NEILL, Edward John

25 Feb 43 E ✓

Received..... Checked..... Card ✓ Observations.....

ORIGINAL
DUPLICATE
TRIPLICATE

M.F.M. 2
A.F.B. 271
168M-11-36 (9359)
H.Q. 1772-45-18

OHC Lieut

(To be completed in triplicate. Copy designation to be shown by striking out terms not applicable.)

Unit 1st (13th) Bn. Black Watch (RHR) of Canada. Regimental Number D-81070

84 LIEUT

51

ACTIVE SERVICE
CANADIAN [redacted] FORCE
ATTESTATION PAPER

1. Surname Neill
2. Christian Names Edward John
3. Present address 4384 Sherbrooke St,W., Apt 10. Montreal, Quebec. Canada
4. Date of birth Oct 16, 1919.
5. Place of birth England (Country), Middlesex (County or Province), London (Town or Township)
6. Religion (state denomination) Anglican.
7. Trade or Calling Clerk.
8. Married, Widower or Single Single.
9. Name of next of kin John Neill. Next of kin
10. Relationship ~~Father.~~
11. Address of next of kin ~~4384 Sherbrooke St,W., Apt 10. Montreal.~~ Same as Recruit
12. Have you served in any Naval, Military or Air Force? No
13. If previous war service, state arm, force and regimental particulars No

14. Do you now belong to or have you served in the Active Militia of Canada?

Black Watch – 6 months. (Give unit and date of attestation)

DECLARATION TO BE MADE BY MAN ON ATTESTATION

I, Edward John Neill do solemnly declare that the above particulars are true, and I hereby engage to serve in the Canadian Active Service Force so long as an emergency, i.e., war, invasion, riot or insurrection, real or apprehended, exists, and for the period of demobilization after said emergency ceases to exist, and in any event for a period of not less than one year, provided His Majesty should so require my services.

Date Sept 7/39 E J Neill (Signature of recruit)

J.A. Roland witness

OATH TO BE TAKEN BY MAN ON ATTESTATION

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

E J Neill (Signature of Recruit.)

CERTIFICATE OF MAGISTRATE, JUSTICE OF THE PEACE OR 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 this 7 day of September 1939

R. Morrey (Signature of Magistrate, Justice or Attesting Officer.)

Capt BW o/c (Office or Rank and Unit or appointment.)

N.B.—ATTENTION IS DRAWN TO THE FACT THAT ANY PERSON MAKING A FALSE ANSWER TO ANY OF THE ABOVE QUESTIONS IS LIABLE TO A PENALTY OF SIX MONTHS' IMPRISONMENT

D.N.D. M.G.O. RECEIVED SEP 22 1939

FINGERPRINTED

05 13 Comp'l etc.

Record of Service of Neill (Surname) Edward John, (Christian Names) Regimental Number D-81070

Qual D or Mech. Group C 247-642

Qualifications

Military: no

Business or Professional: Clerk - Life Insurance

Trade or Civil: none

Technical: none

Languages: English and French

Educational Qualifications

High School or Collegiate: nil (years completed)

Graduation or Matriculation: matriculation (specify)

*College: Senior Matriculation

*University: none

*(Name of institution, courses or years completed, and degrees obtained to be shown).

All enlisted personnel will be taken on as Private soldiers, appointments and promotions to higher rank to be shown as provided in the space below.

Report Date	Report From Place	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., from date taken on Strength of Field Force	Rank Shown	Effective Date	Unit	Place	Authority Part II D.O. No. Cas. List, etc.	Authority Dated
7 Sep 39	Recruit	1st Bn. The Black Watch (RHR) of Canada C.A.S.F.	Pte.	7 Sep 39	1 RHC	Mtl.	B.O.1	8 Sep 39
26/9/39		Joined on appointment Appointed Prov. Cpl. 26/11/39	Pte	26/9/39	I.R.H.C.	Mtl.	B.O.19 Para 7.	26/9/39
5/11/39	QMG MD 4	Attended P.T.I. Course. From 5/11/39 to	Cpl.	5/11/39	do	do	B.O. 59 Para 1	5/11/39
9/1/40		CONFIRMED IN RANK OF CPL.	Cpl.	26/9/39	1 RHC	Toronto	B.O. 9/1940	9/1/40
20/2/40		Appointed Prov. Sgt.	Cpll	16/2/40	I RHC.	Toronto	B.O. 51	20/2/40
30-3-40	R.O. 82.	Granted 14 days furlough from 29-3-40 to 11-4-40 R.O. 82	Sgt.	29-3-40	1 RHC	Toronto	B.O. 86	30-3-40
16/5/40		Confirmed in the rank of Sgt	Prov. Sgt.	16/2/40	I RHC.	Toronto	B.O. 126.	16/5/40
17-6-40	NDHQ G S 371 wire 16-6-40	Embarked on "Antonia"	Sgt.	17-6-40	I RHC.	Valcartier.		
22-6-40		Disembarked.	Sgt.	22-6-40	I RHC.	Botwood Nfld.		
10-7-40	A.A.&Q.M.G. M.D.#2. Circular W/62	Having served on I.S.F. (2nd RHC NPAM) from 26-8-39 to 6-9-39 is hereby credited with service in the C.A.S.F.	Sgt.	26-8-39	2 RHC	Soulanges Canal. Que.	B.O.158	10-7-40
14-8-40	Mov. 588 dated 2-8-40 Wire Defensor	Embarked on S.S. Duchess of Richmond	Sgt.	10-8-40	I RHC.	Botwood, nfld.		
		Disembarked at Halifax. N.S. proceeded to M.D. No. 6. Aldershot. N.S.	Sgt.	13-8-40	I RHC.	Halifax, N.S.		

For additional entries use M.F.M. 1 and 2 (a)

CERTIFICATE OF MEDICAL EXAMINATION

Name in full..... Edward J. Neill ..... Date..... Sept. 7, /39.....

Part 1. Information obtained from the recruit.

1. Age 19 ..... 2. Have you ever suffered from any of the following diseases?

a. Rheumatism	No	j. Nasal trouble	No
b. Tuberculosis	No	k. Ear disease	No
c. Bronchitis or asthma	No	l. Eye disease	No
d. Heart disease	No	m. Epilepsy	No
e. Kidney or bladder disease	No	n. Nervous or mental disease	No
f. Gastro-intestinal	No	o. Syphilis	No
g. Rupture (in 1925)	Yes	p. Gonorrhoea	No
h. Varicose veins	No	q. Have you ever worn glasses?	No
i. Flat or deformed feet	No		

E. J. Neill
(Signature of Recruit)

Examiner's remarks *re* above

4 vaccination marks on left arm

Part 2. Information obtained by medical examination. The recruit must be stripped.

1. Identification marks or scars. (If operative obtain history.)

Scar for rupture

2. Height 5 feet 10 1/4 inches. 3. Weight 140 pounds.

4. Complexion Fair Eyes Grey Hair Brown 5. Development Good (Good / Fair / Poor)

6. Chest measurement—Girth on full expansion 37 1/2 inches

Range of expansion 2 inches

7. Vision, right 20/20 left 20/20 8. Hearing, right ok left ok

9. Condition of mouth and teeth Good

10. The abnormalities (congenital and pathological) found on examination are as follows

Part 3. We, the examiners find no evidence of the diseases mentioned in Question 2, Part 1, except as reported in the remarks. We have examined the Recruit in accordance with the pamphlet "Physical standards and Instructions for the medical examination of recruits" and he is found fit for Category A

Special remarks when category lower than A

Capt. E. J. LeCavalier (President) ..... (Member) ..... D. Thompson (Member)

VACCINATIONS, INNOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature
18 Oct. '39	T.A.B. Basil Robinson Capt., R.C.A.M.C.		
25 Oct. '39	3		
1 Nov. '39	RE-EXAMINED; NORMAL URINE, EARS,		
NOV 15 '39	REFLEXES, CATEGORY "A" BRK		
NOV 15 '39	VACC. SUCCESSFUL BRK		
NOV 30 39	CHEST X-RAY NEGATIVE BRK		
Jan 26/40	TETANUS TOXOID 1 cc A. F. Bruce Capt. R.C.A.M.C.		
MAR 26 '40	TETANUS TOXOID 1 cc.		

Are you receiving or have you in the past received, disability pension or compensation? If so give details .....

Regtl. No. D81870 Rank Pte Surname Neill Christian Name Edward John.

STATION	Date of Arrival at the Station	Dates of Admission into Hospital: Day	Month	Year	Dates of Discharge from Hospital: Day	Month	Year	DISEASE	Number of days in Hospital.	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied.	Signature of Medical Officer.

Statement of the Service of No. D-81070 Rank Sgt. Sheet No. 1

M.F.M. 1 & 2 (a)
700 M—8-39 (1697)
H.Q. 1772-45-18

Name Neill, Edward John.

