec (Montreal)
14	Nature of employment before enlistment.	Office Clerk, C.N.Rys
15	State whether he owned the premises in which he lived, and, if so, where situated.	No.
16	Name place where deceased stated he intended to make his permanent home.	Montreal, Que.

PARTICULARS OF ESTATE

17	Did the deceased leave a Will other than a Service Will? If in your custody, please forward. If not, can you state where it is?	No.
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses,—was there a marriage contract dealing with property?	No.
19	(a) Did he have a Bank, Post Office or other deposit account? (b) Give name and address of bank, etc., and the amount on deposit. (c) Do you wish it administered with the pay account? (d) If it is a joint account, state the survivor's name and relationship to the deceased.	No.
20	Amount of War Savings Certificates purchased by the deceased and registered in his name. State where located.	one bond taken in 6th Victory loan. Never Received.
21	(a) Amount of Victory Loan Bonds left by deceased. (b) State whether bearer or registered. (c) State in whose name they are registered. (d) During what loan were they purchased? (1st, 2nd, 3rd, etc.) (e) In whose possession, and address, are they?	He wrote & said he had bought one, but I have never seen it nor even heard where it is.
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	METROPOLITAN LIFE. INS. CO. $1000.00 (one Thousand) MRS AMELIA PARSONS – (MOTHER)
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	Nil.

OTHER PARTICULARS

24	Did the deceased after enlistment incur any debts for:— (a) His own separate board and lodging while on service. (b) Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	None, to my belief. He didn't mention any.

(PLEASE TURN OVER)

DECLARATION

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

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

* Mother of the deceased.

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

Mrs Amelia Parsons — Signature of Informant

2034 Wellington St. Montreal 22 Que. — Address

CERTIFICATE

I hereby certify that to the best of my knowledge and belief Mrs. Amelia Parsons {Name of informant} is the* Mother of the Deceased above described. The above Declaration was made by the Informant and signed in my presence.

*See above.

Dated at Montreal this 9th day of October 1945

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

G. H. Leigh Qualification Minister

Address 2622 Lushbrooke St. Montreal, 22, Que.

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

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

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

OFFICIAL ROYAL CANADIAN AIR FORCE CASUALTY NOTIFICATION

NUMBER J90294 (~~R194097~~) RANK P/O UNIT 427 SQN OVERSEAS

TRADE A/G (G.L.)

NAME PARSONS, GORDON

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

PRESENT MARITAL STATUS SINGLE RELIGION ANG. CANADIAN YES

FRENCH CANADIAN OTHER

NEXT OF KIN MRS MARK PARSONS
MOTHER

RELATIONSHIP

ADDRESS 2034 WELLINGTON ST. MONTREAL. QUE.

FATHER'S NAME
DECEASED

ADDRESS LIVING ON ENLISTMENT NO

MOTHER'S NAME MRS MARK PARSONS

ADDRESS 2034 WELLINGTON ST. MONTREAL. QUE. LIVING ON ENLISTMENT YES

ADDRESS AT TIME OF ENLISTMENT 322-5th AVE. VERDUN. QUE. MARITAL STATUS AT TIME OF ENLISTMENT SINGLE

OCCUPATION CLERK (OFFICE)

WAS MEMBER ATTACHED TO R.A.F. AT ANY TIME? YES/NO N/K BEING OBTAINED

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?

ESTATES BRANCH JUN 11 1945 H. Q. OTTAWA NATIONAL DEFENCE

CASUALTY DETAILS:

AUTHORITY CAS. SIG. NO.

BOMBER MAI L LETTER----------d-25-APRIL-45

PREVIOUSLY REPORTED "MISSIE" 13-JUNE-44 AFTER AIR OPERATIONS (OVERSEAS) (OVER ARRAS FRANCE)

NOW "PRESUMED DEAD" 13-JUNE-44 FOR OFFICIAL PURPOSES

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 8-JUNE-45

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

FOR CHIEF OF THE AIR STAFF

R.C.A.F. R217
30M-6-44 (4664)
H.Q. 885-R217
△TS-RT

2

ADMINISTRATOR OF ESTATES, OTTAWA

73896

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

WILL

R.C.A.F. R. 60
40M—5-40 (5140)
H.Q. 1062-3-45

(1) I, Gordon Lawsons of the ~~City~~ ~~Town~~ ~~Village~~ ~~Township~~

Last Permanent Civilian Address

of Verdun in the County District of

Province of Quebec, Clerk
(Civil Occupation)

a member of the Royal Canadian Air Force, Number R-197097 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

A. My Mother

B. Amelia Lawsons

C. 322 5th Ave. Verdun, Quebec.

D. 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 Amelia Lawsons (Name) 322 5th Ave Verdun, Que. (Address)

....., to be the ~~Executor~~ Executrix of this my Last Will.

IN WITNESS WHEREOF I have hereunto set my hand this Ninth day of

October 1942.

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.

G. Lawsons
(Signature of Testator)

First Witness sign here.

(5) J. L. Duval
(Signature)

4180 Decarie Blvd Montreal
(Address)

Clerk
(Occupation)

Second Witness sign here.

L. Gareau
(Signature)

5676 McLynn Ave Montreal
(Address)

Clerk
(Occupation)

(Witnesses are not to be beneficiaries.)

R.C.A.F. Records Office
Rec'd OCT 13 1942
O. K. C.I.B.
R. C. N.I.
S. L. P.A. 96

[OVER]

R.C.A.F. G.64
H.Q. 885-G-64

Royal Canadian Air Force

CERTIFICATE OF PRESUMPTION OF DEATH

NO. 12618

This is to Certify that

J90294 PILOT OFFICER GORDON PARSONS R.C.A.F.
(Number) (Rank) (Name in Full) (Unit)

has been officially reported as missing since the 13TH day

of JUNE, 1944, and that, full inquiries having been made, no information has been received which would indicate that he may be still alive. For official purposes, therefore, he is presumed to have died on or since the above mentioned date.

Dated at Ottawa, Canada, this 8TH day of JUNE 1945

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

No. 427 Squadron, R.C.A.F.

June, 2Ist., 1944.

Dear Mrs. Parsons :

Prior to receiving this letter you will have had a telegram informing you that your son, Sergeant Gordon Parsons of this Squadron has been reported missing as the result of Air Operations of the I2th/I3th., June, 1944.

It is with the utmost regret that I write to you this date to convey to you the feelings of my entire Squadron.

On the night of June, I2th., Gordon and his fellow Crew members took off from this aerodrome to carry out a Night Bombing Attack on enemy torritory and were due to return the following morning. Unfortunately, the aircraft never returned and we have had no communication from it, nor from any member of the Crew since time of take-off.

We lost an excellent Crew when this aircraft did not return from this Operation and we count it's loss a bitter blow to the strength of this Squadron.

Gordon and his Crew had only recently been posted to this Squadron but he had already displayed great possibilities of becoming one of our most efficient Gunners. It is indeed sad that such a promising career should be so abruptly terminated . We shall miss him greatly.

There is always the possibility that Gordon may be a prisoner-of-war, in which caseyou will either hear from him direct, or through the Air Ministry who will in turn receive advice from the International Red Cross Society.

Your son's effects have been gathered together and forwarded to the Royal Air Force Central Depository where they will be held until better news is received or in any event for a period of at least six months before being forwarded to you through the Administrator of Estates, Ottawa.

May I now extend to you the deep and heartfelt sympathy of my entire Squadron in your grievous anxiety, - an anxiety in which we too share. I would like to assure you also how greatly we all honour the heroic sacrifice your son has made for the Cause of Freedom, so far from home in the Service of the British Commonwealth of Nations.

Mrs. M. Parsons,
2034 Wellington Street,
Montreal,
Quebec,
Canada.

26 JUN 1944 P.M.

(G. J. Cribb) Squadron Leader,
Officer Commanding,
No. 427 Squadron, R.C.A.F.

LETTER RECEIVED 26.6
ORIGINAL SENT 3.7
COPY TO OTTAWA 3.7
PHOTOS SENT TO N/A

AIR FORCE No. R. 194097

PARSONS, GORDON

SURNAME — FULL CHRISTIAN NAMES

ENLISTMENT — RE-ENLISTMENT

PLACE Montreal P.Q.

