R104824
DAVIDSON
LYALL JAMES

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3668 15.10.49

James Davidson (Father)
865-5 De Gros Bois St.,
Tetreaultville,
Montreal,
Que.

Nov.-44.

MEMORIAL B R
DATE DESP
REGN. NO 3852

R0104824 DAVIDSON LYALL J W022

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. WAR MEDAL	C.V.S.M.			Op. Wing	
✓		✓						✓	✓	✓				AWARD
										✓				AWARD AND CLASP
														APPLICATION DISPATCHED
														RIBBON ISSUED
													21 8 46	MEDAL ISSUED

53504

NUMBER NAME RANK

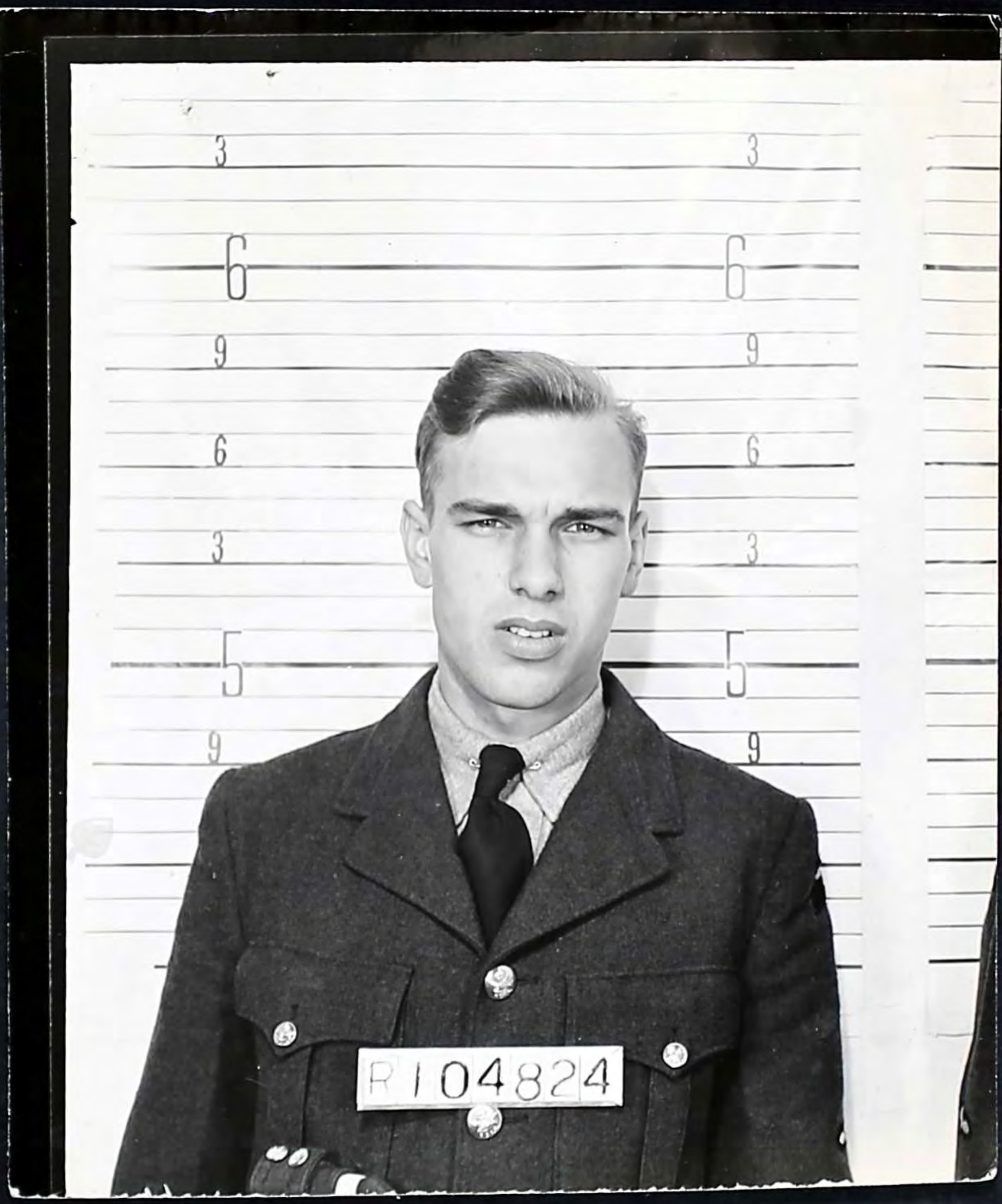
PREFIX CODE

IBM 83961

LICENSED FOR USE UNDER CANADIAN PATENT NUMBER 315306

FORM NO. R. 325

R.C.A.F.


R104824

DAVIDSON. L.J.

NAME DAVIDSON, Lyall James

FILE NO. 1040-D-126

RANK ~~W.O.2~~ W.O.A.G. CATEGORY ~~MISSING~~ PRES. DEAD

REG. NO. R104824

DATE OF DEATH: 27 June 43

MOTHER LIVING: Yes

WIFE: N.A.

MINISTERIAL CARD: 21-7-43

ROYAL MESSAGE:

MEMORIAL CROSS TO CHAPLAIN: JUL 5 1944

To mother & father
To mother & father 1-3-44

JUL 10 1944

DEL'D TO MOTHER:

DEL'D TO WIFE:

Mr. & Mrs. James Davidson,
8655 de Gros Bois Street,
Tetreaultville, Montreal, Que.

COMMAND: 3 T.C.

RELIGION: U.C.

ROYAL CANADIAN AIR FORCE

SERVICE

AND

PAY BOOK

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.

Missing

1

Air Force No. R104824 Surname DAVIDSON

Christian Names (in full) LYALL JAMES

Date of Birth 10.8.20 Religion U.C.

Date of Enlistment/~~Appointment~~ 19.5.41

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

Occupation in Civil Life RIVET APPRENTICE

Signature of Holder

Name and Address of Next-of-Kin Father
Jas Davidson, 8655
Degrosbois St. Montreal
Que

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

Certified Correct. FOR A.B. Mackenzie F/L

Date 31.3.43 Place RCAF O/S HQ.

RAF. rank 1.3.43 Sgt. AIR

2

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
W.OAG SP.	16.3.42		

Rank	Date of Effect	Authority	Signature and Rank of Officer making Entry
LAC	4.9.41		
SGT	16.3.42		

3

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

Aircrew

AIR FORCE NO. R104824 POSTED TO R.C.A.F. Special Reserve No. 1 Manning Depot, Toronto TRADE Wireless Op. AirGunner Wireless Observer Std.

ROYAL CANADIAN AIR FORCE

(ATTESTATION PAPER)

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

DAVIDSON LYALL JAMES

1. Surname Davidson FULL Christian Names Lyall James

2. Present Address 8631 De Gros Bois St Montreal P.Q. Telephone Cl. 5902.

3. Permanent Address 8631 De Gros Bois St Montreal P.Q.

4. Place of Birth Tetreaultville Montreal P.Q. Citizenship Canadian

5. Date of Birth Aug. 10, 1920 Married, Single, Widower, Separated, Divorced Single

6. Particulars of Children

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

7. Occupation Apprentice, Boarding Aviation Bywater 8. Religion Protestant (State denomination) United Church of Canada)

9. Languages English fluently. (State proficiency)

10. Next of Kin (Full Name) James Davidson Relationship Father

" Address 8631 De Gros Bois St Montreal P.Q.

11. Father (Full Name) James Davidson Birthplace Aberdeen Scotland

" Address 8631 De Gros Bois St. Montreal P.Q. Citizenship Canadian

" Occupation Pumper Frontenac Oil Co.

12. Mother (Full Maiden Name) Grace Amelia Hallett Birthplace Newfoundland

" Address 8631 De Gros Bois St Montreal P.Q. Citizenship Canadian

13. Details of any Naval, Military or Air Force Service:

Unit	Place	Rank	Trade	Date From	Date To	Reason for discharge
N.A.						

R.C.A.F. Records Office
Rec'd. MAY 23 1941
O.K. C.I.B.
R.C. N.I.
S.L. P.A.

14. Honours, Awards, Mentions N.A. None

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? No.

When? No. Result No.

17. Were you ever discharged from any branch of His Majesty's Forces as Medically Unfit? No

If so, state nature of disability No.

18. Have you ever been or are you now in receipt of a Disability Pension? No

If so, state nature of Disability No.

