R108393
JACQUES
JOSEPH GASTO

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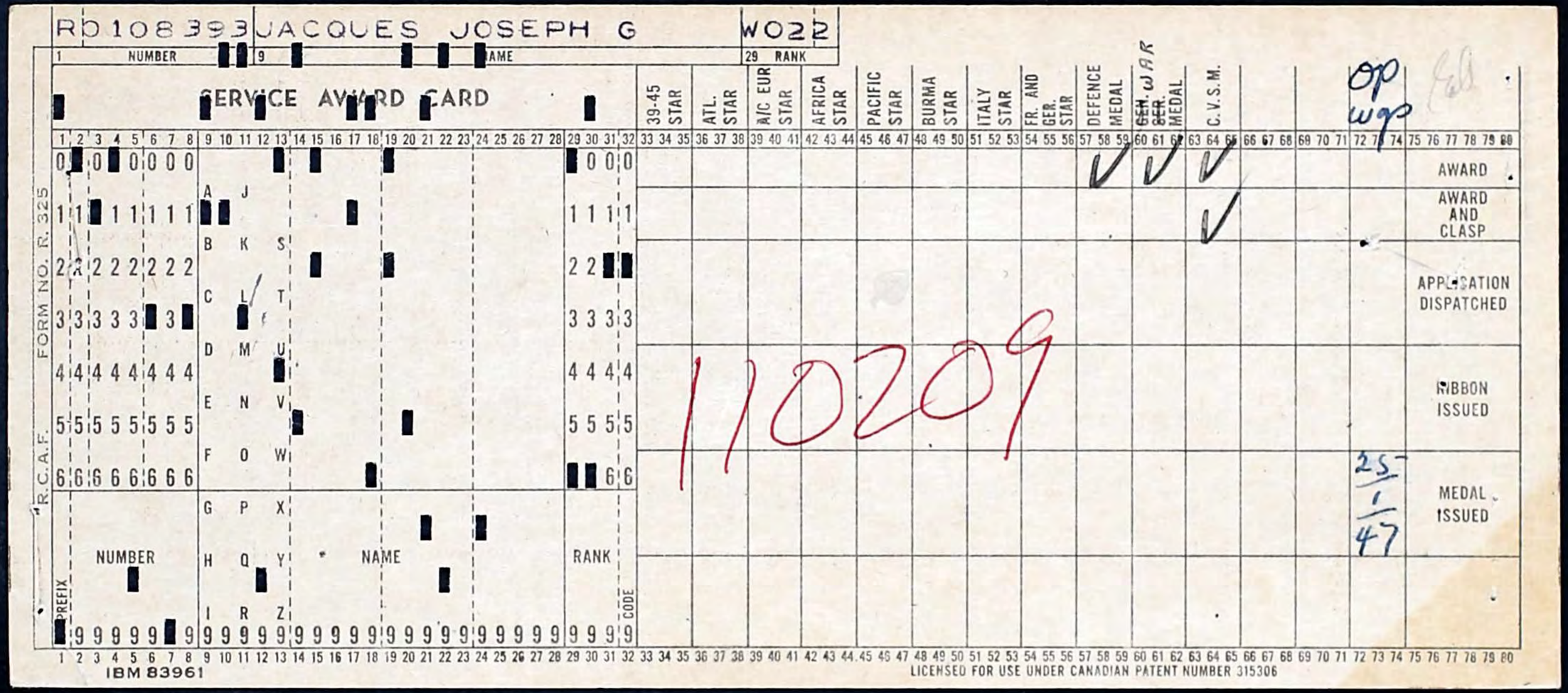
R 108393 JACQUES JOSEPH G WO2
1 NUMBER 9 NAME 29 RANK
SERVICE AWARD CARD
39-45 STAR
ATL. STAR
A/C EUR STAR
AFRICA STAR
PACIFIC STAR
BURMA STAR
ITALY STAR
FR. AND GER. STAR
DEFENCE MEDAL
GEN. WAR SER. MEDAL
C.V.S.M.
op wgp
AWARD
AWARD AND CLASP
APPLICATION DISPATCHED
RIBBON ISSUED
MEDAL ISSUED
110209
25/1/47
FORM NO. R. 325
R.C.A.F.
PREFIX
NUMBER
NAME
RANK
CODE
IBM 83961
LICENSED FOR USE UNDER CANADIAN PATENT NUMBER 315306

Isidore Jacques (Father)
121 Rue Saint-Jean-De-Brebeuf,
~~Saint~~-Simon-De-Drummond,
P.Q.

Feb.-46.

MEMORIAL BAR
DATE DESP.....
REGN. NO 3247

495-7-2-50

FRENCH-CARD

NAME JACQUES, Joseph Gaston FILE NO. FD146

RANK W.O.1 (WOAG) CATEGORY ~~MISSING~~ PRES DEAD REG. NO. R108393

DATE OF DEATH: ~~23-May-44~~ MOTHER LIVING: NO WIFE: NA

MINISTERIAL CARD: 12-6-44 ROYAL MESSAGE: SEP 13 1945

MEMORIAL CROSS TO CHAPLAIN:

To Father-

To father, 6-9-45

DEL'D TO MOTHER:

DEL'D TO WIFE:

M. Isidore Jacques,
121, rue Saint-Jean-de-Breboeuf,
Saint-Simon-de-Drummond, P.Q.

COMMAND:

RELIGION: MB

THE CANADIAN
PENSION COMMISSION
24 O.T.U. OVERSEAS

IN REPLY REFER TO
NO. R. & N.H.
D.V.A. 941-J

Ottawa, July 28th, 1945

G.H. Bowler, Esq.,
Ministry Representative,
British Ministry of Pensions,
Journal Building,
Ottawa, Ontario.

R-108393 WO1. JACQUES, Joseph G.

Dear Sir:

The Department of National Defence, Air Service, officially reports that the marginally named was reported who previously on the He was a member of the R.C.A.F. attached to the R.A.F. (Overseas) and his next of kin is reported as Father -

Mr. Isidore Jacques,
121 Rue Saint Jean De Brebeuf,
Saint Simon-de-Drummond, Que.

Missing 23-May-44 after air operations now Presumed Dead 23-May-44 for official purposes.

The Addressograph Stencil shows payment of Assigned Pay of $ 50.00 a month to

Mr. Isidore Jacques,
121 Breboeuf St.,
St. Simon de Drummond, Que.

As no D.A. was payable the Commission will not take any action unless a claim be filed.

Yours sincerely,

Copy/Montreal D.O.

K. Clewes,
for
Canadian Pension Commission.

C.P.C. 70 4M-9-42 Reg. 902

R 108393
6227

E 788

R.C.A.F. A.47
Part 1.

ROYAL CANADIAN AIR FORCE SERVICE BOOK

INSTRUCTIONS TO OFFICERS AND AIRMEN

1. You will be held responsible for the safe custody of the book.

2. You will always carry the book on your person both at home and abroad.

3. You must produce the book whenever called upon to do so by a competent authority, civil, naval, military or air.

4. You must not alter or make any entry in this Book (except as regards short form of Will on page 16, see instructions on pages 12 to 15), and disobedience of this order will be treated as a serious offence.

5. Should you consider that any entry in the book is lacking or incorrect, or should you lose the book, you will report the matter to your immediate superior in the Royal Canadian Air Force. Any change in name or address of person to be informed of casualties must be reported immediately to your Commanding Officer.

Air Force No. R108393 Surname Jacques

Christian Names (in full) Joseph Watson.

Date of Birth 16-Mar-23 Religion R.C.

Date of Enlistment/Appointment 27 June 41

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

Occupation in Civil Life Labourer.

Signature of Holder J. G. Jacques.

Name and Address of Next-of-Kin

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

C. Isadore Jacques
121 Rue St. Jean de Brebeuf
St Simon de Drummond, Que.
(father)

Certified Correct J. Kerr F/O.

Date Place 1 Y Dpt.

RANK, GROUP AND R.C.A.F. TRADE OR BRANCH

Branch or Trade and Group	Date of Effect	Authority	Signature and Rank of Officer making Entry
WOAG	25/May/42	145/42	J. Kerr F/O.

Rank	Date of Effect	Authority	Signature and Rank of Officer making Entry
WOII	25 May 43	145/42.	J. Kerr F/O.

MEDALS, DECORATIONS, MENTIONS, ETC.

Particulars	Date and Authority	Signature and Rank of Officer

MISCELLANEOUS ENTRIES

(For entries for which space is not otherwise provided)

NOTE—No entry on this page has any legal effect as a Will

Particulars	Date and Authority	Signature and Rank of Officer
/25-0	/3./2./43	L. R. Bloch P/O

LEAVE RECORD
(With Free Railway Warrant)

From (date)	To (date)	Signature of Officer

LEAVE RECORD
(With Special Leave Warrant A.24)

From (date)	To (date)	Authority and Signature of Officer
		T.W.#
		T.W.#
		T.W.#
		T.W.#
		T.W.#

MEDICAL CLASSIFICATION

Date	Category	Medical Board or Medical Exam. (Form No.)	Unit	Initials of M.O.
24-6-41	A 1 B	M.O.		W. F. HOPKIRK

BLOOD GROUP

Date	International	Initials of M.O.
	BLOOD GROUP O	

NIGHT VISUAL CAPACITY

Date	Score	Group	Initials of M.O.
13/12/43	15/32		

IMMUNIZATION PROCEDURES
VACCINATION

Date	Result	Initials of M.O.
4-7-41	J. F. HOPKIRK	

Susceptibility Test	Date	Result	
Schick Test	4-8-41	Pos	
Dick Test	4-8-41	neg	

PROTECTIVE INOCULATIONS*

Nature of Inoculation	Date	Dose	Initials of M.O.
DIPTOX I	11-8-41	1cc	
" II	29-10-41	1cc	
T.A.B.T. I	14-8-41	1cc	
" II	—	completed —	
" III	completed	—	
" ANN —	20-5-43	1/2cc	
Klinneg	16-6-43	—	

J. F. HOPKIRK

IMMUNIZATION PROCEDURES—Con.

Nature of Inoculation	Date	Dose	Initials of M.O.

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

PROMOTION OF PERSONNEL ~~DECEASED~~, ~~INTERNED~~, ~~P. OF W.~~, MISSING 23-5-44

NO. R 108393 TRADE W.A.G.

NAME Jacques J. G.

SUBSTANTIVE RANK WO2 EFFECTIVE 25-5-43 a

APPOINTED WO1 (TEMP)(PAID) EFFECTIVE 25-11-43

Particulars checked by W/C Hill.

Certified above (airman) (~~officer~~) is eligible for promotion in accordance with the provisions of A.F.A.O. A.44/10.

Signature [signature]

WING COMMANDER
D.A.P.S. (A.P. 2)

Rank

Appointment

Date JUL 31 1944

APPROVED

Signature

Rank

Appointment

Date

WO1 TBK 16/8

R AUG 25 1944

R. C. ... P. A. ...

B. L. ... P. A. ...

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

1/116

BRD COPY

A

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,.....JACQUES (Surname) ..... GASTON (Christian Names) ..... JOSEPH ..... W/O (Rank) .....Official No..R.105393.....

Unit or Establishment.....31 O.T.U. DEBERT..... ~~NAVY~~ — ~~ARMY~~ — AIR
(Strike out words not applicable)

do hereby subscribe for $.....50 — ..... FIFTH VICTORY LOAN 3% Bond(s) by means of assignments of my pay and

I hereby authorize a monthly assignment of ..... Eight 40/100 ..... | $ 8 | c. 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.

☑ Mail bond(s) by registered mail to the following address:

NAME.....MISS SHIRLEY BEATTIE.....

