J95323
ROBERTS
DAVID WILLIA

ROYAL CANADIAN AIR FORCE

Right Index Fingerprint

Name ROBERTS, DAVID WILLIAM R 2 7 3 2 4 1

Rank AIRCRAFTMAN 2 R C A F

Age 19 Height 5'8" Weight 155

Hair DARK BROWN Eyes BLUE Hair on face LIGHT

Marks, scars, etc. SCAR ON CHIN

D. Roberts (Signature of holder)

J. R. Chisholm F/L (Signature of issuer)

Place NO.1 "M" DEPOT TORNTO Date SEPT. 22/43

Card serial number 2 2 0 3 6 8

Montreal Recruiting centre Sept. 20/43

Toronto #1 Manning Sept 21 - Oct. 28

London H.B. Beal Oct. 28 - Dec. 13

London Dec. 13 - Jan 13

P.E.I. #10 A.A.T.S. Jan 18 12 P.M. - 7/4/44.

#3 A.G.T.S. 22/4/44 — 22/5/44

Lachine "Y" Depot 25/5/44 - 4/6/44

Innsworth 11/6/44 - 2/8/44

Honeybourne 25/8/44 - 23/7/44

Long Marston 25/7/44 —

DAITON

Wombleton

Skipton on Swale #33

AG
R 2 7 3 2 4 1 3 5 4 6

53:27 N.
01:21 W.

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.

95

Air Force No R273241 Surname ROBERTS.

Christian Names (in full) DAVID-WILLIAM.

Date of Birth 16-8-24 Religion C. of E.

Date of Enlistment/~~Appointment~~ 20-9-43

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

Occupation in Civil Life Bindery Hand.

Signature of Holder D Roberts.

Name and Address of Next-of-Kin

Name, Address, and Relationship of Person to be informed of Casualties— Father
Harry Roberts
Knewton
P.2.

Certified Correct Dalglish F/O

Date Place #14 Depot

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
AG. (SP.)	7-4-44	DRO 83	Dalglash F/O

Rank	Date of Effect	Authority	Signature and Rank of Officer making Entry
SGT.	7-4-44	DRO 83.	Dalglash F/O
F/SGT.	7-1-45	PoR 4/45	[illegible]

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
1250	24-5-44	M. Warren Sgt
1250R-249573	16-6-44	[illegible] F/O

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.#

A

MEDICAL CLASSIFICATION

Date	Category	Medical Board or Medical Exam. (Form No.)	Unit	Initials of M.O.
3·4·44	A3B(T)	M10		[illegible]

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.
23·9·43	NO TAKE	[initials]

Susceptibility Test	Date	Result	
Schick Test	23·9·43	Pos.	[initials]
Dick Test	23·9·43	Pos.	

PROTECTIVE INOCULATIONS*

Nature of Inoculation	Date	Dose	Initials of M.O.
Dip Tox i	30·9·43	1cc	[initials, bracketed for all entries]
" " ii	28·10·43	1cc	
S. F. Tox A	30·9·43	1cc	
" B	7·10·43	1cc	
" C	14·10·43	1cc	
" D	21·10·43	1cc	
" E	28·10·43	1cc	
T.A.B.T i	23·9·43	1cc	
" ii	30·10·43	1cc	

IMMUNIZATION PROCEDURES—Con.

Nature of Inoculation	Date	Dose	Initials of M.O.
T.A.B.T iii	24·5·44	1cc	[initials, bracketed for both entries]
Sero Neg	28·9·43	-	

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

Solely for use on Active Service. This Will page must NOT be used until you have been placed under orders for Active Service.

WILL

(For use if the Officer or Airman has not already made a will or wishes to alter one already made. See instructions on page 15.)

In the event of my death I give

I appoint.....

Residing at.....

to be my executor.

Signature.....

Rank, Air Force No.....

Unit.....

Date.....

SJ095323 ROBERTS DAVID W | P08

1 NUMBER | NAME | 29 RANK

SERVICE AWARD CARD

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.			Ops vgo	
✓							✓	✓	✓	✓				AWARD
										✓				AWARD AND CLASP
														APPLICATION DISPATCHED
														RIBBON ISSUED
													7 3 47	MEDAL ISSUED

193008

FORM NO. R. 325

R.C.A.F.

PREFIX | NUMBER | NAME | RANK | COD

IBM 83961

LICENSED FOR USE UNDER CANADIAN PATENT NUMBER 315306

2714 13/3/50

~~Mrs. Margaret Roberts (Widow)~~
~~291 Stradbrooke Ave.~~
~~Winnipeg.~~
~~Man.~~ Feb--44.

Mrs. Edith Roberts (mother)
Knowlton. Que 22-10-46.

MEMORIAL BAR
DATE DESP
REGN. NO 1,066

NAME ROBERTS, David William FILE NO. R273241

RANK P.O ~~F/SGT~~ CATEGORY ~~XXXXXX~~ PRES DEAD REG. NO. ~~R273241~~ J95323

DATE OF DEATH: 10-April-45 MOTHER LIVING: YES WIFE: NA

MINISTERIAL CARD: 25-Apr-45 ROYAL MESSAGE: MEMORIAL CROSS TO CHAPLAIN:

FEB 4 1946

DEL'D TO MOTHER: FEB 3 1946

To Mother & Father

To mother and father, 5-1-46

DEL'D TO WIFE:

Mr. & Mrs. Harry Roberts,

Knowlton, Quebec.

COMMAND:

RELIGION:

MB

AIR FORCE No. J.95323. R. 273241

R.C.A.F. Special Reserve

SURNAME: ROBERTS

FULL CHRISTIAN NAME: DAVID WILLIAM

ENLISTMENT/~~APPOINTMENT~~

PLACE: MONTREAL

DATE: SEPT 20 1943

RELIGION: C of E

ROYAL CANADIAN AIR FORCE

RECORD OF SERVICE

OFFICERS, AIRMEN AND AIRWOMEN

Comm. 9 - April - 45

R.C.A.F. FORM R230
150M-7-42 (2446)
H.Q. 885-R-230

BIRTH DATE	PLACE	COUNTRY	CITIZENSHIP	RACIAL ORIGIN
16-8-24	Knowlton, P.Q.	CANADA	CANADIAN	BRITISH

CIVIL EDUCATION

PUBLIC SCHOOL	JUNIOR MATRICULATION 4 yrs. High
HIGH SCHOOL ENTRANCE	SENIOR MATRICULATION
TECHNICAL SCHOOL	UNIVERSITY
CORR./BUSINESS COURSES	LANGUAGES SPOKEN ENGLISH

CIVIL OCCUPATIONS AND EXPERIENCE

BINDERY HAND 1942 TO DATE

PREVIOUS SERVICE

NIL

PLACE AND DATE OF MEDICAL	CATEGORY	PLACE AND DATE OF MEDICAL	CATEGORY
Montreal, P.Q. ~~4-1-43~~ 29/Aug/43	A4B		

OFFICERS

RANK, BRANCH AND CATEGORY	DATE	AUTH.	DUTIES PERFORMED DURING SERVICE; E.G. ADJ.
P/O(R) S.S. G.L-GUNN. OFF.	9 4 45	O/P 1625/45.	AFRO1478/45

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

PARTICULARS OF FAMILY

SINGLE, MARRIED, WIDOWER, DIVORCED: SINGLE

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. Harry Roberts (~~Father~~) Knowlton, P.Q. mother.