19. Have you ever been convicted of an indictable offence? No If so state nature No.

20. Are you in debt? No If so, state particulars No.

R.C.A.F. Form R. 100
400M—6-40 (5739)
H.Q. 1062-3-83

188-24

21. Particulars of Education:

—	Name of school	Date From	Date To	Courses—Subjects, etc.
Primary Education—Public or Separate School	Delreaultville Montreal P.Q.		1926-1935	Primary
High School—Collegiate Institute, etc.	Montreal High School Montreal P.Q.		1935-1936	Grade VIII
Technical School	Institute de Point aux Trembles		1936 to 1937	
University or School other than above	Point Aux Trembles P.Q.			Grade IX
Correspondence Courses, etc.	Montreal Technical School			
	Montreal P.Q.	Oct 1940		Night Course

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

Employer and place	Duties, trades, positions	Date From	Date To	Reason for leaving
Franke Lavasseur & Co Montreal P.Q.	Office	Sept 1938	1940	Owing to accident I was replaced.
Noorduyn Aviation Ltd Montreal P.Q.	Apprentice	May 1940	-	Still employed

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

24. Special Qualifications, Hobbies, etc., useful to the R.C.A.F. N.a.

25. Sports engaged in. State: extensively, moderately, occasionally Hockey (extensively) Football (moderately) baseball (moderally)

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

If for Ground Duties, state Air Force trade in which you wish to enlist ~~No air gunner~~ N.a.
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 at least two persons who can give references as to character and ability.

Name	Address	Occupation
Mr A. Munroe	4954 Baldwin St	
~~Mr Robertson~~	Montreal P.Q.	Sun Life insurance
Mr Robertson	4990 Dearmeaux St Montreal Que.	Engineer

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 February 8 1941 Signature Lyall Davidson.

NATIONAL REGISTRATION CERTIFICATE PRODUCED.)

FOR OFFICIAL USE ONLY

(A) *Report of Interviewing Officer—*

Type.....General appearance.....

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

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

(B) *Report of Trade Test—*

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, Lyall James Davidson, 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 May 19th 1941 Lyall Davidson
Signature of Recruit

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

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

Date May 19th 1941 Lyall Davidson
Signature of Recruit

(E) **CERTIFICATE OF ATTESTING OFFICER**

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

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

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

at Montreal, P.Q. this 19th day of May 1941.

F. O. Sadhouse Flt
Signature of Officer — Rank

R.C.A.F. Recruiting Centre, Montreal
Unit

Finger Printed
Date 19-5-41
Initials E.B.

FOR OFFICIAL USE ONLY

CERTIFICATE OF MEDICAL EXAMINATION

Part 1. Information obtained from the applicant—

1. Age. 20 2. Have you ever suffered from any of the following defects in health?

(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	no	(p) Gonorrhoea	no
(h) Varicose Veins	no	(q) Bone Fracture	no
(i) Flat or Deformed Feet	no	(r) Other Disease or Defect	Typoid Diphtheria

3. Have you ever worn glasses? no

Lyall F. Davidson
Signature of Applicant

Examiner's Remarks *re* above none

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

1. Identification marks or scars (if operative obtain history) None

2. Height 5 feet 8 inches. 3. Weight 137 pounds.

4. Complexion Fair 5. Color of Eyes Hazel Hair Brown

6. Development {Good / ~~Fair~~ / ~~Poor~~} 7. Chest Measurement—Full expiration 32 inches

Range of expansion 4 inches

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

9. Vision—Without glasses—Right 6/6 With glasses—Right W.A.

Left 6/6 Left

10. Condition of mouth and teeth Dental Ufo! 38, healthy

11. Urine—Albumen neg Sugar neg

12. Abnormalities (Congenital and Pathological) found on Examination none

DTP ABASB 40.

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~~ ~~A-1~~ ~~A-2~~

Any special remarks of the Medical Officers 11-2-41 Reduced. BP 110/80 → 110/60

for reduced in 3 weeks Au Chapin.

2 1-4-41 Rechecked. BP-132/80 All tests satisfactory. M Rubsh

19-5-41 Rechecked normal DTP

16-~~8~~-40 X Ray #78724 neg DTP

Date October 4th 1940

Au Chapin
President

John Calvin 7/0
Member

D Hunter Lt
Member

AIR FORCE No. R104824 R

DAVIDSON, LYALL JAMES
SURNAME — FULL CHRISTIAN NAMES

ENLISTMENT — PLACE Montreal — DATE 19-5-41
RE-ENLISTMENT
C.R. FILE NUMBER

RECORD OF SERVICE AIRMEN

R.C.A.F. FORM R44(B)

7. BIRTH: DATE — PLACE — CITIZENSHIP 2
10-8-20 Montreal Que British
FATHER (FULL NAME) James Davidson
BIRTHPLACE Scotland
MOTHER (FULL MAIDEN NAME) Grace Amelia Hallett
BIRTHPLACE Newfoundland

8. EDUCATIONAL STANDING
HIGH SCHOOL ENTRANCE Que
JUNIOR MATRICULATION Que Grade IX
SENIOR MATRICULATION
TECHNICAL SCHOOL
UNIVERSITY
CORRESPONDENCE COURSES
Night C. Engineering 1 yr X 1

9. CIVIL OCCUPATIONS OR EXPERIENCE USEFUL TO R.C.A.F.
Office Clerk 5 yrs.
Aviation apprentice 1 yr.
2641

10. PREVIOUS ARMY, NAVY OR AIR FORCE SERVICE
Nil
0

11. HONOURS-AWARDS, MENTIONS

	AUTHORITY	DATE
Air Gunner's Badge	3BGS63	14-3-42

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

13. RELIGION Wch
2

14. LANGUAGES Eng.
1

15. SPORTS Hockey, Football - Baseball

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

17. MARRIED ESTABLISHMENT

REMARKS	RANK	EFFECTIVE	D.R.O.

18. CHILDREN

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

19. NEXT OF KIN (ADDRESS AND D.R.O. IN PENCIL)
FULL NAME: James Davidson — RELATIONSHIP Father
ADDRESS: 8655 Degrosbois St Montreal Que — D.R.O. NK
FULL NAME: — RELATIONSHIP
ADDRESS: — D.R.O.

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

RATE CHANGES ETC.	EFFECTIVE			D.R.O.	RATE CHANGES ETC.	EFFECTIVE	D.R.O.
Forfeits 1 day pay AWL	15	9	41	4WS68			
Forfeits pay AWL 1 day	13	10	41	4WS86			
AWL 9 hrs 10 min	13	10	41	4WS86			
AWL 7 days 8 hrs. Forfeits 8 days pay	29	11	42	RA7103			

21. ENGAGEMENTS

TERM	EFFECTIVE			D.R.O.	TERM	EFFECTIVE			D.R.O.
Duration	19	5	41						

22. TEMPORARY DUTY AND MISCELLANEOUS ENTRIES

FROM	TO	DATE	D.R.O.
Rep. qtrs + rat		20-5-41	1M.D119
Occ. pub. qtrs. & dr. rtns.		4-8-41	4WS27
Issued Spec. L.W. #C.25040		17-12-41	4WS142
Proceeded on T.D. to Burtch, Ont.		17/24-1-42	4WS22
Rep on T.D. from Co. 25 4WS Guelph.		17/24-1-42	4WS22
Rep. on T.D. from 4WS Guelph, Ont. Co. 25		3/4-2-42	4WS33
Proceeded on T.D. to Burtch, Ont. (Co. 25)		3/4-2-42	4WS32
Ceases to occ. pub. qtrs. & dr. rtns.		13-2-42	4WS38
Occupy Pub. qtrs + draw rtns		15-2-42	3BGS41
Occ. pub. Qtrs + draw rtns		31-3-42	1Y92

22.(A) ADDRESS PRIOR TO ENLISTMENT
8631 De Gros Bois St. Montreal Que
22302

23. DOCUMENT CONTROL (INDICATE RECEIPT BY DATE)

R60	R79	B465	X-RAY	AFM-13	IDN. CARD	
26-5-41	✓					[illegible]