COMPLETE AND CORRECT POSTAL ADDRESS.....3510 PRVD HOMME N.D.G. MONTREAL

Date.....18 OCT.....1943

.....Jacques Gaston.....
(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:.....F/Lt
(Paymaster) 31 O.T.U., R.A.F. (Rank)
DEBERT, N.S.
(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....

R108393 AC2
JACQUES, JosephGaston

R.C.A.F. Special Reserve

ROYAL CANADIAN AIR FORCE

ENLISTMENT AGREEMENT

APPENDIX "C"
Bulletin No. 150

AIRCREW

1. In the event of my being accepted for enlistment in the Royal Canadian Air Force, I hereby acknowledge that I have read, understand and agree to the following conditions of service:

(a) That I may be called upon to perform other than Aircrew duties until the R.C.A.F. is in a position to commence my training as such.

(b) That if at any time I am found unsuitable for further training in the above category:

(1) I may be remustered to any other Aircrew category for which I may be found suitable,

or

(11) If found unsuitable for any Aircrew category I may be given the option of remustering for service in any ground duties for which I may be recommended by a Board of Officers, of, of taking my discharge, provided however, that if, in the opinion of the Commanding Officer of the Station, failure on my part to qualify for flying duties was intentional, I may be denied the right to exercise the option of discharge,

P. O. Bothwell
(witness)

Gaston Jacques
(Signature of Applicant)

Montreal, P.Q.
(Place)

June 27th, 1941.
(date)

A.F.M. 23 (C)
2-4-41

(2)

CONFIDENTIAL

R.C.A.F. Special Reserve

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

ROYAL CANADIAN AIR FORCE

Medical Board held at Montreal, P.Q. *Date* 17-6-41

FILE NUMBER

Surname JACQUES *Chr. Names* Joseph Gaston
Nature of Commission P-2-3 *Date of Birth* 16-5-23 *Married or Single* S
Branch Gen. List *Hours Flown*
Address 121 St. John of Brobeouf St., St. Simon de Drummondville, P.Q.

HAVE YOU ANY HISTORY OF:—

(i) NERVOUS TROUBLE or Nervous Breakdown NO
Severe or "Sick" Headaches, Migraine NO
Fits or Convulsions of any kind NO
Sun or Heat Stroke NO
Head Injury or Concussion (including "knock-out") NO
Insomnia, Nightmares, Sleep-walking, or Bed-wetting NO
(ii) LUNG TROUBLE or Consumption NO
Bronchitis, Pneumonia or Pleurisy NO
Asthma or Hay Fever NO
(iii) HEART DISEASE, "Weak or Strained Heart" NO
Fainting Attacks or Giddiness NO
Rheumatism, Rheumatic Fever or "Growing Pains" NO
Frequent Sore Throats or Tonsillitis NO
Diphtheria, Scarlet Fever or Scarlatina 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 Admits no illnesses except Mockilli in early childhood

Education ninth grade
Present Occupation Army *Hobbies* radio
Previous Service Permanet army for 6 months
Athletics Played considerable Hockey. Swimming
Habits—Smoking No *Alcohol* No
FAMILY HISTORY—Consumption No
Nervous Ailments, Mental Trouble, or "Fits" None
Father Alive—Health Good *Dead—Cause*
Mother Alive—Health Dead *Dead—Cause* Died at 46, cause not known
Brothers (5) Alive—Health Good (1) *Dead—Cause* died in infancy, cause not known
Sisters (5) Alive—Health Good (1) *Dead—Cause* unknown - died in infancy

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 17-6-41 *Signature* Gaston Jacques *Witness* D. L. Mercier S.F/O

GENERAL MEDICAL AND SURGICAL EXAMINATION

Impression given by *(a)* Physique ...Well developed... *(b)* Mentality ...Average...
Body Marks, Scars, Deformities ...2 small scars from balls on abdomen and left forearm...
Size of Thyroid Gland ...N...
Surgical Abnormalities ...None...
Results of Wounds, Injuries, Operations ...None...

		Date 17-6-41	Assessing Room	Date	Assessing Room	Date	Assessing Room	Remarks on any Abnormalities Found
Height (ins.)		71 1/2						
Weight (lbs.)		150						*Date*
Chest Circumference (ins.)		34						
Body Build (lbs.)		4						
Leg Length (ins.)		42						
Pulse Rate	Sitting	84						
	Standing 1st	102						
	Standing 2nd	90						
	After Exercise	1 min						
	Time to Normal							
Arterial Walls		N						
Blood Pressure	Systolic	125						
	Diastolic	70						
Heart	Size	N						
	Sounds	soft short sistolic at apex.						
	Rhythm	N						
Lungs		N						
Breath held		75 sec						
Expiratory Force		120						
Vital Capacity (Best of 5)								*Date*
Reflexes	Knee	N						
	Ankle	N						
	Triceps	N						
	Abdominal	N						
	Plantar	N						
Cranial Nerves		N						
		R. L.	R. L.	R. L.	R. L.	R. L.	R. L.	
Balancing Rod		1s 1s						
		R. L.	R. L.	R. L.	R. L.	R. L.	R. L.	
Self Balancing		good						
Tremors	Fingers	none						
	Eyelids	slight						*Date* ...June 17th, 1941...
Abdomen	Liver	N						
	Spleen	N						Moderate varicocele Left
	Muscular Tone	good						
Urine	Albumen	0						
	Sugar	0						D.S.M.
Initials of M.O.		D.S.M.						

40 mm. Hg. Test ...June 17th/41... 5/377/776/877/776/655/ - 75 secs. ...D.S.M...
Date .....
Date .....
Date .....
Date .....

Remarks by Consultant.

EYE EXAMINATION

History	No history of trouble with eyes		
Visual Acuity	R. 20/20 , c −1.25 = 20/20		
	L. 20/20 , c −1.25 = 20/60		
Colour Vision	N. Ishi.		
Red, Green	Slight Exs. tendency 1/2"		
Diaphragm Test (P.D. = 63/7)	Mo 2		
Convergence	C. = cms.		
	S. C. = 9 cms.		
Accommodation	R. 10 1/2		
	L. 10 1/2		
Cover Test	Sl Bilateral Divergence fairly rapid recovery		
Fundi and Media	N		
Fields	N		
Remarks:	FIT		
	Initials of M.O. D.F.M.	*Initials of M.O*	*Initials of M.O*
	Date	*Date*	*Date*

EXAMINATION OF EAR, NOSE AND THROAT

History	No history of disease of ear nose or throat			
Hearing	R. Ear	W V 20		
	L. Ear	W V 20		
External Ear, Meatus Membranes	R. Ear	N		
	L. Ear	N		
Middle Ear, Eustachian Tubes	R. Ear	N		
	L. Ear	N		
Cochlear Apparatus	R. Ear			
	L. Ear			
Vestibular Apparatus	R. Ear			
	L. Ear			
Buccal Cavity		good condition		
Teeth		good repair		
Gums		N		
Pharynx		N		
Nasopharynx		N		
Nose		N		
Larynx		N		
Remarks:		*Initials of M.O* D.F.M.	*Initials of M.O*	*Initials of M.O*
		Date 17-6-41	*Date*	*Date*

HISTORY OF PRESENT CONDITION

Date..... June 17th. 1941.....

Excellent physique - bilingual- average mentality. Good candidate fro wireless Air Gunner

A3B

D. S. Thomas 2/Lt. R/O

OBSERVATIONS AND FINDINGS BY PRESIDENT OF BOARD

Night Visual Acuity 15/32. Average. G E S

Date.....

A1B		N.V.C.
A3B	Turret	N.V.C.
A3B		N.V.C.
A3B	Vision	
A3B	Radio	
Sig:		
Date		3.1.41

7/7

15

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 [illegible] Witness [illegible]

W.S.G.(3)

APPLICATION FOR WAR SERVICE GRATUITY BY
R. C. A. F.
DEPENDENTS OF DECEASED PERSONNEL - (XXXXXXXXXXXXXXXXX)

32053

MAR 21 1950

1. I hereby make application for payment of War Service Gratuity to which I may be entitled in respect of the under-mentioned deceased member of the XXXXXXXXXXXXXXXX R.C.A.F.

(a) Surname JACQUES

(b) Christian Names Joseph Gaston

(c) Regimental No. R-108393

(d) Rank at time of decease WO 1

2. Please indicate below whether application is made as a dependent or otherwise by striking out the sentence which does not apply.

(a) I am applying as a person who was dependent upon the above named soldier and to whom pay was assigned by him. ____

(b) There being no person dependent upon ~~the above named I request that the War Service Gratuity form part of the soldier's estate and be distributed accordingly.~~ ____

3. I hereby submit the following particulars in support of my application:-

(a) Surname Jacques

(b) Christian Names Isidore

(c) Relationship to deceased Farder

(d) Address in full Mr Isidor Jacques
New address 61 St. Jean De Brebeuf
St. Simon De Drummond
P. Que.

Yours truly,

Date 22. Feb. 1950 Mr. Isidor Jacques
(Signature of Applicant)

RECEIVED
FEB 25 1950
PAYMASTER
GENERAL
W. S. & Branch

R.C.A.F. Special Reserve

ROYAL CANADIAN AIR FORCE

INTERVIEW REPORT

AGE....18.....
HEIGHT...6'.....
WEIGHT...160....

SURNAME.....JACQUES.....
CHRISTIAN NAMES...Joseph Gaston.....
MARRIED...Single.....NO. OF CHILDREN...N.A.

N.F. FLYING

PILOT.....
OBSERVER.....
W.A.CUNTER...X...

EDUCATIONAL:- NUMBER OF YEARS.....

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

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

.....

Standing other Countries.....

FLYING EXPERIENCE:- Total hours

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

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

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

.....

MILITARY AND OTHER TRAINING:-

Has been attached to M.D.#4 for the past six months
.....

No other training
.....

.....

SPORTS:- (Whar branches).....

.....

HOBBIES:- .....

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

Is keen and bright, average type.
.....

Well recommended for air crew Is biliggual
.....

.....

.....

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

REFERENCES CHECKED
23-6-41 (Date) (Initials)

.....

CONSIDERED SUITABLE FOR COMMISSIONED RANK?.....a little too young

BEST FITTED FOR...W.A.C.

.....

DATE:16-6-41 RECRUITING CENTRE: Montreal, P.Q.

P.E. Henault F/O
Signature of Officer

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

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

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

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

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

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

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

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

MARK WITH AN X THE DESCRIPTION WHICH APPLIES

A.F.M.5

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 Montreal, Que. ON 27-6-41.

MARRIED OR SINGLE Single.

No. R108393

NAME IN FULL J.G. JACQUES.

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	LAC	S	AS	1 50		1 50		No. 1 WIRELESS SCHOOL
102	23-4-42	LAC	S	AS	1 50	75	2 25		Entitled Fly Pay - eff 23-4-42
145	25-5	Sgt.	Spc	A.S.	3 45		3 45	—	App. T/Sgt. Eff. 25-5-42.

ASSIGNMENTS

Assignee	Eff. Date	Amount	Total
ISIDORE JACQUES. VOL. FATHER.	7-42	50 00	50 00

DEPENDENTS ALLOWANCE

Date App. Forwarded	Relationship	Amount Awarded	Eff. Date

REMARKS

N.D.T. Class.