DATE 18-9-42

C.R. FILE NUMBER RSS

J. 90294 OFFICER

RECORD OF SERVICE AIRMEN

13 Comm 11-6-44

R.C.A.F. FORM R44 (B) 30M-12-41 (1346) H. Q. 1062-3-58

D

1. POSTING (INDICATE S.O.S. AND T.O.S.)

Temporary Duty (In Red)

S.O.S. or T.O.S.	UNIT AND PLACE	EFFECTIVE			D.R.O.
TOS	13 R/C Mtl	18	9	42	Mtl r/c 92
S.O.S.	13 R.C. Montreal	7	10	42	Mtl r/c 103
T.O.S.	5 "M" Depot L	8	10	42	5 MD 241
SOS	#5 MD Lachine	29	11	42	5 MD 284
TOS	#4 MD Quebec Fue	30	11	42	4 MD 286
SOS	4 MD Quebec	4	2	43	4 MD 30
TOS	RCA F.Sh. Mountain View	5	2	43	MV 36
Sels	Mtn View	20	3	43	MV 71
TOS	6 ITS Toronto	21	3	43	6 ITS 70
SOS	6 ITS Toronto	11	6	43	6 ITS 139
TOS	2 AGGTS Trenton	12	6	43	E 166
SOS	Trenton	24	7	43	E 204
Top	3 BGS MacDonald	25	7	43	3 BGS 179
SOS	3 BGS MacDonald	24	9	43	3 BG 211A
TOS	1 YD. Halifax	18	9	43	1 Y. 203
S.O.S.	1 YD. Halifax	8	10	43	1 Y 253
	3 P.R.C.				

Missing 13 June 44 - PCX 47 d/14 June 44.
Presumed Dead - 13 June 44 - DCL 1030 d/24 May 45.

COMPLETED 3 8 45

2. RECLASS'NS-PROMOTIONS-ETC.

RANK	EFFECTIVE			D.R.O.
A.C. 2	18	9	42	Mtl r/c 92
Lac	24	7	43	E 204
T/Sgt (pd)	3	9	43	3 BGS 211A
T F Sgt	3	6	44	AFRO 2001
P/O 11-6-44/AP.R 296/11-12-44				GB 1182 AFRO 2684

3. MEDICAL HISTORY

EXAMINATIONS (IN RED INK)

DATE	FORM	CATEGORY	REMARKS

HOSPITALIZATION (IN BLACK INK)

HOSPITAL QUARTERS	ADMITTED CONFINED	DISCHARGE RET'N DUTY	D.R.O.
18/9/42	R 100	A1B A3B	

4. TRADE AND CHARACTER

TRADE	GROUP	EFFECTIVE			D.R.O.
A.C.	S	18	9	42	Mtl r/c 92
A.C. (I/S)	R	29	11	42	5 MD 284
a/c (A.G.)	S	28	5	43	6 ITS 129
Air Gunner	SG	3	9	43	3 BGS 211A
Gun off Br D L		11	6	44	AP.R 296/11-12-44

TRADE PROFICIENCY	CHARACTER ASSESSMENT	DATE OF R41

5. COURSES-TESTS-ETC.

SUBJECT	RESULT	DATE	AUTHORITY
Transforce 43 to 46			4 MD 14

6. LEAVE

FROM	TO	DAYS	REMARKS	D.R.O.
19-9-42	7-10-42		Lwp.	Mtl r/c 92
~~28-5-43~~	~~12-6-43~~	5	New Years	4 MD 301
28-5-43	12-6-43	15	Special	6 ITS 129
4.9.43	17.9.43	14	embarkation	3 BGS 211A

6(A) RATIONS AND QUARTERS

UNIT	DATE COMMENCED	DATE DISCONTINUED	D.R.O.

R.C.A.F. OVERSEAS — ENLISTMENT MARITAL STATUS — PRESENT MARITAL STATUS — HIGH & TECH. SCHOOL EDUCATION — RELIGION — PROVINCE OF ENLISTMENT — DISCHARGE — AC

AIR FORCE No. ~~R.194097~~ R.

PARSONS, GORDON
SURNAME — FULL CHRISTIAN NAMES

ENLISTMENT — RE-ENLISTMENT
PLACE Montreal P.Q.
DATE 18/9/42

C.R. FILE NUMBER RSS

J.90294 OFFICER

RECORD OF SERVICE AIRMEN

Comm 11-6-44

R.C.A.F. FORM R44 (B) 30M-12-41 (1346) H. Q. 1062-3-58

7. BIRTH: DATE 2-9-23 — PLACE Mtl Que. — CITIZENSHIP 2 British

FATHER (FULL NAME) Mark Parsons. deceased.

BIRTHPLACE Newfoundland.

MOTHER (FULL MAIDEN NAME) Amelia Rees.

BIRTHPLACE Nfld.

8. EDUCATIONAL STANDING

HIGH SCHOOL ENTRANCE x P.Q.

JUNIOR MATRICULATION 2yrs "

SENIOR MATRICULATION

TECHNICAL SCHOOL

UNIVERSITY

CORRESPONDENCE COURSES

2

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

Office Clerk – International Correspondence School. 1939-39

Office Clerk – C.N.R. – William St. 1939-42.

8300

10. PREVIOUS ARMY, NAVY OR AIR FORCE SERVICE

Black Watch – Mtl Que – Pte 1942 – 42 June

6

11. HONOURS-AWARDS, MENTIONS

	AUTHORITY	DATE
Air Gunners Badge	3BGS211A	3.9.43
C.V.S.M + M.L.E.	DB98-50	18-3-44.

12. FLYING EXPERIENCE ON ENLISTMENT (HOURS)

SOLO — DUAL — PASSENGER —

13. RELIGION Anglican

3

14. LANGUAGES Eng.

1

15. SPORTS all sports.

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

WIFE (FULL MAIDEN NAME)

PLACE OF MARRIAGE — DATE

AUTHORITY (IF AFTER ENLISTMENT)

1

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: Amelia Parsons. — RELATIONSHIP Mother.

ADDRESS: 2634 Wellington St Montreal — D.R.O.

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.
Ent to 1 day pay & Sut allnce	18 9 42	Mtl rc 92			

21. ENGAGEMENTS

TERM	EFFECTIVE	D.R.O.	TERM	EFFECTIVE	D.R.O.
Dur.	18 9 42				

22. TEMPORARY DUTY AND MISCELLANEOUS ENTRIES

FROM	TO	DATE	D.R.O.

Date and Place of Signing R 40

22.(A) ADDRESS PRIOR TO ENLISTMENT

322, 5th Ave. Verdun, Que.

22719

23. DOCUMENT CONTROL (INDICATE RECEIPT BY DATE) OHF

R60	R79	B465	X-RAY	AFM-13	IDN. CARD	Kx.
13.10.42	1-10-42	19.10.42				

AIR FORCE No. J90294 ~~R194097~~

PARSONS — SURNAME

GORDON — FULL CHRISTIAN NAME

ENLISTMENT/APPOINTMENT
PLACE MONTREAL
DATE 18-8-42

RELIGION ANG.

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

Comm. 11-6-44

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

BIRTH DATE	PLACE	COUNTRY	CITIZENSHIP	RACIAL ORIGIN
2-9-23	MONTREAL	CANADA	CANADIAN	BRITISH

CIVIL EDUCATION

PUBLIC SCHOOL		JUNIOR MATRICULATION	2 yrs
HIGH SCHOOL ENTRANCE	✓	SENIOR MATRICULATION	
TECHNICAL SCHOOL		UNIVERSITY	
CORR./BUSINESS COURSES		LANGUAGES SPOKEN	

CIVIL OCCUPATIONS AND EXPERIENCE

CLERK

PREVIOUS SERVICE

Black Watch - Mtl. - D 51 8891
June 1942 to date

PLACE AND DATE OF MEDICAL	CATEGORY	PLACE AND DATE OF MEDICAL	CATEGORY

PARTICULARS OF FAMILY

SINGLE, MARRIED, WIDOWER, DIVORCED S
WIFE (FULL MAIDEN NAME) OR HUSBAND
PRESENT ADDRESS (IN PENCIL)
PLACE OF MARRIAGE DATE
AUTHORITY (IF AFTER APPOINTMENT/ENLISTMENT)

CHILDREN

NAMES	PLACE AND DATE OF BIRTH	NAMES	PLACE AND DATE OF BIRTH

NAME(S), ADDRESS(ES), RELATIONSHIP OF PERSON(S) TO BE INFORMED OF CASUALTIES (IN PENCIL)

Mrs Amelia Parsons, 2034 Wellington St, Montreal, Que. (Mother) / Mrs C. MacDonald 432 Ash Ave Montreal Que (Sister)

EMPLOYMENT AS INSTRUCTOR OFFICER AIRMAN/AIRWOMAN

TYPE	FROM	TO	TYPE	FROM	TO

OFFICERS

RANK, BRANCH AND CATEGORY	DATE	AUTH.	DUTIES PERFORMED DURING SERVICE, E.G. ADJ.
P/O (R) S.S. G.L. Gunn. Off	11 6 44	O.O. 1182/44	

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

AIRMEN AND AIRWOMEN

RANK	DATE	AUTH.	TRADE	DATE	AUTH.
T/SGT	3 9 43	RRO 211A	A.G. "Sp"	3 9 43	RRO 211A
T/FSgt.	3 6 44	AFRO 2001/44			

OFFICERS, AIRMEN/AIRWOMEN

COURSE OR TRADE	GRP.	%	PF	DATE

ADVISE ENTRIES
UNIT RECORDS RETURNED
TO CANADA

AIR FORCE No. J90294 ~~R194097~~

PARSONS — SURNAME

GORDON — FULL CHRISTIAN NAME

ENLISTMENT/APPOINTMENT

PLACE MONTREAL

DATE 18-9-42

RELIGION ANG.

