R105246
COLLINS
DENIS MICHAE

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FORM F

This form if placed in an envelope, marked "Dominion Statistics—Free, penalty for improper use $300," and properly addressed will pass through the mail "FREE".

PROVINCE OF QUEBEC—STATISTICAL RETURN OF DEATH—MINISTRY OF HEALTH AND SOCIAL WELFARE

1. PLACE OF DEATH — Municipal county: MATANE | Official name of civil municipality or township: Mont-Joli, Quebed | Place an X over the word which applies to this municipality or this territory: City | Town | Village | Parish | Township

Street: N.A. No. | Hospital or Institution: N.A.

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: COLLINS (Block letters)

Given names: Denis Michael Hector

4. RESIDENCE

Street: Rivercourt Blrd. No. 64

Official name of civil municipality or township: Toronto

Municipal county: Province: Ont.

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

9. If married give name of wife or husband of deceased: Mrs. Beryl M. Collins

10. BIRTHPLACE (Province or Country): Ireland

11. DATE OF BIRTH: April (Month) 15 (Day) 1899 (Year)

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

OCCUPATION

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

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

15. Date deceased last worked at this occupation: 19/12/43

16. Total years spent in this occupation: 2 yrs.

	17. NAME	18. BIRTHPLACE (Province or Country)
FATHER	Cornelius Collins	
MOTHER (Maiden name)		

19. Place of burial, cremation or removal: Mont Joli, Que.

20. Date of burial: 22nd December 1943. 19

21. PLACE OF REGISTRATION OF THIS BURIAL

(a) Name of parish or church

(b) Civil municipality of

(c) Municipal county

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

Name of Undertaker (For cities only)

WRITE PLAINLY WITH UNFADING INK.
THIS IS A PERMANENT RECORD.
Every item of information should be carefully supplied.

The attending physician, or coroner, shall without charge fill in, sign and release this medical certificate. In order that his statement be CONFIDENTIAL, he must cover the medical certificate with the attached flap by moistening the gummed edge and sticking it down carefully. He shall then initial the obverse of the flap.

FOLD EXACTLY ON THE DOTTED LINE AND SMOOTH DOWN TO AVOID BULGING.

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

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

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

and last saw him alive on 19/12/43 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) Crushing injuries to

due to whole body.

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? No

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

Accident, suicide or homicide (State which) Accident Date 19/12/43 19 43

Manner of injury (How sustained) Propeller accident

Nature of injury as above

Specify whether injury occurred in industry, in home, or in public place Tarmac, #9 B&G

Signed (J.C.A.Leonard)S/L M.D.

Address #9 B&G, Mont Joli, Que. Date 19/12 19 43

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

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)

ROYAL CANADIAN AIR FORCE—SPECIAL CLOTHING SIZE ROLL

TO BE COMPLETED ACCORDING TO INSTRUCTIONS AT BACK

R.C.A.F. E. 101A
20M—10-41 (1093)
H.Q. 1062-6-166

No. R105246 Rank Sgt Name Collins Unit RCAF CAPO #4 Overseas Accompanying Demand No. Date 13-5-42

DIAGRAM 1

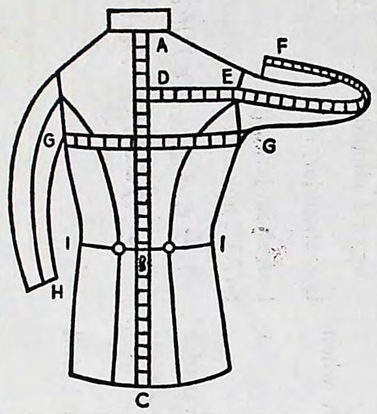
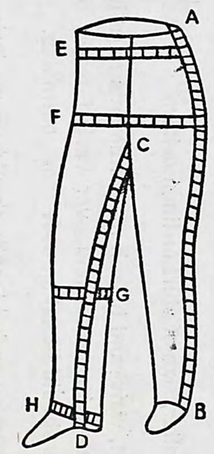


DIAGRAM 2



Care should be taken that trousers are well braced up when being measured.

HEIGHT 6 WEIGHT 195 AGE 35

JACKET AND TUNIC

MEASUREMENTS TO BE TAKEN UNDER JACKET

LENGTH A to B	18	A to C	31
WIDTH half back D to E	7¾		
SLEEVE D to F	34	FRONT SEAM G to H	19½
BREAST around at G.G.	43½		
WAIST around at I.I.	41		
SEAT over trousers	44½		
COLLAR size of shirt or linen collar	16½		

REGULATIONS MUST BE FOLLOWED WHEN SPECIAL MEASUREMENTS ARE NOT GIVEN

TROUSERS

OUTSEAM from A to B	46
INSEAM from C to D	32
SEAT around at F	44
WAIST around at E	41
KNEE around at G Finished Measurement	23
BOTTOM around at H Finished Measurement	22

SIZE ROLLS ARE REQUIRED IN TRIPLICATE

NUMBER OF GARMENTS REQUIRED

Jackets Serge	Jackets Drill	Trousers Serge	Trousers Drill	Greatcoats
	2		2	

MEASUREMENTS MADE BY

No. R71287

Rank L.A.C.

