R108362
YOUNG
JOHN RUSSE

AIR FORCE No. R108362 R

SURNAME: YOUNG, FULL CHRISTIAN NAMES: JOHN RUSSELL DERMOTT

ENLISTMENT — PLACE Montreal — DATE 27-6-41

RE-ENLISTMENT

C.R. FILE NUMBER

RECORD OF SERVICE AIRMEN

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

7. BIRTH: DATE 21-1-18 — PLACE Montreal Que. — CITIZENSHIP Brit 2

FATHER (FULL NAME) Wallace Dermott Young

BIRTHPLACE Twin Rivers, Que.

MOTHER (FULL MAIDEN NAME) Kate Elizabeth Howes

BIRTHPLACE Montreal, Que.

8. EDUCATIONAL STANDING

HIGH SCHOOL ENTRANCE ✗ Que

JUNIOR MATRICULATION ✗ Que

SENIOR MATRICULATION ✗ Que

TECHNICAL SCHOOL

UNIVERSITY 4 yrs Que. McGill Chem.

CORRESPONDENCE COURSES

8

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

Office Boy 3 mo.
Shipper 2 mo.
Lab. Asst 1½ yr.

7492

10. PREVIOUS ARMY, NAVY OR AIR FORCE SERVICE

Mtl. Nigh. Scout Capt. Mtl. '33 34
McGill Cot. Mtl. '39 40.
McGill Reserve '40 '41.

6

11. HONOURS-AWARDS, MENTIONS

AUTHORITY	DATE

12. FLYING EXPERIENCE ON ENLISTMENT (HOURS)

SOLO — DUAL — PASSENGER —

13. RELIGION United

2

14. LANGUAGES Eng. French.

3

15. SPORTS Swimming, wrestling, skiing, baseball, boxing.

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

WIFE (FULL MAIDEN NAME)

PLACE OF MARRIAGE — DATE

AUTHORITY (IF AFTER ENLISTMENT)

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: Wallace Dermott Young — RELATIONSHIP Father

ADDRESS: 6646 Christophe Colombe Ave. Montreal, Que. — 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.

21. ENGAGEMENTS

TERM	EFFECTIVE	D.R.O.	TERM	EFFECTIVE	D.R.O.
Duration	27 6 41				

22. TEMPORARY DUTY AND MISCELLANEOUS ENTRIES

FROM	TO	DATE	D.R.O.
Occ gtrs & dr stns.		27-6-41	44 and 48
Acc Govt. gtrs & draw stns in kind		10-8-41	8 & 9. 191
Acc. Gov't. gtrs & draw stns		18-10-41	378 & 74
Acc. Gov't gtrs & drawing stns.		22-11-41	22 & 26
Acc Govt. gtrs. & draw stns.		21-1-42	8 & 25
Acc gov't gtrs & draw stns		15-2-42	9 & 0 & 27

22.(A) ADDRESS PRIOR TO ENLISTMENT

6646 Cristophe Colombe Ave.
Montreal, Que.

22302

23. DOCUMENT CONTROL (INDICATE RECEIPT BY DATE)

R60	R79	B465	X-RAY	AFM-13	IDN. CARD	
24-7-41	MAR 4 '42	2-7-41			17-11-46	XX

AIR FORCE No. R108362

SURNAME: YOUNG, FULL CHRISTIAN NAMES: JOHN RUSSELL DERMOTT.

ENLISTMENT — PLACE Montreal — DATE 27-6-41

RE-ENLISTMENT

C.R. FILE NUMBER

(4)

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.
TOS	4 AMD St Hubert	27	6	41	4 AMD 48
S.O.S.	4 AMD St Hubert (suspended)	8	8	41	4 AMD 84
TOS	8 SFTS Moncton	10	8	41	8 SF 202 / 8 SF 212 / 8 SF 91
TOS	8 SFTS Moncton	9	8	41	8 SF 212 / 8 SF 202
SOS	8 S F Moncton	9	10	41	8 S F 244
TOS	3 P.T.S. Victoriaville	10	10	41	3 P.T.S. 174
SOS	3 P.T.S. Victoriaville	22	11	41	3 P.T.S. 210
TOS	#22 E.F.T.S. Ancienne Lorette	23	11	41	22 S.F. 26
SOS	22 S.F. Ancienne Lorette	9	1	42	22 S.F. 75
TOS	K.T.S. Trenton	10	1	42	E 25
SOS	K.T.S. Trenton	14	2	42	E 43
TOS	9 A.O.S. St. Johns	15	2	42	9 A.O.S. 27
SOS	9 A.O.S. St Johns	23	5	42	9 A.O.S. 72
T.O.S.	6 B.&G.S. Mt. View	24	5	42	MV 125
Missing 13-6-42					
S.O.S.	Died at Mtn View	13	6	42	MV 157

Training, Flying acc, Normal, Can, J.C.; Sig. A4-d/13-6-42; Airforce Mountainview

#44 - 13-6-42.

Bodies Recovered 5-7-42

21-JA-002

C	CH	STRENGTH	DATE			CAUSE	STATUS	RESULT	DATE OR PLACE	P	CH
L	K	58	13	6	42	0	9	9	14200		

USC Computed 6/10/44

Can/WD 17 7 45

2. RECLASS'NS-PROMOTIONS-ETC.

RANK	EFFECTIVE			D.R.O.
AC2	27	6	41	4 AMD 48
Lac	22	11	41	3 P.T.S. 210
6				

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.
25-6-41	B100	A1B A3B	
22-10-41	M	B1B, B2B	
Sta Hosp	1-2-42		E 43-63

4. TRADE AND CHARACTER

TRADE	GROUP	EFFECTIVE			D.R.O.
Pa O	S	27	6	41	4 AMD 48
A.C.		13	2	42	E 46
303 S					—

TRADE PROFICIENCY	CHARACTER ASSESSMENT	DATE OF R41

5. COURSES-TESTS-ETC.

SUBJECT	RESULT	DATE			AUTHORITY
Training Disc.					22 S.F. 14
Pupil Pilot Course	F	31	1	42	7 P.S.T. - 22 S.F. 27

6. LEAVE

FROM	TO	DAYS	REMARKS	D.R.O.

R.C.A.F. OVERSEAS — ENLISTMENT MARTIAL STATUS — PRESENT MARTIAL STATUS — HIGH & TECH. SCHOOL EDUCATION — C. OFF. BAP. U.C. PRES. R.C. HEB. MIS. OTHER — RELIGION — PREV. SERV. — PROVINCE OF ENLISTMENT — DISCHARGE — AC

R.C.A.F. Special Reserve

I, John Russell Dermott Young do solemnly swear that I was born on the 21st day of January in the year of Our Lord Nineteen hundred and eighteen in the City of Montreal Province of Quebec, Canada; and that my father's name is:-- Wallace Dermott Young; and that my mother's maiden name is:-- Katie Elizabeth Howes.

I understand that the above statement will be accepted by the Royal Canadian Air Force as a temporary expedient only, and that I will be required to submit satisfactory proof of age at the earliest possible date.