REPORT Date	REPORT From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority Part II D.O. No. Cas. List, etc.	Authority Dated
22-8-40	H.C./23-3 M.D. 6.	Embarked on E 62	Pte	22-8-40	1 RHC	Halifax	N.S.	
		S.O.S. C.A.S.F. CANADA.	Pte.	22-8-40	1 RHC	Halifax	N.S. B.O. 177	6-9-40
5500 —		T.O.S. C.A.S.F. OVERSEAS ON TRANSFER.	Pte.	23-8-40	1 RHc			
— ✓		DISEMBARKED —	~~Pte~~ Sgt	4-9-40	1 RHC	Gourock	Scotland B.O.177	6-9-40
— ✓		Landing Leave to 7 Oct 40	Sgt	2Oct40	B.W.	U.K.	8	8 Oct 40
— ✓		P. Leave to 14 Dec 40	Sgt	5Dec40	B.W.	U.K.	26	9 Dec 40
/ ✓		P. Leave to 29 Apr 41 W.W.	Sgt	22Apr41	B.W.	U.K.	27	2 May 41
All Change. ✓ Change of	Address N.K.	456 Claremount Ave, West Mount Que			B.W.	U.K.	38	25 June 41
✓		Att'd to C.J.L.S. for A/S (Instructor Courss)	Sgt	1sept41	B.W. C.J.L.S.	U.K.	54 59	19 Sept 41 31 Aug 41
Qual "D" ✓		Ceases to be att'd to C.J.L.S.	Sgt.	20Sept41	C.J.L.S.	U.K.	68 63	3 Dec 41 23 Sept 41
✓		Qual Dr. Mech. Gp. 'C' By T.T. Board	Sgt.	26 Feb 42	1 Bn Blk W.	UK	19	27 Mar 42
		S.O.S. to N.E.T.D.	"	29-3-42	Black Watch	"	20	31-3-42
✓		S.O.S. on posting to 3P. of W. Escort	Sgt	6.4.42	3 P/W Esc.	UK	1	6 Apr 42
		T.O.S. from Unit to N.E.T.D.	"	29-3-42	Lothn Scots	"	43	31-3-42
21-4-42	4 DD	T.O.S. on T.A. on posting from CDN Army O/S FOR RECORDS PURPOSES W.E.F.	SGT.	7-4-42	4DD Mlt	South.	4DD Pt II No.94	21-4-42
21-4-42	"	FOR ALL PURPOSES W.E.F.	"	18-4-42	" "	"	" " " " 94	21-4-42
1-5-42	4DD	GRANTED LEAVE OF ABS. FROM 18-4-42 to 1-5-42 Inclusive.	SGT	18-4-42	4DD Mlt	South.	4DD Pt 2 No.102	30-4-42
7-5-42	4DD	PT II ORDERS NO. 94 DATED 21-4-42, PARA 1, SHEET 8, "STRENGTH INCREASE" "FOR ALL PURPOSES" IS AMENDED TO READ: "FOR RATIONS QUARTERS AND DUTY WEF 18-4-42 FOR PAY PURPOSES WEF 1-5-42.	SGT.		4 DD MLT	South	4DD PT 2 NO 106	5-5-42

Statement of the Service of No. D-81070 Rank Lieut. Sheet No. 2

Name Neill, Edward John.

M.F.M. 1 & 2 (a)
700 M—8-39 (1697)
H.Q. 1772-45-18

REPORT Date	REPORT From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority Part II D.O. No. Cas. List, etc.	Authority Dated
14-5-42	4 D.D.	PROMOTED TO THE RANK OF CADET.	CADET.	14-5-42	4 DD	Mlt South	4DD Pt.II.114	14-5-42
14-5-42	4 D.D.	PROC. ON COMM. AND ATT. FOR ALL PURPOSES TO O.T.C. BROCKVILLE ONT.	"	14-5-42	"	" "	" " " 114	14-5-42
		ON COMMAND TO O.T.C. BROCKVILLE. ONT., FOR QUALIFICATION.	CADET.	May15.1942	O.T.C.	BROCKVILLE	PT II D.O. 118	May 20 1942.
		Having successfully completed his course and having been recommended for appointment and promotion to the rank of 2/Lieut. Inf. in the Cdn.Army AF in hereby, pending promulgation of such appointment in C.A.R.O. granted the provisional rank of 2/Lieut. with effedt from 8 August 42.	2/Lieut.	8-8-42	O.T.C.	Brockville	Pt.II D.O.185	8 Aug 42.
		Ceases to be "ON COMMAND " to O.T.C. Brockville, Ont. and is struck off strength of his Unit on posting to A-12 (A)Inf. T.C. Farnham Training Centre.	2/Lieut.	14-8-42	O.T.C.	Brockville	Pt.II D.O.190	14-Aug 42.
;9-8-42	ATC A12	T.O&S. on temp attach on transfer from Officers' Training Centre, Brockville.Ont.	"	15-8-42	ATC A12	Farnham	Pt II No. A-169	17-8-42
17-9-42	"	Having qual as Lt(Rifle) is promoted to that rank(sub to conf) under the prov RO1523 dated 24-12-41	Lt "	11-9-42	"	"	A-193	15-9-42
		Transferred from General List C.A. TO BLACK WATCH (RHR)OF CANADA C.A.	"	7-11-42	"	"	A-237	9-11-42
		Granted spec leave from 1800 hrs 6-11-42 to 1800 hrs 9-11-42 and aut to draw ration allowance at the rate of $0.50 per diem under the prov of art 196(4) FR&I.	"	6-11-42	"	"	A-237	9-11-42

Statement of the Service of No. D.81070 Rank Sgt. Sheet No.

Name NEILL, E.J.

M.F.M. 1 & 2 (a)
700 M—8-39 (1697)
H.Q. 1772-45-18

REPORT Date	REPORT From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority Part II D.O. No. Cas. List, etc.	Authority Dated
		S.O.S ~~to~~ (C) Canada on transfer T.O.S ~~to~~ (C) on transfer Disembarked 4.9.40., T.O.S. Eng.,	Sgt Sgt	22.8.40 23.8.40	Blk W "	Can U.K	177 177	6.9.40 6.9.40
		23.8.40.	Sgt.	23.8.40	Blk.W.	Aldershot	D.O.177	6.9.40
		Landing leave	"	2.10.40 7.10.40	"	Field	" 8	8.10.40
		Granted Rmv. leave,	Sgt.	6/14 Dec 40	Blk W.	Fuld	D.O.26	9 Dec 40
		7 days leave with warrant	Sgt	22/29 Apl 41	Ben W	Hd	27	2 May 41
	Change of address sheet 4 Feb	456 Clarkmount Avenue, West mount, Quebec	Sgt	25 June 41	Blk W	Hd	88	25 June 41
		~~AHQ~~ CTHS FAP on instruction course	Sgt	1 Sept 41 31 Aug 41	BLK W CTHS	UK UK	54 59	19 Sept 41 31 Aug 41
Qual "D"		Ceases to be ~~AHQ~~ to CTHS	Sgt	20 Sept 41	BLK W CTHS	UK UK	68 63 & 69.	3 Dec 41 23 Sept 41
Trade Test 15 8 Mar 42		Qual Dvr Mech Group "C" by I.T. Board	Sgt	26 Feb 42	Blk W	O.K.	19	27 Mar 42
S.O.S.		S.O.S. to N.E.T.D.	Sgt	29 Mar 42	B.W.	U.K.	21	3 Apl 42
T.O.S.		TOS from 1st Bn Black Watch	Sgt	30 Mar 42	NETD	UK	43	31 Mar 42
		SOS on posting to 3 CIW Esort	Sgt	6/4/42	NETD	UK	46	6/4/42
		TOS from 1 NETD	Sgt	6.4.42	3 CIW Esc	UK	1	6.4.42
		TOS on T.A. on posting from Cdn Army O/S FOR RECORDS PURPOSES W.E.F.	Sgt.	7.4.42	4 DD Mlt	South	4DD Pt II No.	94 21.4.42
		FOR ALL PURPOSES W.E.F.	Sgt	18.4.42	4 DD Mlt	"	" " " "	94 21.4.42
	4/6/42 a/m	S.O.S. Cdn. Army (O/S) & No.1 N.E.T.D.	Sgt	7.4.42	NETD	UK	61 B	10 May 42
		Granted leave of Abs. from 18.4.42 to 1.5.42 Incl.	Sgt	18.4.42	4 DD Mlt	South	102	30 Apr 42

Statement of the Service of No..... Rank..... Sheet No.....

Name.....