AIR FORCE No. R104824

DAVIDSON, LYALL JAMES 0

SURNAME — FULL CHRISTIAN NAMES

ENLISTMENT — PLACE Montreal — DATE 19-5-41

RE-ENLISTMENT

C.R. FILE NUMBER

13

RECORD OF SERVICE AIRMEN

R.C.A.F. FORM R44(B) 30M-3-41 (9782) H.Q. 1062-3-58

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

S.O.S. OR T.O.S.	UNIT AND PLACE	EFFECTIVE			D.R.O.
T.O.S	1 M.D. Toronto	19	5	41	1MD119
SOS	1MD Toronto	9	6	41	1MD 76
TOS	1SFTS C. (amended) Borden	10	6	41	1SF154
SOS	1SFTS Camp Borden	8	8	41	1SF133
TOS	4WS Guelph (amended)	4	8	41	4W.S.32 4W.S.27
SOS	1SFTS Camp Borden	4	8	41	1SF154
TOS	4W.S. Guelph	5	8	41	4W.S.32
SOS	4W.S. Guelph	13	2	42	4W.S.38
TOS.	3 B+G. MacDonald, Man.	14	2	42	3BGS41 54
SOS.	3B.G.S. MacDonald	17	3	42	3BGS63.
TOS	No 1 "Y" Depot Halifax	18	3	42	1Y92
SOS	1Y Depot RAF Trainees Pool (amended)	29	4	42	1Y138 1Y176
SOS	1Y Dep Halifax, NS	30	4	42	1Y176
TOS	3PRC	13	5	42	RAF31
SOS	3PRC to RAF Madley (4818)	5	6	42	RAF35,36
SOS	4SS to 9AFU	4	7	42	RAF45
SOS	9(O)AFU to 10(O)AFU	7	7	42	RAF43,47
SOS	10(O) AFU to 22 OTU.	4	8	42	RAF52,53
	Pend NRE480				
	Missing	27	6	43	
	PCX401	27	6	43	
	P.D.	27	6	43	
	PCX805	29	1	44	
	WAG Computed	2	10	44	

2. RECLASS'NS-PROMOTIONS-ETC.

RANK	EFFECTIVE			D.R.O.
Ale 2	19	5	41	1MD119
Lac.	4	9	41	4W.S.52
Temp Sgt Pd	16	3	42	3BGS63
T4				
J/WO2 pd.	16	3	43	A7R0874 GB632
T/F/Sgt pd	16	9	42	A7R0874 GB630

3. MEDICAL HISTORY

EXAMINATIONS (IN RED INK)

DATE	FORM	CATEGORY	REMARKS

HOSPITALIZATION (IN BLACK INK)

HOSPITAL QUARTERS	ADMITTED CONFINED	DISCHARGE RET'N DUTY	D.R.O.
19-5-41	B100	A1BA3B	
15-8-41	M2	A1BA3B	
Stn. Hosp.	20-8-41	21-8-41	4W.S.40. 4W.S.41.
Stn. Hosp.	2-12-41	3-12-41	4W.S.133. 4W.S.131,130
S.S.C.	~~Trans~~ 1-9-42	Trans. 1-9-42	RAF61
RAF Hosp Cosford	1-9-42	6-10-42	RAF61-106

4. TRADE AND CHARACTER

TRADE	GROUP	EFFECTIVE			D.R.O.
2 A.G.	S	19	5	41	1MD119
use 25A. W.A.G.	S.G.	16	3	42	3BGS63.
3045					1
WO1AG 2		1	5	42	RAF34

TRADE PROFICIENCY	CHARACTER ASSESSMENT	DATE OF R41

5. COURSES-TESTS-ETC.

SUBJECT	RESULT	DATE			AUTHORITY
Trans to course 25A		22	10	41	4WS92
Trans. to Co. 25					4W.S.144
W.A.G. ~~Cr~~	654	16	3	42	3BG.T82

6. LEAVE

FROM	TO	DAYS	REMARKS	D.R.O.
17-3-42	30-3-42	14	Embark-	3BGS63

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

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

Official No. Can R.104824 Name DAVIDSON Lyall James Rank T/Sgt.
(In full in block capitals, surname first). (Or acting appointment).

R.A.F. Trade W.O.A.G. Special Qualifications.....
(e.g., Gas Instructor, Fire Fighter, Boxing Instructor).

Date of Birth 10.8.20 Religion C.E. Occupation in Civil Life Appl. Rivetter

Last Enlisted 19.5.41 Current Engagement Def'd

If a member of the Auxiliary Air Force.....

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

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

M.J. Davidson (Father) 865'5, Dearoslois St Montreal P.Q.

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

N/K

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

Section 1.—Movements and Casualties.			Section 2.—Promotions, Acting Appointments (Paid or Unpaid), Reductions, Remusterings.		
Unit FROM which.	Unit TO which.	Date of Effect.	* Authority.	Description.	Date of Effect.
3 B & G	1 Y Depot	17.3.42	Enlisted	AC2 WOP/AG Std	19.5.41
1 Y Depot	RAF TP	29.4.42		LAC	4.9.41
	Embk Pers	30.4.42		T/Sgt ... Spec	16.3.42
(MT360)	3 P.R.C.	3.5.42			
	4 S.S.				
No. 4 S of S. MADLEY	9 A.F.U. PENRHOS.	4 JULY 1942.			
No. 9 (O) AFU Penrhos	No. 10 (O) A.F.U	7-7-42			
10 (O) A.F.U.	22 O.T.U.	4-8-42			
22 O.T.U.	432 SQUAD	10/6/43			
432 Sqd	War Casualties				
	N/E Acft's	27-6-43			
	Depot				

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.

S.E.B

Wt. 23173/1099 357M 8/41 McC. & Co. Ltd. 51-994

Section 4.—Character and Trade Proficiency.

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

Rank.	Character..	Trade Classification.	Proficiency. A	Proficiency. B	Proficiency. C	Whether specially recommended, recommended, or not recommended for promotion or reclassification.	Date.	Signature and Rank of Commanding Officer.
T/Sgt.	VG	WO.A.G.	ON STRENGTH	FOR TRAINING ONLY.			4 July 42	[signature] S/L
Sgt.	V.G.	W/Op/A.G.	On strength for training only.				4-8-42	[signature] S/L
Sgt.	VG.	WO. AG.	ON STRENGTH FOR TRAINING ONLY				31.12.42	[signature] G/C
SGT.	V.G.	WO/AG.	ON STRENGTH FOR TRAINING ONLY				10/6/43	[signature] G/C

POR 176/43.	10-Days	Priv Leave	1/6/43.	10/6/43	R/W. 963097.	[signature] A/S/O
POR 23/43.	4-Days	Priv Leave.	23/1/43.	26/1/43	R/W 326381	E. McIlhagga S/O
POR 338/42.	9. Days	Priv Leave.	13/11/42	20/Nov/42	R/W. 210388	E. McIlhagga. A/S/O.
POR 323/42	4 Days	Priv Leave.	29/10/42.	1/11/42	R/W. 833449	E. McIlhagga A/S/O.

Record of Leave and Issue of Free Travelling Warrants

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

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

Authority.	Nature.	Date of Effect.

~~Aircrew Pilot or Observer Std~~
Wireless Operator Air Gunner Std

ROYAL CANADIAN AIR FORCE

R.C.A.F. Special Reserve

RECORD OF SERVICE AIRMEN

A.F. No.	Surname	Christian Names	Religion
R 104824	Davidson	Lyall James	United Church

Born 10-8-20 Place Létraudville Mtl. P.Q. Country Canada Citizen of Canada Racial Origin Canadian

ENLISTMENT	CIVIL EDUCATION	PREVIOUS SERVICE
Date 19-5-41	High School Entrance 2 yrs. Jr. Mat. H.S. Sr. Mat.	N.A.
At Montreal P.Q.	Technical School Corres. Courses	
Term Duration	University	

RANK	DATE			Med. Cat.	Date		
AC 2	19	5	41	A1BA3B	4	10	40
DRO 52/4-9-41 LAC	4	9	41				
DRO 63 T/Sgt	16	3	42				

CIVIL OCCUPATIONS AND EXPERIENCE

apprentice riveter at Nordyne Aviation Ltd. Montreal P.Q. from May 1940 to date

COURSES AND TRADE TESTS

Trade	Grp.	%	PorF	Date Rem.	Trade	Grp.	%	PorF	Date Rem.
WO/AG	STD								
Special Group			DRO 63	16 3 42					
(53/34) WOAG	2			1 5 42					

PARTICULARS OF FAMILY M S W

Wife Maiden Name Present Address (in pencil)

Children	Names	Date of Birth	Place of Birth

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

James Davidson (father)
8655 Degrosbois St DRO 94/41
Montreal, P.Q.