AND I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath, and by virtue of the Canada Evidence Act.

And I have signed,

John R. D. Young

SWORN BEFORE ME AT THE
CITY OF Montreal
IN THE PROVINCE OF
Quebec THIS
twenty-sixth DAY OF
June A.D.1941.

Louis Gilmis Ferro

R.C.A.F. Records Office
Rec'd JUL 3 1941
O. C.I.B.
R. C.M.A.N.I.
S. L. P. A.

McGILL UNIVERSITY
MONTREAL

REPORT OF STANDING

1940-41

Name John Russell Young Course and Year B.Sc. 3

COURSE	No.	CLASS	COURSE	No.	CLASS
Chemistry	3A	Absent			
Chemistry	6	F.			
Zoology	3	F.			
Zoology	4	F.			
Genetics	1	III			

P—Passed supplemental
F—Failed

Scholarships or other Awards:

Remarks: On Probation.

Cyrus Macmillan
Dean of the Faculty of Arts and Science

Date June 3, 1941.

R.C.A.F. Special Reserve

ROYAL CANADIAN AIR FORCE

INTERVIEW REPORT

AGE 23
HEIGHT 5'8"
WEIGHT 130

SURNAME YOUNG

CHRISTIAN NAME JOHN RUSSELL DERMOTT

MARRIED NO NO. OF CHILDREN N.A.

N.F.

FLYING
PILOT X
OBSERVER
W.A. GUNNER

EDUCATIONAL:- NUMBER OF YEARS

High School 4 yrs. Technical none Commercial

University (Name and Dates of Attendance)

3 yrs. University McGill 1937-41

Standing other Countries None

FLYING EXPERIENCE:- Total hours NONE

Commercial Hours Solo Dual

Private Hours Solo Dual Pass

No. hours & types during last 2 yrs. NONE

MILITARY AND OTHER TRAINING:-

McGill University C.O.T.C. and still with McGill Reserve T. Bn. Also experienced as laboratory asst.

SPORTS:-(What branches) Swimming, wrestling, skiing, (ext) basketball, boxing (mod.)

HOBBIES:- model aircraft.

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

Bilingual, intelligent, well-educated. Belongs to a very fine family and is himself a fine young chap of good character and ability.

Good material.

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

CONSIDERED SUITABLE FOR COMMISSIONED RANK? Yes.

BEST FITTED FOR Pilot or Observer

R.C.A.F. Records Office
Rec'd JUL 8 1941
O.K. C.I.B.
R.C. N.I.
C.L. P.A.

APPROACH
Confident X
Nervous
Easy

CARRIAGE
Upright
Medium X
Athletic

DRESS
Neat X
Conservative X
Clean
Careless

PHYSIQUE
Medium X
Heavy Set
Slender

SPEECH
Clear X
Slow
Hesitant

RESPONSE
Quick X
Deliberate
Slow

MANNER
Alert X
Confident X
Sincere X
Reserved
Nervous
Overbearing
Irresponsible

EXCELLENT
ABOVE AVERAGE
AVERAGE X
BELOW AVERAGE
MARK WITH AN X THE DESCRIPTION WHICH APPLIES

DATE: 24-6-41

RECRUITING CENTRE: Montreal, P.Q.

for R. Bodwell F/O
Signature of Officer
J.R.O. Gibeault F.O.

A.F.M.5

R.C.A.F. Special Reserve

CONFIDENTIAL

No. 3 INITIAL TRAINING SCHOOL, R.C.A.F. SELECTION BOARD, VICTORIAVILLE, P.Q.

150M—8-40 (6421) H.Q. 1062-10-2

ROYAL CANADIAN AIR FORCE

FILE NUMBER 108362

Medical Board held at Montreal Que *Date* 25-6-41

Surname Young *Chr. Names* John Russell Dermott
Nature of Commission M-2-1 *Date of Birth* 21-1-18 *Married or Single* S
Branch General List *Hours Flown* NONE
Address 6646 Christophe Colomb Ave Montreal Que

HAVE YOU ANY HISTORY OF:—

(i) NERVOUS TROUBLE or Nervous Breakdown NO
Severe or "Sick" Headaches, Migraine NO
Fits or Convulsions of any kind NO
Sun or Heat Stroke NO
Head Injury or Concussion (including "knock-out") NO
Insomnia, Nightmares, Sleep-walking, or Bed-wetting NO
(ii) LUNG TROUBLE or Consumption NO
Bronchitis, Pneumonia or Pleurisy pneumonia no for the others 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 NO
(iv) STOMACH or BOWEL TROUBLE NO
Chronic Indigestion or Pain after Food NO
(v) KIDNEY or BLADDER TROUBLE NO
Syphilis or Gonorrhœa NO
(vi) TROPICAL DISEASE NO
Malaria NO
Dysentery NO
(vii) EYE TROUBLE or Inflammation of Eyelids NO
Wearing of Glasses NO
Colour or Night Blindness NO
(viii) EAR TROUBLE, Earache or Discharge from Ears NO
Deafness, Noises in the Ears, or Dizziness NO
Frequent Colds in Head, Catarrh or Obstruction NO
Prolonged Hoarseness or Loss of Voice NO
Sea, Car or Train Sickness NO
Discomfort on Swings, Roundabouts, Switchbacks NO
(ix) OPERATIONS NO
(x) Any Illness or Injury not mentioned above NO
NO

Education 4 years High School 3 years at McGill University 37-41
Present Occupation student Hobbies model aircraft
Previous Service NCP.A.M. 2 years
Athletics swimming, wrestling skiing Ext. basketball, boxing, moder.
Habits—Smoking pipe moderately Alcohol occasionally
FAMILY HISTORY—Consumption NONE
Nervous Ailments, Mental Trouble, or "Fits" NONE
Father Alive—Health good Dead—Cause
Mother Alive—Health good Dead—Cause
Brothers (0) Alive—Health good (0) Dead—Cause
Sisters (1) Alive—Health good (0) Dead—Cause

I hereby declare that I have carefully considered the statements made above, that to the best of my belief they are complete and correct, and that I have not withheld any relevant information or made any misleading statement. I am fully aware that by wilfully suppressing any information I shall incur the risk of not being granted a Commission, or if it is granted, of being required to relinquish it and forfeit any claim to gratuity or other award.

Date 24-6-41 *Signature* J. R. Young John R. D. Young *Witness* [illegible]

GENERAL MEDICAL AND SURGICAL EXAMINATION

Impression given by *(a)* Physique ....good.... *(b)* Mentality ....good....
Body Marks, Scars, Deformities ....NONE....
Size of Thyroid Gland ....not palpable....
Surgical Abnormalities ....none....
Results of Wounds, Injuries, Operations ....none....