Name Beatson

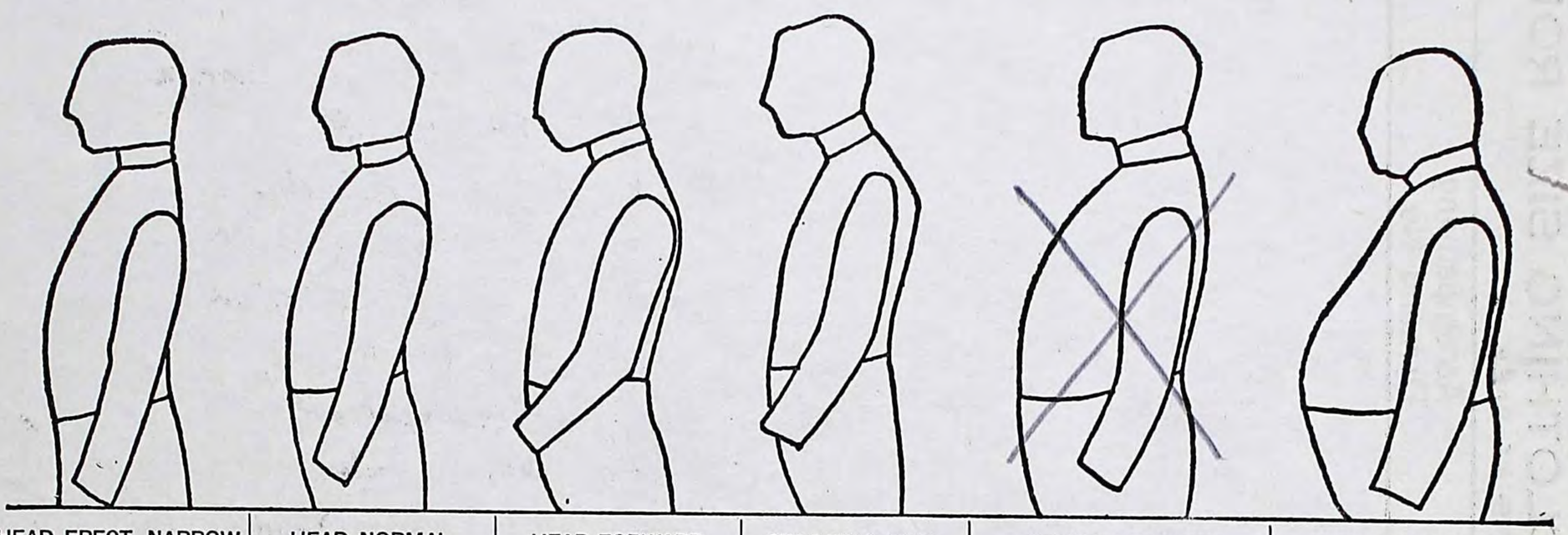
H J Beatson

Signature

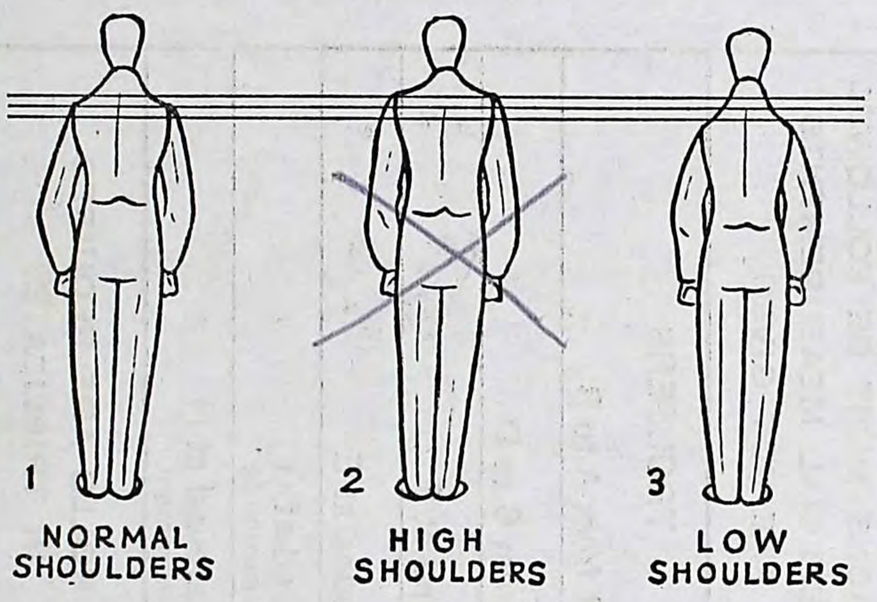
INSTRUCTIONS

1. Special Size Rolls are not to be submitted unless it is **impossible** to fit a man from normal sizes.
2. When clothing specially made is found to fit badly owing to wrong measurements having been given, **the tailor who made and entered the measurements will be held responsible.**
3. Any peculiarity of figure should be specially mentioned.
4. **All measurements must be taken close; the Contractor will make necessary allowances.**
5. Special Boot Size Roll, Form R.C.A.F. E101B is to be prepared when special size boots are required.

DESCRIPTION OF CHEST AND BACK (with coat off)



HEAD ERECT, NARROW BACK, FULL CHEST	HEAD NORMAL, REGULAR BACK AND CHEST	HEAD FORWARD REGULAR BACK AND CHEST	STOOPING, FULL BACK, FLAT CHEST	STOUT, REGULAR BACK AND CHEST	STOUT, FLAT CHEST PROMINENT ABDOMEN



MARK **X** THROUGH FIGURE NEAREST TO THAT OF MAN

1. For Tunics and Jackets—The length of back should be taken on tunic from bottom of collar at A to waist at B and full length A to C.
2. To ensure accuracy, the waist-belt should be worn when being measured.
3. For collar, size of shirt or linen collar.
4. Breast, waist and breech measurements must be taken **under** the tunic or jacket and over vest if worn; other measurements should be taken **over** those garments.
5. For Greatcoats full length should be given in addition to full particulars of Jacket measurements.

GIVE DEFINITE IDEA OF MAN'S FORM

Has he extra large shoulders medium
Is he extra hollow in front of shoulders
Has he full chest and narrow back
Has he broad round back and flat chest yes
Has he hollow waist no
Has he prominent seat medium
Has he flat seat
Has he broad flat chest
Has he prominent shoulder blades no
Has he heavy upper arm muscle protruding much beyond shoulder yes
Low shoulder, right no
Low shoulder, left no
STATE any other peculiarity:
Head forward & heavy build

"SPECIAL RESERVE"

ROYAL CANADIAN AIR FORCE

RECORD OF SERVICE AIRMEN

R105246 | Collins | Denis Michael Hector | Roman Catholic

A.F. No. | Surname | Christian Names | Religion

Born 15/4/99 Place Kilkenny County Country Ireland Citizen of Can Racial Origin British

ENLISTMENT

Date 26/5/41

At Toronto

Term Duration

CIVIL EDUCATION

High School Entrance | Jr. Mat. | Sr. Mat. Yes

Technical School | Corres. Courses

University

PREVIOUS SERVICE

N A

RANK	DATE			Med. Cat.	Date		
AC2	26	5	41	A4B	29	4	41
~~AC1~~	26	8	41				
LAC	26	11	41				
A/Cpl (P)	1	1	42				
T/Cpl (P)	1	1	42	DRO 5/2/1/43			
A/Sgt (P)	31	3	43	DRO 78/43			

CIVIL OCCUPATIONS AND EXPERIENCE

Constable

COURSES AND TRADE TESTS

Trade	Grp.	%	PorF	Date Rem.	Trade	Grp.	%	PorF	Date Rem.
Ser. Pol.	Std								
Ser Police	"C"	66	P	16 8 41					

PARTICULARS OF FAMILY M S D

Wife | Maiden Name | Present Address (in pencil)

Beryl Margaret Talkingham

Children	Names	Date of Birth	Place of Birth

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

Beryl Margaret Collins
505 Logan Ave.
Toronto, Ont
(wife)

LEAVE

FROM	TO	AUTH. AND DESCRIPTION
24/7/42	8/8/42	14 days DRO 206/42.
DRO 206/42	ISSUED SLTW #C122245.	24/7/42.
23/12/42	29/12/42	5 days Special leave.
DRO 5/2/1/43.		
17-11-41	1-12-41	14 days Ann. Leave 279
Issued SLTW C174746 d/16-11-43.		

CHARACTER AND TRADE ASSM. HONOURS, AWARDS AND MENTIONS

DATE	CHARACTER	TRADE AND ASSM.	HONOURS AND AWARDS	SIGNATURE
28/4/41		Service Police (std.)		

MOVEMENTS AND CASUALTIES

AUTHORITY	UNIT FROM	UNIT TO	DATE	AUTHORITY	UNIT FROM	UNIT TO	DATE
MO - R13	RCAF-RC Toronto	#1 M.D. Toronto	24/5/41	DRO 2/2/1/43 S.05.	RCAF Trenton	#1 "Y" D Halifax	5/1/43.
		DRO	12/4/41	DRO 29 S05	#3 D Dep	Halifax	1-2-43
DRO 159-41	#1 M.D. Toronto C.I.S. Trenton	Comp. School Trenton	5-7-41.	DRO 33/43 T.O.S.	#1 "Y" Depot	RCAF Stn Gander	2-2-43
D.R.O. 195-41		No. 1 B & G. School Jarvis	16-8-41		Halifax		
" " 356/41	#1 B & G Jarvis	#20 C.G.T.S. Ottawa	21-12-41	DRO 98/43 Adm. Stn. Dkp. Gander Det			22/4/42
				DRO 102/43 Dest. Stn. Dkp. Gander Det			24/4/43.
D.R.O. 60/42	#20 E.F.T.S. Rekawood Ont	A.T.S. Trenton Ont	12-3-42				
DRO 231/42 Entitled Ration Allowance 50c per day 25-7-42 - 7-8-42 (14 dy)							
DRO 11/11/1/43 Entitled ration allowance 50¢							
23/12/42 to 29/12/42 5 days.							

R.C.A.F. R.44C
100M—12-40 (8755)
H.Q. 1062-3-58

(OVER)

Finger Printed
Date MAY 21 1941
Initials.....
RC.

DATE April 2nd 1943

ROYAL CANADIAN AIR FORCE

EASTERN AIR COMMAND

SERVICE POLICE PERSONAL DOSSIERS

NO R105246 RANK Cpl. NAME Collins, D.M.

UNIT Service Police

WEIGHT 195 HEIGHT 6 Ft MARTIAL STATUS M DATE OF BIRTH 1899

HOME ADDRESS 505 Logan Ave Toronto Ontario.

CIVIL OCCUPATION Turnkey. Police Officer RELIGION R.C.

SPECIAL QUALIFICATIONS 12 Years Police Experience

4 Years Prison Service

CAPABILITIES IN OTHER TRADES Investigator

HOBBIES

SPORTS Boxing Football Bowling

EDUCATION Senior Matriculation

LANGUAGES SPOKEN English Gaelic Knowledge of French.

PRIOR SERVICE

DATE OF ENLISTMENT May 26-41 S.P. COURSE NO 10 GROUPING "C"

RECLASSIFICATIONS

PROMOTIONS AND DATES A/Cpl (UP) Aug 41. Cpl (PD)1-1-42 Temp 12-1-43

A/Sgt (UP) 13-3-43

REMUSTERINGS Nil

POSTINGS AND DATES Trenton July 1941. Jarves Aug 15-41 Oshawa

22-12-41 Trenton 13-3-42 Gander 7-1-43.

PREFERENCE OF POSTINGS IN EASTERN AIR COMMAND (1st & 2nd) No.1. Y. Depot

DATE ISSUED: ARMBAND CAP 101 REVOLVER & NO 918469

ASSESSMENT OF CHARACTER Good TRADE PROFICIENCY Good APTITUDE Good

RECOMMENDATIONS & REMARKS (BY D.A.P.M.)

Efficient, conscientious, willing and found reliable in all Service

Police duties.

D. Allen-Little S/L

SIGNATURE OF D.A.P.M.