LEAVE

FROM	TO	AUTH. AND DESCRIPTION
Iso. Sick (W) #25040 17/3/42	31/3/42	LORO #142/18-12-41 DRO 63 (14 dys) Emb

CHARACTER AND TRADE ASSM. HONOURS, AWARDS AND MENTIONS

DATE	CHARACTER	TRADE AND ASSM.	HONOURS AND AWARDS	SIGNATURE
14/3/42	Awarded	Air Gunners Badge.		DRO 63

MOVEMENTS AND CASUALTIES

AUTHORITY	UNIT FROM	UNIT TO	DATE	AUTHORITY	UNIT FROM	UNIT TO	DATE
AC 30 d/18/3/41	Montreal Recruiting Centre	#1 M.D. Toronto Ont	19-5-41	DRO 63	No. 3 B&G. Macdonald	No 1 Wireless Depot Rockliffe	17/3/42
			DRO 119/41	LERO 132	#1 Wireless Depot	RAFTP	29.4.42
DRO 136/41.	#1 M.D Toronto	#1 S.F.T.S. Camp Borden	9-6-41.			Emb Lon	30-4-42.
DRO 152	#1 S.F.T.S Camp Borden	#4 W.S Guelph	4-8-41		(FT 360)	3. P.R.C.	13-5-42
DRO 27 d/6-8-41 T.O.S.	at No. 4 W.S.	Guelph Ont.	4-8-41	164/42 (17/86)	120/42 (5/35)	3 P.R.C.	Madley 4 Sig. Sch. 5-6-42
DRO 32 d/12-8-41	DRO 27. eff. date is amended to		5-8-41	187/42 (30/43)	144/42 (21/45)	4 S.S	9(O) A.F.U 11-7-42
DRO 40/21-8-41	Admitted to	Station Hospital	20-8-41	189/42 (38/43)	136/42 (4/47)	(9) O AFU	10(O) AFU 7-7-42
DRO 41/22-8-41	Discharged from	"	21-8-41	156/42 (34/52)	208/42 (45/53)	10(O) A.F.U.	22.O.T.U. 4.8.42.
DRO 133/8-12-41.	Admitted to	"	2-12-41.			Hullavington.	
DRO 130/4-12-41.	Discharged from	"	3-12-41.	Missing	432 Sqdn	CR 338	26-6-43
LeRO 38/13-2-42	#4 W.S.	#3 B&G					

50 S Guelph. Macdonald 13-2-42 DRO 41

(OVER)

				Time Forfeited		No. of days.
			22 O.T.U. 352/42 (26/103) Absence	0001 hrs 21.11.42	1900 hrs 28.11.42	8

Finger Printed
Date 19-5-41
Initials E.B.

CONFIDENTIAL

Superseded

R.C.A.F. Special Reserve

R.C.A.F. M.2
50M—12-39 (3211)
H.Q. 1062-10-2

ROYAL CANADIAN AIR FORCE

Medical Board held at Montreal, P.Q. *Date* 4-10-40

FILE NUMBER

Surname DAVIDSON *Chr. Names* LYALL JAMES
Nature of Commission m-2-1 *Date of Birth* 6-1-19 *Married or Single* S
Branch General List. *Hours Flown* None
Address 8631 De Gros Bois St., Mtl.

HAVE YOU ANY HISTORY OF:—

(i) NERVOUS TROUBLE or Nervous Breakdown — NO
Severe or "Sick" Headaches, Migraine — NO
Fits or Convulsions of any kind — NO
Sun or Heat Stroke — NO
Head Injury or Concussion (including "knock-out") — NO
Insomnia, Nightmares, Sleep-walking, or Bed-wetting — NO
(ii) LUNG TROUBLE or Consumption — NO
Bronchitis, Pneumonia or Pleurisy — NO
Asthma or Hay Fever — NO
(iii) HEART DISEASE, "Weak or Strained Heart" — NO
Fainting Attacks or Giddiness — NO
Rheumatism, Rheumatic Fever or "Growing Pains" — NO
Frequent Sore Throats or Tonsillitis — NO
Diphtheria, Scarlet Fever or Scarlatina — Diphtheria 6 yrs. old.
(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 — Tonsillectomy
(x) Any Illness or Injury not mentioned above — Broken collar bone last winter

Education — High School, 2 yrs.
Present Occupation — Aviation — Hobbies — No
Previous Service — No
Athletics — Football
Habits—Smoking — 2 c.a.d. — Alcohol — No
FAMILY HISTORY—Consumption — No
Nervous Ailments, Mental Trouble, or "Fits" — No
Father Alive—Health — good — Dead—Cause
Mother Alive—Health — good — Dead—Cause
Brothers (2...) Alive—Health — good — (....) Dead—Cause
Sisters (2....) Alive—Health — good — (2....) Dead—Cause — Diphtheria, at childbirth

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 granted a Commission, or if it is granted, of being required to relinquish it and forfeit any claim to gratuity or other award.

Date 4-10-40 *Signature* Lyall Davidson *Witness* [signature]

H. Gibeault Capt.

GENERAL MEDICAL AND SURGICAL EXAMINATION

Impression given by *(a)* Physique ..Good.. *(b)* Mentality ..Alert..
Body Marks, Scars, Deformities ..None..
Size of Thyroid Gland ..N..
Surgical Abnormalities ..No..
Results of Wounds, Injuries, Operations ..NO..

	Date 4-10-40	Assessing Room	Date 11-2-41	Assessing Room	Date 1-4-41	Assessing Room	Remarks on any Abnormalities Found
Height (ins.)	68				68		
Weight (lbs.)	137				137		Date 11-2-41
Chest Circumference (ins.)	33				33		
Body Build (lbs.)	138				N		B P Bordeline
Leg Length (ins.)	44½				44½		poor response to rotation. Has had bad cold.
Pulse Rate — Sitting	72		84		72		
Pulse Rate — Standing 1st	84		108		108		
Pulse Rate — Standing 2nd	72		96		96		
Pulse Rate — After Exercise	96		108		108		
Pulse Rate — Time to Normal	20		30		20		
Arterial Walls	soft				soft		
Blood Pressure — Systolic	130		110	not 110	130		
Blood Pressure — Diastolic	80		80	65	80		
Heart — Size	N				N		
Heart — Sounds	N		65		N		
Heart — Rhythm	N				N		
Lungs	N				N		
Breath held	65		65		75		
Expiratory Force	135				125		
Vital Capacity (Best of 5)	225						
							Date
Reflexes — Knee	N				N		
Reflexes — Ankle	N				N		
Reflexes — Triceps	N				N		
Reflexes — Abdominal	N				N		
Reflexes — Plantar	Flexor				N		
Cranial Nerves	N				N		
	R. L.	R. L.	R. L.	R. L.	R. L.	R. L.	
Balancing Rod	S S				S S		
	R. L.	R. L.	R. L.	R. L.	R. L.	R. L.	
Self Balancing	1S 1S				1S 1S		
Tremors — Fingers	No				SF SF		
Tremors — Eyelids	No				0 0		Date
Abdomen — Liver	N				N		
Abdomen — Spleen	N				N		
Abdomen — Muscular Tone	Good				good		
Urine — Albumen	neg.				neg.		
Urine — Sugar	neg.				neg.		
Initials of M.O.	H.G		Cook				
40 mm. Hg. Test	65	6-788, 876½, 66½, 777, 6½					
Date 11-2-41	55	888, 776, 666, 66					
Date 1-4-41	65	878, 777, 767, 667, 6					
Date							
Date							

Remarks by Consultant.

EYE EXAMINATION

History	Neg.		
Night Vision Test B'Mth.	22. 5. 42 Bellow Average 4/32.		E W B Hopkins Flo
Visual Acuity R.	6/6 , c -2.25 = 6/60		20/20
Visual Acuity L.	6/6 , c -2.25 = 6/60		20/20
Colour Vision	N		N. Ishihara
Red, Green	N - Orthophoria on Vertual Int neglect on horizontal		1 inch exo
Diaphragm Test (P.D. = 6.2)	0		Bar at 1½
Convergence C. =	6.0 cms.		6
Convergence S. C. =	9.5 cms.		9
Accommodation R.	8.0		
Accommodation L.	9.0		)8
Cover Test	Orthophoria		Lat div. left - R.R.
Fundi and Media	N		N
Fields	N		N
Remarks:			
	Initials of M.O. H.G. Cur	*Initials of M.O.*	*Initials of M.O.*
	Date 4-10-40	*Date*	*Date* 1-4-41

EXAMINATION OF EAR, NOSE AND THROAT

History	neg.		
Hearing R. Ear	w v 20		W v 20
Hearing L. Ear	w v 20		W v 20
External Ear, Meatus Membranes R. Ear	N		N
External Ear, Meatus Membranes L. Ear	N		N
Middle Ear, Eustachian Tubes R. Ear	Patent		Pat.
Middle Ear, Eustachian Tubes L. Ear	Patent		Pat.
Cochlear Apparatus R. Ear	N		
Cochlear Apparatus L. Ear	N		
Vestibular Apparatus R. Ear	N		
Vestibular Apparatus L. Ear	N		
Buccal Cavity	Dental Pts. 38 healthy		H
Teeth	N		H
Gums	Tonsils clearly removed		H
Pharynx	N		H
Nasopharynx	N		H
Nose	N		H
Larynx			
Remarks:			
	Initials of M.O. H.G. Cur	*Initials of M.O.*	*Initials of M.O.*
	Date 4-10-40	*Date*	*Date* 1-4-41

HISTORY OF PRESENT CONDITION

Date.....4-10-40.....