EMPLOYMENT AS INSTRUCTOR OFFICER AIRMAN/AIRWOMAN

TYPE	FROM	TO	TYPE	FROM	TO

AIRMEN AND AIRWOMEN

RANK	DATE	AUTH.	TRADE	DATE	AUTH.
AC 2	20 9 43		Welder TTS	20 9 43	
Lac	28 2 44	DR053	Gunner (S+O)	8 Oct 43	#140244
T/Sgt(P)	7 4 44	DR083A	A.G. Sp. Grp.	7 4 44	DR083A
T/F/Sgt	7 1 45	00 1351/45			

OFFICERS, AIRMEN/AIRWOMEN

COURSE OR TRADE	GRP.	%	PF	DATE
Welder TTS	S		P	
Air Gunner	Sp		P	7 4 44

ADVISE ENTRIES
UNIT RECORDS RETURNED
TO CANADA

AIR FORCE No. J95323 ~~R. 273241~~

R.C.A.F. Special Reserve

ROBERTS — SURNAME

DAVID WILLIAM — FULL CHRISTIAN NAME

ENLISTMENT/~~APPOINTMENT~~

PLACE MONTREAL

DATE SEPT 20 1943

RELIGION C of E

R.C.A.F. FORM R230

TYPE OF LEAVE

FROM	TO	No. DAYS	DESCRIPTION	AUTH.
24 Dec/43	28 Dec/43	5	Spec. Xmas	DRO 352
8 Apr/44	21 Apr/44	14	Embarkation	DRO 83A
	SLTW # C	521508	d/5 Apr/44	DRO 83A
20-6-44	26-6-44	7	P/L	3PRC M2/44 (T)
21/10/44		7	P.L.	1666 CU 104/44
19-9-44		9	P.L.	24-OTU 87/44
30-12-44		7	P.L.	1666 CU 126/44
13-2-45		7	P.L.	433 Sq. 6
2-4-45		7	P.L.	" " 16

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

HONOURS, AWARDS AND MENTIONS

DATE	AWARD	AUTHORITY
7 4 44	Air Gunners Badge	DRO 83A

POSTINGS, ATTACHMENTS & TEMPORARY DUTY

SOS TOS	FROM	TO	DATE	AUTHORITY
TOS	#13 RC	#1 MD		
	Mtl. P2	Toronto	20 9 43	DRO #
TOS.	#13 R.C.	#1 M.D.	20 9 43	D.R.O. 229.
SOS	#1 MD TTS	St Thomas	30 10 43	" 261
	— DRO 272/43			
S.O.S.	T.T.S.	RCAF Stn	12 Dec 43	DRO 298/43
	St Thomas	Trenton.		
TOS	TTS	#8 MD		
	St Thomas	Trenton	13 12 43	DRO 350
RA for Xmas Leave (5 days)				DRO 352
SOS.	No. 8 MD.	No. 10 B & G S Mt. Pleasant,		
	Trenton	P.E.I.	14 1 44	DRO. 14
SOS	#10 BGS	#3 AGTS	21 4 44	DRO 83A
T.O.S.	"	"	22 4 44	DRO 87
S.O.S.	#3 AGTS	- 1Y Depot	20 5 44	DRO 107
TOS	3 AGTS	1YD	21 5 44	123
SOS	#1Y Depot	#3 PRC	2 6 44	140
	Emb. Halifax		2 6 44	
	Disemb. U.K		10 6 44	
Int.	CZ 42	3 PRC	11 6 44	
TOS	24 OTU from 3 PRC		11 7 44	3 PRC(T) 159/44 24 OTU 68/44
TOS	61 Base fr. 24 OTU		27 9 44	24 OTU 89/44 61 Base 394/44
Att.	A/C School Dalton		27/10 9/10 44	61 Base 394/44 414/44
Att	1666 CU.		10/6 10/1 45/44	1666 CU 103/44 115/44 61 Base 414/44 15/45
SOS.	76 Base to 433 Sqn.		6 1 45	1666 CU 15/44 76 Base 15/45 433 Sqn 1/45
Disch	to Comm.		8 4 45	UK NEU 143 Supp Q2 RO 765.
F/B.	Missing believed Killed		10 4 45	CL 741
SOS	433 Sq. to UK NEU		10 4 45	433 Sq. 33
T.O.S.	UK NEU		11 4 45	UK NEU 96 143/45
Now	"Presumed Dead"		10 4 45	~~CR 842~~ AFRO 1/46
SOS.	O/S HQ. on Presumption of Death		10 4 45	O/S HQ 1/46

ADVISE ENTRIES
UNIT RECORDS RETURNED
TO CANADA

Emb. 2-6-44

C.T. 46

AIR FORCE No. ~~R.273241~~ J 95323

ROBERTS, DAVID WILLIAM
SURNAME — FULL CHRISTIAN NAMES

[redacted]STMENT — RE-ENLISTMENT

[redacted]CE Montreal Que.
DATE 17-9-43

R.C.A.F. R-44B (REVISED) 50M-2-43 (3051) H. Q. 885-R44B Res SS

OFFICER

RECORD OF SERVICE AIRMEN

Comm 9-13-45

POSTING (INDICATE S.O.S. OR T.O.S.) TEMPORARY DUTY (IN RED INK)

S.O.S. OR T.O.S.	UNIT AND PLACE	EFFECTIVE			D.R.O.
T.O.S.	1 MD 21-Sa-001	20	9	43	1MD229
SOS	1 MD Toronto	31	10	43	1MD261
T.O.S.	TTS St. Thomas	1	11	43	TTS267
SOS	TTS St Thomas	12	12	43	TTS298
TOS	RCAF Stn Trenton	13	12	43	E350
SOS	RCAF Stn. Trenton	14	1	44	E14
TOS	#10 BGS Mt. Pleasant, P.E.I.	15	1	44	10BXS.16
SOS	10 BGS Mt Pleasant P.E.I	21	4	44	10BG83A0
T.O.S.	3 AG. TS. Three Rivers, Que	22	4	44	3AG.TS87
SOS	3 AG. T.S.	20	5	44	3AG.TS.107
TOS	1 Y Lachine	21	5	44	1Y123
SOS	1 Y Lachine	2	6	44	Dy142
	3 PRC				

Missing Believed Killed. 10 Apr. 45. DCL 997d/14 Apr. 45.
Presumed Dead, 10-Apr 45 DCL 1190d 13-12-45.

Disch	On Appoint to Comm	8	4	45	NEU 143
TOS	On Appoint to Comm	9	4	45	NEU 143

POSTING (INDICATE S.O.S. OR T.O.S.) TEMPORARY DUTY (IN RED INK)

S.O.S. OR T.O.S.	UNIT AND PLACE	EFFECTIVE	D.R.O.

QUARTERS-RATIONS-SUBSISTENCE ALLOWANCE

FROM	TO	D.R.O.

LEAVE-TRANSPORTATION WARRANT

FROM	TO	DAYS	REMARKS (TYPE)	D.R.O.	T.W.D.R.O.
50					
8-4-44	21-4-44		Eubk	10BG83A0	

TYPE OF SERVICE AIRCRAFT QUALIFIED TO FLY

TYPE	D.R.O.