R.C.A.F. FORM R230

TYPE OF LEAVE

FROM	TO	No. DAYS	DESCRIPTION	AUTH.
12-1-44	25-1-44	14	P.L	24.O.T.U. 3/44
22-2-44	26-2-44	5	P.L.	61 Base 18/44.
28.4.44	3.6.44	7	P.L.	427 Sqn 34

TYPE OF AIRCRAFT ON WHICH MOST PROFICIENT

(IF UNDER INSTRUCTION STATE NUMBER OF HOURS ON EACH TYPE AND TESTS PASSED)

SERVICE MACHINES FLOWN

CHARACTER AND TRADE ASSESSMENT

DATE	CHARACTER	TRADE ASSESSMENT
31 12 43	V. G.	Sat, Sat

HONOURS, AWARDS AND MENTIONS

DATE	AWARD	AUTHORITY
3 9 43	AG's Badge	DRO 211 A
18 3 44	CVSM & ML	427 Sqn. 29

POSTINGS, ATTACHMENTS & TEMPORARY DUTY

SOS TOS	FROM	TO	DATE	AUTHORITY
SOS	2 AGGTS	3 B&G	24 7 43	DRO 264
SOS	3 B&G	1 Y.D.	17 9 43	" 211A
SOS	1 Y.D.	3 P.R.C.	8 10 43	" 255
	Emb. N. York		8 10 43	
	Dis. U.K.		16 10 43	
Int-C 133	RAF Bournemouth		17 10 43	
SOS	3 P.R.C To 24.O.T.U.		26 10 43	3 P.R.C 24 O.T.U. 3/43 67/43
TOS	61 Base from 24 O.T.U.		8 2 44	61 Base 11/44 24 OTU. 10/44
Det to	Battle School		8/27 2/2 44	61 Base 11/44 " " 24/44
Det to	1666 C.U. from 61 Base		27/8 2/4 44	61 Base 24/44 1666 CU 43/44
TOS	427 Sqdn from 61 Base		8 4 44	427 Sqd 23/44 1666 CU 43/44
F/B	Missing from 427 Sqn.		12/13 6 44	AFRO 1536/44 CR490
TOS	N.E.U.		14 6 44	76/44
	Presumed Dead		13 6 44	CR770

ALL OTHER CASUALTIES

CASUALTY AND DATE	AUTHORITY
Supp AFRO 1085	
UK NEU 112	

ADVISE ENTRIES
UNIT RECORDS RETURNED
TO CANADA

Emb 8.10.43

R 1940797 7932

Pessoa

R 194097 A 149 2-

ROYAL CANADIAN AIR FORCE

Right Index Fingerprint

Name PARSONS. GORDON R-1 9 4 0 9 7

Rank AC/2 R.C.A.F.

Age 19 Height 5' 10½" Weight 150

Hair BROWN Eyes BROWN Hair on face FAIR

Marks, scars, etc. NONE VISIBLE

G Parsons (Signature of holder)

D. J. Chapin Flt (Signature of issuer)

Place #5 "M" DEPOT LACHINE P.Q. Date OCTOB ER 9th, 1942.

Card serial number 94870

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

ROYAL CANADIAN AIR FORCE SERVICE BOOK

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.

J90294

Air Force No. R194097 Surname PARSONS

Christian Names (in full) GORDON

Date of Birth 2-9-23 Religion ANG.

Date of Enlistment/Appointment 18-9-42

Married (M), Widower (W) or Single (S) S

Occupation in Civil Life Clerk

Signature of Holder G Parsons

Name and Address of Next-of-Kin

Name, Address, and Relationship of Person to be informed of Casualties—

Mrs. Amelia Parsons (Mother)
2034 Wellington St
Montreal, Que

Certified Correct G. J. Johnston P/O

Date Place 4 Depot Halifax

RANK, GROUP AND R.C.A.F. TRADE OR BRANCH

Branch or Trade and Group	Date of Effect	Authority	Signature and Rank of Officer making Entry
A.G. "Sp"	3-9-43	DRO211A	E.J. Johnston PO

Rank	Date of Effect	Authority	Signature and Rank of Officer making Entry
T/Sgt/Cpl	3-9-43	DRO211A	E.J. Johnston PO
F/Sgt	3.6.44	AF-RO200/44	
PO	11.6.44	P/01182/44	L. Nuttall WO2

MEDALS, DECORATIONS, MENTIONS, ETC.

Particulars	Date and Authority	Signature and Rank of Officer

MISCELLANEOUS ENTRIES

(For entries for which space is not otherwise provided)

NOTE—No entry on this page has any legal effect as a Will

Particulars	Date and Authority	Signature and Rank of Officer

LEAVE RECORD
(With Free Railway Warrant)

From (date)	To (date)	Signature of Officer

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.
26-8-43	A3B(T)	B-2		J. F. HOPKIRK
	A3B			
	A3B(V)			

BLOOD GROUP

Date	International	Initials of M.O.
	BLOOD GROUP O	

NIGHT VISUAL CAPACITY

Date	Score	Group	Initials of M.O.
29-9-43	28		

IMMUNIZATION PROCEDURES

VACCINATION

Date	Result	Initials of M.O.
13-10-42	No Take	J. F. HOPKIRK

Susceptibility Test	Date	Result	
Schick Test	13-10-42	Pos.	
Dick Test	13-10-42	Neg	

PROTECTIVE INOCULATIONS*

Nature of Inoculation	Date	Dose	Initials of M.O.
Diph. Tox. — i	20-10-42	1 c.c	
" " — ii	17-11-42	1 c.c.	
T. A. B. T. — i	13-10-42	1 c.c.	
" — ii	3-11-42	1 c.c.	
" — iii	24-11-42	1 c.c	
Wass. Test - Neg.	13-10-42	—	

J. F. HOPKIRK

IMMUNIZATION PROCEDURES—Con.

Nature of Inoculation	Date	Dose	Initials of M.O.

* To include diphtheria toxoid, scarlet fever toxin, cholera, plague and yellow fever vaccines, etc.

PARTICULARS OF DENTAL TREATMENT

Date	Required	Completed	SPECIFICATION Use authorized abbreviations and symbols	SIGNATURE OF DENTAL OFFICER
Sept 21/43		✓		MHB Capt

R.C.A.F. A.47A
100M—4-43 (3174)
H.Q. 885-A-47A

R194097 Sgt.
Parsons, H.

R.C.A.F. Special Reserve Aircrew

ROYAL CANADIAN AIR FORCE

RECORD OF SERVICE AIRMEN

J90294

R.194097 A.F. No. | Parsons Surname | Gordon Christian Names | Anglican Religion

Born 2-9-23 Place Montreal. PQ Country Canada Citizen of Canada Racial Origin British

PARTICULARS OF FAMILY ~~M.~~ S. ~~D. W.~~

Wife's Maiden Name | Present Address (in pencil)

Children Names	Place of Birth	Date	Children Names	Place of Birth	Date

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

Mrs Amelia Parsons (Mother)
2034 Wellington St., Montreal Que

CIVIL EDUCATION

High School Entrance — Jr. Mat. 2 years — Sr. Mat.

Technical School — Business Courses

University

CIVIL OCCUPATIONS AND EXPERIENCE

Clerk - 1937 to date.