Good type. Physical efficiency above average.

Cat. A1B A3B

11-2-41 Recheck. B.P. low, poor response to rotation

To be rechecked in 3 wks.

AtBt

1-4-41 Rechecked - all tests satisfactory

A1B A3B

I certify upon my honour that I have suffered no illness or disability since my last examination

1-4-41 Signature L Davidson Witness

OBSERVATIONS AND FINDINGS BY PRESIDENT OF BOARD

Date.....

CATEGORY A.1.B., A.3.B. APPROVED

DATE.....Dec.....15.....1941.

.....F/L. M.O.

No. 4 WIRELESS, ~~or B. and G.~~ School

ROYAL CANADIAN AIR FORCE

R.C.A.F. Special Reserve

INTERVIEW REPORT

SURNAME.....DAVIDSON.....

CHRISTIAN NAMES.....LYALL JAMES.....

MARRIED...NO.....NO. OF CHILDREN.....

N.F.

FLY/ING

AGE...20.....
HEIGHT..5'8.....
WEIGHT....140...

ADMINISTRATION...
TECHNICAL.....
EQUIP./ACCTS.....
GEN. LIST.....

PILOT.....
OBSERVER.....
W.O.A.GUNNER..X...

EDUCATIONAL:- Number of years.....

High School...2.....Technical.....Commercial....

University (Name and dates of Attendance).....

..Now following a course in Jr. Engineering.....

Standing other Countries.....

FLYING EXPERIENCE:- Total hours

Commercial Hours Solo.....Dual.....

Private Hours Solo.....Dual....Pass.....

No. hours & types during last 2 years.....

.....

MILITARY AND OTHER TRAINING:-

.....

18 mos. experience as office clerk.....

.....

.....

SPORTS:- (What branches) .....

..Hockey, rugby, baseball.....

HOBBIES:- .....Reading.....

INTERVIEWING OFFICER'S OPINION AS TO CHARACTER
AND SUITABILITY FOR THE SERVICE:- .....

Good type, quiet, unassuming, immatured but should develop
in service. Neat appearance. Good material for Air Gunner.
High physique.

..Recommendable.....

REFERENCES CHECKED // SATISFACTORY
REFERENCES CHECKED // UNSATISFACTORY
REFERENCES NOT CHECKED

REFERENCES CHECKED
19-2-41 (Date) (Initials)

.....

CONSIDERED SUITABLE FOR COMMISSIONED RANK?.....?.....

BEST FITTED FOR.....W/O Air-Gunner.....

.....

DATE: 8-2-41 RECRUITING CENTRE:

Montreal

P. O. Gadbois
Signature of Officer

P. O. Gadbois F/O

APPROACH
Confident.....
Nervous.....
Easy...X.....

CARRIAGE
Upright...X.....
Medium.....
Athletic.....

DRESS
Neat....X.....
Conservative..X..
Clean.....X.....
Careless.....

PHYSIQUE
Medium.....X....
Heavy Set.....
Slender.....

SPEECH
Clear....X.....
Slow.....
Hesitant.....

RESPONSE
Quick.....
Deliberate...X...
Slow.....

MANNER
Alert.....
Confident..X.....
Sincere...X.....
Reserved...X.....
Nervous.....
Overbearing.....
Irresponsible....

EXCELLENT.....
ABOVE AVERAGE....
AVERAGE.....X...
BELOW AVERAGE....

MARK WITH AN X
THE DESCRIPTION
WHICH APPLIES

Sheet Destroyed, date 19-11-41. Auth. K.R.(Air) para. 1921 (4)(i)
Date of last entry 13-10-41.
Number of cases of drunkenness Nil
Date of last instance of drunkenness Nil

ROYAL CANADIAN AIR FORCE

GENERAL CONDUCT SHEET

OFFICIAL No. R. 104824 NAME AND INITIALS DAVIDSON L. J. (IN BLOCK LETTERS) DATE OF ENLISTMENT 19-5-41.

SHEET No. TWO (IN WORDS) SIGNATURE AND RANK OF C.O. W. J. Creighton S/O for (A. H. K. Russell) W/C. (C.O. i/c #4 W.S.) DATE 20-11-41.

UNIT AND PLACE	Date of Offence	Rank	Cases of Drunkenness (in red)	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Initials and Rank of Officer making entry and Remarks, with Date
		CERTIFIED NO ENTRY				CENTRAL DRAFTING OFFICE, R.A.F. STATION, MADLEY			4TH JULY 42
		CERTIFIED NO ENTRY			clubbe-ellis & mason P/O	ASST. ADJT., No. 9 A.O.S., R.A.F., PENRHOS.			J. July 1942
		CERTIFIED NO ENTRY			T. horton A/S/O				L. P. 442
22.O.T.U. Wellesbourne	21/10/42	Sgt.		W.O.A.S. Absent without leave from 0001 hrs on 21/11/42 until apprehended by P/SGT upsall at G.W.R. Station Leamington at 1900 hrs on 29/11/42 (Absent 7 Days 18 hrs. 59 mins.)	P/SGT upsall	Reprimanded	29/11/42	W/CDR E. A. Lane	Forfeits 8 days Pay under K.R.A.C.I. Para 1420.
" "	12/11/42	"		(2) Failing to report out at Training Wing Discip office on 12/11/42 before proceeding on leave as laid down in wing Details Serial no. 344 Page 1 para 4 dated 4/9/42	" "				2/12/42 I. H. Brown. F/O.
				Certified no further Entry		84P—11	A/S/O	for O.C. 220 T.U. Wellesbourne	10/6/43

R.C.A.F. R. 71
50M—1-41 (8774)
H.Q. 1062—3-53

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

RECORD OF PAY A

Davidson

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

APPOINTED OR ENLISTED AT Montreal, Que ON 19-5-41

MARRIED OR SINGLE Single

No. R104824

NAME IN FULL Lyall James

RATE OF PAY

D.R.O. No.	Eff. Date	Rank	Group	P.F. or A.S. Rate	Daily Rate	Add. Pay	Combined Rate	Pen. Ded.	Casualties affecting rate of pay
52	4-9-41	LAC	S.	AS.	1 50			NA	No 4 Wireless School
37	7/2/42	LAC	S	AS	1 50	75	2 25	NA	Ent to Flying Pay
63	16-3-42	SGT.	S.S.	A/S.	3 45		3.45		Rem.d App't. 43 B.S. MacDonald, Man.

ASSIGNMENTS

Assignee	Eff. Date	Amount	Total
Davidson Grace Amelia (Mother)	1-6-41	15 00	15 00
MFM 19	1-3-42	46 06	46 00

DEPENDENTS ALLOWANCE

Date App. Forwarded	Relationship	Amount Awarded	Eff. Date

REMARKS — N.D.T. Class.

Period 1941	No. of Days	Amount of Pay	Sub. Allce.	Other Credits: Description	Other Credits: Amount	Credit B/F	Total Credits	Ass. Pay	Pen. Ded. & N.D.T.		Debit B/F	Other Debits: Description	Other Debits: Amount	Cas. Pay	Mid Pay	Total Debits to this Column	End Pay	Debits & Credits to Next Account	Casualties and Sig. of A.O. on Transfer of Account
1-31/12	31	46 50					46 50	15 00								15 00	31 50		
1942 1-1/2	31	46 50					46 50	15 00							15 00	30 00	16 50		
1-6/2/42	6	9 00						6 50						3 00					
7-13/2/42	7	15 75					24 75								15 00	24 50		25	DRO 38. SOS 4 WS to 43 B&G. School MacDonald, Man eff 13/2/42 J.W. Adams WO1 DO 41. T.O.S. 43 B.S. MACDONALD EFF. 14-2-42.
14-28	15	33 75				25	34 00	8 50								8 50	25 50	-	3063 SOS 4 WS DRO 41 17-3-42 Runciman, F/Lt
1-15/3 16-17/3	15 2	33 75 6 00					40 65	8 50						7 0 50		79 00		38 35	
18-31	14	48 30					48 30	6 50			38 35					44 85		3 45	
1-29	29	100 05				3 45	103 50	15 00				A3		5 00	40 00				
												A/16		43 50		103 50		-	

S. O. S. for [illegible] HQ APR 2 9 1942

audited by Treasury

29/5/42 [illegible]

FRANKE, LEVASSEUR & CO. LIMITED
280 CRAIG STREET WEST
MONTREAL, CANADA
TELEPHONE
HARBOUR 3136
CABLE ADDRESS
EFELCO, MONTREAL
CODE: A.B.C. 5TH & 6TH EDITION

May 13th, 1940.