M.F.M. 1 & 2 (a)
700 M—8-39 (1697)
H.Q. 1772-45-18

REPORT Date	REPORT From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority Part II D.O. No. Cas. List, etc.	Authority Dated
		PT II ORDERS NO. 94 DATED 21.4.42 PARA 1, SHEET 8, "STRENGTH INCREASE" "FOR ALL PURPOSES" IS AMENDED TO READ: "FOR RATIONS QUARTERS AND DUTY WEF 18.4.42 FOR PAY PURPOSES WEF 1.5.42	Sgt		4 DD MLT	South	106	5 May 42
		PROMOTED TO THE RANK OF CADET	CADET	14.5.42	4 DD	Mlt South	114	14 May 42
		PROCEEDED ON COMM. AND ATT. F.A.P. TO O.T.C. BROCKVILLE ONT.	CADET	14.5.42	4 DD	" "	114	14 May 42
		ON COMMAND TO O.T.C. BROCKVILLE ONT FOR QUALIFICATION	CADET	15 May 42	OTC	BROCKVILLE	118	20 May 42
		Having successfullt completed his course and having been r ecommended for appointment and promotion to the rank of 2/Lieut. Inf. in the Cdn. Army AF is hereby, pending promulgation of such appointment in C.A.R.O. granted the provisional rank of 2/Lieut with effect from 8 Aug 42	2/Lieut	8 Aug 42	OTC Brockville		185	8 Aug 42
		Ceases to be ON COMMAND to O.T.C. Brockville, Ont., and is S.O.S. of his Unit on posting to A-12(A)Inf. T.C. Farnham Training Centre	2/Lt.	14.8.42	O.T.C.	Brockville	190	14 Aug 42
		TOS on temp attach on transfer from Officers' Training Centre, Brockville Ont.	"	15 Aug 42	ATC A12	Farnham	169	17 Aug 42
		Having Qualified as Lt(Rifle) is promoted to that rank(sub to conf) under the prov RO1523 dated 24 Dec 41	Lt.	11 Sep 42	"	"	A-193	15 Sep 42
		Trans from Central List C.A. TO BLACK WATCH (RHR) OF CANADA C.A.	Lt.	7 Nov 42	"	"	A-237	9 Nov 42
		Grantes Spec. Leave from 1800 hrs 6.11.42 to 1800 hrs 9 Nov 42 and draw ration allowance at the rate of $0.50 per diem under the prov. of Art. 196(4) FR&I	Lt.	6.11.42	ATC A12	to Farnham	A-237	9 Nov 42

Statement of the Service of No. ..... Rank Lieut. ..... Sheet No. 3

NEILL
Name NEIL, E.J.

M.F.M. 1 & 2 (a)
700 M—8-39 (1697)
H.Q. 1772-45-18

REPORT Date	REPORT From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority Part II D.O. No. Cas. List, etc.	Authority Dated
change address Next of kin		Address of next of kin Mr John Neill FATHER is changed from 456 Claremont Ave. Westmount Que to 4327 Western Ave Westmount Que.	Lieut.		A-12	Farnham	A-254	30-11-42
		S.O.S. on proceeding to 2/CRU CANADIAN ARMY. OVERSEAS. Serial No. 186	Lieut.	4-12-42	A-12	Farnham	A-258	4-12-42
		Embark d SoS. C.A (Can	"	12 Dec 42	2 CDIRU	Halifax	304	22 Dec 42
		T.O.S. C. A. (O)	"	13 Dec 42	"	U.K	304	"
		Disembark in U.K	"	18 Dec 42	"	"	304	"
		Reported for duty	"	19 Dec 42	"	"	304	22 Dec 42
SOS		SOS to Blk Watch Spec Duc	Lieut	2 Jan 43	2 DIRU	U.K	5	6 Jan 43
base by DO 3 d/	16-1-43	TOS					2	12 Jan 43
TOS		TOS spec duc from 2 CDIRU	Lieut	2 Jan 42	Blk Watch	U.K	3	16 Jan 43
SOS		SOS to R.H.C. F.M.	Lieut	14 Jan 42	Blk Watch	U.K	3	16 Jan 43
	TOS	TOS from spec duc	Lieut	12 Jan 42	Blk Watch	U.K	3	16 Jan 43
SOS		SOS to 5 C 2 R M	Lieut	1 Feb 43	Blk Watch	U.K	10	10 Feb 43
	TOS	TOS from Blk Watch	Lieut	2 Feb 43	5 C IRU	U.K	6	10 Feb 43
		Lin Leave to 8 Feb 43	Lieut	30 Jan 43	Blk Watch	U.K	10	10 Feb 43
		SOS to R.H.C.	"	18-3-43	5 C. IRU	"	13	18-2-43

M.F.M. 1 & 2A
40/P & S/119

Statement of the Service of No. ..... Rank LIEUT. ..... Sheet No. .....

Name NEILL, E.J.

REPORT Date	REPORT From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority Part II D.O. No. Cas. List, etc.	Authority Dated
		Change of Add of N/K Mr. John Neill FATHER is changed from 456 Claremont Ave. Westmount Que to 4327 Western Ave. Westmount Que,	Lieut		A-12	Farnham	A-254	30 Nov 42
SOS.		SOS on proceeding to 2 CRU CANADIAN ARMY O/S Serial No. 186	Lieut	4 Dec 42	A-12	Farnham	A-258	4 Dec 42
✓		Embarked and SOS C.A. (CAN)	Lieut	12.12.42	2 CDIRU	Halifax	304	22 Dec 42
	TOS.	TOS C.A. (O/S)	Lieut	13.12.42	"	UK	304	"
✓		Disembarked in U.K.	Lieut	18.12.42	"	"	304	"
✓		Reported for Duty	Lieut	19.12.42	"	"	304	22 Dec 42
SOS. ✓		SOS to Black Watch Spec. Incre.	Lieut	2 Jan 43	2 DIRU	UK	5	6 Jan 43
✓	TOS.	TOS Spec Incre. from 2 CDIRU	Lieut	3 Jan 43	Black Watch	UK	3	16 Jan 43
SOS. ✓		SOS to RHC F.W.	Lieut	14 Jan 43	B.W.	UK	3	16 Jan 43
✓	TOS.	TOS from Sp c. Incre.	Lieut	15 Jan 43	B.W.	UK	3	16 Jan 43
SOS. ✓		SOS to 5 C.D.I.R.U.	Lieut	1 Feb 43	B.W.	UK	10	10 Feb 43
✓	TOS.	TOS from Black Watch	Lieut	2 Feb 43	5 CIRU	UK	6	10 Feb 43
✓		P/Leave to 8 Feb 43	Lieut	30 Jan 43	B.W.	UK	10	10 Feb 43
SOS ✓		SOS to B.W	Lieut	18 Feb 43	5 CIRU	UK	13	18 Feb 43
✓	TOS	TOS from 5 CIRU	Lieut	19 Feb 43	Blk Watch	UK	14	24 Feb 43
✓		On case 801 Ser 12 R att fap 5 CTS	Lieut	18 apr 43	BW	UK	25	30 apr 43
✓		Ret from case 801 Ser 12 R+C+BA to 5 wing CTS fap	Lieut ✓	2 May 43	BW of C	UK	29	26 May 43

Statement of the Service of No..... Rank..... Sheet No.....

Name.....

REPORT Date	REPORT From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority Part II D.O. No. Cas. List, etc.	Authority Dated
(C85)	✓	Proceeded on Carrier Pl Crse & attd to Sch of Inf: fap pay exp	Lieut	13/23 Dec 43	Blk W	UK	1	7 Jun 44
	✓	AWARDED THE CANADIAN VOLUNTEER SERVICE MEDAL AND CLASP						
C68	✓	Ch HQ to 6 Wing CTS fap from 12 Mar 44 On Crse 1120 Ser 1 (Regtl Flame Offrs & N.C.Os) & att	Lieut	1 Apr 44	Blk W.	UK	17	31 Mar 44
(C95)	✓	"Qual" Crse 1120 Ser 1	Lieut	1 Apr 44	Blk W.	UK	26	22 May 44
Change of NOK	Verified	MRS W NEILL (MOTHER) 3432 PEEL ST. APT. 202 MONTREAL QUE.			Blk W.	UK	31	23 June 44
	C128	Embarked at.....UK.....on 4 July 44 Disembarked at..France..on 7 July 44	Lieut	—	1 Blk W.	21 AGP	37	14 July 44
		Died of wounds	Lieut	28 July 44		AEF	A-475	3 Aug 44.
SOS		SOS X-3 list. Died of wounds.	Lieut.	28 July 44	X list 1 Bn B W.	21 Agp.	31	6 Sep 44

Sheet No. -

POSTINGS FROM O/S CASUALTY LISTS

To be attached to M.F.M. 1 or M.F.M. 2

Regt'l No. ..... Rank Lieut Surname Neill Christian Name Edw John

Unit	Hospt.	Admitted Day	Admitted Mo.	Admitted Year	Discharged Day	Discharged Mo.	Discharged Year	Hospt. Days	Disease or Injury	Remarks	Cas. List No.
(Bet. W.) Rl. High. of Can.									Wounded 25-7-44 D.O.W. 28.7.44		A.475
"									G.S.W. (Rifle) left thigh.		B-270

Records B3-49
H.Q. 1772-45-8
100M—5-43 (9999)

SERVICE AND CASUALTY FORM

M.F.M. 4 (Part I)
A.F.B. 103 (Part I)
500M—8-39 (1700)
H.Q. 1772-45-18

PART I (For all ranks)

Unit 1st Bn. The Black Watch (RHR) of Canada C.A.S.F. Regimental Number ~~D 81070~~ Lieut.