PREVIOUS SERVICE

Black Watch. Mtl - D 518891
Jun. 1942 to date

ENLISTMENT

Date 18-9-42 A1 B A3 B 18 9 42
At Montreal. PQ
Term Duration

Med. Cat. | Date | Med. Cat. | Date

RANK	Auth.	Date	TRADE	Auth.	Date	TRADE TESTS AND COURSES				
						Trade	GP	%	P or F	Date
AC2		18 9 42	Aircrew		18 9 42					
LAC	Mtl 20424	7 4 43	AIRCREW I.T.S VR028/43		28 5 43	Aircrew	S		P	18 9 42
Temp Sgt	DKO 2111A	3 9 43	AIRCREW (A.G) 3rd	020129	28 5 43					
A/P/O	00118 2/44	11 6 44	Mrs Gunner (spec group)	DKO 2111A	3 9 45					

LEAVE

From	To	Auth. and Description
19.9.42	7-10-42	12 LWP
4 Sept 43	17 Sept 43 (14)	Rmb DKO 2111A

CHARACTER AND TRADE ASSM. HONOURS, AWARDS AND MENTIONS

Date	Character	Trade and Assm.	Honours and Awards	Auth.
3 9 45		A.G.	Mrs Gunner Badge	DKO 2111A

R.C.A.F. R.44C
50M—10-41 (961)
H.Q. 1062-3-58

(OVER)

MOVEMENTS AND CASUALTIES

AUTHORITY	UNIT FROM	UNIT TO	DATE	AUTHORITY	UNIT FROM	UNIT TO	DATE
M O R 13	#13 Rc. M.P.	#13 R C M P	18-9-42				
	#13 RC Montreal	#5 M.D. Lachine	8-10-42.				
P.R.O 24/42	T.O.S. 5 M.D.	LACHINE	8-10-42				
DRO 284/42	5 M D	4 M D	29-11-42				
DRO 30	#4 M.D	RCAF Stn.					
	Quebec P.Q.	Mountain View Ont	4-2-43				
DRO 71	Ont. View Ont	G.I.T.S. Toronto	20-3-43				
DRO. 139	#6 I.P.S.	#2 AGGTS.					
	TORONTO	TRENTON	11 June 43				
TOS Dro 166	#6 I.T.S.	#2 A.G.G.T.S	12 June 43.				
S.O.S Dro 204	2 A.G.G.T.S	3 G.T.S.	24-7-43				
DRO 211A	#3 Bn	#1 Y Depot	17 Sept 43				
	Murchened	Halifax					

...ing this form are contained in Chapter XIII, A.P. 1301 (War Manual Part II). **R.A.F. Form 1580.**

ROYAL AIR FORCE.

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

Official No CAN.R.194097 J90294 Name PARSONS Gordon Rank T/Sgt P/O
(In full in block capitals, surname first). (Or acting appointment).

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

Date of Birth 2.9.23. Religion Anglican Occupation in Civil Life Clerk 1937-42

Last Enlisted 18.9.42. Current Engagement D of W

If a member of the Auxiliary Air Force

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

Name, address and relationship of legal next of kin (to be entered in pencil):

Mrs A Parsons (Mother) 2034 Wellington St Montreal 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.") In addition

Mrs C. Mac Donald (Sister) 432 Ash Ave Montreal Que

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.
3 B & G	No 1 Y Depot	17.9.43.		Aircrew Std A.C.2.	18.9.42.
No 1 Y Depot	U.K.	8.10.43.		" A.G. " A.C.2.	28.5.43.
	Emb. New York	8.10.43.		" " " L.A.C.	24.7.43.
	Dis. U.K.	16.10.43.		Air Gunner "Sp" T/Sgt	3.9.43.
Int C 133	RAF Bournemouth	17.10.43.		" " Grp 2 T/Sgt	3.9.43.
RAF Bournemouth	No. 24 O.T.U.	26.10.43.	AFRO 200/44	F/SGT	3.6.44
240 O.T.U.	61 Base. Topcliffe	9-2-44			
61 Base	427 Sqdn	8.4.44			
REPORTED MISSING.		12.6.44.			
POSTED (R.C.A.F.) U/K.N/E unit.		13.6.44.			
Discharged on appt. to Commission		10.6.44			
		O/01182/44			

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.

(1902—10349) Wt. 54527—5881 50M 4/43 T.S. 700
(2754—10349) Wt. 22097—P1168 40M 8/43 T.S. 700

SECTION 4.—CHARACTER AND TRADE PROFICIENCY.

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

Rank.	Character.	Trade Classification.	Proficiency. A	Proficiency. B	Proficiency. C	Whether specially recommended, recommended, or not recommended for promotion or reclassification.	Date.	Signature and Rank of Commanding Officer.
Sgt.	VG	Air Gunner	Ac Sat	Ac Sat		—	31.12.43	[signature] S/Ldr
Sgt.	V.G.	A/G.	Sat	Sat	—		13.6.44	[signature] S/L
POR 3/44	14 Days	Priv Leave	12/1/44	– 25/1/44		WND 909378		[signature] S/O

RECORD OF LEAVE AND ISSUE OF FREE TRAVELLING WARRANTS

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

SECTION 5.—RESULTS OF COURSES OF INSTRUCTION, RECOMMENDATIONS FOR AIRCREW DUTIES, RECOMMENDATIONS FOR COMMISSIONED RANK (K.R. 2132, (19) (A)). DECORATIONS, MENTIONS, SPECIAL COMMENDATIONS BY A.Os.C., ETC.

Authority.	Nature.	Date of Effect.
	Awarded Air Gunner's Badge	3.9.43.
POR 29/44	Auth. to wear. C.V.S.M. & CLASP.	18.3.44.

CONFIDENTIAL R.C.A.F. FORM 5035

R.C.A.F. TRAINING REPORT

WIRELESS OPERATOR (AIR GUNNER) AND AIR GUNNER

NO. 3 BOMBING AND GUNNERY SCHOOL

1. SURNAME: PARSONS CHRISTIAN NAMES: Gordon

2. NUMBER: R194097 3. RANK: LAC 4. COURSE NO: 59

5. POSTED FROM: #2 AGGTS. 6. DATE COURSE COMMENCED: 14/June/43 7. DATE COURSE ENDED: 3/Sept/43 8. POSTED TO: #1 Y Depot, Halifax

9. AIRCREW TRADE: Air Gunner 10. HEIGHT: 71" 11. GIRTH: 35"

12. EQUIPMENT USED

TYPE OF AIRCRAFT	TYPE OF GUNS			TYPE OF TURRETS			
	IN AIR	ON GROUND	ROUNDS FIRED 25 YD.	IN AIR	ON GROUND	ROUNDS FIRED 200 YD.	HOURS TURRET MANIP.
Battle	V.G.O.	V.G.O.	785	Bristol	F.N.	1100	15:00
Norseman		Browning			B.P.		
					Bristol		

13. GROUND WORK

SUBJECT	MARKS ALLOTTED	MARKS OBTAINED
GUNS, PYROS. AND AMMO. (WRITTEN)	200	155
GUNS (PRACTICAL)	100	80
SIGHTING (WRITTEN/ORAL)	250	181
TURRETS (PRACTICAL)	200	150
A/C RECOGNITION	150	144
SIGNALS	100	85
TOTAL	1000	795
PERCENTAGE		79.5

14. AIR WORK

FLYING EXPERIENCE		DAY	NIGHT
NUMBER HOURS FLOWN		26:05	
NO. CINE EX. COMPLETED		0	
ROUNDS FIRED	AIR TO GROUND	500	
	AIR TO AIR	3450	
% HITS AIR TO AIR		8	

AIR FIRING MARK	MARKS ALLOTTED	MARKS OBTAINED
	1000	710

15. ASSESSMENT OF QUALITIES OF CHARACTER AND LEADERSHIP	MARKS ALLOTTED	MARKS OBTAINED
	100	70

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

(MARK "X" IN APPROPRIATE COLUMN)