R. C. A. F.

~~TO WHOM IT MAY CONCERN~~

The bearer of this letter, Mr. Lyall Davidson, has been in our employ since September 19th, 1938. He started first as office boy but later on we employed him as office clerk, attending to mailing, filing, etc., and as his work gave us satisfaction we employed him in the order Department where he was operating a Multileth Printing Machine.

Owing to an accident he suffered we had to replace him.

We may state that he is a very willing worker and can recommend him in every respect.

Yours very truly,
FRANKE, LEVASSEUR & CO. LIMITED
Per: A. Maschke
Secretary-Treasurer.

A.Maschke:GH

R.C.A.F Records Office
Rec'd. MAY 23 1941
O.K..... C.I.B.....
R.C..... N.I.....
S.L..... P.A.....

NOORDUYN AVIATION LIMITED

2075 HAIG AVENUE

MONTREAL

January 23rd. 1941.

Recruiting Officer,
Royal Canadian Air Force,
Recruiting Centre,
Bishop St.
Montreal.

Dear Sir-:

Please be advised that Mr. Lyall Davidson has been employed by this company from May 22ndd.1940, to date as an apprentice in our wing assembly department. During this time we have found him to be a very conscientious worker and we do not hesitate to recommend him to the Service.

Due to the fact that this man is not in a key position, we are agreeable to letting him leave us to join the Royal Canadian Air Force.

Very truly yours,

NOORDUYN AVIATION LIMITED.

W.D.B. Steven,
PERSONNEL MANAGER.

WDBS/DS

R.C.A.F. Records Office
Rec'd. MAY 23 1941
O. K.....C. I. B.....
R. C.....N. I.....
S. L.....P. A.....

THE MONTREAL TECHNICAL INSTITUTE
EVENING TECHNICAL CLASSES

TELEPHONE PLATEAU 3931

125 SHERBROOKE STREET WEST, MONTREAL

D. C. WEST B.Sc.
PRINCIPAL

January 22nd, 1941.

Recruiting Officer,
R.C.A.F.,
Montreal.

Sir,

This is to certify that Lyall James Davidson is a student in our first year Applied Science and Junior Engineering class, which comprises Mathematics I., Experimental Science I. and Engineering Drawing I. He is attending with regularity and making satisfactory progress.

Yours truly,

D. C. West

Principal.

DCW:B

R.C.A.F. Records Office
Rec'd. MAY 23 1941
O. K. ..... C. I. B. .....
R. C. ..... N. I. .....
S. L. ..... P. A. .....

WIRELESS AIR GUNNER

TR3A.

RESULTS OF MO-SKEET-O EXERCISES AND RECORD OF TURRET TRAINING

AT WIRELESS SCHOOL NO. 4

NO. R104824 NAME DAVIDSON, L.J. CLASS NO. 25

MO-SKEET-O (SHOOTING)

INITIAL TRAINING PRACTICE NO. 7 STATION 18 ROUNDS.

PRACTICE	1	2	4	7	6	4	2	6		Total Rounds	Total Hits	REMARKS	
1	000	100	010	100	010	000	0110	0100		26	7		
2	001	101	000	010	010	010	0000	0110		26	8		
3	001	101	001	010	010	100	1000			22	6		
4 Station	1	3	4	5	7								
5	0100	0100	1000	1100	0000					20	5		
6	0000	0100	0000	1000	1100					20	4		
7	0100	0100	0000	1100	0100					20	5		
8	0000	0010	0100	0100	0100					20	4		
9	0010	0010	0110	0100	1000					20	6		
								TOTAL		174	45	AVERAGE	25%

TEST	1	2	3	4	5	6	7	6	2	Total Rounds	Total Hits	REMARKS	
								TOTAL				AVERAGE	
								GRAND TOTAL		182		GRAND AVERAGE	25 %

TURRET TRAINING

PERIOD	1	2	3	4	5	6	7	8	9	10	11	12	Hrs.	Min.	REMARKS
Boulton-Paul		8	3	6		6	9							32	
Fraser-Nash	8		3		6	10	7	8						42	
Bristol															
												TOTAL	1	14	

DATE 13-2-42

R.C.A.F. T. 82
5M—11-40 (8313)
H.Q. 1062-13-65

ROYAL CANADIAN AIR FORCE

REPORT ON PUPIL WIRELESS OPERATOR (AIR GUNNER) OR AIR GUNNER

AIR AND GROUND TRAINING

Surname Davidson, Christian Names L.J.

Number R104824 Rank LAC

INSTRUCTIONS

1. At the conclusion of each stage of training this report must be completed and forwarded as indicated below in sufficient time to arrive on or before the date on which the pupil reports for the commencement of the next stages of training:—

Original and Duplicate—From Wireless School to Bombing and Gunnery School.

2. On completion of training, the original is to be placed on the pupil's personal file and the duplicate forwarded to Air Force Headquarters through Command Headquarters.

3. In the event of the discontinuance of training at any stage, the duplicate is to be forwarded to R.C.A.F. Headquarters through Command Headquarters with full particulars as to the cause of discontinuance of training and instructor's report as to the reasons for the pupil's failure and the original is to be placed on the pupil's personal file.

4. A pupil will be entitled to "Pass" if he obtains not less than 60 per cent of the total marks in the Written, Practical and Oral Tests, and not less than 50 per cent in each of the separate subjects included in this Test.

PART I

WIRELESS TRAINING

1. No. 4 Wireless School. Course No. 25 To 13-2-42 From 1-9-41

2. *Flying Times*—

(a) In Flying Classroom as 1st Operator 4.00 hours.

(b) In Flying Classroom, listening watch N.A. hours.

(c) In 2-seat aircraft as sole operator 6.15 hours.

R.C.A.F. Records Office
Rec'd APR 23 1942
JB

3. Assessment as Air Operator (delete categories not applicable). Unless at least 5 hours has been shown against para. 2 *(a)* above, no assessment is to be made and therefore all categories are to be deleted.

~~Above~~ Average ~~Below~~

4. *Ground Training*—

Subject	Maximum marks	Marks obtained	Subject	Maximum marks	Marks obtained
Theory	50	42	Signals Organization	150	75
Radio Equipment	250	189	Armament	100	61
Morse (buzzer and lamp)	200	110	Drill and P.T.	50	40
Procedure	200	142	TOTALS	1000	659

Maximum Marks, 1000. Marks Obtained 659 Percentage 65.9 Pass or Fail Pass

Position in Class 144 No. in Class 146

5. Date authorized to wear Wireless Operator's Badge

PART I—*Concluded*

WIRELESS TRAINING

6. ~~Comments as to suitability for Commissioned rank:—~~
Numerical assessment as to suitability for Commissioned Rank:-
(To be marked on a basis of 500 marks maximum).

274

A. H. Rhussell
Officer Commanding
No. 4 Wireless School

Date 13-2-42

To be passed to No. 3 B. G. S.

PART II

ARMAMENT TRAINING

1. No. 3 B. G. S. Course No. 25A

2. Dates of Courses:— From 16/2/42 To 16/3/42.

AIR TRAINING

GUNNERY

3. *Flying Time:*—

Aircraft	Day	Night	Passenger	Total Hrs. Mins.
Battle.				9:10

4. *Air Gunnery Results*— Average percentage hits to rounds fired

(*a*) Beam Test ..... 5 %
(*b*) Beam Relative Speed Test ..... 3 %
(*c*) Under Tail Test ..... 5.5 %

5. *Total Rounds Fired*—

Ground ..... 450 %
Air to Ground ..... 600 %
Air to Air ..... 1970 %

6. *Assessment*— Marks Obtained

(*a*) Written Examination ..... (100 Marks) 56
(*b*) Practical and Oral Examination ..... (100 Marks) 65
(*c*) Ability as Firer ..... (250 Marks) 168
(*d*) Qualities as an N.C.O ..... ~~(150 Marks)~~ /

Totals ..... 450 . ~~(600~~ Marks) 289

7. Position in Class 31 No. in Class 39 Pass or Fail Pass
8. Date authorized to wear Air Gunner's Badge 14/3/42.
9. ~~Comments on suitability for Commissioned Rank.~~
Num erical assessment as to suitability for Commissioned Rank:- 125
(To be marked on a basis of 250 marks maximum).
10. Remarks

Requires occasional check. Average in ability.

F. F. Sproat
Chief Instructor S/Ldr.

No. 3 B. G. S.

Date 16/3/42.

PART II—*Concluded*

AIR TRAINING

11. *Final Assessment* (to be completed at B. G. S.)