Period 1941	No. of Days	Amount of Pay	Sub. Allce.	Other Credits Description	Other Credits Amount	Credit B/F	Total Credits	Ass. Pay	Pen. Ded. & N.D.T.	Debit B/F	Other Debits Description	Other Debits Amount	Cas. Pay	Mid Pay	Total Debits to this Column	End Pay	Debits & Credits to Next Account
1-31/12	31	46 50					46 50							23 00	23 00	23 50	—
1942 1-31/1	31	46 50					46 50							23 00	23 00	23 50	—
1-28/2	28	42 00					42 00							21 00	21 00	21 00	—
1-31/3	31	46 50					46 50							23 00	23 00	23 50	—
1-29/4	7 22	15 75 33 00					48 75						26 00	22 00	48 00	—	75
30-4	1	2 25				75	3 00							~~30 00~~			
1-24-5	24	54 00					57 00							30 00			
25-30-5 1-13-6	20	69 00					126 00						96 00		126 00	—	

CASUALTIES AND SIG. OF A.O. ON TRANSFER OF ACCOUNT

Marlow Ho

4/18 SOS to #9 B+G, Mont Joli, Que. EFF. 29-4-42 DRO 102

DRO-145-SOS to 31. OTU DEBERT. N.S.
EFF. 13-6-42. REP. 14-6-42.

L.E.F.

[signature] S/L A/O-9. B+G.

Audited by Treas. 24.6.42
[signature] Stevens

R.108393

AIRMAN'S STATEMENT AT EMBARKATION

1. Numbaer R108393 ..Rank W/A.2 ..Name Jacques Joseph Gaston
Surname Christian Names

2. Name and address of person to be notified in case of casualty.....
MR. C.S.D.O.R.E. Jacques ..... 121 ... B.R.C.B.O.C.U.F. St. Simon ... St. Simon ... P.Q. Drummond .. Relationship, if any. F.A.T.H.E.R.

3. Alternative or second name of person & address to be notified in case of casualty... Miss Shirley Beatty ..... 3519 Prud Homme Ave
..... N.D.G. ..... Montreal .....

4. Legal next of kin(wife,if married,father if unmarried,mother if father deceased..... Jacques ..... Joseph Osidore .....
Surname Christian Names

5. Are you single, married, widower, divorced, separated?... Single .....
Full Christian & surname of wife.....
Address.....

6. If married, have you completed a will since marriage?....state location.....
.....

7. Have you completed necessary documentation for dependent's allowance?.....
.....

8. Are your parents living? Father Yes. Mother ..... No .....

9. Full Christian & surname of parents (if living).
Father.... Joseph Osidore ..... Jacques .....
Address. 121 ... B.R.C.B.O.C.U.F. St. Simon ... P.Q. Drummond.
Mother.....

10. Your own permanent home address. 121 ... B.R.C.B.O.C.U.F. St. Simon ... P.Q. Drummond

11. Religious Denomination..... R.C. .....

12. Have you Identification Discs?..... Yes .....

Airman's usual signature... Jacques J.H. .....

Date..... 13/12/43 .....

MAR 13 1944

1943

3191
30

R.C.A.F. FORM A.28
150M—10-41 (1009)
H.Q. 685-A-28

NOT FOR U.K. ADJUSTMENT.

RECORD OF PAY

R.C.A.F.

1469

CLAIM FOR OUTFIT ALLOWANCE FORWARDED TO ..... ON ..... APPOINTED OR ENLISTED AT ..... ON ..... MARRIED OR SINGLE S No. R.108393 NAME IN FULL JACQUES, JOSEPH GASTON.

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
	1.7.42	T/S		3.75					Aircrew (Mac).
15	25.11.42	A/F/S	S.G.	A.S.	3 75		3 75		App. A/F/Sgt. No. 9 A.O.S.
107	"	T/F/S	"	"	3 75		3 75		" TEMP. F/Sgt. "
190	25.5.43	T/W.O.2	"	"	4 35		4 35		APP. T/W.O.2 (PAID) #9 A.O.S. TEMP.

ASSIGNMENTS

Assignee	Eff. Date	Amount	Total
Nil			
$50.00 allot. 1.7.42	1.7.42	50 . 50 .	
Rec. Gen. of Canada 5th V.L.	1.11.43	8 40	58 40
		26 00	

DEPENDENTS ALLOWANCE

Date App. Forwarded	Relationship	Amount Awarded	Eff. Date

REMARKS

N.D.T. Class.

Period	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
1.31.7	31	106 95					106 95			50 .					51 -	101 .	5 -	95
1.31.8	31	106 95		30/6	48 65	- 95	156 55	50 00				H/10	1 .		25 -	76 00	80 00	55
1.30.9	30	103 80	7 00			55	111 05	50 00							27 00	77 00	60 00	25 95
1.31.10	31	106 95					106 95	50 00			25 95	ANL. from 1 day Pay	3 45	27 00	/	106 40	/	0 55
1.30.11	30	103 50	7 00			0 55	111 05	50 00						61 00	/	111 00	/	0 05
1.27.12	27	93 15				0 05	93 20	45 -							26 =	71 =	31 =	8 80
28/31/12	4	13 80	2 50				13 80 X 50	5 00			8 80					13 80		5 50
NOV. 25 TO DEC 31 JAN.	37 31	11 10 116 25	2 50			2 50	129 85	50 00							31 00	81 00	48 85	0
FEB	28	105 00					105 00	50 00							28 00	78 00	27 00	0
MAR.	31	116 25					116 25	50 00				P.V.R. - E.S.S.H.	10		33 00	83 10	33 15	0
APR	30	112 50					112 50	50 00							31 00	81 00	31 50	0
MAY	31	116 25					116 25	50 00				C to LETTER ATO 8-APR-26-43 PVR 2-7 E193	21 00 1 64		23 00	95 64	22 25	1 64
JUNE	30	112 50					112 50	50 00			1 64				29 00	80 64	33 86	31 86
JUL	31	116 25	7 00			31 86	155 11	50 00						75 00	—	125 00	30 11	0
25-5/31-7	68	40 80					66 90	10 00						12 50		22 50		44 40
1-6-8	6	26 10																
1-31.8	25	134 85	5 50			44 40	184 75	40 -				d/c S.P.	26 10	25 - A265 42		91 10	114	20 35
1.30.9	30	130 50	5				130 50	50 .			20 35				30 .	142 35	/	11 85
1-31.10	31	134 85	5 50				140 35	50			11 85				30 .	91 85	48 .	50
1-30.11	30	130 50	7			50	138 -	58 40				E-1286 E-1276	2 43 85	62 -	35 .	158 68	/	20 68
1-9.12	9	39					39 15	17 50			20 68				/	38 20	/	95
						95												95

CASUALTIES AND SIG. OF A.O. ON TRANSFER OF ACCOUNT

P. from 310. T.J. offr. 29.5.42. T.O.S. 1.6.42.

L. 2-15.10.42 (14) auth. to draw 50¢ pd. 230

ANL. 1-2.10.42 (23 hours) forfeits 1 days pay 240

Leave 14-27.11.42 (14) Auth. draw 50¢ pd. 271

SOS 6 9 AOS St. John P.Q. eff 27.12.42 311

J.A. Smith R.C.A.F. A/O RAF Charlottetown

DRO 4 TOS EFF. 29-12-42.
TOS DATE AMENDED TO 28-12-42 DR. 7
DRO 4 ENT. R/A 31.12.42 TO 4.1.43 (incl.)

D.R.O. 136 AUTHOR. R/A 5.6.43 TO 18/6/43 INCL (14)
DRO 137 R/A 5.6.43 TO 18.6.43 CANCELLED

D.R.O. 160 ENT. R/A. 5-7 TO 18-7-43 INCL. (14).
A-65

A-87-305 T.O.E. A.C. HALIFAX N.S. EFF. 6-8-43 DRO. 190.

L 12.21.8/43 (11) 204

L 229-21.10.43 (11) DRO 2-0

S.O.S. ON P TO No 1 "4" DEPOT EFF 9.12.43
L 26-9.12.43 (14) DRO 281

M.H. Mennie A/O 31 O.T.U. F/LT

Credit Cancelled by treasury in Cheque 1/12/43

Address all communications to the Company

Canadian Celanese Limited

Manufacturers of "Celanese" brand products
REG. CAN. TRADE MARK

Drummondville, P.Q.
CANADA

Sales Office
P.O. Drawer 270
Station B.
1401 McGill College Avenue
Montreal

Cable Address
"Celanese" Drummondville
Western Union Code.
Telephone 321

Your Ref. _____
Our Ref. O'D:6273

May 13, 1941.

To The Officer Commanding,
R. C. A. F.,
1254 Bishop Street,
Montreal, P.Q.

Dear Sir:-

I have great pleasure in introducing Mr. Gaston Jacques. He was in our employ for twelve months prior to joining the Army in September last. I understand that he is now serving with the C.A.A.T.C., 40, St. Hyacinthe, P.Q.

I believe you will find Mr. Jacques a youngman of excellent character and very suitable for service in the Air Force.

Yours very truly,

L. J. O'Dowd

L. J. O'Dowd
Superintendent
Textile Department.

O'D:OMM

St. Simon Drum. 16 mars 1941

Officier Commandant R. C. A. F.

R.C.A.F. Recruiting Centre
ORDERLY
APR 29 1941
ROOM
MONTREAL, P. Q.

Monsieur

Je certifie que le Porteur M. Gaston Jacques.
Est un homme sobre, sage et travaillant honnête

Je le connais depuis nombres d'années
et je ne puis que le recommander.

Roger Letarte ass Maitre de Poste

ST. SIMON DE DRUMMOND
PM
9
MR
P.Q.

IN REPLY PLEASE QUOTE

NO.

CANADA

Department of National Defence

St-Hyacinthe, Que, May 5th 1941

C. D'A. R. C.
1254 Bishop
Montreal, Que.

JACQUES, Joseph, Gaston

Nous vous recommandons le militaire mentionne en marge de cette lettre pour sa bonne conduite et le bon esprit qu'il sait montrer en toute circonstance.

2. Il a su maintenir sa feuille de conduite blanche depuis son entre en service dans ce centre, le 17 janvier 1941

acting adj.

(G. Francoeur, V.D.) Major
O.C., C.A.(A) T.C. No.40

NAT. DEF. B. 440
1,500M-10-40 (7576)
H.Q. 1772—39—767

IN REPLY PLEASE QUOTE

NO.....

CANADA

Department of National Defence

St Hyacinthe, Que. 16 avril 1941

Officier Recruteur
R.C.A.F.
Montreal, Que.

D-454102 Sdt. G.Jacques

Je recommande a votre attention le militaire mentionne en marge de cette lettre pour sa bonne conduite et son bon esprit.