	Date	Assessing Room	Date 22-10-41 M.S.B.	Assessing Room	Date	Assessing Room	Remarks on any Abnormalities Found
Height (ins.)	67¼		67				
Weight (lbs.)	125		132				*Date*
Chest Circumference (ins.)							
Body Build (lbs.)	14						
Leg Length (ins.)	41		41				
Pulse Rate — Sitting	64		60				
Pulse Rate — Standing 1st	84						
Pulse Rate — Standing 2nd	84						
Pulse Rate — After Exercise	108						
Pulse Rate — Time to Normal	20						
Arterial Walls	soft		N				
Blood Pressure — Systolic	120		110				
Blood Pressure — Diastolic	75		68				
Heart — Size	N		N				
Heart — Sounds	CLEAR		N				
Heart — Rhythm	regul		N				
Lungs	N		N				
Breath held	60						
Expiratory Force	150						
Vital Capacity (Best of 5)							
Reflexes — Knee	N		N				*Date*
Reflexes — Ankle	N		N				
Reflexes — Triceps	N		N				
Reflexes — Abdominal	N		N				
Reflexes — Plantar	FLEX		N				
Cranial Nerves	N		N				
Balancing Rod	R. L. S S	R. L.	R. L.	R. L.	R. L.	R. L.	
Self Balancing	R. L. S S	R. L.	R. L.	R. L.	R. L.	R. L.	
Tremors — Fingers	SF SF						
Tremors — Eyelids	SF SF						*Date*
Abdomen — Liver	not palp		NN				
Abdomen — Spleen	not percuss		N				
Abdomen — Muscular Tone	good		N				
Urine — Albumen	neg		N				
Urine — Sugar	neg		N				
Initials of M.O.	MW.		JDCM				MW.

40 mm. Hg. Test 65 - 6/677,677,678,878,8
Date 22-10-41 565)555,555,555,454,56 - 70 sec
Date
Date
Date
Date

Remarks by Consultant.

FIT

ON ANY
ES FOUND

EYE EXAMINATION

History	neg	No symptoms	
Visual Acuity	R. 20/20 , $\bar{c}$ 2.25 = 20/200	R20/20 $\bar{c}$ 2.50 20/200	
	L. 20/20 , $\bar{c}$ 2.25 = 20/200	L20/20 $\bar{c}$ 2.50 20/200	
Colour Vision	Ish N	M	
Red, Green	sl. eso. ¼ alt. negl.	M.R. Eso. 1 Red on horizon	
Diaphragm Test (P.D. = 57.5)	crowding	P.D. 61, Crowd at 1	
Convergence	C. = 6.5 cms.	7	
	S. C. 10.5 cms.	9	
Accommodation	R. } 7.5	10	
	L. }	10	
Cover Test	sl. lat. convg. R.R.	At 20' N, at 15" N	
Fundi and Media	N	N	
Fields	N	N	
Remarks:	FIT	Rt. hand and neither eye master. Fit.	
	Initials of M.O. lw.	*Initials of M.O.* J.V.N.	*Initials of M.O.*
	Date	*Date* 22-10-41	*Date*

EXAMINATION OF EAR, NOSE AND THROAT

History NEG

Hearing	R. Ear	W.V. 20	W.V. 20'	
	L. Ear	W.V. 20	W.V. 20'	
External Ear, Meatus Membranes	R. Ear	N	N	
	L. Ear	N	N	
Middle Ear, Eustachian Tubes	R. Ear	PAT	PAT	
	L. Ear	PAT	PAT	
Cochlear Apparatus	R. Ear		N	
	L. Ear		N	
Vestibular Apparatus	R. Ear		N	
	L. Ear		N	
Buccal Cavity		healthy	N	
Teeth		H	N	
Gums		N	N	
Pharynx		N	N	
Nasopharynx		N	N	
Nose		N	N	
Larynx		N	N	
Remarks:	FIT			
		Initials of M.O. lw.	*Initials of M.O.* JDCM	*Initials of M.O.*
		Date	*Date* 22-10-41	*Date*

HISTORY OF PRESENT CONDITION

Date 25-6-41

Weht through the whole examination, with good responses and without any
xSSx S 1 rain
Gives a good impression

M.W. Colquhoun Flt
D. Hutton F/O

M.S.B. 22-10-41: After completing Gr. XI, Montreal, Ldd worked one year in stationary Dept., C.I.L. Has spent 3 yrs In Zoology at McGill Univ. leaving to join up. Choice.P.O.

Alert, quick lad who appears well adjusted and average in self-confidenc and emotional stability. Intelligence - superior. Commission material.

C.G. Stogdill, Flt/lt.

OBSERVATIONS AND FINDINGS BY PRESIDENT OF BOARD

Date 25-6-41

Cat. A1B A3B

M.W. Colquhoun Flt
D. Hutton F.O.

CATEGORY
G, B G3B
OCT 22 1941
E Clark Kerr,
PRES. NO. 3 MED. SELECTION BD.
Wylander for

R.C.A.F. Recruiting Office
Rec'd NOV 5 1941

MEDICAL RE-EXAMINATION

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

Date 26/6/41 Signature ~~J. R. Young~~ John R. D. Young Witness D. Hutton F.O.

R.C.A.F. T.58A

ROYAL CANADIAN AIR FORCE

REPORT ON PUPIL PILOT--FLYING AND GROUND TRAINING

Surname YOUNG ..... Christian Names J.R.D. .....

Number R108362 ..... Rank LAC .....

INSTRUCTIONS

1. For instructions on the use of this form, see C.A.P. 100, Section 7.

PART I

INITIAL TRAINING

1. No. 3 ..... I.T.S. Course No. 38 .... From 11-10- .... To 12-11-41

2. Results of Examination:-

Subject	Maximum Marks	Marks Obtained	Subject	Maximum Marks	Marks Obtained
Mathematics	100	66	Hygiene & Sanitation	40	38
Armament (R & O)	100	52	Drill	100	79
Signals	100	86	Law and Disc., etc.	60	52

3. Maximum Marks 500. Marks Obtained 373 Percentage 75

4. Passed or Failed P Position(Group) in Class 37 No. in P's Class 105
No of Groups 78

5. Considered ~~Unsuitable~~ for Commissioned Rank

6. Recommended for training as : (a) Pilot
(b) ~~XXXXXXXXX~~
(c)

7. Remarks Good education - Capable- Good appearance - Quiet - Intelligent

8. Alternative Recommendation Observer

L.D. Findlay Wg. Comdr.
Commanding Officer

No. 3 I.T.S., Victoriaville, P.Q.

Date 21-11-41

To be passed to No. 22 EFTS.

R.C.A.F. Records Office
Rec'd FEB 5 1942
O.K. C.B.
R.C. N.I.
S.L. P.A.

Can.
A ~~U.K.~~ Trainee.
~~Aus.~~
~~N.Z.~~

NOTE: X out Countries not applicable

R.108362 LAC YOUNG, J.R.D.

PART II

ELEMENTARY TRAINING

1. No. 22 E.F.T.S. Course No. 43 From 24-11-41 To 16-1-42

2. Flying Time:--

FLYING TRAINING

Aircraft	Total Dual	Total Solo	Instrument Flying	Total Night F. (included in Total Dual)	Passenger	Total	Link Trainer
Finch II	14:20	Nil	Nil	N.A.	N.A.	N.A.	02:00

3. Results of Flying Tests:-- 20 hour N.A. % Final Test N.A.% Instr.Fly N.A.%

4. Ability as a Pilot (Ex. AA, A, Below Av., Poor) Poor Pass or Fail Fail

5. Recommended for Training on T. W. or S. E. aircraft N.A.

6. Remarks on Flying Progress and points which require special consideration:

Very slow on learning fundamentals of flying. Absolutely not suited for flying as a pilot.