FLYING TIME

DATE	SINGLE ENGINE		MULTI-ENGINED		CREW DUTIES			PASS.	TOTAL
	DAY	NIGHT	DAY	NIGHT	OBSERVER	GUNNER	OTHER		

AIR FORCE No. ~~R.273241~~ R

ROBERTS, DAVID WILLIAM
SURNAME — FULL CHRISTIAN NAMES

ENLISTMENT — RE-ENLISTMENT
PLACE Montreal Que
DATE 17-9-43

Ross

J 95323

OFFICER RECORD OF SERVICE AIRMEN

Gunn 9-4-45

BIRTH: DATE — PLACE — CITIZENSHIP 2
16-8-24. Knowlton. Que Br
FATHER (FULL NAME) Harry Roberts
BIRTHPLACE Liverpool Eng.
MOTHER (FULL MAIDEN NAME) Edith Richardson
BIRTHPLACE Leeds. Eng

EDUCATIONAL STANDING
HIGH SCHOOL ENTRANCE + Que.
JUNIOR MATRICULATION + "
SENIOR MATRICULATION
TECHNICAL SCHOOL
UNIVERSITY
CORRESPONDENCE COURSES
OTHER 6

CIVIL OCCUPATIONS OR EXPERIENCE USEFUL TO R.C.A.F.
Bindery man (Southern Press) 1942-43.
3920

PREVIOUS ARMY, NAVY OR AIR FORCE SERVICE
nil
0

HONOURS-AWARDS, MENTIONS	AUTHORITY	DATE
Air Gunners Badge 10	BG.83A0	7-4-44

FLYING EXPERIENCE ON ENLISTMENT (HOURS)
SOLO — DUAL — PASSENGER

RELIGION Cof E 3

LANGUAGES Eng. 1

SPORTS Hockey, Golf Tennis, Swimming Basketball

PERMANENT HOME ADDRESS PRIOR TO ENLISTMENT
Knowlton - Que. 21007

SINGLE-MARRIED-WIDOWER-SEPARATED-DIVORCED Single.
WIFE (FULL MAIDEN NAME)
PLACE OF MARRIAGE — DATE
AUTHORITY (IF AFTER ENLISTMENT)
1

MARRIED ESTABLISHMENT

REMARKS	RANK	EFFECTIVE	D.R.O.

CHILDREN

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

NEXT OF KIN (ADDRESS AND D.R.O. IN PENCIL)
FULL NAME: Harry Roberts — RELATIONSHIP Father
ADDRESS Knowlton Que — D.R.O.
FULL NAME: — RELATIONSHIP
ADDRESS — D.R.O.

PERSON TO BE NOTIFIED IN CASE OF CASUALTY
FULL NAME: — RELATIONSHIP
ADDRESS — D.R.O.
FULL NAME: — RELATIONSHIP
ADDRESS — D.R.O.

ENGAGEMENTS

TERM	EFFECTIVE	D.R.O.	TERM	EFFECTIVE	D.R.O.
Dur	17 9 43				

PAY ENTRIES (OFFENCE FORFEITURES, STOPPAGES IN RED INK)

RATE CHANGES, ETC.	EFFECTIVE	D.R.O.	RATE CHANGES, ETC.	EFFECTIVE	D.R.O.

RECLASSIFICATIONS-PROMOTIONS-ETC.

RANK	EFFECTIVE	D.R.O.
AC2 8	17 9 43	1MD229
LAC	28 5 44	10BXS53
T/Sgt. pd	7 4 44	10BG83A0
T4		
T/2 Sgt.	7 1 45	GB1357
P/O	9 4 45	GB1625
		NEU 143
P/O 9-4-45 (APR 296 d/17-9-45)		

TRADE AND CHARACTER

TRADE	GROUP	EFFECTIVE	D.R.O.
Welder (T.I.G.)	S	17 9 43	1MD229
W-07-S			
Std. Trader		7 10 43	1MD244
a/c	S	8 10 43	1MD244
a/c AG. Sp	G.	7 4 44	10BG83A0
3055			
Gun Off Br	Ch	9 4 45	APR 296 d/17-9-45

TRADE PROFICIENCY	CHARACTER ASSESSMENT	DATE OF R41
C.T. Score	Form 4 46 (40 2 33	

MEDICAL HISTORY
EXAMINATIONS (IN RED INK)

DATE	FORM	CATEGORY	REMARKS

HOSPITALIZATION (IN BLACK INK)

HOSPITAL QUARTERS	ADMITTED CONFINED	DISCHARGED RET'N DUTY	D.R.O.
20-9-43	R 100	9 4 B	

COURSES-TESTS, ETC.

SUBJECT	RESULT	DATE	AUTHORITY

DOCUMENT CONTROL

R60	R79	B465	X-RAY	AFM-13	IDN. CARD	O.H.F.	Kx
							M.E.W.

The instructions regarding this form are contained in Section 56 A.P. 837 (Manual of Administration). **R.A.F. Form 1580.**

ROYAL AIR FORCE.

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

Official No. CAN.R.273241 Name ROBERTS, David, William.
(In full block capitals, surname first).

Rank T/Sgt. R.A.F. Trade and Group Air Gunner Grp.2 Medical Category

Last enlisted / enrolled 20-9-43 Current engagement DofW S.R.
(To state whether in R.A.F., Class "E" or "F" Reserve, R.A.F., R.A.F.V.R. or W.A.A.F.)

(Section I to be referred to when reckoning service for progressive pay, time re-classification, etc.)

Date of Birth 16-8-24 Whether married, single or widow(er)

Occupation in civil life BINDERY HAND (1942-to date) Religion C of E

Special qualifications
(See K.R. and A.C.I. 2132 (16) (b)).

Description on entry :—Height ft. ins. Colour of eyes

Complexion Colour of hair Marks or scars

Name, address and relationship of legal next of kin (to be entered in pencil) : (Mother)
Mrs Harry Roberts, Knowlton P.Q.

Name, address and relationship of person (or persons) to be informed of casualties in addition to next of kin (to be entered in pencil) :
N of K

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

Section I.—Movements and Casualties.

Unit FROM which.	Unit TO which.	Date of Effect.	Whether specially Recommended (SR) Recommended (R) or not Rec'd (NR) for Promotion or Re-classification
3 A.G.T.S.	1 Y Depot	21-5-44	
1 Y Depot	U.K.	2-6-44	
	Emb. Halifax	2-6-44	
	Disemb. U. K.	10-6-44	
Intake. C.242	3 (RCAF) PRC	11-6-44	
3 (RCAF) PRC	24 OTU	11.7.44	
24 OTU	61 Base	27.9.44	
76 Base	433 Sqdn	6/1/45	
433 Sqdn	RCAF-UKNF Unit	10/4/45	

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

* Authority.	Description.		Date of Effect.
	Welder "Std"	AC2	20-9-43
	Aircrew "Std"	AC2	8-10-43
	" "	LAC	28-2-44
	Air Gunner "Sp"	T/Sgt	7-4-44
	Air Gunner Grp. 2	T/Sgt	7-4-44
PoR 4/45	Promoted T/F/S.		7-1-45

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.

(*13830—10349) Wt. 44884—P3481 200M 1/44 T.S. 700

Section 4.—Character and Trade Proficiency.

(To be assessed on the occasions shown in A.M.O. "A" 1268/43.)

Rank	Character	Trade	Proficiency A.	Proficiency B.	Date.	Signature and Rank of Assessing Officer.	Rank	Character	Trade	Proficiency A.	Proficiency B.	Date.	Signature and Rank of Assessing Officer.
5.11.45	V.G.	A.G.	Sat	Sat	10-4-45	[illegible signature]							

Section 5.—Recommendations for *Trade and Air Crew Training, Special Recommendations for Reclassification (Aircraft Hands) and for promotion to Flight Sergeant or Warrant Officer (see A.M.O. A 676/42), Recommendations for Commissions, Results of Courses of Instruction (including Recruits Training) and Local Training (e.g., Anti-Gas, Ground Defence Training, etc.)

Authority and Date.	Nature.	Authority and Date.	Nature.

* Recommendations for Trade Training to be entered in pencil.

Section 6.—Decorations, Mentions, Special Commendations by A.O.sC., etc.

Authority and Date.	Nature.
7-4-44	Awarded Air Gunner's Badge.

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 Robt. ERTS DAVID William (b) Reg'l. No. R 87321
2. (a) Arm of service R.C.A.F. (b) Unit No. 1 M. Depot (c) Rank Pte
3. (a) Date of birth Aug 14 1921 (b) Have you any dependents? No (c) Place of residence at time of enlistment Kingston
4. (a) Place of enlistment Montreal (b) Date of enlistment July 20/43.