NOTE: DOSSIERS ARE TO BE COMPLETED IN DUPLICATE. ONE COPY IS TO BE FORWARDED TO COMMAND HEADQUARTERS AND ONE COPY RETAINED BY THE UNIT. DOSSIERS ARE TO BE KEPT UP TO DATE BY UNIT D.A.P.M.'S. AMENDMENTS ARE TO BE INCLUDED IN D.A.P.M. MONTHLY REPORTS UNDER SEPARATE HEADING, IN ORDER TO AMEND COMMAND HEADQUARTERS COPY. IN THE EVENT OF POSTING TO ANOTHER UNIT ANYWHERE IN CANADA, THE PERSONAL DOSSIER IS TO BE FORWARDED TO THE NEW UNIT - ATTENTION: D.A.P.M.

COMMAND ASSISTANT PROVOST MARSHAL

NOTE: See Airman's File for further information

To be made out in duplicate

"SPECIAL RESERVE"

RTS

M.F.M. 5
200M—2-41 (9495-6)
H.Q. 1772-39-1651

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

INSTRUCTIONS.

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

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

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

---

(1) Name of Officer or Other Rank COLLINS, DENIS MICHAEL HOCTOR
(Surname first—Christian names in full—Block capitals)

(2) Regimental or Official Number and Rank AC2, R105246, Std.

(3) Unit RCAF

(4) Are you married? Yes.

(5) If married, state,

(*a*) Full name of your wife Mrs. Beryl Margaret Collins,

(*b*) Present postal address of wife 505 Logan Ave. Toronto, Ont.

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

Yes.

(7) Are you a widower? NA

(8) Have you any children? Yes. Number of boys NA Girls 1

Names and ages Nancy Doreen Collins, 8 years.

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

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

Name Mrs. Beryl Margaret Collins,

Postal Address 505 Logan Ave. Toronto, Ont.

[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. ~~NA~~.

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

.....NA.....

.....

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

If so, state name and address, occupation.....NA.....

.....

(12) If your father is a widower and is totally incapacitated from earning a living—are you his sole or partial support?.....NA.....

(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.....

.....NA.....

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

(14) Is your mother alive?.....No. ~~NA~~.....

If so, state name and address.....NA.....

.....

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

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

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?.....NA.....

(17) Are you contributing to the support of any dependents, other than those shown above?.....No ~~NA~~.....
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 .....NA.....

Full Name .....NA.....

Postal Address .....NA.....

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

.....NA.....

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

If so, in what Company?.....Knights of Columbus.....
(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 Denis Michael Collins

(Signature of officer or man)

Date May 26, 1941

A. Kay S/O

X Officer Commanding

Date May 26, 1941 RCAF Rec. Centre, Toronto, Ont.

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.

Form SR-12 F.S.
(This form to be used only for pay assignment applications)
PREPARE IN TRIPLICATE

FIFTH VICTORY LOAN
FIGHTING SERVICES PURCHASE AGREEMENT BY PAY ASSIGNMENT

Information for Applicant and Canvasser

The monthly amounts to be assigned are as follows: $500 bond—$84.00; $100 bond—$16.80; $50 bond—$8.40; Pay assignments will be effective for the months of November, 1943 to April, 1944, inclusive.

This form shall be carefully completed in triplicate, using a typewriter if possible. Otherwise use ink or indelible pencil and print in block letters. Each copy must be signed. The original and duplicate are to be delivered to the proper pay authority and the triplicate retained by the Unit or Establishment.

The Assignment of Pay Form M.F.M. 17 (or Declaration of Allotment Form) is NOT required.

The Department of Finance will hold bond(s) in safekeeping during term of service, or they may be delivered to another person, as the applicant shall direct.

In the event of the subscriber being discharged from the service before all instalments are paid, he can make the balance of his payments direct to the Department of Finance, Ottawa, Canada.

If the subscriber dies before all instalments are paid, the amount standing to his credit in the Purchase Account will be transferred to the credit of his Service pay account.

In the event of death, bonds held for the account of any member of the Services will be delivered to the Administrator of Estates.

I, Collins (Surname) Dennis Michael (Christian Names) Sgt (Rank) Official No. R105246

Unit or Establishment R.C.A.F. Station, Gander, Nfld. ~~NAVY — ARMY~~ — AIR (Strike out words not applicable)

do hereby subscribe for $ 50.00 FIFTH VICTORY LOAN 3% Bond(s) by means of assignments of my pay and

I hereby authorize a monthly assignment of $ 8.40 payable to Receiver General of Canada, Fifth Victory Loan Account, against my pay for the months of NOVEMBER, 1943, to APRIL, 1944, inclusive, the form, denominations and delivery of bonds to be as follows:

FILL IN DENOMINATIONS OPPOSITE THE FORM DESIRED.

BEARER BONDS, with Coupons attached	x $1,000;	x $500;	x $100;	/ x $50
REGISTERED only as to principal (Coupons attached)★	x $1,000;	x $500;	x $100;	x $50
FULLY REGISTERED as to principal and interest★ (Interest payable by cheque)	x $1,000;		x $500	

★IMPORTANT—If registered bonds desired, complete the registration instructions below.

REGISTRATION INSTRUCTIONS

(Furnish at least one Christian name. If bond to be registered in name of a married woman be sure to state HER Christian name.)

PRINT FULL NAME.....

COMPLETE POSTAL ADDRESS.....

DELIVERY INSTRUCTIONS (Indicate by a cross in one block)

[ ] Hold bond(s) in safekeeping for me at the Department of Finance until I instruct otherwise.

[X] Mail bond(s) by registered mail to the following address:

NAME Mrs. Beryl Collins

COMPLETE AND CORRECT POSTAL ADDRESS 64 Rivercourt Blvd., Toronto, Ont.

Date Nov. 6th 1943

Sgt. Dm Collins
(Signature of subscriber)

For use of Paymaster and Treasury Officer:
NOTED: Deductions of the above assignments have been recorded and deductions will be made for the months of November, 1943 to April, 1944, inclusive.

By: Gladser
(Paymaster) (Rank)
ACCOUNTANT OFFICER, R.C.A.F. Station, Gander.
(Unit or Establishment) (Place)

And by:.....
(Treasury Officer)

.....
(Place) (Date)

For Naval use only:
ENTERED IN SHIP'S LEDGER:

For Department of Finance use:
Instalments credited:

..... $.....
..... $.....
..... $.....
..... $.....
..... $.....
..... $..... Total $.....

Serial Numbers issued.....

Mailed.....194....

DOMINION OF CANADA
FIFTH VICTORY LOAN

This is to certify that.....has subscribed for $..... FIFTH VICTORY LOAN 3% Bond(s) for payment by means of pay assignments and has directed that the bond(s) be delivered to.....

.....
(Enter either Department of Finance, OR name and address of person to whom bond(s) are to be delivered)

after the final instalment has been paid.

Date.....1943

.....
(Departmental Canvasser)

IMPORTANT.—Keep this acknowledgment. Communicate by letter with Chief Clerk, Employee Instalment Purchase Plan, Department of Finance, Ottawa, if it is necessary to alter the delivery instructions or to make inquiries regarding your bond(s).

PA in clear file

R.C.A.F. R.14a
100M — 3-41 (12)
H.Q. 1062-3-17

RECOMMENDATION FOR APPOINTMENT TO HIGHER RANK

1. No. R105246 A/Corporal Collins, D.M.H. 2. Trade Service Police

3. Name Collins, D.M.H.

4. Unit R.C.A.F. Station, Trenton, Ontario.

5. Present Rank Corporal Acting (Paid)
(If Acting state paid or unpaid)

6. Recommended for Appointment to Rank of Corporal Temporary (Paid)

7. Qualified in Drill for Rank of Corporal

8. Recommendation of Flight, Squadron Commander, Etc. a Reliable N.C.O.

W A Boyd — F/Lt. — A.P.M.
(Signature) (Rank) (Appointment)

9. Recommendation of C.O. Station or Unit

I concur

F M Tull — Group Captain — Commanding Officer
(Signature) (Rank) (Appointment)

Paras. 8 & 9 *must* be completed and signed by Commanding Officers.

(For Headquarters use only)

Appointed to Rank of ..... Effective .....

Particulars Checked by .....

Certified that the above Airman is in the Promotion Zone and no Adverse Report has been Received within the Past Three Months.

Appointment Approved

..... Signature .....

..... Rank .....

..... Appointment .....

1.1.42 Date .....

"Copy from Personnel file" auth. A/44-1
Temp. should be 3 months from A/Pd appmt

R0105246 COLLINS DENIS MH — SGT

1 NUMBER — 9 NAME — 29 RANK

SERVICE AWARD CARD

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

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.				
								✓	✓	✓				AWARD
										✓				AWARD AND CLASP
														APPLICATION DISPATCHED
														RIBBON ISSUED
														MEDAL ISSUED

43687

PREFIX — NUMBER — NAME — RANK — CODE

A J B K S C L T D M U E N V F O W G P X H Q Y I R Z

IBM 83961

LICENSED FOR USE UNDER CANADIAN PATENT NUMBER 315306

Mrs. Beryl M. Collins (Widow)
64 Rivercourt Blvd.,
Toronto,
Ont.

may-44.