.....
Chief Flying Instructor
Date: 9-1-42

7. GROUND TRAINING

Subject	Maximum Marks	Marks Obtained	Subject	Maximum Marks	Marks Obtained
Airmanship	200	N.A.	Th. of Flight	100	N.A.
Airframes	100	N.A.	Air Navigation	200	N.A.
Aero Engines	100	N.A.	A/C Recognition	75	N.A.
Signals(Prac)	100	N.A.	Armament	125	N.A.
			Quals. as an Officer	200	N.A.

Maximum Marks 1200, Marks Obtained N.A. Percentage N.A.

Pass or Fail Fail Position in Class N.A. No. in Class N.A.

8. Commissioned Rank (Appears suitable or unsuitable) Unsuitable

9. General Remarks (Ability, Conduct, etc.)

Rather difficult manner. Good ability, should be suited to observer duties.

.....
Chief Ground Instructor
Date 9-1-42

.....Flt.Lt.
Chief Supervisory Officer,
No. 22 E.F.T.S.
Date 9-1-42

To be passed to ~~XXXXXXX~~
Composite Training School, Trenton, Ont.

OFFICIAL ROYAL CANADIAN AIR FORCE CASUALTY NOTIFICATION

NUMBER R103562 RANK LAC TRADE AIR OBSERVER UNIT 6 BGS MOUNTAIN VIEW

S E R V I C E				
R.C.A.F.	R.A.F.	R.A.A.F.	R.N.Z.A.F.	OTHER
X				

NAME YOUNG, JOHN RUSSELL DERMOTT

MARITAL STATUS SINGLE WAS AIRMAN ON INDEFINITE LEAVE WITHOUT PAY? NO

NEXT OF KIN AS SHOWN ON REC. OF SERV. & RELATIONSHIP MR. WALLACE DERMOTT YOUNG (FATHER)
ADDRESS 6646 CHRISTOPHE COLOMBE AVE., MONTREAL, QUE.

NAME
ADDRESS
D.A.B.

ADDITIONAL PERSON TO BE NOTIFIED ADDRESS

NEXT OF KIN AS SHOWN ON CAS. SIG. & RELATIONSHIP MR. W.D. YOUNG (FATHER)
ADDRESS 6646 CHRISTOPHER COLOMB ST., MONTREAL, QUEBEC.

RELIGION U.C. CANADIAN YES FRENCH CANADIAN OTHER

PARENTS NAMES MR. & MRS. WALLACE DERMOTT YOUNG
ADDRESS 6646 CHRISTOPHE COLOMBE AVE., MONTREAL, QUE.

FATHER LIVING ON ENLISTMENT YES
MOTHER LIVING ON ENLISTMENT YES

WAS MEMBER ATTACHED TO R.A.F. AT TIME OF CASUALTY? YES/NO IF SO, WAS HE A B.C.A.P.P. TRAINEE? YES/NO
IF NOT, UNDER WHAT CIRCUMSTANCES WAS HE SO ATTACHED?

IF MEMBER WAS ATTACHED TO R.A.F. AT ANY TIME, GIVE DETAILS: . . . . . .

IF CASUALTY OCCURRED IN CANADA DID MEMBER HAVE SERVICE OUTSIDE CANADA DURING WAR WITH THE GERMAN REICH? YES/NO
IF SO, GIVE PERIOD OR PERIODS: . . . . . .

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

AUTHORITY CAS. SIG. NO. RCAF STN. MOUNTAIN VIEW A4 13-6-42

63

CASUALTY DETAILS:
MISSING AFTER FLYING ACCIDENT 13-6-42 BODY NOT YET RECOVERED.

LAST WILL ATTACHED TO NOTIFICATION TO A. OF E? YES/NO M.F.M. 5 ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO DATE 17-6-42

R.C.A.F. R217
15M-4-42 (2067)
H.Q. 885 R217

7

COPY FOR DOCUMENT FILE

FOR CHIEF OF THE AIR STAFF

FORM 6 R 108362

This form if placed in an envelope, marked "Dominion Statistics—Free, penalty for improper use $300," and properly ad[illegible] the mail "FREE"

108362

PROVINCE OF ONTARIO—CERTIFICATE OF REGISTRATION [illegible]H

1. PLACE OF DEATH County or District of Hastings Township of Thurlow

If in City, Town or Village Bay of Quinte near (Name) Street 444 Potter's Creek House No.

(If death occurred in a hospital or institution, give the name instead of street and number)

2. LENGTH OF STAY (in years, months and days)
(a) In City, Town or Township where death occurred NIL (b) In Province 14 (c) In Canada (if immigrant)

3. PRINT FULL NAME OF DECEASED YOUNG (Family name) John Russell Dermott (Given name or names in usual order)

RESIDENCE No. Street R.C.A.F. Station, Mountain View City, Town, Village or Township Mountain View Province Ont.

(Residence means usual place of abode. Post Office Address for residents in rural parts not sufficient)

4. Sex	5. Nationality (Citizenship)	6. Racial Origin	7. Single, Married, Widowed or Divorced (Write the word)
M.	Can.	Not Known	Single

8. BIRTHPLACE Quebec (Province or Country)

9. DATE OF BIRTH January (Month) 21 (Day) 18 (Year)

10. AGE in

Years	Months	Days	If less than one day old
24	4	23	hrs. or min.

OCCUPATION

11. Trade, profession or kind of work as **spinner, teamster, office clerk,** etc. Air Observer

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

13. Date deceased last worked at this occupation June 13/42

14. Total years spent in this occupation

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

FATHER

16. NAME Wallace Dermott Young

17. BIRTHPLACE Not Known (Province or Country)

MOTHER

18. MAIDEN NAME Not Known

19. BIRTHPLACE Not Known (Province or Country)

20. Person giving information sign here R.C.A.F. Documents

Address

Relationship to deceased

21. Place of Burial, Cremation or Removal

Date of burial or removal

22. Burial Permit was issued by

Address

23. UNDERTAKER (Name and address)

MEDICAL CERTIFICATE OF DEATH

24. DATE OF DEATH June 13 (Month) (Day) 19 42 (Year)

25. I HEREBY CERTIFY that I attended deceased from: Not Attended 19 to 19

and last saw h. Not Seen Alive alive on 19

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) Skull Fracture

due to

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

due to

(c)

II. Other morbid conditions (if important) contributing to death but **not causally related to immediate cause.** Fract. Mandible, Lt. ~~Humerus~~ Femur Rt.
Comp'd Fract. Rt. & Lt. Tibia & Fibula
Multiple Lacerations 2nd & 3rd Degree Burns