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 17 years (b) Were you attending school or college up to the time of enlistment? No.
6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School," "two years, High School," "Junior Matriculation," or "4 years technical course in printing," etc.) Junior Three years High School
7. If you attended a university, give name of university and standing or degree secured
8. (a) Did you ever enter upon a trade apprenticeship? (b) If so, for what occupation? (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? 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?

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 Address
19. Nature of employer's business (for instance, "farmer," or "building contractor," or "boot factory," or "iron foundry," or "retail store," etc.)
20. (a) Your specific occupation (b) Number of years' experience at this occupation with any employer One year
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? Yes

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? None (c) In what provinces did you have experience? None

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

DATE Sept. 23 194 SIGNATURE D. Roberts.

RECRUITING OFFICE SEP 28 1943 C.I.C. N.S.

CONFIDENTIAL

R 213 241

(2)

(2)

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

ROYAL CANADIAN AIR FORCE

Medical Board held at Toronto. Ont. *Date* Oct. 7th 43

FILE NUMBER

Surname Roberts *Chr. Names* David William
Nature of Commission ..... *Date of Birth* Aug 16. 24 *Married or Single* Single.
Branch ..... *Hours Flown* None.
Address Knowlton. 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") (19)	No
	Insomnia, Nightmares, Sleep-walking, or Bed-wetting	No
(ii)	LUNG TROUBLE or Consumption	No
	Bronchitis, Pneumonia or Pleurisy	No
	Asthma or Hay Fever	No
(iii)	HEART DISEASE, "Weak or Strained Heart"	No
	Fainting Attacks or Giddiness	No
	Rheumatism, Rheumatic Fever or "Growing Pains"	No
	Frequent Sore Throats or Tonsilitis	No
	Diphtheria, Scarlet Fever or Scarlatina	No
(iv)	STOMACH or BOWEL TROUBLE	No
	Chronic Indigestion or Pain after Food	No
(v)	KIDNEY or BLADDER TROUBLE	No
	Syphilis or Gonorrhœa	No
(vi)	TROPICAL DISEASE	No
	Malaria	No
	Dysentery	No
(vii)	EYE TROUBLE or Inflammation of Eyelids	No
	Wearing of Glasses	No
	Colour or Night Blindness	No
(viii)	EAR TROUBLE, Earache or Discharge from Ears	No
	Deafness, Noises in the Ears, or Dizziness	No
	Frequent Colds in Head, Catarrh or Obstruction	No
	Prolonged Hoarseness or Loss of Voice	No
	Sea, Car or Train Sickness	No
	Discomfort on Swings, Roundabouts, Switchbacks	No
(ix)	OPERATIONS	No
(x)	Any illness or Injury not mentioned above	measles

Education 4yrs High School
Present Occupation student. Hobbies .....
Previous Service None. RCAF 2 wks.
Athletics good.
Habits—Smoking None Alcohol None.
FAMILY HISTORY—Consumption No Diabetes brother Haemophilia No
Nervous Ailments, Mental Trouble, or "Fits" No
Father Alive—Health Good Dead—Cause N.A.
Mother Alive—Health Good Dead—Cause N.A.
Brothers (2) Alive—Health Diabetes (....) Dead—Cause N.A.
Sisters (1) Alive—Health Good (....) Dead—Cause N.A.

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

Date 7.10.43. *Signature* D. Roberts *Witness* Guy E. Jarry F/L

GENERAL MEDICAL AND SURGICAL EXAMINATION

Impression given by *(a)* Physique athletic *(b)* Mentality standard
Body Marks, Scars, Deformities V Scar on chin.
Size of Thyroid Gland isthmus palpable
Surgical Abnormalities none
Results of Wounds, Injuries, Operations none.

	Date 7.10.43	Date	Date	Remarks on any Abnormalities Found
Height (ins.)	68			
Weight (lbs.)	147			Date
Chest Circumference (ins.)	33-35			
Body Build (lbs.)				
Leg Length (ins.)	41			
Pulse Rate — Sitting	84			
Pulse Rate — Standing 1st	/			
Pulse Rate — Standing 2nd	/			
Pulse Rate — After Exercise	/			
Pulse Rate — Time to Normal	/			
Arterial Walls	soft.			Date
Blood Pressure — Systolic	136			
Blood Pressure — Diastolic	86			
Room Temperature				
Heart — Size (in cms.)	N			
Heart — Sounds	N			
Heart — Rhythm	Reg.			
Lungs — Inspection	N			
Lungs — Palpation	N			
Lungs — Percussion	N			
Lungs — Auscultation	N			
Lungs — Expiratory Force				
Lungs — X-Ray				Date
Reflexes — Knee	N N			
Reflexes — Ankle	N N			
Reflexes — Triceps	N N			
Reflexes — Abdominal	N N			
Reflexes — Plantar	N N			
Cranial Nerves	N N			
	R. L.	R. L.	R. L.	
Balancing Rod				
	R. L.	R. L.	R. L.	
Self Balancing	S S			
Tremors — Fingers	FC FC			Date
Tremors — Eyelids	FC FC			
Abdomen — Liver	not palp.			
Abdomen — Spleen	not palp.			
Abdomen — Muscular Tone	good.			
Urine — Albumen				
Urine — Sugar				
Initials of M.O.	G.E.J			

40 mm. Hg. Test not done.
Date
Date
Date
Date

EYE EXAMINATION

History Neg.

Visual Acuity	R. 20/20 c —— ± 2·5 = 20/400		
	L. 20/20 c —— ± =		
Colour Vision	normal P.I.P.		
Red, Green	Eso 2D		
Diaphragm Test (P.D. = 6.7)	crowding at 2		
Convergence	C. = 6 cms.		
	S. C. = 6 cms.		
Accommodation	R. 6		
	L.		
Cover Test	no deviation.		
Fundi and Media	normal		
Fields	full		
REMARKS: A. BA 3B			
	Initials of M.O. G.E.J.	*Initials of M.O.*	*Initials of M.O.*
	Date 7.10.43	*Date*	*Date*

EXAMINATION OF EAR, NOSE AND THROAT

History Neg.

Hearing	R. Ear	w.v. 20		
	L. Ear	w.v. 20		
External Ear, Meatus Membranes	R. Ear	normal		
	L. Ear	normal		
Middle Ear, Eustachian Tubes	R. Ear	pat		
	L. Ear	pat		
Cochlear Apparatus	R. Ear	not tested		
	L. Ear			
Vestibular Apparatus	R. Ear			
	L. Ear			
Buccal Cavity		healthy		
Teeth		healthy		
Gums		healthy		
Pharynx		healthy		
Nasopharynx		not seen		
Nose		fair airway		
Larynx		not seen		
REMARKS: F.i.t				
		Initials of M.O. G.E.J.	*Initials of M.O.*	*Initials of M.O.*
		Date 7.10.43	*Date*	*Date*

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

This airman had an NR at the recruiting centre though it's not included in his M10 and he was apparently turned down amongst other things because of a fast pulse. On examination to-day he appears to be a an extroverted youngster from the country who is well nourished and well developed. He is better than average at sports. His pulse rate is fast but if can be timed within acceptable limits if particular care is taken to quieten him down. He is very talkative, rather ~~fidgety~~ restless, thyroid is tense is palpable, perspires freely. He is undoubtedly keen to be aircrew and although there is a possibility of hyperthyroidism I am inclined to think that he is merely a high-strung lad who is reacting to new environments and that he'll probably settle down to the point of being top. notch aircrew material.

A. B A3 B(T) Gray F/L

Date – 16 Jan 144
Height — 67½
weight — 150
Vision — 20/30
20/20
C.U.N (CPT)

D. L. Best, F/L

OBSERVATIONS AND FINDINGS OF THE REVIEWING MEDICAL OFFICER

Date.....