2. Il est bon travailleur et nous a toujours donne un bon rendement dans tous les devoirs que nous lui avons confie.

(H.Chapdelaine) Major
C.A.(A). T.C. N.46

NAT. DEF. B. 440
1,500M-10-40 (7576)
H.Q. 1772—39—767

ROYAL CANADIAN AIR FORCE

SERVICE CONDUCT SHEET

Official No. R.108393 Name and Initials (IN BLOCK CAPITALS) JACQUES J.G. Date of Enlistment 27-6-41 Sheet No. (IN WORDS) One. Signature and Rank of C.O. R. Pairgeuses F/O For (A.Raymond) W/Cmdr. Date 30-6-41

UNIT AND PLACE	Date of Offence	Rank	Cases of Drunkenness (In Red Ink)	OFFENCE	Names of Witnesses	PUNISHMENT AWARDED	Date of award, or of order dispensing with trial	BY WHOM AWARDED	Date of Commencement	Date of Expiration	Initials and Rank of Officer making entry and remarks, with date
R.A.F. Station Charlottetown.	1942 Oct. 1.	SGT.		W.O.A.S (1) Failing to report for duty at 0830 hours in accordance with Flight routine as issued by O.C "E." Flight thereby causing extra work to fall on other airmen. (2) Absent without leave from 0101 hours on 1-10-42 until 0001 hours 2-10-42. (Absent 23 hours)	Cpl. Cole. F.S. Cpl. Cary.	Reprimanded	1942 Oct. 6.	Group Captain E.A. Blake O.B.E. M.M			Forfeits one days pay under F.R.X.I. 149A- [signature] P/O. 6-10-42
31-G. R.S. Charlottetown.	1942 Oct. 24	SGT.		W.O.A.S. (1) Not wearing his headress in the vicinity of the Capitol Theatre. (2) Failing to report at the Guardroom within	Sgt. Leslie J.J. Cpl. Brown. (Station Police)	Reprimanded	1942 Oct. 26.	Group Captain E.A. Blake O.B.E. M.M.			[signature] P/O 26-10-42

To be carried over (continued)

R.C.A.F. R-72
35M—8-40 (6623)
H.Q. 1062-3-54

UNIT AND PLACE	Date of Offence	Rank	Cases of Drunkenness (In Red Ink)	OFFENCE	Names of Witnesses	PUNISHMENT AWARDED	Date of award, or of order dispensing with trial	BY WHOM AWARDED	Date of Commencement	Date of Expiration	Initials and Rank of Officer making entry and remarks, with date
31 G.R.S Charlottetown	1942 Oct 24	SGT.		(continued) 30 minutes when ordered to do so by Sgt Leslie J.J. (Station Police)							
				CERTIFIED NO FURTHER ENTRY	[signature] F/O. Adjutant, 31 G.R.S. Charlottetown.						27-12-42

OCCUPATIONAL HISTORY FORM

THIS FORM IS TO BE COMPLETED FOR EACH MEMBER OF THE ARMED FORCES. THE INFORMATION SOUGHT IS FOR THE USE OF GENERAL ADVISORY COMMITTEE ON DEMOBILIZATION AND REHABILITATION, A COMMITTEE SET UP BY THE GOVERNMENT OF CANADA TO STUDY PLANS FOR ESTABLISHING IN INDUSTRIAL LIFE THE MEMBERS OF THE ARMED FORCES, AFTER DISCHARGE. ACCURACY AND COMPLETENESS IN ANSWERING WILL BE OF MUCH HELP TO THE COMMITTEE.

PLEASE READ CAREFULLY THE INSTRUCTIONS GIVEN ON THE INSIDE OF COVER BEFORE COMPLETING FORM

PLEASE LEAVE BLANK

Section A—GENERAL INFORMATION

1. (a) Print name in full.....JACQUES JOSEPH GASTON.....(b) Reg'l. No.....R 10 of 3 9 2
2. (a) Arm of service.....Air force.....(b) Unit.....#4 M.T. Training Depot.....(c) Rank.....A/C 2
3. (a) Date of birth.....16 March 1923.....(b) Have you any dependents?.....No.....(c) Place of residence at time of enlistment.....Ville Lemoyne Que
4. (a) Place of enlistment.....Montreal City Que.....(b) Date of enlistment.....27-6-41

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school.....16 years.....(b) Were you attending school or college up to the time of enlistment?.....No
6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.).....10 years Public School
7. If you attended a university, give name of university and standing or degree secured.....N.A
8. (a) Did you ever enter upon a trade apprenticeship?.....No.....(b) If so, for what occupation?.....N.A.....(c) Did you finish it?.....N.A.....(d) If you did not finish it, how long did you serve at it?.....N.A.
9. (a) What languages do you speak fluently?.....French & English.....(b) What languages do you read well?.....French & English

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

10. (a) State whether you were WORKING or NOT WORKING at time of enlistment. (Enter here only "Working" or "Not Working", as case may be; particulars are asked for below).....Working.....(b) At time of enlistment of what trade union or professional society were you a member?.....N.A

Section D—PARTICULARS CONCERNING THOSE WHO WERE UNEMPLOYED AT TIME OF ENLISTMENT

QUESTIONS 11 TO 17 REFER ONLY TO THOSE WHO ANSWER "NOT WORKING" IN QUESTION 10 (a)

11. Had you ever been employed fairly regularly since leaving school?.....
12. (a) If answer to 11 be "Yes", state exact trade or occupation at which you actually worked.....(b) State how long you had worked at this trade or occupation.....
13. If answer to 11 be "No", state exact trade or occupation for which you feel qualified.....
14. If you had been employed after leaving school, state when you last worked fairly regularly before enlistment.....
15. Give details of last employer, if any: Name.....Address.....
16. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.).....
17. (a) If your last employment was in a business of your own, state nature and address of business.....(b) Date of discontinuing it.....

Section E—PARTICULARS CONCERNING THOSE WHO WERE EMPLOYED AT TIME OF ENLISTMENT

QUESTIONS 18 TO 23 REFER ONLY TO THOSE WHO ANSWER "WORKING" IN QUESTION 10 (a). PLEASE READ THESE QUESTIONS AND REPLY TO THOSE APPLYING TO YOU AT TIME OF ENLISTMENT

IF YOU WERE AN EMPLOYEE WORKING FOR AN EMPLOYER UP TO THE TIME OF ENLISTMENT, PLEASE ANSWER QUESTIONS 18 TO 21

18. Name of employer.....Canadian Celanese.....Address.....Drummondville
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.).....Artificial Silk
20. (a) Your specific occupation.....clerk (checker).....(b) Number of years' experience at this occupation with any employer.....1 year
21. (a) Did your employer promise definitely to give you employment on discharge?.....yes.....(b) Did your employer refuse to promise you employment on discharge?.....no.....(c) Do you wish to return to your former employment?.....no

IF YOU WERE WORKING ON YOUR OWN UP TO THE TIME OF ENLISTMENT, THAT IS TO SAY, OPERATING A FARM, A STORE, AN AGENCY, OR IN PROFESSIONAL PRACTICE, OR AS A PARTNER IN ANY SUCH LINE, PLEASE ANSWER QUESTIONS 22 AND 23

22. (a) State nature of business, or professional practice.....N.A.....(b) Where was it located?.....N.A
23. (a) Number of years engaged in this business.....N.A.....(b) Have you made, or will you make plans to return to the same or a similar business on discharge?.....N.A

Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war?.....no.....(b) Do you feel competent to operate a farm?.....no.....(c) If so, in what kind of farming?.....N.A
25. (a) Were you born on a farm?.....no.....(b) How many years' actual farming experience have you had?.....none.....(c) In what provinces did you have experience?.....N.A

Section G—MISCELLANEOUS

26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge?.....no
27. If so, state nature of your plans (for example, do you plan to return to school, or have you been assured of a job, etc.).....N.A
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form.....Telegraphy

DATE.....June 30.....194.1.....SIGNATURE.....Gaston Jacques

R.C.A.F. Records Office
Rec'd JUL 11 1941
O. K. ..... C.I.B. .....
R. C. ..... N. I. .....
S. L. ..... P. A. .....

Extrait du régistre des baptêmes,mariages et sépultures de la paroisse de S.-Edouard de Knowlton pour l'année mil neuf cent vingt-trois.

Le dix-huit mars mil neuf cent vingt-trois,nous,curé,soussigné,avons baptisé Joseph-Gaston,né l'avant-veille,fils légitime de Isidore Jacques,boulanger,et de Estelle Valade de cette paroisse. Parrain Albert Rousseau représenté par Albert St-Martin,marraine Dorila Jacques,son épouse,représentée par Marie-Anne Cusson,soussignés ainsi que le père.Lecture faite.

Signé:A.St-Martin

Marie-Anne Cusson

Isidore Jacques

N.-Paul Desrochers,prêtre-curé.

Nous,curé,soussigné,certifions que cet extrait est conforme à l'original déposé dans les archives de cette paroisse,le 30 mars 1940.

N.-P. Desrochers ptre curé.

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

N° MATRICULE R108393 VERSÉ À # 4 M.D. Québec, P.Q. MÉTIER Wireless Air Gunner Standard

Pending

CORPS D'AVIATION ROYAL CANADIEN
(FORMULE D'ENGAGEMENT)

(Le postulant devra répondre de sa propre main aux questions des pages 1 et 2)

1. Nom Jacques (JACQUES) Prénoms en entier Joseph (JOSEPH) Gaston (GASTON)
2. Adresse actuelle [redacted] M.T.E. 46 St H. Jacinthe P.Q. Téléphone
3. Adresse fixe 121 rue de Bretagne Maison de Repos
4. Lieu de naissance Knowlton P.Q. Nationalité Canadien Français
5. Date de naissance 16 mars 1923 Marié, célibataire, veuf, séparé, divorcé célibataire
6. Enfants

Nom	Date de naissance	Nom	Date de naissance
P A	P A	P A	P A

7. Profession P.A. Journalier 8. Religion Catholique Romaine (Indiquez la confession religieuse)
9. Langues Anglais couramment Français couramment (Degré de connaissance)
10. Plus proche parent (nom en entier) Isidore Jacques Degré de parenté Père de Domicile
    Adresse du plus proche parent 121 rue de Bretagne St Hyacinthe P.Q.
11. Père (nom en entier) Isidore Jacques Lieu de naissance Sutton
    Adresse 121 rue de Bretagne St Hyacinthe P.Q. Nationalité Canadien Français
    Profession Ingénieur Patissier Boulangerie
12. Mère (nom de fille en entier) Estelle Valade Lieu de naissance Saint Hyacinthe
    Adresse P.A. décédée Nationalité Canadienne Française
13. Détails du service dans les armées de terre, de mer ou de l'air:

Unité	Lieu	Rang	Profession	Date du	Date au	Motif de la libération
R.C.E.	Dunnes	Pte.		14 1940	29 août 1940	Transfert.
[redacted] M.T.E. 4	Farnham [redacted]	Pte.	Batman	19 déc 1940	20-6-41	Transfert R.C.A.F.

14. Honneurs, récompenses, citations P.A. aucune
15. Faites-vous actuellement partie de la réserve de quelque armée de terre, de mer ou de l'air? Non
16. Avez-vous déjà demandé de faire partie du C. d'A.R.C.? Oui Si oui, où? Ottawa
    Quand? A l'automne de 1940 Résultat Jusqu'ici Trop Jeune Alors.
17. Avez-vous déjà été réformé de quelque service armé de Sa Majesté pour inaptitude physique? P.A. Non
    Si oui, indiquez la nature de l'infirmité P.A.
18. Avez-vous jamais touché ou touchez-vous actuellement une pension de réforme? P.A. Non
    Si oui, indiquez la nature de l'infirmité P.A.
19. Avez-vous jamais été trouvé coupable de délit? P.A. Si oui, indiquez-en la nature P.A.
20. Avez-vous des dettes? Non Si oui, donnez des détails P.A.

R.C.A.F. Records Office
Rec'd JUL 3 1941
O.K. C.I.B. 66 A.M.
R.C. Rom N.I. S.
S.L. P.A.

R.C.A.F.—R.100a
20M—2-40 (3925)
Q.G. 1062-3-83

99-359

21. Éducation:

—	Nom de l'école	Date du	Date au	Cours, sujets, etc.
Instruction primaire—École publique ou séparée	St Simon de Drummond P.Q.	1934	1939	Course primaire
Cours supérieur—Collège, etc.	et			
Cours technique				et
Autres cours universitaires ou scolaires	Knowlton High School P.Q.	1939	1934	Supérieure
Cours par correspondance				

22. Emplois civils (détails au complet):

Employeur et lieu	Fonctions, métiers, positions	Date du	Date au	Motif du départ
	Journalier	1 avril		
Canadian		19 dec 1939		Habitation
Estancia			à	
Drummondville P.Q.		19 dec 1940		Père
				armée

23. Heures de vol, seul Aucune accompagné Aucune avec passager Aucune

24. Qualités spéciales, passe-temps favoris, etc., utiles dans le C. d'A.R.C. Tous les sports d'hiver en Été, la natation le baseball, football, etc.

25. Sports pratiqués, et dans quelle mesure, soit intensément, ou modérément, ou occasionnellement. Modérément: tels que plus haut.