1. Surname Neill
2. Christian Names Edward John
3. *Substantive Rank and Appointment
   *Acting Temporary or Local Rank ~~V~~ Lieut
   giving date ~~11-9-42~~ 11-9-42.
   *To be entered in pencil to facilitate alteration.
4. Place of birth London England
5. Date of birth as declared on attestation 16 October, 1919
   (A)
6. Date of enlistment 7 Sept. 1939
7. Place of enlistment Montreal Que Canada
8. Residence at time of enlistment 4394 Sherbrook St. Mtl.
9. (B) Special conditions (if any) of enlistment or rate of pay
10. (C) Any subsequent variations of conditions of service
11. Religion Protestant "C of E"
12. If married, state date Single
13. Trade on enlistment Clerk
14. Corps, trade and grade
15. (D) Qualifications St. Johns Amb. Medal & 2 bars
16. (E) Miscellaneous entries Dvr. Mech Group 'C'

S.F. from 26-8-39
6-9-39. 2RHC.

(17) Regiment or Corps | Unit (Battn., etc)

(18) Medical

Category	Date	Authority
A	7/9/39	~~Med Bd Mtl~~
A	15/11/39	M.D. M.2

(19) Next of kin (entries to be made in pencil) mother
Mrs W. Neill
3432 Peel St. APT 202
Mtl P.Q. Can.

(20) E
(21) E
(22) E

NOTES—
(A) Here enter particulars of any subsequent claim as to actual age after verification of birth certificate.
(B) Whether for home service only, enlisted at special rates of pay, etc.
(C) If to be retained on home service, period if specified to be stated; also authority and on what grounds: see (A) above.
(D) Signaller, Farrier, etc.
(E) Instructions regarding allotment of these sub-heads will be made as may be necessary after mobilization.

(a) Report: Date	(a) Report: From whom received	(b) Unit	(c) Record of all casualties regarding promotions (acting, temporary, local or substantive), appointments, transfers, postings, attachments, &c., forfeiture of pay, wounds, accidents, admission to and discharge from Hospital, Casualty Clearing Stations, &c. Date of disembarkation and embarkation from a theatre of war (including furlough, &c.) in accordance with para. 2 of Note to Table I of Appendix III of Field Service Regulations, Volume I	(d) Place of Casualty	(e) Date of Casualty	(f) Army rank as at (e)	(g) Army Form or other authority for entry to be shown
17/6/40	N.D.HQ G.S.371	1 RHC	Embarked Antonia	Quebec Que	17-6-40	Sgt	
22/6/40	wire 16/6/40	1 R.H.C	Disembarked	Botwood Nfld	22-6-40	Sgt	
14/8/40	M.O.V. 588 dated	1 RHC	Embarked Duchess of Richmond	Botwood Nfld	10-8-40	Sgt	
14/8/40	3-8-40 Wire Defensor	1 RHC	Disembarked	Halifax N.S.	13-8-40	Sgt.	
19/8/40	HC/23-3 M.D. 6	1 RHC	Embarked E. 62	Halifax N.S.	19-8/40	Sgt	
		1 RHC	SOS CASF Canada	Halifax	22.8.40	Sgt	B.O. 117 } 6-9-40
		1 RHC	TOS CASF Overseas on transfer	N.S.			
		1 RHC	Disembarked Gourock Scotland		4-9-40	Sgt	B.O. 117
21 SEP 40	2D.6-11	1 R.H.C	Granted Landing Leave	Aldershot	2 Oct 40	Sgt.	P.T. 11 #8, 8 Oct 40.
7 Dec 40	O.C.	"	" Privilege "	Eng	5 Dec 40	"	Part II #26-9 Dec 40
26 Apr 41	"	"	Privilege Leave 7 days	Field	21 Apr 41	"	27-2 May 41
11 Jun 41	✓	✓	Change of address recorded	✓	—	"	38-25 Jun 41
1 Sep 41	✓	✓	Att'd f.a.p. to Cdn Corps Jr. Leaders School while attending Course	✓	1 Sep 41	"	54-19 Sep 41
25 Nov 41	✓	✓	Ceases to be att'd to C.J.L.S. on comp. of Course	✓	20 Sep 41	"	68-3 Dec 41
4 Nov 41	✓	✓	Qual. D. at No 11 C.C.J.L.S. Course	"	20 Sep 41	"	69-5 Dec 41
18 Mar 42	✓	✓	Qual as Dvr Mech Group 6 (T Tested)	"	26 Feb 42	"	19-27 Mar 42
20 Mar 42	✓	✓	S.O.S. to No 1 NETD. (CMHQ AG2A/TELT/470-d 28 Mar 42)	"	29 Mar 42	"	20-31 Mar 42
		2 C.D.I.R.U	SOS. C.A. Canada.	U.K	12 Dec 42	Lt	
		2 C.D.I.R.U	T.O.S. C.A. O/S.	"	13 Dec 42	"	
		2 C.D.I.R.U	Disembarked in U.K.	"	18 Dec 42	"	
		2 C.D.I.R.U.	Reported for Duty	"	19 Dec. 42	"	304. 22 Dec. 42.
S.O.S.			S.O.S. TO B.W. Spl. Incre (auth 99/29/R.H.C. 30 Dec 42)	"	2 Jan 43	"	5. 6 Jan 43
	O.C.	1 RHC	TOS Spec. Incl.	Fd.	3 Jan 43	"	3 - Jan 43
	"	"	SOS Spec. Incl. on posting to 1 RHC	"	3 Jan 43	"	3 - Jan 43
	"	"	TOS from Spec. Incl.	"	3 Jan 43	"	3 - Jan 43
2 Feb 43	"	"	SOS to 5 C.I.R.U. (auth 5 CMHQ WEL/1 CSD2/d/27 Jan 43)	✓	1 Feb 43	✓	10 Feb 43
		5 C.I.R.U.	T.O.S. and posted to B.W. Tng Coy.	"	2 Feb 43	Lt.	6 10 Feb 43
		"	SOS to R.H.C.	"	18 Feb 43	Lieut.	13. 18 Feb 43.
19 Feb 43	"	1 RHC	TOS from 5 C.I.R.U	"	19 Feb 43	"	14 d/24 Feb 43.
26 Apr 43	"	"	Proceeded to CMHQ Crs 801 CTS	"	18 Apr 43	"	25 d/30 Apr 43
19 May 43	✓	✓	Ret'd. from CMHQ Crs. 801 C.T.S.	✓	2 May 43	✓	28-31 May 43.

SERVICE AND CASUALTY FORM

PART I (For all ranks)

M.F.M. 4 (Part I)
A.F.B. 103 (Part I)
500M—8-39 (1700)
H.Q. 1772-45-18

Unit B. W. Regimental Number

1. Surname Neill
2. Christian Names Edward John
3. *Substantive Rank and Appointment Lieut
   *Acting Temporary or Local Rank
   giving date

*To be entered in pencil to facilitate alteration.

4. Place of birth Middlesex England
5. Date of birth as declared on attestation 16/10/1919
   (A)
6. Date of enlistment 7/9/39
7. Place of enlistment Montreal
8. Residence at time of enlistment 4384 Sherbrooke St W. APT 10 Montreal
9. (B) Special conditions (if any) of enlistment or rate of pay
10. (C) Any subsequent variations of conditions of service
11. Religion Anglican
12. If married, state date single
13. Trade on enlistment Clerk
14. Corps, trade and grade
15. (D) Qualifications
16. (E) Miscellaneous entries

(17) Regiment or Corps: RRC

Unit (Battn., etc):

(18) Medical

Category	Date	Authority
"A"		

(19) Next of kin (entries to be made in pencil)

Mr John Neill (Father)
4324 Western Ave Westmount - Que

(20) E.
(21) E.
(22) E.

NOTES—

(A) Here enter particulars of any subsequent claim as to actual age after verification of birth certificate.
(B) Whether for home service only, enlisted at special rates of pay, etc.
(C) If to be retained on home service, period if specified to be stated; also authority and on what grounds: see (A) above.
(D) Signaller, Farrier, etc.
(E) Instructions regarding allotment of these sub-heads will be made as may be necessary after mobilization.