Course	Maximum Marks	Marks Obtained
Wireless School	1000	659
Bombing and Gunnery School	~~600~~ 450	289
TOTALS	~~1600~~ 1450	948

12. Percentage 65.4% Pass or Fail Pass Position in Class 39

No. in Class 39

13. ~~Recommended for Commissioned Rank~~ Assessment
(yes or no) *(ex., above average)*

14. Remarks Character & Leadership: Maximum Assessment: 750.

Numerical " :399

Officer Commanding G/Capt.

No. 3 B. G. S.

Date 16/3/42.

P 105734
copy to Ottawa
original to NHQ.
7/7

R 104824 Sgt. DAVIDSON L.J.

COPY

No. 432 Squadron,

R.C.A.F. Overseas.

June 28th, 1943.

Dear Mr. Davidson:

As you have been informed. the aircraft in which your son, Sgt. Lyall Davidson, was flying as Wireless Operatior, failed to return from a mine-laying operation on the night of June 26/27th. The Squadron join me in expressing the sincere hope that when further news is forthcoming he will be found safe and well.

This was the first operational trip the crew had made together, although the Captain, F/Sgt. Horn, had gained considerable experience as 2nd Pilot on previous operations. The crew were well qualified and I feel confident will pull through.

His effects have been despatched to the Central Depository, Colnbrook, where they will be held in safe custody pending Air Ministry instructions.

If there is any matter in which I might be of help please get in touch with me. Meanwhile, any further news will be forwarded to you immediately.

Yours very sincerely,

(Signed) Harold W. Kerby
Wing Commander, Commanding,
No. 432 (R.C.A.F.) Squadron.

Mr. J. Davidson,
8655 De Gros Bois St.
Montreal, P.Q.

R104824 (DPC)

Ontario,
1st April, 1952.

Mr. James Davidson,
8655 Degrosbois Street,
Tetreaultville,
Montreal, P.Q.

Dear Mr. Davidson:

It is with reluctance that after so long an interval, I must refer to the loss of your son, Warrant Officer Class II Lyall James Davidson, but due to the lack of any information concerning him since he was reported missing, it must be regretfully accepted and officially recorded that he does not have a "known" grave.

Due to the extreme hazards attending air operations there are, unhappily, many thousands of British aircrew boys who do not have "known" graves and all will be commemorated on General Memorials that will be erected at a number of locations by the Imperial War Graves Commission (of which Canada is a member), each Memorial representative of a theatre of operations. One of these Memorials will be erected at Runnymede, England, and the name of your son will appear on that Memorial.

I realize that this is an extremely distressing letter and that there is no manner of conveying such information to you that would not add to your heartaches. I am fully aware that nothing I may say will lessen your great sorrow, but I would like to express to you and the members of your family my deepest sympathy.

Yours sincerely,

F.F.

for (W.R. Gunn)
Wing Commander,
R.C.A.F. Casualties Officer,
for Chief of the Air Staff.

FFF/MO

OFFICIAL ROYAL CANADIAN AIR FORCE CASUALTY NOTIFICATION

NUMBER R104824 RANK W.O.2 UNIT 432 RCAF SQDN. OVERSEAS

TRADE W.O.A.G. (2)

NAME DAVIDSON, LYALL JAMES

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

MARITAL STATUS SINGLE RELIGION U.C. CANADIAN YES

FRENCH CANADIAN OTHER

NEXT OF KIN AS SHOWN ON REC. OF SERV. & RELATIONSHIP MR. JAMES DAVIDSON (FATHER)
ADDRESS 8655 DE GROS BOIS STREET
TETREAULTVILLE, MONTREAL, QUEBEC.

NAME ADDRESS D.A.B. MRS. GRACE A.H. DAVIDSON
SAME ADDRESS

NEXT OF KIN AS SHOWN ON CAS. SIG. & RELATIONSHIP MR. J. DAVIDSON (FATHER)
ADDRESS 8655 DE GROS BOIS STREET,
TETREAULTVILLE, MONTREAL, QUEBEC.

FATHER'S NAME MR. & MRS. JAMES DAVIDSON
ADDRESS 8655 DE GROS BOIS STREET
TETREAULTVILLE, MONTREAL, QUEBEC.
LIVING ON ENLISTMENT YES

MOTHER'S NAME
ADDRESS
LIVING ON ENLISTMENT YES

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

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

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

CASUALTY DETAILS:

AUTHORITY CAS. SIG. NO. AIR MIN KWY---PCX805---d-29-JAN-44. NR5/1 FEB

PREVIOUSLY REPORTED "MISSING" 27-JUNE-43 AFTER AIR OPERATIONS (OVERSEAS)

NOW "PRESUMED DEAD" 27-JUNE-43 FOR OFFICIAL PURPOSES.

ESTATES BRANCH FEB 29 1944 H. Q. OTTAWA NATIONAL DEFENCE

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

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

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

DATE 15-FEB-44

G. M. Bushnell

FOR CHIEF OF THE AIR STAFF

△TS-RT 2 ADMINISTRATOR OF ESTATES, OTTAWA 27707

FORM 6

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not write in this space

1. PLACE OF DEATH

Municipal county: OVERSEAS

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: DAVIDSON (*Block letters*)

Given names: LYALL JAMES

Do not write in this space

4. RESIDENCE

Street: De Gros Bois Street No. 8631

Official name of civil municipality or township: Montreal

Municipal county: Province: Quebec

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

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

10. BIRTHPLACE (Province or Country): Quebec

11. DATE OF BIRTH: August (Month) 10th (Day) 1920 (Year)

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

OCCUPATION

13. Trade, profession or kind of work, as **spinner, teamster, office clerk,** etc.: Wireless Operator 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: June 27/43

16. Total years spent in this occupation: Two

	17. NAME	18. BIRTHPLACE (Province or Country)
FATHER	Davidson, James	Scotland
MOTHER (Maiden Name)	Hellett, Grace Amelia	Newfoundland

19. Place of burial, cremation or removal:

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

21. PLACE OF REGISTRATION OF THIS BURIAL

(a) Name of parish or church:

(b) Civil municipality of:

(c) Municipal county:

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

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: June (Month) 27th (Day) 19 43 (Year)

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

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

24. CAUSE OF DEATH

I

Immediate cause Give disease, injury or complication which caused death, **not** the mode of dying, such as heart failure, asphyxia, asthenia, etc.: (a) Previously reported missing after air operations, now due to for official purposes, presumed dead.

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

II

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

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

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

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

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

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

Accident, suicide or homicide: Accident (State which) Date: June 27th 43 19....

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

Nature of injury....

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

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

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

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

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

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

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

(Voir l'autre côté pour le français)

FOR COMPLETION AND RETURN BY

Form P. 64

Mr. James Davidson,
8655 De Gros Bois Street,
Tetreaultville,
Montreal, Que.

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

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

and the following number quoted:—

H.Q. 1040-D-126-FD.32

DEPARTMENT OF NATIONAL DEFENCE
ESTATES BRANCH
OTTAWA, ONT.

ESTATES BRANCH MAR 17 1944 H.Q. OTTAWA NATIONAL DEFENCE

March 11, 1944

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

DAVIDSON, Lyall James, W.O.2

R.104824 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.

ADB/CF

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

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

ANSWER IN FULL ALL APPLICABLE QUESTIONS

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

Degrees of Relationship	RELATIVES required to be accounted for		INFORMANT'S STATEMENT: NAME IN FULL of any Relative, if any, in each degree specified	Age	ADDRESS IN FULL of each surviving Relative, opposite his or her name, and date of death of each deceased relative
1	Widow of the Deceased.....				
2	Children of the Deceased and dates of their Births.....				
3	Father of the Deceased.....		James Davidson	50	8655 Degrosbois St Lasalle
4	Mother of the Deceased.....		Grace A. Hollett	48	
5	Brothers of the Deceased	Full Blood	Lawrence	15	same
			Kevin John	10	"
		Half Blood			
6	Sisters of the Deceased	Full Blood	Alice Beulah Constance	21	W 316537 AW2 RCAF Y Depot Lachine
		Half Blood			
7	Names of brothers or sisters (whether of the full or the half blood) of the Deceased, *who are dead*, and date of death of each.		Names and ages of their children (if any)		Address of their children

ANSWER FULLY EACH QUESTION ON THIS PAGE

PARTICULARS AS TO IDENTITY

8	Full names of the deceased.	Lyall James
9	Date of his birth.	Aug 10th 1920
10	Place and date of his marriage.	single
11	Place and date of his parents' marriage.	Jetreaultville Aug. 17th 1918