26. Service aéronautique dans lequel vous voulez vous engager {~~Service à terre.~~ / Service navigant.

Si c'est dans le service à terre, indiquez le métier aéronautique que vous visez ~~Mécanicien~~ N.P.

Si c'est dans le service navigant, indiquez votre préférence soit comme (a) pilote; (b) observateur; (c) mitrailleur ou (~~d~~) radiotélégraphiste (membre d'équipage). (Biffez les mots qui ne s'appliquent pas). Radiotélégraphiste

27. Nommez au moins ~~deux~~ personnes qui peuvent témoigner de votre réputation et de vos aptitudes:

Nom	Adresse	Profession
Roger Sutarte	St Simon de Drummond P.Q.	Maître de Poste.
Wilfrid Lafleche	R.F.D. 46 St Hyacinthe P.Q.	Maçon
Roland Letendre	St Simon de Drummond P.Q.	Restaurateur
Leopold Renfrew	Canadian Celanese Ltd Drummondville P.Q.	Contre Maître

28. Autres renseignements se rapportant à votre demande d'engagement. Je parle Anglais autant que Français et j'ai suivi des diplômes de toutes sortes.

29. Comprenez-vous bien que la vaccination, la revaccination et l'inoculation sont obligatoires? Oui

JE, SOUSSIGNÉ, CERTIFIE que les renseignements que j'ai fournis ci-dessus sont exacts, autant que je sache et que j'aie raison de croire.

Date 10 Avril 1941 Signature Gaetan Lacoursiere

NATIONAL REGISTRATION CERTIFICATE
PRODUISEULEMENT

POUR L'USAGE DU DÉPARTEMENT SEULEMENT

(A) *Rapport de l'officier qui a eu une entrevue avec le candidat—*

Type d'homme.....Apparence générale.....

Aptitudes pour (indiquez à quel titre).....

Date.....Signature.....Grade.....

(B) *Rapport sur l'épreuve professionnelle—*

Métier sur lequel a porté l'épreuve.....

Résultat.....

Autres qualités professionnelles susceptibles d'être mises à profit dans le C. d'A.R.C.....

.....

Date.....Signature.....Grade.....

(C) **DÉCLARATION D'ENGAGEMENT DE LA RECRUE**

Je, soussigné, Joseph Gaston Jacques .....déclare solennellement que les renseignements ci-dessus mentionnés sont vrais et je m'engage, par les présentes, à faire du service actif dans le Corps d'aviation royal canadien, où que ce soit au Canada, de même qu'en dehors du Canada et outre-mer, pendant la durée de la présente guerre, ainsi que pour la période de démobilisation subséquente et, en tout cas, pour une période de pas moins d'un an, si Sa Majesté requiert mes services.

Date.....27 juin.....19 41 .....Gaston Jacques.....
Signature de la recrue

(D) **SERMENT PRÊTÉ PAR LA RECRUE**

Je, soussigné, Joseph Gaston Jacques .....promets sincèrement et jure (ou déclare solennellement) que je serai fidèle et porterai loyale allégeance à Sa Majesté.

Date.....27 juin.....19 41 .....Gaston Jacques.....
Signature de la recrue

(E) **DÉCLARATION DE L'OFFICIER CERTIFICATEUR**

J'ai averti la recrue susnommée que, si elle répondait inexactement à l'une quelconque des questions précitées, elle serait passible des peines prévues par la loi.

Les questions et réponses ci-dessus indiquées lui ont été ensuite lues en ma présence.

Je me suis assuré que la recrue comprenait chaque question et que sa réponse à chacune d'elles a été dûment inscrite telle que donnée et la recrue a fait et signé la déclaration, de même qu'elle a prêté serment devant moi,

à Montreal, P.Q. ce 27 jour de Juin 19 41

.....
Signature de l'Officier

.....
Grade

RCAF. Recruiting Centre, Montreal.
Unité

POUR L'USAGE DU DÉPARTEMENT SEULEMENT

CERTIFICAT DE L'EXAMEN MÉDICAL

Partie 1. Renseignements obtenus de la recrue—

1. Age 18 2. Avez-vous souffert d'une des maladies suivantes?

(a) Rhumatisme	No	*(j)* Affection nasale	No
(b) Tuberculose	No	*(k)* Maladies des oreilles	No
(c) Bronchite ou asthme	No	*(l)* Maladies des yeux	No
(d) Affection cardiaque	No	*(m)* Epilepsie	No
(e) Maladie du rein ou de la vessie	No	*(n)* Maladie nerveuse ou mentale	No
(f) Gastrite intestinale	No	*(o)* Syphilis	No
(g) Hernie	No	*(p)* Gonorrhée	No
(h) Varices	No	*(q)* Fracture	No
(i) Pieds plats ou déformés	No	*(r)* Autre maladie ou défectuosité	No

3. Avez-vous jamais porté des lunettes? No

4. Have you had any illness for more than one week's duration. Morbilli in childhood

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

Signature de la recrue Gaston Jacques

Observations des examinateurs

Partie 2. Renseignements obtenus par l'examen médical. (La recrue doit être déshabillée)—

1. Marques distinctives ou cicatrices (si celles-ci sont opératoires, obtenir les détails) Two small scars from bands on abdomen + L. forearm

2. Taille 5 pieds 11½ pouces. 3. Poids 150 livres.

4. Teint Dark 5. Couleur des yeux Brown Cheveux Dark Brown

6. Développement {Bon / ~~Passable~~ / ~~Médiocre~~} 7. Tour de poitrine—Expiration 32 pouces

Degré d'expansion 3 pouces

8. Ouïe—Droite W.V. 20 Gauche W.V. 20 Tympan—Droit N gauche N

9. Vue—sans lunettes—droit 20/20 avec lunettes—droit N.A.

gauche 20/20 gauche N.A.

10. État de la bouche et des dents Good condition

11. Urine—Albumine Neg Sucre Neg

12. Anomalies révélées à l'examen (congénitales et pathologiques) Moderate Varicocele Left

Partie 3. Le candidat a été examiné conformément aux instructions de la brochure "Physical Standards and Instructions for the Medical Examination of Recruits" et jugé apte pour la catégorie. A3B

Observations spéciales des médecins

19-6-41 X-Ray #82235 Neg. J.T.

24-6-41 Bacheck normal

Part 2 Cont'.

13. Reflexes N

14. Heart Short Soft Systole at Apex

15. Lungs N

16. Blood Pressure S.D. 125/70

17. Colour Vision N Ishi

Date 17-6- 19 41

Président

Membre

Membre

FORM 6

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not write in this space

1. PLACE OF DEATH

Municipal county: OVERSEAS (FRANCE) | Official name of civil municipality or township: | Place an X over the word which applies to this municipality or this te[rritory]: City | Town | Village | Parish | Township

Street: | No.: | Hospital or Institution:

2. LENGTH OF STAY

(a) In hospital or institution	Years	Months	Days	(b) In municipality where death occurred	Years	Months	Days	(c) In Province	Years	Months	Days	(d) In Canada (if immigrant)	Years	Months	Days

3. NAME OF DECEASED

Surname: JACQUES (Block letters)

Given names: JOSEPH GASTON

Do not write in this space

4. RESIDENCE

Street: Saint Jean de Brebeuf Street No. 121

Official name of civil municipality or township: Saint Simon[e] de Drummond

Municipal county: Province: Quebec

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

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

10. BIRTHPLACE (Province or Country): Quebec

11. DATE OF BIRTH: March (Month) 16th (Day) 1923 (Year)

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

OCCUPATION

13. Trade, profession or kind of work, as **spinner, teamster, office clerk,** etc.: Wireless Operator Air Gunner

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

15. Date deceased last worked at this occupation: May 23/44

16. Total years spent in this occupation: Three

	17. NAME	18. BIRTHPLACE (Province or Country)
FATHER	Jacques, Isidore	Quebec
MOTHER (Maiden Name)	Valade, Estelle	Quebec

19. Place of burial, cremation or removal:

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

21. PLACE OF REGISTRATION OF THIS BURIAL

(a) Name of parish or church:

(b) Civil municipality of:

(c) Municipal county:

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

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: May (Month) 23rd (Day) 44 (Year)

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

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

24. CAUSE OF DEATH

I **Immediate cause** Give disease, injury or complication which caused death, **not** the mode of dying, such as heart failure, asphyxia, asthenia, etc.

(a) Previously reported missing after air operations, now for official purposes, presumed dead.

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

due to (b)....

due to (c)....

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

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

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

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

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

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

Accident, suicide or homicide: Accident (State which) Date: May 23rd 44

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

Nature of injury....

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

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

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

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

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

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

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

(Voir l'autre côté pour le français)

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

ROYAL AIR FORCE.

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

Official No. CAN.R.108393 Name JACQUES Joseph Gaston Rank T/W.O.11.
(In full in block capitals, surname first). (Or acting appointment).

R.A.F. Trade W/Op.A.G. (grp 2) Special Qualifications
(e.g., Gas Instructor, Fire Fighter, Boxing Instructor).

Date of Birth 16.3.23. Religion R.C. Occupation in Civil Life Labourer 39-40

Last Enlisted 27.6.41. Current Engagement D of W

If a member of the Auxiliary Air Force

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

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

MR. E. JACQUES (FATHER) 121, RUE ST. JEAN DE. BREBEUF ST. SIMON DE-DRUMMOND QUE

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

N OF K

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

Section 1.—Movements and Casualties.			Section 2.—Promotions, Acting Appointments (Paid or Unpaid), Reductions, Remusterings.		
Unit FROM which.	Unit TO which.	Date of Effect.	* Authority.	Description.	Date of Effect.
31 O.T.U.	No 1 Y Depot			W/Op.A.G. Std A.C.2.	27.6.41.
No 1 Y Depot	U.K.	14.12.43.		" " " L.A.C.	14.10.41.
	Emb. Halifax	14.12.43.		" " "Sp" T/Sgt	25.5.42.
	Dis . U.K.	21.12.43.		" " " A/F/sgt	25.11.42.
Int C 156	3 RCAF PRC	22.12.43.		" " " T/F/sgt	25.11.42.
3 RCAF PRC	6(0)AFU	8-2-44		" " " T/W/O.2.	25.5.43.
6(0) AFU.	24. O.T.U.	21-3-44.		" "Grp 2 T/W/O.2.	25.5.43.
[redacted]			P.O.R. 28/44.	Promoted W.O.1.	25.11.43.
24 O.T.U.	missing	22/5/44			
pres. Dead	C.R. 805	23.5.44 Pen 140/45			

Section 3.—Good Conduct Badges.			
* Authority.	1st, 2nd, 3rd.	Awarded, Deprived, Restored.	Date of Effect.

* The authority to be quoted will be the serial number of the relevant P.O.R.

(*13550—10349) Wt. 39510—P3068 25M 11/43 T.S. 700

Section 4.—Character and Trade Proficiency.

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

Rank.	Character.	Trade Classification.	Proficiency.			Whether specially recommended, recommended, or not recommended for promotion or reclassification.	Date.	Signature and Rank of Commanding Officer.
			A	B	C			

POR 63/43. 7 Days Pow. Leave 31.12.43 — 7.1.44. (12.00 hrs) RN.E18621. [illegible] W/O.

Record of Leave and Issue of Free Travelling Warrants.

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

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

Authority.	Nature.	Date of Effect.
	Awarded Air Gunner's Badge	27.12.42.
POR 33/44	Authorised to wear Ribbon of 1939-43 Star.	
POR 34/44	Ref. POR 33/44. Cancel entry.	

Wireless Air Gunner Standard.