(a) Report: Date	(a) Report: From whom received	(b) Unit	(c) Record of all casualties regarding promotions (acting, temporary, local or substantive), appointments, transfers, postings, attachments, &c., forfeiture of pay, wounds, accidents, admission to and discharge from Hospital, Casualty Clearing Stations, &c. Date of disembarkation and embarkation from a theatre of war (including furlough, &c.) in accordance with para. 2 of Note to Table I of Appendix III of Field Service Regulations, Volume I	(d) Place of Casualty	(e) Date of Casualty	Army rank as at (e)	(g) Army Form or other authority for entry to be shown
		2CDIRV	Embarked and SOS C.A. (C)	Hlfx	12-12-42	Lieut	304 22-12-42
		✓	TOS C.A. O/S.	2CDIRV	13-12-42	✓	✓ ✓ ✓ ✓
		✓	Disembarked U.K.	✓	18-12-42	✓	✓ ✓ ✓ ✓
		✓	Reported for duty	✓	19-12-42	✓	304 22-12-42
		✓	SOS BW (Spec Dnc)	✓	2 Jan 43	✓	5 6 Jan 43
9 Jan 43	O.C.	1RHC.	T.O.S. from 2CDIRV (Spec Dnc)	✓	3 Jan 43	✓	2 - Jan 43
1 Feb 43	"	"	P.L. 9 days	"	30 Jan 43	✓	10 - Feb 43
	✓	✓	Awarded Canadian Volunteer Service Medal and Clasp	✓	15 Jan 44	✓	4 - 26 Jan 44
	✓	✓	Proceeded on C in HQ course 1120 Gr 1 (Regtl Thane officers & NCO's & att to 6 mtrs C.T.S. Lahnel 12 mar 44 to 1 apr 44	✓	12 Mar 44	Lieut	17 - 31 mar 44
	✓	✓	Having attended C in HQ course 1120 Gr 1 Qualified as shown Q-1	✓	1 apr 44	Lieut	26 - 22 May 44
	✓	✓	Range of 7 - of - 16.	✓	19 Jun 44	Lieut	31 - 23 Jun 44
			Embarked U.K. 4 July 44 Disembarked France..	✓	7 July 44	Lieut	37 - 14 July 44
	✓	✓	SOS 45 x 3 Instr 1RHC.	✓	28 Jul 44	Lieut	43 - 6 Aug 44
Aug 44	x 3	~	Lve x 3 Lieut	Fr Italy	2 Aug 44	~	28/44
Aug 44	x 3		SOS Accused	Fr	28 July 44	Pt	31/44

SERVICE AND CASUALTY FORM

M.F.M.4 (a) (Part II)
40/P & S/412 (3006)

(PART II)

Regiment or Corps..... Black Watch ..... Regimental Number.....

Substantive Rank..... Lieut. ..... Surname..... NEILL ..... Christian Names ..... E.J. .....

Acting Temporary or Local Rank.....

(To be entered in pencil to facilitate alteration)

HOSPITALIZATION ONLY

(a) Report		(b)	(c)	(d)	(e)	(f)	(g)
Date	From whom received	Unit	Record of all casualties regarding promotions (acting, temporary, local or substantive), appointments, transfers, postings, attachments, &c., forfeiture of pay, wounds, accidents, admission to and discharge from Hospital, Casualty Clearing Stations, &c. Date of disembarkation and embarkation from a theatre of war (including furlough, &c.) in accordance with para. 2 of Note to Table I of Appendix III of Field Service Regulations, Volume I	Place of Casualty	Date of Casualty	Army rank as at (e)	Army Form or other authority for entry shown
31 Jul 44	3013/55	Black	Wounded (conf date.	Fd	25 Jul 44	Lieut.	unit.
31 Jul 44	—	watch	adm 2 Cdn CCS	—	25 Jul 44	—	D064-4 Aug 44
1 Aug 44	—/156	X3—	adm 10 Cdn Fd Amb	—	25 Jul 44	—	D064-4 Aug 44
3 Aug 44	—/158	—	DIED OF WOUNDS reported by 2 C CCS	—	28 Jul 44	—	D067-9 Aug 44

(a) Report		(b)	(c)	(d)	(e)	(f)	(g)
Date	From whom received	Unit	Record of all casualties regarding promotions (acting, temporary, local or substantive), appointments. transfers, postings, attachments, &c., forfeiture of pay, wounds, accidents, admission to and discharge from Hospital, Casualty Clearing Stations, &c. Date of disembarkation and embarkation from a theatre of war (including furlough, &c.) in accordance with para. 2 of Note to Table I of Appendix III of Field Service Regulations, Volume I	Place of Casualty	Date of Casualty	Army rank as at (e)	Army Form or other authority for entry to be shown

SURNAME Neill CHRISTIAN NAMES Edward John

C.A. (A.F.)		AUTHORITY	C.A. (R.F.)		AUTHORITY
UNIT	R.H.C.		UNIT		
RANK ON APPT.	2nd Lt. (D.81070)		RANK	Nil.	Dft. 39.
DATE OF APPT.	8 Aug 42		REGIMENTAL & STAFF APPTS. C.A. (O'SEAS)		
T.O.S. C.A. (O'SEAS)	13 Dec 42				
2ND LT.	8 Aug 42	2621c-6			
LIEUT.	11 Sep 42	2621c-10			
CAPT.					
MAJ.					
LT. COL.					

DATE OF BIRTH 16 Oct 1919 RELIGION Ang. MED. CAT. A.

CIVIL OCCUPATION Clerk.

CIVIL RESIDENCE Montreal. Langs. E.&.F.

HONOURS & AWARDS

PART II ORDERS

ENTRY					CONTRA		
	UNIT	EFFECTIVE DATE	ORDER No.		UNIT	EFFECTIVE DATE	ORDER No.
TOS	2 CDI RU (RHC)	19Dec42	304	Fr	Canada.		
TOS	RHC (SI)	3Jan43	3	SOS	2 CDI RU	2Jan43	5
TOS	RHC (WE)	15Jan43	3	SOS	RHC (SI)	14Jan43	3
TOS	5 CI RU (RHC)	2Feb43	6	SOS	RHC (WE)	1Feb43	10
TOS	RHC	19Feb43	14	SOS	5 CI RU (RHC).	18Feb43	13
TOS	x3 R.H.C.	26July44	28	SOS	R.H. of C.	25 July 44	43
				SOS	X3 RH of C	28 July 44	31
		DIED	of WOUNDS 28 July 44				

COURSES & QUALIFICATIONS		CASUALTIES BY RO's, ETC.	AUTHORITY
~~CMHQ Crse No.305A Infantry Ser CK.10 Carrier 12 Feb to 10 Mar 43.~~			
CMHQ Crse No.801 Ser.12R No.5 (Battle Drill) Wg CTS 18Apr/15May43 : Q.			
CMHQ Crse 325 Schoolof Inf. Carrier C.4 15 Dec to 23 Dec 43.			
CMHQ Crse 1120 Ser 1 Unit Flame Offrs. 13 Mar to 28 Mar 44 "Q1"			

REMARKS Wounded 25 July 44 CAS/8592 Died of wounds 28 July 44 CAS/8659 Cause of death GSW right left thigh CAS/8742

SECRET C3880/A.

NAME :- Neill. E.J.

KILLED IN ACTION M

CANADIAN TRAINING SCHOOL
No. 6 (Chemical Warfare) Wing

CMHQ COURSE 1120 Serial 1 (Unit Flame Offrs & Flame NCOs)

NAME Lt E.J. Neill Date of Course 13 Mar - 28 Mar 44

UNIT RHC(BW) QUALIFICATION Q1 - 85%

REMARKS This offr has a good knowledge of the work covered on the course.

LEGEND: D - Distinguished
Q1 - Qualified to instruct without supervision
Q2 - Qualified to instruct with supervision
F - Failed

E. Arnason

(E. Arnason) Lt.-col., RCE.,
Officer Commanding,
No 6 (CW) Wing, CTS.

D. 81070 S.O.S.

NAME NEILL, EDWARD JOHN H.Q. File 3B2-5-425

RANK ~~CADET~~ 2/LT. LT.

ACTIVE UNIT R.H.C. (PR) No. 4 D.D

RESERVE UNIT

Appt. R.O. No. 2621 Date 26-11-42 Effective date of Appt. 8-8-42

CANADA GAZETTE

TRANSFERS, PROMOTIONS and REVERSIONS

TRANS. TO A-12 T.C. (PR) R.H.C. 14-8-42. R.O# 2621, 26-11-42.

EMBARKED CANADA - SAILING LIST No. 2207 DEC 12 1942

TO BE LT., R.H.C. (REINF.) No. A-12 T.C., 11.9.42 RO# 2621. 26.11.42

10M—9-42 (6257)
H.Q. 1772-45-8

DIED OF WOUNDS 28-July 44 1st. R.H.R of C. - CABLE #8659. D/28/7/44.

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	39	40
M			X	DIED	OF	WOUNDS				28	JUL	44		AEF																										

1. H.Q. File No. INDEX CARDS MADE REMOVED

OFFICERS INFORMATION CARD

2. Date Completed: APRIL 15 1943

3. Name (use block letters.): NEILL (surname) EDWARD JOHN (given names)

4. Rank: LIEUTENANT

5. Unit: C.I.C. 1RHC

6. Present Employment & Location: PLATOON COMMANDER 1.R.H.C.

7. Permanent Home Address: 4327 WESTERN AVE WESTMOUNT P.Q CANADA

8. Med. Cat.: A.

9. Decorations:

10. Date of Birth: 16 OCTOBER 1919

11. Place of Birth: LONDON ENG

12. Nationality: BRITISH

13. Adapt'y Test:

14. Total Commiss'd Service: 7 MONTHS

15. Date of Appmt. to A.F.: SEPT 12 '42

16. Rank (Militia): PRIVATE

17. Unit or Corps (Militia): 13TH BW.

(Signature of Officer) E.J. Neill

18. T.O.S. O/S 13 Dec 42.

CIVILIAN EDUCATION

19. School	20. No. of Years	21. Name of Institution	22. Courses or Subjects	23. Graduated YES	23. Graduated NO	24. Degree or Diploma	25. Year Finished	26. Professional Memberships	27. Hobbies (see note)
High School	4	WESTMOUNT HIGH	Jr. Matric. ☒ Sr. Matric. ☒	Yes		X X X X X	1938		SKIING. SWIMMING
Coll. or Univ.	1	" "		Yes			1938		WRESTLING BOY SCOUTS
Post Grad.									