26. If a woman, was the death associated with pregnancy?

27. Was there a surgical operation? NO Date of operation 19

State findings Was there an autopsy? NO

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

Accident, suicide or homicide? Accident (State which) Date of injury June 13 19 42

Manner of injury Aircaft Crash (How sustained)

Nature of injury Multiple Fractures, Lacerations, Burns

Specify whether injury occurred in **industry,** in **home,** or in **public place** On Active Service

Signed by Neil Gordon **M.D.**

Address RCAF/Mountain View, **Date** June 16 **19** 42

29. Division Registrar's Record No.

30. Filed 19 (Division Registrar)

Every Item of information should be carefully supplied. (See reverse side for instructions)

THIS FORM MUST BE FILED FORTHWITH WITH THE DIVISION REGISTRAR OF THE DIVISION IN WHICH THE DEATH OCCURRED BEFORE A BURIAL PERMIT CAN BE ISSUED

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

R.C.A.F. R. 78A
60M—8-41 (679)
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 YOUNG (Surname) JOHN RUSSELL DEWOTT (Christian Names in Full)

Rank LAC Number R106362 Unit RCAF (SR)

Date and time of accident 1505 hrs Place of accident (exact locality) Bay of Quinte, near Ritter's Creek

2. Short statement by injured person of the circumstances of the 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.

N.B.—See Instruction 4 before completing the following Section.

3. (*a*) Type and R.C.A.F. No. of Aircraft Nomad 3494

(*b*) Name of Pilot of Aircraft P/O J.A. McGregor

(*c*) Number in Aircraft, including Pilot three

(*d*) Crash occurred while: ~~*taking off*~~ ~~*landing*~~ ~~*stationary*~~ ~~*in air (collision)*~~ ~~*forced landing*~~ Spun into Bay of Quinte
(strike out those not applicable)

(*e*) Weather Clear, visibility excellent

(*f*) In case of non-fatal crash does individual recall all events immediately preceding and following crash? N.A.

(*g*) Number of flying hours of person reported on: Dual ~~——~~ Solo Instruction 84 hrs. 50 min.

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

4. (*a*) Description of injuries:— Skull fracture, fracture of mandible, left femur, compound fracture right and left tibia & fibula. Multiple lacerations 2nd & 3rd degree burns

(*b*) Are the injuries serious or of such a nature that they *might* be the exciting cause of disability later? yes, immediate death

(*c*) Whether admitted to hospital or Sick in Quarters? neither

Give name of hospital.

(*d*) How long before initial treatment was given? no treatment given

Date 18/6/42 Signature of Medical Officer Neil Gordon Flt

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? N.A.

(*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 N.A.

(*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, at R.C.A.F. Stn., Mtn. View on 16-6-42

Signature [signature] G/C

Date: 16/6/42 Commanding R.C.A.F. Stn., Mtn. View

1. No.	2. RANK OR RATING	3. SURNAME	4. CHRISTIAN NAMES
R108362	LAC	YOUNG	JOHN RUSSELL DERMOTT

5. UNIT OR SHIP	6. DATE OF CASUALTY	7. H. Q. FILE No.	8. RELIGION
G.I.S. AIRCREW, RCAF STATION, MOUNTAIN VIEW, ONT.	JUNE 13, 1942		UNITED CHURCH OF CANADA

9. CIRCUMSTANCES OF CASUALTY

Killed in a flying accident while member of the crew of a Nomad aircraft which crashed into the Bay of Quinte near Belleville, Ontario, Canada.

10. NAME, RELATIONSHIP AND ADDRESS OF NEXT OF KIN

MR. WALLACE DERMOTT YOUNG, (FATHER)
C/O MRS. E. GARFIELD CLAXTON,
630 CAROLINE ST., OGDENSBURG, N.Y., U.S.A.

11. LOCATION OF UNIT AT TIME OF CASUALTY

R.C.A.F. STATION, MOUNTAIN VIEW, ONTARIO, CANADA

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
Mt. Royal	Montreal, P.Q.	Grave #1076 R Plot Private Row N.A.	N.A.

16. PHOTOGRAPH OF GRAVE TAKEN	17. EXPOSURE No.	18. PHOTOGRAPH OF GRAVE AND CEMETERY SUPPLIED TO
23/6/ 42	Not Known	Commanding Officer, R.C.A.F. Station, Mtn. View,

19. FURTHER PARTICULARS ON REVERSE SIDE OF SHEET.

72-39-1458

20. REPORTED LOCATIONS OF GRAVE

N. A.

21. REMARKS

NONE

R.C.A.F. Station, Mountain View, Ont.
Adjutant,

R.C.A.F. Special Reserve

AIR FORCE No. R108362 POSTED TO # 4A. M.D. St. Hubert, P.Q. TRADE Pilot or Observer Standard

ROYAL CANADIAN AIR FORCE

(ATTESTATION PAPER)

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

1. Surname YOUNG FULL Christian Names JOHN RUSSELL DERMOTT
2. Present Address 6646 Christophe Colomb Ave Montreal, Que. Telephone DO. 4128
3. Permanent Address ~~AS ABOVE~~ 6646 Christophe Colomb Montreal P.Q.
4. Place of Birth Montreal, Que. Citizenship British
5. Date of Birth Jan. 21. 1918 ~~Married~~, Single, ~~Widower, Separated, Divorced~~ single
6. Particulars of Children

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

7. Occupation STUDENT 8. Religion Protestant (United Church of Canada) State denomination
9. Languages English, French (fairly fluently) State proficiency
10. Next of Kin (Full Name) Wallace Dermott Young Relationship Father
    " Address 6646 Christophe Colomb Ave. Montreal, Que.
11. Father (Full Name) Wallace Dermott Young Birthplace Trois Rivières, Que.
    " Address 6646 Christophe Colomb Ave. Montreal, Que. Citizenship British
    " Occupation Senior Clerk - Canadian Pacific Rly.
12. Mother (Full Maiden Name) Katie ~~Elizabeth~~ Elizabeth Howes Birthplace Montreal, Que
    " Address 6646 Christophe Colomb Ave. Montreal, Que. Citizenship British
13. Details of any Naval, Military or Air Force Service:

Unit	Place	Rank	Trade	Date From	Date To	Reason for discharge
Mtl. High Cadet Corps	Montreal	Cadet	N.A.	1933	1934	Corps demob.
McGill C.O.T.C.	Montreal	Cadet	~~N.A.~~	1939	1940	Completed course
McGill Reserve Training Battalion	Montreal	a/C.Q.M.S.	~~N.A.~~ N.A. Cavalry	1940	1941	Not discharged until Sept. 1941

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

R.C.A.F. Records Office
Rec'd JUL 8 1941
O.K. G.I.B.
R.C. N.I.
S.L. P.A.

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

89-99

21. Particulars of Education:

—	Name of school (All in Montreal Que)	Date From	Date To	Courses—Subjects, etc.
Primary Education—Public or Separate School	Earl Grey School	1924	1930	Usual
High School—Collegiate Institute, etc.	Montreal High School	1931	1935	Science
Technical School				
University or School other than above	McGill University	1937	1941	Chemistry, Zoology Physics
Correspondence Courses, etc.				