4958 27/3/50

DENIS M.COLLINS, R-105246

MRS.BERYL M.COLLINS, 601,141

107 DONLANDS AVE.,
TORONTO,ONT.

25/1/49

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

DEPARTMENT OF NATIONAL DEFENCE

NAVY ═══ ARMY ═══ AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

4 AIR

10,255

DECEASED MEMBER'S NAME: Denis M. (CHRISTIAN NAMES) Collins (SURNAME)

REGISTER NO.

FILE NO. 12480

PAYEE: Mrs. Beryl M. Collins

ADDRESS: 64 Rivercourt Blvd, Toronto - Ont.

DATE: 9 Feb 45

SERVICE NO. R 105246

FINAL RANK OR RATING CPL.

DATE OF TERMINATION OF OVERSEAS SERVICE N.A.

DATE OF DISCHARGE 19 Dec 43

	$	¢
A. TOTAL QUALIFYING SERVICE		
NO. OF DAYS 938/30 EQUAL TO 31 COMPLETE PERIODS AT $7.50	232.50	
B. QUALIFYING OVERSEAS SERVICE		
No. of Days LESS INELIGIBLE DAYS, EQUAL TO DAYS @ 25c. PER DAY		
	232.50	
C. SUPPLEMENT FOR OVERSEAS SERVICE		
DAILY RATES AT DISCHARGE		
PAY $		
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE $		
ADDITIONAL PAY $		
$		
$		
DEPENDENTS' ALLOWANCE 1/30 OF $ ____ $		
TOTAL $ X7 = $		
NO. OF DAYS ____/183 X $		
D. WAR SERVICE GRATUITY	232.50	
E. DEDUCTIONS OVERPAYMENT OF PAY AND ALLOWANCES $		
DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $		
OTHER DEDUCTIONS $		
F. TOTAL AMOUNT PAYABLE	232.50	

G. YOUR PORTION OF GRATUITY IS—

△TR

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU $ 51.12 OF $ 232.50 =$ 232.50

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $ 51.12

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

PREPARED BY	CHECKED BY	TREASURY CHECKED BY	TREASURY DATE
E	T	[illegible]	13-2-45

SERVICE REPRESENTATIVE

Treasury Officer,
Treasury Officer,
Air Force Services
OTTAWA, - CANADA.
Rec'd. FEB 10 1945
P. & A. SECTION

NAME COLLINS, Denis Michael Hoctor FILE NO. 1022-C-3234

RANK Sgt. CATEGORY KILLED REG. NO. R105246

DATE OF DEATH: 19th Dec 43 MOTHER LIVING: N.K. WIFE: ~~N.A.~~ Yes

MINISTERIAL CARD: 7 Jan 44 ROYAL MESSAGE: 12-5-45 MEMORIAL CROSS TO CHAPLAIN:

To wife: DEL'D TO MOTHER:

DEL'D TO WIFE: MAY 12 1945

Mrs. D.M.H. Collins,
64 Rivercourt Blvd,
Toronto, Ontario.

COMMAND: No. 1 T.C.

RELIGION: Roman Catholic.

1. NO.	2. RANK OR RATING	3. SURNAME	4. CHRISTIAN NAMES
R105246	Acting Sergeant (Unpaid)--	COLLINS	Denis Michael Hector

5. UNIT OR SHIP	6. DATE OF CASUALTY	7. H. Q. FILE NO.	8. RELIGION
R.C.A.F. Stn., Gander, Nfld.	19 Dec/43	No.9 B.& G. School, Mont Joli, P.Q. 20-4. (1022-C-3234)	Roman Catholic

9. CIRCUMSTANCES OF CASUALTY

Sgt Collins was killed by walking into the propellor of a Liberator Aircraft at Mont Joli.

10. NAME, RELATIONSHIP AND ADDRESS OF NEXT OF KIN

D.M.H.
Mrs. ~~Beryl M.~~ Collins,
64 Rivercourt Boulevard,
Toronto, Ontario.

11. LOCATION OF UNIT AT TIME OF CASUALTY

Gander, Newfoundland

NOTE:—Items 12, 13 and 14 are not to be completed until grave is permanently located.

12. CEMETERY	13. LOCATION OF CEMETERY	14. GRAVE LOCATION	15. REGISTERED NO. OF GRAVE
Roman Catholic Cemetery	Mont Joli, Quebec	Grave # 2 Plot # 162 Row	No.2

16. PHOTOGRAPH OF GRAVE TAKEN	17. EXPOSURE NO.	18. PHOTOGRAPH OF GRAVE AND CEMETERY SUPPLIED TO
Yes, 18/Jan/44.	M.I. 852	Two (2) A.F.H.Q. Two (2) #3 T.C. One (1) Next of Kin

19. FURTHER PARTICULARS ON REVERSE SIDE OF SHEET

R.C.A.F. R. 78A
100M—3-42 (1958)
H.Q. 1062-3-61

ROYAL CANADIAN AIR FORCE

OFFICER OR AIRMAN—REPORT ON ACCIDENTAL OR SELF-INFLICTED INJURIES OR IMMEDIATE DEATH THEREFROM

N.B.—To be rendered in accordance with the instructions on pages 3 and 4.

1. Name COLLINS (surname) DENIS MICHAEL HECTOR (christian names in full)

Rank SGT. Number R105246 Unit RCAF STN GANDER BAY Age 44 Trade SERVICE POLICE

Date of accident and time of day 19/DEC/43 BETWEEN 1900 & 1930 HRS place of accident (exact locality) #9 R&C MONT JOLI NEAR CONTROL TOWER

2. Short statement by injured person of the circumstances (or manner) of injury (see Instruction 6). Signed statements of witnesses, or of persons to whom the injured person may have mentioned his injury, to be attached (see instructions 7 and 9).

N.A.

"Killed by walking into airscrew."

N.B.—*See instruction 4 before completing the following section.*

3. *(a)* Type and R.C.A.F. No. of aircraft Liberator R.599

(b) Name of pilot of aircraft (at time of crash) W/C Martyn

(c) Number in aircraft, *including* pilot 6

(d) Circumstances of accident: ~~*taxiing*~~ (designate one) ~~*taking off*~~ *landing* *forced landing*

~~*collision in air*~~ *collision on ground* *other (specify)* Stationary

(e) Weather High Overcast - very dark.

(f) In case of non-fatal crash does individual recall all events immediately preceding and following crash? If answer is "no", comment N.A.

(g) Number of flying hours of person reported on: dual N.A. solo N.A.

(h) Duty: ~~*instructor/pilot/pupil pilot/aircrew (specify)*~~ *passenger/other (specify)* (strike out those not applicable)

4. *(a)* Description of injuries (in detail): Ant. 3rd of face and skull cut away - Thorax opened - rt. arm amputated in region of elbow.

(b) Are the injuries serious or of such a nature that they *might* be the exciting cause of disability later? N.A.

(c) How long before initial treatment was given? N.A.

(d) Whether admitted to hospital or sick in quarters NA. (give name of hospital)

Date 20/Dec/43 Signature of Medical Officer G.W. McElman F/L

R.C.A.F. Casualty Officer DEC 31 1948

CERTIFIED TRUE COPY

J.O.

5. Commanding Officer's statement:—

(a) Was the injury sustained

(i) In the performance of air force duty?..... YES .....
(See Instruction 9)

(ii) In a game or other form of physical recreation definitely organized by or with the approval of the proper air force authority?..... NO .....

(iii) On leave? (State whether with or without pay)..... NO .....

N.B.—See instruction 8 before completing the following section.

(b) If the answer to *(a)* (ii) is in the affirmative, state

(i) By whom was the game, etc., organized and under whose authority?..... N.A. .....

.....

(ii) The nature of the game, etc. (e.g., hockey, baseball, etc.)..... N.A. .....

(iii) Was the officer or airman detailed to take part in it *(a)* as a member of an air force team, or *(b)* to compete as an individual?..... N.A. .....

NOTE.—Questions (iv) to (vi) to be answered in addition only if the injury was sustained at practice.

(iv) For what service event was the practice held?..... N.A. .....

(v) Was the officer or airman a selected representative of an air force unit practising under authority?..... N.A. .....

(vi) If so, under what authority and supervision?.....

.....

(c) If sustained in a game, etc., but not in an organized game, state if there are any special circumstances which should be taken into account if and when the question of attributability comes to be decided by the Canadian Pension Commission:.....

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

.....

N.B.—See instruction 12 before completing the following section.

(d) Was the injury due to his own fault, i.e., did it arise from negligence, wilful disobedience of orders, misconduct, or any blameworthy cause within his own control?..... NO .....

If so, state in what way.....

.....

(e) Was anyone else to blame? If so, give name and particulars..... NO .....

.....