A1B		N.V.C.
A3B	Turret	N.V.C.
A3B		N.V.C.
A3B	Vision	
A3B	Radio	
Sig:	R.C.L. Gray F/Lt	
Date	13/6/44	

Pre-Graduation Recheck

Date: 3. APRIL -44

Height: 67½ Weight: 150

Vision: 20/20 Blue CUN (CPT)
20/20

Ears: N Hearing: N

Nose: N Sinuses: N

M. O. P. L. Barnes F/O 10 B. & G.

R.C.A.F. Special Reserve

AIR FORCE No. R.273241 POSTED TO #1 "M", Dpo. Toronto, Ont., TRADE WELDER(T.T.S.)

ROYAL CANADIAN AIR FORCE

(ATTESTATION PAPER)

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

1. Surname ROBERTS FULL Christian Names David William
2. Present Address 1084 Beaver Hall Hill, Montreal, Que. Telephone HA2339
3. Permanent Address Knowlton, Que.
4. Place of Birth Knowlton, Que. Citizenship canadian
5. Date of Birth Aug. 16th 1924 Married, Single, Widower, Separated, Divorced single
6. Particulars of Children

Name	Date of birth	Name	Date of birth
none			

7. Occupation Asst. machinist 8. Religion Anglican (State denomination)
9. Languages English fluently (State proficiency)
10. Next of Kin (Full Name) Harry Roberts Relationship father
    " Address Knowlton, Que.
11. Father (Full Name) Harry Roberts Birthplace Liverpool, England.
    " Address Knowlton, Que. Citizenship canadian (ntl)
    " Occupation caretaker
12. Mother (Full Maiden Name) ~~Ida~~ Edith Richardson Birthplace Leeds, England
    " Address Knowlton, Que. Citizenship canadian (ntl)
13. Details of any Naval, Military or Air Force Service:

Unit	Place	Rank	Trade	Date From	Date To	Reason for discharge
none						

R.C.A.F. Records Office Rec'd. SEP 24 1943 O.K. C.I.B. R.C.A.F. S.L. P.A.

14. Honours, Awards, Mentions N.A.
15. Are you now on any Naval, Military or Air Force Reserve? No
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. Form R. 100
150M—10-41 (993)
H.Q. 1062-3-83

703-86

21. Particulars of Education:

—	Name of school	Date From	Date To	Courses—Subjects, etc.
Primary Education—Public or Separate School	Knowlton, Highschool	1930	1942	11th grade.
High School—Collegiate Institute, etc.				
Technical School				
University or School other than above				
Correspondence Courses, etc.				

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

Employer and place	Duties, trades, positions	Date From	Date To	Reason for leaving
Southern Press	Bindery hand	Sept 1942	up to date	

23. Flying Experience (in Hours) Solo no Dual no Passenger no

24. Special Qualifications, Hobbies, etc., useful to the R.C.A.F.
collection stamps

25. Sports engaged in. State: extensively, moderately, occasionally
Hockey, golf, tennis, swimming, basketball, extensively

26. Air Force Duty you wish to enlist for ~~Ground Duties.~~ Flying Duties. Welder (T.T.S)

If for Ground Duties, state Air Force trade in which you wish to enlist ~~aircrew~~ std.
If for Flying Duties, state preference as (a) Pilot; (b) Observer; (c) Air Gunner (d) Wireless Operator (Air Crew).
(Cross out words not applicable.)

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

Name	Address	Occupation
Mr. R. B. Bell	363 Melville, Montreal, Que.	physician
Col. J.S. Stairs,	3441 Peel St, Montreal, Que.	lawyer
Mr. Arthur Woodlely,	Knowlton, Que.	insurance salesman
Mr. Rownson	Knowlton, Que.	Bank of Montreal, Mgr.

28. Other information that may have any bearing on this application
none

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 December 31st, 19 42 Signature David Roberts. D. Roberts ~~David Roberts~~

F.P.

Surv'd 17-Sept-43

3

NATIONAL REGISTRATION CERTIFICATE PRODUCED. 30/8 Rowe

30/8 Commissionaire

FOR OFFICIAL USE ONLY 30/12/42 Andre Dicaire

(A) *Report of Interviewing Officer—*

Type Fair General appearance Average

Suitability for (state in what capacity) Welder TT5 (Std)

Date 17-Sept-43 Signature G Kennedy Rank Cpl

(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, David William, ROBERTS .....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 17 September 1943 D. Roberts

Signature of Recruit

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

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

Date 17 September 1943 D. Roberts

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 PQuebec this Seventeenth day of September 19 43

.....

Signature of Officer

.....

Rank

#13 Recruiting Centre, Montreal PQ

Unit

FOR OFFICIAL USE ONLY

CERTIFICATE OF MEDICAL EXAMINATION

Part 1. Information obtained from the applicant—

1. Age. 18 2. Have you ever suffered from any of the following defects in health?

(a) Rheumatism ..... 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 ..... No

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

Signature of Applicant

David Roberts

D. Roberts

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) ..... V scar on left side of chin

2. Height 5' feet 8 inches. 3. Weight 144. pounds.

4. Complexion medium 5. Color of Eyes Hazel. Hair brown.

6. Development { Good / ~~Fair~~ / ~~Poor~~ } 7. Chest Measurement—Full expiration 31 1/2 inches

Range of expansion 3 1/2 inches

8. Hearing—Right W.V. 20' Left W.V. 20' Tympana—Right N Left N

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

Left 20/15' Left .....

10. Condition of mouth and teeth 2nd

11. Urine—Albumen N Sugar N

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

Part 3. The Candidate has been examined in accordance with the pamphlet, "Physical Standards and Instructions for the Medical Examination of Recruits" and he is considered fit for Category A 4 B

X-Ray Chest Aug 25/43 003513 Negative DTH

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

24-8-43 Pulse rate too high for anxiety at present time

MEDICAL RECHECK

I certify upon my honor that I have suffered no illness or disability since my last medical examination for the RCAF.

Aug 29/43 D Roberts

Date 19 43

(Signature)

Dept 26/43 R Charbonneau F/L President

(Witness) W Crook Lt. Member

Part 2 Cont'd.

13. Reflexes N

14. Heart N

15. Lungs N

16. Blood Pressure 128/76 S. D.

17. Colour Vision N - Sol

S. A. Stapper F/O Member

ME

FOR COMPLETION AND RETURN BY 1 **Form P. 64**

Mrs. Harry Roberts,
Knowlton, Que.

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.95323 FD 144

15-1-46 BT 23-1-46

RECEIVED ESTATES BRANCH JAN 19 1946 H.Q. OTTAWA NATIONAL DEFENCE

DEPARTMENT OF NATIONAL DEFENCE

ESTATES BRANCH

OTTAWA, ONT.

January 14, 1946

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

ROBERTS, David William, P/O

J.95323 R.C.A.F.

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

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

E. L. Smith Col.

GWH/NM

Director of Estates.

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.....		NONE		
2	Children of the Deceased and dates of their Births.....		NONE		
3	Father of the Deceased.....		HAROLD HARRY ROBERTS	61	KNOWLTON, P.Q.
4	Mother of the Deceased.....		EDITH ROBERTS (NÉE RICHARDSON)	53	KNOWLTON, P.Q.
5	Brothers of the Deceased	Full Blood	NORMAN ROBERTS	30	4365A COLONIAL AVENUE, MONTREAL, P.Q.
			JOHN ROBERTS	25	112 LEWIS STREET WATERLOO P.Q
		Half Blood	~~JOHN~~ NONE		
6	Sisters of the Deceased	Full Blood	ELSIE (MRS ERIC STANBRIDGE)	28	BOLTON GLEN, P.Q.
		Half Blood	NONE		
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
			NONE		

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	~~NONE~~ DAVID WILLIAM ROBERTS
9	Date of his birth.	AUGUST 16TH 1924 (nineteen hundred and twenty four.)
10	Place and date of his marriage.	NOT MARRIED.
11	Place and date of his parents' marriage.	MAY 18TH 1915, KNOWLTON P.Q.