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

Employer and place	Duties, trades, positions	Date From	Date To	Reason for leaving
C.P. Rly. Montreal	Office boy	June 1935	Aug. 1935	Entered College
C.I.L. Montreal P.Q.	Shipper	July 1936	Aug. 1936	Returned to College
Canada & Dominion Sugar Co. Ltd. Montreal P.Q.	Laboratory assistant	May Sept 1938 1939 1940	to	" " "

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

24. Special Qualifications, Hobbies, etc., useful to the R.C.A.F. Model Aircraft

25. Sports engaged in. State: extensively, moderately, occasionally Swimming, wrestling, skiing (extensively) basket-ball, 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 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~~ 4 persons who can give references as to character and ability.

Name	Address	Occupation
Dr. F. Shippam	10816 Bennett St. ~~Mtl.~~ Montreal Que	Physician
Mr. S. S. Fraser	North Sydney N.S. Nova Scotia	School principal
Mr. W. G. P. Malone	751 Chatham St. ~~Mtl.~~ Montreal P.Q.	Insurance adjuster
Mr. A. Dennis	6318 Delanoche St ~~Mtl.~~ Montreal P.Q.	Retired printer

28. Other information that may have any bearing on this application I have taken ~~my~~ and passed my common-to-all-Arms and Cavalry papers but was unable to take the exam in Practical.

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 June 22 1941 Signature John R. D. Young

(9)

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NATIONAL REGISTRATION CERTIFICATE
PRODUCED [signature]

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, John Russell Dermott Young 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 June 27th 19 41 John R. D. Young
Signature of Recruit

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

I, John Russell Dermott Young do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.

Date June 27th 19 41 John R. D. Young
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 27th day of June 19 41

[signature] RCAF. Recruiting Centre Montreal.
Signature of Officer Rank Unit

FOR OFFICIAL USE ONLY

CERTIFICATE OF MEDICAL EXAMINATION

Part 1. Information obtained from the applicant—

1. Age. 23 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	No

3. Have you ever worn glasses? NO

4. Have you had any illness for more than one week's duration. NO

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

Signature of Applicant J. R. Young John R.D. Young

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 7 1/4 inches. 3. Weight 125 pounds.

4. Complexion Fair 5. Color of Eyes grey-Blue Hair Brown

6. Development { Good / ~~Fair~~ / ~~Poor~~ } 7. Chest Measurement—Full expiration 32 1/2 inches

Range of expansion 2 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 N. A

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 none

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

Any special remarks of the Medical Officers 25-6-41 X-Ray # 82848 neg

Part 2 Cont'.

13. Reflexes N

14. Heart N

15. Lungs N

16. Blood Pressure ~~87 D.~~ 120/75

17. Colour Vision N. pls

Date 25-6-41 ~~19~~

President Member Member

ROYAL CANADIAN AIR FORCE (MEDICAL BRANCH)
MEDICAL OFFICERS REPORT ON CEASED TRAINING CASES AT J. A. T. P. SCHOOLS.
(to be completed from R.C.A.F. "T" forms and other sources.

PROCEDURE
1. Immediately on cessation of training the Medical Officer will complete this form in duplicate, attach any other observation and mail direct to Medical Officer-in-charge, Ceased Training Squadron, Composite School, R.C.A.F. Trenton.
2. The Medical Officer i/c, ceased Training Squadron, will complete page 2, retain one copy and transmit the original to D.M.S.(air) (Attention M.A.2).

NAME YOUNG, John Russell, D NUMBER R 108362 RANK LAC
Enlisted at Montreal, P.Q. Date 27-6-41 Present age 23 Category A1B-A3B
Education 4 years High School. 3yrs. McGill University. /Age on Leaving School 23
Civil Occupation Student Special Qualifications Laboratory Man
Previous Flying Exp None
Borderline Findings on Original M.2 None
I.T.S. Or W.S. No. 3 I.T.S. Course No. 38 From 11-10 To 12-11-41
Other Stations, Courses & Dates prior to C.T. No. 5 A Manning Depot (St. Hubert) 27-6-41 to 30-7-41. No. 8 S.F.T.S. (Moncton) 31-7-41 to 9-10-41. No. 3 I.T.S. (Victoriaville) 11-10-41 - 12-11-41. Went Solo at
Training Ceased on January 9, 1942 at No. 22 E.F.T.S.; R.C.A.F. School Ancienne Lorette, Quebec.

MEDICAL OFFICER'S SYNOPSIS Of Reports & Opinions of Instructors at all Schools.
On enlistment - Alert, quiet lad who appears well adjusted and average in self confidence & emotional stability. No. 3 I.T.S. - Good education, capable, good appearance, quite intelligent.
Accident Experience Prior to C. T. None
Medical History(Sickness during training) Slight head cold for 2 days at No. 22 E.F.T.S.

MEDICAL OFFICER'S FINDINGS ON RECHECK

FIT. Man's Category Unchanged.

Category A1B-A3B Date 9-1-42

REASONS FOR C. T. (Objective or exciting & primary or underlying causes - med. and non-med.

Check and add notes below:-

✓ 1. Lack of air sense.	✓ 7. Failure in Gr. Subj.	13. Emotional instab.	17. Vision.
✓ 2. Take offs & Landings.	✓ 8. Slow to learn.	14. Fear of Flying.	18. Airsickness
3. Judgment of Ht. & Dist.	9. Poor application.	✓ 15. Nervous (Tense)	19. Other medical (Specify)
4. Aerobatics & Spins.	✓ 10. Prefer other trade.	16. Other (worry, immaturity, etc.)	.....
✓ 5. Poor co-ordination.	11. Language difficulty.	.....	.....
6. Discipline.	12. Lack of confidence.		

NOTES.
Errors in landings, mostly ~~unmanageable~~ uncontrolable; wants to be an Observer.

MEDICAL OFFICER'S SUMMARY (from observation during training, orig. M.2, data at M.S.B. etc.) No medical reason for failure.

Personality Estimate (Incl. intellectual capacity, motivation and mental attitude)
Very slow in learning fundamentals of flying, absolutely not suited for pilot.

GENERAL COMMENT.

In 14 hours flying, this airman never landed right on account of nervous tenseness; going good in ground studies; rather indifferent manner, not nervous ordinary. Never had airsickness, good ability, should be suited for Observers duties.

DATE 9-1-42 SIGNED E. Jecavalier, F/L MEDICAL OFFICER i/c at No. 22 E.F.T.S. Ancienne Lorette, P.Q.

FEB 4 1942
R.C.
S. L.

ROYAL CANADIAN AIR FORCE

Register No. 24645

File No. _____

CASUALTIES ONLY
For purposes of W.S.G.
Casualties include death
subsequent to discharge.

THE WAR SERVICE GRANTS ACT, 1944

Ottawa, 6 Sept 1945

TO: Chief Treasury Officer,
Dependents' Allowance and Assigned Pay Branch

Service No. R108367

Name: John Russell YOUNG
(Christian Names) (Surname)

Please supply the following information in respect of the marginally-named at the time of his discharge or death and return this form in duplicate to the undersigned.