.....

(f) Is the accident being investigated by

(i) Court of inquiry? If so, state date and place..... NO .....

.....

(ii) An investigating officer?..... YES (S/L Draper, No. 3 T.C.) .....

Signature.....
(D.S. Saunders) S/D

Date:..... 22/Dec/43 ..... A/Commanding..... #9 B&G School, Mont Joli, P.Q.

Submitted in accordance with A.F.R.O. 2209 d/29-10-43.

No. R105246 Name Collins, D.M. Rank Cpl. Trade Service Police "C"

CONFIDENTIAL

CONFIDENTIAL PERSONAL ASSESSMENT

INSTRUCTIONS

60

For A.F.H.Q. use only

P. A.

RCAF R.211
100M-4-42
H.Q.885-R-211

Read the statements under each heading carefully. Consider the person being assessed in relation to each "statement" enumerated below. When possible compare him with others you can call to mind who represent outstanding examples of the traits described. Under each heading place a cross in the brackets after the one statement which best describes the person being assessed. This form will prove only as dependable as the assessment is thorough.

Include PART I in all reports.
Include PART II for Officers and N.C.O.'s other than Aircrew under training.
When assessment is on a member of the Women's Division the term "he" will be read as "she", etc

PART I

(Include in all reports)

1. APPEARANCE & BEARING

Note - this applies not only on Parade. Observe in mess, at games, off duty.

Careless - creates an unfavourable impression.....( )
Some room for improvement.....( )
Neat - meets all ordinary requirements.....(X)
Excellent appearance - stands out among fellows.....( )

2. MENTAL ALERTNESS

Consider how readily he grasps a situation and is able to understand what is required.

Slow and confused in understanding.....( )
Requires more than ordinary explanation.....( )
No particular difficulty in understanding.....(X)
Exceptionally quick to understand what is required..( )

3. POWER OF EXPRESSION

Some men are able to speak in such a way as to hold attention and communicate ideas clearly and readily. They say what they mean simply and directly. At the other extreme is the man whose speech is slow, hesitating and ineffectual.

Difficult to follow - does not make himself clear...( )
Rather hesitant and inarticulate.....( )
States what he means clearly.....(X)
Forceful - gets ideas over.....( )

4. SELF-CONFIDENCE

Consider the extent to which he displays confidence in his ability to carry things through.

Timid, self-conscious, easily subdued.....( )
Uncertain of himself - lacks force, tries to bluff..( )
Sufficient self assurance - does not back down too easily.....(X)
Appears so competent that others have confidence in him.....( )

5. INITIATIVE

Consider the extent to which he does the right thing without being told.

Has to be told what to do - does not think for himself.....( )
Routine worker - not much initiative.....( )
Displays initiative when the course is clear.....(X)
Has excellent ideas and does not hesitate to present them.....( )

6. ENERGY & PERSISTENCE

Some put very little effort into their work. Others may work in tremendous spurts and then wilt - ideal has well controlled energy and perseverance.

Indifferent - half hearted; loses interest.....( )
Does only what is required of him.....( )
Active. Applies himself diligently.....(X)
Vigorous, enthusiastic in all he undertakes.....( )

7. ACCURACY & RELIABILITY

Consider how dependable he is. Watch for the "buck passer", the one with the ready excuse.

Too irresponsible to be entrusted with important duties.....( )
Makes some mistakes - needs to be checked up occasionally.....( )
Can depend upon him for the performance of all ordinary duties.....(X)
Can rely upon him to successfully complete the most difficult jobs.....( )

8. CO-OPERATION

Consider how well he works with a group. Does he give whole-hearted support to a common cause.

Inclined to create trouble.....( )
Rarely puts himself out to help others.....( )
Co-operative - willing to help others.....(X)
Definitely promotes harmony and good will among his associates.....( )

9. INTEREST IN STATION ACTIVITIES

Participation or interest in sports, social, recreational and other Station activities.

Indifferent - keeps to himself.....( )
Has very little interest.....( )
Usually participates in Station activities.....(X)
Active in promoting Station activities.....( )

10. LEADERSHIP

Consider the extent to which others have confidence in him and follow his direction.

Does not carry much weight with his fellows.....( )
Occasionally takes the lead.....( )
Able to provide good leadership.....(X)
Skilful in directing others - inspires confidence and commands respect.....( )

If assessment is on Aircrew under training, this side only will be completed and Assessing Officer will sign below.

R.C.A. DEC 19

This assessment is made from my personal knowledge of the individual concerned.

....
Station *Date* *Signature and Rank of Assessing Officer*

If other than Aircrew under training, balance of assessment is to be completed on the reverse side of this form and Assessing Officer will sign at the end of PART II only.

PART II

(To be completed in addition to PART I for Officers and N.C.O.'s other than Aircrew under training)

1. SERVICE KNOWLEDGE

Does he show steady improvement and try to fit himself for greater responsibilities?

Satisfied with present knowledge.....( )
Improves his knowledge if not too much effort.....( )
Searches for ways to improve his service knowledge....(X)
Surpasses others in keeping up to date with his Service knowledge.....( )

2. TRADE PROFICIENCY

Consider how proficient he is in the discharge of his duties.

Inferior – poorly qualified – below standard.....( )
Moderate – needs more training and experience.....( )
Satisfactory – does his work as well as the average...(X)
Superior – knows his work and does it well.....( )
Exceptional – stands out unmistakably in capacity and efficiency in performance of his duties.....( )

3. ADMINISTRATIVE ABILITY

Consider the extent to which he displays organizing and supervising ability.

Confused in carrying out his work – busy without accomplishment.....( )
Does not organize things very well.....( )
Organizes effectively and gets things done.....(X)
Outstanding organizer – produces excellent results promptly.....( )

4. LOYALTY

Consider the extent to which he can be depended upon for his loyal support on all occasions.

Cannot bank upon him for whole-hearted support.....( )
Usually can count upon his loyalty.....( )
Can definitely depend upon his loyalty.....(X)
Always strengthens the hand of those under whom he serves.....( )

State any special qualifications for employment other than that on which engaged:

Any special remarks or observations not covered by this assessment:

This assessment is made from my personal knowledge of the individual concerned.

RCAF Stn Gander Nfld 12-11-43 (T.A. Aiers) F/L
Station *Date* *Signature and Rank of Assessing Officer*

COMMANDING OFFICER'S STATEMENT

When assessing those other than Aircrew under training, in addition to the above assessment the following is to be completed by the Commanding Officer:

If not entirely in accord with the above assessment, which may have been made by another officer, the Commanding Officer is to submit an additional complete assessment.

Where more than one assessment on a man is being submitted from a station or unit, this section is to be completed on one only.

1. I have recently drawn to this man's attention the weaknesses which have been indicated on this assessment and I have made the following suggestions to him for his improvement:

N.A

2. My recommendation for his promotion is as follows:

Accelerated – (Ordinary) – Delayed – Not Recommended
(Encircle your recommendation)

3. Having thoroughly examined the Station Confidential File, Record Card and Conduct Sheets, the following "logging" and Conduct Sheet entries are noted as having been recorded within the last twelve months. (If there is no entry – write,– "none".)

none

4. *If an airman, N.C.O. or warrant officer, do you consider that his personal qualities and the value of his services fully justify appointment to commissioned rank?*

No

5. He is qualified in drill up to and including...Squad Drill.....

R.C.A.F. Stn. Gander, Nfld. 12 Nov/43 (C.L. Annis) G/C
Station *Date* *Signature of Commanding Officer*

Remarks or Recommendations by Air Officer Commanding (If Required):

Command *Date* *Signature of Air Officer Commanding*

c
o
p
y

Department Of Public Works.

March 21st, 1941

Commanding Officer,
Royal Canadian Air Force Recruiting Centre,
TORONTO, Ontario.

Dear Sir:

I am writing on behalf of Mr. Denis M. Collins, 830 Gerrard Street, East, Toronto, who is anxious to join the Air Force at the present time.

I have known Mr. Collins for a number of years, in fact, I have been closely associated with him, in that I was instrumental in securing him employment in the various positions that he has occupied during these last few years.

I believe Mr. Collins to be conscientious and of the highest integrity and in every way capable of discharging the duties that would fall upon him in the Royal Canadian Air Force.

Yours very truly,

F R Oliver.

Minister of Public Works

R.C.A.F. Records Office
Rec'd MAY 29 1941
O. K. ..... C.I.B. .....
FRO-EF R. C. ..... N. I. .....
S. L. ..... P. A. .....

Original lost. Confirmation of authenticity of this letter obtained by telephone conversation

23/5/41

J. D. Lemmon F/O

Jail Department

W. L. RAYFIELD, V.C
GOVERNOR

Toronto

GOVERNOR'S OFFICE,
TORONTO JAIL

April 28. 1941 19

The Commanding Officer,
R. C. A. F. Recruiting Centre,
Toronto, Ontario.