ROYAL CANADIAN AIR FORCE

RECORD OF SERVICE AIRMEN

R.C.A.F. Special Reserve

R.108393	Jacques	Joseph Gaston	Roman Catholic
A.F. No.	Surname	Christian Names	Religion

Born 16-3-23 Place Knowlton Que Country Canada Citizen of Canada Racial Origin Canadian

ENLISTMENT	CIVIL EDUCATION	PREVIOUS SERVICE
Date 27/6/41	High School ~~Entrance~~ 2/10 Jr. Mat. Sr. Mat.	RCE. 1 nov. 1940.
At Montreal Que	Technical School Corres. Courses	CABTC 19-12-40—20-6-41
Term Duration of War	University	

RANK	DATE			Med. Cat.	Date		
AC.2	27	6	41	A3B	24	6	41
Lac	14	10	41				
DRO 1145/42 T/Sgt (Pd)	25	5	42				
~~DRO 1145/42 T/Sgt (Pd)~~	~~25~~	~~5~~	~~42~~				
DRO N/43 A F/Sgt (Pd)	25	11	42				
DRO 107/43 T. F/Sgt (P)	25	11	42				
DRO 190/43 WO.2 (P)	25	5	43				

CIVIL OCCUPATIONS AND EXPERIENCE

Labourer. 1939-40.

COURSES AND TRADE TESTS

Trade	Grp.	%	PorF	Date Rem.	Trade	Grp.	%	PorF	Date Rem.
WAAG	Sp.G	DRO 1145/42	P	25 5 42					

PARTICULARS OF FAMILY M S D

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 Isidore Jacques. (Father)
121 rue St Jean de Bethune st St Simon de Drummond Que

LEAVE

FROM	TO	AUTH. AND DESCRIPTION
31.5.42	14.6.42	Embarkation Leave DRO 1145
2.10.42.	15.10.42.	14 days Ann. Leave }
DRO. 230/42.	T.W.C.	170326 issued }
5 July/43	18 July/43	(14 days annual DRO 160/43
SNT WI	RCC 965449	DRO 194
12.8.43	26.8.43	Special DRO. 201/43
22. 9. 43	2. 10. 43	~ DRO 240/43 (11)

CHARACTER AND TRADE ASSM. HONOURS, AWARDS AND MENTIONS

DATE	CHARACTER	TRADE AND ASSM.	HONOURS AND AWARDS	SIGNATURE
25-5-42	Awarded Air Gunner		Badge	DRO 1145
27.12.42.	VG	W.A.G.	—	[illegible] CPT

MOVEMENTS AND CASUALTIES

AUTHORITY	UNIT FROM	UNIT TO	DATE	AUTHORITY	UNIT FROM	UNIT TO	DATE
MO.R13	R/C Mtl Que	#4 M D Quebec Que	22/6/41	DRO. 311/42.	CHARLOTTE-TOWN	3.T-C. X 9-A-O.C. ST-JOHN-PQ	27.12.42
D.R.O. 714	#4 M.D. Quebec	#1 W.D. Montreal.	15.9.41.	DRO 146/43. T.D. to #3 I.T.S. VICTORIAVILLE, by rail @ 1400 hrs. 3-6-43, Ret. @ 0900 hrs 5-6-43.			
DRO 102 145	#1 W/S Mtl #9 B & T	Mt Joli #31 O T U	29.4.42	D.R.O. 160/43 Authy to draw Rat Allowances from 5/7/43 to 18/7/43 (14 Days)			
Reporting	Mt Joli Que	Debert NS	13.6.42	DRO 190/43 S.O.S.	#9 A.O.S. St. James, Que.	EAC HALIFAX, NS	6-8-43
	#5 M.D.	Lachine	14.6.42			FOR REPOSTING TO #31 O.T.U., DEBERT, N.S.	
	31 PD	RAF Stn					
	Moncton	Charlottetown	30.6.42				

Finger Printed
Date 10-7-41
Initials RWF/o

ROYAL CANADIAN AIR FORCE

WAR SERVICE GRATUITY - PARTICULARS OF SERVICE

NUMBER	FINAL PAID RANK	GROUP	CHRISTIAN NAMES	SURNAME
R108393	W.O.I	Sig.	Joseph Gaston	Jacques

Reason for termination of service: P.D. PCX.888 24-5-44

TOTAL SERVICE:

T.O.S. 27-6-41 ✓ S.O.S. 23-5-44 ✓ _____ DAYS

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

TOTAL 1062 DAYS

LESS NON-QUALIFYING SERVICE:

For From: 1-10-42 To: 1-10-42 1 ✓ DAYS

From: _____ To: _____ _____ DAYS

From: _____ To: _____ _____ DAYS 1 ✓

TOTAL QUALIFYING SERVICE 1061 DAYS

OVERSEAS SERVICE:

From: 13-12-43 ✓ To: 23-5-44 ✓ _____ DAYS

From: _____ To: _____ _____ DAYS

From: _____ To: _____ _____ DAYS _____ ✓

TOTAL 163 DAYS

LESS NON-QUALIFYING SERVICE:

From: _____ To: _____ _____ DAYS

From: _____ To: _____ _____ DAYS

From: _____ To: _____ _____ DAYS _____ ✓

TOTAL QUALIFYING OVERSEAS SERVICE 163 DAYS

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

_____

_____

COMPUTER'S INITIALS	JL
CHECKER'S INITIALS	S.
DATE	

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

Read this whole Form and Instructions on other side before commencing to complete.

WILL

M.F.M. 10
100M-8-40 (6538)
H.Q. 1772-39-1656

(1) I, GASTON JACQUES. (Name in Full), of the VILLAGE (City, Town, Village, Township)

Address in civil life.

of ST-SIMON, in the County District of DRUMMOND.,
DE DRUMMONDVILLE
Province of QUEBEC. CANADA., (LABOURER) (Civil Occupation)
ST-HYACINTHE. CAR.
Regimental No. D-454102, Unit M.T.C. No. 46, do hereby revoke all former Wills by me made and declare this to be my LAST WILL.

Relationship, names and address of beneficiaries, and what each is to receive.

(2) I GIVE, DEVISE AND BEQUEATH unto "My father Mr. Isidore Jacques. Residing at St-Simon, Drummond Co. Quebec. Canada. All my real and personal property and my personal effects."

G. J.

Relationship, names and address of residuary beneficiaries.

(3) I GIVE, DEVISE AND BEQUEATH all the rest and residue of my estate, both real and personal, of whatsoever kind and wheresoever situate unto

G. J.

(4) I appoint ..... (Name) (Address)

..... (Civil Occupation), to be the Executor / Executrix of this my Last Will.

IN WITNESS WHEREOF I have hereunto set my hand this 17 day of December

19 40

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

Gaston Jacques. (Signature of soldier)

First witness sign here.

(5) Signature George Boyden Pte

Civil Address 35-63 Desrochers St-Montreal Que

Civil Occupation Actor

Second witness sign here.

Signature J. P. Murray Pte.

Civil Address 3527 Park ave.

Civil Occupation Clerk.

(Witnesses are not to be beneficiaries.)

[OVER]

To be made out in duplicate

M.F.M. 5
200M—7-40 (6098-9)
H.Q. 1772-39-1651

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

INSTRUCTIONS.

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

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

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

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(1) Name of Officer of Other Rank.....JACQUES.....
(Surname first—Christian names in full—Block capitals)
GASTON

(2) Regimental or Air Force Number and Rank.....D-454102 PTE.....

(3) Unit.....M.T.C. 46 ST. HYACINTHE C.A.R.....

(4) Are you married?.....NO.....

(5) If married, state,

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

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

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

(7) Are you a widower?.....NO.....

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

Names and ages.....N/A.....

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

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

Name.....N/A.....

Postal Address.....N/A.....

[SEE OTHER SIDE]

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

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

(11) Is your father alive? YES

If so, state name and address, occupation MR. ISIDORE JACQUES
ST. SIMON DE DRUMMONDVILLE. DRUMMOND CO., QUEBEC. CANADA.

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

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

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

(14) Is your mother alive? NO

If so, state name and address N/A

(15) If your mother is a widow, are you her sole or partial support? N/A

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

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

(17) Are you contributing to the support of any dependents, other than those shown above? N/A
This may include any brothers 16 years of age or under, or any sisters 17 years of age or under, solely supported and maintained as bona fide members of your household before your appointment or enlistment.

If so, state the following particulars:—

Relationship N/A

Full Name N/A

Postal Address N/A

Amount contributed monthly during the past six months N/A

(18) Are you insured? NO

If so, in what Company? N/A
(Give number of policy)

Have you made arrangements for payment of your Insurance Premium? N/A
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.

Gaston Jacques
(Signature of officer or man)

Date 17 DECEMBER 1940

A. Ramsay Maj
Officer Commanding

Date 17 DECEMBER 1940

NO. 4 DISTRICT DEPOT C.A.S.F.

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.

ATTESTATION

NON-PERMANENT ACTIVE MILITIA OF CANADA

UNIT 19 Ch: Field Coy R.C.E. REGTL. No D6047

1. Surname? (Block letters) Jacques Gaston
2. Christian names? GASTON
3. Present address? 121 Jean Brebeuf
   Phone No. St. Simeon P.Q.
4. Date of Birth?* 16 Mar. 1921
5. British subject? Yes
6. Occupation? Cultivateur
7. Religion? Catholic
8. Next of Kin Isidore Jacques
9. Relationship? Father
   Address 121 Jean Brebeuf
10. Previous Naval, Military or Air Force Service
    (Give particulars, qualifications, etc.)

CERTIFICATE OF MEDICAL EXAMINATION

Height 5'-1 10½" Weight 130 lbs Chest max 36" min 33"

Descriptive marks Scar ½ cent to upper eyelid - (left)

I have examined the above named man in accordance with instructions laid down in Instructions for the R.C.A.M.C. and C.A.D.C. 1937 Appendix V and find him fit for Category "A"

Date 5-9-40 Signature [illegible] M.D.

DECLARATION TO BE MADE ON ATTESTATION

I, the undersigned Gaston Jacques do sincerely and solemnly declare that to the best of my knowledge and belief, the above answers (made by me) to the foregoing questions are true; that I am willing to be attested for the term of three years or until legally discharged, and do understand the nature and terms of this engagement, that I will safeguard all clothing, arms and equipment issued to me and will return same when required, and that I will report any change in address of myself, or my next of kin to my Commanding Officer.

OATH TO BE TAKEN

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

Roger Trudel
Signature of Witness

Gaston Jacques
Signature of Man

Dated this 7th day of Aug, 1940 at [illegible]

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 by law. The above questions 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 and replied to, and the said recruit has made and signed the declaration and taken the oath.

[signature] Major
Signature of Magistrate, Justice of Peace, or Attesting Officer.

M.F.B. 235d
H.Q. 1772-39-1545

* To be shown day, month, year—Example:—25-8-39.

NO. 4 DISTRICT DEPOT, C. A. S. F.

Doit être remplie en triplicata, désignant chaque exemplaire en biffant les deux termes inutiles.
To be completed in triplicate. Copy designation to be shown by striking out terms not applicable.