CIVILIAN OCCUPATION

28. Name of Firm (Last three)	29. Location	30. Nature of Business or Profession	31. Employed FROM	31. Employed TO	32. Positions Held (Mention major responsibilities)
1. IMPERIAL LIFE ASSCE	MONTREAL	LIFE ASSURANCE	SEPT '36	AUG '39	CLERK CASHIER
2.					
3.					

LANGUAGES

33.	English	French	German	Russian	Spanish	Other
Spoken	FLUENT	No	No	No	No	No
Written	FLUENT	"	"	"	"	"
Translated	FLUENT	"	"	"	"	"

34. Marital Status: Single ☒ Married ☐ Separated ☐ Divorced ☐ Widower ☐ No. of Dependents NONE

35. Religion: Prot. ☒ R.C. ☐ Other (specify) C OF E

36. Racial Origin: Anglo-Saxon ☒ Fr. Can. ☐ Other

37. Special Service or Appointments

38. SERVICE SCHOOLS AND COURSES

Year	Months	School	Course	Grade
1939	3/4		PT INSTRUCTOR	V.G
1941	3/4		JR LEADER ~~SNR~~	D
1942	3		O.C.T.U	
1943	1	5 CTS	Battle Drill II 801	Q
1944	2 wks	#6 Chemical Warfare		QI

39. WAR AND MILITARY SERVICE

Year	Months	Service
40-43	25	Present War (Overseas only) YES
		Great War (Any Service)
		P.F. Officer
		P.F. Other Rank
		N.P.A.M. or R.F. Officer
		C.O.T.C.
39-42	~~37~~ 29	Other (Specify)

40. STAFF EMPLOYMENT or COMMAND (last six)

Year	Months	Location	Appointment

NOTE:—HOBBIES SHOULD INCLUDE ACTIVITIES WHICH MIGHT HAVE AN APPLICATION IN WARTIME, E.G., TRAINING DOGS, PIGEONS, ETC. OR ADVANCED PHOTOGRAPHY.

THIS SIDE ONLY FOR N.D.H.Q. OR C.M.H.Q.

NAME NEILL Edward John
SURNAME FIRST. USE BLOCK LETTERS.

SUMMARY OF CONFIDENTIAL REPORTS

Entry Made at N.D.H.Q. C.M.H.Q.	R HC								
Date of Report	1/7/43								
1. Reliability	a								
2. Leadership	a								
3. Sense of Responsibility	a								
4. Stability	a								
5. Alertness	a								
6. Administrative Ability	B								
7. Energy and Persistence	a								
8. Group Value	a								
9. Appearance	a								
10. Speech	B								
11. Writing Facility	B								
12. Basic Knowledge of Arms	C								
13. Tactical Aptitude	B								
14. Teaching Ability	a								
RATING									

RECOMMENDATIONS

Staff Appointment									
Accelerated Promotion									
Normal Promotion	✓								
Retarded Promotion									
Transfer to Other Arm									
Retirement or Reclassicat'n									
Civil Occupation									
Other									

POSTINGS, ETC.

A.P. AND R. OR OTHER ENTRIES	EFFECTIVE DATE	UNIT	AUTHORITY: MIN. APPROVAL	AUTHORITY: R.O.
SOS - Died of Wounds	28 Jul 44			Navy 64
BATTLE CAS AEF: Wounded GSW rifle lt thigh	25 Jul 44			CAS/8592
Died of Wounds	28 Jul 44			CAS/8742 CAS/8659
2/Lt 8	Aug 42			C.2621
Lieut 11	Sep 42			C.2621

Pour être fait en double exemplaire.
To be made out in duplicate.

M.F.M. 5 (Fr.)
10M — 11-36 (9359)
H.Q. 1772 — 45-18

DÉTAILS SUR LA FAMILLE D'UN OFFICIER OU D'UN SOLDAT DES TROUPES CANADIENNES DE [redacted] SERVICE ACTIF

PARTICULARS OF FAMILY OF AN OFFICER OR SOLDIER OF THE CANADIAN [redacted] FORCE ACTIVE SERVICE

INSTRUCTIONS

(*a*) Cette formule doit être remplie dès qu'un officier ou un soldat est nommé ou enrôlé dans les troupes canadiennes de [redacted] Service Actif.
This form is to be completed immediately an officer or soldier is appointed to, or enlisted in, the [redacted] C.A.S.F.

(*b*) Il faut répondre à toutes les questions, et donner tous les détails nécessaires.
All questions, etc., must be completed.

(*c*) Les deux copies de la formule doivent être envoyées par le commandant de l'unité, dans le cas de chaque officier et chaque soldat, au payeur ou à l'officier agissant comme tel. Ce dernier enverra une copie par l'intermédiaire du Payeur du district ou du camp au Payeur en chef au quartier général de la Défense Nationale, Ottawa. L'autre copie sera retenue par le payeur jusqu'à ce que l'unité arrive outre-mer, alors que cette copie sera transmise au Payeur en chef à la Base Intermédiaire Canadienne Outre-mer.
Both copies of the form are to be forwarded by the Officer Commanding the unit for each officer and soldier, to the Paymaster, or Officer acting as such. The latter will transmit one copy, through the District or Camp Paymaster, to the Chief Paymaster, N.D.H.Q., Ottawa. The other copy will be retained by the Paymaster until the unit arrives Overseas when it will be forwarded to the Chief Paymaster, Canadian Overseas Intermediate Base.

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(1) Nom de l'officier ou du soldat ..... **Neill Edward John** .....
Name of Officer or Soldier. (Nom de famille — noms de baptême en entier — majuscules moulées)
(Surname first — Christian names in full — Block capitals)

4384 Sherbrooke West., Apt 10. Montreal. P. Q.

(2) Matricule ..... D-81070 .....
Regimental Number.

(3) Unité ..... 1st (13th) Bn. Black Watch (RHR) of Canada. .....
Unit.

(4) Etes-vous marié? ..... **Single.** .....
Are you married?

(5) Dans l'affirmative, donnez
If married, state,
(*a*) Le nom de votre épouse en entier ..... N A .....
Full name of your wife.

.....

(*b*) L'adresse postale actuelle de votre épouse ..... N A .....
Present Postal Address of wife.

.....

(6) Si vous êtes marié, avez-vous toujours fait vivre votre épouse? ..... N A .....
If married, have you been regularly supporting your wife?

Si non — donnez-en les raisons ..... N A .....
If not — state reasons.

.....

.....

(7) Etes-vous veuf? ..... N A .....
Are you a widower?

(8) Avez-vous des enfants? ..... N A .....
Have you any children?

Si oui, faites connaître le nombre des garçons et des filles ..... N A .....
If so, give number of boys and girls

Donnez aussi leur nom et leur âge ..... N A .....
Also their names and ages

(9) Si une indemnité d'absence est réclamée pour les enfants, dites si vous avez toujours pourvu à leurs besoins
If Separation Allowance is claimed in respect of children—state whether you have been regularly supporting them

..... N A .....

Donnez des détails quant au tuteur auquel une indemnité d'absence devrait être payée — s'il existe une autorisation —
Give particulars of Guardian to whom Separation Allowance should be paid—if authorized—

Nom ..... N A .....
Name

Adresse postale ..... N A .....
Postal Address

[VOIR AU VERSO]
[SEE OTHER SIDE]

(10) Vivez-vous en union libre avec une femme — que vous avez toujours fait vivre et reconnue publiquement comme votre épouse?
Have you a common-law wife—whom you have been regularly supporting and publicly representing as your wife?

No. ✓

Dans l'affirmative, donnez son nom en entier et son adresse postale N/A
If so, state her full name and Postal Address.

(11) Est-ce que votre père vit encore? Yes. ✓
Is your father alive?
Si oui, donnez son nom et son adresse John Neill ✓
If so, state name and address.

4384 Sherbrooke West., Apt 10. Montreal, Que.

(12) Si votre père est veuf et complètement incapable de gagner sa vie, êtes-vous son seul soutien? N/A
If your father is a Widower and is totally incapacitated from earning a living — are you his sole support?

(13) Si vous êtes le seul soutien de votre père qui est veuf, dites quel montant par mois vous lui donniez avant de vous joindre aux troupes canadiennes de [redacted] Service Actif. N/A
If sole support of father who is a Widower — state what amount per month you have given him prior to joining the [redacted] C.A.S.F.

Dites aussi pourquoi il n'a pas d'autres moyens de subsistance N/A
Also state reason he has no other means of support.

(14) Est-ce que votre mère vit encore? Yes. ✓
Is your mother alive?

Dans l'affirmative, donnez son nom et son adresse Wilhelmina Neill
If so, state name and address.