17. REMARKS:- Average student; keen and conscientious; good Air Gunner type.

DATE:- 3/September/43

R. V. Heal G/C
OFFICER COMMANDING
NO. 3 BOMBING & GUNNERY SCHOOL

R.C.A.F. R. 45
90M—12-41 (1419)
H.Q. 1062-2-126

ROYAL CANADIAN AIR FORCE

Individual Record of Flying

RANK ~~Atx~~ Sgt. NO. R-194097 NAME Parsons

UNIT	PERIOD ENDING	SERIAL NO.	SINGLE-ENGINE AIRCRAFT DAY 1ST PILOT (A) Hrs Mins	SINGLE-ENGINE DAY 2ND PILOT (B) Hrs Mins	SINGLE-ENGINE DAY DUAL (C) Hrs Mins	SINGLE-ENGINE NIGHT 1ST PILOT (D) Hrs Mins	SINGLE-ENGINE NIGHT 2ND PILOT (E) Hrs Mins	SINGLE-ENGINE NIGHT DUAL (F) Hrs Mins	MULTI-ENGINE AIRCRAFT DAY 1ST PILOT (G) Hrs Mins	MULTI-ENGINE DAY 2ND PILOT (H) Hrs Mins	MULTI-ENGINE DAY DUAL (J) Hrs Mins	MULTI-ENGINE NIGHT 1ST PILOT (K) Hrs Mins	MULTI-ENGINE NIGHT 2ND PILOT (L) Hrs Mins	MULTI-ENGINE NIGHT DUAL (M) Hrs Mins	CREW DUTIES OBSERVER (N) Hrs Mins	CREW DUTIES AIR GUNNER (O) Hrs Mins	CREW DUTIES OTHER (P) Hrs Mins	PASSENGER (Q) Hrs Mins	TOTAL (R) Hrs Mins
RCAF. Stn. Mtn. View																			
	23/3/43																	1 00	1 00
"	12/3/43																	1 00	2 00
																26 05			28 05
#3 B+G School Macdonald Man. Sept 3/43																			

[signature] ~~W/O~~ 2
for Officer Commanding,
ARMAMENT TRAINING SQUADRON,
No. 6 Bombing & Gunnery School

Certified Correct

[signature]
Officer Commanding
Armament Training Squadron
No. 3 B. & G. SCHOOL R.C.A.F.
MACDONALD, MAN.

NATIONAL REGISTRATION CERTIFICATE
PRODUCED 8217.0 Surrendered
18.9.42.

FOR OFFICIAL USE ONLY

(A) *Report of Interviewing Officer—*

[redacted]e.....General appearance.....

Suitability for (state in what capacity).....

Date.....Signature.....Rank.....

(B) *Report of Trade Test (Not required for Standard (Tradesmen)—*

Trade in which tested.....

Result.....

Trade qualifications other than above likely to lead to efficient employment in the R.C.A.F.....

.....

Date.....Signature.....Rank.....

(C) **DECLARATION MADE BY MAN ON ATTESTATION**

I, Gordon Parsons, ...do solemnly declare that the foregoing particulars are true, and I hereby engage to serve on active service anywhere in Canada, and also beyond Canada and overseas, in the Royal Canadian Air Force for the duration of the present war, and for the period of demobilization thereafter, and in any event for a period of not less than one year, provided His Majesty should so long require my services.

Date September 18th, 1942 G. Parsons
Signature of Recruit

(D) **OATH TAKEN BY MAN ON ATTESTATION**

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

Date September 18th, 1942. G. Parsons
Signature of Recruit

(E) **CERTIFICATE OF ATTESTING OFFICER**

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

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

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

at Montreal, P.Q. this 18th day of September 19 42

[signature] .....
Signature of Officer

.....
Rank

#13 Recruiting Centre, Mtl., P.Q.
Unit

FOR OFFICIAL USE ONLY

CERTIFICATE OF MEDICAL EXAMINATION

Part 1. Information obtained from the applicant—

1. Age. 19 2. Have you ever suffered from any of the following defects in health?

(a) Rheumatism NO
(b) Tuberculosis NO
(c) Bronchitis or Asthma NO
(d) Heart Disease NO
(e) Kidney or Bladder Disease NO
(f) Gastro-intestinal NO
(g) Rupture NO
(h) Varicose Veins NO
(i) Flat or Deformed Feet NO
(j) Nasal Trouble NO
(k) Ear Disease NO
(l) Eye Disease NO
(m) Epilepsy NO
(n) Nervous or Mental Disease NO
(o) Syphilis NO
(p) Gonorrhoea NO
(q) Bone Fracture NO
(r) Other Disease or Defect NO

3. Have you ever worn glasses? NO

4. Have you had any illness for more than one week's duration. Yes

Childhood diseases.

5. J Parsons
I certify that I have revealed my full medical history and have not withheld any relevant information.
Signature of Applicant

Examiner's Remarks re above

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

1. Identification marks or scars (if operative obtain history) McBurney Appendectomy scar.

2. Height 5 feet 11 inches. 3. Weight 150 pounds.

4. Complexion Med 5. Color of Eyes Brown Hair Brown

6. Development ~~Good~~ ~~Fair~~ ~~Poor~~ 7. Chest Measurement—Full expiration 31 inches

Range of expansion 2 inches

8. Hearing—Right W.V.20 Left W.V.20 Tympana—Right Normal Left Normal

9. Vision—Without glasses—Right 20/15 With glasses—Right

Left 20/15 Left N.A.

10. Condition of mouth and teeth Good

11. Urine—Albumen Neg. Sugar Neg.

12. Abnormalities (Congenital and Pathological) found on Examination

one

Part 3. The Candidate has been examined in accordance with the pamphlet, "Physical Standards and Instructions for the Medical Examination of Recruits" and he is considered fit for Category A1B, A3B

11.9.42 X Ray 143596 Neg N.A.

Any special remarks of the Medical Officers

Part 2 Cont.
13. Reflexes N
14. Heart N
15. Lungs N
16. Blood Pressure 120--70 S. D.
17. Colour Vision N.Ish.

Good physical condition, quiet, intelligent, individual but has no outstanding intellectual attributes. Pleasant, cooperative, should be good aircrew material. 18-9-42 Re Fit Sgt

Date 10/9/42 19

Katon F/L President | J C Sparks Flt Member | Member

21. Particulars of Education:

—	Name of school	Date From	Date To	Courses—Subjects, etc.
Primary Education—Public or Separate School	River Side School, Pte. St-Charles, Que.,	1928	1935	Primary Ch[illegible]e, 7th grade.
High School—Collegiate Institute, etc.				
Technical School	Strathearn High School, Montreal,Que.,	1935	1937	2nd year High School.
University or School other than above				
Correspondence Courses, etc.				

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

Employer and place	Duties, trades, positions	Date From	Date To	Reason for leaving
International Correspondence School, Mountain St., Montreal,Que.,	Office Clerk	1937	1939	Better position.
C.N.R., William St., Montreal,Que.,	Office Clerk	1939	194---	Still employed.

23. Flying Experience (in Hours) Solo NONE Dual NONE Passenger NONE

24. Special Qualifications, Hobbies, etc., useful to the R.C.A.F. NONE

25. Sports engaged in. State: extensively, moderately, occasionally All sports (occasionally)

26. Air Force Duty you wish to enlist for ~~XXXXXXXXXXX~~ Flying Duties.

If for Ground Duties, state Air Force trade in which you wish to enlist Aircrew I.T.S. (W.E.T.P.)
If for Flying Duties, state preference as (a) Pilot; (b) Observer; (c) ~~XXXXXXXXXX~~ (d) Wireless Operator (Air Crew)
(Cross out words not applicable.)

27. Names of persons who can give references as to character and ability.

Name	Address	Occupation
Rev. Trivett	Grace Church, Fortune St., Pte. St-Charles, Mtl.,Que.,	Rector.
Mr. Scott	Strathearn High School, Montreal,Que.,	Principal.
Mr. D.A. Bates	Pte. St-Charles, Riverside School, Montreal,Que.,	Prinnipal.
Mr. G.S. Reid	890 William St., Montreal,Que.,	Chief Cler[illegible]

18-9-42

28. Other information that may have any bearing on this application Family support.

29. Do you understand that vaccination, re-vaccination and inoculation are compulsory? YES

I Hereby Certify that the foregoing information furnished by me is correct to the best of my knowledge and belief.

Date Sept., 8th 19 42. Signature Gordon Garsons
G Garsons

S.M.

R.C.A.F. Special Reserve

AIR FORCE No. R.194097 POSTED TO #13 R.C.,Mtl.,P.Q. (Inf) TRADE Aircrew

ROYAL CANADIAN AIR FORCE

(ATTESTATION PAPER)

18-12-44

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

1. Surname PARSONS Full Christian Names GORDON
2. Present Address 322, 5th Ave., Verdun, Que., Telephone Yo; 3861.
3. Permanent Address 322, 5th Ave., Verdun, Que.,
4. Place of Birth Montreal,Que., Citizenship Canadian.
5. Date of Birth Sept., 2nd, 1923. Married, Single, Widower, Separated, Divorced Single.
6. Particulars of Children

Name	Date of birth	Name	Date of birth
N.A.			