PARTICULARS OF DOMICILE

12	Place where deceased was born.	KNOWLTON, P.Q.
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) QUEBEC } PROVINCE (b) BROME } COUNTY (c) (d) ALL HIS LIFE.
14	Nature of employment before enlistment.	HELPER AT BROME LAKE BOAT CLUB KNOWLTON, P.Q.
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.	NO INFORMATION.

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?	NOT MARRIED.
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.	YES. (a) BANK OF MONTREAL. KNOWLTON BRANCH 1,118.71 IN HIS OWN NAME. AND (b) 152.33 IN MOTHER'S NAME "IN TRUST" FOR DECEASED. (TOTAL. 1,271.04) (c) Yes (d) not a joint ~~accept~~ account.
20	Amount of War Savings Certificates purchased by the deceased and registered in his name. State where located.	1 certificate. Maturity value $5 XX/XX. AT HOME, IN KNOWLTON.
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?	TOTAL. $250 BEARER NOT REGISTERED, BUT DEPOSITED "MRS EDITH ROBERTS, IN TRUST" 5, 6, 7, 8 IN BANK OF MONTREAL, KNOWLTON BRANCH.
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	SUN LIFE INSURANCE COMPANY, $1,000 ENDOWMENT. HAROLD HARRY ROBERTS (CONTRACTOR)
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	NONE.

OTHER PARTICULARS

24	Did the deceased after enlistment incur any debts for:— (a) His own separate board and lodging while on service. (b) Service clothing and equipment. An itemized account for each such debt should be attached hereto, and if same is correct you should mark the bill "approved" and sign same. If believed incorrect, give particulars.	NO.

(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.

Edith Roberts (Signature of Informant)

(Mrs Harry Roberts) Knowlton Address

CERTIFICATE

I hereby certify that to the best of my knowledge and belief Edith Roberts (Mrs Harry Roberts) {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 Knowlton this Seventeenth day of January 19 46.

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

Qualification Clergyman.

Address St. Paul's Church Rectory, Knowlton, P.Q.

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

FORM 6

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

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: ROBERTS (Block letters)

Given names: DAVID WILLIAM

Do not write in this space

4. RESIDENCE

Street: No.

Official name of civil municipality or township: Knowlton

Municipal county: Province: Quebec

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

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

10. BIRTHPLACE (Province or Country): Quebec

11. DATE OF BIRTH: August (Month) 16th (Day) 1924 (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: Apr. 10/45

16. Total years spent in this occupation: Two

	17. NAME	18. BIRTHPLACE (Province or Country)
FATHER	Roberts, Harry	England
MOTHER (Maiden Name)	Richardson, Edith	England

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: April (Month) 10th (Day) 45 (Year) ....19....

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, 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: April 10th 19 45

Manner of injury: Presumed killed during air operations (How sustained)

Nature of injury: (hit by enemy anti-aircraft fire)

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)

Read this whole Form and instructions on other side before commencing to com[illegible].

R.C.A.F. R. 60
(Revised 1-42)
60M—10-42 (2842)
H.Q. 885-R-60

WILL

(a) Names in full to be written.

(1) (a) I, ROBERTS DAVID WILLIAM of the City / Town / Village / Township

of KNOWLTON in the County of / District

Province of QUEBEC BINDERY HAND
(Civil Occupation)

a member of the Royal Canadian Air Force, Number R273241 do hereby revoke all former Wills by me made and declare this to be my LAST WILL.

(a) Insert "wife", "father", "mother", "friend", etc.
(b) Insert the name of beneficiar(y)(ies) in full.
(c) Insert the address(es) if known.
(d) Here state "all of my estate" or the particular articles or money intended to be given.

See reverse side for example.

(2) I GIVE, DEVISE AND BEQUEATH unto my

(a) Mother

(b) Edith Roberts

(c) Knowlton Que.

(d) MY WHOLE ESTATE

IN THE EVENT OF MY MOT ER'S DEATH BEFORE MINE,

Draw a diagonal line through Para. (3) if not applicable, i.e., if all Estate disposed of in Para. (2) above.

(3) ~~All the remainder of my estate~~ I give, devise and bequeath unto:

(a) Father

(b) Harry Roberts

(c) Knowlton Que.

Name and address of Executor.

(4) I appoint Mrs. Edith Roberts of Knowlton Que.
(Name) (Address)

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

IN WITNESS WHEREOF I have hereunto set my hand this ~~XXXth~~ 21st

day of September 19 ~~XXXX~~ 43

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.

D Roberts
(Signature of Testator)

First Witness sign here.

(5) H C Wright
(Signature)

COBOURG ONT
(Permanent Home Address)

CLERK RCAF R266270
(Occupation)

Second Witness sign here.

R Brunet
(Signature)

MONTREAL QUE
(Permanent Home Address)

CLERK RCAF R195464
(Occupation)

SEP 24 1943
J. K. [illegible]
R. C. N. I.
S. L. P. A.

(Witnesses are not to be beneficiaries.)

Two witnesses must sign their names where indicated.

(OVER)

R.C.A.F. R. 45
90M—10-43 (3551)
H.Q. 885-R 45

ROYAL CANADIAN AIR FORCE

Individual Record of Flying

RANK L.A.C. NO. R-273241 NAME Roberts D. W.

UNIT	PERIOD ENDING	SERIAL NO.	SINGLE-ENGINE AIRCRAFT												MULTI-ENGINE AIRCRAFT												CREW DUTIES				TOTAL	
			DAY						NIGHT						DAY						NIGHT										
			1ST PILOT		2ND PILOT		DUAL		1ST PILOT		2ND PILOT		DUAL		1ST PILOT		2ND PILOT		DUAL		1ST PILOT		2ND PILOT		DUAL		OBSERVER		AIR GUNNER		OTHER		PASSENGER	
			(A)		(B)		(C)		(D)		(E)		(F)		(G)		(H)		(J)		(K)		(L)		(M)		(N)		(O)		(P)		(Q)		(R)	
			Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins	Hrs	Mins
#10 B & G	7-4-44																											18 -						18	-

CERTIFIED CORRECT
W. D. Roberts
COMMANDING OFFICER
10 B & G SCHOOL
MOUNT PLEASANT
P.E.I.

Call and Preface :— OUT / IN | Serial No. | Date

(Above this line is for Signals use only)

R.C.A.F. S. 5
60M PADS OF
100-9-43(3459)
H.Q. 885-S-5
K.P. 89412

R.C.A.F. MESSAGE

NO. OF GROUPS 39 | DG | FILE

OFFICE DATE STAMP & SERIAL NUMBER

TO* MR ~~H.H.~~ Harry ROBERTS KNOWLTON QUEBEC

(REPORT DELIVERY)

FROM* RCAF CASUALTIES OFFICER

ORIGINATOR'S NUMBER	DATE	REFERENCE AND DATE
M9388	13 APR	MY / YOUR

(*Use Double Space Typing*)

REGRET TO ADVISE THAT YOUR SON R TWO SEVEN THREE TWO FOUR ONE

FLIGHT SERGEANT DAVID WILLIAM ROBERTS IS REPORTED MISSING

BELIEVED KILLED RESULT OF AIR OPERATION OVERSEAS APRIL TENTH

STOP PLEASE ACCEPT MY SINCERE SYMPATHY STOP LETTER FOLLOWS.

Our uncle Mrs. E Richardson Normanton Yorkshire England has also been advised

NR 45/12 ANGLICAN R273241

This message must be sent **AS WRITTEN** and may‡ ---------- be sent by **W/T.** Signature R04

This message must be sent **IN CYPHER** and may‡ ---------- be sent by **W/T.** Signature

Originator's Instructions* Degree of Priority*

IMMEDIATE

TIME OF ORIGIN 0310 G.M.T.