Dear Sir,-

I understand that Mr. D. M. Collins, a member of the Staff of this Institution, is making application for an appointment on the R. C. A. F. Police.

This is to inform you that Mr. Collins has been employed at this Institution for the past four years.

During this period his services ~~h~~ have been quite satisfactory and he has proved himself capable of handling men and maintaining discipline.

I am pleased to recommend Mr. Collins and am sure that if given the position he is applying for he will fill it to the satisfaction of his superior officers.

Yours truly,

W. L. Rayfield

Governor.

R.C.A.F Records Office
Rec'd MAY 29 1941
O. K. G.I.B.
R. C. N. I.
S. L. P. A.

ONTARIO

DEPARTMENT OF EDUCATION

TORONTO, 20/3/41

Dear Sir:

This is to certify that Mr. Denis M. Collins has been interviewed by officials of this Department and his educational record has been examined. He has been found to have educational standing equivalent to

~~High School Entrance~~
~~Two years of High School~~
~~Three years of High School~~
~~Pass (Junior) Matriculation~~
~~Honour (Senior) Matriculation~~

✓Honour (Senior) Matriculation for the purpose of work in the Police Force

Yours very truly,

C A Brown

for
Registrar.

The Commanding Officer,
Royal Canadian Air Force Recruiting Centre,
Toronto, Ontario.

R.C.A.F. Records Office
Rec'd MAY 29 1941
O. K. C.I.B.
R. C. N. I.
S. L. P. A.

"SPECIAL RESERVE"

M.F.M. 16D
200M—9-40 (6828-9)
H.Q. 1772-39-1763

UNIT PAYMASTER'S CERTIFICATE THAT HE HAS EXAMINED MARRIAGE CERTIFICATE AND/OR BIRTH CERTIFICATES AND/OR DEATH CERTIFICATE.

This form is to be attached to M.F.M. 16 or M.F.M. 16A in all cases and to accompany these forms to the Dependents' Allowance Board.

DETAILED INSTRUCTIONS ON REVERSE SIDE OF FORM

Name of Officer or Enlisted Man COLLINS, DENIS MICHAEL HOCTOR Official No. R105246

Rank AC2 Unit R.C.A.F.

Unit Stationed at No. 1 Manning Depot, Toronto, Ontario.

To—The Dependents' Allowance Board:—

I hereby CERTIFY that the above named has produced for my inspection the authentic Certificates of Marriage, Birth and Death, particulars of which are as follows:—

Particulars of Marriage Certificates Produced

Names of Parties to Marriage	Date of Marriage	Place of Marriage	*STATUS S., B., W. or D.	Name and Designation of Official Performing Ceremony
DENIS COLLINS			B.	Rev. Jas. M. Finlay,
BERYL MARGARET FALKINGHAM	April 10/41	Toronto, Ont.	S.	Carlton United Church,
				Toronto, Ontario.
				(Officiating Clergyman)

* STATUS: S.–Spinster. B.–Bachelor. W.–Widow or Widower. D.–Divorced.

Particulars of Birth Certificates Produced

Name of Child	Date and Year of Birth	Place of Birth	Full Name of	
			Father	Mother
NANCY DOREEN	Aug. 3/32	Toronto, Ontario.	Denis Collins	Beryl Margaret Falkingham

Particulars of Death Certificates Produced

Name of Deceased	Date of Death	Place of Death	Name and Designation of Signer of Certificate
NA	NA	NA	NA

Records Office
MAY 29 1941
R.C.A.F. C.I.B.
N.I.
P.A.

NOTE:—Where circumstances are exceptional, such as Separation or Divorce in cases of first marriage, attach the documents produced to you. The Board will make copies of all original documents and return the originals to the applicant. List any documents attached, hereunder—(If none, insert 'Nil'). NIL

Date May 26, 1941. For: OFFICER COMMANDING, R.C.A.F. RECRUITING CENTRE, TORONTO, ONT.

PAYMASTER UNIT

"SPECIAL RESERVE"

AIR FORCE No. R105246 POSTED TO #1 M.D. Toronto, Ont. TRADE Service Police (std)

ROYAL CANADIAN AIR FORCE

(ATTESTATION PAPER)

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

1. Surname COLLINS. FULL Christian Names DENIS. MICHAEL. HOCTOR
2. Present Address 505 Logan Av. TORONTO. Ont Telephone none
3. Permanent Address 505 Logan Av. Toronto. Ont.
4. Place of Birth Ireland, Kilkenny County Citizenship BRITISH
5. Date of Birth 15-4-1899 Married, ~~Single, Widower, Separated, Divorced~~ MARRIED
6. Particulars of Children

Name	Date of birth	Name	Date of birth
Nancy Doreen Collins	3rd August 1932.		

7. Occupation Guard. Toronto Gaol. 8. Religion R. Catholic (State denomination)
9. Languages English. Gaelic. (well) (State proficiency)
10. Next of Kin (Full Name) Beryl Margaret Collins Relationship wife
" Address 505 Logan Av. Toronto. Ontario.
11. Father (Full Name) Cornelius Collins Birthplace Ireland.
" Address (Deceased) Citizenship British
" Occupation Hd Const. Royal Irish. Constabulary.
12. Mother (Full Maiden Name) Julia. Frances Hoctor Birthplace Ireland
" Address (Deceased) Citizenship British
13. Details of any Naval, Military or Air Force Service:

Unit	Place	Rank	Trade	Date From	Date To	Reason for discharge
	None.					

R.C.A.F. Records Office Rec'd MAY 29 1941 O.K. C.I.B. 2/6/41 R.C. 1/6/41 S.L. P.A.

14. Honours, Awards, Mentions R.I.C. Police Medal.
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? - na
When? N.A. - Result - N.A
17. Were you ever discharged from any branch of His Majesty's Forces as Medically Unfit? no
If so, state nature of disability - N.A.
18. Have you ever been or are you now in receipt of a Disability Pension? no.
If so, state nature of Disability N.A
19. Have you ever been convicted of an indictable offence? no If so state nature - N A
20. Are you in debt? no If so, state particulars — N.A.

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

189-372

21. Particulars of Education:

—	Name of school	Date From	Date To	Courses—Subjects, etc.
Primary Education—Public or Separate School	National School	1905	1909	
	Christian Bro. College	1910	1917.	
High School—Collegiate Institute, etc.	Honour. Senior Matriculation			
Technical School				
University or School other than above	see attached certificate from Ont. DEPT of Education.			
Correspondence Courses, etc.				

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

Employer and place	Duties, trades, positions	Date From	Date To	Reason for leaving
Royal Irish. Constabulary	a/ Sergt	1918	1922	Disbanded
	on honorary temp.	1922	1924	- came to Canada
C. P. R.	Police	1924	25	temporary duty
	T EATON. CO	1925	27.	with permission.
Customs. Excise.	Preventive Service	1927	35	abolished.
Prison	Service. Toronto Jail	1935	1941.	to join R. C. A. F.

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

24. Special Qualifications, Hobbies, etc., useful to the R.C.A.F. Crime investigation. & Finger Printing.

25. Sports engaged in. State: extensively, moderately, occasionally. Football. Swiming Boxing, - moderately.

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. Service. Police
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
Capt W. L. Rayfield. V.C.	Toronto Gaol	Governor.
Hon F. W. Dlues. MLA	Queens Park Toronto	Minister of Public. & Works

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 28th. April. 1941 Signature Denis Michael Collins

NATIONAL REGISTRATION CERTIFICATE
PRODUCED. N. Key. F/O.

FOR OFFICIAL USE ONLY

(A) *Report of Interviewing Officer—*

Type Tall. Dark General appearance Good

Suitability for (state in what capacity) Service Police

Date 28/4/41 Signature D.K. Day Rank WO1

(B) *Report of Trade Test—*

Trade in which tested Service Police

Result Satisfactory for "C" Grading -

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

Tested + approved by S/Ldr. Grace.

Date 28/4/41 Signature D.K. Day Rank WO1

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

I, DENIS MICHAEL HECTOR COLLINS 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 26 19 41 X Denis Michael Collins.
Signature of Recruit

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

I, DENIS MICHAEL HECTOR COLLINS do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.

Date May 26 19 41 X Denis Michael Collins
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 Toronto, Ont. this 26 day of May 19 41.