7. Occupation Clerk. (Office) 8. Religion Protestant, Anglican. (State denomination)
9. Languages English fluently. (State proficiency)
10. Next of Kin (Full Name) Amelia Parsons Relationship Mother.
" Address 322, 5th Ave., Verdun, Que.,
11. Father (Full Name) Mark Parsons Birthplace New Foundland.
" Address Deceased Citizenship British.
" Occupation Machinist.
12. Mother (Full Maiden Name) Amelia Rees Birthplace New Foundland.
" Address 322, 5th Ave., Verdun, Que., Citizenship British.
13. Details of any Naval, Military or Air Force Service:

Unit	Place	Rank	Trade	Date From	Date To	Reason for discharge
Black Watch	Montreal,Que.,	Pte., D-518891	None	1942 June	194----	Still in the Reserve.

14. Honours, Awards, Mentions NONE
15. Are you now on any Naval, Military or Air Force Reserve? YES
16. Have you previously made application to join the R.C.A.F.? NO If so, where? N.A.
When? N.A. Result N.A.
17. Were you ever discharged from any branch of His Majesty's Forces as Medically Unfit? NO
If so, state nature of disability N.A.
18. Have you ever been or are you now in receipt of a Disability Pension? NO
If so, state nature of Disability N.A.
19. Have you ever been convicted of an indictable offence? NO If so state nature N.A.
20. Are you in debt? NO If so, state particulars N.A.

R.C.A.F. Records Office Rec'd. SEP 28 1942 C.I.B. R.C. Mtl. P.A.

R.C.A.F. Form R. 100
150M—10-41 (993)
H.Q. 1062-3-83

517-312

OCCUPATIONAL HISTORY FORM

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

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

PLEASE LEAVE BLANK

Section A—GENERAL INFORMATION

1. (a) Print name in full Parsons, Gordon (b) Reg'l. No. R174097
2. (a) Arm of service AC (b) Unit (c) Rank
3. (a) Date of birth Sept 2, 1923 (b) Have you any dependents? Yes (c) Place of residence at time of enlistment Montreal, Que
4. (a) Place of enlistment Montreal, Que. (b) Date of enlistment Sept 15, 1942

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 13. (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.) Grade 9.
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? - (c) Did you finish it? - (d) If you did not finish it, how long did you serve at it? -
9. (a) What languages do you speak fluently? English (b) What languages do you read well? English

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

10. (a) State whether you were WORKING or NOT WORKING at time of enlistment. (Enter here only "Working" or "Not Working", as case may be; particulars are asked for below) Working (b) At time of enlistment of what trade union or professional society were you a member? None

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

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

11. Had you ever been employed fairly regularly since leaving school?
12. (a) If answer to 11 be "Yes", state exact trade or occupation at which you actually worked (b) State how long you had worked at this trade or occupation
13. If answer to 11 be "No", state exact trade or occupation for which you feel qualified
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 Canadian National Rys. Address Montreal, Que.
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) -
20. (a) Your specific occupation Office Clerk. (b) Number of years' experience at this occupation with any employer 2 years.
21. (a) Did your employer promise definitely to give you employment on discharge? Yes (b) Did your employer refuse to promise you employment on discharge? No (c) Do you wish to return to your former employment? Yes & No.

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

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

Section F—PARTICULARS OF FARMING EXPERIENCE

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

Section G—MISCELLANEOUS

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

DATE .....194.... SIGNATURE .....

R.C.A.F. Records
MAR 9, 1943
K C I B
R. C. N. I.
S. P. A.

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

Good physical condition, quiet, intelligent individual but has no outstanding intellectual attributes. Pleasant, cooperative, should be good aircrew material.

FIT | Date 15/9/42

PILOT

OBSERVER

W/OPERATOR

A/GUNNER

M.O.

A1B, A3B. J.P.P. Latour F/L

16.10.42

A3

A3 B Turret

A3 B

A3 B vision

R. Livesey A/C

OBSERVATIONS AND FINDINGS OF THE REVIEWING MEDICAL OFFICER

Date March 30/43. Good build, physically fit.

Alert, keen, average intelligence, good responses and motives. Wants pilot and should succeed.

P7 06 G
W. Cameron F.L.

FIT: A1B

A3B - TURRET

A3B

A3B - VISION

No. 6 MED. SEC. BOARD
#6 I.T.S. R.C.A.F. TORONTO
MAR 30 1943
PRESIDENT

N. VISION	28/32 (above average)
E. E. G.	
E. C. G.	
D. CHAMBER	NORMAL

EYE EXAMINATION

History	Nil		
Visual Acuity	R 20/15 , c —— = 20/20	20/15 c + 2.50 = 20/200	
	L. 20/15 , c + 2.5 D —— = 20/200	20/15	
Colour Vision	Normal Ishihara.	N 9th Ishi	
~~Red, Green~~	Mad. Rod. 1.5 P.D. Eso.	M.R. Eso 2	
Diaphragm Test (P.D. = 63)	crowding at 1.0	63.5 bar at 0	
Convergence C. =	6 cms.	6	
Convergence S. C. =	9---Rt. cms.	12	
Accommodation R.	8	8.5	
Accommodation L.	8 Blurr	8.5	
Cover Test	Sl. Div. Dev. R.R.	No Deviation	
Fundi and Media	Normal	N	
Fields	Normal	N	
Remarks:	A1B, A3B.	A1B A3B	
	Initials of M.O. J.P.P.L.	*Initials of M.O.* MWN	*Initials of M.O.*
	Date 10/9/42	*Date* Mar. 30/43	*Date*

EXAMINATION OF EAR, NOSE AND THROAT

History	Nil		
Hearing R. Ear	W.V. 20	W.V. 20'	
Hearing L. Ear	W.V. 20	W.V. 20'	
External Ear, Meatus Membranes R. Ear	Normal	N	
External Ear, Meatus Membranes L. Ear	Normal	N	
Middle Ear, Eustachian Tubes R. Ear	Patent	N & P	
Middle Ear, Eustachian Tubes L. Ear	Patent	N & P	
Cochlear Apparatus R. Ear	----		
Cochlear Apparatus L. Ear	----		
Vestibular Apparatus R. Ear	-----		
Vestibular Apparatus L. Ear	-----		
Buccal Cavity	Clean	N	
Teeth	Good	dentalcaries.	
Gums	healthy	N	
Pharynx	normal	N	
Nasopharynx	not seen	CLEAR	
Nose	clear	ADEQUATE	
Larynx	not seen	CLEAR	
Remarks:	Fit		
	Initials of M.O. JPP.L.	*Initials of M.O.* JGM	*Initials of M.O.*
	Date 10/9/42	*Date* Mar 30/43 Dental care required	*Date*

Course 75 Rechecked at No. 6 M.S.B. Toronto Ont. March 30/43.

R.C.A.F. Special Reserve

CONFIDENTIAL

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

ROYAL CANADIAN AIR FORCE

Medical Board held at Montreal, Que. *Date* 10/9/42

FILE NUMBER
R.194097

Surname PARSONS *Chr. Names* GORDON
Nature of Commission M2 *Date of Birth* 2/9/23 *Married or Single* Single
Branch Gen. List *Hours Flown* None
Address 322 --5th Ave., Verdun, Que.

HAVE YOU ANY HISTORY OF:—

(i)	NERVOUS TROUBLE or Nervous Breakdown	NO
	Severe or "Sick" Headaches, Migraine	NO
	Fits or Convulsions of any kind	NO
	Sun or Heat Stroke	NO
	Head Injury or Concussion (including "knock-out")	NO
	Insomnia, Nightmares, Sleep-walking, or Bed-wetting	NO
(ii)	LUNG TROUBLE or Consumption	NO
	Bronchitis, Pneumonia or Pleurisy	Pneumonia in Infancy.
	Asthma or Hay Fever	NO
(iii)	HEART DISEASE, "Weak or Strained Heart"	NO
	Fainting Attacks or Giddiness	NO
	Rheumatism, Rheumatic Fever or "Growing Pains"	NO
	Frequent Sore Throats or Tonsilitis	NO
	Diphtheria, Scarlet Fever or Scarlatina	NO
(iv)	STOMACH or BOWEL TROUBLE	Appendectomy 1933, good result.
	Chronic Indigestion or Pain after Food	NO
(v)	KIDNEY or BLADDER TROUBLE	NO
	Syphilis or Gonorrhœa	NO
(vi)	TROPICAL DISEASE	NO
	Malaria	NO
	Dysentery	NO
(vii)	EYE TROUBLE or Inflammation of Eyelids	NO
	Wearing of Glasses	NO
	Colour or Night Blindness	NO
(viii)	EAR TROUBLE, Earache or Discharge from Ears	NO
	Deafness, Noises in the Ears, or Dizziness	NO
	Frequent Colds in Head, Catarrh or Obstruction	NO
	Prolonged Hoarseness or Loss of Voice	NO
	Sea, Car or Train Sickness	NO
	Discomfort on Swings, Roundabouts, Switchbacks	NO
(ix)	OPERATIONS	Appendectomy 1933
(x)	Any illness or Injury not mentioned above	Childhood diseases.