T.O.R.

‡Originator to insert "NOT" if message is not to go by W/T over any part of the route. (Below this line is for Signals use only)

SYSTEM IN	TIME IN	READER	SENDER	SYSTEM OUT	TIME OUT	READER	SENDER	SYSTEM OUT	TIME OUT	READER	SENDER
				11 0411 13			BL				

T.H.I.

***The Signal Department** is responsible that these details are transposed to the appropriate portion of the message form and that all possibility of compromising distinguishing signals, etc., by omitting to remove their signification from the address, etc., is avoided. Before delivery of the message these details are to be re-inserted in P/L

CAN P.431613-45/P.4 Cas.Can.MRE.

A I R M I N I S T R Y
73-77 Oxford St., London. W.1.

19th September, 1945.

8

Officer in Charge,
M.R.& E. Section,
c/o British Army Staff,
GERMANY B.L.A.

CASUALTY ENQUIRY NO.G.65

1. Lancaster aircraft MK.1 PB.903 was reported missing 10th April, 1945 after being detailed to attack Leipzig, Germany. The crew consisted of the following personnel:-

J.89832	P/O	R.J. Grisdale	Pilot	M.B.K.
J.40890	F/O	I.B. Zierler	Nav.	"
R.205383	F/S	Hirak, J.M.	W/OP	"
R.273241	F/S	Roberts, D.W.	A.G.	"
J.39929	F/O	W.G. McLeod	A/B	"
R.274963	F/S	Seeley, F.G.	A.G.	"
RAF/1896557	Sgt	Thurston, W.A.J.	F/Eng	"

2. Witnesses in accompanying aircraft report the crash occurred at 51° 28' north and 12° 12' east (approximately 15 miles north of Leipzig). The aircraft was hit by flak and was seen to roll over on its back and spiral into the ground, whereupon the bomb load exploded. Witnesses saw no one parachute from the aircraft.

3. As no further information is available it is requested that investigations be made to ascertain full burial particulars of this crew.

E. J. FIGG.

(J.S. Harris)Wing Commander,
for Air Officer Commanding-in-Chief,
R.C.A.F. Overseas.

EJF/RAS/FEN

ESTATES BRANCH
FEB 11 1946
OTTAWA
NATIONAL DEFENCE

DEPARTMENT OF NATIONAL DEFENCE

INVENTORY

Date .....

The Estates Branch has received the following personal effects of:

NAME .....R273241, F/Sgt. ROBERTS D.....

1 small blue canvas kit bag
1 blue wool knit pullover
1 white sweatshirt with RCAF crest
1 green wool pullover sweater
1 white sweatshirt with crest
2 shirts, 2 prs. pyjama pants
1 suit pyjamas
9 handkerchiefs
1 striped sports shirt
14 prs. socks
6 neck ties
1 blue leather money belt (empty)
1 blue leather writing case (empty)
1 metal 2 cell flashlight
2 face cloths
2 summer vests
2 prs. summer shorts
1 cigar box
2 Sgts. chevrons
2 Canada badges
1 AG brevet
1 mirror in metal frame
6 souv. coins
1 identity bracelet
1 pr. small scissors
1 souv. calender
1 black covered address book

Received the effects as listed

SIGNATURE .....

DATE REC'D .....

1 grey Eversharp pencil
1 tie clip
2 collar pins
2 collar buttons
1 pr. cuff links
1 RCAF New Testament
1 book of Psalms
1 RCAF diary
1 metal cig lighter
1 souv. match box holder
1 red covered pocket diary
1 small black covered notebook
1 leather name tag
1 metal crown
2 identity discs
1 small red Waterman fountain pen
1 leather strap
1 zipper
1 souv. imitation tree
1 nail brush
1 photograph in cardboard folder
1 pr. black leather boots
1 pr. shoe rubbers
1 blue leather wallet with zipper
1 souv. 25 cent Cdn bill.
1 pkg. personal correspondence, papers, and photos
2 shirts
2 suits pyjamas
1 towel
1 pr. socks
1 handkerchief

JG

NOT received as at Feb. 8th 1946

Parcel returned see attached letter.

J95323 (RO)

P.A.

REGISTERED OTTAWA, Canada, 7th March, 1947.

Mrs. Edith Roberts,
Knowlton,
Quebec.

Dear Mrs. Roberts:

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 D.W. Roberts.

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.

F/O R.J. Rocheleau /BBO

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

DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE

4
AIR

STATEMENT OF WAR SERVICE GRATUITY

DECEASED MEMBER'S NAME: David W. (CHRISTIAN NAMES) Roberts (SURNAME)

REGISTER NO. E-579-22

PAYEE

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

FILE NO. 29975

DATE 28 Mar./46

SERVICE NO. J95323

FINAL RANK OR RATING P/O

DATE OF TERMINATION OF OVERSEAS SERVICE 10 Apr./45

DATE OF DISCHARGE 10 Apr./45

	$	¢
A. TOTAL QUALIFYING SERVICE NO. OF DAYS 569/30 EQUAL TO 18 COMPLETE PERIODS AT $7.50	135.00	
B. QUALIFYING OVERSEAS SERVICE NO. OF DAYS 313 LESS 29 INELIGIBLE DAYS, EQUAL TO 284 DAYS @ 25C. PER DAY	71.00	
C. SUPPLEMENT FOR OVERSEAS SERVICE		
DAILY RATES AT DISCHARGE		
PAY $ 6.25		
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE $ 1.70		
ADDITIONAL PAY $		
$		
$		
DEPENDENTS' ALLOWANCE 1/30 OF $ ____ $		
TOTAL $ 7.95 ×7 = $ 55.65		
NO. OF DAYS 313/183 ×$ 55.65		
	95.18	
D. WAR SERVICE GRATUITY	301.18	
E. DEDUCTIONS OVERPAYMENT OF PAY AND ALLOWANCES $		
DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $		
OTHER DEDUCTIONS $		
F. TOTAL AMOUNT PAYABLE	301.18	

G. YOUR PORTION OF GRATUITY IS—

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU $ ____ OF $ ____ =$

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

Received Office ... APR 6 1946 ... Acct'g Officer ... C.I.R. ... P. & A. Hdq. Trans. Trust Account Journal Voucher #64 ... R.C.A.F. ... R.C.N. ... R.C.A.F.

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
F.E.C.	J.L.C.

TREASURY	
CHECKED BY	DATE
	30-3-46

SERVICE REPRESENTATIVE

ΔT

OFFICIAL ROYAL CANADIAN AIR FORCE CASU

NUMBER J95323 (~~R273241~~) RANK PILOT OFFICER UNIT (OVERS

TRADE A/G (G.L.)

NAME ROBERTS, DAVID WILLIAM

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

PRESENT MARITAL STATUS SINGLE RELIGION ANGLICAN CANADIAN YES

FRENCH CANADIAN OTHER

NEXT OF KIN MR HARRY ROBERTS

RELATIONSHIP FATHER

ADDRESS KNOWLTON QUEBEC.

FATHER'S NAME MR & MRS HARRY ROBERTS

ADDRESS KNOWLTON LIVING ON ENLISTMENT YES

MOTHER'S NAME QUEBEC.

ADDRESS LIVING ON ENLISTMENT YES

ADDRESS AT TIME OF ENLISTMENT

MARITAL STATUS AT TIME OF ENLISTMENT

OCCUPATION

AS MEMBER ATTACHED TO R.A.F. AT ANY TIME? YES/NO NOT KNOWN BEING OBTAINED

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 JAN 4 1946 H. Q. OTTAWA NATIONAL DEFENCE

CASUALTY DETAILS:

AUTHORITY CAS. SIG. NO. AFHQ PRESUMPTION OF DEATH MEMO NO. 831---d---3-DEC-45

BELIEVED KILLED
PREVIOUSLY REPORTED "MISSING" 10-APRIL-45 AFTER AIR OPERATIONS
OVERSEAS (OVER LEIPZIG GERMANY) HIT BY ENEMY ANTI AIRCRAFT
FIRE

NOW "PRESUMED DEAD" 10-APRIL-45 FOR OFFICIAL PURPOSES.