13 June 1947
(Discharge Date:

for (J. MacL. Murray) Air Commodore
Director of Accounts and Finance.

	Name	Amount
Names of persons in receipt of D.A. and amounts of monthly awards.		$ Nil
If no D.A. in issue, list names of persons in receipt of A.P. who may be classed as dependents under the War Service Grants Act, 1944, and amounts of monthly assignments.		Nil
Names of persons to whom assigned pay was continued by supplementary award after death.		Nil
Amount of overpayment of dependents allowance and/or assigned pay deductible from the War Service Gratuity and name of person to whom paid.		Nil

10.9.45 194__.

for Chief Treasury Officer,
D.A. & A.P. Branch.

C.T.O., D.A.&A.P.

Overpayment of D.A. and/or A.P. recovered from W.S.G. $ _____

_____ 194__.

for C.T.O.

ROYAL CANADIAN AIR FORCE

WAR SERVICE GRATUITY - PARTICULARS OF SERVICE

CASUALTY 1 W.S.G

NUMBER	FINAL PAID RANK	GROUP	CHRISTIAN NAMES	SURNAME
R108362	Lac	L	John Russell Delmott	Young

22-11-41 AO

Reason for termination of service: Died 13-6-42

Ad 13-6-42

TOTAL SERVICE:

T.O.S. 27-6-41 S.O.S. 13-6-42 352 DAYS

T.O.S. _____ S.O.S. _____ _____ DAYS

TOTAL 352 DAYS

LESS NON-QUALIFYING SERVICE:

From: _____ To: _____ _____ DAYS

From: _____ To: _____ _____ DAYS

From: _____ To: _____ _____ DAYS NIL

TOTAL QUALIFYING SERVICE 352 DAYS

OVERSEAS SERVICE:

From: _____ To: _____ _____ DAYS

From: _____ To: _____ _____ DAYS

From: _____ To: _____ _____ DAYS NIL

TOTAL DAYS

LESS NON-QUALIFYING SERVICE:

From: _____ To: _____ _____ DAYS

From: _____ To: _____ _____ DAYS

From: _____ To: _____ _____ DAYS NIL

TOTAL QUALIFYING OVERSEAS SERVICE NIL DAYS

1009 6-7

(A)

Certified that entitlement to benefits under The War Service Grants Act, 1944 has been established, based on service shown herein.

COMPUTER'S INITIALS	
CHECKER'S INITIALS	
DATE 17-7-45	

for A. J. Byford r/c
R. C. A. F. RECORDS OFFICE
OTTAWA

R.C.A.F.-R.310

Initials?

24645/R108362

6646 Christopher Columbus Ave.
Montreal 10, P.Q.
August 22, 1945.

SEP 5 1945

Referred to R2-1-2
File No.
AUG 24 AM 11 45
Chgd to

The Secretary,
Dept. of National Defence for Air
Ottawa, Ontario.

Attention: R.C.A.F. Records Officer

Dear Sir:-

I am in receipt of your letter of July 26th/45 re file No. R108362-R-2-2.

After giving the question careful thought, I feel eligible to apply for the War service Gratuity. Though of very modest means, my Wife and I endeavoured to give our Son a good education. To that end, we gave him what we could and even drew on some insurance I carried, so that he could take a course in Chemistry at McGill College. The Boy worked in the Summer time, but in those days following the depression and prior to the war years, jobs were scarce and pay small.

He left McGill to join the Air Force and commenced sending some of his Aircraftsmans pay home each month. My Wife has been an invalid for eight years and Doctors bills are heavy and he wanted to help.

Three weeks prior to receiving his Observers wings he was killed.

These are the facts and I would appreciate you giving them your kindest consideration.

Yours very truly,

W. D. Young

44B

ack + file

CC27

ROYAL CANADIAN AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

MEMBER'S NAME: JOHN R. D. YOUNG
(Christian Names) (Surname)

PAYEE: R.G. of C.
(Christian Names) (Surname)

ADDRESS:

Register No. .....
File No. 24645
Date 30 OCT 45
Service No. R108362
Final Rank or Rating LAC
Date of Discharge 13 JUNE 42

Date of Termination of O/S service ~~13 June 42~~ NA.

	$ ¢
A. TOTAL QUALIFYING SERVICE No. of days $\frac{352}{30}$ equal to 11 complete periods @ $7.50	82.50
B. QUALIFYING OVERSEAS SERVICE No. of days less ineligible days, equal to days @ 25¢ per day	
C. SUPPLEMENT FOR OVERSEAS SERVICE Daily Rates at Discharge Pay .....$..... Subsistence or Lodging and Provision Allowance .....$..... Additional Pay ....$..... Dependents' Allowance 1/30 of $ .....$..... TOTAL $ x 7 = $ No. of days $\frac{\quad}{183}$ x $	
DD. WAR SERVICE GRATUITY	82.50
E. Deductions — Overpayment of — Pay and Allowances $ Dependents' Allowance and Assigned Pay $ Other deductions $	
F. TOTAL AMOUNT PAYABLE	82.50
G. YOUR PROPORTION: (D.A. in issue to you / (Total D.A. in issue) = ———— of $)	

PREPARED BY	CHECKED BY

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

E-401-17

DECEASED MEMBER'S NAME: John R.D. (CHRISTIAN NAMES) Young (SURNAME)

REGISTER NO.

FILE NO. 24645

DATE 30 Oct/45

PAYEE: Receiver General of Canada,

ADDRESS: Director of Estates, Ottawa, Ont.

SERVICE NO. R.108362

FINAL RANK OR RATING LAC

DATE OF TERMINATION OF OVERSEAS SERVICE N.A.

DATE OF DISCHARGE 13 June/42

		$ ¢
A. TOTAL QUALIFYING SERVICE	NO. OF DAYS 352/30 EQUAL TO 11 COMPLETE PERIODS AT $7.50	82.50
B. QUALIFYING OVERSEAS SERVICE	NO. OF DAYS LESS INELIGIBLE DAYS, EQUAL TO DAYS @ 25c. PER DAY	
C. SUPPLEMENT FOR OVERSEAS SERVICE		3032.
D. WAR SERVICE GRATUITY		82.50
E. DEDUCTIONS	OVERPAYMENT OF PAY AND ALLOWANCES $	
	DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $	
	OTHER DEDUCTIONS $	
F. TOTAL AMOUNT PAYABLE		82.50

DAILY RATES AT DISCHARGE

PAY $

SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE $

ADDITIONAL PAY $

$

$

DEPENDENTS' ALLOWANCE 1/30 OF $ _____ $ _____

TOTAL $ ×7 = $

NO. OF DAYS _____/183 ×$

G. YOUR PORTION OF GRATUITY IS—

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

TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

R.C.A.F. Records Office
NOV 20 1945
C.I.B.
N.I.
N.A.
G.L.