M.F.M. 2 Fr.
A.F.B. 271
120 M—8-39 (1696)
H.Q. 1772-45-18

Unité M.T.C. # 46 St.Hyacinthe CAR — Matricule D-454102
Unit — Regimental Number

Original
Duplicata
Triplicata

ARMÉE ACTIVE DU CANADA
CANADIAN ACTIVE SERVICE FORCE

Original
Duplicate
Triplicate

FORMULE D'ENRÔLEMENT
ATTESTATION PAPER

1. Nom (Surname) JACQUES
2. Prénoms (Christian Names) GASTON
3. Adresse actuelle (Present Address) St.Simon de Drummondville Drummond Co.Que.,Can.,
4. Date de naissance (Date of birth) 16th March 1922
5. Lieu de naissance (Place of birth) Canada (Pays)—(Country) Quebec (Comté ou province)—(County or Province) Brome Co. (Ville ou canton)—(Town or Twp.) Knowlton
6. Religion (State denomination) Roman Catholic
7. Métier ou profession (Trade or Calling) Labourer
8. Marié, veuf ou célibataire (Married, Widower or Single) Single
9. Nom du plus proche parent (Name of next of kin) Mr. Isidore Jacques
10. Parenté de celui-ci (Relationship) Father
11. Adresse du plus proche parent (Address of next of kin) St.Simon de Drummondville.,Drummond Co.Que.,Can
12. Avez-vous servi dans les forces navales, militaires ou aériennes? (Have you served in any Naval, Military or Air Force?)
13. Si vous avez accompli du service de guerre antérieur, spécifiez l'arme, la force et les détails régimentaires (If previous war service, state arm, force and regimental particulars)
14. Faites-vous actuellement partie de la milice active du Canada ou avez-vous déjà servi dans cette force? (Do you now belong to or have you served in the Active Militia of Canada?)

.....
(Indiquez l'unité et la date de l'enrôlement)
(Give unit and date of attestation)

DÉCLARATION FAITE PAR L'HOMME LORS DE L'ENRÔLEMENT
DECLARATION TO BE MADE BY MAN ON ATTESTATION

Je, soussigné,....., déclare solennellement que les renseignements ci-dessous mentionnés sont vrais et je m'engage, par les présentes, à servir dans l'armée active du Canada, tant qu'il existera ou que l'on aura à craindre une guerre, une invasion, une émeute ou une insurrection, aussi bien que pour la période de démobilisation après que la dite crise aura cessé, et, en tout cas, pour une période d'au moins un an, si Sa Majesté requiert mes services.

Date..... .....
(Signature de la recrue)

SERMENT PRÊTÉ PAR LA RECRUE LORS DE L'ENRÔLEMENT
OATH TO BE TAKEN BY MAN ON ATTESTATION

Je,....., promets sincèrement et jure (ou déclare solennellement) que je serai fidèle et porterai sincère allégeance à Sa Majesté.

.....
(Signature de la recrue)

CERTIFICAT DU MAGISTRAT, DU JUGE DE PAIX OU DE L'OFFICIER QUI FAIT PRÊTER LE SERMENT
CERTIFICATE OF MAGISTRATE, JUSTICE OF THE PEACE OR ATTESTING OFFICER

J'ai averti l'homme susnommé que s'il répondait inexactement à l'une quelconque des questions précédentes, il serait passible de punition, tel que prévu par la loi.

Les questions et les réponses ci-dessus lui furent ensuite lues en ma présence.

Je me suis assuré qu'il comprenait chaque question et que sa réponse à chacune d'elles a été dûment inscrite telle qu'il l'a donnée, et il a fait et signé la déclaration ci-dessus et a prêté serment devant moi,

à.....ce.....jour de.....19.....

.....
(Signature du magistrat, du juge de paix ou de l'officier qui fait prêter le serment)

.....
(Titre, grade et unité ou emploi)

N.B. On désire attirer l'attention sur le fait que toute personne qui répond inexactement à l'une quelconque des questions ci-dessus est passible d'un emprisonnement de six mois.

Attention is drawn to the fact that any person making a false answer to any of the above questions is liable to a penalty of six months' imprisonment

État de service de JACQUES GASTON Matricule D-454102
Record of Service of (Nom—Surname) (Prénoms—Christian Names) Regimental Number

APTITUDES
Qualifications

Militaires: No
Military

Professionnelles ou commerciales: No
Business or Professional

Civiles ou de métier: Labourer
Trade or Civil

Techniques: No
Technical

Langues: English & French
Languages

QUALITÉS ÉDUCATIONNELLES
Educational qualifications

Académies High School or Collegiate: No (années complétées—years completed)

Graduation ou (or) Immatriculation Matriculation: No (Spécifier—Specify)

*Collège: No

*Université University: No

10 Yrs. Public Schooling
*(Mentionnez le nom de l'institution, les années ou cours complétés et les diplômes obtenus)
(Name of institution, courses or years completed, and degrees obtained to be shown)

Toutes les recrues enrôlées le seront comme simples soldats, la nomination ou la promotion à un grade supérieur devant être indiquée dans l'espace ci-dessous prévu à cette fin
All enlisted personnel will be taken on as Private soldiers, appointments and promotions to higher rank to be shown as provided in the space below.

Rapport — Report: Date	Rapport — Report: Reçu de — From whom received	État des promotions, rétrogradations, mutations et permutations, maladies ou blessures rapports, etc., à compter de la date de son enrôlement dans les troupes de campagne — Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. from date taken on strength of Field Force	Grade indiqué — Rank shown	Prenant date le — Effective date	Unité — Unit	Endroit — Place	Autorisation — Authority: N°, Partie II, Ordres du jour. Liste des morts et blessés, etc. — Part II D.O. No. Cas. List, etc.	Autorisation — Authority: Daté le — Dated
17-12-40	DRO	Affecté lors de son enrôlement / Joined on enlistment — No.4 District Depot CAR	Pte	17-12-40	4DD	Montreal	4DD.Pt.11.NO.314	17-12-40
17 dec40	4DD	Posted to C.A.R. Tr Ctr No 46 St Hyacinthe	"	17 dec40	"	"	" " 314	17 dec40
Dec.31/40	TC.46	T.O.S. R.C. (A) TC.46, " "	"	18/12/40	T.C.46	St.Hy.	TC.46, D.O. 29-A.	31 Dec. 40
12/5/41	TC.A-1240	S.O.S. on trans. to C.A.(A) T.C. A-12	"	13/5/41	TC.40	"	TC.Pt.II A-46	12/5/41
13/5/41	TC.A-12	T.O.S. C.A.(A) T.C. A-12	"	14/5/41	TC.A-12	Farnham.	TC.Pt.II A-12 64	14/5/41
20 June 41	ATC A12	ceases to be employed under G.O. 139 on ø/ø/ø/ enlist,emt in the R.C.A.F. w.e.f.	"	20 Jun 41	ATC A12	Farnha	Part II A-85	20 June 41

Pour les entrées supplémentaires, se servir de M.F.M. 1 et 2 (a) (Fr.)
For additional entries use M.F.M. 1 and 2 (a) (Fr.)

RECEVEZ-VOUS OU AVEZ-VOUS DÉJÀ REÇU UNE PENSION OU UNE COMPENSATION POUR INVALIDITÉ. SI OUI, DONNEZ DÉTAILS.....

CERTIFICAT DE L'EXAMEN MÉDICAL
CERTIFICATE OF MEDICAL EXAMINATION

Nom en entier JACQUES, Gaston Date Dec. 16. 1940.
Name in full

PARTIE 1. Renseignements obtenus de la recrue.
Part 1. Information obtained from the applicant.

1. Age 18 2. Avez-vous déjà souffert de l'une quelconque des maladies suivantes?
Have you ever suffered from any of the following diseases?

a. Rhumatisme (Rheumatism)	no	j. Affection nasale (Nasal trouble)	no
b. Tuberculose (Tuberculosis)	no	k. Maladies des oreilles (Ear disease)	no
c. Bronchite ou asthme (Bronchitis or asthma)	no	l. Maladie des yeux (Eye disease)	no
d. Affection cardiaque (Heart disease)	no	m. Epilepsie (Epilepsy)	no
e. Maladie du rein ou de la vessie (Kidney or bladder disease)	no	n. Maladie nerveuse ou mentale (Nervous or mental disease)	no
f. Gastrite intestinale (Gastro-intestinal)	no	o. Syphilis	no
g. Hernie (Rupture)	no	p. Gonorrhée (Gonorrhœa)	no
h. Varices (Varicose veins)	no	q. Avez-vous déjà porté des verres? (Have you ever worn glasses?)	no
i. Pieds plats ou déformés (Flat or deformed feet)	no		

Gaston Jacques
(Signature de la recrue)—(Signature of recruit)

Observations des examinateurs
Examiners remarks re above
Color vision. Ears normal.
ishihara C.N. A. Delahaye.Capt.

URINE N
X-RAY N

PARTIE 2. Renseignements obtenus par l'examen médical. La recrue doit être déshabillée.
Part 2. Information obtained by medical examination. The recruit must be stripped.

1. Marques ou cicatrices d'identification (si celles-ci sont opératoires, obtenir les détails) Reflexes normal.
Identification marks or scars (If operative obtain history).
1 Vac. left arm.

2. Taille 5 pieds 11 pouces. (Height / feet / inches.) 3. Poids 139 livres (Weight / pounds)
4. Teint Medium (Complexion) Yeux Hazel (Eyes) Cheveux Brown. (Hair)
5. Développement Good (Development) — Bon —Good; Passable —Fair; Médiocre —Poor
6. Tour de poitrine—Circonférence, pleine expansion 34 pouces (inches) Degré d'expansion 5 pouces (Range of expansion)
7. Vue, œil droit 20/20 (Vision, right) œil gauche 20/20 (left) 8. Ouïe, oreille droite C.V. 20 (Hearing, right) gauche C.V. 20 (left)
9. Condition de la bouche et des dents Fair-Several carries.
Condition of mouth and teeth
10. Les anormalités (congénitales et pathologiques) constatées lors de l'examen sont les suivantes:
The abnormalities (congenital and pathological) found on examination are as follows:
Few sibilant rales left lung-Recent cold.
Moderate flat feet, (Flexible)

PARTIE 3. Nous, les examinateurs, ne trouvons aucune trace des maladies énumérées dans la question 2 de la partie 1, sauf tel que mentionné dans les observations. Nous avons examiné la recrue conformément aux instructions de la brochure "Physical Standards and Instructions for the medical examination of Recruits",

et il peut être classé dans la catégorie A

Observations spéciales lorsque la catégorie est inférieure à A
Special remarks when category lower than A

H. Aubry Major W. Tremblay, Lt.Col G. Caron.
(Président)—(President) (Membre)—(Member) (Membre)—(Member)
H. Aubry. Major. W. Tremblay, Lt.Col

VACCINATIONS, INOCULATIONS, COMMISSIONS, RECLASSIFICATION DE LA CATÉGORIE MÉDICALE
VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Détails succints et signature / Brief details and signature	Date	Détails succints et signature / Brief details and signature
10-2-41	T.A.B.		
17-2-41	3		
24-2-41			
10-2-41	1re TETANUS TOX.-1cc		
3-3-41	2me TET-TOX.-1cc		
10-2-41	VACCIN		

Pour les entrées supplémentaires, se servir de M.F.M. 1 et 2 (a) (Fr.)
For additional entries use M.F.M. 1 and 2 (a) (Fr.)

RECEVEZ-VOUS OU AVEZ-VOUS DÉJÀ REÇU UNE PENSION OU UNE COMPENSATION POUR INVALIDITÉ. SI OUI, DONNEZ DÉTAILS..... No

Matricule D-45102 Grade Pte Nom JACQUES Prénoms GASTON
Regtl. No. Rank Surname Christian Name

Garnison — Station	Date d'arrivée à la garnison — Date of Arrival at the Station	Date de — Dates of L'admission à l'hôpital — Admission into Hospital Jour — Day	Mois — Month	Année — Year	La sortie de l'hôpital — Discharge from Hospital Jour — Day	Mois — Month	Année — Year	Maladie — Disease	Nombre de jours à l'hôpital — Number of days in hospital	Détails sur la nature et l'origine de la maladie; dire si elle était bénigne ou grave, si elle est entièrement guérie, et si un traitement spécial a été adopté. Dans le cas des maladies vénériennes, mentionner la nature de la maladie première et dire si on a prescrit le mercure. Si la maladie est accidentelle, spécifier si elle fut contractée en service et si un conseil d'enquête a été tenu. Détails et dates au sujet des fausses dents et des appareils chirurgicaux fournis. — Remarks on nature of the disease; how induced; if mild or severe; if completely recovered; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied	Signature du médecin — Signature of Medical Officer

Pour les entrées supplémentaires, se servir de **M.F.M. 1 et 2 (b) (Fr.)**
For additional entries use M.F.M. 1 and 2 (b) (Fr.)