PARTICULARS OF DOMICILE

12	Place where deceased was born.	Jetreaultville
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 (b) (c) (d)
14	Nature of employment before enlistment.	Air craft
15	State whether he owned the premises in which he lived, and, if so, where situated.	nil
16	Name place where deceased stated he intended to make his permanent home.	—

PARTICULARS OF ESTATE

17	Did he leave a Will? If in your custody, please forward.	not that I know of
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?	—
19	Did he have a Bank, Post Office or other deposit account? If so, give name and address of bank, etc., and the amount on deposit. Do you wish it administered with the pay account?	no
20	Amount of War Savings Certificates held by deceased. Indicate where located.	1 — 5.00 cert. at home
21	Amount of Victory Loan Bonds held by deceased. Indicate whether registered or bearer and where located.	
22	If deceased had life insurance, name companies and amount payable under each policy and the person named as beneficiary therein.	Manufacturers Life $1000.00 father
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.	not to my knowledge
25	Have you or any other relative paid the funeral expenses or any part thereof? If so, attach itemized accounts showing amount paid, and by whom.	—
	(NOTE:—The Government pays funeral expenses within the amounts authorized in the Regulations, where death occurs and burial is made Overseas as well as where death occurs and burial is made in Canada or elsewhere in the North American zone, and if a relative has already paid those expenses the Government will reimburse such relative to the extent of the amount authorized in the Regulations. Any amount of such expenses in excess of those authorized in the Regulations is not payable by the Government nor is it chargeable against the service estate of the deceased.)	

(PLEASE TURN OVER)

DECLARATION

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

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

*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.

James Davidson — Signature of Informant

8655 Degrosbois St Tetreaultville Montreal — Address

CERTIFICATE

I hereby certify that to the best of my knowlege and belief James Davidson {Name of informant} is the* Father of the Deceased above described, and I believe the above Declaration and the Statement of Relatives and of Particulars made by the Informant and signed in my presence to be complete and correct.

*See above.

Dated at Montreal this 16th day of March 1944.

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

(Rev.) Wm Lister — Qualification Clergyman

Address 6010 Hochelaga St. Montreal, Que.

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

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

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

There may be a small sum on deposit in England but I am not sure of this I have no particulars of same

J. H Davidson

P.O.S.B. a/c replaced

WILL

R.C.A.F. r.60.

(1) I....DAVIDSON....Lyall James.....of the (City / (Town / (Village / (Township

of....Montreal.....in the District of.....County

Province of.....Quebec.....Apprentice Rivetter.....
(Civil Occupation)

a member of the Royal Canadian Air Force, Number...R104824..... Do hereby revoke all former Wills made by me and declare this to be my Last Will.

(2) I give, Devise and bequeath unto:-

My Father

of

Mr.James Davidson,
8631 De Gros Bois St.,
Montreal,Que.

My Whole Estate

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

(4) I appoint....My Father Mr.James Davidson of the above address.....
(Name) (Address)

Executor

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

IN WITNESS WHEREOF I have hereunto set my hand this .....20.....day of

May
.....19.41.....

Signed and acknowledged by the Testator, in the presence of us present at the same time who in his presence, at his request, and in the presence of each other have hereunto subscribed out names as witnesses.

Lyall Davidson
(Signature of Testator)

(5) Signature.....

Address No. 1 Manning Depot. R.C.A.F. Toronto.

Occupation Clerk

Signature No. 1 Manning Depot. R.C.A.F. Toronto.

Address Clerk

Occupation Clerk

R.C.A.F. Rec'd MAY 26 1941 O.K. C.I. R.C. D.J.M.N.I. S.L. P.A.

To be made out in duplicate

R.C.A.F. Special Reserve

M.F.M. 5
40M—10-40 (7523)
H.Q. 1772-39-1651

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

INSTRUCTIONS.

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

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

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

---

(1) Name of Officer of Other Rank DAVIDSON, LYALL JAMES
(Surname first—Christian names in full—Block capitals)

(2) Regimental or Air Force Number and Rank R104824 AC.2 Std.

(3) Unit ROYAL CANADIAN AIR FORCE.

(4) Are you married? NO

(5) If married, state,

(*a*) Full name of your wife N.A.

(*b*) Present postal address of wife N.A.

(6) If married, have you been regularly supporting your wife? If not—state reasons NO

(7) Are you a widower? NO

(8) Have you any children? NO Number of boys N.A. Girls N.A.

Names and ages N.A.

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

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

Name N.A.

Postal Address N.A.

R.C.A.F. Records Office
MAY 30 1941
O.K. N.I.
R.C. P.A.
C.L.

[SEE OTHER SIDE]

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

If so, state her full name and Postal Address N.A.

(11) Is your father alive? YES

If so, state name and address, occupation James Davidson, 8631 De Gros Bois St., Montreal, P.Q. Pumper, Frontenac Oil Co.

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

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

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

(14) Is your mother alive? YES

If so, state name and address Grace Amelia Hollett (DAVIDSON), 8631 De Gros Bois St., Montreal, P.Q.

(15) If your mother is a widow, are you her sole or partial support? NO

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

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

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

If so, state the following particulars:—

Relationship N.A.

Full Name N.A.

Postal Address N.A.

Amount contributed monthly during the past six months N.A.

(18) Are you insured? YES

If so, in what Company? Company not known.
(Give number of policy)

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

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

X Lyall Davidson
(Signature of officer or man)

Date May 19th, 1941.

---

for Officer Commanding
R.C.A.F. Recruiting Centre, Montreal, P.Q.

Date May 19th, 1941.

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

FV.32809. PERSONAL EFFECTS OF R.104824. SGT.DAVIDSON.L.J.

1 carton containing:-
1 dressing gown
1 pr shoes
1 pr slippers
3 vests
3 prs shorts
3 towels
1 suit pyjamas
5 shirts
1 sports sweater
1 sports zipper jacket
3 pullovers
2 ties
1 swim suit
1 pr swim trunks
1 Kamara "Bulls Eyes" Camera

1 dressing case contg:-
1 torch, scissors
1 fountain pen "Skywriter"
1 pr braces
1 picture folder
1 New Testament
1 Novel book
12 handkerchiefs
7 prs socks
letters & photographs
1 wallet

Original Station inventory signed by A.L.Hall P/O
undated.

Effects checked at Central Depository 22/7/43.

- -

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

m.l

E 376-12

DECEASED MEMBER'S NAME: Lyall J. (CHRISTIAN NAMES) Davidson (SURNAME)

REGISTER NO.

FILE NO. 26015

PAYEE: Receiver General of Canada,

ADDRESS: Director of Estates, Ottawa, Ont.

DATE 20 Oct/45

SERVICE NO. R.104824

FINAL RANK OR RATING WO 2

DATE OF TERMINATION OF OVERSEAS SERVICE 27 June/43

DATE OF DISCHARGE 27 June/43

		$	¢
A. TOTAL QUALIFYING SERVICE	NO. OF DAYS 760/30 EQUAL TO 25 COMPLETE PERIODS AT $7.50		187.50
B. QUALIFYING OVERSEAS SERVICE	NO. OF DAYS 416 LESS 10 INELIGIBLE DAYS, EQUAL TO 406 DAYS @ 25c. PER DAY		101.50
C. SUPPLEMENT FOR OVERSEAS SERVICE			
DAILY RATES AT DISCHARGE	PAY	$ 4.35	
	SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE	$ 1.25	
	ADDITIONAL PAY	$	
		$	
		$	
	DEPENDENTS' ALLOWANCE 1/30 OF $	$	
	TOTAL $ 5.60 ×7 = $ 39.20		
	NO. OF DAYS 416/183 ×$ 39.20		89.11
D. WAR SERVICE GRATUITY			378.11
E. DEDUCTIONS	OVERPAYMENT OF PAY AND ALLOWANCES	$	
	DEPENDENTS' ALLOWANCE AND ASSIGNED PAY	$	
	OTHER DEDUCTIONS	$	
F. TOTAL AMOUNT PAYABLE			378.11

G. YOUR PORTION OF GRATUITY IS—

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU $ ____ =$

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $ ____

R.C.A.F. Records Office
Paid NOV 1945
O.K. C 1 5
R.C.A.F. No. 1

Trust Acco
Voucher #G256

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
HRH	JFM

TREASURY	
CHECKED BY	DATE
	24.10.45

SERVICE REPRESENTATIVE

ΔT

R104824 (R.O.)

OTTAWA, Canada, 21st August, 1946.

R E G I S T E R E D

Mr. James Davidson,
8655 DeGros Bois Street,
Tetreaultville, Quebec.

Dear Mr. Davidson:

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 Warrant Officer Class II L.J. Davidson.

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) G/C
R.C.A.F. Records Officer.

/TED