N. Key. Flying Officer, RCAF Rec. Centre, Toronto, Ont.
Signature of Officer — Rank — Unit

Finger Printed
Date MAY 28 1941
Initials RG

FOR OFFICIAL USE ONLY

CERTIFICATE OF MEDICAL EXAMINATION

Part 1. Information obtained from the applicant—

1. Age. 42 2. Have you ever suffered from any of the following defects in health?

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

3. Have you ever worn glasses? no.
4. Have you had any illness for more than one week's duration. yes

Dennis Michael Collins.
Signature of Applicant

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

Examiner's Remarks *re* above

x-/ no complications

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

1. Identification marks or scars (if operative obtain history) nil.

2. Height 5 feet 11 inches. 3. Weight 206 pounds.

4. Complexion medium (Good / ~~Fair~~ / ~~Poor~~) 5. Color of Eyes Blue Hair Brown

6. Development (Good / ~~Fair~~ / ~~Poor~~) 7. Chest Measurement—Full expiration 38 inches
Range of expansion 3 inches

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

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

10. Condition of mouth and teeth Healthy.

11. Urine—Albumen Neg. Sugar Neg.

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

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 A4B

Any special remarks of the Medical Officers
X-ray chest reported negative

13. Reflexes N
14. Heart N
15. Lungs N
Blood Pressure 134/90.
Date 29/4/41
Vision N

P. D. Finlayson F/O President
Member
CAPT R.C.A.M.C.
Member

AIR FORCE No. R105246 R

COLLINS, DENIS MICHAEL HOCTOR
SURNAME — FULL CHRISTIAN NAMES

ENLISTMENT — PLACE Toronto — DATE 26-5-41
RE-ENLISTMENT

C.R. FILE NUMBER

RECORD OF SERVICE AIRMEN

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

7. BIRTH: DATE 15-4-99 — PLACE Ireland — CITIZENSHIP British 4

FATHER (FULL NAME) Cornelius Collins

BIRTHPLACE Ireland

MOTHER (FULL MAIDEN NAME) Julia Frances Hoctor,

BIRTHPLACE Ireland.

8. EDUCATIONAL STANDING

HIGH SCHOOL ENTRANCE X Out
JUNIOR MATRICULATION X Out
SENIOR MATRICULATION X Out
TECHNICAL SCHOOL
UNIVERSITY
CORRESPONDENCE COURSES

7

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

Police Force 22 yrs.

7550

10. PREVIOUS ARMY, NAVY OR AIR FORCE SERVICE

0

11. HONOURS-AWARDS, MENTIONS

AUTHORITY	DATE

12. FLYING EXPERIENCE ON ENLISTMENT (HOURS)

SOLO — DUAL — PASSENGER —

13. RELIGION R.C. 1

14. LANGUAGES English, Gallic 4

15. SPORTS Football, Swimming, Boxing

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

WIFE (FULL MAIDEN NAME) Beryl Margaret Palkingham

PLACE OF MARRIAGE Toronto — DATE 10-4-41

AUTHORITY (IF AFTER ENLISTMENT)

2

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.
Nancy Doreen	3-8-32				

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

FULL NAME: Beryl Collins — RELATIONSHIP Wife
ADDRESS: 505 Logan Ave, Toronto — D.R.O.
FULL NAME: — RELATIONSHIP
ADDRESS: — D.R.O.

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

RATE CHANGES ETC.	EFFECTIVE	D.R.O.	RATE CHANGES ETC.	EFFECTIVE	D.R.O.
Rtns Allce 5.00 14d.	25/7 7/8 42	E.231			

21. ENGAGEMENTS

TERM	EFFECTIVE	D.R.O.	TERM	EFFECTIVE	D.R.O.
Duration	26 5 41				

22. TEMPORARY DUTY AND MISCELLANEOUS ENTRIES

FROM	TO	DATE	D.R.O.
Rep. qtrs. & rat		26-5-41	1MD124
Occ. gov't qtrs & draw rtns.		5-7-41	E160
Occ. pub. qtrs & draw rtns		16-8-41	1BGS228
Occ. Gov't qtrs & dr. rtns.		12-3-42	E73
Issued S.L.T.H. #C 122245.		24-7-42	E206

22.(A) ADDRESS PRIOR TO ENLISTMENT

505 Logan Ave, Toronto

15614

23. DOCUMENT CONTROL (INDICATE RECEIPT BY DATE)

R60	R79	B465	X-RAY	AFM-13	IDN. CARD	
4-6-41	MAY 5 '42	27-5-41				KX

AIR FORCE No. R105246

SURNAME: COLLINS, FULL CHRISTIAN NAMES: DENIS MICHAEL HOCTOR

ENLISTMENT PLACE Toronto DATE 26-5-41

RE-ENLISTMENT

C.R. FILE NUMBER

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	26	5	41	1 M D 124
S.O.S	# 1 M.D. Toronto	5	7	41	1 M D 159
T.O.S	C.I.S. Trenton	6	7	41	E 160
S.O.S	Trenton	16	8	41	E 195
T.O.S	1 B & G.S. Jarvis, Ont.	17	8	41	1 B&G S 228
S.O.S	1 B&G Jarvis	21	12	41	1 B&G 356
T.O.S	20 E.F. Oshawa, Ont.	22	12	41	20 E F 161
S.O.S.	20 E.F. Oshawa, Ont.	12	3	42	20 E F 60
T.O.S	Trenton, Ont.	13	3	42	873.
S.O.S	K.T.S. Trenton	5	1	43	E 2
T.O.S	"1 Y.D. Halifax N.S.	7	1	43	T/C 17
S.O.S	1 Y Depot Halifax	1	2	43	1 Y 41
T.O.S	Gander, Nfld.	2	2	43	Ny 33
S.O.S.	R.C.A.F.	19	12	43	Nf 308
	Killed at Mont Joli	19	12	43	Nf 308
	Killed	19	12	43	
	M.S.2	20	12	43	
W.S.G	12480 Computed 29/9/44				
12480	Completed 3/LG 28/1 JAN 9 1945				

2. RECLASS'NS-PROMOTIONS-ETC.

RANK	EFFECTIVE			D.R.O.
AC2	26	5	41	1 M D 124
A/Cpl (unpaid)	16	8	41	E 195
AC1	26	8	41	1 B&G 245
LAC	26	11	41	1 B&G 329
A/Cpl (Pd)	1	1	42	20 E F 1.
T/Cpl (pd)	1	1	42	1416
Act/Sgt. (Temp)	31	3	43	Nf. 78
Y/Cpl.	19	12	43	Nf 308
Y/Cpl.	1	1	42	E 12

3. MEDICAL HISTORY

EXAMINATIONS (IN RED INK)

DATE	FORM	CATEGORY	REMARKS

HOSPITALIZATION (IN BLACK INK)

HOSPITAL	ADMITTED	DISCHARGE	D.R.O.
QUARTERS	CONFINED	RET'N DUTY	
29-4-41	R-160	A4B	
Stn Hosp	20-4-43	24-4-43	Nf 98-102

4. TRADE AND CHARACTER

TRADE	GROUP	EFFECTIVE			D.R.O.
Ser. Pol.	S	26	5	41	1 M D 124
Ser. Pol. 7956	C	16	8	41	E 195

TRADE PROFICIENCY	CHARACTER ASSESSMENT	DATE OF R41

5. COURSES-TESTS-ETC.

SUBJECT	RESULT	DATE	AUTHORITY

6. LEAVE

FROM	TO	DAYS	REMARKS	D.R.O.
24-3-42	31-3-42 (amended)	7		E 883
24-3-42	1-4-42			E 885
24-7-42	8-8-42	14		E 206
23-12-42	29-12-42	5	Spec.	E 5
17-11-43	1-12-43			Nf 279

RELIGION: R.C. PRES. HEB. M.S. OTHER PREV. SERV.

PROVINCE OF ENLISTMENT: C. OF E. BAP. U.C. PRES. R.C.

DISCHARGE: AC

R.C.A.F. OVERSEAS: 1 2

ENLISTMENT MARTIAL STATUS: 3 4 5

PRESENT MARTIAL STATUS: 6 7 8

HIGH & TECH. SCHOOL EDUCATION: 9 10 11 12 13 14 15

AIR FORCE No. R105246

SURNAME: Collins

FULL CHRISTIAN NAME: Henry Michael Hector.

ENLISTMENT/APPOINTMENT — PLACE: Toronto — DATE: 26-5-41

RELIGION: R.C.

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

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

BIRTH DATE	PLACE	COUNTRY	CITIZENSHIP	RACIAL ORIGIN
15-4-99	Kilkenny Co.	Ireland	Ireland	British

CIVIL EDUCATION

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

CIVIL OCCUPATIONS AND EXPERIENCE

Constable

PREVIOUS SERVICE

Nil.

PLACE AND DATE OF MEDICAL	CATEGORY	PLACE AND DATE OF MEDICAL	CATEGORY
29-4-41	A4B.		

PARTICULARS OF FAMILY

SINGLE, MARRIED, WIDOWER, DIVORCED: Married

WIFE (FULL MAIDEN NAME) OR HUSBAND: Beryl Margaret Talkingham

PRESENT ADDRESS (IN PENCIL):

PLACE OF MARRIAGE: DATE:

AUTHORITY (IF AFTER APPOINTMENT/ENLISTMENT):

CHILDREN

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

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

Beryl Margaret Collins (Wife)
505 Logan Ave., Toronto Ont.