4384 Sherbrooke West. Apt 10., Montreal.

(15) Si votre mère est veuve, êtes-vous son seul soutien? N/A
If your mother is a Widow, are you her sole support?

(16) Si vous êtes le seul soutien d'une mère veuve, dites quel montant par mois vous lui donniez avant de vous joindre aux troupes canadiennes de [redacted]. Service Actif.
If sole support of widowed mother — state what amount per month you have given her prior to joining [redacted] C.A.S.F.

N/A

Dites aussi pourquoi elle n'a pas d'autres moyens de subsistance N/A
Also state reason why she has no other means of support.

(17) Etes-vous assuré? Yes. ✓
Are you insured?

Si oui, dites dans quelle compagnie? Sun Life Assurance.
If so, in what company?

Avez-vous pris les dispositions nécessaires pour le payement de votre prime d'assurance? Yes. ✓
Have you made arrangements for payment of your Insurance Premium?

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

Je certifie par la présente que les renseignements par moi donnés sur cette formule sont exacts sous tous rapports.
I hereby certify that the information given by me on this form is correct in each and every particular.

E. Neill
(Signature de l'officier ou de l'homme)
(Signature of officer or man)

J. B. Poland.
Witness

Date Sept 7/39

SEP 28 1939

Date

for

Officier Commandant
Officer Commanding

W. McAulay
Maj

1st Bn. The Black Watch (RHR) of Canada C.A.S.F.

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 McNEILL, Edward John (b) Reg'l. No.
2. (a) Arm of service Army (b) Unit R.H. of C. (c) Rank Lieut
3. (a) Date of birth 16 Oct 09 (b) Have you any dependents? No. (c) Place of residence at time of enlistment Montreal Que
4. (a) Place of enlistment Montreal, Que (b) Date of enlistment 26 Aug.39

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 19 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.) 13 Grade
7. If you attended a university, give name of university and standing or degree secured
8. (a) Did you ever enter upon a trade apprenticeship? No. (b) If so, for what occupation? (c) Did you finish it? (d) If you did not finish it, how long did you serve at it?
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 Imperial Life Assurance Coy. 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.) Insurance Brokers
20. (a) Your specific occupation Office Clerk. (b) Number of years' experience at this occupation with any employer 1 year
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

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? (c) If so, in what kind of farming?
25. (a) Were you born on a farm? (b) How many years' actual farming experience have you had? None (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? 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 Boys welfare work.

DATE 6 Jul 1943 SIGNATURE [signature] for Officer i/c Records CMHQ.

Additional Notes by Unit M.O. and Field Ambulance.

Morphia—	A.T. Serum—
Dose. Time and date given— 1/4 gr. 25 2015 hrs. 1/4 2345 28 July	Dose and date given—
Date of Wound or onset of illness	Religion— C. of E. Age 24. S.
M5 grs 1/4 @ 0400 hrs 27 July 44	

Disease*	Microscopic Diagnosis*			
Malaria	B.T.	M.T.	Q.	Clin.
Dysentry	B.Ex.	Ehyst.	Indef. Ex.	

Malaria Treatment							
Days	1	2	3	4	5	6	7
Ateb. grms							
Quin. grs.							

NOTES.

Sniper's bullet - bleeding. tourniquet on. To 10 Fd Amb 27/7/44 20.00 HB

Foot fairly cold. Colour of foot Lumentat pale no discolour. at ion R68 M66 Capt

* Strike out where inapplicable.

② L.C.C.S. 164

Army Form W3118.
R.A.F. Form 3118.
Naval Form M 204.

FIELD MEDICAL CARD.

No. ~~Lt.~~ Rank S.S.
Name Mill E J
Unit Black Watch.

Battle Casualty. Accidentally Wounded. "Sick."
(Strike out description which does not apply).

Diagnosis of Unit M.O.—
G.S.W. (rifle) left thigh EA. Flesh wd. Serious
Date seen by him— 25 July

No. of Field Ambulance— 10 CDN.
Date of admission— 25-7-44
Field Ambulance diagnosis—
GSW (Rifle) L.THI CH (T.T.T.)
[signature]

2 C.C.S. or M.C.S. diagnosis (if altered from above)—
as above. 25-7-44 AL

General or other Hospital diagnosis (alterations or additions)—

Wt 18254/229 1000m 7/40 F.W.W. & Co. 51-7385

Date of Admission to C.C.S., M.C.S. or General or other Hospital and designation of medical unit to which admitted must be recorded hereunder immediately on admission. Brief clinical notes should be added later, dated and signed by the M.O.

T/519

No. 2 C.C.S. R.C.A.M.C. JUL 25 1944

Patient brought in by M.O.
Tourniquet on left thigh for intractable haemorr. from femoral artery. Shock.
To resusc.

Alec Lerner Maj.

2517 H. 23 00 HRS. 22500 units AGS
2359. morphia gr 1/4

RESUS.

2 plasma
1 blood B.P. 2355 hrs - 95/60

T.S. Wilson Capt

atropine 1/100 0015 hrs

G.S.W. (rifle) left thigh 25 July 44 2015 hrs. Severe Shock Shocm.

O.P. 26 July 44 0030 hrs.

Amas Pentothal Capt Wetwales

(1) Temporary ligature of femoral artery below Poupart's above profunda vessels

(2) T.&T. mid thigh wd. explored & debrided. Femoral V's intact pulsating in Hunters Canal. So temp. lig. above released. Above knee circular P.O.P. applied. Wd. drained c̄ SGU Proph A.G.S. & parenteral penicillin

5 cdn. F.S.U. att. 2 CCS

This F.M. Card must not be destroyed. It must be transmitted with the patient if he is evacuated to U.K. Temperature charts or additional clinical notes may be sent with it, either in the same or in another envelope attached to the patient.

R. B. EATON Maj
R B Eaton Mr

Additional Notes by Unit M.O. and Field Ambulance.

Morphia—	A.T. Serum—
Dose. Time and date given—	Dose and date given—
Date of Wound or onset of illness	Religion—

Sulphanilamide. Dose in grammes. Time and date given.

Disease*	Microscopic Diagnosis*			
Malaria	B.T.	M.T.	Q.	Clin.
Dysentry	B. Ex.	Ehyst.	Indef. Ex.	

Malaria Treatment							
Days	1	2	3	4	5	6	7
Ateb. grms.							
Quin. grs.							

NOTES.

* Strike out where inapplicable.

Army Form W3118
R.A.F. Form 3118.
Naval Form M204.

FIELD MEDICAL CARD.

* No. Lieut Rank
Name Neill
Unit Black Watch

* In cases of Enemy Prisoners of War serial number allotted by A.F.W. 3000.

Battle Casualty. Accidentally Wounded. Sick.
(Strike out description which does not apply.)

Diagnosis of Unit M.O.—

Date seen by him—

No. of Field Ambulance—
Date of admission—
Field Ambulance diagnosis—

F.D.S., C.C.S. or M.C.S. diagnosis (if altered from above)— GSW lt. thigh T&O. Severe haem. (propunda & muscular

General or other Hospital diagnosis (alterations or additions)— [illegible])

Wt. 53183/1306. 1,000m. 4/43. D.P.W. 51-6600.

Date of Admission to F.D.S., C.C.S., M.C.S., or General or other Hospital and designation of medical unit to which admitted must be recorded hereunder immediately on admission. Brief clinical notes should be added later, dated and signed by the M.O.

27 July 44 Condition still rocky.
pulse 100 better volume
B.P.? 70-90 ƒ 40 Continuous Bl. drip.
Consid. arising from vid. then P.O.P.
Ligature of femoral reconsidered.
Has complete anaesthesia of foot
no movement.
R B Eaton Lang

28 July 44 Remained lethargic and in a stuporose
state from beginning. ~~[illegible]~~
Much blood loss with continued
Bl. transfusion. No response to shock
therapy.
Died 1530 hrs.

This F.M. Card must not be destroyed. It must be transmitted with the patient if he is evacuated to U.K. Temperature charts or additional clinical notes may be sent with it, either in the same or in another envelope attached to the patient.

ANSWER IN FULL ALL APPLICABLE QUESTIONS

STATEMENT of the Names, Ages and Addresses or Dates of Death, of all the relatives that the deceased ev 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 h or her name, and date of death of each deceased relative
1	Widow of the Deceased.....			
2	Children of the Deceased and dates of their Births.....	None		
3	Father of the Deceased.....	John Neill.	57	3432 Peel Str Montreal P.Q
4	Mother of the Deceased.....	Wilhelmina (Mrs) Neill	50	3432 Peel Str Montreal P.Q
5	Brothers of the Deceased — Full Blood	None		
	Half Blood	None		
6	Sisters of the Deceased — Full Blood	None		
	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.	ildren		Address of their children

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Edward John Neill.
9	Date of his birth.	16th October 1919
10	Place and date of his marriage.	Single
11	Place and date of his parents' marriage.	St Pauls Church Herne Hill. London. England.