Education 2 yrs. H.S.
Present Occupation Clerk Hobbies Model Airplanes;
Previous Service Reserve Army
Athletics Basketball.
Habits—Smoking Yes. Alcohol No JUN 3 1943
FAMILY HISTORY—Consumption No Diabetes No Haemophilia No
Nervous Ailments, Mental Trouble, or "Fits" No
Father Alive—Health Dead—Cause Unknown
Mother Alive—Health Good Dead—Cause
Brothers (5) Alive—Health Good (0) Dead—Cause
Sisters (4) Alive—Health Good (0) Dead—Cause

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

Date 10/9/42 *Signature* G. Parsons *Witness*

P.A.M.

GENERAL MEDICAL AND SURGICAL EXAMINATION

Impression given by *(a)* Physique ..... Sedentary ..... *(b)* Mentality ..... Average .....
Body Marks, Scars, Deformities ..... McBurney appendectomy scar .....
Size of Thyroid Gland ..... Normal .....
Surgical Abnormalities ..... None .....
Results of Wounds, Injuries, Operations ..... Good .....

	Date 10/9/42	Date 30-3-43	Date	Remarks on any Abnormalities Found
Height (ins.)	71	70½		
Weight (lbs.)	150	156½		*Date* March 30/43.
Chest Circumference (ins.)	35	-		Systolic cardiorespiratory
Body Build (lbs.)	+2	-3		murmur apex to base.
Leg Length (ins.)	43	-		No significance
				W. Cameron F. L.
Pulse Rate — Sitting	66	84		
Pulse Rate — Standing 1st	78			
Pulse Rate — Standing 2nd	72			
Pulse Rate — After Exercise	84			
Pulse Rate — Time to Normal	30			
Arterial Walls	Soft	soft		*Date*
Blood Pressure — Systolic	120	134		
Blood Pressure — Diastolic	70	72		
Room Temperature	N	-		
Heart — Size (in cms.)	9	N		
Heart — Sounds	clear	ACROSS		
Heart — Rhythm	reg.	N		
Lungs — Inspection	N	N		
Lungs — Palpation	N	N		
Lungs — Percussion	N	N		
Lungs — Auscultation	N	N		
Lungs — Expiratory Force	N.A.	-		
Lungs — X-Ray	N.A.C.	-		*Date*
Reflexes — Knee	N	N		
Reflexes — Ankle	N	N		
Reflexes — Triceps	N	N		
Reflexes — Abdominal	N	N		
Reflexes — Plantar	N	N		
Cranial Nerves	Intact	N		
	R. L.	R. L.	R. L.	
Balancing Rod	N. A.	-		
	R. L.	R. L.	R. L.	
Self Balancing	S. S.	l/fs l/fs		
Tremors — Fingers	None	fine		*Date*
Tremors — Eyelids	None	nil		
Abdomen — Liver	N	N		
Abdomen — Spleen	N	N		
Abdomen — Muscular Tone	Good	GOOD		
Urine — Albumen	Neg.	NEG		
Urine — Sugar	Neg.	NEG		
Initials of M.O.	J.P.P.Latour	W.C.		

40 mm. Hg. Test ..... 6/788/888/777/666 ..... 60 ..... J.P.P.Latour .....
Date .....
Date .....
Date .....
Date .....

CONFIDENTIAL

R.C.A.F. FORM 5035

R.C.A.F. TRAINING REPORT

WIRELESS OPERATOR (AIR GUNNER) AND AIR GUNNER

NO. 3 BOMBING AND GUNNERY SCHOOL

1. SURNAME: PARSONS CHRISTIAN NAMES: Gordon

2. NUMBER: R194097 3. RANK: LAC 4. COURSE NO: 59

5. POSTED FROM: #2 AGGTS. 6. DATE COURSE COMMENCED: 14/June/43 7. DATE COURSE ENDED: 8/Sept/43 8. POSTED TO: #1 Y Depot, Halifax

9. AIRCREW TRADE: Air Gunner 10. HEIGHT: 71" 11. GIRTH: 35"

12. EQUIPMENT USED

TYPE OF AIRCRAFT	TYPE OF GUNS			TYPE OF TURRETS			
	IN AIR	ON GROUND	ROUNDS FIRED 25 YD.	IN AIR	ON GROUND	ROUNDS FIRED 200 YD.	HOURS TURRET MANIP.
Battle	V.G.O.	V.G.O.		Bristol	F.N.		
Norseman		Browning	785		B.P.	1100	15:00
					Bristol		

13. GROUND WORK		
SUBJECT	MARKS ALLOTTED	MARKS OBTAINED
GUNS, PYROS. AND AMMO. (WRITTEN)	200	155
GUNS (PRACTICAL)	100	80
SIGHTING (~~WRITTEN~~/ORAL	250	181
TURRETS (PRACTICAL)	200	150
A/C RECOGNITION	150	144
SIGNALS	100	85
TOTAL	1000	795
PERCENTAGE		79.5

14. AIR WORK			
FLYING EXPERIENCE		DAY	NIGHT
NUMBER HOURS FLOWN		26:05	
NO. CINE EX. COMPLETED		0	
ROUNDS FIRED	AIR TO GROUND	500	
	AIR TO AIR	3450	
% HITS AIR TO AIR		8	
AIR FIRING MARK		MARKS ALLOTTED: 1000	MARKS OBTAINED: 710

R.C.A.F. Records Office
Rec'd SEP 1 1943
O.K. C.I.B.
JB
JB

15. ASSESSMENT OF QUALITIES OF CHARACTER AND LEADERSHIP	MARKS ALLOTTED	MARKS OBTAINED
	100	P.A. 70

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

(MARK "X" IN APPROPRIATE COLUMN)

17. REMARKS:- Average student; keen and conscientious; good Air Gunner type.

DATE:- 3/September/43

OFFICER COMMANDING
NO. 3 BOMBING & GUNNERY SCHOOL
G/C

FORM 6

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

1. PLACE OF DEATH

Municipal county: OVERSEAS (FRANCE) | Official name of civil municipality or township: | *Place an X over the word which applies to this municipality or territory*: City | Town | Village | Parish | Town.

Street: | No.: | Hospital or Institution:

2. LENGTH OF STAY

(a) In hospital or institution	Years	Months	Days	(b) In municipality where death occurred	Years	Months	Days	(c) In Province	Years	Months	Days	(d) In Canada (if immigrant)	Years	Months	Days

3. NAME OF DECEASED

Surname: PARSONS (*Block letters*)

Given names: GORDON

Do not write in this space

4. RESIDENCE

Street: 5th Avenue No. 322

Official name of civil municipality or township: Verdun

Municipal county: Province: Quebec

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

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

10. BIRTHPLACE (Province or Country): Quebec

11. DATE OF BIRTH: September (Month) 2nd (Day) 1923 (Year)

12. AGE OF DECEASED

Years	Months	Days	If less than one day old
20			....hrs. or....min.

OCCUPATION

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

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

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

16. Total years spent in this occupation: Two

17. NAME	18. BIRTHPLACE (Province or Country)
FATHER: Parsons, Mr	Newfoundland
MOTHER (Maiden Name): Rees, Amelia	Newfoundland

19. Place of burial, cremation or removal

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

21. PLACE OF REGISTRATION OF THIS BURIAL

(a) Name of parish or church

(b) Civil municipality of

(c) Municipal county

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

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: June (Month) 13th (Day) 19 44 (Year)

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

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

24. CAUSE OF DEATH

I **Immediate cause** Give disease, injury or complication which caused death, **not** the mode of dying, such as heart failure, asphyxia, asthenia, etc.

(a) Previously reported missing after air operations, now for official purposes, presumed dead.

due to

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

(b)

due to

(c)

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

III If a communicable disease is mentioned on this certificate, give

(a) Date of appearance....19....