AIR FORCE No. R108393

JACQUES — SURNAME

JOSEPH GASTON ~~WATSON~~ — FULL CHRISTIAN NAME

ENLISTMENT/APPOINTMENT

PLACE Montreal, Quebec

DATE 27.6.41.

RELIGION R.C.

R.C.A.F. FORM R230

TYPE OF LEAVE

FROM	TO	No. DAYS	DESCRIPTION	AUTH.
26.11.43.	9.12.43	14.	Special	281/43
31.12.43	7.1.44	7	P/L.	3(RCAF) 63/43

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
10. 12. 43	Categorized	"CH" 310 Tls

HONOURS, AWARDS AND MENTIONS

DATE	AWARD	AUTHORITY
	Cancelled ~~1939/43 Star~~	240TU 34/44. ~~2.4/OTU 33/44.~~

POSTINGS, ATTACHMENTS & TEMPORARY DUTY

SOS TOS	FROM	TO	DATE	AUTHORITY
SOS.	#31.OTU.	#1.Y.Depot.		
✓	#1.Y.D.	3PRC.	14 12 43	DRO 310
	Emb Halifax		14 12 43	
	U.K.		21 12 43	
—	Int 6156 3RCAF (PRC)		22 12 43	
SOS	3PRC(T) to 6(O)AFU.		8 2 44	3PRC 6(O)AFU 36/44. 14/44
SOS	6(O)AFU to 240TU.		21 3 44	6AFU 240TU. 22/44 27/44
SOS	240TU To RCAF N/E		24 5 44	NEU 62/44 240TU 51/44
F/B	Missing from 240.T.U.		22/23 5 44	AFRO 1380/44 240TU, 49/44. CR 470
TOS	NEU 62/44		24 5 44	
SOS	NEU to Pres Dead		23 5 44	UK NEU 140
	Pres. Dead		23 5 44	C.L. 805 AFRO 1291/45

ALL OTHER CASUALTIES

CASUALTY AND DATE	AUTHORITY

ADVISE ENTRIES
UNIT RECORDS RETURNED
TO CANADA

Emb - 14-12-43

AIR FORCE No. R. 108393

JACQUES : SURNAME

Joseph ~~Watson~~ - GASTON. FULL CHRISTIAN NAME

ENLISTMENT/APPOINTMENT
PLACE Montreal P.Q
DATE 27. 6. 41

RELIGION R.C.

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

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

BIRTH DATE	PLACE	COUNTRY	CITIZENSHIP	RACIAL ORIGIN
16.3.23	Knowlthon. P.Q	Canada	Canadian.	Canadian

CIVIL EDUCATION

PUBLIC SCHOOL	JUNIOR MATRICULATION
HIGH SCHOOL ~~ENTRANCE~~ 2. years	SENIOR MATRICULATION
TECHNICAL SCHOOL	UNIVERSITY
CORR./BUSINESS COURSES	LANGUAGES SPOKEN

CIVIL OCCUPATIONS AND EXPERIENCE

Labourer.

PREVIOUS SERVICE

R.C.E. 1940.

CABTC. 19.12.40 — 20.6.41.

PLACE AND DATE OF MEDICAL	CATEGORY	PLACE AND DATE OF MEDICAL	CATEGORY
Montreal 27.6.41	A.3.B		

PARTICULARS OF FAMILY

SINGLE, MARRIED, WIDOWER, DIVORCED — Single

WIFE (FULL MAIDEN NAME) OR HUSBAND

PRESENT ADDRESS (IN PENCIL)

PLACE OF MARRIAGE DATE

AUTHORITY (IF AFTER APPOINTMENT/ENLISTMENT)

CHILDREN

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

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

Father Cmr Isidore Jacques
121 Rue St Jean de Brebeuf
St Simon de Drummond Quebec

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.
~~WO II (P)~~	~~25 5 43~~	~~DRO 145/42~~	WOAG Spr	25 5 42	DRO. 145/42
AC2.	27 6 41				
LAC.	14 10 41				
~~A/Sgt.~~ (pd)	25 5 42	DRO. 45/42			
A/F/Sgt.	25 11 42	DRO. 15/43.			
T/F/Sgt.	25 11 42	DRO 107/43			
W.O.2.	25 5 43	DRO 190/43			
T/WO I	25 11 43	00 24 of 44 868/44 28/44			

OFFICERS, AIRMEN/AIRWOMEN

COURSE OR TRADE	GRP.	%	PF	DATE

ADVISE ENTRIES
UNIT RECORDS RETURNED
TO CANADA

R71

AIR FORCE No. R108393

SURNAME: JACQUES, FULL CHRISTIAN NAMES: JOSEPH GASTON

ENLISTMENT PLACE Montreal DATE 27-6-41 — RE-ENLISTMENT

C.R. FILE NUMBER

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

RECORD OF SERVICE AIRMEN

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.S.	4 M.D. Quebec	27	6	41	4 M.D. 154
SOS	4 M Dist Quebec	13	9	41	4 M D 220
TOS	1 W S Montreal	14	9	41	1 W S 221
SOS	1 W S Montreal	29	4	42	1 W S 102
TOS	9 B R S Mont Joli	26	4	42	9 B R S 120
SOS	9 B R S	13	6	42	9 B R 145 60
TOS	310 T.U. Debert	14	6	42	310 TU 143
Att	to Bad & Staff Dist	15/20	6	42	5 M D 146 (31 P.D. 150)
Att	to 5 M D Lachine	14/20	6/6	42	310 TU 143-162
Att	to 3 P.D. Moncton	20/29	6/6	42	3 P.D. 150-157 310 TU 162-
SOS	310 TU Debert	29	6	42	31 P.D. 157 310 TU 164
T.O.S.	3 I G R S Charlottetown	29	6	42	3 I G R S 193 C H 157
T.O.S.	9 B R S. Mont Joli	30	4	42	9 B R S 174
SOS	31 Grp Charlottetown	27	12	42	31 Grp 311
TOS	3 I.C. Montreal amended	29	12	42	9 B R S 4
TOS	3 I C Montreal	28	12	42	9 B R S 4
TOS	31 Grp C Charlottetown	30	4	42	3 I G R S 193
SOS	9 A O S St Johns	6	8	43	9 A O S 19
	31 OTU. Debert N.S.				
TOS	31 OTU from CAC	7	8	43	31 OTU 191
SOS	31 OTU Debert		?		31 OTU 284
TOS	1 Y Repo. Yorkton	10	12	43	1 Y 299
SOS	1 Y Depot 3 P.R.C	13	10	43	1 Y 8
Missing 23 May 44. PCX 888		23	5	44	May 44
Presumed Dead 23 May 44		23	5	44	DCL 1074 dy 15 July 45.
Missing PCX 888		24	5	44	

2. RECLASS'NS-PROMOTIONS-ETC.

RANK	EFFECTIVE			D.R.O.
AC 2	27	6	41	4 M D. 154
Pte.	14	10	41	1 W.S. 260.
T/Sgt (Ba)	25	5	42	9 B R 145 60
94				
A/F/Sgt (pd)	8	12	42	9 A O S 13
T/F/S pd	25	11	42	9 A O S 107
A/W O i/c pd	25	5	43	9 A O S 190
T W O i pd	25	11	43	9 B 3888

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	
24-6-41	R 100	A 3 B.	

4. TRADE AND CHARACTER

TRADE	GROUP	EFFECTIVE			D.R.O.
W. A. G.	S.	27	6	41	4 M D 154
W. A. G. (Gen 30)	15	25	5	42	9 B R 145 60
3045					

TRADE PROFICIENCY	CHARACTER ASSESSMENT	DATE OF R41

5. COURSES-TESTS-ETC.

SUBJECT	RESULT	DATE	AUTHORITY
Transf to Cmd	28		1 W.S. 55.
Transf to Cmd	30		1 W.S. 78.
Trans Cmd	38		31 OTU 250
Transf Cmd	39		31 OTU 267
Cat. C.L.L.			31 OTU 284

6. LEAVE

FROM	TO	DAYS	REMARKS	D.R.O.
31-5-42	14-6-42		Pre Emb	9 B R 145 60
2-10-42	15-10-42	14	annual	31 OTU 231
14-11-42	27-11-42	14	Annual	31 Grp 270
5-6-43	19-6-43	14	Annual	9 A O S 136
5-7-43	18-7-43			9 A O S 166
12-8-43	21-8-43	11	Sp	310 TU 162
26-11-43	9-12-43		Emb	?

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

AIR FORCE No. R108393 R

JACQUES, JOSEPH GASTON
SURNAME FULL CHRISTIAN NAMES

ENLISTMENT PLACE Montreal DATE 27-6-41
RE-ENLISTMENT

C.R. FILE NUMBER

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

RECORD OF SERVICE AIRMEN

7. BIRTH: DATE PLACE CITIZENSHIP 1
16-3-23 Knowlton, P.Q. British
FATHER (FULL NAME) Isidore Jacques
BIRTHPLACE Sutton, P.Q.
MOTHER (FULL MAIDEN NAME) Estelle Volade (deceased)
BIRTHPLACE Coaticook, P.Q.

8. EDUCATIONAL STANDING
HIGH SCHOOL ENTRANCE X P.Q.
JUNIOR MATRICULATION 2 yrs. P.Q.
SENIOR MATRICULATION
TECHNICAL SCHOOL
UNIVERSITY
CORRESPONDENCE COURSES
2

9. CIVIL OCCUPATIONS OR EXPERIENCE USEFUL TO R.C.A.F.
Labourer - 1 yr.
9000

10. PREVIOUS ARMY, NAVY OR AIR FORCE SERVICE
R.C.E. - Pte - 29-8-40 to 14-9-40.
M.T.C. 4 - Farnham, P.Q.
Pte - Batman - 19-12-40 to 20-6-41.

11. HONOURS-AWARDS, MENTIONS

	AUTHORITY	DATE
Air Gunners Badge	9BGS145AO	25-5-42
1939-43 Star	DB85-180	

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

13. RELIGION R.C.
1

14. LANGUAGES French English fluently 3

15. SPORTS Skating, Baseball, Football.

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

17. MARRIED ESTABLISHMENT

REMARKS	RANK	EFFECTIVE	D.R.O.

18. CHILDREN

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

19. NEXT OF KIN (ADDRESS AND D.R.O IN PENCIL)
FULL NAME: Isidore Jacques RELATIONSHIP Father
ADDRESS: 121 St. Jean de Brebeuf D.R.O.
FULL NAME: St Simon de Drummond RELATIONSHIP
ADDRESS: St. P.Q. D.R.O.

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

RATE CHANGES ETC.	EFFECTIVE	D.R.O.	RATE CHANGES ETC.	EFFECTIVE	D.R.O.
Forfeits 1 day's pay					
Absent (23 hrs.)	1/2 10 42	31 GRS 240			
A.W.L.	1/2 10/10 42	31 GLS 245			
Offence rep. by C.	24 10 42				

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. Gov't. qtrs. &	draw. rations	28/6/41	4MD.154

22.(A) ADDRESS PRIOR TO ENLISTMENT
121 St Jean de Brebeuf & St. Simon de Drummond St., P.Q.
23200

23. DOCUMENT CONTROL (INDICATE RECEIPT BY DATE)

R60	R79	B465	X-RAY	AFM-13	IDN. CARD	OHF
8/7/41	JAN 16 '42	30-6-41				Kx R.M.