P. & A. Bal. Trans. Trust Account
Journal Voucher # G272

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	LGS

TREASURY	
CHECKED BY	DATE
	5-11-45

SERVICE REPRESENTATIVE

Pilot or Observer Standard.

ROYAL CANADIAN AIR FORCE

R.C.A.F. Special Reserve

RECORD OF SERVICE AIRMEN

A.F. No.	Surname	Christian Names	Religion
R.108362	Young	John Russell Dermott.	United

Born 21-1-18 Place Montreal Que Country Canada Citizen of Canada Racial Origin Canadian

ENLISTMENT	CIVIL EDUCATION			PREVIOUS SERVICE
Date 27/6/41	High School Entrance	Jr. Mat. ✓	Sr. Mat.	McGill COTC
At Montreal Que	Technical School	Corres. Courses		1939-41
Term Duration of War	University			

Rank	Date	Med. Cat.	Date
AC.2	27 6 41	A1B.A3B	25 6 41
LAC	22 11 41		

CIVIL OCCUPATIONS AND EXPERIENCE

Office 3 mos. 1935.
Shipper 7 mos. 1936.
Laboratory Asst. 1938-40.

COURSES AND TRADE TESTS

Trade	Grp.	%	PorF	Date Rem.	Trade	Grp.	%	PorF	Date Rem.
Remote Observer			R046	13 2 42					

PARTICULARS OF FAMILY M S

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)

Mr. Wallace Dermott Young (Father)
6646 Christophe Colomb st Montreal Que.

LEAVE

From	To	Auth. and Description

CHARACTER AND TRADE ASSM. HONOURS, AWARDS AND MENTIONS

Date	Character	Trade and Assm.	Honours and Awards	Signature

MOVEMENTS AND CASUALTIES

Authority	Unit from	Unit to	Date	Authority	Unit from	Unit to	Date
MO. R13	R.C.M.P. Que	#4 AMD St Hubert Que	27/6/41	DRO. 72.	No 9 AOS.	No 6 BAT Mont Tabor	23-5-42
				DRO 157- SOS died at Mountain View Ont. 13-6-42			
DRO 48/41 T.O.S.	#4 AMD. St Hubert	48-SFTS	27-6-41				
DRO 84-41	#4 AMD. St. Hubert	MONKTON.	8-8-41				
DRO 208/41	3 GTS Victoriaville	22 EFTS Pierrefonds	22-11-41				
D.RO. 5/41	22 EFTS Cinq Lettes Que	K.TS Trenton Ont	11-1-42				
DRO 42	Admit to Hosp.	Hosp.	9-2-42				
DRO 45	KTS Trenton	9 OTS St John	14-2-42				

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

(OVER)

B.C.A.T.P. CANADA

Every item of information should be carefully supplied. (See reverse side for instructions)

THIS FORM MUST BE FILED FORTHWITH WITH THE DIVISION REGISTRAR OF THE DIVISION IN WHICH THE DEATH OCCURRED BEFORE A BURIAL PERMIT CAN BE ISSUED

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

FORM 6

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 ONTARIO—CERTIFICATE OF REGISTRATION OF DEATH

1. PLACE OF DEATH County or District of Hastings Township of Thurlow

If in City, Town or Village Bay of Quinte near (Name) Street Potter's Creek House No.

(If death occurred in a hospital or institution, give the name instead of street and number)

2. LENGTH OF STAY (in years, months and days)
(a) In City, Town or Township where death occurred NIL (b) In Province 14 (c) In Canada (if immigrant)

3. PRINT FULL NAME OF DECEASED YOUNG (Family name) John Russell Dermott (Given name or names in usual order)

RESIDENCE No. Street R.C.A.F. Station, Mountain View City, Town, Village or Township Mountain View Province Ont.

(Residence means usual place of abode. Post Office Address for residents in rural parts not sufficient)

4. Sex	5. Nationality (Citizenship)	6. Racial Origin	7. Single, Married, Widowed or Divorced (Write the word)
M.	Can.	Not Known	Single

8. BIRTHPLACE Quebec (Province or Country)

9. DATE OF BIRTH January (Month) 21 (Day) 18 (Year)

10. AGE in

Years	Months	Days	If less than one day old
24	4	23	hrs. or min.

OCCUPATION

11. Trade, profession or kind of work as **spinner, teamster, office clerk**, etc. Air Observer

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

13. Date deceased last worked at this occupation June 13/42

14. Total years spent in this occupation

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

FATHER

16. NAME Wallace Dermott Young

17. BIRTHPLACE Not Known (Province or Country)

MOTHER

18. MAIDEN NAME Not Known

19. BIRTHPLACE Not Known (Province or Country)

20. Person giving information sign here R.C.A.F. Documents

Address

Relationship to deceased

21. Place of Burial, Cremation or Removal

Date of burial or removal

22. Burial Permit was issued by

Address

23. UNDERTAKER (Name and address)

MEDICAL CERTIFICATE OF DEATH

24. DATE OF DEATH June 13 (Month) (Day) 19 42 (Year)

25. I HEREBY CERTIFY that I attended deceased from: Not Attended 19 to 19

and last saw h. alive on Not Seen Alive 19

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) Skull Fracture

due to

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

due to

(c)

II. **Other morbid conditions** (if important) contributing to death but **not causally related to immediate cause.** Fract. Mandible, Lt. ~~Humerus~~ Femur Rt. Comp'd Fract. Rt. & Lt. Tibia & Fibula Multiple Lacerations 2nd & 3rd Degree Burns

26. If a woman, was the death associated with pregnancy?

27. Was there a surgical operation? NO Date of operation 19

State findings Was there an autopsy? NO

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

Accident, suicide or homicide? Accident (State which) Date of injury June 13 42

Manner of injury Aircaft Crash (How sustained)

Nature of injury Multiple Fractures, Lacerations, Burns

Specify whether injury occurred in **industry**, in **home**, or in **public place** On Active Service

Signed by Neil Gordon **M.D.**

Address RCAF/Mountain View, **Date** June 16 19 42

29. Division Registrar's Record No.

30. Filed 19 (Division Registrar)

10M—3-40 (4425)
H.Q. 1772-45-8

H.Q. FILE No. 1022-Y-191

NAME YOUNG, John Russell Dermott

REGT'L No. R108362

RANK L.A.C. UNIT CANADA ~~XXXXXX~~

CABLE NO.	CABLE DATE	NATURE OF CASUALTY	CAS. LIST NO.	CAS. LIST DATE
		DATE OF DEATH: 13-6-42 MOTHER LIVING: YES WIFE: NA		
		MINISTERIAL CARD: 19-6-42 ROYAL MESSAGE: 15-8-42 MEMORIAL CROSS: 10-8-42		
		To mother & father To mother & father. To mother		
		WAIVED To mother & father 14-7-42 REPORTED KILLED		
		Mr. & Mrs. Wallace Dermott Young, 6646 Christopher Columbus Ave., Montreal , QUE.		

249046

"B"

YOUNG, J.R.D.

R108362

RCAF
R-108362 LAC J.D.R YOUNG
BORN MONTREAL
DIED MOUNTAINVIEW ONT.