(b) Duration of disease....days

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

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

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

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

Accident, suicide or homicide: Accident (State which) Date: June 13th 19 44

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

Signed....**M.D.**

Address....Date....19....

28. Signature of person who fills in the form (curate, coroner, hospital authority, etc.)

For (R.C.A.F. Records Officer)

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

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

(Voir l'autre côté pour le français)

R.C.A.F. A-81
25M-12-44 (4876)
H.Q. 885-A81

DEPARTMENT OF NATIONAL DEFENCE

NAVY — ARMY — AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

WW

4 AIR

DECEASED MEMBER'S NAME: Gordon (CHRISTIAN NAMES) Parsons (SURNAME)

PAYEE: Mrs. Amelia Parsons,

ADDRESS: 2034 Wellington St., Pt. St. Charles, Montreal, 22, P.Q.

REGISTER NO. D 191-12
FILE NO. 23537
DATE 31 Oct/45
SERVICE NO. J.90294
FINAL RANK OR RATING P/O
DATE OF DISCHARGE 13 June/44

DATE OF TERMINATION OF OVERSEAS SERVICE 13 June/44

	$ ¢
A. TOTAL QUALIFYING SERVICE NO. OF DAYS 616 (30) EQUAL TO 20 COMPLETE PERIODS AT $7.50	150.00
B. QUALIFYING OVERSEAS SERVICE NO. OF DAYS 250 LESS 16 INELIGIBLE DAYS, EQUAL TO 234 DAYS @ 25C. PER DAY	58.50
C. SUPPLEMENT FOR OVERSEAS SERVICE DAILY RATES AT DISCHARGE PAY $ 6.25 SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE $ 1.70 ADDITIONAL PAY $ $ $ DEPENDENTS' ALLOWANCE 1/30 OF $ 25.00 $ .83 TOTAL $ 8.78 ×7 = $ 61.46 NO. OF DAYS 250 (183) ×$ 61.46	83.96
D. WAR SERVICE GRATUITY	292.46
E. DEDUCTIONS — OVERPAYMENT OF PAY AND ALLOWANCES $ DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $ OTHER DEDUCTIONS $	
F. TOTAL AMOUNT PAYABLE	292.46

G. YOUR PORTION OF GRATUITY IS—

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU $ 25.00 OF $ 292.46 =$ 292.46

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $ 25.00

R.C.A.F. ... Rec'd NOV 12 45 O.K. ... N.I. ... S.L. ...

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

PREPARED BY	CHECKED BY	TREASURY CHECKED BY	DATE
HRH	LGS	[signature]	3.11.45

[signature]
SERVICE REPRESENTATIVE

ΔT

OFFICIALLY PRESUMED DEAD.

B.F. DATE.....

NO. J90294....RANK....P/O.....NAME..PARSONS,.G.....

UNIT.OVERSEAS.....EFF. DATE.13-June-44.....D.C.L.#1030d/24-May-45.

MFW2643 rec'd.....N.A.....M10 (INCLUDING M13).✓.....W.J.

STN. FILE rec'd..1-8-45.....MFB465a DENTAL ENV.✓.....W.J.

M10 to DMS(AIR).....N.A.....DEATH CERTIFICATE.✓.....W.J

14-8-45

NAME PARSONS, Gordon, FILE NO. ~~XXXXX~~ R194097

RANK ~~SGT.XXXAIRXGUNNER~~ P/O CATEGORY ~~MISSING~~ PRES.DEAD REG. NO. ~~XXXXXX~~ J90294

DATE OF DEATH: 13 June. /44 MOTHER LIVING: YES WIFE: NA

MINISTERIAL CARD: 23-6-44 ROYAL MESSAGE: MEMORIAL CROSS TO CHAPLAIN:

To Mother-
To Mother-12-6-45

AUG 24 1945

DEL'D TO MOTHER: AUG 23 1945

DEL'D TO WIFE:

Mrs. Mark Parsons,
2034 Wellington Street,
Montreal, Quebec.

COMMAND:

RELIGION:

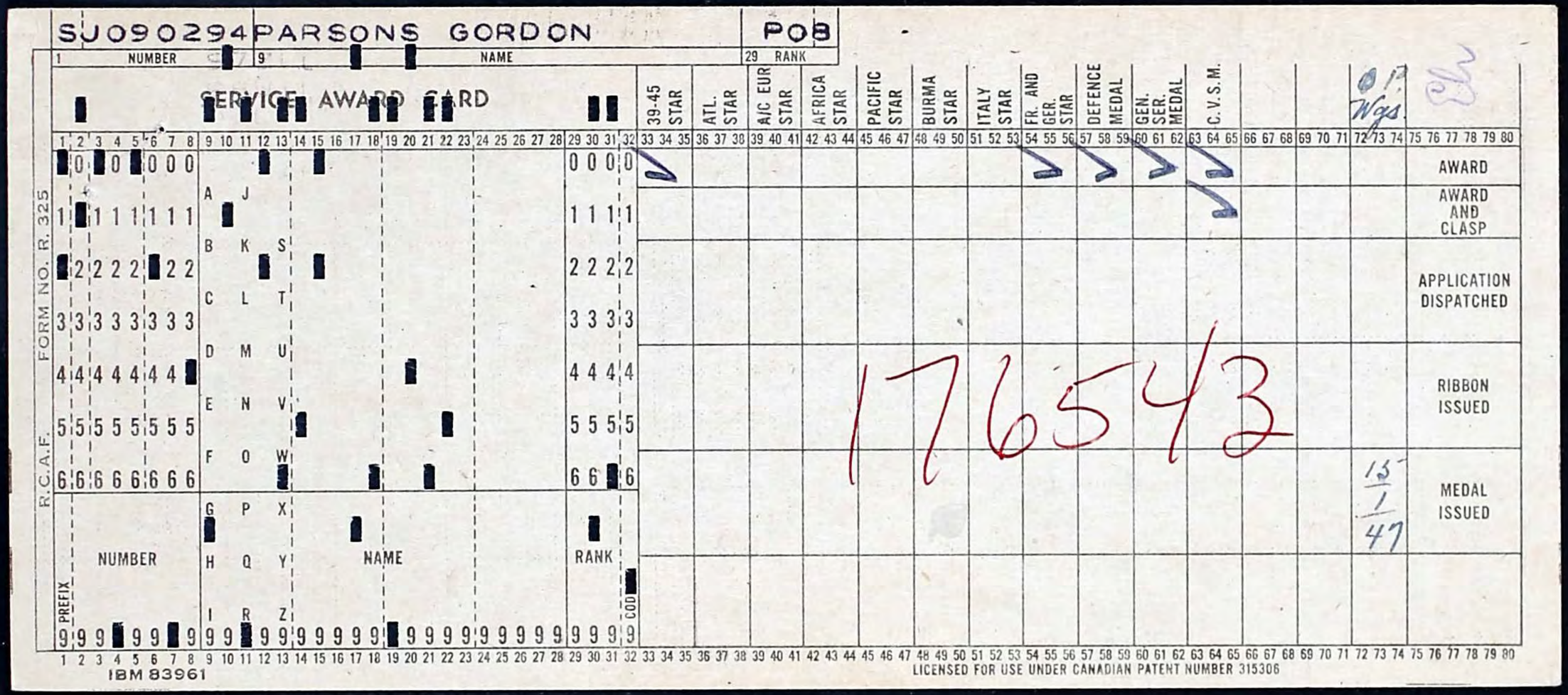
4072.

11-2-50

Mrs. Amelia Parsons (mother)
2034 Wellington St.,
Montreal,
Que.

Feb.-46.

MEMORIAL BAR
DATE DESP.....
REGN. NO 703


SJ090294 PARSONS GORDON POB
1 NUMBER
9 NAME
29 RANK
SERVICE AWARD CARD
R.C.A.F. FORM NO. R. 325
NUMBER
NAME
RANK
PREFIX
COD
39-45 STAR
ATL. STAR
A/C EUR STAR
AFRICA STAR
PACIFIC STAR
BURMA STAR
ITALY STAR
FR. AND GER. STAR
DEFENCE MEDAL
GEN. SER. MEDAL
C.V.S.M.
AWARD
AWARD AND CLASP
APPLICATION DISPATCHED
RIBBON ISSUED
MEDAL ISSUED
176543
15/1/47
IBM 83961
LICENSED FOR USE UNDER CANADIAN PATENT NUMBER 315306