ALL WILLS (1)
~~XXXXXXXX~~ATTACHED TO NOTIFICATION TO A. OF E.? YES/~~NO~~

M.F.M. 5 ATTACHED TO NOTIFICATION TO A. OF E.? YES/~~NIL~~

DATE 15-DEC-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

47810

CONFIDENTIAL

R.C.A.F. TRAINING REPORT

R.C.A.F. FORM 5035

WIRELESS OPERATOR (AIR GUNNER) AND AIR GUNNER

NO. 10 BOMBING AND GUNNERY SCHOOL

1. SURNAME: ROBERTS — CHRISTIAN NAMES: DAVID WILLIAM
2. NUMBER: R273241 — 3. RANK: LAC — 4. COURSE NO.: 74
5. POSTED FROM: #8 M.D. Trenton — 6. DATE COURSE COMMENCED: 17-1-44 — 7. DATE COURSE ENDED: 7-4-44 — 8. POSTED TO: 3 A.G.T.S. Three Rivers
9. AIRCREW TRADE: Air Gunner Std. — 10. HEIGHT: 68 — 11. GIRTH: 33

12. EQUIPMENT USED

TYPE OF AIRCRAFT	TYPE OF GUNS: IN AIR	TYPE OF GUNS: ON GROUND	TYPE OF GUNS: ROUNDS FIRED 25 YD.	TYPE OF TURRETS: IN AIR	TYPE OF TURRETS: ON GROUND	TYPE OF TURRETS: ROUNDS FIRED 200 YD.	TYPE OF TURRETS: HOURS TURRET MANIP.
BOLINGBROKE	BROWNING	BROWNING	575	BRISTOL	BRISTOL		6Hrs 45Mins
					FRASER NASH		11 "
					BOULTON PAUL	1500	8 " 15 "

13. GROUND WORK

SUBJECT	MARKS ALLOTED	MARKS OBTAINED
GUNS, PYROS. AND AMMO. (WRITTEN)	200	251
GUNS (PRACTICAL)	100	
SIGHTING (ORAL)	250	154
TURRETS (PRACTICAL)	200	151
A/C RECOGNITION	150	114
SIGNALS	100	95
TOTAL	1000	765
PERCENTAGE		76.5

14. AIR WORK

FLYING EXPERIENCE		DAY	NIGHT
NUMBER HOURS FLOWN		18 Hours	
NO. CINE EX. COMPLETED		4	
ROUNDS FIRED	AIR TO GROUND	300	
	AIR TO AIR	2900	
% HITS AIR TO AIR		3	

AIR FIRING MARK	MARKS ALLOTTED	MARKS OBTAINED
	1000	670

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

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

(MARK "X" IN APPROPRIATE COLUMN)

17. REMARKS:- **Intelligant, hard worker, very young. Should make a good Air Gunner.**

DATE:- 7-4-44

OFFICER COMMANDING
NO. 10 BOMBING & GUNNERY SCHOOL

R.C.A.F. A.28C

WT. P700/28824 100M 9/44 S.L.S.T.C.

R.C.A.F. RECORD OF PAY

OUTFIT ALLOWANCE PAID
WARRANT OFFICERS $ ON
OFFICERS $ ON
$ ON

TRADE | EFF. DATE

SUBJECT TO PENSION DED. — YES | NO ✓

RATES OF PAY P.F. or A.S. — EFF. DATE | EFF. DATE 1.8.44

BANKING ARRANGEMENTS J95328.

No. R273244 NAME IN FULL Roberts, David W.

BASIC ACCOUNT

DATE	PARTICULARS	EFF. DATE	DAILY RATE OF PAY	TOTAL MONTHLY PAY	TOTAL ASS. PAY	TOTAL DEP. PAY	DEBIT	CREDIT	BALANCE	FORTNIGHTLY ENTITLEMENT DOLLARS	STERLING	EFF. DATE	A.S.I SENT
14/11/44	Sheet opened Lgt Sq. A. Pay as per particulars	7.11.44	3 20	96 00				96 00	96 00				
					46 80		46 80		49 20	23 24	5 4 0	1/12/44	Pay Book
	13 Tfr to 0.01351 & 205592	1.8.45 ✓	3 50	105 00				1 9 00	58 20	27 27	6 2 0	1/3/45	14/2
	TV Loan cease	1-5-45			30 00			16 80	71 00				
9/1564	Appt P.O. (July 14th/43/328852)	9.4.45	6 25	187 50									

Missing 10.4.45 Ch 741-12
Pres Dead 10.4.45 Ch 8442

ASSIGNED PAY

ASSIGNEE (FULL CHRISTIAN NAMES)	EFF. DATE	AMOUNT	TOTAL
Mrs [illegible] Roberts (M)	1.5.44	30 00	
TV Loan	1.6.44	8 40	
TV Loan	1.6.44	8 40	46 80
TV Loan 13/2547213	1.5.45	8 40	38 40
✓ ✓	1.5.45	8 40	30 00
Roberts, Edith (M)	1.5.45	30 00	
Reg. Gen (8 V.L.)	1.5.45	16 80	
Reg. Gen (8 V.L.)	1.5.45	16 80	

DEPENDENTS' ALLOWANCE

DATE ALLOT. FORWARDED	RELATIONSHIP	AMOUNT AWARDED	EFF. DATE
			N.R.611

PAY AND ALLOWANCES Reconciled with A47 3-5-45 Rob

DATE	PARTICULARS OF ENTRY	DEBIT	CREDIT	BALANCE
	Jr Pay		99 20	
	A.P.	46 80		52 40
27	3H-16638 Warrnt Off	6/12 23 24		29 16
	Jun Pay		49 20	
	Pay		3 20	81 56
11	3H-17857 ✓	30/12 23 24		58 32
	1st Pay		44 20	102 52
	2 Deps	6 40		101 12
6	3H-20125	18/12 23 24		77 88
7	3H-202231 ✓	15/12 23 24		54 64
23	Flgt 7.1.45 ASI-11/2 £2.12.0		15 90	70 54
23	Subsist Allce ASI-11/2 £0.16.0		3 80	74 35
17	3H-212132 ✓	9/12 46 49		27 86
	Mess Pay + 1 Dep		61 70	89 56
8	12 8783 ✓	23/12 12 07		77 49
16	3H-236632 ✓	1/3/ 27 27		50 22
20	3H-239265 ✓	6/3/ 3 58		46 64
29	247000 ✓	15/3/ 27 27		19 37
			58 20	77 57
	Corp Pay			
14	266674 ✓	29/3/ 27 27		50 30
16	Missing 20.4.45	10/261556 50 30		
		340 41	340 41	
			00 30	50 30

1945 DATE	PARTICULARS OF ENTRY		DEBIT	CREDIT	BALANCE
APR	18/10/261557	(70)		50 30	50 30
	17/262357 Payt 433 S. Leaming 8d/3 11-265	(70)	27 27		23 03
MAY	29-11-292329 C.I.E.	(52)		98 81	121 84
	do Bal RAF Allces	(52)		3 32	125 16
JULY	14/12/328852 Inc. on Comm. 9-3/44	(52)		60 50	185 66
Dec	20-441993 - Bk. Bal. Comm	(52)		209 15	394 81
	To Balance		394 81		
			£2208	£2208	
	L.C.C. Feb/46			394 81	394 81

DEFERRED PAY

DATE	PARTICULARS OF ENTRY	DEBIT	CREDIT	BALANCE
				(52) NIL

C. I. E.
Increase on Commission
Bank of Commerce

394.81