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Headquarters London Fire Brigade Southwark Bridge Rd London
13	State, in order, the Province, State and/or County in which he resided before enlistment and the period of time in each.	(a) London England 1919 to 1930 England. (b) (c) Montreal P.Q. Canada 1930 to 1939 (d)
14	Nature of employment before enlistment.	The Imperial Life Assurance Company of Canada
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 Canada.

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	Not to my knowledge.
18	If married, and domiciled in the Province of Quebec or in a State in the U.S.A. or in a Country under the laws of which there is community of property between spouses,—was there a marriage contract dealing with property?	No
19	Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc., and the amount on deposit. Do you wish it administered with the pay account?	No 1664 Bank of Montreal Green Avenue Westmount. $105-00 Yes
20	Amount of War Savings Certificates held by deceased. Indicate where located.	None that I know of.
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	None that I know of.
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	Sun Life Assurance Co of Canada. $1.000-00 (Mother) Wilhelmina Amy Neill.
23	Describe other assets, if any, and estimated value thereof. Use space on page 4 if necessary.	Deposit Account T. Eaton Co Montreal. No 19822 $160-80

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
25	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	No
	(NOTE:—The government pays funeral expe… and burial is made Overseas as well as where de… zone, and if a relative has already paid those ex… authorized in the Regulations. Any amount … by the Government nor is it chargeable aga…	…orized in the Regulations, where … n Canada or elsewhere in the Nor… …ourse such relative to the extent … …e authorized in the Regulations … …ed.)

(PLEAS…

DECLARATION

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

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

*Father of the deceased.

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

John Neil — Signature of Informant

3432 Peel Street Montreal P.Q. — Address

CERTIFICATE

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

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

Dated at Montreal this 25th day of September 1944

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

H. Gillespie Qualification

Address 2055 Lincoln Ave Montreal Que

CANADA, Province of Quebec, District of Montreal

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

I Calvin Edward John Neil
had an account with the
Bank of Montreal London England.

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION (DEATH)

NUMBER

RANK: Lieutenant

SERVICE UNIT: 1st Royal Highland Regiment of Canada (C.A)

NAME: NEILL, Edward John

DATE OF BIRTH: 16th October, 1919

DATE OF ENLISTMENT: 7-9-39

MARITAL STATUS: Single

RELIGION: Anglican

NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 RELATIONSHIP: Father

ADDRESS: 3432 Peel St., Apt. 202, Montreal, P.Q.

NAME ADDRESS D.A.B.: Mr. John Neill,

ADDITIONAL PERSON TO BE NOTIFIED

ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO.

CASUALTY DETAILS: Canrecords 8659 8742 H.Q. 332-5-425 Died of wounds

DATE: 28-7-44

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

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

DATE: 9-8-44

DIRECTOR OF RECORDS

FORM NO. CAS. 6
25M-4-44 (4184)
H.Q. 1772-39-1989-1990

MA

6

COPY FOR DOCUMENT FILE

No _____ Rank Lieutenant Name NEILL, Edward John.

Unit Black Watch (R.H.R.) Date of death 28th July, 1944.

Died at France

Cause Died of wounds received in action.

Death occurred on strength of Forces.H.Q. 332-5-425

N/K Mr. John Neill, Relationship Father.

Address 3432 Peel Street, Apt. 202, Montreal, P.Q.

Remains buried in Cemetery of No 2 CCS W entrance to Cemeter

Caen Bayeux rd 997692 France.

GHK

Grave location

OVER-

REBURIAL

Beny-sur-Mer Canadian Military Cem.,
Beny-sur-Mer, France.

Grave 3, Row C, Plot 7.

H1 & CR Form Despd. JAN 2 1947

Photographs
Despatched
AUG 26 1947

Temp BR sent to NK & Map

BURIAL REPORT TO N.K. FEB 16 1946

RETURN TO BUR. OF STAT. AUG 14 1945

ROYAL MESSAGE DESP'D. AUG 24 1944

CAN. MESSAGE DESP'D. 17-8-44

FORM 6

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not write in this space

1. PLACE OF DEATH — Municipal county: IN THE FIELD (FRANCE) — 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: NEILL, Edward John (Block letters)

Given names:

Do not write in this space

4. RESIDENCE

Street: Sherbrooke No. 4384

Official name of civil municipality or township: Montreal

Municipal county: Province: Que.

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

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

10. BIRTHPLACE (Province or Country): England (London)

11. DATE OF BIRTH: October 16th 1919 (Month) (Day) (Year)

12. AGE OF DECEASED

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

OCCUPATION

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

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

15. Date deceased last worked at this occupation:

16. Total years spent in this occupation:

	17. NAME	18. BIRTHPLACE (Province or Country)
FATHER	John Neill	
MOTHER (Maiden Name)		

19. Place of burial, cremation or removal: France

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: July 28th 1944 (Month) (Day) 19.... (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) Wounds received in action

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.... Date....19.... (State which)

Manner of injury.... (How sustained)

Nature of injury....

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

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

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

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

L.S.

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)

332-9-123

FI[illegible] H. SERVICE

Army Form B. 2090A.

REPORT of Death of an Officer or a Soldier to be forwarded to the War Office with the least possible delay after receipt of notification of death. See Table [illegible] Appendix III, Field Service Regulations, Vol. I.

REGIMENT OR CORPS } Black Watch — Squadron, Troop, Battery or Company } .....

Officer's Personal No. (if known) / Soldier's Army No. } [illegible] — Rank Lieut

Surname Neill — Christian Names E.J.

Died — Date 28 Jul 44 — Place France

Cause of Death* D of Wds

Nature and Date of Report 301c/73a — 31 Jul 44

By whom made B.W.

* Specially state if killed in action, or died from wounds received in action, or from illness due to field operations or to fatigue, privation or exposure while on military duty, or from injury while on military duty.

Burial — Place Cemetery of No 2 CDS W entrance to Cean Bayeux Rd 997692 — Date 29 Jul 44

By whom reported H/Capt. E.C. Royle 1 RHC

State whether he leaves a Will or not — (a) in Army Book 64 No. — (b) as a separate document Not Received

All private documents and effects received from the front or hospital, as well as A. B. 64, should be examined, and if any will is found it should be at once forwarded to the War Office.

Any report received as to verbal expressions by a deceased officer or soldier of his wishes as to the disposal of his estate should be forwarded to the War Office at once, supported by a certified statement of the person who actually received the information.

In the case of a soldier a duplicate of this report is to be sent to the Paymaster at the Base, together with the deceased's A. B. 64 (after withdrawal of any will from the latter), for transmission to the Paymaster who compiles the soldier's account.

Station and Date — Belgium 17 Jan 45

Signature of Officer in charge of Section Adjutant-General's Office at the Base — for Officer i/c Cdn Sec 2nd Ech HQ 21 A Gp.

Wt. 46939/917 500M. 3/40 M. & S., Ltd. 51-6239

B32-5-425

RECORDS OFFICE OVERSEAS.

CANADIAN MILITARY HEADQUARTERS.

GRAVES REGISTRATION CARD.

NAME NEILL, Edward John

PLACE & DATE OF BIRTH LONDON, England. 16 Oct 1919

RANK Lieut

REGTL NO. N.A.

UNIT R.H.C. (Black Watch)

NEXT OF KIN & ADDRESS Mother:
Mrs. W. NEILL, 3432 Peel St.,
Apt. 202, MONTREAL, P.Q.

PARTICULARS OF HOSPITALISATION

DATE OF ADMISSION

NAME & LOCATION OF HOSPITAL

DIAGNOSIS

PARTICULARS OF DEATH.

DATE OF DEATH 28 Jul 44

PLACE OF DEATH

HRS

CAUSE OF DEATH DIED OF WOUNDS

PARTICULARS OF BURIAL.

DATE OF BURIAL 29 Jul44

CEMETERY St. Germain La Blanche Herbe. 7F/1. MR.998692

PLOT NO 2 ROW 2 GRAVE 1

DEATH CERT NO.

DATE OF REGN OF DEATH CERT

RELIGION Anglican

DATE 24 Sep 45.

(M. BLUTEAU) Capt.,
For COLONEL
O i/c RECORDS,
CANADIAN MILITARY HEADQUARTERS

Extracted from Burial Records,
RECORDS OFFICE OVERSEAS,
ACTON LONDON, W. 3.

File No 332-5-425

VERIFICATION FORM

WAR SERVICE MEDALS 1939-45

Name Neill, Edward John.

Rank on Discharge Lieut. Date of Discharge 28-7-44

Authority for Discharge or Retirement Deceased

Served in:

				Non-qualifying service
Canada	from	7-9-39	to 22-8-40	
	from	7-4-42	to 12-12-42	
United Kingdom	from	23-8-40	to 6-4-42	
	from	13-12-42	to 4-7-44	
Italy	from		to	
Northwest Europe	from	5-7-44	to 28-7-44 (died of wounds)	
---------	from		to	
---------	from		to	

Eligible for award of:

1939 - 45 Star	OK

~~Italy Star~~	
France-Germany Star	OK
Defence Medal	OK
War Medal	OK
Canadian Volunteer Service Medal	OK
with clasp	OK

Verified by Annette Buthier

Date JUL 30 1946

Carded

IIA 165

NO RIBBON