EMPLOYMENT AS INSTRUCTOR OFFICER AIRMAN/AIRWOMAN

TYPE	FROM	TO	TYPE	FROM	TO

OFFICERS

RANK, BRANCH AND CATEGORY	DATE	AUTH.	DUTIES PERFORMED DURING SERVICE, E.G. ADJ.

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

AIRMEN AND AIRWOMEN

RANK	DATE	AUTH.	TRADE	DATE	AUTH.
AC2	26 5 41				
A/CPL (UP)	16 8 41				
AC1	26 8 41				
LAC	26 11 41				
A/CPL P	1 1 42				
T/CPL P	1 1 42	NRO 1			
A/SGT UP	31 3 43	" 78.			
Reverts to rank T/CPL P	19 12 43	" 308			

OFFICERS, AIRMEN/AIRWOMEN

COURSE OR TRADE	GRP.	%	PF	DATE
Ser. Police	S			
" "	C	66	P	16 8 41

AIR FORCE No. R105246

SURNAME: Collins

FULL CHRISTIAN NAME: Denis Michael Hector

ENLISTMENT/APPOINTMENT

PLACE: Toronto

DATE: 26-5-41

RELIGION

R.C.

R.C.A.F. FORM R230

TYPE OF LEAVE

FROM	TO	No. DAYS	DESCRIPTION	AUTH.
24-7-42	8-8-42	14	Ann	206
SLTW	C122245		24-7-42	206
23-12-42	29-12-42	5	Spec.	
17-11-41	1-2-41	14	Ann	279
S.L.T.W.	C174746		d16-11-43.	

TYPE OF AIRCRAFT ON WHICH MOST PROFICIENT

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

SERVICE MACHINES FLOWN

CHARACTER AND TRADE ASSESSMENT

DATE	CHARACTER	TRADE ASSESSMENT

HONOURS, AWARDS AND MENTIONS

DATE	AWARD	AUTHORITY

POSTINGS, ATTACHMENTS & TEMPORARY DUTY

SOS TOS	FROM	TO	DATE	AUTHORITY
NRO –	Toronto	Toronto	26 5 41	170 R. 13.
	Toronto	Trenton	5 7 41	NRO 124
	Trenton	Jarvis	16 8 41	" 195
	Jarvis	Oshawa		
	Oshawa	Trenton	12 3 42	" 60
	Trenton	Halifax	5 1 43	" 2.
	17 Repl	Gander	1 2 43	" 29
	"	"	2 2 43	" 33
S.O.S.	R.C.A.F. (S.R.)	off 19-12-43	Killed at	
Mont	Joli	off 19-12-43.	1060	308.

ALL OTHER CASUALTIES

CASUALTY AND DATE	AUTHORITY

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

RECORD OF PAY

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

APPOINTED OR ENLISTED AT Toronto, Ont. ON 26.5.41.

MARRIED OR SINGLE Married

No. R 105246

NAME IN FULL Denis Michael Hector COLLINS

Estate Auditor

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
	1-12-41	AC2	C	A2	1.75		1.75		Mo. B & L School Rimouski
1	1-1-42	"	C	AS	1.95		1.95		No 1 "Y" Depot Dartmouth
16	1-1-43	Cpl	C	AS	1.95		1.95		
78	31-3-43	A/Sgt	C	AS	1.95		1.95		A/Sgt unpaid RCAF St. Gander, Nfld

ASSIGNMENTS

Assignee	Eff. Date	Amount	Total
Mrs. Beryl Margaret Collins	1-10-41	37 00	37 00
Mrs Beryl E Collins	1-5-42	32 00	~~0~~
Mrs Beryl E Collins	1-5-42	39 00	39 00

DEPENDENTS ALLOWANCE

Date App. Forwarded	Relationship	Amount Awarded	Eff. Date
29-5-41	Wife		
	Daughter		

REMARKS — N.D.T. Class. L

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
Dec 1-21	21	36 75				50	37 25	22 40							22 40	22 75	790	2/c SOS 6 A 20 EFTS Oshawa 21-12-41 CAD 256
22-31	10	17 50					17 50	9 60		7 90					17 50			TOS. f. HQ 10 f. Jarvis 23/12/41 4RO. 161
1942 Jan 1-21	31	60 45					60 45	32 00						15 00	47 00	13 45		
Feb 1-28	28	54 60					54 60	32 -						10 00	42	12 60		
Mar 1-12	12	23 40					23 40	12 80						15 00	27 80		4 40	SOS 20 EFTS to Trenton 9/12-3-42 1760 2-3
13-31/3	19	37 05					37 05	19 20		4 40					23 60		13 45	13- TOS. H.Q. TRENTON FR. 20 E.F.T.S. OSHAWA, ONT. 13-3-42. 83- LEAVE 24-3-42 TO 2-4-42 (10 DAYS) SS- 1-4-42.
1-30/4	30	58 50				13 45	72 95	32 00						25 00	57 00		14 95	
1-31/5	31	60 45				14 95	75 40	39 00						25 00	64 00		11 40	
1-30/6	30	58 50				11 40	69 90	39 00						-	39 00	-	30 90	
1-31/7	31	60 45				30 90	91 35	39 00					57 00	-	96 00	-	4 65	206- 24-7-42 TO 8-8-42 (14 DAYS)
1-31/8	31	60 45	7 00				67 45	39 00		4 65					43 65	23 80	=	231- ENT. TO R.A. 5.00 PER DAY 25-7-42 TO 7-8-42 (14 DAYS)
1-30/9	30	58 50					58 50	39 00						10 00	49 00	9 50	=	
1-31/10	31	60 45					60 45	39 00						10 00	49 00	11 45	8	
1-30-11	30	58 50					58 50	39 00						10 00	49 00		9 50	
1-31/12	31	60 45				9 50	69 95	39 00							39 00	18 45	12 50	12- SOS TO #1 "Y" Depot. HALIFAX, N.S. EFF 31-1-43
43 1-5/1	5	9 75	2 50			12 50	25 25	6 50					15 00		21 50		3 75	#3 - XMAS 1ve 5 days - R.A.
6-31/1	26	50 70				3 75	53 95	32 50							32 50		21 45	SOS to Gander Nfld eff 1-2-43
1/2/43	1	1 95				21 45	23 40	1 30							1 30		22 10	
2/28/2	27	52 65				22 10	74 75	37 70			Laundry	1 50			39 20		35 55	AD 33 T.O.S. EFF. 2-2-43
March	31	60 45				35 55	96 00	39 00			"	1 50			40 50		55 50	
April	30	58 50				55 50	114 00	39 00			Lay	1 50			40 50		73 50	

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

RECORD OF PAY

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

APPOINTED OR ENLISTED AT TORONTO, ONT. ON 26-5-41

MARRIED OR SINGLE MARRIED

No. R105x46 NAME IN FULL COLLINS DENIS MICHAEL HECTOR

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
		A/SGT	C	AS	1 95		1 95		FORWARDED FROM OTHER SIDE
308	19-12-43	T/CPL	C	✓	1 95		1 95		REVERTS. T/CPL (PAID) 19-12-43

ASSIGNMENTS

Assignee	Eff. Date	Amount	Total
FORWARDED			39 00
5th. Vic. Loan	1-11-43	8 40	47 40
5th. V. LOAN.	1-11-43	8 40	39 00
MRS. BERYL COLLINS	1-1-44	39 00	0

DEPENDENTS ALLOWANCE

Date App. Forwarded	Relationship	Amount Awarded	Eff. Date

REMARKS

N.D.T. CLASS.

Period 1943	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
May	31	60 45				73 50	183 95	39 00			Lady	1 50			40 50		93 45	
June	30	58 50				93 45	151 95	39 00			Lady	1 50			40 50		111 45	
July	31	60 45				111 45	171 90	39 00			Lady	1 50			40 50		131 40	
AUG	31	60 45				131 40	191 85	39 00			"	1 50		140 00	180 50		11 35	
SEP	30	58 50				11 35	69 85	39 -			"	1 50			40 50		29 35	
Oct.	31	60 45				29 35	89 80	39 00			✓	1 50		40 00	80 50		9 30	
Nov.	30	58 50	7 00			9 30	74 80	47 40			✓	75	38 55		86 70		11 90	DO. 279 - RAAL - NOV. 17 - 30(14) - A-274
1-31-12	31	60 45		2 W - PERSONAL EFFECTS ADJ. A/P NOV	9 44 8 40		78 29	39 00		11 90	✓	-			50 90		27 39	DRO. 308. S.O.S. KILLED AT MONT. 2 OLI. QDE. 19-12-43
						27 39					ESTATES CHEQUE #82452	27 39					0	